Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Fiscal Year 2016 Rates
(April 30, 2015 Federal Register Notice)

SUMMARY OF SHEA COMMENTS

The Society for Healthcare Epidemiology of America (SHEA) submitted comments June 16, 2015 in response to a solicitation for public comment on proposed policies and regulations for the FY 2016 Acute Care Hospital Inpatient and Long-Term Care Hospital Prospective Payment Systems published by the Centers for Medicare & Medicaid Services (CMS) in the April 30, 2015 Federal Register. The following is a summary of the salient points made in SHEA's response to CMS. We encourage all interested parties to refer to SHEA's full comment document in order to fully understand SHEA's position for the issues solicited for comment by CMS.

II. Proposed Changes to Medicare Severity Diagnosis-Related Group (MS-DRG) Classifications and Relative Weights

F. Proposed Adjustment to MS–DRGs for Preventable Hospital-Acquired Conditions (HACs), Including Infections **(Page 24346)**

> **SHEA agrees with the proposal to continue similar 2-year time periods for calculation of Hospital-Acquired Conditions (HAC) reduction Program measure results.**

H.4.Solicitation of Public Comments on Expanding the Bundled Payments for Care Improvement (BPCI) Initiative **(Page 24414)**

> **While we can strive for zero, we cannot eliminate the risks for infection associated with invasive care (e.g. CLABSI, VAP, CAUTI) particularly in this relatively immunocompromised population. Payment should reflect hospitals' assumption of this risk and be reasonable enough to help fund ongoing hospital surveillance and prevention programs to mitigate this risk as much as possible.**

H.5. FY 2016 Applications for New Technology Add-On Payments
c. Ceftazidime Avibactam (AVYCAZ). **(Page 24434)**

> **SHEA agrees with CMS's assessment that Ceftazidime Avibactam does not meet substantial clinical improvement to warrant new technology add on payments.**

e. CRESEMBA® (Isavuconazonium). **(Page 24441)**

> **SHEA agrees with CMS's assessment that *isavuconazonium* does not meet substantial clinical improvement to warrant new technology add on payments.**

IV. Other Decisions and Proposed Changes to the IPPS for Operating Costs and Indirect Medical Education (IME) Costs
F. Hospital Value-Based Purchasing (VBP) Program: Proposed Policy Changes for the FY 2018 Program Year and Subsequent Years
2. Proposed Retention, Removal, Expansion, and Updating of Quality Measures for the FY 2018 Program Year
b.(1) Proposed Removal of Two Measures; Proposed Removal of IMM-2 Influenza Immunization Measure. **(Page 24498)**

> **SHEA agrees and supports CMS's proposal to remove the IMM-2 Influenza Immunization Measure from the VBP Program.**

c. Proposed New Measure for the FY 2018 Program Year: 3-Item Care Transition Measure (CTM–3) (NQF #0228). **(Page 24499)**

> **SHEA agrees with and supports CMS's proposal to include the NQF-endorsed measure 3-Item Care Transition Measure (CTM–3) in the VBP Program based on the Measure Application Partnership (MAP) recommendation, the adoption of the measure in the Hospital IQR Program, and posting of measure data on Hospital Compare for at least one year before the beginning of the performance period for the measure.**

e. NHSN Measures Standard Population Data. **(Page 24500)**

> **SHEA agrees and supports CMS's proposal to use current standard population data to calculate and report performance measure scores until the FY 2019 program year, and the proposal use new standard population data to calculate and report performance measure scores for the FY 2019 and subsequent years. SHEA recommends CMS clearly and widely publicize the differences in the data that hospitals will receive from NHSN and the data CMS will be using to calculate performance scores to avoid confusion at the hospital level.**

3. Previously Adopted and Newly Proposed Measures for the FY 2019, FY 2021, and Subsequent Program Years. **(Page 24501)**

> **SHEA supports expanding the scope of data collection for NHSN measures to include selected non-ICU locations beginning in FY 2019. SHEA also supports the increased weight for safety domain from 15% for FY 2016 to 20% for FY 2017 to 25% for FY 2018 onwards. SHEA recommends CMS provide additional detail on how the SIR metric for both CAUTI and CLABSI in ICUs and selected non-ICU areas will be used for quality and safety improvement and public reporting. SHEA recommends CMS improve risk adjustment (e.g. case mix index) for measures (CLABSI, CAUTI, CDI) where the exclusive use of the SIR is known not to sufficiently distinguish between high and low risk patient populations.**

5. Previously Adopted and Newly Proposed Baseline and Performance Periods for FY 2018 Program Year
c. Proposed Baseline and Performance Periods for NHSN Measures and PC-01 in the Safety Domain for the FY 2018 Program Year. **(Page 24503)**

> **SHEA agrees with the continued use of 12-month baseline periods. Hospitals should be provided with advanced notification and explanation of this data analysis plan to avoid potential confusion.**

6. Proposed Measure Refinements for the FY 2018 HAC Reduction Program
b. Proposed Baseline and Performance Periods for the PSI-90 Measure in the Safety Domain in the FY 2020 Program Year. **(Page 24504)**

> **Given the proposal to add to the Hospital VBP program non-ICU CAUTI and CLABSI data, SHEA recommends no longer using ICD coding or claims data to measure CLABSI and CAUTI. We recommend excluding PSI-07 and PSI-13 from the calculation of PSI-90 because these infections are already captured in the NHSN survey data used for both HAC and Hospital VBP programs.**

7. Maintenance of Technical Specifications for Quality Measures
c. Proposed Performance Standards for the FY 2018 Program Year. **(Page 24506)**

> **SHEA believes the proposed standards are appropriate based on the previously established methodology, recognizing that the numerical values for the performance standards presented in this proposed rule are estimates based on currently available data and that the numerical values will be updated in the final rule.**

G. Proposed Changes to the Hospital-Acquired Condition (HAC) Reduction Program
5. Proposed Changes for Implementation of the HAC Reduction Program for FY 2017.
c. Proposed Domain 1 and Domain 2 Weights for the FY 2017 HAC Reduction Program. **(Page 24509)**

> **SHEA agrees with the proposal to increase the weighting of Domain 2 (CDC NHSN measures), as we believe the new weighting reflects the importance of hospital acquired infections and we agree that NHSN measures are more reliable than claims-based measures.**

6. Proposed Measure Refinements for the FY 2018 HAC Reduction Program
a. Proposal to Include Select Ward (Non-Intensive Care Unit (ICU)) Locations in Certain CDC NHSN Measures Beginning in the FY 2018 Program Year. **(Page 24512)**

> **SHEA supports the inclusion of ward locations for NHSN CLABSI and CAUTI measures beginning with FY 2018, as this change appropriately recognizes the importance of controlling hospital acquired infections outside of the ICU. SHEA recommends CMS consider providing additional details about the NHSN locations that are included and excluded from this planned scope of work. SHEA recommends CMS synchronize the performance periods for HAI and the types of HAI and locations (ICUs/Wards) for both the Hospital VBP Program and the HAC Program. We further recommend using 12-month performance reporting periods for both HAC and VBP programs.**

VIII. Proposed Quality Data Reporting Requirements for Specific Providers and Suppliers for FY 2016
A. Hospital Inpatient Quality Reporting (IQR) Program
11. Proposed Modifications to the Existing Processes for Validation of Hospital IQR Program Data
b. Proposed Modifications to the Existing Processes for Validation of Chart-Abstracted Hospital IQR Program Data. **(Page 24589)**

> **In view of removal of the influenza vaccination (IMM-2) measure from VBP but continuation of this measure in the IQR program in the set of clinical measures that are chart-abstracted, SHEA**

agrees with the proposed changes in the validation process. Specifically, we agree with including the influenza immunization measure validation in the Clinical Process of Care stratum along with other measures. SHEA agrees with the proposed weighting of the validation of chart-abstracted measures in the hospital IQR program. We also agree with delaying the public reporting of electronic clinical quality measure data submitted by hospitals for CY 2016/FY 2018 payment determination in order to allow CMS time to evaluate the accuracy and effectiveness of electronically reported clinical quality measure data. Lastly, SHEA strongly recommends including the NHSN measures in the CMS validation program.

B. PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
3. Proposed New Quality Measures Beginning With the FY 2018 Program
b. Summary of Proposed New Measures. CMS is proposing adoption of three new NQF-endorsed quality measures for the FY 2018 PCHQR Program. **(Page 24591)**

> **SHEA supports the addition of all three new measures beginning with the FY 2018 program:**
> - **Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717) (CDC NHSN CDI Measure)**
> - **CDC NHSN Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716) (CDC NHSN MRSA Measure)**
> - **CDC NHSN Influenza Vaccination Coverage Among Healthcare Personnel (HCP) Measure (NQF #0431) (CDC NHSN HCP Measure)**
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> **SHEA encourages CMS to monitor future novel diagnostic strategies for Clostridium difficile testing and better adjustment based on the test used.**

C. Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
9. Form, Manner, and Timing of Quality Data Submission for the FY 2016 Payment Determination and Subsequent Years
c. Proposed Revisions to Previously Adopted Data Submission Timelines Under the LTCH QRP for the FY 2017 and FY 2018 Payment Determinations and Subsequent Years and Proposed Data Collection and Data Submission Timelines for Quality Measures Proposed in This Proposed Rule. **(Page 24606)**

> **SHEA supports the modification to the data submission and correction deadlines to align with other quality reporting programs (e.g. the IRF QRP and Hospital IQR Program). SHEA also supports the display of the NHSN Outcome measures, the use of the SIR, and the extension of the data submission timeline.**
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