



Health Watch USAsm

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"Community Leader" for Value-Driven Healthcare
by the U.S. Dept. of Health and Human Services

www.healthwatchusa.org, www.healthconference.org

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We are writing a comment to request the Centers for Medicare and Medicaid Services (CMS) enact a financial incentive to reduce COVID-19 spread in hospitals as part of CMS-1785-P.

The following measures should be implemented:

1. CMS should include COVID in its [Hospital-Acquired Condition \(HAC\)](#) Reduction Program and/or its [Value-Based Purchasing Program](#), to create financial incentives for COVID prevention in inpatient care. **CMS should require hospitals to report and try to minimize hospital-onset COVID**, using layered protections, such as universal mask wearing, universal screening testing, and improved air quality to promote patient and staff safety and health equity.
2. Hospitals should be required to report all hospital-onset COVID cases to CMS, the CDC, and to post these numbers publicly. Hospitals should also be required to specify how many days patients have been in the hospital when diagnosed with COVID.
3. "Hospital-onset COVID" should be defined as infections diagnosed after 5+ days of hospitalization. The CDC currently defines *hospital-onset* COVID as only those cases diagnosed in people who are still in the hospital after 14 days of hospitalization. This vastly [underestimates](#) *hospital-acquired* COVID, particularly because with current variants, [it only takes 2-3 days from COVID exposure to developing symptoms](#), and because the average hospital stay is only [about 5.4 days](#).

The evidence that supports these recommendations includes:

During the first three months of 2023, U.S. hospitals reported an average of [1231 patients per week](#) that had caught COVID during their stay, with a high of 2287 patients with hospital-acquired COVID in the first week of January 2023 (using the 14-day cutoff). The UK has documented [even higher rates](#), but the UK defines hospital-onset COVID as cases diagnosed

after 7 days of hospitalization. The Biden administration [never released data](#) showing how prevalent COVID spread has been inside individual hospitals, and the CDC [stopped requiring hospitals to report](#) hospital-onset COVID in April 2023.

COVID has been one of the [top five major causes of death](#) in the US since 2020, and many of those deaths were likely due to hospital-acquired COVID, which has a [5-10%](#) mortality rate. Hospitals serve the most immunologically fragile individuals in our society and prevention of exposure to this dangerous and highly infectious pathogen is of utmost importance. Covid outbreaks are already happening [in hospitals](#) that ditched masks. If your hospital roommate has COVID, you have a [4 in 10 chance of catching it](#) from them.

Even though SARS-CoV-2 is becoming endemic, new waves will be expected in the future. However, even when community transmission is low, healthcare settings and emergency rooms are the most likely place where people with COVID-19 will seek care and will all too often encounter vulnerable patients.

The collected data on hospital acquired COVID-19 infections should be fully transparent and readily publicly available on Hospital Compare.

Please protect vulnerable patients, prevent health worker shortages, and promote health equity by requiring hospitals to protect patients from hospital-acquired COVID.

Thank you for this consideration,

A handwritten signature in black ink that reads "Kevin T. Kavanagh". The signature is fluid and cursive, with a prominent initial "K".

Kevin T. Kavanagh, MD, MS
Health Watch USA(sm)
Lexington, KY 40509