

2016 Chapter Legislative Representative Update

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with special guest
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Legislative Advocacy

2016 Public Policy Committee Lobby Days

The Public Policy Committee lobbied Congress about the role of the IP, and supported NHSN and antibiotic resistance initiatives at CDC:

- 6 members of the Public Policy Committee educated 14 congressional offices



2016 Legislative Issues

\$21 million for the National Healthcare Safety Network in FY 2017

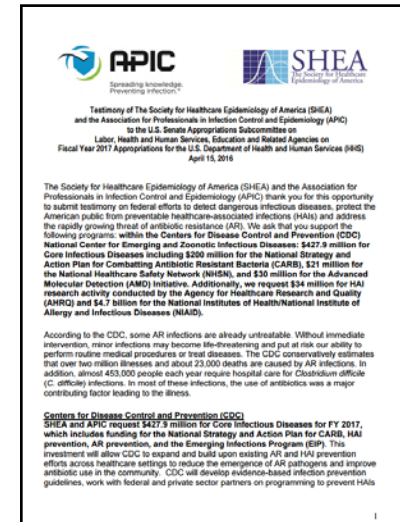
Continued support of NHSN would:

- Expand critical user support for NHSN to additional facilities across the care spectrum
- Enable expansion of NHSN's Antibiotic Use and Resistance (AUR) module reporting options.
- The AUR data will be used to guide local and regional efforts to reduce resistance and provide national benchmarks to promote safer use of antibiotics.

\$200 million for CDC's Antibiotic Resistance Solutions Initiative in FY 2017

An increase of \$40 million over the \$160 million in funding that was enacted in fiscal year 2016 would:

- Expand HAI and antibiotic resistance prevention efforts from 25 states to 50 states, six large cities, and Puerto Rico;
- Sustain an Antimicrobial Resistance Laboratory Network of up to seven AR Regional Labs to serve as a national resource for cutting-edge lab support to states and characterize emerging resistance;
- Implement antibiotic stewardship programs that align with CDC's Core Elements for Antibiotic Stewardship in inpatient, outpatient, and long-term care settings;
- Drive innovation through the CDC's Prevention EpiCenters network collaboration with academic research centers conducting applied research on interventions for infection prevention;
- Incorporate NHSN antibiotic use data to improve prescribing practices.



Navigating the Public Policy Section of the APIC website

The screenshot displays the APIC website's Public Policy section. At the top, the APIC logo is accompanied by the tagline "Spreading knowledge. Preventing infection." and the full name "Association for Professionals in Infection Control and Epidemiology". Navigation links for Media, Membership, Volunteering, and Sign In are visible, along with a search bar. The main navigation menu includes Consumers, Professional Practice, Education & Certification, Resources, Public Policy, and About. The Public Policy dropdown menu is open, listing: Overview, What's new, Regulations (marked as NEW), State legislation, Federal legislation, Advocacy Toolkit, Position statements, and Take action. The main content area features a banner for the "43rd Annual Conference" and "APIC 2016" with the theme "Inspiring innovation in infection prevention." Below this, there are sections for NEWS (with a "More Stories" button), SPOTLIGHT, WHAT'S NEW AT APIC, and PUBLICATIONS. The NEWS section includes articles about "CDC establishes Zika pregnancy registry" and "Listen to Sanjay Saint's inspirational TED Talk". The SPOTLIGHT section features a "Volunteer" call to action. The PUBLICATIONS section highlights the "Prevention Strategist—Summer 2016" issue, dated 5/25/2016, with a cover story on "Constructing Collaboration" and a list of highlights.

APIC Spreading knowledge. Preventing infection.
Association for Professionals in Infection Control and Epidemiology

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43rd Annual Conference Inspiring innovation in infection prevention. REGISTER NOW

NEWS More Stories **SPOTLIGHT**

 CDC establishes Zika pregnancy registry
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Volunteer
Help to advance the mission & vision of APIC

WHAT'S NEW AT APIC

New online course - Tech Tools: Excel Basics

Effective, inexpensive and brief. The [Excel Basics](#) course, designed by subject matter experts well-versed in the healthcare environment, features narrated presentations with corresponding activities that teach how to improve workflow and data analysis through use of standard Excel features, including formatting and formulas, graphs, and pivot tables.
[Read More >](#)

EPI Intensive in Baltimore, Burlington, Dallas, St. Louis, Anchorage

PUBLICATIONS

Prevention Strategist—Summer 2016
5/25/2016

Cover story: Constructing Collaboration

Highlights:

- Design, planning, construction, and activation from an infection prevention perspective
- Gastroenterology and infection prevention colleagues partner for patient safety [Open access](#)
- Building a new antimicrobial stewardship program [Open access](#)

Tell Congress to support funding for NHSN and antibiotic resistance programs at CDC

Show your support for important infection prevention programs



As a constituent concerned about healthcare-associated infections (HAIs) and the growing threat of antibiotic resistance, I ask that you support \$21 million for the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN); \$200 million for the Antibiotic Resistance Solutions Initiative; and \$30 million for the Advanced Molecular Detection (AMD) Initiative in the FY 2017 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill.

CDC estimates that one in 25 hospitalized patients will contract an HAI, totaling approximately 722,000 infections and 75,000 deaths annually. One in seven catheter- and surgery-related HAIs in acute care hospitals,

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APIC CLR Legislative Engagement Challenge

The Winner for the 2015 Legislative Year:

- **Maine** with **61%** of the Chapter engaging their Members of Congress
- **CLR Troy Cutler**



Honorable Mentions Go To:

Vermont: 23%

West Virginia: 22%

Virginia: 20%

Use this link to send a letter for 2016:

<http://tinyurl.com/APICNHSN2016>

Coalition Issues: The Year in Review

Since our last meeting at Annual Conference 2015 in Nashville APIC supported 18 coalition efforts to address a variety of issues designed to address APIC strategic priorities through support for legislation related to antibiotics, funding for health programs, and other federal priorities.

Legislation:

- ✓ **Antibiotic Development to Advance Patient Treatment Act (ADAPT) Act:** would direct FDA to approve new antibiotics and antifungal drugs for specific, limited populations of patients who have infections for which few or no suitable options exist
- ✓ **Reinvigorating Antibiotic and Diagnostic Innovation (READI) Act:** would provide an R&D tax credit for antibiotics and antifungals that treat a serious or life-threatening infection that pose a serious risk to public health as well as for rapid infectious diseases diagnostics
- ✓ **Promise for Antibiotics and Therapeutics for Health (PATH) Act** in a Senate Medical Innovation Bill: establish a new limited population antibacterial drug (LPAD) approval pathway for antibiotics to treat serious or life-threatening infections when there is an unmet medical need



Coalition Issues: The Year in Review (continued)

Funding for CDC programs including:

- ✓ antibiotic resistance programs
- ✓ the Combating Antibiotic-Resistant Bacteria (CARB) strategy including data collection efforts on farms
- ✓ emergency funding for Zika virus without cuts to other public health programs



Support for antibiotic resistance activities:

- ✓ the CMS rule requiring antibiotic stewardship programs
- ✓ the FDA's proposed antibiotic data collection rule
- ✓ new approaches for evaluation of on-farm antibiotic data collection
- ✓ release of the CARB Economic incentives working group report



Also support for:

- ✓ paid sick leave legislation
- ✓ NQF immunization measures



Regulatory Issues

Regulatory Trends: PPE

- OSHA request to OMB to continue information collection requirements in the PPE section of General Industry Standards.



- NIOSH pilot study to develop a PPT sentinel surveillance system in the hospital setting to monitor use and effectiveness of PPE, including Ebola response.



- FDA guidance for industry on premarket notification requirements concerning liquid barrier claims on gowns intended for use in healthcare settings.



Regulatory Trends: Medical Devices



- FDA draft guidance on selection of appropriate package type terms and recommendations for labeling injectable medical products packaged in multiple-dose, single-dose, and single-patient-use containers for human use.
 - Retire term “single-use”
- FDA proposal to reclassify blood lancets
 - Reclassify from Class I (general controls) to Class II (special controls): single-use only with or without integral sharps injury prevention feature; multiple-use for single patient only
 - Reclassify from Class I to Class III (premarket approval): multiple-use for multiple patient
- FDA medical device reprocessing
 - Request for comments on the service, maintenance, refurbishment and alteration of medical devices, including endoscopes by third-part entities

Regulatory Trends: Care Transitions

Improving Medicare Post-Acute Care Transformation (IMPACT) Act – enacted September 2014

- Requires the submission of standardized data by Long-Term Care Hospitals (LTCHs), Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs) and Inpatient Rehabilitation Facilities (IRFs).
- Interoperable data to:
 - Facilitate coordinated care
 - Improve outcomes
 - Allow for cross-setting quality comparisons
- Patient-centered focus to include patient preferences and goals



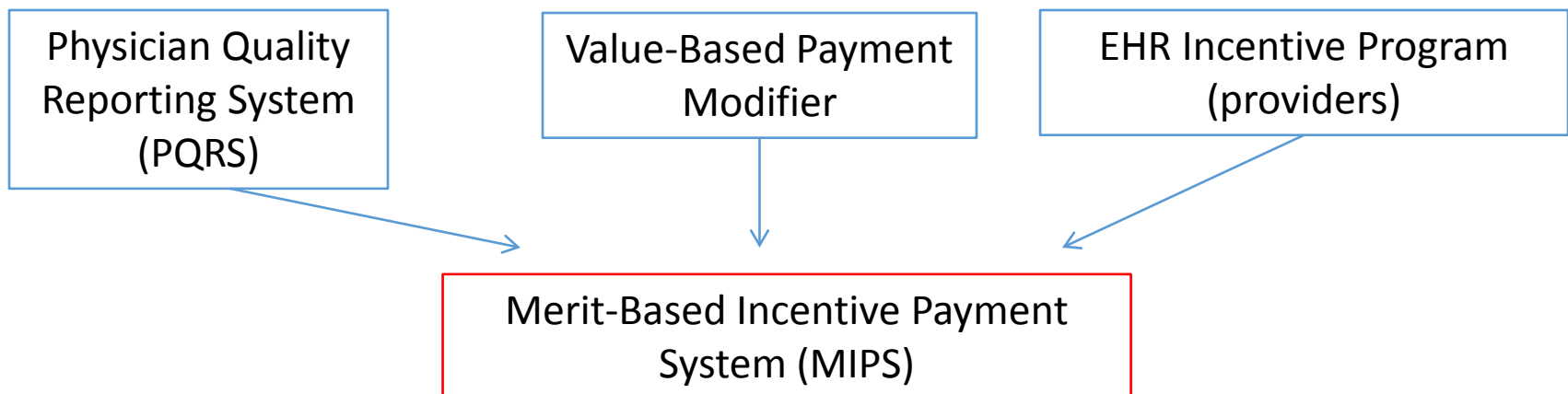
Regulatory Trends: Care Transitions

- **Medicare Goal: 90% of payment based on value or quality of care by 2018**
- **Medicare goal + IMPACT Act driving regulatory activity, including:**
 - Reform of long-term care requirements
 - Discharge planning
 - Home Health CoPs
 - NQF care coordination measures
 - AHRQ draft technical brief: Critical Analysis of the Evidence for Resident Safety Practices in Nursing Home Settings
 - Likely more to come



Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- **Purpose:** To develop a new approach to paying clinicians for the value and quality of care they provide.
- **Changes to how Medicare pays clinicians:**
 - Repealed the Sustainable Growth Rate (SGR) formula for determining Medicare payments for providers' services.
 - New framework to reward clinicians for value over volume of care.
 - Combined existing quality reporting programs into one new system
 - **NOTE: Program does not apply to hospitals or facilities**



Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

What does this have to do with APIC?

- Infection prevention is everyone's job
- Support for principles that cross care settings, such as:
 - Reporting SSI measures through NHSN using standard definitions
 - Opposition to use of claims-based measures for payment programs
 - Avoiding inappropriate use of antibiotics
 - Supporting flexibility of clinicians to choose measures relevant to the type of care they provide
 - Supporting evidence-based resource utilization as a means to enhance quality outcomes
 - Supporting measures that promote population health, such as immunizations against vaccine-preventable diseases and screening for Hepatitis C and TB.

Update on APIC Regulatory Comments

Recent APIC comments submitted to federal agencies:

- **FDA** – Draft Guidance for Industry on Injectable Medical Products
- **FDA** – Draft Guidance for Industry on Enforcement of Policy Regarding IND Requirements for use of Fecal Microbiota for Transplantation (FMT)
- **FDA** – Draft Guidance for Industry on Donor Screening Recommendations to Reduce Zika Transmission
- **FDA** – Reclassification of blood lancets
- **FDA** – Ban on powdered gloves

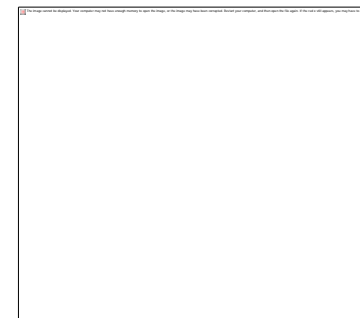
- **AHRQ** – Draft Technical Brief on Resident Safety Practices in Nursing Homes
- **CMS** – Revisions to Discharge Planning Requirements for Hospitals, CAH, and HHA

- **HHS** – Revisions to Federal Policy for the Protection of Human Subjects (Common Rule)
- **NIOSH** – Monitoring and Coordinating PPE in Healthcare to Enhance Domestic Preparedness for Ebola Response

Update on APIC Regulatory Comments

APIC comments in process:

- **CMS** – Annual payment updates for:
 - Hospital inpatients
 - Long-term acute care hospitals
 - PPS-exempt cancer hospitals
 - Inpatient Psychiatric Facilities
 - Inpatient Rehab Facilities
 - Skilled Nursing Facilities (NEW)
 - Merit-based Incentive Payment System (MIPS) NEW
- **FDA** – draft guidance on Infectious Disease Next Generation Sequencing Based Diagnostic Devices: Microbial Identification and Detection of Antimicrobial Resistance and Virulence Marker
- **HHS** – RFI on strategies to combat antibiotic resistance



Hospital Inpatient Prospective Payment System (IPPS)

Includes:

- Hospital Inpatient Quality Reporting Program (IQR)
- Hospital Value-Based Purchasing Program (VBP)
- Hospital-Acquired Conditions (HAC) Reduction Program
- Hospital Readmissions Reduction Program
- PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR)
- Long-Term Care Hospital Quality Reporting (LTCHQR) Program
- Inpatient Psychiatric Facilities Quality Reporting Program (IPFQR)

Hospital Inpatient Prospective Payment System (IPPS)

Proposed updates:

- **Adoption of modified PSI 90 (NQF#0531) for FY 2018**
 - Name change to Patient Safety and Adverse Events composite
 - Removal of PSI 07: Central venous catheter bloodstream infection rate
 - Measure used in IQR, VBP, HAC Reduction
- **Hospital Inpatient Quality Reporting Program (IQR)**
 - Removal of 3 measures (FY 2019):
 - SCIP-Inf-1a: Prophylactic Antibiotic Received within 1 hour prior to surgical incision
 - SCIP-Inf-2a: Prophylactic Antibiotic Selection for Surgical Patients
 - SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 1 of Postoperative Day 2 with Day of Surgery Being Day Zero
 - Future measure for consideration:
 - NHSN Antimicrobial Use (NQF#2720)

Hospital Inpatient Prospective Payment System (IPPS)

Proposed updates:

- **VBP:**
 - FY 2019 – change name of “Patient and Caregiver Experience” domain to “Person and Community Engagement” (will still account for 25% of total performance score)
 - FY 2019 – Expand CAUTI and CLABSI measures to include non-ICU locations
- **HAC Reduction Program:**
 - FY 2018 – Adopt revised PSI-90
- **PCHQR:**
 - Delay public display of NHSN CLABSI and CAUTI measures due to low volume of data (originally adopted in FY 2015 rule)

New infection focus to old measure: hospital readmissions from post-acute care

- **The Problem:** According to MedPAC:
 - 17-20% of Medicare beneficiaries discharged from hospital were readmitted within 30 days.
 - 75-84% of readmissions are considered “potentially preventable”.
 - Annual Medicare spending on potentially preventable readmissions would be \$12 billion for 30-day, \$8 billion for 15-day and \$5 billion for 7-day.
- **The Solution:** Include in SNF, IRF and LTCH PPS rules a “Potentially preventable readmissions” measure
- Varies slightly in for each care setting, but for all, the measure definition criteria are
 - Inadequate management of chronic conditions;
 - Inadequate management of infections; and
 - Inadequate management of other unplanned events.



CMS HAI Reporting Requirements for Acute Care Hospitals – August 2015

Measure	Reporting to NHSN begin (CY)	IQR payment (FY)	VBP payment (FY)	HAC Reduction (FY)
CLABSI – ICU	2011	2013	2015	2015
CAUTI – ICU	2012	2014	2016	2015
SSI – Colo, Ab. Hyst.	2012	2014	2016	2016
MRSA Bacteremia – FacWide LabID	2013	2015	2017	2017
C.Diff Infection – FacWide LabID	2013	2015	2017	2017
HCP Influenza Vaccination	2013	2015		
CLABSI – Med/Surg/MedSurg	2015	2017	2019 Baseline period 1/1/15 – 12/31/15 Performance period 1/1/17 – 12/31/17	2018
CAUTI – Med/Surg/MedSurg	2015	2017	2019 Baseline period 1/1/15 – 12/31/15 Performance period 1/1/17 – 12/31/17	2018

CMS HAI Reporting Requirements – by setting 2015

Acute Care



- 2011: CLABSI ICU
- 2012: CAUTI ICU, SSI (COLO, AB/HYST)
- 2013: MRSA bacteremia, *C. diff.* infection, HCP influenza vaccination
- 2015: CLABSI & CAUTI in med, surg, and med/surg units

LTCH



- 2012: CLABSI, CAUTI
- 2013: HCP influenza vaccination
- 2015: MRSA bacteremia, *C. diff.* infection
- 2016: VAE

Cancer hospital



- 2012: CLABSI, CAUTI
- 2014: SSI (COLO, AB/HYST)
- 2016: MRSA, *C. diff.*, HCP influenza vaccination

ESRD



- 2012: Bloodstream infection in outpatient hemodialysis
- 2015: HCP influenza vaccination

ASC



- 2014: HCP influenza vaccination

Hospital outpatient



- 2014: HCP influenza vaccination

IRF



- 2012: CAUTI
- 2014: HCP influenza vaccination
- 2015: MRSA bacteremia, *C. diff.* infection

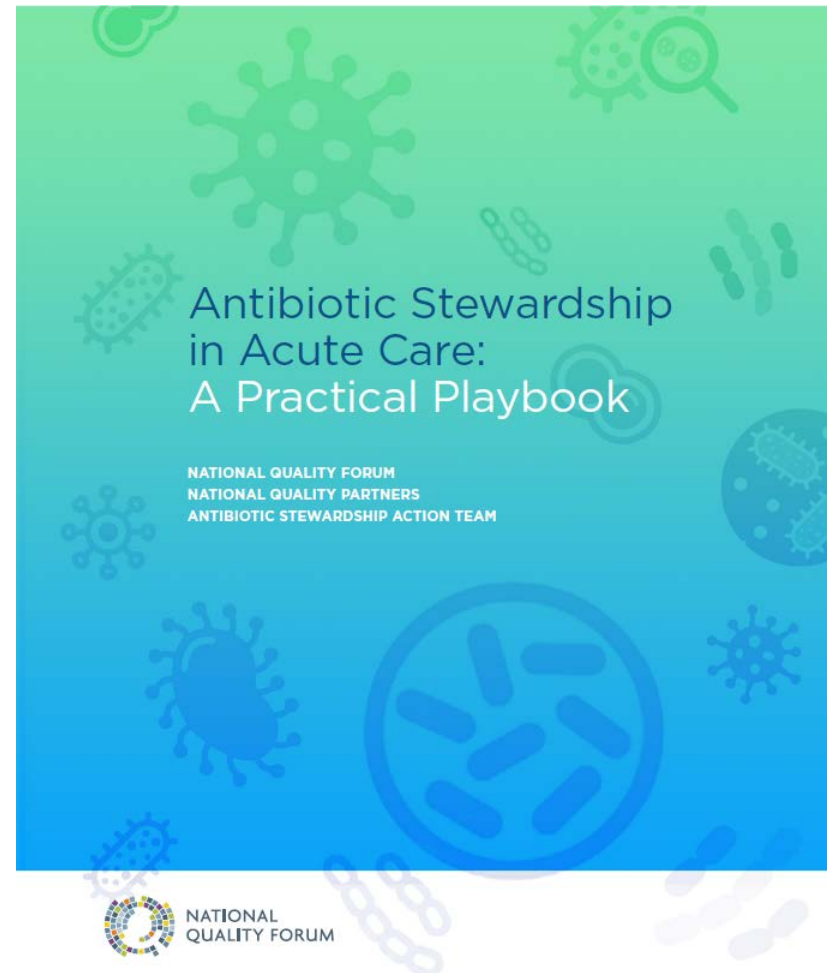
IPF



- 2015: HCP influenza vaccination

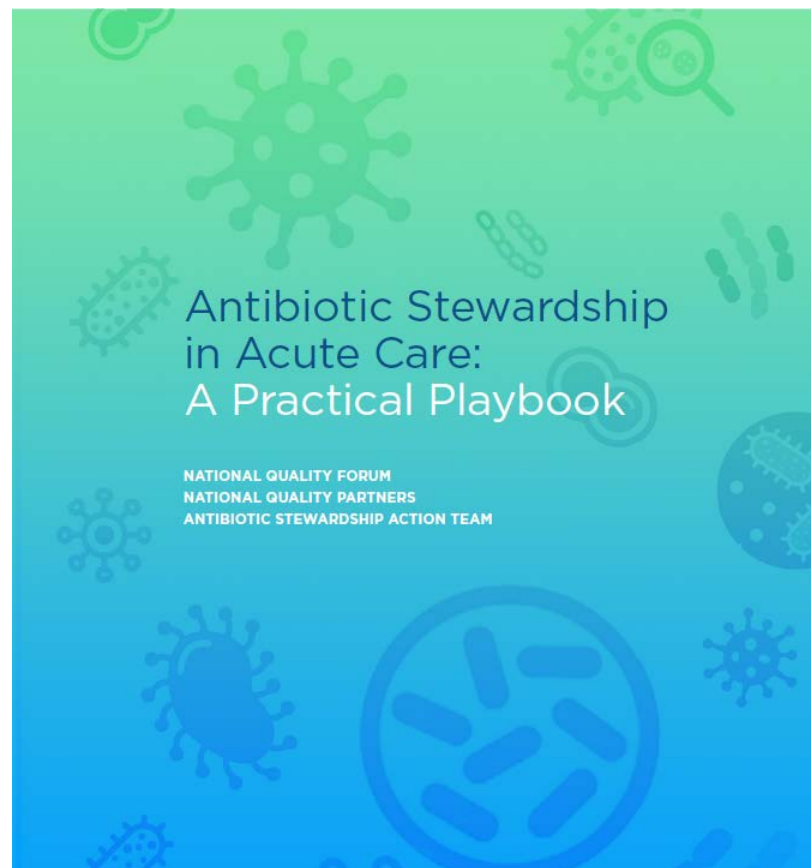
NEW: NQF Antibiotic Stewardship Playbook

- Provide concrete strategies for implementing successful AS programs in acute care.
- Corresponds to CDC's *Core Elements of Hospital Antibiotic Stewardship Programs*:
 - Leadership commitment
 - Accountability
 - Drug expertise
 - Actions to support optimal Abx use
 - Tracking/monitoring Abx prescribing, use, resistance
 - Reporting information on improving ABX use and resistance
 - Education of clinicians and patients and families



NEW: NQF Antibiotic Stewardship Playbook

- For each element, *Playbook* outlines:
 - Examples of basic, intermediate and advanced implementation activities
 - Potential barriers and suggested solutions
 - Suggested tools and resources
- *Playbook* also includes:
 - Measurement approaches
 - Additional potential strategies and directions
 - Links to additional resources



Preview of Coming Attractions

- **Final Rules**


- **FDA:** Consumer hand washes – September 2016
- **CMS:**
 - Home Health CoPs – October 2017
 - Revisions to Long-Term Care Requirements – September 2016
 - Revisions to Discharge Planning Requirements – 2018
- **HHS:** Revisions to federal policy for the protection of human research subjects (Common Rule) – September 2016

- **Proposed Rules**

- **CMS:** Hospital and CAH changes to promote innovation, flexibility, and improved patient care – May 2016 (?)
- **OSHA:** Infectious Disease Standard – March 2017
- **CMS:** CY 2017 prospective payment systems for hospital outpatients (OPPS), ASC, ESRD – coming soon

HHS OIG Study of IQR Measure Validation 2016

- Validation of CMS Hospital IQR data
 - APIC contacted by HHS Office of the Inspector General (OIG) in late 2015 to discuss CMS validation process.
 - President-elect Linda Greene represented concerns of IPs, including her own experiences, with data validation process.
 - Issues raised included:
 - Inaccurate validation results
 - Validation schedule not meeting penalty/public reporting timeframes
 - Not an accurate reflection of infection prevention efforts
- Don't know OIG schedule, but watching for more info



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