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September 6, 2018

Ms. Seema Verma
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-1693-P: Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program.

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 on the CY 2019 Revisions to Payment Policies under the Physician Fee Schedule, the Medicare Shared Savings Program Requirements, the Quality Payment Program and the Medicaid Promoting Interoperability Program. 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 cross the healthcare continuum. We are mindful of the regulatory burden placed on facilities and support efforts to streamline quality measures and reduce this burden, as with the Patients Over Paperwork Initiative, while maintaining measures that will continue to support the improvement in the quality of patient care. Improving patient outcomes is a core part of our mission.

Meaningful Measures Initiative

APIC supports the Meaningful Measures Initiative that CMS has adopted with a focus on reducing regulatory burden and streamlining quality measures, as well as data retrieval requirements. Development of core measure sets and reporting requirements which align, to the degree possible, within all healthcare settings should be an ongoing strategy.

Proposed Retirement of Claims-based Measure ACO-15 (Pneumonia Vaccination Status for Older Adults)



APIC agrees with the elimination of Measure ACO 15(NQF #0043) Pneumonia Vaccination Status for Older Adults- since it no longer reflects current Advisory Committee on Immunization Practices (ACIP) Immunization guidelines. We urge healthcare providers to encourage patient immunization in adherence with current ACIP guidelines. We also encourage the measure developer to update the measure so accurate monitoring of this important vaccine for pneumonia prevention in the at-risk population can be accomplished according to the most current practice recommendations.

Proposed Meaningful Measures Framework Domains and Measures Areas

APIC notes that healthcare-associated infections (HAIs) are listed in Table 27 of the proposed rule as part of the Meaningful Measures Framework and Domain Measures – Making Care Safer by Reducing Harm Caused in the Delivery of Care. APIC supports the inclusion of HAI data and information when properly identified by standardized definitions as created and utilized in the CDC’s National Healthcare Safety Network (NHSN) system. Claims based data alone, when used to identify HAIs, does not provide valid, uniform data, nor does it provide sound direction for improvement efforts.

Promoting Interoperability Performance

APIC agrees that promoting interoperability between health information technology (HIT) systems, public health agencies and healthcare organizations will assist with current state and future state data submissions, and accuracy of data and case finding.

Calculating Quality Performance Category Percent Score Including Achievement and Improvement Points

APIC applauds CMS for offering points for involvement in improvement activities in this sector of healthcare and respectfully requests that a more robust program such as this be offered in the inpatient arena. Lee, Kleinman, et al. “found no evidence that financial disincentives reduced infection rates.”¹ We believe that a penalty approach is less successful than an approach that focuses on involvement and understanding of improvement practices.

Expansion of Facility-Based Measurement To Use in Other Settings

APIC reads with interest the thought to expand facility-based measures (such as HAIs) into post-acute care and ESRD settings. APIC agrees and acknowledges the importance of recognizing, tracking and preventing HAIs in all healthcare settings; however, we caution that proper identification of these measures and outcomes, along with proper association with specific clinicians/groups may present challenges for accuracy of data and sound direction for prevention activities.

Proposed New and Modified MIPS Specialty Measure Sets for the 2021 MIPS Payment Year and Future Years

APIC supports the measures proposed in the specialty practices that are associated with infection prevention, such as vaccination, screening, and patient discussions related to Zoster (Shingles), influenza, pneumonia, sexually transmitted infections, Hepatitis C and HIV in the appropriate specialty



care areas and high-risk populations. We especially appreciate and support the focus on appropriate antibiotic treatment, both in correctness of drug and avoidance of over-use of antibiotics. We agree with the removal of the overlapping Chlamydia testing measures and the proper alignment of this measure in the correct setting.

APIC appreciates CMS's inclusion of the infection prevention vaccines in multiple specialty arenas in order to capture as many patients in this important public health work.

APIC cautions that the inclusion of a surgical site infection (SSI) measure that is claims-based in the Surgery specialty areas is not the best measure for accurate, valid information on SSIs and urges the use of the NHSN SSI definition for this measure.

APIC appreciates the opportunity to provide input on these proposed changes and is committed to ongoing work with CMS on development of appropriate quality measures and programs to help ensure patients receive the highest quality of care across the continuum of care.

Sincerely,

A handwritten signature in black ink that reads "Janet Haas". The signature is written in a cursive, flowing style.

Janet Haas, PhD, RN, CIC, FSHEA, FAPIC
2018 APIC President

¹ Lee G, Kleinman K, Soumerai S, et al. Effect of nonpayment for preventable infection in U.S. hospitals. *N Engl J Med* 2012; 367:1428-1437.