

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7000 Security Boulevard, Mail Stop 02-02-38  
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification/Survey & Certification Group

MAR 17 2011

Kevin T. Kavanagh, MD, MS  
Health Watch USA  
3336 Woodhaven Drive  
Somerset, KY 42503

Dear Dr. Kavanagh:

I am writing in response to the comments you conveyed to both Dr. Berwick and me regarding my presentation in a teleconference held on October 28, 2010 entitled "Accelerating Healthcare-Associated Infections Elimination." In your letter you expressed concern that I seemed to be proposing a system of self-policing in lieu of onsite surveys. You concluded by urging us "not to curtail survey visits which are vitally needed to verify submitted data and to assure the quality of care provided to patients."

I wish to thank you for your consistent advocacy for safe and effective health care, and for the recognition of the importance of our survey and certification efforts. As my quoted remarks make clear, I do believe there is the potential for reducing the need for surveys, but please do not confuse this hope with an intention to reduce the number of surveys. As I hope to make clear in the remarks that follow, my intention is both to increase the number of onsite surveys of hospitals *and* to increase the focus of such surveys on the responsibility of each hospital to ensure that it has an effectively functioning, internal Quality Assessment and Performance Improvement (QAPI) system.

Onsite surveys by objective, trained individuals under the auspice of the Centers of Medicare & Medicaid Services (CMS) are essential to ensuring quality in the Medicare and Medicaid programs. I believe we can make such surveys even more effective if we can use them to strengthen each hospital's internal capability to identify its own quality issues in real time, stream such performance information to system managers who have the responsibility and authority to act on the data, and make systemic changes in the hospital that will prevent safety or quality lapses, or that will prevent recurrence if serious problems have already become manifest.

While a full CMS survey may occur on average once every three years, an effective hospital QAPI program can be onsite working every day. And yes – if it is effective – I believe a QAPI program can indeed reduce the need for external CMS surveys. But until such improvement occurs, and until a reduced need for CMS surveys is clearly demonstrated, I believe the data

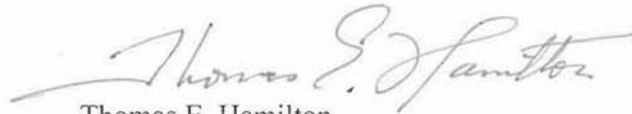
indicate that there should be more rather than less focus on hospitals from the CMS survey & certification program. The extent to which this is possible will depend on the extent to which Congress is able to support the President's 2011 and 2012 budget requests for the Medicare survey & certification program, which includes an increased survey focus on preventing healthcare-associated conditions in both hospitals and ambulatory surgical centers.

Since 2003 CMS has worked consistently to include the basic QAPI requirement in the regulations for more and more providers, beginning with hospitals in 2003 and more recently for dialysis facilities, organ transplant hospitals, home health agencies, and hospices. The *Affordable Care Act* includes additional provisions that will help us advance the QAPI efforts in nursing homes. But so far we have not been able to develop the survey tools, survey procedures, and training that will enable surveyors to assess fully the extent to which the QAPI expectations are being met. This is the agenda that is before us now. In the next several months we hope to initiate a process to increase the hospital focus on QAPI programs.

Thank you for taking the time to communicate your concerns, and for the close attention that you and your colleagues have been paying to the importance of quality and safety in our healthcare system. I will look forward to your comments on our QAPI survey program as we develop it further and post the information on our website.

Please share this response with the other organizations that cosigned your letter.

Sincerely

A handwritten signature in cursive script that reads "Thomas E. Hamilton". The signature is written in dark ink and is positioned above the printed name and title.

Thomas E. Hamilton  
Director