

**The Society for Healthcare Epidemiology of America (SHEA)**  
**Statement on Fiscal Year 2011 Funding for the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality (AHRQ)**

The Society for Healthcare Epidemiology of America (SHEA) appreciates this opportunity to express its support for federal efforts to prevent and reduce healthcare-associated infections. SHEA was founded in 1980 to advance the application of the science of healthcare epidemiology. The Society works to achieve the highest quality of patient care and healthcare personnel safety in all healthcare settings by applying epidemiologic principles and prevention strategies to a wide range of quality-of-care issues. SHEA is a growing organization, strengthened by its membership in all branches of medicine, public health, and healthcare epidemiology.

SHEA and its members are committed to implementing evidence-based strategies to prevent healthcare-associated infections (HAIs). SHEA members have scientific expertise in evaluating potential strategies for eliminating preventable HAIs. We collaborate with a wide range of infection prevention and infectious diseases societies, specialty medical societies in other fields, quality improvement organizations, and patient safety organizations in order to identify and disseminate evidence-based practices.

Our principal partners in the private sector are sister societies such as the Infectious Diseases Society of America (IDSA) and the Association of Professionals in Infection Control and Epidemiology (APIC). The Centers for Disease Control and Prevention (CDC), its Division of Healthcare Quality Promotion (DHQP) and the federal Healthcare Infection Practices Advisory Committee (HICPAC), and the Council of State and Territorial Epidemiologists (CSTE) have been invaluable federal partners in the development of guidelines for the prevention and control of HAIs and in their support of translational research designed to bring evidence-based practices to patient care. Further, collaboration between experts in the field (epidemiologists and infection preventionists), CDC and the Agency for Healthcare Research and Quality (AHRQ) plays a critical role in defining and prioritizing the research agenda. In 2008, SHEA aligned with the Joint Commission and the American Hospital Association to produce and promote the implementation of evidence-based recommendations in the *Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals* (<http://www.shea-online.org/about/compendium.cfm>). The Society also contributes expert scientific advice to quality improvement organizations such as the Institute for Healthcare Improvement (IHI), the National Quality Forum (NQF), and state-based task forces focused on infection prevention and public reporting issues.

SHEA applauds the Congress for its support of HAI prevention and reduction activities through the American Recovery and Reinvestment Act (ARRA) in 2009. The Society continues to collaborate with the Department of Health and Human Services (HHS) and the CDC to translate agency goals and objectives for HAI funds into actions at the bedside that can achieve meaningful reductions in preventable HAIs. However, there is a critical need for ongoing congressional support of a national prevention strategy to address a problem estimated by CDC to be one of the top ten causes of death in the nation and one that poses a significant economic burden on the nation's healthcare system.

**Centers for Disease Control and Prevention (CDC)**

The CDC plays a critical role in public health protection through its health promotion, prevention, preparedness and research activities. As you consider FY 2011 funding levels for the CDC, **SHEA urges**

**your support of at least \$8.8 billion for CDC's "core programs"** to ensure that the agency is able to carry out its prevention mission and to assure an adequate translation of new research into effective state and local programs. CDC's leadership was especially critical in efforts to provide support and guidance to state and local health departments as well as the public in its response to the 2009 H1N1 influenza virus. In addition to maintaining a strong public health infrastructure and protecting Americans from public health threats and emergencies, SHEA strongly believes that CDC programs play a vital role in reducing healthcare costs, improving the public's health, and providing much-needed unbiased education on HAIs and their prevention.

SHEA is particularly concerned about CDC's Infectious Diseases program budget, which supports critical management and coordination functions for infectious diseases research, policy development, and intervention programs including related specific epidemiology and laboratory activities. **SHEA recommends an FY 2011 funding level of \$2.3 billion for CDC's Infectious Diseases programs.**

Within the Emerging and Zoonotic Infectious Disease programs' proposed budget, the agency's **Antimicrobial Resistance budget would be cut dramatically by \$8.6 million**, or just over 50 percent. This vital program is necessary to help combat the rising crisis of drug resistance, one of the most pressing problems and greatest challenges that healthcare providers will confront during the coming decade. As bacteria and other micro-organisms are becoming more resistant to antimicrobials, our current therapeutic options are dwindling and research and development of new antibiotics is lagging. For the first time since the discovery and introduction of penicillin in the 1940s, we are dangerously close to a return to the pre-antibiotic era.

Antimicrobial resistance is a very real problem that extends to every segment of the healthcare community. Yet the President's FY2011 budget would allow only 20 state/local health departments and health care systems to be funded for surveillance, prevention, and control of antimicrobial resistance, down from 48 this past year. It would also eliminate all grants to states for the successful Get Smart in the Community program to combat improper uses of antibiotics. These cuts would be devastating at a time when we need to be fully committed to the goals of antimicrobial stewardship, to the research needed to define the most effective interventions and to educating the next generation of stewards.

CDC's antimicrobial resistance activities including state-based and local surveillance and educational initiatives are so critical to protecting Americans from serious and life-threatening infections that SHEA urges you to **double funding for CDC's antimicrobial resistance activities to at least \$40 million in FY 2011.**

The Society strongly **supports the proposed FY 2011 increase of \$12.3 million in the Preparedness, Detection and Control of Infectious Diseases line item to allow for the expansion of the National Healthcare Safety Network (NHSN) from 2,500 to 5,000 hospitals.** SHEA believes that protecting and improving resources for implementation of programs that standardize measurement of appropriate HAI outcomes and performance measures should be a priority. Our most valuable resource in this regard is NHSN, a voluntary, secure, internet-based surveillance system that integrates and expands patient and healthcare personnel safety surveillance systems. Many states consider NHSN to be the best option for implementing standardized reporting of HAI data. It is an enormously important national resource and effective funding and support is essential to expand its implementation. The proposed increase will allow CDC to build on progress made with FY 2009 ARRA funds to leverage the NHSN and support the dissemination of HHS evidence-based practices within hospitals to reduce these infections and save lives.

These funds are also intended to allow CDC to build the workforce capacity, laboratory facilities, and skills sets within State and local health departments to enhance the ability to detect and control emerging infectious diseases. It should be noted that this funding level is not sufficient to sustain the NHSN *and* State and local health department activities in this area.

The Society urges you to **increase the funding for CDC's budget line for Emerging Infections by \$25 million in FY 2011**. In FY 2010, \$11.7 million of this budget line were allocated to the Division of Healthcare Quality and Promotion. The additional \$25 million should be used to support State and local health department HAI surveillance and prevention activities and provide a means for sustaining and expanding the important HAI initiatives that have been started using ARRA funds. Given the condition of State economies, it is unlikely that State funding will be available and the benefits of most programs will be lost at the end of 2011 without continued federal support. As we seek to strengthen our public health infrastructure and reorient our health system toward prevention and preparedness, a strong federal role should be part of a comprehensive approach to reduce HAIs and costs in line with the goals of health care reform.

On a related note, recognizing that currently 21 states mandate the use of NHSN for state public reporting and this number is expected to grow, immediate efforts should be made to enable interfaces between electronic health records (EHRs) and NHSN. In this way, additional burdens are not placed upon healthcare entities from either an infection prevention and control or information technology (IT) perspective as the desirability for national database integration proceeds.

**SHEA is pleased with the proposed establishment and funding (\$10 million) of a new workforce program, the Health Prevention Corps**, within the CDC to enhance the capacity of the public health infrastructure to respond to current and emerging health threats. This program is intended to recruit new talent for state/local health departments with a focus on disciplines with known workforce shortages, such as epidemiology. This investment is very timely, as a recently released report from the CSTE documented a 10 percent decline in the number of state-based epidemiologists over the last three years, with a 40 percent deficit in the overall number of epidemiologists needed for full capacity across the 50 states. Clearly, our ability to reduce and prevent HAIs is highly dependent upon a continued strong investment in hospital infrastructure and qualified personnel for infection prevention and control.

### **National Institutes of Health (NIH)**

SHEA is very pleased that ARRA infused the NIH with billions of dollars for research projects that will enable growth and investment in biomedical research and development, public health and health care delivery. The NIH is the single-largest funding source for infectious diseases research in the US and the life-source for many academic research centers. The NIH-funded work conducted at these centers lays the ground work for advancements in treatments, cures, and medical technologies. We applaud Congress for acknowledging the impact of scientific research in stimulating the economy. It is critical that we maintain this momentum for medical research capacity. Accordingly, **SHEA supports an overall funding level of \$35 billion for NIH in FY 2011**.

While SHEA is very pleased with the proposed major investment in Agency for Healthcare Research and Quality (AHRQ) for research focused on HAIs (discussed below), support for basic, translational, and epidemiological HAI research has not been a priority of the NIH. Despite the fact that HAIs are among the top ten annual causes of death in the US, scientists studying these infections have received relatively less

funding than colleagues in many other disciplines. In 2008, NIH estimated that it spent more than \$2.9 billion dollars on funding for HIV/AIDS research, approximately \$2.0 billion on cardiovascular disease research, about \$664 million on obesity research and, by comparison, National Institute of Allergy and Infectious Diseases (NIAID) provided \$18 million for MRSA research. SHEA believes that as the magnitude of the HAI problem becomes part of the dialogue on health care reform, it is imperative that the Congress and funding organizations put significant resources behind this momentum.

The limited availability of federal funding to study HAIs has the effect of steering young investigators interested in pursuing research on HAIs toward other, better-funded fields. While industry funding is available, the potential conflicts of interest, particularly in the area of infection-prevention technologies, make this option seriously problematic. These challenges are limiting professional interest in the field and hampering the clinical research enterprise at a time when it should be expanding.

Our discipline is faced with the need to bundle, implement and adhere to interventions we believe to be successful while simultaneously conducting basic, epidemiological, pathogenetic and translational studies that are needed to move our discipline to the next level of evidence-based patient safety. The current convergence of scientific, public and legislative interest in reducing rates of HAIs can provide the necessary momentum to address and answer important questions in HAI research. SHEA strongly urges you to **enhance NIH funding for FY 2011 to ensure adequate support for the research foundation that holds the key to addressing the multifaceted challenges presented by HAIs.**

#### **Agency for Healthcare Research and Quality (AHRQ)**

**SHEA strongly supports the proposed investment of \$34 million by AHRQ in FY 2011 to reduce and prevent healthcare-associated infections (HAIs).** Funds made available through AHRQ (and CDC) should be used, in part, for translational research projects that can allow more rapid integration of science into practice. As an example, this could involve use of funds to support positions through which large collaboratives could be supported in states not currently part of AHRQ or Health Research and Educational Trust (HRET) projects (for example, Public Health Research Institute (PHRI) and Keystone, which have achieved successful reductions in device-associated infections). Experts in the field (Epidemiologists and Infection Preventionists), in collaboration with CDC and the AHRQ, should be engaged in order to further define and prioritize the research agenda. As we strive to eliminate all preventable HAIs, we need to identify the gaps in our understanding of what is actually preventable. This distinction is critical to help guide subsequent research priorities and to help set realistic expectations. SHEA believes in the importance of conducting basic, epidemiological and translational studies (to fill basic and clinical science gaps). While health services research (i.e., successful implementation of strategies already known or suspected to be beneficial) may provide some immediate short-term benefit, to achieve further success, a substantial investment in basic science, translational medicine, and epidemiology is needed to permit effective and precise interventions that prevent HAIs.

SHEA thanks the committee for this opportunity to share our priorities with respect to Fiscal Year 2011 funding for HHS, CDC, NIH and AHRQ. The Society is pleased to serve as a resource to the committee going forward on issues related to healthcare epidemiology.