



AN ASSOCIATION OF  
MONTANA HEALTH  
CARE PROVIDERS

June 2, 2008

The Honorable Henry A. Waxman, Chairman  
Committee on Oversight and Government Reform  
2157 Rayburn House Office Building  
Washington, DC 20515

Representative Waxman:

MHA... An Association of Montana Health Care Providers (MHA) is the principal advocate for the interests of members in their efforts to improve the health status of the communities they serve. MHA has an institutional membership in excess of 75 organizations; including 56 acute care hospitals, three IHS facilities, state hospital, VA hospital, and children's/adolescent psychiatric hospital.

MHA members share a common mission: to serve the health care needs of their communities. MHA members are accountable to the individuals and communities they serve for the highest quality of care, efficient delivery of services, and cost-effective use of resources.

MHA members share the following values about delivering health care in Montana:

- Every Montanan should have access to appropriate and necessary health care services.
- MHA members are accountable to the individuals and communities they serve for the highest quality of care, efficient delivery of services, and cost-effective use of resources.
- MHA members are committed to providing appropriate care to all patients, as well as maintaining the dignity and well-being of the less fortunate in society.
- MHA members advocate for the health care interests of the individuals and communities they serve and the unique needs of health care organizations.
- MHA works to ensure that health care organizations are financially viable; public and private reimbursement fairly compensate facilities and providers for their costs of serving patients.
- MHA members have a responsibility to provide strong leadership in creating an effective and efficient delivery system.
- MHA members seek to ensure that individuals and the communities in which they live are as healthy as possible.
- MHA members believe it is essential to their mission to provide care regardless of a patient's ability to pay.
- MHA members desire to collaborate with other health care providers to promote relationships built on honesty and trust that facilitate access to all available health care resources.
- MHA members conduct all activities with honesty, integrity, respect, fairness and good faith in a manner that will reflect well on the health care industry of Montana.
- MHA members seek to ensure that individuals and the communities in which they live are as healthy as possible.
- MHA members uphold the values, ethics and mission of the association.

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Access, quality, and leadership are common themes in the values statement created and accepted by the members of MHA. The hospitals in Montana understand quality and patient safety. All are engaged in quality improvement and committed to providing the best care possible in their organization. I think most would agree that there is still work to be done; however the gains and improvements in the past 10 years are remarkable.

Montana's 61 hospitals include forty-seven 47 Critical Access Hospitals (CAHs). Under the guidance of MHA this group of hospitals created the Performance Improvement Network (PIN) a number of years ago, this serves as a model for other state CAH programs. The PIN has worked closely with the Mountain-Pacific Quality Health Foundation (QIO) on a variety of quality projects serving to improve care and outcomes.

MHA and its members have endorsed and support both the 100,000 Lives Campaign and the 5 Million Lives Campaign in recent years; both efforts have been in collaboration with the QIO. Various hospitals in the state are working on one or more of the following projects under the 5 Million Lives campaign: surgical site infections (15); ventilator-associated pneumonia (12); central line infection (9); Methicillin-resistant Staphylococcus aureus (MRSA) (6); and surgical care improvement project (7).

In addition, a limited number of Montana hospitals will begin working with the QIO later this fall on healthcare-associated Methicillin-resistant Staphylococcus aureus (MRSA) infections in the 9th Scope of Work. Currently, one Montana hospital is reporting MRSA rates to the CDC's National Healthcare Safety Network (NHSN).

MHA's response to the specific questions asked by the Committee on Oversight and Government Reform's regarding healthcare-associated infections follow below. The information provided in this letter is specific to the status of hospital activities in the state; the activities of other health care organizations are for the most part unknown to MHA.

I will address each of the questions asked by the committee:

1. If known, what are the median and overall rates of central line-associated bloodstream infections in the intensive care units in hospitals in your state, using standard definitions of CLABSIs as provided by the Centers for Disease Control (CDC) and prevention for the purpose of the National Healthcare Safety Network?

Response: MHA does not collect statistics on CLABSIs and is unaware of any efforts to collect this information for hospitals. However, individual hospitals track their infection rates and may possibly have specific information on their own experience with CLABSIs.

2. If the rates are unknown or if the median rate is above zero, do you have plans to replicate the Michigan Hospital Association program in your state? If so, when do you anticipate initiating the program?

Response: At this time there are no plans to participate in or replicate the Michigan Hospital Association program on HAI. The level of activity among hospitals regarding infection review and improvement and quality improvement and patient safety collectively has made great strides in the last decade. However, the desire to continue to improve may prompt further consideration of creating appropriate programs or consideration of established programs on infection improvement or quality improvement.

3. What other activities are your member hospitals taking to address the healthcare-associated infections? Which infections are you targeting? What is your evidence of success?

Response: Hospitals are not required to report infections to the state. However, as noted above, a number of Montana hospitals are working with the QIO on the national Surgical Care Improvement Project (SCIP), which includes 6 infection-prevention measures. There is aggregate data available to show the success of the project.

Montana's hospitals are also promoting pneumococcal and influenza vaccinations. The lack of vaccinations can make a patient susceptible to infection.

On the Health Grades website Montana is reported as 11th in the country for 'performance better than expected' in a study of 13 AHRQ patient safety indicators, for Medicare admissions 2002-2004. One of those AHRQ indicators is 'infections related to medical procedures'.


In addition to the efforts mentioned above (i.e., PIN, QIO, etc) several hospitals are either part of a catholic health system or members of the Voluntary Hospitals Association (VHA) and work collaboratively on a variety of quality improvement programs. These organizations coupled with MHA provide education and opportunities for hospitals to collaborate in the areas of patient safety, infection improvement, quality improvement, transparency information, and other data projects.

There is a general agreement that infection is one component of a larger mission to provide the best quality care possible. Infection projects in addition to other projects related to improvements in health care delivery and outcomes produce important data and information, but this is not the only driver of successful outcomes. Networking and collaboration among health care providers is key to the success program, such as healthcare-associated infections.

Every state has unique circumstances and opportunities for addressing concerns such as HAI, surgical site improvement, diabetes management, tobacco use, and a host of health care concerns. Montana hospitals have done a great job addressing quality issues; however as a small rural state association, MHA does not have the means to attract and support staff specialized in these areas. We would welcome the committee targeting grant dollars to rural associations to bring that special research effort our way. Congressional leaders like yourself and our Senator Baucus are in a position to help individual states focus on their greatest area of need in regard to health care both through your leadership and funding of appropriate programs.

Thank you for the opportunity to respond to the Committee on Oversight and Government Reform. If MHA can provide additional information, please contact my office.

Sincerely,



Richard Brown  
President & CEO

Cc: Tom Davis  
Ranking Minority Member