## Cost of hospital infections staggering

A Pa. agency said illness acquired during a stay cost taxpayers, insurers. By Josh Goldstein Inquirer Staff Writer

Patients who get infections while hospitalized are costing everyone big money.

A report being released today says that more than three-quarters of the 11,668 Pennsylvanians who got an infection in 2004 during hospital care for other ailments were covered by the taxpayer-funded Medicare and Medicaid programs.

In 2004, hospitals billed Medicare an extra \$1 billion to treat the hospital-acquired infections in 7,870 patients, and Medicaid was billed \$371.6 million more for 1,028 patients, according to the Pennsylvania Health Care Cost Containment Council, an independent state agency that tracks the cost and quality of health care.

Infections also drove up the costs for commercial insurers, which were billed an additional \$603.8 million to care for such patients, the report said.

"The financial toll of potentially preventable hospital-acquired infections is staggering," said Marc P. Volavka, executive director of the cost containment council. Volavka added that if hospitals elsewhere in the country had similar infection rates as Pennsylvania's, Medicare likely was billed about \$20 billion extra in 2004.

While those numbers are enormous, hospital charges are rarely the actual amount paid by patients, insurers or government-run programs. Hospitals collect significantly less from Medicare, Medicaid and insurers than the amount billed for care.

Still, the cost-containment council's report suggests that hospital-acquired infections add billions of dollars each year to the nation's actual cost of health care.

Medicare spent \$295.5 billion in the federal fiscal year ended Sept. 30, 2004, and an estimated \$326.7 billion in fiscal 2005, according to the Centers for Medicare and Medicaid Services.

And the cost of infections is not just monetary.

In its second report on hospital-acquired infections, the cost-containment council noted that the problem was associated with 1,793 deaths - 1,510 more than expected deaths - and an extra 205,000 days patients spent in the hospital.

Pennsylvania is one of the few states that require hospitals to report infections patients contract during care. The cost-containment council's report does not show infection rates at specific hospitals.

Earlier this month, Florida's Agency for Health Care Administration reported risk adjustment of hospital infection and complication rates that included facility-specific data.

In Southeastern Pennsylvania, the Delaware Valley Healthcare Council and Independence Blue Cross recently joined forces in a three-year patient-safety initiative that would initially focus on hospital-acquired infections.

Andrew Wigglesworth, president of the council, which represents area hospitals, said the safety initiative - called the Partnership for Patient Care - was part of a long-term effort to improve care in many areas, not just infections.

Such efforts have helped put Pennsylvania at the forefront of the national movement to reduce medical errors and improve patient safety.

In 2001, Wigglesworth's group launched an initiative to reduce medication errors in area hospitals. And besides the cost-containment council, the state requires hospitals to report serious errors and near misses to the Pennsylvania Patient Safety Authority, which analyzes the data in an effort to improve care.

Safety experts say the cost-containment council's efforts to document hospital-acquired infections are an important step toward improving patient safety. They add that initiatives that take concrete steps toward reducing errors and raising safety standards are also necessary.

The Hospital and Healthsystem Association of Pennsylvania, a statewide group representing Pennsylvania hospitals in Harrisburg, renewed its criticism of the cost-containment council's methods for tracking infections and pointed to ongoing efforts by hospitals to improve care.

"Hospitals recognize the importance of this challenging topic," said Carolyn F. Scanlan, president and chief executive officer of the hospital association, "and have significant efforts under way throughout Pennsylvania focused on identification, reduction, and prevention of infections."