Rx: Health Care FYI #35

Subject: *Ending Preventable Infections*
From: *Rep. Tim Murphy (PA-18)*

The problem: Preventable infections acquired at hospitals and clinics contribute to 90,000 American deaths each year[1] and ***$50 billion***[2] in unnecessary medical expenses. Healthcare-acquired infections cause more deaths and cost more money annually than automobile accidents and breast cancer combined. The costs of treating preventable infections increase insurance rates. If one employee at a small business picks up an infection at a hospital and the cost of care subsequently rises, then the insurance rate for that business can soar the next year through no fault of its own. If infection rates were uniformly and accurately reported, healthcare providers could target efforts to decrease infection rates and patients could review this data when choosing healthcare providers. Unfortunately, most states do not require reporting of healthcare-acquired infections.

Healthcare-acquired infections:

- Caused by bacteria or a virus invading a patient during the delivery of healthcare that was not present at the time of the patient's admission to a hospital or at the beginning of receiving treatment from healthcare providers.

Types of infections:

- Surgical site infections: Infections caused during or following an operation.
- Ventilator-associated pneumonia: Infections leading to pneumonia caused from bacteria or viruses from ventilators.
- Central-line related (IV) blood infections: Infections caused from bacteria or viruses acquired at the site of an IV.
- Urinary tract infections: Infections of the kidney, ureter, bladder, or urethra often acquired from catheters.
- Methicillin-resistant Staphylococcus aureus (MRSA): Staph or skin infections resistant to the treatment of antibiotics transmitted from provider to patient.

The states:

- Six states (Pennsylvania, Missouri, Illinois, Virginia, Florida and New York) have passed legislation requiring reporting of healthcare-acquired infections to their state health department, state government and the public. Only Pennsylvania has collected this data and reported it to the public.
- One other state (Nevada) requires mandatory reporting to the state health department and not to the public.
- More than 20 other states are currently studying the issue or have legislation pending.

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[1] Centers for Disease Control. CDC Advisory Committee Offers Guidance to States on Developing Systems for Public Reporting of Healthcare-Associated Infections. February 2005.
[2] Pennsylvania Health Care Cost Containment Council. PHC4 Research Brief - Hospital-Acquired Infections in Pennsylvania. July 13, 2005: Data Show Scourge of Hospital Infections. Washington Post. 2005.

The federal government:

- The Centers for Disease Control (CDC): Maintains a voluntary internet-based system called the National Healthcare Safety Network (NHSN) to monitor adverse events in the delivery of healthcare. The NHSN reports healthcare-acquired infections from hospital participants and disseminates information on preventing future infections.
- The Deficit Reduction Act: Contains a provision that by October 1, 2007 the U.S. Secretary of Health and Human Services will adjust payment rates or diagnosis related codes (DRGs) under Medicare for the two most costly healthcare-acquired infections to encourage providers to reduce these infections using evidence based guidelines.

An example of reporting infections: Pennsylvania:

- In Pennsylvania, 13,711 hospital-acquired infections occurred during the first nine months of 2005 with an additional 1,456 deaths, 227,000 extra hospital days and $2.3 billion in additional hospital charges. The average payment of a hospitalization with a hospital-acquired infection was $60,678, the average payment for a hospitalization without such an infection was $8,078 or a difference of $52,600.[3]
- Allegheny General Hospital in Pennsylvania reduced the rate of central line-acquired infections from nineteen to almost zero within 90 days by educating and training healthcare staff on infection control. Hospital savings over 3 years were estimated at over $2 million and 47 lives were saved.[4]
- Southwestern Pennsylvania hospitals have reduced central line infections by 55 percent over three years.[5]

Recommendations:

- Establish a Medicare pilot program to offer incentives to healthcare providers to continue to save thousands of lives and billions of dollars by reducing healthcare-acquired infections. Reporting of healthcare-acquired infections should be risk adjusted to reflect current healthcare staffing, differing patient populations, and admitting diagnosis.
- Establish uniform reporting standards of preventable infections to improve patient safety and the quality of care for all Americans.
- Have data available on healthcare-acquired infections for those who purchase health insurance so they can review how infection rates affect costs. Employers can join with health centers to educate employees on preventing infections at hospitals.

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[3] Pennsylvania Health Care Cost Containment Council. PHC4 Research Brief - Hospital-acquired Infections in Pennsylvania Numbers Rise As Data Submission Improves, Additional Insurance Payments Could Total $613.7 Million. March 2006.
[4] Shannon, Richard. M.D. Testimony before the U.S. House Energy and Commerce Subcommittee on Oversight and Investigations. Hospital Acquired Infections. The Conspiracy of Error and Waste in Healthcare. March 29, 2006.
[5] Guadagnino, Christopher. Pa.'s Hospital Acquired Infection Battle. Physician's News Digest. February 2006. : Pittsburgh Regional Healthcare Initiative.