

# INSURANCE PROVIDERS

March 13, 2017

## **REQUEST FOR REVIEW OF SCHEDULE OF BENEFITS FOR ONTARIO PATIENTS REQUIRING COVERAGE FOR FOOT CARE PERFORMED BY PODORTHO NURSES REGISTERED WITH THE COLLEGE OF NURSES OF ONTARIO AS REGULATED HEALTH CARE PROFESSIONALS.**

### Overview

The current model of Foot Care in Ontario has been reviewed in great depth beginning 2014 ending in 2017 by the Health Professions Regulatory Advisory Council (HPRAC) advising our Minister of Health of the changes occurring in Foot Care in Ontario. It suggests there are multiple disciplines that practice Foot Care under the umbrella of the Regulated Health Professions Act (RHPA) as well as practitioners who deliver similar care as unregulated providers. The RHPA is used as a source of reference for this document as well as the findings in the report by the HPRAC.

We seek to update information to all insurance providers to allow them to gain more clarity of the role of professionals providing Foot Care and their scopes of practice specifically Registered Nurses, Registered Practical Nurses and Registered Nurses (Extended Class) who have obtained additional training specializing in the treatment of foot and lower limb care. Podortho Nurses are supported by The Ontario Podortho Nursing Association of Ontario Inc. A non-profit organization assisting Podortho Nurses in continuing educational initiatives, best practice standards, communicating core competencies to members and providing access to foot care tools to better support the practitioner in their delivery of Foot Care in the province of Ontario.

### Podortho Nurses scope of practice statement

Podortho Nurses are Regulated Health Care providers either Registered Nurses, Registered Practical Nurses, or Registered Nurses (EC) who have obtained advanced training allowing them to specialize in foot and lower limb care utilizing best practice guidelines created by The College of Nurse of Ontario working within their scope of practice to promote foot health by providing foot and lower limb assessments and treatments that is supportive, preventative, and rehabilitative in order to maintain optimal foot and lower limb health.

***Podortho Nurses maintain healthy feet***

***Preventative-Rehabilitative-Supportive***

### Nurses Role of Foot Care in 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 Chiroprody/Podiatry Referral: The current Model of Foot Care in Ontario. Part II(b); Other submissions, 54.*

### Delivery of Foot Care by Health Care Providers

Practitioner	Chiropodist	Podiatrist	Podortho Nurse	Prosthetists/Orthotists	Pedorthtist
Regulated Health Care Providers	•	•	•		
Unregulated Health Care Providers				•	•
Basic Foot Care	•	•	•		
High Risk Foot Care	•	•	•		
Surgical treatment of soft tissue	•	•			
Wound Care	•	•	•		
Surgical treatment of the bone		•			
Prescribing Medication	•	•			
Communicating a medical diagnosis	•	•			
Communicating a nursing diagnosis			•		
Dispensing Orthotics	•	•	•	•	•
Dispensing Orthopedic Footwear	•	•	•	•	•
Dispensing Prosthetics		•		•	
Padding & Strapping	•	•	•	•	•
Fitting Braces	•	•	•	•	•

## Chiropodist vs Podiatrist

*Given the nature of the regulations in Ontario factoring that Chiropodist have taken on a significant amount of responsibility under the scope of the Podiatrist. Chiropodists are regulated to practice in Ontario whereas; Podiatrist unless grandfathered here are not any longer. This in itself has changed the landscape of the Ontario Foot Care Model therefore requiring Nurses to fill the potential gap in this need in many different settings.*

## Closing remarks

*It is to the benefit of all insurance providers to allow Nurses to bill for service no matter where care is delivered as the role of the Nurse has grown and the delivery care method has changed over the years. We would ask that you allow us to bill for the above areas in which we specialize in working under our regulating governing body and to our full scope of practice. We also wish to be able to direct bill for our patients. Regulated Health care providers of which similar scopes of practice are approved by insurance providers such as; Registered Massage Therapists, Registered Dental Hygienists, and Registered Dieticians, and Registered social workers. We ask that we are respected for our area of specialty as regulated health care providers.*

## Exclusions from Scope of practice to inclusions

*We ask that we are included in the ability to bill for Foot Care Services in any setting and not just specific to home care as demonstrated Nurses provide care in many health care setting not just in the home. Include dispensing Orthotics and Orthopedic shoes as Nurses have extensive training in anatomy, physiology, and bio-mechanics as well as additional Foot Care training in a post graduate capacity. Nurses Role of Foot Care in Ontario must continue to educate themselves in their area of specialty. All training is obtained through respected educational facilities in continued education as required by our regulatory governing body and Quality Assurance program.*

## Request for Implementation Plan

*Immediate addition to schedule of benefits under para-medical claims section to state Chiropody/Podiatry/Podortho Nurse*

## APPROVAL AND AUTHORITY TO PROCEED

We approve the project as described above, and authorize the team to proceed.

Name	Title	Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company