Effect of a coordinated primary-care-based MDT-model on the treatment of hard-to-heal ulcers; a randomized clinically controlled trial – P-2026-1-08

Resumé

Hard-to-heal ulcers are common, complicated and costly. They are often treated by multiple specialties across sectors, but the treatment is often siloed with the patient's general practitioner left to coordinate the different inputs. This often leads to unintentional delays in and risk of infective and even potentially harmful treatments. We propose that shifting the treatment of individuals with hard-to-heal ulcers to a coordinated primary-care -based model delivered by an MDT (orthopedic surgeon, hospital based - and primary-care wound-care nurse) can alleviate these challenges. We have recently completed a prospective cohort study testing implementation of this model with success both from an organizational and clinical perspective. We now propose that a randomized clinical trial is the natural next step. The project is on track to start inclusion August 2026 and to end Maj 2028. The pathways between primary care and hospital-based ulcer healing experts have already been established and tested. If the model has positive outcomes compared to standard care it could be implemented broadly nationally and abroad, with positive impacts on the individual's life and reduction of the economic burden on the societies.