

Overview of Contractual Shared Commitments.

Commitment*		Why is this important?	What does success look like?
A	Practice using evidence-based standards.	Evidence-based practice incorporates patient preferences, clinical judgment, and the highest-quality scientific information to improve health outcomes for our members. Whether individual or population-based, evidence-based practice relies on capturing and sharing outcomes data to improve care and reduce costs.	Use of evidence-based standards unless patient outcomes reflect otherwise.
B	Participate in staff and department meetings.	Intermountain clinical program/hospital staff meetings cover key cost-saving measures, best practices, patient satisfaction reports, safety issues, and other considerations.	Attendance at Intermountain-specified in-person and teleconference-based meetings
C	Provide complete, accurate, timely documentation for Hierarchical Chronic Conditions (HCCs).	Patient outcomes are much better when all of their health issues are accurately diagnosed, coded, and documented for all providers to access.	For HCC compliance, there would be a steady decrease in the number of patients to be diagnosed in a given year based on the previous year's diagnoses.
D	Treat other team members with respect.	An environment of respect fosters better patient outcomes. Patients are more likely to return for care to a place where they and their caregivers feel safe and respected.	No reports from patients or staff to medical directors of any problems with respectful and safe interactions.
E	Complete compliance training; comply with healthcare laws and regulations.	Knowledge of compliance/HIPPA requirements protects patients and healthcare systems from regulatory action.	Attestations/confirmations received that required training has been completed; no violations of healthcare laws/regulations.
F	Participate in hospital required ED call.	Appropriate call coverage ensures that staffing is appropriate for optimal outcomes for our members.	No instance of a clinical director over an ED being advised that a provider is unwilling to take or show up for call.
G	Use a certified EMR; qualify for meaningful use.	EMR use eases transition of care from provider to provider and makes it easier to share data.	All providers use EMR.
H	Refer within the shared accountability networks where clinically appropriate.	When members are treated within their network care system, system-wide collaboration fosters comparable value and quality for the member.	No non-participating provider referrals (we will be tracking non-par lab referrals to start and other non-par referrals as data becomes available).
I	Maintain a critical mass of hospital work at an Intermountain hospital.	Having a significant number of members using the same healthcare system's facilities enables better quality data outcomes.	Patients receive care at in-network locations.

* Letters used for each commitment correspond with the Shared Commitment Addenda to provider contracts.

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J	Disclose employment at/ ownership interest in a competing facility.	The patient has a right to know if there is a potential bias that could impact care.	Disclosure of any facility ownership/ employment COI.
K	Participate in relevant, local value improvement projects.	Provider engagement in these types of projects results in ongoing value improvement and/or cost savings for members.	Participation in local facility initiatives and clinical programs to improve care (via specific materials and techniques) and to reduce costs (e.g., minimizing supply use in the OR).
L	Meet patient access standards as defined by Select Health.	Patients with timely access to care that meets their needs.	No complaints filed about access. Improved survey results related to access.
M	Provide equal access to all members.	When providers agree to see any member, we ensure care for vulnerable populations.	No complaints filed about access.
N	Provide reasonable access to uninsured patients.	By enhancing access for those who are uninsured, we promote care for vulnerable populations.	No complaints filed about access.
O	Accept accountability for performance on quality, service, and cost; participate in incentive compensation program.	By focusing our efforts on quality, coding and documentation (CDI), and patient experience, we can most significantly improve outcomes for our members.	Meeting tracked measures as defined.
P	Demonstrate interest/ capability in population health management.	Population health drives better member end-to-end care and lower costs.	Signing a shared commitments network contract and following all commitments.
Q	Agree to share performance data with other stakeholders.	Data tracking better informs decision making and value for members.	Willingness to share data.

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