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September 24, 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-1695-P: Medicare and Medicaid Programs; Calendar Year 2019 Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs.

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 2019 Hospital Outpatient and Ambulatory Surgical Center Prospective Payment System 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 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. Our comments will focus on the pneumococcal and influenza vaccine measures.

Meaningful Measures Initiative

APIC supports the Meaningful Measures Initiative that CMS has adopted with a focus on reduction of the regulatory burden and streamlining quality measures, as well as data retrieval requirements. Development of core measure sets and reporting requirements which align, to the degree possible, within all healthcare settings should be an ongoing strategy.

Realizing that there is already a CMS process to immediately remove a measure that may present a real or perceived concern for patient safety, APIC supports the proposed wording change for measure removal Factor 7 in the Hospital Outpatient Quality Reporting (OQR) Program so that it aligns with the



wording in the Ambulatory Surgical Center Quality Reporting (ASCQR) Program. APIC agrees with Factor 7 reading “collection or public reporting of a measure leads to negative unintended consequences **other than** patient harm”, rather than the existing verbiage “*such as* patient harm.”

Recommendation: APIC approves the proposed verbiage changes to Factor 7 to align the Hospital OQR Program with the ASCQR program Factor 7 verbiage.

Measure Removal

APIC supports the addition of measure removal Factor 8 which can be used with a measure when cost outweighs the benefit of its continued use in the program. However, we encourage CMS to consider the use of this factor carefully. The use of Factor 8 to support removal of the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure concerns us. Facility tracking costs and CMS costs may not outweigh the benefit of influenza vaccine and other infection prevention measures, particularly when considering prevention of epidemic or pandemic situations. We continue to support the ongoing need for HCP and patient influenza vaccine measures to encourage and place a focus on this important prevention strategy.

Recommendations:

- APIC approves the addition of measure removal Factor 8 to the Hospital OQR and ASCQR Programs.
- APIC recommends the alignment of measure removal Factors in the Quality Reporting programs across all healthcare settings to help avoid confusion in the application of these removal criteria.

Proposed Removal of OP-27 and ASC-8: Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) measure

As noted above, APIC is concerned that CMS proposes to remove the requirement to report their compliance with assessing and appropriately vaccinating healthcare personnel. Since 2011, APIC has supported mandatory influenza vaccination of all healthcare personnel unless the employee has a compelling medical contraindication.¹ A vaccinated workforce creates a safe environment for patients, visitors, and employees, and reduces absenteeism. APIC believes the benefits associated with continued reporting of these measures outweigh the costs of resources required to report, implement and maintain the program. We also believe that the cost associated with mitigating an influenza outbreak would far outweigh the cost and burden of retaining the influenza vaccination measures.

Recommendation: APIC opposes the proposed removal of the Influenza Vaccination Coverage Among Healthcare Personnel measure from the Hospital OQR and ASCQR Programs.



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 in outpatient as well as all healthcare settings.

Sincerely,

A handwritten signature in black ink that reads "Janet Haas". The signature is written in a cursive style with a large initial "J" and a long, sweeping tail.

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

¹ Greene L, Cox T, Dolan S, et al. APIC Position Paper: Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated. Available at [https://apic.org/Resource /TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF](https://apic.org/Resource/TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF). Accessed September 14, 2018.