

Summary of Findings from Small DME Supplier Focus Groups

Quality Standards

- The proposed quality standards domains are similar to current accreditation requirements. The majority of focus group participants already collect information pertaining many of the quality domains. However, providing documentation of their efforts would be very time-consuming and problematic for many participants, as it would take time away from the provision of patient care. For some, it would require hiring additional staff.
- Reduced profit in light of increased administrative burden and pressure to maintain high quality poses many challenges for the focus group participants.
- Financial management, human resources, assessment and evaluation of quality, and facility/patient environmental safety management were cited as problematic quality standards domains. Compliance in these areas would require a great deal of time and expense for many. Participants felt that some of these requirements were unnecessary for businesses of their size.
- Additional information regarding interpretation of the quality standards domains and data expectations is desired.

Accreditation

- 17 of the 98 focus group participants work for or own businesses that are accredited.
- Participants had mixed reactions to accreditation. Many felt that accreditation was over-priced and a waste of time in that the information collected is not helpful for patients or suppliers. Others felt that accreditation was beneficial in helping the business to develop and implement policies and procedures. Given that the industry has few barriers to entry, some felt that accreditation was helpful in promoting a set of standards for conducting business.
- Accredited suppliers and those currently in the process of seeking accreditation primarily sought accreditation for the following reasons: it provided instant credibility, was seen as a marketing tool to set them apart from their competition, and/or was a requirement of payers in their market.
- Numerous participants noted that some accreditation standards are geared more towards hospitals and home health agencies. Consequently, participants felt that it is important to develop standards that are specific to the DME industry.
- Participants in each focus group noted the high costs involved with seeking and obtaining accreditation, with costs ranging between \$6,000 and \$50,000. Costs included: fees paid to the accrediting bodies, consultants, additional FTEs, physical plan changes, and ongoing monitoring costs.
- A great deal of fear of the unknown was expressed regarding which accrediting bodies will be selected by CMS, the deadline for when accreditation must be obtained, and whether currently accredited suppliers will be grandfathered in if accredited by an organization not approved by CMS.
- Many participants expressed discomfort with CMS allowing private companies to serve as accreditation organizations preferring that the accreditation be conducted by CMS itself. Several participants indicated that their plan was to delay the beginning of the accreditation process until the CMS-approved accrediting organizations are identified.
- Aside from the cost and burden of preparing for the accreditation process, most participants reported being close to ready for accreditation.