Advocating for Wound Care: APWCA and the Alliance for Wound Care Stakeholders

The Alliance of Wound Care Stakeholders - on which the American Professional Wound Care Association is an active member - is a coalition of physician and clinical organizations focused on promoting quality care and access to products and services for patients with wounds – and the providers who treat them - through advocacy and educational outreach in the regulatory, legislative and public arenas. The Alliance unites leading wound care experts to advocate on public policy issues that may create barriers to patients’ access to treatments or care, with a focus on reimbursement, wound care research and wound care quality measures.

APWCA has successfully served as a key clinical specialty society voice to payers and other stakeholders, advocating on wound care issues collaboratively with the Alliance. Below is a summary of issues addressed, comments submitted and progress achieved by the Alliance of Wound Care Stakeholders in 2014 to enhance wound care options and preserve access, coverage and payment for patients and providers.

Creating Wound Care Quality Measures where few previously existed:

- The Alliance worked with the U.S. Wound Care Registry to develop 12 new Physician Quality Reporting System (PQRS) wound care measures as submitted through the Qualified Clinical Data Registry process to CMS. These additions are critical so that physicians can use these in reporting measures for Medicare payment purposes and are indicators of the quality of care provided by them.

Facilitating Wound Care Research by Providing Input to FDA:

- The Alliance convened a meeting of wound care researchers and industry representatives to identify concerns with the 2006 FDA Guidance for Industry, “Chronic Cutaneous Ulcer and Burn Wounds-Developing Products for Treatment.” This reference document is essential for both clinicians and manufacturers for guidance when conducting wound care research. Alliance members and stakeholders began the process of forming consensus recommendations to be used in providing comments to FDA which included surrogate endpoints, trial design and wound etiology.

Addressing coding, coverage and reimbursement issues that could negatively impact wound care:

- **Pneumatic Compression Devices:** The Alliance mobilized key stakeholders and advocated to delay what clinician and wound care groups collectively believed was a clinically inappropriate Durable Medical Equipment Medicare Administrative Carrier’s (DMEMAC) Local Coverage Determination (LCD) on pneumatic compression devices. The Alliance convened a conference call with CMS and DMEMAC medical directors, submitted clinical evidence addressing policy inaccuracies and scheduled meetings on Capitol Hill to bring visibility to this issue. The implementation of the LCD, originally scheduled for November 2014 was delayed, thus allowing patients to continue to have access to them while CMS and DMEMACs re-evaluate the LCD.

- **Surgical Dressings Containing Medical Grade Honey:** The Alliance worked to protect medical grade honey as a component in surgical dressings by submitting comments to the DMEMAC Medical Directors to continue appropriate coding, coverage and payment for honey impregnated dressings. The Alliance submitted comments to DMEMAC “Request for Information on Medical Grade Honey as a Surgical Dressing Component.”
Milliman Care Guidelines on Intermittent Pneumatic Compression: The Alliance addressed clinical inaccuracies in the Milliman Care Guidelines (MCG) on Intermittent Pneumatic Compression with its Editor-In-Chief. In the follow-on 2014 edition (Milliman’s 18th) the section was corrected and more accurate. This allows the payers who use the MCG for their coverage policies to have ones that are clinically correct and thus allow patient access to these products.

Wound care related physician fee schedule: Following submission of several rounds of comments to CMS, the Alliance was successful in convincing CMS to change qualified clinical data registry (QCDR) requirements for outcomes measures in final Physician Fee Schedule rule. This removed a potentially burdensome paperwork requirement from physicians that appeared to add no value to the health system.

Concerning Local Coverage Determinations: To preserve access to wound therapies for Medicare patients and the providers who treat them, the Alliance submitted multiple sets of comments to Part A/Part B Medicare Administrative Contractors (A/B MACs) on local coverage determinations that were of concern to wound care:

- The Alliance submitted comments to Novitas regarding concerns on its LCD polity on hyperbaric oxygen (HBO) therapy. The LCD was withdrawn.
- Following submission of Alliance comments, NGS adopted Alliance’s language and revised its LCD language regarding “failed response”.
- Following submission of Alliance comments, Palmetto accepted Alliance recommendations to add several additional ICD-9 codes to its debridement LCD and eliminated the quantification of the surface area, volume or dimensions of the viable tissue removed in the debridement procedure.

Advocating for Cellular and Tissue-Based Products for Wounds (CTPs)

- The Alliance created a “Cellular and/or Tissue Based Products for Wounds” (CTPs) guidance document for ASTM (formerly American Society for Testing and Materials) F-04 committee on medical and surgical materials and devices which was balloted and is currently undergoing ASTM review and update.

Overall, the Alliance submitted 16 sets of comments in 2014 to organizations including CMS, Durable Medical Equipment (DME) and Part A/Part B (A/B) Medicare Administrative Contractors (MAC), ARHQ, the Cochrane Collaboration and more, to protect and preserve access to wound care treatments on behalf of the clinical communities that treat patients and medically manage wounds.

Alliance clinical membership includes: Academy of Nutrition and Dietetics, American College of Foot & Ankle Surgeons, American College of Hyperbaric Medicine, American College of Phlebology, American College of Wound Healing and Tissue Repair, American Physical Therapy Association, American Podiatric Medical Association, American Professional Wound Care Association, American Society of Plastic Surgeons, American Venous Forum, Association for the Advancement of Wound Care, Society for Vascular Medicine, Society for Vascular Surgery, and the Undersea & Hyperbaric Medical Society. Read more about the Alliance’s ongoing activities and accomplishments at WoundCareStakeholders.org.

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“Blurb” for e-newsletters:

APWCA has successfully served as a key clinical specialty society voice to payers and other stakeholders, advocating on wound care issues collaboratively with the Alliance for Wound Care Stakeholders. The Alliance unites wound care experts to advocate on public policy issues that may create barriers to patients’ access to treatments or care, with a focus on reimbursement, wound care research and wound care quality measures. Issues collaboratively addressed in 2014 included Physician Quality Reporting System wound care measures, pneumatic compression devices, medical grade honey, physician fee schedule surrounding wound care, restrictive local coverage determinations and other areas of impact to wound care, patients and providers. Read more about our work with the Alliance and recent wound care advocacy accomplishments: http://www.woundcarestakeholders.org/activities-a-accomplishments.
Social Media posts to customize and share:

**Twitter:**
Alliance for Wound Care Stakeholders: advocacy progress preserving access/coverage/payment for patients+ providers [http://bit.ly/1HWmO8t](http://bit.ly/1HWmO8t)

**Facebook:**
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