Wound
Ostomy and
Continence
Nurses
Society®

June 22, 2015

The Honorable Orrin Hatch
Chairman
Senate Finance Committee
219 Senate Dirksen Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
219 Senate Dirksen Building
Washington, DC 20510

The Honorable Johnny Isakson
131 Senate Russell Building
Washington, DC 20510

The Honorable Mark R. Warner
475 Senate Russell Building
Washington, DC 20510

Re: Comments on Medicare Chronic Care Solutions

Dear Chairman Hatch, Ranking Member Wyden and Senators Isakson and Warner:

On behalf of the Wound, Ostomy and Continence Nurses Society, I thank you for your interest in wanting to improve outcomes for Medicare patients requiring chronic care, and for the formation of your working group to explore solutions to chronic care improvements. As primary health care providers for the majority of patients suffering from wounds, ostomy and continence conditions a large segment of our patient population are those suffering with chronic health conditions and we wanted to take this opportunity to offer a few thoughts about how we feel Medicare can be changed to better serve their needs. Founded in 1968, the Wound, Ostomy and Continence Nurses Society (WOCN) is a professional, international nursing society of more than 5,000 healthcare professionals who are experts in the care of patients with wound, ostomy and/or incontinence needs.

As you may be aware, Lymphedema is a chronic condition resulting in swelling in the arms and legs caused by a disruption in the lymphatic system. Lymphedema, and other chronic conditions such as venous leg ulcers (VLU), can be controlled by the use of compression therapy. In fact, compression therapy is considered the gold standard for treatment of lymphedema and for the treatment and prevention of VLUs. The medical literature supports appropriate compression as a means to reduce the incidence of costly recurrence of both of these afflictions.

Venous Leg Ulcers (VLUs) affect about 1-3% of the American population and are the most common of all lower extremity ulcerations. The primary risk factors for venous ulcer development are older age, obesity, previous leg injuries, deep venous thrombosis, and phlebitis. Venous ulcers are usually recurrent, and an open ulcer can persist for weeks to many years. Venous ulcers, or stasis ulcers, account for 80 percent of lower extremity ulcerations.

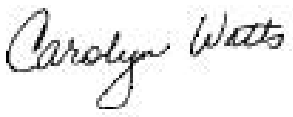
Unfortunately, the Centers for Medicare and Medicaid Services (CMS) will not cover compression therapy, either for the treatment of Lymphedema or for the longitudinal treatment and prevention of VLUs, despite the large scope of the problem. Congress should consider the direct and indirect costs associated with the current suboptimal treatment of the 1.4-3 million Medicare beneficiaries estimated to suffer from lymphedema, and the approximately 500,000 additional patients suffering from VLUs.

Lack of access to the gold standard needed to treat these conditions results in many beneficiaries suffering from recurrent infections, progressive degradation in their condition and, too often, disability. Venous leg ulcers commonly come back after they have healed. However, recurrent infections can be prevented by the use of compression therapy. Stockings should be used after the wounds have healed to counteract the raised pressure in the veins that causes venous leg ulcers. Unfortunately, Medicare currently will not cover the cost of compression stockings to prevent future infections.

There is currently legislation pending in the House of Representatives, H.R. 1608, which if enacted, would grant CMS the statutory authority to cover compression therapy. We would strongly encourage the working group to examine H.R. 1608 as they explore ways to improve chronic care treatments for Medicare patients. Allowing preventative treatments of VLU and complete coverage for Lymphedema treatments will both improve patient outcomes and save Medicare money.

Attached you will find additional information from WOCN regarding the advantages of preventative coverage of compression therapy. If we can be of assistance to you in any way, please contact Chris Rorick of the Society's staff at chris.rorick@bryancave.com. Thank you again for taking up this important cause.

Sincerely,



President, Wound, Ostomy and Continence Nurses Society

Enclosure

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Wound, Ostomy and Continence Nurses SocietyTM (WOCN®)
Support of Medicare Coverage for Compression Therapy

Introduction

Compression therapy is considered the gold standard for the treatment of lymphedema and the treatment and prevention of venous leg ulcers (VLUs), also known as stasis ulcers.[1-3] Compression therapy is a simple, effective treatment to reduce and control edema, promote the return of venous blood to the heart, and increase lymphatic drainage.[4, 5] It consists of applying external, graduated compression to the extremity with a stocking, bandage system/wrap, or device.[3, 4]

VLUs are estimated to affect 1% to 3%[6] of the adult population, and account for approximately 75%[2] of all lower-extremity ulcerations. The primary risk factors for development of VLUs are older age, obesity, immobility, ineffective calf muscle pump, valve dysfunction from previous leg injuries, deep venous thrombosis, and phlebitis.[7] An open ulcer can persist for weeks to many years and up to 97% recur.[4] Also, VLUs may be accompanied by some degree of lymphedema.[5, 8] However, VLUs can be healed and recurrence prevented or reduced with the proper investment in preventive interventions, such as compression therapy.

Data from two systematic reviews provide evidence that appropriate compression can reduce the incidence of costly recurrence of lymphedema and re-ulceration of VLUs.[2, 9] Legislation is currently before Congress that will allow Medicare to appropriately cover compression therapy. The Lymphedema Treatment Act, H.R. 1608 addresses the need for improved access to the essential therapeutic compression modalities that are required as part of the medical plan of care for cost effective management of both lymphedema and VLUs.[10]

Problem

- Medicare does not cover provider-prescribed compression therapy supplies to treat lymphedema or prevent the recurrence of VLUs.
- Patient access to the relatively low cost compression modalities is critical to prevent costly complications.
- The scope of this problem is great. To be considered are the direct costs associated with suboptimal treatment of the 1.4 to 3 million Medicare beneficiaries estimated to suffer from lymphedema,[11] and the approximately 500,000 or more additional patients with VLUs.[12] For VLUs alone, the annual economic burden to Medicare is projected at $5.9 billion.[13]
- The impact of indirect costs to Medicare is undeniable. Without access to appropriate prevention and treatment, beneficiaries may suffer from recurrent infections, progressive degradation in their condition and, too often, disability because they cannot afford the compression supplies required to maintain their condition.

Solution

A change in statute, as proposed by H.R. 1608, is needed to allow for coverage of the compression supplies needed for the treatment of lymphedema and to reduce recurrence of VLUs.

Action

The WOCN Society strongly supports the Lymphedema Treatment Act, H.R. 1608. Support of H.R. 1608 reflects the vision and core tenets of the WOCN Society as a means to support cost-effective, evidence-based prevention and treatment of complex wound conditions such as VLUs and lymphedema.

References

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