Testimony of
The Association for Professionals in Infection Control and Epidemiology (APIC) and
The Society for Healthcare Epidemiology of America (SHEA)
to the U.S. House of Representatives Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies
on Fiscal Year 2012 Appropriations
for the U.S. Department of Health and Human Services (HHS)
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The Association for Professionals in Infection Control and Epidemiology (APIC) and The Society for Healthcare Epidemiology of America (SHEA) thank you for this opportunity to submit testimony on federal efforts to eliminate healthcare-associated infections (HAIs).

APIC's mission is to improve health and patient safety by reducing the risk of HAIs and related adverse outcomes. The organization's more than 14,000 members, known as infection preventionists, direct infection prevention and control programs that save lives and improve the bottom line for hospitals and other healthcare facilities throughout the United States and around the globe. Our association strives to promote a culture within healthcare institutions where all members of the healthcare team fully embrace the elimination of HAIs. We advance these efforts through education, research, collaboration, practice guidance, public policy, and support for credentialing.

SHEA was founded in 1980 to advance the application of the science of healthcare epidemiology. 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 in all branches of medicine, public health, and healthcare epidemiology. SHEA and its members are committed to implementing evidence-based strategies to prevent HAIs. SHEA members have scientific expertise in evaluating potential strategies for eliminating preventable HAIs.

APIC and SHEA collaborate with a wide range of infection prevention and infectious diseases societies, specialty medical societies in other fields, quality improvement organizations, and patient safety organizations in order to identify and disseminate evidence-based practices. The Centers for Disease Control and Prevention (CDC), its Division of Healthcare Quality Promotion (DHQP) and the federal Healthcare Infection Control Practices Advisory Committee (HICPAC), and the Council of State and Territorial Epidemiologists (CSTE) have been invaluable federal partners in the development of guidelines for the prevention and control of HAIs and in their support of translational research designed to bring evidence-based practices to patient care. Further, collaboration between experts in the field (epidemiologists and infection preventionists), the CDC and the Agency for Healthcare Research and Quality (AHRQ) plays a critical role in defining and prioritizing the research agenda. In 2008, APIC and

SHEA aligned with The Joint Commission and the American Hospital Association to produce and promote the implementation of evidence-based recommendations in the *Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals* (http://www.shea-online.org/about/compendium.cfm). APIC and SHEA also contribute expert scientific advice to quality improvement organizations such as the Institute for Healthcare Improvement (IHI), the National Quality Forum (NQF), and state-based task forces focused on infection prevention and public reporting issues.

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 in 2002. In addition to the substantial human suffering caused by HAIs, these infections contribute $28 billion – $33 billion in excess healthcare costs each year.

The good news is that some of these infections are on the decline. 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. Healthcare professionals have reduced these infections in hospital intensive care unit (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 to achieve the goal of HAI elimination. These additional opportunities to save lives and improve patient safety involve settings outside ICUs and those patients who need hemodialysis.

To build and then sustain these winnable battles against HAIs, we urge you, in Fiscal Year (FY) 2012, to support the CDC Coalition's request for **$7.7 billion** for the CDC's "core programs." Within that broader area, the CDC is currently involved in a number of projects that have allowed for significant progress to be made in reducing HAIs. In light of this important work, we ask that you provide the CDC with its requested amount of **$47.4 million** for HAI prevention activities.

Included among these activities is support for state-based programs to expand facility enrollment in the CDC's National Healthcare Safety Network (NHSN), an important reporting and monitoring tool that enables officials to track where HAIs are occurring and identify where improvements need to be made. NHSN's data analysis function helps our members analyze facility-specific data and compare rates to national metrics. Importantly, the patients we serve throughout the U.S. have established expectations that reported reductions in the frequency of HAIs are accurate. APIC and SHEA have, through their respective networks of members, identified limitations in other measures of performance. These studies have consistently identified that data from the CDC's NHSN provides a more precise picture of performance relative to reduction of HAIs. Many states consider NHSN to be the best option for implementing standardized reporting of HAI data. The CDC has also been supporting research networks to address important scientific gaps in HAI prevention, improvement in HAI tracking and monitoring methodologies, as well as responding to requests for assistance from health departments and healthcare facilities. It is vital to ensure that the NHSN meets these expectations from patients and that our successes are real and tangible improvements in the care provided.

In addition, we request that the Subcommittee provide **$50 million** for antimicrobial resistance activities. As the CDC states in its request, "repeated and improper uses of antibiotics are important factors in the increase in drug-resistant bacteria, viruses, and parasites," and "preventing infections and decreasing inappropriate antibiotic use are the best strategies to control resistance." Ensuring the

effectiveness of antibiotics well into the future is vital for the nation's public health. It is essential, therefore, that the CDC maintains the ability to monitor organism resistance in healthcare and promote appropriate antibiotic use. This has become even more critical due to two recent developments. First, pharmaceutical manufacturers have largely abandoned development of newer antibiotics because there are several market-based disincentives to investing in this research and development. Second, there is an epidemic of infections caused by *Clostridium difficile*, a bacterium that is triggered by use of antibiotics. These infections are widespread, disproportionately affect older adults, and can be fatal. There are several examples in the scientific literature that demonstrate the rate of *C. difficile* infections drops in facilities with active, effective antimicrobial stewardship programs.

We also support the Administration's **$5 million** request for HAI activities. This funding will allow HHS, under the HHS Action Plan to Prevent Healthcare-Associated Infections (HAI Action Plan), to prioritize recommended clinical practices, strengthen data systems, and develop and launch a nationwide HAI prevention campaign. APIC and SHEA members have been 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.

We believe 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 and message on preventing infections. Additionally, we strongly believe that the CDC has the necessary expertise to define appropriate metrics through which the HAI Action Plan can best measure its efforts.

APIC and SHEA also request that the Subcommittee approve **$10.7 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. CMS's survey process, jointly developed with the CDC in this case, consists of targeting infection control deficiencies in ASCs with a frequency of every four years. Due to the increasing number of surgeries performed in outpatient settings, and the need to ensure that basic infection prevention practices are followed, APIC believes continuation of this survey tool is essential. This support will also protect patients' lives as there have been several outbreaks in ASCs involving transmission of bloodborne pathogens, such as hepatitis C, due to unsafe practices.

Also within the direct survey costs portion of CMS's request, the agency indicates plans to launch an HAI pilot program as part of the HHS HAI strategic plan. This promises to produce a significant amount of feedback on HAI prevention as CMS intends to survey critical access hospitals and smaller hospitals across 10 to 25 states. This will allow officials to gather information from facilities whose practices and data have not traditionally been monitored or widely shared.

APIC and SHEA are pleased with the Administration's continued support of biomedical research by providing an increase of almost **$32 billion** for the National Institutes of Health (NIH) in FY 2012, a 2.4 percent increase over FY 2010 levels. The NIH is the single largest funding source for infectious diseases research in the U.S. and the life-source for many academic research centers. The NIH-funded work conducted at these centers lays the ground work for advancements in treatments, cures, and medical technologies. It is critical that we maintain this momentum for medical research capacity.

Unfortunately, support for basic, translational, and epidemiological HAI research has not been a priority of the NIH. Despite the fact that HAIs are among the top ten annual causes of death in the U.S.,

scientists studying these infections have received relatively less funding than colleagues in many other disciplines. In 2008, NIH estimated that it spent more than $2.9 billion dollars on funding for HIV/AIDS research, approximately $2.0 billion on cardiovascular disease research, and about $664 million on obesity research. By comparison, the National Institute of Allergy and Infectious Diseases (NIAID) provided $18 million for MRSA research. APIC and SHEA believe that as the magnitude of the HAI problem becomes an increasing part of our public health dialogue, it is imperative that the Congress and funding organizations put significant resources behind this momentum.

The limited availability of federal funding to study HAIs has the effect of steering young investigators interested in pursuing research on HAIs toward other, better-funded fields. While industry funding is available, the potential conflicts of interest, particularly in the area of infection prevention technologies, make this option seriously problematic. These challenges are limiting professional interest in the field and hampering the clinical research enterprise at a time when it should be expanding.

Our field is faced with the need to bundle, implement and adhere to interventions we believe to be successful while simultaneously conducting basic, epidemiological, pathogenetic and translational studies that are needed to move our discipline to the next level of evidence-based patient safety. 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. APIC and SHEA strongly urge you to **enhance NIH funding for FY 2012 to ensure adequate support for the research foundation that holds the key to addressing the multifaceted challenges presented by HAIs.**

Finally, we support the **$34 million** in the Administration's FY 2012 budget that would continue, and allow expansion of, funding for AHRQ grants related to HAI prevention in multiple healthcare settings, including surgical and dialysis centers. Infections are one of the leading causes of hospitalization and death for patients on hemodialysis. According to the CDC, approximately 37,000 bloodstream infections occurred in hemodialysis outpatients with central lines (2008). AHRQ's plans to broaden research support in ambulatory and long-term care settings to align with the HHS HAI Action Plan represent another positive step in addressing HAIs in a comprehensive fashion.

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.

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

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