

June 16, 2017

Dear Health Center Leader:

Antimicrobial resistance is a serious health issue that can lead to infections that do not respond to antibiotic medication. The emergence of antibiotic-resistant bacteria is a global health threat, and addressing this threat is a national and a Department of Health and Human Services priority. On May 21, 2017, Secretary Thomas E. Price, M.D. led the U.S. delegation at the 70th World Health Assembly, to strengthen global health security and address antimicrobial resistance.¹

The Centers for Medicare & Medicaid Services (CMS) has implemented several antibiotic stewardship programs to reduce and prevent infections caused by antibiotic resistance, misuse and overuse, to prevent antibiotic misuse and overuse itself in multiple health care settings, and to optimize antibiotic therapy. These programs include:

- The Hospital Value-based purchasing program and the Hospital-Acquired Conditions (HAC) reduction program, which link payment to reduction of antibiotic-resistant bacteria like Methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile*;
- CMS' Conditions of Participation, which require implementation of antibiotic stewardship in Medicare-participating long-term care facilities to be part of a comprehensive infection control and prevention program by November 2017; and
- The Merit-based Incentive Program (MIP), which allows providers to report on the appropriate use of antibiotics for several conditions (Upper Respiratory Infections in children, Diagnosis of Pharyngitis and Bronchitis treatment in Adults) as a Clinical Practice Improvement Activity for 2017.

The participation and engagement of community-based providers are central to a comprehensive approach to combating this serious issue within the health care systems that serve millions of patients throughout the nation. As such, health centers are in a unique position to engage providers and the patients and families they serve to promote and implement antibiotic stewardship programs in outpatient settings. We are asking you to work in partnership with CMS' Quality Innovation Network Quality Improvement Organizations (QIN-QIOs) to employ community-based strategies for implementing antibiotic stewardship based on the Centers for Disease Control and Prevention (CDC) Core Elements of Outpatient Antibiotic Stewardship.

Currently, as many as 83 health centers have already committed to working with the QIN-QIOs, their state and local partners in this effort. Health center leaders who have made this commitment expressed some of the following reasons as motivating factors for doing so:

- Recognition of the growing threat of antimicrobial resistance and a desire to get ahead of the problem;

¹ <https://www.hhs.gov/about/news/2017/05/22/secretary-price-delivers-address-at-70th-world-health-assembly.html>

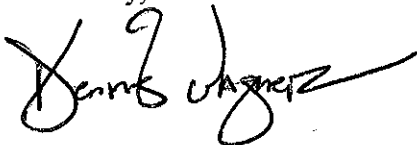
- Using technical assistance to help track and monitor antibiotic utilization and prescribing practices; and
- Regulatory agency preparedness (Joint Commission, Family Centered Medical Home).

The QIN-QIOs are leaders in health care quality improvement across the nation and stand ready to assist health centers and the communities they serve in implementing antibiotic stewardship in their practice. We urge you to sign up with QIN-QIOs and team with collaborating partners to implement and spread comprehensive antibiotic stewardship.

Information on the QIN-QIO program is available at <https://qioprogram.org>. Information on the Core Elements of Antibiotic Stewardship in Outpatient Settings is available at <https://www.cdc.gov/getsmart/community/improving-prescribing/core-elements/core-outpatient-stewardship.html>.

Thank you for your consideration of this request.

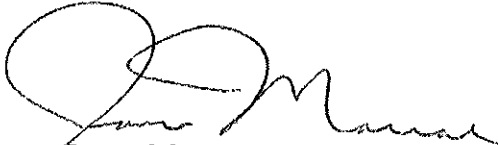
Sincerely,



Dennis Wagner, MPA
Director, Quality Improvement and Innovation Group, CMS



Paul McGann, MD
Chief Medical Officer for Quality Improvement, CMS



James Macrae, MA, MPP
Associate Administrator, Bureau of Primary Health Care, HRSA