

Patient's name: E.B.
Sex: F **Age:** 72
Place of service: Home

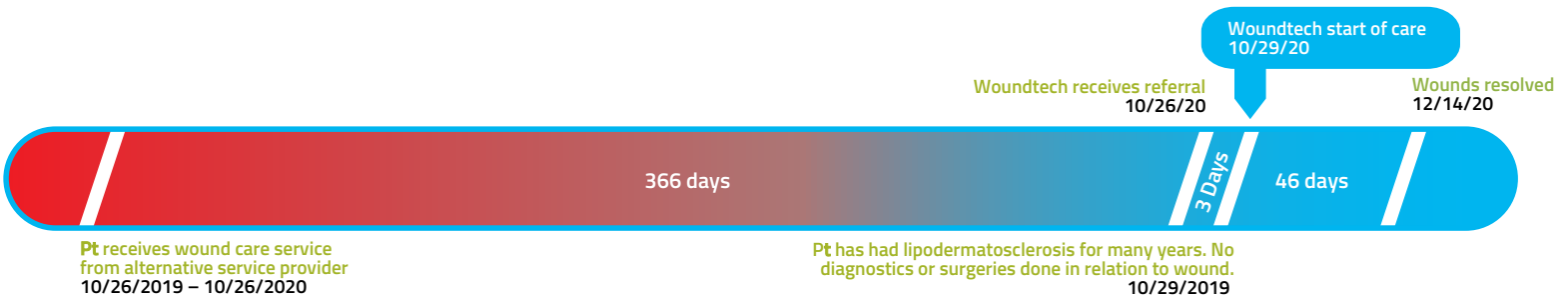
Market: UT
Referral source: Home Health Agency

Statement: Active care coordination between Home Health Agencies and Woundtech is essential in guiding patients to the optimal care provider for enhanced outcomes, thus reduced rates. Credit goes to all stakeholders involved in coordinating and collaborating care. This case illustrates a typical success story when coordinated care management is in effect between Home Health UM, Home Health Agency and Woundtech. Continuous active care coordination improvements result in better outcomes at lower costs.

Type: Venous Ulcer
Location: Right/Left Leg
Co-morbidities/barriers to healing: Venous Insufficiency, BLE Edema, DMII, Morbid Obesity, ESDR
Wound Duration Prior to Woundtech Intervention: > 1 year - patient cannot identify year of onset

Start of Care: 10/29/20
Wound Resolved: 12/14/20
LOS: 46 days (Woundtech national average: 60 days)
of visits: 13 visits (Woundtech national average: 14-17 visits)

Post-Treatment consideration: Venous ulcers are characterized by repeated cycles of ulceration, recurring in 60% to 70% of patients. The highest rates of recurrence occur within the first three months after healing but can take up to 12 months. Unless the underlying cause of the ulcer is addressed, there's a high risk of recurrence. Addressing the underlying causes - smoking, obesity, exercise, leg elevation and compression stockings - can greatly reduce recurrence. It is important to be alert to the recurrence of these wounds and seek speedy intervention with all wounds. Patient education provided by Woundtech clinicians, and collaboration with primary care physician assists with minimizing recurrence.



Economics:

- Average Medicare Woundtech Candidate costs a health plan (or at risk provider): **\$12K-14K per year***.
- Woundtech Cost to heal this member: **\$2,925**
- Average Captured Savings w/ Woundtech: **\$8.85K - \$11K (~ 80% cost reduction)**

* cost without Woundtech intervention, based on average wound-related ICD10, claims analysis across alternative service providers, and places of service. This case illustrates a three-year active wound, which has more likely consumed higher expenditure than average estimates, noted above.

Medication:

Insulin, Diltiazem, Losartan



Wound #1

SOC Lower Leg – Right, Medial – Venous Ulcer



Wound #1

D/C



Wound #2

SOC Ankle – Left, Medial – Venous Insufficiency Ulcer



Wound #2

D/C



Wound #3

SOC Ankle – Left, Medial – Venous Insufficiency Ulcer



Wound #3

D/C



Initial treatment: Polymem and Compression Therapy 2x/wk | Present treatment: Polymem and Compression Therapy 2x/wk