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Cooperative Care: Good for Patients, Good for Business

By Karen Henry

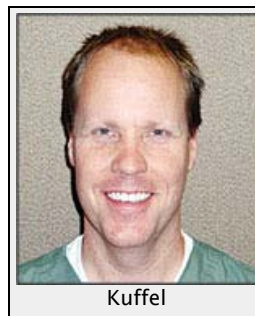
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"We're just another tool in the practitioner's toolbox." —Todd Anderson, CP, FAAOP, vice president of business services, Otto Bock HealthCare, Minneapolis, Minnesota

Charles Kuffel, CPO, FAAOP, president and clinical director of Arise Orthotics & Prosthetics, Blaine, Minnesota, runs a small, two-clinician patient care facility. His specialties include orthotic management and wound healing of chronic plantar ulcerations and management of positional cranial deformities. Kuffel's practice is located within a 90,000-square-foot medical center that includes vascular, spinal, orthopedic, primary care, and pediatric physicians, as well as same-day surgery, physical therapy, and imaging. He says that between 70-80 percent of his patients are walk-in referrals from one of the various offices within the medical center. These patients enjoy the convenience of having the majority of their healthcare providers under one roof, and they would prefer not to have to travel to another O&P facility to receive optimum care. Because of the unique positioning of Kuffel's practice, he sees a wide variety of presentations, and not all of them fall neatly into one of his specialties.



What do you do when a patient calls or walks into your office who presents with an amputation level you have never dealt with before or have little to no training dealing with, such as a hip or shoulder disarticulation? Perhaps the patient is looking to be fit—and is a good candidate for—an advanced myoelectric prosthesis or even a device that utilizes targeted muscle reinnervation (TMR). How often does this happen, anyway? Once or twice a year? Once every couple of years?



Kuffel

Do you refer the patient to a fellow practitioner who specializes in these types of cases? Do you instead fit the patient to the best of your ability with a device and componentry that you are familiar with? Or do you go through the requisite training so that if a similar patient comes calling in the future, you will be more prepared?

"My primary goal in providing patient care is to have the ability to manage all levels of orthotic and prosthetic devices with the best possible outcomes, but as more sophisticated items are being introduced to the market, managing these cases is increasingly more challenging," Kuffel says. "We cannot be all things to all people."

Though it may never be possible for a practitioner to be all things to all patients, Otto Bock HealthCare, Minneapolis, Minnesota, is hoping to help clinicians like Kuffel become more things to more patients. On June 18, Otto Bock opened the doors of its Innovation Center. With a focus on cooperative care, Otto Bock clinical specialists will "partner with providers to deliver hands-on support...to those with limb loss and mobility challenges," according to a company press release. The Innovation Center includes education rooms, a single private fitting room, and a fully outfitted lab, as well as a common area where clinicians and patients can check their e-mail, eat lunch, watch television, or just relax. The Innovation Center is located next door to Otto Bock's fabrication facility so that Otto Bock clinicians and technicians can make any necessary adjustments "on the spot."

What Is Cooperative Care?

"In order for new technology to be applied in a way to achieve the best outcomes, there seems to be a need for more hands-on training," says Todd Anderson, CP, FAAOP, vice president of business services at Otto Bock. "With the size of our country...it's



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too challenging to try to get to every individual, so we provide education for bigger groups and some individuals. But now we also offer the opportunity for people to bring their patients here for the fitting and education at the same time." Cooperative care, according to Anderson, is basically a consulting service in which Otto Bock clinicians and technicians "work side-by-side with the practitioner—generally in the areas of new technology or in technology that they don't have the frequency to maintain their skill sets. Practitioners can bring their patient here, and our practitioner will work with them on fitting the patient and assuring that the componentry is applied correctly."



Anderson

Byron Backus, CP, is Otto Bock's lead clinician for cooperative care. According to Backus, the goal of cooperative care is to partner with the practitioner. "We're not interested in taking over the practitioner's patient," Backus emphasizes. "They're still the primary provider for their patient." To that end, practitioners may not simply refer their patients to Otto Bock for fitting—they must accompany their patients to the Innovation Center. "We're just... helping them to extend their practice," Backus says. "Think of it as if they are hiring me as a practitioner for three or four days."



Backus

The cooperative care approach has been adapted from Otto Bock's German model, which has been in place for quite some time, according to Backus. Kristen Knox, senior market manager at Otto Bock, says that globally, the United States is the last Otto Bock branch to implement such an approach. However, she says, each country develops a slightly different model based on that country's specific needs. In the United States, for example, Knox says that Otto Bock is following a holistic approach similar to that used by the Mayo Clinic.

"We want to bring all the players together around one table so the therapist knows what the prosthetist is thinking and the patient is in the middle. We want the patient engaged in the process so they can ask questions and provide feedback," Knox says.



Knox

Dale Feste had his arm amputated below the elbow in 2006 after being diagnosed with an extremely rare form of cancer in his wrist. His amputation and immediate follow-up care occurred at the Mayo Clinic, Rochester, Minnesota, so he is familiar with the model. After a tour of Otto Bock's Innovation Center, he told *The O&P EDGE* that Otto Bock's cooperative care approach is very similar to Mayo's. "I look at this cooperative care model and think that if I had been in some small town in Minnesota and had access to only a one- or two-person office, I could still have that seamlessness and quality of care with their cooperative care program."

How Does Cooperative Care Work?

Glen Ellis, CPO, CEO of Capstone Orthopedic, Castro Valley, California, was the Innovation Center's first customer. Two months ago, a pain management specialist referred to Ellis a patient who had injured his right arm in a motorcycle accident and had later elected to have a right transhumeral amputation. "He had significant nerve damage and elected to have his arm amputated above the elbow," Ellis says. "He presented with significant residual limb scarring and very little volitional movement at the glenohumeral joint.



Ellis

"He wanted to use a prosthetic arm, but it was going to be a challenge," Ellis continues. "We were not able to harvest significant myoelectric signals...so we had to use a series of switches and signals and other body part movements to utilize the prosthesis.

"The Dynamic Arm component itself was the most appropriate for this patient due to the length of his residual limb," Ellis says. "And, as I've never fit a Dynamic Arm before, a course was required, but I also thought it would be a good certification to have on the technology."

Though he originally intended to attend the Dynamic Arm course and fit his patient himself, as Ellis and his patient went through the course, "it became apparent that we were going to

have to do some redesign and...fit him a little bit more like a shoulder disarticulation amputee because his shoulder is completely flail. So with the assistance of Byron Backus at the Innovation Center, we redesigned the socket for him."

Clinicians don't have to attend an Otto Bock training course to take advantage of the Innovation Center, however. Any practitioner with a patient who is a candidate for an Otto Bock high-tech prosthetic or orthotic device can take advantage of the service. According to Backus, once a business agreement is in place and Otto Bock clinical specialists have reviewed all of the necessary patient information, the process should take between two and four days. "By the time they are finished here," he says, "our goal is to have them either walking or using a test prosthesis. If things look really good, they can leave the test prosthesis here, and we'll send it through our fabrication department."

Once the definitive prosthesis is delivered, Backus says that he follows up with the practitioner via phone and, if necessary, webcam.

When asked whether he can remain profitable using Otto Bock's Innovation Center and cooperative care service, Ellis says, "In this particular case, I can. But it has to be used selectively. You should use this model only when you do not have the experience to render a highly positive outcome for the patient—not simply because you want extra assistance," Ellis advises.

Knox adds, "We know that our customers don't want to give up their profitability in order to fit our technology, so Byron will teach them while cooperatively fitting their patient. We're hoping that practitioners come to the Innovation Center to get help with a hip patient or an upper-limb patient, and then the next time they'll feel comfortable enough to do it themselves."

Kuffel says that he plans to use the Innovation Center for higher-end, more sophisticated orthotic and prosthetic devices. "The Innovation Center allows me to see all levels of orthotic and prosthetic patients and manage them with the best possible outcomes," he says. "It is simply not possible to manage all patients in a vacuum and be proficient." Kuffel also likes that the process involves the patient in the learning process, "which will lead to better outcomes as the patient will now have a base understanding as to the what, where, how, and why," he says.

Feste agrees. "In just about all levels of medical care," he says, "the philosophy is to always try to move the patient back to the state of previous health or the best health possible. A surgeon wouldn't tell a quadruple bypass patient, 'We'll give you three valves and not four because you'll be okay sitting in a chair.' They always do four. Yet with amputations, it seems like that isn't always the case. This is an opportunity for practitioners to evaluate all of the options and get the patient the best possible solution."

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Otto Bock's Innovation Center includes a fully outfitted lab. Photographs courtesy of Otto Bock HealthCare.

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