

Waiting for Washington is a luxury we cannot afford

Washington is poised to do something to help the healthcare system cope with the serious problem of healthcare-associated infections (HAIs) and the increase in antibiotic-resistant pathogens. President Obama has spoken about increasing funding for diagnostic science, comparative effectiveness, and a healthcare IT stimulus. His policies seem to propose some sober and realistic solutions to some of this nation's healthcare problems.

As a society, we have put off asking some tough questions that simply cannot be ignored.

- Can we realistically manage the antimicrobial-resistance problem that, by many estimates, is expected to get worse?
- With a national healthcare budget that commits only 5% of funding to diagnostics, are we as a country willing to invest more?
- Will the diagnostic process — which provides up to 60% to 70% of the empirical data used in patient care — continue to be under valued and under funded?

The longer we delay asking and answering these questions, the more complex the problems become. The impact of antibiotic-resistant infections on treatment costs and patient outcomes is alarming. We have a vital role in diagnosing HAIs as fast as possible so clinicians can treat patients appropriately and use antibiotics prudently, while improving care and patient outcomes, and reining in unnecessary costs.

- In just 10 years, *Staphylococcus aureus*, which was once described as a "controllable nuisance," has evolved into methicillin-resistant *S aureus* (MRSA) — one of the fastest-growing resistant infections that does not respond to most antibiotics.
- In 1993, there were fewer than 2,000 MRSA infections in U.S. hospitals. By 2005, the figure shot up to 368,000, according to the Agency for Healthcare

Research and Quality (AHRQ).

- About 70% of bacteria that cause infections in hospitals are resistant to at least one of the drugs most commonly used to treat infections.
- Another organism once considered controllable, *Clostridium difficile*, can survive on dry surfaces, such as medical scrubs, for long periods of time. The Centers for Disease Control and Prevention, or CDC, reports that over the past two years, several states have reported increased rates of *C diff*-associated disease and an associated increase in mortality.

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- Vancomycin-resistant enterococci, or VRE, poses a serious health threat. Unfortunately, scientists believe that the organism has transferred a key antibiotic-resistance gene to *S aureus*.
- HAIs, the most common complication of hospital care, accounted for an estimated 1.7 million infections and 99,000 associated deaths in 2002. The financial burden of these infections is staggering: HAIs create an estimated \$30 billion in excess healthcare costs each year, according to AHRQ.
- These avoidable infections result in more than 8 million additional days spent in the hospital.

Reducing HAIs requires healthcare establishments to implement infection-control policies to screen patients, manage outbreaks, and monitor epidemiology. Diagnostic tests can play a significant role in such policies, helping substantially reduce HAI prevalence and associated costs. Education is key to resolving HAI problems. Train-

ing and peer-to-peer sharing of best practices and solutions have worked for many hospitals. A number of educational resources are available at www.bioMerieux-usa.com/education, www.apic.org, and www.ahrq.gov.

We have held a series of HAI workshops over the past year, bringing together leading researchers and clinicians with clinical lab scientists in California, Indiana, and New York. There is a real thirst for information regarding technology and best practices to avoid HAIs and to mitigate their spread when they occur. Attendance exceeded our expectations, and the enthusiasm and urgency attendees demonstrated surprised us, so we plan to expand this program to include workshops in Colorado, South Carolina, Florida, Maine, Texas, Wyoming, and Washington.

The Second Global HAI Forum in France in 2009 brought infectious-disease specialists from around the world together to examine current trends and data and engage in a lively scientific exchange about future challenges and actions to take in the fight against HAIs. The experts proposed the bundling of preventive actions, which have proven to be effective in several countries, to fight against MRSA: patient isolation, reinforced hygiene, screening, and decolonization of carriers.

We need to stay a step ahead. Washington cannot do this alone. In fact, none of us can — not hospitals, microbiologists, infectious-disease experts, or healthcare corporations. We need to work together. Together, we can solve these problems, because waiting for Washington is a luxury we cannot afford. □



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