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August 10, 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: CMS-1633-P: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems for CY 2016, 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 FY 2016 Hospital Outpatient Prospective Payment System (OPPS) changes. 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 and we believe CMS is moving in the right direction. Our comments address issues raised by CMS related specifically to healthcare-associated infections (HAIs).

Requirements for Ambulatory Surgical Center Quality Reporting (ASCQR) Program

CMS notes in the proposed rule it is continuing to focus on making care safer; strengthening person and family engagement; promoting effective prevention and treatment; working with communities to promote best practices of healthy living; and making care affordable when developing its strategy for considering future ASCQR Program measures. One of the measures developed by the ASC Quality Collaboration for possible inclusion in the ASCQR Program in the future is “Normothermia Outcome”.

APIC agrees that impairment of thermoregulatory control due to anesthesia may result in perioperative hypothermia which has been associated with numerous adverse outcomes including surgical site infections. The *ASC Quality Measures: Implementation Guide*¹ points out that there is no literature related to normothermia and the variation among ASC providers. A similar measure existed for inpatient surgical procedures, but as a result of sustained improvement in normothermia following general anesthesia the measure has been retired. A similar approach could be taken with ASCs; that is once



there is validation of sustained normothermia, the measure could be retired. The ASC Quality Collaborative has pilot tested the measure and found it to be valid, feasible and reliable. Therefore, APIC supports considering this measure for future implementation in the ASCQR program.

CMS also identifies that it previously finalized a policy to display data within the ASCQR program by CMS Certification Number (CCN). However, it is noted that ASCs typically report quality measure data using their National Provider Identifier (NPI) and that the NPI is also used for payment determinations. Because an ASC CCN can have multiple NPIs, publication of data by the CCN can aggregate data for multiple facilities, thereby reducing identification of individual facility information. To allow for identification of individual facility information that is publicly reported on or after January 1, 2016, CMS is proposing that the data be displayed by NPI when the data are submitted by NPI and displayed by CCN when the data are submitted by CCN. CMS clarifies that if data are submitted by CCN, it will not be able to parse the data by the NPI.

APIC appreciates that CMS is allowing facilities to report by either method, and that CMS refers to the success of ASC-8: Influenza Vaccination Coverage among Healthcare Personnel measure (NQF #0431) as a reference for when data may be submitted by CCN. APIC supports this proposal to codify the existing policy.

Recommendations:

- *APIC supports the consideration of “Normothermia Outcome” as a future measure in the ASCQR program.*
- *APIC supports data display by CCN or NPI, whichever is chosen by the facility when submitting their data.*

APIC appreciates the opportunity to comment on the proposed measures and continues to applaud CMS’s commitment to improving quality and promoting patient safety. Our organization continues to support transparency in healthcare improvement efforts and reporting of healthcare-associated infection outcome data as a means to that end. With the increasing volume of data reported, we believe it is essential that the effects of public reporting on both the patient and the healthcare system be assessed, examined and shared. APIC stands ready to assist CMS in these evaluations as well as all efforts to reduce preventable HAIs based upon standardized validated measures and evidence-based guidelines.

Sincerely,

A handwritten signature in black ink that reads "Mary Lou Manning". The signature is written in a cursive, flowing style.

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

¹ ASC Quality Measures: Implementation Guide, Version 3.1. ASC Quality Collaborative; July 2015. Accessed at <http://ascquality.org/documents/ASC-QC-Implementation-Guide-3.1-July-2015.pdf>, 8/4/15.