

[This document represents original resolution as modified and adopted by the American Medical Association House of Delegates on June 19, 2012.]

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 226 (A-11)

Introduced by: Infectious Diseases Society of America

Subject: Requiring Antimicrobial Stewardship and Infection Prevention Programs as Conditions of Participation Under Medicare

Referred to: Reference Committee B  
(Nestor Ramirez-Lopez, MD, Chair)

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Whereas, The Centers for Disease Control and Prevention (CDC) estimates that hospital-acquired infections add as much as \$45 billion in direct medical costs to the US health care system every year; and

Whereas, Numerous other studies have linked hospital-acquired infections and inappropriate antibiotic utilization to higher costs and increased rates of morbidity and mortality; and

Whereas, One in seven Medicare patients will experience an “adverse” event such as an infection while in the hospital; and

Whereas, The Centers for Medicare & Medicaid Services is or will be launching a number of hospital-based initiatives that are focused on achieving the Triple Aim--improved care for individuals, improved population health, and lower per capital costs of health care. These include:

- **Partnership for Patients:** funds Medicare demonstration projects focused on reducing hospital-acquired conditions (HACs) by 40 percent and readmissions by 20 percent by 2013;
- **Hospital Value-Based Purchasing Program:** ties a percentage of payments to performance on certain quality measures including measures related to appropriate antibiotic selection and duration of antibiotic therapy;
- **Hospital Readmissions Payment Adjustment:** reduces payments beginning in 2012 based on the dollar value of potentially preventable Medicare readmissions for three conditions, including pneumonia, with the authority to add conditions in future years;
- **Hospital-Acquired Conditions Payment Adjustment:** reduces payments beginning in 2015 to hospitals in the top 25th percentile of rates for certain high-cost and common HACs; and

Whereas, These initiatives are putting enormous pressure on hospitals to curb inappropriate antibiotic use and to reduce avoidable infections; and

Whereas, Antimicrobial Stewardship and Infection Prevention programs, which are overseen by qualified physicians and supported by non-physician providers and other health care personnel, are critical to achievement of the Triple Aim; therefore be it

RESOLVED, That our American Medical Association support antimicrobial stewardship programs, overseen by qualified physicians, as an effective way to ensure appropriate antibiotic use, to optimize patient outcomes, and to reduce overall costs for a healthcare facility. Antibiotic stewardship programs are multi-faceted approaches to optimize antibiotic prescribing, encompassing components such as policy, guidelines, surveillance, education, epidemiology of current resistance, and process measurement. Successful antibiotic stewardship programs monitor and direct antimicrobial use, providing a standard, evidence-based approach to judicious antibiotic use in a healthcare facility. (New HOD policy).

RESOLVED, That our AMA support the development of antibiotic stewardship programs that allow flexibility so that adherence to national requirements does not limit the ability of providers to design programs based on local variables, such as healthcare facility size, and to address local antimicrobial stewardship and infection prevention challenges. (New HOD policy)

RESOLVED, That our AMA urge each healthcare facility's governing body to promote and support robust antimicrobial stewardship and infection prevention programs as critical components of assuring safe patient care. (Directive to Take Action)

RESOLVED, That our AMA support continued research into the impact of antibiotic stewardship programs on process outcomes, and encourage increased research on the impact of such programs on patient-centered outcomes. (New HOD policy)

\*Please note that underlined text above indicates language that was changed during AMA consideration.

Fiscal Note: Implement accordingly at estimated staff cost of \$1,859.

Received: 5/19/11

## **RELEVANT AMA POLICY**

**H-100.973 Combating Antimicrobial Resistance through Education** - Our AMA: (1) encourages the federal government, the World Health Organization, the World Medical Association, and the International Federation of Pharmacists to promote more effective education concerning the appropriate use of antibiotics; (2) strongly urges physicians to educate their patients about their antimicrobial therapy, the importance of compliance with the prescribed regimen, and the problem of antimicrobial resistance; (3) will continue to educate physicians and physicians-in-training about the appropriate prescribing of antimicrobial agents; (4) encourages the use of antibiotic resistance management programs; these education-based programs should be multidisciplinary and cooperative (i.e., including infectious disease physicians, infection-control specialists, microbiology laboratory personnel, and clinical pharmacists); and (5) encourages continued scientific research on the issue of antibiotic resistance. (Sub. Res. 521, A-94; Reaffirmed by Rules & Credentials Cmt., A-96; Reaffirmation I-98; Modified: CSA Rep. 3, A-00; Reaffirmation I-07)

**D-100.998 Combating Antibiotic Resistance Via Physician Action and Education: AMA Activities** - Our AMA will continue to collaborate with the appropriate federal agencies, other medical specialty societies, and other appropriate public health organizations to address the urgent problem of increasing antimicrobial resistance and its impact on public health. (CMS Rep. 3, A-00; Reaffirmation I-07; Reaffirmation A-09)