



September 21, 2009

Senator Max Baucus
Chairman, Senate Finance Committee
511 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Baucus:

On behalf of the Society for Healthcare Epidemiology of America (SHEA), Infectious Diseases Society of America (IDSA), and Association for Professionals in Infection Control and Epidemiology (APIC), we thank you for your leadership in addressing healthcare-associated infections (HAIs) as part of your negotiations on a healthcare reform package. SHEA, IDSA and APIC represent the medical professionals most closely aligned with the identification, prevention, and treatment of infectious diseases in communities and healthcare facilities throughout the United States.

As you know, there are an estimated 1.7 million HAIs in the United States annually. These infections result in hospital readmissions, long hospital stays, and unacceptable financial burdens, and are associated with an estimated 99,000 deaths each year. Our organizations are dedicated to eliminating such infections in healthcare settings by focusing attention on those practices that are known to prevent HAIs as well as by supporting the necessary research that will help to make all HAIs preventable.

We are writing today to express our concern about the provision related to reducing hospital-acquired conditions (HACs) in the Chairman's Mark (Title III, Subtitle A, Part I). Specifically, this provision would apply a new payment adjustment to hospitals ranked in the top quartile of national, risk-adjusted HAC rates.

As organizations representing professionals with considerable expertise in the prevention, detection, control and treatment of HAIs, we applaud and share the vision of preventing adverse events in the patients we serve. However, we believe that HAIs are better suited to be considered as part of a Value-Based Purchasing (VBP) model than as "never events". Aligning reimbursement with the quality of care makes sense and is likely to lead to wider adoption of evidence-based prevention strategies.

Not all infections are universally preventable due to complex issues and the presence of infection risk factors that, unfortunately, may not be reduced through the use of evidence-based practices (e.g. patient comorbidities such as obesity or immune suppression). We have worked with the Centers for Medicare and Medicaid Services (CMS) to identify and develop alternative measures for the assessment of implementation of HAI prevention strategies, because continuing to rely solely on HAI outcomes will not account for the variability in the underlying risk for infection in the patient populations for a specific healthcare facility. Tying payments to conditions that are preventable in some cases, but cannot be completely eliminated even with full implementation of evidence-based measures and/or those for which there are no associated actionable guidelines is burdensome to hospitals and misleading to the consumer.

We urge the Congress to look at models that incorporate risk adjustment for patient factors (such as age and comorbid conditions) that are inherently associated with the risk of HAI and cannot be modified upon

hospital admission. When risk adjustment procedures are defined, these conditions could then be integrated into a more robust VBP policy where CMS has the ability to alter payment based on comparative rates of these complications. This would be consistent with CMS' approach to other science based practices such as measures to improve outcomes in patients with congestive heart failure, for example. Absent this approach, there would be built-in incentives for healthcare institutions to avoid offering certain procedures or even to avoid providing care to certain patients perceived to be at high risk for infection. The potential unintended negative consequences of implementing a reduced payment approach cannot be ignored.

We believe that hospital VBP would provide a powerful impetus for HAI prevention. Our organizations urge Congress to align incentives, through VBP, for facilities, physicians, and infection prevention programs to optimize efforts to eliminate preventable HAIs. As CMS moves into VBP systems there is great opportunity to align similar efforts with current outcome data collected via the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) system. As NHSN is mandated by multiple states for the purposes of HAI public reporting, and as NHSN definitions have been validated for surveillance purposes and are widely used for internal performance improvement, CDC should be resourced adequately to continue to make improvements in the NHSN that allow interface with hospital electronic medical records in order to reduce the burden of data collection for hospitals.

Along these lines, our organizations expressed joint support for the HAI public reporting provisions in H.R. 3200, the America's Affordable Health Choices Act of 2009 (Title III, subtitle E), which call for the CDC to establish reporting protocols and appropriately utilize the NHSN for the collection of these data. We believe this is the best method for ensuring the establishment of a scientifically meaningful reporting and monitoring system utilizing standard definitions. We also expressed support for an additional provision in H.R. 3200 to implement best practices in the delivery of healthcare via the Center for Quality Improvement (Title IV) and emphasized the importance of requiring consultation with the CDC on the development of such practices related to HAIs to ensure that they are carried out in accordance with scientific evidence.

While great progress has been made in developing evidenced-based measures to reduce the risk of and thus the incidence of HAIs, not all infections can be prevented, even when reliable science and appropriate care processes are applied. Our organizations hope that as you consider the many issues associated with HAIs, you will give careful consideration to a payment model based upon VBP that rewards for quality-of-care, rather than the imposition of a payment penalty that carries with it a significant potential for unintended consequences.

In addition, we appreciate your effort to encourage states to improve coverage of and access to preventive services, especially immunizations recommended by the Advisory Committee on Immunization Practices (ACIP). We also feel it is a positive step to give the Secretary new authority to review currently covered preventive services under Medicare and compare them to the scientific evidence, similar to the authority that exists for considering coverage of new preventive services.

Additionally, we support your efforts to address the educational needs of the health professions workforce through state demonstration projects. We urge you to involve CDC in the development of criteria for the grants, particularly when education is in the area of infection control.

We greatly appreciate your strong leadership on these important public health efforts and hope that you will reach out to our organizations as issues related to HAI prevention come before the Finance Committee.

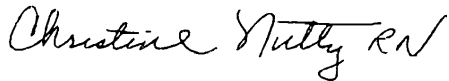
Sincerely,



Mark E. Rupp, MD
SHEA President



Anne A. Gershon, MD, FIDSA
IDSA President



Christine Nutty, RN, MSN, CIC
APIC President

About Our Organizations:

The Society for Healthcare Epidemiology of America (SHEA)

SHEA was founded in 1980 to advance the application of the science of healthcare epidemiology. SHEA comprises nearly 1,700 physicians, infection control practitioners, and other healthcare professionals who are dedicated to maintaining the utmost quality of patient care and healthcare worker safety in all healthcare settings. The Society continually strives toward better patient outcomes by applying epidemiologic principles and prevention strategies to healthcare-associated infections and a wide range of quality-of-care issues. SHEA achieves its mission through education, research, evidence-based guidance development, and public policy.

Infectious Diseases Society of America (IDSA)

IDSA represents more than 8,600 infectious diseases physicians and scientists devoted to patient care, education, research, and public health. Our members care for patients with serious infections, including meningitis, pneumonia, surgical infections, HIV/AIDS, tuberculosis and influenza. ID physicians also work closely with hospitals to design, implement and oversee infection control protocols as well as antimicrobial-management programs.

Association for Professionals in Infection Control and Epidemiology (APIC)

APIC's mission is to improve health and patient safety by reducing risks of infection and other adverse outcomes. The Association's more than 12,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities around the globe. APIC strives to promote a culture within healthcare where targeting zero healthcare-associated infections is fully embraced. The organization advances its mission through education, research, collaboration, practice guidance, public policy and credentialing.