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September 3, 2015

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Docket No. CMS-1625-P: Medicare and Medicaid Programs: CY 2016 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements, proposed rule.

Dear Mr. Slavitt:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide input into its proposed rule for CY 2016 Home Health Prospective Payment System, Home Health Value-Based Purchasing Model and Home Health Quality Reporting Requirements. APIC is a nonprofit, multi-disciplinary organization whose mission is to create a safer world through prevention of infection. We are pleased that CMS continues to demonstrate its commitment to improving the quality of patient care across the continuum. Our comments address issues related specifically to healthcare-associated infections (HAIs), infection prevention strategies, and the impact on quality and the financial health of healthcare organizations.

Home Health Value- Based Purchasing (HHVBP) Model Proposal:

APIC agrees with the goals that CMS has established for the Home Health Value-Based Purchasing model, which includes incentivizing to provide better quality of care with greater efficiency; studying new potential quality measures for appropriateness in the home health setting; and enhancing the current public health reporting processes. As population health concepts and models become more established, the home health setting will continue to play an important role.

APIC encourages CMS to evaluate carefully the financial impact that incentive programs have on healthcare settings, particularly as relates to heavy weighting of measures without sufficient time for the healthcare sectors to implement infection prevention and reduction strategies. As CMS notes in the proposed rule's background information, a phased-in approach is desirable. There is much to be learned



from the incentive program implementation for the acute care settings, particularly as relates to standardized measure development which is reported consistently and accurately across the care settings.

CMS notes that the state boundary methodology for participation in the HHVBP model could impact or distort payment incentives or adjustments based upon competition between Home Health Agencies (HHAs) that are participating in the HHVBP model and HHAs that are not. Since participating HHAs would receive payment based on quality of care, non-participating HHAs in the same geographic area might be incentivized to generate greater volume at the expense of quality. APIC expresses concern and suggests that CMS develop a re-assessment process to determine appropriateness, if the model is implemented. APIC encourages CMS to continue to carefully evaluate the input from HHAs on the model choice.

Incentive programs can serve to de-incentivize infection prevention improvement programs if they are unbalanced in their approach and implementation.

Recommendations:

- APIC encourages CMS to continue to evaluate carefully the financial impact that incentive programs have on healthcare settings, particularly as relates to heavy weighting of measures without sufficient time for the healthcare sectors to implement infection prevention and reduction strategies.
- APIC encourages CMS to continue to carefully evaluate the input from Home Health agencies on the HHVBP model participation choice.

Quality Measures

APIC agrees with the seven objectives to serve as guiding principles for the selection of proposed measures, as well as aligning the HHVBP quality measures with the National Quality Strategies Priorities.

We agree with aligning relevant measures that are common across settings to develop a starter set of measures, and emphasize that it is important to minimize the data collection burden and allow for resources to be focused on prevention strategies and patient care delivery.

Recommendation:

- APIC applauds CMS on the inclusion of Influenza Vaccine, Pneumococcal Vaccine and Shingles vaccine for patients (beneficiaries), as well as the inclusion of Influenza Vaccine for Healthcare Personnel in the starter set of Quality measures. We agree with these recommended measures, and refer to the supportive information below:

Influenza Vaccine

According to the National Vaccine Advisory Committee final report published on February 8, 2012 Influenza is a significant public health issue. Annual influenza-associated deaths range from 3,000 to



49,000 according to recent estimates, and more than 200,000 people are hospitalized each year for respiratory illnesses and heart conditions associated with seasonal influenza infections.

Vaccination is the most effective method for preventing infection from influenza and possible hospitalization or death. The Advisory Committee on Immunization Practices recommends that all persons ≥ 6 months of age receive annual influenza vaccination.

In addition, vaccination of all healthcare personnel (HCP) is a particular focus of recommendations by the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), and other healthcare and public health agencies and professional organizations, including APIC. Patients and staff may spread influenza from 1 day prior to the onset of symptoms to 7 days after the onset.

Healthcare personnel influenza vaccination rates are part of the U.S. national health goals identified in Healthy People 2010 of 60% compliance, and in Healthy People 2020 of 90% compliance. Mandatory reporting for HCP vaccination rates in Acute Care and Long Term Acute Care Hospitals began in 2013. In 2014 Ambulatory Surgery Centers, hospital outpatient units, and inpatient rehabilitation facilities were mandated to report. Inpatient psychiatric facilities and dialysis facilities are mandated to begin reporting in 2015.

Herpes Zoster (Shingles) Vaccine

Herpes Zoster or Shingles vaccine is recommended by the Advisory Committee on Immunization Practices (ACIP) to reduce the risk of shingles and its associated pain in people 60 years old or older. <http://www.cdc.gov/shingles/vaccination.html>

Pneumococcal Vaccine

Pneumococcal conjugate vaccine (PCV13) is recommended for all children younger than 5 years old, all adults 65 years or older, and people 6 years or older with [certain risk factors](#). Pneumococcal polysaccharide vaccine (PPSV23) is recommended for all adults 65 years or older. People 2 through 64 years old who are at [high risk of pneumococcal disease](#) should also receive PPSV23. <http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm>.

APIC appreciates the opportunity to continue to evaluate and provide input into quality measures and improvement efforts within the Home Health sector.

Sincerely,

A handwritten signature in black ink that reads "Mary Lou Manning".

Mary Lou Manning, PhD, CRNP, CIC, FAAN, FNAP
2015 APIC President