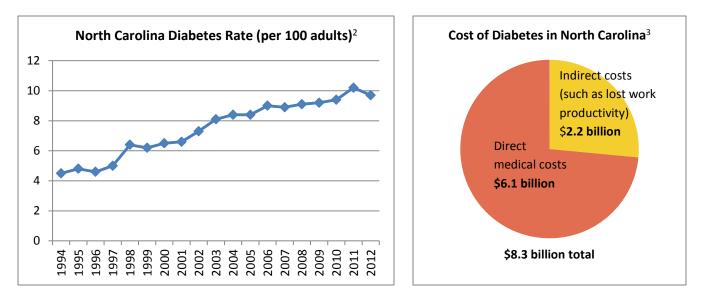


Diabetes by the Numbers: North Carolina

Diabetes is currently one of the ten leading causes of death in North Carolina. In 2012, **748,300** people in North Carolina were estimated to have diabetes, and the disease was estimated to affect the health of 7.6 percent of the adult population.¹ Not only does diabetes cause detriment to the well-being of North Carolina citizens, but it also puts a tremendous financial burden on the state.



In 2010, **73**, **000** non-traumatic lower limb amputations were performed in the US due to diabetes.⁴

The average cost of each amputation is \$70,434.⁵

Investing in Podiatric Care

- While diabetes is the leading cause of non-traumatic lower limb amputation, these amputations can be prevented.
- Every \$1 invested in care by a podiatrist results in \$27 to \$51 of savings for the health-care system among patients with commercial insurance. For Medicare-eligible patients, every \$1 invested in care by a podiatrist results in \$9 to \$13 of savings.⁶
- The inclusion of care provided by podiatrists for those with diabetes alone will save the health-care system \$3.5 billion per year.⁷

Today's Podiatrist Keeps North Carolina Walking

North Carolina can benefit economically and medically from encouraging its diabetes patients to visit podiatrists yearly. Research shows yearly visits to a podiatrist by those with diabetes can decrease the risk of lower limb amputation by up to 80 percent.⁸ For more information, visit <u>www.apma.org/diabetes</u>.

^{1,3} Economic Costs of Diabetes in the U.S. in 2012. (2013). *Diabetes Care* 36 (2013): 1033-1046.

² National Diabetes Surveillance System, 2014. Centers for Disease Control and Prevention.

⁴ National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014. Centers for Disease Control and Prevention.

⁵ Lee C. Rogers et al., "The Right to Bear Legs—An Amendment to Healthcare: How Preventing Amputations Can Save Billions for the US Health-care System," *Journal of the American Podiatric Medical Association* 98 (2008): 166-168.

^{6,7} Ginger Carls et al., "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 101 (2011): 93-115.

⁸ T.B. Gibson et al., "Podiatrist care and outcomes for patients with diabetes and foot ulcer," International Wound Journal 11 (2014): 641–648.