

“Every person who has suffered limb loss, and who has received a prosthetic device appropriate for their needs, knows the value of the device for them personally. This study provides nationwide data which helps to corroborate this patient experience, and also points us to the need for more research regarding the value of prosthetics from both a quality of life and a financial perspective.”

—SUSAN STOUT, interim president & CEO, Amputee Coalition 

What does this mean for your patients?

- They will have **lower or comparable Medicare costs** than patients who need, but do not receive, these services.
- They will experience **greater independence**.
- They can **increase their physical therapy** and become less bed-bound.
- They will have **fewer emergency room admissions** and acute care hospital admissions



These conclusions are extraordinarily significant in that for the first time actual data prove the value of an O&P intervention based on economic criteria. In addition, there are other soft benefits in the form of quality of life, enhanced mobility and the opportunity to more fully participate in earning a living and enjoying life.



For more information and a copy of the study, visit www.MobilitySaves.org.



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saving limbs. building lives.

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Lower Limb & Spinal Orthoses:
Save Lives & Money
and
*We Have the Medicare
Data to Prove It!*

A MAJOR NEW STUDY RELEASED BY AOPA

Specialists in Delivering Superior Treatments and Outcomes to Patients with Limb Loss and Limb Impairment



The Background

A major new study commissioned by the Amputee Coalition and conducted by Dr. Allen Dobson, health economist and former director of the Office of Research at CMS shows that Medicare pays more over the long-term in most cases when patients are not provided with replacement lower limbs, spinal orthotics, and hip/knee/ankle orthotics.



Allen Dobson, PhD

Lower extremity and spinal orthotic and prosthetic devices and related clinical services are designed to provide stability and mobility to patients with lower limb loss or impairment and spinal injury. Supplying bracing or support (an orthosis) where needed or a new artificial limb (prosthesis) when necessary saves our healthcare system significant future costs. Medicare's own data shows this to be the case. Timely treatment that preserves or helps regain mobility not only makes sense; it also saves dollars.

The Study

The study's authors used the Medicare Claims database to review all Medicare claims data for patients with conditions that justified the provision of lower limb orthoses, spinal orthoses, and lower limb prostheses. The unprecedented study looked at nearly 42,000 paired sets of Medicare beneficiaries

with claims from 2007-2010. The paired patients either received orthotic and prosthetic care or they did not get such care, and determined their cost history for medical care following O&P intervention versus costs for those not receiving treatment.

The Results

The study's key finding was that Medicare costs are lower or similar for patients who received orthotic or prosthetic services, compared to patients who need, but do not receive, these services

The Key Findings



Lower Limb Orthoses & Spinal Orthoses

The conclusions for both lower limb and spinal orthotic cases show the cumulative Medicare costs over the 18 months following receipt of the orthotic intervention were less than the population that did not receive the treatment.



For more information and a copy of the study, visit www.MobilitySaves.org.

Lower Limb Orthoses

- \$2,920, or 10%, less than comparison group, including the price of the orthosis
- Fewer acute care hospitalizations and ER admissions
- Were able to sustain more rehabilitation, and remain in their homes as opposed to needing placement in facility-based settings

Spinal Orthoses

- Comparable cumulative costs over 18 months to those who did not receive the orthoses
- By month 18, study group patients had Medicare episode payments that were \$93 (.3%) lower than comparison group payments.
- Higher rate of ambulatory and home-based care (as opposed to facility-based care)

EXHIBIT 4.3 Lower Extremity Orthoses

Cumulative Medicare Episode Payment by Cohort (18 Month Episodes from 2008-2010)

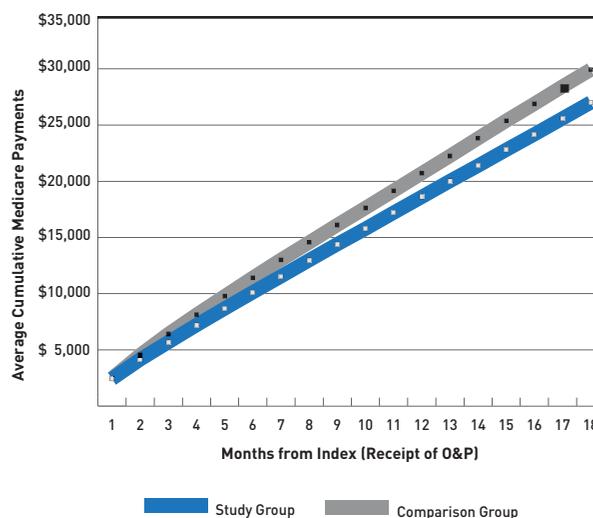
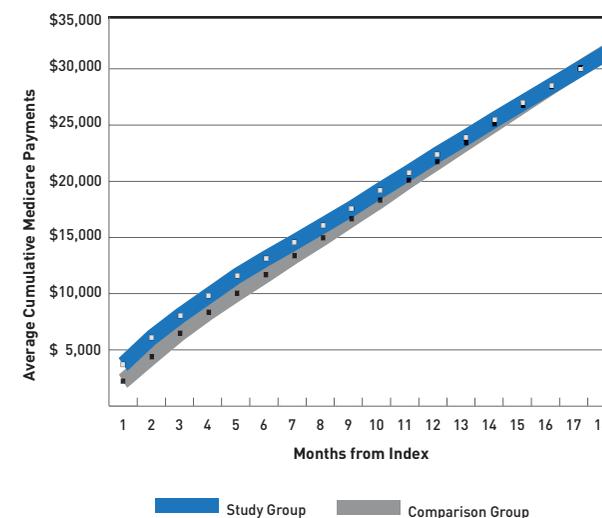


EXHIBIT 4.6 Spinal Orthoses

Cumulative Medicare Episode Payment by Cohort (18 Month Episodes from 2008-2010)



SOURCE: Dobson | DaVanzo analysis of custom cohort Standard Analytic Files (2007-2010) for Medicare beneficiaries who received O&P services from January 1, 2008 through June 30, 2009 (and matched comparisons), according to custom cohort database definition.