



IS RACE ASSOCIATED WITH REFERRAL DISPARITIES FOR PATIENTS WITH DIABETIC FOOT COMPLICATIONS?

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Background

- Racial minorities are more likely to develop Type II diabetes.
- African Americans with diabetes experience complication related amputations **3X** more often than white patients.



Our Question

Is patient race associated with lower referral to specialist rates in patients with diabetic foot complications?

597 Patients with diagnosis of diabetes-related foot complications were identified

Referral incidence to specialty orthopaedic clinics were extracted

Patient demographics were collected and analyzed

Race was defined as "white" or "race other than white"

Proportions and rank sum tests were used to assess differences.

Methods

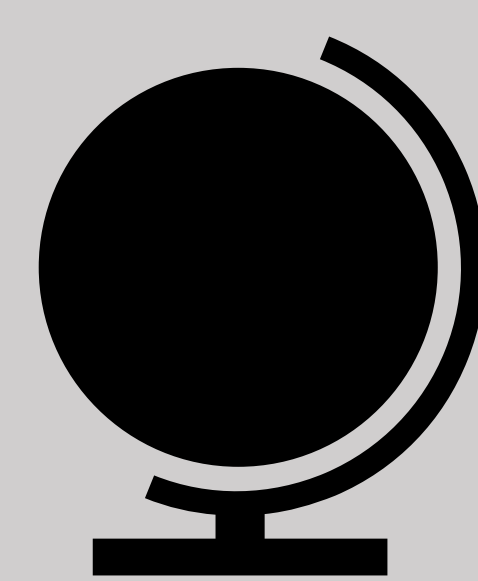
Results



Patients referred for specialty care were significantly younger (56.5 ± 10.9 years vs. 61.1 ± 12.5 , $p < 0.001$)



Patients seen in specialty care (with or without a referral) were 2.2X more likely to have Medicaid insurance ($p = .01$).



Patient race, sex, and marital status were not associated with differences in referral rates.

Racial minorities are more likely to develop diabetic foot ulcers

Racial minorities are more likely to present with more severe ulcers

Racial minorities are more likely to undergo amputation within 1 year of diagnosis

Race does not appear to be associated with decreased referral rates to specialists

Other Factors & Next Steps

1. Learn why racial minorities with diabetic ulcers delay their initial presentation for care.
2. Identify mechanisms to improve time to care and outcomes for racial minorities with diabetic ulcers