

# High Roads RFI

## Section I

### 1.1 Please provide the name and address of your hospital / clinic

Name

Address

### 1.2 Who is the main contact for your hospital / clinic?

Name

Title

Phone number

E-mail address

### 1.3 Please list any accreditations your hospital / clinic has received the date received

	Name of Accreditation	Date received
Accreditation 1	<input type="text"/>	<input type="text"/>
Accreditation 2	<input type="text"/>	<input type="text"/>
Accreditation 3	<input type="text"/>	<input type="text"/>
Accreditation 4	<input type="text"/>	<input type="text"/>

### 1.4 Please list any pending accreditations

Name of pending Accreditation 1

Name of pending Accreditation 2

Name of pending Accreditation 3

Name of pending Accreditation 4

## Section II

### 2.1 Please indicate the percentage of physicians who are:

Board certified  %

Board eligible  %

### 2.2 Which of the following best describes the surgeons who perform surgery through your hospital / clinic:

- Salaried
- Salaried with paid incentives based on volume or revenue generated
- Paid on a fee for service basis

### 2.3 When patients come to your hospital/clinic for a surgical procedure, are such patients screened by impartial physicians, other than the physicians who will perform the surgery, to help determine the safest, least invasive, treatment protocol to achieve the desired patient outcome?

Yes, please briefly describe the process (limited to 12,000 chars)

No

### 2.4 If your hospital or clinic provides a flat price - inclusive of physician's fees, room and board, testing, etc - for the following services please provide your prices for the following in U.S. dollars, the average number of cases per month, mortality rates and infection rates.

	Price (US Dollars)	Number of cases within the past twelve (12) months	Mortality rate	Infection rate
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Aortic Valve Replacement	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Coronary Artery Bypass Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Total Hip Replacement	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Total Knee Replacement	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Cholecystectomy	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Hysterectomy	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Arthroscopic Knee Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Prostatectomy	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %

**2.5** If your hospital / clinic provides a flat price - inclusive of physician's fees, room and board, testing, etc - please provide your prices for the following in U.S. dollars, the average number of cases per month, mortality rates and infection rates for the ten (10) most frequently performed procedure excluding those listed above.

	Name of procedure	Price (US Dollars)	Ave number of cases per month	Mortality rate	Infection rate
Procedure 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Procedure 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Procedure 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Procedure 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Procedure 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Procedure 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Procedure 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Procedure 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Procedure 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %
Procedure 10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/> %

**2.6** If your hospital / clinic does NOT provide a flat price - inclusive of physician's fees, room and board, testing, etc. - are you and your surgeons charges for surgery purely fee for service?

Yes

No, please explain (limited to 12,000 chars)

**2.7** If your hospital / clinic charges flat prices as described in 2.4 and 2.5 above, will patients or plan sponsors be required to pay fees to third parties who have negotiated those prices?

Yes, please provide the name(s), contact name(s), address(es) and phone number(s) for such third parties,

No

**2.8** Please provide the following from the CareChex Medical Rating System:

Percentile

Score

State rank

**2.9** Please provide your HealthGrades score for each of the following:

	Score	Not available
Appendectomy	<input type="text"/>	<input type="radio"/>

Back and Neck Surgery (except Spinal Fusion)	<input type="checkbox"/>	<input type="radio"/>
Back and Neck Surgery (Spinal Fusion)	<input type="checkbox"/>	<input type="radio"/>
Bariatric Surgery	<input type="checkbox"/>	<input type="radio"/>
Bowel Obstruction	<input type="checkbox"/>	<input type="radio"/>
Carotid Surgery	<input type="checkbox"/>	<input type="radio"/>
Cholecystectomy	<input type="checkbox"/>	<input type="radio"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="radio"/>
Coronary Interventional Procedures (Angioplasty / Stent)	<input type="checkbox"/>	<input type="radio"/>
Diabetic Acidosis and Coma	<input type="checkbox"/>	<input type="radio"/>
Gastrointestinal Bleed	<input type="checkbox"/>	<input type="radio"/>
Gastrointestinal Surgeries and Procedures	<input type="checkbox"/>	<input type="radio"/>
Heart Attack	<input type="checkbox"/>	<input type="radio"/>
Heart Failure	<input type="checkbox"/>	<input type="radio"/>
Hip Fracture Repair	<input type="checkbox"/>	<input type="radio"/>
Maternity Care	<input type="checkbox"/>	<input type="radio"/>
Pancreatitis	<input type="checkbox"/>	<input type="radio"/>
Peripheral Vascular Bypass	<input type="checkbox"/>	<input type="radio"/>
Pneumonia	<input type="checkbox"/>	<input type="radio"/>
Prostatectomy	<input type="checkbox"/>	<input type="radio"/>
Pulmonary Embolism	<input type="checkbox"/>	<input type="radio"/>
Resection / Replacement of Abdominal Aorta	<input type="checkbox"/>	<input type="radio"/>
Respiratory Failure	<input type="checkbox"/>	<input type="radio"/>
Sepsis	<input type="checkbox"/>	<input type="radio"/>
Stroke	<input type="checkbox"/>	<input type="radio"/>
Total Hip Replacement	<input type="checkbox"/>	<input type="radio"/>
Total Knee Replacement	<input type="checkbox"/>	<input type="radio"/>
Valve Replacement Surgery	<input type="checkbox"/>	<input type="radio"/>

### Section III

#### 3.1 Please indicate which services you offer to patients who travel to your hospital / clinic (check all that apply):

- Travel planning assistance
- Lodging reservations
- Airline reservations
- Pickup services at airport
- Delivery services to airport
- Travel assistance to lodging
- Guide or concierge services to take patients to appointments, meals, to/from lodging and airport
- Passport assistance
- Translation assistance

#### 3.2 Which type of room will surgery patients normally stay in?

- Private
- Semi-private

**3.3 If your hospital / clinic uses Robotic surgery, please list the type(s) that you use**

Type 1

Type 2

Type 3

Type 4

**3.4 If your hospital / clinic uses Stereotactic radio surgery (e.g. Cyber knife), please list the type(s) that you use**

Type 1

Type 2

Type 3

Type 4

**3.5 Please describe up to five (5) additional noteworthy special equipment available at your hospital / clinic**

Description 1

Description 2

Description 3

Description 4

Description 5

**3.6 Does your hospital / clinic use electronic medical records?**

- Yes
- No

**3.7 Do you conduct patient satisfaction surveys?**

- Yes, they are done internally
- Yes, we use an outside firm
- No

**3.8 Do you send patients travelling to your hospital / clinic written care coordination guidelines prior to arrival regarding:**

	Yes	No
Pre-arrival instructions	<input type="radio"/>	<input type="radio"/>
Pre-surgery instructions	<input type="radio"/>	<input type="radio"/>
What will happen during surgery	<input type="radio"/>	<input type="radio"/>
Post-surgery at your facility	<input type="radio"/>	<input type="radio"/>
When the patient returns home	<input type="radio"/>	<input type="radio"/>

**3.9 Please provide a brief statement explaining why your hospital / clinic is an excellent destination for medical travel**

Description (limited to 12,000 chars)