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Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services; etc.

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General Comment

I urge you to pass new Medicare payment rules that add two new infection measures central line blood-stream infections and surgical site infections to the amount of a hospital's reimbursement rates. A hospital's ability to keep infection rates low is vital to delivering quality medical care, and payment incentives are a good strategy for encouraging hospitals to prioritize infection prevention and other patient safety measures.

Hospital infections are one of the leading causes of death in the United States and have long been accepted as a possible outcome of a hospital stay, especially if an invasive procedure is performed. However, proven techniques for limiting and eliminating infections have challenged these antiquated notions. Patients, hospital-infection survivors, and safety advocates expect and demand that hospitals prioritize infection prevention and not consider infections as the cost of doing business.

I support the proposed rules that would add central line blood-stream infections and surgical site infections to the list of measures that influence the amount of payments from the Center for Medicare and Medicaid Services (CMS). These two measures make up a significant number of serious infections acquired in hospitals. But it has been proven that following certain procedures can significantly reduce blood-stream and surgical infections.

For example, a low-tech, low-cost checklist developed by Peter Pronovost, M.D., Ph.D., a critical care specialist and patient-safety researcher at the Johns Hopkins School of Medicine, resulted in dramatic reductions in infections and the costs associated with them. He implemented his checklist in Michigan hospitals where central-line bloodstream infections were reduced by 66 percent. It is estimated that the program saved more than 1,500 lives and \$200 million in the first 18 months alone.

Similarly, surgical site infections have been dramatically reduced by following proven procedures before, during and after surgery.

These measures are already collected by the Center for Disease Control (CDC) through the National Healthcare Safety Network (NHSN). They require no additional resources from hospitals to implement the reporting of these two types of infections.

Ultimately, the goal of including these new measures to the payment calculation is to save lives, but they also may result in lowering the cost of hospital care. Central-line bloodstream infections add on average \$42,000 to the hospital bills of each ICU patient who gets one.

I look forward to successful implementation of these payment incentives to encourage hospitals to eliminate infection risks to patients. This is a common-sense solution to a preventable problem that causes far too much death and suffering to American families.
