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Contents

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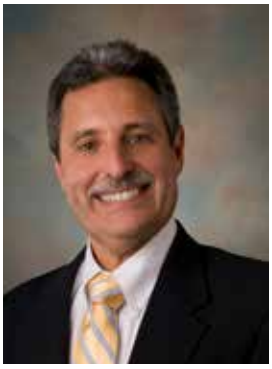
DFU offloading: we know what works, why don't we do it?



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Diabetic foot ulcers (DFUs) are one of the most common clinical conditions treated by wound care practitioners. In recent years, it seems there is ever increasing focus on the use of advanced wound care products although it has long been established that effective offloading is likely the most critical component of the standard of care (SoC).

One might think that wound care practitioners (WCPs) have reached a consensus on the SoC for offloading? Unfortunately, it is not the case.

- Surveys of WCPs have consistently shown that while total contact cast (TCC) is often viewed as the 'best' care, it is infrequently used.[1]
- Approaches involving the use of surgical shoes and/or shoe modifications are most commonly reported, although there is little systematically collected data to establish which specific shoe-based approaches are most effective.[2]
- The only offloading options that are routinely covered by Medicare (or insurance), total contact casting (TCC) which is used infrequently and is inappropriate or not 'accepted' by many physicians or patients.

WCPs are aware that had some of these non-healing wounds been offloaded more effectively, diabetic foot complications could be avoided. Reasons that patients are often not offloaded using TCC are well known, such as maintaining mobility at work or home or are contraindicated.

So what is the bottom line: WCPs have effectively concluded that offloading therapies that are reimbursed are frequently not feasible. So, if we as WCPs have de-facto determined that shoe-based offloading approaches are SoC, why haven't we pursued reimbursement for shoe-based approaches?

If inexpensive and convenient offloading devices can reduce DFU healing times, why aren't we using these routinely and why aren't these covered by insurance? The fact that these devices are not covered[3] is likely contributing to the incidence of stagnating and non-healing wounds requiring expensive advanced wound healing products. Focusing on reimbursement of offloading footwear would be a good investment for health-care systems to help contain DFU costs. Medical societies should be unified in efforts to work with legislators to address this reimbursement oversight. **JWC**

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