A comprehensive multidisciplinary team (MDT) approach is crucial in primary care in treating diabetic patients and preventing foot complications. A recent study revealed that without MDT intervention, 38% of patients developed subsequent foot ulceration, while 20% of patients required amputation (O’Loughlin, 2016). In our prospective review of three primary care clinics and one vascular surgery clinic in New York City (NYC), we observed inconsistencies with standard diabetic healthcare maintenance. Annual podiatry referrals by primary care providers (PCPs) were not conducted. Our aim is to determine the compliance of PCPs making annual podiatry referrals for all diagnosed diabetic patients.

**Methods**

**Study design:** Prospective cohort study

**Duration:** 3 months

**Patients:** N= 60 Adult diabetic patients; Mean age=60.9 years; Female:30 Male:30

**Setting:** Three primary care clinics and one vascular surgery clinic in NYC

**Data:** Compliance with annual podiatry referrals

**Inclusion criteria:** Diabetic risk factors - hypertension, hyperlipidemia, hemoglobin A1c levels, annual monofilament testing, ethnicity, history of amputation, ulcer, foot infections, peripheral vascular disease, and stent placement

**Exclusion criteria:** age under 18 years old; received podiatrist referral within last year; patients residing outside of 5 boroughs

**Outpatient clinics:**

- 49% of PCPs performed annual monofilament testing
- 31% initiated an annual podiatry referral
- Among those patients, 50% reported seeing podiatry
- 100% of referrals made were by nurse practitioners

**Vascular surgery clinic:**

- 100% of the patients were being treated for diabetic foot complications
- 0% reported receiving monofilament testing in primary care
- 47% were evaluated by podiatry

<table>
<thead>
<tr>
<th>Referred by</th>
<th>Nurse Practitioners</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care clinic #1</td>
<td>13%</td>
<td>0%</td>
</tr>
<tr>
<td>Primary care clinic #2</td>
<td>47%</td>
<td>N/A</td>
</tr>
<tr>
<td>Primary care clinic #3</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>Vascular surgery clinic</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Diabetic Foot Care Management:**

- Primary Care Clinic vs. Vascular Surgery Clinic

**Results**

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**Discussion**

**PROS:**

- Diverse sample
- Equal gender distribution in sample

**CONS:**

- Small sample size
- Lack of provider adherence to existing guidelines
- Inadequate existing literature
- Limited data collection timeframe

**Conclusions**

The disparity in diabetic MDT management and lack of patient education leads to detrimental consequences. The foundation of primary care is prevention and education; hence, our solution is twofold:

- Teaching patients and their support systems how to prevent diabetes-related complications
- Holding PCPs accountable by conducting quarterly audits of charts to assess for compliance with podiatry referrals.

Building trusting relationships with PCPs and setting attainable goals with patients will ensure autonomy and better patient outcomes.

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**References**


