

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

July 28, 2014

Re: Medicare Program: End-Stage Renal Disease Prospective
Payment System, Quality Incentive Program, and Durable
Medical Equipment, Prosthetics, Orthotics, and Supplies

Dear Administrator Tavenner,

On July 11, 2014 the Centers for Medicare and Medicaid Services (CMS) published a proposed rule that would update Medicare policies for CY 2015 changing the definition of minimal self-adjustment and "individuals with specialized training". Currently, all individuals fitting orthoses within a physicians' practice setting are considered to be fitting under the direct supervision of a physician. The proposed rule would add restrictions that would not allow physician supervised individuals to fit these items.

The proposed change seems starkly at odds with the government's stated objective of improving cost efficiency while maintaining high quality care. Greater vertical integration of care is a key means of achieving those two goals simultaneously. While the demonstration projects funded by CMS seem to acknowledge this fact, regulations such as the one in this proposal, undermine those efforts. Conflicting guidance from CMS adds administrative cost to the healthcare system and business uncertainty to those who play a central role in patient care, the physicians. Indeed, this rule shows a lack of understanding regarding care processes and the impact on patients and practices.

In a private practice office setting, Medical Assistants, Athletic Trainers, Orthopedic Technicians, Cast Technicians, Occupational Therapists, and others who are trained and supervised by the ordering physician, are commonly used to fit and adjust custom orthotics. Under the direct supervision of an orthopaedic surgeon, these trained staff members ensure that patients are properly fitted to address the specific medical need of the patient. If there are any questions or concerns, the physician is immediately available to make adjustments or corrections. In many cases the physician inspects the fitting prior to the individual leaving the office, ensuring proper fit and answering any questions the patient may have. The skill and knowledge required to properly cast a patient fracture is more demanding than that required to fit most of the orthotic appliances that would be impacted by this rule. Yet hundreds of thousands of casts are properly applied each year by the same individuals that this rule would suddenly make unqualified to fit orthotic devices.

This proposed rule change would add not only cost but a significant and unnecessary burden to patients. Patients who require custom orthotics are generally suffering from an injury or condition that limits mobility, yet this proposal would have them travel to a different facility to obtain their orthoses. Not only would they be inconvenienced, it could require more time off work and in some cases arranging and/or paying for transportation to another location. If there was a question regarding proper fit, the patient would have to return to the physician's office for another appointment, adding additional cost to the healthcare system. Athletic Trainers and other fitters working alongside the physician reduce cost by eliminating a potentially costly copay to see a CMS approved professional at a different facility. We have concerns that other orthotics providers may need to charge to evaluate the patient prior to fitting, adding an additional co-payment for the patient.

Individuals, who would meet the qualifications required under the proposed rule, possess advanced degrees and training beyond what is necessary to perform the job competently. This change then reduces health care options for choosing the appropriate provider to render services and is in direct opposite motivation of permitting health care professionals, such as Athletic Trainers, from practicing to the top of their scope of practice. Salary and benefit costs may increase, for the fewer health care providers permitted to perform this service, without any increase in quality or efficiency. Given the shortage of advanced practice ancillary professionals, there is a strong possibility that patients will have to wait to be fitted, and that in some cases surgeries will have to be delayed, leaving patients in pain and unable to perform certain daily functions.

Please remove and/or reject this proposed change. The proposal does not adequately make the case that there is any real benefit to patients, nor does it reduce the costs of healthcare. In fact, it does just the opposite.

Sincerely,



Don Schreiner, MBA
President, American Association of Orthopaedic Executives