

Rehabilitation Technology Suppliers (RTS) and Clinicians

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This is the sixth slide lecture in a series of eight lectures that are intended to provide an overview of the wheelchair mobility and seating evaluation process. The lecture series contains:

- Seating Biomechanics
- Wheelchair Seat Cushions
- Pressure Mapping
- Wheelchair Backs
- Manual Wheelchair Set Up & Propulsion Biomechanics
- Rehabilitation Technology Suppliers & Clinicians
- Service Delivery
- Strategies for Effective Documentation

Abstract and Presenter Bio-sketch

- Mark Schmeler is the Director of Clinical Services at the Center for Assistive Technology. He has many years of front-line clinical experience in seating and mobility with individuals with complex seating needs.
- Mary Ellen Buning is a research associate in the Rehabilitation Science and Technology Department with interest in AT education, service delivery and functional outcomes that result from AT devices and services.

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Things to know about Clinicians (i.e., OTs, PTs, and Physicians)

- Often they have comparatively little training in wheelchairs and seating.
- Under intense productivity pressures.
- They bill for procedures not time.
- They are professionally liable.
- They report directly to the patient.
- Have vigorous educational curriculums.
- They're generally nice people.

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“Clinician” includes: occupational therapists, physical therapists, and physicians. In entry level education, clinicians get little specific training in seating. If they have any training, it often came from a wheelchair sales representative.

OT and PT text books need to be updated to include more information about rehabilitation and assistive technology (AT) devices. The typical orientation is still for the use of seating as a tool for correcting client deformity or deficit. This is not our bias! We see them as **functional tools** for returning to a functional life.

Productivity pressures has created the need to bill for procedures rather than time. This creates a very difficult incentive system to work within.

Professional liability creates accountability which has good and bad points. The clinician must do a good job.

The client is the person whom the clinician is accountable to ethically. However, there are also others to whom a clinician is also accountable.

Clinician Expectation of RTSs

- Inherent willingness to solve problems
- Rating based on service record
- Importance of company history
- Overall knowledge of products
- Qualifications & credentials
- Service capabilities

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What should clinicians expect from suppliers?

Sometimes it can seem easy to blame the RTS for a problem but this is not helpful... with any problem there is **shared responsibility!** If I am not ethical in my relations with an RTS then they will back away from their involvement in a clinic and not be involved in the process. This is a loss to the client and the process because they have many ideas that contribute to the positive outcome of the seating and mobility evaluation process.

Look at service record and history as the valuable qualities you require when you are ready to start a relationship with an RTS company.

Credentials from RESNA or NRRNTs are also a good indicator. When an RTS has a credential it means the RTS is knowledgeable about disability, equipment, funding and adherence to a code of ethics. As a clinician, it also means that if a supplier fails to follow their code of ethics then you have recourse.

If equipment cannot be maintained for clients in a timely manner then it will begin to affect the clinician's reputations and ability to provide high quality services.

Clinician Expectation of RTSs

- Product lines: depth and breadth
- Inventory of demo/loaner equipment
- Knowledge of funding sources and procedures
- Insurance contracts

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It is important for an RTS to have good representation of products in their line. This indicates that there is not an organizational buy-in to just one product line but rather an interest in matching the best product to a client's needs.

Demo equipment is hard to get these days. Suppliers have to pay for their inventory. They need to see that there is a benefit to them in having some of their inventory in a particular seating and mobility clinic.

Clinicians can learn a lot about funding from RTS who know a lot about funding because it affects their bottom line.

When they have contracts with insurance carriers then there is a clear line of communication for payment for seating and mobility products.

When contracts are being developed, clinicians should be willing to "go to bat" and advocate to an HMO or MCO for a supplier that has a good product line and strong, reputable services.

RTS expectation of Clinicians

- Schedule clinics on a routine basis
- Allow us to be present in the clinic for patient interviews and problem-solving.
- Encourage our input & participation
- Ensure our availability to service equipment

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It is important to keep a balance between the clinician and the supplier. What is needed is a ***good partnership***.

Education as a therapist carries influence with funding sources but it doesn't mean expertise in seating or mobility. Being an RTS does not require any specific training. So it is easy to have inequity in the relationship on the basis of education. A very good approach = a partnership attitude and shared learning.

Often, RTS have a very common sense approach to solving client problems. They bring good problem solving skills, product knowledge, technical knowledge and practical experience.

Having regularly scheduled clinics help the RTSs to schedule time and helps them to cover regional clinics or plan the travel distances between clinics.

Its good to have the RTS in the intake interview so they can collect information from the client along with the clinician. This allows coverage of all the same relevant facts once for the benefit of all.

Clinician Guidelines for Working with RTS & Product Reps

- Ask RTS to provide up-to-date product in-services and current product literature.
- Ask them provide evaluation & loaner equipment.
- Ask them to advise you/your client on funding issues.

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Ask the RTS to provide in-services about new and innovative products to help keep the clinician up to date.

Seating and mobility is the only business where you first give someone a product and then go and find out how much you are going to be paid for selling them that product.

Rehab technology suppliers "spec" out the wheelchair, order it, deliver it, bill for it, fit it and do the follow-up. Then they go to Medicare to find out *if* they are going to get paid for all this service.

As a clinician who values the RTS's contribution to the process, I don't want them to go out of business. I have to help protect their interests.

Clinician Guidelines for Working with RTS & Product Reps

- Ask them to provide and review with you itemizations and pricing of the wheelchair as prescribed.
- Ask them to prepare paperwork and insurance forms.
- Ask them to provide input/review for letters of justification.

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It is important for clinicians to know what it is that is actually being ordered and what kind of reimbursement or payment is being requested. This helps to prevent fraud and abuse.

Don't overlook the RTS's potential contribution to letters of justification.

Clinician Guidelines for Working with RTS & Reps

- Give them accurate information.
- Give them timely reports and paperwork.
- Be fair!!

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The RTS needs “up front” accurate information about client needs and issues. This helps them do their job. It is the best to be able to say to an RTS, “Here is all the information you need to order the product to help my client.”

If you give them timely paperwork then they should return the favor with timely submission of paperwork to the funding agency. Timeliness is **very** important. Consumers get outraged when delays in delivery occur... and they should. Their life is on hold until they get the AT device!

Fairness means that the contribution of a supplier to the assessment and recommendation process must be respected/honored. This policy helps to make sure that the RTS who is qualified, comes to clinic, contributes to the process, does all the work is also the one who benefits financially from the ordered wheelchair. It is wrong for that purchase to be given to another supplier, i.e., to get the specs from one supplier and then to give the order to another “cheaper” supplier.

It is good to allow the consumer to have some choice in selection of the vendor or company. Most managed care organizations have 2 suppliers that they work with.

Review Questions

- Who offers training and credentials to rehabilitation technology suppliers?
- Why is a “partnership approach” to the RTS/Clinician relationship the best?
- Who has the responsibility to “spec” out the wheelchair?

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Additional Reading

- Check the following websites for:
 - NRRTS at <http://www.nrrts.org/>
 - RESNA at <http://www.resna.org/>
 - MedTrade at <http://www.medrehab.net/>

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