

The Boston Globe

We pay for medical errors

By Richard Lord and Dr. Marylou Buyse | September 12, 2007

WHAT IF your mechanic forgot to replace the lug nuts after changing one of your tires and you got into a serious accident when the wheel came off? You wouldn't expect your mechanic to send you a bill for the repairs, would you?

Unfortunately, that's what happens in healthcare and we pay a high price for mistakes.

Eight years have passed since the Institute of Medicine's landmark study, "To Err is Human," which found that as many as 98,000 patients die each year in America's hospitals as a result of medication overdoses, postsurgical infections, and other medical errors. These are preventable deaths, yet medical mistakes cause more deaths than car accidents, breast cancer, or AIDS.

Even when mistakes are not fatal, they can still have devastating results. They can lead to injury, disability, extended hospital stays, or lengthy recoveries. And we often pay twice when errors occur - once for the mistake and again to correct it. Nationally, the cost of preventable medical errors, lost income, and lost productivity is estimated at \$17 billion to \$29 billion a year.

Employers bear a large part of that expense. In Massachusetts, more than four out of every five insured individuals under the age of 65 receive coverage through an employer. So when preventable errors occur, it is businesses that pay.

Take, for example, routine bypass surgery, which can cost more than \$50,000. When a sponge or a surgical instrument is left inside the patient, correcting the mistake can add tens of thousands of dollars to the cost of caring for that individual. These errors should never happen, but are far too frequent and, ultimately, employers are left paying the bill through higher health and disability premiums.

Medical care in Massachusetts is the most expensive in the country - \$7,075 per resident is spent every year, compared with the national average of \$5,313. Healthcare costs are increasing three times faster than the annual rate of inflation, and the quality of care can vary between and among healthcare facilities.

On many measures, Massachusetts healthcare providers and medical institutions are the envy of the world, but we can do more to improve the quality of care in the state. We can start by raising the bar higher, through public reporting of medical errors and by removing the financial benefit when serious mistakes occur.

Legislation to require public reporting of medical errors that will be heard by the Legislature's Public Health Committee today is a good place to start, and many in the healthcare system have been working to make that information available. Still, we can go farther. The legislation should be revised so that providers are not allowed to bill for the extra costs of treating preventable errors, injuries, and infections that occur in hospitals.

Healthcare entities should not be rewarded financially when such preventable errors occur. Hospital-acquired infections offer one example. An August 2007 report by the state's Betsy Lehman Center for Patient Safety and Medical Error Reduction found that infections contracted during a hospital stay could be causing up to \$473 million in medical costs annually in Massachusetts. Meanwhile, there are hospitals around the nation that have driven their infection rates down to zero.

Prohibiting billing for so-called "never events" is another example. These are rare but serious medical errors that should never happen to a patient, such as conducting surgery on the wrong body part, leaving a foreign object in a patient after surgery, or patient death or serious injury resulting from a medication error.

While healthcare facilities currently are required to report major medical incidents to the state, these reports are not readily available or useful to the public. In 2005, the state's Board of Registration in Medicine issued a report that found that healthcare facilities reported 24 never events the prior year, but did not identify the institutions, leaving both patients and the healthcare system unaware where these mistakes occur. We need stronger measures in place to prevent these errors from continuing to happen.

No other industry generates revenue from mistakes. Preventable errors should not be part of the usual cost of healthcare.

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