

Limb Preservation Strategies: Quality Outcomes for the ACO Model

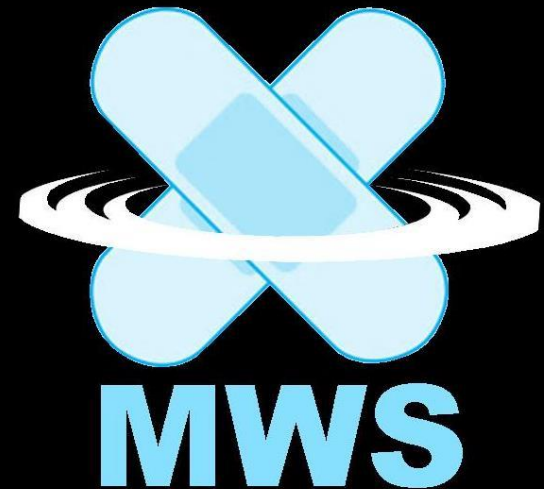
SPEAKERS:

Audrey K Moyer-Harris MBA BSN RN CWCN

Martha Kelso RN HBOT COO MWS



LEAP



Disclosures

Audrey K Moyer-Harris MBA BSN RN CWCN

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

Member of AAWC & WOCN

Martha Kelso RN HBOT COO MWS

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
precedes **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 is 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
^bJAMA 2001; 286: 1317-1324

Utilizing Quality Measures for Quality Outcomes

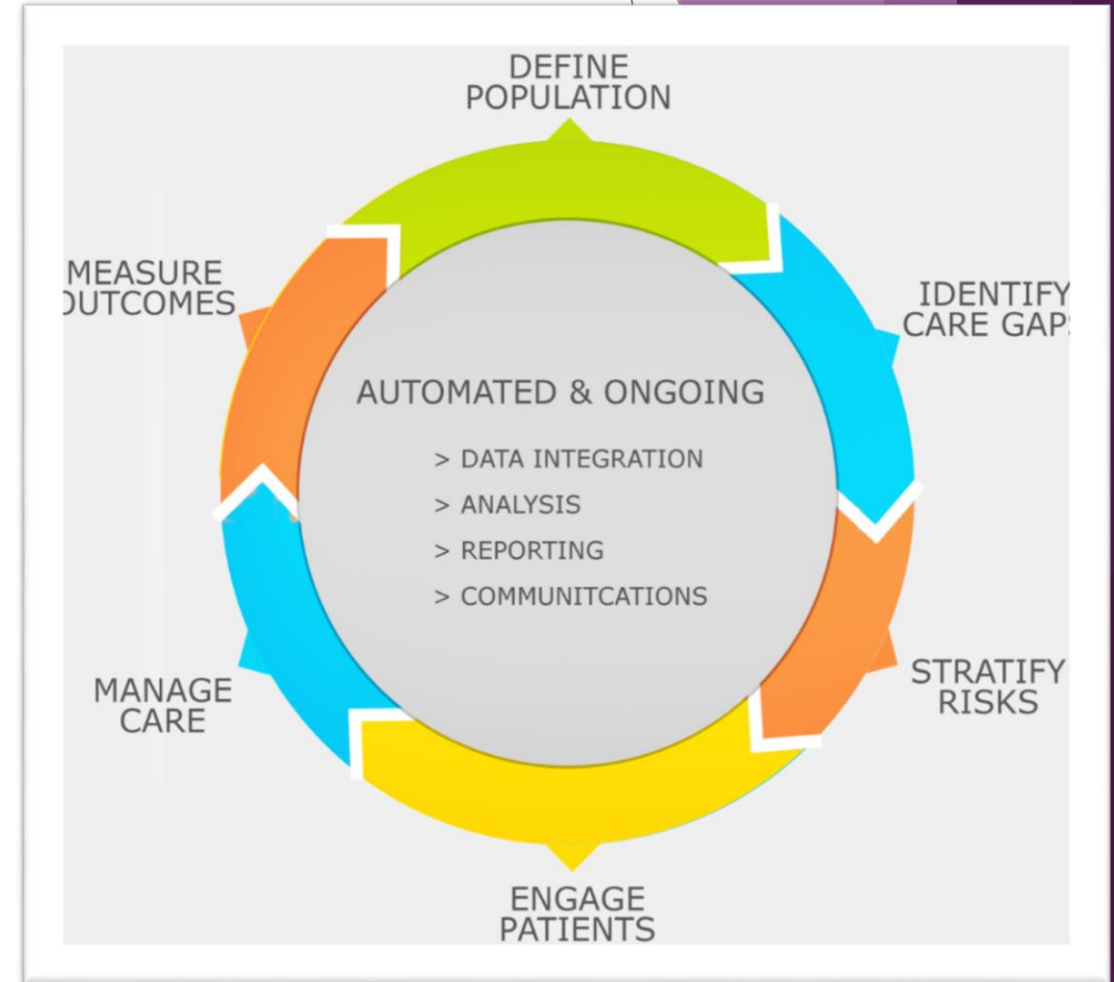
- ✓ PAD may be hidden in the Patients History
 - ✓ Starting with the **TOES**, lead to the **HEART**
 - ✓ Patients with Diabetes: Monitor A1C
 - ✓ Creating Diabetes Education Programs
 - ✓ Peripheral neuropathy assessment (monofilament tests)
 - ✓ Best Practice Protocols for blood flow assessment
 - ✓ Hypertension & Hypercholesterolemia 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

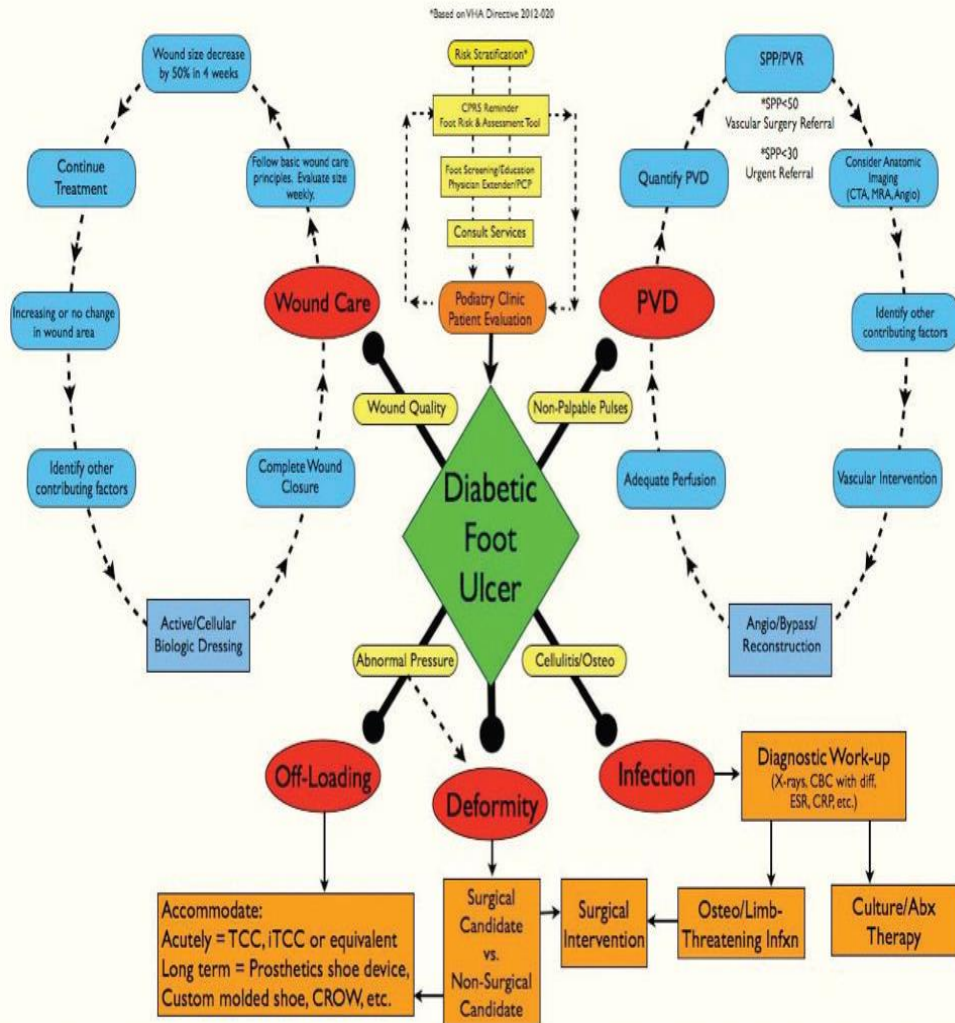
► Limb Preservation :

- 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



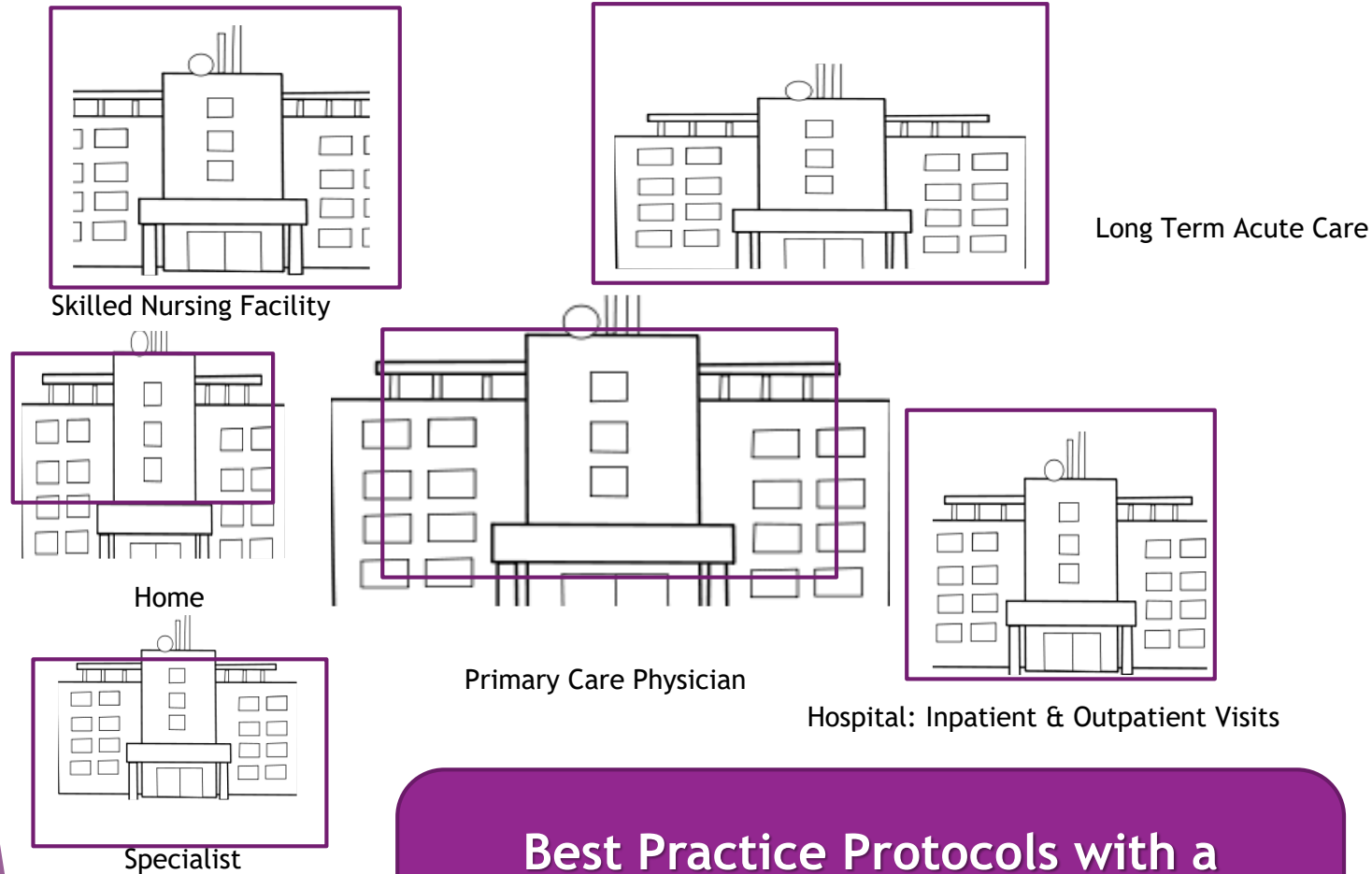
Source: "Population Health Management" Institute for Health Technology Transformation , 2012

Healing a Heart Begins with Assessing the Toes

www.dsa.it/kyosei/condizioni/condizioni.htm

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

Accountability: Transitioning Across the Continuum of Care



**Best Practice Protocols with a
Certified Wound Healing & Limb
Preservation Multi-disciplinary Team**

As Announced at SAWC WHS 2013

Wound Repair and Regeneration

GUIDELINES

Genesis of the prevention guidelines project

Adrian Barbul, MD, FACS^{1,2}

1. Surgeon-in-Chief and Professor Surgery, Sinai Hospital and Johns Hopkins University, Baltimore, MD, and
2. President, Wound Healing Society

Wound Repair and Regeneration

Guidelines for the treatment of diabetic ulcers

David L. Steed, MD^{1,2}; Christopher Attinger, MD³; Theodore Colaizzi, CPed, COF⁴; Mary Crossland, RN⁵;
Michael Franz, MD⁶; Lawrence Harkless, DPM⁷; Andrew Johnson, BS⁸; Hans Moosa, MD⁹; Martin Robson, MD¹⁰;
Thomas Serena, MD¹¹; Peter Sheehan, MD¹²; Aristidis Veves, MD¹³; Laurel Wiersma-Bryant, RN, BC, ANP¹⁴

Wound Repair and Regeneration

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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

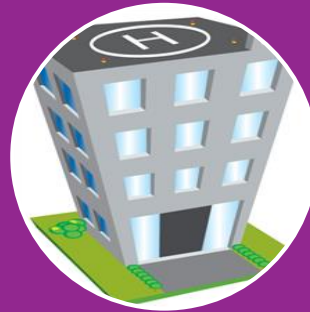
Advanced Best Practices for Wound Healing and Limb Preservation



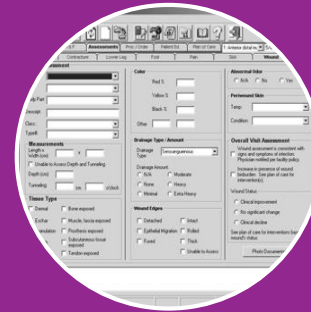
Defined Population
of Patients with
Demonstrated
Involvement in Care



Multidisciplinary
Staff Trained to
Adhere to Evidence-
Based 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 →



Questions?