



Health Watch USAsm

Member of the National Quality Forum and a designated
"Community Leader" for Value-Driven Healthcare
by the U.S. Dept. of Health and Human Services

www.healthwatchusa.org, www.healthconference.org

RE: CMS-2018-0158-0001

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To whom it may concern:

The present system of facility accreditation is fraught with substantial conflicts of interest which we believe are resulting in an insurmountable bias in the accreditation process, which will continue unless these conflicts are eliminated.

The largest is that the facility picks who accredits them and pays for the process. The facility is thus the de facto employer of the accreditation organization. We believe this conflict-of-interest creates a bias towards leniency creating a "race to the bottom" fueled by the competition between accreditors to receive the facility's request for accreditation.

For similar reasons, accreditation organization consulting services provided to facilities should not be allowed. The effectiveness of their "firewalls" is unproven, and we believe they do not substantially eliminate the created conflicts-of-interest.

The power of the facility to obtain or not obtain a consulting service from an accrediting organization creates a large conflict of interest, but even greater is the power of the facility to select or not select the accrediting organization to perform the accreditation.

We thus recommend the following to eliminate conflicts of interest and accreditation bias:

- 1) The facility should not be allowed to select the accreditor. This should be done by CMS on the basis of accreditor quality. Facilities should pay fees into a pool for CMS to randomly select Accrediting Organizations. The number of facilities surveyed by an Accrediting Organization should be based upon the accuracy of the Accrediting Organization's surveys. Thus, the lower an Accrediting Organization's disparity rate with follow-up state surveys, the more contracts for surveys it would receive.
- 2) Accrediting organizations should not be permitted to offer consulting services to the same facilities that they survey. If a facility is accredited by another Accrediting Organization, then such services should be permissible.

Thank you for this consideration,

Kevin T. Kavanagh, MD, MS



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