



The Ontario Podortho®Nursing Association values its relationship with  
Canada's insurance industry  
to ensure the delivery of optimal patient footcare is received in our  
communities across Ontario

# OPNA BOARD OF DIRECTORS

- **Erin King** – *President and CEO of Feet For Life Medical Foot Care Ltd.*
- **Heidi Moniz** – *Vice-President and CEO of Aldershot Foot Care Clinic*
- **Danielle Bible** – *Director of Membership & Podortho Nurse at FFL Medical Clinic*
- **Sarab Dormani** – *Director of Communications and CEO of Natural Sole Wellness Centre*
- **Janis Boudreau** – *Director of Public Relations and CEO of Advanced Foot Care Nurses*
- **Cindy Baillargeon** – *Secretary and CEO of Northern Feet Health Clinic*
- **Frederic Parent** – *Director of Communications and Outreach & Co-founder of Natural Sole Wellness Centre*
- **Dr. Allan Lustig** – *Podiatry Consultant & Medical Director of Langer Biomechanics group*



*We wish to thank Ms. Joan Weir for facilitating this meeting.*

*Please postpone your questions until after the presentation.  
Thank you.*

# The OPNA has listened to our mutual clients



## **Policy Holders are requesting coverage for Podortho® Nursing Care:**

1. Advanced medical foot and lower limb care provided by Reg. Podortho® Nurses
2. In Clinic care coverage
3. Self-referral
4. Photo & Laser therapy for pain management, fungal toenails, wound care, warts...
5. Custom orthotics, footwear and other offloading devices
6. Nursing wound care management

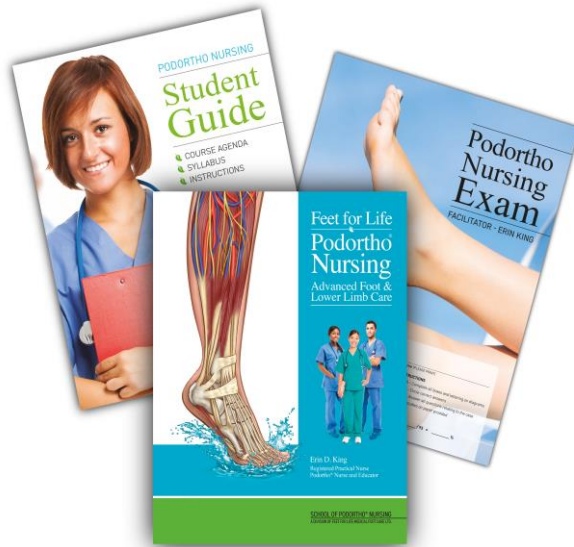
**FEET ARE ESSENTIAL**



- ✓ RNs, RPNs, NPs integrating Podortho®Nursing in communities
- ✓ Advanced practice in foot and lower limb care (*evidence based*)
- ✓ Continuous education initiatives
- ✓ Business practice guidelines and Ethic guidelines
- ✓ Members support with:
- ✓ Established Podortho®Nursing practice standards,
  - Core Competencies,
  - Required certifications for membership/and renewal criteria
  - Best Practice Standards & Guidelines (CNO)
  - Regulate the practice and reduce fraudulent activities
- ✓ Improve accessibility in private health care sector

# Registered Nurse, Registered Practical Nurse, Podortho® Nurses Education

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## Nursing Education

Bachelor's Degree or College Diploma - Studying 2.5-5 years in the field of Science of Nursing.

<http://www.cno.org/en/become-a-nurse/approved-nursing-programs/>

## Core Nursing Foot and Lower Limb Care Advanced Practice

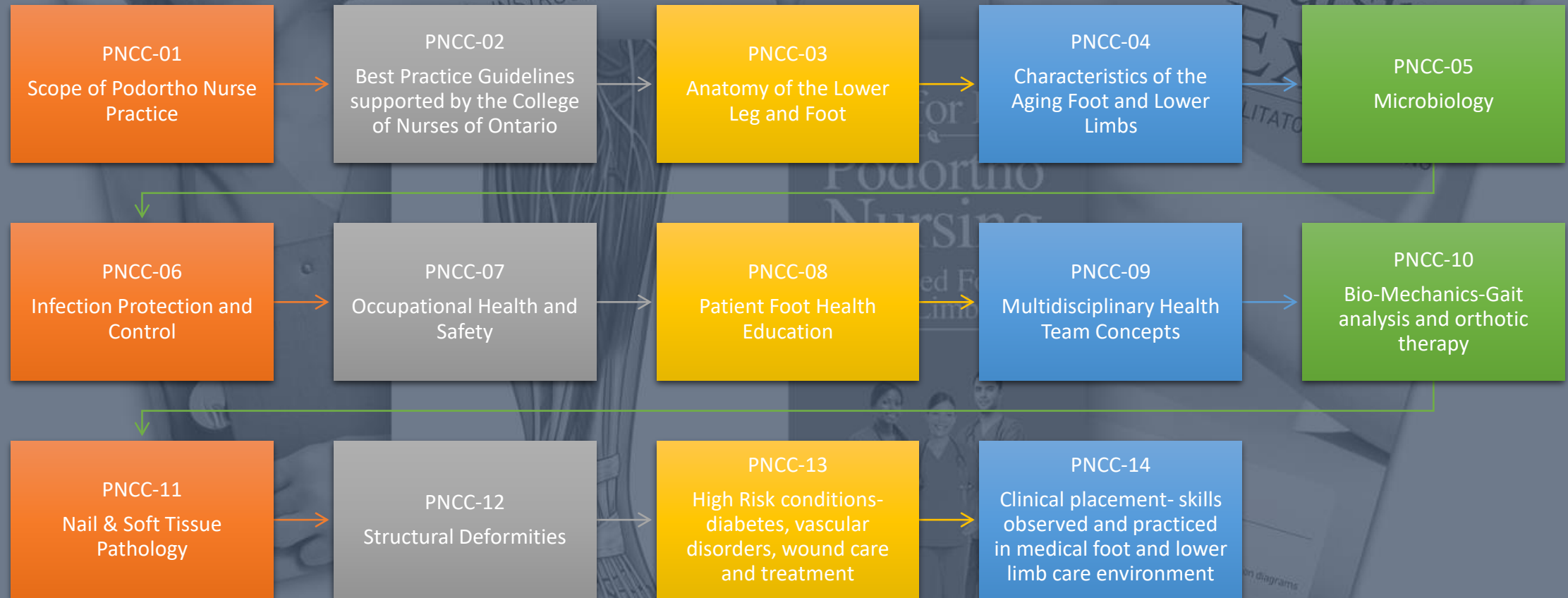
Post graduate education in foot and lower limb care with accredited Podortho Nursing program adhering to Podortho Nurse Core Competencies (PNCC) set by the *Ontario Podortho Nursing Association Inc.*

## Continuous Education

Additional post graduate studies in biomechanics, gait analysis, orthotic therapy, compression therapy, and wound care.

# Continuing Education in Nursing Foot and Lower Limb Care

## Post Graduate Core Podortho Nursing Curriculum





# An Essential Role: The Podortho<sup>®</sup> Nursing expertise

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- Advanced medical foot and lower limb care
- Diabetic screening and foot care
- Conservative ingrown toenail care
- Drug-free Fungal Toenail Care treatments
- Drug-free lower limb pain management
- Wound Care Management
- Padding, strapping & taping
- Medical compression therapy
- Custom orthotics, footwear & braces
- Preventive care and health teaching







# Guideline Principles as per the College of Nurses of Ontario

- Regulatory body for nursing in Ontario
- Protected designations: **Registered Nurse (RN), Registered Practical Nurse (RPN) or Nurse Practitioner (NP)**
- “Nurses are **self-regulated health-care professionals who work autonomously...**” *Practice of RN’s In Canada, CNA, (2015)*
- “All nurses are accountable for their own decisions and actions and for maintaining competence throughout their career;” *Professional Standards of Care, CNO, (2002)*
- “All nurses continually enhance their knowledge through education, experience and self-assessment. Nurses can become experts in an area of practice within their category.” *Professional Standards of Care, CNO, (2002)*
- “Nurses in independent practice (...) are expected to provide their services according to the legal scope of nursing practice and their individual level of knowledge, skill and judgment.” *Independent Practice, CNO, (2019)*



COLLEGE OF NURSES  
OF ONTARIO

ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

Practice Standards and Guidelines as per the College of Nurses of Ontario

*“The Nursing Act, 1991, along with the Regulated Health Professions Act, 1991 (RHPA), determines how the nursing profession is regulated in Ontario. The RHPA applies to all of Ontario’s self-regulated health professions. The Nursing Act establishes the mandate of the College of Nurses of Ontario and defines the scope of practice for the nursing profession.” (CNO, Legislation and Regulation An Introduction to the Nursing Act, 1991, 2020)*

The CNO defines the Nursing’s Scope of Practice Statement: ***“The practice of nursing is the promotion of health and the assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.”***



# Podortho® Nurse's Practice Statement

*"Podortho® Nurse's are Registered Nurses (Registered Practical Nurse, Registered Nurse or Nurse Practitioner (s) who are regulated health care providers that specialize in the field of Advanced Medical Foot and Lower Limb Care.*

*The primary objective of a Podortho® Nurse is to optimize foot and lower limb health, improve client mobility and overall health related quality of life.*

*This is achieved by performing lower leg and foot assessments, which has been known to detect early signs of life-threatening diseases or disabling conditions.*


*In conjunction, Podortho® Nurses use the nursing process to diagnose, develop and implement a plan of care, and evaluate patient outcomes, while working as part of an interdisciplinary health care team or independently to provide quality client care."*

# Ethics in Podortho® Nursing Practice

Podortho® Nurses are aware of the particular ethical challenges in their practice. They are committed to protecting the public and providing services in an environment of safe, competent, evidence informed clinical and business practices

- ✓ Standard fee guideline set to decrease over and under charging considering costs to deliver optimal care
- ✓ Ethical practice documents on website for members to review and adhere to
- ✓ Podortho Nurse Core Competencies (PNCC) created and made available on website
- ✓ Communication with CNO and practice consultants regarding evolving scope of practice
- ✓ OPNA nurses are governed by the College of Nurses of Ontario





# Organizational Structure of Memberships within the OPNA

- New membership registration and screening process
- Online submission
- CNO screening (good standing)
- Advanced Nursing Foot Care Certification from a recognized School/College in Ontario
- Podortho® Nurse Core Competencies
- Liability Insurance
- Continuous education requirements (*Compression Therapy, Orthotic Therapy courses and IPAC certifications from OPH*)
- OPNA registration # provided upon credential completion
- *Find a Podortho® Nurse* - public registry
- Membership Renewal process





# A Strong Foundation: The Importance of Foot Health

- Mobility, balance, independency & quality of life
- Economic impact of lower limb and foot problems = hundreds of millions/ years
- Major causes of morbidity and mortality
- **Negative Mental health impacts : elevated costs of medication, psychotherapy, etc.**
- **High Pharmaceutical costs for pain management, infections, depression, chronic wounds, etc.**
- Increased risk of falls
- Loss of employment and wage
- High risk patients = increased risk of amputations

*Queen, and al. (2013). The Launch of Diabetic Foot Canada: An Initiative Aimed at Reducing the Burden of Diabetic Foot Complications*

# The importance of investing in private healthcare



- Canadians pay 30% + of their medical expenses out of pocket
- Many health concerns beyond OHIP coverage
- Ontarians privately pay for other health services
- Ontarians rely on private insurances – cover costs
- Ontarians « shopping » for Private Health Coverage requirements



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## Challenges Presented to our Mutual Patients when submitting their claims for Podortho<sup>®</sup> Nursing Care



- Claims Denied because the *“Care was not provided in-home”*.
- claims denied and are informed that they must see a *“Podiatrist or Chiropodist to be covered for foot care”*.
- Patients become frustrated that their nursing care is not covered.

# Additional challenges from our patient's insurance providers



- Claims denied for custom orthotics. They are informed that *“only a Chiroprapist, Podiatrist, Chiropractor or Pedorthist can dispense and prescribe orthotics”*.
- Claims denied for *“Photo & Laser Therapy provided a Nurse for pain management, wound care or fungal toenail”*.
- Told by claim departments that they *“can only receive Nursing care when they are palliative and “dying” at home”*.



### **DUTY OF THE MINISTER as per the RHP Act**

*“3. It is the duty of the Minister to ensure that the **health professions are regulated** and coordinated in the public interest, that appropriate standards of practice are developed and maintained and **that individuals have access to services provided by the health professions of their choice** and that they are treated with sensitivity and respect in their dealings with health professionals, the Colleges and the Board. 1991, c. 18, s. 3.” - Regulated Health Professions Act, 1991, S.O. 1991, c. 18*

# The changing landscape of footcare in Ontario

## Growing need for more qualified accountable foot specialists

- Ontario's population : **14,745,040** on April 1, 2020
- Consequences of limiting foot care to one R.H.C.P.
- Podiatry schools closure after 1993
- Chiropodists have been unable, on their own, to satisfy the demand
- Growing demand for medical foot care services:
  - Aging and active population
  - Growing population
  - Chronic and complex care management
- Podortho<sup>®</sup>Nurses – Advanced foot and lower limb care

## Nurses specialized in Foot & Lower Limb bridging the gaps in the community

Currently, there are only 600 Chiropodists and 60 Podiatrists in Ontario.

<https://www.ontariochiropodist.com/Public/frequent-questions.html>

*Updated 2020*

According to the 2017 report from the College of Nurses, there is approximately:

**Foot Care/Podortho Nurses: 1,300**


























































**Diabetes Care Nurses: 865**

**Other (ex: Wound care nurses etc.):**

**14,746**

[https://www.cno.org/globalassets/docs/general/43069\\_stats/2017-membership-statistics-report.pdf](https://www.cno.org/globalassets/docs/general/43069_stats/2017-membership-statistics-report.pdf)

# Delivery of Care from RHCP vs. Non-RHCP

PRACTITIONER	CHIROPODIST	PODIATRIST	RN/RPN/ PODORTHO NURSE	PROSTHETISTS/ ORTHOTISTS	PEDORTHIST
Regulated Health Care Providers					
Unregulated Health Care Providers					
Basic Foot Care					
High Risk Foot Care					
Surgical treatment of soft tissue					
Wound Care					
Laser/photo Therapy					
Nail Reconstruction/Bracing					
Surgical treatment of the bone					
Prescribing Medication			 RN(Ec)		
Communicating a medical diagnosis			 RN(Ec)		
Communicating a nursing diagnosis					
Compression Therapy Fitting & dispensing					
Dispensing Orthotics					
Dispensing Orthopedic Footwear					
Dispensing Prosthetics					
Padding & Strapping					
Fitting Braces					

# *Nurses Role of Foot Care in Ontario-Statement provided by the College of Nurses of Ontario*

*“Registered Nurses (RNs), Registered Practical Nurses (RPNs) and Nurse Practitioners (NPs) (collectively referred to as “Nurses”) are regulated health care professionals who provide foot care in a variety of care settings, long term care homes, hospitals, CCDC’s, FHTs, physician offices, and in the community in patients home or in private health clinics. Nurses assess patients, provide preventative care and educate and refer patients to other practitioners where necessary. **Nurses also provide non-invasive foot care services, such as clipping nails, paring calluses and corns, debriding morbid tissue, treating ulcers, providing wound care, monitoring conditions of the foot, prescribing and dispensing orthotics, and wrapping and bandaging the feet.**”*

*(College of Nurses of Ontario 2014). HPRAC, stakeholder Feedback on the Chiropody/Podiatry Referral: The current Model of Foot Care in Ontario. Part II(b); Other submissions, 54.*



# Patient Case Study: Podortho<sup>®</sup> Nurse Clinic

*(used with patient permission)*

- 73-year-old male - Diabetic Type 2 - poor management
- Presented himself with two DFU to his right foot:
  - Stage 2 plantar ulcer
  - Infected wound to his 3<sup>rd</sup> digit

## Nursing Care Plan and Treatment:

- Full Intake & Lower limb assessments
- Diabetic education
- Immediate referral to urgent care (abx)
- Nursing lower limb and foot care
- Nursing Wound care management + Laser
- Offloading with orthotics & footwear
- Preventive measures

**Total Cost over 10-week period :  
\$1,050 to save a limb**



BEFORE



BEFORE



AFTER

# The economic burden of diabetic foot ulcers leading to lower limb amputations

The cost of DFU on the public health care system = + \$21,000.00 per case in the 1<sup>st</sup> year. (Hopkins et al. 2015)

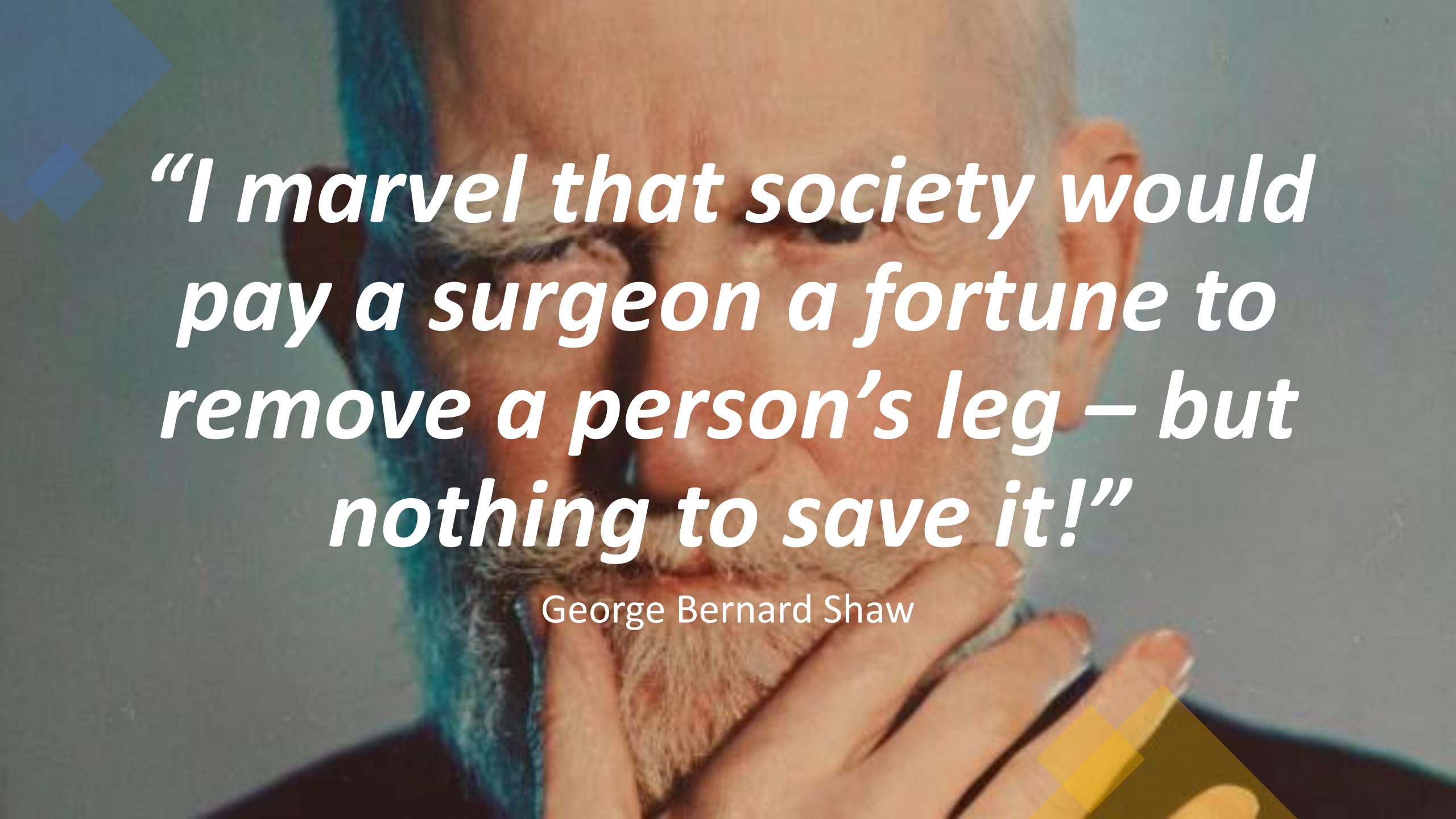
## What are the additional costs on the patient's private health care coverage?

- Hospital admission: Semi-private/private rooms
- Complex Wound Care: advanced wound care + expensive wound care material
- Infected wound care: complex and critical management
- Pharmaceutical : oral antibiotics vs. IV – long term
- Complications related to Diabetes: Double Insulin & Chronic illnesses
- Custom advanced expensive offloading devices
- Unemployment status due to the loss of mobility, multiple hospital visits, sick days, etc.
- Mental illness impact such as depression, anxiety, and PTSD
- Rehabilitation: Physiotherapy, Occupational therapy, Chiropractic care, etc.
- High cost of Amputations = artificial limb, medical equipment, mental health impact, etc.



**Estimated cost of Non-acute/hospital care of \$31,602.00 over the period of 3 years per case (no amputation)**

Source: <https://www.woundscanada.ca/docman/public/wound-care-canada-magazine/2016-14-no3/122-foot-complications-risking-limbs-wasting-money/file>



***“I marvel that society would  
pay a surgeon a fortune to  
remove a person’s leg – but  
nothing to save it!”***

George Bernard Shaw



# The limitations of Nursing “Home Care”

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- In Clinic care assures safety = Nurse & Patient
- Limitations of “*in-home Nursing only*” = an outdated practice
  - Barriers in accessing health care in the community
  - Ideally for loss of mobility & dementia,
  - Allows to keep patients out of hospitals
  - Limits nursing care to a certain population
- **Medical Nursing Care** should not be confused with home care services
- Access to self-employed nurses is crucial
- Integrating nurses in multidisciplinary teams







Podortho® Nurse Clinics in Ontario  
(Whole care approach to our patients' foot & lower limb care needs)



# MEDICAL FOOT CARE & ORTHOTIC TREATMENT IN CANADA

*Ontario Podortho Nursing Association*

**Dr. ALAN LUSTIG, D.P.M.**





## Canada's Foot Health

- Canada is obviously a giant country
- Its population is incredibly spread out
- The actual number of People who have foot and postural problems that require custom foot orthotic therapy is larger than expected

Today there is a problem

- **Where can the people go** to be properly evaluated and if needed be fitted for custom foot orthotics





# Canada needs more qualified orthotic practitioners



- Presently too many Canadians are being treated by unqualified, uneducated practitioners who are in the business of supplying “Custom Foot Orthotics” only because of Canada’s excellent health care insurance
- This is a disservice to the health of Canadians
- Today I am here to help represent a qualified group of highly trained medical professionals that can help get the best quality foot orthotic services to the people of Ontario and Canada

# Keeping Canada on its feet

**From kids to hard working adults, many Canadians need this service that can make the difference from being unable to walk or work without pain and being pain free.**

- **A Podortho® Nurse's service can keep workers on their feet and off workman's compensation or insurance benefits!**
- **A 2015 study noted annual work-related injury costs average**
- **\$6,500 per employee (14.9% of salary). Three out of 5 workers have abnormal foot biomechanics which make them more susceptible to injuries of the lower back, legs, and feet**
- **These injuries account for up to 70% of workers compensation and insurance costs**



**A significant percentage of the population needs help to be able to walk without pain in their feet, legs, knees and back**



**Before | After**



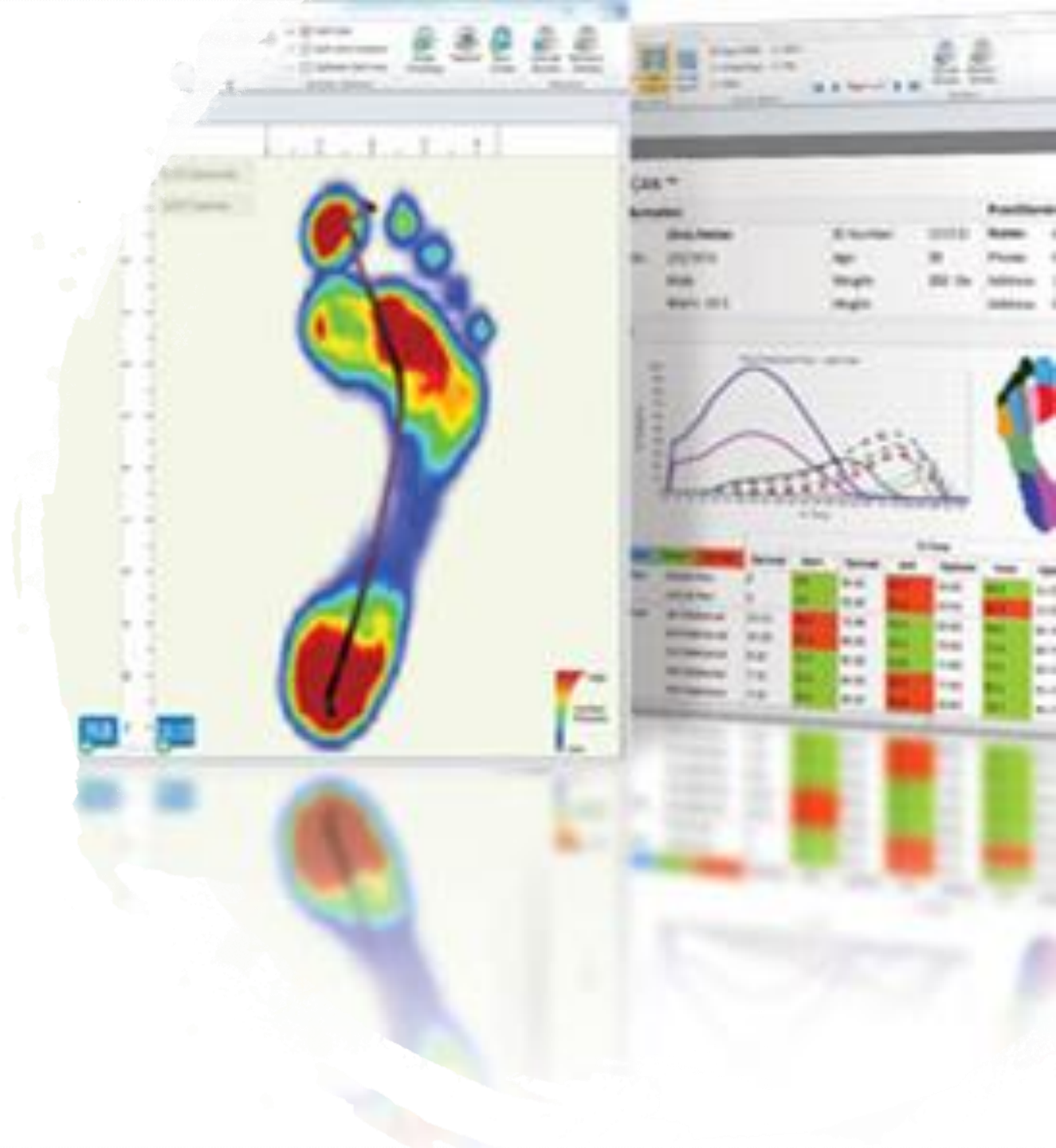
# DIABETES

- As the baby boom generation ages, the number of Canadians with Diabetes is soaring
- The need for proper foot care, wound care and patient education with the use of protective off-loading devices such as; foot orthotics is growing quickly
- This range of patients absolutely needs properly trained clinicians such as well versed Podortho® Nurses and Chiropodists to carry out this service



# Dr. Lustig and Dr. Ross' Continuing Education – OHI University

- ✓ Introduction to Foot Biomechanics
- ✓ Evaluating Foot Structure and Function
- ✓ How the foot works as a mobile adaptor and rigid lever
- ✓ The Neutral Position of the foot
- ✓ Pronation and Supination
- ✓ Understanding normalcy
- ✓ The most common pathological foot types and their differential diagnosis
- ✓ Casting for custom orthotics
- ✓ The Functional Orthotic Device
- ✓ The best shoes for orthotic therapy
- ✓ Introduction to gait analysis
- ✓ GaitScan computerized Gait Analysis





# OPNA values its relationship with Canada's insurance industry

**Expanding coverage to *Podortho® Nursing services*, as an extended health service, will allow us to reach our mutual goals:**

1. To educate policy holders about the available access of lower limb and foot care services provided by Podortho Nurses
2. To ensure policy holders have the right to choose, with coverage, their desired R.H.C.P.
3. To ensure that policy holders have access to quality care and a whole patient centered care approach
4. To promote health, wellness and mobility among our communities
5. To ensure that insurance industries are up to date with the requirements of our growing, aging and active population
6. To ensure that insurance industries are up to date with the evolving scope of practices of Nurses (CNO)
7. To build a network of long-term relationships with the OPNA's resource care partners and promote a collaborative approach for a better Canada



**Thank You**  
**Questions?**



[www.opnassociation.ca](http://www.opnassociation.ca)



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