Lower-Limb Preservation CoP

Downtown East Toronto OHT

June 22, 2026

Ontario Health

Housekeeping

Please keep yourself on mute unless you are speaking.

We encourage you to type your questions or comments in the chat box. The chat box is monitored throughout the session. Questions will be addressed directly in the chat box or in the discussion following the presentations.

This session will be recorded. The recording and presentation slides will be shared following this session.

Agenda

TIME	TOPIC	SPEAKER
5 min	Welcome & Housekeeping Land Acknowledgement	Patrick Kitchen Lindsay McKendrick
5 min	Introduction & Priorities for LLP Pathways	Dr. Christopher Chan
25 min	OHT Spotlight: Downtown East Toronto OHT	Dr. Charles de Mestral
10 min	Q&A	All

Land Acknowledgement

Lindsay McKendrick | Senior Analyst, Integrated Care Programs

Ontario Health

Introduction & Overview of LLP Priorities

Dr. Christopher Chan | Clinical Lead, Integrated Care

Overview of Priorities for LLP Pathways

Enabled by OHTs and aligned with Ontario Framework for Lower Limb Preservation, LLP pathways are improving care for patients at risk of diabetes and vascular-related lower-limb complications and amputations.

Pathway Goals

1. **Improve outcomes** for patients at highest risk of lower-limb amputation.
2. Advance **best-practice wound management** by improving equitable access to supports in acute and community settings.
3. **Strengthen early identification and preventative management** including screening, cardiovascular risk factor management, and community-based foot care.

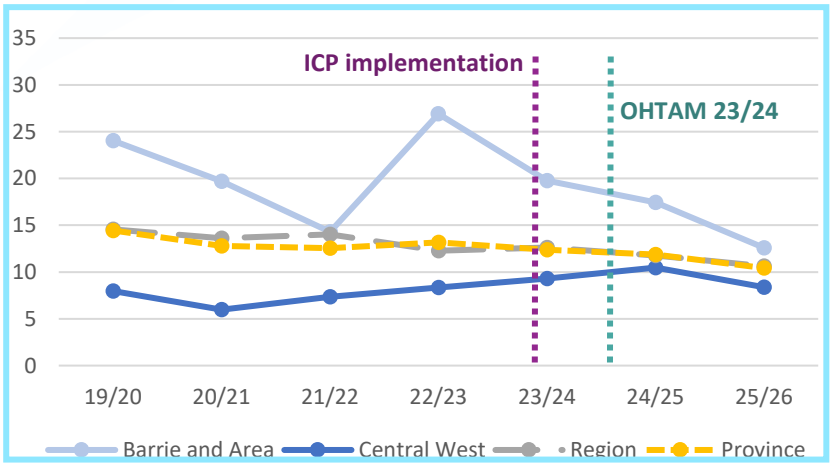
Priorities for FY 26/27

Continue to mature existing LLP ICPs in key areas:

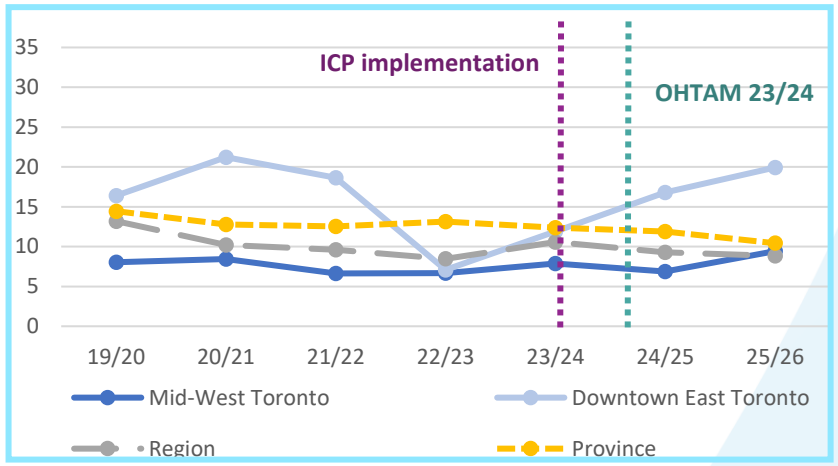
- ✓ **Strengthen collaboration** among clinical leadership in community and acute care.
- ✓ **Demonstrate unique patient reach** of LLP pathways.
- ✓ Continued improvements to **strengthen program impact** and improve outcomes for patients at highest-risk of lower-limb amputation.
- ✓ Through PCN/OHT collaboration, ensure patients enrolled are **attached and/or have ongoing access to primary care**.

Regional View of Major Amputations (Age-Sex Adjusted Data)

Central



Toronto



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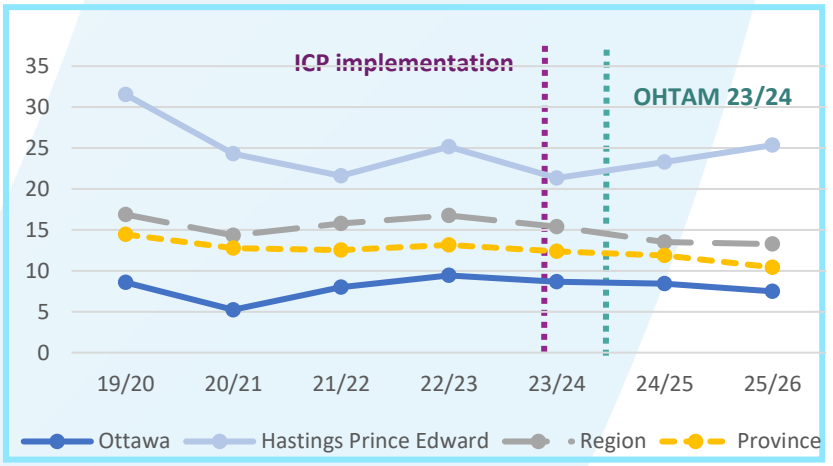
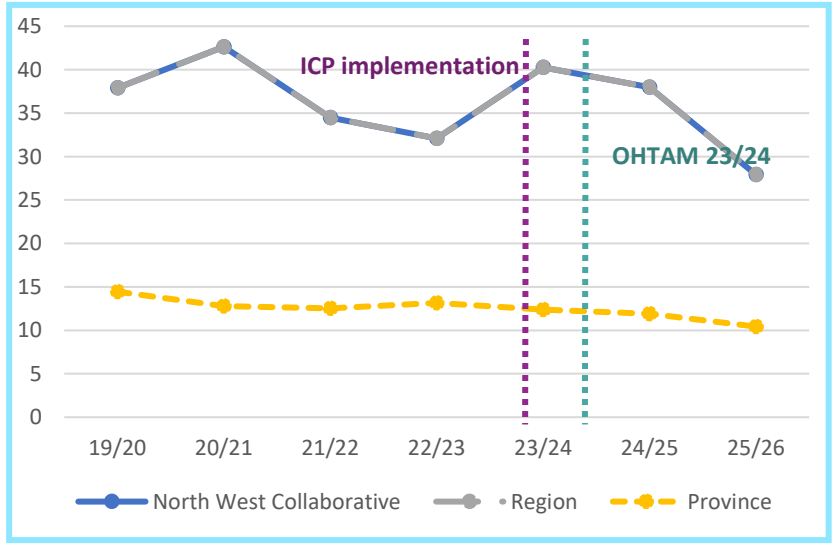


North West



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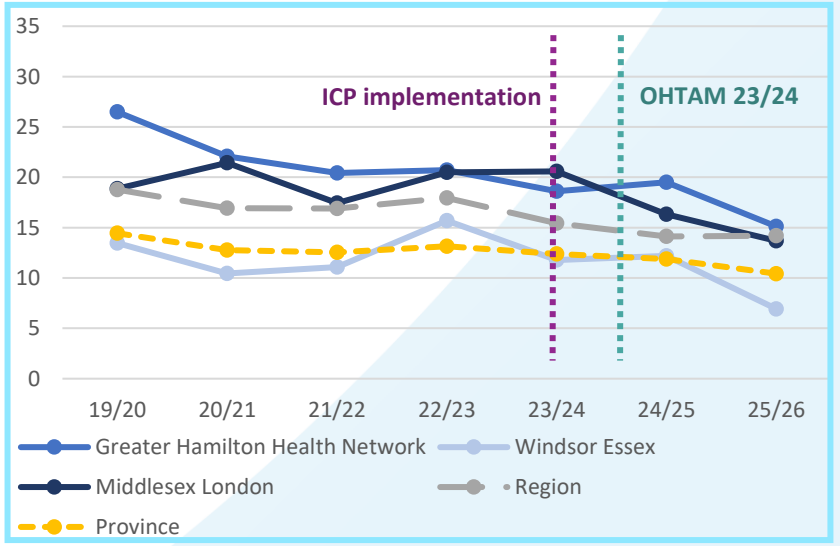

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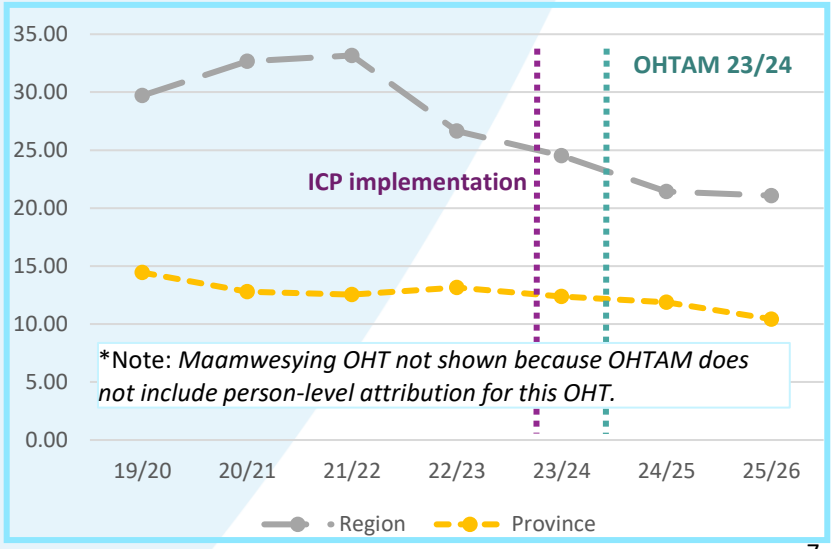


*Note: *Maamwesying OHT not shown because OHTAM does not include person-level attribution for this OHT.*

OHT Spotlight:

DOWNTOWN EAST TORONTO ONTARIO HEALTH TEAM

Putting Feet First: the program aims to improve access and coordination for individuals in need of lower-limb care and at risk of complications, addressing care gaps by enhancing foot screening and establishing clear escalation pathways.

What They're Doing

Integrated, Connected, Collaborative Care

Leveraging information-sharing systems across partners to facilitate foot care for high-risk patients, clinical care consultants to support coordinating multidisciplinary care in the hospital and screening and prevention initiatives in the community, and the SCOPE program for non-team-based primary care providers

Early Identification & Prevention

Implemented pathways for screening and prevention, educating patients on self-management and timely foot screenings, and improved access to community chiropody and foot care supplies without financial barriers, particularly for vulnerable populations

Coordinated & Consistent Management

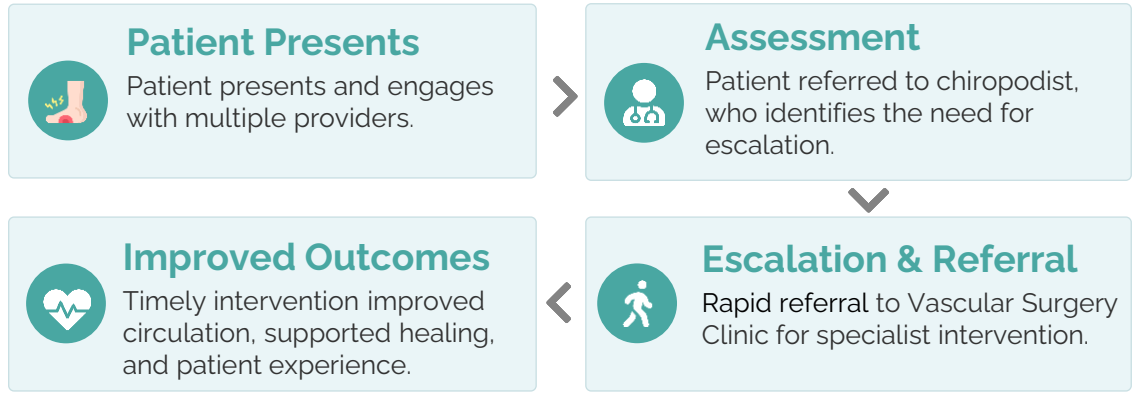
Implemented a standardized screening tool across partners, developed a care escalation and referral tool to streamline access to acute care, and established clear pathways from acute care to community chiropody services for follow-up, supporting care transitions and continuity

Patient Level Impacts

>600 patients
Served in FY 25/26

Patient Story

A patient with PAD and diabetes developed a toe infection. Following the established escalation pathway, the patient was referred to a community chiropodist, who quickly identified the need for specialist care and escalated to the Vascular Surgery Clinic. The team provided revascularization, improving circulation and supporting healing of the infection. The patient emphasized the positive experience with both the community chiropody services and the vascular clinic, noting that rapid referral and specialist involvement were critical to their improved clinical outcomes and overall satisfaction.

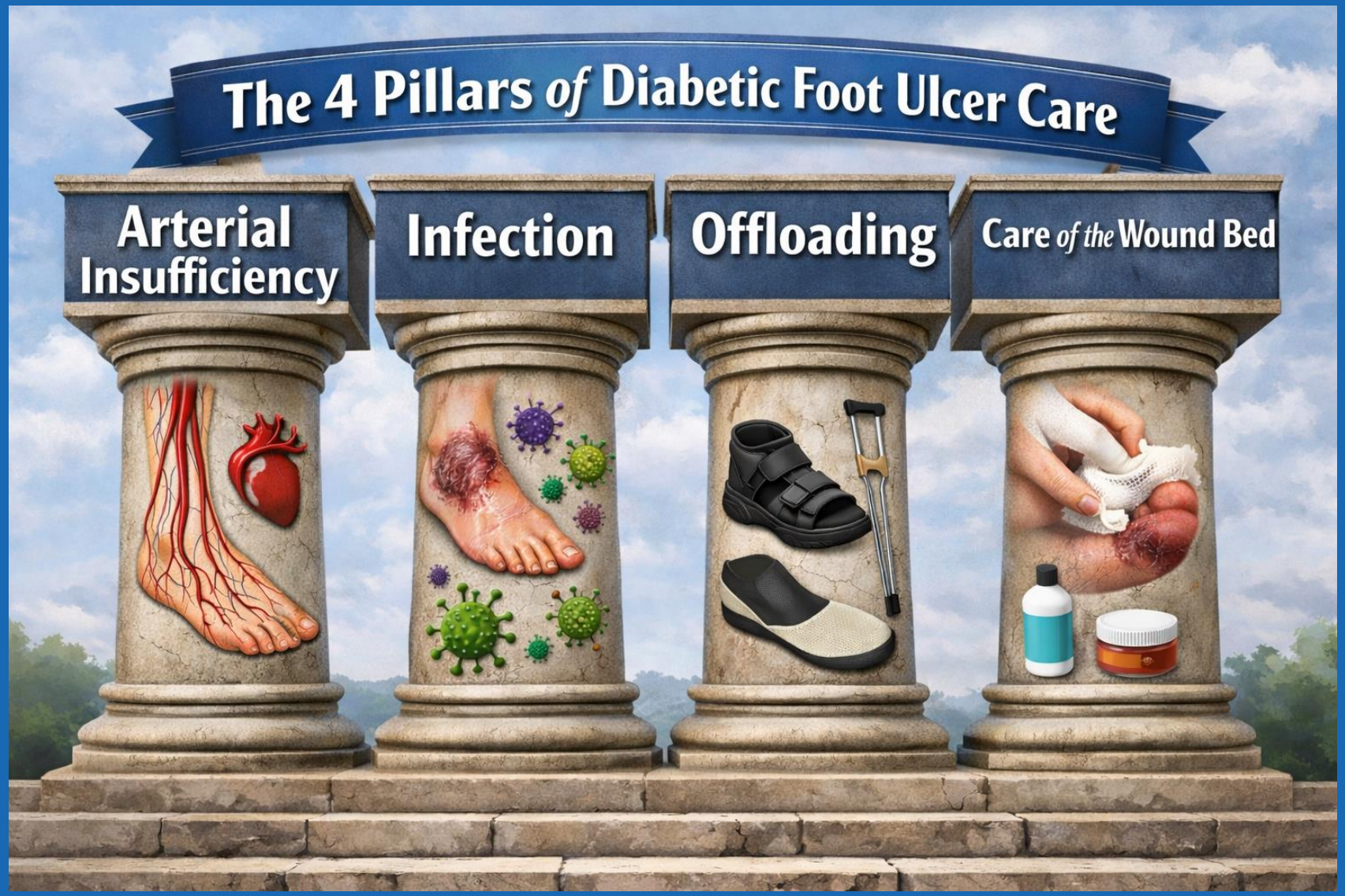


OHT Spotlight: Downtown East Toronto

Dr. Charles de Mestral | Vascular Surgeon & DET-OHT LLP Co-Lead

Best Prevention = Foot Screening

Best Treatment = Multipronged



Quantitative Evidence from Ontario to Guide Practice

1. Comprehensive Diabetes Management Saves Limbs
2. Vascular Surgery and Chiropody are Central to Amputation Prevention
3. Team-based DFU Care is Cost Savings
4. Hospitals can (should?) Promote Community-based Preventative Foot Care

1. Comprehensive Diabetes Care Saves Limbs

Information below is example taken from the Ontario Health Insurance Plan Physician Services Schedule of Benefits (https://tinyurl.com/u7uadz5c). Identical service requirement are associated with the comprehensive diabetes management fee codes for **primary care** (max 4 per year), **endocrinologists** and **general internal medicine specialists** (max 1 per year).

DIABETES MANAGEMENT BY A SPECIALIST

Definition/Required elements of service:

Diabetes Management by a *specialist* is a service rendered by a *specialist* in Endocrinology, Internal Medicine or Paediatrics who is most responsible for providing ongoing management of a diabetic patient. This service includes all services related to the coordination, provision and documentation of ongoing management using a planned care approach consistent with the required elements of the current Canadian Diabetes Association (CDA) Clinical Practice Guidelines. The medical record must document that all of the CDA required elements have been provided for the previous *12 month period* and include, at a minimum, the following:

- **a.** Lipids, cholesterol, HbA1C, blood pressure, weight and *body mass index (BMI)*, and medication dosage;
- **b.** Discussion and offer of preventive measures including vascular protection, influenza and pneumococcal vaccination;
- **c.** Health promotion counselling and patient self-management support;
- **d.** Albumin to creatinine ratio (ACR);
- **e.** Discussion and offer of *referral* for dilated eye examination; and
- **f.** Foot examination and neurologic examination.

K045 Diabetes management by a specialist 75.00

Annual Comprehensive Diabetes Management

Lower risk of leg amputation (HR 0.92, 95%CI 0.89-0.96)

ICES

2. Vascular Surgery & Chiropody are Central to Amputation Prevention

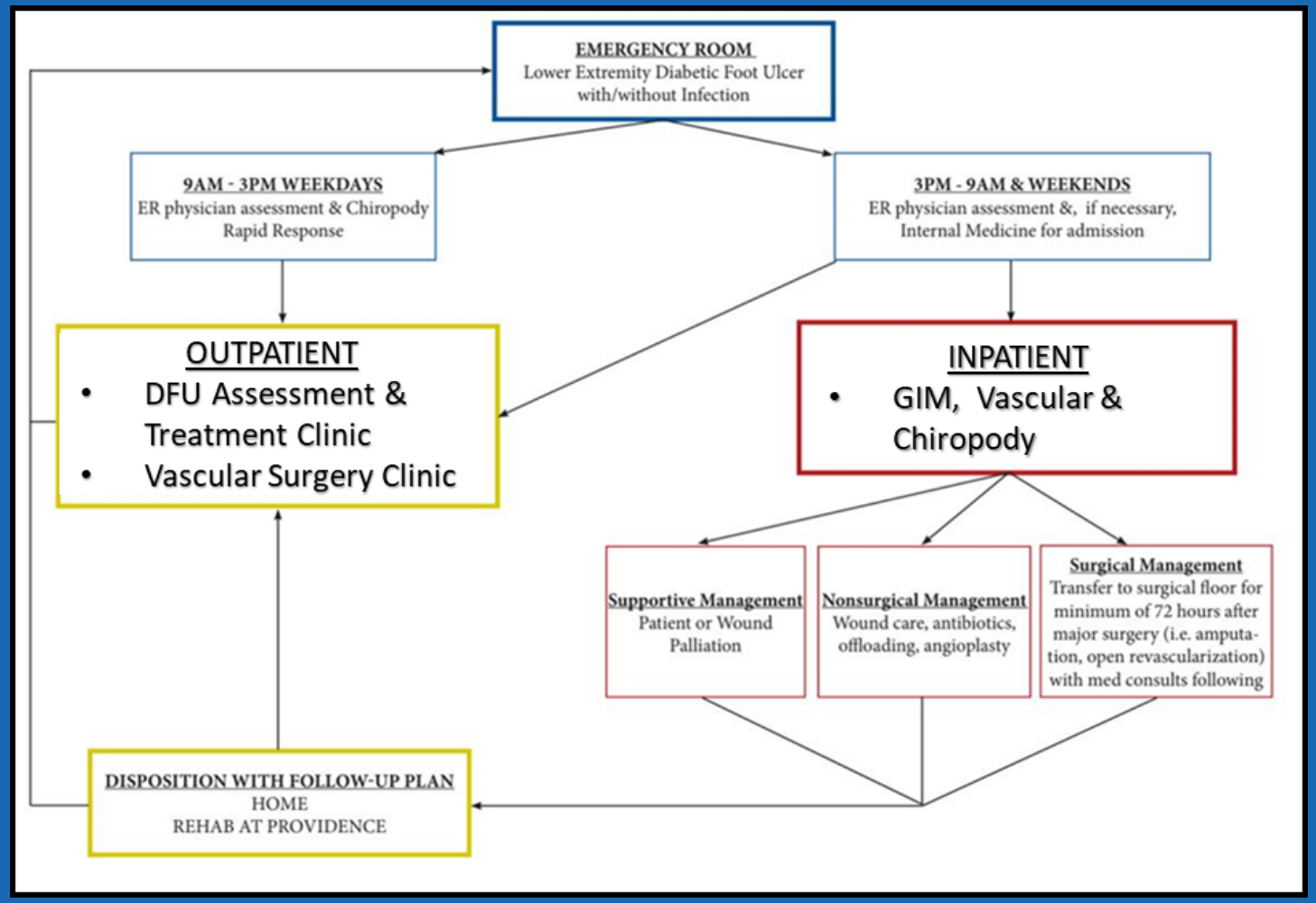
DOI: 10.9778/cmajo.20200048

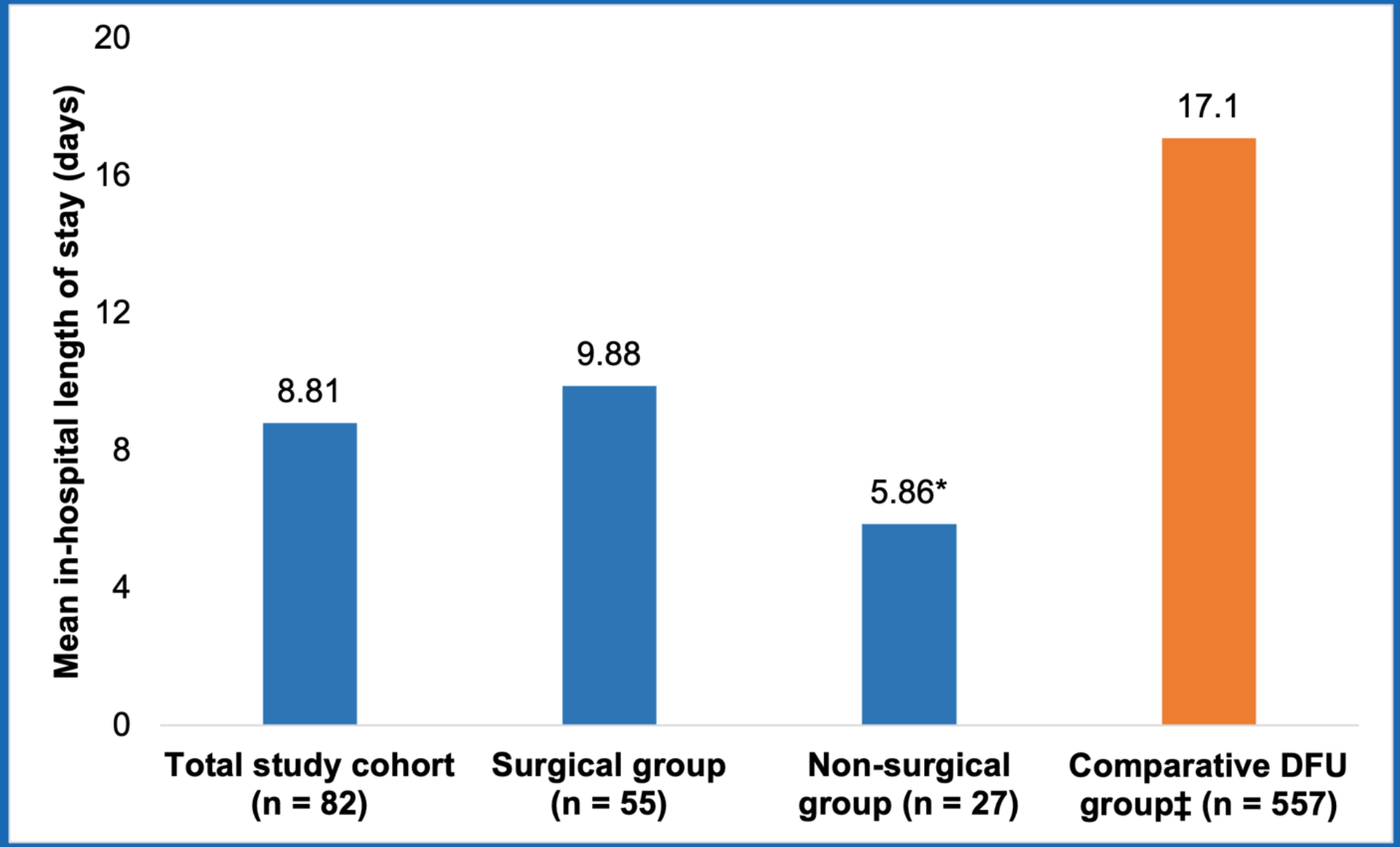
Table 2: Correlation of regional health provider counts and health care utilization among study patients with regional major amputation rates

Measure	Range of values across 14 regions	Pearson correlation coefficient (95% CI)*
No. of health providers per capita within each region†		
Vascular surgeons	0 to 1.9	–0.44 (–0.78 to 0.14)
Chiropodists and podiatrists	3.7 to 36.6	–0.38 (–0.75 to 0.20)
Orthopedic surgeons	5.5 to 15.0	0.17 (–0.40 to 0.64)
Vascular, general and orthopedic surgeons	14.1 to 33.4	0.26 (–0.32 to 0.69)
General surgeons	8.3 to 16.5	0.42 (–0.14 to 0.78)
Health provider visit among study patients (at least 1 visit within 1 yr before hospital admission for index amputation)‡		
Vascular surgeon	5.5 to 58.8	–0.66 (–0.88 to –0.17)
Publicly funded podiatrist§	0.0 to 8.4	–0.34 (–0.73 to 0.25)
Vascular, general or orthopedic surgeon	57.4 to 81.9	–0.29 (–0.71 to 0.29)
Primary care physician	90.4 to 97.1	0.05 (–0.50 to 0.56)
Orthopedic surgeon	16.4 to 33.2	0.25 (–0.33 to 0.68)
Specialist physician (excluding vascular, general and orthopedic surgeons)	91.0 to 95.4	0.43 (–0.15 to 0.78)
General surgeon	10.1 to 43.1	0.54 (–0.01 to 0.82)
Health services among study patients (within 1 yr before hospital admission for index amputation)		
Endovascular or open vascular intervention	5.7 to 27.5	–0.84 (–0.95 to –0.54)
Endovascular intervention	2.7 to 18.5	–0.82 (–0.94 to –0.49)
Open vascular intervention	4.4 to 19.5	–0.51 (–0.81 to 0.05)
Outpatient nursing care	48.7 to 79.6	–0.47 (–0.79 to 0.10)
Total health care costs, $	45 103 to 69 483	–0.39 (–0.76 to 0.19)
Hospital admission (at least 1)	58.2 to 70.8	–0.10 (–0.60 to 0.45)
Minor amputation	8.2 to 20.4	0.34 (–0.25 to 0.73)
Emergency department visit (at least 1)	83.6 to 91.2	0.50 (–0.06 to 0.81)
Intervention during hospital admission for index amputation		
Endovascular or open vascular intervention	4.2 to 21.0	–0.81 (–0.93 to –0.46)
Open vascular intervention	1.8 to 13.7	–0.74 (–0.91 to –0.32)
Endovascular intervention	3.0 to 13.4	–0.65 (–0.87 to –0.16)

Note: CI = confidence interval.
*Negative coefficient denotes an inverse linear relationship. The magnitude of specific correlations can be interpreted according to the following criteria (where r is the absolute value of the coefficient): $0.1 < r \leq 0.3$ denotes weak correlation; $0.3 < r \leq 0.5$ denotes moderate correlation; $r > 0.5$ denotes strong correlation.[22]
†Counts of providers per 100 000 residents ≥ 40 years of age.
‡Excluding 30 days before amputation.
§Most podiatry and chiropody services are not publicly funded in Ontario.

3. Team-based DFU Care is Cost Savings





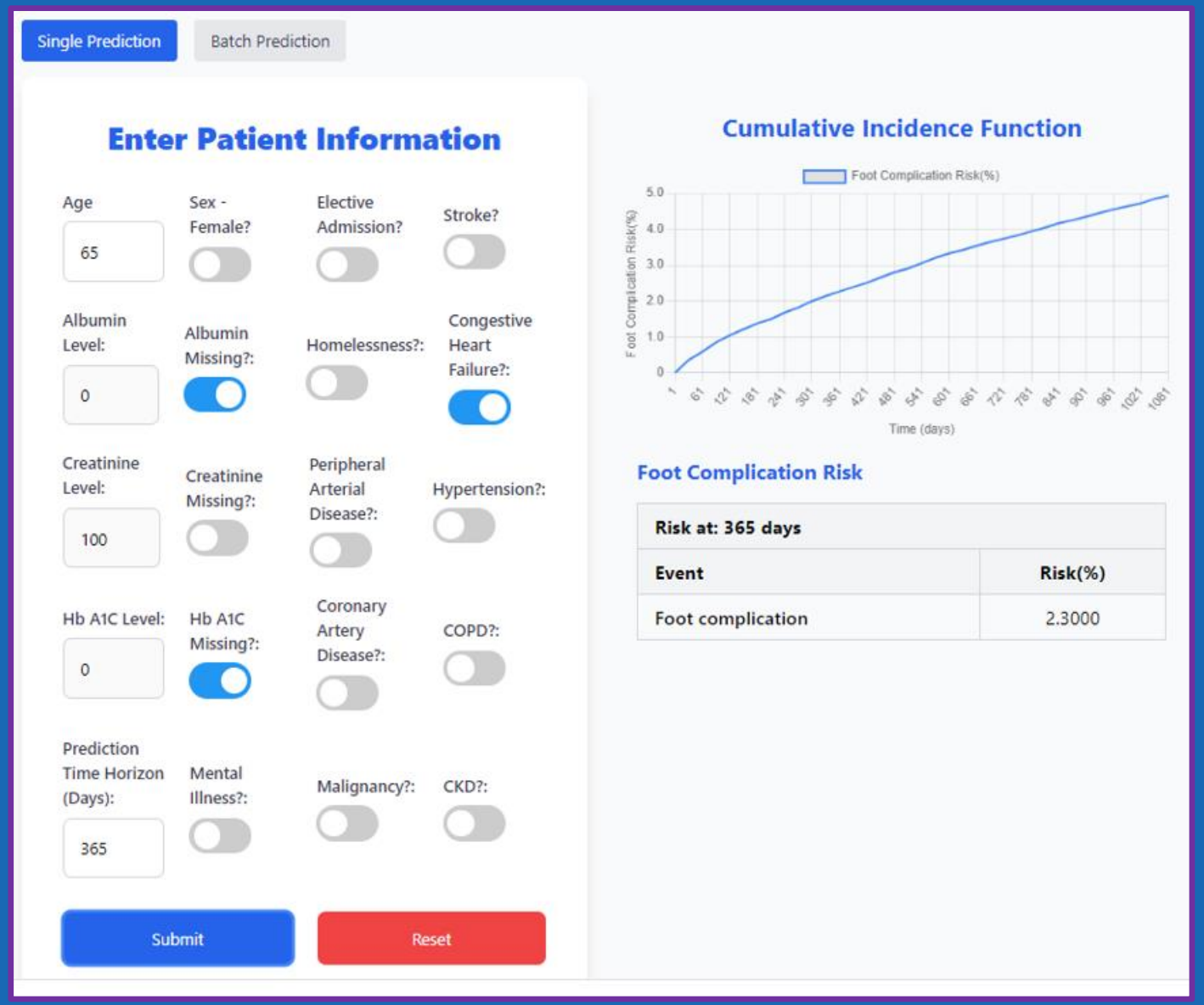
DOI: 10.1111/iwj.14214

4. Hospitals Can (should?) Promote Community-based Preventative Foot Care

Hospitalization Data

Predict Risk of a Future Foot Complication

Community-based Foot Screening



DOI: 10.1016/j.jclinepi.2026.112295

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Questions & Answers

Join the…

Community of Practice

Teams are encouraged to join the online **Integrated Care Programs Community of Practice** in the OHT Shared Space to access and share resources, connect with peers, and advance **Integrated Care.**

1. Visit the **OHT Shared Space** and click "SIGN UP" to create your account.
2. Visit the **Integrated Care Programs CoP** and click the "JOIN GROUP" button. You will receive an email notification when you've been accepted into the group.

   Note: You are automatically accepted into the "General Discussion" Group.
3. Don't forget to click on the "**Subscribe to Updates**" button once you've been accepted into your CoP!

This CoP supports OHTs actively engaged in the design, implementation, and improvement of **Chronic Disease Prevention and Management (CDPM)** and **Integrated Clinical Pathways (ICPs).**

Have your say!

Your feedback and participation are key to shaping our community:

Feedback Survey

If you have any feedback, concerns, or recommendations to help tailor the CoP to support your needs, please fill out this short survey.

Do you have a topic you want to present to the CoP?

To express your interest, feel free to let us know using this survey!

Thank You

OH Integrated Care Programs Team

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