Barriers to the Delivery of Advanced Therapies

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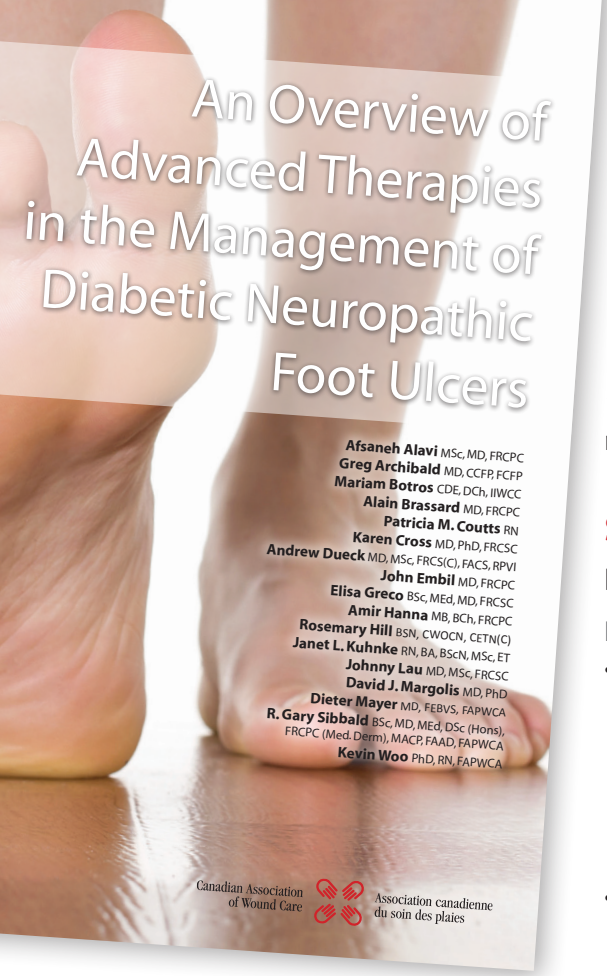
With the support of an unrestricted educational grant from industry partners the Canadian Association of Wound Care initiated a review of the literature regarding the use of advanced therapies in the management of diabetic neuropathic ulcers. The goal of the document was to provide an overview of the existing literature, review expert opinion and establish protocols for the use of advanced therapies in the treatment and management of diabetic foot ulcers. The full document has been published as a supplement to Wound Care Canada and Diabetic Foot Canada e-Journal and is available at www.woundcarecanada.ca/supplements/. This article contains a section of the original article, outlining the barriers clinicians face in delivering advanced therapies for the treatment of diabetic foot ulcers. However, many of the barriers apply to the use of advanced therapies for other types of wounds as well, and the suggestions for overcoming the barriers listed may provide useful information for clinicians with patients who have other wound types.*

* Acelity Canada, Integra Canada ULC and Smith & Nephew



It can be difficult to translate the existing randomized controlled trial (RCT) evidence, expert opinion and clinical practice guidelines relating to advanced therapies into everyday practice. This can be because the therapy is new and there is a lack of research that exists, or because the research that does exist has methodological weaknesses. Over time, as more and better research is conducted, advanced therapies may play a more frequent and appropriate role in clinical practice.[1]

While multidisciplinary teams—made up of clinicians, managers, industry representatives, patients and researchers—must advocate for more research to address system and clinician factors, patient-centred concerns and technological issues, immediate barriers to care must be addressed by the health-care professional.

Listed below are a number of barriers, divided into categories, along with recommendations the health-care team can implement now:

Systemic Factors

Barriers

Research

- Policies for the funding of therapies often focus mainly on RCTs. It is important to note that other types of wound research is also meaningful and should be considered.
- Knowledge translation research often identifies gaps in clinician knowledge or the ability of the health-care system to deliver care to the appropriate patient—for example, where the existing evidence does not fully explore holistic patient-focused concerns and barriers to care when using advanced therapies.

Access to care

- Patient access to advanced therapies varies depending on a number of factors, including:
  - the types of products available in their health jurisdiction
  - the availability of teams or specialists
  - how long patients must wait for an appointment
  - how far they must travel to receive care
  - personal finances and/or coverage by private insurance

Communication

- Lack of communication between diabetes education centres and wound care clinicians
- Lack of interprofessional teams, communication between team members

Recommendations

- Research can be improved by:
  - Additional and varied types of research to help address the factors that currently form the systemic barriers to the use of advanced therapies for diabetic foot ulcers (DFUs)
  - New diagnostic tools to support the indications of advanced therapies
- Care and communication can be improved by:
  - Development of and access to interprofessional teams
  - Organizational policies and procedures that support advanced therapy use
  - Effective education of patients and caregivers
  - Effective education for clinicians related to standard wound prevention and care along with the appropriate use of advanced therapies
  - Widespread availability of preventative footwear and offloading devices with no or low fees
  - Formalized communication between diabetes education centres and wound care teams
  - DFU prevention through education with patients, families and communities

All clinicians should advocate in their health regions provincially, territorially and nationally for improved support for the prevention and treatment of DFUs.

Patient-centred Factors

Patient-centred concerns are paramount when working collaboratively to fully support patients at risk for diabetic foot complications.

Barriers

- Inadequate focus on prevention of DFUs
- Ineffective patient education
- Lack of care plan adherence
- Lack of awareness regarding the impact of social determinants of health, which may prevent patients from accessing footwear and insulin syringes, medications, healthy foods or achieving appropriate diabetic control with a reasonable A1c

Recommendations

- Focus on prevention. Prevention of the initial DFU is paramount; communities of practice must evaluate their present DFU prevention programs and critically examine if prevention strategies and education are consistently offered to clients and their families.
- Improve patient education and instruction on daily foot care to prevent DFUs and amputation.[2] Individualized foot education should be offered at every opportunity to empower the patient living with a DFU or at risk for a DFU.

- Treat the direct causes of DFUs.[3]
- Treat the underlying disease processes. Ensure adequate blood supply and optimize local wound care, including consistent wound bed preparation, debridement, management of bacterial control and careful moisture balance.[4]
- Create care plans in partnership with the patient, family and caregivers
- Establish multidisciplinary teams to provide comprehensive, holistic assessments to support patients; team members should represent nursing, rehabilitation, social work, medicine, chiropody/podiatry, pedorthy, dietary, education and peer-led education.
- Screen regularly for depression, as depression is linked to the patient's ability to learn new information and participate in care planning and care decisions. Provide access to psychological support.[5]

Clinician Factors

Barriers

- Inappropriate patient selection and preparation (removal of risks)
- Inadequate product knowledge by the user, both in

how the product works and whether it is available in their health-care jurisdiction
- Lack of interprofessional teams in all settings

Recommendations

For clinicians to successfully follow and adhere to DFU best practices, a number of elements must be in place:

- Timely and relevant DFU education should be offered regularly to team members.
- Interprofessional teams, in which team members collaborate, communicate and co-operate—with the patient and family remaining as the focus—should be the standard model. Stressing the importance of a team approach, one panel expert stated that to help reduce the confusion around the use of advanced therapies a "collaborative effort to address wound problems" would be a benefit.
- Equipment, tools and technology need to be readily available to assist with diagnosis, treatment and care planning.
- Clinician education on equipment, tools and technologies should be available.

Technological Factors

Barrier

- Emerging bedside diagnostic tools are not yet in widespread use, even though they can help facilitate the appropriate use of technology, thus avoiding inappropriate application of the advanced therapies at a very high cost to the health-care system.

Recommendation

- Technology is a fast-growing area that should be monitored by clinicians interested in adding to their decision-making toolkits.

By advocating for more and better research and overcoming existing barriers, the clinician can improve their own toolkit of options for supporting their patients.

References

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