

CPO seeks central fab: Finding a match

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By **L.W. Barnes**

Charles Kuffel, CPO, of Blaine, MN, knows his limitations. If the clinician and father of four is going to keep his referrals happy, get products to his patients on time and have a life outside the office, it means outsourcing some orthotic orders to a central fabricator.

Kuffel, president and clinical director of Arise Orthotics & Prosthetics and a 15-year veteran of the industry, is the first to say that finding the right fabricator remains a work in progress. For him, that search began two years ago when Arise started sending overflow work to an outside lab. Since that time, he's cycled through seven fabricators, only one of which he's continued to use on a regular basis.

"If they can't fulfill my needs," explained Kuffel, "I go elsewhere."

Those needs, say Kuffel and other O&P practitioners, are many-fold. While many smaller practices choose central fabrication to save time and money, if the details aren't scrutinized – from the finer points of manufacturing to overnight shipping charges – profit margins can wither and relationships can quickly sour.

"If everything goes wrong and you're the one [in with the patient] holding the bad product, you're the one viewed as having made the mistake," said Andrew Carroll, CO, a staff orthotist with Branford, CT-based New England Orthotic and Prosthetic Systems.

Carroll, who previously founded a central fabrication company in Bloomfield, CT, has seen the business from both sides of the aisle. He says it's the things that seem simplest, like communication between clinicians and fabricators, that can be the biggest impediment to good products.

"Getting on the same page with your central fab and talking the same language is so important," he said. "We have different names for things and use different descriptions because of our education or where we live."

For example, he remembers one order that referred to a lateral varus tab as a lateral Sabolich trim line, a less well-known reference to the upright modification on a plastic AFO.

Interviews with practitioners suggest that today many if not most practices outsource at least some fabrication. They cite space constraints and training limitations, suggesting that newly educated clinicians are not learning the handwork and technical skills needed for fabrication.

"You wonder," said Carroll, "if these students are the new wave, [ushering in] a time when everything will go through central fab."

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Finding the right fabricator, industry experts say, starts with interviews that cover a gamut of topics from delivery times to pricing. Kuffel says he looks closely at whether a fabricator will set up templates or guidelines to handle his modifications.

"If they can't, I won't use them," Kuffel stated flatly.

Cost is competitive, say clinicians, and the real sticking point is shipping. While one company may charge less than another for fabrication, the charge to deliver a product on time can severely undercut profits.

Customer support is also a big factor, particularly when things go wrong.

"If it's incorrect, I want to know fast the [fabricator] will rectify it," Kuffel said. "How fast will they get it back to me, and will they charge me for the redo?"

Robert Hartson, CPO, who has run White Mountain Orthopedics in Meredith, NH, for 35 years, says he stopped using a large fabricator known nationwide in favor of a smaller operation because the technicians at the larger company suggested his needs were demanding.

"They said I was too exacting," Hartson said. "So I dropped them."

Hartson insists there's no secret formula for selecting a fabricator. Rather, he says it's about trial and error, with an eye for "the right fit."

"You have to be choosy," Kuffel insisted. "Central fabrication should be viewed as an extension of your practice. If you do your due diligence, it's not hard to find good work."

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