

Written testimony submitted on behalf of the

American Academy of Orthotists and Prosthetists

to

House Committee on Veterans Affairs

Subcommittee on Health

**Oversight Hearing on the Capability of the Department of Veterans Affairs to Deliver State of the Art
Care to Veterans with Amputations**

Held May 16, 2012

Chairwoman Buerkle, Ranking Member Michaud, and the members of the subcommittee,

I would like to thank you for the opportunity to submit this written testimony on behalf of the American Academy of Orthotists and Prosthetists (AAOP) with regard to the May 16, 2012 hearing on the Department of Veterans Affairs ability to deliver state-of-the-art care to veterans with amputations.

AAOP is the membership organization representing the professionals working in the field of orthotics and prosthetics (O&P). We provide continuing medical education to those who are uniquely educated and trained to provide the highest quality of service to those needing orthotic and prosthetic care. It is our honor to represent members from both the private sector and those working in government including the Department of Veterans Affairs, all of whom treat veterans with amputations.

There are many issues that need to be addressed if we are to continue to provide the highest level of care to veterans with amputations and other injuries and conditions and enable them to live active, fulfilling lives as independently as possible. We must ensure that our veterans have the chance to participate fully in their community and to work and support themselves and their families.

Recently the Office of Inspector General released three reports relating to the ability of the VA to serve our veterans with limb loss. The first two reports issued on March 8th entitled "Veterans Health Administration: Audit of the Management and Acquisition of Prosthetic Limbs," Report No. 11-02254-102, and "Healthcare Inspection: Prosthetic Limb Care in VA Facilities," Report No. 11-02138-116, were more specific to this issue. The third report issued by the OIG on March 30, 2012 (Report No. 11-00312-127) entitled "Audit of Prosthetics Supply Inventory Management" addresses the broader VA prosthetics benefit and goes well beyond limb prosthetics.

As we make our comments we would first like to address how the term "prosthetics" is used by the VA and some other definitional issues in the report.

- The term "prosthetics" is used by the VA to describe a wide variety of devices that have nothing to do with limb prosthetics or artificial limbs. In fact, the data establish that of the \$1.8 billion spent by the VA on "prosthetics" in FY 2010, only \$54 million (or 3 percent) was spent on prosthetic limbs. This is a relatively

small portion of dollars spent by the VA on the broader category of prosthetics.

The VA's nomenclature (i.e., defining "prosthetics" as virtually any device that assists a veteran, including internally-implanted devices) is at odds with the field of limb prosthetics, which is closely aligned with the field of orthotics (commonly referred to as custom braces for the back, neck, legs, and arms).

Since 2009, the Veterans Administration has made major investments in its ability to provide limb prosthetics within the agency with the development of the Amputee Systems of Care (ASoC) program, a network of prosthetic centers with differing levels of prosthetic expertise and capacity. The VA has emphasized accreditation of these programs and certification of the professionals in these programs as a measure of quality. This new program is designed to integrate care for veterans and treat them as a whole patient, not just focus on their prosthetic needs as an amputee. While we recognize that the ability and expertise to treat amputees within the agency is important and we compliment the VA for its commitment and attention to this population, in no way should we disregard the VA's continued need to work with the private sector and small business community, which now provide the majority of prosthetic care to veterans .

These small practices and private certified prosthetists who contract with the VA are concerned that the manner the VA looks at procuring limb prosthetics is too similar to the way they procure other prosthetic commodities, such as wheelchairs, and hearing aids, and does not fully recognize that prosthetic care is highly clinical and service oriented. The components of a prosthesis are but one aspect of quality prosthetic care that results in an amputee walking or functioning consistently without significant pain.

The Healthcare Inspection Report (11-02138-116) details relatively high satisfaction levels with lower limb prosthetics, most of which are provided by contract prosthetists, but less satisfaction with upper limb prosthetics. This is a small but important veteran population and we support the recommendations to improve care for these veterans. Notably, the Department of Defense and the VA have made significant investments in technology in the area of upper limb prostheses and even held a joint research conference in Baltimore, Maryland, two years ago. A written report of the recommendations for future research was promised from this conference but as yet has not been published. We encourage the VA to publish this report as it looks to improve their upper limb prosthetic program and increase access to appropriate technology and the highest quality of care.

The same OIG report concludes that, despite some internal payment controls that need improvement, the vast majority of veteran amputees have high satisfaction rates with their prosthetic care which, as noted, are primarily provided by private practitioners under contract with the VA.

The AAOP does question several conclusions in the VA OIG Report entitled "Veterans Health Administration: Audit of the Management and Acquisition of Prosthetic Limbs(11-02254-102)." We question the OIG's calculation of the difference in what it costs the VA to provide a prosthesis, on average, to a veteran through its in-house capability at the Veterans Health Administration (VHA) versus what it costs the VA to purchase an average prosthesis from a private prosthetist under contract. The OIG asserts that the VA spent \$12,000 on average for a prosthesis while the average cost of a prosthetic limb fabricated in the VHA's prosthetic labs was approximately \$2,900. This is a highly suspect calculation of VA's true cost of

providing prosthetic care to veteran amputees and sends the erroneous signal that the VA is vastly overpaying for contract prosthetic care. This is simply not the case. It is not clear which costs the OIG factored into its analysis because the report offers no detail on its calculations, but it is highly likely that OIG failed to include the critical costs of labor (salaries for certified prosthetists and technicians), overhead (the costs of maintaining clinical facilities, laboratory machinery, information processing, etc.), and myriad other costs that go into the fabrication and fitting of prosthetic limbs. In fact, if the OIG were to factor into the calculation the recent investments the VA has made on its ASoC initiative, the cost of providing prostheses to veterans through its internal capacity would be significantly higher than calculated.

The AAOP asks the committee that, as the VA enhances its internal capacity to meet the needs of veteran amputees, it continue to recognize the legitimate role of private prosthetists and small businesses that have provided prosthetic care to veterans for decades under contract with the VA. Allowing veterans to access private prosthetists in their own communities preserves quality by allowing choice of provider. The relationship between a prosthetist and a patient can make all the difference in successful prosthetic rehabilitation. Proximity to care is also very important for veterans. It is important that the VA maintain access to local private prosthetists under contract to conveniently serve veterans—within the overall plan of care designed by the VA clinical team. Finally, choice of prosthetic technology is critical in order to allow veterans to access the most effective prosthetic alternatives that address their particular and unique medical and functional needs.

We agree with and support the recommendation in the Healthcare Inspection Report (11-02138-116) that the VA's Under Secretary for Health consider veterans' concerns with the VA approval processes for fee-basis and VA contract care for prosthetic services. This is a key area that addresses the satisfaction of prosthetic care among amputee veterans. In fact, there is legislation pending before the committee that addresses this very issue, H.R. 805, the Injured and Amputee Veterans Bill of Rights.

Just a few years ago, the VA testified to Congress that approximately 97% of prosthetic limbs and care were provided by private prosthetic practitioners under contract with the VA. While this percentage may have decreased, private practices are still the most common setting in which veterans who need prosthetic care are served. Many veterans will tell you that they developed a close working relationship with their local prosthetist over the years and would like to continue seeing him/her. As the profession increases the entry-level education required to become certified to provide prosthetic care, local private practice prosthetists continue to be well-trained to provide the highest levels of care.

Working in concert with the VA amputee care system, which brings together a comprehensive team to assess a veteran's prosthetic and other health care needs, local prosthetists' services have kept many veterans and will continue to keep them active and full participants in their communities while creating little disruption in their everyday jobs and lifestyles.

Today there are many prosthetic options for veterans returning from the Iraq and Afghanistan wars and it is important that veterans who have had the need of a prosthetic for many years receive the same options as these new veterans. It would appear that some VA centers are telling vets that the only way to be fit for this new technology would be to have their new limbs fit, fabricated, and serviced at a VA Hospital or VA Center

program.

This appears to run counter to the option that veterans have always had to choose the most convenient and appropriate practitioner. The AAOP doesn't believe it is right to make veterans travel potentially hundreds of miles to a VA center when a practitioner in their local community, or someone who cared for them for many years, can provide the same service and care. Often the extra time and effort required to travel to a VA center becomes a major imposition in their lives and a disruption to their jobs and family responsibilities. There are times when a short visit to a local prosthetist could have resulted in quick adjustments to maintain the fit and function of the prosthesis. Delaying care until something significant happens or the need for prosthetic care intensifies is not an efficient, cost-effective, convenient, or patient-friendly system.

The AAOP has always and continues to advocate for patients and wants those patients to be informed consumers of prosthetic care. The information given to veterans today appears to be very inconsistent across the Veteran Integrated Service Networks (VISNs). We want the VA to ensure that all veterans with amputations consistently receive the high quality prosthetic care they need and deserve. One of the primary ways to ensure this is to make sure that veterans know that they have rights and responsibilities. They should have a choice of prosthetic practitioner, a choice of technological options, and a choice to seek a second opinion when desired. This is completely consistent with the OIG's recommendation that the VA improve its approval processes for fee-basis and VA contract care for prosthetic services to meet the needs of veterans with amputations.

In fact, this recommendation, and the agreement by the Under Secretary of Health to this recommendation, seems at odds with the VA manual provisions that suggest that each VISN maintain between three and five contracts with private prosthetists, an exceedingly low number that does not square with the notion of veteran choice of practitioner. This is perhaps why some regions examined in the OIG reports maintain contracts with greater than three to five private practitioners. We hope the VA revises this guidance in the future to more accurately reflect the needs of veteran amputees.

For this reason, the AAOP supports H.R. 805, the Injured and Amputee Veterans Bill of Rights, which has been introduced in the past three Congresses by Ranking Member Bob Filner. In fact, this bill, or its predecessor, H.R. 5730, passed the House in December 2010 but the Senate did not have time to act before the Congress adjourned. This legislation proposes the establishment and posting of a "Bill of Rights" for recipients of VA healthcare who require O&P services. This Bill of Rights will help ensure that all veterans across our country have consistent access to the highest quality of care, timely service, and the most effective and technologically advanced treatments available, all in concert with the enhanced internal capacity of the VA in the prosthetic field. AAOP believes that adoption of this "Bill of Rights" will establish a consistent set of standards that will form the basis of expectations of all veterans who have incurred an amputation or injury requiring orthotic or prosthetic care.

The bill proposes a straightforward mechanism for "enforcement" of this "Bill of Rights," with an explicit requirement that every O&P clinic and rehabilitation department in every VA facility throughout the country be required to prominently display the list of rights. In addition, the VA's websites would also post this Bill of Rights for the interest of injured and amputee veterans. In this manner, veterans across the country would

be able to read and understand what they can expect from the VA healthcare system in terms of their orthotic and prosthetic care. If a veteran's orthotic or prosthetic needs are not met, they will be able to avail themselves of their rights and become their own best advocate. But above all, no veteran will be in the position of resigning him or herself to the fact that they are not functioning well with their O&P care for lack of information about their rights.

This bill would simply condense to writing the O&P rules and procedures that the VA has used for years. An analysis of Congressional testimony delivered in 2008 by the Chief of the VA Prosthetic and Sensory Aids Service before the House Small Business Committee confirms that none of the rights listed in H.R. 805 (or its predecessor, H.R. 5730) would expand the rights the VA has granted veterans for years, including in the area of practitioner choice and choice of prosthetic technology. But the bill would, in fact, put these rights in writing and post them for veterans to see, understand, and employ to help ensure they receive the quality O&P care they need and deserve. This bill would also provide Congress with easy access to the level of compliance with this "Bill of Rights" across the country and could identify particular regions of the country where problems persist.

We understand the Congressional Budget Office gave the bill a nominal "score" in terms of what this would cost the VA. This is because none of the rights in the bill expand the rules and procedures the VA has acknowledged it uses for veterans in need of O&P care. Thirty-five veterans' organizations, rehabilitation associations, and consumer and disability groups support passage of H.R. 805. While passage of H.R. 805 will not solve all the problems and shortcomings with the current VA prosthetics program, we believe it will have a material effect on the ability of the VA to deliver consistent, state-of-the-art care to all veterans with amputations.

The AAOP would like to thank the Committee for holding this hearing. We believe that the OIG's Healthcare Inspection Report does provide valuable information on this subpopulation of veterans that will guide advancements in O&P care in the future. But as we have indicated, we do question significant aspects of the data presented in the Audit of the Management and Acquisition of Prosthetic Limbs Report. The AAOP is always available to work with this Subcommittee and the VA to help ensure that veterans with amputations and other injuries receive the highest quality orthotic and prosthetic outcomes possible. Thank you for the opportunity to submit this written testimony to the Subcommittee.