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May 28, 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-1804-P: Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System and Updates to the IRF Quality Reporting Program, 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 proposed changes to the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) for FY 2025. 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 Collect Four New Items as Standardized Patient Assessment Data Elements Beginning with the FY 2028 IRF QRP**

APIC recognizes the importance of addressing healthcare quality disparities. Social determinants of health (SDOH), the nonmedical factors that influence health outcomes, have been shown to have a greater influence on health than either genetic factors or access to healthcare services.<sup>1</sup> People who experience inequities in SDOH are found to be at higher risk of poor health, including being more vulnerable to infectious diseases. Using data on race, ethnicity, and other SDOH will help find evidence-based, measurable solutions to address healthcare disparities and provide equitable care to all sectors of our population. We applaud CMS's decision to align and standardize new data collection with data already being collected in other healthcare settings, such as Hospitals and Inpatient Psychiatric facilities. Standardized SDOH data collection will be helpful in both collecting the data, as well as for reporting and interpreting data across the continuum of care. Healthcare systems spanning multiple levels of care will benefit from creating a single platform for data collection. Care transitions will be supported with standardized expectations for data collection. Standardized SDOH data will assist in recognizing areas of need and enhance efforts to improve resident/patient outcomes across healthcare settings.

**Recommendations:**

- APIC supports gathering these data to help illuminate health equity concerns.



- To facilitate interoperable exchange of information across the continuum and support continuity of care, we further support the common standards and definitions.

### **IRF QRP Quality Measure Concepts Under Consideration for Future Years – Request for Information**

#### ***Concept: Vaccination Composite***

CMS requests comments on several proposed future QRP measures, including vaccination composite data, intended to represent overall immunization status. APIC strongly supports vaccination as one of the safest and most effective preventive health weapons in our arsenal to protect against transmission of infectious diseases. Ensuring that people are up to date with their vaccinations -- especially those who are considered high risk, such as persons with compromised immune status or the elderly -- promotes better health outcomes. However, APIC generally 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. Composite vaccination rates may mask skewed specific vaccination uptake and make it more difficult to interpret vaccination status. The impact of cultural influence for some vaccinations should not be underestimated. We advise it is valuable to be able to identify and measure potential impact and uptake on specific vaccination types. Instead of a composite score, APIC recommends reporting on specific vaccination rates. This provides more specific, actionable information that will be of value to both the facility and to CMS.

#### **Recommendation:**

- APIC does not support the use of composite measures.
- We request additional information outlining what the vaccination composite measure would entail, and we urge CMS to develop measures that can be used by healthcare providers to improve patient outcomes, such as vaccination rates.

### ***Future IRF Star Rating System: Request for Information***

APIC agrees with CMS that star ratings serve an important function for patients, caregivers, and families, helping them to more quickly comprehend and compare information about a healthcare provider's care quality. Since the public already has access to quality ratings for other facility types on the CMS Care Compare website, we agree that such a system should also be developed for IRFs. APIC supports the development of a five-star methodology for IRFs to assist consumers with differentiating between providers based on objective quality of care measures. However, we caution CMS to remember the intent of a star rating system is to provide consumers with an easily understandable way to assess quality of care in order to compare facilities. Measures used to direct meaningful improvements in patient care do not necessarily translate well into useful information to direct patient choice.

#### **Recommendation:**

- To ensure ease of use for the consumer/patient, we recommend that CMS utilize healthcare-associated infection data as reported through the CDC/National Healthcare Safety Network. We also



recommend that the star rating system provide guidance on what the stars mean in comparison to other facilities.

APIC commends CMS for its ongoing commitment to patient safety and healthcare quality improvement across all care settings and populations. We look forward to continuing to work with CMS to prevent healthcare-associated infections in healthcare facilities.

Sincerely,

A handwritten signature in black ink that appears to read "Tania Bubb".

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

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<sup>1</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Social Determinants of Health. Available at <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>. Accessed 5/24/24.