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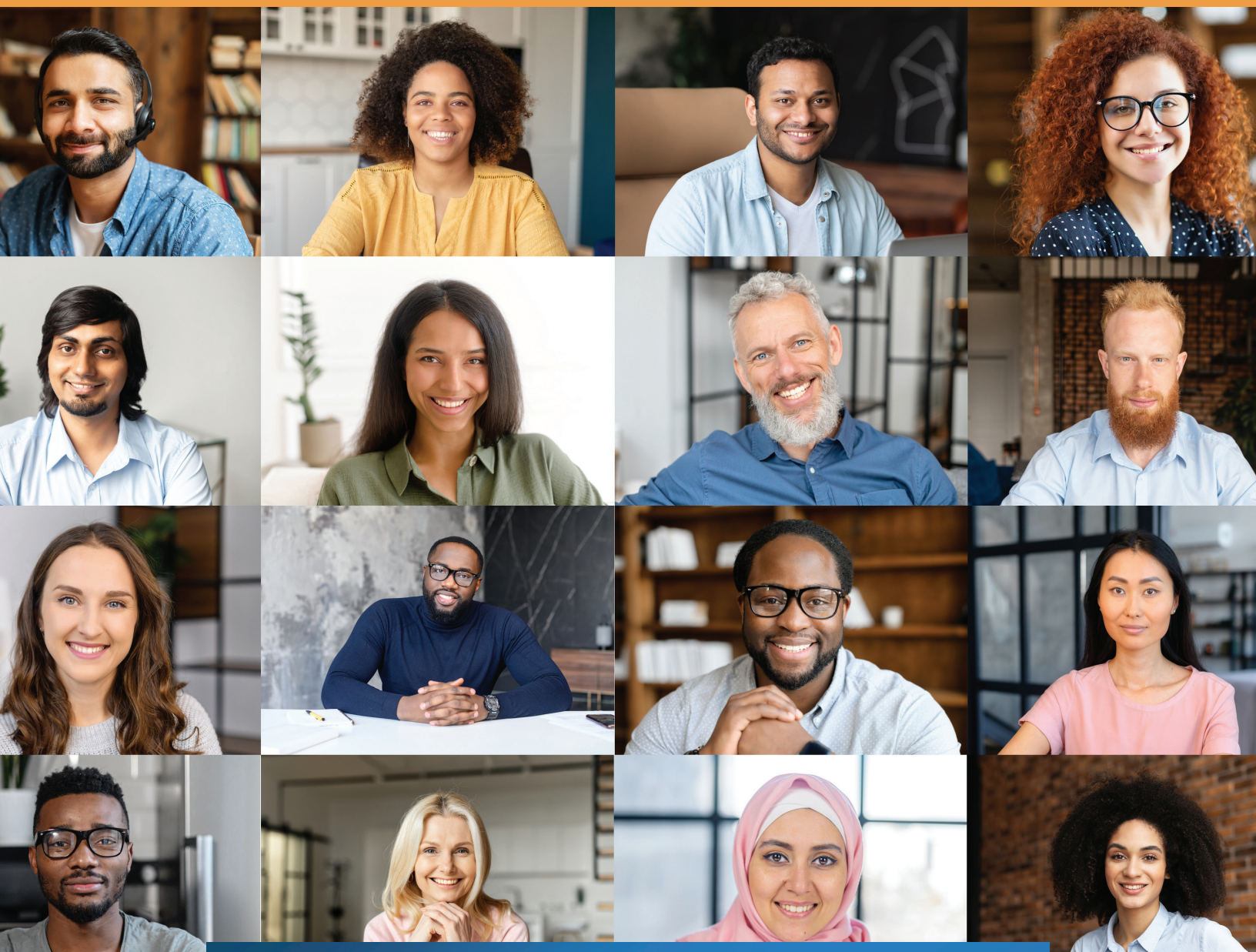
Interacting with Other Disciplines



PEER-REVIEWED EXCELLENCE IN NURSE LIFE CARE PLANNING SINCE 2006

Coordinate, Communicate, and Corroborate:

Keys to Life Care Planning for Prosthetics.

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Keywords: L-Codes, Prosthetic Planner, Replacement Frequency

By definition, the life care plan is a dynamic document based upon published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or have chronic health care needs. (IARP, 1998) To accomplish the task, the standard of practice is for the Life Care Planner to provide collaboration with healthcare consumers, healthcare providers, and others, to produce an accurate life care plan. (AANLCP SOP).

A predictable challenge for a Life Care Planner is to have the necessary insight, experience, and knowledge for the wide array of clinical specialties required to treat individuals with an array of injuries and subsequent co-morbidities. For an individual with an amputation, the life care plan requires coordination and corroboration with other medical and rehabilitation professionals to address the impact of amputation and its associated impairment on all life roles. (Meiers, 2013).

Producing an accurate and defendable life care plan for an individual with an amputation necessitates the insight of a clinical specialist familiar with the design and fabrication of a prosthesis. In addition to clinical skills, it is also imperative that the prosthetic consultant be familiar and experienced with the intricacies and nuances of documenting and validating assumptions, observations and opinions related to prosthetic life care projections, which can be subjected to withstand the scrutiny of meeting a "reasonable degree of scientific certainty".(Department of Justice)

Coordination: Clinical Provider vs Clinical Planner

Understanding the clinical history and accumulation of clinical records serves as a fundamental source of information for a life care plan, which by default involves interaction with the individual's clinical provider. Although the clinical provider may be highly qualified to provide clinical treatment for the individual, it does not by default establish the clinical provider to be qualified or suitable as a consultant to assist in prosthetic life cost projections. Of primary focus, the prosthetic provider arguably has a financial interest in the outcome of a pending litigation. An individual with an amputation of an arm or a leg is a potential lifelong client for the prosthetic provider. This scenario therefore creates a perceived self-interest for the prosthetic provider to potentially escalate prosthetic services and costs in the life care plan. In addition, the focus and expertise of the prosthetic provider is to provide care to the individual, which is not the focus or priority of a life care plan, which is to calculate future costs related to future prosthetic services and devices.

Securing the consultation services of a clinical specialist Prosthetic Planner that is not treating the patient provides for

a truly independent assessment of future prosthetic services and expenses. In addition, the specific skillset of a prosthetic provider is significantly different from that of a prosthetic planner.

Communicate: Patient Assessment and Records Review.

The individual's prosthetic records routinely contain the necessary details and specific information to create an accurate, relevant, and defensible report. In order to design and fit an individual with a prosthesis, the prosthetic records will contain age, weight, relevant anatomical measurements, functional level as well a detailed listing of prosthetic components, and specific billing codes to clearly identify the style and retail cost of the prosthesis. In the event the prosthetic records do not provide all the necessary information and additional insight is required, a virtual Telehealth Prosthetic Assessment can be performed via secure internet connection to acquire the necessary details and specifics. Since the prosthetic planner is not physically fitting the patient with a prosthesis, hands-on evaluation would be considered unwarranted as the required and essential details related to a prosthetic plan can be secured visually and through verbal communication.

Skill Set	Prosthetic Provider	Prosthetic Planner
Patient Fitting	Primary focus is to fit a prosthesis to accommodate the patient's current condition.	Primary focus is assessing a patient's current condition and care to provide insight for a long term prosthetic life plan.
Device Selection	Patient treatment decisions guided by contract language, medical necessity limitations, benefits carve-outs and availability of financial resources.	Applies clinical standards of care for optimum prosthetic component selection without regard to insurance coverage or financial limitations.
Prosthetic Projection	Skillset and experience are hands-on fitting of the patient in the current condition.	Skillset and experience are assessing and projecting long-term lifelong prosthetic care based upon established clinical standards of care and available prosthetic usage data.
Pricing	Familiar with local facilities and regional contract pricing.	Utilizes national pricing profiles of Fair Market Value, Usual & Customary and Manufacturer Suggested Retail Pricing.
Authoring Reports	Provider is experienced in writing electronic medical records (EMR) used for communication between health care professionals.	Experienced in writing detailed reports to disseminate technical information to non-healthcare professionals.
Publication Validation	In the course of day-to-day documentation, no requirement to validate or support clinical records with peer reviewed published evidence.	Experienced in supporting, validating and verifying observations, statements and opinions with peer reviewed published evidence, regulatory standards and clinical standards of care.

For prosthetic design and component selection, it is imperative to take into consideration that for 1-2 years after amputation surgery, there are some very specific physiological issues that must be clinically addressed when providing a prosthesis (Ulger et al., 2018). The primary post-surgical issue for prosthetic fitting is post-surgical edema which increases the size and shape of the residual limb. Although compression therapy will assist in edema reduction, a significant contributor to edema reduction is movement and exercise to stimulate vascular and lymphatic return which is positively affected by wearing a prosthesis. (Samuelson, 2017) In addition to edema reduction, the muscles within the residual limb will also undergo atrophy due to no longer being utilized to create movement in the limb that is now amputated. These early rehabilitation post-surgical physical conditions create specific and unique needs for clinical care services, replacement cycles and billing occurrences that are not consistent nor required with long term care. Commonly, the optimal style, make and model of prosthesis that is determined as medically necessary during the initial rehabilitation stages while the individual learns to function and operate with a prosthesis, will be different from the style make and model prosthesis that will be deemed optimal and medically necessary for long term care.

A secondary factor to be considered with prosthetic billing records is to take into consideration the insurance and benefit

limitations the individual may have for prosthetics. Dependent upon the specific insurance contract language and benefit coverage restrictions, it is plausible that the patient may not be wearing the optimum prosthetic design as determined by clinical standards of care and medical necessity, but rather is wearing the prosthesis that was determined and limited by confined insurance contract, benefit restrictions, policy language and or financial constraints. Coordination with a Prosthetic Planner can utilize the information and details contained within the prosthetic history to identify the most commonly utilized and optimal predictive prosthetic designs to accommodate the amputation, functional and activity level for the individual.

Corroborate

A key to optimizing clinical insight and experience of a prosthetic planner is to provide detailed specific information as opposed to asking specific questions in anticipation that the questions asked will provide accurate and defendable information. It is not uncommon for some Life Care Planners to submit a list of questions to a prosthetic provider with the assumption that the answers will support the life care plan with accuracy. For example, a Life Care Planner may submit a list of current prosthetic billing L-Codes to a prosthetic provider and request the reasonable life expectancy of the prosthesis. If the individual recently received a preparatory prosthesis to initiate prosthetic rehabilitation, a prosthetic provider would provide accurate life expectancy projection for a preparatory prosthesis of 12 to 18 months. This accurate projection would be inaccurate and unrelated to the actual reasonable useful life of a definitive prosthesis of 5 years. (CFR, 414.210). In comparison, by clearly communicating with a prosthetic planner to utilize past prosthetic care to determine future prosthetic needs will produce accurate information to fully support an accurate Life Care Plan.

Another often misleading question made by Life Care Planners is to inquire as to the warranty of a prosthesis, which a prosthetic provider will identify an accurate reply of, for example, 3-years for a microprocessor knee. A Life Care Planner may then inappropriately apply a replacement cycle of 3 years for a microprocessor knee assuming warranty has a relationship to the replacement cycle. Warranty of a device simply identifies a time frame as to who is responsible for the cost of repairs of a prosthetic component. When the device is under warranty, the manufacturer is financially responsible for the cost of repairs and maintenance. When the device is out of warranty, the owner of the device is responsible for the cost of repairs and maintenance. Warranty has no relationship or influence as to the life expectancy or replacement cycle of a device. A prosthetic planner in comparison will instead focus on the manufacturer published product service lifetime standards that determine the reasonable useful life and replacement cycle of specific prosthetic components, all of which exceed the warranty of the component.

Conclusion

When producing a Life Care Plan for an individual with an amputation, depending upon the amputation level and comorbidities, the costs for prostheses can predictably be one of the largest line items in the plan. To ensure production of an accurate and defendable life care plan:

Coordinate with a Prosthetic Planner, one experienced in future care based upon clinical standards of care and medical necessity.

Communicate all relevant clinical and medical documentation with a Prosthetic Planner to serve as the foundation to project future care.

Corroborate with a Prosthetic Planner to interact cooperatively identify all relevant criteria to ensure accurate answers are being addressed to the pertinent and relevant questions.

(Editor's note: Prosthetic Planning is a new service with as-of-yet few providers and the author provides this service. The editor is confident in the authority of this article, despite the potential financial incentive tied herein).

Glossary

414.21 Code of Federal Regulations (CFR), Title 42. Public Health, Chapter IV Section § 414.202

AANLCP SOP American Association Nurse Life Care Planners, Standard 13, Nurse Life Care Planning Standards of Practice.

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