A New and More Responsible Look at the CDFE

It's time to change our approach to diabetic foot care.

BY JOHN V. GUILIANA, DPM, MS

As a result of peripheral artery disease and neuropathy in patients with diabetes, diabetic foot ulcers are common. With up to 75% of these DFUs being preventable, podiatrists are essential to the understanding, identifying, monitoring, and managing the "chain of consequences" (to be defined later) that frequently lead to end-stage amputations and even death. With a slight paradigm shift in how we think about a comprehensive diabetic foot exam (CDFE), our profession has unique opportunities to differentiate ourselves as true lower extremity amputation prevention specialists and engage in value-based care that can also bring meaningful new revenue into our practices in either a fee-for-service or value-based care model.

As a profession, we have become so preoccupied with worrying about audits that we sometimes become paranoid about providing "comprehensive" care. Undoubtably, audits can be daunting. But the worry should focus on losing an audit (lack of medical necessity, poor documentation, etc.), and not on the audit itself. We can't ignore important precursors to the chain of consequences simply because of the risk of an audit. Even a simple callus or red spot could be that precursor! It's crucial for podiatrists to look beyond just the nail and callus care in this "at-risk" population.

Attacking the $80 billion annual price tag of diabetic foot complications involves comprehensive chronic care management, and paramount to the podiatrist's role in this initiative involves maintaining skin integrity. Without skin integrity, the unfortunate and costly "chain of consequences" (fissure, ulceration, infection, amputation, death) ensues. The root cause of compromised skin integrity is frequently because of skin dryness resulting from neuropathic sudomotor dysfunction, as well as abnormal pressure points from poorly fitted shoe gear.

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During the typical at-risk foot care visit, without the medical necessity needed for appropriately being compensated for an evaluation and management service of a separately identifiable condition, podiatrists are often financially limited to attending to only the nail and callus care and ignoring the real "elephant in the room." This not only serves as a grave injustice for patients with diabetes, but it also has created a great deal of "professional fungibility" for podiatry, as other paraprofessionals have begun taking over those nail and callus care tasks.

Porter's 5 Forces and Fungibility

First published in 1979 by Harvard Business School professor Michael Porter, Porter's Five Forces has since become one of the most popular business strategy tools that organizations can use to understand more about the main competitive forces at work in their industry. It is a simple yet powerful tool that you can use to identify the main sources of competition affecting your practice. With information gleaned from this exercise, a podiatrist can then adjust their strategy, boost their profitability, and stay ahead of the competition.

Porter theorized that any organization is subject to five forces that ultimately control the success of the organization:

- Competitive rivalry
- Supplier power
- Buyer power
- Threat of new entries
- Substitutes (fungibility)

Let's look at Porter's Five Forces as they pertain to podiatry, as well as the force that should concern podiatrists about the future of our profession. While we have some competitive rivalry in podiatry, that is not anything we should be too worried about. Supplier power is another force that is also not too concerning. Our suppliers and vendors really have little power over our profession, unless they supply us with something that is

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unique to them and cannot be found elsewhere. Under the force of buyer power, consumers and healthcare payers have some power over us, but it's still not the force that should trouble you the most. Then there is the threat of new entries. Years ago, that might have been a concern but today there are fewer students entering podiatry and this certainly is not a top concern. But Porter's force that should concern us the most is that of substitutions (fungibility). Our profession is rapidly being replaced by lower-cost alternatives, such as nurse practitioners performing at risk foot care, wound care technicians, etc. We truly must make ourselves non-fungible by becoming the TRUE diabetic foot specialists.

Are We Still Talking About CDFE as a Screening Test?

It has long been discussed and debated whether the CDFE is a billable event. First, let's make sure we all understand the medical necessity required for an evaluation and management service. To have the medical necessity for billing, you must have a history of present illness, an exam, as well as a documented plan for the objective findings. Lacking that, a CDFE is merely a screening test and is not billable. However, most diabetic patients, if comprehensively examined, have pathologies that are the precursors to the chain of consequences and lower extremity amputations. For example, most diabetics exhibit dry, xerotic skin because of their sudomotor dysfunction. If we can qualify and quantify that precursor, and thoroughly document it in an exam as well as formulate a plan to address it, this separately identifiable condition (ICD10 L85.3) certainly qualifies for an evaluation and management service. But you need proper "surveying tools" to capture this ominous condition.

As a profession, if we change our approach to how we view the at-risk foot care visit and CDFE for patients with diabetes, many ethical and financial challenges can be resolved, particularly when we are facing a healthcare system shifting towards value-based care. We need to expand our current philosophy on what constitutes a CDFE and think of it more as "podiatric vital signs". Specifically for the diabetic foot, we need to think beyond our traditional vital signs of height, weight, blood pressure, etc., and quickly, efficiently, and quantitatively assess the diabetic foot for its skin moisture index (SMI) and "hot spots." By doing so, you will be intervening on the single most prevalent cause of complications, which, of course, is lack of skin integrity that ultimately leads to the chain of consequences—fissures, infections, ulcerations, and ultimately amputations.

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Very inexpensive tools and innovations are now available to identify the medical necessity needed for the additional chronic care management for our patients with diabetes, as well as provide compensation for our role in this critical lower extremity amputation prevention (LEAP) initiative to prevent the "chain of consequences" for many patients. By using DermaStat®, Neuropad®, and IRStat® as part of "LEAP Vitals" to measure skin moisture index and hot spots respectively in our patients with diabetes during every at-risk foot care visit, we can potentially prevent the preponderance of wounds and amputations, while also saving the healthcare industry up to $80B annually. While DermaStat® digitally measures the skin moisture index, Neuropad® is a Band–Aid–like device that quickly, objectively, and visually detects sudomotor dysfunction (anhidrosis) by color change. Lastly, IRStat® uses infrared technology to identify contralateral temperature changes (hot spots) in the lower extremities. Finding pathologies creates a billable (and impactful) E/M service with the proper documentation of the care plan. These tests add a negligible amount of time to the at-risk foot care visit.

Clinical practice guidelines recommend a comprehensive approach to identifying risk factors for the development of diabetic foot ulcers. Using Neuropad, DermaStat, and IRStat to objectively measure, monitor, and manage skin moisture and skin temperature at each at-risk foot care visit will help objectively identify a patient's risk for developing a diabetic foot wound. It can ultimately change our role in the healthcare system, as well as have a very positive impact on our practice's economy. **PM**

Reference

PubMed, National Library of Medicine, A Shift in Priority in Diabetic Foot Care and Research: 75% of Foot Ulcers are Preventable, https://pubmed.ncbi.nlm.nih.gov/26452160/.

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