



Diabetes: foot treatments and complications

In Australia, diabetes affects over 1,000,000 people and, as of 2011, an estimated 19.6% of these individuals experienced peripheral neuropathy (loss of sensation) or peripheral arterial disease as a result. Annually, there are around 10,000 hospital admissions due to diabetes-related foot ulcerations and recent evidence suggests that, each year, in excess of 4,300 amputations are due to diabetes. Each of these amputations costs the Australian healthcare system \$26,700, plus aftercare costs.

Best practice research indicates that improved access to podiatry services for patients with foot complication from diabetes would prevent future hospitalisations and amputations, recouping the costs of these services in turn. Cost savings from the implementation of best practice research were estimated in 2012 as being up to \$397 million annually.

It is the position of the Australasian Podiatry Council that the current model of treatment and funding accessible to patients with diabetes-related foot complications is insufficient to handle the scale of this problem in Australia. Under Chronic Disease Management (CDM) plans, patients with diabetes have access to only five subsidised services with allied health practitioners, including podiatrists, per year.

The Australasian Podiatry Council contends that, in order to effectively reduce the economic and social costs of lower extremity amputations, access to healthcare for patients with diabetes should include the following:

- Annual access to an individual item number under the Medicare Benefits Scheme (MBS) on referral by a GP for a podiatric foot assessment (using best practice neurovascular assessment) for any patient with a diabetes diagnosis.
- As GPs are increasingly referring to podiatrists for Toe Brachial Indexing and Ankle Brachial Indexing, current MBS rebates under item number MBS 11610 should be made available to patients referred to a podiatrist for these tests.
- Access to Medicare-funded podiatric treatments for an initial six weeks upon diagnosis (by either podiatric assessment or GP referral) of a foot ulcer requiring acute intervention, with reassessment following this period available if necessary.
- Ongoing Medicare funded treatment for patients with high risk feet as assessed (up to twelve consultations per annum).
- Annual reassessment for patients who are deemed to be low or intermediate risk under a 'foot health risk assessment'.
- Follow-up communication at the conclusion of an acute episode or a diabetic foot assessment conducted with the referring GP to assess the ongoing management plan for the patient.
- High risk patient access to MBS item numbers relating to necessary wound dressings and offloading devices.



The Australasian Podiatry Council also acknowledges and supports the role that multi-disciplinary care plays in treating patients with diabetes diagnosis and diabetes-related foot complications, as supported by current research.

Implementing a system which responds to patient need rather than utilising a prescriptive approach across the board has the potential to lower the amputation rate in Australia into line with other industrialised nations and save on healthcare costs relating to hospitalisation and amputation. This system will also address the current situation, whereby low risk patients access unnecessary podiatric consultations under a CDM plan, while patients who are at high risk of lower limb amputation are forced to fund podiatric consultations themselves after exhausting their inadequate allocation of allied health consultations under the same CDM plan.