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June 25, 2018

Ms. Seema Verma
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-1688-P: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2019

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 on the FY 2019 Inpatient Rehabilitation Facility (IRF) Prospective Payment System 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 cross the healthcare continuum. We are mindful of the regulatory burden placed on facilities and support The Patients Over Paper and Meaningful Measures initiatives. Improving patient outcomes is a core part of our mission. Our comments will focus on the Quality Reporting Program (QRP) Measures.

Proposed New Removal Factor for Previously Adopted IRF QRP Measures

We agree that when the costs of a measure clearly outweigh the benefits of continued use of the measure it should be removed. This is particularly important when a publicly reported measure cannot be interpreted and/or used by consumers to influence their care decisions.

Recommendation: APIC supports the addition of Factor 8 for measure removal determination. However, APIC encourages CMS to seek the input of stakeholders in the decision-making process when considering Factor 8 as the associated cost/benefit relationship may be viewed differently by stakeholders.

Proposed Removal of Two IRF QRP Measures



Proposed Removal of National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)

APIC values use of the Standardized Infection Ratio (SIR) as a summary measure for tracking healthcare-associated infections (HAI). We acknowledge that the SIR cannot be used for valid comparisons when the predicted number of HAIs is less than 1.0. Hospital-onset MRSA bacteremia is a rare occurrence in inpatient rehabilitation patients with expected cases less than 1.0.

Recommendation: APIC supports the removal of this measure since the SIR cannot be reliably calculated.

Proposed Removal of Percent of Residents Who Were Assessed and Appropriately Given Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

APIC is concerned that CMS proposes to remove the requirement for IRFs to report their compliance with assessing and appropriately vaccinating patients. Sustaining a high level of vaccination coverage in a patient population that receives care in group settings supports improved health outcomes. We are sensitive to the reporting burden on facilities and recognize that as a topped-out measure (measure 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.

Recommendation: APIC opposes removal of this patient influenza vaccination measure.

APIC appreciates the opportunity to provide input on this proposed rule and is committed to ongoing work with CMS to ensure the IRF QRP measures remain meaningful.

Sincerely,

A handwritten signature in black ink that reads "Janet Haas".

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