Meeting report: no compromise on quality: is 'good enough' really good enough?

This article is based on a symposium held at the European Wound Management Association (EWMA) in Amsterdam on May 4, 2017, which was sponsored by Mölnlycke.

The speakers at the symposium were (clockwise from top left): Jacqui Fletcher, Louise Reuterhagen, Karen Ousey and Leena Berg.

***Jacqui Fletcher (Chair)** is Independent Nurse Consultant, UK*

***Louise Reuterhagen** is Manager Procurement & Economic Policies, Swedish Medtech, Stockholm, Sweden*

***Karen Ousey** is Professor of Skin Integrity, Director for the Institute of Skin Integrity, University of Huddersfield, Huddersfield, UK*

***Leena Berg** is Senior Consultant in Plastic Surgery, Kuopio University Hospital, Kuopio and Central Hospital of Kainuu, Kajaani, Finland*

Jacqui Fletcher explained that hard-to-heal wounds form the basis of a significant problem, which has been found to be a burden on:

- The patient
- The healthcare provider
- The payor.

This problem is due to become even more challenging globally, due to a variety of factors. The likelihood is that the problem will increase as:

- The population ages
- Chronic disease (e.g. diabetes) increases
- Obesity rises
- Complexity of patient conditions increases.

These increasing issues have to be balanced against reductions in both funding and resources, such as staff and equipment. The ways in which care is delivered are changing, with an increasing focus on reducing the time spent on acute hospital care, thus increasing the challenge of community care.

With reductions in funding and resource at the forefront of changing practice, healthcare providers are being encouraged to use cheaper products that are considered to be 'good enough'. This creates a dichotomy whereby we 'know that the gold standard exists', but deliver to a 'silver standard' — meaning care that is deemed to be 'OK' or 'good enough', rather than best practice.

It is vital to consider the practical impact of changes in care delivery and measure outcomes. This affects the role of healthcare providers in the decision-making process, as well as in everyday practice — should practitioners accept this situation, and do we want something better for our patients?

Championing value-based health care

The vital question is what we, as practitioners, can do to champion best practice in cost-pressurised times. Louise Reuterhagen spoke about her involvement in dealing with procurement issues and incorporating patient-centred care and benefits.

In procurement, supply is supposed to be based on demand but, in reality, demand is always greater. Demographic changes mean that the current and future outlook is challenging. The product evaluation process focuses on price and aiming to cut costs; however, this can result in counterintuitive decisions if consideration is not given to the total cost when a patient is being treated.

It is important to consider the potential knock-on effects of changes in product use due to cost considerations. For instance, if a lower-quality dressing is used, this may reduce dressing wear time and thus increase the nursing time required, or increase the risk of infection/complications. Medical devices represent a small percentage of total spend *[Figure 1]*, so saving in this area may be counterproductive.

With this in mind, it is more useful to look at the big picture and think in terms of total

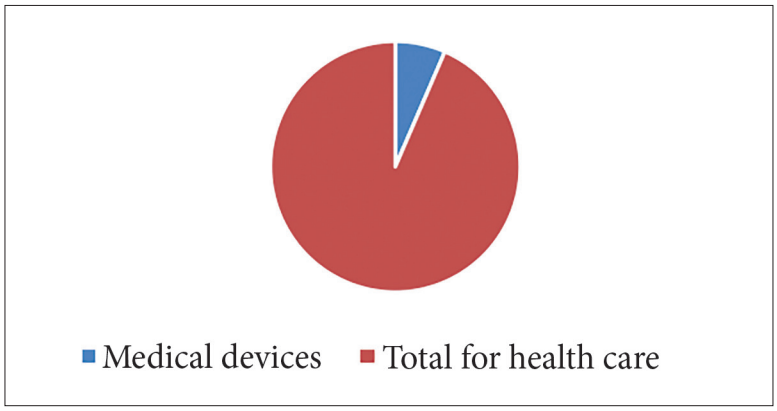

Figure 1. Medical devices represent only 6.5% of the total cost for health care in Europe (MedTech Europe, 2016).

healthcare costs, rather than the individual prices of products and medical devices used. Excessive focus on price may in fact lead to the opposite effect on total healthcare costs.

As well as focussing on the wider perspective in terms of healthcare provision, it is also important to remain patient-focussed. How the patient's quality of life is affected should always be a key consideration.

However, the issues are inextricably linked as the quality of the care practitioners are able to give depends upon the products they can use. Taking an integrated approach, we should look at medical devices as treatment methods themselves. The focus on patients must involve using the right product for the right patient in the right way. This will help to avoid unnecessary problems and their associated costs further into treatment. In order to achieve this positive effect, communication between health care, patients, suppliers, purchasers and other stakeholders is key.

The principle aim is not to save money, but to achieve the best results for the individual patient and their wound. It is important to focus on the individual patient's aims (as well as the ultimate clinical aim of healing); for example, the patient may be more concerned with reduction in pain, exudate or malodour. This may incorporate quality of life issues, such as being comfortable enough to work or to go out. It is always vital to keep in mind the question: what is important to the patient?

Communication is a vital element of this, in terms of understanding the patient and their needs, as well as providing patient education. Involving the patient in their own treatment helps with concordance and saves time and money in the long term.

Treatment needs to be sustainable, with consideration of the potential consequences. While we should always strive for the 'gold standard', it is worth bearing in mind that sometimes lower quality/lower price products may work for some patients in some wounds. The cornerstone of care is that the individual, specific wound should be the deciding factor, not the price of a product.

Managing the fallout from 'un-quality'

What impact can switching to cheaper dressings have on wound care? Leena Berg spoke about the practical effects that product changes can have on care delivery as a whole. There is currently a gap between care requirements and the funding available, creating an urgent need to cut costs.

Leena described her own practical experience of real-world problems encountered as a direct result of dressing changes due to cost-cutting measures. This was due to a new contract on wound care dressings, which included one university hospital, one district hospital, several healthcare centres and several home care units.

In setting the new contracts, the minimum demands on dressings were defined (no objective definitions were used); dressings had to be suitable for use within inpatient and outpatient care; an electrical auction system was used. When these new products were applied to practice, there was a demonstrable impact on care delivery.

The new lower-cost dressings were initially observed to have an impact upon inpatient care, causing issues related to quality problems, such as:

- PU dressings
  - Sacral dressings:
    - Prevention of pressure ulcers: new sacral ulcers, loosening
    - Treatment of pressure ulcers: loosening, problems with exudation
    - Additional dressing changes
    - Too much/too little silicone in PU dressings with silicone
- Postoperative dressings
  - Skin abrasions, additional dressing changes
- Fatty gauze
  - Problems with skin grafts: additional dressing changes, problems with dressing changes (damage to skin grafts, pain)
- Perforated silicone dressing
  - Problems with moisture control (maceration), unable to visually evaluate skin grafts, additional dressing changes.

This was followed by further problems in outpatient care and complaints from patients experiencing difficulties (such as loosened dressings, more frequent need for additional

dressing changes, additional secondary dressings needed, unable to control exudation, skin abrasions, problems with uneven quality of dressings).

This triggered a process of supplying evidence to ascertain the scale and root cause of the problems. The most 'difficult' categories were evaluated and a critical comparison of different dressings put forward; the dressings of better quality were chosen as a result of this comparison. However, there were still 'huge' quantities of remaining low-quality dressings that had to be used.

A practical solution was that there were some patients who were suitable for use of the lower-cost dressings, who did not require the highest-quality dressings. It is useful in practice to identify the specific requirements of an individual wound and gauging the quality of dressing that can be used.

Lessons learned from the problems encountered meant that the 'ideal contract', taking into account patient factors and cost drivers, can lead to real savings. This can be successfully achieved if there is a focus on cost drivers affecting the requirements of the individual patient and wound and how these can be reduced *[Figure 2]*.

The emphasis following this process was on the following take-home messages:

- Decisions about clinical practice that are based solely around cost can have ramifications for patients, clinicians and healthcare providers
- Decisions that affect wound care should be based on robust evidence and focus on clinically and economically relevant outputs, not just costs.

Reaping the benefits of quality dressing selection in postoperative wound care

With more surgical procedures occurring every year and the high cost of surgical site

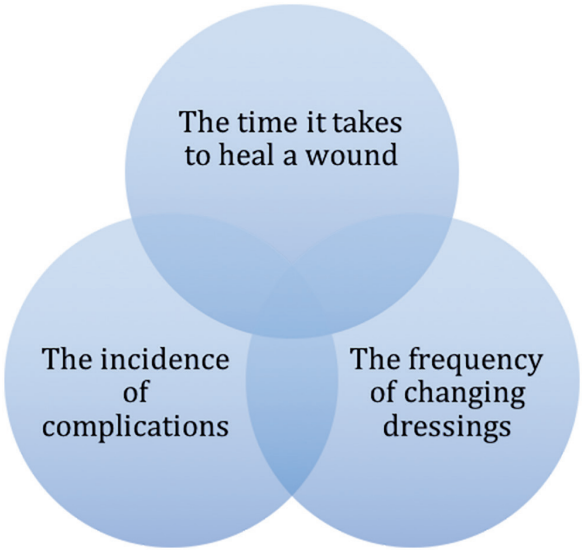

Figure 2. Main drivers of cost in wound management and how these can be reduced (adapted from Lindholm & Searle, 2016).

Reduce healing time	Reducing healing time is an important way to reduce the cost of treatment. Accurate diagnosis and treatment of underlying pathology is essential. Early intervention to expedite healing could prevent wounds becoming long-duration static wounds, and thereby reduce the quantity of dressings, nurse time and hospital resources
Reduce dressing change frequency	Reducing the frequency of dressing changes for some or all patients could result in a reduction in the quantity of dressings and nursing resources required to change the dressings
Prevent wound complications	Complications such as wound infection may involve extended hospital stay, readmission, and even additional surgical interventions. Preventing complications therefore has the potential to free up hospital bed-days and other resources

infection (SSI), Karen Ousey explained how dressing selection can influence outcomes in postoperative care.

When selecting dressings, personal views are often involved — practitioners may have preferred dressing types or companies. The emphasis again must be on making the decision-making process as patient-centred as possible: what does the patient want?

Historically, the view was often that 'the clinician knows best', but it is important to move away from this mindset. For instance, in the era of using hydrogen peroxide on wounds, the view was 'it's working because it stings'; or using egg whites and an oxygen mask to treat pressure ulcers, before it was realised that it was the associated pressure relief that was having an effect rather than this process itself.

Clinicians and patients may have different requirements from treatment, so listening to the patient and taking all factors into account is key. Factors that the patient may consider in a dressing include:

- Fewer dressing changes
- Comfortable and conformable
- Ease of application and removal
- Waterproof
- Pain free (from dressing and anticipatory pain)
- Stays in place.

Factors considered by the clinician in dressing selection may include:

- Does not cause periwound skin damage
- Ability to observe wound
- Cost effective — while not impacting on quality
- Evidence base.

Dressings have developed over the years to better meet patient and clinician needs, but with more advanced therapies, this leads to increased costs. However, using cheaper dressings can in some instances cause further problems — such as dressings causing blistering to the periwound skin, causing a secondary wound that has to be dealt with, as well as increased pain and infection risk.

Quality of life issues must be considered, such as patient comfort. The CLOSE study (Bredow et al, 2015) compared the cheaper and more basic product with the more advanced dressing, and found that patients preferred the advanced dressing. This also took into account factors such as ease of dressing change and wound visibility.

Crucially, it was found that when all factors were considered, the advanced dressing was overall more cost-effective than the more basic product. The study emphasised the following findings:

- Incorrect application of wound dressings can disrupt skin architecture
- An elongated wear time will cause less distress and pain for the patient
- Appropriate choice of dressings will:
  - Optimise healing
  - Reduce complications
  - Improve quality of life
  - Reduce healthcare costs.

Therefore, practitioners need to learn to speak to procurement and management about the practical issues that are being encountered, in order to make positive changes.

Overall, communication is paramount — both with procurement and management, and with the patient. It is vital to keep the patient involved in the decision-making process, both from a concordance point of view and to achieve patient-centred aims of treatment.

Summary: Take-home messages

- Everyone involved in the appraisal, selection and implementation of practices aimed at the provision of quality wound care must look beyond the price of products and instead focus on evidence-based interventions that deliver impactful clinical and economic outcomes
- Clinicians and payers should have the confidence to challenge colleagues to shift their focus from price to value-based outcomes

Clinicians and payers should have the confidence to challenge manufacturers to provide robust and meaningful evidence of the ability of their products to reduce the clinical and economic burden of wounds. WINT

This article is based on a sponsored symposium by Molnlycke

References

Bredow J, Oppermann J, Hoffmann K et al (2015) Clinical trial to evaluate the performance of a flexible self-adherent absorbent dressing coated with a soft silicone layer compared to a standard wound dressing after orthopaedic or spinal surgery: study protocol for a randomized controlled trial. *Trials* 16: 81

Lindholm C, Searle R (2016) Wound management for the 21st century: combining effectiveness and efficiency. *Int Wound J* 13 Suppl 2:5-15

MedTech Europe (2016) The European medical technology industry – in figures. Available at: http://www.medtecheurope.org/sites/default/files/resource_items/files/MedTech_FactsFigures2016_20160105.pdf (accessed 16.08.2017)