



PPOD—The Team Approach to Managing Patients with Diabetes

Podiatrists who collaborate with local pharmacists, optometrists, and dentists can improve patient care—and grow their practice.

BY ANDREA LINNE

A man shuffles into a pharmacy in slippers... This is not a variation of the “a man walks into a bar” joke. It’s a serious opportunity for the pharmacist to ask the man why he’s wearing slippers. The pharmacist learns he has an ingrown toenail that hasn’t responded to topical antibiotic ointment. The pharmacist also learns the man has diabetes and refers him to a podiatrist for immediate treatment.

Or, consider the diabetic patient who tells her optometrist that her blurred vision is such a problem that she is afraid to cut her toenails. The optometrist asks the patient to take off her shoes and finds overgrown, thickened toenails that have curled around and are cutting the skin. The patient has little sensation and has noticed no pain, although several areas are red. The optometrist arranges for her to be seen that day by a podiatrist and emphasizes the importance of prompt treatment to avoid serious injury.

The pharmacist and optometrist can arrange timely appointments with a podiatrist because they are PPOD providers, or members of a local network of pharmacists, podiatrists, optometrists and dentists who work collaboratively to provide diabetes care for patients, decrease their risk for complications of diabetes, and manage their medications.

PPOD was created by the National Institutes of Health and the Centers for

Disease Control and Prevention (CDC) to encourage healthcare providers with private practices to adopt a team-based approach to caring for patients with diabetes. “PPOD is an education approach for providers and patients,” says Pamela Allweiss, MD, MPH, medical officer for the CDC’s division of diabetes translation. “It’s important for providers to know about other practic-

the Cleveland Clinic, is being recognized and, in some cases implemented, in other hospitals, as well as in community practices in which people from one practice interact with those from another under one roof.”

The team approach is especially critical when it comes to diagnosing, treating and managing patients with diabetes. The American Diabetes As-

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es, and patients need to hear the same message from providers multiple times.”

Increasingly, healthcare practitioners are putting into practice Plato’s philosophy that you can’t just treat a body part; you must treat an entire human being, says Leonard A. Levy, DPM, MPH professor emeritus at the Dr. Kiran C. Patel College of Osteopathic Medicine, Nova Southeastern University in Fort Lauderdale, Florida. “The trend is for multiple practices to work together and collaborate to provide continuous and comprehensive care for the benefit of the patient,” Dr. Levy says. “This interprofessional approach, which began at the Mayo Clinic and



Dr. Levy

sociation’s *Standards of Care in Diabetes—2018* says: “Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk-reduction strategies beyond glycemic control.” In wound centers, doctors from different specialties treat patients with diabetes, though not often at the same time.

In hospitals, the “toe and flow” team, which includes a podiatrist, vascular surgeon, infectious disease doctor, and other specialists, work together to reduce amputations due to foot ulcers. Podiatrists who are not part of a healthcare network can adopt the PPOD approach to connect with

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other providers in their community, Dr. Allweiss says. A team approach to diabetes care lowers the risk for chronic disease complications.

are diagnosed with diabetes every year. The CDC estimates that approximately 84 million American adults have pre-diabetes, a condition that if not treated often leads to type 2 diabetes within five years; 90 percent of

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putation Prevention Centers of America.

“It also helps us to remember that people with diabetes should be having regular eye and dental screenings and meet with their pharmacist to prevent unnecessary polypharmacy and adverse events.”

“PPOD providers are all specialists,” says Javier La Fontaine, DPM, MS, professor in the department of plastic surgery and orthopedic surgery at the University of Texas Southwestern Medical Center, in Dallas. Podiatrists, of course, are focused on

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Dr. Rogers

PPOD was originally developed to encourage people with diabetes to improve self-management. “We want to empower patients by giving them a consistent message, which can improve outcomes,” Dr. Allweiss says. “Of course, podiatrists and other PPOD providers also play a role in screening patients for pre-diabetes and diabetes.”

According to the American Diabetes Association, 1.5 million Americans

people with pre-diabetes don’t know they have it. A recent online poll conducted by *Podiatry Management Magazine* found that 14 percent of respondents say they diagnose a new pre-diabetic or diabetic patient once a week or more, 16 percent once a month or more, 12 percent once every three months, 19 percent once every 6 months or more, and 39 percent less than once a year.

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patients' feet and don't ask about their eyes, says Dr. La Fontaine, who helped shape PPOD materials and resources. "The biggest benefit of PPOD is that we become aware of other possible problems, such as bleeding gums, so we can catch them before they become bigger medical issues," he says. "A secondary benefit is that you build up a network and it expands your referrals from the usual ones you get from primary care doctors and vascular surgeons. Being involved with PPOD raises your profile and shows that you're interested in your patients."

Several states, including Alabama, Connecticut, Ohio and Washington State, have promoted PPOD, though Betsy J. Cagle, with the Alabama Department of Public Health Injury Prevention Branch, admits that online information, webinars, and presentations at conferences are not enough. "You really need someone who wants to take this on," Cagle



Dr. La Fontaine

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says, adding it's so important. In 2016 there were more than 552,000 adults in Alabama living with diabetes, more than 14 percent of the population, and thousands more with pre-diabetes. "Research shows that outcomes for patients with diabetes are improved with a team-based approach involving providers in addition to the primary care physician and endocrinologist," says Scott Harris, M.D., acting state health officer for the Alabama Department of Public Health.

The Massachusetts Podiatric Medical Society (through its affiliate, the MPMS Community Service Foundation) joined forces with the Massachusetts Dental Society, Massachusetts Society of Optometrists, and Massachusetts Pharmacists Association to form a statewide coalition based on the PPOD model. However, the leaders of all four associations believe that very few of their provider members are consistently delivering key PPOD diabetes management messages to their patients with diabetes.

Putting PPOD into Practice

To create a PPOD network, contact local chapters of national associations, such as the Lions Club, and professional membership organizations. Ask to speak at county meetings for the American Optometric Association, American Dental Association, and American Pharmacists Association. You can educate other specialists about the role

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of podiatry in caring for patients with diabetes and about the benefits of a comprehensive team approach. Identify local providers and arrange to have lunch or dinner with them.

PPOD recommends that you choose the providers you include in your network wisely. Monitor the performance of the providers you select for your network. Identify each provider's strengths, weaknesses, qualities, and efficiency. Consider setting aside time for integrated patient care discussions once you've established your PPOD network. You can promote your PPOD network at conferences and local meetings, and with your local hospital, health department, and medical society. Invite local primary care physicians and diabetes educators to present to your PPOD. Also, consider creating a website for your PPOD group, or each member can explain the benefits of coordinated

care for diabetes management on their own website and link to the other professionals in your network.

Dr. LaFontaine acknowledges that setting up a PPOD network has challenges. "Also, there isn't a secure platform to enable private practitioners to share patient information safely and easily," he says. "You can give a patient a referral form, but you have to rely on the patient to follow through, or you could write a letter or make a phone call."

Dr. LaFontaine adds that a first step all podiatrists can take is to change the conversation while you're treating a patient. Instead of chatting about, say, movies, you can talk with patients about diabetes prevention and management. "We are a very hands-on profession," he says. "We always talk to patients about many topics. So why not ask about health issues. If you learn about a potential problem, you can make a quick referral." Even if there isn't a problem, you can encourage patients with diabetes to have

routine eye and dental exams and to review their medication therapy with a pharmacist at least once a year.

PPOD for Patients

Patients often consult a PPOD provider about new symptoms that may be diabetes-related before consulting a primary care provider. With each patient encounter, you have an opportunity to remind patients of the risks of developing diabetes-related complications and the benefits of foot, eye, and oral healthcare, as well as drug therapy management.

PPOD members don't need to be an expert in each specialty or do a thorough exam to identify a problem that needs attention. When you are educated about the complications of diabetes care issues in other PPOD disciplines, you can better recognize symptomatic concerns warranting timely referral and reinforce annual screening recommendations that are proven to

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lower the risk of serious complications for diabetic patients.

It's your job to explain to the members in your network that people with diabetes are at risk for foot ulcers, which can lead to amputations. You'll also want to explain that people with diabetes may develop neuropathy and may not notice injuries, as they may not feel pain. A patient with painful corns on the feet may avoid walking, though regular physical activity can help prevent or delay diabetes.

The optometrist can help you better understand how diabetic retinopathy, a leading cause of blindness in adults, can be prevented or delayed, and why people with diabetes may be at greater risk for eye problems such as cataracts and glaucoma. You'll be able to connect the dots when a patient recently diagnosed with diabetes tells you she can't check her feet because she "just can't see as well as she used to." Similarly, the dentist can explain the two-way relationship between blood glucose (glycemic) levels and periodontal (gum) disease. Healthy gums help keep blood glucose on target, while good glycemic levels may help keep teeth and gums healthy.

You may already have a relationship with local pharmacists. They review medications with patients to ensure they take them as prescribed and understand the risks of using over-the-counter (OTC) medications. They can also monitor any possible drug interactions. And they can spot and head off potential problems, such as when a diabetic patient asks for a foot soak. A study of PPOD providers in Maquoketa, IA, by The University of Iowa found that patients' knowledge of PPOD providers' role in their diabetes care was low. The study also concluded that pharmacists will provide education to patients with diabetes on the roles of PPOD providers and appropriate follow-up.

In addition, PPOD suggests that you help patients with diabetes manage risk factors for cardiovascular disease. Ask about the ABCs—A1C, blood pressure, cholesterol, and smoking cessation.

PPOD acknowledges that healthcare providers are busy. You don't have to give every message at each appointment. Customize and prioritize messages according to each patient's needs. When you refer a patient to another PPOD provider, use an "I recommend..." message. Research has shown that health messages direct from a provider are more effective than generalized or third-person recommendations such as "You should see someone about that..." Keep in mind that every team member does not need to be involved in every patient's care. A flexible plan will help determine the most effective team, as patient needs will change over time.

The ultimate goal of PPOD is to empower patients to take control of their health by educating them about diabetes, giving them consistent prevention and management messages, setting realistic goals and encouraging behavior changes to achieve those goals. **PM**



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