Priorities

- **Seen as an honest broker:**
  - Releasable findings
  - Sharing information freely
  - Responsive
  - Timely
  - Equitable
  - Justifiable
  - Focused on the Mission: Patient Health and Safety
Transparency...

- More Effective Use of Data
- Quality Oversight Reporting System (QCOR)
- Integrated Surveyor Training Website
- Accrediting Organization Annual Meeting

Where we’re headed

- More integration of Passive/Active Monitoring
- Reliance on quality payments (2008 National Coverage Determination-Wrong site surgery)
- QIO 12th Scope of Work
- More collaboration
How we can be more effective...

- Removing Right-Side POC Requirement
- Root Cause Analysis instead of POC Pilot
- Public Notice Revisions
- Voluntary during Involuntary Termination

What can you do?

- Active Quality Monitoring
- Self-report
- Don’t wait for us
- Update policies and procedures
What else can you do?

• Difference between Accrediting Organization standards and Medicare CoPs
• Learn SOM
• Ask questions
• Follow the rule about outliers…

How to Stay in Compliance

1. Avoid a Survey
2. Think SYSTEMICALLY and not bit by bit
3. Ask questions. Don’t wait.
For every Medicare Dollar:

\[ \frac{6}{100} \text{th of each penny is spent on S&C Nationally} \]

1.2 Cents is spent by CMS for Program Administration

$1.5$ Billion is spent nationally each day on Medicare
$1.09$ Million is spent nationally each day on S&C

($550$ Billion/$400$ Million)
Call a Fed Program

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