

# DHQP Policy Updates

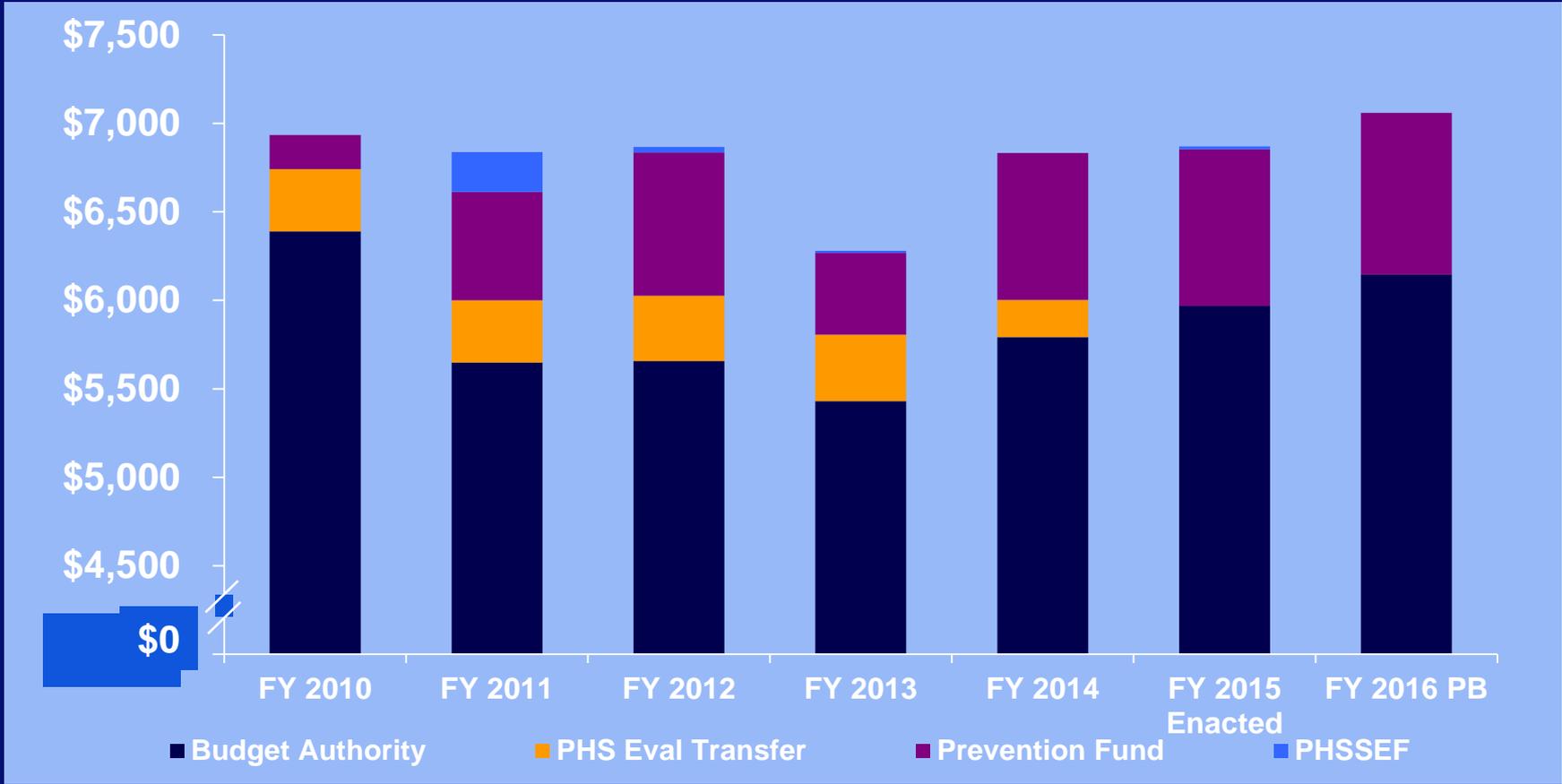
**Michael Craig**  
**Senior Advisor**

Division of Healthcare Quality Promotion  
Annual Grantees Meeting  
November 17 - 19, 2015



# CDC Program Level Funding

## *Funding in past 7 years*



Dollars in millions; FY 2013 reflects sequestration

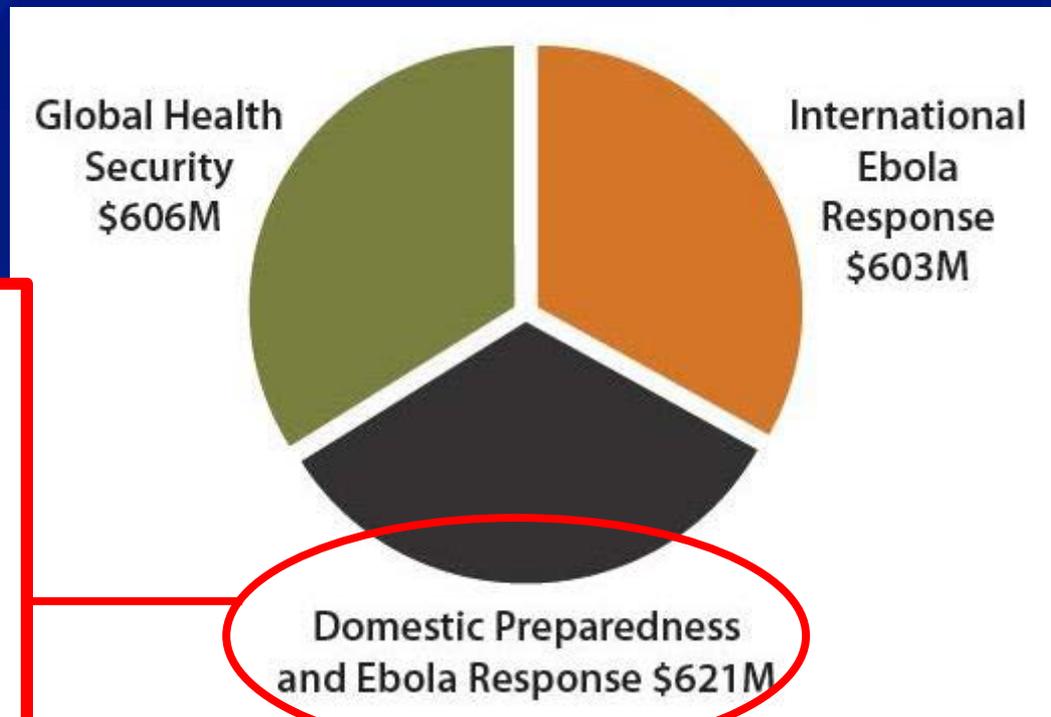
For more information see, <http://www.cdc.gov/funding/>

# FY 2015 CDC emergency budget supplemental funding *\$1.77 billion to fight Ebola on all fronts*

## Goals

- Stop Ebola epidemic at its source
- Support immediate and decisive responses

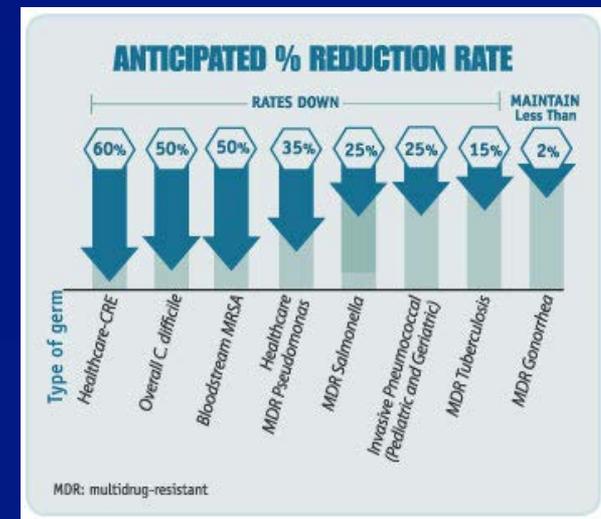
Improve Laboratory Capacity & State and Local Infection Control Capabilities  
\$255 Million



# CDC's AR Solutions Initiative

## \$264M: A Comprehensive Response

- The FY 2016 Budget requests more than \$264 million to support:
  - ✓ Antibiotic stewardship
  - ✓ Outbreak detection and response
  - ✓ Prevention of infection
  - ✓ Antibiotic use and resistance monitoring
  - ✓ Research and development related to combating antibiotic resistance
- Supports implementation of CDC's activities under the National Strategy and National Action Plan



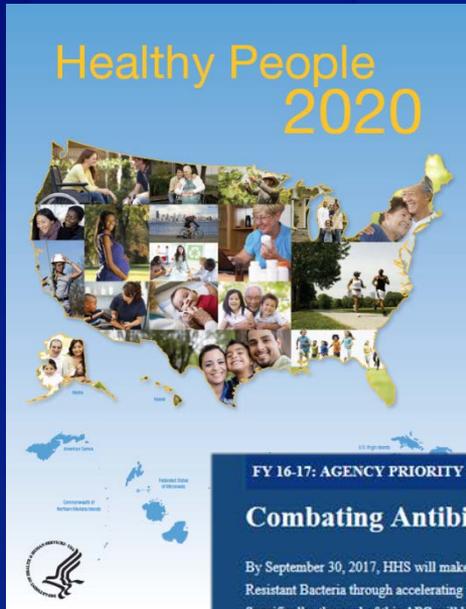
# National Strategy for Combating Antibiotic-Resistant Bacteria (CARB)

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## Goals for the U.S. Government

1. Slow the Emergence of Resistant Bacteria and Prevent the Spread of Resistant Infections
2. Strengthen National One-Health Surveillance Efforts to Combat Resistance
3. Advance Development and Use of Rapid and Innovative Diagnostic Tests for Identification and Characterization of Resistant Bacteria
4. Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines
5. Improve International Collaboration and Capacities for Antibiotic Resistance Prevention, Surveillance, Control, and Antibiotic Research and Development

# Increasing Accountability, Transparency and Efficiency



## FY 16-17: AGENCY PRIORITY GOAL

### Combating Antibiotic-Resistant Bacteria (CARB)

By September 30, 2017, HHS will make significant progress on the National Action Plan for Combating Antibiotic-Resistant Bacteria through accelerating the implementation of antibiotic stewardship programs in hospitals.

Specifically, the goal of this APG will be to:

- Increase the percent of hospitals that report implementation of antibiotic stewardship programs that comply with all of the CDC Core Elements for Hospital Antibiotic Stewardship Programs by 50%\*

\* *The APG indicator is to increase the number of hospitals that have implemented antibiotic stewardship programs that have all the CDC Core Elements by 30%. CDC is finalizing the baseline (2014) data currently. Preliminary analyses suggest that the goal APG will be to raise the percent of acute care hospitals who report implementing all of the CDC Core Elements from roughly 40% to roughly 60%.*

THEMES:



HHS.gov

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## Prevention Status Report | 2013

### Healthcare-Associated Infections

Alabama

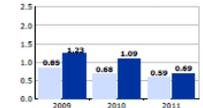
#### Public Health Problem

▲ HAIs occur in all settings where patients receive medical care, including hospital and nonhospital settings, and are associated with increased illness and death. CDC estimates that each year in the United States, 1 in 20 hospital patients gets an HAI (1).

◆ More than one million HAIs occur across all US healthcare settings combined. For example, *Clostridium difficile* infections kill 14,000 people in the United States each year (2).

● HAIs result in an estimated \$30 billion in excess healthcare costs nationally each year (3).

Central line-associated bloodstream infection—standardized infection ratio



Source: National and State Healthcare-Associated Infections Standardized Infection Ratio Report (4)

#### What is a standardized infection ratio (SIR)?

The SIR is a summary measure used to track HAIs over time. It adjusts for the fact that each healthcare facility treats different types of patients. The SIR compares the number of infections reported to the National Healthcare Safety Network in 2011 to the number of infections that would be predicted based on national, historical baseline data:

$$\text{SIR} = \frac{\text{Observed \# of HAIs}}{\text{Predicted \# of HAIs}}$$

#### Policy and Practice Solutions

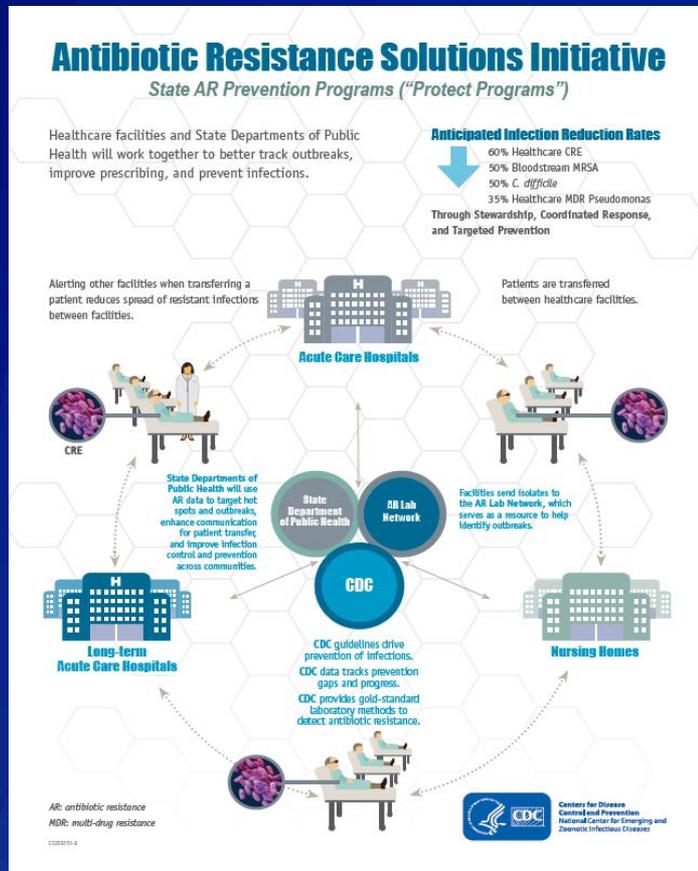
CDC recommends strategies for surveillance, prevention, and control of HAIs and antimicrobial resistance wherever health care is provided, including hospitals as well as ambulatory and long-term care facilities. CDC works closely with states and the District of Columbia on strategies to implement these recommendations. This collaborative effort among CDC, state and district health departments, and facilities will improve healthcare quality across the nation, working toward meeting the standards and targets set forth in the Department of Health and Human Services' National Action Plan to Prevent Healthcare-Associated Infections (5).

This report focuses on state health departments leading and participating in statewide HAI prevention efforts, a practice that helps improve existing prevention strategies by investing in both new and ongoing HAI prevention efforts and prioritizing HAIs as a serious public health concern. State health departments are encouraged to also engage in other practices that will provide actionable HAI data and lead to expanded HAI prevention. These include 1) state health departments validating data sent to CDC's National Healthcare Safety Network (NHSN), ideally including data on central line-associated bloodstream infections (CLABSIs); catheter-associated urinary tract infections (CAUTIs); and surgical site infections; and 2) working with CDC and other partners using NHSN data to target facilities and units most in need of consultation to prevent HAIs and antimicrobial resistance. For information about why certain HAI-related indicators were selected, and for links to additional data and resources, visit the CDC website (<http://www.cdc.gov/strb/ub/health/psr/hai/>).

**Communicating the value of CDC investments and priorities to Congress, OMB, GAO, state policy makers, others**

# State HAI-AR Prevention Programs

## Detect, Prevent, Respond



- Prevention of AR transmission and emerging threats needs to be **across healthcare and community settings**
- Networks of healthcare facilities in communities around the country working together with health departments to:
  - Find and stop outbreaks
  - Use Data; Prevent infections
  - Improve abx prescribing

# Moving the Needle Through Strategic Partnerships

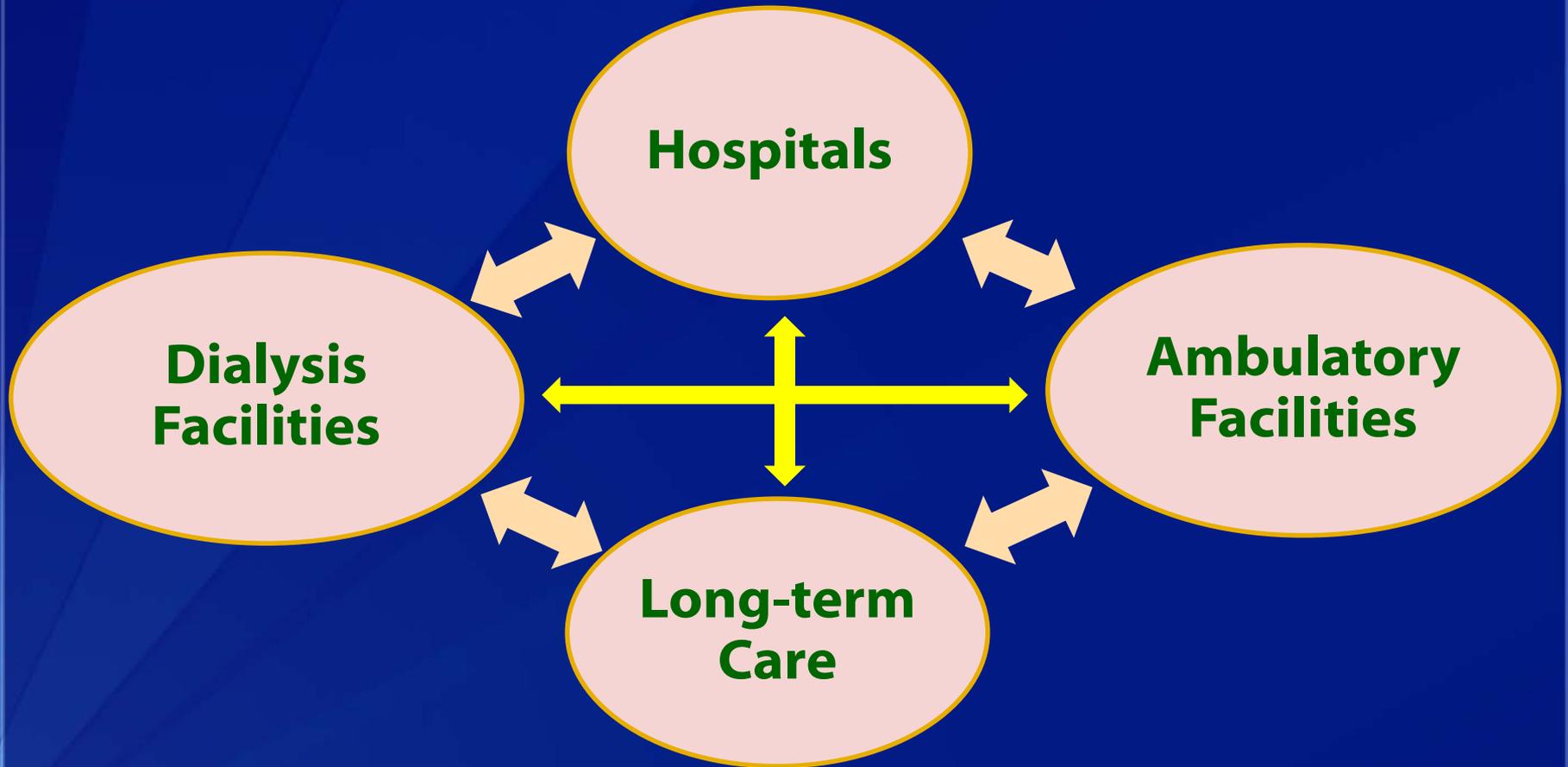
- Academic partners
- AHA, hospital groups
- ASTHO
- Consumers Union, patient groups
- CSTE
- HRET
- NACCHO
- PEW
- PHF
- The Joint Commission
- MANY OTHERS

## Federal Partners

- CMS
- FDA
- AHRQ
- APSR
- ASPE
- ONC

# Healthcare, infections, and antibiotic resistance are moving across healthcare, communities

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# **CMS Proposed Conditions of Participation (CoP) for Long Term Care Facilities**

- ❑ First major revision since 1991**
- ❑ New requirements for infection control and antibiotic stewardship programs**
- ❑ Aligns with strategies in the National Action Plan for Combatting Antibiotic Resistant Bacteria (CARB)**
- ❑ Potential challenges due to cost and resources for implementation**

# ASTHO/CDC Meeting, June 2015

## Addressing Antibiotic Resistance in Healthcare

- Participants: HAI program, state/local epis, state health officials, CMS, PH and healthcare partners
- Developed state health agency action steps for
  - Technical expertise
  - Using data for prevention
  - Patient movement and regional approach
  - Antibiotic stewardship programs

# HAI Outbreak Council

- ❑ **Co-led by ASTHO and CSTE**
- ❑ **Governance committee and council will be established December 2015**
- ❑ **Other partners to be added**
- ❑ **Purpose is to provide strategic direction to enhance detection and response to outbreaks in healthcare**

# Outpatient Settings Policy Options

October, 2015

## Outpatient Settings Policy Options for Improving Infection Prevention



Licensing

Training



Reporting

Investigating

*Key Policy Elements for Best Practices*

National Center for Emerging and Zoonotic Infectious Diseases  
Division of Healthcare Quality Promotion



CDC, with input from multiple stakeholders, identified four key areas that should be assessed for improving infection control and oversight in outpatient healthcare settings:

- Facility licensing/accreditation requirements
- Provider training requirements for licensing and certification
- Infection and sentinel event reporting requirements
- Establishment and use of effective investigation authorities

<http://www.cdc.gov/HAI/settings/outpatient/outpatient-settings.html>.

# **DETECT - PREVENT - RESPOND**

## **Division of Healthcare Quality Promotion**

### **NCEZID/CDC**

**For more information, please contact Centers for Disease Control and Prevention**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

