

PATIENT-CENTERED WOUND CARE

Findings from a Survey: Physician
Perspectives on Wound Care

Introduction

The needs and desired outcomes of a patient with a chronic wound are a critical component of successful wound healing. In recent years, policy makers and healthcare providers have highlighted the complexity and importance of understanding the patients' needs and desires from a clinical, emotional and financial perspective. Research shows that understanding a patients' assessment of their condition and desired outcomes will the clinician's ability to tailor their plan of care to the unique needs of the patient and improve the odds of a successful outcome as defined by the patient and the clinician.^{1,2,3} Although patient-centered care is essential to wound healing, studies of patient-centered wound care are limited.

In a study from the American College of Wound Healing and Tissue Repair (ACWHTR), patients and clinicians were asked about their perception of wound treatments and optimal outcomes. The findings of the study suggest the range of treatment options available to wounded patients come with a variety of challenges, including pain, discomfort, burden to caregivers, inconvenience and expense. Patient and physician concerns and goals may not align and can cause difficulty in treatment and reduce satisfaction with care. The ACWHTR study found that many of the patient and physician concerns overlapped, but there was some variation.⁴ To contribute to the field of patient-centered care research, and build on the ACWTHR study, we collected survey data on physician perspectives of patient centered care. In the following paper, we explore how physicians' care is influenced and shaped by their interactions with their patients, and discuss key themes on communication and patient adherence. By integrating patient concerns into care plans, physicians increase treatment adherence, create a respectful communicative relationship with patients and increase the value of care by defining success through patient and physician perspectives.



Physician Survey

Healogics researchers partnered with Dr. Alexandra Nowakowski, a leading patient advocate and medical researcher at Florida State University's College of Medicine, to investigate physician perceptions of wound care. Healogics physicians were recruited to participate in an anonymous nine-question survey focused on their experiences and perceptions of wound care and wounded patients. The questions focused on patient attributes that influence positive or negative wound outcomes, patient impacts on physicians' care plan and physicians' perspective of patient-centered wound care. More than 4000 physicians involved in direct wound care were surveyed. Data from surveys was analyzed by generating frequency statistics for discrete data and content analysis of open-ended questions.

Findings and Discussion

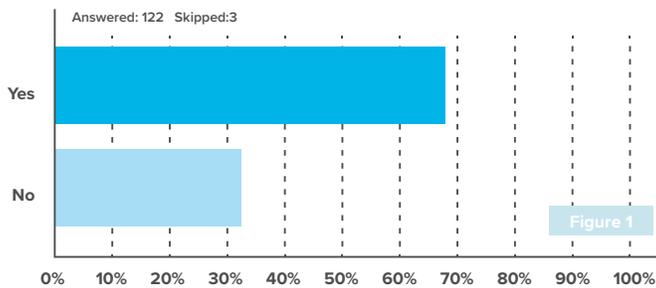
Physicians find the three most meaningful barriers to wound healing are:

1. Disease burden (72 percent)
2. Social support networks (54 percent)
3. Health literacy (49 percent)

Physicians also find the most meaningful factors for improving wound outcomes are:

1. Social support networks (74 percent)
2. Health literacy (58 percent)
3. Insurance status (47 percent)

Has an experience with a patient changed the way you think about and practice wound care?



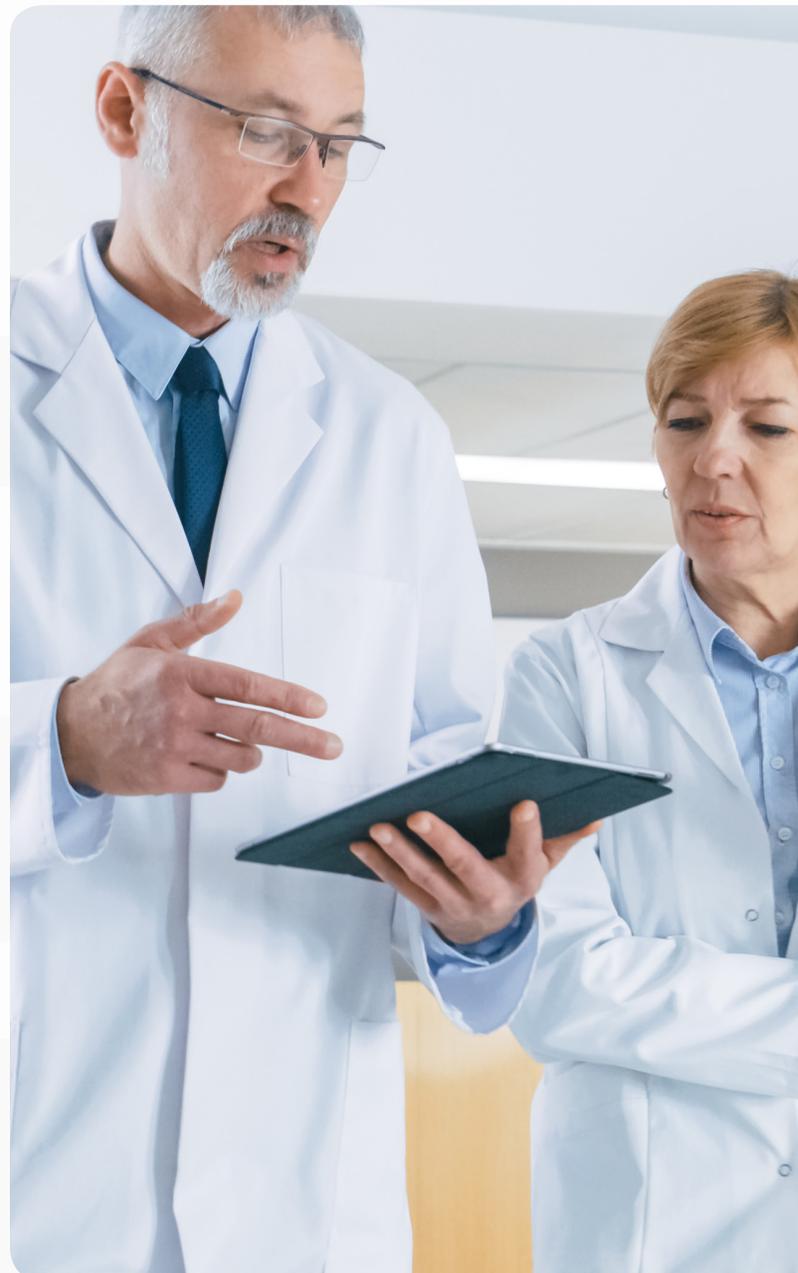
Answer Choices	Responses	
Yes (describe in comment box)	68.03%	83
No	37.97%	39
Total		122

Finally, physicians consistently reported the top three characteristics of patient-centered care as:

1. Communication and patient education
2. Understanding patients' unique goals
3. Life circumstances and treatment adherence

In this paper we take a deeper look at findings related to the importance of effective patient engagement and physician views of patient adherence.

I always listen to my patients' concerns about the care plan so they can be addressed; otherwise, patients may not be able to adhere to the plan of care.



Patients at the Center of Care

“The art of medicine is translating the ideal to the practical. If a given treatment recommendation is too inconvenient or impossible to implement, then it will not be used. The options available, and consequences of each are laid out, and the patient decides.”

Patient preferences and needs are critical to improving adherence to a plan of care and thereby increasing the likelihood of a successful outcome.³ In a study of osteoporosis therapy, researchers found that when patients were engaged in choosing between treatment options, adherence was improved.⁵ When physicians are able to better understand the unique needs of patients, they can then create a plan of care that will address both

the underlying medical need as well as the patient’s preference. Physicians were asked “How frequently does patient preference impact your plan of care?” Of the 124 physicians who

healing, patients are focused on a number of aspects that impact their daily lives. The ACWHTR patient-centered care study found patients consistently ranked impact on family,

... when patients were engaged in choosing between treatment options, adherence was improved.

responded, 66 percent reported patient preferences “always” or “often” impact their plan of care, and 68 percent reported an experience with a patient has changed the way they think about and practice wound care.

wound drainage and lack of ability to participate in social activities as major concerns. Additionally, the study suggests giving patients a collective voice, to put the patient at the center of care and confront barriers to patient-centered care. This builds an atmosphere that respects the patients’ expertise and creates an appreciation for patient-centered care of chronic wounds.

Although building a respectful partnership with patients is important to care, physicians are not always able to take patient preference into account. Patient preferences may be counter-productive, detrimental to healing, or harmful to the patient’s overall health. Physicians noted that they try to consider patient preferences; however, they may not be able to do so when the patient’s preference increases the likelihood of an adverse outcome.

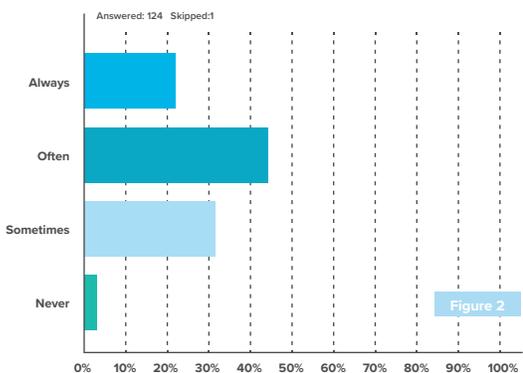
“I always listen to my patient’s concerns about the care plan so they can be addressed; otherwise, patients may not be able to adhere to the plan of care.”

“...patients must live with the informed decisions they make regarding their bodies/disease. Risk and progression of disease and expectations are always discussed. Decision making ultimately belongs to the patient.”

While physicians may be focused on wound

“Only if not in conflict with goals of care, the likelihood of healing.”

How frequently do patient preferences impact your plan of care?



Answer Choices	Responses	
Always (describe in comment box)	22.58%	28
Often (describe in comment box)	43.55%	54
Sometimes (describe in comment box)	31.45%	39
Never	2.42%	3
Total		124

“Has to make sense with treatment for their specified issue.”

“Patient preference is not always the most beneficial.”

Additionally, patient preferences may conflict with hospital regulations or care practices leaving no room for compromise for the physician. In these cases, the physician is unable to take personal preferences into account.

“...patient preferences sometimes create medical liability issues...”

“...I believe in practicing the standard of care. I do not bargain or compromise when it comes to patient care.”

The Role of Patient Adherence

Sixty-eight percent of physicians surveyed reported that an encounter with a patient had impacted how they think about and practice wound care.

The patient’s ability and willingness to adhere to the care plan was a central theme in how physicians approached their treatment. Survey participants emphasized that throughout the care process, they are constantly thinking of how best to craft their plan of care to improve a patient’s likelihood of healing.

“...healing is a team effort, and I educate my patients to understand that.”

“If a patient is unwilling or noncompliant with a plan of care it is doomed from the beginning. Patients are far more likely to be compliant if their preferences are considered in the plan of care.”

Understanding why patients may not adhere to treatments is complex and requires understanding the unique circumstances of their lives. Often the barriers to patient adherence are due to financial, mobility, or transportation constraints.

“...there is concern for patient safety, limits as to work status, family support, access to the clinic and, most of all, patient copays...”

Sometimes there are important individual circumstances that dictate how likely a patient will be to adhere. Changes to daily activities, for example, may impact how people perceive themselves on a deeper level. Having a persistent wound can cause feelings of having one’s life and relationship with oneself interrupted, something social psychologists refer to as biographical disruption.⁶

“I had a patient whose goal was to walk miles every day. It is the only positive thing in his life and he was proud of it. To take that away from him is to take away his identity. It will cost him his foot and he understands that...”

Clinicians must engage in careful consideration of balancing patient wishes and medical necessity. If every



RESEARCHER SPOTLIGHT



Dr. Alexandra
Nowakowski
Florida State College of Medicine

I think of myself as a patient first and a researcher second. I live with cystic fibrosis (CF), a progressive genetic disease that affects the mucous membranes. My own experiences inspire me every day in studying healthy aging with chronic disease. To help me make a strong impact as a sociomedical scientist, I picked up a few degrees along the way: an MPH in Health Systems & Policy from Rutgers University, followed by an MS and PhD in Medical Sociology from Florida State University. My BA in Political Science from Columbia University

also involved a health focus, as I was studying the impact of environmental health changes on political behavior. As an Assistant Professor at Florida State University College of Medicine and a Graduate Faculty Scholar at the University of Central Florida, I use these credentials in support of a variety of research, teaching and service activities focused on health equity in aging. These include serving as the evaluator for the Florida Asthma Program and FSU Geriatrics Workforce Enhancement Program, collaborating with scientists and patients on projects for the Cystic Fibrosis Foundation and running the Write Where It Hurts project on scholarship informed by lived experience of adversity.

Amplifying the voices of clinicians and exploring their perspectives on patient behavior have

always been important cornerstones of my work. When I got the opportunity to collaborate with Healogics on the Wound Science Initiative, I believed the project would offer powerful and transformational insight into what clinicians believe about wound healing and how they may benefit from supportive resources in providing the best care for their patients. Having so much experience as a patient myself and also being a medical educator, I have seen firsthand how discrepancies in beliefs about healthcare options and outcomes can cause patient needs to go unrecognized and unmet. Exploring and addressing care providers’ beliefs about wound healing explicitly can open up new possibilities in caring by challenging misconceptions and helping clinicians feel empowered to do impactful teamwork with the people they serve.

effort has been made to communicate to patients regarding the consequences of non-adherence, then physicians may have to revise their plan of care to better fit the patient's definition of treatment success. For some patients, wound healing may not be the goal of care, but other issues such as pain management, mobility and quality of life take precedence. What each patient views as normal and feels comfortable adapting to will vary depending on a variety of factors. This makes the process of illness management—how people adjust to new health circumstances and achieve a sense of what is usual for them—a deeply individual one.⁷

In such situations, the provider's relationship with the patient and the patient's trust in the provider is critical. As one provider learned, the ability for patients to trust in their provider and feel safe to communicate the complexities of their circumstances is crucial.

“There was a patient with venous insufficiency ulcer, that we had in a Profore, who would take the dressing off the night after his visit and put it back on the next week before his visit, so that we would not be angry that he was not using the dressing. We worked out a dressing that he could tolerate better, and I learned to be more open and accepting with patients so that they would be able to be honest with me.”

Wounded patients face multiple chronic conditions and may feel overwhelmed by the additional requirements of caring for an ulcer. Providing a caring and safe environment

for patients will enhance the likelihood of identifying a successful path forward that meets the patient's care goals. Goal-directed models of healthcare—ones that center the wishes and aspirations of individual patients in the treatment process—continue to demonstrate their value in achieving desired outcomes.⁸ Incorporating these principles actively and consistently into wound care will help clinicians and patients alike to feel satisfied and empowered.

Conclusions

Patient-centered care is focused on being proactive in obtaining information from patients and their caregivers in order to understand the outcomes that are important to them. Assessing the needs of a patient from a clinical perspective and a patient perspective creates a physician/patient partnership and encourages patient adherence. Similar to the ACWHTR research, our survey found that physicians see value in considering patient needs and preferences. Healogics concurs and recommends including patients as an integral part of the wound healing enterprise by involving them in the education of physicians, developing mentorship programs between patients and physicians and creating patient networks that would play an active role in providing patient support.



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