Market Insights: Identify the problem.. *then* create the solution.

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Andrew Adams of Wound Market Consulting interviewed Dr Eberlein as part of the Wound Care Survey series.

Q1. What do you consider the five important factors of wound healing?

1. Diagnosis of underlying disease.
2. Treatment of underlying disease.
3. Clear and structured wound care plan with appropriate use of what and when to use treatments.
4.. A good choice of high quality products and a good understanding of their features and benefits combined with the willingness to adopt them.
5. Education of patients and care givers.

Q2. How do we improve the quality of diagnosis?

80% of wounds originate from vascular origins. Unfortunately, patients present to wound specialists without having had a thorough assessment of their vascular status. In our clinics I see approximately 70% - 80% of patients without a complete vascular status. It is difficult to understand why this diagnosis isn't being made. Clinical investigation, basic ultrasound and general experience is all that is needed to make an accurate diagnosis. Low level vascular diagnosis is the most important factor in assessing a wound. This would allow for the use of simple wound treatments and avoid duplication of the initial assessment and treatment of the wound and patient. If the initial assessment had been completed efficiently and accurately many patients would not have required a referral.

Q3. You mentioned a clear and structured wound care plan with appropriate use of products, could you expand on that?

We need well defined product groups. What is required is a structured system that clearly defines the selection of products for specific indications. I estimate approximately 75% - 80% of patients are not receiving the correct treatment and 75% of products are not being used correctly. There are almost too many products for a vast array of indications and it is up to the clinician to identify which products work best for which indications whilst balancing costs and the effectiveness of the products' ability to heal the wound. I see approximately 1800 products but without a structured system of assessment it is difficult for the clinician without extensive knowledge and training to compare the advantages and disadvantages of each product.

Q4. Which criteria must a case meet in order for you to choose to move immediately on presentation to more advanced treatments?

Firstly, everything requires a baseline diagnosis. Secondly, as mentioned previously, the clinicians who make the referral need to make sure they have done their homework to understand the therapy within the last treatment period. Complicated cases will require a move to an advanced therapeutic system but if you have a patient where topical treatment hasn't really been established, I would address treating the moist wound initially and the same

applies for other wound indications such as infection. If there is a long medical history of topical therapy without success for any indication then second line therapy may in fact be first for these patients.

Q5. What number of patients are you able to follow to the point of healing in order to establish whether the treatment has been effective?

I am happy to say we are able to manage the point of transfer between the hospital and ambulant care. I am able to follow most of my patients up unless the specialised wound centre is too far from the patient's home, in which case there will be a lower frequency of visits or telemedicine will be adopted. At follow up I see approximately 50% of patients but not all wounds will heal; approximately 50% - 60% patients heal to some degree. However, because the specialised Clinics (Wound Centres in Austria, Switzerland and Germany) have limited capacity, patients whose wounds show signs of healing are discharged only to return with a wound which has deteriorated significantly.

Q6. Is there an argument for the use of advanced treatment as first line therapy?

Unfortunately, there's no justification for using advanced wound care treatments as they do not demonstrate a shortening of time to wound healing compared to other current methods. Many are not indicated for use from the first to the last day of therapy as they are for very specialised indications. Secondly, the amount of the reduction in time to wound healing quite often doesn't justify the expensive costs of the advanced wound care treatments. If they were able to demonstrate a shortening of time to wound healing, there would be a basis for reimbursement. There needs to be an economic benefit.

Q7. Are other elements of wound healing not always considered?

There are many people who are working on a system of standardisation of topical treatment but this is difficult as many products are evaluated in a controlled hospital setting and do not make the transition to the ambulant care setting effectively. I see structures developing whereby the hospital protocol of wound care is devised with the eventual community practice in mind and this makes the transition from hospital to home care much easier.

Q8. If you could improve one factor to wound healing, what would it be?

I always consider factors outside the control of clinicians, i.e. relatives and other healthcare professionals as they also have to follow the treatment process. Patients' concordance adds to an already difficult process; 60% - 80% do not accept a therapy because it is not comfortable enough from the patient's point of view. It is important to be able to make a real difference to the patients' social settings so that they can carry on their day to day lives more comfortably. The clinical plan needs to include some sort of social context; understanding the patients' needs can be very challenging and time consuming. We need to be very aware of the "real-life impact" and limitations the wound has on their daily lives.

Q9. What would your message be to innovators of new wound care products?

To consider the ambulant care setting, create a product whose use is easy, clear and concise. A product that identified the indication and treatment timeline clearly and that is easily understood by all. Stop creating products and then trying to identify the problem they can solve and start first with the problem and then create a product to treat that problem. From my very first days consulting with the industry as a clinician I heard the question "*We have an exciting new product, do you have a problem for it*?" It simply has to be the other way round.