American Thoracic Society

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Dear Centers for Medicare & Medicaid Measures Under Consideration (MUC) Staff:

The American Thoracic Society (ATS) formally submits comments below in response to the call for public comments for 2025 MUC Measure **#016 Excess Antibiotic Duration for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia.** Comments were sourced from ATS members who are clinical practice guideline authors and quality experts in pneumonia:

Overall impression: Strong face validity but major concerns with measure specifications

Rationale:

1. The exclusion of "time to clinical stability > 5 days" should be clearly defined and apply the ATS/IDSA guideline definition. (afebrile (no fever), heart rate < 100 bpm, respiratory rate < 24/min, SpO2 ≥ 90% (or PaO2 ≥ 60 mmHg on room air), systolic blood pressure ≥ 90 mmHg, and normal mental status, often alongside the ability to eat and improved symptoms, signaling readiness for antibiotic discontinuation or IV-to-Oral switch)

2. Time to clinical stability requires daily measurements of clinical stability including oxygenation, which may be difficult for some EHRs. How clinical stability will be defined and how often it will be assessed and measured should be clearly specified to determine patients for whom this measure applies up front, not listed as a line item in the exclusion criteria

3. Diagnosis is not verified by a positive chest image. While it includes ordering of a chest image, there will still be 10% of patients that lack pneumonia on chest imaging in this group.

4. Exclusion criteria of immunocompromised patients should also include active chemotherapy.

5. Exclusion of any patients with greater than 14-day total antibiotic duration on the assumption that these "likely not for uncomplicated CAP" seems categorical and could potentially

miss the exact patients that the measure is attempting to identify.

6. Restriction of denominator only to non-ICU is not consistent with clinical practice guidelines (which categorize patients based on non-severe inpatient and severe inpatients). Excessive duration of antimicrobials is also an issue for ICU-admitted patients.

7. If the clinical data are incomplete, many complicated patients could get too short of a course and/or not be switched to potentially more appropriate antibiotics because of this quality measure.

Sincerely,

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