



The Healogics Evidence-Based Partnership Advantage



NATIONAL NETWORK
of wound care centers



MILLIONS
of patients encounters



PEER-REVIEWED RESEARCH
advancing the science of wound care



HIGHER HEALING RATES
with standardized, evidence-based care



BETTER LONG-TERM OUTCOMES
fewer recurrences, fewer complications

Over the past decade, Healogics has built one of the most comprehensive bodies of peer-reviewed research in wound care, leveraging data from millions of patient encounters across a national network of wound care centers. Collectively, seven landmark studies demonstrate a unique capability: the ability to measure outcomes transparently, improve healing rates through standardized care, predict patient risk, optimize treatment pathways, and deliver better long-term patient outcomes.

A Progression of Peer-Reviewed Evidence

The research journey began by addressing a fundamental industry challenge: how wound healing outcomes should be measured. Healogics introduced a modified intent-to-treat (mITT) methodology (1) that established a transparent and standardized approach to reporting healing rates. This work demonstrated that community-based wound centers using standardized protocols could achieve outcomes comparable to leading academic medical centers.



Healogics moved from a population view to examine outcomes within a more focused group of complex diabetic foot ulcers in a subsequent study (2). Many hospitals do not have the clinical infrastructure for the coordination of care to treat these difficult wounds, leading many to never heal. This research demonstrated that having specialized wound care programs, coordinated care pathways, and advanced therapies such as hyperbaric oxygen therapy can significantly improve healing in high-risk patients when applied appropriately and completed as prescribed.

The importance of such a specialized wound care program was further validated during the COVID-19 pandemic. During this time there was much concern about the impact of limited access to care on our highly co-morbid and complex population of patients. Partnering with the University of Southern California (USC) Dornsife Center for Economic and Social Research, we found that despite substantial disruptions to healthcare delivery, Healogics centers maintained quality and healing outcomes by ensuring standardized workflows and continuity of care during a public health emergency (3).

The next phase of research moved from measuring to predicting outcomes. Again collaborating with USC, Healogics developed one of the nation's largest validated wound-healing prediction models. This model could enable clinicians to identify high-risk patients at the start of treatment and allow for industry-wide severity-adjusted quality benchmarking (4).

The model was subsequently used to create an Observed vs Expected Healing Ratio (O/E Ratio) to group centers based on their severity-adjusted healing performance. This allowed for the identification of specific factors which differentiate centers based on quality metrics (5). Frequent patient visits, continuity of care, evidence-based debridement practices, and adherence to clinical pathways were found to be strongly associated with superior healing outcomes. Importantly, these factors helped mitigate the negative effects of socioeconomic disparities, demonstrating

the ability of a structured wound care program to improve outcomes across diverse patient populations.

More recently, Healogics expanded its predictive capabilities through machine-learning models that monitor wound-healing trajectories over time (6). These tools identify stalled wounds earlier, which would allow clinicians to intervene sooner, optimize resource utilization, and improve patient outcomes.

Further expansion of these concepts connected clinical performance with long-term patient outcomes using CMS claims data to track clinical events post treatment. Clinics with higher risk-adjusted healing rates were associated with significantly lower rates of wound recurrence and gangrene after discharge (7). These clinics also demonstrated directionally lower rates of amputation and sepsis. This study provides evidence that high-quality wound care creates lasting benefits beyond the treatment episode.

Why This Matters to Hospitals

For health systems, the cumulative evidence demonstrates that Healogics offers more than wound care center management. Healogics provides a proven clinical and operational platform built on:

- Transparent and validated outcomes measurement.
- Standardized care pathways that improve healing in complex patients.
- Advanced predictive analytics and machine-learning capabilities.
- Operational expertise that maintains performance under challenging conditions.
- Evidence-based interventions that drive measurable quality improvements.
- Demonstrated potential to reduce downstream complications and healthcare costs.

Summary

Healogics has created a scalable, data-driven wound care ecosystem that measures performance rigorously, continuously improves care delivery, and translates clinical excellence into better patient outcomes. This body of evidence provides strong validation that Healogics delivers not only superior wound healing performance, but also long-term value for patients, providers, and health systems.

For further details on each of these studies please refer to:

1. Ennis WJ, Hoffman RA, Gurtner GC, Kirsner RS, Gordon HM. Wound healing outcomes: using big data and a modified intent-to-treat method as a metric for reported healing rates. *Wound Repair Regen.* 2017;25(4):665-672. doi: 10.1111/wrr.12575
2. Ennis WJ, Huang ET, Gordon H. Impact of hyperbaric oxygen on more advanced Wagner grades 3 and 4 diabetic foot ulcers: matching therapy to specific wound conditions. *Adv Wound Care (New Rochelle).* 2018;7(12):397-407. doi: 10.1089/wound.2018.0855.
3. Cho S, Mattke S, Sheridan M, Ennis W. Outpatient wound clinics during COVID-19 maintained quality but served fewer patients. *J Am Med Dir Assoc.* 2021;23(4):660-665.e5 doi: 10.1016/j.jamda.2021.11.001.
4. Cho SK, Mattke S, Gordon H, Sheridan M, Ennis W. Development of a model to predict healing of chronic wounds within 12 weeks. *Adv Wound Care (New Rochelle).* 2020;9(9):516-524. doi: 10.1089/wound.2019.1091
5. Cho SK, Mattke S, Sheridan M, Ennis W. Association of wound healing with quality and continuity of care and sociodemographic characteristics. *Am J Manag Care.* 2022 Apr 1;28(4):e146-e152. doi: 10.37765/ajmc.2022.88868
6. Dallmann A, Sheridan M, Mattke S, Ennis W. Prediction of a healing trajectory of chronic wounds using a machine learning approach. *Adv Wound Care (New Rochelle).* 2025;14(12):645-654. doi: 10.1089/wound.2024.0095
7. Franguridi G, Becker A, Mattke S, Sheridan M, Knott J, Ennis W. The Association Between Risk-Adjusted Wound Healing Rates and Long-Term Outcomes in a Network of U.S. Wound Care Clinics. *Adv Wound Care (New Rochelle).* 2026;15(9):671-680. doi: 10.1089/wound.2024.0263.