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## **APIC Comments to the National Quality Forum Core Quality Measures Collaborative (CQMC) on Draft Prioritization Approaches**

### **Question /APIC Responses**

#### **1. General Comments on Memo**

The Association for Professionals in Infection Control and Epidemiology (APIC) welcomes the opportunity to provide feedback on prioritizing quality measure development and measure maintenance approaches for future use. We particularly appreciate the recognition that the proliferation in the number of measures over the most recent years has, and still does, cause confusion and less than optimal data for actionable improvement strategies. The CQMC memo provided a good overview of the results of the environmental scan of current approaches, and also good summaries of existing models and their approaches. While the CQMC request is for input in determining which approach to use going forward, it may be necessary find a way to blend several approaches to satisfy the many stakeholders in need of data. Additionally, APIC emphasizes that the goal of quality measure development and use should not be solely financially focused, but rather focused on patient safety and good clinical outcomes. This approach will ultimately result in better financial outcomes. The history of healthcare-associated infection (HAI) measures and their placement in multiple payment programs served to de-emphasize prevention and improvement efforts and rather, focused solely on financial perspectives in many organizations. We need to avoid that unintended consequence in the future. Finally, in regard to the CQMC memo, it is unclear how this work and future measures will interface with existing measures that are in place as a result of previous regulatory reporting requirements. We would appreciate further information on that aspect.

#### **2. Are there certain areas (e.g. condition, specialty, care setting) where lack of measure alignment is more problematic than others?**

With the rapidly evolving change in care setting healthcare delivery models (moving from inpatient to outpatient delivery), APIC believes that measure alignment in the care setting area is the most problematic area at this time. In order to accomplish this measure alignment, ongoing work with NHSN and stakeholders needs to be pursued to further develop and choose relevant HAI and infection prevention measures for each setting area which can be easily obtained and reported.



**3. Are there other approaches to prioritization for new core sets the CQMC should consider?**

While CQMC has utilized the specialty specific approach to date for core measure sets, this approach creates a challenge for integrating measures that might evaluate infection outcomes consistently. Infection prevention measures need to be assessed throughout the continuum of care and require standardized definitions/criteria in order to provide meaningful and actionable data. Evidence-based improvement strategies need to be linked to these measures. Measures should be routinely evaluated for ongoing relevance and change should be considered when new focus areas are determined to need attention (e.g. surgical infection surveillance by type and risk).

**4. What approach to prioritization would you recommend?**

HAI and infection prevention measures, such as vaccine administration and communicable disease screening, fall into the cross-cutting topic approach. For example, administering Pneumococcal vaccine can prevent pneumococcal disease and its complications, which can prevent a hospital admission. Additionally, APIC recommends that stakeholder priorities are another important aspect to obtaining and maintaining buy-in and true improvement efforts. A combination of these approaches may serve future measure development well. We emphasize again the need for standardized definitions/criteria for infection-related measures, along with ease of reporting the measure data and most importantly, risk adjusting the measures.

**5. What area do you feel could most benefit from a CQMC core set?**

APIC encourages HAI and infection prevention core measure sets that align across the continuum of care and are developed using standardized definitions, evidence-based practice and accurate data retrieval methodology. We further encourage that core measure sets focus on true patient safety and improved patient outcomes. One approach to this could be incentivizing participation in performance improvement work as part of the measurement activities.

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