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

Re: CMS-1655-P: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long- Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2017 Rates; Quality Reporting Requirements for Specific Providers; Graduate Medical Education; Hospital Notification Procedures Applicable to Beneficiaries Receiving Observation Services; and Technical Changes Relating to Costs to Organizations and Medicare Cost Reports

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 FY 2017 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) proposed rule. APIC is a nonprofit, multidisciplinary organization representing over 15,000 infection preventionists 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 healthcare continuum. Our comments address issues raised by CMS related specifically to healthcare-associated infections (HAIs).

Value-Based Purchasing Program (VBP)

Proposed Inclusion of Selected Ward Non-Intensive Care Unit (ICU) Locations in Certain National Healthcare Safety Network (NHSN) Measures Beginning With the FY 2019 Program Year

APIC agrees that Central Line-Associated Bloodstream Infections (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI) are important targets for dedicated surveillance and prevention efforts. APIC appreciates the inclusion of the CLABSI and CAUTI measures for selected non-ICU settings in the VBP program, as this proposed expansion aligns with the Hospital Inpatient Quality Reporting (IQR) program, the Hospital-Acquired Condition (HAC) Reduction Program, and the National Quality Forum

(NQF) endorsement update to these measures. APIC supports the baseline period of Calendar Year 2015, since that is the rebaseline period for the NHSN following surveillance definition changes.

> *Recommendation:* APIC supports the proposal to expand the NHSN CLABSI and CAUTI measures to certain non-ICU settings and agrees that care provided to all patients should be approached with the same attention to quality improvement. The expansion would encourage hospitals, especially those that do not have ICU locations, to utilize the tools and resources within NHSN to promote improvement efforts beyond the ICU.

Proposed Increase of Immediate Jeopardy Citations from Two to Three Surveys

Our members are instrumental to assuring compliance with the CMS Conditions of Participation and Conditions of Coverage related to infection prevention and control. APIC has a strong commitment to assuring the health and safety of patients and healthcare workers. With the appropriate increased attention to infection prevention and control, it would not be unheard of for one of our member facilities to have received an immediate jeopardy finding related to infection prevention and control as well as a finding under another tag. We appreciate that CMS has recognized that two immediate jeopardy citations in any condition would likely exclude a hospital from the VBP system for multiple years creating a likely financial hardship for the facility.

> *Recommendation:* APIC supports the proposal to increase the immediate jeopardy findings from two to three before removal from the VBP program.

Domain Weighting for the FY 2019 Program Year and Future Years for Hospitals Receiving Scores on Fewer Than Four Domains

Although APIC supports the focus on healthcare-associated infections, the pressure that the weighting has brought has taken emphasis away from prevention and placed it on data. We appreciate that CMS is not proposing any changes to the minimum numbers of cases for domain scores and measures.

> *Recommendation:* APIC supports maintaining the Centers for Disease Control and Prevention's (CDC) minimum case criteria.

<u>Hospital-Acquired Condition (HAC) Reduction Program</u>

Clarification of NHSN CDC HAI Data Submission Requirements for Newly Opened Hospitals

APIC applauds CMS for establishing a reasonable deadline for beginning submission of NHSN CDC HAI measure data following the opening of a new hospital. Clarifying and establishing a process for new hospitals affords patients receiving care at those facilities the same benefits to transparent quality data as is available in long established facilities. APIC appreciates CMS recognizing the confusion with newly opened hospitals and submission of data and supports this clarification.

Recommendation: APIC supports the clarification for NHSN data submission deadlines for newly established hospitals.

Proposed Adoption of Modified PSI 90: Patient Safety and Adverse Events Composite (NQF #0531)

APIC supports the proposal from CMS to adopt the NQF-endorsed version of the Modified PSI 90 measure. We are especially appreciative of the removal of PSI 07 Central Venous Catheter-Related Blood Stream Infection Rate from that measure, which will eliminate potential overlap with the CLABSI measure (NQF #0139). We believe that changing the weighting for the indicators in the modified PSI 90 measure, that is adding the harm associated with the event into the weighting, adds value to the measure. However, we would like to restate our concern with the use of claims-based data for any kind of measurement for healthcare-associated infections (HAIs). Additionally, we express concern for the composite measure approach. Claims-based data can be less precise, as opposed to the NHSN standardized definitions, and composite measures lack specific direction for prevention strategy focus. The use of less precise measurement data which impacts healthcare setting reimbursement raises significant concern.

Recommendations:

- APIC strongly supports the removal of PSI 07 Central Venous Catheter-Related Blood Stream Infection Rate from PSI 90 and the HAC program.
- APIC concurs with the proposed modified reporting periods for the Modified PSI 90 Measure.

Proposed Changes to the HAC Reduction Program Scoring Methodology

CMS's recognition that the current decile-based scoring methodology was of concern to stakeholders and required a critical review is appreciated. Modifications made to the HAC scoring methodology will level the playing field for hospitals. As outlined in the proposed rule, the modified scoring appears much more equitable for all and more accurately reflects the differences in performance; however we are concerned that this method still does not adequately risk adjust and may still create an imbalance that will disproportionately affect essential hospitals -- those that care for large volumes of uninsured and other vulnerable patients and that often serve as academic medical centers and teaching hospitals.

Recommendation: APIC supports this change in calculating measurement results, but encourage CMS to continue to evaluate better methods to account for acuity, case-mix, and socioeconomic status of patients when determining HAC reduction scores.

<u>Hospital Inpatient Quality Reporting Program</u>

Proposed Removal of Hospital IQR Program Measures for the FY 2019 Payment Determination and Subsequent Years

APIC appreciates the continued evaluation of measures to: 1) assure they add value to quality improvement programs, 2) aid in reducing the data collection burden, and 3) allow facilities to focus on the most important measure where improvement is still needed. Removing SCIP-Inf-1a: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision (NQF #0527), SCIP-Inf-2a: Prophylactic Antibiotic Selection for Surgical Patients (NQF# 0528), SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 2 (POD2) With Day of Surgery Being Day Zero, and PN–6: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients (NQF #0147) support that approach. Alignment with NQF reduces confusion related to the requirements for the hospital IQR program.

> *Recommendation:* APIC supports the removal of these measures for the FY 2019 payment determination and subsequent years.

Proposed Adoption of Modified PSI 90: Patient Safety and Adverse Events Composite Measure (NQF #0531)

As discussed above under the HAC Reduction Program, APIC is pleased with the refinement of PSI 90 including the removal of PSI 07 Central Venous Catheter -Related Blood Stream Infection Rate beginning in FY18. The volume as well as harm weighting adds value to the measure.

> *Recommendation:* APIC strongly supports the removal of PSI 07 Central Venous Catheter-Related Blood Stream Infection Rate from PSI 90 and the inpatient quality reporting program.

Potential Inclusion of National Healthcare Safety Network (NHSN) Antimicrobial Use Measure (NQF #2720)

APIC agrees the emergence of antibiotic drug resistance is a clinical and public health problem that threatens the treatment of bacterial infections and the safety of patients. APIC applauds CMS for raising the possibility of bringing the NHSN Antimicrobial Use Measure (NQF #2720) forward for future consideration in the Hospital IQR program. Stakeholder input is critical to understanding the current capabilities in hospitals and LTCHs for the required electronic submission of the required data elements. While the measure was recently endorsed by NQF, we have reservations about publicly reporting the data until more is known about nationally aggregated data and the Standardized Antimicrobial Administration Ratios. A publicly reported measure on antimicrobial use could potentially allow hospitals to assess national trends of antibiotic use and be used to facilitate improved stewardship of antibiotics. However, such an assessment should precede discussion of use of this measure for payment determinations.

> *Recommendation:* APIC endorses antimicrobial stewardship efforts and encourages continued work with CDC to allow for sufficient time for healthcare facilities to develop the necessary

capability for the required electronic upload of the antimicrobial use data via electronic file submission or Electronic Medication Administration Record (MAR) or barcoding systems.

Potential Public Reporting of Quality Measures Data Stratified by Race, Ethnicity, Sex, and Disability and Future Hospital Quality Measures that Incorporate Health Equity

APIC is interested in learning more about what would be required and how the information would be submitted for inclusion for race, ethnicity, sex and disability in the hospital IQR Program. The benefit of health equity data would need to be weighed against any new data collection burden.

Recommendation: At this time, APIC can neither support nor oppose the inclusion of this potential measure of health equity.

Proposed Changes to the Hospital IQR Program Extraordinary Circumstances Extensions or Exemptions (ECE) Policy

In recent years, our member facilities have experienced natural disasters such as the tornado in Joplin, Missouri and hurricane Sandy. Knowing that facilities will not be penalized under the Hospital IQR program when recovering from such extraordinary circumstances is comforting. Extending the deadline for filing from 30 to 90 days will allow the facility to respond to the event and assure patient safety before submitting the request for an extension or exemption.

Recommendation: APIC supports the proposal to change the ECE Policy from 30 days to 90 days.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Proposed Postponement of Public Display of Two Measures

APIC supports the continued collection and submission of exempt cancer hospitals CLABSI and CAUTI data into NHSN. We recognize the volume of data is low, may be difficult to interpret and therefore not ready for public reporting.

Recommendation: APIC appreciates the efforts CMS is taking to uphold the integrity of the data and supports this deferment as well as the collaboration with CDC to set realistic time frames.

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

Proposal to Address the IMPACT Act Domain of Resource Use and Other Measures: Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital Quality Reporting Program

APIC supports measures to address readmission rates. We support the infectious conditions defined as potentially preventable under the “inadequate management of infections” and “inadequate

management of other unplanned events" rationales. Many of these conditions are preventable using appropriate infection prevention interventions (i.e., Transmission-based precautions, hand hygiene, environmental disinfection, and antibiotic stewardship).

We also support the proposed risk adjustment methodology utilized for determining both the numerator and denominator for this measure. This will provide a valid assessment of a facility's quality of care in preventing unplanned, preventable hospital readmissions.

While our member expertise is not in discharge planning or utilization management, our members have experience with measures utilizing claims-based data. Our experience is that claims-based data is not accurate. We appreciate the attempt to limit the data collection burden on LTCHs, but caution that having data is not equivalent to having highly reliable and accurate data.[1, 2, 3] Goto et al concluded that administrative coded data might be valuable as a supplement to traditional HAI surveillance, but only after validation.[1]

> *Recommendation:* APIC supports measures to address readmission rates, but is not in favor of using claims-based data.

Public Display of Measures

APIC is pleased to learn that there are no new measures proposed for LTCHs. Publicly reporting Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF#1716); Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717); and Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) is consistent with public reporting for acute care hospitals and is appropriate if valid data are available.

APIC appreciates the opportunity to comment on the proposed measures and continues to applaud CMS' commitment to improving quality and promoting patient safety. Our organization continues to support transparency in healthcare improvement efforts, and reporting of healthcare-associated infections as a means to that end. APIC stands ready to assist CMS in all efforts to reduce preventable HAIs based upon standardized validated measures and evidence-based guidelines.

Sincerely,

Susan Dolan, RN, MS, CIC, FAPIC
2016 APIC President

[1] Goto M, Ohl ME, Schweizer ML, Perencevich EN. Accuracy of Administrative Code Data for the Surveillance of Healthcare-Associated Infections: A Systematic Review and Meta-Analysis. *Clin Infect Dis* 2014;58:688–96.

[2] Stevenson KB, Khan Y, Dickman J, et al. Administrative coding data, compared with CDC/NHSN criteria, are poor indicators of health care associated infections. *Am J Infect Control* 2008;36:155–64.

[3] McKibben L, Horan TC, Tokars JI, Fowler G, Cardo DM, Pearson ML, et al. Guidance on public reporting of healthcare-associated infections: recommendations of the Healthcare Infection Control Practices Advisory Committee. *Am J Infect Control* 2005;33:217-226.