



Health Watch USA Newsletter

www.healthwatchusa.org April 1, 2009

2009 Conference on Healthcare Transparency and Patient Advocacy Sponsored by the Kentucky Medical Association and Consumer's Union.

To register go to: www.healthconference.org

Call for papers: To submit a paper to be presented at the conference go to www.healthconference.org for more information.

Exhibitors Include:

American Heart Association
Kentucky Action
American Cancer Association
Kentuckians for Nursing Home Reform
Blue Grass Institute
Out of Pocket
Kentucky State Department of Health
Cardinal Hill Healthcare Systems & Easter Seals

To register as an exhibitor go to: <http://www.healthconference.org/exhibits.htm>

Health Care News

Hospital Acquired Infections

How well is the CDC doing?

A recent GAO study concluded "that the lack of department-level prioritization of CDC's large number of recommended practices had hindered efforts to promote their implementation. The CDC has 1200 recommended practices to prevent hospital acquired infections.

<http://www.gao.gov/new.items/d09516t.pdf>

<http://www.gao.gov/highlights/d09516thigh.pdf>

In another GAO report, recommendations were made for CMS to obtain data on healthcare associated

infections in surgery centers. CMS concurred with the recommendations.

<http://www.gao.gov/highlights/d09213high.pdf>

Direct Medical Costs of Healthcare Acquired Infections: After adjusting for CPI for inpatient hospital services, the overall annual direct medical cost of Hospital Associated Infections is 35.7 to 45 billion dollars. The benefits of prevention range from 5.7 to 6.8 billion dollars (20% of infections preventable) to 25 to 31.5 billion dollars (70% of infections preventable.)

http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf

Money Has Been Appropriated by Congress to Help States Address Hospital Acquired Infections

<http://appropriations.house.gov/pdf/LHEFY0902-23-09.pdf>

PLUS - The American Recovery and Reinvestment Act provided \$50 million under the Prevention and Wellness fund for states to carry out activities to implement HAI reduction strategies.

http://www.healthwatchusa.org/downloads/20090401CDC_HAI_Testimony_final.pdf

Gram Negative Bacteria – Multiple Drug Resistance is Starting to Appear.

The New York Times discusses the growing problem with gram negative drug resistant bacteria and describes a “pan resistant” strain of Klebsiella which is resistant to all antibiotics. This strain first occurred in a Brooklyn Hospital. <http://www.latimes.com/features/health/la-sci-badbugs17-2009feb17,0,5079716.story>

The CDC is also making recommendations regarding this strain of Klebsiella and trying to prevent an epidemic similar to MRSA. Below are excerpts from a CDC conference call:

“As we discussed on our last conference call, tomorrow we will be releasing an MMWR on Carbapenem Resistant Klebsiella pneumoniae (CRKP), also known as Klebsiella pneumoniae carbapenemase (KPC) producing organisms. The MMWR will include HICPAC recommendations on how healthcare facilities can detect, contain, and control the spread of carbapenem resistant Klebsiella pneumoniae.”

Recommendations included:

- Conducting active surveillance testing of patients with epidemiologic links to the CRE case (e.g., those in the same unit).
- Continuing active surveillance periodically (e.g., weekly) until no new cases of colonization or infection suggesting transmission are identified.
- If transmission of CRE is not identified following repeated active surveillance testing in response to clinical cases, consider altering the surveillance strategy to the performance of periodic point prevalence surveys in high-risk units.

It is interesting how the CDC is advocating active surveillance cultures to control this organism but these cultures are not performed uniformly for MRSA. To date 25 states have passed laws requiring public reporting of hospital acquired infections: CA, CO, CT, DE, FL, IL, MD, MA, MN, MO, NJ, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, VT, WA. The number of states continues to grow.

Fact sheet for the public and protocol for clinical microbiology laboratories from the CDC's website:
http://www.cdc.gov/ncidod/dhqp/ar_kp.html

PowerPoint Slides from CDC COCA conference presentation are available on the CDC's website:
http://www.bt.cdc.gov/coca/ppt/CRE_031709_Patel_Srinivasan_CE_Update.pps

Electronic Medical Records (EMR) Have Serious Problems – Needs to be revamped.

<http://finance.yahoo.com/insurance/article/106805/Doctors-Raise-Doubts-on-Digital-Health-Data?sec=topStories&pos=9&asset=TBD&cocode=TBD>

"In a "perspective," Dr. Kenneth D. Mandl and Dr. Isaac S. Kohane portray the current health record suppliers as offering pre-Internet era software — costly and wedded to proprietary technology standards that make it difficult for customers to switch vendors and for outside programmers to make upgrades and improvements." – New York Times March 26, 2009

Last week in Washington, DC, I met with a number of doctors and legislators who are involved with the Obama Health Care Reform Plan. All reported that the feeling in Washington was that the current system needs to be scrapped in favor of complete portability of the data file. Consideration has been given to an open source data file structure to a centralized national storage of all patient data with software companies writing the access program.

Shortage of Doctors

There has been much publicity on the shortage of primary care, but General Surgery is also in crisis with residencies not filling slots.

http://www.ncbi.nlm.nih.gov/pubmed/18471697?ordinalpos=4&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

http://www.ncbi.nlm.nih.gov/pubmed/18436007?ordinalpos=7&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

Other reports from a surgical advocacy conference in Washington, DC. Doctors are rapidly fleeing private practice for employment by large healthcare organizations. Last year, the largest physician recruiting firm reported that 45% of its physician searches were for hospitals, up from the mid teens just a few years ago. A CMS pilot study for a single hospital case rate to pay both the facility and physician has

been approved. Low Medicare payment rates, a proposed 30% withhold, and the current high cost of EMR could all threaten the private physician and may further fuel the exodus out of private practice.

Massachusetts Health Care Plan

The state of Massachusetts is facing a “sharp climb in health spending”. Massachusetts provided near-universal coverage with subsidized insurance. Without change the program will become insolvent in five to ten years.

<http://www.nytimes.com/2009/03/16/health/policy/16mass.html?partner=rss&>

CMS Transmittal 58 – Hospitals to disclose to patients whether they are physician owned

Physician ownership of hospitals must be disclosed to patients. The transmittal does not cover hospital ownership of physicians where similar conflicts exist.

<http://www.cms.hhs.gov/transmittals/downloads/R58G1.pdf>

A man must sit in a chair with his mouth open a very long time before a roast duck will fly in. – Old Chinese Proverb.

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