Innovative Models of Value-Based Wound Care

Presenter:
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Objectives

1. Explore current trends in wound care delivery models - value based & in-home models
2. Understand Corstrata’s role in these models
3. Assess the challenges & opportunities presented by these new models
Value Based & In-home Care Delivery Models
Shift to Value Based Care

<table>
<thead>
<tr>
<th>Fee For Service Care</th>
<th>Value Based Care</th>
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<tbody>
<tr>
<td>Volume-based care is driven by <strong>QUANTITY</strong></td>
<td>Value-based care is driven by <strong>QUALITY</strong></td>
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<tr>
<td><strong>Provider Income</strong> Maximized by increasing patient volume</td>
<td><strong>Provider Income</strong> Maximized by meeting quality indicators</td>
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<tr>
<td><strong>Patient Goals &amp; Outcomes</strong> Inconsistent across providers &amp; settings</td>
<td><strong>Patient Goals &amp; Outcomes</strong> Shared across providers &amp; settings</td>
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<tr>
<td><strong>Treatment Plans</strong> Encourage over-servicing and fragmented care</td>
<td><strong>Treatment Plans</strong> Encourage outcomes-driven, evidenced-based care</td>
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<td><strong>Doesn’t reward quality</strong> or efficiency of services</td>
<td><strong>Rewards quality</strong> and efficiency of services</td>
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Value Based Care Models

Total Cost of Care - All Services
Total Cost of Care - Limited Services
Episodic Care

SERVICES AT RISK

Pay for Quality (PCMH)
Pay for Performance
Shared Savings
Bundled Payments
Shared Savings Upside or Downside Risk (ACO, DSNP)
Full Risk Capitation (PACE Programs)

DEGREE OF RISK

RISK


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Emerging At-Home Care Models

ON-DEMAND CARE
- Urgent Care at Home
- ED at Home

ACUTE CARE AT HOME
- Hospital at Home
- Advanced Care at Home

CHRONIC CARE AT HOME
- ESRD at Home
- Primary Care at Home
- Wound & Ostomy Care at Home

CONTINUING CARE AT HOME
- SNF at Home
- Hospice at Home
- Palliative Care at Home

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Wounds in Value Based Care

HIGH RISK WOUND POPULATIONS
- Medicare Age
- Multiple Comorbidities
  - Diabetes
  - ESRD / CKD
  - Cardiovascular
- Oncology
- Palliative / Hospice

WOUND SPECIALISTS
- On-Demand Virtual Access
- Etiology & Staging Identification
- Evidence Based Treatment Plan
- Longitudinal Care Management

IN-HOME VALUE BASED WOUND MANAGEMENT

TECHNOLOGY
- Wound Imaging & Analysis
- EMR Integration
- Remote Monitoring
- Virtual Care Platform
- Mobile Diagnostics
- Wound Sensors
- ML/AI Applications
Corstrata’s Role in
New Care Delivery Models
Who is Corstrata?

We are:
● The leading 100% virtual wound and ostomy provider in the U.S.
● Licensed clinicians in all 50 states including D.C.

Our partners include:
● 3 of the top 5 Hospital at Home providers/aggregators
● Several leading wound and ostomy product brands
● Payers and “payviders”
● Many home health, hospice, SNF, and LTACHs

Our partnership models include:
● Case management
● Census-based consults
● Risk-based
● Virtual clinical support for patient and product assistance - ex. virtual ostomy clinic
The Problem: Substandard Wound Care

Chronic wounds aren’t a disease state. Wounds aren’t a medical specialty. No one takes full accountability for the outcomes.

Facts

- **40% of wounds are improperly treated** resulting in delayed healing and poor outcomes.
- In post acute care settings:
  - 30% of wounds are **inappropriately identified** as to etiology
  - 50% of pressure injuries are **mis-staged**
- Lack of access to wound experts:
  - 0.2% of nurses are certified in wound care
  - 1 certified WOC nurse for every 900 patients with a chronic wound
  - 10% of WOC nurses practice in post-acute care settings
- Lack of continuity of care across care settings

Clinical & Economic Impact

- **Delayed healing** due to lack of evidence-based treatment protocols.
- **Increased risk of complications** such as infection or amputation due to multiple medical comorbidities.
- **Increased healthcare costs** due to longer lengths of stay, additional or unnecessary treatments, over-utilization or inappropriate use of advanced wound care products, and higher rates of hospital readmission.
- **Poor quality of life** due to ongoing pain, discomfort, mobility, and social isolation issues.
The Solution: Virtual Wound Care

- Access to a Specialist “Anytime & Anywhere”
- Quality-Focused Data Collection
- POC Collaboration
- Cost Considerations (FT specialist salary & relief)
- Evidence-Based Consultation
- Accurate Coding & Documentation
- Optimal Supply Utilization
- Self-Care Education & Advocacy
SNF at Home Case Study

Consult Method: Wound Image Store & Forward
Location: SNF at Home

Diagnosis:
- Advanced MS; Paraplegia
- Stage 3 sacral pressure injury
- Bowel and bladder incontinence
- Malnutrition

Intervention: D/C daily wet-to-dry dressings; Bi-weekly and PRN dressing changes with collagen & foam; Upgrade support surface to Group 2; Nutritional support; Incontinence management

ROI Considerations:
- PRN access to a wound care expert
- Improved documentation of healing progression.
- ↑ staff productivity with ↓ dressing change frequency
- Prevention plan to prevent recurrence and mitigate liability risk

Outcome:
- ✔ Wound closure in 4 months in a high-risk patient with multiple comorbidities
- ✔ Improved patient QOL

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Hospital at Home Case Study

**Method:** Live video visit

**Location:** Hospital-at-Home

**Diagnosis:** Cellulitis, CHF, DM, Neuropathy, ESRD, Venous Disease, Chronic Afib

**Reason for Referral:**
- Recurrent resistant cellulitis with areas of necrosis
- Multiple hospitalizations over past several months
- Copious LE weeping

**Recommendations:**
- HOCL soak
- Skin barrier to periwound
- Iodosorb to necrotic areas
- Superabsorber dressings with tubigrips daily until drainage subsides then decrease to 3xw.
- Orthotics for offloading
- Refer for vascular studies to rule out arterial disease
- X Rays to rule out osteomyelitis

**ROI Considerations:**

*Virtual on-demand consultation:*
- Is highly compatible with a H@H care
- Can prevent recurrent hospitalizations & returns to brick and mortar
- May increase referrals for patients with complex wounds

**Outcome:**
- ✔ Timely and successful management of a complex wound using a H@H virtual consultation platform.
- ✔ Identification of chronic recurrent heel wound of several years duration after stepping on a sharp object
- ✔ Prevention of rehospitalization
Model Challenges & Opportunities
Challenges and Opportunities

Challenges

- Payment models aren’t aligned = Misalignment of incentives
- Communication challenges = Delayed implementation of changes to treatment plan
- Lack of interdisciplinary care
- Lack of access to expertise
- Limited integration of workflows & medical records

Opportunities

- Apply consistent application of evidence-based care
- Increase wound care referrals
- Improve quality of care outcomes
- Align model of care with payers
- De-risk management of wound patients
- Decrease the overall cost per patient
- Improve provider/patient/caregiver satisfaction
Thank you

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