

Being the Diabetes Foot Care Expert

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Being the “Diabetes Foot Care Expert”

18.2 million Americans are affected by diabetes and many suffer from complications related to diabetes. Evidence from two major studies, completed in 1993 (DDT) and 1998 (UKPDS), proved conclusively that improved control of blood glucose levels can make a difference in reducing complications associated with diabetes.

Developing a practice that is geared to treating people with diabetes, can be both rewarding as well as challenging. Podiatrists, and podiatry, are well suited to play a major role in the care of complications from diabetes. Podiatrists should play a pivotal role in the prevention of lower extremity complications.

Before any podiatrist decides to claim he/she is a “diabetic” foot specialist, she should take the time to educate herself on the different aspects of medicine and other issues that affect a patient with diabetes. People with diabetes that become your patients are not just diabetic, they are like you and me but they have to live every moment with a medical condition that not only restricts the foods they can eat, but which can completely change their life in one moment. People with diabetes cannot even go on vacation without preparing for how they will transport their insulin, and or planning their meals if they will be driving to their destination

Join the American Diabetes Association, there is the professional section and a specific council that you can choose – such as the Foot Care Council. You will receive their monthly scientific journal and web access to the latest scientific findings and ongoing research being funded by the ADA. Attending the American Diabetes Association's annual scientific sessions can be resource in accomplishing the goal of becoming an “expert” in the area of diabetes and its related complications. When you attend these meetings, choose instead to attend the non podiatry or foot related sessions at first. Build up your knowledge in the area of diabetes management, as well as other related complications, such as vision loss, and or dental complications that can affect a person with diabetes. I will make an effort to attend the latest in bench research in this field as well, as many of the scientists that have NIH, or ADA grants will be presenting their latest research results. Of course the foot related topics are of interest, but you most likely will see these topics presented at other podiatric meetings, so I tend to choose topics that I have not heard before.

Then next, learn as much as you can about the art and science of wound care, if limb salvage and wound care are going to be a part of the care you provide to patients with diabetes. I joined the national wound care society, and am Board Certified as a Certified Wound Specialist, by an association that includes not just podiatrists, but wound care nurses, dermatologist, endocrinologist, vascular surgeons, physical therapists and much more. Attending the yearly scientific sessions at the Symposium on the Advancement of Wound care, you can learn the basic genetics, and biology of wound healing to the latest advances in angiogenesis, and revascularization techniques. Also at this meeting companies engaged in wound care research are in attendance and in most instances will be recruiting for sites to perform clinical trials on wound care products. This can be a wonderful opportunity for anyone interested in getting into the clinical trial arena.

I feel that being knowledgeable on topics and procedures that I personally may never perform is important; having gained this knowledge, I can provide to my patient with diabetes with a non healing wound, the latest scientific information and information on alternatives on care. I will then be a source of knowledge and information for my patient, and perhaps provide some hope when they may be at their most vulnerable and uncertain period in their life. If the patient with diabetes is a member of my family, I would want them to only see a podiatrist for their wound care because I know that podiatrists want to save as much of the toe and or foot and limb. That is only if the podiatrist has kept up with the science.

28-78% of people with diabetes who have had a previous ulcer will re-ulcerate within 12 months. This population is then 30 times more likely to require an amputation. Diabetes related lower extremity complications are an opportunity for a disease management model because these complications are preventable. Here is where the opportunity for podiatry lies. Opportunities for education on proper shoe gear, and custom or customized foot insoles and orthotics, along with preventive palliative care as appropriate for corns, calluses, and thickened toenails should be in the treatment plan for patients whose wounds have been healed. If the patient had to have an amputation, then an orthotic device with a shoe filler should be casted and manufactured, and the patient should be followed for proper fit and wear.

When I started to build a specialization in diabetes and wound care, I would give talks to diabetes support groups, wound care nurses groups, home health agencies. I also became involved with the local and State health department, in their diabetes out reach efforts. Every state has a Diabetes Prevention and Control Program that is partially funded by the CDC and by the State. Their goal is to reduce the risk of diabetes and its related complications in their own states. This appears to be the same goals that I have for my patients with diabetes. This is a natural alliance for all podiatrists. With involvement in the State Health Department, opportunities to educate primary care physicians on details of a comprehensive foot exam have been made available to this practitioner. There are opportunities to work with other practitioners, such as optometrists, ophthalmologists, dentists, dental hygienists, as well as pharmacists. These specialists play significant roles in the care of patients with diabetes. The lunch and learn programs, previously written about, would be a great personal and cost effective way to market your diabetes and wound care specialization to primary care providers, endocrinologists. But don't forget the other providers that your patients with diabetes see on a regular basis. These would include an ophthalmologist, optometrist, dental hygienist, dentist and diabetes educator. This list can go on and on, but you get my point, that by sending updates on your patient that you share with other providers, this will give you an opportunity to get your name in front of these providers, so that they will think of you when they think of their patients with diabetes.

The National Diabetes Education Program – a joint program of the CDC and NIH; has workgroups focusing on all aspects of diabetes. One such workgroup is the PPOD (Pharmacy, Podiatry, Optometry, and Dental) workgroup. This past year this workgroup has developed a professional primer on how these 4 disciplines can work together in caring for our mutual patients. This is an opportunity to market to your local specialists, when you share common patients, send each specialist a note on your care of the patient. Call the other specialists involved in the management of your patient, take them out to lunch, or do a lunch and learn program for their office staff. Don't forget the staff; they are the ones at the front desk that really pick the doctor/podiatrist to whom they will refer. This primer is available free from the CDC, at the www.ndep.nih.gov, as well as www.CDC.gov web sites. Call and get copies of the primer and hand this out to the offices that you visit, and now you will be seen as the source of diabetes education material as well.

Disease management is a term often used in primary medicine, as podiatrist, our patients with diabetes deserves preventive care services. Most of this care is usually covered by insurance plans, but most of all this is the best care that I can provide to my patients with diabetes. We have a comprehensive program where we use an electronic health record that will track all of the diabetes indicators, which are linked to an evidence based approach; using clinical guidelines from the national societies. Opportunities are not missed with this approach, in that items such as foot deformities should be treated conservatively with the proper shoe gear, and or insoles or custom orthotics, reminders for a yearly comprehensive foot exam is generated. This serves as a tool for this clinician that acute care is not the only service we should be providing to our patients with diabetes. Preventative services need to be addressed as well as time to educate the patient on issues of smoking cessation, peripheral arterial disease,

structural deformities that may be amenable to prophylactic surgery as well as extra depth shoes etc. When I complete my yearly comprehensive foot exam and history, questions such as if the patient has pain when walking, and how far can they walk, and the type of pain, and what is the pain relieved by – these questions help me to identify a patient at risk for PAD (peripheral arterial disease); along with feeling for pulses. When these findings suggest that my patient may be at risk for PAD, here is my opportunity to update the patient's cardiologist, and or vascular surgeon with my findings, which also allows me to develop our relationship for future collaboration with these providers.

When providing the best and most scientifically based care that we can, not only does the probability that the ultimate outcome improves but the medical legal issues are also being addressed by providing proactive care. The clinician will also see an increase in the services she provides, that is appropriate and necessary, as well the practice's economic health is also improved.

After 1 major lower extremity amputation, there is only a 50% survival rate in a 3 year period, and 42% of patients 1-3 years after the first limb amputation have a contralateral limb amputation. Podiatrists who seek to expand their knowledge and skill levels in caring for the complications have shown to positively impact the outcomes of these patients. We may even play a role in saving the life of or at the very least improving the quality of life for a patient with diabetes, when we are aggressive in the management of wounds, and limb salvage.

Having a practice that concentrates on people with diabetes can be disheartening, when the patient's "protoplasm" just does not allow for the most perfect outcome. However we seek the best outcome that can be achieved, by working with other specialists and by providing the most appropriate, cost effective and advanced care that we have taken the time to thoroughly familiarize one self. Patients will appreciate your knowledge of the disease process, your skills in your own specialty along with your passion for limb salvage which can also gain you respect from the specialists you are working with in caring for your patients with diabetes.

Physicians most often shy away from talking about money. But the fact of the matter is we are in practice to make an income, unless you happen to work for a non profit organization. In this case the organization's aim is to make money as well, but then spend it on achieving the stated goals of the organization. When we provide care we should be paid for the services we perform. There is no shame in working hard to salvage an infected toe/foot etc., through surgical debridement; and then provide a custom insole with a shoe filler, and the shoe that the insole will fit into, as well as patient education to allow the patient to play a significant role in their care. Then every year update the history and perform a comprehensive foot exam, which is not related with the palliative care that we may also be providing. So be it that, while providing ethical, compassionate and appropriate care, you will make an income to pay the bills at the office, pay your staff and care for your family.

Dr. Barbara J. Aung has been in private practice for 14 years with a focus in care of the lower extremity in the diabetic patient population. She is a member of the NIH/CDC National Diabetes Education Program PPOD work group, a member of The University of Arizona Telemedicine Virtual Diabetes Center of Excellence providing both clinical education to medical professionals as well as patient evaluation, management, and advance wound care and amputation prevention through the center's Telemedicine network to remote and rural clinics throughout Arizona and the Southwest. Principal Investigator for the State of Arizona's Department of Health services Diabetes Control Program Amputation Risk Reduction Project. Dr. Aung also a Certified Wound Care Specialist, is the Co-Director of the Carondelet St. Joseph's Hospital Advanced Wound Care Center in Tucson, Arizona and serves as a consultant in diabetic foot care and amputation prevention on local, regional & national levels for Native American, Community & Rural Health clinics in addressing the lower extremity care needs in the diabetic patient population.