Application Process: Phase I

Once a practice's application is received, it will undergo initial review by the Network office. This review will ensure that the application is completely filled out and all required documentation has been submitted. In addition, all credentials and claims made in the application will be verified to the fullest extent possible. All staff information pages (as applicable) must be filled out and all addresses, fax and telephone numbers must be provided as requested. If any required items are missing &/or otherwise not complete, the Network Coordinator or other Network Administrator will notify the practice of what additional information must be provided to permit the application to be considered. No site visit will be scheduled until the application is fully complete. Applications are valid only for a period of six months from the date on which they are first received.

Materials that must be provided along with the application are:

A. Proof of license (& registration for NY State only) for all therapists, therapy assistants and athletic trainers.

B. Proof of APTA/AOTA or other appropriate professional membership for owners and therapists (preferred).

C. Proof of insurance: professional liability for all practicing therapists and general liability for the practice.

D. CEU certificates for the past 12 months for all owners.

E. Proof of Medicare certification.

F. A copy of all required Policies/Procedures listed below
Please submit only the required policies, not your entire manual

G. Application & Site Visit Fee Payment (check made out to HSS Rehab Network) in the amount of $600, for each facility being applied for.

The application must be signed by all owners of the facility in question. Once an application is received by the Network, applicable fees are non-refundable. In the event a practice is not independently owned, a partner, high-level administrator or the clinical director of the applying facility may be designated as the proxy for the ownership group and once designated, will be responsible for all items/activities required in the application process and any subsequent membership on-boarding; unless and until the Network is notified of a change in proxy or &/or the proxy is no longer eligible to serve in that capacity under Network policy.

Member Policy & Procedure Manual Requirements

It is a requirement for Network Membership that all practices have an up-to-date Policy and Procedure (P&P) manual specific to each facility. At minimum, there must be a written statement, policy &/or procedure (as appropriate), for each of the subjects listed below. The list is by no means intended to exclude policies or procedures not specifically addressed. Blank copies of supporting documents should also be included whenever possible (i.e. incident report form). While the specific policies listed below will be reviewed prior to the actual site visit inspection, existence of the complete P&P will be verified at the time of the visit. Although it may contain some of the same documentation

An Employee Handbook/Manual will NOT be accepted as a facility's P&P manual.

- Mission Statement
- Description of services
- Hours of operation stated
- Map of practice, indicating fire exits & exit paths (This should also be posted conspicuously throughout the clinic as appropriate)
- Emergency plans
    - ✓ Fire
    - ✓ Medical
    - ✓ Disaster
    - ✓ Utility failure (including elevator alternatives for facilities not on the ground floor)
- Emergency closing
    - ✓ Plan/procedure followed if facility closes due to emergency (i.e. inclement weather, fire)
        - ❖ Must include description of procedure for contacting patients to cancel and reschedule
    - ✓ Plan/procedure for referring patients to other providers if office must be closed for extended period
- Job descriptions and performance requirements for ALL employee types
- Staff initial training procedures
    - ✓ For professional staff, should include verification of competency in therapeutic techniques, proficiency in modalities and use/set-up of exercise or other equipment as appropriate
- Continuing education policy
- Performance appraisals
- List of all equipment

- Reference re: basic indications/contraindications for all modalities and major types of equipment must be in the manual in another readily available resource in the clinic
- Infection control guidelines
- Cleaning
    - ✓ General policy
    - ✓ Specifics for laundry and each type of equipment, including treatment tables, exercise equipment and modality devices
- Clinical & support staff coverage
    - ✓ Procedure used to maintain coverage levels during planned AND unexpected absence
    - ✓ Mechanism for communicating important information to covering staff
- Payment policy
    - ✓ Include copy of patient information &/or authorization form
    - ✓ Should include specifics for Medicare insured patients
- PTA /COTA /ATC treatment guidelines (where applicable)

- Medical record policies
    - ✓ Chart content requirements
    - ✓ Evaluation/re-evaluation policy
    - ✓ Policy on acquisition and renewal of referrals, and direct access
    - ✓ Communication w/physicians (should include how & when MDs are contacted re: patients)
    - ✓ Storage
- Incident reporting
- Quality assurance plan
- Scheduling procedure
- HIPAA/privacy

Rehabilitation Network Standards & Requirements

Organization

- Practices may not have any physician ownership (including Chiropractors) or lease any part of their treatment space directly to or from another non-PT/OT practitioner of musculoskeletal medicine.
- At least one owner of the practice must be involved on a full-time basis in the operation of all practice locations applying for membership and must be on-site on a regularly scheduled basis, preferably in at least a part-time clinical role. In situations where an owner does not have a full-time presence in the facility, a senior clinician on-site full-time must be designated as clinic director.
- At least one owner must also be licensed in the state where the practice is located, have a minimum of three years clinical experience in their therapy field and be a member of his/her respective professional organization.
- Each practice must have a mission statement.*
- There must be a description of services provided.*
- Administrative direction of each rehabilitation service offered at the applying facility must be provided by a qualified individual, fully licensed in their state(s) of practice, with a minimum of three years clinical experience in their field of practice.
- Hours of operation for each site within the practice must be clearly stated.*
- All practices must be wheelchair accessible and open full time[†]
  [[†] minimum of three hours/day, at least five days/week, for a minimum of 40 total hours].
- All care must be rendered free of discrimination as to race, religion, ethnicity, gender and as otherwise guaranteed by law.
- Patient volume may not exceed three patients per hour per therapist or therapy assistant

Personnel

- All staff members must be hired and employed in compliance with all applicable laws within the state/local area in which the practice does business.
- All individuals who provide rehabilitation services must have been deemed competent to provide such services as determined by education, training, experience and demonstrated adherence to current standards of care.
- There must be evidence that each individual who provides rehabilitation services meets all applicable licensure, certification, or registration requirements.

Personnel, con't…

- Each rehabilitation facility must have a qualified clinical director on-site full-time, who has administrative responsibility for the delivery of patient care and for the supervision of the service(s); who is fully licensed in their state(s) of practice and has a minimum of three years clinical experience in their field of practice.
- There must be a job description on record for all employees of the practice, including non-clinical support staff that clearly delineates the responsibilities and duties of that individual.*
- There must be evidence of performance appraisals for all employees. These appraisals are to be performed no less than once a calendar year. There should be a formal mechanism for these appraisals and a copy of the form used for doing so should be kept on file.*
- Staff education, in-service training, and appropriate continuing education must be provided to all employees, with the procedure for doing so described in the facility's policies & procedures.* A minimum of two in-services must be presented annually. All professional staff must attend at least six hours of continuing education each year, to include at least six hours of clinically based coursework every 24 months. This continuing education requirement is waived for therapists actively enrolled in a clinically relevant area of study in an accredited graduate program, as well as for newly graduated therapists, for the 12 months following their graduation.

Safety

- Safety issues, including performance requirements and quality controls for all equipment used in the provision of patient care services, must be addressed.
- Sufficient space, equipment and facilities must be available to support the clinical, educational and administrative functions of the rehabilitation services provided.
- Exits must be marked and each facility must have an appropriate number and type of fire extinguishers accessible on the premises, even if a sprinkler system is in place. Extinguishers must be maintained/inspected & tagged annually by a certified vendor (or replaced each year). Emergency phone numbers must be prominently posted by each outgoing telephone, even if only "911". A map of the facility, picturing all exits and exit paths, must be posted in easy view of patients and staff.
- Basic emergency supplies must be readily accessible on the premises, to include at a minimum a blood pressure cuff, stethoscope and self-contained basic first aid kit.

Emergency Plan

- Each facility must have an emergency plan.* This plan must include, in writing:
  - ✓ The phone numbers of the ambulance service(s), police department/precinct and local fire station providing coverage in their area.

Emergency Plan, con't…

- ✓ The phone number of the local hospital or doctor available to provide emergency care.
- ✓ A map of the practice, with fire exits and routes to them clearly marked*
  [The map & phone numbers must also be posted prominently within the facility – see above]
- ✓ Appropriate & specific actions to be taken by staff in the event of medical emergency, fire or other disaster, loss of electricity to the practice, or any other event where patient safety is an issue &/or evacuation of the premises is required*.
- ✓ If the facility has an isolated treatment area [i.e. therapeutic pool], there must be a method by which staff can signal for assistance in an emergency. In the case of therapeutic pools, there must be a specific procedure for pool emergencies*

Infection Control

- General infection control guidelines must be developed and enforced for the protection of patients, staff and equipment.*
- There must be a policy for the cleaning &/or disinfecting of all equipment, which must list the person(s) responsible for the task, the method(s) [including products used] for doing so, and the frequency at which it is done.*
- Where applicable, there must be a policy on use of whirlpools in the facility for wound care/ debridement purposes, or for patients with open wounds or unhealed surgical incisions. The policy must be in addition to, or contained within, the basic whirlpool cleaning policy. *
- For facilities with therapeutic pools, temperature and chemical levels must be regulated as per local governing board standards. These levels must be checked and recorded, with results kept on file on the premises and available for inspection. Cleaning procedures should be described as part of the cleaning policy described above.

Documentation / the Medical Record

- A patient may only be treated upon referral from a physician, or in accordance with direct access law of the state in which the practice is located.
- Patient evaluations may only be performed by a licensed Physical or Occupational therapist.
- Physical Therapy Assistances (PTAs) and Certified Occupational Therapy Assistants (COTAs) may not evaluate, re-evaluate or independently progress a patient's program. They may however, collaborate with the therapist on the patient's treatment and progression, within the boundaries set by the laws of the state in which the facility is located and as per APTA/AOTA guidelines/standards. Certified Athletic Trainers (ATCs), or other unlicensed staff may not provide any part of actual therapy treatment unless and specifically permitted by law in the state of practice.

Documentation / The Medical Record Continued…

- A treatment plan must be developed based on an evaluation that includes an assessment of function ability appropriate to the patient.
- Measurable goals, which must be described in functional or behavioral terms, must be established for the patient and be stated in writing, including time frames for achievement.
- The patient (& family if/where appropriate) must participate in the development and implementation of the treatment plan, which must be designed to achieve stated patient and therapy goals.
- Treatment goals must be revised as appropriate.
- There must be a note in the medical record, documenting the treatment given, as well as the patient's progress and response to treatment, for each visit.
- There must be evidence that Medicare referrals and plans of care are updated &/or certified in accordance with current CMS rules.
- There must be written evidence of written &/or verbal communication with the referring physician &/or other appropriate personnel during the course of therapy.
- The medical record of the patient receiving rehabilitation services must include, at minimum, the following information:
    - ✓ A valid written prescription (unless exempt due to valid Direct Access). Verbal orders must be documented & followed up by a written order from the physician
    - ✓ The reason for referral to rehabilitation services
    - ✓ A summary of the patient's clinical condition
    - ✓ An initial evaluation, including objective/subjective findings, therapy goals with achievement time frames and a treatment plan, including frequency and duration
    - ✓ Treatment and progress records, including daily treatment session documentation and appropriate re-assessments and updating of patient/therapy goals and treatment plan

Incident Reporting

- There must be a procedure for reporting any incidents that might occur during the course of normal treatment.*
    - ✓ This procedure must include an outline of the steps to be taken by staff &/or administrative staff in the event of an incident, as well as a standard form to be used for reporting the incident

****** Any incidents involving patients recommended by the Hospital for Special Surgery &/or the Rehabilitation Network must be reported to the Network Clinical Supervisor within 24 hours of occurrence. ******

Payment Policy

- There must be a written policy, delineating the billing process used by the practice.*
- There must be a written explanation of fees and billing given to patients, including specific information on co-payments and limitations on coverage for patients insured by Medicare.

Equipment / Modalities

- There must a listing of all equipment used by the practice.*
- References re: indications and contraindications of all modalities and categories of exercise equipment (i.e. cardiovascular, PRE, etc.) used in the facility must be available on-site.*
- There must be a process for and evidence of, staff education and competency on all equipment.*
- All electro modality devices used in the treatment of patients [except those in use less than 12 months] must be appropriately calibrated &/or professionally inspected on any annual basis by a vendor qualified to do so. Proof of inspection must be kept on-site.

Clerical Staff

- There must be appropriate reception/clerical coverage available on site a minimum of 50% of the total hours of operation for the practice.
- Provision must be made to allow the practice to be contacted during times when clerical/reception staff is unavailable, i.e. during lunch, after hours.

Vacation Coverage

- Each practice must have a written policy in place to assure appropriate vacation/sick coverage for all staff members* (both clinical and support staff), for expected and unanticipated absence and be able to demonstrate evidence of that coverage. Individuals providing treatment to patients as covering personnel must be a therapist or therapist assistant, licensed &/or registered [as required by state law] to practice in the state in which the coverage takes place.

Closing the Office

- It is preferred that member practices of the Hospital for Special Surgery Rehabilitation Network not close at any time other than recognized holidays. However, if an office does temporarily close, it may not do so for more than one week at a time or for more than two weeks a year; unless the facility is deemed unsafe or otherwise unusable due to physical/structural damage or other emergency situation.
- There must be a policy & mechanism in place for the treatment and/or referral of patients for use in the event a member facility must close.* Within this mechanism must be a provision for emergency treatment of patients during the period of time that a

Closing the Office, con't

facility is temporarily unavailable, regardless of length of closure.* It is preferred that patients of Network members be recommended to other practices within the network.

- If a Network member facility does close, whether on a temporary or permanent basis, the practice must inform the Network Coordinator immediately so alternate referrals can be made and Network listings updated.

Insurance

- There must be evidence of malpractice insurance for the practice as a whole, which covers each clinician who treats within the practice, with a minimum coverage of $1 million/$3 million aggregate in all cases.
- There must be evidence of general liability coverage for the practice, with a minimum coverage amount of $1 million\ $2 million aggregate.
- Hospital for Special Surgery must be listed as an additional insured on both malpractice and general liability policies held by the practice.

Medicare

- It is preferred that all Network member practices are certified Medicare providers.
- All Medicare participants must submit their provider number for all facilities applying for Network membership and demonstrate an appropriate mechanism for updating Medicare plans of care.

Quality Assurance

- Each practice must provide evidence of a Quality Assurance plan with demonstrable outcomes.*

  This may include but is not limited to: Patient satisfaction surveys, functional outcomes measurements/assessments &/or documentation/chart review to check for the completeness and appropriateness of ***clinical*** documentation.

Changes in Ownership, Facility or Business Name

<u>Network membership does not automatically transfer in the event of an ownership or address change & may also be affected by significant structural changes to an existing facility.</u>

- The Network must be notified immediately in the event that a member site is planning to move, undergoes change or addition to ownership &/or changes the practice name.
- In the event that there is any significant change in the ownership or management of a Network member Facility, membership may be suspended while the new ownership structure is reviewed. If more than 50% of the facility's ownership/management changes, the new ownership entity will be required to re-apply for membership, subject to all required application fees, if it wishes to continue as a Network member.

Changes in Ownership, Facility or Business Name, con't

- A new application is not required if a member facility changes location however, Network policy on geography will apply and as a result, ongoing membership in the new location is not guaranteed.. A new location of an existing member must be inspected within three months of opening, to verify compliance with Network standards.
- If a member facility undergoes significant structural renovation &/or expansion, the Network must be notified upon completion of the work and site inspection conducted within three months, to verify continued compliance with Network standards.

Application processing and site visit fees cover administrative costs involved with review and verification of application information and completing the site inspection. Prospective members are notified of any potential geographic location issue at the time an application is requested. Once an application is received by the Network, processing fees are not refundable.

Please note: All items marked with an asterisk (*) must be included in the facility's formal Policy & Procedures manual.

INFORMATION FOR THERAPY PRACTICES

Hospital for Special Surgery (HSS) Rehabilitation Network

The combined expertise of the medical and rehabilitation professionals caring for these patients plus the strong emphasis on linked education and research efforts places HSS in a strong position to manage a rehabilitation network based upon the highest standards of care.

The HSS Rehabilitation Network is:

- patient driven
- sponsored and managed by the Hospital
- community focused
- a delivery system for continuum of care
- addresses patients' geographic and clinical needs

Mission of the HSS Rehabilitation Network

The mission of the HSS Rehabilitation Network is to provide patients recommended by HSS staff & affiliated institutions as well as those from the community-at-large who seek our services; with a resource by which they can easily & confidently access the highest level of appropriate rehabilitative care within their own neighborhoods, in order to maximize their functional recovery.

Benefits to Therapists

- association with the #1 Hospital for Orthopedics as ranked by U.S. News & World Report
- discounted continuing education opportunities
- members only Networking opportunities and discounts
- marketing exposure via network informational materials and website

Network Patients

The patients who will be the clients of the HSS Rehabilitation Network typically are:

- patients of HSS physicians or those residing or working in the vicinity of HSS off-site facilities who need a convenient location for therapy in their own community
- patients of New York Presbyterian Hospital (NYPH) Healthcare Network, or of other physicians in the metropolitan area
- patients unaffiliated with the hospital who seek referral for a Rehabilitation provider via the Network's internet web listings or by calling the Network office; or who otherwise prefer to use the internet as their source of information on therapy providers

The demographics of the current HSS patient population indicate that while 20% of its patients reside in Manhattan, a majority of patients live outside of this area with approximately 65% living outside the five boroughs of New York City. Included in that group are a significant number of out-of-state patients, most often from New Jersey, Connecticut, Florida and Pennsylvania. Patients are often willing to travel some distance to HSS on a limited basis, in order to see a physician or for surgery, but to do so for outpatient rehabilitation is not practical. Patients prefer to receive therapy where it is conveniently close to their home or place of business. HSS' institutional reputation demands that expanded therapy resources be available in order to guarantee that patients receive the level of care which will maximize their function.

Benefits to Patients

- provides quality outpatient rehabilitative care to enable functional recovery
- enhances continuity of care through the use of common treatment guidelines
- easy access to information on qualified therapy providers
- increased convenience and satisfaction

Patient Population

Given Hospital for Special Surgery's primary function as an orthopedic and rheumatology specialty hospital, the majority of patients seeking services via the HSS Rehabilitation Network will be recommended by orthopedists, rheumatologists and physiatrists for treatment of pediatric disorders (both orthopedic & neuro-developmental), hand/upper extremity diagnoses, sports injuries and general orthopedic conditions.

Membership Criteria

Detailed criteria for membership include the following:

- must be an independent therapist-owned[†] practice without physician (including Chiropractic) ownership or association; in operation for at least 24* months.

  [†] at HSS' discretion, a hospital owned, corporate operated or private equity backed facility may be considered if the situation warrants; Network policy on corporate ownership will apply in the latter two circumstances

  * Depending on the experience/credentials of a practice's management & staff, facilities with a shorter initial operating period may be considered for membership at the discretion of the Advisory Committee
- the practice location and scope of service meet Network demand/patient need
- at least one practice owner must be involved with the operation of the facility on a full-time basis including a regular on-site presence, and preferably in at least a dedicated part-time clinical role
- patient volume may not exceed three patients per hour per therapist or therapy assistant
- at least one owner and each site's clinical director must have a minimum of three years' experience as a treating therapist
- all clinical staff must possess appropriate valid licensure/registration in the respective state of operation, with documentation of same posted in the facility as required by law

- the practice must be engaged in physical rehabilitation on a full-time basis
- all therapists/assistants must attend a minimum of six hours of continuing education coursework per year to include at least one clinically based course every 24 months
- facility must hold at least two in-house clinical in-services per year
- ratio of therapist to assistant must not exceed 1:4
- ratio of therapist to aide must not exceed 1:2
- the office must be regularly open at least three hours/day and five of seven days per week; for a minimum of 40 hours total
- reception coverage must be present at least of 50% of facility operating hours
- only licensed therapists provide evaluations, treatment plans and re-evaluations
- treatments are provided by or under the supervision of a qualified and fully licensed therapist, in accordance with appropriate state law at all times
- notes must be written for each treatment session
- at least one owner must be an active member of their professional organization
- a comprehensive and complete policy & procedure manual must be in place
- there must be a documented, ongoing Quality Assurance plan/process
- the practice entrance and restroom facilities must be handicapped accessible
- the practice may not lease space directly to or from another practitioner of musculoskeletal medicine
- clinicians staff must demonstrate extensive experience in any claimed clinical specialty

- It is preferred that all Network member practices are certified Medicare providers.
- All Medicare participants must submit their provider number for all facilities applying for Network membership and demonstrate an appropriate mechanism for updating Medicare plans of care.

It is preferred that all Network member practices are certified Medicare providers. In-network Medicare providers will be granted preference over those who are not.

If criteria are met, a site visit will be made to make sure space, equipment and documentation requirements are met.

Insurance Information

All therapy practices must show evidence of current professional liability insurance in the minimum amount of $1 million per occurrence/$3 million aggregate and comprehensive general liability insurance in the minimum amount of $1 million per occurrence/$2 million aggregate, with such insurance to name HSS and the HSS Network as an additional named insured to survive termination of the owner's participation in the HSS Network.

Fee Information

Processing Fee

In order to cover the cost of the review procedure, applicants are required to submit a one-time $600 fee to cover application processing and the site visit, which must be included with their application and is non-refundable. In the event that an owner wishes to apply for multiple locations, each location is considered its own entity and a separate application and fee must be submitted for each location seeking membership. **No owner/ownership group will be permitted to have more than 15% of the facilities in the Network at any time.** Applications are valid for six months from the date on which they are received. All required information must be provided and a site visit completed within this six month period, unless specifically authorized in writing by the Network. Checks should be made payable to HSS Rehab Network and sent to the Network at the hospital address, attention Angelic Linen .

Membership Fee

The initial annual for membership in the HSS Rehabilitation Network is $3500 and $2995 for each calendar year thereafter. The membership fee covers the Network's operating expenses, educational programming, web based activities and other marketing initiatives and all other administrative costs related to the Network' function. This fee must be paid prior to the deadline stated in enrollment information for new members, or the date specified in the renewal documents sent to existing members. All memberships renew February 1st. New members in the Network for less than 11 months at the time of their first renewal will have their renewal membership fee prorated as appropriate. If a practice applies for multiple sites and has more than one accepted into the Network, the "first" site will be billed the full fee; each additional office will be discounted 10% of the annual fee, both for initial membership and renewals.

Enrollment

Acceptance of qualified therapy practices in the HSS Rehabilitation Network may be limited to that necessary to provide the volume and variety of services needed in each Network region/ geographic area. A number of factors are used to define areas, including but not limited to zip code, neighborhood designations, natural boundaries and accessibility. Geographic need is determined by multiple means including but not limited to: population data, telephone requests and HSS internet site traffic/inquiries; and is part of the process used to determine the number and types of facilities necessary to adequately serve the population in each area. Factors such as specialty services and accessibility are also considered. The decision whether to accept a new member location is solely at the discretion of the Network's Advisory Committee.

Practices approved for membership and included on the HSS Rehabilitation Network roster, have demonstrated satisfaction of the Network's strict standards and requirements. In doing so, members are recognized by the HSS community as providing an outstanding level of care and practice management which permits referral to Network members with high confidence. In addition, members are listed in all Network print and electronic member lists and marketing materials, facilitating easy access to contact and scope of service information about member practices. The Network makes absolutely no guarantee of referrals to any member and all

physicians, including Hospital for Special Surgery doctors, are free to refer their patients to any provider. However, due to the stringent acceptance process and ongoing assessment and inspection of members, most HSS physicians recommend Rehabilitation Network facilities to their patients as the first, best option for their outpatient rehabilitation.

Quality Standards

The HSS Rehabilitation Network has established a guide to quality standards and requirements. Practices are expected to adhere at all times to these standards as well as all other membership criteria, their state practice laws and the Code of Ethics of the APTA &/or AOTA.

Continuing Education

All professional staff of HSS Rehab Network members are required to attend at least six hours of continuing education annually, to include a minimum of six hours of clinically based education every 24 months. To assist in meeting that requirement, therapists employed by Network practices are eligible for discounts to HSS Rehabilitation sponsored continuing education courses and a host of free web-based learning opportunities. This benefit supports the value of the HSS Network to the members and demonstrates the Network's commitment to quality and professional growth to patients and MDs.

Advisory Committee

The HSS Rehabilitation Network and its members are represented by an Advisory Committee which, in collaboration with Network and hospital administration, functions as its governing body. The Committee meets regularly and addresses a variety of issues affecting the Network including but not limited to, policy and decisions on prospective new members. The Committee is made up of elected owner-members, including one from each geographic area representing the Network, and may also include a "member-at-large" and two "rotating" advisory seats. It also includes the Network's executive management team and hospital representatives. Except rotating advisors who serve for 18 months, Committee member terms are for three years.

Member Listings

The Network maintains a webpage at www.hss.edu/rehab-network.asp which includes general Network information and education materials; foremost of which is a list of member practices. Organized by region and accessible to anyone with internet access, the webpage includes a "find a therapist" search engine and mapping capability, as well as individual practice descriptions and contact information. MD offices and hospital exam areas are also provided with printed Network Member lists which include all member locations, for use as an easy "take-home" reference to Network practices. The sheets are also available for direct download from the Network's webpage.

Marketing the Network

Marketing the HSS Network is directed first to the HSS medical staff and patient community. Network staff makes regular visits to HSS physician offices and clinics to promote the Network and distribute member lists and other Network information. This information is also offered to physicians and other patient resource staff/departments which are part of the New York

Presbyterian Network as well as the medical communities in the vicinity of the HSS Rehab Department's off-site locations. The other primary marketing endeavor is promoting the Network to physicians and the community at large, through the Network's prominent web presence on the HSS website. Patients and physicians may also call the Network office directly for assistance or information.