

## Questions Regarding Medical Group

1. Do interested members really need to be on a common EHR? Is it not possible to bridge different platforms?

Having a common platform allows for the sharing of clinical information and resources necessary in creating a cohesive working group which can provide care across a number of clinic sites and/or remotely. Ultimately the group may decide to find other ways to achieve this, but the IPA believes that a common EHR is a necessary step in the Medical Group's foundation. Given the amount of time and resources deployed to implement and maintain the eClinicalWorks platform, this would be the logical choice for the Medical Group.

2. Workflow – What happens to current support staff? How do positions change? Roles/responsibilities?

For this proposed Medical Group, current clinic employees of Founder clinics would become employed and supervised by the Management Services Organization (MSO) and be deployed back to the practices.

3. If provider is of retirement age and chooses not to become a Founder:

- a. Can those close to retirement be employed by the group?

If a provider is looking to retire but does not feel they have the interest or capacity to take on a new venture, the Medical Group would have the option to employ such physicians on a full- or part-time basis.

- b. Is the sacrifice worth it when so close to retirement?

As a retiring physician, this venture provides an exit strategy that allows the provider to keep their legacy, with the knowledge that their patients are taken care of.

- c. New physicians do not want to take over for private practice?

The Medical Group provides an employment opportunity for new physicians who could transition to shareholder status at the discretion of the Group.

4. What happens to providers not currently participating in such value-based payor arrangements (e.g. HMSA Payment Transformation) who join the Group? How will their PMPM rate be negotiated?

All Group providers will participate in the payor contracts held by the Group since the Group operates under a single Tax-ID number. The Group will either negotiate their own contracts or participate in IPA-held contracts.

5. What is the total cost for the whole venture?

The total cost of starting up the Group will be determined after the Founders have been identified. The Group will determine the buy-in as part of the formation process.

6. Have other IPAs been doing this? Why not?

To the best of our knowledge, the IPA knows of no other Hawaii IPAs attempting this endeavor. The IPA Board feels that the future of independent practice and the future of primary care in Hilo is at risk and has determined that this is the most feasible option for the Big Island community.

7. How about telemedicine? How would it be utilized?

The Medical Group would explore any and all avenues which would allow or greater ease and efficiencies to the Group, its providers, and their patients. Telehealth and similar technologies would allow for greater collaboration and ease of access.

8. Is there a minimum or maximum number of founders? What is the ideal number of people?

There are no numerical limits. 8-12 Founders would be a good place to start.

9. Would MSO services be available to providers outside of the Medical Group?

The MSO can have multiple service agreements and can offer a menu of services to individual practices from basic administrative support to complete clinic and staff management.

10. Can there be outside investors in the MSO and/or the Medical Group?

Both organizations can be designed to accommodate outside investments at the discretion of the owners.

11. Would non-physician providers be permitted to become Group Founders?

This would ultimately be determined by the Medical Group.

12. Success stories?

Pro-Health Physicians in Connecticut would be a good example

13. What jurisdiction governs the Letter of Intent? Who pays for the arbitration?

The Letter of Intent are governed by the laws of the State of Hawaii. Regarding the expense of any arbitration, these are typically shared 50-50 by the parties in dispute, subject to the possible award of arbitration fees to a prevailing party.

14. What are the additional potential benefits of forming the Medical Group?

**Benefits to Patients:** Lack of available PCPs is a growing problem in our community. The IPA believes that this is a necessary step to gather the resources to create a sustainable platform to employ new physicians and attract much needed new providers to our community.

**Benefits to Independent practice:** This would allow providers to take care of our current patients in a collaborative way. while pooling our resources and provide much needed relief to our administrative burden.