



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

August 15, 2024

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: Docket #CMS-1805-P: Medicare Program; End-Stage Renal Disease Prospective Payment System for CY 2025, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, Conditions for Coverage for End-Stage Renal Disease Facilities, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model, proposed rule

Dear Ms. Brooks-LaSure:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare and Medicaid Services (CMS) for the opportunity to provide input to the CY 2025 End-Stage Renal Disease (ESRD) Prospective Payment System proposed rule. APIC is a nonprofit, multidisciplinary organization representing 15,000 infection preventionists whose mission is to create a safer world through prevention of infection. We are pleased that CMS continues to demonstrate its commitment to improving the quality of care across the healthcare continuum.

Proposal to Remove the NHSN Dialysis Event Reporting Measure from the ESRD QIP Measure Set Beginning with PY 2027

APIC appreciates efforts to streamline the quality incentive program and remove measures that are unlikely to drive improvements in care due to consistent reporting and high compliance. This will allow dialysis centers to focus on impactful measures where improvements can be made. Dialysis puts patients at an increased risk for bloodstream infections (BSIs) and in 2020 more than 14,000 (BSIs)¹ occurred in dialysis patients. Therefore, we support the decision to remove the NHSN Dialysis Event reporting measure and continuing to require the NHSN Bloodstream Infection (BSI) clinical measure to ensure a continued focus on improving rates of bloodstream infections among dialysis patients.

Reporting Healthcare Personnel (HCP) COVID-19 vaccination rates

APIC supports public reporting of HCP vaccination data, as vaccination is an effective method of preventing widespread transmission. When COVID-19 vaccines were first introduced, the number of vaccinated HCP could fluctuate from month to month. In subsequent years, as boosters were recommended intermittently, keeping track of compliance with vaccines was enhanced by frequent reporting throughout the year. As COVID-19 vaccination schedules mature, it makes sense for reporting frequency to also mature and evolve. Currently boosters are not recommended more frequently than annually, so the value of monthly reporting no longer outweighs the burden on healthcare facilities. APIC recommends considering altering the reporting schedule to annual reporting, in lieu of quarterly



reporting. We recommend reporting on number of staff considered “up to date” with COVID-19 vaccination as of June-May to coincide with reporting of HCP influenza vaccination rates. Annual reporting instead of quarterly will reduce the burden on facilities to comply without compromising quality or integrity of data.

APIC appreciates the opportunity to provide input to CMS on the CY 2025 ESRD QIP, and we look forward to continuing to work with CMS to prevent infection and improve the quality and equity of care within the ESRD population.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Bubba".

Tania Bubba, PhD, RN, CIC, FAPIC
2024 APIC President

¹ Rha B, See I, Dunham L, et al. *Vital Signs: Health Disparities in Hemodialysis-Associated *Staphylococcus aureus* Bloodstream Infections — United States, 2017–2020*. MMWR Morb Mortal Wkly Rep 2023;72:153–159. DOI: <http://dx.doi.org/10.15585/mmwr.mm7206e1>.