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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 #019 Inappropriately Broad Empiric Antibiotic Selection 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. Exclusion list does not match clinical practice guidelines. The MRSA and Pseudomonas risk factors are broader than the guideline definition and include illness severity, which could mislead the clinical field into thinking that any patients with severe pneumonia are appropriate. None of the studies evaluating risk for MRSA or Pseudomonas have found illness severity to be a risk factor for MDR pathogens. This could have the unintended reverse effect of actually increasing inappropriate use of broad-spectrum antibiotics in patients with severe pneumonia.
2. Exclusion Patients who have had IV or broad spectrum antibiotics in the last 90 days should be excluded in general, and not just those who had IV antibiotics + severe pneumonia in the last 90 days.
3. Diagnosis is not verified by a positive chest image. While the measure includes ordering of a chest image, there will still be 10% of patients that lack pneumonia on chest imaging in this group.
4. Consider excluding patients with a positive rapid molecular diagnostic test in addition to positive culture data from lower respiratory secretion samples for MRSA and Pseudomonas.
5. Many patients meeting sepsis criteria will receive their first dose of broad-spectrum antibiotics before the diagnosis of pneumonia is

established. Would suggest refining the numerator time window to not include the first dose, but subsequent receipt of broad-spectrum antibiotics after the first does and within 24 or 48 hours.

6. Patients may have a history of MRSA or Pseudomonas in their chart notes based on data from other facilities because presumably the EHR data query will only include microbiology data in the same facility – it seems like this measure would miss those patients, as well as other risk factors like injection drug use that are not listed in the exclusion criteria.
7. The definition of anti-Pseudomonal and anti-MRSA treatment should be explicit.
8. The focus on MRSA and Pseudomonas ignores the problem of ESBL-producing gram negative bacilli.
9. Exclusion criteria of immunocompromised patients should also include active chemotherapy.

Sincerely,



Kathryn A. Artis MD MPH

Committee Chair, Quality Improvement and Implementation
American Thoracic Society



25 Broadway, 4th Floor, New York, NY, 10004
Phone: 212.315.8600 Fax: 212.315.6498
thoracic.org