

ACCREDITWATCH

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Quality, the Music of the Health Care Industry

"In 2006, URAC will begin implementing new strategies that increase the strength of URAC accreditation."

– Alan Spielman, President and CEO, URAC

For years, Alan Spielman lived a double life.

By day, he was the buttoned-down Washington, D.C. professional, working with regulators, Medicare program administrators and Blue Cross/Blue Shield chiefs, perfectly at home in the executive role.

arena. From there, I went into the not-for-profit private health insurance world and spent 16 years at the BlueCross BlueShield Association. I started out in health policy-related roles but spent most of my time, as a business executive, with responsibility for the Blues' federal employee health insurance program. That's the largest insurance program in the country. It is the program on which Medicare reform was modeled because it involved consumer choice.

By night, he was the blues guitarist from the Jersey shore, working club dates with the band, his 1965 cherry-red Gibson ES 335 wailing out the Clapton and Muddy Waters cover tunes.

These days, the Gibson isn't exactly collecting dust (Spielman still treasures all four of his vintage guitars), but URAC's new president and CEO is concentrating all his energy into his day job.

Spielman assumed the leadership role at URAC Oct. 17, making his first national appearance at URAC's Quality Summit Oct. 27 in Scottsdale, Arizona. URAC's Board of Directors unanimously selected Spielman after a national search, based on his strong record of executive leadership and his personal commitment to quality in health care.

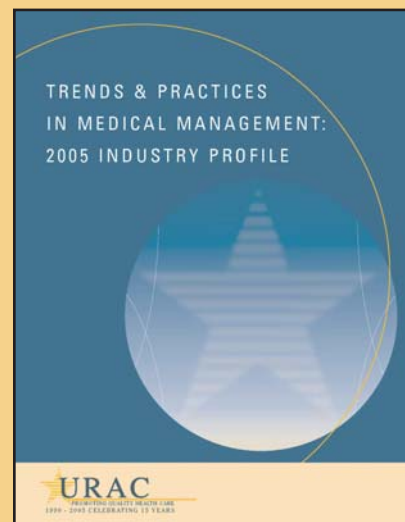
After a few weeks in his new role, Spielman offered his insights into these questions posed by AccreditWatch.

Q: You are still pretty new to URAC. Tell me about your personal expertise and what you bring to URAC.

A: I have always had an interest in health care – when I was about 10 years old, I decided I wanted to become a doctor—I later worked as a surgical technician as a pre-med student at The Johns Hopkins University. While I shifted gears in college, out of pre-med and into economics and political science, I retained a strong interest in the health care system. Early in my career I was a federal official in the Medicare and Medicaid programs, and spent some time on Capitol Hill in the legislative policy

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Message from the President

URAC President and CEO Alan P. Spielman



For more than 15 years, URAC has spearheaded efforts to ensure positive change in the way health care is delivered through its evolving accreditation standards and persistent drive to foster improvement and accountability in medical management. Innovation and positive change have long been the hallmark of URAC activities.

This fall, a transition unfolded within these offices as well. Oct. 17 marked the official start of my tenure as URAC's new president and chief executive officer. I had the pleasure of meeting many of you at our Quality Summit & Exhibit ten days later, and I look forward to forging many new and mutually beneficial relationships with you over the coming years.

As a URAC-accredited company, you can expect from me a keen appreciation for trends in the marketplace, and an ongoing ability to chart a strategic course that continues to emphasize quality. You can be assured that URAC will continue to be relevant in health care's changing environment.

In 2006, URAC will begin implementing new strategies that increase the strength of URAC accreditation. We will build recognition for URAC's seal of approval among regulators, purchasers and consumers. As the role of consumers becomes more powerful in health care management, URAC will renew its emphasis on consumer protection and empowerment. Further, we will work to improve the effectiveness, efficiency and our clients' overall satisfaction with the accreditation process.

URAC will move forward in its accreditation approach that encourages innovation and quality improvement. We will strive to be highly customer oriented, to listen to our clients, to be responsive when problems emerge, and to use this input to shape revisions to the standards. You can also expect us to remain inclusive in our standards development and governance processes, utilizing experts from all facets of health care.

As a URAC-accredited company, please know that I value your input. Should you have any questions, please feel free to call me at (202)216-9010 or email me at officeofthepresident@urac.org ★

Alan P. Spielman
President & CEO, URAC

ABOUT ALAN P. SPIELMAN

Spielman has more than three decades of proven leadership and experience in health care policy and strategy. He comes to URAC most recently from his position as senior advisor for health care reimbursement policy at Covington & Burling, a leading global law firm.

Spielman has successfully advised a number of health care companies and employers on health benefits, reimbursement policies, and strategic Medicare issues. Prior to joining Covington in 2004, he was general manager of federal programs and vice president of special markets at Medco Health Solutions, Inc., a pharmacy benefits manager. Spielman also has 16 years of experience at the Blue Cross Blue Shield Association, where he served as senior vice president of federal programs. In that role, Spielman had business responsibility for the Blues' largest health insurance plan, the Federal Employees Program, its national Medicare intermediary contract, and its network of Medicare managed care plans. In the public sector, Spielman served eight years in the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services), where he held key positions pertaining to state reimbursement plans and developing Medicare payment policies and quality standards. He also served as legislative analyst for the Congressional Research Service.

Spielman holds an MBA in health care marketing/management from Loyola College and a BA from The Johns Hopkins University, where he also continued graduate study in health economics and has attained the Managed Care Professional designation. He has published several articles on health care marketing topics. ★

Meet the Board Member

Bernard J. Mansheim, M.D.

Chief Medical Officer/Senior Vice President

Coventry Health Care, Inc.



As chief medical officer of the fifth largest public managed health care company in the country, Bernard J. Mansheim, MD, has a wealth of experience on the receiving end of the accreditation process. It can either be a nerve-racking, pass-fail test of an organization's compliance with the accreditor's guidelines, or an educational process that includes benchmarking progress and identifying areas for improvement.

As one of URAC's newest board members, Mansheim's primary interest lies in supporting URAC's unique emphasis on benchmarking and nurturing organizational improvement in the spirit of total quality management.

After earning his medical degree and board certification in internal medicine and infectious diseases, Mansheim worked in academic medicine for three years and then in private practice for another decade. He has been in full-time medical management for the past 15 years. As chief medical officer of Coventry Health Care, Inc. he is responsible for developing medical policy and "coaching" Coventry's 50 medical directors across the company.

"The biggest advantage URAC has over its competitors is that it's always been a non-intrusive accreditation process. URAC really lives the spirit of continuous quality improvement," Mansheim said. "From a customer perspective, it is certainly difficult to run a business when you have to become totally distracted by an accreditation process. Accreditation shouldn't intrude on the business itself; rather, it should occur as a natural part of how the business runs. That is a major plus about URAC accreditation. It's not just a pass-fail test."

Coventry is a diversified managed health services company with a number of business entities. It has 15 managed care health plans; a large, nation-wide provider network that serves self-insured national account customers across the United States; a national managed workers' compensation business; and a fee-based business in Medicaid that contracts with 25 states. Coventry serves nearly 5 million members nationwide.

Among other responsibilities, Mansheim oversees the quality improvement program for Coventry, including accreditation, and is quite familiar with the accreditation process.

"Two things drive companies to get accredited: state regulatory mandates, and a desire to demonstrate to the public that they are receiving high-quality health care—it's essentially a seal of approval," he said. In addition, as a physician Mansheim recognizes that URAC accreditation is an important reflection of the qualities doctors want to see in any insurance company; namely, that the organization strives for high service standards and fair treatment of its provider network. Mansheim said his main goals as a URAC board member are to bring to bear the knowledge he has of the industry and to offer his input regarding the strategic development and growth of URAC.

"I hope to help identify which accreditation areas are particularly relevant and are most meaningful, and to continue URAC's tradition of being customer friendly," he said. "URAC's strong suit is its focus on continuous quality improvement—I can't overemphasize that. I am proud to be part of the organization and look forward to contributing to its continued success."

Mansheim can be reached at bmansheim@cvtv.com. ★

Ask Accreditation

Enhanced patient safety, quality improvement central to revised URAC standards

January 1, 2006 marked URAC's rollout of comprehensive revisions of its clinical accreditation standards, including new requirements for ongoing patient safety initiatives, effective Jan. 1, 2006. The changes affect Health Utilization Management, Workers' Compensation Utilization Management, Case Management, Disease Management, Health Call Center, Independent Review Organization, Credentials Verification Organization, Provider Credentialing, Health Plan, and Health Network accreditation programs.

"These Standards revisions represent a next generation of accreditation standards. Standards enhancements have been applied across eleven programs simultaneously," said Douglas Metz, DC, chairman of URAC's Standards Committee and chief health services officer for American Specialty Health. "The changes improve consistency and efficiency between the Core standards and each of the accreditation program modules."

"Establishing viable standards in today's environment requires both an understanding of current practice and the evolving trends in the market," said Alan Spielman, URAC's president and chief executive officer. "The Standards Committee includes representatives from many different stakeholder perspectives, who worked for two years discussing and debating the most appropriate quality standards for these revisions."

Metz said the Standards Committee sought input from various and diverse stakeholders through the revision process. Stakeholders who provided input into the process included URAC's Health Web Site Advisory Committee, its Disease Management Advisory Committee, and hundreds of other volunteers who peer-reviewed and commented on draft versions of the standards. A critical and essential part of the revision process, URAC released draft standards to the public so that all industry stakeholders and interested parties had an opportunity to comment.

"The Committee reviewed each and every comment we received," Metz said. "Although the revised standards are consistent with and similar to the initial drafts released for public comment, the Committee added many clarifications and enhancements to the standards based on that public input."

Focused efforts to enhance patient safety is a specific area of emphasis in the new standards, which now include a Consumer Safety Quality Improvement Project as one requirement for organizations seeking accreditation.

"Establishing viable standards in today's environment requires both an understanding of current practice and the evolving trends in the market."

– Alan Spielman, President and CEO, URAC

Other changes to the standards include:

- A single accreditation glossary of terminology for all of URAC's clinical standards modules. This standardizes terminology and definitions across the clinical accreditation programs.
- An updated description of the URAC scoring/weighting system. This clarification does not change the current system, but it does more effectively communicate the scoring/weighting process for organizations seeking accreditation.
- The credentialing chapters of the Health Plan and Health Network Standards have been synchronized to the extent possible in order to promote more efficiency in the credentialing process.

"Rapid changes and innovation in health care raise a number of pivotal challenges to ensure health care delivery remains focused on care, rather than cost alone," Spielman said. "URAC accreditation gives organizations the ability to translate the complexity of health care operations and activities into a well-recognized seal of approval that embodies high standards and industry best practices for all." ★

Education Update

Winter 2006 Education Calendar

Education has always been an integral part of URAC's mission. In 2006, URAC will continue to offer an exciting mix of educational programs for individuals and companies in the health care industry. For a complete schedule of educational offerings, please see www.urac.org.

ALL NEW 2006 URAC ACCREDITATION-STANDARDS WORKSHOPS

Jan. 18, URAC Office, Washington, D.C.

- Health Utilization Management v.5.0 (includes Core v.2.0) SOLD OUT

Jan. 19, URAC Office, Washington, D.C.

- Case Management v.3.0 (includes Core v.2.0) SOLD OUT
- Independent Review Organization v.3.0 (includes Core v.2.0)

Jan. 20, URAC Office, Washington, D.C.

- Disease Management v.2.0 (includes Core v.2.0)
- Health Call Center v.4.0 (includes Core v.2.0)
- Core v.2.0 (Only)

Feb. 1-2, Marco Island Marriott Resort, Marco Island (FT. Myers), Florida

(Following the American Association of PPOs 2006 Annual PPO Forum)

- Health Plan v.5.0 (includes Core v.2.0)
- Health Network v.5.0 (includes Core v.2.0)
- Provider Credentialing v.4.0 (includes Core v.2.0)

Save the Date!

URAC's 7th Annual Quality Summit and Exhibit is scheduled to be held Oct. 11-13, 2006 at the La Costa Resort and Spa in San Diego. Visit www.urac.org for upcoming information and early-bird registration.

Call for Presentation Proposals

URAC encourages health care executives and managers, consultants, researchers and academics, and government personnel to submit proposals that focus on promoting quality and best practices in health care. Proposal submission deadline is May 31, 2006. To access our online submission, visit www.urac.org.

Exhibiting and Sponsorship Opportunities

The 7th Annual Quality Summit and Exhibit offers a wide variety of exhibiting and sponsorship opportunities, suitable for all organizations and budgets. Visit www.urac.org to view the Exhibitor Prospectus coming soon. To discuss opportunities, including customized options, please contact exhibiting@urac.org or call (514)524-2062.

Special Feature

Disaster Recovery Plan Pays Off After Hurricane Katrina

On August 19, 2005, a URAC accreditation team exited Private Healthcare Systems' New Orleans office—their recent acquisition of American Life Care. A veteran of URAC accreditation, PHCS was pleased to see its Health Network and Case Management accreditations extended to the office based on the 26th floor of a downtown building in the Big Easy.

Ten days later, Hurricane Katrina blasted through New Orleans. When the levees broke the next day, New Orleans suffered a disaster no one fully anticipated.

But thanks to a detailed disaster recovery plan and the dedication of the New Orleans staff, customers who count on PHCS physician network and care management services barely felt a bump.

URAC's Core Standard 7 requires each accredited organization to implement "information system(s) (electronic or paper) to collect, maintain, and analyze information necessary for organizational management" which, among other things, includes a disaster recovery plan. In the new version of Core Standards, implemented in January 2006, Core additionally requires the disaster recovery plan to be tested at least every two years, and to address identified areas for improvement. The standard is written to prompt organizations to think through the systems challenges that arise from a wide range of disasters, from a computer virus or temporary power outage to a full-fledged natural disaster like Katrina.

"I think this would have been much more difficult if we hadn't had a document in place to guide us," said Elaine Stone, director of quality assurance for PHCS. "Having that plan serve as a roadmap from the start was instrumental to our success."

The company's plan deals with both systems and technology challenges. It is part of an overall business continuity plan that addresses customer, staff, and technology priorities and responses in the event of a business interruption. All PHCS business and support units have specific plans outlining the alternate processes they will put in place using systems that have been recovered. "If you don't have the systems end running, it's hard to get the busi-

ness side going," Stone said. "The plan is structured to address disasters according to categories of difficulty."

"We asked operations managers a series of questions, such as how they would estimate the damage to their customers or to operations if they couldn't access data or use email and telephones for 24 hours, for 48 hours, or for a full work week." The plan built on that information, prioritizing which services would need to come online and in what order, depending on the severity of the disaster and the importance of the business function.

"I think this would have been much more difficult if we hadn't had a document in place to guide us. Having that plan serve as a roadmap from the start was instrumental to our success."

—Elaine Stone, Director of Quality Assurance, PHCS

Plan implementation began the weekend before Katrina hit. Phone trees were activated to get the word out and begin step-by-step backup of critical functions. Because New Orleans operations systems are integrated with systems located in two other offices, systems recovery allowed other PHCS operations to pick up services.

"Katrina as a disaster was certainly writ large, but we were able to contain the impact on most of our customers because we were able to reroute and handle the calls that were coming in at our other offices," Stone said.

Internally, there was grave concern for the safety of the 61 New Orleans employees after flooding knocked out all communications—telephone, email, and even cellular phone services.

"There was a period of time that we didn't know where everyone was, and we had to locate everybody," Stone said. The company set up emergency email addresses and phone lines for evacuees to call in, if they could do so. "Internally, we asked all of our employees to let us know if they heard from any of our colleagues. Our first concern was determining everyone's safety and whereabouts," she said.

As they contacted the company, PHCS relocated employees to work in locations nearby, from the Chicago area to the Dallas and Houston offices. Several of the systems employees made their way to company headquarters in Waltham, MA to help integrate pieces of the New Orleans legacy system that had not yet been transferred.

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Then I went into the for-profit sector, working for Medco Health (both when it was part of Merck and after it was spun off on its own), with both product development and general management responsibilities. Prior to joining URAC, I was a senior advisor with a major law firm, Covington & Burling, working with a range of health care issues in Medicare and the commercial world of managed care.

That represents a breadth of experience from several different perspectives. All these experiences bring to my new role a deep understanding of health care, health financing, reimbursement, quality assurance, and customer service, with a strong grounding both in managing a business and understanding the regulatory perspective.

To me, URAC connects with my experience on all cylinders. For URAC to succeed it needs to have a keen appreciation of trends in the marketplace, trends in the government and regulatory environment, an ability to chart a course strategically, and then to have the business and management discipline it takes to achieve the results on a monthly, quarterly, and annual basis.

Q: How do your background and skills tie into URAC accreditation?

A: URAC needs to maintain an ongoing dialog with state and federal officials to explain how voluntary accreditation programs can be a viable alternative, providing assurance that companies are meeting health care management and consumer protection quality standards. From the perspective of the regulatory environment, there are 37 states that now recognize URAC accreditation in one way or another, through licensing or in the state’s role as purchaser of care. In addition, there are several federal programs, including the federal employee health benefits program, and DOD’s Tricare program that also recognize URAC accreditation.

Over recent years, URAC has diversified into a number of key areas. URAC was originally founded with a focus on health utilization management, and then expanded into disease management, case management and other standards. More recently we’ve added accreditation for Health Web site, HIPAA Privacy and HIPAA Security, and Consumer Education and Support. Part of what the organization needs to do is to have a keen grasp of trends in the marketplace so we can translate those trends into either changes in existing programs or development of new programs. My broad background in health care will help me to be able to anticipate those trends and work through URAC’s very inclusive process to try to shape those standards.

Q: How do they tie into URAC research/education?

A: Part of it builds fundamentally on the need for URAC to be relevant. URAC research and education should track with changes and trends in the marketplace. I’m coming at this from a diverse, eclectic background—I’ve looked at the health care world as regulator, insurer and provider. We will be sure to develop a research agenda that reflects trends touching on all those perspectives. In addition, as we look to trends in the level of government involvement in health care, that too will shape the research and education agenda. For example, in 2006 nearly 50 percent of the nation’s health care bill will be paid in one form or another by a government program. Where these programs are going is an important driver of where we are going in our educational efforts.

Q: Tell me about working as a purchaser of health care or the federal employee insurance program. What did you learn from that experience about health care?

A: First, I learned that health care is a complex business. That statement may seem obvious, but health care’s complexity is unparalleled. It is not the banking business. It is not the auto business. Not only is the business complex, but our attitudes towards it are very much shaped by our values. Different people bring to the table a variety of perspectives. Some view their health care as a right or entitlement, whereas others see it more as a commercial service or product. As a nation, our expectations are confounded by those fundamental values we each bring to health care.

Second, I learned that the consumer—the patient, the selector of a health plan—has tremendous power to shape the dynamics of health benefit plan product and service offerings. In that federal employees health benefit plan, everyone competed for members on an annual basis, and members had many choices. It required a very delicate balance between the scope of benefits and services offered and what the premium cost of the product would be. Those choices stimulated innovation to push the envelope, to expand benefits, and to introduce greater efficiency. In contrast, the Medicare program was fairly stagnant until the Medicare Modernization Act. Since then we’ve seen an expansion of managed care options, increased emphasis on preventive benefits, and, of course, the new drug benefit in Medicare. The dynamic of informed consumers is very powerful.

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The final observation I have from that experience is that everyone I encountered in the health plan environment was striving to improve the quality and efficiency to bring greater value to the patient. The challenge is that it's hard to do in this very complex business. No sooner do people develop an improvement than the environment shifts.

That's where I see the value of accreditation. It allows us to translate the complexity that goes on inside the health plan or service company into a symbol of accreditation that external stakeholders can look to as a validation that the organization is committed to improving quality and effectiveness and protecting consumers. Accreditation shows that an organization has voluntarily agreed to be reviewed and has met a set of rigorous standards that brings together the perspectives of all stakeholders in the industry.

Q: Why would a company prefer URAC accreditation over the others?

A: First, URAC's approach is truly a continuous quality improvement approach. Our process and our interactions with companies are designed to enable them to improve their operations. It is not a simple pass/fail kind of program. The focus on continuous quality improvement pervades the accreditation process.

Second, URAC has distinguished itself for creating a highly reliable and consistent survey experience. URAC primarily utilizes surveyors that are staff surveyors, on occasion supplemented with outside resources.

Third, URAC is highly customer responsive. We listen to our clients, we're responsive when problems emerge, and we are actively listening to companies to help shape revisions to the standards.

Lastly, organizations appreciate the inclusiveness of URAC's standards development process and our governance process. The URAC board is comprised of experts from all facets of the health care world, including regulators and consumers.

Q: Let's switch gears a little and talk about URAC's quality mission. How does health care quality tie into patient safety, and what is URAC doing to enhance patient safety in the marketplace?

A: URAC recently approved a set of revisions to our medical management standards that, for the first time, adopted the Institute of Medicine's definition of patient safety. We also have included

a requirement that accredited companies must have quality improvement projects underway specifically directed at improvements in consumer safety. As far as I know, no other accreditation agency is doing that.

Patient safety represents the ground-level minimum requirement for assuring quality health care. If you go back to the Hippocratic Oath and the requirement to first do no harm, you understand that patient safety cannot be any more at the heart of quality.

Q: What do you identify as current drivers that will affect health care in the near term?

A: As I look out over the next several years, one of the major drivers I see is the increased focus on consumer-driven products. In addition, meeting the chronic care needs of the population will certainly be a major challenge. Third, innovation in medical technology, pharmaceuticals and biotechnology will accelerate, which will place challenges on the system.

All those drivers are being enabled by improvements in technology, and they're being influenced by a dramatic increase in government involvement. These trends are already shaping our agenda, and URAC will be evaluating its current programs as well as exploring new programs to try to address those trends.

We are also seeing an integration of traditionally separate types of medical management functions. Utilization management, case management and disease management, for example, have often been operating as separate silos, but increasingly we're seeing companies realize that managing health care in today's complex environment requires a holistic approach. We're seeing companies trying to integrate operationally, but also trying to enhance their technical platforms to facilitate the smooth handoff and integration of those functions.

On the other hand, we're seeing quantum leaps in the ability of companies to leverage the Web to bring services and innovation to their customers. URAC's traditional strength has been in the medical management area, yet our more recent move to establish standards and shape the health Web site and privacy and security accreditation arena enables us to build on that framework and to adapt as these trends take further shape. ★

Standards

Having a difficult time interpreting URAC standards? Send your questions to interpretations@urac.org. Please include the program name, standard and version number in the subject line of the e-mail.

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“URAC accreditation was invaluable in the wake of the disaster because it ensured PHCS had uniform standards for processes across the company.”

—Elaine Stone, Director of Quality Assurance, PHCS

“So many of the New Orleans employees contacted us and asked us what they could do to help, and where they could be put back to work. They went to extraordinary lengths to make a contribution,” Stone said. “Some of them were faced with a little damage at home, and some people lost everything. But they made a huge effort and commitment to care for their customers.”

Two weeks after the storm, operations were functioning as normal. As it turned out, the New Orleans office itself suffered very little damage. Most employees returned back to work when it re-opened Nov. 7.

Stone said, “the standards set a framework for clear documentation and standardization of processes, so you have a reference no matter what happens,” she said. “There is enormous value in having that documentation, in having a plan that helps you approach the physical part of getting systems back up and running, and then the policies and procedures to get operations running smoothly again. Our customers and network providers are treated the same way no matter what location they contact.”

PHCS has a history of testing its disaster recovery plans so they can be tweaked and improved over time. Of course, a dire disaster like Hurricane Katrina raised challenges that were not anticipated by the plan.

“I don’t think anybody anticipated a complete and utter lack of any kind of connectivity, and frankly I don’t know how you plan for that except to overplan for it,” Stone said. “If there’s a lesson to take away from our experience, it’s that you can’t be too prepared for something, and even then, you still might find yourself in this situation. Imagine yourself either paralyzed from it or frantic because there’s no way to get communications going again.”

Stone emphasized the importance of developing disaster recovery plan tests that are as real as possible. “Making those tests seem real may be the hardest part,” she said.

“Don’t underestimate the importance of having a very detailed plan and testing it,” she added. “When you look at the detail of these plans, they’re the kind of things that make your head spin. Who wants to live with that level of detail and minutiae? But it really comes in handy when you need it.” ★

ABOUT PHCS

Private Healthcare Systems (PHCS) is the largest national proprietary PPO, with nearly 450,000 providers and more than 4,000 facilities. Over 16 million health plan members have access to the PHCS Network. Additionally, PHCS is the second largest independent care management company in the country. PHCS has offices in 15 locations nationwide with corporate headquarters in Waltham, MA. PHCS holds URAC Health Network, Case Management accreditations.

ACCREDITWATCH

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