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**Comments of
the Association for Professionals in Infection Control and Epidemiology (APIC)
on the Federal Health IT Strategic Plan 2011-2015
April 22, 2011**

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide input to the Federal Health IT Strategic Plan for 2011-2015. APIC is a nonprofit, multi-disciplinary, international organization representing over 14,000 infection preventionists (IPs), whose mission is to improve health and promote safety by reducing the risks of infection and adverse outcomes in patients and healthcare personnel. Our members' expertise is an integral component to efforts that provide meaningful data for internal facility quality improvement, as well as public health efforts.

Critical Issues & Recommendations from APIC for Select HIT Goals:

Goal I, "Achieve Adoption and Information Exchange through Meaningful Use of Health IT,"

APIC fully supports meaningful use of Health IT (HIT). To date however there has been fairly modest – and in several instances, no --engagement of infection preventionists in the development, application, and most importantly the use of the electronic health record (EHR). Our members, along with other key stakeholders have published a review that highlights specific applications that are increasingly important in ensuring this goal is met as it gets to the critical issue of measuring and assessing performance of providers.¹ Too often our members are not engaged when their affiliated systems are evaluating or even installing EHR systems. This results in a missed opportunity to optimize the potential value and meaning of information derived from same. By example, our members calculate rates of device-associated infection using device days in the denominator. Ideally an EHR system could automate collation of these denominators which are now done manually. There are some exceptions but engagement of IPs early on would add significant value and efficacy of electronic platforms used for patient.^{2,3}

Recommendation: Add a strategy to this goal that emphasizes the need to engage key stakeholders (e.g. industry, direct care providers, infection preventionists, performance improvement professionals, risk management, patient safety, etc.) in convening a summit to identify essential elements of the EHR that will enhance meaningful use.

Goal II, "Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT:

We are in full support. HIT can support improvements in patient care and health of the populations we all serve.

Recommendation: We recommend that this strategic plan for HIT emphasize the universal access across accountable care networks. This platform also may be able to engage patients more directly in



their daily care needs that emphasize prevention strategies to improve health and minimize risk of a healthcare-associated infection (HAI).

Goal IV, “Empower Individuals with Health IT to Improve their Health and the Health Care System,”

Consistent with the recommendation under Goal II, we agree with this goal. There are many examples in our field wherein HIT can improve health and lessen risk of a HAI. These include use of real time decision support at the point of care so providers can make the best decisions possible for the individual patient. This will in turn lead to improved care for the population. Decision support includes selection and use of antibiotics, which in some cases, could avoid use and improve stewardship and lessen chances of creating multidrug-resistant organisms. Other benefits include reminders to patients and providers that they are in need of vaccinations, algorithmic analysis and identification of patients at higher risk of infection that lead to strategic interventions needed for one patient but assure efficient conservation of resources for those who don’t.

Recommendation: Consider elements under this goal that may include a registry system wherein health promotion strategies can be captured, e.g. vaccines for adults, and perhaps outcomes of care as patients move across the continuum of care.

Goal V, “Achieve Rapid Learning and Technological Advancement,”

APIC wholeheartedly supports this goal. Rapid, real time calibration and adjustment to the needs of the patient population will be more efficient and appropriate for use of limited health care resources. Our members are experiencing increasing demands on their time related to reporting HAI data to a wide range of organizations including consumers. This is taxing our members’ ability to work within a patient care team to improve care at the point of delivery. As a result APIC has published a position paper on Surveillance Technology.⁴ This, plus recent research by Lin et al., have demonstrated the benefits of moving from manual systems to collect data on HAIs toward one that is automated.⁵

Recommendation: Engage key stakeholders in developing applications within EHR systems that will facilitate use of automated, algorithmic detection of HAIs or at least a proxy for same that can be used to assess performance and progress with prevention of HAIs. This needs to include a realization and utility that is both scalable and can extend across the many points of care under an accountable care model.

Additional Points for HIT Strategic Plan:

APIC supports objectives and strategies that encourage aligning EHR with federal programs and services; with local, state, and federal public health agencies; and that ensure health information exchange takes place across individual exchange models, and advance health systems and data interoperability. In order to ensure consistency in reporting HAIs throughout every government agency, APIC supports using definitions and quality measures already in place and which have been validated by the Centers for Disease Control and Prevention (CDC)’s National Healthcare Safety Network (NHSN). A good example of inter-agency cooperation is new Centers for Medicare and Medicaid Services (CMS) rules of participation passed in 2010 requiring hospitals to report central line-associated bloodstream infections (CLABSIs) and surgical site infections (SSIs) through NHSN for public reporting and future Medicare reimbursement determination. Using NHSN definitions and metrics for the purpose of both HAI surveillance and to determine Medicare reimbursement allows for meaningful and actionable use of the same data. Likewise, NHSN data can be made accessible to state health departments for state HAI reporting requirements as well. In addition, CDC, CMS and the American College of Surgeons are



currently working together to harmonize definitions in NHSN with the National Surgical Quality Improvement Program (NSQIP) for reporting SSI data.

APIC also supports objectives and strategies that provide for financial incentive payments for the adoption and meaningful use of EHR. Given that many healthcare providers are still in the early stages of designing and installing electronic health records, we appreciate the continuing efforts of the Office of the National Coordinator (ONC) for HIT to take into account time, costs and resources necessary to develop and/or upgrade to new systems. We believe data should be retrievable from existing data sources without causing a demand for additional human resource needs, and those systems should allow for secure data sharing across systems and providers. Ideally, these electronic data technologies will shift time IPs spend on data management to front-line targeted infection prevention activities.

The Health Information Technology for Economic and Clinical Health (HITECH) Act offers financial incentives for hospitals and other healthcare providers to purchase computer systems that meet “meaningful use” criteria. Facilities that use NHSN have already done much of what meaningful use requires for public health informatics, therefore infection surveillance networks through NHSN should serve as a model for other public health specialties. Furthermore, automated surveillance technology would improve the interface between facility data collection and NHSN. APIC supports the use of automated surveillance technology as an essential part of infection prevention and control activities, and supports financial incentives for NHSN user’s thereby assisting facilities in adopting these standardized methods of surveillance.

APIC encourages and supports ONC’s continued work with federal partners to ensure that strategies for ongoing implementation of EHR align with other national plans for healthcare quality improvement, including the National Strategy for Quality Improvement in Health Care and the HHS Action Plan to Prevent Healthcare-Associated Infections.

Again, APIC appreciates the opportunity to comment on the Federal HIT Strategic Plan for 2011-2015, and we look forward to continuing to assist ONC in its efforts to improve healthcare quality through meaningful use of HIT.

Sincerely,
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2011 APIC President

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