Chapter 14
A Managerial Approach in the Study of Public Reporting in Healthcare

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ABSTRACT

Public reporting, intended as the public disclosure of information on healthcare performance, is linked to the improvement of the quality of care through the incentives of selection and change, which are in turn determined by the availability of comparative information that is used by those outside the system (citizens) and those from within (organizations and professionals). In the last few decades, the healthcare sector, have undergone considerable change. This change is inevitably destined to modify the way in which citizens turn to healthcare services, and the way in which hospitals are called upon to be transparent and accountable in how they provide services. It is within this context that public reporting became widespread, as a strategy geared towards promoting informed choices to consumers and stimulating the improvement of quality of care. The aim of this paper is to highlight how public reporting systems have the potential to not only support healthcare users in making informed choices, but to also foster healthcare structures in the improvement of their services.

INTRODUCTION

The business information system represents a collection of the flow of information that circulates in businesses aimed at their own management and relative operation (CAMUSSONE, 1998).

The notion of an information system does not necessarily implicate the use of information technology in order to function. Nevertheless, businesses characterized by high levels of organizational complexity and numerous activities and/or services rendered need a specific technological support system for the management of their information resources.

The coexistence of the technological dimension, which organizes and classifies information, along with the necessity of fueling decision-making processes, which in turn depend on the variable organi-
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Organizational, environmental and personal conditions of the decision maker, inherently has certain problems which are only in part resolvable by the characteristics of the design of information systems currently in use. Decision-making processes are, in fact, determined by the representative models of reality that people build and use in order to make their choices. Each model needs different information in order to be described, and each decision-maker needs different information to carry out his or her function. The information acquires usefulness only in virtue of its capacity to represent events as interpreted by the different people who make up the organization. The information system, on the other hand, has the tendency to structure flows and to standardize the content of the information. Furthermore, it requires significant investments each time modifications to its organization are needed.

The risk of creating a dichotomy between real processes and the formal information system is, therefore, a constant in complex organizations, and even more so within professional organizations such as healthcare, which are characterized by a higher autonomy of operators on individual transactions. The information surrounding healthcare, is, therefore, crucial in supplying fair, effective, and efficient services, as well as for management purposes, including that of guaranteeing and increasing the responsibility of the main stakeholders, such as professionals and managers, when offering the services (ARDUINI, 2010).

The numerous studies dedicated in the last few years to economics and management in healthcare all agree on the complexity of the sector, inasmuch as a comprehensive shared definition of the good being traded is still distant. It makes sense, roughly speaking, to state that healthcare services contribute to producing “good health”, through prevention, diagnosis, treatment, and, when considering health as essential for the individual, the contribution of economics and business becomes fundamental in creating conditions in order to better production and distribution procedures.

If health is considered a commodity, even with its ethical and economic peculiarities, the concept of supply and demand becomes significant, and it becomes possible, as well as necessary, to introduce principles of management into the system in which it is produced. It is even more relevant in universal healthcare models under public control, aimed at guaranteeing homogenous medical care coverage to the entire community, independently from variously defined structural thresholds. Within public healthcare systems, the intervention of economics, specifically business economics, finds solid justification in the provision of instruments oriented towards the more correct and enduring pursuit of institutional aims, since wasting wealth is indubitably contrary to the concept of solidarity in health (ONIDA, 1961).

The operation of the business reporting system is inserted into this context (CUCCURULLO, 2003).

The business reporting system performs a strategic importance in maintaining the organizational asset at full efficiency and in permitting the distribution of information to the various levels involved.

The reporting system is the “heart” of a larger system of planning and control. This control cannot, in fact, be carried out without a timely transfer of the information on the activities being run, and planning cannot be carried out without the information and data relative to the activities, the resources used, and the results obtained previously (POZZOLI, 2001). The systems can be of varying complexity, and can perform based on the needs and resources available, however the most important concept is that they are indispensable.

Even at the micro-organizational level, reporting is fundamental. No team will be capable of operating in the long-term if the operators do not receive feedback on their activities. Such a system must provide a “just in time” understanding of whether or not the activities planned are meeting the expectations, and if the set objectives are achieved.

Reporting systems, however, despite having been the subject of numerous experiments, are not sufficiently widespread in all healthcare authorities, and are often formed in a non-systematic manner.