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 yesteryear. 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 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 Academy 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 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 institutions.
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.
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

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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.