

Innovative Wound Care Therapies – Global

Increase the use of innovative wound care therapies by bridging the data gap.



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Mr Adams. Managing Director of Wound Market Consulting has more than 25 years' international experience in the wound care industry in start-ups, product development as well as bringing mature products to new markets.

Previous roles include Regional Vice-President for ConvaTec for Scandinavia and Central & Eastern Europe; Managing Director of Insense Ltd (biotech and woundcare), non-executive director on medical device start-ups, fund-raising for new businesses.

Pilot survey interviews for WMC's forthcoming international survey highlight a key challenge: Specialist clinicians would use innovative therapies more if they could track effectiveness long-term...

One of the greatest barriers to adoption of innovative wound care therapies is clinicians' inability to follow the progress of a treated wound once the patient has left their organisation's care.

This is one of the key issues to emerge from five pilot interviews of front-line clinicians.

The interviews were carried out in preparation for Wound Market Consulting's 2017 large-scale survey on the use of "innovative therapies" in wound care. Respondents were highly experienced wound care nurses based in community wound care centres and hospitals in the UK, US, Italy, France and Germany.

Results...

Outcomes data would be the greatest incentive for adoption

One common and unsurprising theme to emerge from respondents was the lack of data available on the eventual outcome of the treatment they had started.

Most innovative wound care technologies are first used in hospitals and the patient may be discharged to community care before the wound has healed.

Once the patient has left their care they find it difficult to access data on the progress of the wound from the subsequent care providers and so cannot judge how effective the innovative technology was.

One hospital-based respondent said, "Results are the greatest incentive to the adoption of innovative wound care products. I'm not able to track the clinical outcomes to the point of healing, as after patients leave the hospital we have no further contact with them. Access to healing rates data would influence my choice of which innovative wound care products to use."

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Clinical data preferred to marketing materials

Surprisingly, given how much effort industry puts into this area, the respondents identified a general lack of knowledge and information on innovative technologies as a barrier to use.

Respondents complained that marketing literature was not always adapted to their country and expressed a preference for more clinical literature and fewer marketing materials. They suggested that more companies employ a clinician to advise on technology use, and that local information on health economics be developed and targeted on their specialist Purchasing Depts.

Innovative wound care products are “just too costly”

Other barriers to adoption mentioned were cost, lack of knowledge of the technologies available and the wish to keep innovative wound care products as a second line of attack (i.e. to test whether standard of care had really failed before moving on to the next therapy).

One response considered the cost of innovative wound care technologies to be “extortionate” and “the greatest barrier to adoption”.

Innovative technologies as first line therapy

The percentage of wounds treated with innovative products immediately upon referral and diagnosis (i.e. as first line therapy) varied widely:

- 20% for the respondent in France
- 30% for the respondents in Italy and the US
- 50% for the respondent in Germany
- 0% for the respondent in the UK.

The innovative technologies cited as being used for first line therapy were:

- Negative Pressure Therapy (NPWT) with instillation
- Single-use NPWT devices
- Collagen dressings (bovine, ovine and porcine)
- Electro-stimulation
- Cold Plasma
- Platelet Rich Plasma
- Biological dermal substitutes

The ones cited most often were single-use NPWT and the collagen dressings. The reasons given for selecting the technologies were: the failure of standard of care; the clinicians’ direct experience of the technology in accelerating the healing process; and the management of the wound in a way comfortable for the patient.

When do clinicians decide to stop using “standard of care”?

Wound Market Consulting plans to use a larger-scale version of this pilot survey to identify the criteria clinicians use when deciding to stop using “standard of care”. We want to understand when and why clinicians progress from their accustomed second line therapies to trying the range of technologies which claim to restart the healing process.

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Points for manufacturers to consider

Although this pilot survey represents the views of a very few individuals, it highlights common challenges for the makers of innovative technologies.

They need to deliver credible data from clinical trials and give clear and detailed guidance on which wounds and wound conditions to treat with their products. They should factor into their business planning the time and expense needed to support each and every wound care provider in their own evaluation of the technology.

Companies should also consider how they can help clinicians to bridge the data gap between specialist wound care and generalist care. They need to provide specialists with the evidence they need to be confident of the value of the innovative technology.

The attitude towards the cost of innovative technologies also raises another question. How far does “*extortionate*” translate as “*I can’t see the benefit because, due to the lack of data, I can’t see the whole picture*”?

Or does the perception of high cost reflect the lack of effort manufacturers put into providing clinicians with very precise advice about when, where and on whom to use their product?

Are manufacturers being specific enough about when to use their product for the maximum effect, as opposed to achieving a “good” effect? By continuing to cover all angles in their positioning, some manufacturers may still be setting themselves up to fail. They may be raising expectations too high in relation to the unit price of their technology.

It is encouraging to see that innovative technologies are being used as a first line therapy on hard to heal wounds in 30-50% of cases. To increase this ratio, companies may wish to think how they can support referral centres in their accurate diagnosis of which wounds are truly “hard to heal” and which simply need standard care applied correctly.

Research survey definitions and method

Survey respondents had between three and 18 years’ experience in wound care. They were the point of referral for wound care in their organisation and spent at least 50% of their time clinically treating wounds. The remainder of their time was spent on training others in wound care and ensuring quality control of the wound care being delivered by other, non-specialist clinicians.

The phrase “innovative wound therapies” was chosen for the pilot survey because previous surveys of the use of “advanced therapies” in wound care had shown that “advanced” has come to mean everything which is not gauze or a cotton compress; from twenty-year-old hydrocolloids to platelet replacement and stem cell regenerative treatments. This survey’s goal is to identify the decision criteria for use of the most innovative technologies now becoming available.

Some guidance was given to avoid respondents citing standard products as ‘innovative’. The technologies and therapies listed in Box 1 were suggested as meeting this definition but the list was not exclusive. Respondents could and did cite other technologies.

Box 1: List of innovative technologies suggested in the questionnaire (not exclusive).

- Collagen Dressings derived from Bovine (cow), Porcine (pig), Piscean (fish), Vegetable or Human sources
- Synthetic or Biological Dermal Substitute
- Platelet-Derived Growth Factors
- Shock-Wave Therapy
- Photo Therapy
- Platelet-Rich Plasma
- Acellular Matrices
- NPWT (single use devices) or NPWTi (Instillation) - not standard NPWT
- Laser, Kinetics
- Ultra Sound
- Stem Cell therapies
- Topical Oxygen
- Nitric Oxide
- Cold Plasma
- Bio-electric

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Looking forward to the main survey

This pilot survey of front line clinicians was carried out by Wound Market Consulting in preparation for its large-scale 2017 survey on the adoption of innovative technologies.

The rather generalised reasons given for changing to an innovative therapy demonstrated the need to refine the questions in the eventual survey in order to identify the key points in the clinicians' decision pathways more precisely.

Understanding the criteria clinicians use to move on from one therapy to the next is vital to the industry, and its pursuit of improved partnerships with clinicians. Clinicians stand to gain by reducing healing times and decreasing wound caseloads.

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Our Bespoke Market Research Surveys enable us to gather intelligence for you first hand from the clinicians & commercial professionals who influence the success or failure of your product in the market.
- ✓ **MARKET RESEARCH to support COST EFFECTIVE STRATEGIC DECISIONS:**
Your product is unique, so your market research programme also needs to be. We design, conduct & deliver wound care practitioner & industry market research that can help you to make better strategic decisions.
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We understand what questions need to be asked, the sources from which to gather the answers and we have the experience to interpret the findings at an international level. This enables us to assess the potential of new export markets you are considering

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