Obamacare and the Fitting of Therapeutic Footwear

The ACA will offer DPMs significantly increased opportunity for providing needed diabetic care.

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Whether you are in favor of ObamaCare or not, the impact of this 2010 law is increasingly impacting patients, physicians, hospitals, insurers, and most every other part of the healthcare industry. While politicians continue to debate the law's merits and opponents hold onto the hope that it will be repealed, two things that are not a matter of opinion are that there is going to be a huge increase in the number of elderly people in the U.S. and there is a desperate need to improve the cost-effectiveness of our current healthcare system. This is not a political discussion about ObamaCare but rather an attempt to sift through the nearly 11,000 pages of regulations to present how the law will impact patients with diabetes, and show how ObamaCare may offer podiatrists increased opportunity for providing needed care.

While the Patient Protection and Affordable Care Act (PPACA), also known as the Affordable Care Act (ACA) and ObamaCare, has run into more than its share of bumps in the road, the program promises better healthcare coverage for people with diabetes, with expanded Medicaid coverage, a ban on denial of coverage for pre-existing conditions, and an emphasis on preventive care. As such, it offers the opportunity of increasing utilization of podiatric care, and with it, increased fitting of therapeutic footwear.

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Description of the Patient Protection and Affordable Care Act (PPACA)

The ACA's key provisions include measures to eliminate patient exclusion due to pre-existing conditions and to stop insurance companies from dropping coverage for people who become sick. The law expands Medicaid and creates state-specific health insurance exchange market-

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places where low-to-middle-income people can shop for free or low-cost health insurance. The law works to curb the growth in healthcare spending which had until recently been rising at an unsustainable rate.[1]

Drivers of Need for Cost-Effective Care of People with Diabetes

According to the National Diabetes Information Clearinghouse, in 2010, diabetes affected around 25.8 million people, which represents 8.3% of the U.S. population.[3,4] It is estimated that 33% of Americans will have diabetes by 2050.

Diabetes Is an Expensive Disease to Treat

Diabetics spend, on average, 2.3 times more than healthy people do on medical care each year. In 2007, the treatment of diabetes and its complications cost the United States—in direct medical care and in lost productivity, disability, and premature mortality—approximately $174 billion.

Healthcare costs linked to the treatment of foot ulcers comprise an estimated 33% of the direct healthcare costs associated with the treatment of diabetes and its complications. Studies estimate the healthcare costs associated with individual ulcer episodes from as low as $3,600/year to as high as $28,000/year.[5,6] The lifetime healthcare costs for a person with limb loss are especially dramatic given the estimated five-year mortality rate of between 50% and 74%.[7]

ObamaCare's Impact on Medicare Beneficiaries

ObamaCare expands existing coverage for seniors, including preventive care and wellness visits, without charging for the Part B co-insurance or deductible. Seniors no longer need to put off preventive care and check-ups due to costs. Over the ten-year period between 2013 and 2022, ObamaCare will cut Medicare by $716 billion by reducing reimbursement to doctors, hospitals and private insurance companies. All money cut must be used to increase Medicare solvency, improve its services and reduce beneficiary premiums. Re-allocating $716 billion is intended to help fix what is wrong with Medicare and ensure that it remains sustainable while providing quality, affordable healthcare to seniors.

How the ACA will Increase the Use of the Comprehensive Diabetic Foot Exam and Fitting Shoes Among Patients with Medicare

There are many provisions in the Affordable Care Act that are not commonly known but that pertain to improving Medicare specifically for people with diabetes. The ACA contains 10 titles, each addressing a different aspect of healthcare reform. Title III, Improving the quality and efficiency of healthcare, includes most of the changes to Medicare.

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Focus on Prevention as a Means of Reducing the Impact of Diabetes

Sec. 3002. Improvements to the physician quality reporting system. While there are approximately seven million Medicare beneficiaries with diabetes, in 2012 only 170,000 had PQRS measure 2028F "Foot Exam" reported by a podiatrist. Beginning in 2014, physicians who do not submit measures to PQRS will have their Medicare payments reduced.

Sec. 4103. Medicare coverage of annual wellness visit providing a personalized prevention plan. Provides coverage under Medicare, with no co-payment or deductible, for an annual wellness visit and personalized prevention plan services. Such services would include a comprehensive health risk assessment.

Sec. 4104. Removal of barriers to preventive services in Medicare. The ACA waives beneficiary coinsurance requirements for most preventive services, requiring Medicare to cover 100 percent of the costs.

Sec. 4105. Evidence-based coverage of preventive services in Medicare. Authorizes the Secretary to modify the coverage of any currently covered preventive service in the Medicare program to the extent that the modification is consistent with U.S. Preventive Services Task Force recommendations and the services are not used for diagnosis or treatment.

Promotion of Standards of Care

Sec. 3003. Improvements to the physician feedback program. Expands Medicare's physician resource use feedback program to provide for development of individualized reports. Reports compare the per capita utilization of physicians (or groups of physicians) to other physicians who see similar patients.

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Sec. 3013. Quality measure development. Authorizes $75 million over 5 years for the development of quality measures at AHRQ and the Centers for Medicare and Medicaid Services (CMS).

Current American Diabetes Association Standards of Care include annual performance of ulcerative foot risk assessment and fitting with therapeutic shoes when risk factors are present.

Sec. 3014. Quality measurement. Provides $20 million to support the endorsement and use of endorsed measures by the HHS Secretary for use in Medicare, reporting performance information to the public and in healthcare programs.[8]

Medicare Reform to Cut What's Not Working and Increase What Is

Sec. 3007. Value-based payment modifier under the physician fee schedule. Directs the Secretary of HHS to develop and implement a budget-neutral payment system that will adjust Medicare physician payments based on the quality and cost

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of the care they deliver. Quality and cost measures will be risk-adjusted and geographically standardized.

Promotion of a Collaborative Approach to Care

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other healthcare providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds both in delivering high-quality care and spending healthcare dollars more wisely, it shares in the savings it achieves for the Medicare program.

Sec. 3022. Medicare shared savings program. Rewards ACOs that take responsibility for the costs and quality of care received by their patient panel over time. ACOs that meet quality-of-care targets and reduce the costs of their patients relative to a spending benchmark are rewarded with a share of the savings they achieve for the Medicare program.

Sec. 3021. Establishment of Center for Medicare and Medicaid Innovation within CMS.

The ACA encourages development of new Patient Care models by establishing within the Centers for Medicare and Medicaid Services (CMS) a Center for Medicare & Medicaid Innovation. The purpose of the Center will be to research, develop, test, and expand innovative payment and delivery arrangements to improve the quality and reduce the cost of care provided to patients in each program. Dedicated funding is provided to allow for testing of models that require benefits not currently covered by Medicare. Successful models can be expanded nationally.

Cost-Effectiveness of Preventative Diabetic Foot Care

Knowledge of evidence-based practice models supports efforts to develop, evaluate, and disseminate paradigms and practices that improve care of patients with diabetes, lower the likelihood of ulceration, and prevent amputations.

The Veterans Health Administration (VHA) Preservation/Amputation Care and Treatment (PACT) program uses patient medical records to assess amputation risk based on the presence of particular conditions, diagnosis or procedure codes in the medical record, and offers some insight on how to create practice models that reduce preventable amputation.

The VHA's PACT program provides a model of care for patients at risk for amputation and for those who have already had an amputation. The PACT program incorporates an interdisciplinary care management approach including primary care and diabetes, and nurse, podiatrist, vascular surgeon and rehabilitation teams. Since implementing this program, the amputation rate among patients with diabetes has decreased by more than 50%.[9]

In another study demonstrating the potential efficacy of prevention efforts, people identified with diabetes and peripheral artery disease who had early intervention saw a 67% decline in the rate of lower-limb amputation from diabetes-related complications.[10]

Coupled with the ACA is the Health Information Technology for Economic and Clinical Health (HITECH) Act. It commits $29 billion over 10 years to support the adoption and "meaningful use" of electronic health records, with the intent of improving quality of care and reducing costs, including supporting clinical care decisions.[11,12] Applying lessons of the VA PACT program and other studies to resources created by HITECH offers great promise for the use of technology to improve health while reducing costs.

The Opportunity for Podiatrists

A three-year study by Thomson Reuters, a leading research firm that provides intelligent information for businesses and professionals concluded:

- Patients with diabetes seen by a podiatrist prior to a foot ulcer diagnosis had a 20% lower risk of amputation and a 26% lower risk of hospitalization than those not seen by a podiatrist.
- Medicare-eligible patients with diabetes seen by a podiatrist had a 23% lower risk of amputation and a 9% lower risk of hospitalization compared with those not seen by a podiatrist.

Fitting 441 pairs of shoes would earn a practice approximately $88,000 profit.

- For the general population, each dollar invested in care by a podiatrist results in up to $51 of savings.
- For the Medicare-eligible population, each dollar invested in care by a podiatrist results in up to $13 of savings.[13]

Footwear: An Underutilized Part of the Standard of Care

According to the Center for Disease Control, in 2011 an estimated 10.9 million people age 65 or older had diabetes. 70% or 7.6 million of people 65 and over are in traditional Medicare programs; 30% in Medicare Advantage plans. Of the 7.6 million people with diabetes in traditional Medicare plans, only half or 2.8 million even see a podiatrist.

The Bureau of Labor Statistics states that in 2010, there were 12,900 podiatrists in the U.S. Given the larger number of patients with Medicare and diabetes, there is the opportunity for every podiatrist to see, on average, 217 such patients with traditional Medicare and diabetes. Conservatively, three quarters of the 7.6 million with Medicare and diabetes, 5.7 million, have risk factors for ulceration qualifying them for therapeutic footwear under the Medicare plan.

If recommended treatment protocols were fully enacted and 5.7 million pairs of shoes were fit by podi-

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atrists each year, it would translate into each podiatrist fitting, on average, 441 pairs per year or approximately 2 pair per day. Fitting 441 pairs of shoes would earn a practice approximately $88,000 profit. This doesn't even include billing for the comprehensive diabetic foot exam or any other products or services that could result from such a visit. This contrasts with the reality that in 2012 the number of shoes dispensed as part of the therapeutic shoe program was approximately 850,000 pairs—approximately 304,000 pairs by podiatrists. This is down from 310,000 in 2008. In 2010, 5676 podiatrists fit an average of 54 pairs of shoes and earned a profit of $10,800.

In 2012, podiatrists dispensed 35% of diabetic shoes paid by Medicare, medical supply companies provided 21%, and pharmacies 12%.

With an obesity epidemic and 10,000 baby boomers turning 65 every day, demographers predict that the number of people with Medicare and diabetes will quadruple over the next 20 years. How then can it be that podiatrists fit fewer diabetic shoes in 2012 than in 2008? People with diabetes develop ulcerations, get amputations, and die much sooner than they need to. Podiatrists, because they are not treating patients as comprehensively as they should, are not earning as much as they could.

While significantly underutilizing therapeutic footwear, podiatrists are the specialists providing more of this critical part of care than any others. In 2012, podiatrists dispensed 35% of diabetic shoes paid by Medicare, medical supply companies provided 21%, and pharmacies 12%.

We are standing on the cusp of a revolution in healthcare where initiatives in place will very soon have the means to track implementation of preventative care programs. Rewards will go to providers who can demonstrate improved care while decreasing costs. Imagine protective walking shoes that integrate GPS connectivity so that distance traveled could be tracked. Fitness programs could be assessed based on their efficacy of motivating people to walk a prescribed distance each day. Material could be integrated into insoles to decrease shear, a key component of ulceration. Thermal sensors on insoles could detect small changes in skin surface temperature, indicative of a wound likely to occur, prompting appropriate care.

ACA initiatives are already working to change our healthcare system from one that provides a smorgasbord of free services to patients and reimburses providers not based on the number of wounds treated and amputations performed but rather based on how effectively they are prevented and healed. Current research is making use of technology to help patients assume more responsibility for the care of their diabetes, and for healthcare providers to ensure that patients are following prescribed treatment protocols. Promotion of even very modest walking programs with the confidence that the feet will be protected from amputation holds the potential for far reaching impact, both in terms of patient quality of life and for the affordability of health insurance for all.

The Affordable Care Act continues to evolve and may look entirely different after the 2016 elections. As it stands now, though, millions of people with diabetes are getting better insurance coverage for care than was possible in the past. Podiatrists should be able to benefit as the most therapeutically and cost-effect providers of lower extremity care. **PM**

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