



Wound
Ostomy and
Continence
Nurses
Society

Wound, Ostomy and Continence Nurses Society Overview White Paper

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The Wound, Ostomy and Continence Nurses Society (WOCN) is a professional specialty nursing organization of more than 4,000 nursing professionals. WOCN nurses are experts in the care of patients with wound, ostomy and incontinence—chronic health problems adversely impacting an individual's quality of life. Moreover, these conditions are associated with significant costs and complications, especially when the care provided is inappropriate, incomplete or sporadic. These conditions are more common among the elderly population and frequently result from chronic illnesses such as diabetes, cardiovascular disease and cancer.

Significant health care costs are attributable to the treatment of these conditions. As the elderly population of the United States continues to grow, health care costs for treatment of wounds, ostomy and incontinence will continue to rise, thereby placing an increasing burden on the health care delivery system.

The WOCN Society supports initiatives to provide access to cost-effective, outcome-based, appropriate health care solutions, which will maximize patient health and minimize long-range costs. The WOCN Society is dedicated to ensuring the availability of appropriate care for individuals with wounds, ostomies and incontinence to provide patients with the quality care they deserve. Furthermore, they encourage the appropriate utilization of specialty nurses in order to provide the best care in the most cost-effective manner is met.

The WOCN Society promotes educational, clinical and research opportunities to advance the practice and guide the delivery of expert health care to individuals with wounds, ostomies and incontinence. The WOCN Society works to achieve these goals by utilizing state-of-the-art clinical research, setting the standard for the management of patients and serving as the premiere provider of education for best practice and optimal patient outcomes.

The WOCN Society has maintained a successful partnership for nearly 20 years with federal, state and local governments and regulatory agencies. WOCN Society members have served on Food and Drug Administration (FDA) panels, collaborated with the Centers for Medicare and Medicaid Services (CMS) officials on document development and currently work with the Durable Medical Equipment Regional Carrier (DMERC) staff to identify acceptable utilization parameters for surgical dressings, support surfaces, ostomy supplies and urological products.



Chronic Wounds

Pressure Ulcers

Pressure ulcers represent a significant health care problem, therefore preventing them is vitally important. Pressure ulcer prevention can best be accomplished by identifying individuals who are at risk for the development of pressure ulcers and the initiation of early preventive measures. This requires an understanding of risk factors, the utilization of research-based risk assessment tools, knowledge of appropriate preventive strategies and access to essential medical equipment such as therapeutic support surfaces.

Patients who have already developed pressure ulcers require assessment and interventions to identify and correct the causative factor(s) and treatment modalities to assure optimal wound healing. Regular follow-up assessment and modifications of the treatment plan when indicated are also necessary to assure optimal wound repair and efficient use of resources, including supplies.

- There are more than one million new cases of pressure ulcers (also referred to as bedsores) each year.
- 60,000 deaths each year are associated with pressure ulcers.
- According to the National Pressure Ulcer Advisory Panel, pressure ulcer prevalence in acute care hospitals is as high as 17 percent, long term care facilities at 28 percent and home care at 29 percent.
- The cost involved in management of pressure ulcers is estimated to be \$6.4 billion annually in US health care dollars. One severe pressure ulcer can cost as much as \$50,000 to heal or repair.

Benefits of WOC Nurse Involvement Specific to Individuals with Pressure Ulcers:

- Strong education and clinical skills to design and implement preventive programs to reduce the incidence of pressure ulcers.
- Patient and family education regarding preventive measures and/or management to optimize wound healing.
- Appropriate product selection (support surfaces and surgical wound dressings) based on the integration of patient care needs and product costs.
- Coordination of care across the continuum of care delivery settings.

Leg Ulcers

Primary prevention is the key to leg ulcer management. Appropriate education, monitoring and prophylactic foot and nail care have been shown to prevent ulceration and the resulting sequelae in the majority of patients. For patients who have already developed a leg ulcer, the critical issue is accurate assessment of causative factors with initiation of appropriate corrective care. It is also essential to provide cost-effective and research-based wound care. Since leg ulcers are associated with a very high recurrent rate, patient education regarding follow-up care is another crucial component of management.

- Leg ulcers are most commonly caused by circulatory problems (venous ulcers and arterial ulcers) or by damage to nerves (neuropathic ulcers, common in diabetic patients).
- Leg ulcers affect more individuals than pressure ulcers. One in four Americans over the age of 65 will develop a leg ulcer in their lifetime.
- The recurrence rate for venous ulcers is as high as 70 percent. The cost to heal a single venous ulcer can be close to \$10,000. The medical grade compression stockings used to treat this life-long condition cost \$40-100 per pair. They must be replaced every six months and are an out-of-pocket expense to the patient.
- Arterial ulcers and neuropathic ulcers are particularly common among individuals with diabetes. Of the more than 16 million diabetics in the US, more than 30 percent will develop foot ulcerations. These ulcers are notoriously difficult to resolve. The average cost of healing a single diabetic ulcer is \$20,000. The average out-of-pocket expense for custom-molded diabetic shoes used to prevent further complications is \$143 per pair. Many of these individuals require surgical intervention, and some will require amputation. The cost of amputation and subsequent rehabilitation averages \$62,000 for the first year. Amputation can frequently be prevented by appropriate preventive care and early intervention.

Benefits of WOC Nurse Involvement Specific to the Chronic Wound Patient

- Strong emphasis on primary prevention.
- Recommendations for management that are research-based, cost-effective and individualized for the specific patient situation.
- Patient and family education regarding preventive measures and/or management to optimize wound healing.
- Appropriate product selection (support surfaces and surgical wound dressings) based on the integration of patient care needs and product costs.
- Coordination of care across the continuum of care delivery settings.



Incontinence Care

Early identification and primary prevention can reduce the incidence and delay the onset of incontinence, thus reducing the need for extensive utilization of supplies, services and institutionalization. For individuals with established incontinence, intervention can improve quality of life, prevent sequelae such as skin breakdown and provide either for cure of the incontinence or for effective management.

- Urinary incontinence affects approximately 20 million Americans.
- Urinary incontinence is frequently associated with older women who have had children. However, it also occurs in young women (especially during physical activity) and men. One in four women will have at least a transit, if not long term, episode of incontinence in their life-time.
- 15–35 percent of people over 60 years of age experience some degree of urinary incontinence.
- Approximately 53 percent of the homebound elderly are incontinent, and 30 percent of this homebound population report urinary incontinence to be a significant contributor to their homebound status.
- Urinary incontinence is a key factor in the decision to institutionalize an individual; effective correction or management of incontinence can maintain an individual in their community-dwelling state and prevent premature institutionalization.
- Among the 1.5 million residents of nursing facilities, 50 percent are incontinent of urine and 30 percent of the institutionalized elderly are incontinent of both urine and stool.
- Of those individuals who are continent when admitted to an extended care facility, at least 27 percent will become incontinent within one year.
- Conservative estimates indicate that we spend at least \$27.8 billion annually on incontinence management or \$3,565 per person.

Benefits of WOC Nurse treatment specific to the patient with incontinence:

- Development and implementation of management plans based on low-cost, non-invasive treatment modalities and on the restoration of continence (thereby eliminating premature institutionalization and long term product utilization.)
- Patient and family education regarding measures to correct the incontinence or manage it effectively in the outpatient or home care setting.
- Product selection based on assessment of patient care needs and product costs.
- Provision of care in the least costly and most effective health care setting.



Increase Patient Access to Necessary Supplies

Compression Stockings/Devices

The WOCN Society supports coverage for medical-grade graduated compression stockings/devices for management of venous insufficiency disease.

The failure to correct and/or manage persistent edema associated with venous insufficiency disease results in prolonged and repeated utilization of resources for wound care and prolonged patient morbidity. Seventy percent of all venous ulcers will reoccur without long-term compression therapy.

- The WOCN Society supports coverage for medical-grade graduated compression stockings as a prosthetic device in patients with incompetent venous valves.

Ostomy Equipment

The WOCN Society supports providing access to appropriate equipment for all ostomy patients.

The current reimbursement level for ostomy equipment and supplies has not kept pace with improved technology. Advances in ostomy equipment and supplies have afforded patients with improved quality of life. Many retailers and mail order companies across the entire country have stopped selling ostomy supplies because the level of Medicare reimbursement does not adequately cover their expenses. Many retailers still selling these products are not taking any new patients or are severely restricting their inventories. With 70,000 new ostomies created annually in the United States, patients need access to equipment and supplies needed to manage this lifelong disability.

- The WOCN Society is working closely with the Durable Medical Equipment Regional Carriers (DMERC) to improve the level of reimbursement and access to these needed supplies for ostomy patients.

Pressure-Reducing Chair Cushions

The WOCN Society supports providing immobilized patients with access to pressure-reducing chair cushions in all care delivery settings.

The lack of coverage for pressure-reducing chair cushions results in sub-optimal management of immobilized and chair-bound patients in all care delivery settings. This leads to negative patient outcomes such as increased incidence of pressure ulcer development and delayed wound healing.

- The WOCN Society is collaborating with other professional organizations and industry in defining national guidelines for various pressure-reducing chair cushions.
- The WOCN Society is working with the DMERC staff to establish utilization parameters for the various types of pressure-reducing chair cushions.

Therapeutic Footwear and Orthotic Inserts for Diabetics

The WOCN Society supports increasing the access for diabetics to therapeutic footwear and orthotic inserts.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 reduced the Medicare payment for therapeutic shoes and orthotic inserts for individuals with diabetes. The WOCN Society believes this will result in the sub-optimal management of diabetics in the prevention and treatment of foot ulcers, leading eventually to lower extremity amputations. Research suggests that 50-85 percent of diabetic foot amputations are preventable with better foot health, including therapeutic footwear.

- The WOCN Society supports Congressional efforts to restore Medicare funding for therapeutic shoes and inserts.
- The WOCN Society supports Congressional efforts to amend the Public Health Service Act to authorize grants for education, screening and treatment of high-risk, underserved populations with the goal of preventing diabetic foot complications and lower extremity amputations.



Ostomy Care

The ostomy patient is dealing with an alteration in body function requiring both physical and psychosocial adaptation. Care needs for these individuals include the following: preoperative evaluation and selection of the optimal site for the stoma (opening on the abdominal wall), facilitation of self-care postoperatively; establishment of an effective system for containment of urine or stool and protection of the peristomal skin, and patient education to support resumption of a productive lifestyle (e.g., guidelines for managing the ostomy in the work setting, etc.)

- An ostomy is a surgically created intestinal or urinary opening on the abdominal wall to allow elimination of urine or stool from the body.
- According to the United Ostomy Association, in the United States and Canada there are 750,000 to one million individuals with an ostomy and 70,000 new ostomies are created annually.
- Individuals with ostomies require lifelong utilization of supplies designed to contain urine or stool, protect the surrounding skin and control odor.
- Individualized rehabilitative care is essential to facilitate the patient's return to a productive lifestyle and the resumption of satisfying and meaningful relationships.

Benefits of WOC Nurse involvement specific to the patient with an ostomy:

- Preoperative selection of optimal stoma site to promote postoperative independence in self-care and efficient utilization of products.
- Establishment of a cost-effective pouching system for containment of urine or stool, protection of the peristomal skin and control of odor.
- Patient and family education in self-care and incorporation of ostomy into lifestyle.
- Follow-up care to promote rehabilitation and identify and correct problems with self-care or ostomy function and assure appropriate product utilization.



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Unbundling of Ostomy Supplies

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The WOCN Society works to ensure that ostomy patients cared for by a home care agency have access to appropriate prosthetic equipment and supplies.

Unfortunately, the Prospective Payment System (PPS) has compromised access to appropriate prosthetic equipment and supplies for ostomy patients in home care. Currently, home care agencies are required to supply ostomy equipment and supplies to patients but cannot maintain a complete and complex inventory in order to meet the varied needs of each patient. This results in ineffective containment of urine and stool, poor odor control, skin breakdown and skin infections and ineffective rehabilitation of the patient. The “cheapest” equipment does not always result in the most “cost-effective” method of managing the patient. Using inappropriate ostomy equipment and supplies actually leads to increased costs to the healthcare system.

To solve this problem, the WOCN Society supports the following initiative:

- An unbundling of ostomy supplies from the home care reimbursement would allow ostomy patients to access the appropriate equipment, reducing ostomy-related complications and maximizing the rehabilitation of the ostomy patient in the most cost effective manner.



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Improve Access to Quality Care

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The WOCN Society supports improving access to safe, high-quality, cost-effective health care by ensuring the availability of specialty Wound, Ostomy and Continence Nurses.

The WOCN Society is concerned about the shortage of qualified nurses in the United States. According to a 2002 report by The Health Resources and Services Administration, 30 states were estimated to have shortages of registered nurses (RNs) in 2000. The US Bureau of Health Professionals has predicted a shortage of one million nurses by 2020.

WOC nurses provide direct care, education and ongoing support to an increasing population of patients with ostomies, chronic wounds and urinary and fecal incontinence. As the country's nursing shortage continues to grow, there are fewer WOC specialty nurses to care for a rising population of patients.

To address this problem, the WOCN Society supports the following initiatives:

- Increased federal funding for nursing education to enhance the recruitment and career security of all registered nurses in the health care delivery system.
- Assistance in the recruitment and preparation of nursing faculty in nursing education programs.
- National certification as a mechanism to promote and recognize excellence in specialty nursing practice.
- Increased federal funding for research and pilot projects for the development and evaluation of innovative evidence-based practice models to extend professional nursing care to the public.



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White Paper: Bariatric Health

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Obesity is the most prevalent, fatal, chronic and relapsing disease of this century. It is the leading cause of mortality, morbidity, disability, health care utilization and health care costs in the United States. According to the Centers for Disease Control and Prevention, the incidence of obesity has risen dramatically over the past 20 years. The latest data reports over 97 million Americans are overweight, with 60 million being categorized as obese. This is 66% of the U.S. adult population. Unfortunately, this condition is not isolated to adults. It is now reported that over 9 million children are obese, and these statistics are predicted to continue the upward trend. These rapidly rising numbers pose serious concern when the health implications for our nation are realized. Overweight and obese individuals are at increased risk for many diseases and health conditions. This critical public health problem is responsible for many unnecessary health problems and increased disability. Obesity has been attributed as the main reason for a sharp rise in disability rates over the past 20 years.

The field of bariatric health is rapidly expanding, since it specializes in the care of persons who are overweight, obese and morbidly obese. The WOCN Society recognizes obesity as a national epidemic that must be addressed. The nature of this affliction inhibits people from accessing necessary health care services. This delay in care can be attributed to their limited mobility and a health care system that is not always accommodating. This delay in care and treatment results in a tremendous financial burden to the nation. According to a study led by University of Cincinnati researchers, the health care costs for morbidly obese adults are twice those of people considered to be of normal weight.

Medicare's limited coverage of obesity is difficult to understand when considering its coverage for inpatient and outpatient programs for other disorders such as alcohol dependence, drug addiction and sexual impotence. Evidence also shows that there are targeted healthcare interventions and treatments that can decrease the chronic nature, reduce the complications and improve the quality of life for people suffering from obesity.

To address this problem, the WOCN Society supports the following initiatives:

- Increased government led efforts aimed at the reduction and prevention of obesity, especially in children and young adults.
- Improved primary and continuing education of all health care providers on the causes of obesity, treatment options and targeted interventions to reduce complications.
- Improved access to size and weight appropriate equipment and staffing levels in all health care delivery settings to provide for safe handling of all persons, including the obese population.
- Increased federal funding for research aimed at targeted interventions and treatments to reduce complications, improve the quality of life and increase the independence of the obese.



Clean vs. Sterile Catheter Use in Intermittent Catheterization

The concept of clean intermittent catheterization has gained acceptance in the health care community as an appropriate method for managing urinary retention. This procedure involves the periodic insertion of a catheter into the bladder for emptying, rather than an indwelling catheter.

Catheters are manufactured and packaged to be sterile, but many users wash and reuse the catheters. Patient advocacy groups along with industry have initiated discussions regarding the appropriateness of reusing catheters for intermittent catheterization, citing issues with urinary tract infections and quality of life. There are currently inconsistencies in governmental policies on the use and reimbursement for the catheters used in intermittent catheterization.

The WOCN feels there is an urgent need for more research into the impact of catheter reuse for the following reasons:

- The actual number of people performing intermittent catheterization and reusing catheters is not known. It is estimated that approximately 40,000 spinal cord injured reuse catheters, but there are thousands of other people with urinary retention due to neurological conditions and chronic disease states that also reuse catheters.
- The cost of a single use catheter is \$1.81. Washing the catheter and reusing it for one week comes at a cost of \$100 a year. Using sterile catheters for each catheterization is estimated to cost \$4,000 a year.
- The incidence of urine colonization with bacteria is a known fact in people who regularly use catheters. The actual incidence of urinary tract infection with systemic symptoms requiring medical intervention and the associated costs of providing care in the population performing clean intermittent catheterization is not known.
- The incidence of urinary tract infections in people with urinary retention can be influenced by a wide variety of factors that include amount and type of fluid intake, urine volume, the frequency of catheterization and other elimination patterns.
- Neither the Centers for Disease Control (CDC) or the Food and Drug Administration (FDA) offer any standard recommendations for the routine cleaning of catheters prior to reuse.
- A rigorous review of the current literature regarding intermittent catheterization showed no definitive studies illustrating that the incidence of urinary tract infections is affected by sterile single use catheters compared to clean reused catheters.

The WOCN Society supports the development and funding of research initiatives into the impact of catheter reuse, and believes that the data from such studies should provide the basis for policy decisions. The WOCN Society is unable to support a change in current policy without the data to support such a recommendation.