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MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT  
POLICY OPTIONS NOTE

Not Responsive

*Orthotics and Bracing Intent:* To provide basic, conservative and medically essential orthotics and bracing to recipients eligible for enhanced medical coverage in order to prevent medical or health deterioration and to assist with basic ambulation.

Not Responsive

Current Policy and Procedures

Not Responsive

Cliff# 153784  
Version #  
Updated:

page 2

## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

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### *Orthotics and Bracing*

Orthotics and bracing are orthopedic appliances or apparatuses used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. The ministry funds both lower and upper extremity items. Examples of lower extremity items include foot orthotics, custom and off the shelf shoes, ankle-foot orthotics, and knee braces. Upper extremity items include wrist/hand braces, back braces, neck braces, and helmets.

Regulation and policy require a medical practitioner, podiatrist, occupational or physical therapist to prescribe the item requested. Off the shelf items are to be supplied unless the prescribing professional or a certified orthotist confirms that a custom item is required. Procedures require regional staff to refer the client to an orthotics supplier who completes an orthotics and bracing form (HSD2894) and submits it to HAB. There are no contracted suppliers for orthotics and bracing items.

### Recent Impacts to Medical Equipment

#### *2003*

Regulation changes increased access to professionals that provide orthotic and bracing items. Occupational therapists (OT), physical therapists, and podiatrists, were added in regulation to provide service. In practice, pedorthists are accepted as well. Previously, orthotists were the only service provider accepted. Other changes included allowing off the shelf items; previously only custom items were considered. The changes were to be cost neutral; however, costs have increased substantially. There have been no further changes to orthotics since 2003.

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## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

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In November, the ministry amended regulation to improve client access to medical equipment. Nurse practitioners are now recognized to prescribe medical equipment and for mobility and positioning equipment under \$500, a client may provide a prescription from a medical or nurse practitioner or an assessment from an occupational or physical therapist. Previously, both a prescription and assessment were required.

### **DISCUSSION:**

The ministry, in its various inceptions, has provided funding for medical equipment for over 60 years. During this time, annual reports show increasing cost pressures. The overall historical trend is that the ministry has taken on more equipment items due to:

- Decrease reliance on community agencies such as the Red Cross Loan Cupboard.
- Increase in types of equipment available such as electric wheelchairs, scooters, and orthotics.
- Lack of funding available through other government agencies such as the Ministry of Health Services (MoHS).
- Increases in persons with disabilities living in the community, rather than long term care hospitals.

Not Responsive

Not Responsive Orthotics and bracing have also shown considerable growth over the past five years. In fiscal 2004/2005, expenditures totaled \$1,188,282.91 for items funded through HAB and the regions. For fiscal 2008/2009, expenditures have totaled \$2,024,256.35. This is an increase of 70 percent. This ongoing increase in expenditures is risking the long term sustainability of the medical equipment supplement.

Not Responsive

Cliff# 153784  
Version #  
Updated:

page 4

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## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

Not Responsive

### *Orthotics and Bracing*

Orthotics and bracing are comprised of lower and upper extremity items. Lower extremity items include foot orthotics, custom and off the shelf shoes, ankle-foot orthotics, and knee braces. Upper extremity items include wrist/hand braces, back braces, neck braces, and helmets. In 2004/2005, lower extremity items accounted for 90 percent of orthotics and bracing items totaling \$1,142,627.98. In 2008/2009, these items accounted for 93 percent totaling \$2,094,464.47. This is an increase of 83 percent over five years. In 2004/2005, upper extremity items accounted for nine percent of total items costing \$129,287.45. In 2008/2009, these items accounted for seven percent of items costing \$178,426.33. This is an increase of 38 percent.

Other notable increases include foot orthotic items (custom and off the shelf) at 81 percent and shoes (custom and off the shelf) at 206 percent. The most notable year-over-year overall increase occurred from 2007/2008 to 2008/2009. Orthotic and bracing costs increased 33 percent while the previous four years increased on average only 13 percent.

### Why the Increase in Costs?

#### *Average Cost per Client*

Not Responsive

# MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

**Not Responsive** For orthotics and bracing, the average cost per client in 2004/2005 was \$558.30 which increased 24 percent in 2008/2009 to \$691.33.

## Average Cost per Item

**Not Responsive**

Orthotics and bracing increased 18 percent from \$506.93 to \$600.24.

## Increasing Client Access

**Not Responsive**

**Not Responsive** Clients accessing orthotics and bracing went from 2,309 to 3,295 over the same period which is an increase of 43 percent. The number of items funded per client increased on average 11 percent for all equipment.

**Not Responsive**

**Not Responsive** For orthotics and bracing, 83 percent of clients were PWD followed by MSO/LTHN at eight percent.

The average monthly PWD caseload<sup>2</sup> grew 26 percent from 2004/2005 to 2008/2009 and the monthly average PWD cases that access

**Not Responsive**

**Not Responsive** and orthotics and bracing increased by 63 percent. This shows that PWD cases accessing medical equipment are increasing faster than the growth of the PWD caseload.

**Not Responsive**

**Not Responsive**

Average Monthly Cases	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	Percentage Increase
PWD Caseload	53,730	57,524	60,087	64,300	67,836	26%
<b>Not Responsive</b>						
PWD cases accessing orthotics items	158	177	193	206	257	63%

<sup>1</sup> "Clients" refers to distinct individuals receiving assistance.

<sup>2</sup> "Caseload" refers to case files receiving assistance. A case file may contain more than one client.

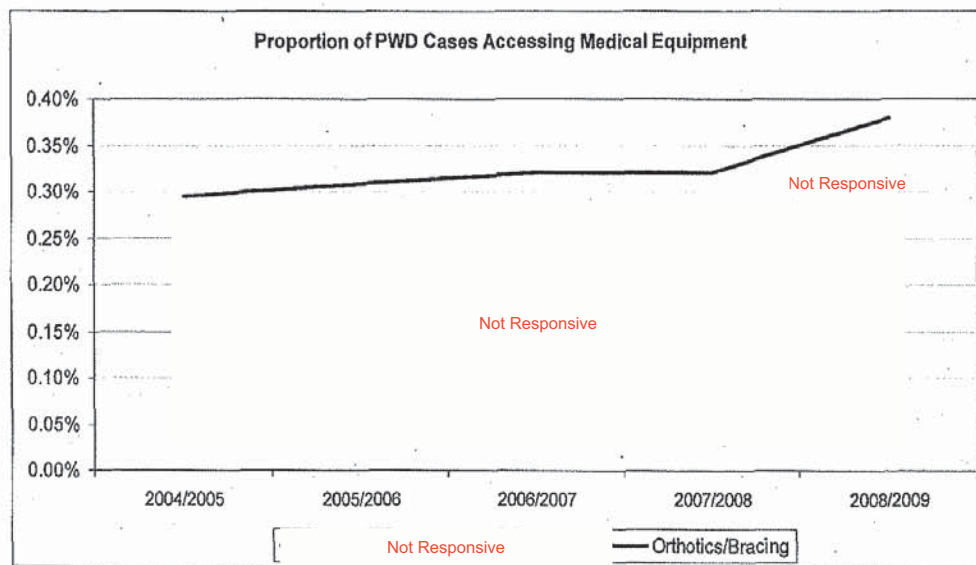
Cliff# 153784

Version #

Updated:



## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE



Shifts in Ministry Direction

S13

S13

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Actual cost of medical equipment items appear not to be increasing on the same scale. Not Responsive

Not Responsive

Cliff# 153784  
Version #  
Updated:

page 7

## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

**Not Responsive** However, orthotics and bracing have seen more significant increases in average cost per item.

### Ministry of Health Services Comparison

S13

For items that are provided through Pharmacare, such as orthotics and prescription drugs, there is a focus on providing basic items and lower-priced (usually generic) drugs to reduce costs and protect PharmaCare for the long term.

PharmaCare funds orthotics and bracing items to children or youth 18 years of age or younger. Coverage is limited to custom leg, body braces and helmets (foot orthotics or shoes are not provided). Prior Pharmacare approval is required for claims exceeding \$400. The program's mandate is to help patients achieve or maintain basic functionality. When claims do not clearly fall within the coverage policy, the patient's activity level, physical make up and other factors are taken into consideration on a case-by-case basis. Focus is on providing lower-priced items to reduce costs.

Not Responsive

Cliff# 153784  
Version #  
Updated:

page 8



Page 9 redacted for the following reason:

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Not Responsive

## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

Not Responsive

### *Orthotics and Bracing*

#### Alberta:

- AADL funds upper and lower extremity orthotic devices, back and abdominal supports, custom/off the shelf footwear, and repairs. AADL does not fund foot orthotics.
- AISH funds the AADL cost share portion.

#### Ontario:

- ADP funds custom upper and lower extremity orthotic devices. ADP does not fund off the shelf items, foot orthotics, custom or off the shelf shoes, and repairs.
- ODSP funds the ADP cost share portion and assessment fees.

Not Responsive

Cliff# 153784  
Version #  
Updated:

page 10

## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

Not Responsive

### *Orthotics and Bracing*

- Foot orthotics and orthopedic shoes
  - Orthotics, orthopedic shoes and orthopedic shoe repairs have a combined limit of \$400.00 per person per calendar year
  - Prescription with medical diagnosis from a physician, podiatrist, physiotherapist, or chiropractor
  - A biomechanical assessment
  - Written confirmation of using a 3-D volumetric model of the feet
- Splints (must provide rigid support)
- Orthopedic braces (must provide rigid support)

S13

### POLICY OPTIONS:

S13

MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT  
POLICY OPTIONS NOTE

Not Responsive

S13

Cliff# 153784  
Version #  
Updated:

page 12

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**MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT  
POLICY OPTIONS NOTE**

S13

Not Responsive

S13

MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT  
POLICY OPTIONS NOTE

S13

Not Responsive

**Option 6: Orthotics and Bracing Eligibility Criteria**

Current orthotics and bracing regulation is complex and discretion for the type of item rests mainly with the service provider. This results in higher cost custom items being recommended which may not be the most basic item to meet the client's medical need.

***Option 6a: Amend regulation to align orthotics/bracing eligibility criteria with the mandate of Pharmacare, including who can be considered an orthotics service provider  
(RECOMMENDED)***

Cliff# 153784  
Version #  
Updated:

page 14



## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

### Implications:

- Will allow for a consistent approach to funding orthotics and bracing in BC.
- A revision to eligibility criteria will focus on providing items for basic need.
- Clarifies who can be a service provider e.g. adding pedorthists.
- Revisions to the orthotics and bracing form will be required to align with new eligibility criteria.
- Cost savings estimated at:
  - 15 percent less custom items approved: \$165,674.93.
  - 25 percent less custom items approved: \$276,124.89.
- Will reduce number of overall requests reducing workload.

### **Option 6b: Eliminate provision of off the shelf shoes (RECOMMENDED)**

Currently, MHSD will fund off the shelf orthopedic shoes when all orthotics and bracing eligibility are met. The intent was to provide shoes for clients that were also provided foot orthotics. However, provision of off the shelf shoes has been done outside regulation as they are not considered an orthotic or brace.

### Implications:

- Cost savings estimated at \$177,177.36.
- Negative reaction from clients, service providers, and advocates.
- Supports Pharmacare alignment to provide basic items.
- Will continue to fund custom shoes for persons with severe foot conditions.
- May increase requests for crisis grants for shoes.
- Will reduce number of overall requests reducing workload.

### **Option 6c: Regulate orthotics and bracing replacement policy (RECOMMENDED)**

Currently there is no replacement policy for orthotics and bracing. Items are replaced on a case by case basis even if the item has been lost, stolen, or misused.

### Implications:

- Prevents clients from requesting unnecessary replacement.
- Will efficiently allocate funding for items that need to be replaced for medical reasons.
- Cost savings estimated at \$113,791.94.
- Greater adjudication efficiency as less discretion involved in decision making.

### **Option 6d: Develop and regulate an orthotics and bracing fee guide (RECOMMENDED)**

Currently, MHSD lacks the controls to provide consistent funding to clients. Other jurisdictions, including Alberta, and PharmaCare have fee schedules or guidelines when assessing orthotics and bracing items. Orthotic and bracing fees for items and assessments widely range by service provider.

### Implications:

- Will bring consistency and cost efficiency to funding decisions.
- HAB adjudicators will have an official ministry approved resource to base decisions on.
- Greater adjudication efficiency as less discretion involved in decision making.
- Service providers may disagree with fee amounts.
- Clients may be required to pay extra to service providers who do not adhere to fee schedule.
- Consultation with orthotics and bracing professional associations recommended.
- Cost savings estimated at \$227,583.88.

## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

### **Option 6e: Eliminate provision of off the shelf S13 foot orthotics (RECOMMENDED)**

Foot orthotics consist of 32 percent of orthotics and bracing items approved. There is a wide range of foot conditions where foot orthotics are recommended for treatment. There is debate in the media whether foot orthotics are truly required in some circumstances or if service providers recommend them to increase profits.<sup>3</sup> As a result, some private insurance companies have limited certain types of foot orthotics or restricted the professionals that can provide them. Pharmacare, Alberta, and Ontario do not provide foot orthotics.

#### Implications:

- Cost savings estimated at \$730,518.02.
- Reduction in workload as fewer requests submitted.
- Negative reaction from clients, service providers, and advocates.
- Clients with severe foot conditions can still access custom shoes to meet their needs.
- Dependent children on income assistance with foot conditions that can be corrected with foot orthotics will lose coverage. Foot conditions may worsen as a result.
- Could result in the need for more medical interventions, such as doctor/podiatrist visits (orthotics seen as preventative).

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<sup>3</sup> "Sole Patrol," CBC Marketplace, February 20, 2008, CBC, May 6, 2009 <[http://www.cbc.ca/marketplace/sole\\_patrol/](http://www.cbc.ca/marketplace/sole_patrol/)>  
Cliff# 153784  
Version #  
Updated:

Page 17 redacted for the following reason:

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Not Responsive

MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT  
POLICY OPTIONS NOTE

Not Responsive

- Orthotics and bracing not applicable as these items will be controlled under a separate fee schedule.

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S13

Not Responsive

Option 6a: Amend regulation to align orthotics/bracing eligibility criteria with the mandate of Pharmacare, including who can be considered an orthotics service provider

- HAB 4 week summary stats (Oct 27 to Nov 21/08)
  - Custom items: \$92,041.63
- \$92,041.63 x 12 months – 15percent = \$165,674.93 savings
- \$92,041.63 x 12 months – 25 percent = \$276,124.89 savings

Cliff# 153784  
Version #  
Updated:

page 18

## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

Option 6b: Eliminate provision of off the shelf shoes	<ul style="list-style-type: none"> <li>HAB 4 week summary stats (Oct 27 to Nov 21/08) <ul style="list-style-type: none"> <li>Off the shelf shoes: \$14,764.78</li> </ul> </li> <li>\$14,764.78 x 12 months = <b>\$177,177.36 savings</b></li> </ul>
Option 6c: Regulate orthotics and bracing replacement policy	<ul style="list-style-type: none"> <li>CAT data orthotics/bracing 08/09 cost: \$2,275,838.78</li> <li>5 percent less: <b>\$113,791.94</b></li> </ul>
Option 6d: Develop and regulate an orthotics and bracing fee guide	<ul style="list-style-type: none"> <li>CAT data orthotics/bracing 08/09 cost: \$2,275,838.78</li> <li>10 percent less: <b>\$227,583.88</b></li> </ul>
Option 6e: Eliminate provision of off the shelf foot orthotics <span style="color: red;">S13</span>	<ul style="list-style-type: none"> <li>CAT data foot orthotics 08/09 cost: <b>\$730,518.02</b></li> </ul>

Not Responsive

### CONSULTATIONS:

Donna Roland, Health Assistance Branch  
 Paul Beardmore, Health Assistance Branch  
 Kim Harder, Reconsideration Branch  
 Dave McCunn, Provincial Services Branch  
 Mike Woodcock, Provincial Services Branch  
 Tamalyn McKean, Regional Services Division  
 Michael Aldridge, Policy & Program Implementation Manager, Region 1  
 Michele Lauzon, Policy & Program Implementation Manager, Region 2  
 Wanda Williams, Policy & Program Implementation Manager, Region 3

Cliff# 153784  
 Version #  
 Updated:

page 19



**MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT  
POLICY OPTIONS NOTE**

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Tyler Mooi, Legislation and Litigation Branch  
Cary Chiu, Legislation and Litigation Branch  
Nikki Antenbring, Financial and Administrative Services Branch  
Michael Nardi, Strategic Policy and Research Branch  
Michael Peterson, Strategic Policy and Research Branch  
Wenbo Zeng, Strategic Policy and Research Branch  
Bart Walman, Strategic Policy and Research Branch  
Cheryl de Boer, Ministry of Health Services  
Mary Heppner, Disability Services Division

**Enclosures:** Appendix A- Trend Analysis Supplement  
Appendix B- Identified Policy Issues and Options  
Appendix C- Cross Jurisdictional Comparison

Approved/Not Approved

Date



Rob Bruce, Executive Director, SPRB

*Aug 28/09*

**Prepared By**  
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Policy Analyst  
250-356-0068

**REVIEWED BY:**

Dana Jensen  
Manager, SPRB

Alison Bath  
Director, SPRB

Debi Moreland  
Executive Director, PSB

**INITIAL**



**DATE**

*Aug 18/09*

*Aug 18/09*

*Aug 28/09*

Cliff# 153784  
Version #  
Updated:

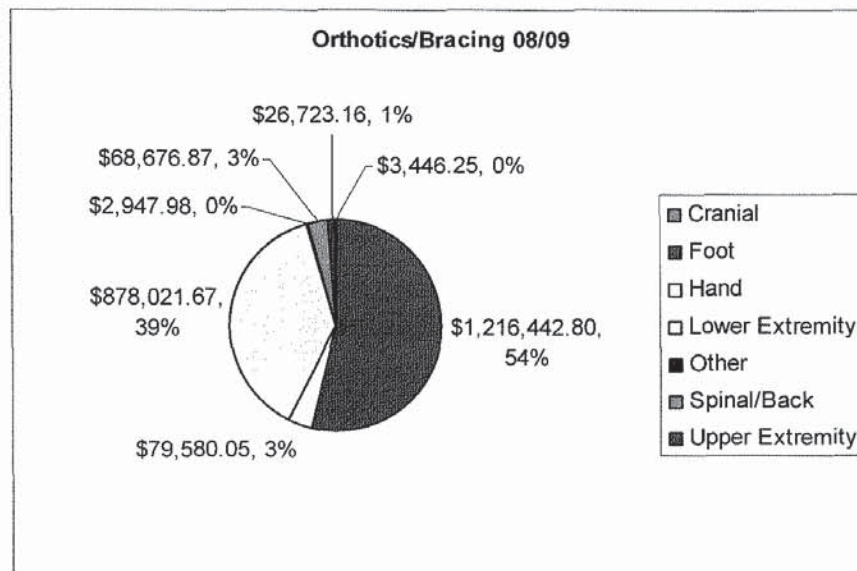
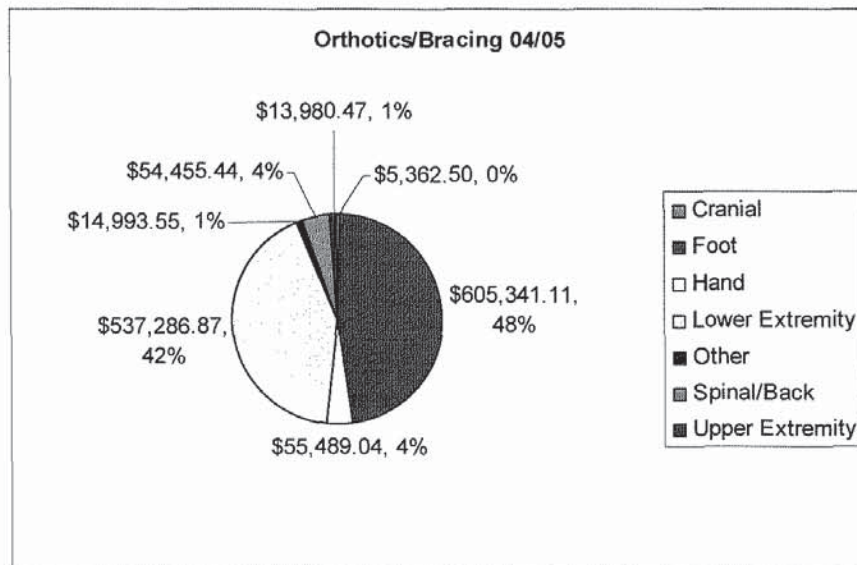
page 20



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## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE



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## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

### Average Cost per Orthotics Client

Fiscal Year	Clients	Total Item Cost	Average Cost
2004-2005	2309	\$1,289,118.36	\$558.30
2005-2006	2515	\$1,406,957.49	\$559.43
2006-2007	2681	\$1,624,728.21	\$606.02
2007-2008	2699	\$1,701,431.79	\$630.39
2008-2009	3295	\$2,277,920.58	\$691.33

### Average Cost per Orthotics Item

Fiscal Year	Items	Total Item Cost	Average Cost
2004-2005	2543	\$1,289,118.36	\$506.93
2005-2006	2767	\$1,406,957.49	\$508.48
2006-2007	3017	\$1,624,728.21	\$538.52
2007-2008	3032	\$1,701,431.79	\$561.16
2008-2009	3795	\$2,277,920.58	\$600.24

### Breakdown of Clients Accessing Orthotics by Program

Program	Clients Fiscal Year 2004-2005	Clients Fiscal Year 2005-2006	Clients Fiscal Year 2006-2007	Clients Fiscal Year 2007-2008	Clients Fiscal Year 2008-2009
Misc. (MSO, LTHN)	170	177	171	190	261
CIHR	19	18	19	22	31
ETW	28	23	24	21	28
NEO	23	24	32	34	47
PWD	1740	1963	2103	2242	2730
PPMB	169	145	119	99	120
Long Term Care	146	152	192	76	67
ETWMC	14	13	21	15	11



Page 31 redacted for the following reason:

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**Appendix B - Equipment and Supplies Identified Policy Issues and Options**  
**Cliff # 153784**

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<b>Cost of Medical Equipment</b> <ul style="list-style-type: none"> <li>Expenditures Not Responsive, and orthotics/bracing are increasing</li> </ul>	<ul style="list-style-type: none"> <li>Obtain raw CAT data from IMB to complete a trend analysis to identify reasons for cost increases reviewing the following: <ul style="list-style-type: none"> <li>PWD caseload increases</li> <li>Types of equipment requested</li> <li>Any other relevant factors</li> </ul> </li> </ul> <div> <u>Region 1:</u> MSO caseloads increasing due to disability caseload increase and aging population  <u>Region 2:</u> Agree with both the policy issues and options.  <u>Region 3:</u> No comments  <u>Region 4:</u> No comment  <u>Region 5:</u> No comments </div>
Not Responsive	
<b>Replacement period</b> <ul style="list-style-type: none"> <li>Historically, there was an equipment replacement policy of 5 years at HAB</li> <li>Presently, the replacement period is taken under consideration but is not really enforced as a "policy"</li> </ul>	<ul style="list-style-type: none"> <li>Update OLR to provide information on replacements</li> <li>Develop replacement period guidelines</li> </ul> <div> <u>Region 1:</u> No comments  <u>Region 2:</u> Agree with both the policy issues and options.  <u>Region 3:</u> Keep it simple as these situations are case by case. </div>

**Appendix B - Equipment and Supplies Identified Policy Issues and Options**  
**Cliff # 153784**

anymore		<p><u>Region 4:</u> Guidelines would be beneficial</p> <p><u>Region 5:</u> Tag this item with the "repair" question.</p>
<p align="center">Not Responsive</p>		
<p><b>Orthotics/Bracing - Spending Authority</b></p> <ul style="list-style-type: none"> <li>No EAW authority to approve items is inefficient</li> <li>HAB is sent requests for very low cost items (e.g. \$20)</li> <li>Other equipment items have a \$500 limit for EAWs</li> </ul>	<ul style="list-style-type: none"> <li>Consult with Regional Services Division to revise spending authority. Options include: <ul style="list-style-type: none"> <li>S13</li> <li>Set dollar limit for EAW e.g. \$100</li> <li>S13</li> </ul> </li> </ul>	<p><u>Region 1:</u></p> <p align="center">S13</p> <p><u>Region 2:</u> Agree with both the policy issues and options.</p> <p><u>Region 3:</u> This may be considered an additional workload to the field.</p> <p><u>Region 4:</u></p> <p align="center">S13</p> <p>Set dollar limit for EAW's</p> <p><u>Region 5:</u> Agreed. Create a consistent, for all medical supplies, authority matrix. I think the dollar value is best, although this may mean a review down the road as prices increase.</p>
<p><b>Orthotics/Bracing - Fees</b></p> <ul style="list-style-type: none"> <li>Variable assessment fees (range from \$30 to \$150)</li> <li>Variable item fees</li> <li>Frequent suppliers (e.g. feet expert) charging more than other suppliers</li> <li>Costs are increasing</li> </ul>	<ul style="list-style-type: none"> <li>Develop a fee schedule or fee guidelines S13 <ul style="list-style-type: none"> <li>S13</li> <li>Explore how it would be maintained</li> <li>Research other fee guides (e.g. Pacific Blue Cross, Insurance Industry, Orthotist Association)</li> </ul> </li> </ul> <p align="center">S13</p>	<p><u>Region 1:</u> No comments</p> <p><u>Region 2:</u> Agree with both the policy issues and options.</p> <p><u>Region 3:</u> No comments</p> <p><u>Region 4:</u> No comment, little knowledge on subject.</p> <p><u>Region 5:</u> No comments</p>

**Appendix B - Equipment and Supplies Identified Policy Issues and Options**  
Cliff # 153784

	equipment	
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<b>Orthotics/Bracing - Basic mobility</b> <ul style="list-style-type: none"> <li>• Same criteria as medical equipment but has a different interpretation</li> <li>• Tick box question on form limits adjudicator discretion</li> </ul>	<ul style="list-style-type: none"> <li>• Develop interpretation guidelines</li> <li>• Change question on form</li> <li>• Amend regulation to more accurately reflect intent of criteria</li> <li>• Amend regulation to remove as a criteria</li> </ul>	<u>Region 1:</u> No comments  <u>Region 2:</u> Agree with both the policy issues and options.  <u>Region 3:</u> No comments  <u>Region 4:</u> Little knowledge on how decisions are made  <u>Region 5:</u> No comments
<b>Orthotics/Bracing - Service providers</b> <ul style="list-style-type: none"> <li>• Pedorthists not in regulation but accepted</li> <li>• Chiropractors have requested to be accepted</li> <li>• Historically, HAB policy was to ensure service provide scope of practice was relevant to fit off the shelf or custom orthotics/ bracing item. However, fitting was not a regulatory criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Amend regulation to add Pedorthists</li> </ul>	<u>Region 1:</u> No comments  <u>Region 2:</u> Agree with both the policy issues and options.  <u>Region 3:</u> No comments  <u>Region 4:</u> Amend regulation as did not even know pedorthists were accepted  <u>Region 5:</u> No comments
S13	S13	S13

### RSD General Comments:

Region 1:

From the MSO Team from Region 1 - Thanks again for asking us to partake in this. We have added our concerns/issues to the 3rd column. If you have any further questions, please do not hesitate to call.

Region 2:

Hi Michael, document looks good. I have added agreement comments in the regional perspective field, but do not have any additions.

Region 3:

Mike, I have had difficulty getting anyone to complete this due to volume issues however Paula and Penny were finally able to look at it and their comments are below.

Region 4:

No additional comments

Not Responsive

## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT POLICY OPTIONS NOTE

### Appendix C – Cross Jurisdictional Comparison

British Columbia		Alberta		Ontario	
Ministry of Housing & Social Development - PWD	Ministry of Health Services/Health Authorities	Ministry of Seniors & Community Supports - Assured Income for the Severely Handicapped	Ministry of Seniors & Community Supports - Alberta Aids to Daily Living (cost share model)	Ministry of Community & Social Services - Ontario Disability Support Program	Ministry of Health & Long Term Care - Assistive Device Program (cost share model)

Not Responsive

Custom Shoes	X		X	
Off the Shelf Shoes	X		X	
General Bracing	X	X <sup>1</sup>	X	X <sup>3</sup>

Not Responsive

#### Notes

<sup>1</sup>Lower extremity custom bracing for children with congenital conditions only

<sup>2</sup>

Not Responsive

<sup>3</sup>Custom only



Not Responsive

**Further justification for eliminating items:**

**Foot orthotics/shoes**

- People affected (FO's): 08/09 approvals = 1844

- People affected (Shoes): 08/09 approvals = 792

- There is debate in the media whether foot orthotics are truly required in some circumstances or if service providers recommend them to increase profits. As a result, some private insurance companies have limited certain types of foot orthotics or restricted the professionals that can provide them.

- Pharmacare, Alberta, and Ontario do not provide foot orthotics.

- Off the shelf shoes are provided for clients that need accommodation for foot orthotics. However, off the shelf shoes are not an orthotic or brace and if foot orthotics are eliminated, there is no reason to continue funding them.

- Custom shoes will continue to be available for those clients with severe foot conditions. However, there is a risk of increased requests for custom shoes in the absence of foot orthotics/shoes.

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## Summary of Costs Savings (based on Jan - Mar 2010 implementation)

Estimated Cost Savings to Supplements Based on Recommended Options Jan - March Implementation			
	2009 - 2010	2010 - 2011	2011 - 2012
Not Responsive			
Orthotics & Bracing (Mar)	\$117,896	\$1,414,746	\$1,414,746
Not Responsive			
Less Systems Costs	\$122,000		
<b>Total</b>	<b>\$881,279</b>	<b>\$11,081,678</b>	<b>\$13,292,166</b>



October 2009

Supplements Review

Slide 63

## Orthoses (Orthotics and Bracing)

### Issues Identified:

- There were no controls in place to manage high cost items such as custom foot orthotics and custom footwear
- There was no guidance on what can be requested as an "orthotic or brace"
- Foot orthotics were provided to clients without "severe" foot conditions
- Procedural inefficiencies existed as the request form does not originate from the ministry
- Podiatrists, Occupational Therapists, and Physical Therapists could prescribe, assess, and fabricate items

Previous Policy	Changes Made April 2010	Rationale
<p><b>Ministry provided funding for orthotics and bracing to specific clients who have no other resources to pay for these items.</b></p> <p><b>Medically essential for basic mobility</b></p> <p><b>Required for one or more of the following:</b></p> <ul style="list-style-type: none"> <li>❖ Prevent surgery</li> <li>❖ Post surgical care</li> <li>❖ Assist in physical healing from surgery, injury or disease</li> <li>❖ Improve physical functioning that has been impaired by neuro-musculo-skeletal condition</li> </ul> <p><b>Information:</b> Orthoses are items that are applied externally to the limb or body to provide support, protection or replacement of lost function. They are also commonly known as an orthosis, orthotic, brace, or splint.</p>	<p><b>Must be Least Expensive:</b></p> <ul style="list-style-type: none"> <li>• The item must be the least expensive that is appropriate for the purpose.</li> </ul> <p><b>Types of Items Covered are Specified:</b></p> <ul style="list-style-type: none"> <li>• Introduced revised eligibility criteria specifying the types of items that may be considered.</li> <li>• Some items that no longer covered include off the shelf shoes and off the shelf foot orthotics</li> <li>• Custom made foot orthotics are now only considered where failure to provide is likely to result in partial or complete amputation of the foot</li> </ul>	<ul style="list-style-type: none"> <li>• Intent focuses on providing the least expensive orthoses to meet a medically essential need</li> <li>• Clients, health professionals, advocates, and staff have a clearer understanding of items available and what criteria are required</li> <li>• Aligns regulations with longstanding policies for specified items as well as some items we have never covered - not considered as an orthotics under ministry policy (e.g., orthosis for sports)</li> <li>• Off the shelf shoes are not considered medically essential</li> <li>• Foot orthotics can be seen as beneficial for almost anyone but the majority of these are not medically essential</li> <li>• Custom foot orthotics will be provided to people with the most severe medical situations</li> </ul> <p><b>Client Impact:</b></p> <ul style="list-style-type: none"> <li>• Approx 800 clients received off-the-shelf shoes in 2009</li> <li>• Approx 1500 clients received foot orthotics for non-severe medical conditions in 2009</li> <li>• 1800 in total received foot orthotics in 2009</li> <li>• Using functionality rather than mobility is more relevant to all types of orthoses (e.g., braces or splints not necessarily required for mobility)</li> <li>• 6 hour knee brace requirement based on jurisdictional scan of best practices (Alberta Aids to Daily Living, BC Pharmacare)</li> <li>• Medical/nurse practitioner prescription required for</li> </ul>
	<p><b>Revised and Additional Eligibility Criteria</b></p> <ul style="list-style-type: none"> <li>• Medically essential to achieve or maintain basic functionality</li> <li>• A medical/nurse practitioner now must confirm that a knee brace must be required for at least 6 hours per day</li> <li>• A medical/nurse practitioner now must prescribe</li> </ul>	

	all items and confirm if custom made is required	all requests to ensure items are medically required.
	<p><b>Client Impact:</b></p> <ul style="list-style-type: none"> <li>Minimal (unable to determine)</li> <li>Ensures clients and staff have full information about replacement periods.</li> <li>Equipment replacement periods are consistent with other jurisdictions and private insurance (e.g. federal government's non-insured health benefits)</li> <li>Prevents requests for non-basic, high-end items.</li> <li>Limits determined based on research of the actual costs of equipment available.</li> <li>Funding limits based on jurisdictional scan of best practices (Pedorthic Association of Canada Pricing Guidelines) and actual costs of items</li> </ul>	<p><b>Client Impact:</b></p> <ul style="list-style-type: none"> <li>Minimal (unable to determine)</li> <li>Ensures clients and staff have full information about replacement periods.</li> <li>Equipment replacement periods are consistent with other jurisdictions and private insurance (e.g. federal government's non-insured health benefits)</li> <li>Prevents requests for non-basic, high-end items.</li> <li>Limits determined based on research of the actual costs of equipment available.</li> <li>Funding limits based on jurisdictional scan of best practices (Pedorthic Association of Canada Pricing Guidelines) and actual costs of items</li> </ul>
	<p><b>Replacement Criteria Established:</b></p> <ul style="list-style-type: none"> <li>Replacement criteria moved from policy to regulations.</li> </ul>	<ul style="list-style-type: none"> <li>Aligns with recent changes to Health Professions Act (within scope of practice)</li> <li>Increases accessibility for clients</li> </ul>
	<p><b>Funding Limits Established:</b></p> <ul style="list-style-type: none"> <li>Custom made foot orthotics: \$375</li> <li>Custom made footwear: \$1650</li> <li>These limits include assessment fees</li> </ul>	<ul style="list-style-type: none"> <li>Outline factors considered by the ministry when determining if orthoses requests are medically essential to achieve or maintain basic functionality.</li> <li>Practice standards outlined in policy</li> <li>Clients, health professionals, advocates, have a clearer understanding of what factors are used when determining eligibility</li> </ul>
	<p><b>Nurse Practitioners can now prescribe items</b></p>	<ul style="list-style-type: none"> <li>Supports evidence-based decision making</li> <li>Staff have better information to make the correct decision</li> <li>Process now aligns with the medical equipment process for consistency</li> </ul>
	<p><b>Guidelines to Staff:</b></p> <ul style="list-style-type: none"> <li>Guidelines provided to ministry staff on the following terminology: basic functionality and no other resources</li> </ul>	
	<p><b>Revised Application Process</b></p> <ul style="list-style-type: none"> <li>Redesigned application form and procedural changes where the application form no longer originates at the supplier. The form now initiates at ministry office rather than health professional</li> <li>The orthoses request form now asks the medical/nurse practitioner 4 questions (previously, the medical practitioner provided a prescription): <ul style="list-style-type: none"> <li>Describe the medical condition</li> <li>Type of orthosis recommended</li> <li>Is a custom made orthosis required?</li> <li>If a knee brace, required at least 6 hours per day?</li> </ul> </li> </ul>	

## Orthoses Items No Longer Provided

Specified Items	Rationale	Impact on Clients	Cross Jurisdictional Comparison:
Prosthetic and related supplies	<ul style="list-style-type: none"> <li>Aligned regulations with longstanding policy</li> </ul>	<ul style="list-style-type: none"> <li>None. PharmaCare provides extensive prosthesis program.</li> </ul>	<ul style="list-style-type: none"> <li><b>Alberta Aids to Daily Living Program</b> (Community Supports Ministry)</li> <li><b>Ontario Assistive Device Program</b> (Health Ministry)</li> </ul> <p><b>Alberta:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Item funded through Pharmacare in BC, not Social Development</li> </ul> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Item funded through Pharmacare in BC, not Social Development</li> </ul>
Plaster or fiberglass cast	<ul style="list-style-type: none"> <li>Aligned regulations with longstanding policy</li> </ul>	<ul style="list-style-type: none"> <li>None. Available through the provincial health care system.</li> </ul>	<p><b>Alberta:</b></p> <p><b>Ontario:</b></p>
Hernia support	<ul style="list-style-type: none"> <li>Aligned regulations with longstanding policy</li> </ul>	<ul style="list-style-type: none"> <li>Minimal. Alternate treatment options available through the provincial health care system</li> </ul>	<p><b>Alberta:</b></p> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Only custom items provided</li> </ul>
Abdominal support	<ul style="list-style-type: none"> <li>Aligned regulations with longstanding policy</li> </ul>	<ul style="list-style-type: none"> <li>Minimal. Alternate treatment options available through the provincial health care system</li> </ul>	<p><b>Alberta:</b></p> <p><b>Ontario:</b></p>
Walking boot for a fracture	<ul style="list-style-type: none"> <li>Aligned regulations with longstanding policy</li> </ul>	<ul style="list-style-type: none"> <li>Minimal. Alternate treatment options available through the provincial health care system</li> </ul>	<p><b>Alberta:</b></p> <p><b>Ontario:</b></p>
Orthoses item primarily for recreation or sports	<ul style="list-style-type: none"> <li>Aligned regulations with longstanding policy</li> <li>Not considered medically essential to achieve or maintain basic functionality</li> </ul>	<ul style="list-style-type: none"> <li>Minimal. Orthoses for basic functionality are provided.</li> </ul>	<p><b>Alberta:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> </ul> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Items funded for "basic needs"</li> </ul>



Specified Items	Rationale	Impact on Clients	Cross Jurisdictional Comparison:
<p>Prefabricated foot orthotics (not explicit in regulation but excluded due to not being included in the definition of "orthoses")</p>	<ul style="list-style-type: none"> <li>Foot orthotics can be seen as beneficial for almost anyone but the majority of these are not medically essential</li> </ul>	<ul style="list-style-type: none"> <li><b>Moderate.</b> Custom foot orthotics are provided to people with the most severe medical situations.</li> </ul>	<ul style="list-style-type: none"> <li>Alberta Aids to Daily Living Program (Community Supports Ministry)</li> <li>Ontario Assistive Device Program (Health Ministry)</li> </ul>
<p>Off the Shelf Shoes (e.g. New Balance, Nike, Reebok, and "orthopaedic shoes")</p> <ul style="list-style-type: none"> <li>Not explicit in regulation but excluded due to not being included in the definition of "orthoses"</li> </ul>	<ul style="list-style-type: none"> <li>Off the shelf shoes are not considered medically essential</li> <li>Currently off the shelf shoes are provided for clients that need accommodation for foot orthotics – these types of shoes are not an "orthotic" or "brace" but rather a clothing item</li> </ul>	<ul style="list-style-type: none"> <li><b>Moderate.</b> Custom made shoes are provided to people with the most severe medical situations.</li> </ul>	<p><b>Alberta:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Item not provided</li> </ul> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Item not provided</li> </ul> <p><b>Note:</b> PharmaCare also does not provide under their orthosis program for children</p> <p><b>Alberta:</b></p> <ul style="list-style-type: none"> <li>More comprehensive than BC</li> <li>Does provide "orthopaedic" type off the shelf shoes</li> </ul> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Does not provide any off the shelf shoes</li> </ul>

## Orthoses Items Still Provided

Specified Items	April 1, 2010 Policy Changes	Rationale	Cross Jurisdictional Comparison
Custom made foot orthotics	Only when failure to provide the custom-made foot orthotic is likely to result in partial or complete amputation of the foot  \$375 cost limit per pair  4 year replacement period	Ensures those persons most in need (e.g., diabetics with circulation problems) receive custom foot orthotics to prevent foot ulcers and subsequent amputation.  Limits determined based on <ul style="list-style-type: none"> <li>research of the actual costs of equipment available; and</li> <li>jurisdictional scan of best practices (Pedorthic Association of Canada Pricing Guidelines)</li> </ul> Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"> <li>Significant. Clients are used to getting foot orthotics for mild/moderate conditions. New criteria intended to provide custom foot orthotics to clients with severe medical situations only.</li> </ul>	<ul style="list-style-type: none"> <li>Alberta Aids to Daily Living Program (Community Supports Ministry)</li> <li>Ontario Assistive Device Program (Health Ministry)</li> </ul> <b>Alberta:</b> <ul style="list-style-type: none"> <li>Less comprehensive than BC</li> <li>Item not provided</li> </ul> <b>Ontario:</b> <ul style="list-style-type: none"> <li>Less comprehensive than BC</li> <li>Item not provided</li> </ul>
Custom made footwear	\$1,650 cost limit per pair  1 year replacement period	Limits determined based on <ul style="list-style-type: none"> <li>research of the actual costs of equipment available; and</li> <li>jurisdictional scan of best practices (Pedorthic Association of Canada Pricing Guidelines)</li> </ul> Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"> <li>Minimal. Custom made shoes are still provided.</li> </ul>	<b>Alberta:</b> <ul style="list-style-type: none"> <li>Comparable to BC</li> </ul> <b>Ontario:</b> <ul style="list-style-type: none"> <li>Less comprehensive to BC</li> <li>Does not fund custom made shoes and no off the shelf items are provided.</li> </ul> <b>Note:</b> PharmaCare does not provide custom made foot orthotics under their orthosis program for children

Specified Items	April 1, 2010 Policy Changes	Rationale	Cross Jurisdictional Comparison
Footwear modifications	1 year replacement period	Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"> <li>Minimal</li> </ul>	<ul style="list-style-type: none"> <li>Alberta Aids to Daily Living Program (Community Supports Ministry)</li> <li>Ontario Assistive Device Program (Health Ministry)</li> </ul> <p><b>Alberta:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> </ul> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Less comprehensive to BC</li> <li>Item not provided</li> </ul>
Ankle brace	2 year replacement period	Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"> <li>Minimal</li> </ul>	<p><b>Alberta:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> </ul> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Custom items only</li> </ul>
Ankle foot orthosis	2 year replacement period	Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"> <li>Minimal</li> </ul>	<p><b>Alberta:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> </ul> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Custom items only</li> </ul>
Knee ankle foot orthosis	2 year replacement period	Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"> <li>Minimal</li> </ul>	<p><b>Alberta:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> </ul> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Custom items only</li> </ul>
Knee brace	Must be worn at least 6 hours per day  4 year replacement period	Introduces a medical needs test to ensure supplement provided for intended target group.  Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"> <li>Moderate. Knee braces now only considered for full time use.</li> </ul>	<p><b>Alberta:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Similar requirement that it must be for full time use (6 hours per day minimum)</li> </ul> <p><b>Ontario:</b></p> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Custom items only</li> <li>No full time requirement.</li> </ul>
Hip brace	2 year replacement	Replacement periods are consistent with other	<b>Alberta:</b>



Specified Items	April 1, 2010 Policy Changes	Rationale	Cross Jurisdictional Comparison
	period	jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"><li>Minimal</li></ul>	<ul style="list-style-type: none"> <li>Alberta Aids to Daily Living Program (Community Supports Ministry)</li> <li>Ontario Assistive Device Program (Health Ministry)</li> <li>Comparable to BC</li> </ul> <b>Ontario:</b> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Custom items only</li> </ul>
Upper extremity brace	2 year replacement period	Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"><li>Minimal</li></ul>	<b>Alberta:</b> <ul style="list-style-type: none"> <li>Comparable to BC</li> </ul> <b>Ontario:</b> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Custom items only</li> </ul>
Cranial helmet	Must be for daily use in cases of self abusive behaviour, seizure disorder, or to protect or facilitate healing of chronic wounds or cranial defects  2 year replacement period	Aligns regulation with current policy  Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"><li>Minimal</li></ul>	<b>Alberta:</b> <ul style="list-style-type: none"> <li>Comparable to BC</li> </ul> <b>Ontario:</b> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Custom items only</li> </ul>
Torso or spine brace	2 year replacement period	Replacement periods are consistent with other jurisdictions and private insurance  <b>Impact on Clients:</b> <ul style="list-style-type: none"><li>Minimal</li></ul>	<b>Alberta:</b> <ul style="list-style-type: none"> <li>Comparable to BC</li> </ul> <b>Ontario:</b> <ul style="list-style-type: none"> <li>Comparable to BC</li> <li>Custom items only</li> </ul>





**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

**COPY**

**DATE:** June 24, 2011

**PREPARED FOR:** Honourable Harry Bloy, Minister of Social Development

**ISSUE:** Changes to Ensure Foot Orthotics and Footwear are Provided When Medically Necessary to Meet Client's Daily Living Requirements

**BACKGROUND:**

The Ministry of Social Development's (MSD) health supplements program funds a range of orthotic services; for example, knee braces, wrist splints, back braces, and custom-made foot orthotics. This funding is available to Persons with Disabilities, Persons with Persistent Multiple Barriers, some former income and disability assistance clients who receive Medical Services Only, all dependent children, and persons with a life threatening health need.

On April 1, 2010, MSD changed the orthoses eligibility criteria to focus limited funding on clients with the most pressing medical needs. The revised criteria stipulated that clients would only be funded if failure to receive a custom-made foot orthotic was likely to result in partial or complete amputation of the foot. The changes also eliminated funding for off-the-shelf orthopedic footwear and off-the-shelf foot orthotics, and introduced cost limits and replacement periods for some items.

**DISCUSSION:**

In the spring of 2011, clients, parents and advocates indicated they believed the new policy was overly restrictive. This was particularly the case when clients approached the ministry for replacement custom-made foot orthotics and were deemed ineligible because they were not at risk of amputation. Based on a joint review with the Ministry of Health (MOH), the ministry has revised the policy to accommodate a wider range of medical footwear and orthotic needs to support disabled clients to perform her day-to-day activities. This will address other situations that have been brought to the ministry's attention, for example clients who could not pay for footwear for diabetic complications, whose foot ulcers became infected and eventually contributed to partial foot amputations. Some clients also needed off-the-shelf orthopedic footwear and footwear in different sizes to accommodate custom-made foot orthotics or other foot conditions.

MOH's senior medical consultant and Pharmacare staff aided in developing the proposed changes, which have also been reviewed by an expert physiatrist (a medical specialist in physical and rehabilitation medicine) who provides advice to Pharmacare's prosthetic and orthotics program.

**Policy and Regulation Changes**

The proposed changes will:

- Rely on certain existing criteria that are applicable to all orthoses items to support responsible use of funding, including:
  - Items must be "medically essential to achieve or maintain basic functionality" (new in April 2010)

Cliff#: 171911

Version #: 1

Updated: June 24, 2011

page 1

## MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

- A prescription from a physician or nurse practitioner will be required for all orthoses items (new in April 2010)
- Items must be the least expensive appropriate (new in April 2010)
- There are no other resources available (existed prior to April 2010)
- Items must be for one of the following medical purposes (existed prior to April 2010):
  - to prevent surgery
  - for post-surgical care
  - to assist in physical healing from surgery, injury or disease
  - to improve physical functioning that has been impaired by a neuro-musculo-skeletal condition
- Remove the criterion that these items cannot be funded primarily for recreation or sports (this criterion is redundant with other controls, e.g., the basic functionality criterion)
- For custom foot orthotics, eliminate the criterion that the minister has to be satisfied that failure to provide custom-made foot orthotic is likely to result in partial or complete amputation of the foot. Increase the \$375 cost limit to \$450 and decrease the replacement period from one pair in four years to one pair in three year so that regulations reflect current costs and are consistent with other provinces and product wear expectations.
- Allow for the provision of a fuller range of items to allow medical practitioners to prescribe foot supports that meet medical needs while being cost effective:
  - off-the-shelf foot orthotics with no cost limit and no replacement period
  - off-the-shelf orthopedic footwear with a cost limit of \$250 and a one year replacement period
  - off-the-shelf footwear with a cost limit of \$125 and a one year replacement period only when required to accommodate a custom made orthotic or brace

It is important to note that replacement periods do not apply when a new item is required due to growth or changes of a medical condition. For the purposes of the regulation, "replacement" means the exact same item. This will be made more clear in the policy. Broadening the criteria may result in additional requests for footwear; however, the requirement for a prescription is a control for this. MSD will communicate the changes to physicians, nurse practitioners and other relevant health professionals prior to it being implemented.

### Expenditure and Client Implications

- Annual expenditures for all orthoses dropped by approximately \$1M from \$1.8m in 2009/2010 to \$800,000 in 2010/2011.
- Expenditures on custom-made foot orthotics are not specifically available. However, when the April 2010 changes were recommended in 2009, the projected 2010/2011 costs avoided<sup>1</sup> were:
  - \$650,000 due to foot orthotic changes
  - \$200,000 due to off-the-shelf footwear changes
  - \$500,000 due to other policy changes (itemized regulation, physician prescription for all items, replacement periods)

<sup>1</sup> Estimated by the former Strategic Policy and Research Branch  
Cliff#: 171911  
Version #: 1  
Updated: June 24, 2011



## MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

- Conservatively, Research Branch estimate by reversing the costs avoided for custom-made foot orthotics and off-the-shelf footwear, and factoring in caseload growth and pent up demand over the last year for these items, expenditures may rise by approximately 1.5M to 2M over the next year and 1M to 1.5M over subsequent years.

	Pre April 2010 Changes		Post April 2010 Changes
Fiscal Year	08/09	09/10	10/11
Expenditures <sup>2</sup> – All Orthoses	\$2M	\$1.8M	\$800,000
Custom Foot Orthotics <sup>3</sup> – All Requests	2163	2032	768
Custom Foot Orthotics <sup>3</sup> – Approved	1844	1411	141
Custom Foot Orthotics <sup>3</sup> – Not approved	319	621	627

### CONCLUSION:

The policy changes will address the concerns presented by clients and health professionals and better meet client's medically essential needs. Expenditures and workload will increase as more clients will receive funding for custom-made foot orthotics, off-the-shelf foot orthotics and other footwear. While a broader range of options will be available, the April 2010 policy changes, such as requiring a prescription for all items, remain in place to manage the budget responsibility.

**Consultations:** Kelly Barnard, MOH; Cheryl de Boer, MOH; Dr. Underwood, MOH committee chair; Dale Smith, Legal Counsel

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