

CDR1 Adequate Off-loading of Diabetic Foot Ulcer at each visit

Percentage of visits in which diabetic foot ulcers among patients aged 18 years and received adequate off-loading during a 12-month reporting period, stratified by location of the ulcer.

2018 OPTIONS FOR INDIVIDUAL MEASURES:

**US Wound Registry, ASPS TOPS-QCDR,
SCG Health**

NATIONAL QUALITY STRATEGY DOMAIN: Effective Clinical Care

MEASURE TYPE: Outcome

INSTRUCTIONS:

The location of the diabetic foot ulcer on the foot (e.g. heel/midfoot vs. toes) determines the type of off-loading device that is appropriate, the patient's risk of falling, the probability of successful off-loading and thus the likelihood of major amputation. The clinician needs to assess the most appropriate off-loading option based on many different factors.

DENOMINATOR:

All visits of diabetic foot ulcers among patients aged 18 years and older

Denominator Criteria (Eligible Cases):

All patients aged 18 years and older with diabetic foot ulcers

AND NOT

Adequate off-loading not prescribed for medical, patient or system reasons

NUMERATOR:

Visits in which diabetic foot ulcers are documented to have adequate off-loading during the 12-month reporting period.

WHAT DATA SOURCES ARE USED FOR THE MEASURE? EHR, Registry

STEWARD: US Wound Registry

OF PERFORMANCE RATES TO BE SUBMITTED IN THE XML: 3

Indicate an Overall Performance Rate if more than 1 performance rate is to be submitted:

There are three rates reported for this measure.

The three rates will be risk stratified into two buckets (location of wound and/or ulcer) which are the following:

1. Midfoot/heel
2. Toes
3. The average of the two risk stratified buckets which will be the performance rate in the XML submitted.

INVERSE MEASURE: No

PROPORTION MEASURE SCORING OR CONTINUOUS MEASURE SCORING**RISK ADJUSTED:** Yes**RATIONALE:**

Offloading the pressure from a diabetic foot ulcer allows the wound to heal by secondary intention when the wound is appropriately dressed because pressure is a causal factor for neuropathic foot ulcers. The gold standard is total contact casting (TCC) in which the entire foot is enclosed in a solid structure that is retained until the wound is healed. However, for many valid medical and patient centered reasons, TCC may not be feasible or appropriate. Additionally, if the wound is on the non-weight bearing surface of the foot, other methods of protection may be more superior to a TCC.

Principle: In a review of 9 randomized controlled trials of total contact casting (TCC), TCC healed 89% of DFUs on an average of 43 days. Thus, the process of off-loading has been directly linked to the outcome of DFU healing from multiple RCTs. Furthermore, patients treated with TCC experienced a higher percentage of healed ulcers in a shorter period of time than with other advanced therapeutics based on RCTs for other interventions, although direct comparisons with other advanced therapeutics have not been performed since no advanced therapeutic should be used in the absence of appropriate off-loading.

However, when the patient has moderate or severe ischemia this treatment is contraindicated. Additionally, for foot ulcers on the dorsal foot or toes, other protective devices may be superior. An alternative to total contact casting is a removable device such as a CROW walker which still maintains ankle immobility. For patients who are able to use them properly, crutches may be effective. For patients who do not ambulate, the use of a wheelchair may provide effective offloading.

Evidence Based Off-Loading Devices

A recent consensus statement with a systematic review of the literature ranked the overall strength of evidence for diabetic foot ulcer off-loading as moderate. However, off-loading is widely considered the single most important intervention necessary to accomplish wound healing in the management of the diabetic foot ulcers (1-13). Offloading methods with published studies to support their effectiveness include the options listed below, depending on the location of the ulcer.

Generally, a cast shoe will only be acceptable off-loading for ulcers on the dorsal toes.

Reverse IPOS, L'NARD splints, and patella tendon-bearing braces will useful only for posterior heel ulcers.

The following options may work for ulcers on any area of the foot with certain restrictions known to foot experts:

- Total contact cast (any brand)
- CROW (Charcot Restraint Orthotic Walker)
- DH walker
- CAM boot
- Air cast
- Half wedge shoe
- Diabetic shoe
- Shoe modification (custom made temporary footwear)
- Felt and foam

- Prefabricated walker
- Healing sandal
- MBAL shoe

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