CMS Penalties Don’t Change Hospital-Acquired Infection Rates

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A Medicare payment policy designed to push hospitals to cut their infection rates has had no effect in reducing two types of preventable infections among patients in intensive care units, researchers say in a study out Wednesday [1] in the New England Journal of Medicine.

In 2008, the Centers for Medicare and Medicaid Services began denying additional payments to hospitals whose patients became sicker as a result of bloodstream infections and urinary tract infections associated with the use of central lines or catheters.

Researchers looked to see whether denying additional payments would spur hospitals to cut their infection rates, comparing those infections with a type of pneumonia not targeted by the payment policy.

“The financial penalty did not further reduce infection rates, which were already going down because of multitude of (infection control) campaigns and interventions that were already ongoing,” said the study’s lead author Grace Lee, associate professor, Harvard Pilgrim Health Care Institute and Harvard Medical School.

Infections picked up by hospitalized patients are an area of growing concern. It is estimated that about one in 20 hospitalized patients get an infection [2], resulting in up to $33 billion in additional costs each year. Efforts to reduce the rate of infections include public reporting requirements and the payment policy in Medicare, which is now being expanded into state Medicaid programs.

Other studies have found [3] the payment policy resulted in increased attention by hospital leaders – sometimes at the expense of other infections not targeted by the policy.

As policy efforts expand, the researchers say “careful evaluation is needed to determine when these programs work … and when they have unintended consequences.” They did give did give some caveats about their findings: The study looked only at patients in the ICU, for example, so it can’t say if infection rates in other parts of hospitals changed. Researchers tracked data reported to the National Healthcare Safety Network by 398 hospitals from January 2006 to March 2011.

Many of those 398 hospitals were voluntarily reporting that data even before the payment policy was implemented, which means they may have been further ahead in their infection control efforts than others, thus resulting in no additional slowdown after the penalties, says Lisa McGiffert of Consumers Union, publisher of Consumer Reports.

She and others say efforts to affect hospital payments and to publish infection rates do work.

“When you start affecting payments and publishing results, it does get the attention of leadership in a hospital,” said McGiffert. “This study shows it’s enormously difficult to connect a singular policy with progress.”

Today’s study is consistent with data from other studies, including one recently completed by the American Hospital Association, said Nancy Foster, vice president for quality and patient safety policy at the association. Those studies have shown an ongoing decline in infections that pre-dated the payment policy.

Still, Foster said a key piece of any effort to reduce hospital infections is not just to count the number of patients who have problems, but to have a specific, detailed prevention strategy. Preliminary results from the association study found a 40 percent reduction in central line-associated bloodstream infections in intensive care units when they used a team-based approach.

“With infections, you need a series of things you’re doing right each and every time. Not just washing hands, although that is important. Not just the right antiseptic, not just the right antibiotic. But all of those things together,” said Foster. “That’s the shift in perspective hospitals have gained.”

CMS spokesman Brian Cook did not address the study results directly, but said the 2010 federal health care law strengthens policies to reduce infections in hospitals. ”We’re confident that these polices will improve health care quality and reduce costs,” Cook said.

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