

## Governments must invest in sustainable health systems: The case of wound care in Europe

### Public health budgets and wound care

In 2010, public spending on healthcare accounted for almost 15% of all government expenditure in Europe and the decade before the financial crisis, healthcare was one of the fastest growing spending items in almost all Member States.<sup>i</sup> Spending on wound care in Europe is approximately 2-4% of health expenditure with an average of €6.000 – €10.000 spent on each patient per year.<sup>ii</sup>

Costs for wound care are often driven by preventable factors. For example:

1. 1 in 5 patients have a pressure ulcer, of which 50-80% are acquired while in acute settings<sup>iii</sup>
2. The lack of multidisciplinary care and access to advanced wound care treatment options increases the likelihood of preventable pressure ulcers, surgical site infections and amputations from diabetic foot. One of the main cost drivers being nursing time.<sup>iv</sup>
3. With an ageing population, costs for wound care will increasingly rise as related complications drive multiple/long-term hospital stays continue to impact negatively on health systems budgets.<sup>v</sup>

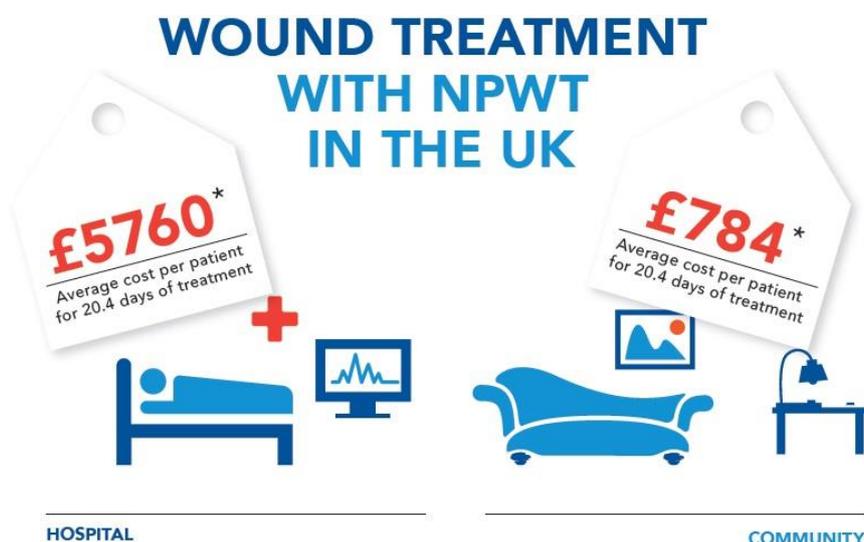
### Why improving patient access to advanced wound care in the community can improve efficiency of health systems

By encouraging funding and reimbursement for advanced wound care products and services outside of acute settings, and facilitating wound technology innovation, Member States can help to improve the cost-efficiency of health systems and contribute to employability. Example:

Portable Negative Pressure Wound Therapy (NPWT) devices allow patients to return home to manage chronic wounds and heal faster. Not only does such a product improve health outcomes for patients, the investment in technology reduces the use of health services (particularly specialist and hospital care).<sup>vi</sup> Such devices:

- Promote wound healing<sup>vii</sup>
- Reduced number of dressing changes to help conserve resources<sup>viii</sup>
- Allow for concurrent rehabilitation<sup>ix</sup>
- Help improve patient well being<sup>x</sup>

By investing in and reimbursing wound care technologies like the **Portable Negative Pressure Wound Therapy** device, patient health is promoted and chances for re-admission to hospital are reduced.



## Investing in wound care and human capital

The European Commission states “the health status of individuals strongly influences their labour market participation” as many people who exit the workforce due to because of health-related problems.<sup>xi</sup>

Wound care, in particular, is an area of opportunity where smart investment in products and services in the community can help individuals remain active and product members of the work force.

## List of References

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<sup>i</sup> OECD Health Data 2012.

<sup>ii</sup> Posnett, J et. al. Wound Care (April 2009), The Resource Impact of Wounds on Health-care Providers in Europe, vol. 18 (4).

<sup>iii</sup> Ibid.

<sup>iv</sup> Posnett, J., Franks, P.J, (2008) The burden of chronic wounds in the UK. *Nursing Times*; 104: 3, 44–45.

<sup>v</sup> Harold Brem, Jason Maggi, David Niernan, Linda Rolnitzky, David Bell, Robert Rennert, Michael Golinko, Alan Yan, Courtney Lyder, Bruce Vladeck, *Am J Surg*. High Cost of Stage IV Pressure Ulcers. Author manuscript; available in NIH Public Access, 2011 October 1. Note: “The average hospital treatment cost associated with stage IV pressure ulcers and related complications was \$129,248 for hospital-acquired ulcers during one admission, and \$124,327 for community-acquired ulcers over an average of 4 admissions. In addition, malpractice suits associated with the development of pressure ulcers, averaging \$250,000 per settlement and reportedly accounting for a total of \$65 million, were not included in the calculations.”

<sup>vi</sup> European Commission Staff Working Document Social Investment Package (February, 2013). Investing in Health. Note: A key target outlined for Member States to increase health system efficiency includes reducing the unnecessary use of specialist and hospital care while improving primary healthcare services.

[http://ec.europa.eu/health/strategy/docs/swd\\_investing\\_in\\_health.pdf](http://ec.europa.eu/health/strategy/docs/swd_investing_in_health.pdf)

<sup>vii</sup> Vuerstaek JD et al., State-of-the-art treatment of chronic leg ulcers: A randomized controlled trial comparing vacuum-assisted closure (V.A.CTM.) with modern wound dressings. *J Vasc Surg*. Nov 2006;44(5):1029-1037.

<sup>viii</sup> Apelqvist J, Armstrong DG, Lavery LA, Boulton AJ. *Am J Surg*. Jun 2008;195(6):782-788. Epub 2008 Mar 26. Economic analysis based on Armstrong et al clinical study

<sup>ix</sup> Llanos S et al., Effectiveness of negative pressure closure in the integration of split thickness skin grafts: a randomized, double-masked, controlled trial. *Ann Surg*. Nov 2006;244(5):700-705

<sup>x</sup> Hurd T, Chadwick P, Cote J, et al., Impact of gauze based NPWT on the patient and nursing experience in the treatment of challenging wounds. *Int. Wound J*. Dec 2010;7(6):448-455

<sup>xi</sup> Ibid, 11.