

APIC-Greater Detroit - August Report

FEDERAL

More CMS Hospital-acquired conditions impact reimbursement FY09 (October 1, 2008)

The Centers for Medicare and Medicaid (CMS) will begin implementing a new reimbursement policy for "Hospital-Acquired conditions"(HAC) FY 2009 (Oct. 1, 2008) in which full payment will not be made for some NQF-endorsed "never events" --more appropriately termed "serious reportable events" – and other "reasonably preventable" conditions including certain healthcare-associated infections (HAIs). Of course if there are other (not HAC) complications a case may still be moved to the higher-paying DRG. After receiving input last year on a list of possible conditions for the Inpatient Prospective Payment system (IPPS 2008), CMS published 9 more proposed HACs. The final list selected from these would be added to the earlier 8 approved last year—and all would affect reimbursement this coming October 1.

June 2008 CMS had proposed the 9 additional HACs effective Oct. 1 2008 as well additional ones for consideration in 2010 and 2011. Responses were sent in June to CMS from various groups including APIC, expressing lack of support for any of the latest set of proposed HACs. Tammy Lundstrom and I drafted the letter for national APIC which was sent in June and is currently posted on the APIC Web site under *Public Policy Library*; Go to: http://www.apic.org/AM/Template.cfm?Section=Government_Advocacy. The list is provided below but for brevity just listed our position. The full letter provides reasons for our objections -- mostly the lack of evidence or guidelines that demonstrated reasonable preventability.

We believe that CMS should first ensure that the initial set of HACs that were already selected for FY 2009 are validated, given the significant changes in coding that have occurred, including implementation of present on admission (POA) codes, MS-DRGs, and new CC and MCC (complication code) categories. More importantly, the CMS coding changes and HACs should be assessed for the risk of unintended consequences.

We also believe that CMS should create a standardized adoption framework for not only quality measure reporting as suggested for any future Value-Based Purchasing Program but should *move HACs that are not clear 'never events' into a quality, risk-adjusted, rate-based measurement program*. Such a framework should also include a reasonable timeline that will ensure that conditions or measures are truly preventable, rational, are assessed for unintended consequences and validated to ensure that hospitals have the necessary practice guidelines and sufficient opportunity to educate necessary staff before implementation. The list follows with our position on each HAC; these are addressed since they could be proposed again in 2010 or 2011.

I. Refinements of previously selected HACs

a. Foreign object retained after surgery (ICD-9-CM 999.4).

APIC supports the addition of the code for acute reaction for foreign substance left after procedures ICD-9-CM 998.7

b. Pressure ulcers

We support the assignment of the CC/MCC classifications to the stage of pressure ulcer, specifically stage 3 and 4 as MCC codes, and the reporting of stage 3 and 4 only (707.23 and 707.24) under the HAC provisions.

II. HACs under consideration as additional candidates.

APIC did not support any the addition of the following conditions for FY09

- a. Surgical Site Infection (SSI) following elective surgeries
 - Total knee replacement (TKR) (462; 469;470)
 - Laparoscopic gastric bypass, laparoscopic gastroenterostomy (44.39): ICD-9-CM code 998.59 (CC).
 - Ligation and stripping of varicose veins
 - b. Legionnaires' Disease (LD) or *other water-borne pathogens*
 - c. Glycemic control. APIC agreed that a hypoglycemic coma should not occur while a patient is in the hospital and may be considered closer to a 'never event' category for non-payment purposes. However, hypoglycemic coma should be separated out from the other glycemic control codes.
 - d. Iatrogenic Pneumothorax (IP)
 - e. Delirium
 - f. Ventilator Associated Pneumonia (VAP)
 - g. Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)
 - h. Staphylococcus aureus Septicemia (SAS)
 - i. Clostridium difficile- Associated Disease (CDAD)
 - j. Methicillin-Resistant Staphylococcus aureus (MRSA)
- We agreed with CMS that it is not appropriate to classify MRSA as a HAC.

August 2008 – Final list. In August, 2008 CMS published the final selection of HACs that will be effective Oct 1 2008.

- **FY 2008 IPSS** In the final FY 2008 IPSS rule, CMS identified an initial eight HACs including three healthcare-associated infections (HAI).
- **FY 2009 IPSS** In the final FY 2009 IPSS rule that takes effect October 1, 2008, CMS added two additional HACs to the original list of eight, bringing the final list to ten HAC. The ten includes two new conditions (poor glycemic control and venous thromboembolism following certain orthopedic surgeries) and an expansion of one the original eight, i.e., surgical site infection (SSI), mediastinitis, to also include bariatric and certain orthopedic surgeries. The final list of ten HACs includes three that are healthcare-associated infections.

Current Detailed Summary

Hospital-acquired conditions for potential reduced payment-effective October 1, 2008: Finalized by CMS August 2008

Healthcare-associated infections

- Catheter-associated urinary tract infections. The ICD-9 code does not distinguish between catheter-associated infection and inflammation.
- Vascular catheter-associated blood stream infection (BSI). CMS now has a specific code for central-line vascular catheters (CVC). CVC-BSIs are not limited to the ICU.
- Surgical site infection. Two more SSIs have been to mediastinitis:
 - Mediastinitis after CABG surgery. This infection has a specific complication code.
 - Selected orthopedic surgeries – Spinal fusion and other surgeries of the shoulder and elbow. **NEW**
 - Bariatric surgery for morbid obesity - laparoscopic gastric bypass and gastroenterostomy. **NEW**

Other Hospital-acquired conditions

All selections are from the National Quality Forum's list of 28 "Serious Reportable Events" frequently referred to as "Never Events."

- Object left in surgery (Refinement - reaction to foreign substance accidentally left during a procedure)
- Air embolism.
- Blood incompatibility.
- Pressure ulcers (Category III and IV only).
- Falls- Codes are not actually for "falls" but for potential adverse events or injuries occurring as the result of falls; injuries that should not occur during a patient's hospitalization. The generic categories of coded injuries include: Fractures, dislocations, intracranial injury, crushing injury, burns, and other and unspecified effects of external causes.
- Venous thromboembolism (VTE) after hip and knee replacement. Although VTE includes deep vein thrombosis (DVT) and pulmonary embolism (PE), CMS has only selected PE codes to which this payment policy applies at this time. **NEW**
- Poor glycemic control - Ketoacidosis and Coma (hypoglycemic and hypoosmolar). **NEW**

This information is summarized with background at the following site:

<http://www.premierinc.com/quality-safety/tools-services/safety/topics/guidelines/cms-guidelines-4-infection.jsp>.

Outpatient Settings and HACs. Dr. Lundstrom and Judene Bartley are currently preparing comment for APIC for the Outpatient Prospective Payment System, due September 5. Although CMS does not have the current authority to change reimbursement based on HACs (*Healthcare-associated conditions*) they are asking for input on the possible use of similar conditions (falls, medication errors etc.) This letter will be shared in future reports.

Related information: APIC is also planning a major conference September 22-23 2008 in Arlington VA. Michigan's Tammy Lundstrom MD and Russ Olmsted will be among the speakers. Thomas Valuck is the keynote speaker. For more information see www.apic.org

APIC releases emergency preparedness resources

Recently the results of joint efforts between APIC's Emergency Preparedness and Public Policy committee has led to the release of two useful documents: 1) APIC Position Statement on the Reuse of Respiratory Protection in Prevention and Control of Epidemic- and Pandemic-prone Acute Respiratory Diseases (ARD) in Healthcare (Co-Authored by APIC Public Policy and Emergency Preparedness Committees; lead authors: Judene Bartley, MS, MPH, CIC and Rachel Stricof, MT, MPH, CIC) and 2) Infection Prevention and Control for Shelters During Disasters Prepared by: 2007/2008 APIC Emergency Preparedness Committee
http://www.apic.org/AM/Template.cfm?Section=Emergency_Preparedness

Governor Granholm declares Oct 19-25 2008 International Infection Prevention Week.

The official proclamation was recently signed by Governor Granholm for Infection Prevention Week and was received by Advocacy Chair Judene Bartley as Michigan joins with APIC in encouraging all states to join together in this initiative and requests congress to declare this IIPW a national proclamation.

NQF HAI definitions for public reporting are now official

NQF HAI definitions project: The NQF HAI definitions had been through an initial voting last fall (Oct 2007) but some issues related to the VAP bundle required a re-vote. The final report was released in March 2008 and is available from the NQF Website

<http://www.qualityforum.org/pdf/reports/HAI%20Report.pdf>

The Joint Commission announced the 2009 National Patient Safety Goals- HAI included

Major changes for 2009 include three new hospital and critical access hospital requirements related to preventing deadly healthcare-associated infections due to multiple drug-resistant organisms (MDROs), central line-associated bloodstream infections and surgical site infections. The new requirements related to central line-associated bloodstream infections will also take effect for ambulatory care facilities and office-based surgery practices, home care organizations and long-term care organizations. In addition, prevention of surgical site infections will be a new requirement for ambulatory care facilities and office-based surgery practices. These new infection-related requirements have a one-year phase-in period that includes defined milestones, with full implementation expected by January 1, 2010.

[2009 National Patient Safety Goals](#)

MICHIGAN

MIOSHA Latex Glove Task Force

APIC-GD was recently invited along with other professional societies to provide input into the MIOSHA Latex Task force that has been underway since 2004, charged by MIOSHA's Occupational Health and Safety Commission to examine the issue to see if rules needed revision or special programs devised to address the hazard in healthcare and the hospitality industry (hotels etc) . The goal is to update the Bloodborne Infectious Disease Rule (BIDS) and PPE standards to eliminate latex gloves except when "technically infeasible." MSIPC had been invited last spring and was in communication with both MHA and MISOHA. Advocacy chair, Judene Bartley let the TF know that ICPs supported use of low-protein and powderless latex gloves when latex gloves were selected, but not an outright ban. During a June 2008 meeting in which Russ Olmsted represented MSIPC for J Bartley, Doug Kalinowski, Director of MIOSHA made it clear that he felt the TF needed more broad input. APIC-GD was invited and Judene Bartley represented both MSIPC and APIC-GD at the August 19th meeting. It was clear that one of the co-chairs, Dr Anthony Burton, MHA advocacy and other TF members agree with the ICP position described earlier. We agreed that a "latex -free" environment may be ideal—and many seek a "latex-safe" environment. but it is not feasible to mandate a "latex-free" especially since there are many other sources of latex in addition to gloves. Updates will be provided as this issue develops.

Regulated Medical Waste Rules

APIC-GD and MSIPC support the same language as MDQ but it has been stalled by being tie barred to an unacceptable version – which gives more weight to "trauma waste" than any can support. We basically do not agree with implying there is another category of waste called 'trauma waste' –since it is included in other regulated medical waste definitions. We will be sending a letter of support to various legislators soon—and will keep you all apprised.

Submitted by Judene Bartley, Chair, APIC Advocacy Committee, August 25, 2008