



**Testimony of The Society for Healthcare Epidemiology of America (SHEA)  
and the Association for Professionals in Infection Control and Epidemiology (APIC)  
to the U.S. House of Representatives Appropriations Subcommittee on  
Labor, Health and Human Services, Education and Related Agencies on  
Fiscal Year 2013 Appropriations for the U.S. Department of Health and Human Services (HHS)  
March 29, 2012**

The Society for Healthcare Epidemiology of America (SHEA) and the Association for Professionals in Infection Control and Epidemiology thank you for this opportunity to submit testimony on federal efforts to eliminate preventable healthcare-associated infections (HAIs). HAIs are among the leading causes of preventable death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths annually according to the CDC's most recent official estimates. In addition to the substantial human suffering, HAIs contribute \$28 to \$33 billion in excess healthcare costs each year.

The good news is that some HAIs are on the decline as a result of recent advances in the understanding of how to prevent certain infections. In particular, bloodstream infections associated with indwelling central venous catheters, or "central lines," are largely preventable when healthcare providers use the CDC infection prevention recommendations in the context of a performance improvement collaborative. Over the past decade, the Agency for Healthcare Research and Quality (AHRQ) has funded numerous projects targeting HAI prevention that have led to the successful reduction of central line-associated bloodstream infections (CLABSIs) in hospital intensive care units (ICUs). Healthcare professionals have reduced these infections in ICU patients by 58% since 2001, which represents up to 27,000 lives saved. In spite of this notable progress, there is a great deal of work to be done toward the goal of HAI elimination.

To build and then sustain these winnable battles against HAIs, **we urge you, in Fiscal Year 2013, to support the CDC Coalition's request for \$7.8 billion for the CDC's "core programs."** We are concerned about the President's FY 2013 budget proposal that would reduce the CDC's budget authority by \$664 million, for a total reduction of \$1.4 billion since FY 2010. At the same time, the Administration and Congress increasingly rely on the Prevention and Public Health Fund and funding transfers

from other agencies to backfill the cuts to CDC's budget authority. We believe that Congress should prioritize funding for the activities and programs supported by CDC that are essential to protect the health of the American people.

**We especially want to highlight our support for the \$27.5 million in the President's budget for the CDC's National Healthcare Safety Network (NHSN).** These funds are critically needed to ensure high-quality monitoring of HAI prevalence as well as antibiotic usage in the U.S. Collection of accurate, timely, and complete data is necessary to measure the true extent of the problem, develop evidence-based HAI prevention strategies and monitor their effectiveness. In addition, consistent, high quality, scientifically sound and validated data are necessary to be reported at the state and federal level to ensure that accurate data are available to evaluate the HHS National Action Plan to Prevent HAIs progress as well as to support transparency to the public, allowing for fair comparisons between facilities. Such data are critical to understanding patterns of HAI prevalence, which help public health and healthcare practitioners better coordinate prevention efforts and measure reduction in HAIs. Since NHSN is the only system with this capability, the majority of states have adopted it for legislatively mandated public reporting and most inpatient facilities reimbursed by Medicare are required to report specified HAIs via NHSN. Data from other care settings and additional infection types are being phased in. Thus, the number of facilities, types of facilities and number of infection indicators are growing exponentially.

Despite the system's importance in our nation's efforts to monitor and prevent HAIs, funding for NHSN has been flat since FY 2010. Without additional funding, increasing the number of facilities reporting into NHSN from 3,000 in 2010 to an expected 16,500 in 2013 will exceed the capacity of the system. The requested funding for NHSN will allow CDC to modernize the NHSN information technology platform to enhance electronic data collection, reduce the burden of data collection and allow facilities, states and federal agencies to focus on infection prevention and control. The NHSN serves as the foundation for prevention and the development of innovative, evidence-based HAI prevention strategies. Federal resources are required to ensure accurate, timely, and complete data are reported to NHSN and become available to the public. **We urge you to support the requested funding level for NHSN to allow the CDC, states and other federal agencies to use this tool to carry out their mission to ensure the public's health, assure and improve the quality of care and enhance patient safety.**

CDC's Antimicrobial Resistance activities are included within the Emerging and Zoonotic Infectious Disease programs' proposed budget. **SHEA and APIC commend the CDC for creating an expert advisory group on antimicrobial resistance.**

**Continued support for the Emerging Infections Program (EIP) is also critical** as the HAI component engages a network of state health departments and their academic medical center partners to help answer important questions about emerging HAI threats, advanced infection tracking methods and antibiotic resistance in the U.S. Ensuring the effectiveness of antibiotics well into the future is vital for the nation's public health, particularly at this time when our current therapeutic options are dwindling and research and development of new antibiotics is lagging. As bacteria and other micro-organisms are becoming more resistant to antimicrobials, it is essential that the CDC maintains the ability to monitor organism resistance in healthcare as it is one of the most pressing problems and greatest challenges that healthcare providers will confront during the coming decade.

**It is critical that antimicrobial stewardship programs are adopted in all settings where antimicrobials are used. SHEA and APIC applaud the CDC for its Get Smart for Healthcare campaign**, which aims to optimize antibiotic use by encouraging adherence to appropriate prescribing guidelines in hospitals and long-term care facilities and we encourage its continued support. **We also strongly support the NHSN's Antibiotic Use Module.** Launched in May 2011, it is the first effort in the U.S. to define national data on antibiotic use in healthcare institutions. Because single payer systems have the advantage of making it easier to track antimicrobial resistance, the U.S. stands at a disadvantage to European countries in this regard.

**SHEA and APIC are strongly supportive of the CDC Prevention Epicenters Program**, a collaboration of CDC's Division of Healthcare Quality Promotion (DHQP) and five academic medical centers that conduct innovative infection control and prevention research to address important scientific questions regarding the prevention of HAIs, antibiotic resistance and other adverse healthcare events. The Epicenters Program is funded through the NHSN and has provided a unique forum in which academic leaders in healthcare epidemiology can partner directly with each other and with CDC subject matter experts. The resultant emphasis on multicenter collaborative research projects, through which investigators work together as a group, allows for research that in many cases, would not have been possible for a single academic center. The knowledge gained through the Epicenters Program has been highly valuable to the field, and has resulted in over 150 publications in peer-reviewed journals on a wide range of HAI prevention topics.

Existing HAI prevention strategies are limited by the current state of science, and as a result cannot prevent all HAIs even when fully implemented. As we strive to eliminate all preventable HAIs, we need to identify the gaps in our understanding of what is actually preventable. This distinction is critical to help guide subsequent research priorities and to help set realistic expectations.

**SHEA and APIC believe in the importance of conducting basic, epidemiological and translational studies to fill basic and clinical science gaps.** While health services research (i.e., successful implementation of strategies already known or suspected to be beneficial) may provide some immediate short-term benefit, to achieve further success, a substantial investment in basic science, translational medicine, and epidemiology is needed to permit effective and precise, interventions that prevent HAIs. Moreover, experts in the field (Epidemiologists and Infection Preventionists), in collaboration with CDC and AHRQ, should be engaged in order to further define and prioritize the research agenda.

**SHEA and APIC strongly support the proposed investment of \$34 million by AHRQ in FY 2013 to reduce and prevent healthcare-associated infections (HAIs).** This total includes \$11.6 million in HAI research grants to improve the prevention and management of HAIs and \$22.4 million in HAI contracts including nationwide implementation of Comprehensive Unit-based Safety Program (CUSP). AHRQ-funded projects related to HAI prevention involve the implementation of CUSP, which is based on an Intensive Care Unit Safety Reporting System developed by the Johns Hopkins University Quality and Safety Research Group, Baltimore, MD. SHEA and APIC are very pleased that AHRQ is expanding the CUSP program to all 50 States, extending its reach to other settings in addition to ICUs, and broadening the focus to address other types of infections, such as catheter-associated urinary tract infections (CAUTIs). Our organizations are participating in the CUSP-CAUTI initiative through identification of expert members to serve on a national network of clinical faculty working to improve patient safety through dissemination of educational modules across the nation.

Despite the fact that HAIs are among the top ten annual causes of death in the U.S., **support for basic, translational and epidemiological HAI research has not been a priority of the National Institutes of Health (NIH).** The reality is that scientists studying these infections receive relatively less funding than colleagues in many other disciplines. The limited availability of federal funding to study HAIs has the effect of steering young investigators interested in pursuing research in this area toward other, better-funded fields. This severely hampers the HAI clinical research enterprise at a time when it should be expanding. The current convergence of scientific, public and legislative interest in reducing rates of HAIs can provide the necessary momentum to address and answer important questions in HAI research and move our discipline to the next level of evidence-based patient safety. **SHEA and APIC urge your support of increased NIH funding for basic, translational and implementation research proportionate to the clinical significance of HAIs.**

Although we are pleased that HHS' Office of the Assistant Secretary for Health (OASH) has expressed support for the implementation of HAI-related reforms through the overall OASH budget, **we believe having dedicated funding of \$5 million for the HAI Action Plan is the best way to ensure that this critical initiative is adequately resourced.** SHEA and APIC members have been actively engaged in this partnership for HAI prevention under the leadership of HHS Assistant Secretary for Health, Dr. Howard Koh and Deputy Assistant Secretary for Healthcare Quality, Dr. Don Wright. The development of the HAI Action Plan and the funding to support these activities has been critical to the effort to build support for a coordinated federal plan to prevent infections. Additionally, **we believe strongly that the CDC is the agency with the necessary expertise to define appropriate metrics through which the HAI Action Plan can best measure its efforts.**

**SHEA and APIC also request that the Subcommittee approve \$16.1 million for the Centers for Medicare and Medicaid Services (CMS) surveys of ambulatory surgical centers (ASCs)** as part of the budget request addressing direct survey costs. This funding will allow the CMS to continue the enhanced survey process – developed jointly with the CDC – to target infection control deficiencies in ASCs every four years. We believe this enhanced survey process is a good way of ensuring that basic infection prevention practices are followed, thus avoiding potential outbreaks due to unsafe practices.

We thank you for the opportunity to submit testimony and greatly appreciate this subcommittee's assistance in providing the necessary funding for the federal government to have a leadership role in the effort to eliminate HAIs.

**About SHEA:** SHEA has helped define best practices in healthcare epidemiology worldwide since its founding in 1980. The Society works to achieve the highest quality of patient care and healthcare personnel safety in all healthcare settings by applying epidemiologic principles and prevention strategies to a wide range of quality-of-care issues. SHEA is a growing organization, strengthened by its membership of 2,200 in all branches of medicine, public health, and healthcare epidemiology. SHEA members are committed to implementing evidence-based strategies to prevent HAIs and improve patient safety, and have scientific expertise *in evaluating potential strategies to accomplish this goal.*

**About APIC:** APIC's mission is to create a safer world through prevention of infection. The association's more than 14,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities. APIC advances its mission through patient safety, implementation science, competencies and certification, advocacy, and data standardization.

***SHEA Contact***

Melanie Young  
Policy & Strategic Initiatives Director  
1300 Wilson Blvd., Suite 300  
Rosslyn, VA 22209  
(703) 684-0761  
myoung@shea-online.org

***APIC Contact***

Lisa Tomlinson  
Senior Director, Government Affairs  
1275 K Street, NW, Suite 1000  
Washington, DC 20005-4006  
(202) 454-2606  
ltomlinson@apic.org