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January 15, 2010

The Honorable Nancy Pelosi  
Speaker of the House  
H-232 Capitol Building  
Washington, DC 20515

The Honorable Harry Reid  
Senate Majority Leader  
S-221 Capitol Building  
Washington, DC 20510

Dear Speaker Pelosi and Majority Leader Reid:

On behalf of the Society for Healthcare Epidemiology of America (SHEA), I want to express our support for your efforts to bring meaningful reform to our healthcare system. SHEA members are among 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 healthcare-acquired infections (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. SHEA is 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.

As you and your colleagues work toward a compromise on healthcare reform legislation, I am writing to express our concern about the Senate provision that would apply a new Medicare payment reduction of 1% to hospitals ranked in the top quartile of national, risk-adjusted healthcare-acquired condition (HAC) rates. As an organization 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”. The rationale for VBP is that incentivizing excellence is more of a motivator and recognizes innovation and continuous quality improvement. On the contrary, “never events” are punitive and potentially lead to less transparency and inaccurate data.

The fact is that 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). SHEA has worked with the Centers for Medicare and Medicaid Services (CMS) to identify and develop alternative measures for the assessment of HAI prevention implementation 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.*

SHEA urges 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 HAIs 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 should not be ignored.

SHEA believes that hospital VBP provides a powerful impetus for HAI prevention. We 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.

Along these lines, SHEA supports the public reporting language contained in the House-passed healthcare reform bill, which calls 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.

Our ultimate goal is to eliminate all HAIs. However, 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 at this time, even when reliable science and appropriate care processes are applied. SHEA hopes that as you consider the many issues associated with HAIs, you will give careful consideration to a payment model based upon VBP that rewards quality-of-care, rather than the imposition of a payment penalty that carries with it a significant potential for unintended consequences. This latter proposal will threaten the transparency that is critical to guarantee further advances in this field.

SHEA greatly appreciates your strong leadership on these important public health efforts and hopes that you will reach out to SHEA as issues related to HAI prevention come before you in the future.

Sincerely,



Neil O. Fishman, MD  
President

cc: Ezekiel Emanuel, MD, PhD