

Accrediting Organization Survey Report Transparency Comments

June 13, 2017

On behalf of the New Jersey Health Care Quality Institute (“Quality Institute”) we appreciate the opportunity to provide comments on the proposed changes relating to transparency of accrediting organization survey reports and plans of correction of providers and suppliers.¹

The Quality Institute is the only independent, nonpartisan, multi-stakeholder advocate for health care quality in New Jersey. We are committed to improving health care quality and safety, expanding access to good care, and controlling costs for employers and consumers. Our members come from every health care interest: consumer groups, employers, unions, physicians, nurses, health plans, hospitals, accountable care organizations, foundations, pharmaceutical companies, and innovators.

We strongly support the Centers for Medicare and Medicaid Services’ efforts to increase transparency by requiring private, national accrediting organizations to make publicly available all survey reports and acceptable plans of correction on their websites. Furthermore, we appreciate the inclusion of other health care facilities in the proposed rule such as ambulatory surgery centers. The oversight and transparency of all health care facilities is critical in the effort to improve quality and safety standards for patients.

Health care has seen a significant shift through reforms in the ACA, the proliferation of accountable care organizations, and now MACRA to improve quality and reduce costs by moving away from a fee for service system and rewarding outcomes and paying for value. This shift has contributed to the move away from hospital outpatient departments for scheduled procedures to lower cost outpatient facilities like ASCs. According to the CDC, the rate of visits to freestanding ambulatory surgery centers increased about 300 percent from 1996 to 2006, whereas the rate of visits to hospital-based surgery centers remained largely unchanged during that time.² Having a same-day procedure at a facility with lower overhead costs and lesser risk associated than a hospital setting sounds like a great thing for payers and patients. But how can anyone make educated decisions about the safety and quality of a facility if there is no publicly available data from the private accreditation agency vouching for it?

In 2001 The Leapfrog Group began its Leapfrog Hospital Survey to collect safety, quality, and resource use information to increase transparency and create a competitive environment for quality improvement. As the regional leader for New Jersey, the Quality Institute is responsible for encouraging hospitals to publicly report their safety and quality data via the Leapfrog Hospital Survey. We have seen firsthand the dramatic effect this level of transparency has had in pushing our hospitals to strive for better outcomes for their patients. Our hospital members are proud to work for the Hospital Safety Grades they achieve and often tout their status as Leapfrog Top Hospitals when given the recognition. We would like to see this same model of transparency and incentivized quality improvement happening in all our state’s health care

¹ 82 FR 19796 – pages 1419-1426

² <https://www.cdc.gov/nchs/data/nhsr/nhsr011.pdf>

facilities. A private assessment of the safety of a facility which is then kept from the public eye is no transparency at all.

We believe that consumers, employers, and purchasers have a right to the information necessary to decide where to go for care. That is why we strongly support the rule proposal to bring greater transparency to accrediting organization survey reports and plans of correction of providers and suppliers.

Thank you,

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