

Working for Change:

The CAWC's Advocacy Campaign for the Prevention of Diabetic Foot Complications

At the end of 2014, a coalition composed of the Canadian Association of Wound Care (CAWC), Canadian Diabetes Association, Registered Nurse's Association of Ontario, Canadian Association for Enterostomal Therapy and nearly 50 other supporters delivered a letter to the top levels of the Government of Ontario (view this letter at <http://bit.ly/1R4aVk0>). The letter and subsequent meetings have focused on increasing awareness of provincial legislators by outlining cost-effective methods for improving foot care for people with diabetes and, ultimately, reducing the number of preventable amputations in the province.

The CAWC and others are now turning this initiative into a nation-wide campaign. The theme of the campaign is **Save Limbs, Save Lives – Today!**



“The Canadian Association of Wound Care is looking forward to working with other provincial organizations and key stakeholders to address the gaps in care and policy in the area of diabetic foot ulcers and ensuring we reduce the growing numbers of preventable diabetes-related amputations,” said Mariam Botros, Executive Director of the CAWC.

The materials on the following pages form part of the legislators' information packages. These materials are designed to help them understand the problem and impact of NOT changing policies related to the prevention of foot complications in person with diabetes.

Stay tuned for more on what impact this campaign is having and how you can get involved in your province/territory. 🍷

Diabetes and Foot Care

The Problem and Solutions

Problem

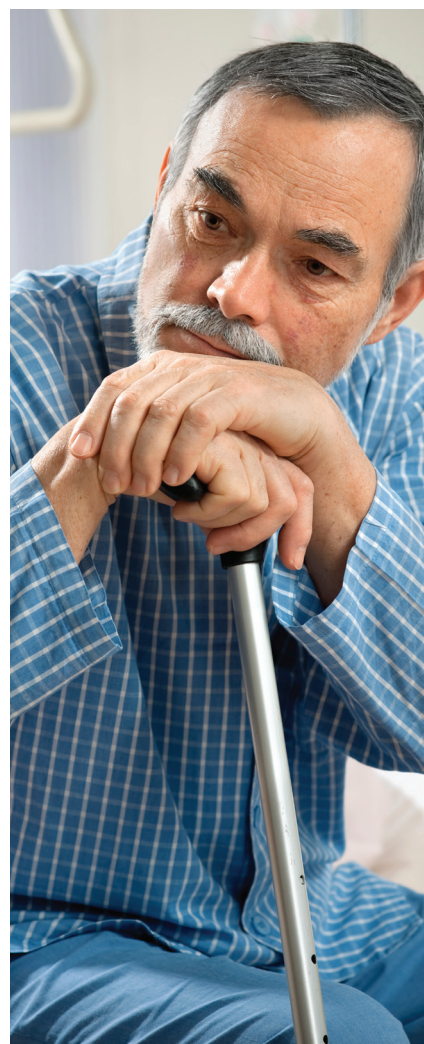
Foot care is a major issue for the Canadians who live with diabetes. It especially impacts seniors and people with limited incomes. Too many Canadians with diabetes undergo devastating and expensive foot/leg amputations that could have been prevented if they previously had had simple, low-cost interventions. Policy options exist that can rapidly improve the lives of people in need of diabetes foot care, while significantly reducing complications, improving patients' lives and reducing health system costs.

Why is the prevention of every diabetes complication funded EXCEPT foot care?



Impact on Canadians and Health-care Systems:

- Thousands of Canadians have a diabetes-related amputation each year. 85% of diabetes-related amputations are preventable with early intervention. The direct system cost of a diabetic foot amputation is \$70,000 per patient. This results in over \$100 million in unnecessary costs to the Canadian health-care systems annually.
- Patients who have undergone foot amputations on average have a lower quality of life, higher rates of depression and a five-year mortality rate of 50%.
- Lost productivity due to time off work or loss of job for each patient with an amputation has a direct financial impact on the country.



In a survey of patients who had just had a diabetes-related amputation, 46% had never received instructions on how to inspect their feet.

Goettl K. Foot care practices of persons living with diabetes prior to amputation. *Wound Care Canada* 2008;6:64-7.

Early screening and appropriate foot care can prevent up to 85% of diabetes-related amputations.

85%

Current Obstacles:

Solutions:

<p>1. Primary care providers do not necessarily check the feet of their patients with diabetes, despite the fact that annual foot checks take very little time and are the gold standard of practice.</p>	<p>Every person living with diabetes should have their feet inspected at every visit with a health-care provider. Recommendations: a) Embed foot screening within the EMR programs. b) Initiate dedicated funding for foot screening. c) Develop policies that enable every resident with diabetes to have at least one foot assessment per year by a qualified health provider.</p>
<p>2. Primary care providers do not necessarily know what action to take next or who to refer a patient to if they notice a warning sign during the foot check.</p>	<p>Primary care providers need access to information about preventative care. Recommendation: Primary care providers receive education about a) foot complications and their prevention and management, b) foot care clinics in their areas.</p>
<p>3. Preventative foot care specialists, like chiropodists, podiatrists and foot care nurses charge fees directly to patients, which can inhibit the use of their services by persons with diabetes.</p>	<p>All preventative foot care services for persons living with diabetes should be made free at the point of care. Recommendation: Provincial/territorial governments fully fund preventative foot care for every person living with diabetes.</p>
<p>4. There are too few foot clinics to handle existing patient load.</p>	<p>Persons living with diabetes need timely and local access to foot care services. Recommendation: Provincial/territorial governments create a policy for each region to increase the numbers of funded foot care clinics or reimburse providers for preventative diabetic foot care.</p>
<p>5. There is no funding available to persons with diabetes for devices like preventative footwear, socks and offloading devices that prevent foot problems from beginning or worsening, unless they have private insurance. This sets Canada apart from most high-income jurisdictions.</p>	<p>The cost of preventative devices should be removed as an obstacle for all persons with diabetes. Recommendation: Provincial/territorial governments implement public reimbursement by the province/territory for preventative footwear, socks and offloading devices for people with no private insurance coverage.</p>
<p>6. Fewer than half of all persons with diabetes who had an amputation had received instructions on how to look after their feet prior to the amputation.</p>	<p>All persons with diabetes should receive formal education about foot care to prevent complications. Recommendation: Provincial/territorial governments establish a policy to ensure every person with diabetes receive education on self-care, early detection and treatment of foot complications.</p>

Other recommendations to support the above solutions:

The creation of a policy that supports a nationwide interprofessional approach to diabetic foot care, with at least one multidisciplinary diabetes foot care team, with a well-defined referral pattern, in each region.

“The costs of amputations have been found to be 10 to 40 times greater than the cost of effective initiatives to prevent amputation.”

Canadian Institute of Health Information 2013. Compromised Wounds in Canada. Retrieved from www.cihi.ca.

A Canadian Report Card on Funding for Offloading Devices for Persons with Diabetes

In 2015 a scan was undertaken to investigate which jurisdictions in Canada provide defined public coverage for offloading devices for persons with diabetes.

Jurisdiction	Defined Public Coverage	Grade
Alberta	*None ¹	C
British Columbia	*None ²	C
Manitoba	None ³	F
New Brunswick	None ⁴	F
Newfoundland and Labrador	None ⁵	F
Nova Scotia	None ⁶	F
Ontario	None ⁷⁻¹⁰	F
PEI	None ¹¹	F
Quebec	None ¹²	F
Saskatchewan	None	F
The Territories	None	F
Federal – Inmates	Full ³	A
Federal – RCMP Benefits	Full ³	A
Federal – Veteran’s Affairs	Partial ³	B
Federal – Non-Insured Health Benefits for First Nations and Inuit (NIHB)	Partial ³	B

**Alberta and British Columbia have some partial subsidization of services performed by a podiatrist but no explicitly defined coverage for offloading devices.*

Defined public funding for offloading devices is rare in Canada, in contrast to other industrialized countries like the UK and U.S. Full coverage in Canada is offered to inmates of federal prisons and members of the RCMP. Veterans Affairs and the NIHB program offer partial coverage. Partial coverage of podiatry services, which may include offloading, was found for Alberta (up to \$250 per year) and British Columbia (variable and means tested). For all other Canadian jurisdictions no sources were found or sources were found that confirmed the absence of defined public coverage.

Opportunities for Offsetting Costs of Investment

- Decrease in emergency room visits
- Lower hospital occupancy
- Avoided amputations
- Reclaimed operating room time
- Lower provincial drug benefit costs
- Fewer CCAC nursing home visits

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