

Assistive Devices Program
Ministry of Health & Long-Term Care
Wheelchairs, Positioning & Ambulation Aids Category

Lunch and Learn Webcast
Ontario CCACs and Service Providers
July 20, 2009



Assistive Devices Program

Vision

To enable people with physical disabilities to increase their independence through access to assistive devices responsive to their individual needs

Mandate

To provide customer centered support and funding to Ontario residents who have long-term physical disabilities and to provide access to personalized assistive devices appropriate for the individual's basic needs

To provide Ontario residents with fair and affordable access to a range of devices and to provide vendors with a fair and predictable return on their investment

Not a regulated program – policy driven

Clients

- Infants with congenital disorders access ADP early and continue to require financial assistance throughout their lives

Device examples include: orthotics/ braces, wheelchairs

- Adults often acquire their disability because of illness or accident

Device examples include: conventional limb prostheses, breast prostheses

- Senior's disabilities are usually the result of the aging process

Device examples include: hearing aids, wheeled walkers

Stakeholders include Ontarians of all ages, health care professionals (authorize devices and supplies), manufacturers, vendors, special interest groups (Canadian Diabetes Association) and funding agencies (March of Dimes, Easter Seal Society)

Types of Devices Funded

<p style="text-align: center;"><u>Medical Supplies</u></p> <ul style="list-style-type: none">•Home Oxygen•Respiratory Equipment (CPAP, medication compressors, suction machines, tracheostomy tubes and supplies, apnea monitors)•Enteral Feeding (pump and supplies)•Ostomy Supplies•Diabetic Supplies	<p style="text-align: center;"><u>Sensory</u></p> <ul style="list-style-type: none">•Hearing Aids•Communication Aids•Vision Aids•Teletypewriters (T.T.Y.)•External components of Cochlear Implants and Bone Anchored Hearing Aids (BAHA)
<p style="text-align: center;"><u>Mobility</u></p> <ul style="list-style-type: none">•Wheelchairs (manual & power)•Power Scooters•Positioning (Seating)•Ambulation Aids (wheeled walkers)	<p style="text-align: center;"><u>Prosthetics & Orthotics</u></p> <ul style="list-style-type: none">•Prostheses (conventional and myoelectric)•Orthotics (custom fabricated)•Pressure Modification Devices (burn scar and Lymphedema garments)

Client Eligibility

- Permanent Ontario resident who has a valid Health Number issued in their name.
- Long-term physical disability requiring the use of an assistive device for a minimum of 6 months.
- No coverage available for the authorized device under the *Workplace Safety and Insurance Act* for the same condition.
- No coverage available for the authorized device under *Department of Veteran's Affairs Act (Canada) Group A* for the same condition.
- Device must not be required exclusively for school, work, recreation or sports.
- Eligibility criteria specific to each device.

Authorizers and Vendors

ADP Registered Authorizers

- Health care professionals, including Physiotherapists, Occupational Therapists, Audiologists, Orthotists and Prosthetists who are registered with the ADP as “authorizers”
- Authorizers assess the needs of individuals and confirm eligibility
- All registered authorizers must adhere to the terms and conditions specified in the Authorizer Agreement.
- ADP currently has approximately 6,000 registered authorizers

ADP Registered Vendors

- A private business or non-profit organization that holds an executed agreement with the Program
- Must meet strict standards and sign a contract with the ministry
- Vendors include home health care retailers, pharmacies, hearing aid centres, oxygen suppliers
- ADP currently has approximately 1,000 registered vendors

Funding Model

- ADP pays 75% of an approved price; vendors cannot charge client more than 25% of ADP approved price; clients may have costs in excess of the 25% portion
- Clients receiving social assistance are eligible to receive additional 25% funding
- Grants directly to clients (ostomy supplies, needles&syringes, breast prostheses)
- Central Equipment Pools for high cost, low volume devices, including ventilators, visual and communications aids, high technology power wheelchairs; administered by hospitals, university's, private business; bulk purchase, provide maintenance and repairs at no cost to the client and recycle equipment
- Some device types, including wheelchairs and ambulation aids may be automatically approved
- Ambulation aids, hearing aids and insulin pumps automatically paid to vendor
- Incomplete forms and where errors are identified (invalid health card) are returned for correction as required: funding denied when eligibility criteria not met
- Requests may be reviewed by a Program Coordinator or Compliance and Quality Assurance Unit
- Vendor selection based on individual's choice; may receive advice if not aware of vendors in their community: individuals may contact ADP for a list of vendors



Toronto Central CCAC and Assistive Devices Program

A success story in collaboration and efficiency
July 20, 2009

J. Greco, Director, Toronto Central CCAC

&

Jamie Arthur, Client Service Manager, Toronto Central CCAC



Today's Session

Objectives of today's session are to:

Share success story with all participants regarding ADP changes

Review the impetus of change and the process

Review the results of the improvement team efforts

Celebrate the positive impact on all clients in Ontario who may need an adult walker funded through ADP



Every Dollar Counts Campaign

Toronto Central CCAC strategy for:

- Increasing efficiency
- Reducing waste while maintaining or improving client care

A strategy identified by staff:

“ The ADP approval process is lengthy sometimes taking 12- 16 weeks. Often we have (rehabilitation) providers in for several visits while paying for rental equipment from CCAC vendors”



Business Case

Renting equipment during waiting period cost money

Administrative (indirect care) costs for progress reporting, calls, and CCAC records while clients awaited funding

Administrative (indirect care) costs for service providers reporting, following up with ADP and vendors



What did we do?

Ministry of Health & Long Term Care, ADP and CCAC senior management met to discuss:

1. Current state processes & issues
2. Impact of delays & next steps
3. Linkage to Aging at Home Strategy

Recommendation: CCAC & ADP management work together to define solution to improve wait times.



What did we do?

ADP and CCAC meetings with GTA Rehab Network to complete process review focussed on mobility devices

1. Validation of current state processes
2. Identification of delays in process
3. Clarification of roles and impacts
4. Identification of a plan to improve wait times

Solution: Multi-pronged approach to reduce wait times for adult walkers.



The Plan

Reduce rejected applications (Rehab Service Providers)

Reduce wait time to approval for walkers (ADP)

Communicate wait time to approval for walkers (ADP)

Equipment vendor to assume loan during "assessment period" (CCAC and Equipment Service Providers)

Communication of approval process from ADP to equip vendors.

- Move from paper to automated.
- Decrease delay from vendor to rehabilitation provider



Results - SPOs

Toronto Central CCAC Rehab Service Providers implemented strategies to reduce rejected application

- Health Card number validation
- Check with ADP for previous approval of similar device
- Online forms availability

Results - ADP

ADP implemented internal changes to reduce wait times for approval- impact;

- 12-16 weeks to 1 week
- Consistent performance for 20 weeks
- Weekly updates regarding waiting period
- June 29th – transition to automatic payment of approved ADP applications for adult walkers

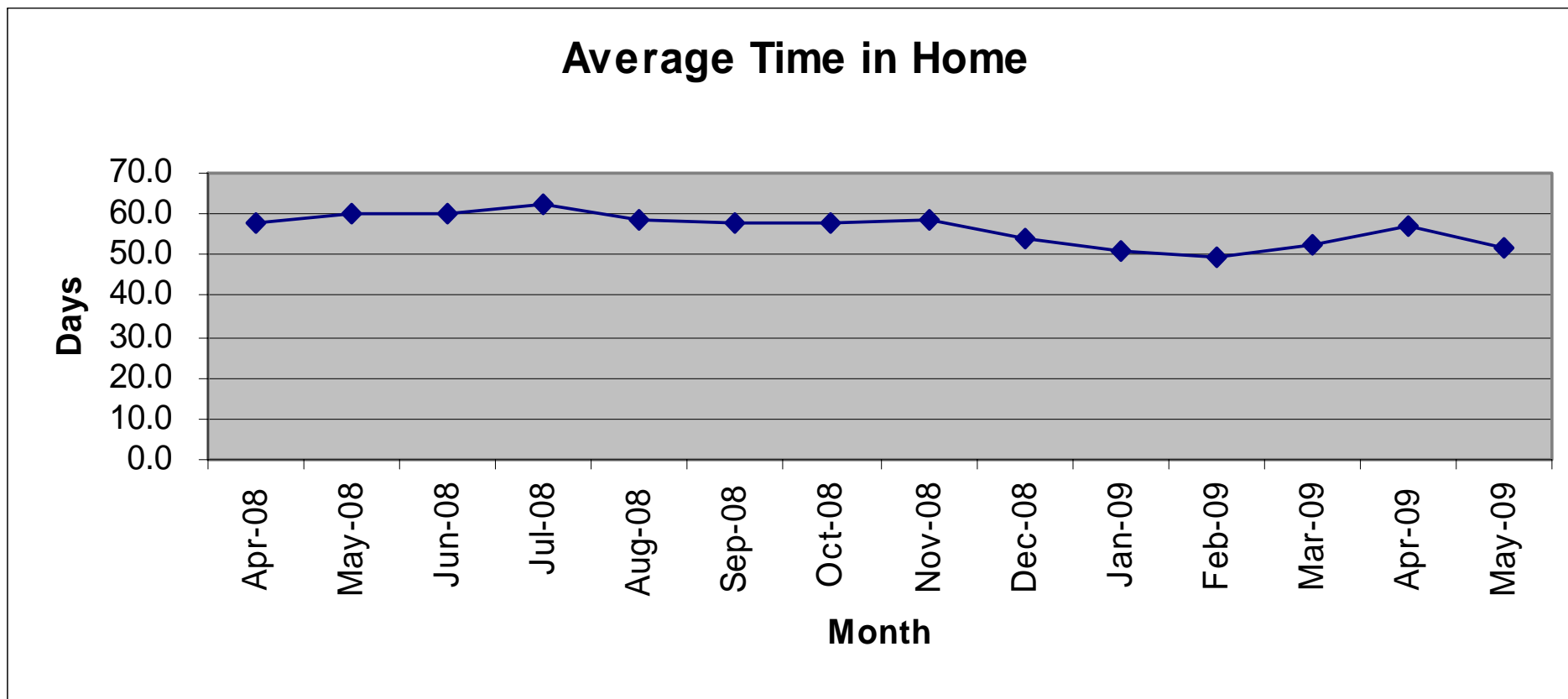


Results-Equipment Vendors

Toronto Central CCAC met with equipment vendors

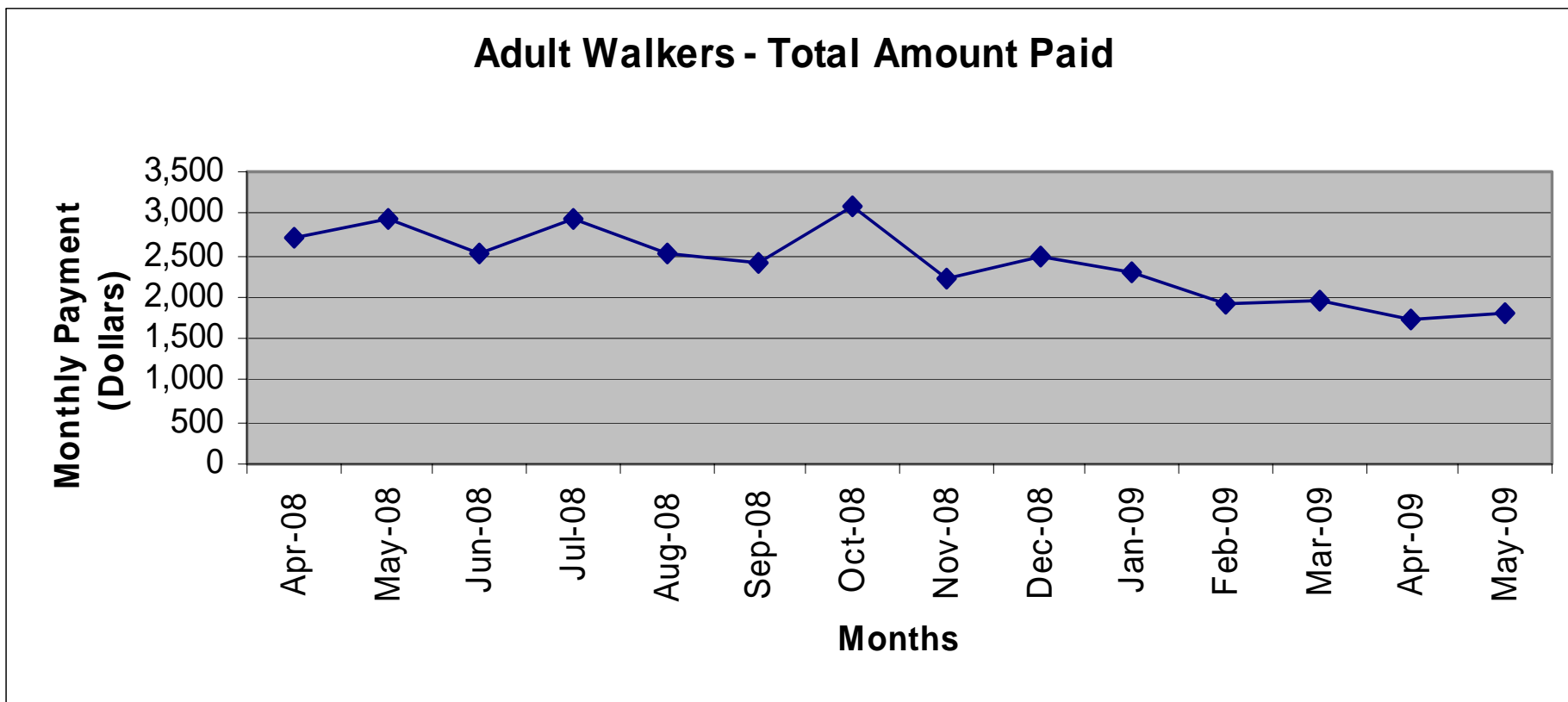
- Gained commitment to cover equipment costs during “Assessment Period” as defined by ADP
- Improved processing time and payment timeframes for vendors – improved turnover of equipment

Results – Toronto Central CCAC



12% reduction in Average Time in Home

Results – Toronto Central CCAC



33% reduction In Dollars Spent

Lessons Learned

1. Staff feedback is valuable and can result in system improvements.
2. Living with “status quo” is not always necessary. Ask questions and dialogue!
3. The impact of processes that cross the continuum of care is not clearly understood by involved stakeholders. Collaboration and discussion is necessary to improve overall processes.
4. Collaboration is the key to system improvement. All stakeholders are willing to work together to make things better.
5. Never give up! Improvements are possible. Spread the word...



Thank you to:

The ADP Improvement Team:

- Ruth Hawkins (MOH)
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- Brenda Kritzer (MOH)
- Joan Stevens (ADP)
- Joanne Greco (TC CCAC)
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- Jamie Arthur (TC CCAC)
- Charissa Levy (GTA Rehab Network)
- Sarah Dimmock (GTA Rehab Network)

Mobility Aids: Specific Information

Wheelchair, Positioning and Ambulation Aids

ADP supports an individual's purchase of a personalized mobility device that meets his/her basic mobility needs as defined by the ADP for funding purposes

Ambulation Aids

- forearm crutches
- wheeled walkers (two, three and four wheels)
- paediatric specific standing frames

Wheelchairs

- manual wheelchairs, power wheelchairs, power bases, power add-on devices, power scooters
- paediatric dependent wheeled bases

Positioning Devices (Seating)

- commercially available and custom fabricated devices to support the head, neck, trunk, pelvis and extremities in a wheelchair
- power dynamic seating systems (tilt/recline/elevating leg rests)
- must be required to support posture and/or provide pressure relief in a wheelchair specifically to facilitate mobility. ADP does not provide funding assistance only to facilitate non mobility related activities including, but not limited to feeding, sleeping, motor vehicle transportation and/or transfers

Eligibility Criteria

Functional Status

- **Ambulation Aids:** Applicant must be able to operate the equipment independently
- **Manual Wheelchairs:** Applicant may or may not be able to propel the equipment independently
- **Power Wheelchairs:** Applicant must be able to operate the equipment independently
- **Positioning Systems (Seating):** Applicant must require the authorized equipment to support posture in order to facilitate mobility

Basic Mobility Requirements

- Funding restricted to devices that meet the applicant's **basic mobility requirements** as defined by the ADP for funding purposes
- **Required** and **intended** use of the equipment **must** be to provide mobility on an **ongoing daily basis** within **place of residence and** to gain **entry/exit** from place of residence
- Applicant's **place of residence** may be a home, apartment building, long-term care home, chronic care facility etc.

ADP does not provide funding for equipment used intermittently; as an alternative means of transportation (e.g. substitution for car, taxi or bus); post-operative needs; training, exercise or therapeutic purposes; recreation and social activities; work; school; sports

Notes for Authorizers

- ❖ Eligibility criteria clarified in policy/administration manual
- ❖ Roles defined for Applicant/Client and/or Family; ADP Registered Authorizer and ADP Registered Vendor
- ❖ Form can be accessed on-line
- ❖ Health card is the unique identifier for access to funding
- ❖ Applications are assigned an ADP number at data entry
- ❖ Vendor selected by the applicant at the time of assessment
- ❖ No approval letter sent to the client
- ❖ Monthly status updates generated for authorizers
- ❖ ADP does not provide funding towards the cost of repairs and/or maintenance and/or replacement batteries for any listed devices
- ❖ Qs & As on ADP web site

ADP Website

http://www.health.gov.on.ca/english/providers/program/adp/adp_mn.html

ADP Contact

Ian Lowe, Senior Program Coordinator

- Tel: 416-327-8148 Toll Free: 1-800-268-6021
- Fax: 416-327-8192
- E-mail: ian.lowe@ontario.ca

Dorance Perreira, Program Coordinator

- Tel: 416-327-8153 Toll Free: 1-800-268-6021
- Fax: 416-327-8192
- E-mail: dorance.perreira@ontario.ca

Questions?