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June 17, 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-1647-P: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2017

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 on the FY 2017 Inpatient Rehabilitation Facility (IRF) 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 across the healthcare continuum. Our comments address issues raised by CMS related specifically to healthcare-associated infections (HAIs).

IRF Quality Reporting Program (QRP) Quality, Resource Use and Other Measures Proposed for the FY 2018 Payment Determination and Subsequent Years

- APIC supports the retention of previously finalized measures (NHSN MRSA bacteremia outcome, NHSN *C. difficile* Infections outcome, NHSN CAUTI, and NHSN Healthcare Personnel Influenza Vaccination) for FY 2018 payment determination and subsequent years.

Proposal To Address the IMPACT Act Domain of Resource Use and Other Measures: Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program

APIC supports measures to address readmission rates. We support the infectious conditions defined as potentially preventable under the “inadequate management of infections” and “inadequate

management of other unplanned events" rationales. Many of these conditions are preventable using appropriate infection prevention interventions (i.e., Transmission-based precautions, hand hygiene, environmental disinfection, and antibiotic stewardship).

We also support the proposed risk adjustment methodology utilized for determining both the numerator and denominator for this measure. This will provide a valid assessment of a facility's quality of care in preventing unplanned, preventable hospital readmissions.

While our member expertise is not in discharge planning or utilization management, our members have experience with measures utilizing claims-based data. Our experience is that claims-based data is not accurate. We appreciate the attempt to limit the data collection burden on IRFs, but caution that having data is not equivalent to having highly reliable and accurate data.[1,2,3] Goto et al concluded that administrative coded data might be valuable as a supplement to traditional HAI surveillance, but only after validation.[1]

> *Recommendation:* APIC supports measures to address readmission rates, but is not in favor of using claims-based data.

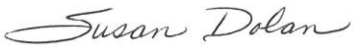
Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities

Though similar to the Potentially Preventable 30-day post-discharge measure, the within stay measure focuses on potentially preventable hospital readmissions that take place *during* the IRF stay as opposed to during the 30-day post-discharge period. APIC supports the two proposed PPR measures functioning in tandem, allowing CMS to assess different aspects of care and care coordination. APIC would like to note that the concerns addressed in the 30-day measure are applicable, since the same methodology will be used to capture this data.

> *Recommendation:* APIC supports measures to address readmission rates and care coordination, but is not in favor of utilizing claims-based data.

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 healthcare-associated infections as a means to that end. APIC stands ready to assist CMS in all efforts to reduce preventable HAIs based upon standardized validated measures and evidence-based guidelines.

Sincerely,



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

[1] Goto M, Ohl ME, Schweizer ML, Perencevich EN. Accuracy of Administrative Code Data for the Surveillance of Healthcare-Associated Infections: A Systematic Review and Meta-Analysis. *Clin Infect Dis* 2014;58:688–96.

[2] Stevenson KB, Khan Y, Dickman J, et al. Administrative coding data, compared with CDC/NHSN criteria, are poor indicators of health care associated infections. *Am J Infect Control* 2008; 36:155–64.

[3] McKibben L, Horan TC, Tokars JI, Fowler G, Cardo DM, Pearson ML, et al. Guidance on public reporting of healthcare-associated infections: recommendations of the Healthcare Infection control Practices Advisory Committee. *Am J Infect Control* 2005; 33:217-226.