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**Compass Practice Transformation Network
Kansas Participation Charter
Project Dates: September 2015 - August 2019**

Practice Name _____ Practice NPI: _____
 Type of Organization _____ Taxpayer Identification Number: _____
 Address _____ County _____
 City, State, Zip: _____
 Associated with a Health Care System? Yes No Name: _____
 Additional practice sites: _____

I understand that the Kansas Healthcare Collaborative (KHC), a provider-led, patient-focused health care organization, is leading a Practice Transformation Network (PTN)* in our community. The Kansas PTN will assist clinicians in transforming their practices to thrive under new payment models and to meet quantifiable improvement outcomes.

I understand that this new initiative will support my practice in improving care, increasing satisfaction, and preparing for new payment models. KHC and its PTN partners* will provide education, coaching, and technical assistance in the areas of leadership, data reporting, analysis and transformation of best practices.

With the PTN's training and coaching assistance, my practice will move through these five transformative stages:



As part of this initiative, I understand that my practice will be expected to:

1. Participate in a readiness assessment with Quality Improvement Organization (QIO) as prescribed by Centers for Medicare & Medicaid Services.
2. Inform Compass PTN staff as to any clinician changes (terminations, resignations, new hires) in my practice within thirty (30) days.
3. Work with Compass PTN staff to develop strategies and contribute to work plan development to meet practice aims.
4. Report selected process and outcome metrics monthly via the Transformation Clinical Practices Initiative (TCPI) PTN Reporting Database.
5. Commit to engaging patients and communities to improve health outcomes.
6. Participate in PTN Learning Sessions and share best practices with other network participants.
7. Participate in community based peer groups to improve care coordination in a common medical neighborhood.
8. Participate in Physician Quality Reporting System (PQRS) and Value-Based Payment Modifier Programs, if eligible.
9. Be in full compliance with ICD-10.
10. Pursue a culture of safety and accountability at the clinic.
11. Identify patient safety/quality teams to lead clinic improvement efforts.
12. Appoint clinic employees to serve as lead contacts for PTN related activities.
13. Participate in PTN webinars, webcasts, and any additional PTN educational events.

I am interested in participating in the Transforming Clinical Practice Initiative (TCPI) and the Kansas Practice Transformation Network (PTN). Please consider this a letter of our commitment.

Practice Representative (please print) _____
 Title _____
 Signature _____
 E-mail _____ Phone _____
 Date _____

Please complete page 2.



Please list the number of clinicians expected to participate from your organization in each category:

<u>Total Clinician Count:</u>		<u>Physician count (MD/DO) by specialty:</u>	
#		#	#
_____	MD	_____	Cardiology
_____	DO	_____	Diagnostic Radiology
_____	APRN	_____	Emergency Medicine
_____	PA	_____	Endocrinology
		_____	Family Practice
		_____	Gastroenterology
		_____	General Practice
		_____	Internal Medicine
		_____	Obstetrics/Gynecology
		_____	Orthopedic Surgery
		_____	Sports Medicine
		_____	Pediatric Medicine
		_____	Psychiatry
		_____	<i>Other (please specify):</i>
		_____	_____
		_____	_____

Current EHR status (Please check which applies to your practice)

- We use an electronic health record (EHR). Product name and version: _____
- We have attested to MU stage 1
- We have attested to MU stage 2
- We plan to implement an EHR on ___/___/20___. Product name and version: _____
- We do not plan to use an EHR

Can you run data reports from your EHR to assist with quality improvement efforts?

- Yes No We would like assistance with this

Are you connected with a community-wide health information exchange (HIE)?

- Yes No We would like assistance with this

Are you sharing electronic data with other clinicians via: (check all that apply)

- Direct Health Information Service Provider (HISP) vendor. Name of vendor: _____
- Health Information Exchange (HIE). Name of HIE provider: _____
- Within your network's EHR
- None of these apply

Do you currently:

- Participate in a Medicare, Medicaid, or CHIP value-based payment program?
- Participate in a payment reform demonstration models such as Pioneer ACO, Medicare Shared Saving program ACO or Medicaid ACO?
- Participate in another PTN or other CMS initiative?
If yes, please list: _____

- None of these apply.

Send the completed PTN Participation Charter Form (both pages) to PTN@khconline.org or Fax: (785) 861-7482.

Questions may be emailed to: Rosanne Rutkowski, Program Director, rrutkowski@khconline.org. Contact by phone: (785) 235-0763.

*The Kansas Practice Transformation Network (PTN) is a collaborative effort. Participating Kansas clinicians will join a provider-led, multi-state initiative involving Nebraska, Iowa, South Dakota, Oklahoma and Georgia. The focus will be on better health, better health care and lower costs through quality improvement. The goal is to achieve transformed practices that provide higher quality of care under a business model that is sustainable in a value-based purchasing environment.