



1400 Crystal Drive, Suite 900
Arlington, VA 22202
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
apic.org

September 26, 2019

Ms. Seema Verma
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-1715-P: Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations

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 on the CY 2020 Revisions to Payment Policies under the Physician Fee Schedule, the Medicare Shared Savings Program Requirements, the Quality Payment Program and the Medicaid Promoting Interoperability Program. 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 cross the healthcare continuum. We are mindful of the regulatory burden placed on healthcare settings and support efforts to streamline quality measures and reduce this burden, as with the Patients Over Paperwork Initiative, while maintaining measures that will continue to support the improvement in the quality of patient care. Improving patient outcomes is a core part of our mission. Our comments will be limited to those issues we have identified as relevant to infection prevention and the reduction of healthcare-associated infections (HAIs).



CY2020 Updates to the Quality Payment Program

APIC acknowledges the intent of CMS to transform the Merit-based Incentive Payment System (MIPS) Quality Payment Program by building on the foundation that has been established during the first three years of the program.

APIC agrees with the need to streamline measures and decrease the burden of paperwork for clinicians, as well as the need to provide for a cohesive reporting and evaluation system of the quality of care provided to patients.

APIC agrees with the intent to align the MIPS program with the Meaningful Measures Initiative and to empower patients and clinicians in their decision-making process. We emphasize the need to keep patient safety at the forefront of any measures for future use in all quality payment programs.

We read with interest the proposed MIPS Value Pathway (MVP) approach to quality measures which would target data for quality, cost, and interoperability while minimizing the number of measures and targeting those that are priorities for improvement and meaningful to clinician's scope of practice. APIC agrees that much work will need to be done to develop these Value Pathways, but we believe the essence of implementing core measures which can provide actionable, meaningful data for clinicians is appropriate. APIC agrees with the four guiding principles that CMS has proposed for the development of MVPs:

1. MVPs should consist of limited sets of measures and activities that are meaningful to clinicians, which will reduce or eliminate clinician burden related to selection of measures and activities, simplify scoring, and lead to sufficient comparative data.
2. MVPs should include measures and activities that would result in providing comparative performance data that is valuable to patients and caregivers in evaluating clinician performance and making choices about their care.
3. MVPs should include measures that encourage performance improvements in high priority areas.
4. MVPs should reduce barriers to APM participation by including measures that are part of APMs where feasible, and by linking cost and quality measurement.

CMS proposes to utilize administrative claims-based data, registry data, and electronically submitted data to provide measurement elements for the MVPs. APIC again notes that exclusive use of administrative data is not a precise measure for identifying HAI; therefore, we oppose the use of administrative claims-based data as a sole source for HAI identification. APIC supports the need to use standardized definitions and risk adjusted data to provide actionable information for clinicians and patients alike, when determining infection status.¹

In the example of the Surgery MVP provided to stakeholders for demonstration purposes, we note that Surgical Site Infections (SSIs) is a possible measure. It appears that the information would come from the CMS Quality Measures Inventory (Quality ID 357), rather than administrative data or the CDC National Healthcare Safety Network (NHSN), as is the case with SSI measures in other Medicare Quality Reporting Programs. In exploring that measure, we express concern that the measure is not endorsed by a consensus organization such as the National Quality Forum (NQF) and that the data may come from the American College of Surgeons National Surgical Quality Improvement Project (ACS NSQIP®) registry.



While NSQIP and the CDC have aligned much of the definition for surgical site infections, there are differences in those data “registries,” such as random case review versus all-case review. Such differences have the potential to cause confusion for clinicians and patients, a concern which CMS expresses in the proposed rule. APIC advocates to minimize data sources, standardize definitions, and align data sources in Quality Payment Programs.

Additionally, we advocate for use of NQF-endorsed measures as the NQF process includes a robust measure review with routine measure updates and maintenance as performance and evidenced-based research changes.

Recommendations:

- APIC recommends that patient safety is kept at the forefront of MVP measure development.
- APIC expresses concern for the use of administrative claims-based data to identify infections.
- APIC advocates to minimize and align data sources and to standardize measure definitions in Quality Payment Programs. APIC suggests that partners at the Centers for Disease Control and Prevention National Healthcare Network System (NHSN) be included in discussions. Their input will add value to the discussion of how currently collected measures can capture provider level information.
- APIC advocates for the use of outcomes data over process data.
- We advocate for use of NQF-endorsed measures.
- We agree with the four guiding principles which CMS suggests for the development of MVPs.
 - APIC respectfully requests to be included in the discussions and development of infection-related measures for the MIPS Value Pathways.

Appendix 1: Proposed MIPS Quality Measures

With consideration for the multiple measures reviewed in the proposed Specialty Measure Sets, as well as those proposed for removal, find our comments and recommendations specific to infection prevention issues below:

Recommendations:

- APIC supports the proposed measure removals suggested throughout Tables B (New Specialty Measures Sets Proposed for Addition and Previously Finalized Specialty Measure Sets Proposed for Modification for the 2022 MIPS Payment Year and Future Years) and C (Previously Finalized Measures for 2022 and Future Years) in order to reduce the staggering number of measures and measure burden for clinicians.
- We believe it is important to maintain measures which evaluate a patient’s immunization status. However, we agree with the proposal to remove the individual Influenza, Pneumococcal, and Shingles immunization measures on the condition that they are included in the Adult Immunization Status measure.



- Adult Immunization Status Measure: APIC believes that this measure should also reflect the evaluation/assessment for need to update the patient's Measles, Mumps, Rubella (MMR) immunization status, in addition to the immunizations in the current proposed measure. The present global measles outbreak supports the need to assess immunization status for all vaccine-preventable communicable diseases in an ongoing manner.
- Communicable Disease Screening Measures: APIC supports the measures referenced throughout the specialty measure sets for communicable disease screening, such as Hepatitis C and Chlamydia.
- Antimicrobial Stewardship: APIC supports the measures referenced throughout the Specialty Measure sets which advocate for appropriate and correct antibiotic use to support antimicrobial stewardship and reduction in drug resistance.
- B.3b. Electrophysiology Cardiac Specialist - Measure HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device implantation, replacement, or revision. (American College of Cardiology Foundation Measure). APIC would like to raise awareness that this measure does not align with the CDC/NHSN Surgical Site Infection 90-day timeframes for post-operative infections; however, the longer surveillance window is in alignment with the American College of Cardiology definition and may result in additional capture of these cases.

Table Group D: Previously Finalized Quality Measures with Substantive Changes Proposed for the 2022 MIPS Payment Year and Future Years

Recommendation:

- APIC supports the updated definition of Hand Hygiene which has been added to D.8. Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infection Measure through the NQF measure maintenance process.

Promoting Interoperability

APIC appreciates CMS's continuing work on improving interoperability. It is apparent that much more work and communication between vendors and clinicians is necessary. When electronic system developers and vendors actually sit down with clinicians to understand the workflows required, electronic systems can be optimized. APIC believes that more accountability on the part of electronic system vendors must be part of the future in order to make the systems more effective and truly represent the work flow and needs of clinicians. Validation at the time of implementation of these systems, along with validation with any system upgrades is paramount to data accuracy. Future measures should include evidence of validation of electronic surveillance data by vendors and organizations in order to promote patient safety and data accuracy.

APIC appreciates the efforts CMS is making to align, reduce the burden and promote accuracy in data derived from quality measures. We welcome the opportunity to work with CMS and healthcare stakeholders to develop the newly proposed MIPS Value Pathways.



Sincerely,

A handwritten signature in black ink that reads "Karen Hoffmann". The signature is written in a cursive style with a large, prominent "K" and "H".

Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC
2019 APIC President

¹ [APIC Position Paper: The Use of Administrative \(Coding/Billing\) Data for Identification of Healthcare-Associated Infection in US Hospitals](#), October 12, 2010. Accessed 9/19/19.