



LATE

Aloha Surgical Center
239 Ho'ohana Street
Kahului, Hawaii 96732
(808) 893-0578

FEB. 11, 2014

Greetings,

I am writing to express support for a proposed bill in the Hawaii state legislature to bring the definition of podiatric medicine in Hawaii in line with national standards. SB 2467 will benefit patients at ambulatory surgical facilities like ours by increasing the range of services available.

Our facility offers benefits to patients in terms of patient satisfaction, lower cost of care, and high clinical quality, so I support bills that responsibly increase the opportunity for patients to benefit from services provided at our facility. We currently serve approximately 330 patients per month who require procedural treatments in a range of specialties, including podiatry.

Thank you for considering this improvement to the range of treatment options for the people of Hawaii.

Respectfully,

A handwritten signature in black ink, appearing to read "R. Erb", is written over a horizontal line.

R. Ezra Erb, RN BSN CNOR

Administrator/CEO

Aloha Surgical Center



DOUGLAS BIRCH, DPM
Podiatric Physician & Surgeon

ALOHA FAMILY FOOTCARE, LLC
dba MAUI FAMILY FOOTCARE
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LATE

February 9, 2013

Dear Sir or Madam,

I am a voting constituent and am writing in support of SB2467 relating to Podiatry Scope of Practice. I am a Doctor of Podiatric Medicine practicing in Maui County. I have been here for over ten years now. I operate at Maui Memorial Medical Center and Aloha Surgical Center.

I have established myself as a respected member of the Surgery Department at Maui Memorial Medical Center and have in fact operated on many members of the nursing staff and medical staff.

This bill, SB2467, will increase my scope of practice and allow me to serve my community better. There are several limitations that prohibit my patients from receiving the best care possible. We are the experts at limb salvage in conjunction with our vascular surgeon colleagues. We are experts at diabetic wound care and when necessary we are trained to remove appropriate portions of people's feet.

Recently, two studies were done, one by Thomson Reuters and one by Duke University that showed the tremendous benefit of Podiatric Doctors in the treatment of diabetes. The results were significant in the areas of cost savings and lower incidence of amputation due to quality of care. Please see the "Study Details" that are accompanying this letter.

It is widely known by health care professionals that once an ulcer is had by a patient, there is a large incidence of lower extremity amputations and ultimately mortality.

I will say that in my personal practice there have been countless times that I was unable to take care of patients to the best of my ability due to the limitations the current law imposes on our scope of practice. There are surgeries that can be done above the ankle that can significantly reduce pressures on certain portions of the feet. As a podiatrist, I understand the biomechanical and surgical considerations that are necessary to save feet, save limbs and ultimately save lives.

We have been educated and trained in treating below the knee. We are requesting your consideration in this matter. This proposed legislation is good for the people and economics of Hawaii.

Thank you for your consideration.

Douglas Birch, DPM

STUDY DETAILS

Thomson Reuters Study: "The Economic Value of Specialized Lower-Extremity Medical Care by Podiatric

Physicians in the Treatment of Diabetic Foot Ulcers," Journal of the American Podiatric Medical Association, Vol. 101, No 2, March/April 2011.

- The study focused on one specific aspect of diabetic foot care:
 - o identifying individuals with diabetes who developed a foot ulcer;
 - o of those who developed a foot ulcer, examining whether they had received any care from a podiatrist in the year prior to development of the ulcer.
- The study compared individuals who had at least one visit to a podiatrist prior to developing the foot ulcer to those who had no podiatry care in the year prior to developing the foot ulceration.
- Thomson Reuters Healthcare utilized its MarketScan Data Base to examine claims from 316,527 patients with commercial insurance (64 year of age and younger) and 157,529 patients with Medicare and an employer-sponsored secondary insurance.

Duke Study: Sloan, F. A., Feinglos, M. N. and Grossman, D. S., RESEARCH ARTICLE: Receipt of Care and Reduction of Lower Extremity Amputations in a Nationally Representative Sample of US Elderly. Health

Services Research, no. doi: 10.1111/j.1475-6773.2010.01157.x

- The study followed individuals with diabetes for six years, tracking visits to podiatrists and other health care professionals.
- Researchers stratified subjects into four stages based on disease severity:
 - o Stage One--Neuropathy, parasthesia, pain in feet, diabetic amyotrophy;

- o Stage Two—Cellulitis, Charcot feet;
- o Stage Three—Ulcer; and
- o Stage Four - Osteomyelitis, gangrene.

COST SAVINGS

Thomson Reuters Study:

- **Average savings over a three-year time period (year before ulceration and two years after ulceration occurred):**
 - o **Commercial Insurance: Savings of \$19,686 per patient if he or she had at least one visit to a podiatrist in the year preceding his or her ulceration**
 - o **Medicare Insured: Savings of \$4,271 per patient**

- **If extrapolated, these results indicate that if all individuals with diabetes insured by commercial and Medicare plans who are at risk for a foot ulceration had a visit to a podiatrist:**
 - o **\$1.97 billion could be saved in the commercial insurance group in one year**
 - o **\$1.53 billion could be saved in the Medicare insurance group in one year**

- **Savings result from effective evaluation, prevention, and treatment of diabetic foot care complications by a podiatrist, effective treatment of ulcerations and prevention of amputations, and reductions in hospital admissions and lengths of stay. More than 65,000 lower limbs are amputated annually due to diabetes. After an amputation, the chance of another amputation within three to five years is as high as 50 percent.**

QUALITY OF CARE

Duke Study:

- Persons visiting a podiatrist and/or a lower-extremity clinician specialist within a year before developing all-stage complications were between 23 percent and 69 percent less likely to have an amputation compared with individuals who visited other health professionals.
- Podiatrists provide a unique and valuable service that is distinct from the services that allopathic and osteopathic physicians provide, and provide the highest benefit to those persons at risk of lower extremity complications as a consequence of diabetes.
- Conclusion: Care by a podiatrist and/or a lower extremity clinician specialist in the year before the lower extremity complication diagnosis reduced the potential for undergoing lower extremity amputation, suggesting a benefit from multidisciplinary care.

Thomson Reuters Study:

- Podiatrists see patients who are sicker and have more comorbidities.
- Among non-Medicare patients with foot ulcer, those seen previously by a podiatrist had a 20 percent lower risk of amputation and a 26 percent lower risk of hospitalization compared with patients not previously seen by a podiatrist.
- Among Medicare eligible patients with foot ulcer, those seen by a podiatrist had a 23 percent lower risk of amputation and a 9 percent lower risk of hospitalization compared with patients not previously seen by a podiatrist.
- Conclusion: Care by podiatrists prior to the first evidence of foot ulcers in patients with diabetes prevents or delays lower extremity amputations and hospitalizations.

POLICY IMPLICATION

Podiatrists receive the education, training, and experience necessary to provide quality foot and ankle care to patients, and at the same time present cost containment solutions to our health-care delivery and financing systems. Moreover, when compared to other health care professionals who treat the diabetic foot, podiatrists are more likely to reduce hospitalizations and prevent amputations.

Providing access to podiatrists is an important component in ensuring quality of care. The growing epidemics of diabetes and obesity and their concurrent complications, along with the aging of the population, are among the many reasons podiatrists are necessary and important members of the physician community and demand for their services is increasing.



KOKUA KALIHI VALLEY
Comprehensive Family Services
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Phone (808) 791-9400 ♦ Fax (808) 848-0979

LATE

February 4, 2014

Senator Roz Baker, Chair
Committee on Commerce and Consumer Protection

RE: Testimony in Support of SB2467

Honorable Chair and Committee Members:

I am writing to testify in strong support for SB2467, relating to podiatry scope of practice. I am a physician working at Kokua Kalihi Valley and Kalihi Palama Health Center. I am also Associate Professor of Geriatric Medicine, JABSOM. My research focus is diabetes, I am co-Principal Investigator for Medicaid Incentives for the Prevention of Chronic Diseases in Hawaii.

It is with great pleasure that I support SB2467, allowing increase of scope of podiatric medicine to national standards to include the foot and ankle. In the last few decades the training and skill set of a podiatrist to treat the lower extremity has significantly increased. My patients have a long wait to see an orthopedic or general surgeon for foot problems.

Our federally qualified health centers have been most pleased with the service from the community podiatrists and our patients have a high satisfaction with care received from podiatrists. We serve a populations with a high prevalence of diabetes. Podiatrists are the first line of defense in diabetic foot complications, and having them unable to do as they are trained is detrimental to the diabetic community – especially in the area of wound care. It is imperative to treat diabetes foot complications in a timely fashion so that persons living in Hawaii do not have to undergo unnecessary foot amputations.

Please do the right thing for the people of Hawaii and pass SB 2467. Thank you for the opportunity to testify.

Sincerely,

Ritabelle Fernandes, MD, MPH, FACP
Internist & Geriatrician

LATE

February 10, 2014

Testimony to: Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection

Subject: SB 2467 - Relating to Podiatrists

Presented by: Devie Durupan, BA - Biology
Podiatry Nurse, Academy Foot Center of Hawaii, Inc.

Honorable Chair Baker and Committee

Position: SUPPORT

I have worked in a podiatry clinic since 1997. Through the years, I have worked with four podiatrists, all of which have dedicated their life to saving feet and providing patient with a good quality of life.

Through the years, I have seen the good that were provided as well as the heartache a patient has had to endure particularly because of diabetic foot complications.

The increasing rate of DIABETES IN HAWAII IS STAGGERING; hence, the increase of diabetic related problems, such as foot ulcerations. Two drug representatives came in last week saying that Hawai'i ranks #1 in leg amputations, because Hawaii is overburdened by the statistics and lacks the trained doctors to save the feet. It is true, in my observations, many non-DPMs who do foot amputations do not understand the mechanics of a foot, and by amputating parts of foot without addressing the soft tissue structures, they sometimes cause more harm than good. So often anymore, they mostly just CUT it all off. My doctors could have saved their patient's foot, if they were allowed to amputate beyond just toes – and they'd be walking today.

Senators, providing access to podiatrists and embracing their training is an important component in ensuring quality of care.

The growing epidemic of diabetes and obesity and their concurrent complications, along with the aging of the population, are among the many reasons podiatrists are necessary and important members of the physician community and demand for their services is increasing.

I have attended many podiatric medical assistant classes on a national level in which podiatrists have been able to fix and save so much that other doctors couldn't be bothered with. Please support SB2467 in regards to increasing the scope of practice of podiatrist to national standards.

Devie Durupan
Concerned Citizen

LATE

To Whom it may concern:

We are practicing Orthopaedic surgeons who take trauma call at Queens Medical Center. We recently became aware of SB2467. In reading the changes made to the scope of practice of Podiatrists, and the testimony given by podiatrists, we have concerns.

The change in language allows surgical treatment of “ankle fractures.” It does not define ankle fracture. The difference in fractures around the ankle is profound, and important. Simple ankle fractures are often low-energy and involve only the fibula and non-weight bearing portions of the tibia. “Pilon” fractures are high-energy, often crush injuries, to the ankle, that involve the weight bearing portion of the tibia. This distinction is very important and the lack of making this distinction is being used by the proponents of this bill to falsely imply a need for podiatrists to “fix ankle fractures.”

In our experience simple ankle fractures are not routinely transferred to Queens, and they are safely treated by community Orthopaedic surgeons in community settings. Conversely, complex Pilon fractures are transferred to Queens where they are treated by experienced Orthopaedic Trauma Surgeons at a trauma center, as they should be. The idea that there is a wide spread shortage of appropriate “ankle” fracture care is false. We currently have a trauma system in place that safely and effectively treats patients with ankle trauma, ensuring that the appropriate injuries are treated by the appropriate people in the appropriate settings.

Regardless of the passage of this bill, Podiatrists will not be performing surgery on ankle fractures at hospitals like Queens. Committees staffed by members with extensive medical knowledge appropriately restrict surgical privileges, to keep surgeons operating within their scope of training. Small rural hospitals and outpatient surgery centers may not have this same level of scrutiny protecting patients. Patients in these settings are currently protected by the states definition of Podiatry. If you strip away this protection, an ambitious podiatrist will attempt a surgery he or she is not optimally trained for, and these most vulnerable patients will suffer. Please continue to protect all the patients of Hawaii and reject SB2467.

Sincerely,

Alexander C. Garber MD, PhD

Jason Kaneshige MD

Lorin Lee, MD

LATE

Feb 11, 2014

To Whom It May Concern:

My name is Dr. Kevin Higashigawa and I am a board certified orthopaedic surgeon practicing in Kailua, Hawaii.

I strongly oppose SB2467. I strongly believe that podiatrists do not have adequate knowledge, skill, or training to successfully perform ankle surgery. I would never allow a podiatrist to operate on myself or any member of my family.

I strongly believe that allowing podiatrists to perform ankle surgery would pose a significant threat to the health and well-being of Hawaii's citizens.

Sincerely,

Kevin Higashigawa, MD

LATE

SB2467

Submitted on: 2/11/2014

Testimony for CPN on Feb 12, 2014 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|------------------|--------------|--------------------|--------------------|
| patrick c murray | Individual | Comments Only | No |

Comments: I am an orthopedic trauma surgeon in Honolulu .I strongly oppose allowing podiatrists to manage ankle fractures.The types of fractures that occur around the ankle range from simple to significant complexity.Just a few of us manage these complex fractures because of there severity Those who take care of complex ankle fractures spend four years in medical school,five years of orthopedic residency then another year in trauma fracture management.We have been managing these fractures for a long time and see no reason why the people of Hawaii would want that changed.Proceeding with allowing this to get awayfrom us would surely upset the people if you proceed.Thank you for your attention

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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LATE

SB2467

Submitted on: 2/11/2014

Testimony for CPN on Feb 12, 2014 09:00AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-------------------------|--------------|--------------------|--------------------|
| jeffery k harpstrite md | Individual | Oppose | No |

Comments: I am strongly opposed to the noted Bill. I am an experienced orthopedic surgeon trained in trauma with years of experience in Foot and ankle injuries and reconstruction. I feel allowing podiatrists to do procedures above the ankle would set up our patients of Hawaii for many complications. This is because podiatrists are not trained in areas above the ankle. It is well-known that inexperienced surgeons have a higher complication rate. Podiatrists with inadequate training above the ankle certainly would have a high complication rate.

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LATE

Testimony to: Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection

In support of SB 2467 – Relating to Podiatrists
Presented by: Hawaii Podiatric Medical Association

Chair Baker and Members of the Committee:

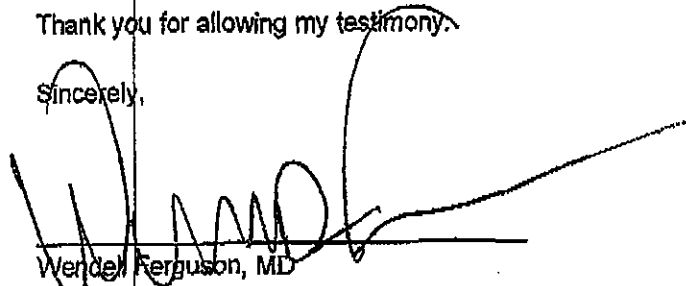
I am Wendell Ferguson, MD Orthopaedic Surgeon of Kaiser Vacaville Medical Center and I support this bill.

I have been involved in training podiatry residents in ankle fractures and have seen firsthand their competency. This bill allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they have been trained.

Over the past two decades podiatry training has progressed significantly and the scope of practice should reflect this.

Thank you for allowing my testimony.

Sincerely,

A handwritten signature in black ink, appearing to read 'Wendell Ferguson', with a long horizontal line extending to the right.

Wendell Ferguson, MD
Kaiser Vacaville Medical Center

LATE

Testimony to: Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection

In support of SB 2467 – Relating to Podiatrists
Presented by: Hawaii Podiatric Medical Association

Chair Baker and Members of the Committee:

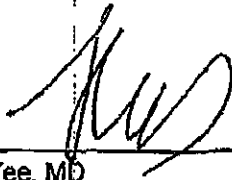
I am Theodore Yee, MD Orthopaedic Surgeon of Kaiser Vacaville Medical Center and I support this bill.

I have been involved in training podiatry residents in ankle fractures and have seen firsthand their competency. This bill allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they have been trained.

Over the past two decades podiatry training has progressed significantly and the scope of practice should reflect this.

Thank you for allowing my testimony.

Sincerely,



Theodore Yee, MD
Kaiser Vacaville Medical Center