



June 14, 2011

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Baltimore, MD 21244-1850.

**Attention:** CMS-1518-P, P.O. Box 8011

Re: Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2012 Rates; Proposed Rule

To Whom It May Concern:

We are writing to comment on the inclusion of "Healthcare Personnel Influenza Vaccination" as a new Hospital Inpatient Quality Reporting program measure for the 2015 payment determination, with reporting beginning in 2013.<sup>1</sup> As a nonprofit, nonpartisan public health advocacy organization dedicated to making disease prevention a national priority, Trust for America's Health is very supportive of including this important preventive health measure in the Hospital IQR system.

As the proposed rule notes, influenza vaccination of healthcare personnel (HCP) is a vitally important public health goal. CDC recommends influenza vaccination for all healthcare workers.<sup>2</sup> These immunizations serve multiple key purposes. First, they protect healthcare workers who face higher exposure to influenza infection, in turn reducing sickness and absenteeism. In addition, these immunizations reduce the rate at which healthcare workers expose their patients, often ill or immunocompromised, to influenza as well as protect the HCP's family members.

Despite the importance of influenza vaccination for healthcare workers, rates remain low. CDC reports that the 2009-2010 flu season was the first year since 1989 that seasonal

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<sup>1</sup> Department of Health and Human Services, Center for Medicare and Medicaid Services, "Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2012 Rates" 76 Fed. Reg. 87 (May 5, 2011).

<sup>2</sup> CDC, "For Specific Groups of People: Healthcare Workers" (last modified Feb. 16, 2011) (online at <http://www.cdc.gov/vaccines/spec-grps/hcw.htm>).

vaccination rates exceeded 49 percent of HCPs.<sup>3</sup> However, even in that pandemic year, when education and awareness were at a peak, H1N1 vaccination of HCPs was estimated to be only about 37 percent.<sup>4</sup> These rates are even lower in non-hospital settings. Studies have identified a number of reasons for this low rate, including provider perceptions that they “did not need it,” concern about vaccine side effects, or the perception of belonging to a low-risk group.<sup>5</sup>

We believe that it is critically important to implement concrete measures to promote improvements in the healthcare worker immunization rate. As the proposed rule notes, this measure is already part of CDC’s Healthcare Personnel Safety component of the National Healthcare Safety Network, a voluntary system. Inclusion as a measure for the Hospital IQR system will mean that hospitals have to report these rates in order to receive their full “market basket” payment updates.

While the Hospital IQR system itself will not require hospitals to improve their influenza vaccination rates for healthcare personnel, it will promote attention to their efforts in this area. In addition to requiring the hospital to track this data, it will be made available on the Hospital Compare website. This will allow patients and their families to track the progress hospitals have made, and will likely encourage facilities to improve their rates.

We were particularly pleased to see that a related final rule, released in early May, contemplates eventually adding the influenza vaccination measure and other healthcare-associated infection measures to the Hospital Value-Based Purchasing (VBP) system:

[W]e have proposed in the FY 2012 IPPS/ LTCH PPS proposed rule scheduled for publication on May 5, 2011, to adopt additional [hospital-acquired infection] measures: Catheter-associated urinary tract infection measure, central line insertion practices adherence percentage; Methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (C-Diff), and Health Care Personnel Influenza Vaccination measures. All of these measures, if finalized for the Hospital IQR program, will be eligible for inclusion in the Hospital [Value-Based Purchasing] program, and would allow CMS to better address the important topic area of Healthcare Associated Infections.<sup>6</sup>

The Hospital VBP System will link Medicare payment not only to reporting but to actual performance, with hospitals that meet the performance standard receiving an incentive payment in addition to the base DRG payment for each discharge. We understand that a measure must be included in the Hospital IQR system and reported on Hospital Compare for at least one year before it can be selected as a VBP measure. As the health care

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3 CDC, *MMWR Weekly*, “Interim Results: Influenza A (H1N1) 2009 Monovalent and Seasonal Influenza Vaccination Coverage Among Health-Care Personnel --- United States, August 2009--January 2010.” April 2, 2010 / 59(12);357-362.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5912a1.htm>

<sup>4</sup> *Ibid.*

<sup>5</sup> “Adult Immunizations: Shots to Save Lives,” *supra* note 1, p. 10.

<sup>6</sup> Department of Health and Human Services, Center for Medicare and Medicaid Services, “Medicare Program; Hospital Inpatient Value-Based Purchasing Program” 76 Fed. Reg. 88 (May 6, 2011).

personnel influenza vaccination measure becomes eligible, we strongly endorse its inclusion in the VBP program, along with other appropriate measures related to hospital-acquired infections and patient safety.

Thank you very much for the opportunity to comment on this Proposed Rule. We are eager to see ongoing efforts by CMS to address preventive health and population health within its payment systems.

If you would like any additional information, please contact, Becky Salay, Director of Government Relations, at (202) 223-9870 ext. 15 or via email at [bsalay@tfah.org](mailto:bsalay@tfah.org)

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Levi". The signature is fluid and cursive, with the first name "Jeff" and last name "Levi" clearly distinguishable.

Jeff Levi, PhD  
Executive Director

