



August 18, 2017

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

Board of Trustees 2017

President

*Sara Cosgrove, MD, MS, FSHEA
Johns Hopkins University School of Medicine*

President-Elect

*Keith Kaye, MD, MPH, FSHEA
University of Michigan Medical School*

Vice President

*Hilary Babcock, MD, MPH
Washington University School of Medicine*

Secretary

*Grace Lee, MD, MPH
Harvard Pilgrim Health Center*

Treasurer

*Eli Perencevich, MD, FSHEA
University of Iowa, Carver College of Medicine*

Past President

*Louise Dembry, MD, MS, MBA, FSHEA
VA Connecticut Healthcare System*

Councilors

*Deverick Anderson, MD, MPH, FSHEA
Duke University Medical Center*

Daniel Morgan, MD, MS, FSHEA

University of Maryland School of Medicine, VA Maryland

Silvia Munoz-Price, MD, PhD

*Froedtert and the Medical College of
Wisconsin Health Research Center*

David Weber, MD, MPH, MHA, FSHEA

University of North Carolina at Chapel Hill

International Councilor

*Hanan Balkhy, MD
King Abdulaziz Medical City*

Pediatric Infectious Diseases Society of America Liaison

*Kristina Bryant, MD
University of Louisville*

Community-Based Healthcare Epidemiologist Liaison

*Walter Hellinger, MD, FSHEA
Mayo Clinic Florida*

Executive Director

*Eve Humphreys, MBA, CAE
The Society for Healthcare Epidemiology of America*

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATTN: CMS-1677-P
P.O. Box 8011
Baltimore, MD 21244-1850

RE: Medicare Program; CY 2018 Updates to the Quality Payment Program

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 CY 2018 updates to the Quality Payment Program.

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.

Proposed New Measure - Implementation of an ASP

Table G: Proposed Improvement Activities with Changes for the Quality Payment Program Year 2 and Future Years (page 30486) contains a proposed new measure, "Implementation of an ASP" which begins on page 30498:

Activity ID:	IA_PSPA_15
Subcategory:	Patient Safety & Practice Assessment
Activity Title:	Implementation of an ASP
Current Activity Description:	Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	No

Proposed Change:	<p>Leadership of an Antimicrobial Stewardship Program (ASP) that includes implementation of an ASP that measures the appropriate use of antibiotics for several different conditions (such as upper respiratory infection treatment in children, diagnosis of pharyngitis, bronchitis treatment in adults) according to clinical guidelines for diagnostics and therapeutics. Specific activities may include:</p> <ul style="list-style-type: none"> • Develop facility-specific antibiogram and prepare report of findings with specific action plan that aligns with overall hospital strategic plan. • Lead the development, implementation, and monitoring of patient care and patient safety protocols for the delivery of ASP including protocols pertaining to the most appropriate setting for such services (i.e., outpatient or inpatient). • Assist in improving ASP service line efficiency and effectiveness by evaluating and recommending improvements in the management structure and workflow of ASP processes. • Manage compliance of the ASP policies and assist with implementation of corrective actions in accordance with hospital compliance policies and hospital medical staff by-laws. • Lead the education and training of professional support staff for the purpose of maintaining an efficient and effective ASP. • Coordinate communications between ASP management and hospital personnel regarding activities, services, and operational/clinical protocols to achieve overall compliance and understanding of the ASP. • Assist, at the request of the hospital, in preparing for and responding to third-party requests, including but not limited to payer audits, governmental inquiries, and professional inquiries that pertain to the ASP service line.
Rationale:	We propose to provide additional examples of activities that may be appropriate for this improvement activity.

SHEA strongly supports the inclusion of a measure to incentivize the implementation of antibiotic stewardship activities in the outpatient setting. However, we are concerned that elements of the measure description as included in Table G are intended for use in inpatient acute care settings and not applicable to outpatient settings. There are multiple references to hospitals despite the fact it is intended for use in outpatient practices.

The syndromes listed in the Activity Description, which include currently approved MIPS quality measures, are generally ones for which antibiotics are not indicated. Thus, the development and use of an antibiogram is not relevant to management of these respiratory syndromes. Even for the cases in which antibiotics may be indicated, it is not recommended or feasible to obtain cultures for these syndromes in the majority of cases, thereby precluding antibiogram development.

The description of the measure appears to reflect language from the recently finalized Joint Commission Antimicrobial Stewardship Standard that are intended for acute care hospitals and nursing care facilities, not outpatient facilities. The proposed new activities are not in line with what seems like the original intent for outpatient antibiotic stewardship. If the intent is for stewardship of antibiotics for the syndromes listed, the proposed metrics and activities should align.

Recommendations

SHEA recommends the proposed ASP Implementation measure align with the recommendations in the Centers for Disease Control and Prevention’s Core Elements of Outpatient Antibiotic Stewardship guidance to reflect work that is already planned (CDC-CMS training course), and focus on tracking and

reporting of quality measures related to antibiotic use Healthcare Effectiveness Data and Information Set (HEDIS). Antimicrobial stewardship activities in the outpatient setting should be facilitated by a physician or staff champion who primarily works in the outpatient environment.

SHEA proposes the following revisions to the Implementation of an ASP measure description:

Activity ID:	IA_PSPA_15
Subcategory:	Patient Safety & Practice Assessment
Activity Title:	Implementation of an ASP
Current Activity Description:	Implementation of antibiotic stewardship <u>activities</u> that measure the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	No
Proposed Change:	<p>Leadership of an Antimicrobial Stewardship Program (ASP) Activities that includes implementation of an ASP stewardship activities that measures the appropriate use of antibiotics for several different conditions (such as upper respiratory infection treatment in children, diagnosis of pharyngitis, bronchitis treatment in adults) according to clinical guidelines for diagnostics and therapeutics.</p> <p>Specific activities <u>should be guided by recommendations in the Centers for Disease Control and Prevention’s Core Elements of Outpatient Antibiotic Stewardship guidance and</u> may include:</p> <ul style="list-style-type: none"> • Develop facility specific antibiogram and prepare report of findings with specific action plan that aligns with overall hospital strategic plan. • <u>Demonstrate that the individual is designated and supported by leadership of the practice/clinic to coordinate antibiotic stewardship activities and communicate with staff and facility leadership.</u> • Lead the development, implementation, and monitoring of adherence with evidence-based diagnostic and treatment recommendations for targeted outpatient conditions. including protocols pertaining to the most appropriate setting for such services (i.e., outpatient or inpatient). • Implement approaches to track and report antibiotic prescribing rates for target syndromes. • <u>Assist in improving efficiency and effectiveness of AS activities by evaluating and recommending improvements in the management structure and workflow of AS processes.</u> • Manage compliance <u>with AS guidelines and</u> policies. and assist with implementation of corrective actions in accordance with hospital compliance policies and hospital medical staff by laws. • Lead the education and training of professional support staff for the purpose of <u>implementing AS activities.</u> • Coordinate communications between ASP management and hospital personnel regarding activities, services, and operational/clinical protocols to achieve overall compliance and understanding of the ASP.

	<ul style="list-style-type: none"> • Assist, at the request of the hospital, in preparing for and responding to third-party requests, including but not limited to payer audits, governmental inquiries, and professional inquiries that pertain to AS activities.
Rationale:	We propose to provide additional examples of activities that may be appropriate for this improvement activity.

Summary

SHEA applauds CMS’ inclusion of the “Implementation of ASP” measure in the CY 2018 updates to the Quality Payment Program. This proposed measure, assuming recommended changes are made, is in line with broader efforts to improve the safety of healthcare delivery and advances made in patient safety best practices. Antibiotic resistance is one of the most urgent threats to global health we face today. It contributes to the rapid spread of multi-drug resistant organisms (MDROs) for which few treatments are available. According to the Centers for Disease Control and Prevention (CDC), at least 2 million people become infected with bacteria that are resistant to antibiotics and at least 23,000 people die each year as a direct result of these infections. SHEA strongly supports the proposed measure assuming changes making it relevant to the targeted setting in order to comply with the requirements under the Advanced Alternative Payment Model and the Merit-based Incentive Payment System.

SHEA thanks CMS for soliciting public comment on the CY 2018 Updates to the Quality Payment Program. For future inquiries on this submission, please contact Lynne Batshon at 703-684-0761 or lbatshon@shea-online.org.

Sincerely,



Sara Cosgrove, MD, MS, FSHEA
 President, SHEA