



# ActiGraft PRO: A Partnership Opportunity for Methodist Le Bonheur Wound Care

Presented to Sandy [Last Name] and the Methodist Le Bonheur Wound Care Team |

[Date]

# Thank You for Your Leadership

Thank you, Sandy and the dedicated team at Methodist Le Bonheur Wound Care, for your exceptional work.

- Unwavering commitment to patient outcomes
- Expertise and empathy in treating complex diabetic wounds
- Inspiring willingness to explore innovative solutions

“

We're here as partners and consultants—not sales reps—to support your mission.

”



# Today ' s Discussion

0	0	0
1The Challenge	2The Solution	3The Opportunity
Wound care crisis in the Mid-South	ActiGraft PRO technology and clinical evidence	Why Methodist Le Bonheur is perfectly positioned
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4The Partnership	5Next Steps	
How Nightingale supports your success	Working together	





# The Challenge We Face Together

These are the patients walking through your doors every day:

100%

Mississippi  
Counties

In the CDC-designated Diabetes  
Belt

15–18%

Delta Region  
Prevalence

vs. 10% national average

90%

Amputees

Never received an angiogram  
before amputation

34.1%

Tippah County  
Diabetes Rate

Potentially highest in the U.S.

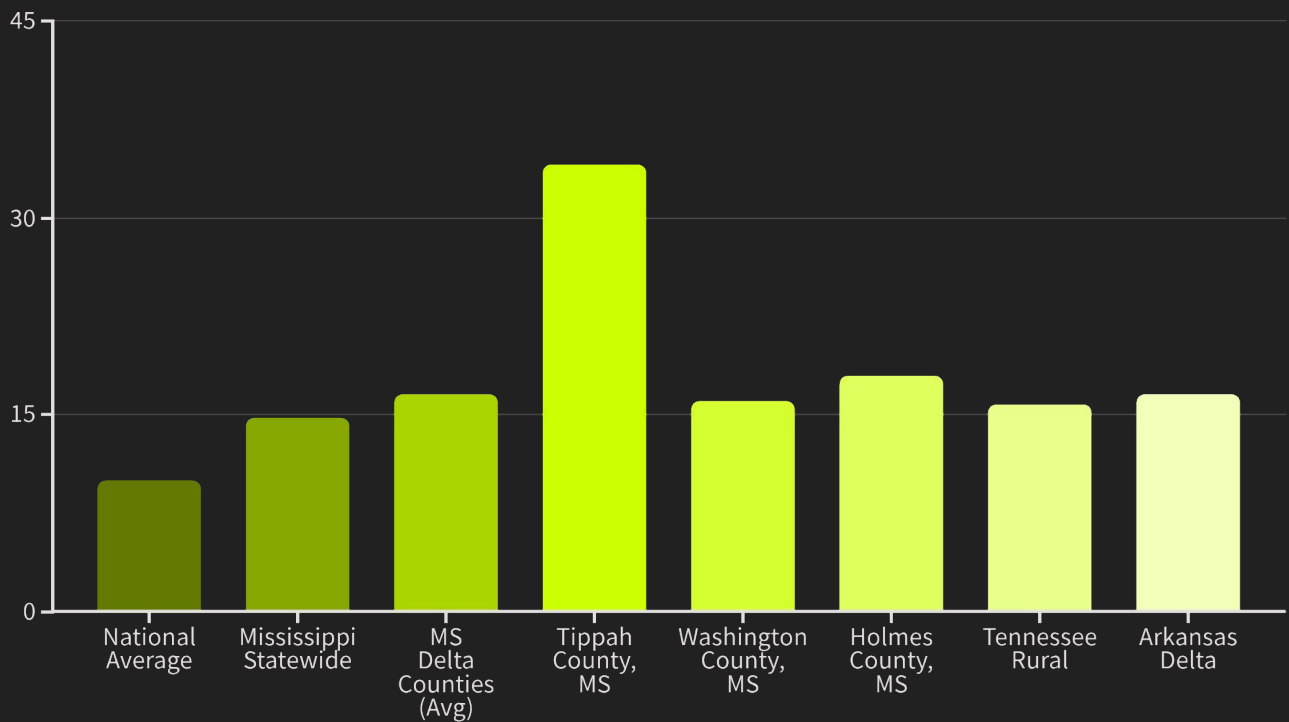


What if we could change the trajectory for these patients?

# The Diabetes Belt: Geographic Epidemiology Drives Market Opportunity

The CDC Diabetes Belt data tells a stark story:

Diabetes Prevalence Rates Across Key Regions



48%

Higher prevalence in Mississippi vs. national baseline

241%

Higher prevalence in Tippah County vs. national baseline

Every  
County  
in Mississippi falls within the CDC Diabetes Belt

## Clinical & Commercial Implications

- 50-80% more Diabetic Foot Ulcers (DFUs) than national average
- Consistent high patient volume
- Stable Medicare reimbursement
- Urgent need for effective solutions

# Memphis Corridor: By The Numbers

Make this a visual dashboard of key numbers that tell the Memphis opportunity story at a glance.

40+

Account  
Opportunities  
Identified facilities in 3-hour radius

15-18%

Delta Diabetes  
Prevalence  
vs 10% national average

3

States  
Tennessee, Mississippi, Arkansas  
(Comprehensive coverage)

Multiple

GPOs  
Vizient, Premier, Healogics iSupply  
(Immediate access pathways)

\$1,800

Per Treatment  
Reimbursement  
Hospital outpatient setting

2.73x

Greater Odds of  
Closure  
vs standard of care

# The Mississippi Delta Amputation Crisis: A Call to Action

The Mississippi Delta faces the nation's most severe amputation crisis.

90%

Amputees never received angiogram

50-70%

5-year mortality post-amputation

\$150K-\$250K

Lifetime amputation costs

## Two Paths: Amputation vs. Limb Salvage

### Amputation Pathway

- 5-year mortality: 50-70%
- Lifetime cost: \$200,000+
- Loss of independence

### Limb Salvage Pathway (with ActiGraft + HBOT)

- Preserved mobility
- Reduced mortality
- Lower total cost
- Maintained quality of life

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**ActiGraft isn't just a product—it's a limb salvage mission.**

## Methodist Le Bonheur's Role in Limb Salvage



Your hyperbaric oxygen program and limb preservation protocols position you perfectly to lead the fight against preventable amputations. ActiGraft enhances these existing capabilities—it's designed to work alongside HBOT and vascular interventions you're already performing.

# ActiGraft PRO: Mechanism of Action and Clinical Differentiation

## What Makes ActiGraft Different

- Whole blood clot (not just PRP)
- Contains: RBCs, WBCs, platelets, growth factors, stem cells
- 20-minute preparation, no centrifuge
- 28 cm<sup>2</sup> clot treats wounds up to 56 cm<sup>2</sup>

## Key Advantages

- Autologous (patient's own blood)
- No cold chain (room temp storage)
- No capital equipment needed
- No animal products
- Weekly application
- Point-of-care preparation

The image alongside displays the actual ActiGraft PRO product kit, illustrating the components used in its application.





# How ActiGraft Works: Simple 3-Step Process

This visual demonstration highlights the easy preparation process:

0	0	0
1	2	3
Step 1: Blood Draw	Step 2: Preparation	Step 3: Application
18 mL blood draw from patient (standard venipuncture)	Mix blood with coagulation powder in sterile mold  No centrifuge needed   5-minute clot formation    20 minutes total	Apply 28 cm <sup>2</sup> clot directly to wound  Weekly application   Remains active ~7 days

☐ Point-of-care preparation. No lab handoff. No specialized equipment.

1

### Greater Odds of Closure

Statistically significant improvement in complete wound healing versus standard of care alone

2

### Complete Healing Rate

ActiGraft PRO group achieved 51% complete closure at 12 weeks (ITT analysis)

3

### Control Group Healing

Standard of care alone resulted in only 18% complete closure—highlighting unmet clinical need

# Pivotal Clinical Evidence: The Multicenter Randomized Controlled Trial

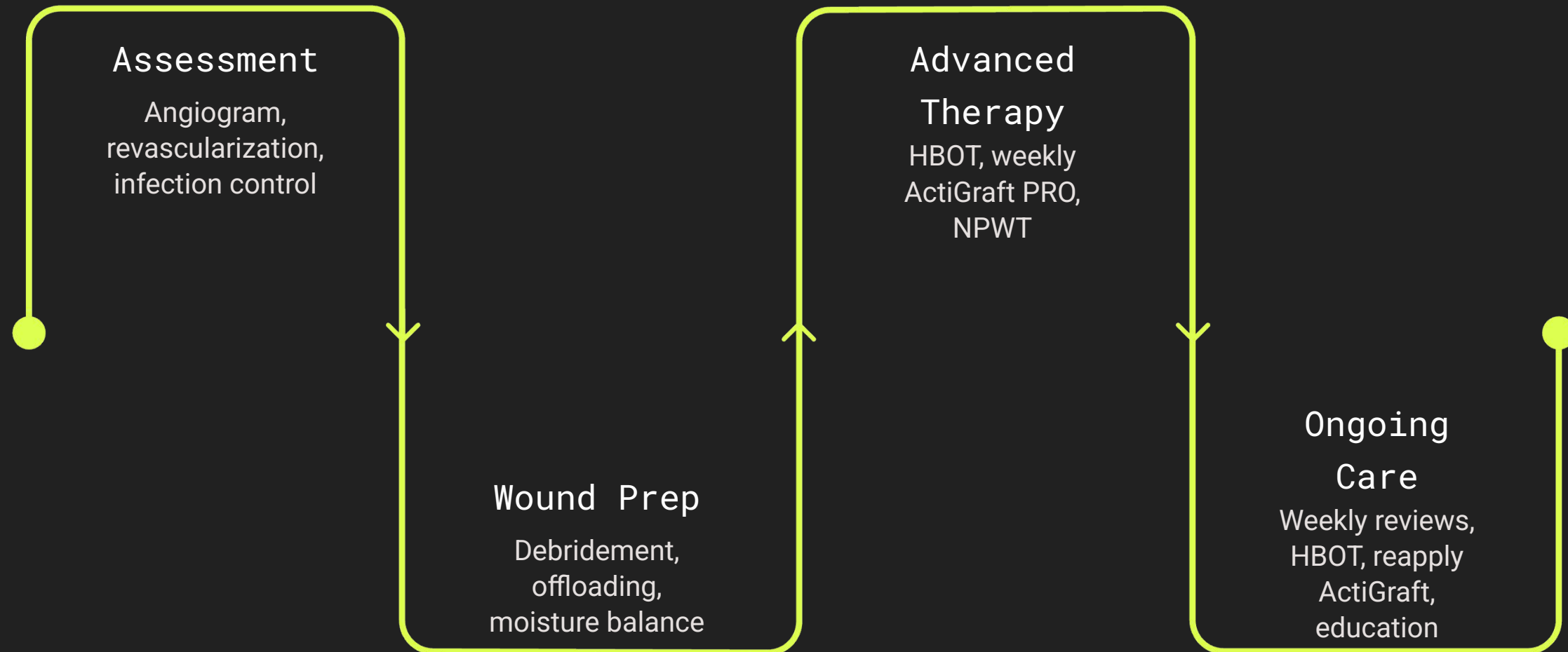
Level 1 evidence from a multicenter RCT published September 2024.

- 119 patients, 16 clinical sites
- Lead PI: Dr. Robert J. Snyder, Barry University
- ITT analysis: 51% healing vs 18% control
- 2.73× greater odds of complete closure
- Real-world registry: 72% closure rate (7,000+ patients)

What would these outcomes mean for your patient population?

# Real-World Application: ActiGraft in Limb Salvage Protocols

This should show how ActiGraft fits into a comprehensive limb preservation treatment plan.



**Key Point:** ActiGraft integrates seamlessly into your existing protocols. It doesn't replace HBOT or other modalities—it works WITH them.

Centers using ActiGraft + HBOT report enhanced healing rates in complex limb salvage cases.

How many of your current HBOT patients could benefit from simultaneous ActiGraft therapy?

# Why Methodist Le Bonheur? Why Now?

## You're Perfectly Positioned

- Premier GPO member (contract active since March 2022)
- Multi-facility system benefits from room-temp storage
- UTHSC academic affiliation = evidence-based innovation
- Regional leadership position
- High diabetes patient population
- Established hyperbaric oxygen & limb preservation programs

## Premier GPO Alignment & Key Benefits

- ✓ Verified Premier member
- ✓ Contract effective March 2022
- ✓ No local RFP or negotiation needed
- ✓ VAC approval via existing GPO pathway

- 
- NCD 270.3 provides stable reimbursement
  - Autologous mechanism eliminates disease transmission/rejection concerns

Question: What's holding you back from being first in Memphis to offer this innovation?







# Your Wound Care Team: Clinical Excellence

Methodist Le Bonheur's wound care team stands as a beacon of expertise and compassion.

**Board-Certified Specialists:** Our team is led by board-certified wound care physicians and specialists, ensuring the highest standards of care.

**Multidisciplinary Approach:** A collaborative model integrates physicians, specialized nurses, and hyperbaric oxygen therapists for holistic patient management.

**Advanced Certifications:** Ongoing training and advanced certifications keep our team at the forefront of innovative wound care techniques.

**Decades of Experience:** With years of combined experience, our specialists possess deep knowledge in treating even the most complex chronic wounds.

**Patient-Centered Philosophy:** Every treatment plan is tailored to the individual, prioritizing patient well-being, comfort, and successful limb salvage outcomes.



# Meet Your Wound Care Leadership

Our dedicated team at Methodist Le Bonheur brings together diverse expertise, united by a shared commitment to advanced wound care and limb preservation. Meet the leaders driving our clinical excellence:



**Dr. Emily Chen**  
**Medical Director, Wound Care & Limb Preservation**

Board-certified Vascular Surgeon, Dr. Chen leads our multidisciplinary team. With 15+ years of experience, she spearheads innovative protocols, integrating advanced therapies for superior patient outcomes.



**Sarah Davies, RN, CWCN**  
**Lead Wound Care Coordinator**

A Certified Wound Care Nurse, Sarah is vital in patient education, treatment plan coordination, and ensuring seamless therapy integration. She champions patient-centered care and optimal healing pathways.



**Dr. Mark Johnson**  
**Director, Hyperbaric Medicine**

Dr. Johnson is a recognized expert in hyperbaric oxygen therapy. He ensures cutting-edge HBOT delivery and research, significantly enhancing outcomes for complex wounds and complementing our limb salvage efforts.




**Maria Rodriguez**  
**Patient Navigator, Wound Care**

Maria is dedicated to guiding patients and their families through every step of their treatment journey, from initial assessment to post-healing support, ensuring holistic and compassionate care experiences.


# Methodist Le Bonheur: A Regional Leader

## Key Facilities Across Memphis Metro




University Hospital

Flagship medical center




North Hospital

Serving northern communities



Germantown Hospital


Community care hub



South Hospital


Dedicated to southern regions

## Driving Regional Influence




Academic Affiliation

Partnership with UTHSC for evidence-based innovation.




Regional Referral Center

A trusted hub for specialized patient care.



Community Healthcare

Leadership in local health initiatives.



Innovation & Quality

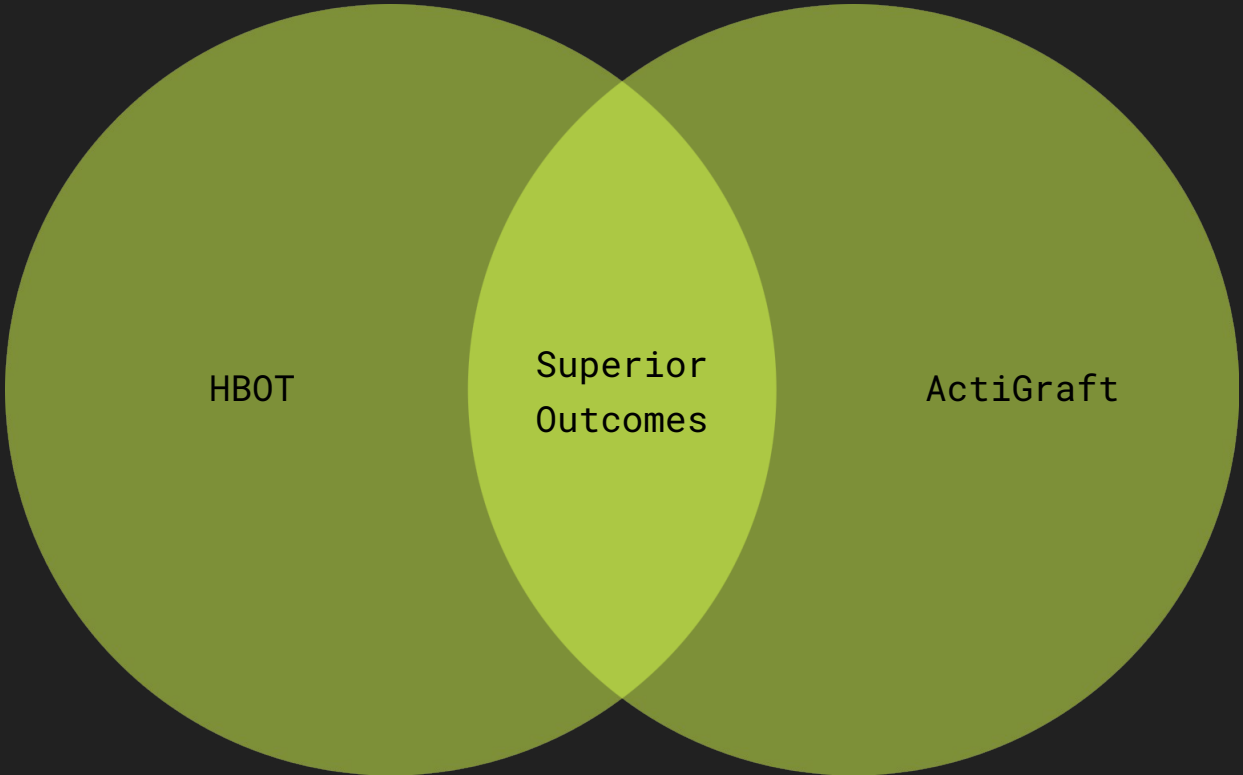
Commitment to advanced care and excellence.

## Central to Regional Healthcare

When Methodist adopts innovation, the region follows.

# Perfect Synergy: ActiGraft + Your Hyperbaric Oxygen Program

This will highlight how ActiGraft complements Methodist Le Bonheur's existing limb preservation and HBOT capabilities.



Both HBOT and ActiGraft offer distinct advantages that, when combined, create a powerful synergistic effect for advanced wound healing and limb preservation.

**Your Limb Preservation Excellence**

Methodist Le Bonheur is recognized for comprehensive limb salvage programs including:

- Hyperbaric oxygen therapy (HBOT)
- Advanced wound care protocols
- Multidisciplinary approach
- Vascular intervention capabilities

**Key Contributions to Healing**

**HBOT Benefits:**

- Increases tissue oxygenation
- Enhances angiogenesis
- Reduces inflammation
- Prepares wound bed

**ActiGraft Benefits:**

- Delivers growth factors & stem cells
- Creates biological scaffold
- Promotes tissue regeneration
- Autologous (patient's own blood)

**Complementary Mechanisms**

HBOT and ActiGraft work through different but reinforcing biological pathways.

**Simultaneous Use**

These therapies can be integrated into a unified treatment protocol for complex cases.

**Superior Outcomes**

The combined approach leads to enhanced healing, reduced amputations, and improved patient recovery.

ActiGraft is fully compatible with HBOT protocols. Many centers use them together for complex limb salvage cases.

# GPO & Procurement: Your Questions Answered

1

Do we need to negotiate a contract?

No. You're covered through Premier (since March 2022).

2

How long does formulary approval take?

Typically 30-60 days through your P&T committee.

3

What documentation does P&T need?

- Clinical evidence package
- GPO confirmation
- Reimbursement summary

4

Are there hidden costs?

- No. Transparent pricing through Premier.
- No equipment, no cold chain infrastructure.

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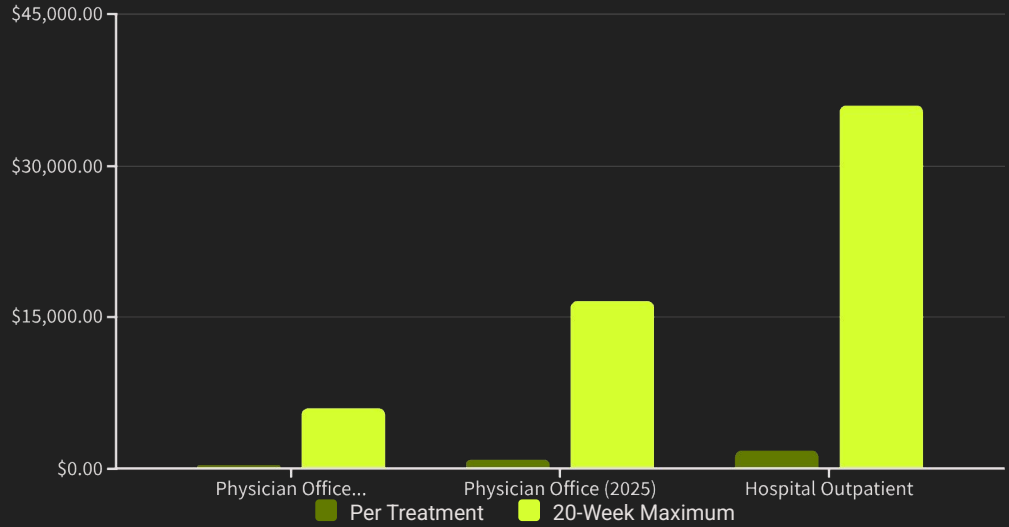
What about reimbursement risk?

- Minimal.
- NCD 270.3 provides stable Medicare coverage.

# Reimbursement: Stable and Improving

CMS made ActiGraft more accessible in 2025:

## Reimbursement Comparison (Per Treatment vs. 20-Week Max)



### Hospital Outpatient:

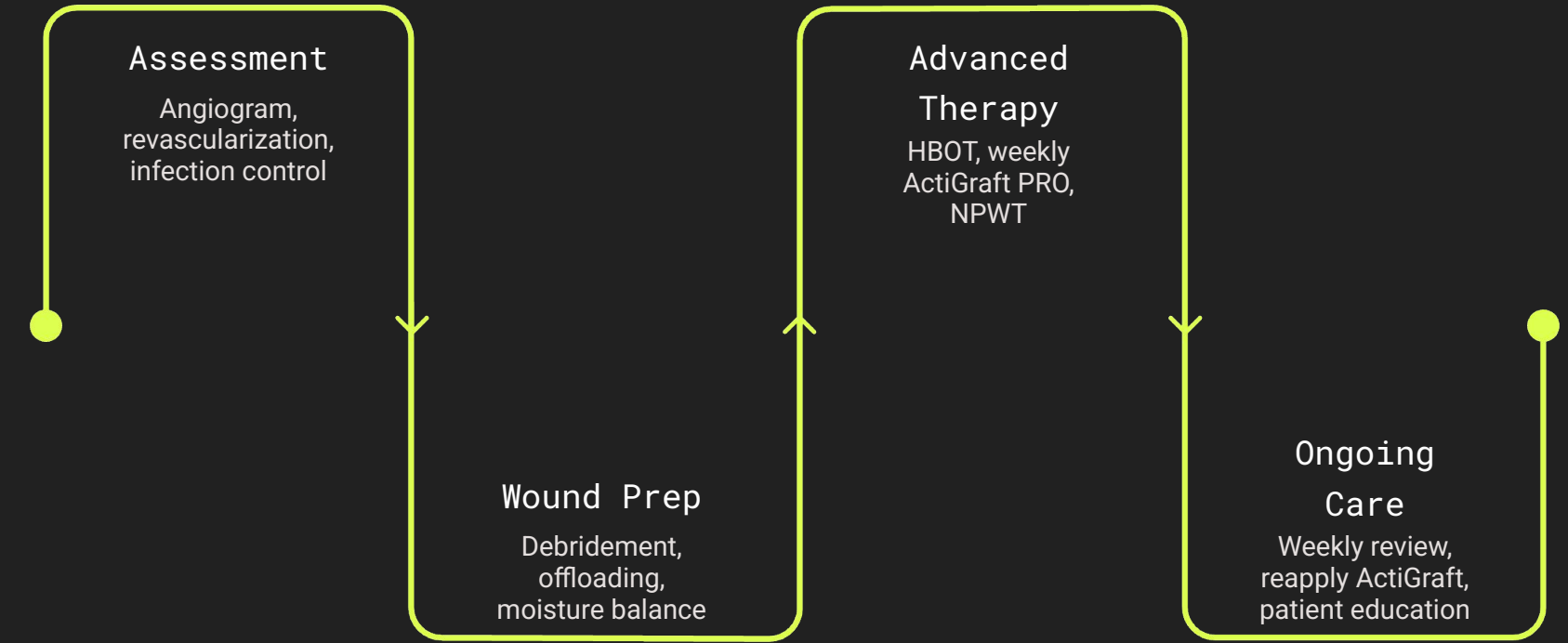
- \$1,800 per treatment
- Up to 20 treatments covered
- Total potential: \$36,000 per patient

### Physician Office (NEW in 2025):

- \$830 per treatment (up from \$300)
- Opens new deployment channels
- Total potential: \$16,600 per patient

### Bottom line:

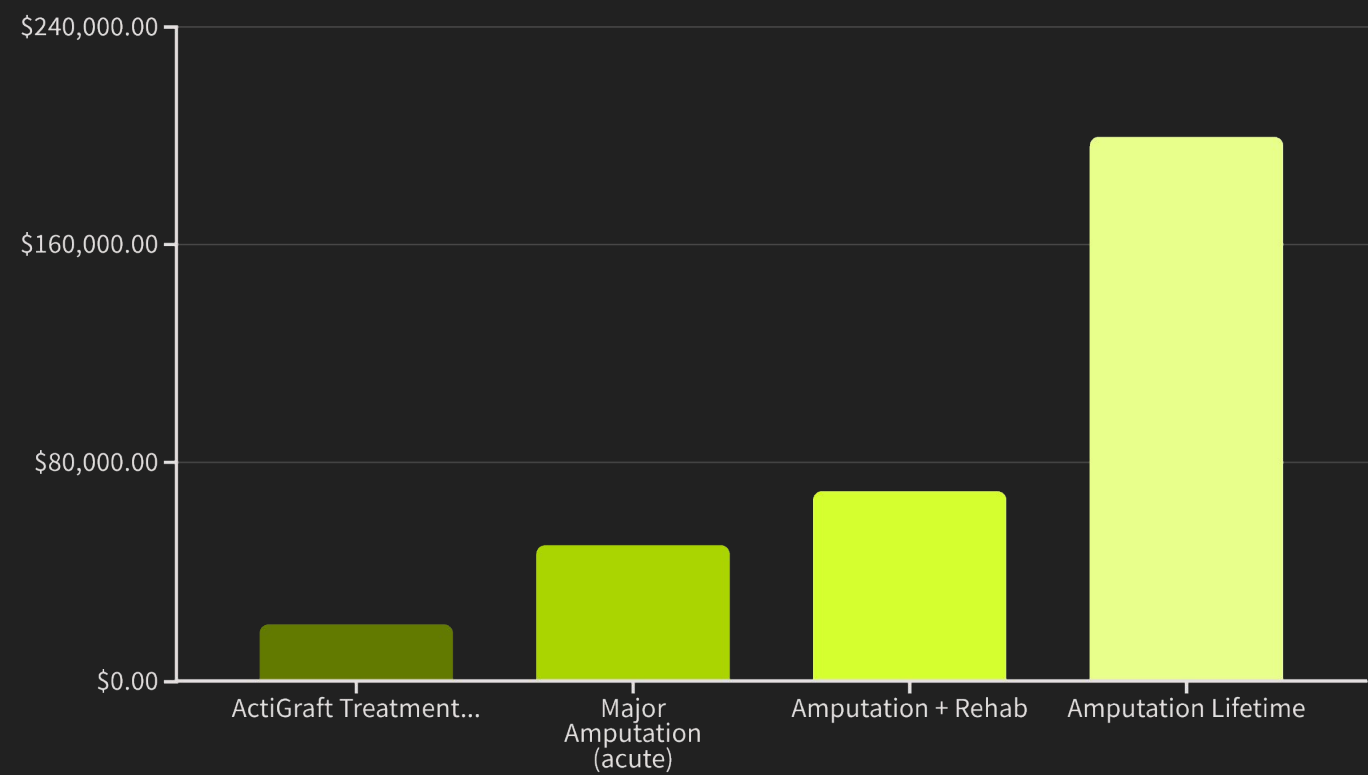
NCD 270.3 ensures stable Medicare coverage with minimal denial risk.



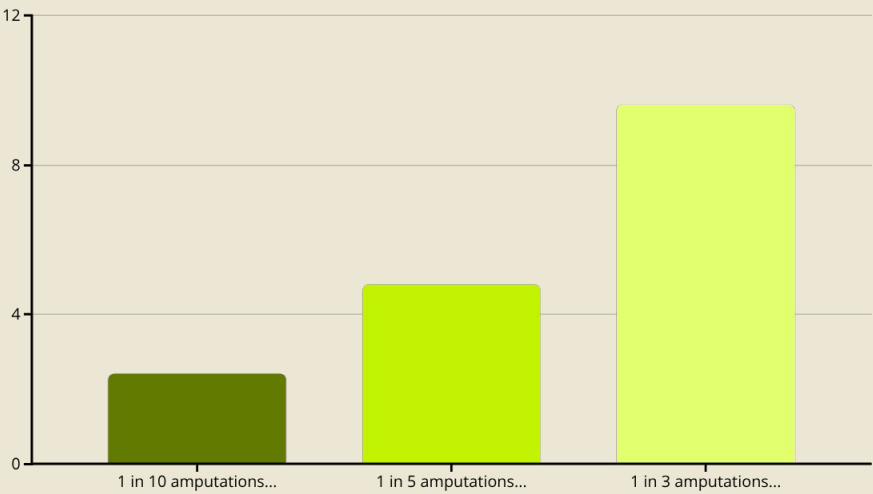


# The Economic Case: Prevention vs. Amputation

## Total Cost Comparison



## Return on Investment (ROI) with Amputation Prevention



### The Math:

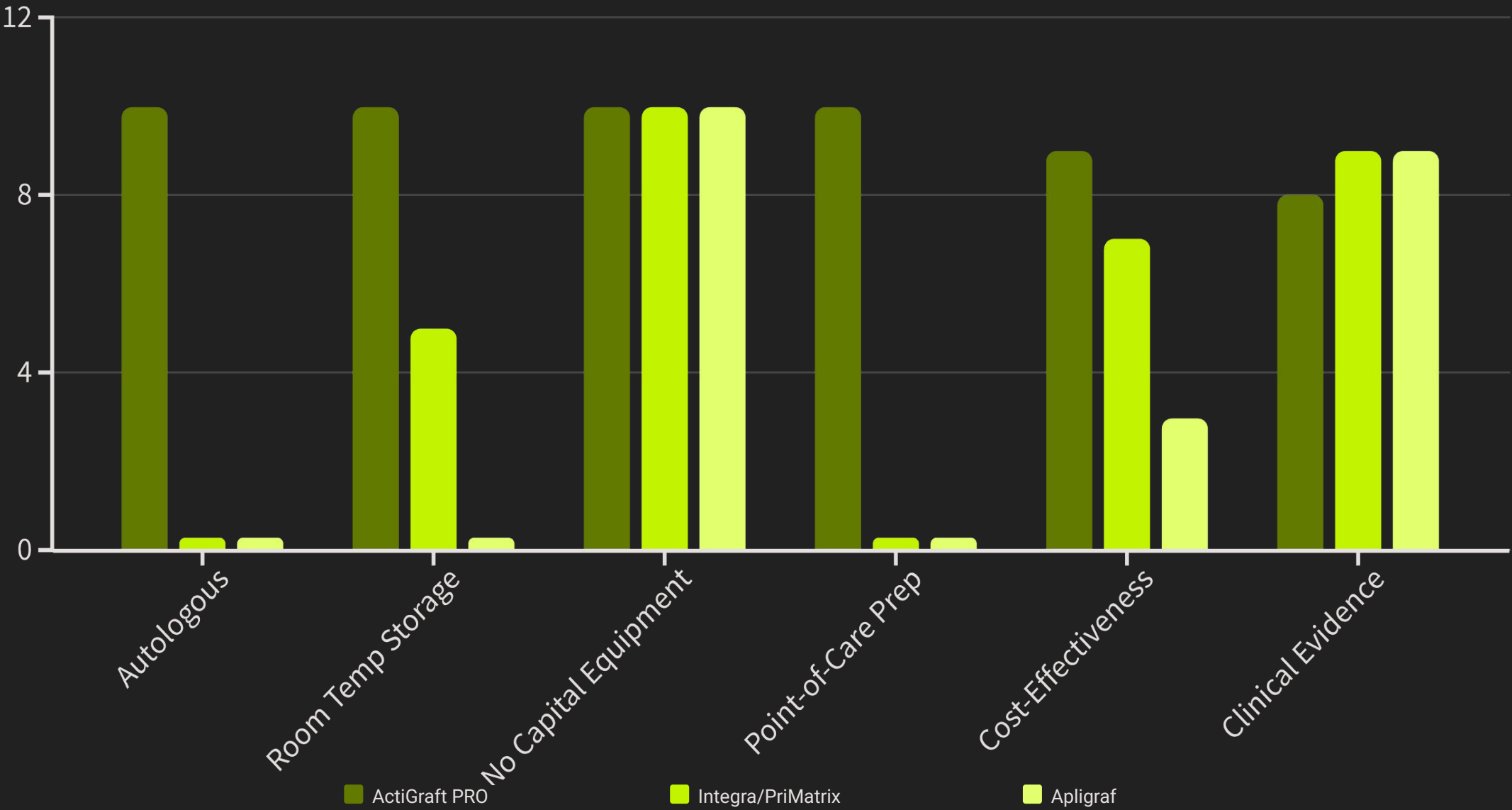
- ActiGraft treatment (12 weeks): \$20,700
- Major amputation (lifetime): \$200,000+
- If 1 in 10 amputations prevented: 2.4× ROI
- If 1 in 5 amputations prevented: 4.8× ROI

### The Question:

How many amputations could your program prevent this year?

# Head-to-Head Positioning: ActiGraft PRO vs. Key Competitors

How does ActiGraft compare across key attributes?



Which of these attributes matter most to your program?

# How ActiGraft Fits Your Toolkit

You likely use Integra, Organogenesis, or MiMedx products. ActiGraft complements them:

## Integra/PriMatrix

- Acellular dermal matrix
- Allogeneic (donor tissue)
- Established protocols

## ActiGraft

- Whole blood clot
- Autologous (patient's own)
- Different mechanism

### When to Consider ActiGraft

- Patients with cultural/religious concerns about donor tissue
- Immunocompromised patients
- Patients on anticoagulants
- When current products haven't achieved closure

# ActiGraft vs. Organogenesis Products

## Organogenesis (Apligraf, Dermagraft)

- Allogeneic (donor tissue)
- Requires cold chain (2-8°C)
- Risk of temperature excursions
- Cultural/religious considerations

## ActiGraft

- Autologous (patient's own blood)
- Room temperature storage
- No cold chain complexity
- No donor tissue concerns

☐ Simpler operations. Fewer concerns. Better for multi-site systems.

# ActiGraft vs. Amniotic Membrane Products

## MiMedx (EpiFix, AmnioFix)

- Amniotic membrane (donor tissue)
- Room temperature storage
- Batch-to-batch variability

## ActiGraft

- Whole blood clot (patient's own)
- Room temperature storage
- No donor variability
- FDA 510(k) cleared

Both store at room temp. ActiGraft eliminates donor tissue concerns.



# The "No Cold Chain" Advantage

Refrigerated biologics create hidden operational burdens:

## Cold Chain Challenges

- Specialized refrigeration (\$3K-\$15K)
- 24/7 temperature monitoring
- Staff training requirements
- Product waste from excursions
- Limited shelf life
- Weekend/holiday monitoring

## ActiGraft Simplicity

- ✓ Room temperature storage (5-30°C)
- ✓ No refrigeration needed
- ✓ No monitoring systems
- ✓ Zero temperature-related waste
- ✓ Longer shelf life
- ✓ Perfect for multi-site systems

Annual savings: \$15K-\$50K for a 3-5 center system





# Next Steps: Let's Work Together

## Immediate Next Steps

0

1

Clinical team meeting (patient selection)

0

2

P&T coordination (GPO contract review)

0

3

Product demo & training session

0

4

Identify 10-15 patients for 90-day trial

## What We'll Provide

- Clinical evidence package & product monograph
- Premier GPO confirmation docs
- Reimbursement & billing support
- On-site training for staff
- Outcomes tracking tools

## Our Commitment

True partnership. Not product pushing. Tools that improve outcomes and simplify operations.

## Contact Information

[Your name and contact details]



Ready to discuss? Let's talk about your specific needs.



# Why Partner with Nightingale?



## We're Different:

- Clinical consultants, not sales reps
- Deep wound care expertise
- Long-term partnership focus



## What We Provide:

- Comprehensive training & implementation support
- Outcomes tracking & data analysis
- Responsive local support team
- Regular business reviews



## Our Commitment to Sandy's Team:

- Dedicated account support
- On-site clinical specialist for first cases
- Ongoing staff education
- Early forecasting & planning

Your success is our success. Let's build this together.