Diabetic Foot Health

How HCP Decision-making Affects Patient Health Trajectories and HC Spending





Ms. P

Situation:

- Diagnosed with diabetes mellitus by family physician
- · Caught in the early stages



6 MONTHS

 Follow-up with family physician every six months for blood glucose testing

6 MONTHS

• Follow-up **annually** for foot health monitoring

Management of condition:

- · Medication to control blood glucose
- · Regular professional foot care and monitoring

Consequence cascade:

- Ms. P stays relatively healthy
- Good quality of life
- Continues with regular visits to family physician and foot care specialists for the rest of her life
- Normal lifespan

The bottom line:

• No undue additional burden on the health system



Mr. D

Situation:

- Diagnosed with diabetes mellitus by family physician
- Caught in the middle stages (he doesn't go to the doctor often)



- · Medication to control blood glucose levels
- · Told by doctor to lose weight

♠ 6 MONTHS

- Follow-up with family physician for blood glucose assessment
- Told to get a glucometer and use it three times per day; blood glucose levels continue to rise

♦ 3 YEARS

Comes back with foot ulcer; unaware because of lack of sensation (only discovered because of blood on the floor)

♦ 6 MONTHS

Key Decision Point: Referral by family physician to home care for wound management

♠ 6 MONTHS

Alternate Universe A:

- Referred to a multidisciplinary wound clinic: debridement, offloading, wound care
- · Wound is closed in three months
- Mr. D is monitored for recurrence and receives ongoing education in self-management for his diabetes and foot health

Alternate Universe B:

Wound has not healed and foot is now red and swollen

6 MONTHS

- Key Decision Point: Emergency hospital visit: sent home with antibiotics; but it's unrecognized Charcot; ulcer persists
- Visits emergency department twice more because the foot is not improving; receives more antibiotics; now acute Charcot with non-reversible changes
- Evenually diagnosed correctly and requires ongoing specialist appointments and care

♦ 6 MONTHS

Alternate Universe C:

• The wound has not healed; more home care

· Wound still not healing

- · Wound has not healed; toe has turned black
- Key Decision Point: Emergency hospital visit; referred to orthopedist for amputation; he is in hospital for [X] days
- One year later he has another amputation, this time above the knee to manage necrosis; he is in hospital and rehab for 60 days; then referred to home care for [X] months

Consequence cascade:

- No ulcer recurrence
- Reasonably good QoL

The Bottom Line:

 Some additional burden on the health system but Mr. D's situation is under control



Consequence cascade:

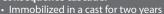
- Loses job
- Poor QoL
- Mr. D dies three years later due to complications of poor glycemic control and the amputations

The Bottom Line:

- Loss of life
- Heavy burden on the health system



Consequence cascade:



- Loses job
- · Becomes deconditioned
- Poor mobility and poor social life
- Loses home

The Bottom Line:

- Heavy personal financial toll
- Heavy burden on the health system





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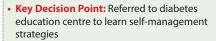




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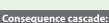
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6 MONTHS

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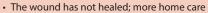
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· Wound still not healing

6 MONTHS

Alternate Universe B:

- Wound has not healed and foot is now red and swollen
- **Key Decision Point:** Emergency hospital visit: sent home with antibiotics; but it's unrecognized Charcot; ulcer persists
- Visits emergency department twice more because the foot is not improving; receives more antibiotics: now acute Charcot with non-reversible changes
- Evenually diagnosed correctly and requires ongoing specialist appointments and care



Consequence cascade:

- Immobilized in a cast for two years
- Becomes deconditioned
- Poor mobility and poor social life
- Loses home

The Bottom Line:

- Heavy personal toll
- Heavy burden on the health system





Alternate Universe C:

- Wound has not healed; toe has turned black
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The Bottom Line:

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- Heavy burden on the health system

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