



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

September 6, 2018

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-1691-P: Medicare Programs; CY 2019 End -Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) and Fee Schedule Amounts, and Technical Amendments to Correct Existing Regulations Related to CBP for Certain DMEPOS

Dear Ms. Verma:

The Association for Professionals in Infection Control and Epidemiology (APIC) is a nonprofit, multidisciplinary organization representing over 15,000 infection preventionists whose mission is to create a safer world through prevention of infection. Our comments on this proposed rule are limited to proposals related to the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP). APIC wishes to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comment. 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 facilities and support the Patients Over Paperwork and Meaningful Measures initiatives. Improving patient outcomes is a core part of our mission.

Measure Set Update

Proposal to Refine and Update the Factors Used for ESRD QIP Measures Removal and Proposed New Measure Removal Factor

APIC supports the proposed criteria for measure removal.

Recommendations:

- APIC concurs that it is logical to combine current Factors 4 (a more broadly applicable measure for the topic becomes available) and 5 (a measure that is more proximal in



time to the desired patient outcomes for the particular topic becomes available) into a single measure defined as Factor 4.

- APIC supports the addition of Factor 7 which will allow a measure removal if it is not feasible to implement.
- APIC agrees with the addition of a Factor 8 element for measure removal, to consider cost associated with a measure which outweighs the benefit of its continued use in the program and recommends that Factor 8 should be a consideration for measure removal in all the quality reporting and value-based purchasing (VBP) programs. We appreciate that Factor 8 would be used on a case by case basis and that a measure may be retained even though it is burdensome if the measure remains beneficial to ensuring improved patient outcomes. We urge CMS to include stakeholders in decisions related to a Factor 8 measure removal.

While most of the removal factors are consistent across the various payment programs, the factor removal numbering sequence is not consistent. Additionally, the ESRD QIP, Hospital VBP, Inpatient Quality Reporting, and PPS-Exempt Cancer Hospital Quality Reporting; and Inpatient Psychiatric Facilities Quality Reporting programs have a removal factor (measure is not feasible to implement as specified) not included in the other programs. Healthcare delivery systems often provide services in more than one payment system. Inconsistent removal factors and factor numbering across payment programs may contribute to confusion and add to the regulatory burden of managing and reviewing the rules.

Recommendations:

- Utilize a consistent numbering sequence for the removal factors across all payment programs.
- Standardize the removal factors across all payment programs. If the discordant measures are needed, create a ninth removal factor.

Proposed Removal of the Healthcare Personnel Influenza Vaccination Reporting Measure from ESRD QIP Measure Set

APIC applauds CMS's efforts to improve outcomes and reduce burden by carefully evaluating each measure currently included in the ESRD PPS program. However, we believe the healthcare personnel (HCP) influenza vaccination measure supports patient outcomes and, despite analysis of CY 2016 data showing it was topped out, should remain in the ESRD QIP program. The measure was only adopted in the CY 2015 ESRD PPS final rule beginning with payment year 2018, and as a new measure, compliance may be expected to be high. Healthcare personnel (HCP) can unintentionally expose patients to seasonal influenza if they have not been vaccinated. Both ESRD and acute kidney injury (AKI) patients often have complex underlying comorbidities that put them at risk for influenza. Annual influenza vaccination of HCP has been shown to reduce flu-related morbidity and mortality among both HCP and their patients. Vaccination of HCP has also been associated with reduced work absenteeism. Since 2011, APIC has supported mandatory influenza vaccination of all healthcare personnel unless the provider has a compelling medical contraindication.¹ A vaccinated workforce creates a safe environment for patients, patient families/significant others, and employees.

Recommendation: APIC opposes removal of the healthcare personnel influenza vaccination measure.



Estimated Performance Standards

Achievement Thresholds, and Benchmarks for the PY 2021 ESRD QIP

APIC appreciates CMS's attention to achievement thresholds and benchmarks in recognizing the importance of the National Healthcare Safety Network (NHSN) re-baselining process and how it may impact the NHSN bloodstream infection clinical measure.

Recommendation: APIC supports the appropriate use of NHSN re-baseline data.

Proposed Update to the Requirement to Begin Reporting Data for the ESRD QIP

APIC recognizes the time required to establish a NHSN login and implement the necessary steps to report data into NHSN. We applaud CMS for continuing to take provider feedback into consideration in development of the PPS program rules. The extension to require reporting beginning with the first day of the fourth month following the open date of the CMS Certification Number will allow facilities to complete the necessary steps to enroll in NHSN.

Recommendation: APIC supports the grace period allowed before new facilities would be required to report ESRD QIP data.

Data Validation Proposals for PY 2021 and Subsequent Years

APIC supports the validation of healthcare-associated infection data as a way to assure nationwide data quality and equity for quality-related reimbursement. CMS has been thoughtful in the approach to establishing a feasibility study for validation of data submitted to NHSN. The collaborative work with the Centers for Disease Control and Prevention to establish the most appropriate sample size is appreciated.

Recommendation: APIC supports the proposed NHSN validation methodology and phase-in of an increased sample size.

In response to the request for future proposals to ensure valid NHSN data, APIC believes that a facility that has undergone validation and does not meet the established reporting or data accuracy threshold should be selected for validation again the next year. Lessons learned from validation will be important to share with all ESRD facilities to ensure overall NHSN data quality.

Proposed Requirements for the PY 2022 ESRD QIP

Proposed New Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec) Reporting Measure

APIC is pleased that CMS considers medication reconciliation a key component of ensuring quality care in ESRD patients. As mentioned in the proposed rule ESRD patients are often on multiple medications prescribed by a variety of providers. Antibiotic stewardship is a critical component of reducing multidrug-resistant organisms and *Clostridium difficile* infection. Medication reconciliation will support stewardship efforts.

Recommendation: APIC supports the addition of a medication reconciliation measure in the ESRD QIP and we agree with the proposed monthly data reporting elements.



APIC appreciates the opportunity to provide input on this proposed rule and is committed to ongoing work with CMS to ensure that patients receive the highest quality care while receiving treatment for ESRD and AKI.

Sincerely,

A handwritten signature in black ink that reads "Janet Haas".

Janet Haas, PhD, RN, CIC, FSHEA, FAPIC
2018 APIC President

¹ Greene LR, Cox T, Dolan S, et al. APIC Position Paper: influenza Vaccination Should be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated. January 27, 2011. Available at: http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF. Accessed September 4, 2018.