

Pushing for Prevention

Encompass Network Partners offer help in diabetic foot screenings

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01/29/2008

These days, dialysis centers are quickly becoming all-service centers for kidney disease patients, who often have a number of complex conditions associated with their disease that need to be monitored. The most notable, perhaps, is diabetes, which is inexorably linked with end-stage renal disease.

In fact, diabetes is the leading cause of ESRD, and it's estimated that 10 percent to 21 percent of all diabetics have kidney disease. In addition, approximately 43 percent of all new ESRD cases are caused by diabetes.

Foot ulcers are a common complication of diabetes, and as a result of their condition, diabetics are 15 times more likely to have an amputation of a lower extremity. The American Diabetes Association estimated that more than one-half of amputations could be avoided, which would result in a costs savings of \$24,000 to \$40,000 for each prevented amputation.

And dialysis clinics can be an ideal place for health providers to identify diabetic patients in need of a specialist. The idea has even gained some steam nationally as the Medicare Payment Advisory Commission discussed the prospect of diabetic foot checks during a November 2007 meeting. However, reimbursement issues remain and healthcare providers debate who should provide the foot-check services—facility staff or the physician.

Providing Diagnosis

Encompass Network Partners is a new company that has set out to meet the challenge of diabetic foot screenings in dialysis patients. They have developed a Web-based application that aids clinic staff in performing foot checks and connects clinics with a network of foot-care specialists.

The crux of the service is prevention and treating the condition before there is a major issue down the road. "The biggest thing we found in interviewing and going in and out of clinics was they wanted help for patients who already had black toe or had lost one toe maybe, and they were wanting limbs salvaged," said Clay Bullard, Encompass president. "But secondarily, we found that they don't do any type of screening ahead of

time. It's kind of one of those elephants in the room that everybody knows is there but nobody wants to talk about."

Encompass recognized that dialysis centers and nephrologists wanted to help their patients, and that vascular physicians knew the patient load existed, said Bullard. So it set out to create a network that could connect the two sides.

The Encompass Service

The Encompass Network is strictly built for dialysis patients and dialysis clinics and is a Web-based application that allows dialysis centers and the attending nephrologist of that center to do standardization of care for peripheral vascular screenings—meaning foot screenings and anything below the knee.

The system has a secure log-in with passwords and allows caregivers access to input data on the screening tool and screening device on the Internet. The nationwide system also allows the clinic to electronically refer the patient once they put in the information and it comes back that the patient has a probability of vascular disease.

The screening itself prompts the caregiver to answer a number of questions, which were developed from standardized data from the podiatry industry as well as the peripheral vascular access industry. There is also a physical exam in which the patient has to take off his or her sock and have the foot looked at visually, in addition to a sensation test.

Advantage of the Screenings

The biggest advantage to diabetic foot screening is that it is standardization of care, said Bullard. He added that Encompass also provides an entire network of physicians who specialize in treatment of peripheral vascular disease. "There is a system of email alerts and really what the clinic can do is seamlessly become empowered at the source of treatment, and by that I mean, if they input the data and hit 'refer' they can literally know that they have given the patient a better chance of saving their limbs and having better vascular care."

A lot of Bullard's background is relationships with those physicians around the country. "I come from a device background as well as new technology development," he said. "So having worked with these guys in the past, we go partner with some of them. The beautiful part about the network is that the nephrologist is involved because he or she is the one doing the referring. We don't have staff or nurses doing the referring. It goes through the nephrologist who reviews the data and refers out to wound care or podiatry or if there is some kind of extensive care that is diagnosed up front, it may even go to an interventionalist. Typically, they will go to wound care or podiatry specifically related to the needs that the patients have."

Encompass screens network physicians in terms of their activeness in treating peripheral vascular disease and what types of modalities they use. They ensure the specialists do a more thorough and exhaustive exam because the clinics are already doing screenings. "We want to make sure they are a podiatrist or wound care clinic that is aware of the issue of peripheral vascular disease but also know the warning signs and are willing to be aggressive in treating it," Bullard said. "We work with the clinics and doctors who

believe in the theory that there is a value in treating from the inside out rather than from the outside in."

Paying for the Service

Bullard said reimbursement hasn't been the reason as to why screening hasn't taken place more in dialysis clinics. "I think manpower in the past has been an issue," he said. "Number two, it is the nephrologist who doesn't really understand how the vascular care, screening and treatment can actually be done. Most people still think of vascular treatment as a vascular surgeon cutting the leg, and with dialysis patients there's a huge amount of infection and hospitalization related to that. It's a little bit of a lack of understanding of how the treatments work."

As dialysis centers become a care center for patients—setting up their schedules, transportation, etc.—Bullard said the Encompass system can help ease some of that responsibility. "I have found dialysis clinics really are becoming the major care providers for their patients, but we actually take that burden off of them as well by having a seamless, wireless integrated network of care providers that take on the responsibility of making sure the patients actually go to their appointment because it is of value to them."

As for reimbursement, Bullard said it takes about a five-minute conversation to convince clinics of the importance of screening patients ahead of time instead of waiting for complication to arise. "If you want to get down to the nitty-gritty, ugly part of what the value of a patient is from the monetary standpoint for the clinic, proactive screening actually allows them to keep these patients' legs and extremities longer, and have less infection, which allows them to do more dialysis," Bullard said. "Reimbursement is something that will fast-forward it a little bit, but the real issue is that it's a lack of understanding that care can be done from a preventative standpoint versus a reactive standpoint."

After the initial set-up fee, the clinic pays a monthly subscription to be able to continue to log in and maintain record on the database. Screenings take about five minutes to perform about once a month, so while manpower is an issue, the streamlined service can help make the process more efficient. "The value to [clinics] is that if they can keep two patients alive for four months longer than they normally would then, it pays for the entire clinic and the subscription for the full year," Bullard said.

"For clinics that want to increase the care level as well as standardize the care level, this is the perfect tool that is an easy application that anybody who has a computer can do," Bullard said. "It's simple, it's effective and it's truly a partnership so that all of the specialty care and work on the backside will be handled by Encompass if they simply do the screening and input the data."