

PERSPECTIVE

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Keep Public Reporting in Reform Plan — Healthcare Acquired Infections and Public Reporting

By Kevin T Kavanagh MD

Public awareness of the problem of health care-associated (acquired) infections (HAI) continues to grow and the problem appears to be worsening, with indications that medicine is losing the battle.

According to Modern Healthcare, methicillin resistant staphylococcus aureus (MRSA) infections are occurring eight times more than expected.

Another highly aggressive bacteria, *C. difficile*, is also increasing far more rapidly than expected, with Kentucky having the sixth highest incidence in the nation.

The costs are staggering, not only in dollars but in disability and lives lost. The Centers for Disease Control has found that health care-associated infections are one of the top 10 causes of death in the United States.

In American hospitals alone, there are 1.7 million health care-associated infections and 99,000 associated deaths each year. The state of Oregon estimated the average increased cost of treating each patient with an HAI at \$32,000.

In my practice, I am treating middle-ear infections caused by MRSA. The last patient had a bacteria which was resistant to almost all oral antibiotics and required over \$1,500 of medication to clear the infection.

Thus, not all MRSA's are the same and, if not controlled, the organism can pro-

gressively mutate into more aggressive forms which are resistant to more antibiotics.

Two years ago, state Sen. Vernie McGaha sponsored a bill to require public reporting of HAI and mandatory surveillance cultures. Kentucky had a chance to be a leader, but it chose to pass. This happened again during this year's session when state Rep. Melvin Henley's bill failed to see the light of day. Now, 27 states have passed laws requiring public reporting.

The situation has attracted national attention. During the Aug. 15 town hall meeting in Colorado, President Barack Obama endorsed the public reporting of health-care quality to put competitive pressure on the medical system and improve outcomes.

In addition, provisions in the House health care reform bill, HR 3200, also address hospital-acquired infections. These provisions focus not on government-run health care but on free market principles. Section 1138A requires public reporting of infections, increases transparency and allows consumers to better judge health care quality. Free market forces, not regulations, can then be allowed to improve health care.

As one Kentucky hospital executive told me, regulations exist for more and more hospital protocols which need to be reported. Documentation requirements are producing a significant bur-

Summary
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Healthcare Acquired Infections are expensive and becoming more frequent. Major National Medical Organizations are now turning to Public Reporting to Control this Epidemic.

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den on the hospital. The question was asked: Why doesn't the government just look at outcomes and let the hospitals decide how to get there? Well, this provision focuses on outcomes.

Another provision, Section 1751, requires Medicaid to follow Medicare rules on the non-payment for care related to never events. Never events are largely preventable adverse medical outcomes such as

some hospital-acquired infections and significant bed or pressure ulcers.

This provision makes sense, and was a major theme of the 2008 Health Watch USA Conference on Health Care Transparency. The conference planted one of the seeds for this provision and with the help of the Consumer Union, publisher of Consumer Reports, found its way into the bill.

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care. I would argue it is government acting as an informed consumer and applying free market principles as opposed to regulation to promote quality.

Surgeons have long been under a global payment for surgical care and, with the exception of a reduced payment for returning to the operating room, they do not receive additional compensation for taking care of complications.

In a July 27 article published in the American Medical Association's newspaper, the concept of "safety math" is discussed along with a report on the National Patient Safety Foundation's "Patient Safety Congress."

One breakout session entitled "Making the Business Case for Patient Safety" discussed how patient safety projects could save money. Phrases such as "cost effectiveness," "return on investment," etc. were heard at the congress. In another breakout on never events, it was pointed out that you have to place resources into quality because "you just can't afford not to do it."

The provisions in HR 3200 are especially needed in Kentucky, a state which, during a lapse of wisdom, has made it illegal for the state to perform annual on-site licensing inspections of most of its acute-care hospitals (KRS 216B.185).

There is no doubt that our national health care reform bill will undergo massive changes before it is adopted. Arguments regarding the type of health care system have become passionate. However, these are two provisions which need to be preserved in the final bill.

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