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August 15, 2023

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Healthcare Quality and Safety Branch
Practitioner Licensing & Investigations
Department of Public Health
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Hartford, CT 06134

Dear Ms. Montauti:

The Connecticut Podiatric Medical Association is submitting the attached scope of practice request for the 2023—2024 cycle.

Please contact me if you have any questions about our proposal. Thank you.

Sincerely,

Kristen Winters, DPM
President
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Scope of Practice Submission to the Department of Public Health
Connecticut Podiatric Medical Association
August 15, 2023

1. A plain language description of the request

This submission updates the Podiatric practice act in Chapter 375 of the Connecticut General Statutes to permit qualified podiatrists to perform a: 1) total ankle replacement; 2) tibial pilon fracture, and 3) complete foot amputation.

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

Podiatric surgeons are the primary provider of foot and ankle care for patients. The changes proposed here reflect that fact and update the podiatric practice act in a common-sense manner.

2. Public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is 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 Podiatrists' practicing in Connecticut to perform these procedures is due to an arbitrary exclusion mediated by a legislatively-mandated process in 2006, 17 years ago.

Meanwhile, most states have included these procedures in their 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, podiatrists are required to refer our patients elsewhere for these three procedures adding redundant costs to the health care system, making access to care difficult and delaying treatment. These barriers would be eliminated by amending Podiatry's practice act in these three areas. In doing so, the practice act will be equivalent to the national standard of care.

One particular issue with the status quo is that smaller hospitals may not have the same access to surgeons of equal competency potentially leading to suboptimal outcomes.

Podiatrists already perform similar ankle reconstructive surgeries including ankle fusions and reconstructive procedures that are considered salvage procedures for failed ankle joint replacements and post traumatic arthritis of pilon ankle fractures. These salvage procedures are often considered more difficult than the index procedure.

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, or for insurance issues. It is well recognized that other surgeons who are trained to perform total ankle replacements or tibial pilon fractures do not routinely accept patients whose payor is Medicaid, creating an access problem that has been noted on a national level. A recent scientific journal examining access to care barriers in those with Medicaid stated that in the state of New Jersey, only 25 percent of Medicaid patients were able to get an appointment within two weeks of the time they called an orthopedic surgeon versus over 90 percent of people with private insurance who were able to get a timely appointment.[1] This suggests that private insurance patients have historically been prioritized above Medicaid

[1] Abrum et al, CORR, 2017.

patients by other surgeons capable of performing these surgeries. Enabling Podiatric Doctors to practice in accordance with their training could address this access problem. It constitutes an unfortunate social disparity and inequity.

Finally, regarding 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. A recent scientific journal article noted a 45.7 percent reduction in lower limb amputation when a two-person team consisting of a Podiatric Doctor and a vascular surgeon was employed in a hospital setting[2].

Diabetic foot complications continue to rise precipitously not only in the state of Connecticut, but also 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 completely dependent upon podiatric providers for this care.

The bottom-line is this proposal will expand patient access to these three important procedures and end delays that currently occur. Delays simply make sick patients sicker.

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[2] Armstrong et al, Diabetes Metab Res Rev, 2012.

3. The impact of the request on public access to health care

Stripped to the basics, the three changes will empower patients with additional treatment options and greater access to care.

Right now, 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 avoid seeking 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 residents and the associated 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.

Patients in Medicaid are likely to receive quicker appointments with Podiatric Doctors.

4. A brief summary of state or federal laws governing the profession

Connecticut's laws with regard to Podiatry are contained in Chapter 375 of the Connecticut General Statutes.

This sets 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 to perform foot and ankle surgeries.

In 2006, Public Act 06-160 was enacted to give Podiatrists 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 orthopaedic 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 locally and nationally.

Podiatry is a covered service in the Medicare, Medicaid and Workers Compensation Medical programs. In the 2021 Legislative Session, legislation was enacted to provide fee parity between podiatrists and physicians in the Medicaid program.

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. The state's current regulatory oversight of the profession

Doctors of Podiatric Medicine are licensed by DPH and are regulated by a five-member Board of Examiners in Podiatry. The profession is accepted by insurance companies; they are enrolled providers in the Medicaid program administered by the Department of Social Services.

As mentioned in the previous section, 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. It is consistent with how other providers are currently being assessed.

6. <u>All current education, training and examination requirements and any relevant certification requirements applicable to the profession</u>

Before becoming a licensed Doctor of Podiatric Medicine (DPM) in Connecticut, an applicant must complete four years of graduate-level Podiatric medical education after college. At some Podiatric Medical Schools, the Podiatric students sit in the same classes as their Osteopathic medical colleagues.

Students in Podiatric medical colleges are required to pass Parts I and 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. 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.

During residencies, Podiatrists are required to complete a minimum number of ankle surgeries that is more than twice the minimum required of other surgical specialties who are also licensed to perform ankle surgery.

In testimony to the Insurance and Real Estate committee, Dr. R. Daniel Davis outlined the profession's educational components[3]:

> *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 orthopaedic*

[3] Insurance and Real Estate Committee public hearing, Senate Bill 319, March 5, 2020.

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.

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. A summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding this request

As outlined earlier, during the 2018 Legislative Session, 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 Doctors of Podiatric Medicine who are board qualified or board certified in reconstructive or rearfoot ankle surgery by the American Board of Foot and Ankle Surgery.

8. The extent to which the request directly affects existing relationships within the health care delivery system

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 system. Podiatrists currently treat all other types of ankle fracture in Connecticut and treat pilon fractures in the majority of states. The elimination of the pilon ankle restriction would simplify triage and constitute a 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 limitation. This restricts the procedure from the transmetatarsal level to the toes.

Podiatrists are a well-recognized member of the healthcare team for amputation prevention. Use of multidisciplinary care teams has been shown to reduce the risk of amputation by 39% to 56% (Albright et al. Diabetes Res Clin Pract. 2020) These care teams typically include a combination of several specialists, although several articles describing these care teams point to podiatrists or vascular surgeons serving as team leaders since neuropathy and arterial disease are the prominent drivers in the pathway to amputation. Multidisciplinary care teams are quickly becoming the standard of care for U.S. patients with diabetic foot complications and are supported by multiple professional organizations including the American Diabetes Association, the Society for Vascular Surgeons, the American Podiatric Medical Association, and the International Working Group on the Diabetic Foot. With podiatrists being a primary leader of the team, it is essential that podiatrists can provide the full extent of care needed (including foot amputations).

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 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. The anticipated economic impact of the request on the health care delivery system.

CPMA suggests that lower costs can result from giving patients easier access to care while at the same time providing quality treatment outcomes as demonstrated at a national level.

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.

10. Regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states.

- 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. Identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care 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 with regards 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 surgeons' practice.

Similarly, neither 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 2007 through legislative mandated mediation between the Connecticut Podiatric Medical Association and Connecticut Orthopedic Society, ankle surgery was added in Connecticut; however, it excluded ankle pilon fractures and total ankle replacements.

A committee of podiatrists and orthopedic surgeons under the direction of the DPH was formed to evaluate those podiatrists who wanted ankle surgical privileges. Diabetic foot amputations were never discussed in this process.

To reiterate, in 2018 the 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 all other states.

The Connecticut Orthopedic Society was on record supporting the legislation that passed in 2018. A consensus formed that year on the ankle permit issue. We believe a consensus can form again on the three procedures outlined in this submission.

12. A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training

Podiatrists who perform pilon ankle fractures, total ankle replacement and foot amputations need to possess the skills set in order for hospitals to approve the performance of these procedures. The skills set that are required already exist in Connecticut practicing podiatric surgeons. As the newer residency-trained practitioners emerge, they frequently go to other states that do not restrict their scope of practice the way Connecticut does.

Orthopedic groups throughout the country employ podiatrists to do their ankle surgery as do numerous orthopedic groups in Connecticut.

Approving the changes requested in this submission would allow qualified podiatrists the ability to practice to the full extent of their training while discouraging well-qualified podiatric residents from leaving the state.

Concluding Comments

As you may know, CPMA has submitted this proposal to DPH three times previously. We appreciate the fact that the Department has reviewed it, and we are hopeful that the decision will be made to move this proposal to a full committee review in 2023.

The issue of a coming shortage of physicians is receiving a great deal of attention in state government. To hedge against this, it is imperative that each physician-type be able to provide all services they are qualified to do for their patients. Permitting Podiatric Doctors to practice to their full qualifications by performing a pilon ankle fracture, total ankle replacement or a more complete foot amputation are steps that can mitigate against any shortage.

Podiatric Doctors in Connecticut have an expansive scope of practice that they take very seriously as they deliver high quality care to a wide range of patients throughout the state. Yet, there are three procedures they are not permitted to perform.

Our proposal lifts those restrictions and vests the final decision as to who can perform them where it really belongs: the hospital credentialing committee.

Approving this scope request will increase options for patients and expedite their access to needed procedures. It puts patients' interests and needs foremost.