



Health
Recovery
Solutions

Introducing HRS WoundConnect:

Helping drive clinical, operational and financial results with this innovative new program and partnership with Corstrata



Introduction of Speakers



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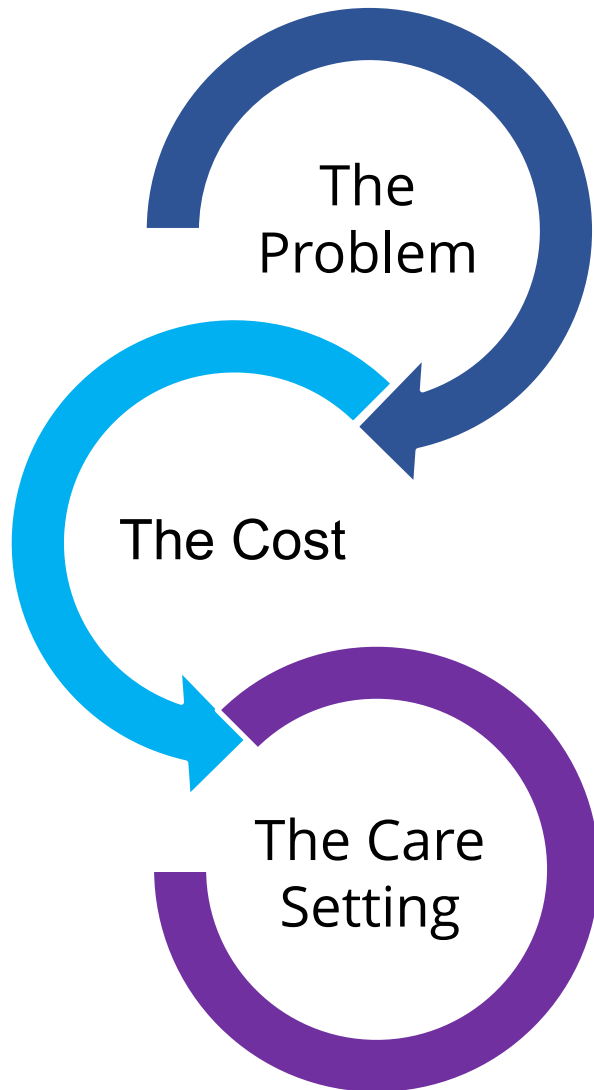


Alicia Jenkins, BS, RN, CWCN
Director of Clinical Services, Provider Markets
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Webinar Agenda

- Welcome and introduction of speakers
- The current state of wound care and challenges in the United States
- The case for standardizing wound care treatment
- Why RPM is a great solution to target the wound epidemic
- Why WOC nurses are critical in improving wound outcomes across settings
- ROI of WOC nurses in home health and other settings
- Description of the new HRS WoundConnect program

The Current State of Wound Care



10.5 million+ Medicare beneficiaries¹ have experienced at least one occurrence of a wound or wound infection (S, Chandan, 2019)

This population also struggles with chronic conditions (ex. Diabetes, Obesity, Vascular Disease)

The presence of wounds and comorbidities, complicate healing time and increase the chance of infection and deterioration

Wound care delivery costs **\$28 billion each year** for those with a primary diagnosis of wounds

Another \$31.7 billion for those with a secondary diagnosis

These costs compound with loss of work productivity and disability for those affected (S. Chandan, 2019)

Inpatient hospital care, outpatient wound clinics, home health agencies most commonly provide wound care

About 90% of WOC nurses work in the inpatient setting, leaving outpatient settings in short supply

Current Challenges

- ✓ **Delayed healing** due to lack of evidence-based treatment protocols
- ✓ **Increased risk of complications** such as infection or amputation with aging and multiple comorbidities
- ✓ **Increased healthcare costs**
 - Additional & unnecessary treatments
 - Over-utilization & inappropriate use of advanced wound care products
 - Higher rates of ER visits & hospital readmissions
 - Increased staffing & supply costs
 - Increased home health visit utilization & visit time
 - Longer LOS
- ✓ **Limited or no access to wound care specialists**

Only 0.2% of nurses are certified in wound care

Only 10% of WOC nurses practice in **post-acute care settings**

1 certified WOC nurse for every **900 patients** with a chronic wound

Often **cost-prohibitive in post-acute settings** to hire a FT WOC Nurse (*\$127,433/year per ZipRecruiter*)

Importance of Standardized Wound Care

Outpatient Care & Costs

- Patients with a diagnosis of a wound are among some of the most common conditions treated in the outpatient setting today
- The highest cost related to Medicare fee-for service spending on wound care is hospital outpatient care at \$35.7 billion²

Benefits of Standardized Wound Care¹

- Improve clinical outcomes and protocols & ROI
- Reduce contracted prices for wound products
- Improve patient satisfaction

Source: Becker's Healthcare, Nov. 2022

Combining RPM services with expert standardized wound care allows organizations to improve clinical outcomes and decrease the cost of overall care.

Why Remote Patient Monitoring for a Wound-Focused Program?

Remote Patient Monitoring (RPM) is “the collection of physiologic data, digitally stored and transmitted from patient to clinician/provider for interpretation and intervention.”

HRS provides RPM to a variety of health settings to address the common health care issues.

HRS RPM products can provide more than just biometric data as outlined below:

- ✓ Camera capability to allow patient to take images of wounds, edema, skin rashes etc.
- ✓ Virtual Visit Capability: allow multiple disciplines and providers to one virtual meeting
- ✓ Educational tools for patient engagement (video and pdf)
- ✓ Quizzes that survey for education comprehension
- ✓ Track and Trending of biometric data
- ✓ Ability to create custom surveys for your patients
- ✓ Obtain biometric readings for BP, Temp, Blood Glucose, Pulse Ox, Weight, HR



Why WOC Nurses are Critical in Improving Wound Outcomes Across Settings

(Randomized Control Trial; N = 1,298)

	Experimental Group n = 707	Control Group n = 591	Significance
Outcome	n (%)	n (%)	<i>P-Value</i>
Healed	577 (81.6)	105 (17.8)	<0.001
Non-healed	102 (14.4)	254 (43.0)	<0.001
Adverse Clinical Outcomes	12 (1.7)	145 (24.5)	<0.001
Readmission	16 (2.3)	87 (14.7)	<0.001

- ✓ WOC nurse-led wound care *quadrupled* the probability of healing (80% vs 18%)
- ✓ Significant decrease in adverse events
- ✓ Significant decrease in hospital readmissions
- ✓ Reduced number of treatment weeks

ROI of WOC Nurses in Home Health and Other Settings



Improved clinical outcomes

Driven by evidenced-based treatment protocols:

- Faster healing times
- Reduces ER visits
- Reduces hospitalizations
- Increases patient and staff satisfaction



Accurate wound etiology and staging identification

- Supports accurate coding for reimbursement
- Facilitates the development of evidence-based treatment plans



Comprehensive documentation

- Supports authorization and reduces denials
- Decreases survey and litigation exposure



Optimized staff utilization

- Increases staff productivity
- Reduces unnecessary visits & bedside nursing time
- Replaces the need to recruit, hire, and retain a WOC nurse



Improved data collection

- Increases marketing potential
- Positions agency for value-based payor contracts



Reduced supply costs

- Streamlines formulary management
- Optimizes supply use based on accurate wound assessment

HRS WoundConnect: The Results

Corstrata has proven that WOC nurses make a BIG IMPACT!

**30% reduction in
wound healing time**

**98% accuracy in wound
typing and staging**



**30-40% reduction in
wound supply cost**

**Increase in wound
patient referrals**

**WOCN 10 X more
productive**

**50% reduction in nurse
utilization/visits**

**Improved publicly
reported wound
outcomes**

Proven Examples of ROI for Home Health When Adding WOC Nurses to Your Program

Client A ADC Wound Patients = 400	SNV/Wound Patient (30-Day Episode)	Wound Supply Costs/Month	Monthly Savings **	Annual Savings **
Pre-Corstrata	15.5	\$37K		
Post-Corstrata	11.0	\$26K	\$281K	\$3.4M

Client B ADC Wound Patients = 570	SNV/Wound Patient (30/Day Episode)	Wound Supply Costs/Month	Monthly Savings *	Annual Savings *
Pre-Corstrata	5.5	\$38K		
Post-Corstrata	3.8	\$23K	\$160K	\$1.9M

Introducing HRS: WoundConnect

The presence of wounds and the cost to care for them has become a growing problem, needing an urgent solution. HRS has partnered with the wound experts to provide our customers a much-needed solution to this growing social and economic burden.

Experts

Highly trained expert Wound and Ostomy Certified Nurse Consultants

Process

Direct to clinician consultation, utilizing standardized, evidenced based wound recommendations by care setting and wound type

Technology

A remote patient monitoring and patient engagement solution that provides for wound imaging, education, survey assessment and biometric readings

Data

Crafted wound data and outcomes for your organization to prove clinical and financial outcomes

Ideal Patient Inclusion Criteria

- Any patient with a new, chronic or worsening wound
- Any patient with a hard to heal wound or history of infection or sepsis
- Any patient currently requiring 3X's week to daily wound care and/or Nursing visits
- Patients that have had multiple Home Health episodes, clinic visits or readmissions
- Any patients that are struggling with self-management, and could benefit from a triad support from their provider as well as a caregiver
- If wound closure confirmation is needed and/or plan for prevention of recidivism



Common Conditions/Wound Types Monitored Using RPM and Wound Consultation Include:

- ✓ Diabetic Ulcers
- ✓ Hx of Wound Sepsis
- ✓ Venous Ulcers
- ✓ Post Op Wound Infection
- ✓ Pressure Ulcers
- ✓ Arterial Ulcers
- ✓ Cellulitis
- ✓ Any Non-Healing Wound

HRS WoundConnect Calculator

How to calculate the amount of consults you may need for your organization:

Calculation to determine your correct tier:

Average Daily Census (ADC)

Multiplied by:

Percentage of ADC with a wound diagnosis (Average is around 30%)

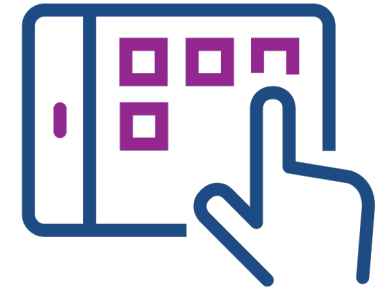
Divided by:

Percentage of Wound Patients with Chronic/Non-Healing/Infected/High Risk Wound Etiology (WoundConnect recommendation is around 25%)

Equals your total addressable population

This would include for example the presence of Pressure Ulcers, Diabetic Ulcers, Venous Ulcers, Hx Wound Sepsis, Cellulitis, Non-Healing Wounds

*Example: **ADC 1000** Multiplied by **% Wound Dx 30%** Divided by **25%** Equals = **75 patient potential per month**



Questions?

