

Total Contact Casting: Practice Management Considerations

TCC is still the gold standard—
here's why.

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You might ask, "Total contact casting and saving lives? Isn't that a bit dramatic?" Absolutely not. The 5-year mortality rate of a person with a neuropathic foot ulcer is 45%. Compare that to the

five-year mortality rate of breast cancer of 18% and this number is staggering. We can do better. We must do better. Often, the ulceration is a symptom of a serious underlying condition, and it may be this underlying condition that leads to the mortality of these patients. But make no mistake—the ulcer itself causes significant morbidity and mortality. Frequently this morbidity and mortality may be as-



Figure 1: Ulcer on the plantar surface of the heel.

sociated with our multiple failed treatment attempts to heal patients.

Is a new, uninfected neuropathic ulcer an *emergency*? Yes, it is! If an

very first visit, "How am I going to get this to be half the size in four weeks?"

A patient presents with this ulcer on the plantar surface of the heel

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ulcer is not 53% smaller after four weeks of conventional treatment, there is only a 9% chance that it will go on to heal in the next 12 weeks. Think about that. Challenge yourself with that ambitious goal. Keep track of these measurements, and see if you are getting ulcers 53% smaller in your first four weeks of treatment. If you see these patients every two weeks, that's only two visits you have to reduce the ulceration to about half the size. From the first visit, the clock is ticking. You must ask yourself at that

(Figure 1). Boom! The clock is ticking! We have four weeks to get that ulcer 53% smaller. How are we going to do it? One of the reasons we are failing to heal ulcerations is that we are using off-loading methods that are unrealistic or just don't work.

Some like to use the forefoot wedge or rear foot wedge shoe depending on the location of the ulcer. There are studies that tell us that these do not adequately off-load the pressure areas. The concept of these forefoot wedge shoes seems to make sense, but all we have to do is read the studies regarding their effectiveness and actually watch and listen to our patients walking in them to see that they aren't effective.

The same is true of the rearfoot wedge shoe—there is data that indicate these shoes do not adequately off-load pressure from plantar heel

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ulcers. As lower extremity specialists, we should have a handle on gait analysis. Do a quick gait analysis on this patient walking in rearfoot wedge shoes. Are these heels off-loaded or are they slamming onto the weight-bearing surface?

How about Figure 2? My experience with the removable off-loading walker boots has been that the aperture hole comes back twice the size of what we created when the patient returns after having worn this for two weeks.



Figure 2: Removable off-loading walker boot.

A knee scooter or hands-free crutch works well with young, fit athletes who need to be non-weight-bearing after an injury or a surgery. But these are not safe for most of our wound patients. There are weight restrictions with many of these devices that most wound patients will not meet. So where does that leave us? We haven't answered our question as to how we are going to get that large plantar heel ulcer 53% smaller in four weeks. The answer is the total contact cast (Figure 3).

The Nabuurs-Franssen study took 98 consecutive ulcer patients with polyneuropathy and treated them with total contact casting. Of the non-ischemic ulcers (we know underlying vascular disease must first be addressed), 90% without infection healed and 87% with infection healed. How would you like a 90% healing rate? Furthermore, the average time to healing was 34 days. We're talking about a goal of getting the ulcer half the size in 30 days and these *healed* in an average of 34 days.

So why aren't people using total contact casting? Of all the doctors in the country practicing wound care, only 2% are using the total contact cast. How could that be? A 90% healing rate, yet only 2% are using it. Some say applying total contact casts is too difficult or they don't know

how. Let me tell you...it is not too hard. If you have made it this far in this article, you can use a total contact cast. I use a kit that comes with everything you need in one small, nicely packaged box. If you can apply a below-knee cast as we were taught to do in our third year of podiatry school, you can apply this total contact cast.

Practice Management

Successful outcomes are the best form of practice management. As specialists, we rely on referrals from other doctors. Earn that referral with excellent results! We

end, and getting paid every time are ending. Our own physician groups, in part seeking an alternative to the SGR, are requesting that doctors be rewarded for high quality care.

This is not all bad. Imagine yourself as the patient. You tear your ACL. Which would you prefer? The doctor who does your repair gets paid the same no matter the quality of the repair, or the doctor gets paid more if you have an earlier return to activity with a better long-term outcome? I know which I would prefer. What if it's my 75-year-old father with a diabetic foot ulcer? I would like it if I knew that the doctor taking care of him is going to get paid more if she gets him healed more quickly with no complications and no surgery. Not only will the reimbursement model of the future take quality and results into account, but also the total cost of care provided will be considered in factoring

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have a responsibility to live up to our oath, to save legs and save lives. Using total contact casting can help us to achieve those goals, but there's more. Let's get into the practice management side of this.

The way we are reimbursed is changing quickly. We are seeing a change from a volume-based model to a value-based model. The concept of fee-for-service is shifting to "fee-for-results." The days of billing CPT 97597 on the same patient every two weeks over and over, for months on

the doctor's reimbursement.

The Energy and Commerce Committee, together with the Secretary of Health and Human Services, said we need to "develop a payment model that will encourage better care in a more efficient manner." Using total contact casting to treat pedal neuropathic pressure ulcers defines "better care in a more efficient manner." Evidence-based medicine tells us that the total contact cast is better care. Healing an ulcer in an average of 34 days using casting material is

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Figure 3: A User-Friendly-style Total Contact Cast

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certainly more efficient than endless debridements, surgery, and trying four different types of topicals before ultimately failing and the patient having an amputation. If the cost of care provided is going to be considered in our reimbursement (and it is) then I want to have total contact casting in my skill set.

That's the future of reimbursement, and the not too distant future. What about the present? The CPT code for application of a total contact cast is CPT

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29445. Look it up on the physician fee schedule in your area. Where I practice, the Novitas fee schedule assigns a non-facility fee of \$149.61 to CPT 29445. It takes about 10 minutes to apply the total contact cast that I use. You can do it more quickly with some practice and even more quickly if you have some help in the office. I have heard people say, "I don't have time to implement total contact casting into my practice." With what is at stake, and the value currently assigned to total contact casting, and the value it will hold in the future, you can't afford to NOT start using total contact casting.

Improving your outcomes, efficiency, and cost of care as it relates to wound care may also serve as your entrée to an Accountable Care Organization (ACO). If unfamiliar, an ACO is a payment and care delivery model that seeks to tie provider reimbursements to quality care metrics and cost of care reductions. ACOs are being formed all over the country. Groups of doctors from different specialties are forming ACOs and practicing in a way that improves quality and decreases cost for the payer, and in turn, they're receiving handsome bonus payments. You want in on this!

You have a role in your local ACO. The people organizing them may not realize this. Educate them. A Thomson-Reuter's study showed that every \$1 invested in care by a podiatrist translates to a \$27—\$51 savings for diabetics aged 18-64. Do you think you have a role in an ACO? It has already been demonstrated that you can achieve a healing rate of 90% using a total contact cast. Healed ulcers = fewer amputations. A major amputation costs \$45,000. Medicare pays for two-thirds of diabetes-related amputations. You now have evidence that demonstrates the profound impact you can have on cost savings to a potential payer of an ACO. This is exactly what they are looking for.

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Would it be too bold to suggest that while you are saving limbs and saving lives you can also contribute to fixing the economy of our country? Many in our government believe the way to fix the economy is to fix health-

other piece is your reputation in your community among your patients, prospective patients, and referring doctors. This reputation is becoming more important because it is becoming more and more readily

four weeks.” Now that’s practice management! Studies also show that potential referring doctors are even using these online physician ranking sites to decide which specialist to refer to. Potential referring doctors should be reading wonderful stories of healing.

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Healing an ulcer with a total contact cast allows you to transition to the long-term off-loading of the ulcer location to prevent recurrence. Healing these ulcers alone is not good enough. The next step is getting the patient into an appropriate offloading device to prevent recurrence. Oftentimes, this is a CROW walker or something similar. There are excellent reimbursements associated with fabricating these types of devices, and this is yet another way the total contact cast can lead you to better management of your practice.

care. They go on to say one of the ways to fix healthcare is to decrease spending. A 25% reduction in lower extremity amputation can save the United States healthcare system three billion dollars a year! That makes a dent. If evidence demonstrates a healing rate of 90% with total contact casting and only 2% of doctors treating these wounds are using it, how many doctors instituting total contact casting would it take to actually achieve a 90% healing rate? Think of how many legs can be saved. Think of the impact on our economy. What a wonderful prospect!

available. 40% of Americans who use the Internet use physician-ranking websites. 80% of all new patient volume will use the Internet to Google their doctor. How do you want to be known? What do you want patients and their family members posting about you?

In addition to being an excellent physician and saving legs and lives, we have covered several ways you can use the total contact cast in your practice management strategy. An-

Patients who go to the same doctor every two weeks for six months and fill prescriptions for three different topical agents and are still not healed are not going to be motivated to contribute excellent online reviews. On the other hand, how likely is a perspective patient to make an appointment who reads this: “My wound was present for six months before I saw Dr. X, and she used a casting method that no one else had tried and my wound was gone in

As wound care experts, we need to do a better job. A five-year mortality rate of 45% is way too high. We can lower that. Keeping in mind that an ulcer that does not decrease in size by 53% in the first four weeks of treatment has only a 9% of healing in the next 12 weeks, we need to treat these ulcers with urgency and institute the offloading that is needed immediately. By using total contact casting, when indicated, we can save legs, we can save lives, and keep our practices successful in today’s changing reimbursement climate, all with less regret. **PM**



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