

# **Episodic Care Compact for** **EHI IPA Payment Transformation Providers** *Patients Admitted to Hilo Medical Center*

Provider Name	Clinic
---------------	--------

*As a Provider who agreeing to participate in Episodic Care Management Services provided by the East Hawaii IPA Care Team, I am committing to:*

- 1. Provide EHI Care Team (RN-Registered Nurse, PN-Patient Navigator, Pharmacist) with remote access to my EHR*
- 2. Respond to Care Team communication sent via my EHR in a timely manner.*
- 3. Designate a point of contact (office staff person or myself) for EHI Care Team.*
- 4. The following automated process:*

TASK	PROCESS	ROLE
MEET & GREET	Physician Liaison meets patient/family at HMC to introduce services, identify needs and ensure follow up appt with PCP	Misae
MEDICATION RECONCILIATION	<u>HOME MEDS:</u> medication list obtained from hospital records, PCP and Pharmacy, <u>DISCHARGE MEDS:</u> documentation obtained Reviewed and reconciled, update in EHR to PCP regarding changes and concerns	Misae  PHARMACIST

*Any changes to the above process or additional requests are as follows:*

- ☐ *Longitudinal Care Management by EHI Care Team can be provided upon request via a separate contracted agreement.*

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_