

Questions:

1. Are your cardiology clinics currently hospital-based?
2. What portion of all medical and surgical clinics are hospital-based at your institution?
3. If you are hospital-based, how has this been accepted by providers and patients? Did you see a decrease in patient volume when you moved to a hospital-based clinic?
4. What are your thoughts about the likelihood of cost neutrality impacting clinics in the near future?

Answers:

Respondent 1

1. Are your cardiology clinics currently hospital-based? YES
2. What portion of all medical and surgical clinics are hospital-based at your institution? All the medicine clinics are hospital based. I am assuming the surgical are as well because of an enterprise push to move all in that direction
3. If you are hospital-based, how has this been accepted by providers and patients? Did you see a decrease in patient volume when you moved to a hospital-based clinic? We lost some patients in other areas because of the two fees, the provider fee and then the hospital fee. I don't know how that impacted cardiology.
4. What are your thoughts about the likelihood of cost neutrality impacting clinics in the near future? This is where we moved to funds flow. The enterprise is not collecting all the revenue and giving us the dollar rate. They are also paying all the clinic expenses.

Respondent 2

1. Are your cardiology clinics currently hospital-based?
 - a. If you mean 'hospital-based' meaning SOS 22, then 95%; we have a few SOS 11 but we use PSA to get paid.
2. What portion of all medical and surgical clinics are hospital-based at your institution?
 - a. Almost all.
3. If you are hospital-based, how has this been accepted by providers and patients? Did you see a decrease in patient volume when you moved to a hospital-based clinic?
 - a. Since we have always been this way, can't really answer. That being said, the bureaucracy of the hospital makes it very difficult to be efficient in the ambulatory environment and be as responsive as we need to be in order to meet access needs.
4. What are your thoughts about the likelihood of cost neutrality impacting clinics in the near future?
 - a. Hard to know but we are exploring integration with hospital to weather whatever happens.

Respondent 3

1. Are your cardiology clinics currently hospital-based? None of our cardiology clinics at Wash U are provider-based – all are considered separate office locations
2. What portion of all medical and surgical clinics are hospital-based at your institution? This I am not entirely sure – I believe most are not hospital based.
3. If you are hospital-based, how has this been accepted by providers and patients? Did you see a decrease in patient volume when you moved to a hospital-based clinic? N/A
4. What are your thoughts about the likelihood of cost neutrality impacting clinics in the near future? I think this will be an important issue that will spur a re-think.

