

**MBQIP New Required Measure
FY2018 – 2021
Antibiotic Stewardship Summary**

Addition to MBQIP

The Federal Office of Rural Health Policy (FORHP) is adding an antibiotic stewardship program (AMS) requirement to the Medicare Beneficiary Quality Improvement Project (MBQIP). Critical access hospitals (CAHs) will be given four (4) years to fully implement an antibiotic stewardship program by the end of FY2021 (September 1, 2021 - August 31, 2022).

This addition would be listed in the Medicare Rural Hospital Flexibility Grant Program (Flex) Notice of Funding Opportunity under Core Area 1: Quality Improvement, Objective 1.1, Activity 1.01b:

Improve patient safety in CAHs and the community by ensuring all health care providers and eligible patient populations receive their influenza vaccinations.

Activity 1.01a – All MBQIP Core measures listed under the Patient Safety Domain (OP-27, IMM-2)

Activity 1.01b – Antibiotic Stewardship Program

For evaluation, FORHP will use data from the Centers for Disease Control (CDC) National Healthcare Safety Network (NHSN) Annual Facility Survey. If they are not doing so already, CAHs should complete the survey starting in 2018 (see additional detail in next steps).

Background

Improving antibiotic use in hospitals is imperative to improving patient outcomes, decreasing antibiotic resistance, and reducing healthcare costs. According to the Centers for Disease Control and Prevention (CDC), 20-50% of all antibiotics prescribed in U.S. acute care hospital are either unnecessary or inappropriate, which leads to serious side effects such as adverse drug reactions and Clostridium difficile infection. Overexposure to antibiotics also contributes to antibiotic resistance, making antibiotics less effective.

In 2014, CDC released the “Core Elements of Hospital Antibiotic Stewardship Programs” that identifies key structural and functional aspects of effective programs and elements designed to be flexible enough to be feasible in hospitals of any sizeⁱ.

In summer 2016, CMS released a proposed rule to update the requirements that hospitals and CAHs must meet to participate in the Medicare and Medicaid programs (often referred to as proposed Conditions of Participation (CoP)). The proposed rule includes a requirement for CAHs to implement an antibiotic stewardship programⁱⁱ. Although the final rule has not yet been released, it is anticipated that this requirement will remain.

Discussion

FORHP and CDC both understand the unique challenges that rural hospitals face when implementing several of the core elements of an antibiotic stewardship program such as limitations in staffing, resources, and infrastructure:

- Despite the challenges, more than 200 CAHs (26%) in the U.S. have successfully implemented all seven core elements of the program in 2015ⁱⁱⁱ. In collaboration with FORHP, CDC has taken a proactive approach to gather information from these CAHs to create an implementation guide that identifies common challenges and best practices for an antibiotic stewardship program in a CAH. CDC released a guide based on these findings in summer 2017: [Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals](#).
- FORHP is actively tracking updates and talking with the Center for Medicare and Medicaid Services (CMS) about the final ruling on the CAH CoP. Of the 200 comments published from the proposed ruling, 44 were specific to rural. Most comments were based on the unique challenges that rural hospitals face, including the need for flexibility, technical assistance, and time to implement an antibiotic stewardship program.
- FORHP is also collaborating with the CMS to discuss opportunities for alignment with Hospital Innovation Improvement Networks (HIINs) and Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs) activities regarding support for CAHs in addressing antibiotic stewardship.

Next Steps

FORHP encourages CAHs to collaborate with their state Flex Coordinators, state HAI programs, and other partners such as the Quality Improvement Networks – Quality Improvement Organizations (QIN-QIOs) and Hospital Improvement Innovation Networks (HIINs) to share resources and implement AMS in their facilities.

- CAHs should enroll in CDC National Healthcare Safety Network (NHSN) if they have not done so already
- CAHs will need to submit [CDC NHSN Annual Facility survey](#) yearly - starting in 2018 for calendar year 2017
 - 2017 Survey submission timeframe: January 2018 – March 1, 2018
 - Newly enrolled facilities will be asked to complete a survey upon enrollment.
- Review [CDC 7 Core Elements](#)

ⁱ <https://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>

ⁱⁱ <https://www.federalregister.gov/documents/2016/06/16/2016-13925/medicare-and-medicaid-programs-hospital-and-critical-access-hospital-cah-changes-to-promote#h-30>

ⁱⁱⁱ Dec 1-2 2016 HICPAC Meeting Minutes, <https://www.cdc.gov/hicpac/minutes.html>