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## Medicare and medical mistakes

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When a hospital screws up, Medicare is no longer going to foot the bill for correcting the error. That is, Medicare will no longer pay out more to cover a number of preventable complications that develop while a patient is being treated. Working with experts in public health and infectious disease, the Centers for Medicare and Medicaid Services (CMS) identified certain conditions that should not arise if established guidelines are followed, and starting on Oct. 1 2008 Medicare will no longer cover the costs when patients' treatment is complicated by one of these conditions.

The cost of medical errors is substantial, and adding this incentive should help reduce the taxpayers' burden. According to the Centers for Disease Control and Prevention, hospital-acquired infections kill approximately 100,000 patients annually, afflict roughly 2 million and cost more than \$27 billion. Next year, Medicare will no longer cover costs associated with eight serious but preventable hospital-acquired infections or medical errors that CMS identified as high cost, high volume or both. These include three types of infections as well as surgical instruments left in patients' bodies, falls, bed sores, using incompatible blood in a transfusion and air embolism. Some events, like contracting an infection, are fairly frequent occurrences. Others, like finding a surgical instrument left in a patient's body, are rare. Only 764 cases of the latter were reported for Medicare patients last year, but the mistake is expensive to correct — not to mention possibly fatal.

On the face of it, the idea is commonsensical: If hospitals are forced to eat the cost of correcting preventable mistakes, they will do more to avoid the errors in the first place, improving care and cutting overall cost. It's not to say that hospitals are careless now, but the new rules will make them more diligent.

The change may not be free from unintended consequences, but the most serious — that affected patients will be left with the bills that Medicare no longer covers, or that hospitals will be reticent to accept patients that have a greater risk of complications — are addressed specifically by CMS. Hospitals will not be allowed to bill beneficiaries, the new Medicare rules state, and all of the complications that Medicare won't cover should be avoided when "hospital personnel are engaging in good medical practice."

Hospitals will be more inclined to test for infections when a patient is admitted in order to show that the infection wasn't a result of substandard hospital care. While hospitals can complain about the increased cost of additional tests, this is overall a good change to Medicare policy.

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