



Health Watch USA - Newsletter

www.healthwatchusa.org February 2009

Call for papers: The Conference for Healthcare Transparency and Patient Advocacy is issuing a call for papers for the Nov. 13, 2009 conference. Four 25 minute presentations will be selected from submitted abstracts. Presentations should describe or research an idea or example of how to change our healthcare system and/or how to better advocate for patients. Submissions should be on two pages. The first is an Author Contact Page with the name, e-mail, address and institution of the author. The second is the Abstract Page and should contain a 300 word abstract and a statement regarding any funding or conflicts of interest with the presentation. If no conflicts exist, this needs to be clearly stated.

All submissions will be blindly reviewed by a committee of three active and retired academicians. All accepted presentations will be expected to submit a narrative with references to the Journal of Health and Social Policy. (Conference is scheduled to be held on Nov. 13, 2009 at the Four Points Sheraton in Lexington, Kentucky.)

Please send submissions in MS Word format to kavanagh.ent@gmail.com

Hospital Acquired Infections: Hospital acquired infections is still of primary concern to the public, as illustrated by a recent editorial in USA Today: <http://blogs.usatoday.com/oped/2009/01/our-view-on-pro.html>

In January of 2009, national trends in pediatric Staphylococcus Aureus infections of the head and neck was published in the Archives of Otolaryngology. <http://archotol.ama-assn.org/cgi/content/abstract/135/1/14> The prevalence of MRSA (Methacillin-resistant Staph Aureus) prevalence increased from 11.8% in 2001 to 28.1% in 2006. A more than doubling of the incidence of this infection. 60% of the pediatric infections were community acquired. (Remember community acquired can still be healthcare associated.) In this study, 46% of Community Acquired MRSA was resistant to Clindamycin compared to only 3% reported by Naimi, et al., in 2001.

This emphasizes the fact that MRSA is becoming more virulent and harder to treat. The notion that this organism is already in the community and it's too late to act, needs to be abandoned since evidence indicates that it is continuing to evolve into more deadly forms.

The US Dept of Health and Human Services has release a draft action plan to prevent healthcare-associated infections. <http://www.hhs.gov/ohs/initiatives/hai/draft-hai-plan-01062009.pdf>

Several interesting statements are contained in this report:

“Another approach CMS has adopted as it transforms the Medicare program from a passive payer towards the goal of being an active purchaser of higher quality, more efficient health care is hospital pay-for-reporting.”

“Public reporting enhances accountability in healthcare by increasing the transparency of quality data. Public reporting is designed to create both “indirect” financial and non-financial incentives to improve quality of care. Indirect financial incentives result when public reporting drives patients’ choices and, therefore, market share. Non-financial incentives include publicizing performance, reputations, competition, motivation, accountability, and public, recognition. “

HB 67: House Bill 67 has been submitted. This bill is very similar to the one submitted by Senator McGaha in 2008. The cost analysis seems to have stalled the bill. Cost estimates by the LRC from data provided from the Cabinet of Health and Human Services estimate the cost at \$2,300,000 per year. This includes \$300,000 for two epidemiologists and \$100 per screening test for 20,000 tests on 10,000 Patients. <http://www.lrc.ky.gov/record/09RS/HB67/fn.doc>

Health Watch USA feels these costs are greatly overstated and that this bill should save Medicaid significant funds for the following reasons:

#1. The CDC has developed and implemented a standardize methodology and reporting system (NHSN) which is free for hospitals to use . <http://www.healthwatchusa.org/downloads/20081003-GAO-Report-d08808.pdf>

#2. It should not take two epidemiologists to run the program, one is ample.

#3. The cost of the screening test is substantially overestimated. The Nov. 16, 2008 KY Senate testimony addressed this issue. http://www.healthwatchusa.org/mrsa/mrsa_presentations.html The following testimony was given:

a). Senator Dick Roeding stated an MRSA test (culture) costs \$10.00 per test.

B). Dr Marty Evans, infectious disease medical director at the Lexington VA Hospital and a Kentucky Hospital Association witness, stated that the MRSA PCR test cost \$30 per test. The PCR test gives results in hours and is the gold standard. (Types of Screening tests for MRSA http://www.questdiagnostics.com/brand/business/files/mrsa_pcr.pdf).

C). Senator McGaha testified that “many hospitals” are already doing this and in these facilities there is no increase in cost.

MRSA PCR tests could be used for unplanned hospital admissions and MRSA Culture for planned hospital admissions and discharges.

Health Watch USA thus estimates the cost at \$200,000 for personnel and \$400,000 for testing. For a total of \$600,000 per year. In addition, the increase in cost of a hospital acquired infections has been

reported by the State of Oregon to be \$32,000 per infection. Thus, the breakeven point is the prevention of approximately 20 of these infections per year.

<http://www.oregon.gov/OHPPR/RSCH/docs/HAI111406.pdf>

For more information: http://www.healthwatchusa.org/healthcare_acquired_infections.htm

US Healthcare Spending: US Healthcare spending slows: Health Affairs reports that the US had the lowest rate of increase in health care spending since 1998. Expenditures grew 6.1% to a staggering **2.2 trillion dollars** comprising **16.2% of the US Gross Domestic Product**. The slowdown in growth was largely due to lower prescription drug sales.

<http://content.healthaffairs.org/cgi/content/abstract/28/1/246>

AHRQ reports differences between Medicare Advantage and Medicare Fee-for-Service Plans.

- Patients in Medicare Advantage plans had shorter stays than their fee-for-service counterparts—5.2 days compared with 5.9 days.
- In Medicare Advantage, 35.5 percent of patients were categorized as most severely ill, compared with 38.5 percent among fee-for-service Medicare patients.
- Fifty-two percent of the patients in Medicare Advantage plans went home after their hospital stay and not to a nursing home or under the care of a home health care agency. This compares to 47 percent of fee-for-service Medicare patients.

<http://www.hcup-us.ahrq.gov/reports/statbriefs/sb66.jsp>

Medical Malpractice: The medical liability monitor <http://www.medicalliabilitymonitor.com/> has released its 2008 survey on malpractice insurance rates. The American Medical News reports that the survey found a 4.3% decrease in malpractice premiums.

Smoking and Tobacco Update:

- 1) If the dangers of second-hand smoke was not enough. Now there is third-hand smoke.
http://www.ncbi.nlm.nih.gov/pubmed/19117850?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum
- 2) McLernon, et al. (2008) reported that fMRI scans demonstrated that the brains of smokers who try to quit smoking reacted to smoking related cues, such as seeing pictures of someone smoking, more so than did non-smokers. This is an objective demonstration and measurement of the addictive effects of tobacco.

http://www.ncbi.nlm.nih.gov/pubmed/19107465?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

- 3) Nyunova, et al. (2009) found that smoking accelerates aging by damaging the same protein which is damaged in Werner's syndrome, a genetic disorder which causes premature aging. http://www.ncbi.nlm.nih.gov/pubmed/19011155?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum This may help explain why smokers age and wrinkle and die 10 years sooner than non-smokers.

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Information in this newsletter is the express opinion of Health Watch USA and Kevin Kavanagh, MD