Stakeholder perspectives on the role of economic evidence in decision-making for diabetes-related foot ulcer treatments

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Dear Editor,

Diabetes-related foot ulcers (DFUs) represent a major clinical and economic burden for patients and healthcare systems (Armstrong et al, 2017; Kerr et al, 2019; Edmonds et al, 2021). Economic evaluations are increasingly encouraged to inform adoption and reimbursement decisions for DFU interventions. However, there is limited evidence on how such data are perceived and used by those directly involved in DFU care and innovation. Understanding stakeholder perceptions and experience may help identify barriers to the effective use of economic evidence in decision-making and highlight areas for future methodological and implementation research.

Aim and methods

A short, anonymous online survey was conducted among delegates attending the 2024 Wounds UK conference in Harrogate to explore stakeholder experiences with economic evaluation and views on its relevance to decision-making. Eligible participants included healthcare professionals (HCPs) involved in DFU management and industry representatives manufacturing DFU-related treatments or technologies. The survey was accessed via a web link or QR code distributed during the conference. Questions covered respondent background, prior experience with economic evaluations, perceptions of the usefulness of economic evidence to decision-making, and perceived barriers to generating or using such evidence. Responses were summarised using descriptive statistics. Ethical approval was not required as this was a voluntary, anonymous and non-clinical exercise conducted among professional stakeholders.

Results

The survey was completed by 63 respondents – 42 HCPs (67%) and 21 industry representatives (33%).

Familiarity and experience with economic evaluation

Overall, experience with economic evaluation varied widely. While some respondents reported prior involvement with or exposure to cost-effectiveness analyses, many – particularly among HCPs – reported limited familiarity with economic evaluation methods or uncertainty about how such evidence is produced and interpreted (69%). Industry respondents more frequently reported familiarity with economic evidence (81%), with some having completed an analysis (2%) or were considering such analysis for a DFU intervention (48%).

Perceived relevance to decision-making

Most of the respondents considered cost-effectiveness analysis of new treatments to be at least important or useful for reimbursement (76% industry) or clinical decision-making (69% HCPs). However, some respondents (10% HCPs, 5% industry) felt that economic evidence was not useful or only slightly important.

Barriers to conducting or use of economic evidence

Commonly reported barriers to utilising economic evidence by HCPs included limited training or knowledge in economic evaluation (38%), limited availability of the relevant economic evidence for specific treatments (31%) with difficulty accessing or interpreting results (14%). Time pressures experienced in clinical settings were also highlighted by HCP respondents (29%).

Obstacles to conducting evaluations identified by industry respondents included the very high costs and logistics of generating robust clinical evidence (52%), data requirements for conducting a cost-effectiveness analysis being too demanding (24%), and a minority (10%) indicated being unable to convincingly demonstrate the clinical benefits of the product from trials as a barrier.

Improvements and support required

HCP respondents indicated more training and awareness on the importance of cost-effectiveness analysis (43%), access to more intervention-specific economic evidence (38%) and enhanced support for data collection

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Table 1. Summary of stakeholder survey responses from industry representatives and healthcare professionals.

Section	Industry (n=21, 33%)	HCPs (n=42, 67%)
Familiarity		
Are you familiar with the purpose of economic evaluations/cost-effectiveness analysis for DFU treatments?	No: 19% Somewhat: 14% Yes: 67%	No: 21% Not applicable to role: 2% Somewhat familiar: 38% Yes: 31% No response: 7%
Perceived relevance to reimbursement/decision-making		
Usefulness/importance of cost-effectiveness analysis	Not useful: 5% Somewhat useful: 14% Extremely useful: 62% No response: 19%	Slightly important: 10% Moderately important: 31% Very important: 21% Extremely important: 7% No response: 7%
Barriers to conducting economic evaluations or applying them in clinical decision-making*		
Main barriers/obstacles	Costs/logistics too high: 52% Data requirements too demanding: 24% Can't convincingly demonstrate clinical benefit: 10% Clinician engagement and NHS implementation difficult, even when evidence exists: 5% No response: 5%	Difficult to interpret/apply: 14% Lack of relevant evidence: 31% Limited training/knowledge: 38% Time constraints in clinical settings: 29%
Improvements and support required*		
Suggested improvements	Don't know: 10% No change needed: 5% Platform tool support: 62% Reduced costs/logistics: 24% Other surveillance/data collection: 5%	More evidence needed: 38% Enhanced support for data collection/analysis: 24% More training and awareness: 43%

**Multiple choice responses to question possible, so total does not add up to 100%*

and analysis (24%) were needed. Industry representatives noted increased support for generating bespoke cost-effectiveness data such as a platform tool (62%), reduced costs and logistics to generate clinical data (24%), and improvements in surveillance and data collection (5%).

Discussion

Although based on a convenience sample and descriptive data, this survey provides insight into how economic evidence is currently perceived within the DFU care community. There is broad recognition of the importance of economic evidence, alongside challenges in its practical application. While industry respondents appeared more engaged with economic evaluation processes while highlighting difficulty with generating the evidence required, many HCPs reported limited familiarity or confidence in using such evidence, particularly at the clinical level.

Conclusion

HCP and industry stakeholders recognise the importance of economic evidence in DFU decision-making, but report substantial barriers to its generation, interpretation, and use. Addressing these gaps may help improve the relevance and impact of economic evaluations in supporting evidence-informed decisions and sustainable wound care services.

References

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