Healthcare Associated Infections Policy Update

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Disclaimer

The positions expressed in this presentation are those of the author(s) and not necessarily of the Centers for Disease Control and Prevention.
Healthcare-associated Infections (HAIs)
Policy Overview

- Overview HAIs
- Federal and State Policies/Mandates
- HHS Action Plan
- State Activities
Healthcare-associated Infections

- Affect 1 in 20 patients in U.S. hospitals annually
- 99,000 associated deaths annually
- Up to $33 billion in excess medical costs annually
- Increase length of hospitalizations
- Burden outside hospitals is unknown
Most common HAIs are bloodstream infections, urinary tract infections, pneumonia, and surgical site infections. Caused by several microorganisms. Emerging pathogens are a major concern:
- *Methicillin-resistant S. aureus* (MRSA)
- Multidrug resistant gram-negative bacteria
- *Clostridium difficile*
HAIs Across the Continuum of Care

- Acute Care Facility
- Home Care
- Outpatient/Ambulatory Facility
- Long Term Care Facility
CDC’s Role in HAI Elimination

- Define the scope of the problem and impact of interventions
  - Outbreak investigations
  - National Healthcare Safety Network (NHSN)
  - Population-based surveillance systems
- Identify best practices
- Work with partners to promote prevention
- Complement other HHS agencies and support state/local health departments
Towards HAI Elimination

- Federal Regulation
- Public Reporting
- Payment Incentives
- Implications for HAI prevention
Deficit Reduction Act Section 5001 (c)

- Quality adjustment in diagnosis-related group (DRG) payment for certain hospital acquired infections
  - Translation: No increased payment for selected complicating conditions that are not present at the time of hospital admission

- Conditions must meet the following requirements
  - high cost or high volume or both,
  - result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis,
  - could reasonably be prevented through the application of evidence-based guidelines.

- CMS must work with CDC to select at least 2 conditions

- Implementation date: October 1, 2008
Reporting Hospital Quality for the Annual Payment Update (RHQAPU)
- Pay-for-reporting program that uses Medicare payment as an incentive
- Hospitals report on care that they provide

Beginning FY2007
- Hospitals reported performance on 21 measures to receive full payment update
- Failure to report results in a 2% reduction in the Annual Payment update

Strong incentive with most US hospitals participating
News Release

FOR IMMEDIATE RELEASE

Tuesday, January 6, 2009

Contact: OPHS Press Office
(202) 205-0143

HHS Issues Action Plan to Prevent Health Care-Associated Infections

The U.S. Department of Health and Human Services (HHS) unveiled a plan that establishes a set of five-year national prevention targets to reduce and possibly eliminate health care-associated infections (HAIs).

Health care-associated infections are infections that patients acquire while undergoing medical treatment or surgical procedures. These infections are largely preventable.

The Action Plan to Prevent Health Care-Associated Infections lists a number of areas in which HAIs can be prevented, such as surgical site infections. The plan also outlines cross-agency efforts to save lives and reduce health care costs through expanded HAI prevention efforts.

“This plan will serve as our roadmap on how the department addresses this important public health and patient safety issue,” HHS Secretary Mike Leavitt said. “This collaborative interagency plan will help the nation build a safer, more affordable health care system.”

The plan establishes national goals and outlines key actions for enhancing and coordinating HHS-supported efforts. These include development of national benchmarks prioritized recommended clinical practices, a coordinated research agenda, an integrated information systems strategy and a national messaging plan.

The plan also identifies opportunities for collaboration with national, state, tribal and local organizations.

HHS intends to update the plan in response to public input and new recommendations for infection prevention. The plan, and instructions for submitting comments on the plan, can be found online at http://www.hhs.gov/OPHS.
HHS Action Plan to Prevent HAIs

- Establish measurable national goals
- Improve coordination to strengthen prevention, research, surveillance, incentives/oversight, and messaging strategies
- Engage external stakeholders for accountability and to implement strategies
- Approach problem in tiers
  - Tier 1 – Hospitals
  - Tier 2 – Ambulatory surgical centers and dialysis centers
- Maintain plan as living document
## HHS Action Plan for HAI Prevention
### National 5 Year Goals

<table>
<thead>
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<th>Metric</th>
<th>Source</th>
<th>National 5-Year Prevention Target</th>
<th>Coordinator</th>
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<td>Bloodstream infections</td>
<td>NHSN</td>
<td>50% reduction</td>
<td>CDC</td>
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<tr>
<td>Adherence to central-line insertion practices</td>
<td>NHSN</td>
<td>100% adherence</td>
<td>CDC</td>
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<tr>
<td><em>Clostridium difficile</em> (hospitalizations)</td>
<td>NHDS HCUP</td>
<td>30% reduction</td>
<td>CDC/AHRQ</td>
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<td><em>Clostridium difficile</em> infections</td>
<td>NHSN</td>
<td>30% reduction</td>
<td>CDC</td>
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<td>Urinary tract infections</td>
<td>NHSN</td>
<td>25% reduction</td>
<td>CDC</td>
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<tr>
<td>MRSA invasive infections (population)</td>
<td>EIP</td>
<td>50% reduction</td>
<td>CDC</td>
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<tr>
<td>MRSA bacteremia (hospital)</td>
<td>NHSN</td>
<td>25% reduction</td>
<td>CDC</td>
</tr>
<tr>
<td>Surgical site infections</td>
<td>NHSN</td>
<td>25% reduction</td>
<td>CDC</td>
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<tr>
<td>Surgical Care Improvement Project Measures</td>
<td>SCIP</td>
<td>95% adherence</td>
<td>CMS</td>
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**HHS Action Plan to Prevent Healthcare-associated Infections**

NHSN=National Healthcare Safety Network     NHDS=National Hospital Discharge Survey
HCUP=Healthcare Cost and Utilization Project EIPs=Emerging Infections Program
SCIP=Surgical Care Improvement Project
# Recovery Act Funding for Healthcare-associated Infections (HAI)

$35.8 million to address HHS Action Plan to build & sustain state programs to prevent HAIs

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<th>Activity B: Expand Surveillance</th>
<th>Activity C: Prevention Collaboratives</th>
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<td>State HAI plan &amp; State HAI coordinator</td>
<td>NHSN* state coordinator</td>
<td>Training for hospitals</td>
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<tr>
<td>Multidisciplinary committee for State HAI program</td>
<td>Training for hospitals</td>
<td>Linkage to other HHS &amp; private sector initiatives</td>
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<td>Report to CDC on progress in HAI prevention</td>
<td>NHSN expansion</td>
<td>– AHRQ, CMS</td>
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<td>NHSN reporting on HHS targets</td>
<td>Achieving HHS Prevention targets</td>
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<td>Validation studies</td>
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*National Healthcare Safety Network*
Healthcare-associated Infections (HAI): Recovery Act
Epidemiology & Laboratory Capacity (ELC)
Data for Action

- Provides facilities with risk-adjusted data that can be used for inter-facility comparisons and local quality improvement activities
- Assist facilities in timely recognition of HAIs
- Allows for prompt intervention with appropriate measures
- Provides data for public reporting of HAIs
- Provides data for collaborative research studies with members
Enhancements to NHSN to meet changing needs

- Simpler enrollment for participating facilities
  - Migration to SAMS (password system) and away from Digital Certificates
- Revised Custom Fields for easier, more flexible use
- Reduced data requirements for surgical site infection reporting
- Expanded use of additional electronic reporting of HAI data
  - Clinical Document Architecture
- Streamlined process for data sharing with state health departments
- Planned for 2011 include:
  - CDA for Antimicrobial Use reporting
The Affordable Care Act Will Increase Quality of Care

- National Quality Strategy to identify high-priority, evidence-based interventions to improve quality of health care
- Patient Centered Outcomes Institute
- Public reporting of healthcare associated infections
- Emphasize chronic disease care management and coordination in many programs
Public Reporting HAI Legislation, 2004

Disclosures of HAI rates required
Data for Action - Mandated public reporting has largely been led by consumer movements in states.
National public reporting of HAIs
- CLABSI and SSI initially
- Full HHS HAI Action Plan over time
- NHSN - public health surveillance system

Links reduction of HAIs to federal payment
- Use NHSN to report quality measure data as part of CMS’s pay-for-reporting program
  - *De facto* national mandate

Public comment period ended in June
Final rule expected in August
What might public reporting look like in FY 2013?
State Leadership in HAI Prevention

- Healthcare facilities were at the center of all HAI prevention and surveillance efforts
- Prevention projects were conducted by each individual facility
- Because of public reporting laws, health departments are increasingly at the center of HAI surveillance issues
- Prevention projects and initiatives are increasingly being done at the regional, state and national level
- Partnership is essential: health departments, hospital associations, Quality Improvement Organizations need to work together
State Activities

- **Congressionally mandated State HAI Plans FY09**
  - States are required to have a formal HAI prevention plan
  - Linked to CDC Prevention Block Grant
  - All States submitted plans to HHS in January 2010

- **Recovery Act**
  - $40M to CDC to fund State HAI activities
    - All grantees will be developing and executing State HAI Plans based on the HHS Action Plan - 49 states, DC, and Puerto Rico funded
    - Enhancing HAI surveillance
    - Establishing HAI prevention initiatives
  - $10M to CMS to improve surveys in ambulatory surgical clinics
    - CDC assisting by developing tools for enhanced surveys, training surveyors, and assisting with onsite survey activities
Challenges Ahead

- Continued support to health departments for leadership in prevention activities is critical
- Will need to harmonize public reports on Hospital Compare with other state mandated reports
  - Difference in reporting locations and procedures
Opportunities for HAI Prevention

- Involvement of public health agencies with CDC, CMS, ASTHO and CSTE to work together to prevent HAIs
- Importance of state health departments leadership in prevention activities
  - Increased data availability for prevention
  - Hospitals motivated to prevent HAIs through payment incentives
  - Identify policies to promote and sustain state HAI prevention activities
CDC is working with ASTHO, CSTE and NACCHO to:

- Assess best practices at state level under the Recovery Act
- Implement policies to support states
- Provide guidance to decision makers
Questions?