

Evidence for Funding of the Treatment and Management of Chronic Wounds in Australia

Background

Chronic wounds place a significant economic burden on the Australian healthcare system.

More than 400,000 Australians have a wound at any given time.

The total cost of wound care to the Australian healthcare system is around \$2-4 billion annually - pressure ulcers alone cost \$286 million annually (hospitalisation costs only).

Burden of chronic wounds to increase in the future due to:

- Ageing population
- Increasing prevalence of chronic diseases (e.g. diabetes).

Modern Wound Care Devices (MWCDs)

Main types of MWCDs:

- Wound closure devices
- Antimicrobial wound dressings
- Negative pressure wound therapy
- Low-frequency ultrasound debridement
- Synthetic wound dressings.

Clinical benefits:

↑ Ease of application

↓ Pain and anxiety at dressing change

↓ Infection rates

↓ Procedural medications.

Economic benefits:

↓ Number of dressing changes required

↓ Healing time of the wound

↓ Clinician and nursing time for treatment

↓ Frequency and length of hospitalisation.

MWCDs are more effective for wound healing and protection against secondary infections.

Funding Mechanisms

There is only one federal funding scheme for MWCDs – only a limited number of people (<200 per year) receive subsidised dressings.

MWCDs are not funded in most Australian states and territories.

Patients pay high out-of-pocket costs for dressings due to limited funding for chronic wound care in Australia, particularly in the community setting.

Recommendations

MWCDs are clinically more effective and offer considerable economic benefits.

MTAA proposed a funding scheme for chronic wound care treatment and for the use of MWCDs in the community setting to avoid patients being treated in costly hospital setting.

MTAA proposed government funding for MWCDs:

- To ensure sub-acute care medical products are provided to patients when needed for their care
- To provide necessities to chronically ill or incapacitated patients in the community setting
- To maintain an acceptable quality of life for patients who without government subsidy would not have adequate access to life supporting medical technology

To decrease the economic burden of chronic wounds by:

- Reducing hospitalisations and length of stay
- Reducing GP visits - releasing GPs for higher level of patient care
- Avoiding inappropriate transition to residential aged care and achieving cost savings through maintaining people in their own homes.

MWCDs offer substantial cost savings to the Australian healthcare system and community.

For further information and references:

www.mtaa.org.au/about-the-industry/value-of-technology/wound-care

Acknowledgements



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