
Venous Leg Ulcer (VLU) Healing or Closure

MEASURE ID: USWR34

MEASURE DESCRIPTION:

Percentage of venous leg ulcers among patients aged 18 or older that have achieved healing or closure within 12 months, stratified by the Wound Healing Index. Healing or closure is defined as complete epithelialization without drainage or the need for a dressing over the closed ulceration, although venous compression would still be required.

DENOMINATOR:

All venous leg ulcers of patients 18 or older with an encounter during the measurement period the outcome of which are known.

NUMERATOR:

Venous Leg Ulcers within the denominator that achieved healing or closure within 12 months of its initial encounter.

DENOMINATOR EXCLUSIONS:

Death, Palliative care patients, hospice patients, VLU patients who have an amputation, VLU patients seen for consultations only, VLU patients with fewer than 2 visits, patients for whom data are insufficient to calculate a WHI score.

DENOMINATOR EXCEPTIONS:

None

NUMERATOR EXCLUSIONS:

None

HIGH PRIORITY MEASURE:

Yes

HIGH PRIORITY TYPE:

Outcome

MEASURE TYPE:

Outcome

NQS DOMAIN:

Person and Caregiver Centered Experience and Outcomes

SUBMISSION PATHWAY (MIPS REPORTING OPTION):

Traditional MIPS, MVP

PUBLISHED CLINICAL CATEGORY:

Wound Care

CARE SETTING:

Ambulatory Care: Clinician Office/Clinic; Ambulatory Care: Hospital; Home Care; Hospital Outpatient; Long Term Care; Nursing Home; Outpatient Services; Rehabilitation Facility; Post-Acute Care; Ambulatory

APPLICABLE SPECIALTIES:

Podiatry, Wound Care, Dermatology, Emergency Medicine, Family Medicine, Geriatrics, Internal Medicine, Interventional Cardiology, Physical Medicine & Rehabilitation, Physical Therapy/Occupational Therapy, Vascular Surgery, Undersea and Hyperbaric Medicine

PUBLISHED SPECIALTIES:

Podiatry; Wound Care; Dermatology; Emergency Medicine; Family Medicine; Geriatrics; Internal Medicine; Interventional Cardiology; Physical Medicine & Rehabilitation; Physical Therapy/Occupational Therapy; Vascular Surgery; Other: Other: Other: Undersea and Hyperbaric Medicine

INCLUDES TELEHEALTH:

No

MEANINGFUL MEASURE AREA:

Functional Outcomes

MEANINGFUL MEASURE AREA RATIONALE:

Healing a venous stasis ulcer has a profound impact on quality of life and activities of daily living (e.g. walking, dressing), as well as hospitalization and episodes of infection. When the USWR evaluated the activities of daily living in 500 patients with venous ulcers, we found that 60% of them were not able to dress their lower bodies unaided (Limitations of Daily Living Activities in Patients With Venous Stasis Ulcers Undergoing Compression Bandaging: Fife, et al, Wounds, Volume 26 (1) Jan 2014 <http://www.woundsresearch.com/article/7891>). Healing a venous ulcer has a significant impact on patient function.

MEASURE CALCULATION TYPE/INDICATOR:

Proportional Measure

TRADITIONAL OR INVERSE:

Traditional

NUMBER OF PERFORMANCE RATES:

1

INDICATE OVERALL PERFORMANCE RATE:

1st Performance Rate

RISK ADJUSTED STATUS:

Yes

RISK ADJUSTED INDICATION:

Performance rate is risk adjusted by the wound healing index for venous leg ulcers (rates 1, 2, 3)

CLINICIAN TESTED QCDR MEASURE:

Yes

CLINICAL RECOMMENDATION STATEMENT:

Reporting VLU healing stratified by the WHI enables honest reporting of VLU healing rates. VLU patients have a high prevalence rate of conditions that impact treatment and healing. Reporting healing rate in relation to risk score ensures that practitioners caring for the sickest patients with the most severe wounds will not appear to have worse outcomes than their peers who care for less severe patients/wounds.

QCDR MEASURE RATIONALE:

Many wound care practitioners report “healing rates” as a measure of their success, typically at rates >95% based on a systematic, national review of publicly reported healing rates. However, these data have been vetted to exclude patients who do not heal so that the apparent success of the program is not impacted by patients unlikely to do well. When the outcomes of patients with chronic leg ulcers were evaluated from 59 hospital outpatient wound centers, nearly one third never healed, even though they were followed for more than one year. The average leg ulcer patient had at least 2 major co-morbid conditions. Approximately 30% of patients with venous stasis ulcers have diabetes as a co-morbid condition, 70% are obese or morbidly obese, about 20% have heart failure, 8% are on dialysis or have had a transplant, 10% have known peripheral arterial disease and 8% are taking steroids or transplant medications. The WHI allows honest reporting of healing rates which enables fair comparisons between practitioners and makes it possible to evaluate whether a specific intervention actually improved predicted outcome.

STUDY CITATION:

When the outcomes of patients with chronic leg ulcers were evaluated from 59 hospital outpatient wound centers, nearly one third never healed, even though they were followed for more than one year. Thus, the 12-week healing rate is often less than 50%. Nevertheless, publicly reported healing rates are >95%. There is a large gap between publicly reported healing rates of VLUs (and all other wound types) and actual healing rates. However, the high prevalence of comorbid disease necessitates reporting healing rate by risk category, for which the WHI was designed.

- Fife CE, Eckert KA, Carter MJ. Publicly Reported Healing Rates: The Fantasy and the Reality. 7(37): 77-94, 2018.
- S Horn, C Fife, R Smout, R Barrett, B Thomson: Development of a Wound Healing Index for Patients with Chronic Wounds; Wound Rep Regen (2013) 21 823-832.
- Fife CE, Horn SD. The Wound Healing Index for Predicting Venous Leg Ulcer Outcome. The Wound Healing Index for Predicting Venous Leg Ulcer Outcome. Adv Wound Care (New Rochelle). 9(2):68-77. 2020.

MEASURE PERFORMANCE DATA:

In 2023, we analyzed 265 individual clinicians and found the average passing rate for VLU healing was only 30.9% (range 0% -100%).