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Infectious Diseases Society of America

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**IDSAs Headquarters**  
1300 Wilson Boulevard  
Suite 300  
Arlington, VA 22209  
**TEL:** (703) 299-0200  
**FAX:** (703) 299-0204  
**EMAIL ADDRESS:**  
info@idsociety.org  
**WEBSITE:**  
www.idsociety.org

December 1, 2014

Marilyn B. Tavenner, RN, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-3819-P  
P.O. Box 8016  
Baltimore, MD 21244-8016  
Submitted via: <http://www.regulations.gov>

Re: Comments on Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies [CMS-3819-P]

Dear Administrator Tavenner:

The Infectious Diseases Society of America (IDSAs) appreciates the opportunity to provide comments on the Conditions of Participation (CoP) for Home Health Agencies proposed rule. IDSAs represents more than 10,000 infectious diseases physicians and scientists devoted to patient care, prevention, public health, education and research in the area of infectious diseases (ID). The Society's members focus on the epidemiology, diagnosis, investigation, prevention, and treatment of infectious diseases in the United States and abroad. Our members care for patients of all ages with serious infections, including meningitis, pandemic influenza, pneumonia, tuberculosis, surgical infections, those with cancer or transplants who have life threatening infections caused by unusual or drug-resistant microorganisms, people living with HIV and AIDS, and new and emerging infections, such as Middle East Respiratory Syndrome (MERS), and Ebola virus disease.

IDSAs members are committed to improving the quality and safety of patient care across the array of sites-of-service within the health care system. This Conditions of Participation proposed rule outlines changes aimed to promote better care for patients through measurable improvements in the quality of care delivered in the home health setting. As infectious diseases specialists, we are particularly concerned about the quality of care for patients who are receiving outpatient parenteral antimicrobial therapy (OPAT), also referred to as home infusion services. Although Medicare does not currently cover home infusion services for all beneficiaries, we recognize that the standards that the Medicare program sets as conditions of participation will benefit the overall delivery of home health care. For that reason, we submit our specific comments on these proposed changes below.

In the proposed rule, four CoPs are set forth for consideration: (1) “Patient rights,” (2) “Care planning, coordination of services, and quality of care,” (3) “Quality assessment and performance improvement,” and (4) “Infection prevention and control.” It is mentioned that these proposed conditions reflect a fundamental change in the regulatory approach that establishes a shared commitment to improve the quality of care provided to patients. IDSA is supportive of these proposed conditions as they encourage a more patient-centered, outcome-oriented delivery of health care in the home setting.

Our specific interest focuses on the proposed condition entitled “Infection prevention and control.” We agree that home health agencies need to address infection prevention and control in a more comprehensive manner, as is currently underway in other areas of the health care system. We support the requirement that a home health agency incorporate an infection control component into its Quality Assessment and Performance Improvement (QAPI) program. By putting more emphasis on the importance of infection control and prevention, home health agencies can do their part to reduce infection-related readmissions and ED visits. Additionally, this proposed condition will do much to protect the health of home health agency employees and other caregivers as there exists a real threat of transmission of multi-drug resistant organisms in this environment.<sup>1</sup>

This condition, if finalized, would be organized into three standards: (1) prevention, (2) control, and (3) education. The rule calls for home health agencies to follow best practices and current guidance to “maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases.” We respectfully suggest that home health agencies consider the involvement of an infectious diseases specialist in implementing and maintaining such a program. ID specialists are leaders of infection prevention and control programs in many hospitals and other health care settings, and would be instrumental in developing synergistic policies and protocols for home health agencies. Their involvement in the home health site-of-service will help to align efforts within the broader, integrated network. Furthermore, ID specialists may be relied upon to lead education programs for staff, patients, and caregivers to ensure a comprehensive understanding.

IDSA appreciates the opportunity to provide comments on this proposed rule. We welcome the efforts of CMS in applying a patient-centered, outcome-oriented approach to revising the CoPs that apply to home health agencies. We look forward to collaborating with home health agencies in improving patient care and strengthening efforts to prevent and control infectious diseases. If you have any questions, please feel free to contact Andrés Rodríguez, Director for Practice & Payment Policy, at 703-299-5146 or [arodriguez@idsociety.org](mailto:arodriguez@idsociety.org)

Respectfully,



Stephen B. Calderwood, MD, FIDSA  
President

<sup>1</sup> Kenneley I. Infection Control in Home Healthcare: An Exploratory Study of Issues for Patients and Providers. Home Healthc Nurse. 2012 Apr;30(4):235-45.