

Deconsolidation of Wound Care

Improving Health Care by Leveraging Advances in Wound Care

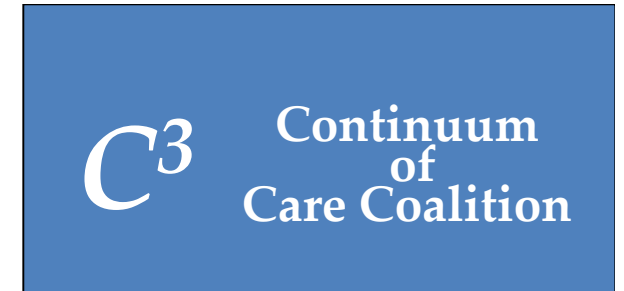
2009



Photo by Chalmers Butterfield

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C³ Introduction



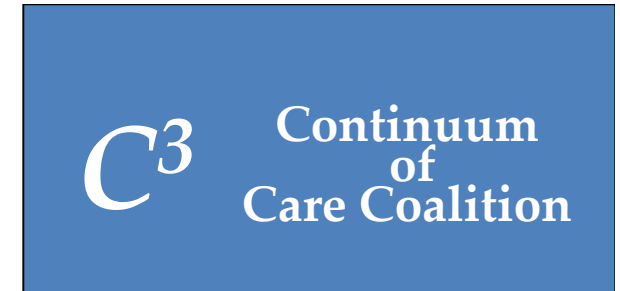
- C3 Mission: The Continuum of Care Coalition is a non-profit corporation dedicated to ensuring Medicare & Medicaid beneficiaries always receive quality health care
- C3 Purpose: To work with government agencies to right the inadvertent negative consequences of otherwise positive legislation or regulation

Deconsolidation Issue

Beneficiaries in Skilled Nursing Facilities & Home Health Agency Plans of Care generally do not receive advanced, comprehensive wound care

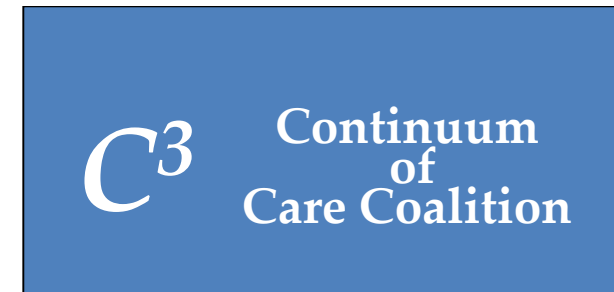
- Currently considered a “usual and normal” service
 - *Wounds should never be considered a “usual and normal” aspect of life at any age!*
- Separate payment should be available to facilitate proper care

Wound Care Challenges



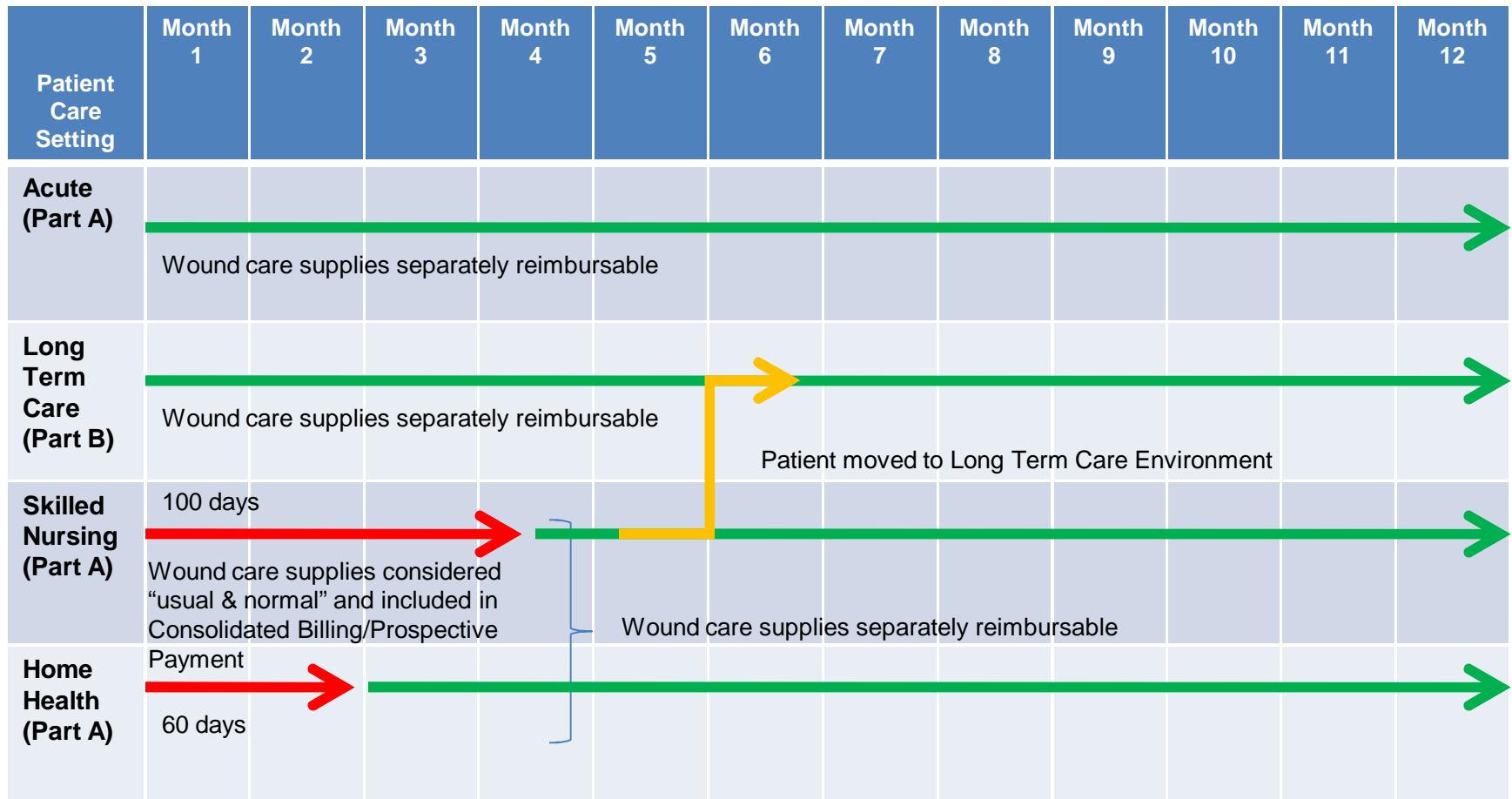
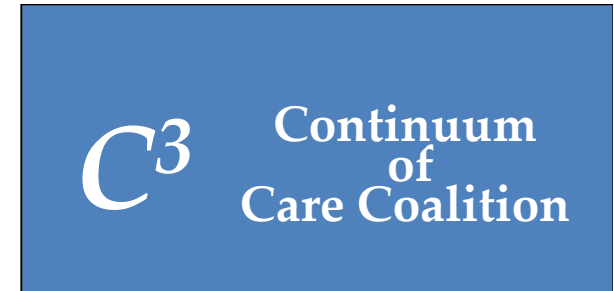
- Wounds can be time and resource intensive
- Medical discoveries are improving wound care treatment
- Wounds are more likely to heal with early and appropriate care
- Unusually prevalent in the elderly population
 - The fastest growing segment of the US population
 - Projected to double by 2050 to 80 million → 1 in 5 Americans
- Wounds affect quality of life
 - Pain & suffering; depression/anxiety; interfere with function; complications/adverse health consequences

Wound Care Interventions



	Active Dressings	Passive Dressings
Purpose	Moisture retentive dressings interact with wound to facilitate healing with the body	Cover the wound; associated with increased pain and delayed healing
Types	Alginates, Antimicrobials, Collagen, Composites, Contact Layers, Foams, Hydrocolloids, Hydrogels, Specialty Absorptives, Transparent Films, Wound Fillers	Gauze
Frequency	Daily to once per week	Three times a day (labor intensive)
Healing Outcomes	Expedites healing (60-90 days)	Delays and can impede healing (6-9 months)
Benefits	<u>Less pain & suffering</u> , better cosmetic and functional results, less caregiver time, barrier to bacteria	Readily available
Conclusion	<i>A more capable dressing that requires less frequent dressing changes results in shorter healing times</i>	

Current Medicare/Medicaid Wound Care Payment Structure



The first 3 months of care are critical to the overall outcome of the wound

Deconsolidation of Wound Care Medicare and Medicaid – Part A 2009

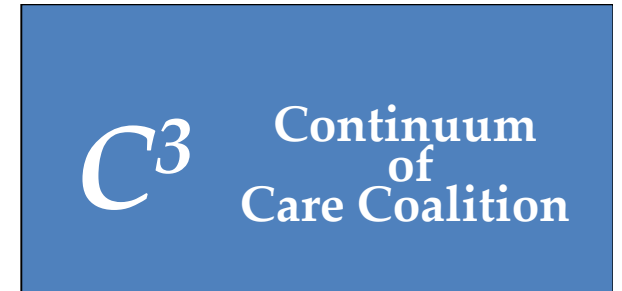
Most advanced wound care experts know, that regardless of research and educational offerings, the majority of wounds continue to be managed according to age-old practices...

...decades after the deleterious effects of gauze-type dressings were discovered and despite a plethora of available alternatives (active dressings), most wounds are covered with gauze (passive dressing).

*-A Stimulus to End Tradition-based Care
Rijswijk, OWM 2009*

*Deconsolidation of Wound Care
Medicare and Medicaid – Part A
2009*

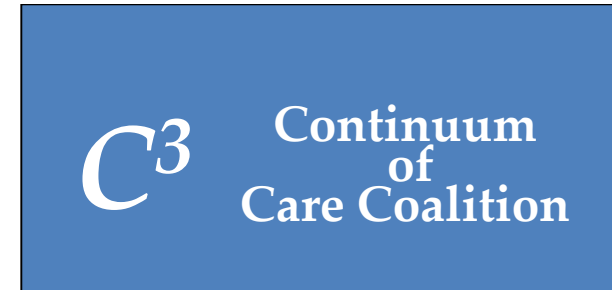
Bridging the Gap: Bringing Best Practices to the Bedside



Challenges

- Insufficient time spent on wound care education
 - Medical Schools
 - Nursing Programs
- Reluctance to invest time and money on wound care education
- Wound care is a small piece of daily health care responsibilities
- Conflicting responsibility for wound care (i.e, whose responsibility)
- Lack of understanding of product utilization
 - Outcomes
 - Quality of life
 - Fiscal impact

Wyatt G, Payne, Posnett, et al. A prospective randomized clinical trial to assess the cost-effectiveness of a modern foam dressing versus a traditional saline gauze dressing in the treatment of stage II pressure ulcers. *Ostomy Wound Management*. 2009;55(2):50-55.

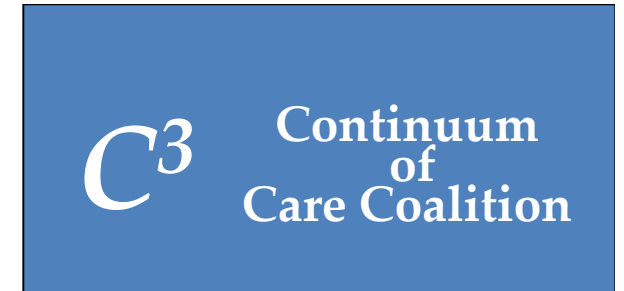


Summary: Treatment Costs & Patient Outcomes

	Foam	Gauze
Sample size	18	16
Total treatment cost	\$5,667	\$12,500
Materials	\$2,057	\$3,294
Nurse time	\$3,610	\$9,206
Patients healed by day 28	10	6
Ulcer-free days per patient	9.3	6.9
Cost per patient	\$315	\$781
Materials	\$114	\$206
Nurse time	\$201	\$575
Cost per ulcer healed	\$567	\$2,083
Cost per ulcer-free day	\$34	\$114

Potential to treat 80% more patients
 Three hours of RN time per week, per patient is available for other duties
 Every 12 patients switched from gauze releases the equivalent of 1 full time RN per week

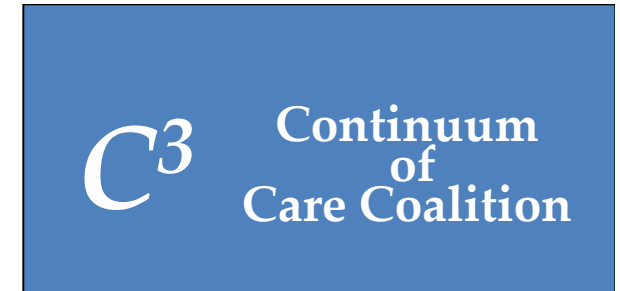
C3 De-Consolidation Recommendation



- De-consolidate wound care supplies from Consolidated Billing/Prospective Payment Systems
 - 100-day Skilled Nursing Facility
 - 60-day Home Health Plan of Care
- Wound care supplies should be **added** as an **excluded service** for the Medicare/Medicaid Consolidated Billing/Prospective Payment Systems **enabling separate reimbursement**

Wounds should never be considered a “normal and usual” aspect of life at any age!

Wound De-Consolidation *Improves Health Care*



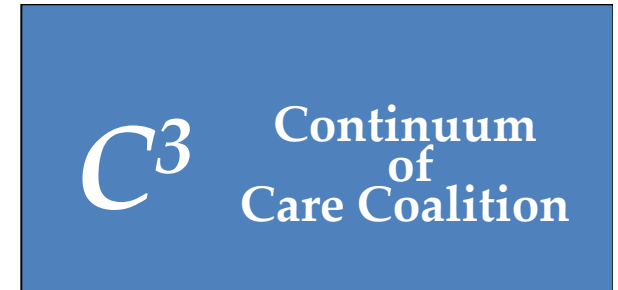
Patient Care

- De-consolidation would heal wounds faster
 - Facilitates better wound care practices
 - Less pain and suffering → improved quality of life
 - Less adverse effects due to delayed healing
 - Decrease risk of fractures, falls, re-hospitalizations, depression, anxiety, and death (all associated with chronic wounds)

Health Care Facilities

- De-consolidation would improve staff efficiency
 - Better and more appropriate use of funds
 - Caregivers have more time for other quality of care responsibilities
 - Less potential for litigation

Value Based Purchasing & Broader Bundling



Value Based Purchasing (VBP) – Deconsolidation supports the goals of VBP

- Improves the quality of patient care
- Decreases health care delivery costs
- Reduces long term health costs by early investment in proper wound care
- Reduces avoidable hospitalizations by reducing sepsis related to pressure ulcers

Broader Bundling

- Wound care complexities demand separation from broader bundling
- Bundling leads to the use of passive dressings
- The same standard of wound care does not adequately address the individual needs of patients
 - Co-morbidities
 - Anatomical possibilities
 - Dressing combinations
 - Reactions of wounds

Summary of Benefits

- Accelerated/improved patient healing
 - Enables selection of wound care advances
 - De-consolidation improves quality of life
- Efficient utilization of funds and resources
- National savings
 - De-consolidation could realize considerable annual savings. For example, realized reductions in healing time/outcomes, care provider services, and medication requirements.



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