



February 4, 2009

Don Wright, MD, PhD
Principle Deputy Assistant Secretary for Health
Office of Public Health and Science
US Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Wright:

On behalf of the American College of Chest Physicians (ACCP), the American Thoracic Society (ATS), the Society of Critical Care Medicine (SCCM), the American Association of Critical-Care Nurses (AACN), and the National Association for Medical Direction of Respiratory Care (NAMDRRC), we congratulate the Department of Health and Human Services (HHS) on its work to establish a 5-year national prevention plan to reduce and, possibly eliminate, health-care-associated infections. As you know, our multidisciplinary and multispecialty societies include experts in pulmonary, critical care, and sleep medicine. As practicing clinicians we feel strongly that we have a responsibility to help develop these measures of accountability and facilitate their adoption by health-care institutions and practitioners. As the societies whose members care for the critically ill, we look forward to continuing our collaboration with HHS on these efforts.

We were pleased to see that HHS made the decision to focus on process measures to decrease the incidence of ventilator-associated pneumonia (VAP) rather than using a VAP event as a “never event” or “unreimbursable event.” The development of a prudent plan to address this difficult subject is an important first step.

As stated in our June 13, 2008, comment letter regarding Proposed Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rates; 73 Fed. Reg., 23528 (April 30, 2008), VAP is reducible but not entirely preventable. VAP is a complex issue. After a thorough review by our experts, a variety of recommendations on what the next steps should be were expressed. These recommendations ranged from the need to better define VAP, to reevaluate the recommendation for the use of noninvasive ventilation, to doing further research for improving adherence to prevention strategies.

It is important to bring our societies’ experts together, and we commit our organizations to ongoing research to try to close the knowledge gaps. To collaborate effectively with the Healthcare-Associated Infections Research Working Group, AHRQ, CDC, CMS, and NIH, we

have established a permanent Joint Society HAI Work Group to address the definition, research and prevention issues that have been raised.

Our societies will also be participating in an upcoming FDA/IDSA sponsored meeting regarding VAP. The meeting will address a number of important topics regarding the prevention, detection and treatment of VAP. We believe the findings of this workshop will play an important role in setting the parameters for future VAP prevention and treatment research.

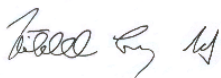
Further research on VAP prevention, detection and treatment is essential. Currently, most VAP data is generated from industry sponsored trials or European-based studies. U.S. based research efforts have been frustrated by a lack of a clear "home" for VAP-related studies at the National Institutes of Health. To address these barriers, we will be submitting, in the near future, a conference grant proposal to develop a VAP research agenda to include common terminology for VAP, research priorities for VAP prevention, detection and treatment, and a better understanding of the role various federal funding agencies (NIH, CDC, AHRQ, VA) will play in addressing these research goals. We note similar efforts on ARDS led to creation of the ARDSnet, which has been a very productive research network to improve the prevention and treatment of ARDS.

We look forward to our continued collaboration with you in this most important area focused on providing quality patient care by reducing health-care-associated infections.

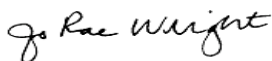
Sincerely,



James A. L. Mathers, Jr., MD, FCCP
President, American College of Chest Physicians



Mitchell Levy, MD, FCCM
President, Society of Critical Care Medicine



Jo Rae Wright, PhD
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