Mission Statement

The mission of the St. Rose Quality Care Network is for its physician members, in collaboration with their hospital partners, to improve the health of the community through the efficiency and effectiveness of the care they deliver, monitoring outcomes across the healthcare continuum, and focusing on improvement of processes and appropriate utilization to ensure quality.

A physician-driven initiative of the medical staffs at St. Rose Dominican Hospitals.

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Dear Colleague:

I am pleased to invite you to join St. Rose Quality Care Network (SRQCN), an organization established to help local physicians unite in a proactive, common-sense solution to healthcare reform. SRQCN is a physician-driven and physician-led network made up of the medical staffs of St. Rose Dominican Hospitals.

As a participating physician in SRQCN, you will be part of a group of individuals and hospitals committed to implementing initiatives that improve quality and patient outcomes, as well as the efficiency and cost of care provided. A properly designed clinically integrated program also allows us to negotiate jointly with commercial payers and local self-insured employers.

I hope the information in this enrollment package will answer most of your questions about your participation in SRQCN. However, please feel free to contact me if I can be of further assistance. You can reach me at 702-616-5717 or robert.pretzlaff@dignityhealth.org. You can also contact my assistant, Diana Diaz-Pangilinan, at 702-616-5761 or diana.diaz-pangilinan@dignityhealth.org.

Please forward your completed enrollment packet to:

Alicia "Ali" Erosa, Physician Practice Liaison
2200 Paseo Verde Parkway, Suite 260
Henderson, NV 89052
alicia.erosa@dignityhealth.org
Office: 702-616-5717 | Mobile: 702-701-2467 | Fax: 602-604-4804

Please contact me with any questions about the clinically integrated program or if you need assistance in completing the enrollment paperwork. I look forward to working with you in making a positive difference in healthcare.

Best regards,

Dr. Robert Pretzlaff
Chief Physician Executive
702-616-5717
robert.pretzlaff@dignityhealth.org
srqcn.org

I.

St. Rose Quality Care Network (SRQCN)

What's in it for You?

Frequently Asked Questions

What's in it for You?

Clinical integration (CI): a proven method

Clinical integration (CI) is an innovative, proven method that enhances the quality of healthcare while controlling costs. Better health outcomes result for the community from physician leadership, greater clinical collaboration and shared accountability among physicians and hospitals.

St. Rose Quality Care Network (SRQCN) is a collective network of independent physicians on the medical staffs at St. Rose Dominican Hospitals who are committed to improving quality of care and patient outcomes, as well as the efficiency and cost of the care provided.

SRQCN physicians collectively negotiate with health plans while demonstrating their ability to achieve certain quality benchmarks.

Other physicians in clinical integration programs throughout the country are banding together to protect themselves from extinction.

What clinical integration is not

- Capitation
- Led by the hospitals
- Physician employment
- Costly to physicians
- An agreement that will put individual physician fees at risk

What are the benefits of joining?

A CI network such as SRQCN provides a support system for private practice physicians facing the many challenges in healthcare today. Most importantly, network participation allows each physician to practice within a more "integrated and multidisciplinary" practice model while maintaining an independent medical practice.

SRQCN provides tools and resources to help manage the more complex patients, enabling physicians to drive both quality and efficiency in their practices.

This will benefit patients' care and outcomes, as well as the physician's practice.

SRQCN allows physicians to be part of a community network focused on adhering to guidelines of care and clinical quality.
The network also provides a vehicle to engage payors and self-insured employers.

What is expected of those who join?

Participating physicians in SRQCN:

- Sign a Physician Participation Agreement
- Agree to the quality initiatives selected and defined by physicians
- Allow abstraction of quality data from EMR
- Share quality data with SRQCN via the technology provided by the program
- Will be accountable for compliance with SRQCN policies and procedures
- Comply with SRQCN technology requirements (see Technology Overview)
- Have the ability to communicate via email

What is the cost?
Participation costs nothing. There are no enrollment fees and no ongoing participation fees.

How do I sign up?

Submit all completed enrollment materials to:

Alicia "Ali" Erosa,
Physician Practice Liaison
2200 Paseo Verde Parkway, Suite 260
Henderson, NV 89052
alicia.erosa@dignityhealth.org
Office: 702-616-5717
Mobile: 702-701-2467
Fax: 602-604-4804
srqcn.org

Participating Providers

For a current list of SRQCN participating providers, please visit our website at srqcn.org. Click on the "About Us" tab and then the "Participants" link.

Frequently Asked Questions

Q: What is a clinically integrated network?

A: Clinically integrated (CI) networks are integrated systems of hospitals, physicians and other medical facilities that collaborate to improve quality and efficiency of care. The structure of these networks encourages a team-based approach to care delivery and allows for greater sharing of patient data and best practices. CI networks are able to leverage the unique strengths of independent physician practices and share resources—such as technology, care management programs and infrastructure investments.

Q: What are the characteristics of an effective clinically integrated program?

A: Clinical integration fosters interdependence among providers who, by working together on the quality initiatives they select for the program, are able to achieve higher quality and greater cost-effectiveness than they likely could accomplish on their own.

Q: What does a clinically-integrated network of independent physicians look like?

A: In most instances, clinical integration involves a hospital and physicians on its medical staff who create committees and management capabilities to:

- Identify and adopt clinical protocols for the treatment of particular disease states
- Develop systems to monitor compliance with the adopted protocols on both an inpatient and outpatient basis
- Contract with fee-for-service health plans and local employer self-insured plans in a way that financially recognizes the physicians' efforts to improve healthcare quality and efficiency

Q: Does clinical integration require me to place my fees at risk in a "withhold" or capitation model?

A: While clinical integration uses many of the same quality improvement and medical management techniques that would allow for effective management of capitation, it currently does not require the use of withholds or capitation.

As healthcare reimbursement models change in the future, members of the network may opt to participate in contracts that have downside risks.

Q: Will I be able to negotiate with other doctors in the program for better fee-for-service rates from the health plans?

A: In successful clinical integration programs, value-based contracts with fee-for-service health plans can include incentives that recognize the value of the higher quality and greater efficiency furnished through the clinical integration program.

Q: Can we participate in just the contracts that we choose?

A: The clinical integration program agreement requires physicians to participate in each clinically integrated payer contract negotiated by the network. Participation in the Bundled Payment for Care Improvement (BPCI) or Medicare Shared Savings Program (MSSP) is voluntary.

Q: Do all members of the group have to participate if we sign up under a group agreement?

A: The participation agreement stipulates that all members in a group must participate.

Q: Will this affect my referral patterns?

A: Participation in a clinically integrated network does not mandate any change in referral patterns. SRQCN is not an HMO or an IPA.

Q: Does participating affect my other payer contracts?

A: Membership is non-exclusive and does not limit a physician's ability to contract with other health plans independently or through another independent practice association (IPA), physician organization (PO) or physician hospital organization (PHO).

Q: My staff cannot take on more work. How will this affect my practice?

A: Joining a CI network will provide additional resources. The goal is to not add more work to a physician's staff. Provider feedback indicates the required claims uploading process only takes a few minutes.

Q: What role do Dignity Health and the hospitals have in making decisions for the network?

A: SRQCN is physician-led. Its board of managers is composed entirely of physicians with one hospital representative.

Q: Why can't care management support all of my patients?

A: SRQCN's care management team currently supports patients who are part of the CI network's contracts and can assist with providing information on community resources for other patients.

Q: Do the CI network quality metrics replace PQRS?

A: Federal Trade Commission (FTC) regulations require a CI program to measure and report on the quality of the care provided within the network. These measures have been designed to overlap with PQRS; however, they are not a replacement.

Q: Is a CI network an ACO? Is it an IPA?

A: A CI network is neither an ACO nor an IPA. A CI program can involve independent and employed physicians working with a hospital or health system who contract collectively with fee-for-service health plans without violating anti-trust laws.

Q: What benefit will St. Rose Dominican Hospitals provide in the development of a clinical integration program?

A: Partnering with a hospital or health system can provide distinct advantages to a network of independent physicians in the development of clinical integration. In instances where the hospital shares the same quality vision as the physicians, as is the case at St. Rose Dominican Hospitals, the hospitals are a powerful ally in program development by:

- Collaborating with the physicians in developing clinical integration initiatives based on existing inpatient quality measures
- Lending financial assistance and personnel in implementing inpatient and outpatient initiatives that provide true community benefit and are not tied to the referral volume or value

Q: Why are physicians across the country engaging in clinical integration?

A: Physicians have several motivations for participating in clinically integrated networks, including:

- Enhancing the quality of the care provided to patients
- Legitimately negotiating with payers as a network
- Developing their own alternatives to health plan "report cards" and other initiatives that may not accurately assess physicians
- Providing access to technological and quality improvement infrastructure
- Allowing networks of physicians and hospitals to market themselves on the basis of quality

Q: Why do so many physicians view clinical integration as a good business and healthcare strategy?

A: Doctors and hospitals nationwide are implementing clinical integration programs because they believe in its value proposition:

1. Clinical integration allows physicians to:
   - Demonstrate their quality to current and future patients
   - Choose the clinical measures against which they will be evaluated
   - Share in appropriate care management, care coordination and technology tools that allow the physicians to participate in the health system in a more integrated way

2. Clinical integration gives hospitals the ability to:
   - Develop a better, more collaborative relationship with their medical staff
   - Demonstrate their quality to current and future patients
   - Enlist physician support for hospital initiatives, including compliance with "core measures," clinical pathways, standardized order sets and supply chain management initiatives

3. Clinical integration provides patients with:
   - Greater stability in their relationships with their doctors and hospitals and less likelihood that they will need to choose new healthcare providers every year
   - A better value for their healthcare dollar
   - More effective care management and outreach from a trusted source–their physician
   - More reliable information to support their choice of health plans, physicians and hospitals
   - More accurate and meaningful provider ratings

4. Clinical integration gives employers:
   - Ability to provide a more integrated model of care for their employees that focuses on quality outcomes and efficiency in healthcare
   - Increased employee productivity and reduced absenteeism through better management of chronic disease
   - Ability to more effectively manage the healthcare costs of employees and their dependents through the purchase of better, more efficient healthcare
   - Lower healthcare costs over the long term through the reduction of variation in physician practice patterns
   - More reliable information to support conversion to consumer-driven health insurance products

II.

Program Details

Health Information Exchange

Data Security Fact Sheet

Quality Data Reporting Frequently Asked Questions (FAQs)

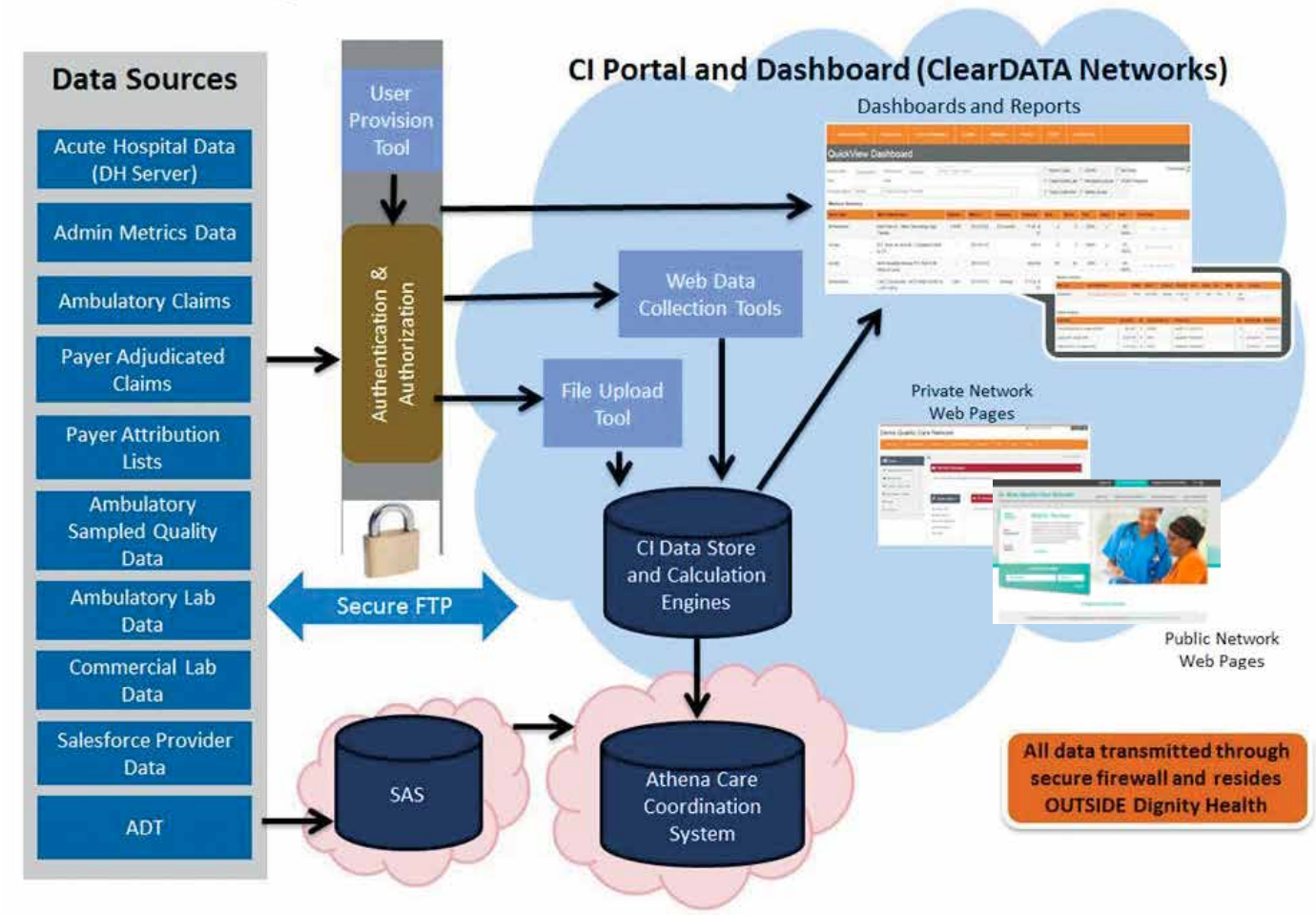
Population Health Management:
Clinical Integration/Accountable Care Organization Data Management

A physician-driven, physician-led initiative

Security and Privacy Assurance

The Clinical Integration (CI) website supports Clinical Integration Network participating practice groups to upload claims data for the purposes of quality reporting and analysis. The portal allows physicians and their assigned staff to view their quality data through the CI Quality Dashboard. This Quality Dashboard displays physician progress against the Clinical Integration Network quality measures that support clinical integration initiatives. Access to the dashboard requires user ID and password.

Security of Data: Clinical Integration Portal



Assurance of HIPAA Compliance

The CI portal is hosted by a third-party vendor that specializes in secure, cloud-based healthcare data management systems, also referred to as "environments." The CIN environment is an SSAE No. 16 certified data center.

This certification means that an extensive process has been developed, thoroughly reviewed and audited to ensure that data is backed up, secured and managed according to strict specifications that comply with HIPAA and HITECH requirements.

Protection of Patient Data Within the Clinical Integration Program

Patient-level data originating from the practice groups are stored at the HIPAA-certified, CIN-managed, hosted environment. This minimizes points of vulnerability and ensures that the data is used for only intended purposes.

All data is securely transmitted (with encryption) through secure websites, firewalls and secure file transfer methods. Only authorized user administrators who closely manage the setup have access rights for users of the system.

Role-based access is an approach to restricting system access to authorized users based on job function. Every approved user is required to change his or her password in the system and answer a security question for future reset of passwords.

Check and Double-Check Access

Processes are in place to ensure:

- A double check (two-factor authentication) when adding new users.
- Users are disabled from accessing the system if the practice group exits the CI program or the user leaves the practice group.
- Each user can access only that information that is appropriate, based on the user's role.
- No patient-level detail is combined or aggregated across separate CI networks. Users with access to data on one network are not able to view or access any data associated with another network.

Audit of CI Dashboard Viewing

Every time a user views data on the CI Quality Dashboard, this access is logged into a database. Network quality managers or compliance resources are assigned to complete audit log report reviews to audit use by user, patient and by dashboard report. In addition, operational reports are provided with the system to spotlight unauthorized access.

Additional Safeguards include:

- Encryption Technology and Security Services: Provides data encryption at rest and in motion as required by HIPAA. There is no one size fits all approach.
- Secure Data Access Controls: Tools, policies and procedures restrict, track and monitor who accesses what data, where, when and for how long in a cloud environment.
- Audit Logging: Utilizes procedural audit mechanisms through every component of the application and data storage solutions.
- Multi-tier Authentication: Security and privacy architecture supports authentication and role-based access for secure cloud environments.
- Firewall Management: Secure authentication and identification management, provides dedicated firewall management in the cloud.
- Intrusion Detections Systems and Virus Scanning: Robust and best-of-breed solutions expertly managed to keep the cloud environment secure and safe.
- Vulnerability Scanning: Constant scanning of over 10,000 elements to ensure that applications and cloud systems are safeguarded and high performing.
- Physical Security Environment: Provides protection from physical breach by multiple superior physical security elements, including video surveillance, 24x7 armed guards, three-factor authentication, mantraps, and biometric access–iris and vein/vascular scans.
- Inventory PHI: Tracks and inventories all PHI-created, received, maintained or transmitted for auditability in the “chain of custody.”

For additional information or questions

Please contact Population Health Management support at PHM_Portalsupport@DignityHealth.org or the Clinical Integration Network Help Desk at: 855-782-5638.

Quality Data Reporting Frequently Asked Questions

Q: Why am I being asked to submit claims for all my patients?

A: SRQCN is a clinical integration (CI) network. The network's success will depend upon the program's robust and multi-specialty quality improvement program. The only way to measure this is through claims data that participating providers have agreed to submit when signing the SRQCN Participation Agreement.

SRQCN believes that physicians who submit claims information for all of their patients will benefit the most from the CI network's quality program because they will be able to determine how they are doing across their entire panel of patients as opposed to just a subset of patients.

Sharing quality information on patients is permissible as long as the Notice of Privacy Practices (NPP contains standard wording permitting the use of protected health information (PHI) for Treatment, Payment and Health Care Operations. Reporting on quality to improve patients' care is covered under "healthcare operations."

SRQCN members need to add the following disclaimer to their NPP:
This practice and its physicians are members of a clinically integrated network known as St. Rose Quality Care Network (SRQCN). The members of SRQCN may share patient health information for treatment, population health and joint quality activities.

Q: How can my practice report quality data to SRQCN?

A: Consistent with quality data reporting for the Centers for Medicare and Medicaid Services, quality data can only be reported to SRQCN, as:

1. Claims-based reporting (CPT4 and diagnosis), or
2. Registry reporting, if available. Contact Population Health Management (PHM) IT for required file formats.

Q: What information is used from my claims?

A: SRQCN only uses rendering provider information (NPI and Tax ID), patient demographics, date and place of service, diagnosis and procedure code information from the claims submitted and will not extract billed charges from the claims uploaded to the secure web portal.

Q: How will the claims file upload process work if we use a billing company?

A: Billing companies currently submit claims files either directly to a payer or through a claims clearinghouse. The same file submitted to payers/clearinghouses can be uploaded to the SRQCN secure web portal.

Q: If I have to submit all claims for all of my patients, will this consume significant resources in my practice?

A: Provider feedback indicates it only take a few minutes for staff to submit the same billing file used for other payers to the SRQCN secure website. SRQCN's physician practice liaison can assist practice staff with the claims file uploading process.

Q: Can the claims upload process be automated?

A: This question should be directed to the practice billing office or IT consultant. It may be possible for a vendor to create a script or an interface to handle this functionality and process. PHM-IT can create a secure FTP connection to automate the claims upload process.

Q: What are acceptable file formats for claims uploads?

A: 1. 837P and 8371 (any file extension)
2. Alternative claim file format -.txt (Contact the physician practice liaison for more details.)

Q: SRQCN staff is asking providers to upload claims files to a secure website. My office uses an EHR so why do we need to send our claims?

A: 1. To aggregate claims from multiple providers for a specific patient, SRQCN needs to match the patient's data using demographic and other information (name, date of birth, address, insurance, etc.), which is not often contained in the EHR.

2. Claims data contains information not always available in the EHR that is required to measure compliance, such as diagnosis and procedure codes for a specific date of service, as well as rendering provider information. This information will be linked to the EHR data, including laboratory values and pharmacy information.

3. The measure specifications require CPT 4/HCPCS codes, diagnosis codes, place of service, date of service and patient demographics to determine the patient attribution for each measure. In addition, SRQCN will need the rendering provider of service NPI and Tax ID. If all of this information can be included in the EHR data extract, then claims would not be needed.

4. To satisfy the Federal Trade Commission's (FTC) regulatory requirements for a CI program, SRQCN must measure and report on the quality of the care provided within the network. SRQCN needs claims files to report on quality.

Q: Should we notify our patients regarding participation in the CI program and do we need to offer our patients the opportunity to opt out of data sharing in the CI program?

A: SRQCN encourages members to notify all patients of the practice's participation in a CI program that is focused on improving quality and coordination for all patients. Outside of the Notice of Privacy Practices, neither the FTC nor other payers require additional notification to patients to share their information to improve the quality of care in the community.

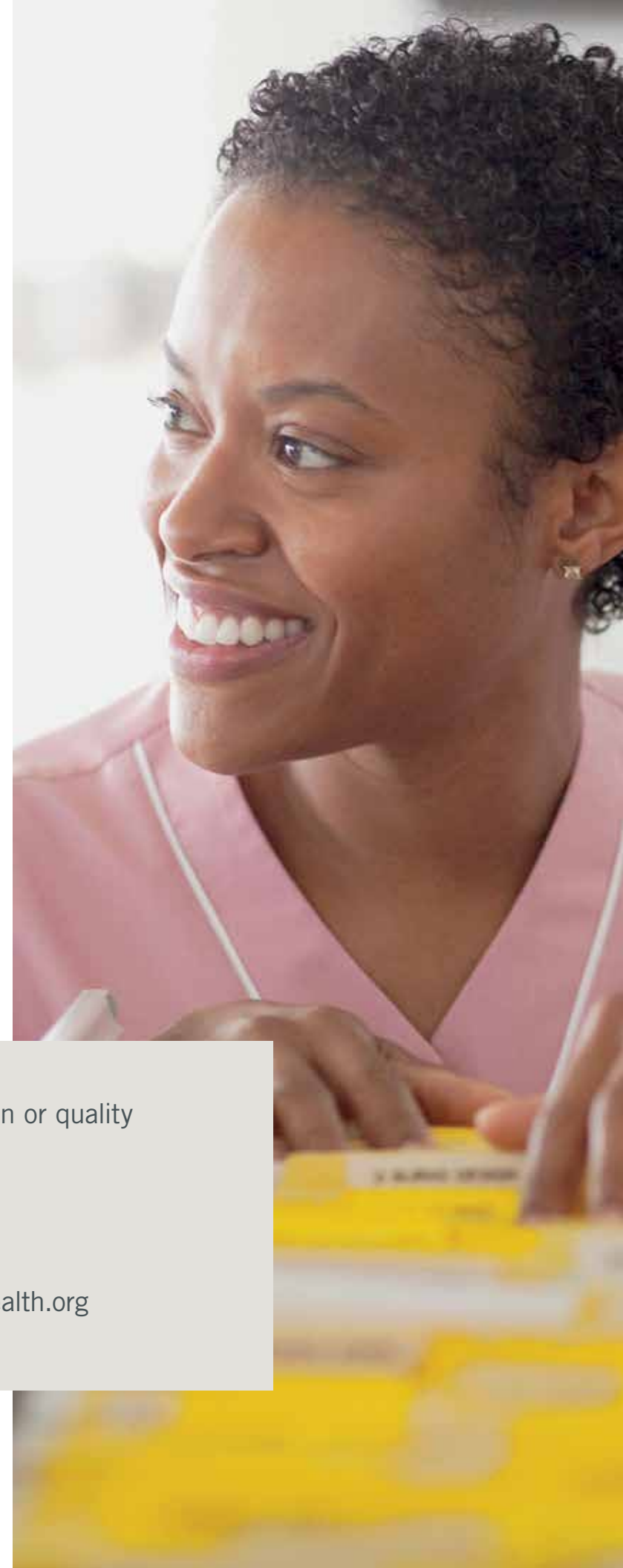
However, the benefit of an integrated network designed to improve quality of care and reduce costs will be diminished by not including all patients in the program.

Q: Does SRQCN have clearinghouses that automatically submit files to the network's secure website?

A: Yes, but only those practices using Office Ally as their clearinghouse. SRQCN has an agreement with Office Ally to automate this process at no cost to the participating practice.

For more details, please contact

Alicia "Ali" Erosa
Physician Practice Liaison
alicia.erosa@dignityhealth.org
702-616-5717 (Office)
602-604-4804 (Fax)



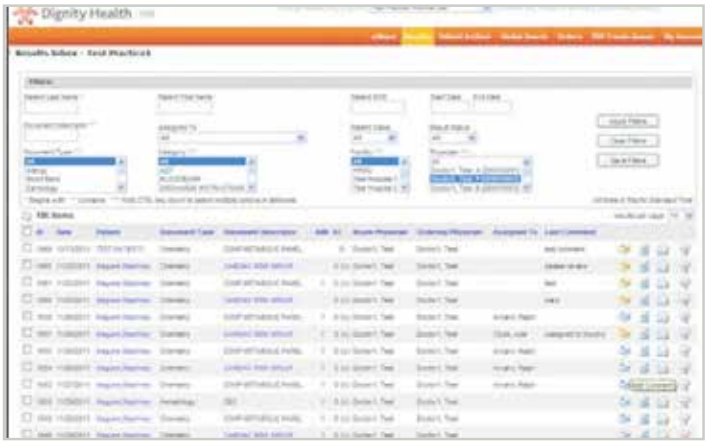
Please contact the SRQCN physician liaison or quality management nurse with any questions.

The help desk can also be contacted at:
1-855-QUALNET (1-855-782-5638)
or by email at CI/ACOHelpDesk@DignityHealth.org

St. Rose Dominican Hospitals Health Information Exchange (HIE)

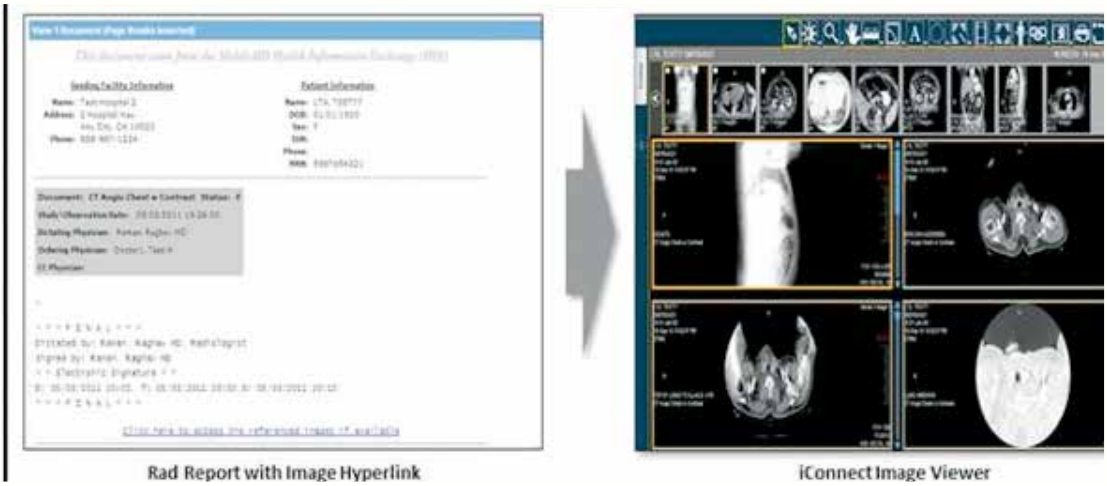
Participating St. Rose Quality Care Network physicians and their staffs have access to a free service that can help improve workflow and speed up results delivery, saving time and money.

The St. Rose Dominican Hospitals Health Information Exchange (HIE) is accessible from any computer with an internet connection. HIE participation allows physicians to access important patient information from St. Rose Dominican-Rose DeLima, St. Rose Dominican-San Martin and St. Rose Dominican-Sienna via a secure web-based results inbox and share information with other enrolled practices.



Other HIE features include:

- Information specifically designed for physician practices
- Patient lab results and transcribed and radiology reports delivered to practice inbox
- Access to patients' historical results prior to treatment relationship
- Access to patient's' face sheets for viewing or printing
- Information printable locally to any printer
- Primary care physician notifications for ED/inpatient admissions and discharges

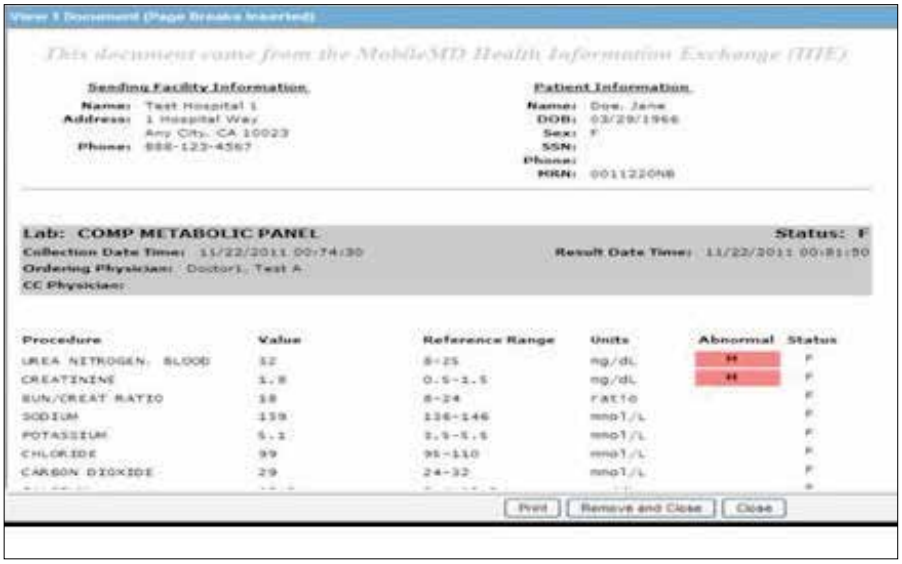


Rad Report with Image Hyperlink

iConnect Image Viewer

HIE also features role-based results routing to:

- Admitting
- Attending
- Dictating
- Ordering
- Primary-care physicians
- CC physicians



Smartphone and tablet access:

- Enhanced view of results and reports on smartphones and tablets

Patient ED/admit/discharge notification:

- Notifications via email or text
- Run reports on patient admitting and discharge events

Video tutorials and quick reference guides are available on the HIE portal website. To have hospital results and reports sent directly to a practice's EMR, contact St.RoseHIE@DignityHealth.org (the EMR vendor might charge a fee for this service).

To sign up for a free Dignity Health HIE account, visit https://hie.dignityhealthmember.org/SRDH and click on "Request Account."

III.

Care Management Program

Overview of SRQCN Care Management Program

Care Management Referral Form

Care Management Program Overview

The Comprehensive Care Management Program is designed to improve quality of care and clinical outcomes for patients with complex, chronic diseases. High-risk and rising-risk patients are identified by the RN care coordinator, and physicians can refer patients into the program.

The RN care coordinator addresses obstacles to care, coordinates transitions of care, assists with management of complex medications and identifies resources related to psychosocial support.

Outreach to high-risk members may take place in a clinical setting or through home visits by professionals based on the patient's specific needs. A typical care management program enrollment period is 12 weeks but could be extended if needed. Physicians are kept informed of the patient's progress by the RN care coordinator.

A copy of the referral form is on the next page, and a loose form that you can duplicate is also included in this packet.