



1400 Crystal Drive, Suite 900
Arlington, VA 22202
Phone: 202/789-1890
Fax: 202/789-1899
apicinfo@apic.org
apic.org

March 29, 2019

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Ms. Verma:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide feedback on efforts to update the Hospital Quality Star Rating System on *Hospital Compare*. APIC is a nonprofit, multidisciplinary organization representing 16,000 infection preventionists whose mission is to create a safer world through prevention of infection. Our members work to prevent healthcare-associated infections (HAIs) and educate healthcare providers and the public about patient safety. Our comments on the hospital star rating system emphasize the need for this system help patients and consumers make informed decisions about their healthcare choices.

APIC agrees with the statement in the Public Input Request that this material is very technical and challenging for stakeholders to interpret. Our concern is that this complexity will result in information for patients and consumers that is either unhelpful or misleading. We agree that the program needs reconsideration of its approach. We also recommend reconsideration of its intent. The CMS report notes that the original approach was to include as many measures as possible; measures are then grouped together by defined criteria. However, this seems inconsistent with the CMS “Meaningful Measures” initiative to reduce measures to those necessary to provide the best quality of care. Measures used to direct meaningful improvements in patient care do not necessarily translate well into useful information to direct patient choice.

APIC does not support the use of composite measures as composite data does not direct the data user to any precise, meaningful topic for improvement or understanding. In fact, composite measures can be misleading. APIC believes that nationally defined and risk adjusted HAI measures should stand alone and not be grouped with other measures, such as PSI-90 which includes non-HAI elements. Therefore, we do not support either of the proposed groupings for the Safety of Care elements.

We express concern over the terminology of Medical Safety Group versus Surgical Safety Group. In regard to HAIs, the Surgical Safety reference could lead the public to think it represents all surgeries, when in fact, it represents a limited number of surgical procedures.

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APIC believes that the proposed use of volume rather than NHSN-predicted data in measure calculations raises the known, ongoing concern for accuracy in retrieving data such as devices days/patient days/procedures within the electronic medical record (EMR), or even manually, for those organizations without EMRs.

APIC does not support providing data that is not current for use by the public for hospital comparisons.

APIC recognizes the difficulty of developing a measure rating system that reflects a true measure of quality. However, we encourage CMS to refrain from projecting data that is more likely to confuse than assist the public, possibly creates fear for a patient that may not understand the data limitations, and provides no direction for improvement strategies, nor recognizes the intense improvement efforts that exist in our organizations today. Cohesive, meaningful, streamlined measurement programs and approaches must be developed, and we must avoid the use of intense technicality that prohibits understanding of methodology.

Thank you again for the opportunity to comment. We look forward to continuing to work with CMS on improving healthcare quality and providing patients with safe care and tools to help them make informed healthcare choice.

Sincerely,

A handwritten signature in black ink that reads "Karen K. Hoffmann". The signature is fluid and cursive, with the first name "Karen" and last name "Hoffmann" clearly legible.

Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC
2019 APIC President