

Media Release: Statement regarding wound care training in General Practice

The Wound Management Innovation Cooperative Research Centre is a consortium of industry, research and end-user organisations with the purpose of addressing the enormous problem of chronic wounds in Australia – those that don't heal within 3 months - a problem that is costing Australia up to \$3 billion annually, yet nearly half a million Australians right now have a wound.

While the CRC was in consultation with the Fairfax journalist to discuss the many positive activities of the CRC, we didn't envision a story centred on General Practitioners' lack of training, and as such some aspects of the quotes by the Wound CRC have been misunderstood. <http://www.smh.com.au/national/health/wounds-left-to-fester-for-years-because-of-poor-treatment-research-centre-says-20170603-gwjod5.html>

However, evidence does show that increased awareness of optimal wound care for many healthcare professionals would be beneficial.

We welcome any opportunity where this expensive, painful and persistent problem is discussed on a national level. There are many factors behind wounds not healing, but three main reasons we will discuss in this statement are:

1. Lack of uptake of evidence based care
2. Ineffective reimbursement; and
3. Less than optimal treatment approach

1. Lack of uptake of evidence based care

Primary Care is at the forefront of wound management with 80–90% of patients with a leg ulcer. Research demonstrates that the implementation of evidence-based wound care results in improved patient outcomes and cost savings. *See references on the end notes of this statement for published articles.*

2. Ineffective reimbursement

Many of the costs of evidence-based care are not currently subsidised by the MBS or PBS, such as compression bandages. Compression bandaging is the evidence-based 'gold standard' of care for leg ulcers, yet – only 11% of patients who need it actually receive the treatment. Ineffective reimbursement and subsidisation means patient out of pocket expenses creates a barrier to accessing optimal care.

3. Less than optimal treatment approach

Chronic wounds are complex. They are often caused by many underlying chronic health factors. But, a range of chronic diseases often cannot be managed by any one practitioner. There are multiple practitioners required to diagnose, treat and 'heal' a wound – it is crucial for all professionals to know when to refer a patient to a Wound Specialist team.

Solutions:

The Wound CRC, in response to these challenges, has rolled out a number of nation-first initiatives to address the education and treatment gaps in the health system. These initiatives are designed to support GPs at the centre of Primary Care and specifically wound care for their patients. These include:

Wound Innovations

Australia's premier facility solely dedicated to clinical wound treatment, telehealth, education and research. The clinic utilises the most optimal model of care for treating wounds – a patient-centred approach that utilises all current evidence based guidelines and treatment and brings a whole team of clinicians together to treat each patient holistically during a two hour appointment. This approach uncovers all of the contributing factors impacting on each patient's health and the root causes of their wounds. In this way, specific treatment plans can be developed targeted at addressing each patient's specific needs. This centre can be accessed by the general public through referral on our website: www.woundinnovations.com.au

Wound Healing Institute Australia

A CRC spin-out company that provides accredited, professionally endorsed and evidence-based online wound education modules to health professionals www.whia.com.au

Wound credentialing

Credentialing sets the standard for wound care and ensures clinicians gain recognition for their knowledge, skill, and commitment to maintaining high professional standards, while instilling consumer confidence. www.woundcred.com

Diabetic Foot Australia

DFA is a national body that partners with related organisations and networks to empower patients, clinicians and researchers through education, events, guidelines, a minimum dataset and research networks. www.diabeticfootaustralia.org

Through our activities, we can empower and support GPs through sharing the care of GP's patients once we have provided a diagnosis and wound management plan. On behalf of the GP, we can also look after the patients' wounds and let the GP focus on the other aspects of the chronic disease to avoid a potential hospitalisation or amputation.

You can learn more about our large breadth of work at www.woundcrc.com

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