# Fight Hospital Acquired Disease

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Hospital acquired infections are a major problem which has the potential of crippling our health care system, including adding to the runaway costs of Kentucky Medicaid. The Centers for Disease Control (CDC) estimates their cost between $28 billion and $33 billion and approximately 99,000 lives. Each infection adds an average of $30,000 to a patient's bill. In response, Medicare has stopped paying for hospital care associated with several types of hospital acquired infections, and there are discussions to add even more infections to the list.

Many have cried foul and are pointing the finger at big government regulations. However, this is not regulation or criminalization. It is applying free market principles to not pay for an unexpected, many times preventable bad result. This is watching our dollar. These same pundits have screamed about government waste and the fictitious $500 hammer, but when Medicare guards the taxpayer's money, they cry foul.

Can all hospital acquired conditions (HAC) be prevented? Of course not. But the fact is the hospital industry can do much better and there is not a more effective way to promote high quality medical care than the application of free market principles.

One can argue you can never eliminate all infections. But you can come close. In Pennsylvania, public reporting of health care acquired infections has produced excellent results. Dr. Shannon from the Allegheny General Hospital in Pittsburgh reported over an 80 percent reduction in catheter line infections and a drop in mortality, from 19 to 1 patient. Using CDC data, if all facilities reduced their catheter line infection rate by 80 percent, it could save Medicare up to $2.1 billion and, more important, save countless lives.

Take clostridium difficile, a life-threatening bowel infection. A hospital in Lancaster, Pa., reported a rate of 1.2 cases per 1,000. With heightened surveillance and meticulous protocols to promote sterility, they dropped their rate to 0.6 cases per 1,000. Even the baseline rate compares favorably to the rates for Kentucky of 21.8. The use of surveillance cultures for MRSA has also been slow to be adopted by the medical community. However, with the

increasing evidence provided in the Northwest University study that universal surveillance cultures decreased the hospital-associated MRSA disease by 69.6 percent.

The fear that hospitals will quit admitting high risk patients is unfounded. Hospitals do not admit patents, doctors do. Surgeons have been living under similar rules of nonpayment for adverse outcomes since the mid-1980s and they have not stopped treating patients. A surgeon gets no additional income, except for a reduced fee for a return to the operating room, for any related event which occurs in the post-surgical period. There was not a major uproar in the health care industry when these regulations were adopted. What is good for the goose is not only good for the gander but also for patients, the economy and the quality of health care in the United States.

The provisions in the health care reform bills before the Senate and House which relate to the public reporting of hospital acquired conditions and to Medicaid adopting Medicare rules on nonpayment of hospital acquired conditions need to be supported and kept in the final legislation.

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