

## HHS Action Plan to Prevent Healthcare-Associated Infections (HAIs)

- **Tier 2 - Estimate - Summer** - revised and updated plan released
  - Ambulatory Surgical Centers
  - End Stage Renal Disease Facilities
  - Influenza Vaccination of HCP
- APIC submitted comments last Fall on an initial draft of the Tier 2 modules
- **Tier 3** upcoming
  - *Likely* long-term care

## U.S. Department of Health and Human Services Partnering to Heal: Teaming up against HAIs

- [Partnering to Heal: Teaming up against Healthcare-Associated Infections](#) launched on May 13
- A computer-based, video-simulation training program on infection control practices for clinicians, health professional students, and patient advocates
- Additional resources for this initiative are now available via the website. The new resources include:
  - YouTube clip of the intro for *Partnering to Heal*
  - A badge and button that can be used to link to the video
  - [Partnering to Heal fact sheet](#)
  - [Recording](#) and [transcript](#) of the May 13 launch Call
  - [Access these additional resources](#)



## Partnership for Patients

- Launched by HHS April 12 to improve quality, safety and affordability of healthcare
- Shared effort to make hospital care safer, more reliable, less costly by avoiding preventable injuries and complications in patient care
  - Partnership includes hospitals, employers, health plans, healthcare practitioners, patient advocates, federal and state governments
  - APIC signed on as a Partner
- Partnership Goals:
  - Reduce preventable hospital-acquired conditions by 40% by end of 2013
  - Reduce hospital readmissions by 20% by end of 2013



## Public Policy Comments July 2010 to June 2011



- FY 2011 OPPS/ASC PPS
- Hospital Value-Based Purchasing
- Medicaid Reimbursement for HCACs
- Accountable Care Organizations
- FY 2012 Hospital IPPS/LTCH PPS
- FY 2012 Inpatient Rehab. Fac. PPS
- Influenza Vaccination Standard



- HAI Action Plan Tier 2
- National Healthcare Quality Strategy and Plan
- National Prevention Strategy
- Proposed Release of AHRQ/HCUP HAI report



- HAI Elimination Whitepaper
- Notification of First Responders of Occupational Exposure to Infectious Diseases (NIOSH)



- Fogging Disinfectant Claims



- RFI on Occupational Exposure to Infectious Agents in Healthcare Settings
- Review of Bloodborne Pathogens Standards



- HIT Quality Measure Concepts
- Meaningful Use of HIT – Stage 2 Proposal
- Federal HIT Strategic Plan for 2011-2015



## Practice Guidelines Committee



- National Priorities Partnership
- National Voluntary Consensus Standards on Public Reporting
- Members elected to: ESRD Steering Committee; Surgery Maintenance Project; Nursing Home Project; Patient Safety HAI Technical Panel
- Comments on Measures for Serious Reportable Events, ESRD, Colonoscopy Processing, Ambulatory Care, and Nursing Homes



- Expansion NPSG #7
- Field reviews within diverse settings
- Mandatory Influenza Vaccination



- Proposed 2011 standards for the accreditation of ambulatory healthcare facilities



- Guideline for Reprocessing Flexible Gastrointestinal Endoscope



- Proposed Elimination of Powder on Surgeon's Gloves



- Immediate Use Steam Sterilization



- Comparative Effectiveness of Screening and Treatment of *c.difficile* infections
- Comparative Effectiveness of Screening for MRSA Carriage
- CHIP – Pediatric Quality Measures
- CAUTI CUSP



## SSI Reporting for Hospital Inpatient Quality Reporting (IQR) Program

- Required by CMS FY 2011 IPPS rule, but specific SSIs left to be determined
- CDC and the American College of Surgeons collaborated to develop SSI measure for CMS reporting
- Prototype measure to include **colon surgeries** and **abdominal hysterectomies**
  - Deep incisional and organ/space SSIs in inpatients age 18+
  - Prototype will be followed by more comprehensive set of measures that expand procedures and SSI risk adjustment
  - Reporting requirements for prototype involve no changes to NHSN Patient Safety Protocol for SSIs
  - Measure is currently under review by NQF
- Data collection to begin January 2012 for FY 2014 Medicare payment – no change



## Hospital Value-Based Purchasing – Final Rule

- Medicare reimbursement based on quality of care, not volume of care
- Incentive payments to hospitals based on 2 domains:
  - hospital performance or improvement on certain clinical process measures
  - HCAHPS patient experiences with care survey
- First year (FY 2013) infection-related quality measures = SCIP process measures
  - SCIP-Inf-1: Prophylactic antibiotic received within 1 hr prior to incision
  - SCIP-Inf-2: Prophylactic antibiotic selection for surgical patients
  - SCIP-Inf-3: Prophylactic antibiotics discontinued w/in 24 hrs after surgery end time
  - SCIP-Inf-4: Cardiac surgery patients with controlled 6am postop serum glucose
- Beginning FY 2014 quality measures = HACs, including
  - CAUTI
  - Vascular Catheter-Associated Infection
- Implementation -- October 1, 2012



## Medicaid Reimbursement for Provider-Preventable Conditions (PPCs) – Final Rule

- Prohibits Medicaid payments by States for services related to **provider-preventable conditions (PPCs)**.  
PPCs defined as:
  - **Health Care Acquired Conditions (HCACs)** = Medicare HACs (except DVT/PE following total knee or hip replacement) in inpatient hospital settings
  - **Other Provider-Preventable Conditions (OPPCs)** = 3 Medicare National Coverage Determination (NCD) procedures (surgery on wrong patient, wrong surgery on patient, wrong site surgery) in any healthcare setting
- States may add additional OPPCs, with CMS approval, if the conditions:
  - Are reasonably preventable through application of procedures supported by evidence-based guidelines;
  - Have a negative consequence for the beneficiary; and
  - Are auditable.
- No federal matching funds for Medicaid claim denied by Medicare because of the presence of a HAC
- Payment reduction only if condition not POA
- **CMS intends to delay compliance actions until July 1, 2012**



## Meaningful Use of Health IT Stage 2 -- Update

- American Recovery and Reinvestment Act of 2009 (ARRA) -- created incentive program to encourage healthcare providers to adopt and “meaningfully use” health information technology (HIT)
- Stage 2 proposal did not include infection-related provisions, but APIC recommended that surveillance technology objective planned for stage 3 be moved to stage 2 to provide financial incentive for adoption of surveillance technology that would aid in HAI reporting requirements.
- June 10 -- HHS HIT Policy Committee recommended to the National Coordinator for HIT that implementation of the 36 meaningful use stage 2 objectives be delayed by 1 year (from 2013 to 2014) because proposed schedule would be nearly impossible for providers and vendors to meet.



## Accountable Care Organizations (ACOs) – Proposed Rule

- Establishment of ACO program required by Affordable Care Act
- Medicare “shared savings program” intended to improve quality of healthcare while reducing costs.
- APIC submitted comments and recommendations to CMS 5/31/11. Primary concerns include:
  - Too many quality measures – 65
  - Use of Medicare HACs (from coding data) as quality measures
  - Only 2 measures in the Patient Safety category
  - Of these 2, one is a health care acquired conditions “composite” which includes:
    - 9 Medicare HACs (including CAUTI, CLABSI, SSI)
    - AHRQ Patient Safety Indicator (PSI) #90 – itself a composite of 8 indicators, including “selected infections due to medical care” and postoperative sepsis
    - Significant overlap in the 17 indicators within this measure
- Expect to see changes in final rule



## FY 2012 Hospital Inpatient and LTCH Prospective Payment Systems – Proposed Rule

### Acute Care Hospitals

- Proposed for FY 2014 Medicare payment determination :
  - CAUTI – reported through NHSN
  - CLIP Adherence percentage
- Proposed for FY 2015 Medicare payment determination:
  - MRSA
  - C.Diff.
  - HCP influenza vaccination
  - All reported through NHSN

### Long-Term Care Hospitals

- For the first time, CMS also proposed quality measure reporting for Long-term Care Hospitals for FY 2014 payment determination. Measures include:
  - CAUTI
  - CLABSI
  - Pressure ulcers that are new or have worsened



## FY 2012 Inpatient Rehabilitation Facility (IRF) Prospective Payment System – Proposed Rule

- Also for the first time, CMS proposed quality measure reporting for IRFs for FY 2014 payment determination. Measures include:
  - CAUTI
  - Pressure ulcers that are new or have worsened



## Influenza Vaccination Standard – Proposed Rule

- Proposed Rule would make offering annual influenza vaccination for hospital inpatients and outpatients a Medicare Condition of Participation (CoP)
  - Final rule expected from CMS around September 1, 2011
  - Implementation for 2011-2012 flu season
- APIC supports universal influenza immunization; *however* implementation of this program on this timeline raises serious concerns about:
  - Supplies
  - Policies/Procedures
  - Safe Injection Practices
  - Who qualifies as an “outpatient”?
- APIC recommendation: delay implementation so that:
  - Year 1 (2011-2012) flu season – staffing/resource planning
  - Year 2 (2012-2013) flu season – implement for hospital inpatients
  - Year 3 (2013-2014) – incorporate outpatients into program ONLY after thorough evaluation of impact of proposal on outpatient population.



42 CFR Parts 482, 485, 491 and 494 Medicare & Medicaid Programs: Influenza Vaccination Standard for Certain Participating Providers and Suppliers  
Federal Register May 4, 2011

ADMINISTRATION OF FORMS OF THE VACCINE.

Hospitals often have large outpatient populations, including those who may attend clinics (such as physical therapy clinics) that are not necessarily prepared to provide vaccine injections. This proposed rule would require that all hospital patients be offered vaccination. Therefore, we would expect that the hospital's policies and procedures address all patients, whether they were receiving inpatient or outpatient services. For example, it could be appropriate to refer certain outpatients to another clinic or department on the hospital campus if the patient wanted to receive vaccination and the outpatient was in a department of the hospital that was not equipped to administer the vaccine.

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## Regulation Implementation Dates

Requirement	Source Law or Regulation	Implementation date
CLABSI-ICU reporting through NHSN for annual Medicare payment update	CMS FY 2011 Hospital Inpatient Prospective Payment System (IPPS) Rule	Data collection – January 2011; Medicare payment determination – October 1, 2012
Public access to Medicare hospital-acquired conditions (HAC) data on Hospital Compare website	Patient Protection and Affordable Care Act of 2010	April 2011
Medicaid Provider-Preventable Conditions Nonreimbursement Policy	Patient Protection and Affordable Care Act of 2010	July 1, 2011 (compliance actions delayed until 7/1/2012).
SSI reporting through NHSN for annual Medicare payment update colon surgeries and abdominal hysterectomies – deep incisional and organ/space; inpatients $\geq$ 18	CMS FY 2011 Hospital Inpatient Prospective Payment System (IPPS) Rule	Data collection – January 2012; Medicare payment determination – October 1, 2013
Accountable Care Organizations	Patient Protection and Affordable Care Act of 2010	January 1, 2012
Value-Based Purchasing	Patient Protection and Affordable Care Act of 2010	October 1, 2012



## Federal Budget



### Thomas R. Frieden, MD, MPH Director Centers for Disease Control and Prevention

- Health Care Infections – one of the CDC’s **“Six Winnable Battles”**
- CDC’s Budget was cut by \$740 million – 11% reduction – between fiscal year 2010 and fiscal year 2011
- Lowest budget for CDC since fiscal year 2003



- 45,000 public health jobs cut by State and Local Governments over the past 2 years
- Budget cuts may require a reduction of 1,000 staff at CDC



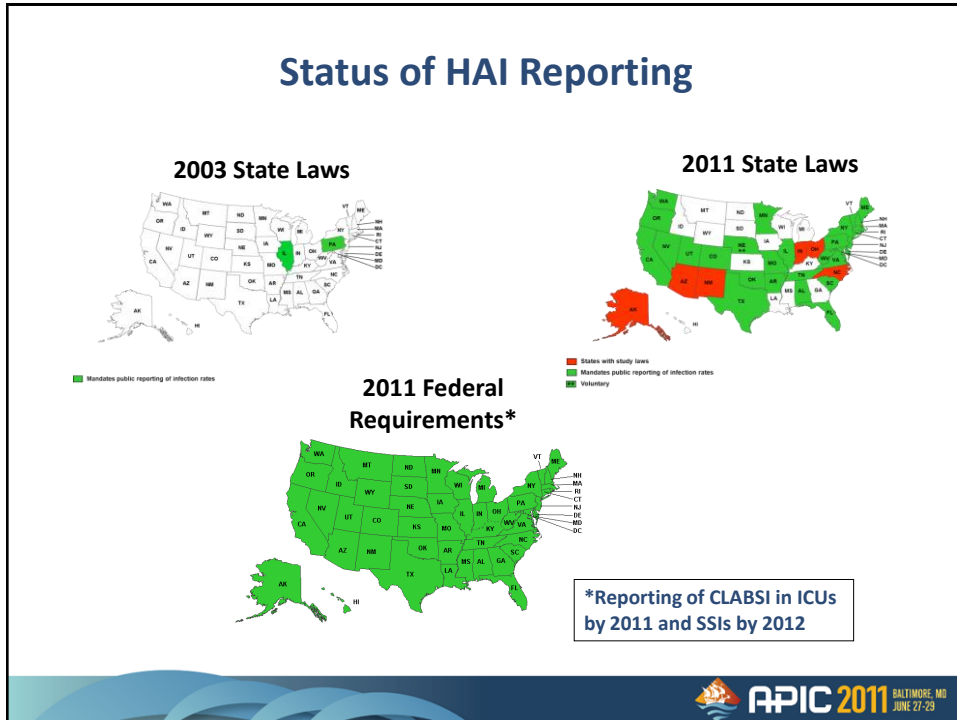
## APIC's 2012 Legislative Priorities

- Inform Congress about the role of IPs in preventing HAIs in their state or district
- \$7.7 Billion to maintain funding for CDC's "Core Programs"
  - \$50 million for CDC's antimicrobial resistance activities
  - Resources for state-based programs to expand facility enrollment NHSN
- \$5 million to support the HHS Action Plan to Prevent HAIs
- \$10.7 million for the CMS surveys of ASCs that target infection control deficiencies
- Resources for CMS portion launch an HAI pilot program as part of the HHS HAI strategic plan to survey smaller hospitals across 10 to 25 states
- \$34 million to AHRQ for grants related to HAI prevention in multiple healthcare settings, including surgical and dialysis centers
- Increase NIH Funding by \$32 billion over FY 2010 levels



## State Laws





## Illinois Legislation

- SB1805 Department of Public Health Infections Report – MDRO Provision
  - Last Action: 6/28/11 Public Act 97-0049  
Report to be based on NHSN surveillance system instead of discharge dataset
  - Effective: 1/1/12
- HB1096 Nursing Home Act
  - Last Action: 7/14/11 Public Act 97-0107  
Designate a documented qualified Infection Prevention and Control Professional
  - Effective: 1/1/12

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## Illinois Legislation

- SB0145 Nursing Home Infection Control
  - Last Action: 6/28/11 Public Act 97-0038  
Designate a documented qualified Infection Prevention and Control Professional
  - Effective: 1/1/12
  
- HB1658 Death Certificate MRSA
  - Last Action: 6/16/11 Sent to Governor  
Person responsible for the death certificate must note the presence of MRSA, C. diff or VRE if a contributing factor to cause of death.
  - Effective: 7/1/11

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## Illinois Legislation

- SB1378 Death Certificate MRSA
  - Last Action: 3/18/11 Re-referred to assignments  
Person responsible for the death certificate must note the presence of MRSA, C. diff or VRE if a contributing factor to cause of death.
  - Effective: Upon becoming law.
  
- HB1961 School Influenza Vaccination
  - Last Action: 3/17/11 Re-referred to Rules Committee  
IDPH would apply for Federal grants and appropriations to fund, build infrastructure, promote and expand school located vaccination programs to include influenza vaccination.
  - Effective: July 1, 2011

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## Illinois Legislation

- **HB3772 Adverse Health Care Reporting**
  - Last Action: 5/5/11 Referred to Rules Committee  
Reporting provisions for corrective action plan to address RCA findings.
  - Effective: TBD

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## Questions?

