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August 6, 2015

Mr. Andrew M. Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

***Re: CMS-1631-P: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016***

Dear Mr. Slavitt:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide comments on the Medicare Program: Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016. APIC is a nonprofit, multidisciplinary organization whose mission is to create a safer world through prevention of infection. We are pleased that the Centers for Medicare & Medicaid Services (CMS) continues to demonstrate its commitment to improving the quality of patient care and we believe CMS is moving in the right direction. Our comments address issues raised by CMS related specifically to healthcare-associated infections (HAIs).

**NQS Domain: Effective Clinical Care; Measure: Appropriate Treatment of MSSA**

We applaud CMS for including the appropriate treatment of methicillin-susceptible *Staphylococcus aureus* (MSSA) Bacteremia measure within the Effective Clinical Care domain, which is supported by the Infectious Diseases Society of America (IDSA). APIC supports utilization of an approved beta-lactam antibiotic as approved therapy of MSSA.

While *Staphylococcus aureus* (SA) is a common pathogen found in humans, the incidence of infections caused by SA are increasing both in the community and in healthcare-associated infections.<sup>1</sup> Infections caused by MSSA have a high rate of morbidity and mortality. Treatment of these infections proves to be increasing in difficulty due to the growing prevalence of multidrug-resistant strains; however, a recent article demonstrated that for MSSA bloodstream infections, beta-lactams are superior to vancomycin for definitive therapy but not for empiric treatment. Patients should receive beta-lactams for definitive therapy, specifically antistaphylococcal penicillins or cefazolin.<sup>2</sup>

APIC recognizes that successful efforts to combat antibiotic resistance must also include protecting the effectiveness of all antibiotics through antibiotic stewardship. APIC believes that implementing appropriate interventions and guidelines for delivery of evidence-based practices using the correct



classification of antibiotics will combat antibiotic resistance and provide quality and effective care to patients both in hospital and in the community.

APIC strongly supports the inclusion of this measure to the CY 2016 payment structure.

APIC also strongly supports the continued use of the following measures previously approved for inclusion in the Physician Quality Reporting System:

- Preventative Care and Screening: Influenza Immunization: Percentage of patients aged 6 months or older seen for a visit between October 1 and March 31 who received an influenza immunization or reported previous receipt of influenza immunization.
- Pneumonia Vaccination Status for Older Adults: Percentage of patients 65 years of age or older who have ever received a pneumococcal vaccine.
- Coronary Artery Bypass Graft (CABG) Prolonged intubation: Percentage of patients aged 18 years and older undergoing isolated CABG who require postoperative intubation >24 hours.
- CABG: Deep Sternal Wound infection rate: Percentage of patients aged 18 years and older undergoing isolated CABG surgery who within 30 days postoperatively develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention.

We thank you for the opportunity to submit comments and greatly appreciate your leadership in promoting safe quality care to prevent infections and safe antibiotic utilization.

Sincerely,

A handwritten signature in black ink that reads "Mary Lou Manning". The signature is fluid and cursive.

Mary Lou Manning, PhD, CRNP, CIC, FAAN, FNAP  
2015 APIC President

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<sup>1</sup> David, MZ, Medvedev, S., Hohmann, SF., Ewigman B., Daum RS. Increasing burden of methicillin-resistant *Staphylococcus aureus* hospitalizations at US academic medical centers, 2003-2008; *Infection Control Hospital Epidemiology* 2012 August 33(8): 782-789.

<sup>2</sup> McDaniel JS, et al. Comparative Effectiveness of Beta-Lactams Versus Vancomycin for Treatment of Methicillin-Susceptible *Staphylococcus aureus* Bloodstream Infections Among 122 Hospitals. *Clinical Infectious Diseases* 2015 61: 361-367.