

Assistive Devices Program

*Improving access, cost
effectiveness and
client satisfaction*



January 2013

Executive Summary

The Issue

Spinal cord injury (SCI) is a chronic, lifelong disability that has a profound impact on the health and well-being of individuals at a tremendous economic cost, a cost shared among provincial governments, individuals, and private insurers across Canada. Increasingly, advances in treatment and technology enable people with severe disabilities to live in communities rather than institutions. People with spinal cord injuries live longer, more independent lives when they have access to the right treatment, rehabilitation, primary care, assistive technology and community and social supports. Roughly 17,000 Ontarians live with a permanent spinal cord injury in Ontario with close to 600 additional new spinal cord injuries occurring every year.ⁱ

The financial impact on the Ontario government is substantial and includes costs for acute, rehabilitation, emergency, primary care, mental health, home and long-term care, as well as adaptive equipment. Spinal cord injuries cost the government of Ontario over \$1.38 billion per year with the average lifetime cost of \$2.4 million for a person with a spinal cord injury.

From its beginnings in 1982 as a financial support to children with disabilities, to its expansion to all ages for most devices in 1986, the Assistive Devices Program (ADP) remains a crucial instrument in supporting the community integration of Ontarians with disabilities.

The mandate of ADP is:

- “To provide customer-centered support and funding to Ontario residents who have long-term physical disabilities to provide access to personalized assistive Devices appropriate for the individual’s basic needs; and
- “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.”ⁱⁱ

Spinal Cord Injury Ontario (formerly the Canadian Paraplegic Association Ontario) believes that Ontarians living with SCI do not have access through ADP to the range of assistive devices they require to live independent productive lives. Nor are services and repairs consistently provided in a way that is client-centred and responsive to the individuals’ needs. People all too often acquire avoidable and costly secondary health complications as a result of the inaccessibility of necessary equipment and long wait times for response to their needs. When assistive technology and equipment are not available, people with SCI are excluded from education, work, proper health care, and independent decision-making – basic human rights in Canada.ⁱⁱⁱ

The Solution

The 2011 Auditor General of Ontario's Annual report shows that ADP has made great strides toward improving efficiency and effectiveness. SCI Ontario is very supportive and appreciative of the work ADP has been doing in this regard. We also feel that further work is necessary to improve access, accountability, and customer service.

Action is required in these three areas.

1. Focus on excellent care and client-centred service – ADP must respond to consumer needs and become more accountable for the programs and services it provides.
2. Make the most effective use of resources – Prices paid through ADP for supplies and equipment must be established and maintained at reasonable and competitive levels. Consumers must have a clear understanding of vendor mark-ups and service obligations.
3. Enable access to essential assistive technology and devices – ADP must evaluate a broader range of equipment that is essential for maximizing independence, reducing secondary health complications, and increasing workforce participation.

SCI Ontario has additional recommendations to enhance system performance external to this submission. The recommendations included herein, in our view, are achievable in a timely manner.

We look forward to working with the Ministry – including ADP – and other partners to improve outcomes for consumers and taxpayers.

1. Focus on excellent care and client-centered service

Authorizers and Application Process

SCI Ontario recommends that:

- (1) The Assistive Devices Program develop a policy that enables affordable, short-term access to equipment by consumers to reduce the inclination for authorizers to prescribe equipment too early or inappropriately. Such a policy may be made as part of the Vendor's contract with ADP.
- (2) The Assistive Devices Program develop and fund a training program for authorizers to improve knowledge and expertise regarding consumers with SCIs. Outside of many urban centres, the knowledge base is limited. Increased education will improve local service and reduce pressure on specialized seating clinics.
- (3) The Assistive Devices Program provide timely processing of applications, to align with discharge and community integration objectives.

Hospital length of stay for people with SCI has decreased dramatically in recent years. This means that, at time of discharge, patients are still in recovery and have rarely maximized their functional independence. This poses a dilemma for discharge planning. While it is often too early to accurately prescribe a wheelchair for long-term use, patients with SCI need a wheelchair for mobility. Wheelchair rental can be cost prohibitive expensive and or available rental chairs may not be suitable. Consequently, many authorizers feel compelled to prescribe a wheelchair to ensure that a patient will be mobile after discharge. The result is that, within a short period of time, many people require a reassessment of their mobility device that results in, a new prescription and additional costs to purchase.

Rehabilitation hospitals report a significant increase in the number of people admitted with non-traumatic SCI, often due to an oncology diagnosis. Toronto Rehab, Lyndhurst Center estimates that over half of admissions are non-traumatic and therefore more likely to be medically unstable upon discharge. This again poses a dilemma for discharge planning. Medically unstable patients with a poor prognosis are not eligible for ADP funding for mobility aids. Many do require a wheelchair upon discharge but without ADP assistance are unable to afford the purchase. Once again, authorizers feel compelled to assist and prescribe a wheelchair whenever possible to ensure that these individuals are mobile after discharge.

SCI Ontario clients have reported that local authorizers and vendors frequently do not have sufficient experience with SCI to be proficient at prescribing or recommending appropriate seating solutions while their body is continuously changing in the early stages of their SCI.

As a result, seating clinics are increasingly overloaded with requests to reassess seating and handle routine SCI seating needs. These reassessments can take months to arrange -

lead to immobility, the loss of independence, loss of productivity, job loss, depression, and increased likelihood of readmission to hospital due to secondary complications like pressure sores. Clients also find that ADP backlogs in processing applications and prescription errors penalize them with further delays and cost given that ADP will not pay the full 75% of funding to support this required change in equipment. (increased cost in rental wheelchairs/mobility aids primarily - which are highly expensive)

Furthermore, despite the Auditor General's finding (2011) that application processing times had declined, many Occupational Therapists report to SCI Ontario that longer wait-times have emerged. This, in turn, has negatively impacted discharge planning for those leaving acute and rehabilitation settings for the community.

Clarity Regarding Vendor Markups and Obligations

SCI Ontario recommends that:

- (4) The Assistive Devices Program develop a standardized invoice that clearly lists the Vendor mark-up for all components of equipment. This invoice will clearly specify service requirements as part of the vendor's agreement with ADP.
- (5) The Assistive Devices Program ensures a fair and competitive process for the establishment of vendors and record for the supply and service of mobility devices (CEP).
- (6) The Assistive Devices Program strengthens vendor registration process by requiring and monitoring standards of service for delivery and repair of equipment (CEP).

Like authorizers, vendors perform a crucial function in helping consumers obtain the correct devices to meet their needs. When purchasing equipment, many consumers may not know exactly what they are paying for. For example, which components of the device are covered by ADP? As well, what services – if any – are included in the purchase of equipment with that vendor?

Often vendors have a monopoly on the provision of goods and services for people living with a spinal cord injury (e.g., Shoppers Home Health Care is the only place to purchase Centralized Equipment Pool (CEP) tilt wheelchairs. In rural and small urban communities, a vendor may have a de facto monopoly since they are “the only game in town”).

With respect to the CEP, some consumers have expressed concern that the contract may inherently favour one provider over another. For example, it may be possible to have multiple vendors share in the operation of the CEP, with a competitive bidding process among vendors ensuring quality service, and best prices for clients, and the healthcare system.

Not having a choice of vendor can and does lead to unsatisfactory service, inflated pricing, and forces a vendor/customer relationship that may not be workable. With the expiration of Shoppers Home Health Care's contract as the vendor for CEP and recent RFP, ADP has

an opportunity to explore options that ensure competition, improved service and affordable/competitive pricing. ADP should also consider strengthening their vendor registration process by requiring and monitoring standards or service for delivery and repair of equipment.

2. Make the most effective use of resources

SCI Ontario recommends that:

- (7) The Assistive Devices Program release the full report of the *Pricing and Supply Chain Review* on its website, and that it provide regular updates as to the status of pricing review initiatives to the public every two years.

According to the Auditor General's 2011 Annual report, ADP is committed to conducting regular pricing reviews, comparing prices across jurisdictions, and identifying ways to capture volume discounts. It is SCI Ontario's experience that prices for mobility technology and equipment are significantly higher in Ontario than in the U.S. market.

Recently, a SCI Ontario client's research showed that he could have purchased a wheelchair from the U.S. for a total price of \$1,600 plus shipping. This is about 25% of the cost of the identical chair purchased from a Canadian distributor. This is not to suggest that these prices are equally comparable, but that existing pricing reviews are not reflecting the most up to date prices for some equipment. Over time, with technological advances, the price of specific equipment may decline, but not reflected in a pricing review that is not up to date.

This means that people living with a SCI, ADP, and consequently, Ontario tax payers, are paying too much for mobility technology, equipment, and providing excessive vendor profit rather than increased services and supports.

ADP has also worked to identify abnormal claims patterns, as per the Auditor General's report. It also commissioned a Pricing and Supply Chain Review (2011); however, there has been little information from ADP on the outcomes of that review. Despite multiple requests to see the full report, ADP has not been forthcoming to SCI Ontario, despite it being listed as a public document on the MOHLTC website.

3. Enable access to essential assistive technology and devices

SCI Ontario recommends that:

- (8) The Assistive Devices Program engage consumer organizations to facilitate a more comprehensive selection of assistive equipment and technology for consumers. This would include (but not be limited to) commode chairs, lifts, pressure-relieving mattresses, and the like.

ADP policies have a significant impact on the quality of life of a person living with SCI. Many ADP policies limit access to essential equipment for day-to-day living.

For example, ADP policies dictate that people are eligible for financial assistance to purchase one wheelchair, a wheelchair may be replaced every five years.

ADP policies also dictate that when a person requires a power wheelchair to travel long distances and receives assistance through ADP to purchase that wheelchair, he/ she is not eligible for a manual wheelchair. This is problematic for many. Use of a large power wheelchair inside a home is often difficult due to design barriers. As well, car transport with a power wheelchair is impossible. Consequently, most people who use a power wheelchair also require a manual wheelchair to accommodate everyday life. A manual wheelchair is also important for back-up when the power wheelchair requires service. Without both types of wheelchair, a person is left immobile and unable to participate in work, community and home life.

ADP will provide maximum financial assistance for the purchase of a new wheelchair once every five years or if the chair costs more to repair than to replace. This may be more than adequate for a person who is relatively sedentary. However, people with SCI tell SCI Ontario that for someone who is active and uses the chair all day inside and outside the home, a wheelchair is unlikely to last more than 3 years or too costly to repair.

Thus, by working more closely with consumer organizations, ADP may be able to develop disability-specific eligibility criteria that will:

- Better meet the needs of the consumer;
- invest in appropriate equipment;
- Reduce secondary health complications due to less optimal equipment; and
- Reduce costs to the system overall.

Consider the circumstance of an SCI Ontario client who lives and works in northern Ontario. He is on CPP disability and receives \$1127 a month. He uses e-motion wheels to help propel him forward because all-terrain wheelchairs are not covered. Because the e-motion wheels are not built for rough terrain, his wheels run down quickly and the batteries need regular replacement. The batteries alone cost \$1050. The wheels cost several hundred dollars to be repaired. These costs are in addition to the money he spends on his ostomy supplies, stockings and medications. This client needs more than one chair to accommodate different terrains but cannot get funding for them. His livelihood and that of his parents depend upon him being mobile.

No access to pressure relieving mattresses means that individuals are at risk of developing pressure sores. No access to commode chairs places people at risk of developing urinary tract infections or falls. Secondary complications like pressure sores and urinary tract infections impact people's ability to work and may mean costly hospitalization or regular home visits from nurses.

Advancements in electronic aids to daily living (EADL) have given people living with disabilities the chance to live much more independently. EADLs can enhance quality of life, increase participation in work, reduce caregiver stress and help with energy conservation. However, ADP does not cover this equipment.

Recently, a hospitalized SCI Ontario client required her own cough assist in-exsufflator that would regularly clear her airway to enable her to leave hospital and live in the community. The cost of the equipment was \$4000, which was beyond her financial reach. Without the means to purchase the equipment, this client remained in ICU for 2 years while waiting for funding assistance. Hospital expenses for these two years exponentially exceeded the cost of the in-exsufflator.

This example above illustrates how disability-specific supports may require investments upfront. In-exsufflators is one of those assistive devices that can save our healthcare millions by ensuring availability occurs at the right time and place. Nonetheless, cost savings are evident in the short-term; and both the consumer and the system benefits from such an approach.

SCI Ontario believes that people living with spinal cord injuries have the right to full and equal participation in society. Improved access to assistive technology and devices will reduce health system costs while enhancing workforce and societal participation for people who are living with SCI.

Conclusion

Ontario has much to be proud of with regards to the Assistive Devices Program. By working with clients directly, improved outcomes include enhanced access and reduced costs to both clients and taxpayers.

The solutions proposed are a place to start. SCI Ontario has additional suggestions on how to improve system performance and is open to sharing these with its partners moving forward.

We request the Minister liaise with us regarding these important issues.

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ⁱ Farry A, Baxter D, Noonan V, et al. The Incidence and Prevalence of Spinal Cord Injury in Canada: Overview and Estimates Based on Current Evidence. The Rick Hansen Institute and the Urban Futures Institute, December 2010. (Provincial data extrapolated from national data).

ⁱⁱ Policies and Procedures Manual (2012), p. 9.

ⁱⁱⁱ Borg, Larsson and Ostergren The right to assistive technology: for whom, for what, and by whom? *Disability & Society*, 26(2), March 2011, 151-167.