

# EASTSIDE HEALTH NETWORK



## FREQUENTLY ASKED QUESTIONS

### What is EHN?

Eastside Health Network (“EHN”) is a physician-led, formalized business entity between independent physicians, employed physicians, EvergreenHealth and Overlake Hospital Medical Center based on developing and implementing evidence-based, data-driven clinical initiatives to improve outcomes, increase efficiency and reduce costs in the inpatient and outpatient setting. By sharing data and representing a broad cross-section of the community, EHN is able to negotiate payor contracts as a network—in a way that does not violate antitrust laws—in order to align payments and incentives with the performance and quality of the care delivered.

### What do I have to do to join?

Sign a participating agreement. There is no monetary fee. You’ll be required to submit data from your practice management system to report out quality measures and initiatives.

### Who will lead EHN?

EHN operations and governance is physician-driven and physician-led, supported by an advisory team composed of executive support and physician leaders from all participating organizations. The 18 member Board of Directors has 16 physicians representing independent primary care, employed primary care, independent specialty care and employed specialty care. Overlake and Evergreen executive leadership are the remaining two Directors.

### How is EHN structured?

EHN is an LLC owned by Eastside Health Alliance, which is a joint venture between EvergreenHealth and Overlake Hospital Medical Center. The 18 person Board of Directors in accordance with the Chief Administrative Officer will guide the day-to-day operations and strategic decisions. In addition to the Board, there are four working committees; Quality and Patient Experience, Cost and Utilization, Network Development and Nominating, and Contracting.

### What benefits does EHN provide to the physician, practice and patients?

EHN will prepare you and your practice to better navigate changing reimbursement and health care reform while preserving your independence by entering into new and innovative contracts with payors, employers and CMS. In addition, high performing physicians have the potential to receive performance incentives. EHN will also provide access to resources such as population health management, care coordination and data analysts to identify care caps and areas of opportunity for enhanced patient care. Lastly, EHN will focus on alleviating the administrative cost burdens of operating in the current healthcare regulatory market. EHN identify opportunities for group purchasing arrangements, multi-group access to health insurance, malpractice insurance and education/training opportunities. Through physician input, EHN wants to continue to address the needs of its physicians on an ongoing basis.

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## If EHN is contracting on my behalf, what happens to my existing contracts?

You will maintain the direct contracts you have through your practice with all payors. The contracts negotiated by EHN are considered an “overlay” on those direct contracts and are designed around specific performance metrics to improve outcomes for a designated patient population. Your existing fee-for-service contracts would not be impacted. The EHN Board of Directors will decide if/when the network should negotiate fee schedules or enter into additional contracts. The network would be notified if this takes place.

## Is this network affiliated with any payor network, such as Aetna, Regence, etc.? Is this an Exclusive Provider Organization (EPO) or narrow network?

EHN is not affiliated with any one payor network. The contracting goals of EHN are to enter into value-based contracts with multiple payors and populations, which may include a narrow network or EPO in the future, but those are benefit design possibilities that a payor/employer would designate. The contracting strategy will be designed through the EHN Contracting Committee and the Board of Directors.

## What are the costs to participate in the EHN; including technology and payback of start-up costs?

There will be no up-front costs to join the network. Any future fee would be based on a fair market value assessment due to participants receiving significant value from the network. Various technology vendors have different parameters and restrictions involving practice management and Electronic Medical Record feeds. EHN will address each practice on a vendor by vendor assessment. The goal is to have practices not take on a cost to establish a feed, but that will be dependent on their respective vendor(s). Lastly, although other similar networks choose to reimburse the hospital partner for start-up costs, that is not the plan with EHN. EvergreenHealth and Overlake will benefit from cost savings realized by providing even better quality care for patients through enhanced coordination with EHN member physicians.

## By agreeing to participate in EHN, will I be required to abandon medical staff appointments at non-Overlake and Evergreen hospitals, as well as admit patients only to Overlake and Evergreen?

No. EHN is a non-exclusive organization, making no limitations on the physicians’ ability to admit patients to non-EHN facilities. However, by being collaborative members of EHN, Evergreen and Overlake hospitals will strive to demonstrate high-quality and efficient care that will be desirable to referring physicians.

## How is quality going to be measured by EHN?

Each specialty and primary care will have quality measures selected by the EHN Quality and Patient Experience Committee. Most are standard measures, and, at first, will be based primarily on claims and hospital data. The measures will change over time to align with EHN quality initiatives and payor expectations, as well as ease of data collection. Physicians will be providing input on measures that are meaningful for the community, their own patients and for their own specialties that make sense to the network.

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## What IT infrastructure will be in place for data sharing, patient confidentiality, etc.?

EHN currently facilitates data gathering and sharing of claims and clinical data through Dimensional Insight, Wellcentive and Epic. EHN IT representatives will work with your current IT vendor to create any necessary data sharing links. All participants in EHN must be willing and able to submit the necessary data to clinically integrate with the network.

## Who owns the data and will the database be accessible?

The participating physicians and EHN will own the data. The information will be accessible to treating physicians and practice staff of their patients.

## What happens if I do not sign up for EHN?

There is no punitive action for not joining EHN. Non-EHN practices will not have access to negotiated EHN contracts. In addition, EHN will be involved in a variety of value-based care contracts; including narrow networks and accountable care programs that require referrals to in-network physicians based on benefit design, there is potential disruption to referrals and access to lives. Due to some of these networks being narrow and requiring referrals to only in-network providers to ensure a member receive the highest benefit, EHN will look to refer to physicians that are part of EHN. With that said, members/patients will always have a choice, but may look to stay within a network to ensure they pay the least out-of-pocket.

## How can we learn more about EHN?

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