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August 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 20201

RE: CMS 1656-P: Medicare Program; Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a provider; Hospital Value-Based Purchasing (VBP) Program

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 its proposed rule to revise the Medicare Hospital Outpatient Prospective Payment System (OPPS) and the Medicare Ambulatory Surgical Center (ASC) payment system for CY 2017. 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 across the healthcare continuum. Our comments address issues raised by CMS related specifically to healthcare-associated infections (HAIs).

Normothermia Outcome

APIC agrees that impairment of thermoregulatory control due to anesthesia may result in perioperative hypothermia which has been associated with numerous adverse outcomes including surgical site infections. The *Ambulatory Surgery Center (ASC) Quality Measures: Implementation Guide*¹ points out that there is no literature related to normothermia and identifies variation among ASC providers. A previous measure existed for inpatient surgical procedures, but as a result of sustained improvement in normothermia following general anesthesia the measure was retired. A similar approach could be taken with ASCs; that is, require the measure and once there is validation of sustained normothermia compliance, the measure could be retired. The ASC Quality Collaborative has pilot tested the measure and found it to be valid, feasible and reliable. Therefore, APIC supports considering this measure for



implementation in the Ambulatory Surgical Center Quality Reporting (ASCQR) program as we agree that the measure would promote improvement in patient care outcomes.

Recommendation: APIC supports consideration of the “Normothermia Outcome” measure for CY 2020 in the ASCQR program.

Extraordinary circumstances extensions or exemptions (ECE) for CY 2019 Payment Determination and subsequent years

In recent years, many facilities have experienced natural disasters such as the tornado in Joplin, Missouri and hurricane Sandy. Knowing that facilities will not be penalized under the Hospital OQR program when recovering from such extraordinary circumstances is both realistic and comforting. Extending the deadline for filing from 30 to 90 days will allow the facility to respond to the event and assure patient safety before submitting the request for an extension or exemption.

Recommendation: APIC supports the proposal to change the ECE Policy from 30 days to 90 days.

ASCQR Program Measures for Future Consideration

APIC notes in this proposed rule that CMS is inviting comment on the Toxic Anterior Segment Syndrome (TASS) measure for potential inclusion into the ASCQR Program. This measure was developed by the ASC Quality Collaboration; however, the measure has not yet been endorsed by the National Quality Forum (NQF). APIC agrees that TASS is a serious complication of anterior segment eye surgery that typically develops within 24 hours after surgery and that prevention of this inflammation requires careful attention to cleaning and sterilization of surgical equipment, among other best practices. With the high volume of eye procedures performed in the United States each year, APIC agrees it is imperative to look for measures that can support best practices in instrument sterilization and reprocessing.

Recommendation: APIC would support waiting to include this measure until NQF has reviewed and endorse the measure.

APIC appreciates the opportunity to comment on the proposed measures and continues to applaud CMS’s commitment to improving quality and promoting patient safety. Our organization continues to support transparency in healthcare improvement efforts and reporting of HAI outcome data as a means to that end. With the increasing volume of data reported, we believe it is essential that the effects of public reporting on both the patient and the healthcare system be assessed, examined and shared. APIC stands ready to assist CMS in these evaluations as well as all efforts to reduce preventable HAIs based upon standardized validated measures and evidence-based guidelines.

Sincerely,

A handwritten signature in cursive script that reads "Susan Dolan".

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



¹ *ASC Quality Measures: Implementation Guide*, Version 3.2. ASC Quality Collaborative; October 2015. Accessed at <http://ascquality.org/documents/ASC%20QC%20Implementation%20Guide%203.2%20October%202015.pdf> 8/5/2016.