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September 11, 2017

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Room 445-G
Hubert Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: CMS-1678-P: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs proposed rule

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 into its proposed revisions to the payment systems for hospital outpatient and ambulatory surgical center (ASC) care. 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. This is especially important as more care and services transition from inpatient to outpatient care settings. Our comments follow.

Extraordinary Circumstances Exception Process for the CY 2020 Payment Determination and Subsequent Years

We appreciate the coordination across quality reporting and value-based payment programs. Our members often have responsibility for infection prevention and control in more than one quality reporting or value-based payment program. Consistent terminology and rules across programs will support compliance.

Recommendations

- APIC supports renaming the extraordinary extensions/exemptions to the extraordinary circumstances exemptions.
- We recognize that such exemptions are complex and may require a detailed review before responding. We appreciate the improved transparency and clarification that CMS will strive to provide a formal response within 90 days of receipt of the facility's request.



Proposed Measure Removal – ASC-5 Prophylactic Intravenous Antibiotic Timing

APIC agrees with the approach to remove measures when they have “topped out”. As pointed out, this measure is no longer endorsed by the National Quality Forum (NQF) and has been removed from the Hospital Outpatient Quality Reporting system. Facilities across the continuum have embraced this improvement initiative as a way to decrease surgical site infections.

Recommendation

- Our members appreciate the “burdens outweigh the benefit” method of reviewing measures and support removal of ASC-5 Prophylactic Intravenous Antibiotic Timing from the ASC quality reporting and value-based payment programs.

Proposed New ASCQR Program Quality Measures for the CY 2021 Payment Determinations and Subsequent Years – ASC-16 Toxic Anterior Segment Syndrome

As in our comments submitted for the Medicare Hospital Outpatient Prospective Payment System (OPPS) and the Medicare Ambulatory Surgical Center (ASC) payment system for CY 2017, we continue to share concern about the occurrence of toxic anterior segment syndrome (TASS). We believe it is important to support measures that ensure reprocessing and sterilization best practices. However, while ASC-16 was developed by the ASC Quality Collaborative, the measure has not gained the endorsement of NQF.

Recommendation

- APIC conditionally supports this measure pending NQF endorsement.

Proposed Adoption of ASC–17: Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures and ASC–18: Hospital Visits After Urology Ambulatory Surgical Center Procedures

Both proposed measures address minimizing adverse events and support the APIC vision of healthcare without infection. Our members recognize that infection prevention and control programs in ambulatory surgery centers are not keeping pace with the shift in volume and type of ambulatory procedures. While we recognize the need for infection outcome data from this patient population, we stand firm in our belief that infection outcome measures should be vetted, such as NQF endorsement, tested, and not be based on claims data. We applaud the dry run before public reporting approach proposed in both of these measures, which supports testing of measures before penalty and would allow implementation of improvement efforts prior to the reduction in payment. While both measures were listed on the 2016 measures under consideration list and endorsed by the Measure Applications Partnership (MAP), neither have been endorsed by NQF.

Recommendation

- APIC supports the collection of infection outcome data from ambulatory surgery centers.



- We do not support the use of claims data for infection outcome measures.
- APIC would consider endorsement of a measure for either or both of these patient populations which is based on the Centers for Disease Control and Prevention National Healthcare Safety Network (NHSN) surveillance strategies and/or endorsed by NQF.

ASCQR Program Measure - Ambulatory Breast Procedure Surgical Site Infection Outcome Measure (NQF #3025)

APIC supported endorsement of NQF #3025. However, we are concerned that the measure only addresses ambulatory surgery centers and therefore, does not capture infection outcomes among patients undergoing surgery in other outpatient surgery facilities. While this NHSN-based measure will provide useful information, it must be recognized that it will not capture all patients having breast procedures outside of a hospital setting. We recognize that ASCs may not be completely equipped to submit the required elements, but given adequate notice could establish the necessary electronic connection and NHSN required training to submit the required data elements for this measure.

Recommendations:

- APIC supports the inclusion of NQF #3025 in the Ambulatory Surgery Center Quality Reporting program.
- We encourage further investigation about ways to include procedures performed in other outpatient surgery facilities.

APIC appreciates the continued opportunity to provide comment on proposed measures. We applaud CMS's continued commitment to making care safer. Our members are committed to transparency and reporting of healthcare associated infection outcome data using vetted, tested, and endorsed measures that use standardized definitions.

Sincerely,

A handwritten signature in black ink that reads "Linda R. Greene".

Linda R. Greene, RN, MPS, CIC, FAPIC
2017 APIC President