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Ms. Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Re: CMS-1600-P: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule for CY 2014; proposed rule.

Dear Ms. Tavenner:

The Association for Professionals in Infection Control and Epidemiology (APIC) applauds the efforts of the Centers for Medicare & Medicaid Services (CMS) in their continued effort to promote transparency and accountability to healthcare, and we appreciate the opportunity to provide input on the draft proposal. APIC is a nonprofit, multi-disciplinary organization representing over 14,000 infection preventionists (IPs) whose mission is to create a safer world through prevention of infection. Our comments reflect the views of our members who support public reporting of quality data, approve of the efforts to engage physicians in quality improvement, and champion efforts to reduce reporting burden.

APIC has been one of the leaders in encouraging transparency and public reporting of healthcare-associated infections (HAIs). We support an ongoing program to bring physician-level quality reporting measures into the public domain and continue to be optimistic that this will have influence on patient safety programs nationwide. The use of data reported under the existing Physician Quality Reporting System (PQRS) has been an excellent first step for making physician-level performance data available to the public.

As required in the Affordable Care Act, APIC supports and endorses processes to ensure that publicly reported data are statistically valid, reliable, and accurate, and include risk adjustment mechanisms. Validation and risk adjustment are of particular importance in measures related to HAIs. We would like to comment on the use of the Physician Compare website, all-cause readmission as a group-level data measure, on the use of composite measures at the disease module level, the use of claims-based administrative data for outcome measures, the Physician Quality Reporting System (PQRS) Measures, and the integration of the clinical quality measures reported under the Hospital Inpatient Quality Reporting (IQR) program.

Physician Compare

We applaud CMS for the use of the Physician Compare website as the public reporting mechanism for physician performance results. The use of a single source for consumers to access information will make it easier for the public to begin to use the data to make informed choices.

APIC Recommendation: APIC supports the plan to phase in the expansion of new or existing quality measures from a variety of valid sources into the Physician Compare website. This will help reduce the overall burden of data reporting and provide streamlined data across the continuum of care for consumer access. APIC acknowledges the challenges in developing the infrastructure necessary to support this approach and we appreciate the ongoing efforts to provide relevant and valid data to the public.

All-Cause Readmission Measure

Though we appreciate that all-cause readmission rates can monitor performance over time and across regions and populations, we continue to be concerned that the use of this measure in quality reporting will mask true outcomes and relationships among safety measures, will not identify which parts of patient care contribute most to patient outcomes and may hide actionable items due to the bundling of measures. The population of focus for this measure should be on those readmissions which are unplanned (i.e. for treatment due to a complication), because planned readmissions (for procedures unrelated to last admission) do not signal poor quality of care. Although APIC supports CMS efforts at reducing readmission rates, the causes of readmission are multi-factorial and often outside of the control of physician practices. We encourage CMS to invest in programs that study the effect of care transitions, enhanced communication systems, and strategies to impact patient behaviors and the effects on readmission rates.

APIC Recommendation: APIC requests a review of the all-cause readmission measure and supports the inclusion of this measure only when the data can be risk stratified and account for planned readmissions, to ensure that provider groups that work with the most ill or at-risk patients will not suffer discrimination and reduced reimbursement. We further encourage CMS to explain the limitations of data measures, such as all-cause readmission, when this data is publicly reported.

Composite Measures

APIC would like to express reservations about the use of composite measures in regard to HAI-related quality measures. Composite measures do not allow for risk adjustment and do not identify targeted performance improvement strategies. Analysis of publicly reported data must provide healthcare teams with specific, actionable information to direct improvement activities.

APIC Recommendation: We suggest that in lieu of composite measures, we support the use of professional society quality initiatives, such as Choosing Wisely, an initiative of the American Board of Internal Medicine Foundation. This will expand reporting into specialties previously not included in publicly reported data and will provide data that will identify targeted areas in need of improvement.

Claims-based Administrative Data

We are pleased that CMS has recognized that claims-based data allows for the most errors in reporting. Due to this, APIC supports the elimination of claims-based reporting. As an organization we have consistently opposed the use of claims-based administrative data as a single source of HAI identification.

APIC Recommendation: APIC supports the use of Registry and Other Quality Reporting Programs for quality measure reporting. These methods will allow for modes of data submission that include more consistent data elements than claims-based reporting.

Physician Quality Reporting System (PQRS) Measures

We are pleased to see that CMS has included compliance with Pneumococcal and Influenza vaccination screening recommendations as part of the PQRS. These two prevention programs have proven to be successful in minimizing the risk of these diseases in at-risk populations.

> *APIC Recommendation:* APIC encourages the measure to be inclusive of the expanded patient population for which the Pneumococcal vaccine is now recommended. In addition, we request a review of the definition of the population (i.e. NQF Indicator 1659 speaks to "*acute care hospitalized inpatients*…. for screening and intervention). The definition should fit the population over which the OPPS measure pertains – outpatient settings not affiliated with hospital services. This will enhance the applicability of the measure and reduce redundancy in data collection between inpatient and outpatient settings.

Hospital Inpatient Quality Reporting Program

We encourage CMS to consider the use of retooled hospital IQR measures for those physicians and groups whose practices reflect these processes and outcomes. APIC encourages any activity that could minimize the burden of data reporting while increasing the relevance of the publicly reported measure.

> *APIC Recommendation*: APIC endorses the use of NHSN for HAI data reporting in all healthcare facilities. Though initially focused on acute care settings, NHSN is expanding to include settings and practices that span the continuum of care. The use of identical surveillance definitions and reporting mechanisms will enhance the quality of the risk-adjusted outcome measures while allowing for comparison across settings. This could encourage collaboration across settings to achieve improved processes and outcomes.

In summary, APIC commends CMS for its ongoing efforts to drive quality practices to improve patient outcomes in non-acute care settings and thanks CMS for the opportunity to comment on this draft. We encourage CMS to continue to collaborate with physician groups to identify meaningful quality measures that can be shared with the public to provide a snapshot of quality practices that enhance patient safety.

Sincerely,

Patricia S. Grant

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2013 APIC President