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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-1690-P: Fiscal Year 2019 Medicare Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates 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 proposed changes to the FY 2019 Inpatient Psychiatric Facility (IPF) Prospective Payment System. 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 a commitment to improving the quality and efficiency of healthcare for all patients, including those who receive care in psychiatric settings. Our comments address issues raised by CMS related specifically to influenza prevention.

APIC applauds CMS's efforts to improve outcomes and reduce burden by carefully evaluating each measure currently included in the Inpatient Psychiatric Facilities Quality Reporting (IPSQR) Program, and we support including Factor 8 to determine whether the cost of a measure outweighs the benefit of its continued use in the program. However, APIC disagrees with CMS's conclusion that Factor 8 justifies removal of Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431) from the IPSQR Program beginning with FY 2020 payment determination. Patients who are undergoing inpatient hospital services furnished in psychiatric hospitals and psychiatric units are at risk for influenza, a significant cause of morbidity and mortality. Healthcare personnel (HCP) can unintentionally expose patients to seasonal influenza if they have not been vaccinated. This is especially true in IPFs, where group activities and communal atmospheres are heavily promoted. Annual influenza vaccination of HCP has been shown to reduce flu-related morbidity and mortality among both HCP and their patients. Vaccination of HCP has also been associated with reduced work absenteeism. APIC continues to support



public reporting of an overall vaccination rate for a facility because it will provide meaningful data to inform the public on the quality of care provided by the IPF.

APIC also supports retention of the patient Influenza Immunization Measure (IMM-2, NQF# 1659) in the IPFQR Program. We believe this is an important patient safety measure that may be overlooked if no longer required to be reported.

APIC believes the benefits associated with continued reporting of these measures outweigh the costs of resources required to report, implement and maintain the program. We also believe that the cost associated with mitigating an influenza outbreak in an IPF would far outweigh the cost and burden of retaining the influenza vaccination measures.

**Recommendation:** APIC opposes the proposed removal of the Influenza Vaccination Coverage Among Healthcare Personnel measure from the IPFQR Program. We also support retention of the patient Influenza Immunization (IMM-2, NQF #1659) measure. We believe that both measures improve healthcare quality by protecting patients, visitors and HCP from influenza.

Thank you for the opportunity to comment on the proposed quality improvement updates.

Sincerely,

A handwritten signature in black ink that reads "Janet Haas". The signature is written in a cursive, flowing style.

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