

# DMEPOS Keys to Success



## Is an in-office bracing or outsourced inventory model program right for you?

There are several considerations when determining if your practice or health system is a good candidate for an orthotics & DME service line. Here are key factors to assess that could greatly impact your success.

- **Current in-house programs:** do you already have an internal DME entity or fulfillment pathway? Separate billing members and/or contracts may be required to bill orthotics & DME.
- **Third-party agreements:** does your facility have an outsourced inventory model with a manufacturer or supplier that could limit the scope of products offered?
- **Payer mix:** if your facility is owned by a health plan that has integrated providers with a closed panel, then your facility may not be a good candidate for an ancillary service line or billing program.
- **Volume and patient mix:** potential business value is affected by the type of patient mix and volume. Look at the areas where products may be used: do you have sufficient demand to make a program viable?
- **Specialties:** starting with just one clinic location or a specialty area such as an ER or orthopedics department can be a great way to prove value. If the group has multiple locations or specialty areas with a patient mix that can drive sufficient demand, your facility's value from the program can be much greater. This can include:

Area of Specialty	Products	Area of Specialty	Products
General Orthopedics	All lower extremity orthotics, walker, crutches	Podiatric	Crutches, pneumatic ankle splints, walker boots
Upper Extremity Orthopedics	Splints, fracture bracing, WHOs, clavicle straps, shoulder immobilizers	Sports Medicine	Tennis elbow, patellar straps, AFOs, knee sleeves and hinged knee bracing, clavicle and shoulder immobilizers
Foot and Ankle Orthopedics	Walker boots, AFO, crutches, walkers	Emergency	Walkers/crutches, knee sleeves/hinged wraps, clavicle straps, cervical collars, LSOs, pneumatic ankle splints, walker boots, slings and wrist splints
Total Joint Replacement	Post-operative orthotics and therapies. OA bracing for pre-operative	Rheumatology	OA bracing for upper and lower extremities, walkers
Spine Surgeons	LSOs, TLSOs, Collars	Pediatrics	Crutches, walker boots, slings, wrist splints, knee sleeves, pneumatic ankle splints, and clavicle straps

### Also consider:

- o Orthopedic practices or orthopedic specialty hospitals
  - o General hospitals with a high volume of orthopedic and spinal procedures
  - o Emergency rooms or emergency hospitals
  - o Hospitals within a larger system that could lead to additional dispensing locations such as urgent care locations or physician offices
  - o Occupational therapy
  - o Physical therapy
  - o Operating room
  - o Post-op recovery
  - o Pediatrics
  - o Neurology
- **Physician support and motivation:** health system administrators need to pay particular attention to this success factor. Physicians may be motivated by positive impacts related to patient continuity of care and positive patient reviews.
  - **Program coordination:** as practices and health systems continue on the expansion path, the ability to integrate facilities on a singular platform is critical. Recognize that communication to all stakeholders is key. Reach out to the various departments and groups where orthotics & DME products may be used to better understand the needs such programs can fulfill.
  - **Ownership and accountability:** consider who the decision makers are from a purchasing and clinical perspective. In a health system, those most interested in revenue generation and cost-savings, and who have the ability to authorize a program, include the CEO, CFO, Medical Director and Department Heads (purchasing contracting and clinical specialty). In a clinical practice, it is typically the physician owners who have the authority and interest in ancillary programs.
  - **Medicare compliance:** regardless of the business model, any orthotics & DME provider that is separately enrolled as a Medicare DMEPOS supplier must comply with the Medicare supplier standards and applicable quality standards.
  - **Business reviews and chart audits:** you must be willing to conduct periodic reviews and documentation audits, both of which can be done in-house or with consultation with outside partners. This will ensure you are optimizing your business value and remaining compliant.
  - **Inventory/DMEPOS management:** along with understanding how to implement an in-office orthotics & DME program is the management of products and workflow. Easy-to-use cloud-based applications can simplify inventory tracking, dispensing and reordering. Technology that also interfaces with EMR/EHR and practice management systems can streamline workflow by reducing duplicate entry and ensuring completed paperwork.
  - **Continuing education with peer networking:** a final success factor is recognizing the value of learning from others who have implemented similar programs. Understanding the potential pitfalls, challenges and solutions can shorten the learning curve and greatly impact program effectiveness.