



**Position Paper: Woundcare as an Essential Service during
COVID-19 Pandemic**

American College of Wound Healing and Tissue Repair

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The COVID-19 pandemic continues to spread throughout the United States causing illness, death, and economic damages in an unprecedented way. The most vulnerable; the elderly, immune-suppressed, medically complex and diabetics have been impacted the most. This same patient population represents the bulk majority of individuals treated in the wound care centers throughout this country. Hospital based wound clinics have become the standard of care for patients who seem to fall through the cracks in our health care system. While the wounds represent complications from an underlying disease, in many instances the specialists that care for those medical conditions, are unprepared to manage the wound.

It is now thought that there are over 6.7 million people with non-healing wounds partially due to an aging population, increase in diabetes and obesity and more people living with comorbid medical conditions. This has led to large number of providers taking an interest in wound care with many now dedicating their entire practice to the diagnosis and treatment of non-healing wounds. Despite the growth in centers, providers, technology and innovation, still only 1 in 4 patients receive specialized care. Patients with wounds that do not receive treatment are 20 times more likely to be hospitalized or visit the Emergency Department adding further expensive and fragmented care to their already complicated medical journey.[1] Patients with effective wound care delivered from high-performing clinics have been shown to require 30% less acute care services. It is also known that hospitals that effectively discharge wound patients to wound clinics have 25% lower 30-day readmission rates.[1] Wound healing rates are reported in the mid seventy percent with an equivalent percentage having recurrences sometime in the future.[2] Despite these numbers, physicians, on average, receive 9 hours of wound didactic during medical school and few teaching hospitals offer rotations in wound healing.[3] Attempts at creating specialty status designation have so far failed despite the existence of training programs, large numbers of providers in the field, specific content and research in the field, as well as numerous professional societies and educational meetings.[4, 5]

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Given the complicated issues already mentioned, imagine suddenly decreasing or even stopping the provision of care for these vulnerable wound care patients. The healthcare system does not do well with these patients in general, and we were certainly unprepared to deal with them during a worldwide viral pandemic. Based on public health recommendations, government and medical society guidelines and the urgency to attempt to bend the curve of new COVID-19 cases, many hospitals began blanket closures of outpatient services including wound clinics. Consequently, patients with non-healing wounds have been left to attempt to receive home health, if covered and available, ask friends and family and as a last resort administer self-care. Wound supplies have become difficult to obtain and patients are now left to decide if they should risk exposure in an Emergency Department filled with potential COVID-19 patients or try to get by with their own treatment plans.

Wound care and professional societies came together to create the attached “position paper” crafted by the Alliance for Wound Care stakeholders that emphasizes the importance of wound care as an “essential” service.[6] https://www.woundcareholders.org/images/Final2_Statement_-_Wound_Care_as_Essential.pdf Clearly, we need new triage protocols and telemedical options. Additionally, supply chains of manufacturers of woundcare products need to be freed from regulations in order to get needed supplies to patients. The Centers for Medicare and Medicaid (CMS) have created a myriad of new policies and have allowed many previously restrictive regulations to be relaxed during the pandemic. These programs are still evolving at the time this paper is being drafted. When wound clinics do remain open during the pandemic, new protocols, clinic procedures and goals of care will need to be reconsidered. Patients will need to be triaged to the appropriate site of care depending on their wound severity, underlying condition and the risk/benefit of seeing them in a hospital-based program that is caring for COVID-19 patients. Clinical efficiency will become another “vital sign” measurement for grading the quality and success of our wound clinics. Healing rates will be matched to total cost of care, and the overall medical management of the underlying conditions causing the wound. The lack of specialty status further hurts the ability for hospitals to understand the importance of the wound centers and the unintended consequences that will occur without treating this group of patients. With compassion, empathy and drive, we will continue to treat our patients and will likely improve our processes and methods as a result of this pandemic. The American College of Wound Healing and Tissue Repair (ACWHTR) salutes those working on the front lines to serve the population of patients we have dedicated our careers to serve. We will continue to strive to elevate the status of wound care not only for our patients but for the overall health of the US healthcare system.

Wound care Matters.....Wound care is Essential.....Wound care is a Specialty.....

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