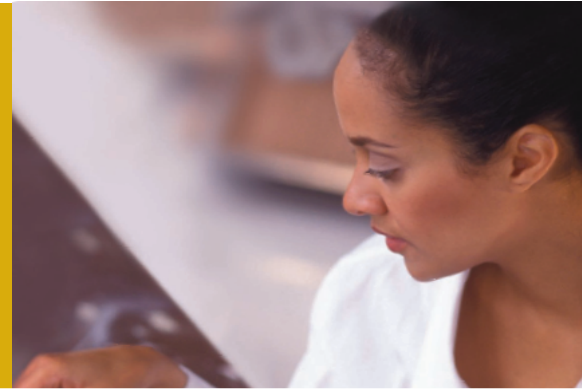


## ORTHOTICS & EHC PLANS

This backgrounder brief was prepared by the OCA for the benefit of its members and chiropractic office staff as part of ongoing initiatives designed to promote and enhance chiropractic coverage under extended health care plans.



### THE ISSUE

Major Canadian health insurance companies continue to introduce more stringent claims adjudication practices concerning orthotics. In some cases this has resulted in the limitation of health care provider groups permitted to participate in this benefit. This has resulted in the exclusion of chiropractors from orthotics prescription and/or dispensing.

### BACKGROUND

Over the past 10 years, extended health care (EHC) plan sponsors and health insurers have witnessed dramatic increases in orthotics claims costs. Key drivers behind these increases include increased patient awareness, product innovations, some abuse of the benefit, and promotion of orthotics among health and foot care practitioners.

The rapid increase in consumer awareness and demand for orthotics caught the health insurance industry largely unaware and without established claims adjudication policies.

### THE ROLE OF HEALTH INSURERS

EHC plans are increasingly important third-party payers for chiropractic services. There are hundreds of thousands of employer-sponsored plans across the province, and each one is unique. Employers sponsor the vast majority of EHC plans in Ontario. It is not insurance companies but employers, responding to the needs of employees, sometimes brought forward by a union, that ultimately determine whether and how chiropractic and other services are covered under their plans.

A principal role of health insurers is not just the provision of insurance for health care needs, but the adjudication of claims that arise. As such, employers and EHC plan sponsors generally defer to health insurers' expertise regarding claims administration guidelines and policies for specific covered services, such as orthotics.

### THE POSITION OF HEALTH INSURERS

As health insurers and other benefits experts examined their claims policies concerning orthotics and the growing number of claims, they detected patterns that suggested a growing proportion of claims were of questionable clinical merit and certain practitioners were profiting significantly from insurance claims. These practitioners were not limited to any one profession.

Collectively, insurers continue to focus significant attention on orthotics fraud through the two principal industry bodies, the Canadian Health Care Anti-Fraud Association (CHCAA) and the Canadian Life and Health Insurance Association (CLHIA).

Some health insurers, under significant pressure from plan sponsors to better control orthotics claims, reacted by adding deterrents such as excluding certain professions, including chiropractic, from orthotics prescription and/or dispensing. The privilege of prescribing or dispensing orthotics has in some cases been limited to professions whose primary focus is the foot – such as podiatry, chiropody and pedorthy. In the majority of instances, these exclusionary policies have been restricted to certain plans, while in other cases insurers are applying them as a general policy pertaining to all plans.

No insurer has produced research or demonstrated that there is any clinical basis whatsoever for excluding chiropractic (or any other profession) from orthotics prescription or dispensing. The OCA has encouraged the insurers to hold a multiprofessional symposium to better understand the various issues around the prescription of orthotics.

However arbitrary such exclusionary policies may be, because EHC plans are private plans, there is nothing prohibiting a plan sponsor or insurer from instituting such a policy.

#### OCA Position / Recommendations ►

## OCA POSITION

The OCA has met with major health insurers directly, held discussions with insurers through the CLHIA and the CHCAA on this issue, and continues to intervene with one major insurer who is actively reassessing its policy concerning orthotics.

The OCA has repeatedly articulated the following position to health insurers and other EHC stakeholders:

1. That orthotics prescription is unequivocally within the scope of chiropractic practice. Insurers have been referred to CMCC curriculum, the CCO Standards of Practice, and available clinical literature.
2. Clinically, chiropractors approach the subject of foot biomechanics as part of their concern for the dynamics of gait and its importance in the proper function of not only the foot, but other aspects of neuromusculoskeletal function and symptoms. This diagnostic approach fills a clinical need that differs from that of the health care provider who primarily addresses foot symptoms. The chiropractor's examination and diagnosis parallels the approach of a family physician, but with the added benefit of focused education regarding MSK and biomechanical conditions. This perspective is clinically relevant for the insured individual and is lost with the exclusion of chiropractors from the allowable provider group.
3. Chiropractic, along with other regulated health care professions, has appropriate guidelines in place to ensure appropriate and ethical behaviour on the part of their respective practitioners concerning both orthotics prescription and dispensing.
4. That insurers and health care professions should work cooperatively and collaboratively to establish reasonable and appropriate guidelines for orthotics prescription and dispensing, and that orthotics manufacturers and laboratories adhere to appropriate standards and guidelines of conduct.
5. Despite widespread claims by insurers that chiropractors have been found to be prescribing and/or dispensing orthotics inappropriately, no complaints have been lodged with the CCO. It is impossible for affected health care professions and colleges to understand and respond to insurers' concerns regarding orthotics given the absence of formal complaints.

It is apparent that the health insurance industry believes that, in the likely continued absence of increased government regulation, the key to controlling costs is to restrict orthotics prescription and dispensing to professions whose primary concern is the foot. This represents a return to a 'silo' mentality in the grouping of provider professions around separate and distinct clinical, regulatory and cost concerns.

## RECOMMENDATIONS TO MEMBERS

Rightly or wrongly, the chiropractic profession is under the microscope with respect to orthotics prescription and dispensing. The importance of maintaining the highest standards of clinical and ethical practice in this regard cannot be overstated.

Although larger employers and EHC plan sponsors (i.e. those with more than 250 members) often defer to health insurers' advice concerning claims administration policies, they are usually under no obligation to do so. This means that individual employers and organizations may be influenced with respect to the inclusion of chiropractors among the eligible practitioners who may prescribe and dispense orthotics.

**Consistent with the goals of the OCA Patient Advocacy initiative, the most effective means of changing plan sponsor attitudes and behaviour is for OCA members and chiropractic staff to encourage patients to raise concerns about orthotics prescription and dispensing with their employer and/or union.** Members should reinforce the OCA position regarding orthotics, outlined in points 1 through 5 at left, in discussions with their patients and EHC stakeholders.

Patients are best able to articulate their personal reasons as to why they should be permitted to obtain orthotics from and on the prescription of a chiropractor. These might include:

- Lack of a family physician
- Poor access to a family physician
- Prior positive experience with chiropractic

## INQUIRIES

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