

BETTER, FASTER, STRONGER

By Lia K Dangelico

ORTHOTISTS AND PROSTHETISTS CAN UP THEIR GAME AND PROVIDE MORE COMPREHENSIVE PATIENT CARE WHEN THEY ADOPT AN INTEGRATED APPROACH

NEED TO KNOW

- O&P professionals should consider adopting an integrated approach to health care, which involves bringing conventional and complementary health- and patient-care approaches together in a coordinated way. Integrated care can lead to better patient outcomes and a distinct business advantage.
- When O&P professionals work directly with therapists, orthopedic surgeons, and other members of the health-care team, patients get a full and complete care plan and avoid inconsistent suggestions from siloed care providers.
- Fostering a culture of trust is essential to making the team approach work. All of the members of an integrated team should believe in the "collective intellect," respecting each other's opinions and working together to develop optimal solutions for patients.
- Hiring the right staff is key to a successful integrated care approach. Employees should be willing to work collaboratively with others and to continuously educate themselves on all aspects of patient care.
- An integrated approach to health care also can extend to the business aspects of O&P, as facilities embrace efficiencies to help coordinate the front and back office with clinical care, improve workflows, and capture outcomes data.
- Collaborative and secure IT software systems and outcomes data collection processes help ensure all parties on an integrated team share patient information and create a complete record of each step of the patient-care and reimbursement process.

IT HAS LONG BEEN said that a team is more productive than the sum of its parts. In health care, teamwork—in the form of an integrated approach to care—can mean an improved patient-care experience as well as a more efficient health-care facility.

Integrated care, also called comprehensive or coordinated care, involves bringing conventional and complementary health- and patient-care approaches together in a coordinated way. In O&P, it often means incorporating other care providers—such as orthopedic surgeons, psychologists, physical and occupational therapists, and others who specialize in a particular area of the patient's condition—into the orthotic and prosthetic treatment process. It also may relate to embracing efficiencies that help to improve workflow and lead to stronger, more collaborative teams. There are many different ways to approach integrated or interdisciplinary care, but the essential goals remain the same: to improve patient care to drive better outcomes and to adopt agile business practices that help businesses thrive.

Increasingly, integrated care approaches are proving to be good for business, which is more important than ever given the current climate of unprecedented economic and technological change and innovation. Many industries, including O&P, remain vulnerable to the threats of automation and computerization. So, how do we provide ever better, faster patient care without throwing all profits out the window?

During a symposium at the 2017 World Congress in Las Vegas this past September, “Implementing an Integrated Care Model Into Your Practice,” panelists addressed that very question. They shared their experiences and insight on how integrated care models can work in everyday clinical practice, and how these approaches have helped to create excellent outcomes for patients while also providing a distinct business advantage for the company. Each touched on balance—the importance of finding the right balance between the

clinical, technical, and business aspects in order to be successful.

Essentially, integrated care is a notion that “solutions are better and problems are solved faster when you have others help you with other skill sets,” says Silvia Raschke, PhD, project leader with the MAKE+ Research Group at the British Columbia Institute of Technology and the panel moderator. “It also requires a self-awareness that, no matter how clever you are, you cannot know and do everything yourself.” Finally, it forces O&P clinicians to find a comfort level in—and, for some, be energized by—doing things well outside the comfort zone of a typical practice model.

Improving the Bottom Line

Change may not be easy, but O&P practices that don't adapt their business models to embrace efficiencies and improve outcomes will be left behind. “Change is happening whether we actively engage with it or not,” says Raschke. And while the care and skill of O&P clinicians is incredibly important, O&P professionals cannot forget to be business people first. “If you don't

make money, you don't get paid, your employees don't get paid, your patients don't get the care they need,” she says.

An integrated care model also can be a differentiator for your business, helping you to stand out—both among

your competition and by the industry's top talent. “Not very many O&P businesses look at and provide resources for a psychological evaluation, prosthetic intervention, prosthetic fabrication, therapeutic training, return to work, and return to social activities, so it's all under one roof,”

says John Miguelez, CP, FAAOP(D), president and senior clinical director of Advanced Arm Dynamics. The company boasts a multidisciplinary team of full-time prosthetists, physical and occupational therapists, and technicians working together onsite, who collaborate to determine the best prosthetic fit for patients in the most efficient way possible. The program “integrates prosthetic training guided by a therapist into every phase of care,” says Miguelez. “Our expedited care model optimizes the patient's comfort and function, providing an initial prosthetic solution with baseline training within one week.”



Silvia Raschke, PhD



4 Steps for Successfully Integrating Care

Andrea Giovanni Cutti, MEng, PhD, applied research manager at INAIL Prostheses Centre in Italy, offers the following suggestions for a successful approach to integrated care:

01

Find professionals you trust and try to open a dialog with them.

02

Be open-minded and listen to what other professionals have to say.

03

Be comfortable explaining what you do and how, adjusting your communication to the person who is listening.

04

Build well-documented treatment pathways.

“The integrated model is far superior because it gives the patient a much larger opportunity to adapt to wearing and using a prosthesis. If the patient is functional, they’re integrated back into their social and work activities, and to me, that’s the definition of good rehabilitation.”

That definition aligns with the company’s greater philosophy to treat the whole patient. Advanced Arm Dynamics’ clinical model is based on a comprehensive team approach to collaborative care, via a team of experienced rehabilitation therapists on staff, innovative prosthetic intervention, and individualized treatment plans. As a result, the facility also conducts comprehensive multidisciplinary patient assessments and works to ensure the patient stays at the center of—and remains the most important part of—the care team.

Part of that initial assessment is the “Wellness Inventory,” a proprietary screening tool developed by the company in partnership with an outside licensed psychotherapist. The tool helps “address issues in psychological domains known to negatively affect people who have experienced trauma,” and is administered to each new patient by his or her therapist. Once the assessment is complete, therapists determine if additional psychological support is needed and help to connect and refer patients to the appropriate care provider in their communities. Additionally, full-time on-staff physical and occupational therapists create customized therapeutic plans tailored to each patient’s needs and goals—whether they relate to self-care and activities of daily living or returning to work and recreational activities. As such, the company offers a lifetime commitment to care, a promise that it will provide therapy for the life of the prosthesis. “Over the course of a patient’s lifetime, we are responsive to individual shifts in lifestyle and health, providing therapeutic support and optimizing the prosthesis to meet the patient’s changing needs,” says Miguelez.

Over the years, Miguelez and his colleagues also have been able to find efficiencies in how they do business. For example, administrative services—such as billing, human resources, marketing, etc.—have been sectioned off from the clinical team so that the experts in those areas can tackle those tasks and the clinical team’s time can be maximized with patient care. Despite the delineation, the company has worked to build well-connected teams that don’t function in silos, or situations where certain departments or sectors do not wish to share information with others in the same company. “We have a very close team,” which is not so easy when your company is spread out across the United States, he says. “We want our seven centers to work together to harness the collective intellect of our whole team. ... We have the opportunity to share successes and challenges, not just as case studies, but really how to manage patients,



John Miguelez,
CP, FAAOP(D)

how to manage situations.”

Another positive result of a tight clinical chain is that it helps with employee retention and recruitment. “I believe one of the biggest things that threatens the O&P industry is that we have a limited number of clinicians,” he says.

“Those businesses that are successful tend to attract and retain the best clinicians. So I think it’s always looking for ways to pull your team closer together, which [results in increased] retention.”

Increasing Clinical Value

Closer, more tight-knit front office and clinical teams result in a more streamlined patient experience; better documentation and, thus, reimbursement; and improved clinical care. “Everybody’s working together for the patient’s best interests, and at some point, when insurance companies start to make that turn, what they’re looking at is, are they getting the most bang for their dollar?” says Miguelez.

Simply put, an integrated care model can help to create and demonstrate value, both for patients and for your business as a whole. “It’s the only way to go,” says Andrea Giovanni Cutti, MEng, PhD, applied research manager at INAIL Prostheses Centre in Vigorso di Budrio, Italy. The Centre has used an integrated care model for decades, and boasts an multidisciplinary group of physicians, engineers, CPOs, physical therapists, social workers, nurses, and others who work together to tailor their services around the needs of patients and their families, whether for inpatient or outpatient treatment. “The simple reason is that you want patients to come to you with a problem and leave with one comprehensive, reliable, evidence-based solution. If you can provide quality, patients will come back and will spread positive opinions [and feedback about you]. If you base your plan on evidence and you track outcomes reliably, you will experience fewer problems with reimbursement.”



Andrea Giovanni Cutti, MEng, PhD

Integrated Care in Action

Each practice is unique, with a different makeup of employees, patient demographics, resources, and more, so there are many ways to make integrated care work. But there are a number of components that can help to make any program stronger.

At INAIL Prostheses Centre, the team approach begins with the initial medical evaluation. Each week, Tuesday mornings are dedicated to patients with upper-limb amputations who are coming to the facility for the first time; Wednesdays are dedicated to lower-limb patients; and Thursdays are for patients seeking advanced bionic components, as well as those in need of lower-limb or orthoses. Regardless of the level of amputation, patients sit down with an interdisciplinary team that includes a physician specializing in physical medicine and rehabili-

tation, an orthopedic surgeon with specific expertise in upper- or lower-limb traumatology, a physician with specialization in ultrasound imaging for the lower limb, the technical director of production, the chief CPO for the patient’s amputation level, a nurse, a psychologist, and a social worker. Together with the patient, they discuss his or her needs and the necessary prosthetic, surgical, and rehabilitation plan.

“The important point here is that patients leave the room with a full picture of what they can do, and they do not need to move from one specialist to the other looking for separate and sometimes inconsistent suggestions,” says Cutti. Patients also are provided with all relevant technical information, in writing, before leaving their appointment, so they know what their care plan will be and can review with family members on their own. “We know that patients can become anxious and might not remember exactly what’s supposed to happen next.”

Additionally, prosthetic fittings always include a training period, performed by specialized physical therapists on the INAIL team. After that, every time a major change in prosthetic technology is undertaken, a training period follows, so that the prosthetic and rehabilitation teams are constantly working in tandem to provide the best, most integrated services and solutions.

Over the years, Miguelez has found that fostering a culture of trust is essential to making the team approach work. His team works to build and maintain trust by avoiding a clinical hierarchy, where this person or that is the guru on one topic or another. “We use a technique called ‘experiential learning,’” he says. “The idea is that ... we don’t want to have anybody who is seen as the ‘most expert.’ We want everybody to be experts.” He thinks of it this way: “We have seven centers across the country, and regardless of how much experience you have as a clinician, it’s not as powerful as having



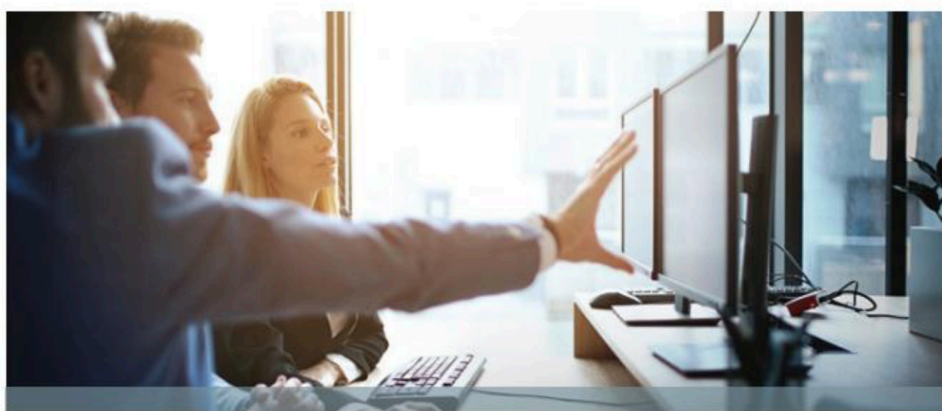
seven sets of clinical perspective to draw from. We really believe in the collective intellect—that we can do more together than separately.”

Each month, Miguelez hosts a call with his clinical team of prothetists, CPOs, and therapists, which is structured to help achieve openness and collaboration. The calls feature a different presenter, moderator, and coach within the clinical team, who can present case studies or simply pose a question or situation they’re struggling with. For example, they might discuss how best to manage the overly-involved-but-well-meaning family that is doing too much for a patient and limiting his or her ability to optimize independence, or how to best fit an interscapular thoracic patient who has nerve damage. Once on the call, participants are presented with the challenge or the idea and take a moment to consider it and ask clarifying questions. But here’s the catch: The rule is that other members on the call are not allowed to give advice; all they can do is share their experiences. “No one is allowed to say ‘Hey, you need to do X, Y, and Z,’” he says. Instead, “what they do is share their experience with similar cases, sharing successes and failures. And when you multiply that by the clinical team, it’s not just the individual that’s asking for input, it’s everyone on the clinical team who grows.” That format “forces everybody on the call to be super-engaged, because they’re going to be the next one up, having to share an experience,” Miguelez says.

The Advanced Arm Dynamics team also conducts a Plus/Delta of each case, looking at what the team did well and what it could have done better to optimize care. “That allows us to keep getting better,” says Miguelez, and it also leads to more creative solutions.

“It creates this vibe within the team of really trying to get to the bottom of what patients need and how we can achieve that.”

And it’s important for O&P clinicians to be able to adapt what they provide to meet patients’ needs, says Cutti. “We need to be flexible enough to customize to the best treatment that we can provide, and keep the pace. Keep following up with patients and keep them engaged. If the patient is engaged and part of the team, we can really deliver the best results in a very reasonable time.”



Hurdles and Tools

Even the most well-connected care teams require tools and resources in order to overcome the challenges of implementing an integrated care program. Cutti stresses the importance of having collaborative IT software and systems in place that can “help considerably to streamline the communication process, because if you don’t track information, you lose control.” Software and other digital tools also can help track and manage data, which can be used to drive outcomes, and enable clinicians to better connect and communicate with outside specialists.

Migueluez’s team has been using outcome measures for eight years. To date, one of the most meaningful outcomes they have developed is the patient’s perception of how his or her care is progressing. The facility obtains this data through client feedback and surveys. It’s great to look at the aggregate data and results, he says, but “the most important thing with outcome measures is to look at the individual

measure of the patient to see how they’re doing.” It’s also important to provide that information back to the patients, to motivate them to continue on with their rehabilitation. That way, “they know where they are, and they know they’re making progress—because sometimes you’re making progress, but it doesn’t really feel like it.” The company has developed two upper-limb-specific outcome measures—a survey to gather direct patient feedback, and a performance-based assessment of the fit of the prosthesis and the function of the patient—and

is working on getting these measures validated and published.

While the clinical calls and consultations detailed above are great ways to encourage collaboration and communication, they may not be realistic for all. “Communication among professionals can be a challenge,” says Cutti. “Information must flow rapidly, correctly, and in a nonambiguous way. The benefit of everybody’s work [and contributions] must be recognized.” It also can be difficult to streamline communication with the patient. “I think that the patient should always perceive that one single, understandable voice is being spoken by the team,” he says. Often, a patient’s engagement is dictated by how well-coordinated the team is.

For Migueluez, the people who make up his team make all the difference, so hiring the right people is key. “We go out of our way to attract clinicians who are hungry for knowledge and looking to grow,” he says. One of his favorite sayings to use around the clinic is,

“If you’re not growing, you’re shrinking.” And as a result, all of the clinicians on his team live and work that way. Cutti also emphasizes a strong team that participates in high-level training courses and conferences to better understand what’s going on in the industry and beyond and have a firm grasp of new operative models.

A Hard Truth

Perhaps the greatest challenge for O&P practitioners in adopting a more progressive and collaborative care model is letting go of outdated expectations, says Raschke. The O&P landscape is changing more rapidly with every given day, and practitioners are finding their roles are evolving, too. In a health-care environment filled with ever-advancing technology and a challenging reimbursement climate, good business sense is just as important as optimal clinical care.

Some days, O&P professionals may find they’re spending more time on paperwork than being hands-on with patients, or they may be forced to forge new relationships and foundations of trust both with their internal teams as well as outside care providers. But clinicians and facility managers need to be realistic about who the final gatekeeper of their business is, says Raschke. “At the end of the day, that’s the insurance company... you really have to take a hard, honest look at how [you and your practice] look through their lens. Because the truth is, only their lens counts.” For many, that’s a tough pill to swallow.

But once you let go of the past and accept today’s health-care climate, “it’s actually an exciting world out there,” Raschke says. She’s inspired by those in the industry who embrace this change and are willing to adapt to new technologies and approaches—including integrated care. “I see a bright future for people who are willing to sort of let go of their old self-image and say, ‘I’ve got to reinvent myself here.’” **CP**

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