INDUSTRY LEADER

NSM's Doug McDaniel Shares His Perspectives About the Industry's History, Future

WRITTEN BY: Bill Noelting

Bill Noelting: For readers who may not know you, introduce yourself and tell us what you do at NSM — National Seating & Mobility.

Doug McDaniel: I'm Doug McDaniel, senior vice president of business development at National Seating & Mobility. I've been with NSM for 21 years — yesterday was my anniversary and I've been in this role for 13 of those years. I lead all Assistive Technology Professional recruiting, our U.S. Complex Rehab Technology mergers and acquisitions, the expansion of our home accessibility division and our Canadian operations. Over the past 13 years, we've closed about 90 transactions, around 70 of those with U.S. CRT businesses, seven in Canada, and the rest in home accessibility.

Before NSM, I owned and operated a multisite CRT business in Ohio and the Carolinas for 12 years. That experience is what ultimately led me to NSM in 2005.

Getting Into Seating and Mobility

BN: How did you get into this industry in the first place?

DM: Pure accident. I finished school at Ohio State where I trained to be a schoolteacher, but the pay wasn't great. I took a job with Amigo, a durable medical equipment provider, and that's how I landed in mobility. Back then, Medicare supplier standards were much more lax ... you could literally operate out of your home. Coverage was simple; paperwork was simple. When the local Amigo distributor started bouncing payroll checks, a business partner and I started our own company in 1990.

The Industry Then vs. Now

BN: Is the industry better now?

DM: The technology is absolutely better. But the system around it — authorizations, third-party administrators, administrative layers — has become unnecessarily complex and expensive. Kaiser's capitation model is one of the best examples of streamlined care. They could get a client from evaluation to delivery in 30 days. But when you compare that to the third-party administrators used by managed Medicaid plans, you see how much bureaucracy has been added. Third-party administrators slow authorizations, delay payments and take profit out of the system. It makes it harder to provide the best care.

Doug McDaniel and his children at his son's graduation.

Capitation: Why It Works and Why It Doesn't

BN: Years ago we talked about exploring more capitation deals. Any luck?

DM: Some interest, but not much traction. One Northeast plan with 300,000 members looked promising until we saw their claims data, which showed they were paying providers 60% to 70% of Medicare. That's not viable. Kaiser wound down their capitation agreement about a year and a half ago. They moved back to fee-for-service under the new model. They struggled to administer the capitation program themselves.

The ATP Workforce: a Shrinking Pipeline

BN: Rehabilitation Technology Suppliers and Assistive Technology Professionals seem harder to find. What's your take?

DM: It's true. NSM will see 5% to 7% ATP attrition this year, mostly retirements. We have 470 ATPs, and our average ATP is about 54 years old. More than 20 of them are over 67. We've built a culture that supports ATPs well, so many stay past traditional retirement age.

Doug McDaniel with his wife, Yvonne, in Cabo San Lucas, Mexico.

To extend that runway, we're offering part-time options — one or two days a week — with compensation scaled appropriately. Our inbranch seating clinics make that possible. We now have over 50 branches with clinics where ATPs can work predictable schedules while techs or other ATPs handle deliveries.

We're also recruiting clinicians — physical and occupational therapist — who want to transition into seating. Their Rehabilitative Engineering Society of North America exam pass rates are higher, and they already understand clinical reasoning. We still run technician to ATP apprenticeships, but clinicians tend to pass the exam more reliably.

INDUSTRY LEADER

Licensure, Mentorship and the ATP Pathway

BN: If you have a presiding ATP in a clinic, does that mean RTSs don't need their ATP yet?

DM: Correct. That's part of our mentor model. An RTS can shadow a presiding ATP while preparing for the exam. They learn on the job but can't practice independently until they're credentialed. It's a strong training pathway.

Industry Challenges Ahead

BN: What are the biggest challenges you're seeing from your National Coalition of Assistive & Rehab Technology perspective?

DM: Repair reform is a daily battle. It's unconscionable that a health plan can deem a device medically necessary, then require new prescriptions and authorizations to keep that device functioning. Denial rates for repairs are close to zero, so the delays are unnecessary. We're pushing to remove prior authorization for repairs and to add funding for travel time. Medically fragile clients often can't bring equipment to us, and house calls are expensive and slow down care.

Third-party administrators are another drain. They add cost and bureaucracy without improving outcomes.

Seating clinics have declined since COVID, leaving medically fragile people underserved.

Doug McDaniel celebrating his birthday.

And Medicaid funding cuts disproportionately affect children, still about a third of NSM's business. Pediatric equipment hasn't advanced much in 15 years, and costplus models mean suppliers sometimes lose money providing essential equipment. The quality of care for children is declining.

Advice for New RTSs and ATPs

BN: What advice would you give someone entering the seating and mobility field?

DM: This is one of the few professions where you can identify a problem, design a solution, implement it and change someone's life. It's tremendously fulfilling. Teachers don't get to see the longterm impact of their work. RTSs and ATPs do. That's what keeps people passionate.

It's still a growing field. Scarcity is a concern because so many RTSs and ATPs are nearing retirement, but that also means opportunity. We're recruiting for about a dozen positions right now, and other companies are too.

Future of Noncompetes

BN: How are noncompetes holding up?

DM: Hard to say. They're rarely litigated. Nonsolicitation agreements are more enforceable because you can argue damages if someone takes specific clients. Typically, when an RTS or ATP leaves, they get a reminder letter about their obligations, and that's the end of it.

Life Outside Work

BN: What does Doug do when he's not working?

DM: I spend time with my family, watch Ohio State sports and play a little golf ... badly. My oldest is 30 and works in IT. My middle son is finishing a master's in industrial psychology and is interning in NSM's Human Resources department. My daughter is 21 and finishing her respiratory therapy degree. They're almost off the payroll, but not quite. My bonus son lives in Chattanooga, Tennessee, and rock climbs every chance he gets.

Final Thoughts

BN: If you were the czar of seating and mobility, what would you fix?

DM: Repair reform, eliminating third-party administrators, strengthening seating clinics and protecting pediatric funding. Those are the big ones. The industry is changing, the workforce is aging, but the need is growing. There's tremendous opportunity for people willing to learn and commit to the craft.

CONTACT
Doug may be reached at
DMCDANIEL@NSM-SEATING.COM

Doug McDaniel joined National Seating & Mobility in 2005 after a 15-year career owning and operating a multisite Complex Rehab Technology company. His varied experience in the rehab industry led to his appointment to lead NSM's national CRT network, Capstone Mobility Group. Capstone managed NSM's contracting and business relationships with health plans at the national, regional and local levels, and maintained a full national provider network until 2013. McDaniel rejoined NSM in 2013, leading business development efforts.