

Inequities in Wound Care Supplies Funding Across British Columbia

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August 2017



Association of Registered Nurses
of British Columbia



Purpose

Through consultations with nurses across the province, the Nursing Practice Advisory Council (NPAC) has become aware that many clients with wounds associated with underlying chronic diseases within the community are incurring high costs as they are required to pay out of pocket for supplies which would be considered medically necessary and publicly insured if they were within the confines of a hospital or ambulatory clinic. Nurses practicing in home and community care, including some members of the NPAC report the following:

- Anxiety faced by clients and families as they are asked to purchase supplies they have become accustomed to receiving for free within hospitals
- Client refusal or failure to purchase supplies due to cost
- Clients having to choose between purchasing prescription medications or wound supplies
- Family or client refusal to purchase supplies on 'principle' (believing such services are insured under the Canada Health Act when they are not).
- Clients purchasing less expensive supplies due to the unaffordability of appropriate supplies
- Inability to access special supplies that may not be commonly used or available.

As a result, these challenges pose a significant threat to the health and well-being of clients as the use of inappropriate supplies (i.e. supplies that are less expensive but less effective) does not facilitate optimal treatment and healing. Through the NPAC's consultations with home and community care nurses, it is evident that this issue is of great concern. ARNBC, with support from the NPAC, should further explore the gaps in home and community care policy, specifically within the context of skin and wound care, and determine a course of action and next steps to advocate for significant change in this sector of the health care system.

Background

The shift from acute to community care is one that is embraced by health care providers, patients, and government as evidenced in their strategy and future direction of British Columbia's (B.C.) health care system in "[Setting Priorities for B.C. Health.](#)" British Columbians with both acute and chronic health issues are now more likely to be receiving care within their homes and communities. Across B.C., many clients are sent home from emergency departments without admission or discharged early from in-patient acute care units with wounds requiring clinical management and care daily or several times a week. In B.C., home and community care is provided through the Provincial Home and Community Care program which is delivered by the Regional Health Authorities, and based on the B.C. Home and Community Care Policy Manual. Further, health authorities receive global funding from the province to deliver a wide variety of insured health care programs and services yearly according to policy. While Home and Community Care is not an insured service, its funding is also provided by the province.



Home nursing care (HNC) services provided through B.C.'s health authorities are pivotal in preventing unnecessary hospital admissions as well as prolonged hospital stays, which are costly to the publicly funded health care system. Many British Columbians who require care for wounds associated with underlying chronic diseases are typically relieved and willing to receive care at home instead of in hospital. Currently, clients who are eligible for HNC services do not bear any costs for the "first two weeks of time-limited acute nursing services and/or during the time a client is receiving end-of-life care"¹ as indicated in the B.C. Home and Community Care Policy Manual (policy number 4.D). For clients who meet the requirement for the two weeks of time limited acute nursing services (e.g.: those transitioning from hospital back to the community), they are expected to cover costs for wound care supplies after this period. For those clients who are not referred to HNC services directly from hospital, they are expected to bear all costs associated with their wound care supplies from the beginning of their treatment.

By regulation, the Ministry of Health is the payer of last resort, and requires that all other available resources be considered before requesting funding. According to the Ministry of Health policy, medical supplies² are provided only to clients who are eligible for general health supplements³, which are available under the Employment and Assistance Act and Employment and Assistant for Persons with Disabilities Act. Eligibility criteria for health supplements states that "recipients of income assistance, hardship assistance, and disability assistance who meet the Ministry of Health residency requirements are provided with premium free MOH medical coverage through Medical Services Plan, and no deductible PharmaCare."⁴

For some British Columbians requiring wound care in the community, financial support for wound care supplies may be available through:

- Private insurance through full-time employment (coverage varies depending on employer benefit plans), or
- Other government programs such as Fair Pharmacare, Health Authorities, ICBC, WorkSafe BC, and Veterans Affairs Canada

According to the Canadian Home Care Association, it is estimated that one-third of all home and community care clients have wound care needs.⁵ Available data also indicates that within Vancouver Coastal Health, just over half of community nursing visits are related to wound care. Wound care technology has evolved over the years, and advanced wound care technology used today can be quite costly. However, the use of such products facilitates shorter heal times which limit the amount of nursing visits, decrease hospital use and leads to better quality of life for patients. However, when clients within the community are required to bear the costs of such supplies, many experience significant financial hardship, as reported by nurses across the province. According to the Canadian

¹ B.C. Ministry of Health. (2016). *Home and Community Care Policy Manual*.

² B.C. Ministry of Health. (2017). *Medical Supplies*.

³ B.C. Ministry of Health. (2017). *Medical Supplies*.

⁴ B.C. Ministry of Health. (2017). *Health Supplement Summary*.

⁵ Canadian Home Care Association. (2012). *Evidence-based wound care: Home care perspective*.



Association of Wound Care, the average cost of treating a chronic wound is \$10,376, and \$11,840 for an acute wound with no complications. The average time to closure of an acute wound with no complications is 165 days.⁶

Discussion

Nurses recognize that many British Columbians requiring wound care do not receive any financial support, as they may not be employed full-time (therefore have no access to private insurance), nor do they qualify for other government programs. Guaranteeing public coverage for services provided within hospitals but providing only partial or no coverage for the same services offered within the home or community creates significant gaps in care. Further, it can be argued that within B.C.'s health care system, clients are paying twice to receive half the benefit- first through premiums and taxes to cover the cost of medical care, treatments and supplies within the hospital, and a second time to purchase the same wound care supplies needed at home when their status changes from 'in-patient' to 'community-client.' With the influence of the Canada Health Act and the shift towards home and community care, health care consumers are increasingly bearing a "dramatic increase in incidental costs" such as those related to wound care supplies.⁷ As a result, the lack of an integrated, dually-insured 'hospital-to-community' home health care system has created inequities and hardship for British Columbians.

Currently, policies and practices around funding wound care supplies within the community setting are highly inconsistent across and within health authorities, which continues to raise issues of inequities. For example, some health authorities have chosen to cover the costs of wound care supplies for clients within the community until the wound is healed, while some do not cover any costs. Further, while clients within the community can access wound care through community clinics and/or home care, those receiving care within community clinics are often not required to pay for wound care supplies, while those receiving home care for the same services are required to pay out of pocket.

Many clients within the community have complex wounds as a result of underlying chronic diseases and the healing process is often complicated due to co-morbidities. The status of wounds changes frequently, and nurses assess clients' wounds routinely in order to determine which wound care supplies facilitate optimal healing or maintenance. As the treatment plans change, the supplies needed also change, and nurses know that delaying the implementation of new treatment plans can have adverse patient outcomes. Therefore, policy around subsidization of wound care supplies (which require on-going purchases) should not be treated the same as other medical supplies that only require a one-time purchase (i.e.: walkers, bath benches, etc.). Further, subsidization of wound care supplies should also take into consideration the severity and chronicity of a wound.

⁶Canadian Association of Wound Care. (2012). *Wound care facts*.

⁷ Waters, N. (2005). *Cost-effective Quality Wound Care in Canada*. *Wound Care Canada*, 3(1), 22.



It is also important to consider the social determinants of health and the impacts on individuals' ability to afford wound care supplies. For example, wounds associated with underlying chronic diseases are more common in older adult population, which is made up of a greater proportion of women, and household incomes of women on average are less compared to men. Individuals who have chronic wounds also suffer from other comorbidities such as diabetes, which may be a result of their inability to afford nutritious food or access preventive supports due to socioeconomic status. As a result, individuals who cannot afford appropriate wound care supplies are at a high risk of developing a compromised wound. According to the Canadian Institute of Health Information (CIHI), seven percent of home care clients reported compromised wounds in 2013.⁸

The consequences of current policy have significant implications on both patients and the health care system. Failure to support clients with their wound care supplies leads to delayed healing, increased risks of infections, increased nursing visits (if unable to afford dressings with long wear times), increased use of acute care services and decreased quality of life. Further, in consultation with wound care nurses, many acknowledge that in their desire and commitment to serve the public and their clients, they often provide clients with short-term wound care supplies at no charge to help them 'get through' transitions from hospital to home, or through their long term treatment regardless if the individual is eligible for public coverage. At the point-of-care, this is an adaptation to policy as a consequence of home and community care not being an insured service. Moreover, many home care and/or wound care nurses often face an ethical dilemma between choosing to support patients who struggle financially by providing them with free wound care supplies versus their responsibility to adhering to their employers' policy.

Position and Strategy

In 2006, the provincial government launched the Conversation on Health which captured both issues within our public health care system, and the solutions needed to move forward. Specifically, one idea captured was to improve funding for drugs and medical supplies for patients cared for at home.⁹ Ten years later, with a greater portion of British Columbians receiving care within the community, the NPAC would suggest that the level of public coverage for medical supplies within the community warrants further attention. A lack of financial support for medical supplies within the home and community impacts both the health and well-being of clients as well as the use of acute care services to fill current gaps.

As an association of influence with community health listed as a policy priority area, ARNBC, through its NPAC, in consultation with home and community nurses, believes that there is significant potential to advocate for greater consistency in the funding of wound care supplies for British Columbians within the community, as well as public coverage for all British Columbians requiring wound care within their homes and communities. The B.C. Provincial Skin and Wound Care Committee has expressed a high level of interest in collaborating with ARNBC to further advance these issues. The Provincial Skin and Wound Committee, which is comprised of wound care clinicians from

⁸ Canadian Institute of Health Information. (2013). *Compromised wounds in Canada*.

⁹ B.C. Ministry of Health. (2007). *Conversation on health: Home care and support*.



all sectors of health care with representation from all Regional Health Authorities, is fully aware of this issue and has examined this issue in this past. Currently, one of the key areas of focus for the committee involves advocating for greater standardization in funding for wound care supplies within the community across the province. ARNBC is well positioned to advance this issue in collaboration with skin and wound care clinicians through the B.C. Provincial Skin and Wound Care Committee.

The NPAC recommends that ARNBC:

1. Work with the B.C. Provincial Skin and Wound Care Committee to further study and examine this issue
2. In collaboration with the B.C. Provincial Skin and Wound Care Committee, develop a work plan to advocate for changes to the Home and Community Care Policy to ensure all British Columbians requiring the necessary supplies for wound care within the community are adequately supported. This may include:
 - a) Collecting data to assess the differences in funding for wound care supplies within and across health authorities.
 - b) Lobbying the Regional Health Authorities to consider their current policies and practices surrounding the provision of wound care supplies and funding, and to ensure that those receiving care in the community are treated equitably, regardless of where they live.
 - c) Lobbying the government for increased funding to ensure that those requiring wound care supplies in the community are able to receive them without incurring personal financial burden.



References

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