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## EXECUTIVE SUMMARY

### Thomson Reuters Study

“Podiatrist Care and Outcomes for Patients with Diabetes and Foot Ulcer”

(Results of study to be submitted to peer-reviewed journals for publication)

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**Objective:** To examine whether outcomes of care (amputation and hospitalization) differ between patients with diabetes and foot ulcer who received care from podiatrists prior to foot ulcer and those who did not receive care from podiatrists prior to foot ulcer.

**Methods:** Data Source: Thomson Reuters MarketScan Research Databases, 2005-2008.  
Analytic Approach: Propensity score matching was utilized with patients receiving care from podiatrists matched one-to-one with patients not receiving care from podiatrists. Propensity score matching was performed separately for commercially insured enrollees and Medicare eligible enrollees.

Statistical Models: Cox proportional hazard models estimated the hazard of each outcome as a function of receipt of care from a podiatrist and the control variables (e.g., demographics, geography, employment status, income, comorbidity, adherence to diabetes prescriptions, health plan characteristics, severity of disease, and foot risk factors) with up to 42 months of follow up time.

Sample Size: Starting with over 1.8 million in the non-Medicare data base and 697,000 in the Medicare data base with a diagnosis of diabetes, after all inclusion and exclusion criteria were applied the non-Medicare sample comprised 28,796 patients and the Medicare sample comprised 35,721 patients.

**Results:** Podiatrists see patients that are sicker and have more comorbidities.

Among non-Medicare patients with foot ulcer, those seen previously by a podiatrist had a **20% lower risk of amputation and a 26% lower risk of hospitalization** compared with patients not previously seen by a podiatrist.

Among Medicare eligible patients with foot ulcer, those seen by a podiatrist had a **23% lower risk of amputation and a 9% lower risk of hospitalization** compared with patients not previously seen by a podiatrist.

Care by a podiatrist has a positive return on investment

- Population aged 18–64, each \$1 invested in care by a podiatrist results in \$27 to \$51 of savings
- Population aged 65+, each \$1 invested in care by a podiatrist results in \$9 to \$13 of savings

Projected to the entire US population with employer-sponsored insurance, increased use of care by a podiatrist could save millions in direct healthcare expenditures

- Population aged 18–64, a 20% increase in the rate of use of a podiatrist could save \$105 million annually
- Population aged 65+, a 20% increase in the rate of use of a podiatrist could save \$86 million annually

**Conclusion:** Care by podiatrists prior to the first evidence of foot ulcers in patients with diabetes prevents or delays lower extremity amputations and hospitalizations. Increased utilization of care by podiatrists in patients with diabetes can potentially result in significant direct health care cost savings.