August 26, 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-1601-P, Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs, proposed rule

Dear Ms. Tavenner:

The Association for Professionals in Infection Control and Epidemiology (APIC) and the Society for Healthcare Epidemiology of America (SHEA) wish to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide input into its proposed Calendar Year (CY) 2015 Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) payment system quality reporting programs. We are pleased that CMS continues to respond to the concerns of stakeholders and modify proposed recommendations when appropriate. We are writing to address issues raised by CMS related specifically to healthcare-associated infections (HAIs) in the proposed rule.

Hospital Outpatient Quality Reporting (OQR) Program Updates

APIC and SHEA recognize that CMS continues its efforts to align quality measures across various programs, when possible. We also appreciate CMS's concern regarding the burden of data collection and its ongoing efforts to remove measures that meet the proposed criteria for "topped-out" due to wide-scale adoption. This not only relieves the burden of excessive data collection, but presents opportunities to identify new measures in which universal adoption and measurement may be associated with improved patient outcomes. This is especially true for areas where there is new science or enhanced evidence-based practice guidelines. As noted in previous APIC and SHEA comments to CMS, we request the selection of HAI measures that have aligned data elements with the Centers for Disease Control and Prevention (CDC)'s National Healthcare Safety Network (NHSN).

Proposed Removal of Measures from the Hospital OQR Program for the CY 2017 Payment Determination

We support the removal of OP–6: Timing of Antibiotic Prophylaxis, and OP–7: Prophylactic Antibiotic Selection for Surgical Patients (NQF #0528). These process measures have become standardized throughout healthcare organizations and results demonstrate little variation in practice. That being said, we request more information on the method by which CMS would become aware that "hospital

adherence to these practices has unacceptably declined" and that CMS would repropose these measures in future rulemaking. We are concerned that compliance may be due to ongoing reporting requirements rather than changes in organizational culture which foster the implementation and sustained application of evidence-based guidelines.

Data Submission Requirements for OP–27: Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431) Reported via NHSN for the CY 2017 Payment Determination and Subsequent Years

We appreciate CMS's clarification of the submission deadline and data submitted for the influenza vaccination coverage among healthcare personnel (HCP). The submission period is now in alignment with other quality reporting programs. In addition, we appreciate the change to reporting by CMS Certification Number, instead of separating and reporting data by inpatient and outpatient setting. This change will reduce the burden of data collection and will provide a clearer picture of the true vaccination rates for HCP in a healthcare organization. We appreciate the CMS response to our previous request for this approach.

Electronic Clinical Quality Measures

We support CMS's efforts towards establishing electronic clinical quality measures and appreciate that CMS recognizes the need for extensive validation and field testing. We continue to encourage CMS to reach out to key clinical stakeholders during development of electronic reporting requirements and additional HAI-related data elements. We recognize the importance of health information exchanges (HIEs) in the dissemination of infection prevention and control information across the care continuum.

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Proposed Criteria for Removal of ''Topped-Out'' Measures

As noted earlier in comments related to the Hospital OQR program, APIC and SHEA support the removal of topped out measures providing that there is a well-defined mechanism in place to identify a significant decline in adherence rates.

Data Submission Requirements for ASC–8 (Influenza Vaccination Coverage Among Healthcare Personnel) Reported via the National Healthcare Safety Network (NHSN) for the CY 2016 Payment Determination and Subsequent Years

We appreciate the delay in finalizing this measure in the CY 2014 rule to allow for further clarification. APIC and SHEA agree with the equitable approach to requiring the same reporting deadline for HCP influenza vaccination data for Ambulatory Surgical Centers (ACS) as is expected of Hospital Inpatient, Hospital Outpatient, Long-Term Care Hospital and Inpatient Rehabilitation Center programs. It is our belief that if the intent of this measure is to recognize quality organizations, the public should have access to the data at the time the information is most useful. A reporting delay of two years would provide little to no benefit to the consumer. Many of our members are responsible for infection prevention programs in multiple care settings. The standardized methodology and data submission deadline will eliminate confusion and provide accurate HCP influenza vaccination coverage data for the many healthcare settings found in the U.S.

OP-31: Cataracts – Improvement in Patient's Visual Function Within 90 Days Following Surgery

Again, we appreciate CMS's proposal to make voluntary the collection and submission of data for OP-31. APIC and SHEA agree that this measure addresses an important measure of care; however, as stated in previous comments, we believe the relative infrequency of complications following cataract surgery, and

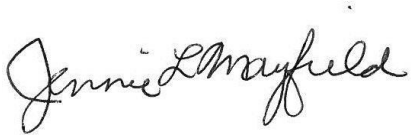
the burden of data collection and reporting on this measure may not produce the intended results. Allowing those facilities with the infrastructure to accurately capture the data so that it may be submitted for public reporting is reasonable given that hospitals will not be subject to payment reductions based on the information submitted.

Measures for Future Consideration

As noted in the 2009 report from the Government Accountability Office: "The increasing volume of procedures and evidence of infection control lapses in ASCs create a compelling need for current and nationally representative data on HAIs in ASCs in order to reduce their risk. Because HAIs generally only occur after a patient has left an ASC, data on the occurrence of these *infections* – outcome data – are difficult to collect".[1] APIC and SHEA recognize that much work is currently underway to identify methods for data collection and analysis of such events. Current examples include the Agency for Healthcare Research and Quality (AHRQ) grant-funded ASC program in which both evidence-based process measures and outcome data such as surgical site infection rates are identified and collected. As standardized mechanisms for data collection are developed and tested in this setting, we urge CMS to consider such outcome and process measures in future rulemaking. HAI reporting that is focused on quality measures that have high impact and support national priorities for improved quality and efficiency of care for Medicare beneficiaries will have a significant, long-term benefit.

APIC and SHEA appreciate the opportunity to comment on the proposed measures and continue to applaud CMS's commitment to making care safer through improved communication, coordination of care and quality. Our organizations continue to support transparency in healthcare improvement efforts, reporting of HAIs and HCP influenza vaccination rates as a means to that end. With the increasing volume of data reported, we believe it is integral that an assessment of the effects of public reporting on both the patient and the healthcare system are examined and shared. We stand ready to assist CMS in that effort.

Sincerely,



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

Daniel Diekema, MD
2014 SHEA President

[1] U.S. Government Accountability Office. Health-Care-Associated Infections: HHS Action Needed to Obtain Nationally Representative Data on Risks in Ambulatory Surgical Centers. Available at http://www.gao.gov/assets/290/286423.pdf. Accessed 8/20/14.