Jonathan Blum: Thank you for the opportunity. I want to share two slides just to reinforce what you've heard so far. The first is that CMS, too, finds that during the past two or three years, we have seen patient safety data go in the wrong direction. This is clear. This is a serious trend. We want to change that trend very quickly.

Next slide. And what we hear from providers is, one, is that the COVID pandemic did cause surge, did cost challenge. And now, we have a secondary challenge of a severe lack of nurses and other healthcare workers. So, we have to think about those two dynamics, one, coming back to normal, whatever normal is, but also thinking about how we think about the workforce, what do we need now in order to change this trend very quickly.

So, next slide. At CMS, this is how we think about our contribution towards this effort. First, we want to focus on how we can change regulations to change governance rules. We want to make sure the hospital boards, hospital leaders think about safety first and foremost when they think about governance. Second, the COVID pandemic taught us that we can think about the QIO program differently from being more supportive, more hands-on to really help support true safety change. We want to think about better quality metrics and think about ways that we can make sure we have really best-in-class quality metrics that promote safety that will lead to better value-based programs that create strong incentives for safety change.

And lastly, we have spent so much time thinking about how we create more innovation that happened during the past two and a half years to think about using those lessons learned to promote better safety standards or flexibility for how we think about healthcare delivery transformation going forward. So, as CMS thinks about quality, we think about kind of five core areas, governance, QIO Program, best-in-class quality metrics, best-in-class value-based payment programs, and thinking about the innovations that you have put in place during the past two and a half years. Then lastly, I want to end with a kind of core observation from CMS.

Next slide, please. Care is changing. Care is no longer shifting just to the hospital side to our data. Care is now much more home-based, more post-acute care. So, as we think about quality safety, we need not just to think about the hospital setting but to think about all care settings. We see in our data that no more or the hospital only be the center for care that is shifting home, shifting to home health, shifting to skilled nursing care. That's where we need to think about safety going forward.

So, with that, CMS stands to be a very strong partner thinking about data, thinking about quality, thinking about incentives, and thinking about governance as the core contributions that we can bring to this effort. So, thank you for the opportunity and CMS stands to be a very strong partner going forward.