

LOWER EXTREMITY AMPUTATION PREVENTION (LEAP) MATTERS

DIABETIC FOOT COMPLICATIONS COST APPROXIMATELY
30 BILLION DOLLARS ANNUALLY

Impaired Sensation

60%-70%

of diabetes patients have mild to severe neuropathy and don't know it!



CAN CAUSE

WOUNDS AND AMPUTATIONS

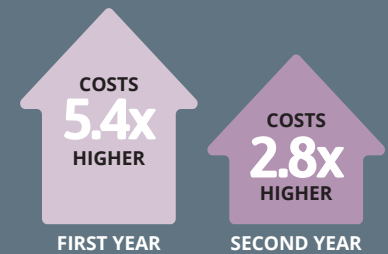
Risk of Amputations

67% of all lower limb amputations in the U.S. result from diabetes²



80% of these amputations were preceded by a foot ulcer

Foot Ulcer Costs



AFTER FIRST FOOT ULCER

Compared to patients with diabetes without foot ulcers³

Studies have shown that Arche Healthcare's Population Health Management strategies decrease ulcer and amputation rates in patients with diabetes

FOR PATIENTS WITH DIABETES, NOT KNOWING THEIR RISK FOR FOOT COMPLICATIONS
CAN BE LIFE THREATENING



Arche LEAP Collaborative Program

AMPUTATIONS

**LOWERED
45% TO
85%**

STANDARDIZED RISK ASSESSMENT:

- Standardized risks assessment and insightful stratification analytics
- Personalized foot care education
- Appropriate off-loading solutions
- Home temperature monitoring for wound development
- Meets HEDIS Guidelines
- Reimbursable as a 99213 coded visit



Therapeutic Footwear

FOOT ULCERS

**LOWERED
12%**

AMPUTATIONS

**LOWERED
18%**

AFTER 2 YEARS:

- Study examined the impact of therapeutic footwear on diabetic foot complications. (foot ulcers & amputations)
- Patients with Type 2 Diabetes Mellitus (DM2)
- Sample size = 26,437 people
- Followed patients for 1 year before and 2 years after receiving therapeutic footwear



Temperature Monitoring

FOOT REULCERATIONS

**LOWERED TO
8.5%**

AMPUTATIONS

**LOWERED TO
8%**

AFTER 15 MONTHS:

- 30% re-ulceration rate using study established standard of care
- 8.5% re-ulceration rate using foot temperature monitoring⁶

¹ Schaper, N. C., Apelqvist, J., & Bakker, K. (2012). Reducing lower leg amputations in diabetes: a challenge for patients, healthcare providers and the healthcare system. *Diabetologia*, 55(7), 1869-1872. ² Reiber G. Epidemiology and Health Care Costs for Diabetic Foot Problems. In: Veves A, Giurilli J, LoGerfo F, eds. *Diabetic Foot Surgical and Medical Treatment* Totowa, NJ: Humana Press; 2002:35-58 ³ Rice JB, Desai U, Cummings AK, Birnbaum HG, Skornicki M, Parsons NB. Burden of diabetic foot ulcers for medicare and private insurers. *Diabetes Care* 2014;37:651-8. ⁴ Lawrence A. Lavery, Robert P. Wunderlich, Jeffrey L. Tredwell (2005) 70 31-37 Disease management for the diabetic foot: Effectiveness of a diabetic foot prevention program to reduce amputations and hospitalizations; *Diabetes Research and Clinical Practice* ⁵ Minshall ME, Durden E, Huse DM, McMorrow D, Lidtke RH. Characteristics and Health Care Resource Utilization of Type 2 Diabetes Mellitus (T2DM) Patients Using Therapeutic Footwear. *Diabetes*, 2014; 63(Suppl 1): A1 63. ⁶ Lavery IA, Higgins KR, Lanctot DR, et al. 2007. Preventing diabetic foot ulcer recurrence in high-risk patients: use of temperature monitoring as a self-assessment tool *Diabetes Care*; 30: 14-20