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June 7, 2016

Andy Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: Comments on the 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 2017 Rates, [CMS-1655-P]

Dear Mr. Slavitt:

The Infectious Diseases Society of America (IDSAs) appreciates the opportunity to provide comments on the FY 2017 Inpatient Prospective Payment System (IPPS) 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, pneumonia, tuberculosis, HIV/AIDS, serious health care acquired infections, antibiotic resistant bacterial infections, as well as emerging infections such as Middle East Respiratory Syndrome coronavirus (MERS-CoV), Ebola virus and Zika virus diseases.

IDSAs members are committed to improving the quality and safety of patient care in hospitals and health systems across the nation. A significant portion of our members in clinical practice are hospital-based, and many lead the "on-the-ground" efforts to combat health care associated infections and antimicrobial resistance. The specialty of Infectious Diseases is unique in that it is the only specialty whose training emphasizes the linkage between individual patient care and the impact on the larger patient population, given the nature of infectious diseases. This "bedside-to-population-level" system-based awareness is what distinguishes the critical role of the ID specialist within the health care system, especially as it applies to quality improvement related to healthcare associated infections. Our comments in response to this proposed rule focus primarily on the changes related to the Inpatient Quality Reporting (IQR) Program.

Maintenance of Technical Specifications for Quality Measures - Sociodemographic (SDS) Factors in Quality Measures

From the proposed rule, CMS is awaiting the findings of research currently being conducted by the National Quality Forum (NQF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) into the impact of risk adjustment that accounts for SDS factors on quality measurement. It appears that any potential changes to the current risk-adjustment methodology are several years away and for the near-term, hospitals that treat patients with certain sociodemographic factors known to have an impact on risk-adjustment may be disadvantaged within the current program. CMS has acknowledged the important role that SDS status plays in the care of patients, yet is hesitant to adjust for such factors.

IDSA urges CMS to push for the appropriate application of SDS status adjustments to quality measures. A large body of evidence demonstrates that SDS factors such as income and insurance status affect many patient outcomes, including readmissions and costs. For purposes of accountability (e.g., public reporting, pay-for-performance), SDS factors should be included in risk adjustment of the performance score as soon as possible, unless there are conceptual reasons or empirical evidence indicating that adjustment is unnecessary or inappropriate. Failing to adjust measures for these factors can lead to substantial unintended consequences, including harm to patients and heightened health care disparities by diverting resources away from providers treating large proportions of disadvantaged patients. It also can mislead patients, payers and policymakers by blinding them to important community factors that contribute to worse outcomes. This is particularly concerning as CMS proposes to display more measures via Hospital Compare. Furthermore, we request that CMS provide the public with more detailed information about its ongoing work to assess the impact of SDS status on hospital performance measures. It is not clear what mechanisms CMS has used to monitor this issue or what conclusions can be drawn.

Potential Inclusion of National Healthcare Safety Network (NHSN) Antimicrobial Use Measure (NQF #2720)

IDSA has long been a proponent of antimicrobial stewardship programs in health care facilities. We have made commitments to support the implementation of antimicrobial stewardship programs (ASPs) in alignment with the National Action Plan for Combating Antibiotic Resistant Bacteria (CARB).¹ We are pleased to see CMS give acknowledgement in this proposed rule to the growing evidence that indicates ASPs may slow the emergence of antibiotic resistance and improve appropriateness of antimicrobial use and improve patient outcomes. For several years, IDSA has engaged the Centers for Disease Control and Prevention (CDC) and CMS to establish ASPs as a condition of participation in acute care hospitals. In collaboration with SHEA, IDSA has also recently published guidelines for ASPs.² Related to quality measurements to advance antimicrobial stewardship, IDSA has led a multi-stakeholder group to develop provider-level measures. Therefore, IDSA is pleased to see that CMS is proposing the NHSN Antimicrobial Use measure to assess national trends of antibiotic use to facilitate improved stewardship by comparing antibiotic use that hospitals report to antibiotic use that is predicted based on nationally aggregated data. IDSA has been supportive of this measure as it has gone through the NQF endorsement process and, despite the need for additional testing; IDSA supports inclusion of this measure in the IQR because we believe it will further justify the need to establish formal ASPs in hospitals and advance efforts to standardize stewardship practices across the U.S. health care system. Should CMS adopt this measure into the IQR, IDSA looks forward to working with the CDC and other stakeholders to ensure the measure is improved to address other issues such as quality implications of measuring the amount of antibiotics used versus appropriate use of antibiotics and applying risk adjustments. These issues should be addressed prior to consideration of the measure for display via Hospital Compare. While IDSA supports the adoption of the NHSN Antimicrobial Use measure, we are

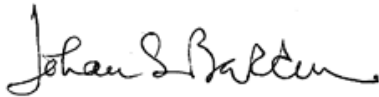
¹ “IDSA Stewardship Commitments for the White House Forum on Antibiotic Stewardship.” Access on May 14, 2016 at [http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Advancing_Product_Research_and_Development/Antimicrobials/Statements/WH%20Stewardship%20Forum%20IDSA%20Commitments\(1\).pdf#search=%22white house commitment%22](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Advancing_Product_Research_and_Development/Antimicrobials/Statements/WH%20Stewardship%20Forum%20IDSA%20Commitments(1).pdf#search=%22white%20house%20commitment%22)

² Implementing an Antibiotic Stewardship Program. Access on May 14, 2016 at http://www.idsociety.org/Antimicrobial_Agents/#ImplementinganAntibioticStewardshipProgram

concerned about CMS’s proposal to remove the SCIP-Inf-1a: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision (NQF#0527) measure due to its “topped out” status. As noted in the rule, the NHSN Antimicrobial Use measure will take into account agents used for surgical site infection prophylaxis. However, if NQF #0527 is removed and supplanted by the NHSN measure, it could result in an unintended reduction in adherence to appropriate prophylactic antibiotic use prior to surgery as hospitals aim to minimize antimicrobial use in order to report a reduction in antimicrobial use with the NHSN measure. Therefore, **IDSA requests that CMS retain the prophylactic antibiotic measure (NQF#0527) to supplement the NHSN antimicrobial use measure and limit any perverse incentives to minimize what truly may be appropriate antibiotic use.**

IDSA appreciates the opportunity to provide input into the rule making process and looks forward to further engagement with CMS to promote quality measurement at both the facility and physician-level. If you have any questions, please contact Andrés Rodríguez, Director of Practice & Payment Policy, at 703-299-5146 or arodriguez@idsociety.org.

Respectfully,

A handwritten signature in black ink that reads "Johan S. Bakken". The signature is written in a cursive style with a large initial 'J' and a long, sweeping underline.

Johan S. Bakken, MD, PhD, FIDSA
President