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June 25, 2018

Via <http://www.regulations.gov>

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATTN: CMS-1694-P
P.O. Box 8011
Baltimore, MD 21244-1850

RE: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates; Proposed Quality Reporting Requirements for Specific Providers; Proposed Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs (Promoting Interoperability Programs) Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Medicare Cost Reporting Requirements; and Physician Certification and Recertification of Claims

Dear Ms. Verma,

The Society for Healthcare Epidemiology of America (SHEA) appreciates the opportunity to provide comments in response to the proposed rule for the Fiscal Year 2019 Medicare Hospital Inpatient Prospective Payment Systems (IPPS) program for Acute Care Hospitals and Quality Reporting Requirements for Specific Providers.

SHEA represents more than 2,000 physicians and other healthcare professionals globally with expertise in healthcare epidemiology, infection prevention, and antibiotic stewardship. SHEA is dedicated to advancing the science and practice of healthcare epidemiology and preventing and controlling morbidity, mortality and the cost of care linked to healthcare-associated infections (HAIs) and antibiotic resistance.

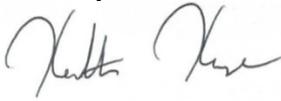
SHEA respectfully submits comments on the following sections of the proposed rule:

- **General Comments**
- **Retention and Proposed Removal of Quality Measures – VBP**

- **Proposed Removal of Hospital IQR Program Measure**
- **PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program**
- **Long-Term Care Hospital Quality Reporting Program (LTCH QRP)**
- **Proposed Changes to the Medicare and Medicaid EHR Incentive Programs (Now Referred to as the Medicare and Medicaid Promoting Interoperability Programs) - Proposed Performance-Based Scoring Methodology**

SHEA thanks CMS for soliciting public comment on the IPPS proposed rule. For future inquiries on this submission, please contact Lynne Batshon at 703-684-0761 or lbatshon@shea-online.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith Kaye".

Keith Kaye, MD, MPH, FSHEA
President, SHEA

General Comments

SHEA applauds CMS' efforts to enhance patient care and improve outcomes through its Meaningful Measures Initiative. We look forward to working with CMS and related agencies by providing feedback that will assist these agencies' goals for reducing burden and costs for clinicians, as well as promoting operational efficiencies. SHEA agrees that the reporting burden that accompanies each new metric prevents infection preventionists from getting out from behind their computers and actively collaborating with healthcare professionals in of preventing infections.

Since 2007 when CMS published a comprehensive update of its Interpretive Guidelines for the hospital Infection Prevention and Control Condition of Participation, significant progress has been made to reduce healthcare-associated infections (HAIs) across the healthcare continuum. However, data reported by the Centers for Disease Control and Prevention (CDC) reflect a need for continued efforts toward improvement. Many HAIs occur as a result of inappropriate or overuse of antibiotics, stressing the importance of both infection prevention and antibiotic stewardship programs complementing each other for sustainable improved standards of care.

SHEA's guiding principles supporting HAI measures include: 1) HAI public reporting provides transparency and is beneficial, 2) incentives AND penalties are equally important to motivate hospitals to improve infection prevention practices, and 3) redundancy and burden of reporting should be minimized.

Retention and Proposed Removal of Quality Measures – VBP

On page 20408, CMS states:

“...we are proposing to adopt the Hospital IQR Program measure removal factors that we finalized in the FY 2011 IPPS/LTCH PPS final rule (75 FR 50185) and further refined in the FY 2015 IPPS/LTCH PPS and FY 2016 IPPS/LTCH PPS final rules (79 FR 50203 through 50204 and 80 FR 49641 through 49643, respectively) for use in determining whether to remove Hospital VBP Program measures...”

SHEA agrees with CMS' rationale and supports the adoption of the proposed eight factors to decide when to remove measures from the Hospital VBP Program measure set.

On page 20409, CMS states:

“...[W]e are proposing that if we believe continued use of a measure in the Hospital VBP Program poses specific patient safety concerns, we may promptly remove the measure from the program without rulemaking and notify hospitals and the public of the removal of the measure along with the reasons for its removal through routine communication channels to hospital, vendors, and QIOs, including, but not limited to, issuing memos, emails, and notices on the QualityNet website.”

SHEA supports the prompt removal of metrics that pose patient safety risk using the approach outlined in CMS' proposal.

On page 20410, CMS states:

“...[W]e believe the Hospital VBP Program should focus on the measurement priorities not covered by the Hospital Readmissions Reduction Program or the HAC Reduction Program.

... We believe this framework will allow hospitals and patients to continue to obtain meaningful information about hospital performance and incentivize quality improvement while also streamlining the measure sets to reduce duplicative measures and program complexity so that the costs to hospitals associated with participating in these programs does not outweigh the benefits of improving beneficiary care.”

To this end, CMS is proposing to remove the following HAI measures from the VBP Program beginning with FY 2021:

- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) (CAUTI)
- National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure (NQF #0139) (CLABSI)
- American College of Surgeons-Centers for Disease Control and Prevention (ACS–CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (NQF #0753) (Colon and Abdominal Hysterectomy SSI)
- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716) (MRSA Bacteremia)
- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717) (CDI)
- Patient Safety and Adverse Events (Composite) (NQF #0531) (PSI 90)

We commend CMS’ effort to consolidate HAI metrics into a single program. This proposal is aligned with recommendations included in IPPS comments filed by SHEA in previous years. Consolidating HAI metrics into one program will ensure they are not “double counted.” However, SHEA is concerned that removal of HAI metrics from the VBP Program will remove the incentive for hospitals to strive toward zero infections. We recommend CMS retain the HAI measures in the VBP Program to ensure that programs designed to improve patient safety and quality contain incentives for performance on HAI metrics while keeping it in a single program. To this end, we recommend CMS remove the HAI measures from the HAC Reduction Program. If this recommendation is not feasible for this NPRM, SHEA recommends CMS take steps to incorporate incentives in the HAC Reduction Program before removing HAI measures from the VBP Program.

On page 20411, CMS states:

“We believe removing these measures from the Hospital VBP Program would reduce costs and complexity for hospitals to separately track the confidential feedback, preview reports, and publicly reported information on these measures in both the Hospital VBP and HAC Reduction Programs.”

It is important to note that data collection efforts for compliance with the both the VBP Program and the HAC Reduction Program are the same for hospitals, even if they are consolidated by this rule. SHEA supports the patients over paperwork philosophy and have long had concerns that the reporting requirements have kept IPs from doing the work they need to do to prevent infections.

However, by removing the measures from the VBP Program in favor of the HAC Reduction Program, the incentive to strive for zero infections is lost. Under the HAC Reduction Program, the minimum goal set for hospitals is to not be in the bottom quartile. Beyond this minimum threshold, there is no incentive to be in the top quartile. Additionally, the HAC Reduction Program only measures performance compared to the national average of other hospitals' performance in a given year, and does not take into consideration a specific hospital's improvement year over year. Conversely, the VBP Program allows hospitals to measure their own performance. To properly incentivize to get to zero infections, quality metric programs should reward top performing hospitals and hospitals that have made significant improvements in performance from year to year, and not be limited to penalties for the bottom quartile performers.

CMS continues on page 20411:

“We refer readers to section IV.J.4 b., d., and h. of the preamble of this proposed rule for how the same HAI measures in the HAC Reduction Program will continue to be reported by hospitals via the CDC’s NHSN and posted on our Hospital Compare website.”

SHEA strongly supports transparency by making these data publicly available on the *Hospital Compare* website. We further recommend that CMS clarify that it intends to make available in the public domain the same data that allows patients and members of the public to view performance and quality improvement data for individual hospitals. CMS should also make public additional information demonstrating the progress made in quality, patient safety, and patient outcomes in the inpatient setting since the implementation of the VBP and HAC Reduction Programs.

SHEA also recommends CMS work with CDC and other experts in the field to prioritize and explore recommendations for appropriate risk adjustment of patient safety measures. We support the steps CMS has taken to explore improvements to risk adjustment of quality measures, such as incorporating socioeconomic factors, which SHEA applauds. We also note that there has been some repair to the bias against academic centers through the Winsorization of scores, which has yielded more accurate performance measures. In this same vein, we believe it is important that CMS make improvements to the risk stratification for existing measures.

Hospital-Acquired Condition (HAC) Reduction Program

CMS is proposing to remove the Patient Safety and Adverse Events Composite (PSI 90) and the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Healthcare Associated Infection (HAI) measures (NHSN HAI measures) from the Hospital IQR and VBP Programs believing these measures are most appropriately included as part of the HAC Reduction Program. CMS believes these changes will allow hospitals and patients to continue to obtain meaningful information about hospital performance while streamlining the measure sets.

As stated in the previous section, SHEA supports the idea of consolidating patient safety measures into one performance improvement program. However, the benefit of including HAIs measures in VBP Program is that it incentivizes continuous performance improvement for hospitals. The HAC Reduction Program is also intended to encourage performance improvement by penalizing the hospitals with scores in the lowest quartile of all hospital performance scores, yet it only encourages hospitals to stay out of the bottom quartile. It does not incentivize hospitals to keep striving for improvement toward the highest quartile. Further, hospitals that fall within the first, second, and third quartiles are all treated the same regardless of performance improvement, with none of them subject to a penalty. This is appropriate from a penalty standpoint, but the structure of the VBP Program incentivizes hospitals to work toward the best possible performance. There are significant benefits to patient care in continuing to strive to reduce HAIs with a potential goal of zero infections, and to be the best hospital.

In general, SHEA supports the use of lab-based metrics in the spirit of removing subjectivity and burden of data collection. A concern with MRSA and *C. difficile* is the potential for misclassification differentiation present-on-admission from hospital-onset infection. This is particularly true for patients with complicated MRSA infections with persistent bacteremia that are transferred to higher level of care hospitals, and may result in unfair penalties for those hospitals. We recommend evaluating the potential addition of a present on admission classification for these metrics that may allow tertiary hospitals to avoid penalties for these complex infections that are present on admission but not identified as such based on LabID alone. However, we are also cognizant of the possible misuse of “present on admission” options, and any such change to reporting would need to be evaluated for accuracy. SHEA recommends reevaluating and retesting the MRSA and *C. difficile* metrics to confirm validity and how accurately they reflect quality performance. While SHEA agrees that measures pulled from the lab are efficient, it is imperative to confirm accuracy.

Proposed Removal of Hospital IQR Program Measure

On page 20473, CMS states:

“We are proposing to remove a number of measures under our proposed new removal Factor 8, the costs associated with a measure outweigh the benefit of its continued use in the program, across the FYs 2020, 2021, 2022, and 2023 payment determinations.”

SHEA supports this proposal.

On page 20474, CMS states:

“We are proposing to remove PSI 90 beginning with the FY 2020 payment determination (which would use a performance period of July 1, 2016 through June 30, 2018). As PSI 90 is a claims-based measure, it uses claims and administrative data to calculate the measure without any additional data collection from hospitals. Thus, operationally, we would be able to remove the PSI 90 measure sooner than the NHSN HAI measures.”

SHEA supports this proposal. CMS goes on to state:

“We are proposing to remove the CDI, CAUTI, CLABSI, MRSA Bacteremia, and Colon and Abdominal Hysterectomy SSI measures from the Hospital IQR Program beginning with the CY 2019 reporting period/FY 2021 payment determination. These measures would remain in the Hospital IQR Program until that time, and their reporting would still be tied to FY 2019 and FY 2020 payment adjustments under the Hospital IQR Program. Although we are proposing to remove these measures from the Hospital IQR Program, we are not proposing to remove them from the HAC Reduction Program, and they will continue to be tied to the payment adjustment under that program...”

This proposal is similar to the aforementioned proposal to remove these measures from the VBP program. By removing them from the IQR Program, this measure set would only be included in the HAC Reduction Program. The IQR Program encourages reporting only and does not encourage improved quality. Therefore, SHEA supports this proposal.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

SHEA recommends CMS work with CDC and other experts in the field to make appropriate risk adjustment for *C. difficile* in pediatric reporting a priority for this measure in this setting.

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

CMS is evaluating its measure removal factors for the LTCH QRP Program. SHEA believes the 8 factors to assess measures for removal are very reasonable and supports this approach.

On page 20513, CMS states:

“In our review of these measures used in the LTCH QRP, we believe that it is appropriate to remove the NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716) based on: (1) Factor 6, a measure that is more strongly associated with desired patient outcomes for the particular topic is available; and (2) proposed Factor 8, the costs associated with a measure outweigh the benefit of its continued use in the program.

We believe that the NHSN CLABSI Outcome Measure (NQF #0139) is more strongly associated with the desired patient outcome for bloodstream infections than the NHSN Facility-wide Inpatient Hospital-Onset MRSA Bacteremia Outcome Measure (NQF #1716).”

SHEA supports the removal of the MRSA bacteremia measure in favor of the CLABSI reporting measure. The MRSA measure is an example of a vertical approach (focus on one organism), while the CLASBI measure is a horizontal approach (reinforces good infection control measures in general). SHEA recommends as part of the evaluation of MRSA labID, CMS should study the extent of overlap between MRSA and CLABSI as MRSA bacteremias are often but not always CLABSIs.

On page 20514, CMS states:

“We are proposing to remove the National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure from the LTCH QRP beginning with the FY 2020 LTCH QRP based on Factor 6, a measure that is more strongly associated with desired patient outcomes for the particular topic is available.”

Although this change will result in the inability to track VAP, SHEA agrees that a more meaningful measure in this case is one that focuses on the functional outcomes.

CMS goes on to state:

“We are proposing to remove the process measure, Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680), beginning with the FY 2021 LTCH QRP under proposed measure removal Factor 8, the costs associated with a measure outweigh the benefit of its continued use in the program.”

Since patients are generally admitted to this setting from acute care hospitals, and acute care hospitals are already tracking influenza vaccination, SHEA agrees this measure is duplicative and should be removed from the LTCH QRP Program.

Proposed Changes to the Medicare and Medicaid EHR Incentive Programs (Now Referred to as the Medicare and Medicaid Promoting Interoperability Programs) - Proposed Performance-Based Scoring Methodology

SHEA agrees with comments from the Council for State and Territorial Epidemiologists (CSTE) which supports incentives for reporting data to the NHSN Antibiotic Use Reporting (AUR) module as Public Health Registry Reporting. We agree with CSTE that the NHSN AUR module is an important resource

for surveillance of antibiotic resistance and assessment of antibiotic use. We agree with the proposal for Public Health Registry Reporting using 2015 Certified Electronic Health Record Technology (CEHRT) to meet the Public Health and Clinical Data Exchange objective, including reporting via the NHSN and the NHSN AUR module.

Conclusion

SHEA thanks CMS for the opportunity to provide feedback on proposed changes to the IPPS. We look forward to collaborating with the agency in the future.

