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*Pressure Ulcer\* (PU) Healing or Closure (ulcerations not on the lower extremity)*

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## MEASURE ID: USWR36

### MEASURE DESCRIPTION:

Percentage of Stage 2, 3, or 4 pressure ulcers\* (not on the lower extremity) among patients aged 18 or older that achieve healing or closure within 6 months [Note: Because both CMS and ICD10-CM use the term "pressure ulcer" for open cutaneous lesions, we are using that term.]

### DENOMINATOR:

Stage 2, 3, or 4 Pressure Ulcers among patients aged 18 years and older which are not on the lower extremities, and the outcome of which are known.

### NUMERATOR:

Pressure Ulcers within the denominator that achieved healing or closure within 6 months of the initial encounter (including surgical closure).

### DENOMINATOR EXCLUSIONS:

Palliative care patients, patients who die during the reporting period, hospice patients, unstageable pressure ulcers, stage 1 pressure ulcers, deep tissue injuries (DTI), pressure ulcers of any stage that are on the lower extremity, patients seen only one time or for consultation only, and patients for whom the data are not sufficient 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

### PUBLISHED CLINICAL CATEGORY:

Wound Care

### INCLUDES TELEHEALTH:

No

**CARE SETTING:**

Ambulatory Care: Clinician Office/Clinic; Ambulatory Care: Hospital; Home Care; Hospital; Hospital Inpatient; Hospital Outpatient; Long Term Care; Nursing Home; Rehabilitation Facility

**APPLICABLE SPECIALTIES:**

Wound Care, Emergency Medicine, Family Medicine, General Surgery, Geriatrics, Hospitalist, Nutrition/Dietician, Pain Management, Palliative Care, Physical Medicine & Rehabilitation, Primary Care, Post-Acute Care, Podiatry

**PUBLISHED SPECIALTIES:**

Wound Care; Emergency Medicine; Family Medicine; General Surgery; Geriatrics; Hospitalist; Nutrition/Dietician; Pain Management; Palliative Care; Physical Medicine & Rehabilitation; Primary Care; Post-Acute Care; Podiatry

**MEANINGFUL MEASURE AREA:**

Functional Outcomes

**MEANINGFUL MEASURE AREA RATIONALE:**

Healing a Pressure Ulcer can have a significant effect on quality of life, activities of daily living, life expectancy, and hospitalization rate.

**MEASURE CALCULATION TYPE/INDICATOR:**

Proportional Measure

**NUMBER OF PERFORMANCE RATES:**

1

**INDICATE OVERALL PERFORMANCE RATE:**

1st Performance Rate

**TRADITIONAL OR INVERSE:**

Traditional

**RISK ADJUSTED STATUS:**

Yes

**CLINICIAN TESTED QCDR MEASURE:**

Yes

**CLINICAL RECOMMENDATION STATEMENT:**

Pressure ulcer healing rate should be honestly reported and this requires a risk stratification that includes both patient and wound factors since the average pressure ulcer patient has at least 2 major comorbid conditions affecting outcome.

**QCDR MEASURE RATIONALE:**

In 2022, pressure ulcers affected at least 1.8% of Medicare beneficiaries and the associated annual cost to Medicare is in the billions. <https://www.tandfonline.com/doi/full/10.1080/13696998.2023.2232256>. The most optimistic healing rate for pressure ulcers is likely 40% based on prospective trials data but

could be as low as 30% at 12 weeks based on real-world patient data (Fife, et al: Publicly reported healing rates- the fantasy and the reality). No CMS quality program measures pressure ulcer healing rate - although hospitals report a measure focused on counting and staging pressure ulcers/injuries. It is fitting to create such a measure for practitioner reporting in MIPS because repeated analyses of Medicare claims data confirm that the majority of Medicare costs associated with pressure ulcer treatment occur in the outpatient setting. Reporting pressure ulcer outcome by WHI enables the honest reporting of wound outcome by ensuring that practitioners caring for the sickest patients do not appear to have outcomes worse than their peers. Risk stratification also makes it possible to determine whether specific interventions impact pressure ulcer healing rate.

**QCDR NOTES:**

An increasing number of practitioners working on long term care have expressed interest in reporting the pressure ulcer healing rate measure. Pressure ulcers remain a major medical challenge in long term care and their healing rates are followed closely. We believe it is important for pressure ulcer healing rate to be reported as a separate outcome measure so that it can be easily tracked by facilities and practitioners.

**MEASURE PERFORMANCE DATA**

In 2023, we evaluated 12 months of data at the individual practitioner level on 391 practitioners, and the average performance rate was 28.1% (0.0% - 100%, SD 21%).

**STUDY CITATION:**

Based on a systematic review of public websites across the entire USA, the majority of wound care practitioners and hospitals use “healing rates” as a measure of program success, but 85% of them report inflated healing rates of >90% and often within 4 weeks (Fife CE, Eckert KA, Carter MJ. Publicly Reported Healing Rates: The Fantasy and the Reality. 7(37): 77-94, 2018). To maintain such claims, the publicly reported data have been manipulated to exclude patients who do not heal so that so that the apparent success of the program/practitioner is not impacted by patients unlikely to do well or who heal slowly. Analysis of the control groups of wound healing clinical trials among relatively uncomplicated patients confirm the actual pressure ulcer healing rate is 40% at 16 weeks, and real-world data from our registry suggest it is even lower. The average pressure ulcer patient has at least 2.5 pressure ulcers and >2 major co-morbid conditions which profoundly impact both pressure ulcer development and healing (e.g., paralysis, malnutrition, dementia, etc.), thus risk stratification must include both wound and patient level factors and cannot simply be done by pressure ulcer stage. Reporting "honest" healing rates is a significant departure from the status quo, based on our published research.

1. Fife CE, Eckert KA, Carter MJ. Publicly Reported Healing Rates: The Fantasy and the Reality. 7(37): 77-94, 2018.
2. Horn S, Fife CE, Barret R, Thomson B. A Predictive Model for Pressure Ulcer Outcome: The Wound Healing Index. Adv Skin Wound Care. 28(12): 560-572, 2015.
3. Horn SD, Fife CE, Smout RJ, Barrett RS, Thomson B. Development of a Wound Healing Index for Patients with Chronic Wounds. Wound Rep Reg. 21; 823-832, 2013. 2.