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June 25, 2018

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Room 445–G
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

RE: CMS-1694-P: Fiscal Year 2019 Medicare Hospital Inpatient Prospective Payment System and Long-Term Care Hospital Prospective Payment System Proposed Rule

Dear Ms. Verma:

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 updating the Hospital Inpatient Prospective Payment Systems for Acute Care and Long-Term Care Hospitals for FY 2019. 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. We applaud CMS for emphasizing person-centered care through establishing standardized processes that facilitate communication across the spectrum of healthcare to ensure safe care of patients.

As APIC supported the inclusion of standardized healthcare-associated infection (HAI) measures from the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) in the Hospital Inpatient Quality Reporting (IQR), Value-Based Purchasing (VBP), and Hospital-Acquired Condition (HAC) Reduction Programs over the past years, it was our intent that true outcome improvement and infection prevention be the goal of these measures. However, it has become apparent that, in practice, this goal has deviated in many instances to become penalty avoidance rather than improved patient care. In partnership with our healthcare organizations, CMS, and our patients, we advocated for the need to find the appropriate way to realign the approach to enhancing HAI reduction.

APIC appreciates the holistic approach of streamlining and refining the quality reporting and value-based purchasing programs CMS proposes in this FY 2019 rule. The Patients Over Paper and Meaningful Measures programs have the potential to place the patient at the center of healthcare once again, a philosophy that is the right approach for sound patient care and outcomes.

APIC encourages CMS to consider incentivizing patient safety projects and activities that improve patient care and decrease infection rates. A movement toward a more positive approach to patient care and HAI reduction may help return the focus from penalty avoidance back to quality improvement.

Removal of Measures

APIC agrees that duplicative measures within multiple quality reporting and value-based purchasing programs are costly to providers, clinicians, and CMS, and are confusing to the public. Removing duplicative measures will serve to reduce confusion for the public when the measure outcomes are reported. APIC believes that there is potential for cost savings for CMS in the alignment and streamlining of measures in the quality reporting and value-based purchasing programs.

APIC supports the proposal to remove the NHSN HAI measures (CLABSI, CAUTI, Colon and Abdominal Hysterectomy SSI, MRSA, and CDI) from the IQR Program beginning with FY 2021 payment determination. However, by retaining the measures only in the HACRP, penalties would be based only on each facility's performance compared to other facilities, so do not fulfill the Meaningful Measure objective of significant opportunity for improvement. Risk adjustment strategies within the HACRP are limited and do not always account for facility-specific populations (e.g., trauma or other facilities with a high percentage of high risk or vulnerable patients). This might result in continually penalizing hospitals that serve predominantly high-risk patients even if a hospital's individual performance improves from year to year. The Hospital Value-Based Purchasing (VBP) Program, by comparison, provides incentives for each facility's performance improvement as well as penalties for poor performance. Therefore, APIC recommends that the NHSN HAI measures be retained in the VBP program and removed from the HAC Reduction Program.

Recommendations:

- APIC agrees with the addition of a Factor 8 element for measure removal, to consider cost associated with a measure which outweighs the benefit of its continued use in the program and recommends that Factor 8 should be a consideration for measure removal in all the quality reporting and value-based purchasing programs. However, APIC encourages CMS to seek the input of stakeholders in the decision-making process when considering Factor 8 on a case-by-case basis as the associated cost/benefit relationship may be viewed differently by stakeholders.
- APIC agrees with the proposal to allow the Hospital VBP program to promptly remove a measure without the rulemaking process if CMS believes the measure poses a specific patient safety concern, but we do encourage the use of the rulemaking process and

stakeholder input wherever possible. Partnership in reaching measure consensus will help to avoid unintended consequences for all.

- APIC supports the removal of the five NHSN HAI measures from the IQR Program for FY 2021 payment determination. We recommend also removing the measures from the HAC Reduction Program while retaining these measures in the VBP Program.

Hospital Inpatient Quality Reporting (IQR) Program

Healthcare Personnel Influenza Vaccination

- APIC is pleased that CMS continues to require reporting of influenza vaccination among healthcare personnel. Since 2011, APIC has supported mandatory influenza vaccination of all healthcare personnel unless the provider has a compelling medical contraindication.[1] A vaccinated workforce creates a safe environment for patients, visitors, and employees, and reduces absenteeism.

Proposed Removal of Influenza Immunization Measure (IMM-2) (NQF #1659)

- APIC is concerned that CMS proposes to remove the requirement for hospitals to report their compliance with assessing and appropriately vaccinating patients. We are sensitive to the reporting burden on facilities and recognize that as a topped-out measure (measure removal Factor 1), meaningful improvement would be difficult to identify. However, we believe this is an important patient safety measure that may be overlooked if no longer required to be reported.

Processes for Administrative Support Related to NHSN HAI Measures

While the HAI measures are included in the Hospital IQR Program, processes for administrative support have been managed under this program. As noted above, APIC supports the CMS proposal to remove the HAI measures from the IQR Program. APIC strongly believes that these administrative processes -- including data collection and validation requirements, and scoring associated with data completeness, timeliness, and accuracy – should exist in the same program as the measures. Per our recommendation above to retain these measures in the VBP Program and remove them from the HACRP, APIC recommends that administrative policies be established for the VBP Program to collect, validate, and publicly report quality measure data independently instead of conducting these activities through the Hospital IQR Program.

Data Validation

Validation helps to assure consistency and accuracy among hospitals; therefore, we agree with the inclusion of all subsection (d) hospitals and with the five targeting criteria proposed by CMS.

Recommendation:

- APIC recommends that trained CMS abstractors are educated, at a minimum, through completion of the NHSN training modules for HAI surveillance in order to be qualified to

validate hospital reported data. This will improve understanding of application of the NHSN surveillance definitions as well as prevent unnecessary and time intensive educational reviews.

Proposed Application of Validation Penalty:

- For hospitals failing validation, we agree with and appreciate the suggested change in penalty application to only the measures that fail validation, rather than application of the penalty to all measures.
- APIC expresses concern that many of the reasons for failing validation are due to electronic record issues that may prevent validators from finding complete information related to the case, rather than inaccurate case determinations.

Educational Review Process:

- APIC agrees with the utilization of the current IQR program Educational Review process for the VBP Program to remain with the HAI measures and agrees with the addition of the proposal that if a timely review is requested and an error is identified in the fourth quarter of review, CMS would use the corrected quarterly score to compute the final confidence interval.

Proposed Data Accuracy and Completeness Acknowledgment (DACA):

- APIC agrees with CMS's proposal to adopt DACA requirements for hospitals to electronically acknowledge the accuracy and completeness of data to the best of their knowledge on an annual basis via the QualityNet Secure Portal.

Scoring Calculation Review and Correction Period:

- APIC agrees with the proposed renaming convention for the 30-day review period to the "Scoring Calculation Review and Correction Period" to accurately reflect the intent of the process.

Additional Measure Request:

- Given the scope of change for this FY 2019 proposed rule, APIC suggests no further measures be added until a cycle of re-evaluation can occur.

Opinion on use of Electronic Clinical Quality Measures (eCQMs) for HAI Measures:

- While eCQMs would seem to be a future approach to data submissions, it is doubtful that the current capability of electronic health records could support such an approach with any degree of accuracy. This is particularly true for surgical procedure files and risk adjustment factors. Much work needs to be done with vendors and hospitals alike in order to make this a successful submission approach. A robust validation process would need to be included in any piloted attempt at eCQM submission in a future timeframe.

Transparency:

- APIC supports ongoing transparency of individual HAI measures through Hospital Compare as part of the VBP Program.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

APIC agrees with the withdrawal of the CLABSI and CAUTI measures for PPS-exempt cancer hospitals. There are only eleven PPS-exempt cancer hospitals. This low number, the heterogenetic makeup of the hospitals, and the nationwide dispersion of the sites makes it difficult to provide meaningful comparisons for the consumer. Our professional standards include tracking and trending events and providing evidence-based interventions to reduce infections, and these activities would continue to mitigate these events.

Recommendations:

- APIC supports removal of the CLABSI and CAUTI measures.
- APIC agrees with continuing the Hospital-level metrics, Colon and Abdominal Hysterectomy SSI, CDI, and Influenza vaccination coverage among healthcare personnel.
- APIC supports continued reporting of influenza vaccination among healthcare personnel in PPS-exempt cancer hospitals. Patients receiving care in this setting are some of the most susceptible to infectious diseases including influenza. We recognize that this measure is relatively new in the PCHQR program and therefore is impacted by the 2015 NHSN rebaselining. We agree that public display of this measure should be deferred until at least two comparable years of data are available, which will occur in FY 2019.

Long-Term Care Hospital (LTCH) Quality Reporting Program

- APIC opposes removal of the Percent of Resident or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) Measure (NQF #0680). We acknowledge the reporting burden facing facilities; however, influenza vaccination is an important intervention that can improve the health outcomes of patients. As stated in the Collection of Information section of the proposed rule, removal of this measure would save facilities $676.53 per year. Cox, et al report the average cost of treating a hospitalized individual for influenza at $3251.04 and noted the cost for care of the elderly likely would exceed that cost.[2] We believe the benefits far outweigh the costs. Appropriate vaccination can decrease hospitalizations and therefore decrease overall costs as well as unnecessary deaths associated with influenza. Therefore, we recommend continued reporting on this measure
- APIC supports removal of the Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure from the LTCH QRP. While APIC is in favor of prevention and reduction of MRSA we are concerned about the MRSA Bacteremia Lab ID Events measure. Laboratory-identified MRSA captures bacteremia which is often secondary to other infections that are community-acquired or acquired from other facilities. When this measure reports a primary

bacteremia in a patient with a central line then it is duplicate reporting of the central line-associated bloodstream infection (CLABSI). Therefore, we do not believe this measure captures MRSA transmission from person to person, as was the original intent. APIC recommends that CMS consider removal of the MRSA Bacteremia Outcome Measure from all payment programs.

- APIC agrees with CMS that the NHSN Ventilator-Associated Event (VAE) Outcome measure is not a strong indicator of patient outcomes and we support removal of this measure.

Recommendations:

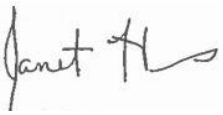
- As previously stated, APIC supports the continued reporting of healthcare personnel influenza vaccination.
- APIC opposes removal of the patient vaccination measure.
- APIC supports removal of the MRSA Bacteremia Outcome Measure from the LTCH QRP.
- APIC supports removal of the VAE Outcome Measure from the LTCH QRP.

CMS cites Factor 8 cost consideration to justify removal of the NHSN HAI measures from the IQR and VBP programs, and we agree that hospitals will likely see a reduction of complexity for tracking and previewing reports for multiple CMS payment programs. However, the retention of these measures in an alternate program (VBP or HAC Reduction) will ensure that the cost and burden of infection surveillance, NHSN case identification, NHSN program maintenance, and data submission will not change. In fact, there will need to be a greater emphasis on resources for infection prevention to maintain the focus and progress that has been made in HAI reduction in the recent years.

Given the substantive changes in this FY 2019 IPPS proposed rule, APIC cautions CMS that reassessment of these changes is necessary to prevent unintended consequences for patients and healthcare settings. Although APIC concurs with the proposed realignment of the NHSN HAI measures as a way to eliminate duplicative payment determinations, we express concern that the HAC Reduction Program is a penalty-only program and does not provide any opportunity for positive incentives to hospitals for individual incremental improvements and therefore recommend removing the HAI measures from the HAC Reduction Program and retaining them in the VBP Program.

APIC appreciates the opportunity to provide input into the proposed changes to infection prevention programs, and we look forward to continuing to work with CMS to ensure patient safety and HAI reduction.

Sincerely,



Janet Haas, PhD, RN, CIC, FSHEA, FAPIC
2018 APIC President

[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. January 27,2011. Available at: https://apic.org/Resource_/TinyMceFileManager/Advocacy PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF Accessed June 3, 2018.

[2] Cox FM, Cobb MM, Chua WQ, McLaughlin TP, Okamoto LJ. Cost of Treating Influenza in Emergency Department and Hospital Settings. Am J Manag Care 2000;6:205-214.