



Summary of the Infection-Related Provisions in Centers for Medicare & Medicaid Services (CMS) FY 2015 Prospective Payment System Final Rules for Inpatient Settings

Hospital Value-Based Purchasing (VBP) Program for FY 2017

• CMS Proposals:

- ◆ Remove from measure set the following process measures as “topped-out”:
 - ◇ PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia in Immunocompetent Patient
 - ◇ SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients
 - ◇ SCIP-Inf-3: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
 - ◇ SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 1 or Postoperative Day 2
- ◆ Adopt the following new measures into the VBP program:
 - ◇ MRSA Bacteremia (NQF #1716)
 - ◇ *Clostridium difficile* Infection (NQF #1717)
- ◆ Add six episode-based measures for future inclusion and expansion into the VBP program under the Efficiency domain. Three of the measures under consideration address medical episodes: (1) kidney/urinary tract infection; (2) cellulitis; and (3) gastrointestinal hemorrhage. The other three address surgical episodes: (1) hip replacement/revision; (2) knee replacement/revision; and (3) lumbar spine fusion/refusion.

• APIC Recommendations:

- ◆ APIC supports the removal of PN-6, SCIP-Inf-2, SCIP-Inf-3, and SCIP-Inf-9.
- ◆ APIC supports the addition of MRSA Bacteremia (NQF #1716) and *Clostridium difficile* Infection (NQF #1717) via National Healthcare Safety Network (NHSN) reporting.
- ◆ APIC does not support the addition of the medical and surgical episodes into the Efficiency domain and recommends CMS provide further clarity and discuss with stakeholders before including in the VBP Program.

• CMS Final Rule:

- ◆ CMS finalized the removal of the “topped-out” measures as proposed.
- ◆ CMS finalized the adoption of the MRSA Bacteremia and *C. difficile* Infection measures as proposed.
- ◆ CMS did not finalize the addition of the medical and surgical episodes but noted it will consider comments received as it develops future measures for the VBP program.

Hospital-Acquired Condition (HAC) Reduction Program

- **CMS Proposals:**

- ◆ To continue to align the scoring methodology for the HAC Reduction Program with the achievement scoring methodology used for the Hospital VBP Program.
- ◆ With the inclusion of surgical site infections (SSI) for colon surgery and abdominal hysterectomy in Domain 2 (CDC NHSN measures) beginning in FY 2016, CMS proposed to adjust the scoring methodology to include the SSI measure. The proposal would be to calculate a single SSI standardized infection ratio (SIR) by pooling the abdominal hysterectomy SIR and the colon surgery SIR (sum of all observed infections among abdominal hysterectomy and colon procedures divided by the sum of all predicted infections among abdominal hysterectomy and colon procedures performed at the facility).
- ◆ To determine the Domain 2 score by taking the average of the SIRs for the three HAI measures in Domain 2 (CLABSI, CAUTI, and combined SSI SIR).
- ◆ To adjust the weighting of Domain 1 (AHRQ PSI-90 composite measure) and Domain 2 by decreasing the weight of Domain 1 from 35% of Total HAC Score to 25%, and increasing the weight of Domain 2 from 65% to 75% of the Total HAC Score beginning in FY 2016.
- ◆ Since the AHRQ PSI-90 composite measure and the NHSN CLABSI and CAUTI measures are currently undergoing maintenance review by the National Quality Forum (NQF), any significant changes to these measures will result in use of the notice-and-comment rulemaking process before CMS would require reporting changes for the revised measures. Until such time, CMS will keep current requirements for all measures as currently endorsed.

- **APIC Recommendations:**

- ◆ APIC remains concerned about using composite measure scores for eight separate component indications in the AHRQ PSI-90 measure for determining the Total HAC Score, since the measures do not identify specific areas that can be targeted for improvement efforts.
- ◆ APIC appreciates continued alignment of scoring methodologies for the HAC Reduction and the Hospital VBP programs to reduce confusion.
- ◆ APIC supports pooling the SIRs for the two SSI measures to determine a single SSI SIR, as these SIRs will incorporate risk adjusted weighting of the surgical volume between the two measures.
- ◆ APIC does not support averaging the SSI, CLABSI and CAUTI SIRs to obtain the Domain 2 score, because it will lack specificity in determining a hospital's true HAI scores. The addition of MRSA bacteremia and *C. difficile* SIRs to the average for FY 2017 has the potential to further dilute this measure, much as the current Domain 1 AHRQ PSI-90 composite is now. Instead, APIC recommends that CMS assign each HAI measure a separate percentage to total the Domain weight.
- ◆ APIC supports the change in Domain weights for FY 2016 to provide increased weight to Domain 2, which contains less claims-based data.
- ◆ APIC supports a notice-and-comment period for any HAC measure with significant changes made during the NQF review process.

- **CMS Final Rule:**

- ◆ CMS continues to believe the PSI-90 composite measure is an appropriate tool for calculation of HAC scores, but will continue to explore options for new measures, including electronically specified measures, that could be incorporated into the HAC Reduction Program to supplement or replace the PSI-90 composite measure.
- ◆ CMS finalized the scoring of Domain 2 to include pooling of the SIRs for the two SSI measures to determine a single SSI SIR as proposed.
- ◆ CMS finalized the proposal to average the SSI, CLABSI, and CAUTI SIRs to obtain the Domain 2 score. However, CMS also expressed appreciation for the APIC suggestion to assign each CDC NHSN HAI measure a separate percentage to total the Domain weight and will take this into consideration in future rulemaking.
- ◆ CMS finalized the new weighting of Domains 1 and 2 beginning in FY 2016 as proposed.

Hospital Inpatient Quality Reporting (IQR) Program

- **CMS Proposals:**

- ◆ Update criteria for determining when a measure is “topped-out” or when a measure performance among hospitals is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made. The updated criteria would be those previously adopted for the Hospital VBP Program.
- ◆ Remove the following measures for FY 2017 payment determination as “topped-out”:
 - ◆ SCIP-Inf-1: Prophylactic antibiotic received within one hour prior to surgical incision
 - ◆ SCIP-Inf-2: Prophylactic antibiotic selection for surgical patient
 - ◆ SCIP-Inf-3: Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac surgery)
 - ◆ SCIP-Inf-4: Cardiac surgery patients with controlled postoperative blood glucose
 - ◆ SCIP-Inf-6: Surgery patients with appropriate hair removal (previously suspended)
 - ◆ SCIP-Inf-9: urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2).
- ◆ Add measures SCIP-Inf-1, SCIP-Inf-2, and SCIP-Inf-9 to the voluntary electronic reporting list.
- ◆ In response to concerns expressed by APIC and other organizations last year, CMS clarified that beginning with the 2014-2015 influenza season, facilities should collect and report a single healthcare personnel (HCP) influenza vaccination count for each healthcare facility by CMS Certification Number (CCN) instead of separately by inpatient or outpatient setting.
- ◆ In response to feedback received during a dry run for implementation of the Total Hip Arthroplasty and Total Knee Arthroplasty (THA/TKA) 30-Day Complication and Readmission Measures, CMS proposed to refine the measures to exclude those patients who have a hip fracture coded as either a principal or secondary diagnosis during the index admission.
- ◆ CMS noted that federal law requires that measures used to determine CMS payment to hospitals must be endorsed by a consensus organization contracted with CMS to do so. However, the statute also provides an exception that allows the Secretary of Health and Human Services to specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed. This notation preceded discussion about proposed new measures for FY 2017 payment determination (see next bullet).
- ◆ Among new measures proposed for FY 2017 payment determination is Severe Sepsis and Septic Shock: Management Bundle (NQF #0500).

- ◆ In its ongoing effort to align measures across programs, CMS proposed that, for FY 2017 payment determination, providers may select to voluntarily report any of 16 of the 28 Hospital IQR Program electronic clinical quality measures that align with the Medicare Electronic Health Record (EHR) Incentive Program (Meaningful Use). The infection-related Hospital IQR measures that qualify for this are SCIP-Inf-1a, SCIP-Inf-2a, and SCIP-Inf-9. CMS also proposed to expand the reporting requirement of electronic clinical quality measures to require a full year's data collection and submission instead of a minimum of one quarter, and noted that, for the FY 2017 payment determination, hospitals that voluntarily report one year of electronic clinical quality measure data would have an option to have their data reported on *Hospital Compare* with a preview period prior to reporting. CMS also included mandatory electronic clinical quality measure reporting for FY 2018 payment determination in its discussion of possible new quality measures and measure topics for future years.
- ◆ CMS indicated that it is considering adding Hepatitis B Vaccine Coverage Among all Live Newborn Infants Prior to Hospital or Birthing Facility Discharge (NQF #0475) as an electronic clinical quality measure beginning October 1, 2016 to coincide with Medicare EHR Incentive Program Stage 3 collection.
- ◆ CMS clarified that NHSN required and voluntarily submitted data collected by CDC will be shared with CMS for Hospital IQR program and Hospital VBP Program administration, monitoring and evaluation activities, including validation, appeals review, program impact evaluation, and development of quality measure specifications.
- ◆ Modify existing processes for validation of chart-abstracted Hospital IQR Program data for FY 2017 payment determination by:
 - ◇ reducing the number of charts required for validation from 96 (60 charts for clinical process-of-care measures and 36 charts for HAIs) to 72 (18 charts per quarter across both types of measures);
 - ◇ proposing that, of the 18 charts per quarter, 10 charts be submitted for HAI validation and 8 charts submitted to validate clinical process-of-care measures, for a total of 40 HAI and 32 clinical process-of-care charts;
 - ◇ proposing to expand the options for secure transmission of electronic versions of patient medical records, specifically by allowing hospitals to submit digital images (PDFs) of patient charts via the QualityNet website.

- **APIC Recommendations:**

- ◆ APIC supports the alignment of the criteria for “topped-out” measures within the Hospital IQR and VBP programs, but also recommends continued assessment of the effectiveness of the newly proposed criteria that solely use statistical evaluation processes for determination.
- ◆ APIC supports removal of the identified SCIP measures as “topped-out”, and supports adding SCIP-Inf-1, SCIP-Inf-2, and SCIP-Inf-9 to the voluntary electronic reporting list.
- ◆ APIC continues to emphasize the necessity of considering sufficient lead-in time for implementation of changes to measures, especially in regard to those measures impacting information technology requirements, to ensure that hospitals have sufficient time to plan for budget and information technology support to implement the changes.
- ◆ APIC supports CMS’s clarification that facilities collect and report a single HCP influenza vaccination count for each facility by CCN.

- ◆ APIC supports the proposed refinement of the THA/TKA 30-Day Complication and Readmission Measures.
- ◆ APIC supports use of NQF-endorsed measures in CMS payment programs.
- ◆ APIC does not support the inclusion of the Severe Sepsis and Septic Shock Management bundle in its currently defined state. APIC believes that the inclusion of Central Venous Pressure (CVP) measurement as part of the bundle could lead to patients needlessly receiving a central venous catheter, which could inadvertently increase the risk of central line-associated bacteremia. APIC noted that this measure is currently undergoing maintenance review by NQF, and in the initial stage of this review, the NQF Patient Safety Measure Standing Committee recommended that the step requiring measurement of CVP be removed from this bundle.
- ◆ APIC supports giving hospitals the ability to preview any data, especially electronically submitted data, before the data are released to the public's attention. We also support adding a footnote beside voluntarily reported data that will identify it as such.
- ◆ APIC expressed concern with the proposal to begin reporting of electronic clinical quality measures for the Hospital IQR Program beginning for the Calendar Year (CY) 2016 reporting period for FY 2018 payment determination. We note that HAI surveillance measures are not included in the Medicare EHR Incentive Program until Stage 3, which is now scheduled to begin in 2017. Therefore, minimal IT support is currently available in many facilities for HAI-related measures. In addition, with many of the measures within the IQR program undergoing review and updating, any electronic reporting must take into account the time needed to develop and implement the appropriate electronic adaptations for such changes. APIC encourages CMS to collaborate with CDC/NHSN and EHR vendors to determine an appropriate timeframe to begin requiring electronic reporting of clinical quality measures.
- ◆ APIC supports the addition of Hepatitis B Vaccine Coverage (NQF #0475) as part of the electronic clinical quality measures.
- ◆ APIC has significant concerns and does not support the release of all required or voluntarily submitted patient level NHSN data to CMS. We note that this precedent-setting action of releasing patient-level data, without appropriate testing and vetting of process, has the potential to open itself to patient-level data being requested at other levels. Unintended consequences could result in poor quality monitoring and possible breaches in patient confidentiality. APIC requests that CMS delay implementation of this data sharing until it is able to provide clarification on how the data may be used and protected. The CDC/NHSN system is currently designed, developed, implemented, analyzed, evaluated, and used by subject matter experts in HAI surveillance, prevention, and control. The system should not be modified and/or new quality measure specifications identified without the explicit involvement and oversight of CDC. APIC is extremely concerned that modifications or additions of new HAI-related quality measures will undermine the credibility and/or utility of NHSN, a globally recognized surveillance system for the prevention and control of HAIs. APIC urges CMS to collaborate with CDC and other organizations on the retrieval and analysis of this data.
- ◆ APIC supports the proposed modifications to existing processes for validation of chart-abstracted Hospital IQR Program data.

- **CMS Final Rule:**

- ◆ The proposal to update criteria for determining when a measure is “topped-out” was finalized as proposed.
- ◆ CMS finalized its proposal to remove most of the “topped-out” SCIP measures but decided to retain SCIP-Inf-4 in the Hospital IQR Program measure set.
- ◆ CMS finalized the addition of the three SCIP-Inf measures to the voluntary electronic reporting list as proposed.
- ◆ CMS finalized refinements of the THA/TKA measures as proposed.
- ◆ CMS finalized the Severe Sepsis and Septic Shock: Management Bundle Measure as proposed, but also noted that it would closely monitor the measure as new clinical evidence becomes available, and will update the public via future rulemaking and/or operational guidance as necessary.
- ◆ CMS modified its proposal for voluntary electronic reporting of clinical quality measures to finalize that hospitals that choose to voluntarily report electronic measures should submit one quarter of data for Quarters 1, 2 or 3 (Q1, Q2, or Q3) of CY 2015 for FY 2017 payment determination. However, hospitals may voluntarily submit more than one quarter of data. Hospitals that choose to voluntarily submit electronic clinical quality measure data must use the 2014 version of the measure specifications. The submission deadline is November 30, 2015 regardless of which quarter of data is submitted. CMS also finalized its policy to only publicly report the names of hospitals who successfully submit CY1, CY2, or CY3 clinical quality measure data by the November 30, 2015 submission deadline. Hospitals will not have a preview period, nor will they be permitted to opt out of this public reporting.
- ◆ CMS noted that it did not propose to require electronic reporting in CY 2016 but was seeking feedback from stakeholders. The agency appreciated the feedback it received and will take it into account for future consideration.
- ◆ CMS expressed appreciation for the feedback it received on adding Hepatitis B Vaccination and other electronic clinical quality measures and will consider it in future rulemaking.
- ◆ CMS finalized the policy to access NHSN data as proposed, and noted that, in accessing data submitted via NHSN, it would uphold the same privacy and security standards it uses for other quality measure data submitted directly to CMS, including compliance with all applicable requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules to safeguard and limit the use and disclosure of the information CMS accesses and obtains through NHSN.
- ◆ CMS finalized the modifications to existing processes for validation of chart-abstracted Hospital IQR Program data as proposed.

Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

- **CMS Proposal:**

- ◆ Delaying public display of NHSN CAUTI and CLABSI measure data on the *Hospital Compare* website until no later than 2017. CMS recognizes that, due to the low volume of data being produced and reported by facilities, CDC is unable to calculate reasonable and reliable baseline estimates or expected rates, which are needed for the purpose of calculating these measure rates.

- **APIC Recommendation:**

- ◆ APIC supports delaying the public display of NHSN CAUTI and CLABSI data due to low volume of data produced, and recommends that CMS evaluate the NHSN SSI data under the same standard.

- **CMS Final Rule:**

- ◆ CMS finalized delaying public display of NHSN CAUTI and CLABSI data as proposed, and agreed with the APIC recommendation to apply the same standard to the NHSN SSI measures.

Long-Term Care Hospital Quality Reporting (LTCHQR) Program

- **CMS Proposal:**

- ◆ Revise the data collection timeline and submission deadline for the Percent of Residents of Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) measure (NQF #0680) to align with the reporting period for other measures being submitted into the LTCH Medicare Continuity Assessment Record and Evaluation (CARE) data collection instrument beginning in FY 2016.
- ◆ Add two new functional status quality measures to the LTCHQR program beginning for FY 2018 payment determination:
 - ◇ Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function;
 - ◇ Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support.
- ◆ Add the NHSN Ventilator-Associated Event (VAE) Outcome Measure for FY 2018 payment determination.
- ◆ CMS noted it is considering as possible future measure topics:
 - ◇ Measures addressing Ventilator Bundle, and
 - ◇ Severe Sepsis and Septic Shock: Management Bundle

- **APIC Recommendations:**

- ◆ APIC supports the alignment of the reporting period for Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine with other metrics already being reporting into the LTCH CARE data collection instrument.
- ◆ APIC supports the inclusion of the two functional status quality measures, noting that improved functional status and improved, early mobility of those patients who are ventilated reduces the likelihood of infection and significantly improves morbidity, mortality, cost, and quality of life in this vulnerable population. However, APIC also encourages CMS to evaluate the timing and introduction to allow for adequate training and resources for all data collection.
- ◆ APIC does not support addition of the NHSN VAE Outcome Measure at this time, as this measure has not been sufficiently validated and it is currently unclear what proportion of VAEs are preventable.
- ◆ APIC does not support inclusion of the current Institute for Healthcare Improvement ventilator bundle as several components of the bundle (daily sedation reduction and daily weaning of ventilator settings) may not be applicable to patients who are on a longer-term ventilator and may never be weaned. APIC noted that a new ventilator bundle is being developed that can more broadly address VAE.

- ◆ APIC does not support inclusion of the Severe Sepsis and Septic Shock Management bundle in its currently defined state. APIC again noted possible unintended consequences of items in this bundle as well as current maintenance review of the measure by NQF (see APIC recommendations above under “Hospital Inpatient Quality Reporting Program”).

- **CMS Final Rule:**

- ◆ CMS finalized the proposed revision of the timeline for reporting and data submission for Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine as proposed.
- ◆ CMS finalized the Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function quality measures as modified due to public comments. CMS finalized the Change in Mobility among Long-Term Care Hospital Patients Requiring Ventilator Support quality measure as proposed.
- ◆ CMS finalized the addition of the NHSN VAE Outcome Measure to the LTCHQR Program for FY 2018 payment determination and future years as proposed.
- ◆ CMS noted comments on ventilator bundle and Severe Sepsis and Septic Shock Management bundle and will take them into consideration when developing future measures for the LTCHQR Program.

Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program

- **CMS Proposal:**

- ◆ Add for FY 2017 payment determination Influenza Immunization (IMM-2) (NQR #1659) to assess inpatients who are screened for influenza vaccination status and vaccinated prior to discharge if indicated.
- ◆ Add HCP Influenza Vaccination (NQF #0431) for FY 2017 payment determination. Data collection would begin with the 2015-16 flu season and submitted to NHSN by May 15, 2016.

- **APIC Recommendations:**

- ◆ APIC supports inclusion of both measures in the IPFQR Program, and appreciates CMS’s clarification that facilities should collect and report HCP influenza vaccination as a single count for each facility by CCN.

CMS Final Rule:

CMS finalized both measures as proposed.

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

- **CMS Proposals:**

- ◆ Add NHSN Facility-Wide Inpatient Hospital-Onset MRSA Bacteremia Outcome Measure (NQF #1716) for FY 2017 payment determination, with data collection beginning January, 2015.
- ◆ Add NHSN Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection Outcome Measure (NQF #1717) for FY 2017 payment determination, with data collection beginning January, 2015.
- ◆ That IRFs must meet a data accuracy threshold of 75 percent and a data completion threshold of 100 percent for data reported to NHSN to avoid receiving a 2 percentage point reduction to

their annual increase factor. CMS proposed a validation process for FY 2017 that does not include NHSN-reported measures, but noted that the validation process will expand as the number of measures being reported expands.

- **APIC Recommendations:**

- ◆ APIC supports the addition of the MRSA Bacteremia Outcome measure, and recommends that CMS evaluate the relevance of the measure in the rehabilitation setting after the first year of data collection to ensure that the data collected provide valuable information for improvement of patient safety in the required setting.
- ◆ APIC supports the addition of the *C. difficile* Infection Outcome Measure. We also recommend that the time allotted for case finding and reporting be increased to account for higher estimated volume of case reporting and variability in implementation of EHR across inpatient rehabilitation facility settings.
- ◆ APIC commends CMS for establishing a validation process to ensure the accuracy of the reported data, and encourages CMS to include validation of HAI measures into the process for FY 2017.
- ◆ APIC recommends that CAUTI be the first HAI measure to be validated and that a process similar to the validation of HAIs in the Hospital IQR Program.
- ◆ APIC endorses a secure method of electronic submission of records for the validation process and recognized CMS's effort to define pathways for submitting such records.

- **CMS Final Rule:**

- ◆ CMS finalized the addition of the MRSA and *C. difficile* measures into the IRF QRP as proposed.
- ◆ CMS appreciated APIC's recommendations regarding validation and will take them into consideration for future validation proposals.

September 3, 2014