Abstract

We conducted a chart review to evaluate the clinical and cost effectiveness of dHACM in a series of patients with non-healing wounds.

Methods

Inclusion: Six patients with non-healing wounds (7 diabetic foot ulcers, 1 surgical wound and 1 venous leg ulcer) treated with bi-weekly application of dHACM for a maximum of 10 weeks.

Treatment: Treatment consisted of bi-weekly dHACM application after sharp debridement as needed, followed by standard topical dressings.

Analysis: Weekly dressing change and wound assessment to determine rate of closure based on complete epithelialization of prior wound bed was performed. Cost comparisons were made using list pricing and assuming equal effectiveness of dHACM versus treatment with Human Fibroblast Derived Dermal Substitute (HFDDS).

Results

Within 4 weeks of dHACM initiation, the average wound area reduction was 67% and complete epithelialization occurred in 2 of 5 wounds. Mean number of dHACM applications was 3.2 per wound. Mean cost of dHACM per wound was $1562 compared to $872 if the wound had been treated with HFDDS. Use of dHACM versus HFDDS resulted in an overall cost savings of $64,444, or $7160 per treated wound.

Case 3. 100% healed after 2 dHACM applications.

Conclusions

- The availability of multiple graft sizes and positive clinical outcomes may influence cost effectiveness of dHACM.
- dHACM appears to be a cost effective option for the treatment of non-healing wounds.
- Achieving equal effectiveness, treatment with dHACM may result in substantial cost savings vs. treatment with HFDDS.

References


The study data described above was not prepared or reviewed by MiMedx Group, Inc.