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June 22, 2016

Andrew M. Slavitt
Acting 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

Re: CMS-5517-P: Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, proposed rule.

Dear Mr. Slavitt:

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 into the Merit-Based and Alternative Payment Model Incentive Programs proposed rule. 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 patient safety and quality outcomes for patients across the continuum of care delivery.

APIC supports the consolidation and streamlining of multiple quality reporting programs into one new program. We understand this represents CMS payment to clinicians and establishes a new framework for value over volume. Recognizing value and quality, as opposed to volume, will help to promote focused opportunities for clinical improvement.

We also note that the program proposes to allow flexibility for clinicians to choose measures that are relevant to the type of care they provide. APIC supports allowing healthcare providers to focus their improvement efforts on measures appropriate to their care delivery. We believe this approach will promote a deeper involvement and understanding of their quality improvement work. We further believe this approach would serve the entire healthcare delivery system well, not just physician and other clinical provider programs.

Standardizing resource utilization and promoting interoperability and information exchange are other proposed aspects of the MIPS program. APIC endorses evidence-based resource utilization as a means to enhancing quality outcomes. We appreciate and support the need for interoperability in information technology across the continuum of care.

APIC encourages CMS to focus on patient safety and infection prevention in selecting measures and improvement efforts. In addition, testing, validation, and reliability, along with adequate sample sizes must be a part of the performance measurement program. APIC supports the use of a minimum reliability threshold as stated in the proposed rule. We agree with CMS that over-reporting, or providing too much information on Physician Compare can overwhelm consumers and agree with the CMS proposal to provide quality measures that meet the public reporting standards.

APIC supports the MIPS proposed measures that focus on infection prevention care delivery including:

- Vaccine preventable disease measures, such as influenza and pneumococcal vaccines
- Appropriate antibiotic use for pre-operative patients
- Appropriate treatment for adults and children with respiratory infection with emphasis on avoiding inappropriate use of antibiotics
- Pneumocystis Pneumonia prophylaxis in the HIV/AIDs population, along with screening for STDs
- Chlamydia screening for women
- Tuberculosis screening for patients on Biological Immune Response Modifier medications
- Hepatitis C screening and treatment measures.

APIC urges CMS to use CDC/National Healthcare Safety Network (NHSN) definitions to identify measures that reference surgical site infections, such as HRS-9 “Infection within 180 days of Cardiac Implantable Electronic Device (CIED)”, and PQRS 357, “Surgical Site Infections”. This would help avoid confusion and misunderstanding among healthcare professionals and the public regarding these healthcare-associated infections. Variability in measure definitions, including timeframes (90 days for implants) for determining these infections, must be consistent in order to promote true prevention strategies, comparative data, and improvement efforts.

Finally, for PQRS 076, Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections-Central line bundle compliance, APIC encourages CMS to use a valid methodology that allows for ease of measure retrieval, realizing that claims-based data may not accurately account for compliance with this measure and that these procedures can be performed in the inpatient environment, for both inpatient and outpatients.

APIC appreciates the opportunity to review the MIPS/APM proposed rule and is encouraged with the emphasis on patient safety and infection prevention. We believe the measure flexibility proposed in the program will allow physicians and other clinical providers to pursue focused, evidenced based

improvement strategies. APIC welcomes the ongoing opportunity to work with CMS and clinical providers to prevent infections in our patient populations across the continuum of care.

Sincerely,

Susan Dolan, RN, MS, CIC, FAPIC
2016 APIC President