

“MRSA: A Community Health Center Perspective”

**Committee on Oversight and Government Reform
U.S House of Representatives**



Testimony of
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Mr. Chairman, esteemed members of the Committee:

Thank you for the opportunity to address the critical subject of Methicillin Resistant Staph Aureus, or MRSA as it is commonly called, specifically in the context of how this effects vulnerable communities like the Bronx and the role that Community Health Centers can play in this regard.

My name is Eric Gayle, I am a Family Physician who has practiced primary care in the Bronx, New York for the past 9 years. I am the Bronx Regional Medical Director for the Institute for Family Health, an organization that provides care to over 75,000 people in New York State – most of them ethnic minorities and the majority on Medicaid or uninsured. I am here today to provide testimony that speaks to the specific needs of my community in respect to MRSA and the critical role that Community health Centers play in the management of contagious diseases such as this.

Let me reassure you, as I reassure my patients, that MRSA has been in the community for many years and has been successfully treated well by Community Health Center physicians for the most part without much fanfare. MRSA is significant to the health of the individual and to the community mainly if it goes unrecognized and thus is improperly treated.

When encountered in a community health center, the emergency room or in the hospital, MRSA may not be diagnosed for several days due to the time needed to do the appropriate laboratory testing. Therefore, what is most

important is the education to of the clinical community about the best agents for treating skin and soft tissue infections (SSTI) of which MRSA is the agent of most concern today.

The problem for Community Health Center physicians is that often times we are called upon to evaluate a patient only after the infection has significantly progressed and the patient is already ill and possibly toxic. This is because Community Health Centers are know as places where people can seek care even if they are uninsured – or if they need care in their language – or even if they come in for the first time in a crisis. We are truly a major part of what has been termed the community’s health care safety net.

Community Health Centers do their best work when they are involved in the prevention of illnesses. One can never do enough in the education of our patients and the public so that once there is a question about any illness or malady that they know how to contact their primary care provider immediately. Only through early diagnosis and treatment can the patient be kept from the potentially serious outcomes of MRSA infection. The Community Health Center and their respective primary care providers need to be the first contact for any ailments our patients experience. The emergency rooms have a distinct disadvantage in the treatment of a condition like MRSA. Only the primary care provider has the advantage of knowing the individual and their history and can appropriately manage the patient and their family as well as share information pertinent to their illness and to their health.

Just this past June, I had an experience with a patient of mine who had MRSA - an experience which illustrates the importance of community based primary care. The patient was a child of 5 years old whom I had been managing since her mother was pregnant with her. This child has eczema as severe as I have ever known it to be in any individual. She came in with her mother one day with sores on her body that her mother attributed either to bites from an infestation of bugs in her building or from her scratching her skin from the itching resulting from her eczema. My knowledge of this child and her family – a relationship that has lasted many years - allowed me to be available to her at her first sign of concern and also to be able to provide the care she needed to combat her infection. On culture result she indeed had MRSA. I was able to not only treat the child but also again educate the family about good hygiene techniques in infection control and also to reassure them. This is the role that Community Health Centers play

so well: we are often the first contact for our patients for whatever their health concerns are.

But, tragically, many families do not have a medical home, do not have a Community Health Center such as ours to go to. We need to continue to grow and develop these vital community resources so they are available everywhere.

Where else will patients be educated to take care in their personal health particularly as it relates to communicable diseases? We advise them that if they have open sores or rashes that they ought not to participate in contact sports activities, advise the kids not to share towels in gym, and not to go to school or to work with any contagious illness.

Community Health Centers perform thousands of preparticipation physicals and part of this examination includes the education of athletes about those health problems for which he or she should seek medical attention before participating. These include education about rashes such as fungal infections, boils, sores and cuts for which he or she must take precautions.

With MRSA now seemingly more prevalent, Community Health Centers with electronic health record capabilities can closely monitor the patients they are seeing for possible outbreaks within a particular community and similarly alert community providers of any clusters of infections being seen.

A few years ago media coverage was about “the flesh eating bacteria” and the hysteria it provided in our communities was unimaginable. Our Community Health Center was approached by the local media to share information with the public about this infection. In a few minutes of televised information about this ailment we were able to calm our neighborhood of the fears and concerns they had regarding this disease. They were further calmed when they could identify with the physician discussing the issue on television. It was their family physician providing the information, not some media star with whom they could not identify.

With the dramatic media coverage of this infection, MRSA, there is no better place for the community and for patients to receive important information about this disease and the necessary precautions that one must take than their local community health center. Emergency rooms and

hospitals have neither the time nor the opportunity to spend in the education of the patients about proper hygiene techniques.

Let me share some basics with you that I share with my patients:

- Practice good hygiene in general
- Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
- Keep cuts and scrapes clean and covered with a bandage until healed.
- Avoid contact with other people's wounds or bandages.
- Avoid sharing personal items such as towels or razors.

I would caution all that we need to remember that we are living in times where our communities are constantly being reminded of the many other serious and contagious illnesses that are out there. In communities where there are immigrants from multiple nations and where international travel is common these include West Nile virus, Avian flu (which still presents an international concern), and the risk for both epidemics and pandemics.

While the media has dramatized the MRSA outbreaks, what we really need them to do is to dramatize the need for general preventive care. We need media coverage to urge our elderly and chronically ill patients to get their flu vaccine to prevent Influenza. We need to remind our asthmatic children that they ought to get their influenza vaccine and tell them that this is as critical to them as a possible outbreak of MRSA in their school. We also need education to dispel some of the myths associated with flu vaccine so that they can understand that it is impossible to get the flu from taking the vaccination. These salient information needs can and do come from the Community Health Centers and their primary care physicians.

Community Health Centers are the medical home for millions of patients Nationally and our patients are provided not only high quality, accessible and affordable healthcare but extensive health education. In the case of MRSA a major role has been the dispersal of large quantities of reassurance.

I want to mention one other point in closing. The Institute for Family Health where I work has installed a state-of-the art electronic medical record system which is integrated into the Syndromic surveillance system of the New York City Health Department. Every night, all the patient encounter information from the day's visits, stripped of any identifying information, is downloaded

to the health department for analysis. The health department looks for any symptoms (like rash or boils) that might be appearing at a higher than normal frequency that day. This kind of sentinel network gives the health department, and thus, all physicians in the community, a jump start on containing an outbreak of infectious illness. My patients - your constituents - deserve this type of investment in their health.

This can only occur if there is funding provided for electronic medical records in the Community Health Centers allowing for integration of health center systems with public health departments to get more accurate and more timely information out to the public.

Thank you for listening and for the opportunity to address the committee. Continued support to provide a community health center home for all vulnerable people and to provide information technology in support of the providers who work there will ultimately work to contain any spread of communicable disease in the community and any spread of the panic that may accompany it.

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