

The first person to see a wound is usually someone at home.

The wound that costs the most is the one nobody saw in time.

10.5 million Medicare beneficiaries have a wound. Between visits, the only person who sees it is whoever is at home. **WoundEye gives that person a way to get a clinician's eye on it the same day.**

A pressure injury on a heel, or an ulcer on the sole of a diabetic foot, does not announce itself. It starts small, at home, and the people around it are a spouse, a daughter, a home-health aide. By the time it reaches a clinic it has often become the episode every plan knows: an admission, a surgery, sometimes an amputation. Medicare spent as much as $67 billion on wound care in 2019, and the expensive part is almost always the late part.

WoundEye changes where the first look happens. A member or caregiver photographs the wound on whatever mobile device they already own, marks the spot on a body map, and answers a few plain questions. A licensed wound-care clinician reviews the photograph and writes the assessment, and that assessment becomes the record. The member gets an answer in plain language the same day. The care manager sees the same record, with a photo timeline and a trend line, and the clinician's note when a wound is getting worse.

"No clinic visit, no special camera, no kit. The wound gets seen while it is still small enough to be cheap."

What that does for a plan

It takes the first wound assessment out of the clinic and puts it in the home, which is where your highest-risk members already are: post-discharge, and in rural counties. It gives you a wound record with a licensed clinician's sign-off on every assessment and an audit trail written by the database. And it connects to what you already run: structured export in FHIR R4, JSON and CSV, a pull API with signed webhooks, PDF reports ready for the chart. Pricing is per member per month, scaled to the size of the plan.

We would rather show you than tell you. Bring your care-management team to a thirty-minute demonstration of the member and clinician workflow. If it earns its place, we scope a pilot inside one care-management program and measure what changes.

46%

Medicare patients discharged to home health who get no home health visit within 14 days.

$11,710

Added health care cost per year for a Medicare patient with a diabetic foot ulcer.

150,000

Non-traumatic leg amputations in the US each year, most of them in people with diabetes.

HOW A WOUND MOVES THROUGH WOUNDEYE

1. A guided photograph on a mobile device, then two taps on a body map to mark the spot.
2. A licensed wound-care clinician reviews it, writes the assessment, and sets the follow-up. The record shows who decided.
3. The photo timeline and measurements build visit by visit. Reports go to the care team as PDF, FHIR or CSV.

On privacy

Encrypted in transit and at rest. Access by role and relationship, enforced in the database, not the screen. Every change logged by the database itself. Photographs never pass through a third-party AI service. A Business Associate Agreement is available.

Wound Solutions AI LLC

woundeye.com · hello@woundeye.com

Sources: Li, Qi, Werner, JAMA Network Open, 2020 (home health visits after hospital discharge, 2016 Medicare data). Rice et al., Diabetes Care, 2014 (cost of diabetic foot ulcers to Medicare). Creager et al., Circulation, 2021 (non-traumatic amputations). Carter, Fife, Nusgart et al., Journal of Medical Economics, 2023 (Medicare wound prevalence and cost, 2019; cost is the study's high estimate, counting care where a wound was a primary or secondary diagnosis). WoundEye is an application that connects members with a licensed wound-care clinician. The app itself does not diagnose, treat, cure or prevent disease; every assessment is made by the reviewing clinician. WoundEye is a product of Wound Solutions AI LLC.