Implementation of a Unique Hybrid Wound Telehealth Model: **Extending Post-Acute Care Across the Country**

Authors: Kelly McFee, DNP, MHA, RNP-C, CWS, CWCN-AP, FACCWS, MAPWCA; Stephen Agans MD, UHMS, Laura Swoboda, DNP; Tanya Shaughnessy RN, BSN, CWCN; Audrey Moyer-Harris BSN RN MBA CWS CWCDC

Introduction

This pilot study aims to elucidate the feasibility and effectiveness of a hybrid telehealth model that combines in-person and virtual care for post-acute wound management and care coordination. The goal of the hybrid wound telehealth model is that of the healthcare quadruple aim: improving patient experience, improving population health, reducing costs, and improving provider experience

Methods

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587

Patient Visits

Multi-State

(3 providers k & mortar &ALF)

Multi-State

A retrospective/prospective assessment was conducted utilizing the hybrid telehealth model, whereby virtual visits were conducted using a secure telehealth platform, allowing for real-time video consultations, image sharing, and remote wound assessment. In addition to remote wound assessment, wound quality measures, including quality of life assessment and chronic disease management, were conducted. Remote patient monitoring and chronic care management data were collected via electronic health record review and stored in Microsoft Excel v. 16.72. Key performance indicators evaluated included wound assessment, patient satisfaction, and healthcare utilization.

Care Barriers

- Patient discharges without orders or wound care supplies
- Home Health admission delay
- Breakdown in communication between sites of care
- Patient/caregiver needs assist with wound care education
- Confusion with post-discharge follow-up
- Care Coordination

Discussion This pilot study demonstrates the feasibility and potential benefits of a hybrid telehealth model for wound care. By combining in-person and virtual care, this model improves access to wound care services and enhances patient

satisfaction. Telemedicine performed by wound healing clinicians in a network setting offered a safe option to manage complex wound care patients with comorbid diseases remotely.

Results

Hybrid care improves outcomes associated with post-acute care coordination for wound patients.100% of patients examined benefitted from care coordination. Patients receiving hybrid care reported high satisfaction levels with the convenience and accessibility of virtual care. Healthcare utilization, measured by the number of in-person visits, was significantly lower in the hybrid care group. Wound patients were assisted with critical care coordination tasks, including obtaining vascular assessment, offloading, and compression. Chronic disease management foci included hypertension, blood glucose levels, and tobacco cessation. Patients were contacted after DME wound supply orders to discuss order placement and use of supplies to ensure acquisition and proper use.

Wounds with concerning features that did not respond to conservative measures were referred for in-person treatment. Conversely, patients with stable wounds remained in place. Remote wound assessment was beneficial in identifying wounds that needed sharp debridement at the wound provider's level.

Future Implications

Gaps in care commonly arise from the inappropriate and ineffective application and use of medical products.

Variations in care presented by standard DME providers include:

- A lack of specialized onboarding support provided by nurse specialists;
- Support and education are provided reactively as opposed to proactively,
- Patients are not assigned a specific support representative for ongoing education and support.





Blue Sun has partnered with Clara Care Inc., an emerging DME company that assigns nurse specialists to each patient and proactively engages them in educational and support protocols aimed at addressing these identified gaps.

Clara Care

Blue Sun Healthcare

St. Louis, Mo

New Referrals for "Hybrid Model" of Telehealth and Mobile Wound Management

6 months of Hybrid Model" o

All

patient

Visits

971



Blue Sun Healthcare