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September 9, 2019

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Re: CMS-1711-P: Medicare and Medicaid Programs; CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; and Home Infusion Therapy Requirements

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 Home Health Prospective Payment System proposed rule. APIC is a nonprofit, multidisciplinary organization representing 16,000 infection preventionists whose mission is to create a safer world through prevention of infection.

In the past, we have provided comment on the Federal Health Information Technology Strategic Plan¹ and the IMPACT Act transfer of information and medication profile.² We believe that data are powerful, but only when organized and shared in a meaningful and reliable way. The Data Element Library should prove useful as a source of standardized data elements mapped to health information technology standards. APIC appreciates the ongoing efforts of the Department of Health and Human Services to advance interoperability across all care settings. These efforts aim to improve the quality of patient care across the healthcare continuum. Our comments will address the quality measure domain of Transfer of Health Information and reporting quality data for all residents regardless of the payor.

Proposed Transfer of Health Information to the Provider -- Post-Acute Care (PAC) Measure

While our focus is on antimicrobials (i.e., antibacterial, antifungal, and antiviral agents), APIC recognizes the importance of complete and accurate information for all medications at the time of a care transition. Medication profiles that include the indication, dose, duration, start and stop dates, route of administration, prescriber, and date and time of last dose before transition will ensure appropriate and timely treatment while reducing potential adverse drug reactions.

In addition to medication information, transfer of additional information is necessary to facilitate appropriate infection prevention and control interventions during care transitions. APIC believes the following information should also be included in communications to the receiving facility or provider at the time of transition:

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- Multidrug-resistant organism status, including specimen source;
- Current transmission-based precautions status and reason for precautions;
- Influenza and pneumococcal vaccination status; and
- Presence of indwelling devices (e.g. urinary catheters)

APIC Recommendation:

APIC supports the Transfer of Health Information to the Provider -- PAC Measure. We acknowledge the importance of utilizing National Quality Forum (NQF) measures; however, given that the NQF measure only captures documentation of the medication and not the transfer of the medication information we urge CMS to submit the measure for NQF approval.

Proposed Transfer of Health Information to the Patient – Post-Acute Care -- PAC Measure

Medication use following transitions to home can be less controlled than when care transfers to a subsequent provider. Missed doses of an antimicrobial may result in readmission, while continuation of unnecessary antimicrobials can lead to resistant organisms and emergence of *Clostridioides difficile*. Consideration should be given to ease the burden of data collection within the electronic health record to ensure that documentation of the discharge medication list was provided, reconciled and reviewed with the patient, family and/or caregiver.

APIC Recommendations:

- APIC supports the Transfer of Health Information to the Patient -- PAC Measure.
- We recommend the submission of this measure to NQF for approval.
- We recommend consideration of the ease of data collection to ensure documentation of the discharge medication list was not just provided but reconciled and reviewed with the patient or patient representative.

The proposed schedules for both the Transfer of Health Information to the Provider PAC Measure and the Transfer of Health Information to the Patient PAC Measure seem reasonable since they are targeting the not only the documentation of the medication, but that the transfer of information occurs.

Thank you for the opportunity to provide input on the Home Health Quality Reporting Program. Comprehensive health information sharing in the post-acute care setting is important to assure quality and continuity of care. We look forward to continuing to work with CMS as the agency continues this essential work.

Sincerely,

A handwritten signature in black ink that reads "Karen Hoffmann". The signature is fluid and cursive, written in a professional style.

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



¹ APIC comments to the National Coordinator for Health Information Technology. Federal Health Information Technology (IT) Strategic Plan for 2015-2020. Available at: http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/Federal_Health_IT_Strategic_Plan_final_2-4-15.pdf. Accessed September 3, 2019.

² APIC comments to CMS. Project Title: Quality measures to satisfy Improving Medicare Post-Acute Care Transformation Action of 2014 (IMPACT Act) domain of: Transfer of Health Information and Care Preferences When an Individual Transitions – Medication Profile transferred to Provider/ Medication Profile Transferred to Patient. CMS Contract No. HHSM-500-2013-13015I (RTI International) CMS Contract No. HHSM-500-2013-13001I (Abt Associates) Available at: https://apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/Advocacy_Updates/IMPACT_Medication_Profile_measures_final_5-1-18.pdf. Accessed September 3, 2019.