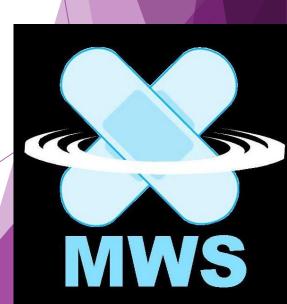
Limb Preservation Strategies: Quality Outcomes for the ACO Model

SPEAKERS:

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Disclosures

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Executive Director & Founder of LEAP Synergies Inc (non-profit)

Leading Excellence in Awareness & Performance in PAD Awareness for HCP & Patients

Vice President of Operations for Wound Care Specialist

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Chief Operating Officer and Co-founder Mobile Wound Solutions

American Medical Director Association (AMDA) Pressure Ulcers and Other Wounds Revision Work group Member

Professionals Dedicated to Quality Wound Care Board Member

National Long Term Care/Long Term Acute Care Advisory Board Member

Kestrel Health Information's Handbook and Reference Guide-Wound Care Editorial and Advisory Board Member

Contributing Member to the Nurse's Guide to the Wound Institute

Contributing Member to the Physician's Guide to the Wound Institute

Published Author Collagenase Santyl Clinical Competency (Accepted by the FDA)

Published Author PICO NPWT Competency for Long-Term Care Providers (Accepted by the FDA)

Quick Poll

- ► C-Levels
- ▶ Administrators
- ► Healthcare Professionals
- ► Physicians (Providers)
- ▶ Nurses
- Business Development
- ▶ Other

- ▶ Diabetes?
- ► Heart Disease?
- ► Amputations?
- ► Kidney Disease?

1 in 3 patients with DM over the age of 50 have PAD

60% of patients

with **PAD** are at

risk for **CAD**

15% of diabetics develop wounds

Foot ulceration preceeds 85% of all diabetes related amputations

6% of diabetics are hospitalized due to infection or other ulcer-related complications

26.3% of diabetics are readmitted within 3 months

The primary cause of diabetic readmissions were related to microvascular complications

Diabetes <u>is</u> Cardio-Vascular Disease

- ► Half the 8-12 MM Americans with PAD are asymptomatic ^a
- ► Among this population, 5 to 10% develop symptomatic PAD over 5 years.
- ➤ Symptomatic PAD patients have a very high rate of mortality (25%-30% within 5 years)
- ► One in three of the 20.8 MM patients with Diabetes Mellitus (DM) also has PAD b

Source: ^aAHA Heart Disease and Stroke Statistics 2011 ^b JAMA 2001; 286: 1317-1324

Utilizing Quality Measures for Quality Outcomes

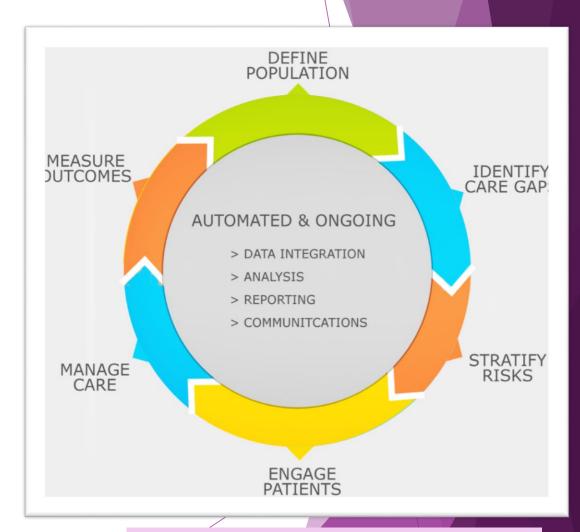
- ✓ PAD may be hidden in the Patients History
 - ✓ Starting with the **TOES**, lead to the **HEART**
 - ✓ Patients with Diabetes: Monitor A1C
 - ✓ Creating Diabetes Education Programs
 - ✓ Peripheral neuropathy assessment (monofilament tests)
 - ✓ Best Practice Protocols for blood flow assessment
 - ✓ Hypertension & Hypercholestrolemia Management
 - ✓ Smoking Cessation Programs
 - ✓ Developing a Comprehensive Limb Preservation Program with a team of Certified Wound Experts (Do they have statistics?)

Taking the LEAP
Towards Developing a Limb
Preservation Center of
Excellence

Limb Preservation: The Perfect Fit for ACO

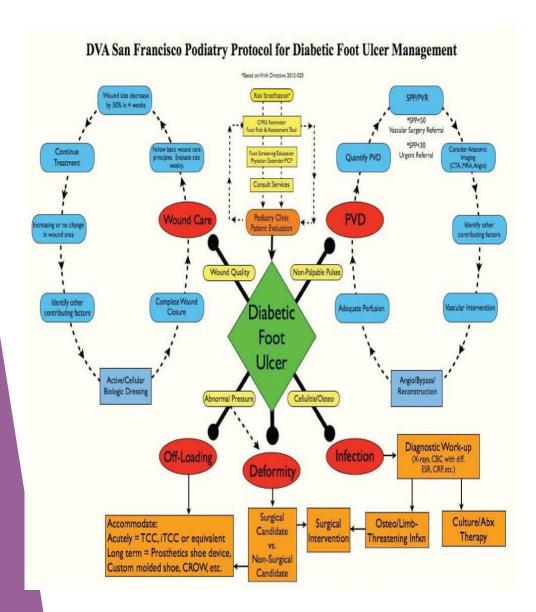
► Limb Preservation :

- ► Highly complex patients with multiple chronic diseases who require management by multiple specialty care providers
- ► Studies often not performed at the appropriate timeframe to prevent further complications, infections, readmissions, etc
- Staff and providers not trained to assess or recognize symptoms
- ► Lack of protocols results in incorrect diagnosis
- Quality training with quality professionals equals reduction in fines, penalties, etc
- ► Affects both inpatient and outpatient settings
- ▶ We are ALL accountable towards one another



Source: "Population Health Management" Institute for Health Technology Transformation, 2012

Developing a LEAP Programs



Healing a Heart Begins with Assessing the Toes



upon "subjects ... from a predomi- PAD early and effectively. munity in nouthern California." The BIABETIC NEUROISCHEMIC DISEASE SAGE Group research asserts that the In 2010, the SAGE Group published found the total prevalence of inchemic true prevalence of PAD can be better its analysis of diabetes and PAD as well and neuroischemic DFU complicated ative factor in vascular disease. Using this amputation. It was found that diabetes patients. approach, SAGE Group found a PAD increased the risk of developing foot prevalence of 17.6 million people in the ulcorr by 15-25%. Applying this to the recognized as requiring special care. UK This agrees with statistics regarding. 2010 population, researchers arrived at since this patient population is at the metabolic syndrome, which now af- an annual incidence of approximately facts 34-30% of the adult population.9 1 million new DFUs and a 28-fold in- Importantly, newly formed (< 1 month.

lady among wound care patients." If remains critical that wound care providis improving awareness of PAD, as well recognition of PAD in patients living as to improve on making earlier diagno- with metabolic syndrome and/or diaadvocated for a re-examination of these and 25% of PAD patients also live with and undertreated." analyses. Cited thousands of times in CVD. Therefore, the two most signifipopular and profusional publications, care derivers of PAD – advancing age of the first studies to definitively docu-the original citation of PAD prevalence and diabetes – should escalate concern ment PAD as an independent risk facappears to date to the 1980s and is based with respect to identifying and treating too for infection in patients living with

ed States in 2014 diagnosed with hypertension, dydipidemia, and insulin and DFU is coincident with age, meandiabetes is a staggering 29.1 million resistance. Metabolic syndrome sets the sing the majority of affected patients (9.3% of the population). Within this stage for development of disbets as well are concentrated in those aged 65 and (9.5% of the population): within that sage are neveropment occupient in which content is not content on the content of the con frequently published prevalence statistics one, and PAD. The in-common behave important factors in developing DPLs of 8-12 million people who are mid to intell risks for these disease manifesta- are neutropathy and inchemia. DFUs are be living with PAD in the US and the tions are smoking poor disc, and lack categorized as neuropathic, ischemic, pancity of publications dealing with dis- of exercise. Since PAD is often the first and combination disease (is, neuroischbetic PAD soom to undercut the sever- warning sign that a patient has a chronic entic). The SAGE Group estimates the ity of the climbing rate of PAD, particu-disease within the circulatory system," it current prevalence of each is 35%, 15%, wound care providen are to play a role our engage in practices focused on early to a staggering 2.5 million patient prevand man appropriate care plant, the lies in reder to idminister appropriate large lights, the liesture reduced to the presence of PAD are care and improve health outcomes.

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In 2006, Lavery et al published one letermined by the "Diabeter Method," as the impact of PAD on diabetic foot by infection in the US is 1.58 million which relies on using diabeter as a case- ulter (DFU) incidence and resulting patients and the incidence is 378,000

10 June/July 2015 Today's Wound Clinic

http://www.todayswoundclinic.com/articles/ underestimation-pad-its-impact-wound-care

Accountability: Transitioning Across the Continuum of Care



As Announced at SAWC WHS 2013



Acute Wound and Prevention Guidelines: Update (2014-2016) Chronic Wound Guidelines: Update (2016-2017) Robert S. Kirsner, MD, PhD Vice Chairman & Stiefel Professor University of Miami Miller School of Medicine

The Successful ACO Advanced Best Practices for Wound Healing and Limb Preservation



Defined Population of Patients with Demonstrated Involvement in Care



Multidisciplinary
Staff Trained to
Adhere to EvidenceBased Protocols and
Possessing Specialty
Skills



LEADING
EXCELLENCE in
AWARENESS &
PERFORMANCE in
PAD Awareness



Capture All Data, Code and Bill Correctly, Customized EMR, Coordinated Communication

Across the Continuum of Care

