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To whom it may concern:

I am writing in support of the efforts by Oregon Podiatric Medical Association to clarify the scope of practice of podiatry in relation to wound care to include soft tissue distal to the tibial tubercle.

Podiatrists have long had tradition of being wound care specialists. They are trusted partners in care of patients. Care, unfortunately, can become fragmented when care within their expertise is delegated to another specialist unnecessarily. As a Medical Director of a high volume wound center I have encountered situations where a wound center provides one service and podiatry provides another service on the same limb because of this concern. The Office of Inspector General has previously noted the inappropriateness of separating procedures/billing when services could have been provided by one provider at a lesser cost.

Example:

A podiatrist debrides an ankle venous ulcer under their care. On same day a calf ulcer is evaluated by wound center and subsequently places an Unna boot on patient for compression of both ulcerations.

In this example a podiatrist bills for debridement and the wound center bills for Unna boot. If same provider were to treat both only the debridement charge would be appropriate.

Since 2005 I have worked alongside podiatrists and can affirm with confidence their ability to provide care in relation to soft tissue injury distal to the tibial tubercle. I hope with this change podiatrists can continue to care for their patients without forcing patients to be shuttled without need to other providers and at higher cost.

Thank you for taking these considerations into account.

Sincerely,

A handwritten signature in black ink, appearing to read "Alejandro Perez".

Alejandro Perez, MD, FSVM, RPVI
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Medical Director of Providence Non-invasive Vascular Laboratory and Vascular Rehabilitation Program