



# Wound Care and DME

It's a good time to upgrade your knowledge in this area.

BY PAUL KESSELMAN, DPM

The science and business of wound care has come a long way in the last forty years. The standard of care back then was gauze, cleansing, and debriding agents, including Dakins and Boro's Solution (buffered vinegar) as well as some topical and oral antibiotics. If one visualized tendon or bone in a wound, that patient faced an almost certain major surgical experience or perhaps amputation, along with a lengthy hospital stay.

Wound care has come a long way from those "prehistoric" days. The current marketplace seemingly has new products and accompanying surgical techniques being introduced almost on a daily basis. Animal and human cellular tissue products derived from embryonic placental and chorionic stem cells along with disposable wound VACs and many categories of surgical dressings are now the standard of care. Hospital stays, while often routine for major wounds, are often shorter than just a few years ago.

More care for major wounds is now provided on an out-patient basis, and almost all care of smaller wounds never require an in-patient hospital stay. The fast pace of new developments in wound care can even provide the most sophisticated wound care specialist with a dizzying array of product choices and an extremely difficult task of staying up-to-date on all the new products and surgical techniques.

The essential question is how can both those in training and those with years of clinical experience continue to learn and keep current on the advances in wound care?

## CME In-Person Seminars

The number of medical conferences has exploded far beyond the state and regional meetings of yesterday. Some of these meetings have wound care tracks. If your intent is to attend a meeting solely to increase the scope of wound care knowledge, be sure to attend a meeting which has at least one dedicated wound care track.

## National Wound Care Society Meetings

There are many wound care societies offering single or multiple day

meetings. The American Society of Physicians in Wound Healing (APWH), American Professional Wound Care Association (APWCA), Infectious Disease Society of America (IDSA) and Symposium of Advanced Wound Care Healing (SAWCH), the latter of which usually holds meetings semi-annually.

## Board Certification and Review Courses

Many of the wound care societies offer board review courses proximate to the time of their society meetings. Even if one is not sitting for the certification exams (offered by myriad

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meetings dedicated only to wound care issues in various accessible venues throughout the country. These meetings offer lectures and workshops from a wide variety of clinical specialties. In addition to lectures presented by podiatrists, there are many from other specialists lecturing on hyperbaric medicine, general, orthopedic, plastic and vascular surgery, interventional radiology, infectious diseases, internal medicine, and endocrinology. Ostomy and wound care nurses are also often on the program and many of the issues they address are pertinent to lower extremity wounds.

These meetings are well-sponsored and offer exposure to many different wound care products and services. Some meetings to research include those offered by the Acad-

emy of Physicians in Wound Healing (APWH), American Professional Wound Care Association (APWCA), Infectious Disease Society of America (IDSA) and Symposium of Advanced Wound Care Healing (SAWCH), the latter of which usually holds meetings semi-annually. independent credentialing organizations), the review courses are an excellent way to obtain the most up-to-date information. Taking and passing the specialty board examinations in wound care (either at a meeting or online) is one way of adding a few additional letters to your professional designation and an excellent way to upgrade your knowledge. But keeping that knowledge up-to-date still requires regular reading and attendance at meetings.

## Fellowships

For those who are near the end of their residency training and who continue to have a passion for wound care, fellowships in wound care are available at many tertiary care in-

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stitutions. This may not be a viable method for the “veteran” practitioner, but is a viable option available to those desiring to continue their graduate medical education and specialize in wound care.

### Hospital Network Meetings

In recent years, many large tertiary care hospital networks around the country have begun offering one or two-day meetings similar to those of national wound care societies. These are less expensive to attend as overnight travel is often not required, and they offer the opportunity to network with other specialty physicians near your practice. Simultaneously they provide educational forums and CME credits similar to the larger national society meetings.

### Journals

Joining one of the many national wound care societies offers discounted or free journal subscriptions that provide the latest information on wound care research and products.

### Home Health Associations

Wound care nurses who provide patients with home wound care are a tremendous source of information as they are on the front lines, seeing many different types of wounds and wound care patients every day. The agencies they work for have easy access to all the up-to-date information on the wound care formulary coverage issues from your patients' insurance companies.

### Commercial Wound Care DME Suppliers

In many scenarios, insurance companies either make it unprofitable or require you to outsource the dispensing of wound care products to an outside DME supplier. Use the knowledge of the commercial DME supplier who is contracted with the carrier in order to increase your knowledge of the products they dispense for particular types of wounds. This skill set can then be used to improve the care you provide to other patients in your practice. When another carrier permits you to directly

dispense wound care products to its patients, the knowledge you have obtained from the commercial DME vendor can then be used to increase the number of services you can provide directly to other patients.

### Vendor-Sponsored Events

While federal regulations have made these tougher to legitimize, many companies still offer on-site training on the use of their products. Some manufacturers actually require certification in the use of their prod-

dition to any Local Carrier Decision (LCD) changes.

### The Internet

Many wound care companies and societies offer links on their home pages which have a great deal of information, including a variety of ancillary companies which routinely publish information on new products. Additionally, you may be able to obtain samples of a wide variety of products. There are also web-based forums offered by many vendors and

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ucts prior to selling them to you. This may require travel to their location (at their expense) with little if any recreational down time. Alternatively, some manufacturers will bring their symposiums on the road to a city near you. Ask your sales representative for an agenda in advance to see if this type of arrangement fits your schedule and if the clinical objectives are right for you. Be sure this is a legitimate meeting (not simply a recreational outing) with the understanding that any payments to you for attendance are reportable to CMS and become public knowledge.

### Insurance Company Policies

For most readers, the majority of your wound care revenue is derived from your local Medicare and DME MAC and a few Medicare Advantage and Medicaid plans. Their websites should have all the policies governing wound care, including debridement services, cellular tissue products, and surgical dressings. Keep up-to-date on Average Sale Pricing (ASP) and Wholesale Acquisition Costs (WAC). These files are freely available from CMS and your sales representative should be able to provide you with the many links you will require in order to obtain them on a regular basis. Subscribe to your third party payers' listserves to stay current with the ASP and AWP in ad-

wound care journals which are either free or have minimal tuitions. These are often free from the burden of travel or time away from your office. Signing up on one wound care site may result in a barrage of emails from other companies offering their wound care services. As always, be careful about providing too much information on web sites with which you may be unfamiliar.

### Stick to the Basics

Keep in mind that the essential basics you learned during your undergraduate and graduate medical training still have a critical role in healing your patients' wounds. Wounds still require freedom from necrotic and infectious tissue, a normal moisture content, and a vascular supply in order to heal. One should not simply throw wound care products at a wound simply because they are available. Ischemic infected wounds with devitalized, infected tissue will often require more than wound care products to initiate wound healing.

### Share the Misery

Obtain consults from other specialists, including your colleagues who have greater expertise and experience. Read their notes carefully, ask questions, and ask for references in a respectful manner.

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### Tag Along

Shadow the wound care specialist (MD/DO/DPM) or wound care nurses in any of the facilities where you work or near your practice. Ask to scrub in on their cases as well as those you refer to them, in order to learn a new technique, freshen your skills, or simply to network.

### Documentation

Suffice to say that if you fail to document what you did, it may be viewed by both the insurance company and an attorney as not having occurred. Many wound care symposiums (virtual and in-person) offer courses on wound care documentation. Reviewing the notes of others more experienced at wound care and the wound care policies of the top payers in your area should provide you with these essentials of wound care documentation:

- 1) Location and size (Take photos pre- and post-debridement with the patient's ID and date);
- 2) Wound staging by depth (e.g., Wagner) and extent of necrosis and infection (e.g., IDSA);
- 3) Quantity of drainage (mild, moderate, heavy) and quality (serous, purulent, odor, etc.);
- 4) Vascular, musculoskeletal and neurological components;
- 5) Other co-morbidities affecting wound healing (e.g., uncontrolled or chronic untreatable infection including chronic osteomyelitis, DM, renal issues, cancer, radiation and chemotherapy, patient non-compliance with any number of measures, etc.);
- 6) Diagnosis with co-morbidities;
- 7) Treatment (i.e., type and depth of debridement, dressings, referrals, and prescriptions);
- 8) Off-loading techniques (if a plantar wound) used or refused; and
- 9) Referrals, prescriptions, and follow-up.

### Summary

Wound care is now a very sophisticated billion-dollar industry, with insurance companies faced with significant expenditures for their beneficiaries. There are many viable options for upgrading your knowledge of wound care. Many are as close as your phone or computer keyboard. **PM**



**Dr. Kesselman** is in private practice in NY. He is certified by the ABPS and is a founder of the Academy of Physicians in Wound Healing. He is also a member of the Medicare Provider Communications Advisory Committee for several Regional DME MACs (DMERCs). He is a noted expert on durable medical equipment (DME) for the podiatric profession, and an expert panelist for Codingline.com. He is a medical advisor and consultant to many medical manufacturers.