Value Based Practice - Podiatry

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Value Based Practice

1. Define Objectives and Scope for Podiatry

Goals:

- Improve patient outcomes related to foot and ankle health, reduce hospitalizations and amputations, and control costs

Scope:

- Focus on diabetic foot care, wound management, biochemical disorders, heel pain, or comprehensive foot health

2. Assemble a

- A Podiatry - Specific MultidisciplIinary Team Podiatrists
- Endocrinologists
- Vascular Surgeons
- Wound Care Specialists
- Diabetes Educators
- IT/data Analysts
- Patient Advocates

3. Identify Key Metrics and Outcomes

Clinical Outcomes:

- Amputation rates, wound healing times, infection rates

Process Measures:

- Timeliness of wound assessment, delivery of preventive foot care

Patient-Centered Measures:

- Foot-related quality of life, patient satisfaction, adherence to care plans

Cost Measures:

- Hospital readmission rates, emergency visits for foot issues

4. Develop Evidence – Based Care Pathways

Diabetic Foot Ulcer Management:

- Standardize wound care protocols, offloading strategies, infection control

Preventive Foot Care:

- Regular screenings for high-risk patients, patient education on foot hygiene

Chronic Conditions:

- Manage biomechanical issues to prevent secondary problems

5. Implement Data Collection and Analytics

Use EHR systems tailored for podiatry to track metrics

Develop dashboards for real-time monitoring

Incorporate patient-reported outcomes and digital tools (e.g., telepodiatry for follow-up)

6. Design Financial Incentives

Shared Savings Models

- Providers share in cost reductions achieved through improved outcomes

Pay - for - Performance:

- Incentives for meeting specific clinical benchmarks

Bundled Payments:

- Single payments covering all foot-related care episodes

7. Engage Patients and Caregivers

Educate on foot hygiene, daily self-exam techniques

Use telehealth for follow-up and early detection

Incorporate patient feedback into program adjustments

8. Pilot and Refine

Start with high-risk populations (e.g., diabetics with foot ulcers)

Collect data, analyze outcomes, and optimize care pathways

Address barriers like patient adherence, transportation, or provider workflows

9. Scale and Sustain

Expand successful initiatives to broader patient populations.

Integrate into routine practice and align with payer incentives

Maintain continuous quality improvement cycles

10. Ensure Compliance and Reporting

Adhere to CMS, private payer, and regulatory reporting requirements

Use data to demonstrate improved outcomes and cost savings

Special Considerations for Podiatry

Chronic Disease Management:

- Diabetic foot care is a primary focus; early intervention can prevent amputations

Technology:

- Utilize telemedicine, wound imaging, and remote monitoring

Interdisciplinary Collaboration:

- Work closely with endocrinologists, vascular suregons, and wound care specialists

Patient Engagement:

- Emphasize education, self-care, and adherence to treatment plans

Value – Based Care Pathway for Diabetic Foot Ulcers

1. Risk Stratification & Screening

Initial Assessment:

- Conduct comprehensive foot exam during routine visits including:
  - Skin Integrity
  - Sensory Testing (monofilament, vibration)
  - Circulatory Assessment
  - Structural Deformities

Risk Categories:

- High Risk: History of ulcers, amputations, or sever deformities
- Moderate Risk: Peripheral neuropathy or peripheral vascular disease
- Low Risk: no neuropathy or deformities

2. Preventive Care & Patient Education

For All Risk Levels:

- Educate on daily foot inspection and hygiene
- Proper footwear guidance
- Smoking cessation counseling

High - Risk Patients:

- Schedule more frequent foot exams (e.g., every 3 months)
- Provide custom orthotics and protective footwear

3. Monitoring & Follow-Up

Regular Visits:

- High-risk: every 1-3 months
- Moderate risk: every 6 months

Telehealth check-ins:

- for wound monitoring or education reinforcement

4. Early Detection & Intervention

Wound Assessment:

- Use standardized wound measurement tools
- Document wound size, depth, and signs of infection

Treatment Initiation:

- Offloading strategies
- Wound debridement
- Infection Control
- Vascular assessment and referrals if ischemia is suspected

5. Wound Care & Healing

Multidisciplinary Approach:

- Coordinate with wound care specialists, vascular surgeons, endocrinologists

Use of Advanced Therapies:

- Dressings, negative pressure therapy, skin substitues

Patient Engagement:

- Educate on wound care adherence

6. Outcome & Follow-up

Track healing progress

Adjust treatment plans as needed

Prepare for eventual wound closure and prevention of recurrence

Implementation Tips

Data Tracking:

- Use an EHR system capable of capturing foot exam documentation, wound measurements, and patient education

Patient Engagement:

- Incorporate telehelath for follow-ups and education reinforcement

Multidisciplinary Collaboration:

- Establish referral pathways with wound care, vascular, and endocrinology specialists

Continuous Quality Improvement:

- Regularly review metrics, identify gaps, and implement process improvements