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*Adequate Off-loading of Diabetic Foot Ulcers performed at each visit,  
appropriate to location of ulcer*

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## MEASURE ID: USWR35

**MEASURE DESCRIPTION:**

Percentage of visits in which diabetic foot ulcers received adequate off-loading during the 12-month reporting period, appropriate to the location of the ulcer. (Off-loading is not a simple documentation process but may include performing a procedure such as Total Contact Casting or special bandaging.)

**DENOMINATOR:**

All visits of diabetic foot ulcers

**NUMERATOR:**

Visits in which diabetic foot ulcers receive adequate off-loading at each visit during the 12-month reporting period

**DENOMINATOR EXCLUSIONS:**

Palliative care, hospice, patient death in service

**DENOMINATOR EXCEPTIONS:**

Adequate off-loading not prescribed for Medical, Patient or System Reasons

**NUMERATOR EXCLUSIONS:**

None

**HIGH PRIORITY MEASURE:**

No

**MEASURE TYPE:**

Process

**NQS DOMAIN:**

Effective Clinical Care

**SUBMISSION PATHWAY (MIPS REPORTING OPTION):**

Traditional MIPS, MVP

**APPLICABLE SPECIALTIES:**

Plastic & Reconstructive Surgery; Podiatry; Wound Care; Cardiology; Emergency Medicine; Family Medicine; General Surgery; Geriatrics; Internal Medicine; Physical Medicine & Rehabilitation; Post-Acute Care

**PUBLISHED CLINICAL CATEGORY:**

Wound Care

**CARE SETTING:**

Measure ID: USWR35

Hospital Outpatient; Ambulatory Care: Hospital; Ambulatory Care: Clinician Office/Clinic Hospital Outpatient; Home Care; Outpatient Services; Post-Acute Care; Rehabilitation Facility; Long Term Care; Nursing Home

**INCLUDES TELEHEALTH:**

No

**MEANINGFUL MEASURE AREA:**

Management of Chronic Conditions

**MEANINGFUL MEASURE AREA RATIONALE:**

Diabetic foot ulcers are a chronic medical condition affecting perhaps 50% of diabetics and when incorrectly managed are the second most common cause of amputation in the USA. Off-loading of diabetic foot ulcers is the standard of care for treatment of these problems.

**MEASURE CALCULATION TYPE/INDICATOR:**

Proportional Measure

**NUMBER OF PERFORMANCE RATES:**

1

**TRADITIONAL OR INVERSE:**

Traditional

**INDICATE OVERALL PERFORMANCE RATE:**

1st Performance Rate

**RISK ADJUSTED STATUS:**

No

**CLINICIAN TESTED QCDR MEASURE:**

Yes

**CLINICAL RECOMMENDATION STATEMENT:**

Off-loading is the single most important intervention necessary to accomplish wound healing in the management of diabetic foot ulcers. When off-loading is integrated into the patient encounter process and provided at each visit, the likelihood of DFU healing increases and the chance of complications decreases. (Off-loading consensus guidelines, JAPMA Vol. 104.(6) 2014.)

**QCDR MEASURE RATIONALE:**

There currently exists a "gap" between the evidence supporting the efficacy of DFU off-loading and what is performed in clinical practice. In a 2010 study, only 6% of DFUs were properly off-loaded at each visit (Fife CE, et al. Why Is it So Hard to Do the Right Thing in Wound Care? Wound Rep Reg (2010) 18 154-158.) In 2012, the USWR piloted a per-visit DFU off-loading measure in 6 hospital-based wound centers and as a result of the "Do the Right Thing" initiative, off-loading rates increased from 11.7% to 69.2%. Unfortunately, gaps in the care of DFUs continue with 2023 USWR data showing an average performance rate of only 56.7%.

Measure ID: USWR35

CMS has expressed interest in using this QCDR measure as part of an MVP for podiatry. The American Diabetes Association Amputation Prevention Coalition supports broader use of this measure in its effort to reduce diabetes related amputations.

The location of the diabetic foot ulcer on the foot (e.g., heel/midfoot vs. toes) determines the type of off-loading device that is appropriate. The clinician needs to evaluate other factors as well, including risk of falling and then provide the most appropriate off-loading option. The gold standard is total contact casting (TCC), a time-consuming procedure that is performed during the patient's visit. However, for many valid medical and patient centered reasons, TCC may not be feasible or appropriate. In those cases, the foot may be padded with felt and foam in the clinic (a "football wrap") or the patient's own shoe may be modified by the practitioner. If the wound is on the non-weight bearing surface of the foot, other methods of protection may be more superior to a TCC including something as simple as a cast shoe for lesions on the top of the toe. These are typically provided by the practitioner during the visit.

**MEASURE PERFORMANCE DATA:**

In 2023, we analyzed USWR data from 241 individual practitioners and found an average performance rate of 56.7% (range 0% - 100%).

**STUDY CITATION:**

- Fife CE, et al. Diabetic foot ulcer off-loading: The gap between evidence and practice. Data from the US Wound Registry." Adv Skin Wound Care. 2014 Jul; 27(7):310-6.
- Fife CE, et al. Why Is it So Hard to Do the Right Thing in Wound Care? Wound Rep Reg (2010) 18 154–158.
- Snyder RJ, et al. The Management of Diabetic Foot Ulcers through Optimal Off-loading. Building Consensus Guidelines and Practical Recommendations to Improve Outcomes. Journal of the American Podiatric Medical Association. Vol 104. No. 6. Nov/Dec 2014.