ALLIANCE OF
WOUND CARE
STAKEHOLDERS
POWER THROUGH COLLECTIVE ADVOCACY

Alliance of Wound Care Stakeholders Comments to the Physician- Focused Payment Model Technical Advisory Committee (PTAC)

March 11, 2019

The Alliance of Wound Care Stakeholders ("Alliance") appreciates the opportunity to comment to the PTAC on today's proposal regarding "Bundled Payment for All Inclusive Outpatient Wound Care Services in Non Hospital Based Setting." The Alliance is a nonprofit multidisciplinary trade association of physician specialty societies, clinical and patient associations whose mission is to promote evidence-based quality care and access to products and services for people with chronic wounds (diabetic foot ulcers, venous stasis ulcers, pressure ulcers and arterial ulcers) through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. Our focus is on wound care research, quality measures and reimbursement.

We appreciate Seha Medical bringing the subject of chronic wound care to the PTAC's attention since as noted in our Value in Health study, 15% of the Medicare population has a chronic wound and the total Medicare spending estimates for all wound care types ranges from 28.1 to 96.8 billion depending on whether wound care was a primary or secondary diagnosis. We want to compliment the PTAC's Preliminary Review Team (PRT) on the very extensive background work that they did in preparation for this meeting today. We are in agreement with their preliminary results that this proposal as written has a number of structural flaws and elements that are not sufficiently developed.

For instance, as was stated in criterion #3 on payment methodology, we have concerns that the proposed $400.00 per visit all-inclusive payment will not allow the providers to be able to deliver high quality wound care services. Patients with diabetic foot ulcers, venous stasis ulcers and pressure ulcers are truly sick, fragile and have complex medical needs. We agree with the assessment in criterion #9 on patient safety that this low payment could result in risks relating to "stinting on care." In addition, the proposal does not require the provider to adhere to a particular care model, follow a particular set of national guidelines or established protocols in order to achieve the desired cost and utilization objectives. It is also lacking in how the proposed quality metrics would be measured. We are concerned that patients would not be well served under this simplified model.

Since chronic wounds are not a disease but a symptom of disease, these patients have many co-morbidities which need to be treated. In fact, the average Hierarchical Condition Category (HCC) score of physicians participating in the US Wound Registry is 2.9, and the most prevalent major comorbid diseases (based on Medicare data from physician NPI) is as follows:

1.	Hypertension	73.5%
2.	Chronic kidney disease	52.5%
4.	Diabetes	47.8%
5.	Heart Failure	38.6%

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6.	Ischemic Heart disease	49.7%
7.	RA and osteoarthrotis	49.7%

Noting the seriousness of treating these co-morbid conditions, we are in agreement with the PTAC's concerns that this proposal does not include a severity or complexity component to account for comorbidities and other factors.

Similarly, due to the chronic wound care patients' comorbidities, there needs to be a multidisciplinary wound care team to treat the patients' conditions which include: surgeons (e.g. vascular surgeons, plastic surgeons, and foot and ankle surgeons), vascular medicine physicians, podiatrists, dermatologists, nurse practitioners, infectious disease experts, physical therapists, nurses, registered dietician nutritionists, lymphedema therapists, and primary care physicians. We are in agreement with the PRT's enivironmental scan, underscoring that the multidisciplinary approach to treating a patient is the most important element to the success of treatment because no single healthcare provider is adequately equipped with the skills knowledge and experience to provide comprehensive care for all chronic wounds and the underlying diseases. The PTAC would want to ensure that this proposal allows for this type of expertise.

Finally, creating a bundled payment for any chronic condition especially one that involves chronic wound care is very complex with many details and thus difficult to create and implement. The Alliance recently met with the Centers for Medicare and Medicaid Services to discuss a hospital outpatient prospective payment system (HOPPS) episode of care model simply for cellular and tissue based product for skin wounds (CTPs formerly "skin substitutes). Even such a subset of treating a chronic wound needed a very thoughtful data driven approach with an emphasis on the effect of patients comorbidities being a predictor of wound healing.

Thus, the Alliance is agreement with the PTAC's preliminary recommendations and does not believe the proposal should move forward as it is currently written. We would be pleased however, due to the 20 different clinical associations who are our members, to serve as a resource to the PTAC if it decides to move forward with bundling for wound care services and products. We can provide education to the committee on chronic wounds and the procedures and products used to treat them. In addition, we offer our website which has a tremendous amount of information on it also especially related to chronic non-healing wounds. Please don't hestitate to contact us if we can be of help to you in the future.

Sincerely,

Marcia Nusgart R.Ph.

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Executive Director