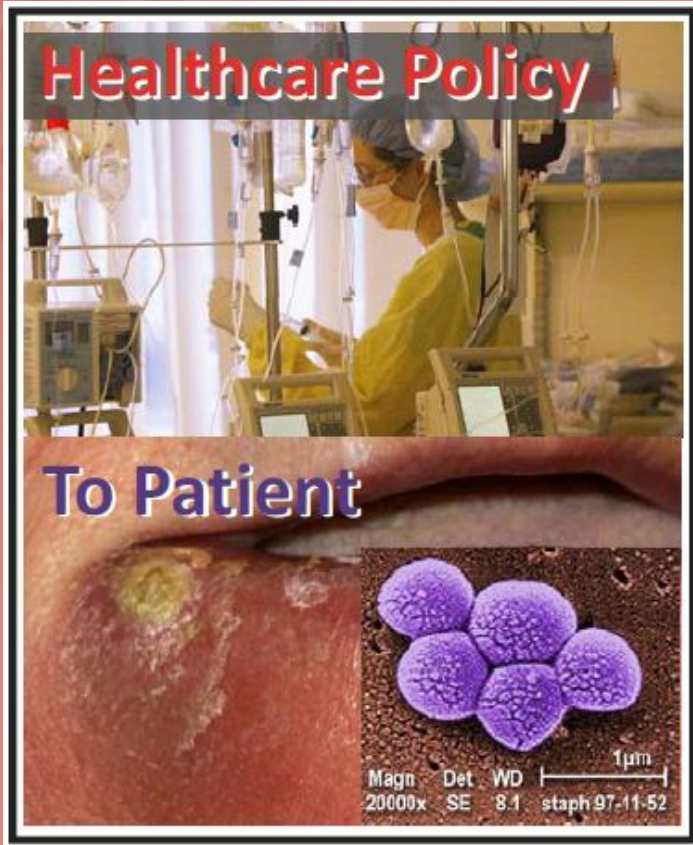


Feb. 14<sup>th</sup>, 2013

# Healthcare Acquired Infections

The Need for State Government Engagement



Health Watch USA<sup>sm</sup>



This presentation is the express opinion of Dr Kevin T. Kavanagh, MD, MS, FACS

# Two Topics for Discussion

- Changes in Our HealthCare System Which Reduce Quality Checks and Balances.
- Update on Healthcare Associated Infections.

# Assurance of Healthcare Quality

The System Is Changing - Oligopolies !

- Hospital Employment of Doctors.
- Hospital Horizontal Integration
- Now they may be speaking with one voice.

# Assurance of Healthcare Quality

## The System Is Changing - Oligopolies !

- Hospital Employment of Doctors.
  - \* Driven by Facility Fees which Hospital Employed Doctors Can Charge.
  - Outpatient Costs for Consumers Can Double

Ref: Kavanagh KT: Two Takes: Should Hospitals Be Allowed to Charge Facility Fees? US News & World Report, Jan. 11, 2013

Ref: Hospitals face increased scrutiny for charging facility fees. Washington Post, Dec. 23, 2012

Ref: Kavanagh KT: Health care integration: will physicians lose their voice? Bulletin of the American College of Surgeons, June 2011. PMID: 22315908

### **Please Note**

Two charges are posted with every clinic visit.

One charge is the physician's fee.

The second charge is the hospital's clinic fee.

You are responsible for any balance due on both charges after insurance pays.

# Assurance of Healthcare Quality

The System Is Changing - Oligopolies !

- **Accountable Care Organizations – New Delivery Systems**

-- Physician Loyalty May be To Institution and not to the Patient. There are not good protections.

"the governing body members shall have a fiduciary duty to the ACO and must act consistent with that fiduciary duty" (Fed. Reg. 42 CFR Part 425, Vol. 76, Nov. 2, 2011, 67819).

Ref: Kavanagh KT. The changing role of the physician. American College of Surgeons, Surgical News. Oct 23, 2012.

<http://www.acssurgerynews.com/opinions/editorials/single-article/the-changing-role-of-the-physician/9dbaf6056dcb9a966c5beef8cb438de6.html>

# Fiduciary Responsibility

- Physician's Primary Loyalty Should Be to the Patient.
- Similar to the remedy which was needed in the era of HMOs. Passage of legislation is needed to protect the physician from employer gag-clauses and retaliation when the interests of his patient and employer are in conflict.

# Assurance of Healthcare Quality

- Hospital Systems do not have to have Community Hospital Boards.
- Hospital Boards do not have to have at least one healthcare provider on them.
- -- AHA expressed concern since having a healthcare provider on the hospital board violated Iowa law, the trustee structure of Universities and impinged upon free enterprise.

“Further, investor-owned hospitals have governing boards selected by their investors; it is a right and responsibility of the owners to select those who govern the organization and not appropriate for an agency to interfere with the choices made by the investors in a privately held company.”



# Assurance of Healthcare Quality

The System Is Changing - Oligopolies !

- The stage is set for a single hospital board far away from the treating facility with no representation of healthcare providers. Possibly composed entirely of investors;
- And with physicians and healthcare providers whose primary fiduciary responsibility is to the institution and not to the patient.



# Assurance of Healthcare Quality

## The System Is Changing - Oligopolies !

- COST DRIVEN SYSTEMS

- During a recent patient safety presentation:  
A major hospital had 1370 “costly” medication errors over a year time.

- It was proposed to hire four pharmacists at a cost of just under \$760,000.

- Even though medications errors are viewed as malpractice, the CFO did not approve the full program.

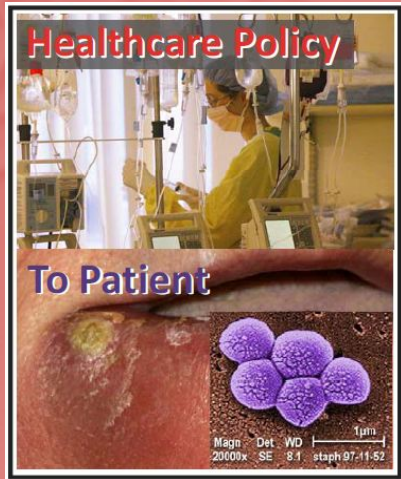
- This facility cleared over \$100 million last year.



# Cost Effectiveness

- **For Society**
- **For Patient**
- **For Payer**
- **For Institution**





**While Our System Is Undergoing  
Massive Change it Has To Also  
Deal With One of The Greatest  
Challenges in Decades**

# Health Care Associated Infections

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# HAI Burden

- At any given time, **1 in 20** U.S. hospital patients has a HAI



One of the top 10 leading causes of death in the United States

<http://www.ahrq.gov/qual/hais.htm>



# Size of Problem

## Healthcare Associated Infections (HAI)

- 1.7 Million Infections, Nearly 100,000 Lives Lost Each Year
- Kentucky – An annual cost of almost 400 million dollars & almost 1400 lives lost from 23,000 HAI.



**Nationally, deaths equal more than one Boeing 767 crashing every day.**

# Healthcare Associated Infections

- MRSA -- CDC feels this is improving. Some studies in the Literature Indicate Otherwise. In a recent CDC study, MRSA infection occurred in 1% of ICU patients.  
<https://idsa.confex.com/idsa/2012/webprogram/Paper36049.html>
  - In the region of the United States that Kentucky resides, almost 70% of Staph Cultures are MRSA positive.
  - In Northern Europe below 5% of Staph Cultures are MRSA positive.
- C. Difficile – CDC and AHRQ both agree we are not decreasing infection rates.
- CRE – Very deadly gut bacteria. Resistant to almost all antibiotics. Up to 40% fatality rate. Has carriers and easily spread. Nationwide, about 6% of hospitals are battling outbreaks of CRE -- Wash Post 9/14/2012.

# Healthcare Associated Infections

- NIH Hospital, Bethesda, MD: ‘ "The outbreak (CRE) was finally contained by implementing tougher standards," said the NIH researchers—standards tougher than CDC guidelines.’
  - 6 of 18 Patients died of the CRE, another 5 died of underlying disease.

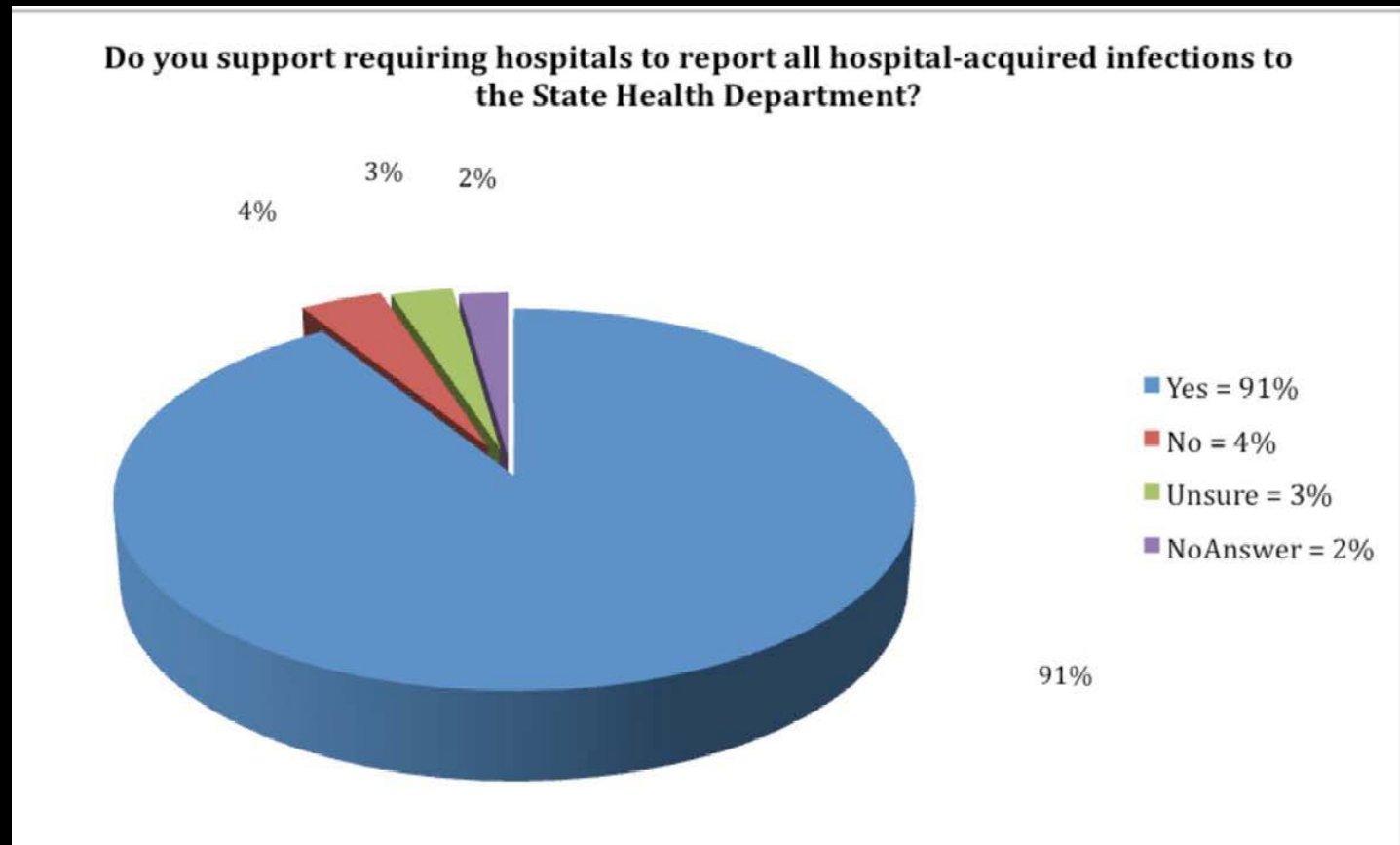
<http://www.nih.gov/researchmatters/september2012/09102012outbreak.htm>  
<http://online.wsj.com/article/SB10001424127887324156204578273674102866886.html>

- Los Angeles County, one of the few places where CRE is being tracked, detected 356 cases from June to Dec 2010.

[http://www.wired.com/images\\_blogs/wiredscience/2012/08/CRKPpats1.jpg](http://www.wired.com/images_blogs/wiredscience/2012/08/CRKPpats1.jpg)  
<http://www.publichealth.lacounty.gov/acd/Diseases/Klebsiella.htm>



# HAI – Public Wants Reporting



Poll: Senator Harper-Angel, Feb. 2011

# Healthcare Associated Infections

## Outbreaks in Healthcare Facilities -- Kentucky, 2012

Organism	Hospital	LTCF	Correctional Healthcare Facility	Total
B. pertussis	1	0	0	1
C. difficile	0	1	0	1
CRE (Klebsiella Pneumoniae)	1	0	0	1
GI illness, unspecified	1	33	0	34
Influenza	0	13	1	14
Legionella	0	1	0	1
MRSA	1	0	0	1
Norovirus	2	27	0	29
Norovirus, suspected (unconfirmed)	0	5	0	5
Respiratory Illness, unspecified	0	1	0	1
Unknown Cause	0	5	0	5

Definition of an outbreak is when the number of infections are above the facility's baseline. The definition of a baseline is up to the facility.

# If There Is A COW Map, There Can Be HAI Maps.

## Beef cow density by county

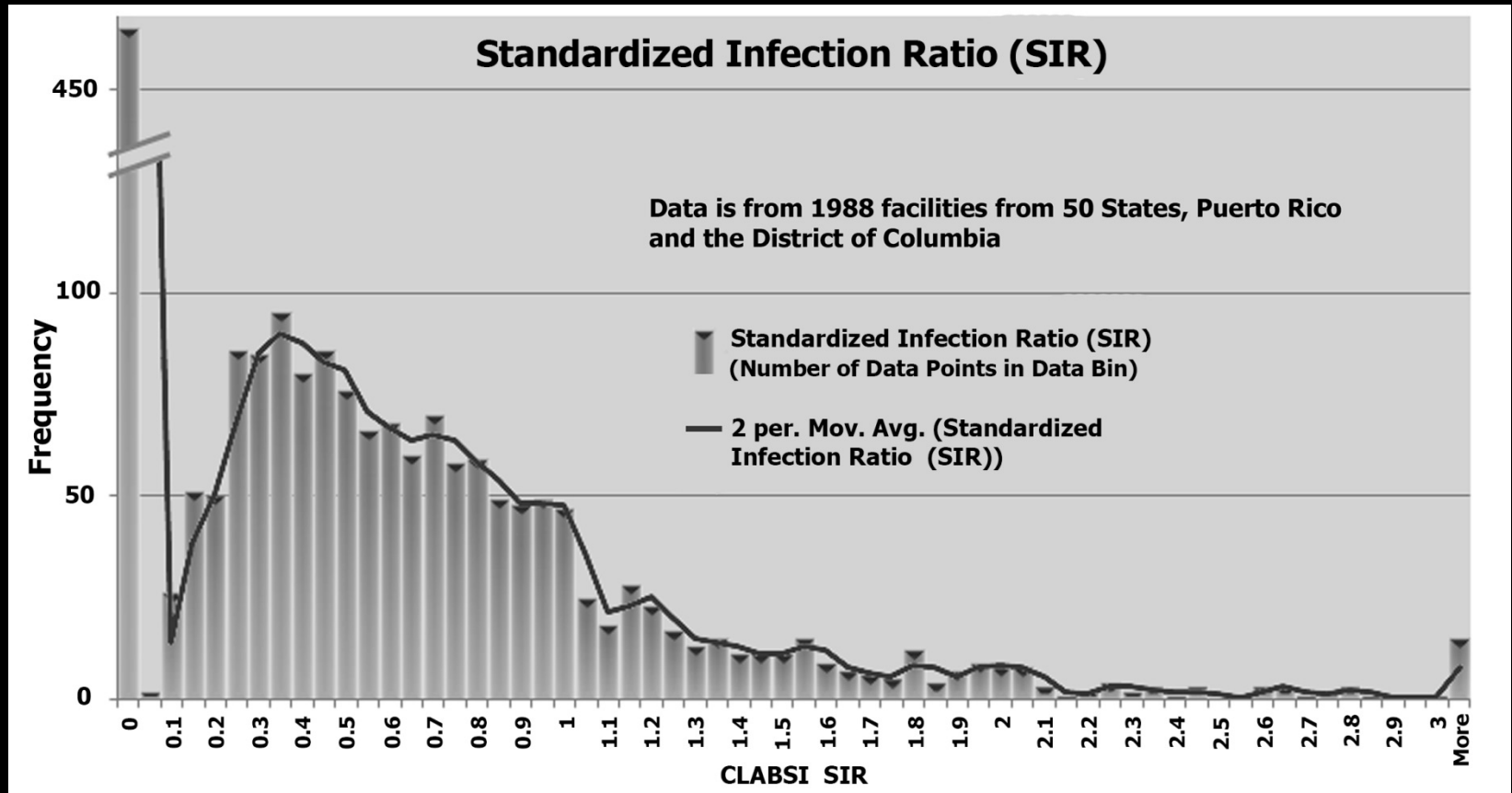


This map plots the beef cow inventory per cropland acre by county based on data from the 2007 Census of Agriculture. For this map, county inventories of beef cows, excluding cattle on feed, were divided by the number of acres in cropland production for each county. The 10 most beef cow-dense counties included: Kenedy, Texas (10,469 beef cows per acre); Catron, N.M. (3,340 beef cows per acre); Grant, N.M. (1,953 beef cows per acre); Thomas, Neb. (1,717 beef cows per acre); Osceola, Fla. (1,686 beef cows per acre); Okeechobee, Fla. (1,528 beef cows per acre); Jim Hogg, Texas (1,421 beef cows per acre); Taylor, Fla. (1,368 beef cows per acre); Tuolumne, Cal. (1,225 beef cows per acre), and Gila, Ariz. (1,174 beef cows per acre).

# We Are Better Than The National Benchmark for CLABSI.

- CLABSI are infections of large treatment catheters and kill as many people each year as breast cancer.
- The Quagmire of the SIR (Standard Infection Ratio – The Infection Rate)
- The Dept. of HHS displays new data using old standards of performance.
- This is like giving 12<sup>th</sup> graders a 4<sup>th</sup> grade test and then saying almost everyone passes.

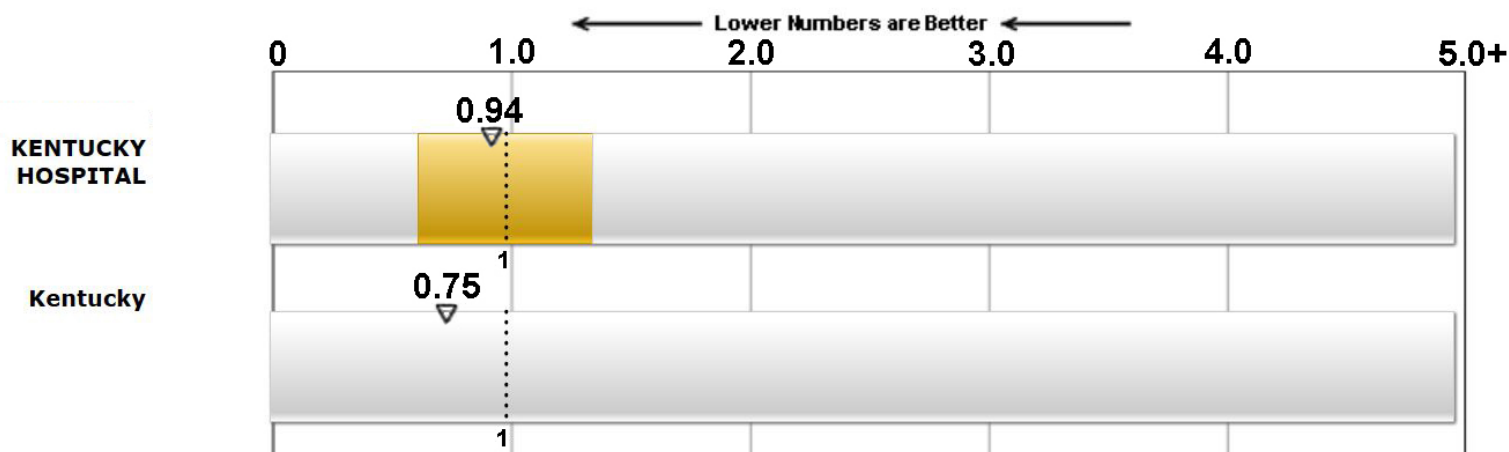
# We Are Better Than Average for The Nation for CLABSI



From Jan 1, 2011 to Dec. 31, 2011 the average SIR (Infection Rate) 0.57 and the peak of the curve was 0.35.

# We Are Better Than Average for The Nation – CLABSI Scores

Central Line Associated Bloodstream Infections (CLABSI)  
Lower numbers are better. A score of zero (0) - meaning no CLABSIs - is best.  
Why is this important?



National Benchmark = 1

Figure Adapted From Hospital Compare Website, Feb 1, 2013 – Redacted  
<http://www.medicare.gov/hospitalcompare/>

# Not Setting Standards

- One of the Best example is MRSA Surveillance.
- Only two studies found surveillance to be ineffective. But in these studies the intervention group did not have effective intervention over half of the time.
- Similar to a farmer keeping an insecticide in the barn and then stating it did not kill the insects on his crops.
- Kavanagh K, Abusalem S, Saman DM. A Perspective on the Evidence Regarding Methicillin-resistant Staphylococcus aureus Surveillance. J Patient Saf. 2012 Aug 7. [Epub ahead of print], Sep; 8(3):140-3 PMID: 22874134



# Not Setting Standards

- **Downplaying evidence and playing up false uncertainty.** As scientific understanding of the health effects of products and substances such as tobacco and particulate emissions emerges, companies fight regulation by attacking the science, downplaying scientific consensus, exaggerating scientific uncertainty and spreading doubt.

Union of Concerned Scientists: Heads They Win, Tails We Lose, How corporations Corrupt Science at the Public Expense. Feb. 2012.

# New Prevention Options

- CDC is also recommending daily baths with antimicrobial agents - chlorohexidine.
  - ★ Most people thought this was already being done.
  - ★ There is a concern of long term development of bacterial resistance.
- Trading short term good results for long term problems.

# Assurance of Healthcare Quality - Value Purchasing

- Using Market Forces – Paying for good quality not paying for bad outcomes.
- However, to date has not always had effective implementation.

# We already do not get paid for Hospital Acquired Conditions.

- CLABSI – Central Line Associated Blood Stream Infections
  - In the first year of the program, CMS recouped nationwide \$85,000 from 26 patient discharges. In the second year of the program, CMS recouped nationwide \$92,000 from 20 patient discharges.
- Thus, ineffective penalty.

Kavanagh KT. A comment on: Lee GM, Kleinman K, Soumerai SB, Tse A, Cole D, Fridkin SK, Horan T, Platt R, Gay C, Kassler W, Goldmann DA, Jernigan J, Jha AK. Effect of nonpayment for preventable infections in U.S. hospitals. N Engl J Med. 2012 Oct 11;367(15):1428-37. doi: 10.1056/NEJMsa1202419. Accepted Nov. 9, 2012.



# New Value Purchasing Initiatives

- New Initiatives whose penalties and bonuses are starting in 2013 affect the entire facility's fee schedule.
- A Variety of Quality Measures and Readmissions.
- CMS Bonuses and Penalties - 2013.
  - 90% of KY Hospitals will Have a Penalty
  - 66% of Hospitals Nationally Will Have a Penalty.

# State Engagement Is Needed For Quality Assurance of Our Healthcare System

