



Bridging the Gap: Wound Care Solutions for Rural Communities

GRHA Webinar
6/18/2025



Agenda



- Welcome & Introductions
- Challenges in Rural Wound & Ostomy Care
- Corstrata's Virtual Clinical Model
- Clinical & Financial Impact
- SHP's Customized Modeling
- Q&A + Next Steps



What You'll Walk Away With Today

- Understand the clinical and financial burden of unmanaged wound/ostomy care in rural hospitals
- Discover real-world strategies to strengthen documentation, staffing, and compliance
- Learn how virtual specialty consults can unlock new revenue and reduce transfers
- Access tools and funding to support a scalable wound/ostomy program

Who is Corstrata?

- National team of board-certified wound and ostomy nurses
- 40,000+ wounds treated virtually
- 3,500+ ostomy consultations
- Licensed in all 50 states
- Effective in multiple care settings and referral patterns

Virtual
Wound &
Ostomy
Care



Provider Settings We Serve

Acute Care

- Hospitals/IDNs
- Hospital at Home
- Rural/CAHs
- TEAM bundle

Post-Acute Care

- Home Health
- Home Care
- Hospice
- PACE
- SNFs
- LTACs
- FQHCs

Other Settings

- Direct to Patient
- Mobile Physicians
- Primary Care
- ACOs
- Value-based
- Telehealth
- Wound/Ostomy Solutions



Corstrata's Suite of Services

Our tech-enabled services do not require software integration, implementation, or maintenance resources.

Live Video Consults
Wound/Ostomy assessment
& treatment
recommendations

**Store & Forward
Consults**
Image assessment &
treatment recommendations

**Wound Care Program
Design**
Formulary, competencies,
guidelines, KPI reporting,
etc.

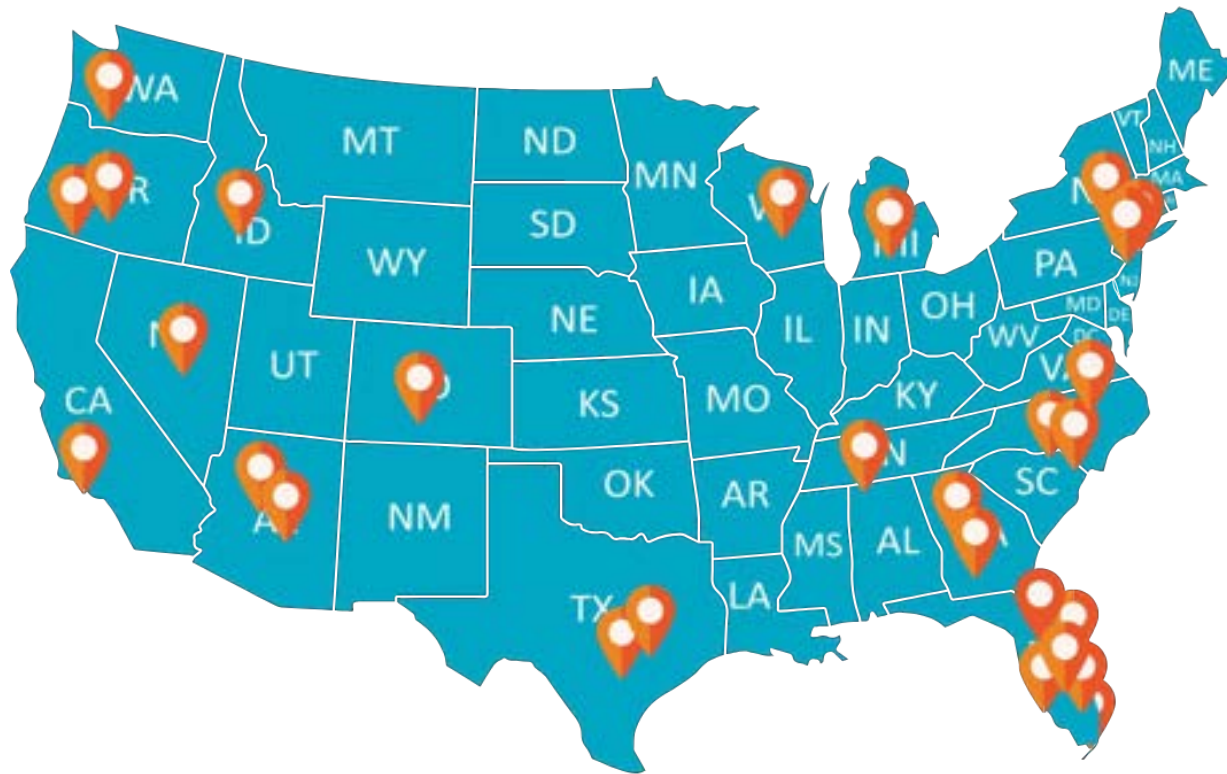
Education Services
Staff and patient
education programs

Comprehensive Wound Management
Complete wound & ostomy care outsourcing
for optimal health and financial outcomes



Corstrata Hospital Footprint

Corstrata currently serves 35+ Hospital locations in 16 states.



Corstrata Client Results

Wound Management

30%

Reduction in
Wound Healing
Time

98%

Accuracy in
Wound Typing &
Staging

30-40%

Reduction in
Wound Supply
Cost

50%

Reduction in
Nurse
Utilization/Visits

Ostomy Management

22%

Ostomy Support
Avoidance of ER
Visit

99

Ostomy Support
Net Promoter
Score



The Wound Problem

No one owns wound outcomes

**PROVIDER
SHORTAGE**



1:1050

WOC Nurse to
patient ratio

**POOR
MANAGEMENT**



75%

Improperly
managed

**INACCURATE
CODING**



31%

Improperly
coded



The Ostomy Problem

Limited access to experts creates deserts of care

UNNECESSARY
COMPLICATIONS



80%

Of Complications
Are **Preventable**

POOR
OUTCOMES



38%


90 - Day
**Readmission
Rate**

COSTLY
READMISSIONS



\$49K

Average **Cost** of
Readmission



Rural Health- Wound and Ostomy Care

What's at Stake?

- One in four patients in rural hospitals are mismanaged or transferred
- Medicare penalties for readmissions up to 3%
- 17K+ pressure ulcer lawsuits with up to \$1M+ verdicts
- Rural hospitals can't afford to lose swing bed volume

"Failing to address this means losing patients, revenue, and risking survey citations or legal exposure. Solving it protects margin, builds patient trust, and drives momentum for the hospital."



Rural Health- The Hidden Cost

Wound & Ostomy Care Gaps

- Bed Capacity Loss
 - Complex wound patients require extended days
- High Nursing Burden
 - Nurses spend excess time on wound care, leading to frustration and burnout
- Missed Revenue (Swing Bed & Elective Volumes)
 - Space for unmanaged wound patients prevent DRG or swing-eligible patients
- Quality & Compliance
 - Inadequate documentation and staging creates risk for survey, compliance, and missed coding opportunities



How Rural Hospitals Win with Virtual Wound Care

Enhance Clinical Confidence


- Virtual consults across inpatient & swing beds
- Accurate staging & documentation for coding and compliance
- Access to education for nurses, CNAs, Physicians

Protect & Grow Revenue

- Reduce transfers, retain patients & reduce outmigration
- Expand swing bed/ventilator programs
- Capture new revenue streams
- Develop Diabetic foot ulcer program


Strengthen Position

- Brand as a “Wound Center of Excellence”
- Improve staff confidence and patient satisfaction
- Collaborate on rural-focused policy pilots and case studies
- Accurate documentation



Why Virtual Wound & Ostomy Care Matters to FQHCs

- Reduce preventable ED visits and hospitalizations through early intervention
- Improve chronic wound and ostomy outcomes for high-risk diabetic and aging populations
- Integrate virtual consults into TCM, RPM, or CCM workflows for added reimbursement
- Enhance UDS quality measures tied to chronic care and transitions of care
- Support accurate documentation and risk adjustment for ACO and value-based care participation
- Partner with hospitals for post-discharge continuity and prevent care fragmentation



Wound Care- Rural Case Study

Patient Overview

- 78-year-old paraplegic with necrotic sacral PI (pressure injury/ulcer) & osteomyelitis
- Located >500 miles from tertiary care

Corstrata Intervention

- Virtual consult: Unstageable PI → NPWT + infection control
- Week 2: Stage 4 with tract; Week 8: granulation & NPWT discontinued

Outcomes

- Full healing progression locally (patient remained in community)
- Avoided high-risk, \$80K MedEvac
- Preserved ~\$1,976/day in revenue

Key Takeaway

Telehealth delivers specialist care to rural CAHs—improving outcomes, lowering costs, and supporting local care delivery

Wound Care Market Share vs. Non-Wound Care

Case Study: CAH in GA

w/ Wound Care Dx	County	Home
Wound Care	Home County	16%
	Other County 1	0%
	Other County 2	1%
	Other County 3	1%
Not Wound Care Related	Home County	40%
	Other County 1	1%
	Other County 2	5%
	Other County 3	3%

CAH retention of patients with Wound Care diagnoses is far below non-WC patients.

Net Revenue From Wound Care Patients Retained

Case Study: CAH in GA

Medical Service	Other Dx		Wound Care		Total Patient Count	
	Patient Count	Encounter Count	Patient Count	Encounter Count		
Day Surgery	1,406	1,689	20	21	1,423	1,710
Emergency	12,484	17,497	59	64	12,518	17,561
Inpatient	137	147	22	22	155	169
Swingbed	36	38			36	38
Observation	615	658	15	16	630	674
Outpatient	10,507	22,511	76	237	10,538	22,748
Grand Total	21,741	42,540	171	360	21,797	42,900

Small volume of patients. Large reimbursement potential.

Enc Type	Other Dx	Wound Care	Grand Total
Day Surgery	\$ 5,638,608	\$ 88,189	\$ 5,726,998
Emergency	\$ 15,245,281	\$ 171,398	\$ 15,416,679
Inpatient	\$ 928,661	\$ 238,218	\$ 1,166,879
Swingbed	\$ 759,419		\$ 759,419
Inpatient Total	\$ 1,688,080	\$ 238,218	\$ 1,926,298
Observation	\$ 3,183,249	\$ 105,980	\$ 3,289,229
Outpatient	\$ 18,425,621	\$ 308,688	\$ 18,734,309
Grand Total	\$ 44,181,039	\$ 912,474	\$ 45,093,513

Sample CAH net revenue generated from retained Wound Care diagnosed patients.

Case Study: Retention Potential

Potential Retention of ER Follow Up Care for Wound Care Diagnosed Patients

Outmigrating ER patients
subsequent services

Unique Pts	
Registered Medical Service	Grand Total
Chemotherapy	8
CT	33
Day Surgery	20
Emergency Medicine	57
Follow Up Office Visit	1
Infusions	4
Inpatient	22
IV Fluid	4
Miscellaneous	4
MRI	2
Multiple Services	38
Observation	15
Outpatient	9
Outpatient Treatment	4
PET	7
Port Flush	10
Pump DC	4
US	1
XR	2
Grand Total	170

Net Revenue Impact of 50%
Retention of Follow Up Care

	Distribution	Enc Avg Receipts	Impact
IP Impact	13	\$ 10,828	\$ 140,764
SW Impact	3	\$ 18,108	\$ 54,323
OBS Impact	12	\$ 6,624	\$ 79,488
Total Estimated Impact			\$ 274,575

Case Study: Capture Potential

Potential Net Revenue Impact from Additionally Retailed ER Volume/Follow Up Care

	Distribution	Enc Avg Receipts	Impact
IP Impact	19.5	\$ 10,800	\$ 210,600
SW Impact	4	\$ 20,000	\$ 80,000
OBS Impact	18.5	\$ 6,600	\$ 122,100
Total Estimated Impact			\$ 412,700
Treating Facility	IP	OP	ER
Home	3		8
Other Facility 1	418	170	173
Other Facility 2	98	212	18
Other Facility 3	66	42	38
Other Facility 4	171	170	54
Out of Area	71	71	53
Grand Total	827	665	344

Note: Assumes 15% capture of outmigrating wound care ER patient volume.



Let's Chat

- Let's talk about your current wound & ostomy care program
- Let's look at your specific data and identify potential opportunities for new revenue, improved margins
- Corstrata can provide a sample consult on a wound or ostomy patient



- Questions?
- Discussion

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Rural Health Funding Opportunities

Federal & National Funding Opportunities

- HRSA Telehealth Network Grant Program (TNGP)
- USDA Distance Learning and Telemedicine Grants
- CMS Innovation Models (e.g., Acute Hospital Care at Home waivers)
- FCC Connected Care Pilot Program
- Administration for Community Living (ACL) funding for aging and chronic care support

State-Level Programs (Varies by State)

- State Broadband & Telehealth Infrastructure Grants
- Medicaid Waiver Demonstrations supporting virtual nursing
- Rural Hospital Stabilization Grant Programs (e.g., Georgia)

Strategic Guidance

- Partner with AHECs, QIOs, or health IT collaboratives to align proposals
- Emphasize workforce retention, patient access, and cost savings
- Highlight virtual wound and ostomy care as both cost-reducing and equity-enhancing