

Healing Through Research: The Future of Wound Care Is Accessible and Circular

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The prevalence of chronic wounds among Medicare beneficiaries increased from 14.5% in 2014 to 16.4% in 2019, corresponding to a relative increase of approximately 13% and an absolute increase of 1.9 percentage points.¹ This increase was particularly pronounced among patients under 65 with disabilities, highlighting a worrying trend that may be linked to factors such as population aging, the growing incidence of chronic conditions such as diabetes and obesity, and improved diagnostic techniques that allow more cases to be identified.¹ During this same period, while the number of patients with chronic wounds increased, total treatment costs decreased, dropping from \$29.7 billion to \$22.5 billion according to the most conservative calculation method.¹

This data suggests a shift in care management, with a progressive transfer of care from hospitals to medical offices and outpatient services. In fact, while spending on hospital outpatient departments drastically decreased from \$10.5 billion to \$2.5 billion, home care costs declined from \$1.6 billion to \$1.1 billion. At the same time, spending on medical office visits increased from \$3.0 billion to \$4.1 billion, indicating a growing emphasis on managing wounds in less expensive and more accessible settings for patients.¹

However, not all costs have decreased: spending on venous ulcers has risen from \$1,206 to \$1,803 per patient, and the costs for durable medical equipment have doubled, suggesting an increased use of advanced dressings and home wound management devices. The causes of this redistribution of healthcare spending

can be attributed to several factors, including the introduction of value-based reimbursement systems, improved efficiency in outpatient wound management, and a possible reduction in access to more expensive hospital-based treatments.¹

This scenario highlights the need to closely monitor the evolution of the wound care sector to understand whether these changes have effectively improved patient outcomes or, conversely, have led to limitations in access to quality care. The progressive increase in the prevalence of chronic wounds, especially among younger and more vulnerable individuals, necessitates reflection on prevention strategies and the sustainability of care models, considering that the number of patients with these conditions will likely continue to rise in the coming years.¹

These changes in the wound care landscape not only reflect the evolution of clinical management and spending models but also raise fundamental questions about the role of scientific research in supporting these processes. Improving care does not solely depend on optimizing economic resources but requires an increasingly in-depth and shared knowledge of the most effective and sustainable therapeutic strategies. However, for wound care innovation to translate into tangible benefits for patients, the fragmented and complex accessibility of scientific knowledge must be addressed.²

Wound care research is facing a paradox: while technological innovations are advancing rapidly, the dissemination of knowledge remains limited

by academic and economic barriers.² Despite scientific and technological progress, significant barriers persist in the dissemination of knowledge and collaboration among professionals in the field. The sharing of evidence and clinical experiences is often hindered by academic, economic, and geographic constraints, limiting access to innovative solutions adaptable to different contexts.² This fragmentation not only slows scientific progress but also hinders the spread of effective practices that could improve the quality of care. To address this challenge, a paradigm shift in wound care research is necessary: an approach that goes beyond the traditional hierarchy of evidence and embraces a circular model, more inclusive and adherent to clinical reality.²

Traditionally, scientific research has been based on a hierarchy of evidence, with randomized controlled trials (RCTs) at the top, while clinical experiences and observational studies are considered secondary.³ However, this model presents significant limitations, especially in wound care, where patients, care settings, and available resources are highly heterogeneous.³

The concept of circular research proposes a more flexible and representative alternative to the complexity of clinical practice. Instead of a pyramidal approach, the circular model values all forms of knowledge—from RCTs to observational studies, from case studies to data collected in daily practice—integrating them to provide a more realistic and effective picture of wound management.³

Adopting a circular vision means recognizing that clinical experience, supported by biology and scientific plausibility, is just as valid as the most rigorous experimental evidence.³ This approach promotes a more balanced integration of knowledge and allows for the development of treatment strategies that are truly applicable and scalable in different contexts.³ One of the main obstacles to disseminating best practices in wound care is the difficulty of translating scientific evidence into protocols adaptable to everyday clinical practice.¹

Wound management is a multidisciplinary challenge that involves physicians, nurses, physiotherapists, and other healthcare specialists, each operating in contexts with different resources and infrastructure.⁴ Many studies focus on highly technological environments, overlooking settings where access to advanced devices is limited.⁴

However, it is precisely from these contexts that innovative and sustainable solutions often emerge, which could be applied on a larger scale if adequately shared.⁴ For this reason, the recognition of clinical experiences and case studies is essential: documenting and disseminating effective strategies, in all environments, even with limited resources, helps improve the quality of care worldwide. Inclusion in research also means making access to knowledge fair and transparent.^{3,4} Advanced research is often confined to paywalled publications or adopted only in elite healthcare settings, leaving behind a significant portion of the medical community and patients.⁴ Digitalization and big data collection can offer unprecedented opportunities to personalize treatments and predict patient responses.⁴ However, for these technologies to be truly effective, they must be shared transparently and be accessible on a global scale.⁴ The adoption of open-access platforms for sharing clinical evidence and research data is a key strategy to democratize knowledge access and improve wound care quality.²

Wound care research requires a collaborative ecosystem that transcends geographic and academic barriers, allowing professionals to share experiences, learn from one another, and develop more effective care strategies. Leadership in wound care cannot be isolated: it must be supported by collaborative networks that enable professionals to improve their skills through continuous exchange.^{3,5}

A multidisciplinary approach to research is crucial. Wound care is not just about medical techniques: factors such as pain management, nutrition, psychological support, and complication prevention play an equally significant role.^{2,5} The future of wound care cannot overlook participatory medicine: the patient must not be a passive subject of research but a true co-creator of scientific knowledge. Incorporating patient experiences in evaluating treatments is essential to develop strategies that align more closely with their real needs.⁵

Active patient involvement in research is essential; their experience must be an integral part of the care evaluation process, contributing to the definition of guidelines that better reflect the actual needs of those managing a wound daily.¹ The inclusion of Patient-Reported Outcome Measures (PROMs) allows for the assessment of treatments not only from a clinical

perspective but also in terms of their impact on quality of life.^{4,6}

From these needs arises the *International Journal of Wound Research (IJWR)*, which I like to define as a platform designed to overcome barriers to knowledge sharing in wound care. IJWR is not limited to publishing academic research but aims to be a global collaboration space where professionals from different disciplines and settings can engage, share experiences, and contribute to the collective growth of the field. The goal is to promote a research approach that is circular, open, and based on a balanced integration of all forms of evidence. The platform welcomes contributions ranging from clinical trials to case reports, comparative analyses to field experiences, while also providing space for more general information, recognizing the value of every form of knowledge in improving care.

As in any scientific field, the evolution of wound care depends on our ability to build a global network of collaboration, where every contribution, regardless of its origin, can be valued and made available to the entire scientific community.⁵ Only through a shared commitment can we ensure that every patient receives the best possible treatment, wherever they are in the world.

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