



## **WORKING TOGETHER**

Successfully Managing Changes to  
the Home Health Agency Patient-Driven  
Grouping Model (PDGM)

## CHANGES TO HOW YOU PROVIDE CARE

**Effective January 1, 2020**, Home Health Agencies will be incentivised to deliver results earlier in the healing process.

In support of this, Medicare will change the current payment model to a patient-driven grouping model (PDGM), which will impact the reimbursement methodology for HHAs. It is time to think about your treatment priorities as you prepare for 2020—and KCI, the world leader in wound care, can be a valuable partner in this transition.

### THE MOST SIGNIFICANT CHANGE to take place for HHAs in the last 20 years

#### Changes to Episode of Care Timing

Episode of care changes from  
60 days to **30 days**.

#### Visits-Per-Case Impacts

Fewer visits to the patient's home  
(per case) requires the use  
of products that move more  
patients more quickly through  
the healing process.

#### Admission Source Impacts

Referrals from institutional (hospital,  
long-term acute care [LTAC], and  
skilled nursing facility [SNF]) sources  
will be reimbursed at higher rates than  
community wound care center (WCC)  
and physician office sources.

### KEY IMPACTS

#### Importance of Training HHA Employees to Treat Wound Care Patients

To deliver earlier results in healing,  
knowledgable, skilled employees will be  
a key to success.

# CHANGES TO HOW YOU UTILIZE TECHNOLOGY

## Products That Manage Wounds

KCI has long been the leader of creating innovations that impact patient care. Fewer visits to the patient's home per case requires the use of products that will effectively promote wound healing with fewer dressing changes.

### Negative Pressure Wound Therapy (NPWT)

The ACTIV.A.C.™ Therapy System is recommended for medium to large wounds with moderate to heavy exudate levels (>180mL/wk).

There are numerous studies that have evaluated the cost-effectiveness of V.A.C.® Therapy in a variety of settings and wound types.

These studies have shown that V.A.C.® Therapy has been associated with:

- Fewer hospitalizations<sup>1,3</sup>
- Fewer complications<sup>2,3</sup>
- Fewer amputations<sup>4,5</sup>
- Fewer dressing changes<sup>6,7</sup>
- Faster time to wound healing<sup>8</sup>
- Shorter hospitalization<sup>4,5</sup>
- Reduced treatment times<sup>9-11</sup>

By minimizing the factors that contribute to direct and indirect wound care costs, V.A.C.® Therapy has emerged as a cost-effective option for wound management.



.....  
KCI offers programs to support HHA employees in treating wound care patients, including training for the application of V.A.C.® Therapy dressings\*  
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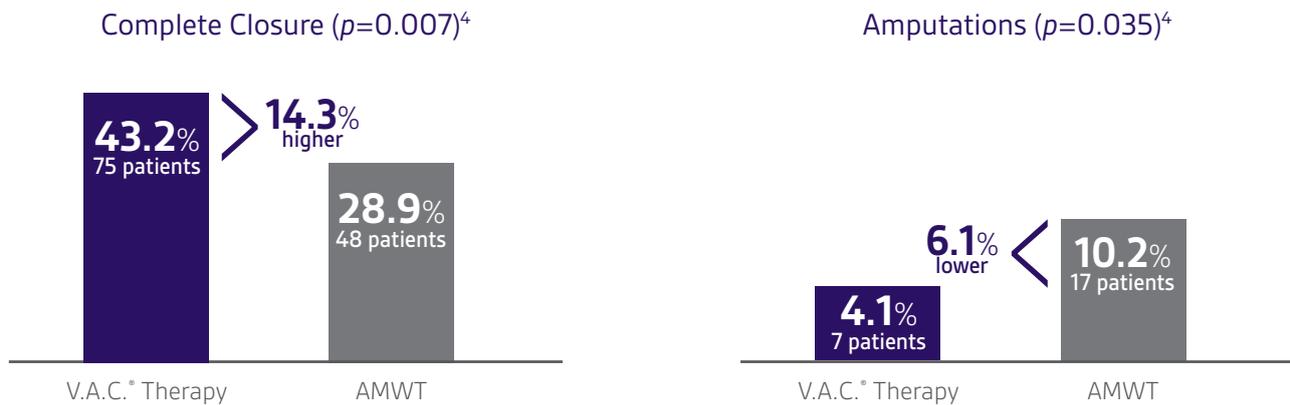
\*Dressing changes: Every 48-72 hours, no less than 3 times/week. (See dressing change information in Instructions For Use provided with V.A.C.® Therapy dressings.)

# HOW YOU MEASURE "SUCCESS" IN HEALING

## Increasing wound care case efficiencies benefits both the patient and the HHA

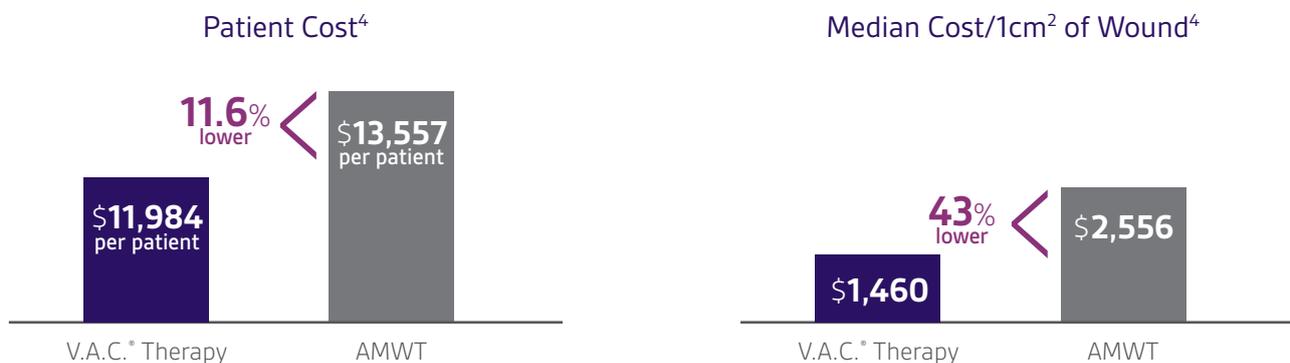
### Clinical Results

In a randomized controlled trial (RCT) (V.A.C.® Therapy:  $n=169$ , AMWT:  $n=166$ ), **V.A.C.® Therapy resulted in a significantly greater proportion of DFUs** achieving complete closure and fewer amputations at 112 days compared to advanced moist wound therapy (AMWT).<sup>4</sup>



### Cost-Effective

In an economic analysis of an RCT of 324 patients with DFUs (V.A.C.® Therapy®:  $n=162$ ; AMWT:  $n=162$ ), **V.A.C.® Therapy resulted in lower overall cost of care.**<sup>4</sup>



# THE ECONOMICS OF HEALING MATTERS

## V.A.C.® Therapy Delivers Lower Total Cost-of-Care vs Other NPWT<sup>12</sup>

US claims data were analyzed by Optum® Life Sciences for over 15,000 patients with at least one NPWT claim in the post-acute setting to identify total cost of care for KCI V.A.C.® Therapy vs Competitor NPWT patients\*

## V.A.C.® Therapy vs other (competitor) NPWT selected study findings include:

### KCI patients



**COST**  
**\$4,500 Less\***

For the three months following patients' initial treatment of NPWT, the average KCI patient cost is \$35,500 vs competitor patient cost of \$40,000

**COST**  
**13% Less**

**in total wound-related costs†**  
Average KCI patient cost of \$13,000 vs competitor patient cost of \$15,000

**HAVE**  
**Fewer**

**wound-related incidents‡**  
Fewer inpatient stays and ER visits 6 months after initial treatment

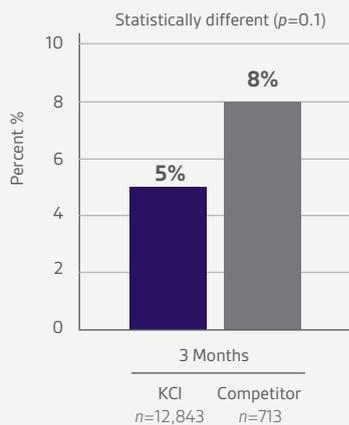
### Other NPWT patients



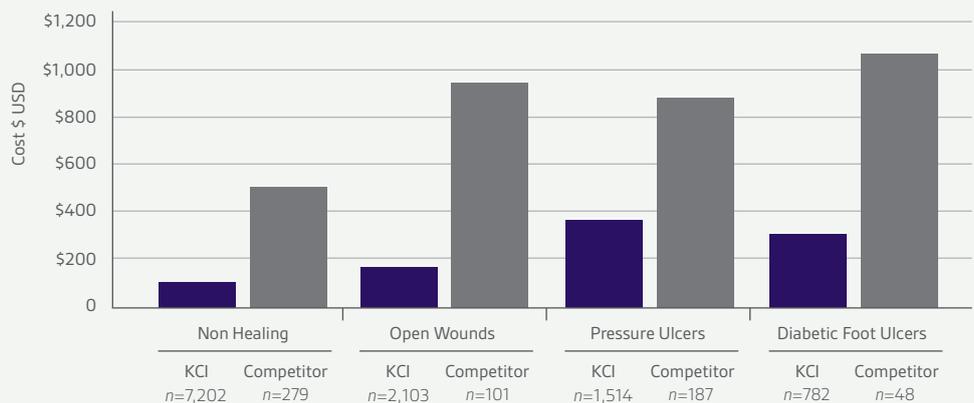
**19x more likely to switch to KCI NPWT§**

Competitor patients in the study were 19 times more likely to switch to KCI treatment during the 3 months after initial NPWT treatment than KCI patients (odds ratio = .05 for KCI vs competitor)

Wound Related Readmission<sup>A</sup>



Average Wound-Related ER Spend per Patient<sup>B</sup>



- Average wound related re-admission rate was higher for competitor NPWT patients
- Average per patient wound-related ER spend was higher for competitor NPWT patients across all wound types

\*For the 3 months following patients' initial treatment of NPWT, KCI patients cost an average of \$4,500 less than the competitors' overall (\$35,500 vs. \$40,000).

†When looking at total wound-related costs only, KCI patients on average cost 13% less (\$13,000 versus \$15,000 for competitor patients).

‡For the 6 months after initial treatment, KCI patients studied received an average of fewer wound-related incidents (inpatient stays and ER visits) than competitor patients.

§During the 3 months post-initial NPWT treatment, patients using competitor NPWT were 19 times more likely to switch to KCI NPWT treatment (odds ratio = .05 for KCI vs competitor).

<sup>A</sup>Wound related re-admission rate represents re-admissions after initial Post Acute NPWT claim, with wound diagnosis in top three re-admission diagnoses.

<sup>B</sup>Wound-related ER spend represents insurer's spend on ER visit with wound diagnosis in top three diagnoses. DFU not statistically significant due to small sample size.

# IMPROVE PATIENT ADHERENCE TO NPWT

iOn PROGRESS™ Remote Therapy Monitoring combines proprietary technology and data with an expert team of virtual therapy specialists.



## WHY ADHERENCE MATTERS

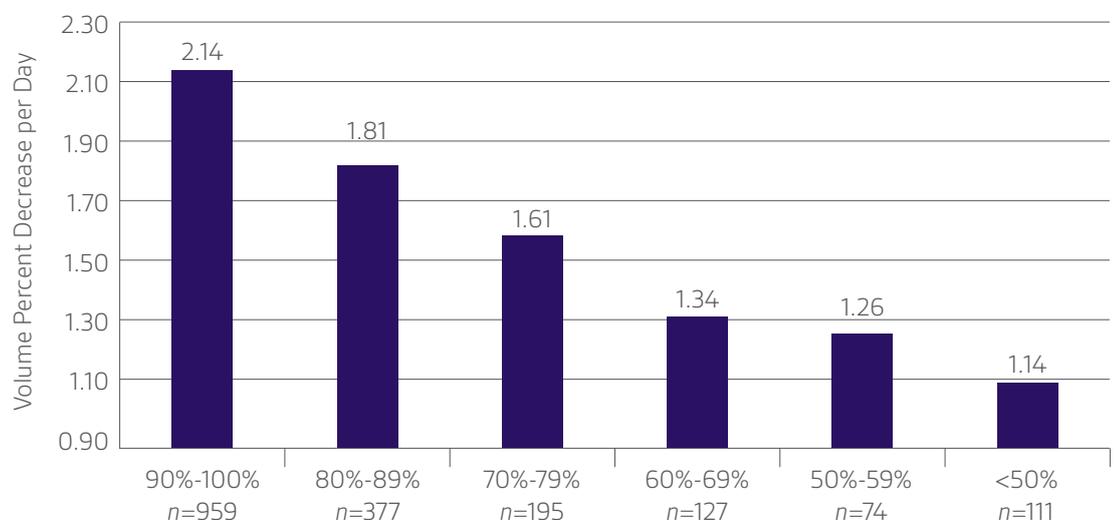
Evaluation of remote therapy monitoring suggests that active engagement can influence patient adherence.

An estimated 50% of patients living with chronic illness are nonadherent to their prescribed therapy.<sup>13</sup> Analysis has shown that there is an ability to influence patient adherence to NPWT with remote therapy monitoring, potentially improving outcomes and reducing wound care costs. Now more can be done for patients to help ensure better adherence to their wound care plan.<sup>14</sup>

In a retrospective study of 1,800+ patients, we found that increasing adherence to V.A.C.® Therapy facilitated a decrease in wound volume.<sup>15</sup>

An estimated  
**50%**  
of patients living with chronic illness are nonadherent to their prescribed therapy.<sup>15</sup>

Volume % Decrease per Day by Effective Therapy<sup>15</sup>



## ACTIVE MONITORING

KCI has provided iOn PROGRESS™ Remote Therapy Monitoring to >11,846 patients in different geographies across the U.S. from November 2016 through June 2019. Here's what happened.<sup>16</sup>

**147%**

increase in hours of use per day following engagement

**12hrs**

increase in utilization day after adherence call

**80%**  
required adherence call



**75%**

average return to adherence day after call from iOn PROGRESS™ Care Network

# ADDITIONAL TECHNOLOGY THAT SUPPORTS THE EFFICIENT DELIVERY OF CARE IN THE HOME

## **SENSAT.R.A.C.™ Technology with EASYCLEAR PURGE™ Technology**

- Maintains programmed pressure settings as it helps prevent/clear blockages from V.A.C.® Therapy systems

## **iOn HEALING™ Mobile App**

- Directly connect and consult with your KCI Representative on a patient's wound; easily submit home orders utilizing e-signature for prescriptions

## **V.A.C. READY CARE™ Program**

- On-site ACTIV.A.C.™ Therapy System to quickly provide to the patient

## **KCI Express® Program**

- Easily initiate V.A.C.® Therapy orders and get prescriptions signed via e-signature

## **KCI National Contact Center**

- 24/7 assistance with ordering, delivery, billing, clinical, and technical support at 800-275-4524

## **KCI Reimbursement Hotline**

- Specialists assist with insurance coding, coverage guidelines, and other reimbursement information  
800-668-6812, Monday-Friday, 7 AM-6 PM CST

## Supporting the business of healing

**10 MILLION**  
WOUNDS TREATED WORLDWIDE  
WITH **V.A.C.® THERAPY**<sup>17</sup>



**MORE THAN 90%**  
OF PUBLISHED **NPWT CLINICAL EVIDENCE**  
IS BASED ON **V.A.C.® THERAPY**<sup>18</sup>



**400+**  
CLINICALLY TRAINED  
**REPRESENTATIVES**  
SUPPORT THERAPY  
OUTCOMES



**25,000**  
PROFESSIONALS  
**TRAINED ANNUALLY**

Contact your KCI Representative for ordering and training information or visit [myKCI.com](https://www.myKCI.com)

### References:

1. Page JC, Newswander B, Schwenke DC, Hansen M, Ferguson J. Retrospective analysis of negative pressure wound therapy in open foot wounds with significant soft tissue defects. *Advances in Skin and Wound Care*. 2004;17:354-364.
2. Falagas ME, Tansarli GS, Kapaskelis A, Vardakas KZ. Impact of vacuum-assisted closure (VAC) therapy on clinical outcomes of patients with sternal wound infections: a meta-analysis of non-randomized studies. *PLoS One*. 2013 May 31;8(5):e64741.
3. Scherer LA, Shiver S, Chang M, Meredith JW, Owings JT. The vacuum assisted closure device: a method of securing skin grafts and improving graft survival. *Arch Surg*. 2002;137:930-934.
4. Blume PA, Walters J, Payne W, Ayala J, Lantis J. Comparison of negative pressure wound therapy using vacuum-assisted closure with advanced moist wound therapy in the treatment of diabetic foot ulcers: a multicenter randomized controlled trial. *Diabetes Care*. 2008;31:631-636.
5. Armstrong DG, Lavery LA, Diabetic Foot Study Consortium. Negative pressure wound therapy after partial diabetic foot amputation: a multicentre, randomised controlled trial. *Lancet*. 2005;366:1704-1710.
6. Monsen C, Acosta S, Mani K, Wann-Hansson C. A randomised study of NPWT closure versus alginate dressings in peri-vascular groin infections: quality of life, pain and cost. *J Wound Care*. 2015;24:252-260.
7. Ozturk E, Ozguc H, Yilmazlar T. The use of vacuum assisted closure therapy in the management of Fournier's gangrene. *Am J Surg*. 2009;197:660-665.
8. Yao M, Fabbri M, Hayashi H et al. A retrospective cohort study evaluating efficacy in high-risk patients with chronic lower extremity ulcers treated with negative pressure wound therapy. *International Wound Journal*. 2014;11:483-488.
9. Sinha K, Chauhan VD, Maheshwari R, Chauhan N, Rajan M, Agrawal A. Vacuum assisted closure therapy versus standard wound therapy for open musculoskeletal injuries. *Adv Orthop*. 2013;2013:245940.
10. Nord D. Efficacy and cost-efficiency in wound care. The German V.A.C. experience. *Journal of Wound Technology*. 2008;42-45.
11. Dalla Paola L, Carone A, Ricci S, Russo A, Ceccacci T, Ninkovic S. Use of vacuum assisted closure therapy in the treatment of diabetic foot wounds. *Journal of Diabetic Foot Complications*. 2010;2:33-44.
12. Law A, Cyhaniuk A, Krebs B. Comparison of health care costs and hospital readmission rates associated with negative pressure wound therapies. *Wounds*. 2015;27(3):63-72.
13. Chisholm-Burns MA, Spivey CA. The 'cost' of medication nonadherence: consequence we cannot afford to accept. *J Am Pharm Assoc*. 2012;52(6):823-826.
14. Griffin L, Casillas L. Evaluating the impact of a patient-centered remote therapy monitoring program on adherence to negative pressure wound therapy. *Wounds*. 2018;30(3):E29-E31.
15. KCI. Remote Monitoring VAC Therapy Compliance and Wound Progression. Feb 2015.
16. KCI, An Acelity Company. National iOn PROGRESS Remote Therapy Monitoring Dashboard. Datameer/RTM\_Final\_TDE\_Tableau. (November 2016-June 2019)
17. KCI. Cumulative NPWT Wounds. 2018.
18. KCI. Percentage of V.A.C. Therapy Articles vs. Comp Articles. 9/20/2017.