The path to sustainable value in wound care

Achieve desired financial and clinical metrics by addressing the total cost of wound care

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Wound care products are a frequent target for cost cutting. **But you're still left with a wound.**

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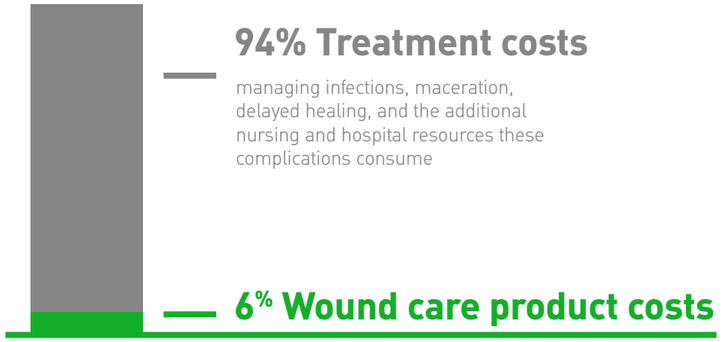
The total cost of wound care is rising 9.4% per year worldwide[1]. Researchers aptly refer to it as a "silent" or "hidden" epidemic[2,3] in part because data on the incidence of chronic wounds may be underestimated — for example when treated as part of a comorbidity[4].

What makes wound care so expensive?

A UK retrospective cohort analysis of National Health Service patient records examined not only the prevalence of wounds but also the associated resource use and costs. They found that wound care products are a small fraction of overall wound care expense[5].

The total cost of wound care[5]



Wound care costs are driven by numerous factors including the complexity of healing and resource utilisation. Making purchase decisions through this comprehensive view of the total cost is the key to **sustainable value.**

Hard-to-heal wounds require more resources, with uncertain outcomes **and costs.**

Increasing chronic wound rates and comorbidities will further constrain wound care capacity. The longer it takes for a wound to heal, the more resources are spent caring for it. The likelihood of patient complications also increases — most notably, infections[6], osteomyelitis[6] and amputation[2].

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The reality of challenging wounds:

Chronic wounds

Affect **6.7 million** U.S. patients, amounting to annual treatment costs of over **$50 billion**[7]

Diabetic foot ulcers

26% of patients will have a major amputation within 4 years[8]

Pressure injuries

2.5 million cases per year[9]

Pressure injuries

60,000 Americans die each year as a direct result of pressure injury-related complications[9]

Global wound care trends are prompting **value conversations.**

Prior to the pandemic, the world faced a shortage of 6 million nurses. Updated projections now call for 13 million nurses to be needed over the next decade[10]. Wound care specialists are even more scarce. Meanwhile, a patient's chronic wounds may be managed by non-wound specialists treating the patient's comorbidity(ies)[2], making it difficult to implement consistent, highly nuanced wound-specific treatment.
Among the global population:

10% of adults have diabetes[11]

523 million people are living with cardiovascular disease[12]

1 billion people will be diagnosed obese by 2030[13]

The number of 80+ year-olds will **triple** by 2050[14]

These conditions increase susceptibility to chronic, hard to heal wounds.

For example:

- Diabetic foot ulcers affect 15% of diabetics[15]
- 1 in 10 hospitalised patients will acquire a pressure injury[16]
- Venous ulcers occur in 3% of patients over age 65[17]

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Value-based healthcare is about achieving the best possible health outcomes with available resources: either by producing better outcomes with the same resources or by producing the same outcomes with less. Minimising short-term costs is not consistent with the principles of value-based healthcare if it leads to higher costs on the long run or if the potential to improve patient outcomes is lost.

— John Posnett, Health Economist, York, UK (reprinted from Wounds UK[18])

The value of a wound care product can only be measured by **how it impacts resources consumed.**

In daily practice, it's difficult to see how wound care costs accumulate over the patient journey. Price-per-unit is clear. But how many dressing changes were performed on that patient? How many hours and products were used for debridement, treating macerated skin, and infections? What will delayed healing mean to length of stay and bed capacity?

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Adopt evidence-based protocols that **solve holistic pain points** of wound care.

Dressings designed for: • longer wear times • optimised fluid management	▶	**Have been proven to reduce:** • hands-on clinician time • dressing changes and therefore product utilisation
Selecting a product that prevents tissue trauma on removal	▶	• decreases patient pain and anxiety • eliminates a source of complication • lessens the need for specialist care thereby significantly lowering costs
A product that aids in preventing the development of pressure and deep tissue injuries	▶	• dramatically cuts incidence rates even in high-risk patients • is a proactive prevention investment that's a mere fraction of treatment cost • lowers incremental bed-days per patient

Create a value programme that combines **high-performing solutions, education, tools and data.**

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Focus on the potential **financial sustainability impact** on four key areas.

1

Clinical outcomes
- Improved wound healing, aided by proper moisture balance, optimised granulation and no exudate pooling
- Reduced risk of infection or lower-extremity amputation
- Reduced rates of hospital-acquired pressure injuries

2

Operational efficiencies
- Reduced product utilisation, not only through longer wear times but by standardising products to a select few known to promote better outcomes
- Time savings for both patient and clinician because superior fluid management reduces risk of complications and decreases frequency of “wound checks”
- Fewer hospital stays, bed-days and readmissions

3

Staff ease-of-use and satisfaction
- Greater caregiver and patient confidence because products perform well and healing remains on track
- Clinicians make the right decisions for each patient when wound care product inventory is standardised

4

Patient healing and peace of mind
- Optimised moisture balance, reduced bioburden and pain-free dressing removal all contribute to improved healing as well as decreased stress and anguish
- The prevention qualities of chosen products lessen the worry of infection, amputation or pressure injury risk

What might **value-based wound care** look like for your organisation?

With the right value programme partner, you could help **reduce the total cost of wound care** in multiple ways.

A wound care standardisation programme implemented at a U.S. hospital achieved:

a near 40% improvement in wound healing rates[19]

$300,000

annual reduction in supply expenses[19]

increased patient and clinician satisfaction[19]

We know how you can get there. Because we had a hand in delivering these results.

See the potential for yourself.

The following pages can help clarify budget impacts for Hospital-Acquired Pressure Injury Prevention and Wound Care Standardisation.

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Hospital-Acquired Pressure Injury Prevention
Key factors to assess your budget impact

Patient volume

How many patients are admitted to your healthcare facility per year? _____ patients

What proportion of these patients are high-risk for hospital-acquired pressure injuries? _____ patients

What is the annual incidence of pressure injuries in your healthcare facility? _____ per year

How many patients develop hospital-acquired pressure injuries per year in your healthcare facility? _____ patients

What is the mean additional length of stay for patients with hospital-acquired pressure injuries? _____ days

Treatment cost

What is the mean cost for treating one hospital-acquired pressure injury? _____

What is the mean cost per patient of using dressings to prevent hospital-acquired pressure injuries? _____

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Sample results in Pressure Injury Prevention

A randomised controlled trial in the intensive care unit (ICU) setting found a relative **reduction in the risk of sacral pressure injury development of 73%**[20]

The mean cost to treat a pressure ulcer in the United Kingdom was found to be **GBP 5,672**[21]

Using prophylactic multilayer silicone foam dressings for high-risk patients potentially **saved 55% of total annual costs of PIs** in acute care (Australia)[22]

Wound Care Standardisation
Key factors to assess your budget impact

Patient volume

Approximately how many chronic wound patients does your facility see each year? _____ patients

What is the average treatment time for a patient with a chronic wound? _____ days

Product utilisation

On average, how many dressing changes do you perform each week? _____ dressing(s)

Consumable spend

What is the average unit price you currently pay in your largest dressing category (i.e., bordered foams)? (price)_____ per (quantity)_____

Staff time

How much time is spent for each dressing change? _____ minutes

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Sample results in Wound Care Standardisation

A 40% improvement in wound healing rates[19]

Patient satisfaction **rose 13%**[19]

$300,000 annual reduction in supply expenses[19]

Units of wound care products were **cut by more than half**[19]

Choose Mölnlycke wound care solutions to drive **superior performance** that yields **sustainable value.**

At Mölnlycke, we take a holistic-value approach to wound care. We deliver more than products: We address specific clinical, economic and patient care challenges that are disrupting the provider's progress toward a true value-based healthcare model.

Our uniquely configured sets of innovative solutions, tools and high-touch consultative services are designed to help you create consistent protocols that:

- **perform to high standards**
- **promote efficient healing**
- **help minimise the risk of complications**
- **and drive reduced utilisation and waste**

1 Markets and Markets, "Advanced Wounds Care by Product, Wound Type, End User: Global Forecast to 2027. **2** Maheshwari, Girisha & Gupta, Shivani & Tripathi, Suteerth & Sagar, Sushma & Kisaka, Tomohika. Chronic wounds -Magnitude, Socioeconomic Burden and Consequences. Wounds Asia 2021. **3** Wounds Australia, 11 Point Plan to Fight Australia's Hidden Epidemic of Chronic Wounds. 2021. **4** Australian Medical Association Limited, Solutions to the Chronic Wound Problem in Australia, 2022. **5** Guest JF, Fuller GW, Vowden P. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/ bmjopen-2020-045253. **6** Wound Source, "Overview of Chronic Wounds," March 28, 2018. **7** Healogics Wound Science Initiative, Wound care by the numbers: Medicare cost and utilization of patients with chronic wounds, 2017 **8** Kim SY, Kim TH, Choi JY, Kwon YJ, Choi DH, Kim KC, Kim MJ, Hwang HK, Lee KB. Predictors for Amputation in Patients with Diabetic Foot Wound. Vasc Specialist Int. 2018 Dec;34(4):109-116. doi: 10.5758/vsi.2018.34.4.109. Epub 2018 Dec 31. PMID: 30671420; PMCID: PMC6340693 **9** Padula, WV, Delarmente, BA. The national cost of hospital-acquired pressure injuries in the United States. Int Wound J. 2019; 16: 634– 640. https://doi.org/10.1111/iwj.13071 **10** Megan Ford, Nursing Times, "Post-COVID-19 global nursing workforce challenges too big to be ignored." 24 January 2022. **11** International Diabetes Foundation, "Diabetes now affects one in 10 adults worldwide," 2 November 2021. **12** American College of Cardiology, "CV Disease Burden, Deaths Rising Around the World," 9 December 2020. **13** World Obesity Federation, World Obesity Atlas 2022. **14** World Health Organization, Ageing and health fact sheet, 1 October 2022. **15** Yasmee Khan, M. Manal, M. Khan, Raza Farooqui. Diabetic foot ulcers: a review of current management. Int. J. Res. Med. Sci., 5 (11) (2017), pp. 4683-4689. **16** European Pressure Ulcer Advisory Panel Fact Sheet, "Pressure Ulcers: A Population Health Issue," accessed August 2022. **17** Xie T, Ye J, Rerkasem K, Mani R. The venous ulcer continues to be a clinical challenge: an update. Burns Trauma. 2018 Jun 15;6:18. doi: 10.1186/s41038-018-0119-y. PMID: 29942813; PMCID: PMC6003071. **18** Posnett, John, "Value-based procurement in wound care," WoundsUK, March 2022. **19** McNees, Patrick, and John A. Kueven. "The bottom line on wound care standardization: at North Mississippi Medical Center, standardization of wound care processes and products led to improved healing rates and a $300,000 annual reduction in supply expenses." Healthcare Financial Management, vol. 65, no. 3, Mar. 2011, p. 70+. Gale Academic OneFile, accessed 17 Nov. 2020. **20** E. Hahnel, M. El Genedy, T. Tomova-Simitchieva, A. Hauß, A. Stroux, A. Lechner, C. Richter, M. Akdeniz, U. Blume-Peytavi, N. Löber, J. Kottner, The effectiveness of two silicone dressings for sacral and heel pressure ulcer prevention compared with no dressings in high-risk intensive care unit patients: a randomized controlled parallel-group trial, British Journal of Dermatology, Volume 183, Issue 2, 1 August 2020, Pages 256–264, https://doi.org/10.1111/bjd.18621 **21** Dealey C, Posnett J, Walker A. The cost of pressure ulcers in the United Kingdom. J Wound Care. 2012 Jun;21(6):261-2, 264, 266. **22** Santamaria N, Santamaria H. An estimate of the potential budget impact of using prophylactic dressings to prevent hospital-acquired PUs in Australia. J Wound Care 2014;23(11):583-584, 586, 588-589, 589

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Let us help you achieve **sustainable value** in your wound care practice.

Reach out to schedule a consultation.

molnlycke.com/woundcare