



The Woundtech Model of Care

The impact of increased access to care, improved patient outcomes, quality of life support, and patient satisfaction

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Advances in modern medicine have improved life expectancy. The US national life expectancy in 2019 was estimated to be 78.8 years of age.¹ One of the downsides to this increased longevity is the greater risk of developing chronic systemic diseases. As a result, patients are living with multiple comorbidities, and many are taking numerous medications. The Centers for Disease Control reported that the five leading causes of death in 2019 in persons 65 or older are as follows: heart disease, malignant neoplasms, respiratory diseases, cerebrovascular disease, Alzheimer disease, and diabetes.¹ Chronic, non-healing wounds associated with these disease conditions are also of increased prevalence. Chronic wounds are not typically problematic in a healthy patient population, but when advancing patient age is paired with numerous underlying conditions such as heart disease and metabolic syndromes, systemic stresses and malnutrition persons become predisposed to the development nonhealing wounds.

Hard-to-heal wounds have a negative impact on patient wellbeing and are a significant source of cost to the health care economy. A 2018 retrospective analysis identified that approximately 8.2 million Medicare beneficiaries have developed wounds both with and without infections.² The estimated cost to Medicare for the treatment of acute and chronic wounds ranged from \$28.1 billion to \$96.8 billion.² Surgical wounds and diabetic ulcers drove the highest total wound care costs.² Hospital out patient services, such as wound care centers, steered the greatest proportion of costs.² This document highlighted a major shift in site-of-service costs from hospital inpatient to outpatient settings.²

Not only are chronic wounds increasingly costly to treat, they also often result in a significant pain, anxiety, isolation, depression, and reduction in patient quality of life. Despite these staggering statistics there are often multiple hurdles inherent to this population that prevent access to advanced wound care services. The demand for advanced wound care will continue to grow as the population older than 65 years is projected to increase by 25% by 2060.^{3,4} Fundamental changes in the way advanced wound care is delivered to this aging population are necessary to keep pace with this increasing demand. The Woundtech model of care is a proactive approach to advanced wound care delivery that supports wound healing to reduce health costs while increasing patient access by providing care in their home. Woundtech advanced practice clinicians provide high-quality community-based patient-centered wound services.

Wound care clinicians can have diverse training/experience/background, which can lead to inconsistent care and result in poor outcomes.^{5,6} Poor quality care is more costly to the patient as well as to the health economy.⁶ The development of chronic hard-to-heal wounds is multifactorial. Common factors contributing to delays in wound healing include underlying pathology and comorbidities, local factors, wound size and duration, wound location, and overall patient health. Chronic wounds develop more complications such as infections, which can result in the need for costly interventions such as hospitalizations, surgeries, or amputations. The rigorous clinical training provided to our Woundtech clinicians has established a core standard for wound management to decrease the negative sequelae associated with chronic wounds.

In comparison to home healthcare services, Woundtech advanced practice clinicians are extensively trained in evidence-based clinical practice protocols specific to the various wound etiology. In addition to the completion of a 5-hour advanced wound training course as part of the onboarding process, our clinicians participate in weekly continuing wound care education. At Woundtech, our wound management services are based on clinical evidence. Our clinicians consider all relevant local and systemic factors to guide wound care treatments which results in a more complete, patient-focused, sustainable wound management model. Additionally, hospital stays can be prolonged when systems are not in place to facilitate timely patient discharge. Woundtech can help expedite patient referrals through our patient care coordinator and case management support departments to speed early hospital discharge by scheduling prompt starts of care. The key to effective wound management is early intervention. Delays in care can result in higher healthcare costs and poor patient outcomes. Patients may also qualify for enrollment in our dedicated telehealth service or long-term care pathways when indicated.

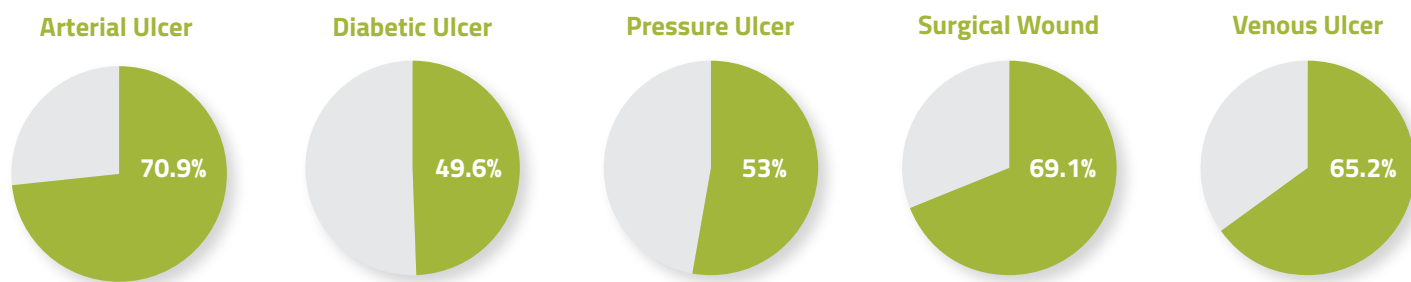
Unlike home health care providers, our advanced practice clinicians can perform procedures such as debridement and negative pressure device applications as well as write orders for medications, testing and coordinate appropriate patient referrals. Proper dressing selection remains the mainstay of wound therapy. Woundtech clinicians have access to an extensive formulary of advanced dressing options. Dressing selection is based on detailed patient and wound assessments, underlying cause, objectives of treatment, wear time, and cost-effectiveness. Research has shown that dressing availability and selection can substantially influence time to wound healing.⁷ Woundtech also boasts a company specific EMR that allows for robust clinical data capture and aid in treatment decision making.

Non-healing wounds present a complex clinical problem and can take weeks or months to resolve. The cost can be significant to both the patient and the health care economy. Successful wound management is reliant on the complete understanding of not only the problem of hard-to-heal wounds, but also the pathophysiology of various wound etiologies. The cycle of non-healing can be perpetuated by clinicians who lack advanced wound care education and make poor treatment choices. Woundtech advanced practice clinicians possess the appropriate wound care training, skills, experience, and support to facilitate the assessment and management of patients based on evidence-based practice protocols to improve overall costs and patient outcomes.

An internal analysis of 2021 Woundtech clinical data capture illustrates a cost savings per patient as calculated in the table below. These figures are based on the difference between industry average and Woundtech cost for the particular type of wound for a large national health plan.



Wound Type Cost Savings



*Calculation methodology:

- The benefits calculation is based on industry average figures from 2014 report with inflation factored in ^{2,8}
- WT averages are based on 12 months rolling numbers (Jan-Dec 2021) for visits and the cost per patient for that period.

References:

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