August 17, 2020

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Healthcare Quality and Safety Branch
Practitioner Licensing and Investigations
Department of Public Health
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Via Email: karen.wilson@ct.gov

Dear Ms. Wilson:

The Connecticut Podiatric Medical Association is submitting the attached scope of practice request for 2020-21.

Thank you.

Sincerely,

James DeJesus, D.P.M.
President
Connecticut Podiatric Medical Association

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Scope of Practice Submission to the Department of Public Health
Connecticut Podiatric Medical Association
August 17, 2020

1. Plain language description of the request

This submission updates the Podiatric practice act in chapter 375 to permit qualified podiatrists to: 1) perform a total ankle replacement; 2) treat a tibial pilon fracture, and 3) perform amputations proximal to the transmetatarsal level.

These changes will amend section 2-54(c) of the general statutes in the case of a total ankle replacement and a tibial pilon fracture, and section 20-50(a) of the general statutes in respect to a foot amputation.

Podiatrists already perform complex and innovative procedures in the treatment of ankle degeneration, deformity and trauma including ankle fractures. Pilon fractures are a variant of ankle fractures.

Currently, Podiatrists treat ankle arthritis surgically, they are however prohibited from performing total ankle replacement which is quickly becoming standard of care.

Podiatrists who treat pilon ankle fractures and perform total ankle replacements and foot amputations would need to possess the skill set through education, training and experience in order for hospitals to approve the performance of these procedures.

Podiatric surgeons are the primary provider of foot and ankle care. The changes proposed here reflect that fact and make appropriate updates to the podiatric practice act.

2. Public health and safety benefits of proposal; harm to public health if not implemented

With respect to pilon fractures of the ankle and total ankle joint replacement, these two procedures are already a part of the podiatric ankle surgeon's skill set. The inability of our profession to perform these procedures is due to an arbitrary exclusion mediated by a legislatively-mandated process in 2006, 14 years ago. Meanwhile, most states have included these procedures in podiatric scope of practice for decades, as we will discuss later.

Podiatrists are the primary care givers for foot and ankle pathology nationally. Right now, patients have to be referred out for these three procedures adding redundant costs to the health care system, making access of care difficult and delaying treatment. These barriers would be eliminated by amending Podiatry's practice act in these areas. In doing so, the practice act will be equivalent to the national standard of care.

Smaller hospitals right now may not have the same access to surgeons of equal competency potentially leading to suboptimal outcomes.

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Podiatrists already perform ankle reconstructive surgery including ankle fusions and reconstructive procedures that are considered salvage procedures for failed ankle joint replacements and post traumatic arthritis of pilon ankle fractures.

It is not uncommon to see these patients' treatment delayed due to access to definitive care whether it is due to geographical restrictions or that the original surgeon does not perform these end stage type of procedures.

Finally, in regard to diabetic (foot) amputation, there would likewise be an increased access to qualified surgeons. Patients who have diabetic foot infections, diabetic foot conditions, Charcot osteoarthropathy, neuropathic foot conditions and those patients at risk for losing their legs and limbs, benefit by having a wider range of medical professionals who are qualified to treat them.

We stress that amputation levels at times are preventable when early access to a podiatrist occurs.

Diabetic foot complications continue to rise precipitously not only in the state of Connecticut but nationally and internationally. The percentage of patients who require leg amputation is on the rise and does require prompt diagnosis and treatment, which is now dependent upon the podiatric surgery community. The majority of all diabetic foot infections and associated conditions that are admitted to the hospital systems in the state of Connecticut are completed by podiatric surgeons. The indigent and Medicaid population for diabetic foot conditions is largely serviced by the podiatric surgery community and hospital systems. Many private practitioners (non-podiatrists) do not accept Medicaid and therefore these patients within the Connecticut health care system are dependent upon podiatric providers for this care.

3. Impact of the proposal on patient access

Stripped to the basics, the three changes outlined above will empower patients with additional treatment options. Right now, these procedures, total ankle replacement, tibial pilon fracture and diabetic foot amputation, are performed by different types of surgeons. Podiatric surgeons are qualified to perform them also, and patients should have this option if they so desire.

The implementation of this scope of practice change request would increase access to qualified podiatric surgeons making access to care easier and preventing delays in treatment. It is not uncommon for patients to not seek care even within a few miles of their home if they do not have access to public transportation. Hospitalized patients with diabetes would have immediate access to the specialty that is the most qualified to perform their needed amputation.

There are three major teaching programs at hospitals in the state of Connecticut with very strong academic and clinical residencies with a focus on diabetic limb preservation. These include Yale New Haven Hospital, Bridgeport Hospital and St. Francis Hospital. These hospital systems service large urban communities with high incidence of diabetes and subsequent at-risk patient populations with high rates of leg amputations.

These podiatric surgical residents and the associated podiatric attendings in these programs are responsible for treating diabetic patient populations within the Fairfield County, Hartford County and New Haven County. Public access to qualified podiatric surgeons who care for the diabetic population, which has a larger percentage of patients within the indigent population and those on Medicaid, will have greater access to the services and health care related to limb preservation and prevention of amputation of legs.

4. State and federal laws governing the profession

Connecticut's laws with regard to Podiatry are contained in chapter 375 of the general statutes. These set forth the educational requirements for a Podiatrist that include surgical residencies after four years of graduate podiatric education accredited by the Council on Podiatric Medical Education with advanced training in order to perform foot and ankle surgeries.

In 2006, Public Act 06-160 was enacted to give Podiatrist a scope of practice over non-surgical treatment of the ankle. That law also created a panel to discuss granting Podiatry surgical authority over the ankle.

As a result of the panel's work, legislation was enacted in 2007, Public Act 07-252, to do precisely that. Effective that year, podiatrists who met the requirements could perform ankle surgery. A structure was put in place whereby Podiatrists who wished to do so would submit documents and cases to an informal committee of orthopedic surgeons and podiatric surgeons who would recommend approval or denial of a "permit" for the practitioner that would then be issued by the Department of Public Health.

In 2018, the permit structure was repealed in Public Act 18-168. Since that time, the decision as to whether a particular podiatrist can perform ankle surgery is left to the hospital credentialing committee, the very same process other surgeons go through.

Podiatry is a covered service in the Medicare program. We are also authorized providers in Connecticut's Medicaid program, serving thousands of needy, low-income individuals each year.

In addition, Podiatrists are authorized in state law as providers of telehealth services, a technology that has been extremely important during the COVID-19 pandemic. It has permitted DPMs to keep in touch with their patients and monitor and direct their healthcare needs on a remote basis.

5. Connecticut's regulatory oversight of the profession

Podiatric Doctors are licensed by DPH and are regulated by a five-member Board of Examiners in Podiatry. The profession is accepted by insurance companies and, as outlined in the prior section, members of the profession are enrolled providers in Medicaid, which is administered by the Department of Social Services.

As noted, a decision as to which Podiatrists can perform ankle and foot surgery is made by a hospital's credentialing committee. This is the appropriate way to regulate the system and ensure patient safety. This same process would be involved with regard to the three changes proposed here.

6. Education, training, examination and certification requirements

Before becoming a licensed Podiatric Doctor (DPM) in Connecticut, an applicant must complete four years of graduate-level Podiatric Medical education after college.

Students in Podiatric medical colleges are required to pass Parts I & II of the American Podiatric Medical Licensing Exam (APMLE) series before beginning residency training.

Part III of the APMLE is taken during residency. The APMLE series is overseen by the National Board of Podiatric Medical Examiners.

After obtaining the Doctor of Podiatric Medicine, a surgical residency is required for those who wish to practice to that level. To perform ankle surgical procedures in Connecticut, the podiatric surgeon must complete a residency that allows for additional training thereby making the podiatrist eligible to sit for certification in reconstructive

rearfoot/ankle (RRA) procedures by the American Board of Foot and Ankle surgery. Certification in RRA requires passing a series of exams and submitting case documentation that is peer reviewed.

In testimony to the Insurance and Real Estate committee on March 12 of this year, Dr. R. Daniel Davis outlined the profession's educational components:[1]

> *We have four years of undergraduate education, followed by four years of medical school where we sit side by side with medical students with the same instructors, same textbooks and same exams. Students in podiatric medical schools take additional courses on the lower extremity, and take additional anatomic dissection courses to ensure they are the most highly trained lower extremity physicians in the medical field. We have a mandatory three-year residency program where we rotate through the same medical rotations as allopathic and osteopathic students.*
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> *The number of foot and ankle cases completed by a podiatric resident in three years far outnumbers the foot and ankle cases performed by a five-year foot and ankle orthopedic resident, including their year of fellowship. Podiatrists are part of the medical team of nearly every wound center in the United States and provide the limb salvage care needed in a country where one in four diabetics will develop a lower extremity ulceration in their lifetime.*
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> *Podiatrists are becoming increasingly employed by hospitals as an integral part of their healthcare team. We work in medical groups as part of a medical community to provide the best foot and ankle care possible.*

Dr. Davis is a past president of the Connecticut Podiatric Medical Association as well as the American Podiatric Medical Association.

7. Scope of Practice changes requested within past five years

As outlined earlier, the 2018 session of the Connecticut General Assembly enacted legislation (Public Act 18-168, section 70) that repealed the ankle surgery permit process, and vested the decision on approving DPMs for this activity with a hospital's credentialing committee. This is limited to Podiatrists who are board qualified or board certified in reconstructive or rearfoot ankle surgery by the American Board of Foot and Ankle Surgery.

8. Existing relationships affected by proposal

We believe existing relationships will be strengthened by the changes proposed here. Podiatrists are already integral and valued members of the health care team both in and out of the hospital systems. Podiatrists currently treat all other types of ankle fracture; the elimination of the pilon ankle restriction would simplify triage and transfer of care for emergency department personnel.

It is not overstating the matter to say that Podiatrists are the main providers of all forms of diabetic foot and ankle care, where no other specialty is called on more for amputations related to the diabetic foot almost to the exclusion of all other surgical specialties. Coordination of care would be more efficient and timely with the elimination of the foot amputation prohibition.

Podiatrists and podiatric surgeons are also medical directors and co-directors of limb preservation units within the hospital systems. They are the first doctors in the hospital system and private community setting who see these patients initially and follow them

[1] Insurance and Real Estate committee public hearing, Senate Bill 319, March 5, 2020. Statement of R. Daniel Davis, DPM.

through their admission and transition to nursing and home care. Podiatric surgeons and podiatrists are now responsible for the global care of patients with diabetic foot and ankle conditions throughout their entire perioperative stay within each hospital system with the goal of transitioning to home as an independent community ambulator.

9. Economic impact of proposal

CPMA suggests that lower costs can result from giving patients new options for their treatment as well as expediting care and avoiding delays if orthopedic surgeons are not readily available. We are not proposing any new procedure or service; total ankle replacement, tibial pilon fracture and foot amputation are procedures that occur now. We are simply asking that Podiatrists who have the expertise and training be permitted to perform them. Patient health outcomes are enhanced, and taxpayer funding saved, when diseases are detected and treated as early as possible. Podiatrists do this every single day when treating their patients who have diabetes, particularly low-income patients whose care is paid for by Medicaid. Our profession is actively serving this population and trying to do what we can to reduce socio-economic disparities in health care delivery.

10. Regional trends and scope of practice provisions

- 44 states and the District of Columbia permit Podiatrists to perform a total ankle replacement.
- 43 states and the District of Columbia permit Podiatrists to treat a tibial pilon fracture.
- 35 states and the District of Columbia permit Podiatrists to amputate a partial or total foot.

Podiatrists have had ankle surgical privileges in the majority of states for decades with hospital credentialing boards being responsible for surgeons of all specialties with no restrictions of procedures that could be performed relative to their education and training. A few remaining states that have obtained ankle privileges had politically-mediated terms that were not based on the education, training and experience of the podiatric surgeon but on a consensus between the podiatric surgeons and the foot and ankle orthopedic surgeons, while others had no limitations of procedures they could perform within their skills set that includes ankle surgery and amputations.

11. Proposal's effect on other healthcare professions

There is overlap between the podiatric surgeon and foot and ankle orthopedic surgeon scope of practice. The nature of the impact is possibly a reduced volume of care for the latter with regard to Pilon ankle fractures. These fractures are a very small percentage of all ankle fractures and trauma is not a high volume component of orthopedic foot and ankle surgeon practice, nor are total ankle replacements. Orthopedic surgeons in general nationally are not performing diabetic foot amputations. The Connecticut Podiatric medical Association has met with the orthopedic community on numerous occasions over the years. In 2006 through legislative mandated mediation between the Connecticut Podiatric Medical Association and Connecticut Orthopedic Association, ankle surgery was added in Connecticut; however it excluded ankle pilon fractures and total ankle replacements. A committee of two podiatrists and 2 orthopedic surgeons under the direction of the DPH was formed to evaluate those podiatrists that wanted ankle surgical privileges. Diabetic amputations were never discussed. In 2018 ankle surgery credentialing committee was dissolved through legislative action and ankle surgery credentialing was given to the hospitals as it has always been for foot surgery in Connecticut and as it has been in all states nationally.

12. Podiatry's ability to practice to the full extent of their education and training

Technology concerning ankle degeneration and the treatment of such has evolved significantly within the past decade alone. The medical community has seen the standard of care steadily transition from joint destructive procedures to joint preserving options. The community has also seen an increase in patient education to a point where many patients are requesting joint preserving options i.e. total ankles.

Podiatric surgeons across the country are highly trained and, in many instances, directly specialize in the treatment of end-stage ankle arthrosis. Podiatrists also harbor a unique understanding of managing complications that can occur following these procedures. Podiatrists perform these procedures in all segments of the population including indigent and Medicaid communities whom often times find it difficult to have access to quality and leading edge care.

The skills set that are required for these procedures already exist with Connecticut's podiatric surgeons. As the newer residency trained practitioners emerge, they frequently go to other states that have no restrictions on scope of practice rather than remain here to practice. Orthopedic groups around the country employ podiatrists to do their ankle surgery as do numerous orthopedic groups in Connecticut. Approving this request would allow those qualified podiatrist the ability to use the full extent of their training while discouraging well-qualified podiatric residents from leaving the state.

Allowing appropriately trained podiatric surgeons to perform the procedures requested will help ensure the populations most affected by disparities in medicine, specifically Medicaid patients, will be able to access and receive care from podiatrists who are the primary providers of foot and ankle care nationally.