A new report from the American Hospital Association (AHA) reveals that hospitals spend nearly $40 million annually to report on 692 different quality indicators required by CMS, TJC, payers, and other industry influencers. As this number grows, it adds to clinicians’ administrative burden of tracking, managing and reporting—and providers are ready for relief.

Cathy Gorman-Klug
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If you think that the burden of capturing, improving and reporting on Quality Measures and Indicators has grown, you’re not imagining things. With nearly 700 available Quality Indicators,
many of which are mandated, it’s clear that providers are struggling with regulatory overload. Let’s look at some numbers. In an average-sized hospital:

- 59 full-time equivalents (FTEs) are dedicated to regulatory compliance
- About 25% of these FTEs are doctors, nurses and allied health staff
- Administrative aspects of quality reporting costs about $709,000 annually
- It costs approximately $760,000 per year to meet meaningful use administrative requirements

Furthermore, according to a new American Hospital Association (AHA) report, a 161-bed hospital spends an estimated $7.6 million on administrative activities related to compliance—or about $1,200 per patient hospital admission.

This same report—which analyzed requirements from CMS, the Office of Inspector General (OIG), Office for Civil Rights and the Office of the National Coordinator for Health Information Technology—revealed that providers spend nearly $39 million annually to comply with 692 requirements across nine domains.

The costs are clear, and so the question then becomes: how do we combat the regulatory burden placed on providers?

The AHA report makes a number of recommendations, including:

- Reduce redundancy across requirements
- Evaluate current measures for effectiveness
- Use only evidence-based measures
- Provide clear guidance accompanying new measures

At Nuance, we are likewise committed to reducing the regulatory overload; our vision is to develop technology-enabled solutions that fit seamlessly into the clinical workflow, allowing clinical staff to remain focused on core responsibilities to deliver quality, cost-effective and safe patient care. Our clinician-lead product teams have forged partnerships with providers to tackle this issue as well.

Through these partnerships, we are exploring ways to improve patient care and outcomes while decreasing the burden of identifying, acting upon and documenting quality measures. Additionally, we are working to discover and understand not only the process of capturing PSI and other quality indicators, but also the effectiveness of those process. Finally, we are committed to building solutions to capture exactly what's needed, right at the point of care, so we can get it “first time right.”

Satish Maripuri, Executive Vice President and General Manager of Nuance Healthcare, recently was interviewed by Forbes contributor Ben Kerschberg about the burdens on providers, and gave several examples of broader initiatives in healthcare. I invite you to give
the Forbes Q&A a read.

Based on your experience, what are the top five most challenging quality indicators to capture? Please share your comments below.

Tags: clinical documentation, health IT, quality care, quality indicators, quality measures

About Cathy Gorman-Klug

Cathy has over 30 years of experience in healthcare. She has extensive experience in project design, implementation, and management. In her current role as Product Manager, she is responsible for product strategy and product marketing for Nuance’s quality products. Previously, as a Corporate Director of Privacy and Data Security, she was responsible for compliance with requirements imposed by HIPAA, and other regulatory and accreditation standards for an integrated health system with over 7,000 employees. She holds a Master’s of Science in Nursing Administration from Seton Hall University.

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