

# Chapter Legislative Representatives Meeting

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**APIC 2019**  
June 12-14 • Philadelphia, PA

# Agenda

- Updates
  - Federal Legislative Issues
  - State Legislative Issues
  - Federal Regulations
  - HICPAC Update
- **HACKATHON!**

A blue-tinted photograph of the Philadelphia skyline at night, featuring numerous skyscrapers and a bridge over a river in the foreground. The text is overlaid on this image.

# Federal Legislative Issues

Rich Capparell

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# Federal Legislative Update

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**22** by **20**  
**%** **22**

**A strong CDC is critical to a strong America.**

## **Congress Must Act to Increase Funding for CDC 22% by 2022**

22 by 22 is a campaign urging Congress to increase funding for the Centers for Disease Control and Prevention (CDC) 22 percent by fiscal year 2022 (FY22). CDC and its state and local public health partners saves lives every day by promoting optimal health for all, protecting against disease, and helping to prevent other crises. With all the health threats and challenges our nation faces today, now is the time to adequately fund CDC.

# Federal Legislative Update

## Chapter Legislative Representatives Meeting

### National Healthcare Safety Network

- NHSN is the national HAI tracking system for HAIs
- NHSN has had only 1 small funding increase since 2010

#### NHSN funding would:

- Expand critical user support for NHSN to additional facilities across the spectrum of care
- Enable expansion of NHSN's Antibiotic Use and Resistance (AUR) module reporting options
- Supports over 22,500 healthcare facilities (up from 9,100 in 2012) and 65,000 users

Budget Item	2020 Funding Request	2019 Funding Level
National Healthcare Safety Network- CDC	\$22,750,000	\$21,000,000

# Federal Legislative Update

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### Antibiotic Resistance Solutions Initiative

- The AR Solutions Initiative implements major components of the National Action Plan for Combating Antibiotic-Resistant Bacteria
- From January 2017-August 2018, as part of CDC's Antibiotic Resistance (AR) Solutions Initiative, the AR Lab Network tested almost 24,000 isolates and CDC supported more than 250 containment responses in partnership with state and local health departments

#### AR Solutions Initiative funding would:

- Sustain an Antimicrobial Resistance Laboratory Network of up to seven AR Regional Labs
- Sustain core state and local laboratory and epidemiological capacity in all 50 states, six cities, and Puerto Rico for detecting, responding, and preventing AR infections

Budget Item	2020 Funding Request	2019 Funding Level
Antibiotic Resistance Initiative - CDC	\$200,000,000	\$168,000,000

# Federal Legislative Update

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### Protect the Prevention and Public Health Fund

*The Prevention and Public Health Fund currently represents more than 10% of CDC funding*

#### Epidemiology and Laboratory Capacity Program - \$40 million

The PPHF has provided funding to enhance the ability of state, local, and territorial grantee capacity for detecting and responding to infectious diseases and other public health threats

#### Healthcare-Associated Infections (HAIs) - \$12 million

The PPHF has invested in public health infrastructure for HAI activities related to monitoring, response, and prevention across all healthcare settings and to accelerate electronic reporting to detect HAIs at the state level

#### Immunization - \$324 million

The PPHF was a primary funding source to improve the public health immunization infrastructure to maintain and increase vaccine coverage among children, adolescents, and adults

Budget Item	2020 Funding Request	2019 Funding Level
Epi and Lab Capacity	\$40,000,000	\$40,000,000
HAIs	\$12,000,000	\$12,000,000
Immunization	\$324,350,000	\$320,500,000

# Federal Legislative Update

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### Advanced Molecular Detection

- Utilizes cutting-edge technology to enable CDC to more quickly determine where emerging diseases come from, whether microbes are resistant, and how microbes are moving through a population
- AMD technologies are being adopted by state and local health departments to surveille Hepatitis C, Influenza, Meningitis, and Legionnaires' disease
- This technology will almost certainly play a role in responding to the next emerging infectious disease threat as it has in recent outbreaks of Ebola virus, Zika virus, and *C. auris*.

Budget Item	2020 Funding Request	2019 Funding Level
Advanced Molecular Detection - CDC	\$32,500,000	\$30,000,000



# Federal Legislative Update

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### Agency for Healthcare Research and Quality

- AHRQ is dedicated to generating reliable research on how to deliver care
- AHRQ-funded research, hospitals, health systems, and other providers have prevented an estimated 20,500 deaths and saved \$7.7 billion from 2014-2017
- AHRQ is facing a potential 25% cut if the Patient-Centered Outcomes Research (PCOR) Trust Fund expires this year

Budget Item	2020 Funding Request	2019 Funding
Agency for Healthcare Research and Quality (AHRQ)	\$454,000,000	\$338,000,000
HAI Research Activity - AHRQ	\$36,000,000	\$36,000,000

# Federal Legislative Update

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<b>APIC Federal Infection Prevention Priorities</b> (figures are in millions of dollars)	<b>APIC FY 2020 Request</b>	<b>House FY 2020 Proposal</b>
<b>Emerging and Zoonotic Infectious Diseases Programs</b>		
Antibiotic Resistance Initiative	\$200	\$173
National Healthcare Safety Network	\$22.75	\$22.75
Advanced Molecular Detection	\$32.5	\$32.5
<b>Prevention and Public Health Fund (PPHF)</b>		
Immunizations	\$324.35	\$347.8
Epidemiology and Lab Capacity program	\$40	\$40
Healthcare-Associated Infections	\$12	\$12
<b>Agency for Healthcare Research and Quality (AHRQ)</b>		
AHRQ baseline funding	\$460	\$358

# Federal Legislative Update

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### APIC on Capitol Hill

- 9 members of the Public Policy Committee
- 25 offices were visited to discuss the role of IPs, NHSN, and infection prevention and antibiotic resistance activities at CDC
- Staff has also participated in lobby days with coalition partners such as: S-FAR and Friends of AHRQ



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# State Legislative Update

Rich Capparell

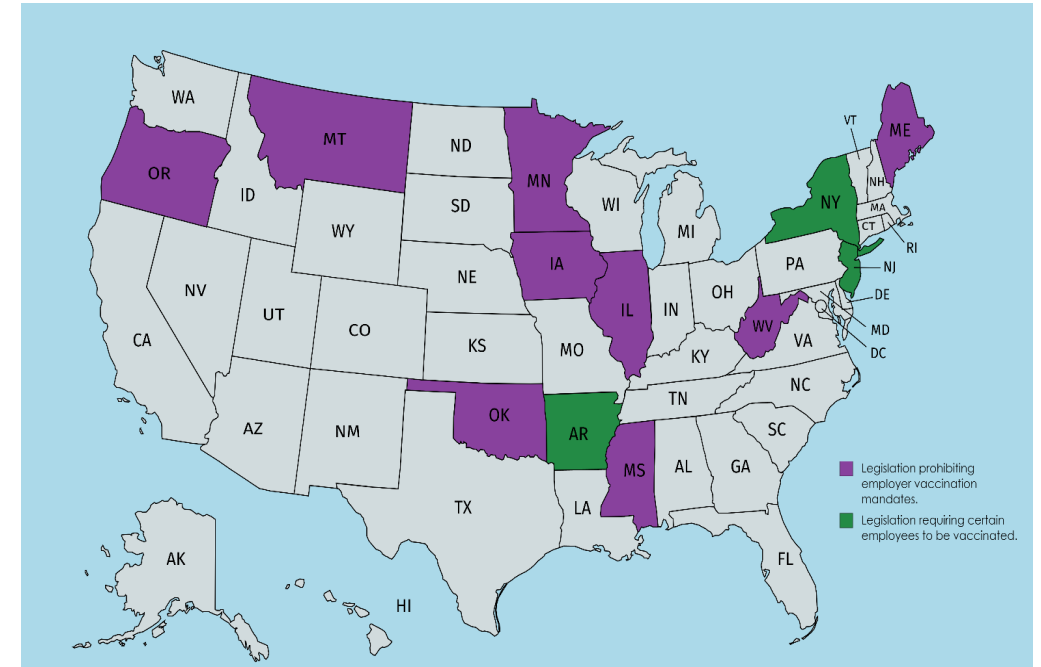
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# State Legislative Update

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### Vaccine Update

- Currently tracking 11 types of vaccination legislation across state legislatures
- Few states have moved legislation to remove vaccine exemptions
- U.S. House and Senate have held hearings to promote vaccines
- Senate has passed vaccine resolution; House has one introduced
- House bill has been introduced to support vaccine education



# State Legislative Update

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## APIC Certification Campaign

- Currently three states have some sort of certification requirement: Colorado, New Jersey and Nevada
- APIC is pursuing legislation in New York state for new infection preventionists in a hospital setting to get certified within three years of practice
- Eligible for a vote on the Senate or Assembly floor



**CERTIFICATION**  
THE DEFINING DIFFERENCE

*An APIC Strategic Initiative*

### Benefits of Certification



Hospitals with infection prevention and control programs led by a certified infection preventionist (IP) had significantly lower rates of MRSA bloodstream infections.



Credentialed IPs were 2-3 times more likely to believe in the strength of evidence behind certain infection control practices.



Certified IPs are likely better prepared to interpret evidence and act as champions for key infection prevention practices.



Certification provides facilities with IPs who have a demonstrated baseline of knowledge, and advances IPs as capable colleagues and leaders in their field.

# State Legislative Update

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## Infection Preventionist Advocacy Day in Albany





# State Legislative Update

## Chapter Legislative Representatives Meeting

- **Private Organization Certification**
  - Prevents professional employees from using the term “certified” unless it is through a government agency
- **Sepsis Protocols**
  - Requires hospitals/states to have sepsis protocols
- **Sterile Processor Certification**
  - Requires sterile processors to be certified to practice in a hospital
- **Reporting Requirements**
  - Texas modified their hospital reporting requirements to be in line with CMS



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# Federal Regulations

Nancy Hailpern

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# Federal Regulations

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### APIC advocacy to support finalizing CMS Proposed Revisions to Hospital/CAH Conditions of Participation

#### Timeframe

- **1986:** Infection control elevated to a distinct condition in Medicare hospital CoPs
- **2016:** CMS proposed first substantive revision to infection control CoP, including:
  - Rename as “*Infection Prevention and Control and Antibiotic Stewardship Programs*”
  - Hospitals/CAHs must have an active IPCP under the leadership of an IP
  - Antibiotic Stewardship program
  - IPC and AS will be addressed as part of facility-wide QAPI program
- **June 16, 2019:** CMS extending deadline to finalize rule for 1 year – until June 16, 2020

#### APIC Advocacy supporting revised CoPs & AS

- Submitted comments to CMS
- APIC/SHEA joint letters CMS, HHS, PACCARB
- APIC president presentation at PACCARB meeting
  - PACCARB voted to urge HHS Sec. to finalize CoPs
- APIC members write to federal legislators to urge CMS to finalize CoPs
- APIC social media campaign
- APIC president interview with GAO about federal AR efforts
- Comments to UN IACG on Antimicrobial Resistance

### FY 2020 Annual Medicare Payment Update Proposed Rules

#### Hospital Inpatient Prospective Payment System/Long-Term Care Hospital Payment System (IPPS/LTCH)

- HAC Reduction Program:
  - Adopt the 8 factors for determining whether a measure should be removed – same factors that were adopted in last year’s rule for Hospital IQR and VBP programs.
  - Clarify administrative processes for validating NHSN HAI data submitted by hospitals to CDC.
- Value-Based Purchasing Program (VBP)
  - CMS to use same data for VBP as used for HAC Reduction Program to calculate NHSN HAI measures. VBP would rely on same data as HACRP.
- PPS-Exempt Cancer Hospitals
  - Begin publicly reporting data for SSIs (Colon and Abdominal Hysterectomies), MRSA, *C. diff.*, and HCP vaccination measures beginning with October 2019 *Hospital Compare* release.

### FY 2020 Annual Medicare Payment Update Rules (*cont.*)

#### Inpatient Rehabilitation Facility (IRF PPS) AND Skilled Nursing Facility (SNF PPS) proposed rules

- Per IMPACT Act, adopt 2 new quality measures:
  - Transfer of health information to the provider – Post-Acute Care Measure
  - Transfer of health information to the patient – PAC measure
- APIC comments submitted



### CMS Hospital Quality Star Ratings

APIC responded to public input request on potential updates to the Hospital Quality Star Rating system on the *Hospital Compare* website.

- Report prepared for CMS stated that the material is very technical and challenging for stakeholders to interpret
  - APIC agreed – concern that complexity will result in information for consumers that is unhelpful or misleading
  - Oppose use of composite measures as basis for ratings
  - APIC believes data used by the public for hospital comparisons must be current



### CDC NHSN Update RFIs – BSI surveillance, Outpatient Component, SSI codes

APIC responded to CDC Requests for Information to identify issues and areas for potential improvement for 2020 NHSN updates

- Bloodstream infection surveillance protocol
  - Considering adding new HAI event – Hospital-Onset Bacteremia (HOB)
  - Would include current CLABSI as a subset
- Outpatient Procedure surveillance component
- Proposed requirements for submission of ICD-10 or CPT billing codes for SSI reporting



### Core Quality Measures Collaborative (CQMC) approaches to future core measure set prioritization

CQMC convened by AHIP, NQF, CMS to recommend core sets of measures to assess the quality of American healthcare

- CQMC task – analyze current approaches to measure prioritization; make recommendations for prioritizing core measure sets
- APIC recommendations:
  - Current prioritization by condition/specialty does not allow for inclusion of cross-cutting areas (including infection prevention/control) – we recommend blending several approaches to satisfy data needs of many stakeholders.
  - Core measures sets that focus on patient safety and improved patient outcomes will result in improved performance and financial outcomes





### Reducing Regulatory and Administrative Burden relating to use of Health IT and EHR

- HHS Office of the National Coordinator for Health Information Technology (ONC) issued draft “Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs.”
- IPs often left out of HIT planning, then systems need to be retrofitted to include HAI reporting requirements
- APIC comments included:
  - Improvements in clinical documentation should address the needs of all who interact with the EHR to ensure safe care and communication across the healthcare continuum
  - IT vendors should be responsible for collaborating with all HIT users to understand workflows and documentation requirements
  - Need to improve the electronic transfer of reportable communicable disease and emerging infectious pathogen data from all care settings to the local and state health department

# Federal Regulations

## Chapter Legislative Representatives Meeting

- Check out the Regulatory Table on the APIC website for:
  - All regulations that APIC follows and
  - all comments APIC submits to federal agencies

<http://cqrcengage.com/apic/regulations>

Proposed Regulation*	Impact on Infection Prevention	Committee Action and Status	Which of APIC Strategic Goals does this relate to?
HHS/ONC: draft Strategy on Reducing Burden Relating to the Use of Health IT and EHRs	Strategic plan mandated by the 21st Century Cures Act to reduce time burdens and improve functionality of electronic health records.	Comments submitted 1/28/2019	• Patient Safety • Data Standardization
CMS: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction	Reform Medicare regulations that are identified as unnecessary, obsolete, or excessively burdensome on healthcare providers and suppliers.	Comments submitted 11/15/2018	• Patient Safety • Data Standardization • Advocacy
CMS: CY 2019 Revisions to Payment Policies under the Physician Fee Schedule proposed rule	Update infection-related measures in Medicare payment systems for physicians	Comments submitted 9/9/2018	• Patient Safety • Data Standardization • Advocacy
CMS: CY 2019 Hospital Outpatient Prospective Payment System/Ambulatory Surgical Center Payment System (OPPS/ASC) proposed rule	Update infection-related measures in the Hospital Outpatient Quality Reporting Program and the Ambulatory Surgical Center Quality Reporting Program	Comments submitted 9/24/2018	• Patient Safety • Data Standardization • Advocacy
CMS: CY 2019 End-Stage Renal Disease (ESRD) Prospective Payment System proposed rule	Update infection-related measures in the ESRD Quality Incentive Program	Comments submitted 9/6/2018 Final rule published 11/14/2018	• Patient Safety • Data Standardization • Advocacy
CMS: CY 2019 Home Health Prospective Payment System proposed	Updates infection-related Home Health Quality Reporting and Value-Based Purchasing model measures	Comments submitted 8/30/2018	• Patient Safety • Data Standardization



# May HICPAC Update

Lisa Tomlinson, MA, CAE

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# May HICPAC Update

Chapter Legislative Representatives Meeting

## Disclaimer

- The following update slides are based on APIC staff notes taken by Silvia Quevedo, APIC's Director of Practice Guidance in conjunction with review of slides provided at HICPAC meeting in Atlanta, GA May 16-17, 2019
- This update is not an official CDC communication
- For CDC HICPAC Minutes, go to <https://www.cdc.gov/hicpac/minutes.html>

### **FDA Update: Infections associated with processed duodenoscopes**

Working with manufacturers to:

- Update and validate reprocessing instructions to include additional cleaning and disinfection steps for the elevator recess
- Clear design modification to elevator channel sealing mechanism
- Revise labeling to recommend annual inspection to identify wear and tear
- Conduct outreach, communicate concerns, and produce supplemental resources on sampling and culturing (with the American Society for Microbiology (ASM) and CDC)
- Conduct post-market surveillance and human factors study

#### **Key takeaways:**

- Latest data show up to 5.4% of properly collected samples tested positive for high concern organisms
- High level Disinfection (HLD) not sufficient, Ethylene Oxide Sterilization (EtO) not feasible due to device damage and environmental safety issues
- Duodenoscopes are still very difficult to clean

#### **Need to consider:**

- sterilization solutions that do not damage device
- Disposable devices that do not compromise clinical use



### FDA Update: EtO and Sterigenics facility closures

- February 15, 2019, Illinois Environmental Protection Agency (EPA) issued a Seal Order to stop the Sterigenics facility in Willowbrook, Illinois, from sterilizing medical products with ethylene oxide (EtO)
  - Sterigenics has 9 sites in the US and approximately 155 contract sterilizers
  - Concerns regarding cancer risks/investigation ongoing
  - Outreach to manufacturers and distributors to understand supply chain disruption

### FDA questions:

- Can a reduction in the amount of EtO used to sterilize medical devices achieve Sterility Assurance?
- Are there alternative methods to EtO sterilization that can adequately sterilize medical devices?

### Key Takeaways:

- FDA to launch innovation Challenge Summer 2019
- Advisory committee meeting Fall 2019 with stakeholders to review challenges and opportunities using EtO
- Mitigate shortages

### CDC creating resources on healthcare water management: Water Quality From Plumbing to Patients

- Water management systems required for hospitals but currently variability with inconsistent monitoring and corrective actions based on 2017 NHSN Annual Survey
- Complex issues related to healthcare water sources, cooling towers, new vs. old construction, water use, etc.
- CDC creating resources to help with implementation:
  - water monitoring framework-What, where, when and how to test
  - Infographic of water source and cycle for healthcare
  - Water infection control risk assessment (WICRA)
  - Monitoring tools

CDC > [Healthcare-associated Infections \(HAI\)](#) > [Preventing HAIs](#)

#### From Plumbing to Patients

[f](#) [t](#) [+](#)

#### Water Management Programs for Healthcare Facilities

Patient safety depends on assuring that:

- Water entering a healthcare facility meets all applicable quality standards
- The premise plumbing within the healthcare facility is designed and maintained in a way that minimizes growth and spread of waterborne pathogens
- Exposure to infection risks from water is minimized

Water can harbor germs that threaten the safety of patients. Waterborne healthcare-associated infections (HAI) may occur during the many uses of potable water (i.e. water suitable for drinking) in the healthcare environment. Water management programs are an important way to help reduce the risk of transmission infection of these organisms among vulnerable patient populations, staff, and visitors.

#### Additional Resources

- [CMS Legionella and Other Waterborne Pathogens Webinar](#)
- [Tap Water Quality and Infrastructure Discussion Guide for Investigation of Potential Water-Associated Infections in Healthcare Facilities \(print only\)](#) [PDF - 5 pages]
- [Healthcare Facility Water Management Program Checklist \(print only\)](#) [PDF - 4 pages]

<https://www.cdc.gov/hai/prevent/water-management.html>

### New guidelines for TB screening among healthcare personnel

- In 2015, CDC, National TB Controllers Associations (NTCA), and the Association of Occupational Health Professionals in Health Care (AOHP) convened in a workgroup to revise recommendations for serial tuberculosis (TB) screening and testing of healthcare personnel in the 2005 Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings
  - 2005 guidelines required annual screening for all healthcare workers
- Serial testing placed great burden on resources and occupational health professionals despite no evidence of TB transmission to HCP
- Concerns about the efficacy of serial TB testing with declining TB incidence were amplified by the Purified Protein Derivative (PPD) shortage and Interferon Gamma Release Assay (IGRA) performance in low-risk persons

### Key Takeaways:

- Updated guideline for TB screening and testing of HCP: at hire and then based on risk or exposure
- CDC and work group will include resources to help facilities transition to new guidelines
- APIC is considering resources and education to help IPs implement



### CDC looking at PPE in Nursing Homes to prevent spread of MDROs

New Interim Guidance on implementation of PPC called: “Enhanced Barrier Precautions”

- CMS offers regulatory guidance on transmission-based precautions (standard, contact precautions) but implementation in nursing homes is difficult because
  - language in regulation somewhat vague and flexible
  - nursing homes are considered residences
- Enhanced barrier is a level between standard and contact precautions for specific activities (i.e. dressing, transferring, bathing)
- The idea is to prevent transmission while allowing residents to move and engage in home-like environment

#### Key takeaways:

- CDC still collecting pilot data on enhanced barrier approach and its efficacy
- HICPAC members offered suggestions about additional activities of daily living to which it may apply as well as possible use in children’s hospitals
- More data will be forthcoming on this approach



# May HICPAC Update

Chapter Legislative Representatives Meeting

## Updates in Process

- Infection Prevention Guidelines for Healthcare Personnel
- NICU Draft Guidelines



QUESTIONS?

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# Hackathon

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# Overview

- Interactive session focused on solving a single problem.
- Participants work in small groups.
- Solutions are presented to a judging panel.
- Panel selects the best idea and selected team receives a prize.
- Session is timebound – limited amount of time to brainstorm and pitch idea.
- Why are we doing this? Coming up with ideas to engage members in the advocacy process. Learn to think through advocacy messages. Have fun while solving a problem.



# HACKATHON

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## Hackathon Agenda

- Divide into teams
- Present question
- Teams brainstorm solutions
- Teams present their solution
- Judging panel selects winning idea
- Prizes



# HACKATHON

## Chapter Legislative Representatives Meeting

- This session will move quickly. It should be fun.
- There are prizes for the winning idea.
- We plan to be done in less than 60 minutes.

## Ready, Set...

1. Count off teams
2. Select a notetaker.
3. Each notetaker should have paper and pen.

## Ready, Set...

4. You have 3 minutes to brainstorm causes behind the problem.
5. You have 15 minutes to brainstorm solutions.
6. You have 3 minutes to select your best idea and turn it into a 45 second pitch.
7. Select your spokesperson.



## Ready, Set...

8. Pitch!
9. Judging panel selects the winning idea.
  - Campaigns will be judged on:
    - ✓ Creativity/Originality
    - ✓ Cost to implement
    - ✓ Level of effort
10. Winning idea is announced!
11. Prizes & Debrief

## The Challenge

APIC relies on a wide range of members to write to Congress in support of federal funding for infection prevention programs.

Historically, the same approximately 2,000 members write to Congress, but it is harder to add to the overall number of members who are engaged on these issues.

Create a **marketing campaign** to get people who have never written to Congress in favor of federal infection prevention programs to do so.

## Ready, Set...Go

Create a **marketing campaign** to get people who have never written to Congress in favor of federal infection prevention programs to do so.

- 3 minutes to brainstorm causes behind the problem (Use the expertise of your group!)
- 15 minutes to brainstorm solutions (Marketing campaign - not the logistics! Pick a cause to address.)
- 3 minutes to select your best idea and turn it into a 45 second pitch (Pick your best salesperson!)

## Ready, Set...Go

Create a **marketing campaign** to get people who have never written to Congress in favor of federal infection prevention programs to do so.

- Make your pitch! (45 seconds)
- Winners/Prizes

Thank you!