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June 20, 2016

Andrew M. Slavitt  
Acting 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-1645-P: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities Proposed Rule for FY 2017, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, and SNF Payment Models Research.***

Dear Mr. Slavitt:

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 FY 2017 Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNFs) 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 across the healthcare continuum. Our comments address issues raised by CMS related specifically to healthcare-associated infections (HAIs).

APIC will limit its comments to the proposed measure “SNF Potentially Preventable 30-Day Post-Discharge Readmission Measure (SNFPPR)” for inclusion in Skilled Nursing Facilities FY 2019 Value-Based Purchasing (VBP) and FY 2018 Quality Reporting Programs (QRP).

APIC supports measures to address readmission rates. We support the inclusion of this proposed measure with plans to replace the previously finalized SNF 30-Day All-Cause Readmission Measure (SNFRM) (NQF #2510) following the first year of the SNF VBP. We support the infectious conditions defined as potentially preventable under the “inadequate management of infections” and “inadequate management of other unplanned events” rationales. Many of these conditions are preventable using appropriate infection prevention interventions (i.e., Transmission-based precautions, hand hygiene, environmental disinfection, and antibiotic stewardship).



We also support the proposed risk adjustment methodology utilized for determining both the numerator and denominator for this measure. Specifically, both the numerator and denominator will be risk-adjusted based on patient demographics, principal diagnosis in prior hospitalization, comorbidities, and other health status variables that affect probability of readmission. This will provide a valid assessment of a facility's quality of care in preventing unplanned, preventable hospital readmissions.

While our member expertise is not in discharge planning or utilization management, our members have experience with measures utilizing claims-based data. Our experience is that claims-based data is not accurate. We appreciate the attempt to limit the data collection burden on SNFs, but caution that having data is not equivalent to having highly reliable and accurate data.<sup>1,2,3</sup> Goto et al concluded that administrative coded data might be valuable as a supplement to traditional HAI surveillance, but only after validation.<sup>1</sup>

*Recommendations:*

- APIC supports measures to address readmission rates.
- APIC supports replacement of the SNFRM with the SNFPPR following the first year of the SNF VBP.
- APIC cautions on the use of claims-based data for payment determination.

APIC appreciates the opportunity to comment on the proposed measures and continues to applaud CMS's commitment to improving quality and promoting patient safety. Our organization continues to support transparency in healthcare improvement efforts, and reporting of healthcare-associated infections as a means to that end. APIC stands ready to assist CMS in all efforts to reduce preventable HAIs based upon standardized validated measures and evidence-based guidelines.

Sincerely,

A handwritten signature in cursive script that reads "Susan Dolan".

Susan Dolan, RN, MS, CIC, FAPIC  
2016 APIC President

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<sup>1</sup> Goto M, Ohl ME, Schweizer ML, Perencevich EN. Accuracy of Administrative Code Data for the Surveillance of Healthcare-Associated Infections: A Systematic Review and Meta-Analysis. *Clin Infect Dis* 2014;58:688–96.

<sup>2</sup> Stevenson KB, Khan Y, Dickman J, et al. Administrative coding data, compared with CDC/NHSN criteria, are poor indicators of health care associated infections. *Am J Infect Control* 2008;36:155–64.

<sup>3</sup> McKibben L, Horan TC, Tokars JI, Fowler G, Cardo DM, Pearson ML, et al. Guidance on public reporting of healthcare-associated infections: recommendations of the Healthcare Infection Control Practices Advisory Committee. *Am J Infect Control* 2005;33:217-226.