



Managing Patients with Diabetes: Are We Really Treating These Patients Differently?

ARCHE Healthcare's "True" CDFE offers patient satisfaction, improved clinical outcomes, and increased revenues.

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Patients with diabetes present unique opportunities for us as podiatric providers. These patients not only have a chronic disease with unique risk factors, but the stakes for these patients are much higher and if not treated as the unique and special customers they are, limbs and lives can be lost.

Many practices don't treat their diabetic patients any differently than their other clients—thus a lot of revenue is left on the table and nobody wins.

Understanding these patients' risks—including of course the added limb preservation mindset—means that these patients should and will consume more time and effort on our part. However, the rewards for providers are unique as well. Diabetic patients, unlike many other patients that we see, are lifelong patients who possess substantially higher lifetime customer value.

The beautiful part of this phenomena is that when physicians are doing a great job of treating and managing these patients as they should, benefits can be plentiful for both parties.

The question is, are you or your practice really treating and managing these patients in a way that presents opportunities for improved health and life for the patients as lifelong customers?

Many practices really don't treat their diabetic patients

any differently than their other clients and when this happens a lot of revenue is left on the table and nobody wins.

Using a "True" CDFE

It is astounding that, 30 years after the evidence-based prevention measures were developed and adopted by the American Diabetes Association and the American Podiatric Medical Association, diabetic foot amputations remain so prevalent. When the Lower Extremity Amputation Prevention (LEAP) system was published by Armstrong and Harkless back in 1992, it became the standard of care whereby DPMs perform annual screenings, educate patients regarding daily self-evaluation, provide proper footwear and manage wounds and other diabetic-related foot problems. When this happens, the results can be truly impactful. (See Figure 1)

Effective and profitable management of diabetic patients must start with a real Comprehensive Diabetic Foot Exam (CDFE). Unfortunately few podiatric doctors consistently perform a CDFE annually on their diabetic patients, but even the small percentage of those who do perform assessments aren't performing a true CDFE where each system is being assessed along with providing visual educational information for the patient.

While some version of a CDFE is better than no CDFE, technology is now available to standardize and stratify your diabetic patients in a way that can not only generate

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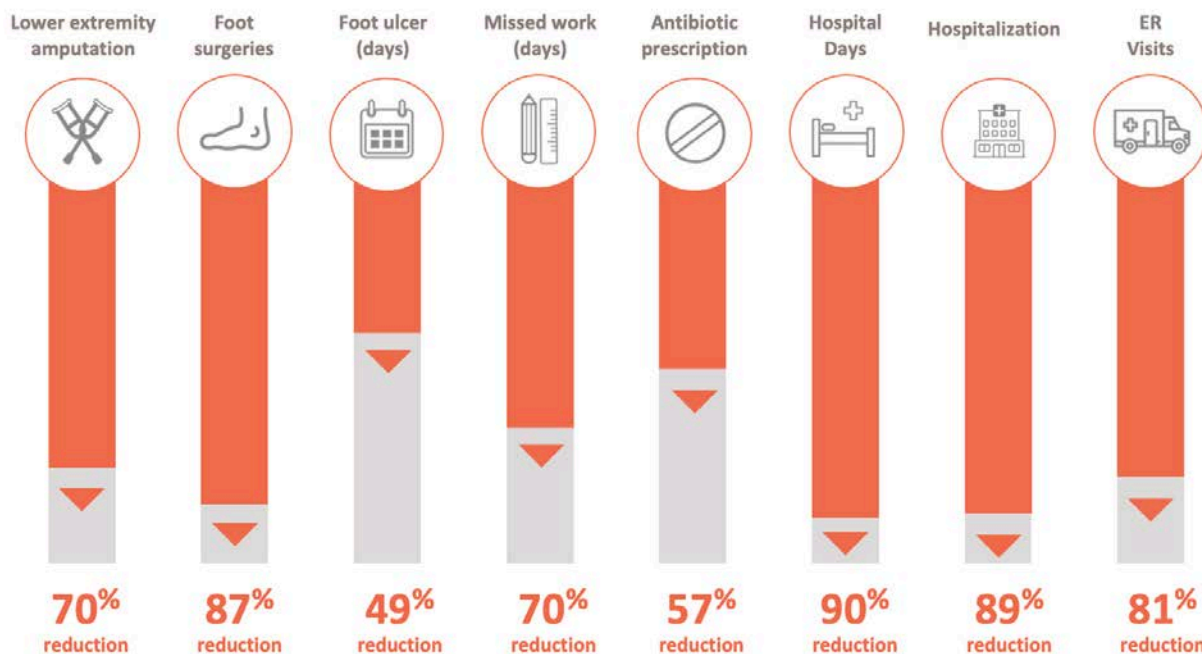
New Concepts and Studies

"Clinical Innovations" is PM's ongoing series of articles dedicated to introducing new concepts, technologies and studies to the podiatric community. Readers should be aware that Podiatry Management does not specifically endorse any of the technologies, concepts, or products being discussed.



FIGURE 1

Established 1992 by the US Health and Resources and Services Administration



¹Armstrong DG, Harkless LB: Outcomes of preventive care in a diabetic foot specialty clinic. J Foot Ankle Surg. 1998; 37:460-466 2Patout CA Jr, Birke JA, Horswell R, et al: Effectiveness of a comprehensive diabetes lower-extremity amputation prevention (LEAP) program in a predominantly low-income African American population. Diabetes Care 2000; 23:1339-1342Results

additional revenue in your practice annually, but moreover open the door for ancillary revenue related to the care and management of your diabetic patient population.

While several companies offer services that address discreet aspects of diabetes care that may, collectively, result in a preventive outcome, implementing a truly comprehensive solution for the management of your diabetic patients can be rewarding on many levels.

**With the help of my staff,
I can perform a true comprehensive
exam in less about 10 minutes.**

I have recently adopted ARCHE Healthcare's unique comprehensive computerized system that accomplishes everything I need for the management of my diabetic patients. First, performing an annual CDFE on my diabetic patients should allow for one to bill for a 99213 evaluation and management code IF and only if a true comprehensive evaluation is performed. With the comprehensive solution that I have employed, my nursing staff and I perform a true CDFE using visual tools (included as a part of the system) that provide the patient with an innovative enhanced experience.

With the help of my staff, I can perform a true comprehensive exam in less than about 10 minutes.

Patient Involvement

Using the above-mentioned software provides us not only a population health management solution that can track and demonstrate outcomes for my diabetic patient population, but also a tool to stratify and demonstrate outcomes.

Using this novel system allows me to better manage my diabetic patients, while providing an engaging visually-based approach that improves health literacy and a deeper personal investment in their diabetes care.

Through this system visual aids, along with a summary CDFE, are compiled and sent home with the patient in an organized, engaging color folio for them to share with family and adjacent care givers.

There is an unprecedented challenge we have as providers in today's health care market. Patients want and demand value and an enhanced experience when they go to their doctor. Patients want to be more educated and more importantly, they want to feel as though they are getting value from their hard-earned health care dollar.

It is for this reason that I adopted a comprehensive computerized diabetes management system so that my patients can become more involved in their health care and perceive more value in what they are getting in the clinic.

Additionally, the day is coming where the payers are going to want to see what value you are offering their patients. As the payers become more inclined to pay for results and rewarding prevention and cost savings, there isn't

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a better way to do this than to stratify and demonstrate in one system what you are doing to reduce diabetic-related complications. Our patients are more health-conscious than ever and they too are far more tech-savvy so showing the patients why they are high risk makes them more compliant and engaged than just telling them they are at risk.

Ancillary Income

So, what is the value of a true CDFE as exemplified by ARCHE Healthcare?

Not only is there is low-hanging value built in with the annual CDFE E&M code, opportunities for other ancillary services become plentiful.

Among the many opportunities that our annual CDFE affords for us within the clinic includes diabetic footwear, wound care supplies, vascular/neurological testing, biopsies, ankle foot orthosis for balance deficits or gait deficits, among many other services you are licensed to offer.

Among the highest reimbursing ancillary services we offer in our practice are those surrounding our diabetic patient population. And yes, despite audits and challenges surrounding 'Same or Similar', we still produce high volumes of AFO's and diabetic footwear, among many other revenue-producing products and services. Compliance is key and following the rules

isn't hard when you have built-in compliance tools.

As I said at the very outset of this article, diabetic patients afford us as podiatric physicians unique and lifelong opportunities to help keep our diabetic patients healthy, active and mobile. IF we pay attention and treat these patients as the unique and special customers they are.

There is no good reason to NOT perform an annual CDFE on your diabetic patients, but if you are challenged by time, staffing, or lack of resources, join the club. Time is valuable, but so is generating revenue and helping to engage your patients. Don't cut corners on your CDFE.

Despite the above challenges, doing the right thing and using the right visual tools to SHOW your patients their risk can go a long way to build relationships that will last many years. **PM**



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