

Five Things Every Board Member Must Know About Healthcare Quality Reporting

As the CEO or board president of a healthcare institution, you understand that guiding and supporting your organization's efforts to deliver safe, high-quality patient care and ensuring the institution's financial security is the charge and responsibility of all board members. And while financial information has historically been available and well understood by boards, precious little information has been available about the quality and outcome of care being provided.

But times have changed. The requirements to report quantitative, patient-specific, quality and outcome data are being mandated by regulatory agencies and third-party payers for the purposes of reimbursement and program accreditation.

The stakes are high. You know that you must take steps to fully inform board members about the potential negative consequences to both clinical care and third-party payer reimbursement if they don't grasp the issues and challenges they face in guiding your institution's quality reporting efforts.

To successfully navigate your institution through this new environment driven by quality data and reporting, boards first need to learn to identify healthcare quality data. In this lecture, "5 Things Every Board Member Must Know About Healthcare Quality Reporting," attendees will learn:

- Why all data isn't created equal; how to evaluate reporting initiatives that are currently required and those that will be increasingly required by payers and regulators.
- How to identify gaps in reporting requirements. What the reports are and aren't conveying about the quality of care being delivered, and what data is or isn't available for pay-for-performance contracting.
- Why the current methods for capturing, reporting and incorporating quality data into clinical process are unsustainable, and what that means for the future infrastructure of institutions.
- How to support and guide reporting efforts to ensure that their institution is best positioned to receive full reimbursement from payers; enter into fair pay-for-performance contracts; receive full accreditation from regulators; and deliver safe, high-quality patient care.

- Why it may be appropriate to add voluntary initiatives to an institution's quality improvement initiatives and its third-party, pay-for-performance contracts.

An informed board is your best asset for gaining support for your efforts. By understanding these reporting requirements, you will be better positioned to secure approval for the resources you need to provide high-quality care and to capture all of the reimbursements available for your institution.

To inquire about hearing this lecture at your organization, please send email to info@ksrowell.com.

Katherine S. Rowell, an expert in the source and use of healthcare data, teaches and advises healthcare organizations how to correctly capture and manage their data and communicate it clearly and compellingly. She has 25 years of experience in the healthcare industry, and is a member of the faculty at Brandeis, where she teaches healthcare data analysis and decision support. Her articles have been cited over 100 times by other publications and she is the recipient of the prestigious Partners in Excellence Award for Leadership and Innovation. Kathy has an MHA from the University of New Hampshire and an MS from Dartmouth Medical School in Clinical Quality and Outcomes.