

# Study: Surgical Site Infection Payment Will Skew Care

BY BRUCE JANCIN  
Denver Bureau

PHOENIX — The proposed cessation of Medicare reimbursement for management of surgical site infections would have a deleterious impact on hospital finances and create institutional disincentives for surgery on the sicker, more complex patients at increased risk, Joshua A. Cohn said at a congress sponsored by the Association for Academic Surgery and the Society of University Surgeons.

Last August, the Centers for Medicare and Medicaid Services proposed rule CMS-1488-P, which as of Oct. 1, 2008, would end reimbursement for the increased care associated with hospital-acquired infections CMS deems preventable. It is clear that CMS considers all surgical site infections (SSIs) as falling within this "preventable" category, said Mr. Cohn, a medical student at the University of Michigan, Ann Arbor.

Mr. Cohn and coworkers analysed data from the National Surgical Quality Improvement Program on a randomly selected population of 5,409 patients who underwent surgery during 2003-2006 within the University of Michigan Health System.

The 320 patients who developed SSIs had significantly higher preoperative rates

of sepsis, chronic obstructive pulmonary disease, and numerous other comorbid conditions, along with increased postoperative complications.

In a multivariate linear regression analysis controlling for the significant pre- and postoperative factors related to SSIs, the occurrence of an SSI was independently

associated with an \$8,304 increased cost to insurers.

As a result of this payment, the medical center made a profit of \$2,738 per patient with an SSI. Had CMS-1488-P been in effect at the time of the study, however, the hospital instead would have lost an average of \$5,566 per patient. ■

## INDEX OF ADVERTISERS

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<b>Adams Respiratory Therapeutics</b> MucinexD	27	<b>Forest Laboratories, Inc.</b> Namenda Lexapro	6a-6b 42a-42b	<b>Sanofi Aventis U.S. LLC</b> Lantus	24a-24b
<b>Amylin Pharmaceuticals, Inc. and Eli Lilly and Company</b> Byetta	5-6	<b>Eli Lilly and Company</b> Cymbalta	53-54	<b>Siemens Medical</b> Corporate	16
<b>Astellas Pharma US, Inc.</b> Adenoscan	23-24	<b>Novartis Pharmaceuticals Corporation</b> Diovan HCT	55-56	<b>Takeda Pharmaceuticals North America, Inc.</b> Rozerem	44-46
<b>Bausch &amp; Lomb Incorporated</b> Alaway	11	<b>Novo Nordisk Inc.</b> NovoLog Mix 70/30 Levemir	13-14 47-48	<b>Wyeth Pharmaceuticals Inc.</b> Effexor XR	14a-14d
<b>Bayer HealthCare LLC</b> Aspirin	9	<b>Ortho-McNeil Neurologics, Inc.</b> Topamax	20-22		

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Classifieds from page 49

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