

## Reducing Hospital Readmission Rates

### Key Points

- The prevalence, incidence, and costs of care for skilled nursing facility (SNF) residents with chronic wounds are high.
- A retrospective analysis of healed wounds using Medicare and MDS data showed that wound-related costs were significantly lower in residents whose wounds were managed using a standardized, multidisciplinary protocol of care.
- SNF residents who did not receive the consults and protocol of care were more likely to be hospitalized and their wounds took longer to heal.

Medicare skilled nursing facility (SNF) residents with chronic wounds require more resources and have relatively high healthcare expenditures compared to Medicare patients without wounds.

A retrospective cohort study was conducted using 2006 Medicare Chronic Condition Warehouse claims data for SNF, inpatient, outpatient hospital, and physician supplier settings along with 2006 Long-Term Care Minimum Data Set (MDS) information to compare Medicare expenditures between two groups of SNF residents with a diagnosis of pressure, venous, ischemic, or diabetic ulcers whose wounds healed during the 10-month study period.

The study group (n = 372) was managed using a structured, comprehensive wound management protocol provided by an external wound management team. The matched comparison group consisted of 311 SNF residents who did not receive care from the wound management team. Regression analyses indicate that after controlling for resident comorbidities and wound severity, study group residents experienced lower rates of wound-related hospitalization per day (0.08% versus 0.21%,  $P < 0.01$ ) and shorter wound episodes (94 days versus 115 days,  $P < 0.01$ ) than comparison group patients. Total Medicare costs were \$21,449.64 for the study group and \$40,678.83 for the comparison group ( $P < 0.01$ ) or \$229.07 versus \$354.26 ( $P < 0.01$ ) per resident episode day. Additional studies including wounds that do not heal are warranted.

Increasing the number of SNF residents receiving the care described in this study could lead to significant Medicare cost savings. Incorporating wound clinical outcomes into a pay-for-performance measures for SNFs could increase broader SNF adoption of comprehensive wound care programs to treat chronic wounds.

1. DaVanzo, et. al, A Retrospective Comparison of Clinical Outcomes and Medicare Expenditures in Skilled Nursing Facility Residents with Chronic Wounds, *Ostomy and Wound Care*, September 2010; <https://vohra-public.s3.amazonaws.com/file/2019/01/04/fQOMmqCuX6D4trnKH0je3nqQzO0sjreCvpPtu06C.pdf>



## Benefits to Using a Specialized Wound Physician Group

Vohra physicians have well established, evidenced-based treatment protocols that improve outcomes, reduce wound healing time, and help to prevent the onset of new wounds.

A study from *Ostomy and Wound Management* in September of 2010 showed that Skilled Nursing Communities that used Wound Physicians saw a reduction in rehospitalizations, improved wound healing time by 21 days and cut Medicare expenses by almost 50% for the beneficiary on average.

- Compliance with State Regulations
- Reduce Re-hospitalizations
- Protection from Litigation
- On-site Conservative Debridement / Curettage

1. DaVanzo, et. al, A Retrospective Comparison of Clinical Outcomes and Medicare Expenditures in Skilled Nursing Facility Residents with Chronic Wounds, *Ostomy and Wound Care*, September 2010;  
<https://vohra-public.s3.amazonaws.com/file/2019/01/04/fQOMmqCuX6D4trnKH0je3nqQzO0sjreCvpPtu06C.pdf>

### Independent Lewin Group Study Medical Outcomes For Patients Under Care Of Vohra Wound Physicians

**Study Group:** Florida Skilled Nursing Home Residents with wound(s) under care of Vohra Wound Physicians. Patients received weekly bedside evaluation and treatment including debridement.

**Study Period:** February to November 2006

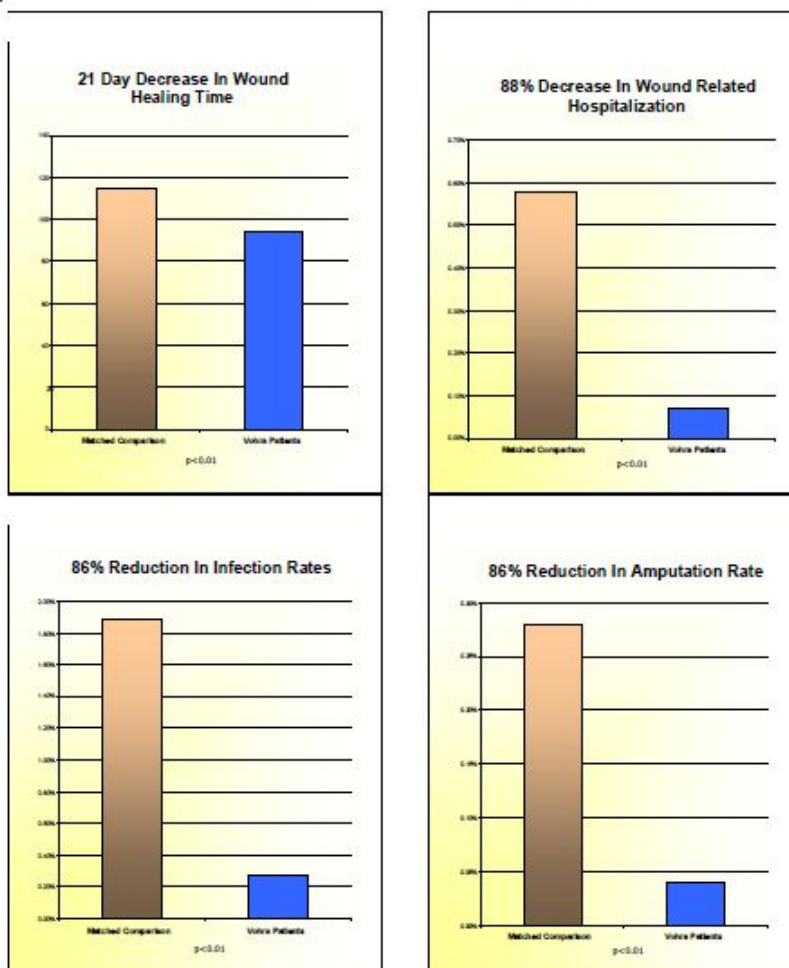
**Study Size:** 4,020 patients

**Study Type:** Retrospective Cohort

**Comparison Sample:** Drawn by CMS. Matched by age, sex, NH residence and MDS Data.

**Method:** Multiple statistical analyses, several levels of data cleaning  
Careful matching of study to comparison group

**Results:**



**Total average savings to Medicare: \$19,287 per patient.**

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<https://vohra-public.s3.amazonaws.com/file/2019/01/04/fQOMmqCuX6D4trnKH0je3nqQzO0sjreCvpPtu06C.pdf>