

Compressions

Volume 1 Number 2 July 2013

Newsletter of the Australian Wound Management Association (AWMA)

AWMA asks Australian Parliament to support compression therapy as best-practice care

Helping Australians battling chronic wounds is the focus of a Senate petition seeking government subsidies for best-practice compression dressings and bandages that the mostly-elderly patients need but are seldom able to afford.

The national petition of 1160 signatures was supported by patients, family members and carers, and the clinicians who help manage wounds. It was presented to Senator Dean Smith (Liberal, WA), a member of the Senate's Standing Committee on Community Affairs, by AWMA committee representative, Ann Marie Dunk.

The petition was tabled in the Senate on Budget day, 14 May 2013. It noted that with prompt best-practice care most wounds, including difficult venous leg ulcers, can be healed within 12 weeks.

The petition sought Senate support for full subsidisation of best-practice wound management, a case that AWMA had been putting to Budget planners for several months. Without the early use of dressings, and compression bandages and stockings, healing is delayed, causing avoidable pain and suffering, and creating unnecessary pressure on public hospitals and other health services.

"Instead of saving money, this false economy produces losses all around — for the patient, for the health system and for the taxpayers who fund public hospitals and other acute services," the petition noted.

AWMA estimates that as many as 300,000 Australians currently experience chronic wounds requiring management, with around 42,600 people aged over 60 years having at least one venous leg ulcer at any time.

"At present, the barrier to best-practice use of compression items is their high cost, which most

Australian patients must pay for personally", said AWMA national president Dr Bill McGuiness.

Liberal Senator for Western Australia, Dean Smith, said he was pleased to call attention to the issues raised by AWMA's petition: "All too often, issues such as this get lost in the middle of day-to-day political debate. However, my discussions with representatives of AWMA made a lasting impression, and I will certainly be talking with my parliamentary colleagues about the need for us to do more in this area."

The recent KPMG health economics report, *An Economic Evaluation of Compression Therapy for Venous Leg Ulcers*, estimated that wider access to appropriate compression therapy could deliver an average \$6,328 in health care savings per patient.

The KPMG report is available for download at www.awma.com.au



Senator Dean Smith and AWMA representative Ann Marie Dunk.

Budget 2013–14 funds major wound study

The Australian Wound Management Association welcomed the Federal Government's decision to provide \$0.3M to fund a scoping study and cost benefit analysis of options to better address chronic wound management for Senior Australians.

The funding was announced in the Federal Budget 2013–14, handed down on 14 May, and forms part of the 'Supporting Senior Australians' package.

"AWMA is delighted that the Government has recognised the need to improve chronic wound management for Senior Australians," National President, Dr Bill McGuinness, said. "We feel confident that the scoping study and related analysis will further confirm the clinical and economic benefits of a wider access to best-practice care. It is highly likely that a key part of the recommended regime will be subsidies for compression therapy items such as bandages and stockings for patients with venous leg ulcers.

"The need for subsidisation has been a key factor in our discussions with Government over the past year, and we look forward to assisting the coordinators of this study in any way they feel appropriate."

Dr McGuinness called the scoping study a "very positive stepping stone on the path to ensuring best-practice management for every Australian experiencing a chronic wound."

Living with leg ulceration



by Wendy White, Wound Management Practitioner
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While everyone's experience of living with leg ulceration is unique to them, a commonly reported issue or concern is pain and discomfort related to the wound itself, or the area around the wound, and/or the leg. The cause of this pain may be related to the cause or 'type' of leg ulcer, inflammation and/or infection, excess swelling and oedema, excess fluid on the skin, nerve damage or dysfunction. In some cases it could also be related to the local treatment options used for the wound, skin and limb, which may include compression.

Your health care professional should be keen to better understand your experience and your 'story' for this information can tell them so much about your situation. The pain or discomfort you may be experiencing will have a cause and those involved in your care will be keen to identify just what that is, and then to work with you to improve and ease the situation.

In an attempt to get a picture of your unique experience, you may be asked questions specifically relating to your pain. These will include:

When do you experience pain?

- Day, night or both.
- At rest, doing activities, during or after dressings or specific procedures for the wound (biopsy, etc.).

Where is the pain?

- In the wound, around the wound, radiating away from the wound in the limb.

What does it feel like?

- Ache, sharp, throb, stabbing, shooting, burning, tingling, pins and needles etc.

What makes it feel better/what seems to make it feel worse?

How severe is the pain?

- You may be asked to provide a score out of 10 (0 meaning no pain, and 10 the worst imaginable).

What activities it is interfering with?

- Your sleep, daily chores, work, exercise, etc.

How does it make you feel?

- Sad or depressed, exhausted, anxious.

Your words and descriptions — maintaining a diary may prove very helpful — can often provide essential pieces of a puzzle when the diagnosis and treatment options for your lower limb ulceration are being formulated.

When it comes to compression therapy (where its appropriate use and application is prescribed by your health care professional) your experiences, past and present, will help guide clinicians in finding the right system and an approach tailored just for you.

In fact, it is a bit like the story of Goldilocks ... not too much, not too little, but just the 'right' amount and type of compression for you and your lower limb ulceration.

Tell us about your pain and how you feel — we really want and need to know, as that is the best way we can help with your leg ulcer management.

The curse of the black spot



Ian Filmer and Michelle Gibb, Wound Management Nurse Practitioner

Ian Filmer, a fit-looking 73-year-old, has faced many challenges, but perhaps his greatest battle has been with venous leg ulceration, which started with an innocuous black spot. Ian tells his story to AWMA media adviser, Robin Osborne.

Ian Filmer grew up on the land in Tenterfield, NSW — home to Peter Allen's famous saddler — and moved with his family to outback Queensland where he went to school. Later, a farmer in his own right, he faced ruin as the beef export market to the US collapsed as a result of the policies of the (then-Labor) government.

"The price of a steer fell from around \$200 to \$12.50 in five months," he recalls, with a shudder. "All the meatworks were full and it was impossible to sell."

By now married, Ian moved to Brisbane and worked as a builder until one morning he found that a back injury prevented him from getting out of bed. A safer but equally challenging career break came at Mount Gravatt Teachers' College — it is now Griffith University's Nathan campus — where he spent the next 20 years managing building projects. On weekends he drove a cab in Brisbane, and later became a rank supervisor at the airport.

One night he dropped by the ironically named Harry's Fine Foods, a cabbies' café in Petrie Terrace, and met two other drivers, a father and son, who introduced him to a world he would revel in for the next 15 years: driving old, although mechanically sound, vehicles over some of the worst roads in Australia.

While fun, it was also done in a good cause. The Endeavour Foundation (<https://great.endeavour.com.au>) was founded in 1951 by parents who refused to accept that children with an intellectual disability couldn't be educated. It went on to become one of the largest non-government disability service providers in Australia, operating in 230 locations across Queensland and Western Sydney.

One of their main fundraisers is long-distance car rallying: two bone-shaking weeks of up to 14 hours, daily driving on mainly dirt roads and tracks, which the average traveller would never see.

After signing on a seriously unqualified navigator, and occasionally taking stints at the wheel, Ian visited every state and territory, including Tasmania, helping to raise tens of thousands of dollars for this wonderful cause.



But toughness is no guarantee of good health. One day last year Ian noticed a small black scab on the inside of his left ankle, and did what most of us would — picked it off. Instead of vanishing, the lesion became worse and Ian went to his GP for advice.

"They applied ointments, and covered it up. When it didn't heal, they did various tests, but it kept getting bigger, and began weeping. Finally the doctor referred me to the specialist wound healing clinic at Queensland University of Technology's (QUT) Kelvin Grove campus.

"He said he'd heard glowing reports of their work, and I'll tell you what, those reports were absolutely spot-on. After a series of weekly appointments with Michelle Gibb and her wonderful team, the ulcer healed up and I was pretty much back to normal.

"A word of warning from Michelle was that I might have to start wearing compression stockings for the rest of my life."

When his leg showed signs of significant improvement, Ian "foolishly left the stockings off for a few days, as a test". Soon afterwards the site became reddish again and he realised the compression therapy should continue, at least in daytime.

"At night, when your legs are level with your heart, it's safe to have a break and remove them," he said.

"I now accept that the compression may have to continue into the long term."

All seemed clear until just a few weeks ago (May 2013) when the ulcer started recurring, with the skin on Ian's lower leg appearing broken, and some weeping.

"I went back to see Michelle, and they fixed me up again quickly, but advised that I must start wearing compression stockings every day."

The stockings cost him \$76 a pair, with a secondary, under-stocking required for optimum pressure, which costs \$35 a pair.

Ian now goes to Well Leg forums at the QUT where presenters give out advice on the overall health aspect

of living, eating, sleeping and exercise for the young at heart. Ian has also recognised the benefits of losing some weight — he has already dropped about 9 kg — and keeping a close eye on his general health.

“Since I was a kid I’ve always been active, but when you’re at a less physical age you don’t need to eat as much. I gave blood at the Red Cross the other day and they reported that my blood pressure and iron were excellent. So I’ll be keeping on the stockings and keeping up the walking.”

Ian Filmer can’t speak highly enough of the wound healers at QUT, describing them as being “dedicated to focusing on a person’s overall wellbeing, their lifestyle as well as their wound challenges ... they don’t regard you as just another patient. They have my eternal gratitude.”

Wider CT usage could save up to \$166m pa

A national study by the KPMG consultancy has estimated that up to \$166 million a year could be saved if all eligible patients with venous leg ulcers (VLU) were treated with compression therapy (CT), such as compression bandages and stockings.

An Economic Evaluation of Compression Therapy for Venous Leg Ulcers was released at the start of AWMA’s fifth annual Wound Awareness Week (18–22 March 2013). It received national media coverage.

At present, the barrier to best-practice use of compression items is their high cost, which most Australian patients must pay for personally. As VLU patients tend to be elderly people of limited means, the majority is not receiving this recommended care.

“We firmly believe the only solution is a government subsidy scheme for compression items,” said AWMA national president. Dr Bill McGuinness.

“That is why AWMA made a submission to the Federal Government asking budgetary planners to consider the benefits highlighted in the report as part of this year’s Budget process.”

The KPMG report estimated that appropriate use of CT for the treatment of VLUs could deliver an average \$6,328 in health care savings per patient. The costs of compression items for patients battling VLUs could be reduced by an average \$399 per patient per year.

“These estimated savings would flow from the faster healing times associated with compression therapy,” Dr McGuinness said.

“Compression therapy is an essential component of VLU care, with most wounds healing within the benchmark time of 12 weeks, nearly twice as quickly as otherwise. This means less use of GPs, community care and hospitals, and a greatly reduced financial burden on the public health system.”

KPMG’s Lead Health Economist Dr Henry Cutler said, “Sustainable health care financing in Australia will require giving greater priority to cost-effective care, such as compression therapy for VLUs.”

Dr McGuinness said the clinical benefits of CT are codified in guidelines across Australia, New Zealand and a range of comparable countries, while in the UK there is a government subsidy for compression stockings and bandages.

“This support is generally not available in Australia, even though subsidies are available for helping treat other common conditions such as incontinence and diabetes.

“Managing leg ulcers is an equity issue that needs addressing urgently. The less well-off are paying the price for a health condition that causes pain and discomfort, greatly restricts their mobility and creates distress and social isolation,” he added.

The KPMG report is available for download at www.awma.com.au

Survey reveals concerns about CT costs

AWMA’s national survey of patients receiving leg ulcer care has found almost half of them struggling to afford the compression therapy (CT) essential for managing their wounds.

Most venous leg ulcers can be healed with best-practice care that includes CT. However, the high cost of bandages — averaging \$30 each — and compression stockings, worn for life after wounds heal, must often be borne by patients themselves.

The survey showed nearly half of all respondents found that paying for compression items causes them financial concerns or hardship. This means too many people are not getting best-practice leg wound management.

“AWMA hopes to improve community and government understanding of a medical condition affecting more than 60,000 mostly older Australians,” said AWMA national president, Dr Bill McGuinness.

“Missing out on compression therapy means unnecessary suffering, and a huge burden on the public health system — up to \$166 million a year, according to a recent study by the KPMG group.”

One leg ulcer survey respondent said, “Please consider funding for people living with venous leg ulcers as the treatment is costly, and our ulcers can be healed. You cannot imagine living with disgusting and painful ulcers ... I want value to the quality of life left for me.”