

ALLIANCE OF
**WOUND CARE
STAKEHOLDERS**
POWER THROUGH COLLECTIVE ADVOCACY™

2023 A Year of Success ANNUAL REPORT

Providing a Collaborative, Unified Voice to Impact
Wound Care Regulatory and Legislative Policies

ADVOCATE



ELEVATE

EDUCATE



ENGAGE

ADVOCATE. ELEVATE. EDUCATE. ENGAGE.



Matthew Garoufalis
Board Chair



Kara Couch
Board Vice Chair



Marcia Nusgart
CEO

A Message from our Executive Leadership

What an exciting year we've had! In 2023 the Alliance of Wound Care Stakeholders celebrated its 20th anniversary and powerfully demonstrated the power of collaborative action and a collective voice with two major advocacy successes for the wound care community.

TWO MAJOR ADVOCACY SUCCESSES

Alliance-led advocacy brought about the withdrawal of highly restrictive local coverage determinations and local coverage articles from three Medicare Administrative Contractors. These policies would have dramatically limited access to **Cellular and/or Tissue Based Products (CTPs)** for treatment of diabetic foot ulcers/venous leg ulcers and significantly jeopardized patient care.



When CMS implemented a 40% reduction to the payment rate for **Hyperbaric Oxygen Therapy (HBOT)** that would have resulted in site closures and limited patient access, the Alliance's collaborative advocacy with hyperbaric oxygen stakeholders across the country resulted in CMS correcting and re-issuing the HBOT payment rate in an update to the 2024 Hospital Outpatient Prospective Payment System.

We demonstrated the power of collaborative action and a collective voice.

These successes are truly a testament to the strength, power, and influence of having a unified voice for wound care advocacy. Advocacy is a long game that requires strategy, tenacity, and persistence. These two successes above show the impact advocacy can have, and they are just some of the many 2023 advocacy initiatives detailed in the report below.

We tackled a broad range of policy issues that impact patient care.

In 2023, we've addressed coding, coverage, and payment with the submission of 26 comments to regulatory agencies and Congress on policies spanning the Medicare Physician Fee Schedule, Hospital Outpatient Prospective Payment System (PPS), Hospital Inpatient PPS and Home Health PPS. We tackled policy issues related to CTPs, surgical dressings, topical oxygen, NPWT, compression, and more. We provided recommendations on CMS' prior authorization processes and proposed coverage of emerging technologies pathway. We provided perspective to FDA's guidance on decentralized clinical trials. We reached out to Congress to support legislation impacting wound care and urged attention to Medicare payment reforms to protect the clinician workforce. Importantly, we co-authored a [new economic impact study](#) published in the Journal of Medical Economics (July 2023) demonstrating the changing landscape of chronic wound care and costs, and providing greater transparency on how Medicare coverage and payment policies are influencing where wound patients are receiving care.

We expanded our areas of focus.

We closed 2023 with a record 70 member organizations! We are particularly excited about the interest and growth in our new membership categories - clinical wound care provider groups, hospital operated wound care clinics, and start-up business entities - created last year to bring even more voices to the table. With growth in members comes a broadening of areas of interest and focus. We added three new Workgroups to build more opportunities to come together and solution-build around specific areas of interest. We now have Alliance Workgroups on Blood Derived Products, CTPs, Emerging Technologies, Government Affairs, Hyperbaric Oxygen, Lymphedema, Negative Pressure Wound Therapy, and Surgical Dressings. Together, our Workgroups facilitate collaboration and enable us to identify emerging challenges and move quickly to address concerns.

We diversified the expertise of our Board.

As we celebrated our 20th anniversary, we looked back at key achievements and ahead at what's to come. As part of this process, we made the strategic decision to expand our Board of Directors with a focus on diversification of expertise across Alliance leadership and sustainability of our organization through a more robust governance structure. This will enable us to make an even more significant impact by bringing in new perspectives to serve the wound care community and achieve our strategic objectives. We appointed four new Board members in late-2023. Join us in welcoming Dr. David Alper, Michelle Cooper, Deanna Primožic, and Julie Rhodovi.

We made wound care better.

Over the past 20 years, our advocacy has had significant impact that would not have been possible without the dedication and ongoing work of our staff, Board, and member representatives. Thank you for your collaboration, engagement, and support. It is our active, engaged members that enables this astonishing breadth of advocacy initiatives for the benefit of our wound care patients.

We can't do it without you, and as always, we are stronger together!

Matthew Garoufalis, DPM, FASPS, FACFAOM, CWS - Board Chair

Kara Couch, MS, CRNP, CWCN-AP, FAAWC - Board Vice Chair

Marcia Nusgart, R.Ph. - CEO

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Protecting Patient Access to Wound Care Technology and Services

1 PROTECTING ACCESS: Cellular and Tissue-based Products for Wounds (CTPs)

Successfully achieved withdrawal of highly problematic CTP local coverage policies for the treatment of diabetic foot ulcers & venous leg ulcers.

Following a multi-prong Alliance-led advocacy initiative (see graphic) and grassroots mobilization across the wound care community, on Sept. 28th, CGS Administrators, First Coast Service Options, and Novitas announced that their “Skin Substitute Grafts/Cellular and/or Tissue-Based Products for the Treatment of Diabetic Foot Ulcers and Venous Leg Ulcers” local coverage determination and articles (LCDs/LCAs) were being withdrawn. If these policies had gone into effect on Oct. 1st as scheduled, they would have disrupted care and dramatically restricted access to CTPs (skin substitutes).

SUCCESS The Medicare Administrative Contractors (MACs) withdrew the policies, to be redeveloped and reissued following additional vetting with stakeholders. This outcome is truly a testament to the strength, power, and influence of having a unified – and tenacious – voice for wound care advocacy.

COLLABORATIVE MULT-PRONG ADVOCACY = SUCCESS

Alliance Advocacy Action Center

Mobilized clinicians & patients to contact MACs and elevate the real-world impact of policies

Escalated Issues within CMS and MAC Leadership



Congressional Advocacy

Mobilized Congressional interest and involvement in the LCD/LCA issues

Advocacy Success

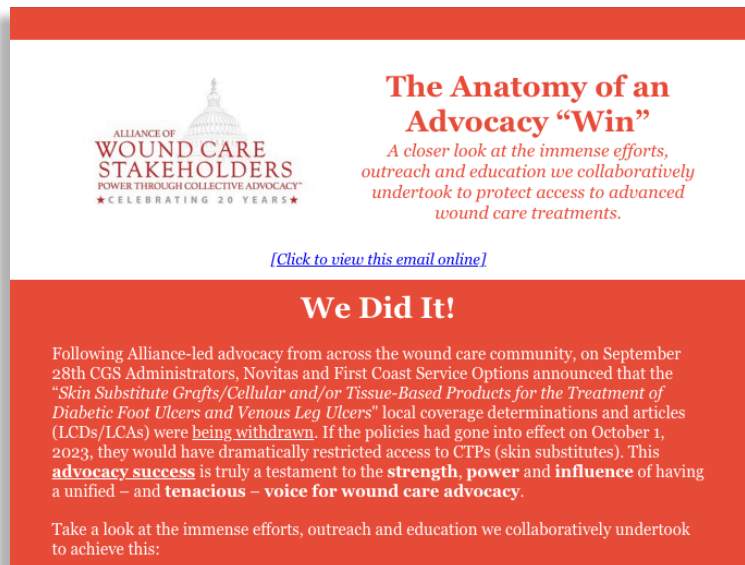
We did it! On September 28, all three MACs withdrew their LCDs/LCAs and announced plans to develop new proposed LCDs and LCAs for stakeholder feedback!

“The Alliance mobilized a multi-pronged approach for stakeholders to respond quickly and loudly. This cohesive effort ensured that clinicians had readily accessible information to adapt and personalize to illustrate to regulators how the policies were disruptive to wound centers and detrimental for patients. The Alliance’s deep network of contacts within the MACs, CMS and Congress helped us greatly. Truly, no other wound care organization has the vital relationships that are necessary and valuable to respond nimbly and effectively when harmful policies are proposed.”

*-Kara Couch, MS, CRNP, CWCN-AP, FAAWC
Director, Wound Care Services, George Washington University Hospital*

INFO

See “[Anatomy of an Advocacy Win](#)” for a closer look at the immense efforts we collaboratively undertook.



PAYMENT – Hospital Outpatient Setting: Gained endorsement of CMS’ Advisory Panel on Hospital Outpatient Payment to correct flaws in CTP payment methodology and APC assignments in the Hospital Outpatient Prospective Payment System (OPPS). The Alliance presented five recommendations to remove barriers to patient access to CTPs. Each [was endorsed at the Panel meeting and included](#) in the Panel’s September 2023 report to CMS, as well as submitted directly to CMS via the Alliance [comments to the proposed 2024 OPPS](#). (These recommendations were again not incorporated into CMS’ final rule. Alliance advocacy will continue.)

PAYMENT – Physician Office Setting: Opposed packaged payment and reclassification of CTPs under the Medicare Physician Fee Schedule

- Mobilized numerous speakers and provided [oral and written testimony](#) at CMS’ January 2023 **Skin Substitutes Town Hall** meeting, convened as follow-up to the Alliance’s 2022 advocacy that successfully halted seismic changes to the way CTPs would be coded and paid for as “supplies incident to a physician service” with packaged payment into practice expenses.
- Submitted [comments](#) to proposed 2024 Fee Schedule flagging barriers to care that would result from bundled payment and emphasizing ASP as the most consistent pricing methodology across payment settings.
- Elevated access concerns to Capitol Hill via meetings with staff from the House Ways and Means Health Subcommittee and Senate Finance committee. Submitted [statement](#) to the House Appropriations Subcommittee asking that language focused on ASP pricing for CTPs be inserted in the CMS Program Management Appropriations bill.

INFO

For more details on CTP advocacy activities in 2023, see the [Alliance’s 2023 Alliance Advocacy to Protect Access to CTPs](#) fact sheet.

2 PROTECTING ACCESS: Hyperbaric Oxygen Therapy (HBO)

Proactively and tenaciously sought immediate correction of the HBO payment rate set in the final 2024 Hospital Outpatient Payment System (OPPS), deploying independent advocacy as well as in collaboration with a large group of wound care/HBO stakeholders advocating on this issue. CMS had - unexpectedly, and without explanation - implemented a significant reduction to the payment rate for HBO with a 40% cut in the APC rate (\$125.07 to \$73.64 per 30-minute segment) that could have ultimately resulted in site closures and limited patient access. The reduction was not included in the original proposed rule, and we believed that this substantive reduction was a technical calculation error by CMS that should be corrected. To address this issue, the Alliance:

- **Immediately elevated issue to CMS staff** to notify them of the significant decrease in payment, which prompted an internal examination of the issue by relevant Agency departments. The Agency thanked the Alliance for promptly bringing the issue to their attention, which allowed for them the time to investigate and issue a technical correction prior to the new year.
- **Engaged independent health care economics and policy consulting firm** to analyze the root cause of the decrease. The firm analyzed outpatient claims using CMS methodology and concluded that the final geometric mean cost estimate provided with the final rule was an error. Provided our CMS contacts with the results of the analysis from our reviewers independent of our comment letter.
- **Joined a series of dedicated daily calls** with numerous other stakeholders in the HBO space to develop collaborative advocacy strategy.
- **Submitted [comments to CMS](#)** as part of its HOPPS final rule with comment requesting payment correction before the end of 2023, accompanied by the independent analysis findings.
- **As part of the wound care/HBO stakeholder group, we co-signed a letter to HHS Secretary and CMS Administrator** which contained more than 1,600+ other stakeholders (clinical associations, hospitals and hospital systems, wound clinics and provider groups, manufacturers, individuals) and requested that our members sign on as well.

“When the specialty of hyperbaric medicine experienced a near-catastrophic payment reduction in the final 2024 HOPPS, the Alliance quickly collaborated with UHMS and other HBO stakeholders to elevate our unified concerns to CMS and request correction. These cuts would have led to a significant reduction in the availability of hyperbaric medicine services for Medicare patients, leading to higher morbidity and mortality. The Alliance did a remarkable job in communicating with CMS and achieving an outcome that readjusted HBO payment and protected patient access to hyperbaric oxygen therapy. Through this advocacy initiative, the UHMS witnessed firsthand the value of the Alliance and our membership.”

*-John Peters, Executive Director,
Undersea and Hyperbaric Medical Society*

SUCCESS COLLABORATIVE ADVOCACY SUCCESS!

In late-December, CMS issued a change to the payment for HBOT and posted the new corrected rate – \$132.21 per 30-minute segment – in January 2024 [payment files addendums](#). CMS expressed appreciation to the Alliance for bringing the issue to their attention soon after the final rule published, which allowed for the Agency to investigate the issue and make corrections prior to the rule going into effect on Jan. 1, 2024.

3 PROTECTING ACCESS: Lymphedema Compression Treatment

Sought fair payment for medical providers and allied health professionals in the measuring, fitting, and training services of **Lymphedema compression treatment items**. Proactively educated policymakers about coding and payment as policies were developed to implement the Lymphedema Treatment Act which mandated Medicare coverage for compression garments for patients with lymphedema. Convened educational session with key CMS staffers focused on fitting, application & the need for additional CPT procedure codes to account for the time and expertise required. Submitted [comments](#) to the proposed 2024 Home Health PPS where the provisions were being implemented. In 2024, the Alliance will continue to work with CMS and the DMEMAC medical directors to address further implementation issues.



4 PROTECTING ACCESS: Surgical Dressings

Elevated claims processing process issues and denials that have created a lack of patient access to surgical dressings. The Alliance worked with its surgical dressing workgroup to identify these concerns and then submitted a letter to the DMEMAC medical directors requesting a meeting to discuss them. The Alliance issues included: denials for alginate or other fiber gelling dressings, surgical dressing modifier quantity limitations, and a lack of alignment in the claims processing system with the HCPCS codes and modifiers when a category of dressing is used for multiple wounds. The Alliance provided recommendations on process and policy changes to address these issues. In January 2024, the Alliance met with the DMEMAC medical directors to discuss these issues in more detail.

5 PROTECTING ACCESS: Blood Derived Products (BDP)

Addressed inequitable Medicare reimbursement rates for products under HCPCS code G0465 - autologous platelet rich plasma (PRP) or other blood-derived products for diabetic chronic wounds/ulcers. Formed a new BDP Workgroup to shape an advocacy strategy to address the inadequate implementation of the National Coverage Determination (NCD) policy and address inequitable reimbursement and its impact on patient access to BDPs. Hired an outside attorney to collect pricing data and will present information to CMS in early 2024.

6 PROTECTING ACCESS: Topical Oxygen Therapy (TOT)

Urged CMS to investigate why a reconsideration request submitted to the DMEMAC medical directors in July 2021 to establish coverage criteria for topical oxygen therapy in treatment of diabetic foot ulcers (DFUs) within the Oxygen and Oxygen Equipment LCD (L33797) has not been addressed, despite newly published clinical evidence being provided. Elevated the issue by submitting a [letter](#) to CMS' Chief Medical Officer and its Coverage & Analysis Group Director inquiring about the Agency's lack of response and intended next steps. We also created a strategy to get a resolution to this issue in 2024.

7 PROTECTING ACCESS: Emerging Technologies

Convened interested stakeholders in a new Workgroup to shape advocacy focused on policy changes to improve pathways for coverage of new products. Worked collaboratively to develop and submit [comments](#) to CMS' proposed new Transitional Coverage of Emerging Technologies (TCET) pathway for certain devices designated as "breakthrough" by the FDA.

Encouraging Medicare Payment Reform, Mitigation of Physician Payment Cuts

Urged Congress to take steps on “transformative” Medicare payment system reforms to protect the clinician workforce that cares for the growing number of America’s seniors in a January [letter](#) to the new 118th Congress co-signed with 100+ clinical and medical professional organizations representing more than one million healthcare providers. In collaboration with the Clinical Labor Coalition, voiced opposition to the Clinical Labor Update and its significant cuts in reimbursement that undermine the long-term financial viability of physician practices and patient access to critical treatments and procedures.

Voiced support for the “Providing Relief and Stability for Medicare Patients Act of 2023” (H.R. 3674) that would mitigate cuts to office-based specialists for a targeted group of services for two years, helping to avoid significant disruptions in patient access to care. Submitted co-signed [letter](#) to Congress with the Clinical Labor Coalition.

Opposed reimbursement cuts in the Medicare Physician Fee Schedule (PFS) that will undermine the long-term financial viability of physician practices as part of [comments](#) to the proposed 2024 PFS rule.



“The Alliance has been a long-term and valued partner of ours. The recent success working with CMS regarding HBO reimbursement rates was due in no small part the experience and relationships that the Alliance has built with key decision makers. The ability to move quickly and engage the right groups to help this effort is a core part of the work the Alliance does every day advocating for the wound care community and our patients. This recent success is just one example of how the Alliance has been able to support wound care and bring groups together that, in the end, improves care and patients’ lives.”

-Frank Williams, CEO, Healogics

Elevating United Wound Care Perspective on Regulations & Legislation

1 ELEVATE WOUND CARE VOICE: Legislation/Capitol Hill

Endorsed the “CONNECT for Health Act” to expand coverage of telehealth. The Alliance’s name was listed as one of the endorsers of the legislation on the [bill summary](#) document released by Congressional sponsors.

Supported the “Amputation Reduction & Compassion Act” to reduce preventable amputation via expanded coverage for peripheral artery disease (PAD) screening and interventions via a co-signed [letter](#) to Congress (in collaboration with the ADA’s Amputation Prevention Alliance). Attended Congressional PAD Caucus’s briefing and health screening event on Capitol Hill.

Urged Congress to mitigate cuts to Medicare payment rates by co-signing [letter](#) of support for the “Providing Relief and Stability for Medicare Patients Act.” (see *Payment Reform above*).

Met with House Ways & Means Health Subcommittee and Senate Finance Committee staff to give visibility to Alliance concerns with evolving CMS proposals to bundle CTPs in the physician office setting and the barriers to care that could result. Submitted [statement](#) to the House Appropriations Subcommittee asking that legislative language focused on ASP pricing for CTPs be inserted in the CMS Program Management appropriations bill.

2 ELEVATE WOUND CARE VOICE: FDA

Briefed members, vetted impact of new FDA proposed rules for wound care products containing antimicrobials or other chemicals such as solid wound coverings; creams ointments and gels and wound washes. These wound care products are currently regulated as devices requiring a 510(k) before being sold, and the Alliance advocated strongly to keep it this way (going back to early meetings on the topic in 2016). Under the proposed rule, the Alliance position won out but there are proposed new requirements which would create burdens if finalized. Thus, the Alliance created a workgroup to address all the concerns/ issues contained in the proposed rule and discuss a strategic response for our comments, which were submitted to the Agency in February 2024.

Provided wound care perspective on FDA guidance on Decentralized Clinical Trials. Submitted [comments](#) that supported the guidance’s intent to expand access to diverse locations/populations, but that also raised several areas of concern surrounding whether the policy would have the intended impact. Offered a series of recommendations, as well as flagged provisions that would benefit from additional clarity.

3 ELEVATE WOUND CARE VOICE: **CMS** *(beyond those covered in sections above)*

Addressed Medicare Advantage plans frequent denials of wound-related care directly with CMS Director of the Division of Appeals Policy, Medicare Enrollment & Appeals Group by inviting her to speak at the Alliance April meeting. Submitted a consolidated collection of questions and recommendations for her team to respond to as a follow-up.

Provided recommendations to improve prior authorization processes. Submitted [comments](#) to CMS proposed rule on “Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care, State Medicaid Agencies” advising CMS to include payer accountability provisions.

Alerted Alliance members with the opportunity to submit nominations for CMS MACRA Episode-Based Cost Measures - Wave 6 Clinician Expert Workgroup. This important initiative helps in the development of new episode-based cost measures for non-pressure ulcers for potential use in CMS’s Quality Payment Program (QPP). Assisted those interested in their nomination applications. Convened informal workgroup discussions with Alliance members whose nominations were accepted by Acumen to discuss issues after the CMS clinician workgroup designated meetings in June and October to ensure that responses to questions were consistent and those that were participating on the workgroup understood what was being asked.



Expanded awareness of the burden, prevalence & cost of chronic wounds

Following up on our widely read and quoted 2018 economic impact study, the Alliance co-authored **a study published in July in the *Journal of Medical Economics*** demonstrating the changing landscape of chronic wound care and costs, as well as the implications of past Medicare policies on where patients are receiving care.

- **Brought to light shifts in site-specific spending and costs:** The study “[Chronic wound prevalence and the associated cost of treatment in Medicare beneficiaries: changes between 2014 and 2019](#)” shows the number of Medicare beneficiaries with chronic wounds increased from 8.2 million (14.5% of Medicare patients) to 10.5 million (16.4% of Medicare patients) from 2014-2019, amid a 20% reduction in chronic wound expenditures.
- **Confirmed the shift from patients being treated in HOPD to the physician’s office:** HOPD fees saw the largest reduction (\$10.5 billion to \$2.5 billion). Home health agency expenditures decreased from \$1.6 billion to \$1.1 billion. Physician offices saw an increase from \$3 billion to \$4.1 billion.
- **Elevated policy implications of these findings** in comments to the proposed HOPPS, to the proposed Medicare Physician Fee Schedule and more.



Expanded Alliance visibility, credibility & thought leadership

1 BY-LINED ARTICLES AND PUBLICATIONS

Gained national visibility for Alliance advocacy initiatives via series of 10+ by-lined articles and interviews:

- **Advances in Skin and Wound Care**
[Advocating to Improve Patient Access to Wound Care](#) - Podcast
[Protecting Access to Wound Care: Wound Care Advocacy in 2023](#)
- **Today’s Wound Clinic**
[CMS Withdraws Coverage Policy That Dramatically Restricted Access to CTPs](#)
[How Changes to CTPs Could Impact Providers and Patient Care](#)
[Prevent Care Interruptions with CTPs for DFU/VLU - Advocacy Call to Action](#)
[Could New Legislation Help Clinicians Prevent Amputation?](#)
[The Business of Wound Care at SAWC Spring](#)
- **Podiatry Today**
[CMS Withdraws Local Coverage Policy That Dramatically Restricted Access to CTPs](#)
[Could New Legislation Help Clinicians Prevent Amputation?](#)



2 COLLABORATIONS:

The Alliance participated in a number of collaborations to build solutions to problematic health policies:

- Amputation Prevention Alliance
- CAC Engagement/MAC Workgroup calls (led by APMA)
- Clinical Labor Coalition
- Hyperbaric Oxygen Stakeholder group
- PAD Working Group
- US Medical Compression Alliance
- Wound Care Collaborative Community

3 ORAL TESTIMONIES AT PUBLIC MEETINGS:

We spoke at key public meetings to elevate and be on the record on key policy discussions.

- CMS Skin Substitute Town Hall
- CMS HOPPS Advisory Panel
- CGS Administrators Listening Session to discuss the CTP LCD/LCA

4 PRESENTATIONS:

Spring SAWC:

- “Business of Wound Care: Washington and its Impact on Wound Care: Coding Coverage and Payment Policies Through a Wound Care Lens”
- “Washington and its Impact on Wound Care: Legislation Through a Wound Care Lens”

Fall SAWC:

- “Business of Wound Care: 2024 Medicare Payment Regulations: Have You Prepared Your Practice?”

European Wound Management Association (EWMA)

- “Lymphedema Treatment Act - New Legislation and Regulations on Lymphedema and Compression Therapy”
- “Commercializing Your Wound Care Product in the US: Regulations to Consider”

American Professional Wound Care Association

- “Advocacy Update”



Expanded Board of Directors

With the celebration of the Alliance's 20th anniversary, we expanded our Board of Directors to strengthen and diversify the expertise of our leadership and governance structure. Amid increasing opportunities to leverage the collective, unified voice of the wound care community, the expansion of the board will enable the Alliance to make an even more significant impact by bringing in new perspectives and expertise to serve the wound care community and achieve our strategic objectives. We welcomed:



David Alper, DPM

Treasurer

- Board of Trustees, American Podiatry Medical Association
- Leadership Board, American Diabetes Association
- Board, Wound Care Collaborative Community



Michelle Cooper, MBA

Secretary

- Executive Vice President and Chief Compliance Officer, CommonSpirit Health (retired)



Deanne Primozic, MS

- Vice President, Policy & Federal Affairs, Surescripts
- Managing Partner, Santesys Advisory



Julie Rhodovi, MBA, CWCA, LBBH

- Principle-GHH Advisors, LLC
- Board of Trustees, ABWM Foundation
- Founding Member, Post-Acute Wound and Skin Integrity Council (PAWSIC)

David, Julie, Deanne and Michelle join current Alliance Board members **Matthew Garoufalis**, DPM (Chair), **Kara Couch**, MS, CRNP (Vice Chair), and **Caroline Fife**, MD ([see bios](#)) to help grow and evolve the Alliance and ensure its continued success.



Matthew Garoufalis, DPM, FASPS, FACFAOM, CWS
CHAIR

- Chief Medical Officer, Advanced Oxygen Therapy Inc. (AOTI)
- Past President, International Federation of Podiatrists
- Past President, American Podiatric Medical Association



Kara Couch, MS, CRNP, CWCN-AP, FAAWC
VICE-CHAIR

- Family Nurse Practitioner and Certified Wound Specialist
- Director, Wound Care Services, George Washington Univ. Hospital



Caroline Fife, MD, CWS, FUHM

- Chief Medical Officer, Intellicure
- Executive Director, U.S. Wound Registry
- Medical Director, St. Luke's Wound Clinic
- Co-editor, Today's Wound Clinic
- Professor, Baylor College of Medicine

Expanding Breadth of Focus Areas: Workgroups

As problematic coding, coverage and policy issues have continued to impact access, and as our role as a united voice for wound care has become increasingly critical, our areas of focus, membership and Board of Directors have all grown too. To target the growing range of emerging issues impacting wound care coding, coverage and payment, the Alliance added three new workgroups this year to enable collaborative issue identification and solution building around specific areas of interest. Workgroup participants play a critical role in building unified consensus and shaping Alliance comments to policies.

In 2023 our Workgroups now include: -----

- Blood-Derived Products (new)
- CTPs
- Emerging Technologies (new)
- Government Affairs
- Hyperbaric Oxygen
- Lymphedema (new)
- Negative Pressure Wound Therapy
- Surgical Dressings

Expanded Membership:

With evolving policy issues and increasing need for advocacy, interest in Alliance membership has grown significantly. To be more inclusive and responsive to the wound care community, the Alliance now has 7 membership categories that add to the diverse perspectives at our table. In 2023, the Alliance added 19 new members (in blue) and closed the year with a record 70 members total.

Clinical Association Members:-----

- Academy of Nutrition and Dietetics
- American Association of Nurse Practitioners
- American Board of Wound Medicine & Surgery
- American College of Foot & Ankle Surgeons
- American College of Hyperbaric Medicine
- American Diabetes Association® (ADA) Interest Group on Foot Care
- [ADA Amputation Prevention Alliance](#)
- American Physical Therapy Association
- American Podiatric Medical Association
- American Professional Wound Care Association
- American Society of Plastic Surgeons
- American Vein and Lymphatic Society
- American Venous Forum
- Amputee Coalition
- Association for the Advancement of Wound Care
- National Pressure Injury Advisory Panel
- Society for Vascular Medicine
- [Society for Vascular Nursing](#)
- Society for Vascular Surgery
- Undersea & Hyperbaric Medical Society
- Wound, Ostomy and Continence Nurses Society
- Wound Healing Society

Non-Clinical Association Members:-----

- ABWM Foundation
- Coalition of Wound Care Manufacturers

Business Entity and Support Business Entity Members:-----

- 3M Health Care
- [180 Health Services](#)
- [Acesso Biologics](#)
- Advanced Oxygen Therapy Inc.
- Bio Compression Systems Inc.
- BioTissue
- [Curitec](#)
- ETS Wound Care
- Geistlich Pharma North America
- Healogics
- [Human Regenerative Technologies](#)
- Integra LifeSciences
- Kathleen D. Schaum & Assoc. Inc.
- Kerecis
- LifeNet Health
- [Lucina BioSciences](#)
- Medline Skin Health
- MedTech Solutions Group
- MIMEDX
- NATROX Wound Care
- [Omeza](#)
- [Open Wound Research](#)
- Organogenesis
- [PolyNovo](#)
- Prism Medical Products
- Reaplix
- [RedDress Medical](#)
- [RegenLab USA](#)
- [Renovo Derm](#)
- Sanara MedTech
- Smith & Nephew
- [SpectralMD](#)
- [Stability Biologics](#)
- [Surgenex](#)
- Tides Medical

Wound Care Business Entity Start-Ups: -----

- [Acesso Biologics](#)
- BioXtek
- Kent Imaging
- Merakris Therapeutics
- Molecular Biologicals

Clinical Wound Care Provider Groups: -----

- [Indiana Foot & Ankle](#)
- [Omni Wound Physicians](#)
- [Renovo Wound & Hyperbaric](#)
- [Restore Wound Care](#)
- [The WISH Clinic](#)
- [The Wound Pros](#)

Hospital Operated Wound Care Clinics: -----

- Memberships pending

Professional Services Firms (Associate Membership): -----

- GR Consulting
- SmartTRAK
- Ortho Spine Partners



Celebrating Milestones Together

We festively celebrated the Alliance's 20th anniversary onsite at SAWC Spring at a party with 125+ members, friends, supporters and stakeholders who came together for fun, food, toasts and a [high-energy video](#) showcasing our accomplishments and impact over the past two decades.

Celebrating Leadership

Via awards given as part of our 20th anniversary celebration, the Alliance recognized the expertise and leadership of select members who have played instrumental roles in helping the Alliance to educate payers, protect access to wound care services and products, advance the practice of wound care, and be the respected, credible, tenacious, and solution-focused advocates that we are today.

The 2023 Alliance Leadership Award was presented to **Caroline Fife**, MD, FAAFP, CWS, who has served as co-chair of the Alliance for more than a decade and whose impact has been broadly felt across the entire wound care community.

The 2023 Alliance Advocacy Awards were presented to **Kathleen Schaum**, MS and **Donna Cartwright**, MPA, RHIA, CCS, FAHIMA in recognition of their unique reimbursement expertise and long-term role serving as the Alliance's go-to resource for understanding, tackling, and building solution-oriented recommendations to many of the coding and reimbursement challenges in the wound care space.

The 2023 Board of Directors Founders Award was presented to Alliance CEO **Marcia Nusgart**, R.Ph. to honor her vision, commitment, dedication, and leadership to the wound care community over the past two decades.



ABOUT THE ALLIANCE

Who We Are and What We Do

The Alliance of Wound Care Stakeholders is a 501(c)(6) nonprofit multidisciplinary trade association representing physician specialty societies, clinical and patient associations, clinical wound care provider groups, wound clinics, and wound care business entities -- whose mission is to promote evidenced-based quality care and access to products and services for people with chronic wounds.

Through advocacy and educational outreach in the regulatory, legislative, and public arenas, the Alliance unites leading wound care organizations and experts to advocate on public policy issues that may create barriers to patient access to treatments or care. Our key focus areas are coding, coverage and payment; quality measures and wound care research.

Since its founding in 2002, the Alliance has enabled the wound care clinical community to collectively and collaboratively engage on issues of commonality, elevating the visibility and united voice of wound care providers to regulators and policy makers.

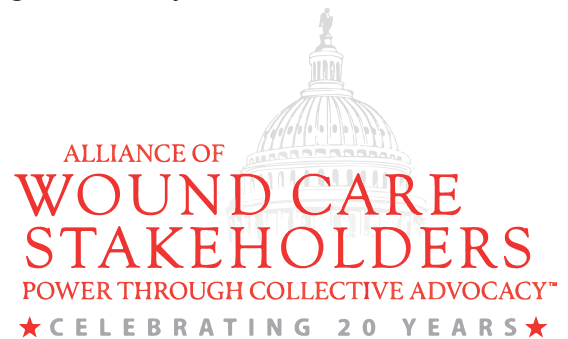
Contacts:

Marcia Nusgart, R.Ph., CEO

Marcia@woundcaresakeholders.org

Kristen Quinn, PT, DPT, Membership Director

Kristen@woundcaresakeholders.org



“Having served the Alliance as the Liaison for the Wound Healing Society since 2012, I can safely state that the work that the Alliance does – combining regulatory guidance recommendations with clinical expertise – has had huge impact for patients and providers across the country. The Alliance serves as an important fence line to prevent insurance and Medicare contractor overreach, and we provide them the education they need to help formulate coverage determination policies that best serve patients.”

-Dr. Eric Lullove, Chief Medical Officer, West Boca Center for Wound Healing

“The Alliance helps our organization to understand the impact of changes in governmental payment and coverage policies. Over the years, the Alliance has advocated for clinicians and manufacturers, bringing a respected, credible voice to regulators & policymakers. The Alliance always seems to be the first to know and never hesitates to provide a heads up on what this may mean to our organization. They make our jobs much more tenable, helping us break down complex regulatory language so that we can make informed decisions about our products.”

-Bud Brame, VP of Corporate Reimbursement, LifeNet Health

“We know our voice is louder when we share it with our inter-professional colleagues-- physicians, surgeons, nurses, podiatrists, manufacturers, clinics—when we are all saying the same thing, fighting together to get our patients the care that they need. We know we are stronger when working together with the Alliance than apart.”

-Renee Cordrey, American Physical Therapy Association