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June 24, 2014

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-1608-P: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Fiscal Year 2015

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 comments on the proposed Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Fiscal Year (FY) 2015.

APIC commends CMS for continuing to include National Quality Forum (NQF)-endorsed National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI) measures in its Quality Reporting Programs. This ensures that standardized definitions are used to identify HAIs. APIC also appreciates that CMS continues to focus on measures that have high impact and in which improvement would result in significant benefit to Medicare beneficiaries. We urge CMS to continue to choose indicators that utilize electronic data capture so as to reduce the burden of data collection and reporting for facilities.

Existing Measures

APIC continues to support the NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) for IRF settings.

APIC also continues to support Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431). APIC appreciates CMS revising the reporting requirement for this measure to allow facilities to collect and report a single vaccination count by facility CMS certification number (CCN).



Proposed New Measures for FY 2017

National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716)

APIC recognizes that this measure has already been included in the Hospital Inpatient and Long-Term Care Hospital (LTCH) Quality Reporting Programs and appreciates the expansion into other healthcare settings.

Recommendation: APIC supports the addition of this measure with the recommendation that CMS evaluate the relevance of the measure in the rehabilitation setting after the first year of data collection. Patients in rehabilitation settings tend to have fewer indwelling devices, which substantially decreases their risk for invasive MRSA infection. APIC feels that data collection can be burdensome; therefore, it should provide valuable information for improvement of patient safety in the required setting.

National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717)

As noted above, APIC appreciates the expansion of this measure beyond the hospital inpatient and LTCH settings. Although APIC supports the addition of this proposed measure, we believe that there is an underestimation of both the volume of case reporting and the time that will be required to implement this new CDI outcome measure. CMS estimates that each IRF will report one CDI event monthly, taking approximately 15 minutes of time. A recent multistate point prevalence survey of HAIs reaffirmed that age, length of stay, and presence of a device such as an indwelling line or catheter are risk factors for HAIs.¹ IRF residents tend to be older and have a longer length of stay. This study also demonstrated a higher prevalence of CDI than previous studies. This may be due in part to more sensitive polymerase chain reaction (PCR) testing methodologies which increased case findings. Laboratories across the nation have begun adopting PCR-based methodologies for identifying *Clostridium difficile*. Given these two important factors, APIC believes there is likely to be more than one CDI report per month in facilities, which would necessitate an increase in the time estimated for case reporting. Additionally, manual methods of case finding and denominator collection in facilities that have not yet migrated to electronic health records should be considered when evaluating the time impact of the proposed measure.

Recommendations:

- APIC supports the addition of this measure.
- We recommend that the time allotted for case finding and reporting be increased to account for a higher estimated volume of case reporting and variability in implementation of electronic health records across inpatient rehabilitation facility settings.



Proposed Validation Process for FY 2017 Adjustments to the IRF PPS Annual Increase Factor and Beyond

APIC commends CMS for establishing a validation process to ensure the accuracy of the reported data. As CMS expands its data validation methods APIC encourages CMS to incorporate validation of the HAI measures in addition to validation of pressure ulcer data.

Recommendations:

- APIC recommends that CMS include validation of HAI measures in its proposed validation process for FY 2017.
- We recommend that CAUTI be the first of the HAI measures to be validated and that a process similar to the validation of HAIs in the IPPS be utilized.
- APIC endorses a secure method of electronic submission of records for the validation process and recognizes CMS's effort to define pathways for submitting such records.

APIC appreciates the opportunity to comment on the proposed measures and continues to applaud CMS's commitment to improving quality and promoting patient safety. We continue to support transparency in healthcare improvement efforts, and reporting of HAIs as a means to that end. We stand 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 black ink that reads "Jennie L. Mayfield". The signature is written in a cursive, flowing style.

Jennie L. Mayfield, BSN, MPH, CIC
2014 APIC President

¹ Magill SS, Edwards JR, Bamberg W, et al. Multistate point-prevalence survey of health care associated infections. *New Engl J Med* 2014;370:1198-1208.