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June 26, 2013

Ms. Marilyn Tavenner
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-1448-P: Medicare Program; Proposed Rule for Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year (FY) 2014

Dear Ms. Tavenner:

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 proposed changes to the ***FY 2014 Inpatient Rehabilitation Facility (IRF) Prospective Payment System***. 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 and efficiency of healthcare for all patients who receive care in acute and post-acute care settings. Our comments address issues raised by CMS related specifically to healthcare-associated infections (HAIs). APIC acknowledges that the Quality Reporting Program (QRP) for IRFs applies to free-standing IRF hospitals, IRF units affiliated with acute care facilities, and IRF units affiliated with critical access hospitals (CAH).

National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)

CMS notes that it plans to continue to collect CAUTI data using the National Quality Forum (NQF)-endorsed standard, "National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)". This is a continuation of the measure adopted in the Calendar Year (CY) 2013 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule, and no changes have been made to the measure or to how the data is collected or submitted (via NHSN) by IRFs.

APIC calls to CMS's attention that the NHSN CAUTI definition experienced changes in calendar year 2013, and is undergoing another review, with further changes expected in early 2014. Training on the definition changes will be required for those collecting CAUTI data, so instability of data between baseline years and into CY 2014 can be expected. We encourage CMS to support training for reporting professionals to support smooth transitions when new reporting definitions are introduced.

Recommendation: APIC continues to support the use of this quality metric for the Adult Inpatient Rehabilitation patient population.

Proposal to adopt New Measure for FY 2016: Influenza Vaccination Coverage among Healthcare Personnel Measure (NQF #0431)

APIC notes that CMS has proposed adopting Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431) for FY 2016 payment determination. Data collection for this measure would be via NHSN from October 1, 2014 to March 31, 2015. APIC agrees that the addition of this measure promotes alignment across quality reporting programs.

Because healthcare personnel (HCP) can unintentionally expose patients to seasonal influenza if they have not been vaccinated, and such exposure can be harmful to vulnerable patients, APIC supports mandatory HCP influenza vaccination as a condition of employment.[i] We applaud CMS for adding this measure to the IRF QRP as we feel this will advance this strategy aimed at improving patient safety. We note that HCP in general continue to have low influenza vaccination rates. We agree that influenza vaccination data submitted to CDC/NHSN will ultimately capture regional trends on the yearly uptake of the vaccine and the elements within yearly influenza campaigns that succeed or require improvement.

APIC notes, however, that some IRFs are units located within acute care facilities, which also have an HCP influenza reporting measure under the Hospital Inpatient Quality Reporting Program. We encourage CMS to address expectations on reporting requirements for units which fall within both types of care settings.

Recommendation: APIC supports the intent and addition of this measure for FY 2016; however, we seek clarification regarding how acute care facilities with an Inpatient Rehabilitation unit (non-free-standing) will be expected to handle their vaccine compliance submissions as it relates to the inclusion or exclusion of the Inpatient Rehabilitation unit.

FY 2017 Proposed IRF QRP Measure #1: All-Cause Unplanned Readmission Measure

While it is unclear what role HAIs play as a cause for readmission to acute care facilities or long-term care hospitals in the post-discharge period following discharge from IRF, APIC comments, as we have in the past, that the use of claims-based data can be misleading and inaccurate as it relates to HAI identification. APIC does not endorse the use of claims-based data as a sole source of information relevant to HAIs.

Recommendation: APIC does not support the use of claims-based data as a sole source of relevant information for HAI identification. We would seek additional information on how readmissions attributable to HAIs would be validated. Additionally, APIC agrees that for any readmission data analysis, planned readmissions should be excluded.

FY 2017 Proposed IRF QRP Measure #2: Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) – NQF #0680

APIC agrees that the addition of this measure would seem beneficial given that IRFs are post-acute settings similar demographically and clinically to nursing homes,[ii] where many individuals receiving care

are elderly and/or have medical conditions that make them more vulnerable and subject to complications of influenza (e.g., pneumonia and death).

APIC cautions CMS that, like long-term care and acute care facilities, many IRFs do not have full access to electronic health records (EHRs), and that ease of data collection related to the assessment and appropriate administration of vaccines to residents and patients must be considered. Aggregate numbers, as opposed to specific demographic information could be a possible approach. The additional burden of data collection must not take away from limited resources in these facilities which are needed to provide direct or indirect resident/patient care. APIC further cautions that additional data submission requirements should be phased-in to prevent diversion of resources from resident/patient care.

> *Recommendation:* While APIC agrees that this measure would seem beneficial, we caution that the burden of data collection must not detract from the ability to provide resident/patient care in these resource-limited settings. Additional measures should be phased-in to avoid detraction of care resources.

APIC appreciates the ongoing collaborative dialogue with CMS on issues related to HAI, with particular emphasis on settings beyond the acute care environment. We stand ready to assist with any questions or further clarifications to our comments.

Sincerely,

Patricia S. Grant, RN, BSN, MS, CIC
2013 APIC President

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1. Greene LR, Cox T, Dolan S, et al. APIC Position Paper: Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated. Association for Professionals in Infection Control. January 27, 2011. Available at http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF.

2. Gage B, Morley M, Spain P, et al. (2009, February). Examining post acute care relationships in an integrated hospital system. Waltham, MA: RTI International. Retrieved from http://aspe.hhs.gov/health/reports/09/pacihs/report.pdf