ASTHO Comments on “Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment; Ambulatory Surgical Center Payment; Hospital Value-Based Purchasing Program; Physician Self-Referral; and Provider Agreement Regulations on Patient Notification Requirements”

Proposed Rule: CMS–1525–P

August 30, 2011

The Centers for Medicare & Medicaid Services in the Department of Health and Human Services seeks public comment on Proposed Rule CMS-1525-P. Below, the Association of State and Territorial Health Officials (ASTHO) offers comments for consideration.

ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. Territories, and the District of Columbia, as well as the 120,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice. Our vision is healthy people thriving in a nation free of preventable illness and injury.

Addressing healthcare-associated infections (HAI) is a primary area to reduce the incidence of preventable illness and death in the United States, and is therefore a key area of focus for ASTHO. ASTHO encourages a central role for state and territorial public health agencies in HAI prevention, given their authority, responsibility, and experience in implementing communicable disease control measures and establishing prevention education programs for healthcare providers.

Hospital OQR Program and Proposed ASC Quality Reporting Program

- As noted in the proposed rule, “increasingly, more surgical procedures are being performed in hospital outpatient department settings and ASCs”. ASTHO supports CMS adopting widely endorsed process (e.g., infection control practices) and outcome (e.g., HAI rates) measures related to HAI for hospital outpatient departments and ASCs, including influenza vaccination coverage among healthcare personnel and surgical site infection rates.
- ASTHO agrees with the use of measures reported via CDC’s National Healthcare Safety Network (NHSN) for these programs, utilizing existing NHSN infrastructure and protocols, for standardization among programs and ease of reporting. State health agencies are a resource for training and educating hospital outpatient department and ASC staff members on NHSN, surveillance, and reporting. Coordinating and sharing data with state health agencies will also ensure that the surveillance data are able to be used for prevention purposes.
- ASTHO recognizes the importance of robust and accurate data and encourages CMS to make explicit the validation processes for these measures.
**Hospital VBP Program**

- ASTHO supports using financial incentives, such as the Hospital VBP Program, to help promote a culture of safety and proactive HAI prevention approaches through payments for achievement and improvement on quality measures, including HAI process and outcome measures.

ASTHO recommends that additional HAI process and outcome measures be considered for future inclusion in the Hospital OQR Program, Proposed ASC Quality Reporting Program, and Hospital VBP Program as these measures are developed and validated.

  - Process measures are important for promoting HAI prevention and measuring progress. In state policy, there are many examples of process measures focused on patient safety and quality that may be appropriate for future inclusion, such as hand hygiene requirements, central line insertion practices, and nurse staffing hours per patient day.

  - Outcome measures can especially be useful to assess progress in reducing infections. ASTHO recommends that additional HAI outcome measures be considered for future inclusion. ASTHO recommends using the definitions, methodologies, and standards of NHSN to report HAI outcome measures where feasible.