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May 27, 2024

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: Docket #CMS-1802-P: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-based Purchasing Program for Federal Fiscal Year 2025, proposed rule.

Dear Ms. Brooks-LaSure:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare and Medicaid Services (CMS) for the opportunity to provide input to the FY 2025 Skilled Nursing Facility (SNF) Prospective Payment System proposed rule. APIC is a nonprofit, multidisciplinary organization representing 15,000 infection preventionists (IPs) whose mission is to create a safer world through prevention of infection.

The continued demonstration of CMS's commitment to improving the quality of resident/patient care across the healthcare continuum is greatly appreciated. Safe quality care is essential to those living in and receiving care in skilled nursing facilities.

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

APIC recognizes the importance of communication during transitions of care and how the lack of communication about pathogens of significance such as Candida auris and Carbapenem Resistant Organisms can contribute to the transmission of these organisms within and between facilities.[1,2] As such, we continue to support the Transfer of Health Information measures.

Additionally, prevention of vaccine preventable illness among healthcare personnel creates a safer environment for all who visit, work, and receive care in skilled nursing facilities (SNFs). We continue to support the submission of healthcare provider vaccination data for both COVID-19 and influenza into the National Healthcare Safety Network.

Proposal to Collect Four New Items as Standardized Patient Assessment Data Elements and to Modify One Item Collected as a Standardized Patient Assessment Data Element Beginning with the FY 2027 SNF QRP

APIC recognizes the importance of addressing healthcare quality disparities. Social determinants of health (SDOH), the nonmedical factors that influence health outcomes, have been shown to have a greater influence on health than either genetic factors or access to healthcare services.[3] People who experience inequities in SDOH are found to be at higher risk of poor health, including being more vulnerable to infectious diseases. Using data on race, ethnicity, and other SDOH will help find evidence-based, measurable solutions to address healthcare disparities and provide equitable care to all sectors of our population. We applaud CMS's decision to align and standardize new data collection measures with data already being collected in other healthcare settings, such as Hospitals and Inpatient Psychiatric facilities. Standardized SDOH data collection will be helpful in both collecting the data, as well as for reporting and interpreting data across the continuum of care. Healthcare systems spanning multiple levels of care will benefit from creating a single platform for data collection. Care transitions will be supported with standardized expectations for data collection. Standardized SDOH data will assist in recognizing areas of need and enhance efforts to improve resident/patient outcomes across healthcare settings.

Recommendations:

- APIC supports gathering these data to help illuminate health equity concerns.
- To facilitate interoperable exchange of information across the continuum and support continuity of care, we further support the common standards and definitions.

SNF QRP Quality Measure Concepts Under Consideration for Future Years-Request for Information (RFI)

CMS requests comments on several proposed future QRP measures, including vaccination composite data, intended to represent overall immunization status. APIC strongly supports vaccination as one of the safest and most effective preventive health weapons in our arsenal to protect against transmission of infectious diseases. Ensuring that people are up to date with their vaccinations -- especially those who are considered high risk, such as persons with compromised immune status or the elderly -- promotes better health outcomes. However, APIC generally does not support the use of composite measures as composite data does not direct the data user to any precise, meaningful topic for improvement or understanding. Composite vaccination rates may mask skewed specific vaccination uptake and make it more difficult to interpret vaccination status. The impact of cultural influence for some vaccinations should not be underestimated. We advise it is valuable to be able to identify and measure potential impact and uptake on specific vaccination types. Instead of a composite score, APIC recommends reporting on specific vaccination rates. This provides more specific, actionable information that will be of value to both the facility and to CMS.

Recommendation:

- APIC does not support the use of composite measures.
- We request additional information outlining what the vaccination composite measure would entail, and we urge CMS to develop measures that can be used by healthcare providers to improve patient outcomes, such as vaccination rates.

Proposal to Participate in a Validation Process Beginning with the FY 2027 SNF QRP

Because the minimum data set (MDS) is the basis for payment and quality measures in SNFs, we believe validation is essential. The methodology described seems fair and reasonable without creating an undue burden on those facilities that are randomly selected.

Recommendations:

- We support the alignment of the randomly selected SNFs for the value-based purchasing validation process with the QRP validation process.

Proposed Updates to the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

APIC agrees with the CMS philosophy to reward better value and outcomes rather than volume, and the alignment across the continuum in support of safe equitable care. We appreciate the "Universal Foundation" concept with setting specific "add-on sets".

SNF VBP Program Measures – Proposal to Adopt a Measure Selection, Retention, and Removal Policy Beginning with the FY 2026 SBF VBP Program Year

We have previously commented on and supported measure selection, retention, and removal in other CMS quality reporting programs. The process has worked well. Aligning the SNF VBP process with the existing SNF QRP is consistent with other programs and seems efficient.

Recommendations:

- We support the addition of a measure selection, retention, and removal process for the SNF VBP program.
- APIC encourages CMS to seek the input of stakeholders in the decision-making process when considering Factor 8 (the costs associated with a measure outweigh the benefit of its continued use in the program) on a case-by-case basis as the associated cost/benefit relationship may be viewed differently by stakeholders.

SNF VBP Program Measures – Future Measures Consideration

As noted in the Minimum Staffing Standards for Long Term Care Facilities there is evidence of the correlation between staffing levels and quality of care in LTC facilities. As noted in APIC comments submitted to CMS we agree that minimum staffing standards would also provide staff in LTC facilities some of the support they need to safely care for residents, help prevent staff burnout, reduce staff turnover, and lead to improved safety and quality for residents and staff. However, the rule only addresses staffing for nursing staff and nurse aides. APIC believes adequate staffing for infection prevention and control is essential to address widespread deficiencies CMS surveyors have long identified in nursing homes. While RNs provide important expertise in direct patient care, infection preventionists provide expertise in developing and maintaining infection prevention and control (IPC) programs to keep residents and staff safe from healthcare-associated infections. Currently, these duties

are often added to the existing responsibilities of other staff, in addition to their primary duties, rather than an area that needs trained and fully dedicated personnel to achieve a safe care environment for residents. An example of an infection preventionist staffing rule can be found in the Illinois Administrative Code for Skilled Nursing and Intermediate Care Facilities.

Recommendation:

- APIC recommends a staffing requirement of one full-time infection preventionists in order to afford long term care sites the ability to develop and maintain a robust IPC program aimed at ensuring a safe environment for residents, visitors, and staff.

Proposed Updates to the SNF VBP Review and Correction Process - Proposal to Apply the Existing Phase One Review and Correction Policy to All Claims-based Measures Beginning with the FY 2026 Program Year and Proposed "Snapshot Dates" for Recently Adopted SNF VBP Claims-based Measures

CMS proposes applying a three-month "snapshot date" window for submitting corrections to any administrative data used for VBP program measures, including SNF HAIs. APIC is committed to the consistent use of epidemiologically sound infection definitions, especially NHSN's definitions for healthcare-associated infections. We note that the three-month time period should allow complete and thorough identification of HAIs within that snapshot time period. Therefore, we support CMS's proposal to align this time period with the one previously adopted for Phase One review and correction process.

When APIC commented on the then-proposed SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization quality measure in our comments on the FY 2022 SNF PPS proposed rule we noted that exclusive use of administrative data is not a precise measure for identifying HAIs. We pointed to the 2010 APIC position paper on the use of administrative data, and that "it is important to know the accurate number and type of infections."[4]

Recommendation:

- We continue to promote the value of healthcare-associated infection surveillance using standardized validated NHSN definitions.
- APIC recommends a phase-in of the NHSN methodology and a phase-out of the use of administrative data for the SNF HAI measure.

Proposed Updates to the SNF VBP Extraordinary Circumstances Exceptions Policy

APIC appreciates the amendment of the current extraordinary circumstances exception (ECE) to extend beyond FY 2025. Aligning with the SNF QRP ECE processes and eliminating the submission of a specific form when requesting an ECE seem effective and efficient.

Recommendation:

- APIC supports the proposed changes to the ECE.

Nursing Home Enforcement

CMS proposes to expand and strengthen the enforcement process by increasing CMS's ability to identify a single deficiency multiple times, assigning a deficiency both "per day" as well as "per incident" Civil Money Penalties (CMPs). The time period for the "per day" is also proposed to extend back to the last three standard surveys (versus just to the last one).

APIC supports efforts to incentivize compliance with all infection control and prevention practices. We caution CMS that severe financial penalties may result in other unintended consequences, such as reduced staff or even closures, resulting in displaced residents. We encourage CMS to consider adopting OSHA's approach of "willful and wanton disregard" for infection control standards in order to preserve the most severe penalty for the most severe offenses. APIC's approach to promoting compliance is through education and providing resources: we encourage CMS to consider structuring rewards for high performing facilities, in order to promote compliance and excellent performance.

We note that avoiding penalties is best accomplished by ensuring adequate IPC resources are maintained onsite. We urge CMS to develop a staffing requirement for infection preventionists in long term care sites in order to afford long term care sites the ability to develop and maintain a robust IPC program aimed at ensuring a safe environment for residents, visitors, and staff.

Recommendations:

- We advise that the most severe penalties (PD CMPs) be reserved for willful and wanton disregard for infection prevention deficiencies.
- We recommend implementing a reward structure for high performing SNFs.
- APIC recommends a staffing requirement for infection preventionists in order to afford long term care sites the ability to develop and maintain a robust IPC program aimed at ensuring a safe environment for residents, visitors, and staff.

APIC always appreciates the chance to comment on the payment rules. We would like to once again take this opportunity to express our concern that nursing homes need full-time dedicated professionals functioning in the role of infection preventionists. When given the opportunity, resources, and time needed to develop a robust infection prevention and control program, infection preventionists can make a real difference in the quality of life of individuals living in congregate settings.

Sincerely,

Tania Bubb, PhD, RN, CIC, FAPIC
2024 APIC President

[1] Shimasaki, T., Segreti, J., Tomich, A., Kim, J., Hayden, M. K., Lin, M. Y., & CDC Prevention Epicenters Program. (2018). Active screening and interfacility communication of carbapenem-resistant Enterobacteriaceae (CRE) in a tertiary-care hospital. Infection Control & Hospital Epidemiology, 39(9), 1058-1062.

[2] Smith, A. R., Vowles, M., Horth, R. Z., Smith, L., Rider, L., Wagner, J. M., et al. (2021). Infection control response to an outbreak of OXA-23 carbapenemase-producing carbapenem-resistant Acinetobacter baumannii in a skilled nursing facility in Utah. American journal of infection control, 49(6), 792-799.

[3] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Social Determinants of Health. Available at https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html. Accessed 5/24/24.

[4] APIC Position Paper: The Use of Administrative (Coding/Billing) Data for Identification of Healthcare-Associated Infection in US Hospitals, October 12, 2010. Available at http://apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/ID_of_HAIs_US_Hospitals_1010.pdf. Accessed 5/24/24.