

HOSPITAL MEDICINE SERVICES QUESTIONNAIRE

General Practice Information

Thank you for your interest in the many benefits of working with Integrated Care Physicians (ICP). ICP helps clients achieve success by providing extensive resources to improve operational efficiency and patient flow. The information you provide here, will help us gain a true understanding of how we can best serve your hospital and assist in reaching your performance goals.

PLEASE RETURN COMPLETED QUESTIONNAIRE TO: agreer@integratedcarephysicians.com

HOSPITAL MEDICINE SUPPLEMENTAL INFORMATION			
What is the hospital's current approach to Hospital Medicine: <input type="checkbox"/> In-house program <input type="checkbox"/> Outsourced <input type="checkbox"/> other			
How long has this model been in place?			
Are private Hospitalists allowed to practice in the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No			
On a scale of 1 to 10, how well is this program performing:			
Medical Staff satisfaction	Hospital Leadership satisfaction	Nursing Staff satisfaction	Patient Satisfaction
On a scale of 1 to 10, is the program achieving the financial opportunities that exist?			
<u>Value-based reimbursement</u>			
Patient satisfaction	Management of re-admissions	Adherence to Core Measures	
<u>Efficiency/Effectiveness</u>			
Length of stay	Utilization of resources (radiology, lab, etc.)	Cost of Care Strategies	Discharge Planning
HOSPITAL EMR			
Are the physicians currently documenting on an EMR?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently utilizing an 3rd party HL7 interface vendor/engine?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have existing HL7 ADT and ORU/MDM (chart) outbound interfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide both the name and version of your current EMR system.	EMR Brand	EMR Version	
FINANCIAL			
Does the hospital pay a subsidy to support the Hospital Medicine program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other reasons for a subsidy besides HM providers?			
What is the average annual subsidy amount per physician?	\$	per physician	\$ Annual total for entire program
Is this subsidy offset by the financial performance opportunities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the offset is not 100%, to what extent is the subsidy cost covered?	%		
Average monthly admission rate from Emergency Department	%		
Number of <i>total</i> Hospital Admissions per Day			
Number of <i>total</i> Hospital Admissions per Month			
Average percentage of admissions that go to the hospitalist service	%		
Number of daily admissions to the <i>entire</i> hospitalist program			
Number of admissions to the entire hospitalist program annually	2017	2018	2019 (est.)
Average daily census of the <i>entire</i> hospitalist program			
Number of Admissions <i>per day per each</i> Hospitalist	Does this include observations?		If not, how many obs?
Average daily census <i>per day per each</i> Hospitalist			
Is there additional funding for indigent care?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hospital Case Mix Index (CMI)			
Do all provider groups utilize the Hospitalist service?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
On average, how many consultations do the hospitalist perform daily?			

HOSPITAL MEDICINE PAYOR MIX							
Medicare	%	Medicare Managed Care	%	Worker's Comp	%	Commercial Insurance	%
Medicaid	%	Medicaid Managed Care	%	Self-Pay	%	Champus/Tricare	%
HMO/PPO	%			Blue Cross Blue Shield	%	Other	%

HOSPITAL MEDICINE STAFFING																	
Will the hospital provide malpractice insurance for Hospitalists?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
What is the number of Hospitalist hours staffed per day?	Hours/day																
What is the number of Hospitalist hours staffed per night?	Hours/night																
Is there a requirement for a full-time physician nocturnist?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Is there consideration for nighttime PA/NP coverage with physician backup?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
What are the type shifts by provider and length of each shift?	<table border="0"> <tr> <td></td> <td>on shift</td> <td>off shift</td> <td></td> </tr> <tr> <td>Day Shift</td> <td>Day Shift #2</td> <td>Day Shift #3</td> <td></td> </tr> <tr> <td>Swing Shift</td> <td>Swing Shift #2</td> <td>Swing Shift #3</td> <td></td> </tr> <tr> <td>Night Shift</td> <td>Night Shift #2</td> <td>Night Shift #3</td> <td></td> </tr> </table>		on shift	off shift		Day Shift	Day Shift #2	Day Shift #3		Swing Shift	Swing Shift #2	Swing Shift #3		Night Shift	Night Shift #2	Night Shift #3	
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Night Shift	Night Shift #2	Night Shift #3															
What is the average pay rate for Hospitalists?	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual																
What is the number of PA/NP hours staffed per day?	Hours/day																
What is the average hourly pay rate for PA/NPs?	\$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual																
Do the Hospitalists cover patients in the ICU?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Manage all Care <input type="checkbox"/> Care managed by Intensivist																
What is the Site Medical Director pay/stipend per month?	\$																
Do other physician groups participate on the call schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how scheduled?																
Are the hospitalists Employed or Independent Contractors	<input type="checkbox"/> Employed <input type="checkbox"/> Independent Contractor																

HOSPITALIST METRICS	
Average number of encounters per day for each hospitalist.	
What is your current LOS?	days
What is your current average discharge time	Preferred time
What is your current readmission rate?	Hospital % Hospitalist %
Are there any specific issues regarding quality metrics?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Are there any specific issues regarding core measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:
Do you currently measure patient satisfaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the methodology for measuring the Hospitalist patient experience?	

ADDITIONAL DOCUMENTATION	
Would you be interested in an assessment of your program with possible consideration for making a change?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be interested in receiving a proposal from ICP to possibly assume the Hospital Medicine program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments regarding the current program Likes: Dislikes:	

QUESTIONNAIRE COMPLETION	
Prepared By:	Contact Phone #: