



August 8, 2019

Mr. Dan Tropeano
CEO, at UnitedHealthcare of Pennsylvania & Delaware
United Healthcare
100 Penn Square East Suite
Philadelphia, PA 19107

RE: Sepsis-3

Dear Mr. Tropeano:

The Delaware Healthcare Association (DHA) and the Medical Society of Delaware (MSD), representing hospitals and health care providers in Delaware, has strong concerns with the recent unilateral changes to the criteria used to define sepsis, recently adopted by United Healthcare. We oppose the adoption of SEP-3 criteria as it has not been universally adopted in the United States and does not capture the importance of early diagnosis and treatment to improve outcomes and reduce morbidity and mortality in sepsis patients.

According to an October 2018 [Network Bulletin](#), United Healthcare announced that it has adopted the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). Under Sepsis-3, sepsis is defined as life-threatening organ dysfunction. DHA and MSD member hospitals and health care providers are concerned that this change will have serious negative impact on the ability of providers to identify sepsis cases and perform early interventions that prevent a patient from progression into organ failure. This change disregards the importance of performing early intervention when an infection is the most treatable, so that a patient does not progress into organ failure. Evidence-based practice for sepsis care clearly supports identification of sepsis before organ failure occurs, in order to prevent costly and debilitating morbidity and mortality.

Importantly, SEP-3 was intended as a research definition to help pinpoint sepsis patients for academic study. This research definition does not translate effectively into clinical practice and may negatively impact care for sepsis patients. The new Sepsis-3 definition conflicts with current ICD-10-CM Official Guidelines for Coding and Reporting (OCG). According to an article in ACP Hospitalist, "OCG clearly distinguishes between sepsis without organ dysfunction and sepsis with organ dysfunction, whereas Sepsis-3 does not. If hospitals begin reporting only cases of sepsis with organ dysfunction, the entire process of coding, reimbursement, quality analysis, and regulatory oversight pertinent to sepsis will be disrupted" (Pinson, 2016).

United Healthcare has made changes to the sepsis definition unilaterally. Indeed, Sepsis-3 is not universally recognized or endorsed. The Center for Medicare and Medicaid Services (CMS) CMS submitted a letter to JAMA on July 26, 2016 stating that they will not change the sepsis definitions used in its SEP-1 sepsis management inpatient quality measure implemented on October 1, 2015. CMS has rejected the new Sepsis-3 definition. The American Emergency Medicine and Internal Medicine societies have also not adopted the new definitions. The American College of Chest Physicians argues that "physicians of multiple specialties have expressed concern that widespread application of this new definition could cost patient lives, and we cannot support its adoption" (Simpson, 2016). The American College of Emergency Physicians is also opposed.

We remain deeply concerned that the move to Sepsis-3 will have a serious negative impact on the work providers are currently undertaking to reduce morbidity and mortality in sepsis patients. This is particularly alarming since sepsis is one of the ten leading causes of death in Delaware, according to the Centers for Disease Control and Prevention. It is also worth noting that other states, including New York have adopted laws that follow Sepsis-2 criteria, not allowing the implementation of Sepsis-3 definition.

We respectfully request that United Healthcare reverse its adoption of the Sepsis-3 definition.

Sincerely,



Wayne A. Smith
President & CEO
Delaware Healthcare Association



Andrew W. Dahlke, MD
President
Medical Society of Delaware