



Improved Quality of Life— An Outcome Enhanced by Podiatric Care

DPMs improve Americans' health by keeping them walking pain-free.

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In 1995, when healthcare was transitioning to HMOs and capitation as forms of reimbursement, I was asked to speak on process re-engineering at a seminar sponsored by ConnectiCare, a relatively new HMO based in Connecticut. Prior to the lecture, a presentation was delivered by ConnectiCare's Senior Vice President. As a way of pointing out the direction that healthcare was taking at the time, he opened his presentation with the following story about duck hunting:

Six doctors go duck hunting.

When they spot a flock of ducks flying overhead, the internist steps up to take the first shot. Watching the ducks flying overhead, he states, "I can't shoot at the ducks without first running a battery of tests to see if they are healthy."

The radiologist then steps up to take his turn. Following the ducks with his rifle, he too fails to take a shot. When asked by the others why he wasn't yet taking a shot, his reply was, "I need several views of the duck from multiple angles before I am comfortable taking a shot."

The psychiatrist then steps forward without picking up his rifle, stating, "We know it's a duck, but I'm not

certain if the duck knows it's a duck. I would need to psychoanalyze the duck to be certain the duck knows it's a duck before I can take a shot."

As the surgeon steps up, he immediately fires his rifle. When the duck hits the ground, he turns to the pathologist and asks, "Can you take your microscope over to where the duck hit the ground and let me know if it's a duck?"

The pathologist confirms that it was a duck.

Finally, it's the family doctor's turn. He steps up and aims his rifle towards the ducks. He continues to follow them with his rifle until they

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fade from sight. Turning to the other doctors, he says, “You know, when you follow these things long enough, they just go away.”

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care system is certainly seeking.

In 2008, Rober Sallis, MD, touted the benefits of walking to California podiatric leaders at a session of CPMA’s Western Foot and Ankle Conference. At the time, he was president of the American College of Sports Medicine. Sallis was also

In 2015, EIM expanded this evidence-based list of chronic diseases which are positively impacted by prescribing exercise as therapy. This expanded list of twenty-six conditions includes: psychiatric diseases (depression, anxiety, stress, schizophrenia); neurological diseases (dementia, Parkinson’s disease, multiple sclerosis), metabolic diseases (obesity, hyperlipidemia, metabolic syndrome, polycystic ovarian syndrome, type 2 diabetes, type 1 diabetes), cardiovascular diseases (hypertension, coronary heart disease, heart failure, cerebral apoplexy, and claudication intermittent); pulmonary diseases (chronic obstructive pulmonary disease, asthma, cystic fibrosis), musculoskeletal disorders (osteoarthritis, osteoporosis, back pain, rheumatoid arthritis), and cancer. Lessening the impact of these diseases increases the quality of life for these patients. Significantly, as long ago as 2008, Dr. Sallis determined that this 30 minutes of walking, five days a week, prevented the slow decline in functional capacity that often leads to nursing home admission—not the highest quality of life.

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treatment until medical problems “just go away” is the least costly way to run healthcare, but this approach does not meet the quality standards which healthcare systems strive to achieve. When the goal of a healthcare system is to create not only lower costs, but also higher quality, everyone recognizes that prevention is the superior approach.

The costliest challenges in healthcare today are the many complications resulting from the large number of chronic conditions—conditions that practitioners strive to forestall or prevent. This is where podiatry has so much to offer—in outcomes that lead to a higher quality of life for the patient as well as cost savings. Third-party payers are familiar with the cost savings resulting from the prevention of diabetic ulcers as a result of podiatric care. They also recognize the value of timely treating existing ulcers prior to their progression to infection, which often results in amputated limbs.

Payers, however, are far less aware of another significant outcome of podiatric care—the improvement in their patients’ ability to walk which leads to a subsequent increase in their quality of life. This one lifestyle change to increased walking lessens many of the complications related to chronic diseases. Successfully achieving this one change in patient behavior will lead to decreases in total costs— something the health-

the founder of *Exercise is Medicine (EIM)*. This was a program launched in 2007 that encouraged doctors to write prescriptions for exercise. He felt that of all forms of exercise, walking was perhaps the best for everyone, especially as people aged. What got my attention was his presentation of irrefutable evidence demonstrating that walking at a moderate pace

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for at least thirty minutes, five times a week, prevents both the primary causes and secondary complications stemming from conditions such as diabetes mellitus, cancer (breast and colon), hypertension, depression, osteoporosis, dementia, stroke, and cardiovascular disease. While many of these conditions are related to obesity, Dr. Sallis emphasized that for long-term health, it is better to be overweight and active than to be thin and sedentary. Podiatrists are uniquely positioned to help patients achieve Sallis’ goal of becoming and remaining active.

Clearly, when DPMs treat patients to resolve their foot and ankle pain or to correct deformities and enable them to wear shoes comfortably, they also increase those patients’ ability to walk and thereby improve their quality of life. What practitioners must recognize is that not everyone comes for podiatric treatment because they want to increase the amount that they walk. Likewise, patients who smoke and schedule appointments for medical concerns are not necessarily seeking reasons to quit smoking; however,

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it is their physician's responsibility to educate these patients as to the potential future health problems caused by their smoking. In the same way, DPMs need to reinforce their patients' knowledge of the negative impact of inactivity on their chronic conditions. It is also imperative that they educate them regarding the many health benefits of walking. Podiatric practitioners are in the ideal position to do this and to treat conditions that are keeping their patients from walking.

When DPMs are able to show evidence that one outcome of a podiatric visit is a patient who is motivated and able to increase his/her walking, they will be able to demonstrate the major cost savings associated with the list of chronic conditions that are lessened, or cured, by walking. Such evidence would clearly demonstrate the value of a podiatric visit and should increase the level of compensation for podiatric treatment. Evidence-based outcomes can be supported by documenting the amount that each patient walks during his/her initial visit and then following

It is difficult to quantify the potential cost-savings that could result from increased walking, but this number is substantial. It does not take a giant leap of faith to see how walking would have a positive impact on lessening obesity and its myriad complications. In 2018, the CDC esti-

lion. According to the Kaiser Family Foundation, Medicaid covers six in ten nursing home residents. Again, podiatric care could put a significant dent in these costs—something that should provide a compelling argument as to why podiatric services should no longer be an optional ben-

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up by having the patient record this information daily going forward. The doctor would need to discuss the benefits of walking and document any increase in a patient's walking at each follow-up visit. DPMs who are able to present this type of evidence when negotiating third party contracts will be demonstrating that they offer higher quality visits. This will be a compelling approach for negotiating higher paying contracts—especially for larger groups, because their potential for cost-savings is magnified by the group's size.

obese population by 10%, each DPM would potentially save the healthcare system close to eight million dollars. Similarly, if 30 minutes of walking, five days per week, can prevent a decline in functional capacity as people age, treatment that leads to increased walking would dramatically reduce the number of people requiring care in nursing homes.

In 2022, there were 1.16 million seniors living in nursing homes at an approximate annual cost for each of \$100,000. This puts the total cost of nursing home care at \$116 bil-

lion. Without quantifying the potential cost savings for each disease on the list, almost everywhere you look, there are opportunities to demonstrate the unique monetary as well as lifestyle value of the services that DPMs provide.

There is value in improving patients' quality of life rather than just striving to maintain the status quo. This is what maintaining the ability to walk can provide. At the same time that the complications of chronic diseases are alleviated, substantial cost savings are generated for the healthcare industry. When DPMs perform surgery, provide biomechanical care, or deliver any form of medical care, fee-for-service reimburses them for that service. If they additionally are able to show that their medical group employs protocols that clearly lead to their patients increasing the amount they walk, those groups should be able to negotiate a higher level of payment for their visits. Given that every payer claims to prefer to pay doctors for performance, documentation of such positive patient results would demonstrate "performance," making this type of "walking data" a good place to begin reimbursement negotiations. **PM**



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