



The 2017 Utah Primary Care Summit

October 27, 2017

This meeting brings together stakeholders from across the state to discuss the current-status of Utah's primary care workforce and identify priority strategies to improve the health of Utah communities through primary care.

8:30 – 9:00	Breakfast
9:00 – 9:15	Welcome & 2017 Accomplishments
9:15 – 9:45	Enhancing Utah's Primary Care Workforce: The Utah AHEC Agenda
9:45 – 10:45	Utah Healthcare Policy: Perspectives from the Utah Legislature
10:45 – 11:00	Break
11:00 – 12:00	Panel Discussion: Local Implications of National Policy
12:00 – 12:30	Lunch
12:30 – 2:00	Utah Primary Care Summit Initiatives: <i>Utah Workforce Scenarios Modeling Project</i> <i>Updates from the HRSA Primary Care Training Program</i> <i>Opportunities to Expand Preceptor Training Capacity</i>
2:00 – 2:15	Break
2:15 – 3:15	Summit Debrief & 2018 Priorities
3:15 – 3:30	Closing Remarks



The 2017 Utah Primary Care Summit SPEAKERS AND MODERATORS



Michael K Magill, MD, is a board-certified physician specializing in family medicine and Director of the Utah AHEC. Dr. Magill graduated from Duke Medical School and completed the Duke-Watts Family Medicine Residency Program, Durham, North Carolina. His many professional achievements include serving as Executive Medical Director of the University of Utah Hospitals and Clinics/Community Physician Group, in which he helped develop the University of Utah's model of the Patient Centered Medical Home – known as Care by Design™ (CBD). He also served as Executive Medical Director of the University of Utah Health Plans from 2012 to June 2015, leading implementation of PCMH payment for care for University employees and Medicaid patients. Dr. Magill is dedicated to health care reform and educating future physicians.



Isabella Alder, MPH, is the Associate Director for the Utah AHEC. She received her M.P.H. from the University of Utah in 2016, which included a year of study at the Utah Asia Campus in Incheon, South Korea. Ms. Alder has a keen interest in healthcare education and training and recognizes the value of a strong primary care system in addressing public health challenges. She has sought out academic and professional experiences focused on connecting populations to appropriate health resources, both locally and globally. She is excited to carry out the Utah AHEC's mission to *"help current and future health professionals acquire knowledge, skills, and attitudes needed to practice in a transformed health system for medically underserved rural and urban communities"*.



Senator Stephen H. Urquhart, JD, is Global Ambassador for the University of Utah. Steve was a member of the Utah House of Representatives from 2001 to 2008, serving as Majority Whip and Rules Chair. In 2009, he joined the Utah Senate, serving as Senate chair of the Higher Education Sub-Appropriations Committee until 2016. Steve was born and raised in Houston, Texas. He received his education at Williams College (biology) and BYU Law School (law review, honors). Steve is a founder of the Partnering Institute of Africa and director for Red Butte Garden, Equality Utah, and the Salt Lake Area Restaurant Association. For successfully championing difficult causes, Steve has been honored by the ACLU (Torch of Freedom), Equality Utah (Abraham Lincoln Award), and the Utah Pride Festival (Pete Suazo Political Action Award). He is married to Sara Stanley, and together they have four children.



Senator F. Ann Millner, Ed.D, M.S., is a Republican Senator for Utah's 18th District and was the 11th President of Weber State University (2002-2012). Senator Millner received a B.S. in Education from the University of Tennessee, an M.S. in Allied Health Education and Management from Southwest Texas State University, and an Ed.D. in Educational Administration from Brigham Young University (BYU) in 1986. Senator Millner has worked in a variety of positions at educational institutions. She was Education Coordinator of the Medical Technology Program at Vanderbilt University, Instructional Developer in Medical Technology at Thomas Jefferson University, a Lecturer at the School of Health Professions, Southwest Texas State University, and Associate Director of Continuing Education at the Edmond Campus of Gwynedd Mercy College. She began employment at Weber State College in 1982, and held such positions as Director of Outreach Education in the School of Allied Health Sciences, Assistant Vice President for Community Partnerships, Associate Dean of Continuing Education, and in 1993 she became Vice President for University Relations. Senator Millner has been involved in various community and academic organizations. She is the current chair of the Utah Campus Compact and a board member for Intermountain Health Care, the Ogden/Weber Chamber of Commerce, the Weber Economic Development Corporation, and Coalition for Utah's Future.



Senator Brian Shiozawa, M.D, is a Republican Senator for Utah's 8th District and Board Certified Emergency Physician. He works in the Emergency Department at St. Mark's Hospital. Senator Shiozawa earned his B.S. from Stanford University, his M.D. from the University of Washington, and his residency at the University of Utah. Senator Shiozawa has a rich professional experience in the medical field, including serving on: Emergency Physician Board of Directors, Emergency Physicians Integrated Care (Past President), Medical Staff St. Mark's Hospital (Chairman), Credentials Committee St. Mark Hospital (President), Utah Medical Association (Past President), Utah Medical Association Member of Governor's Healthcare Task Force, Lt. Governor's Taskforce on Medical Liability Reform. He brings this important medical perspective to his work at the Utah Senate. Senator Shiozawa is actively involved in Church and local community service projects and emergency preparedness. He is also a volunteer clinical faculty member at St. Mark's family practice. He has been married to Joye Jacobs for 30 years, and together they have four children.



Representative Steve Eliason, M.B.A, is a Republican Representative for Utah's 45th District and Finance Director with the University of Utah Hospital and Clinics. Representative Eliason received a B.S. in Accounting and M.B.A. from the University of Utah. He is a Certified Public Accountant (CPA) licensed in the State of Utah since 1997 and a member of the Utah Association of Certified Public Accountants and the American Institute of Certified Public Accountants. Senator Eliason is a Utah native, and is heavily involved in the Salt Lake Community. He has been involved at the Road Home since 2002, including service as a Board Member, former Treasurer, former Chair of the Administrative Committee, and Past-President of the Board of Trustees. He has worked periodically as an Adjunct Accounting Professor at the David Eccles School of Business at the University of Utah, including service as Chairman of the Smart Start Mentoring Program connecting business students with alumni mentors. He currently serves as a scout leader with a local Boy Scouts of America Troop and is an Eagle Scout himself. He is married to his wife Jana, and together they have six children.



Senator Gene Davis is a Democratic Senator for Utah's 3rd District, where he currently serves as the Senate Minority Leader. Senator Davis was born and raised in Salt Lake City. He attended Utah's public schools, graduating from South High School. He earned a degree from Radio Operational Engineering School (equivalent of Bachelor of Science degree) and a Bachelor of Law degree from LaSalle University. Senator Davis was elected to the Utah House of Representatives in 1987 and to the Utah State Senate in 1998. He has served continuously in the Utah Legislature for the past 28 years, six terms in the House of Representatives and five terms in the Utah State Senate. As a state senator, Senator Davis is a fervent voice on Capitol Hill for public education and for the health and economic stability of Utah families. He has served on many state and national task forces and committees, which address these important issues. Currently in the Senate, Senator Davis is a member of the Health Reform Task Force, the Business and Labor Standing Committee, the Revenue and Taxation Standing



David N. Sundwall, MD, is a board-certified physician in Internal Medicine and Family Practice. He received his medical degree from the University of Utah – School of Medicine and further training in the Harvard Family Medicine Residency Program. Dr. Sundwall has considerable experience in health policy and administration at both the state and national level. He has served as Administrator in the Health Resources and Services Administration, Vice President and Medical Director of American Healthcare Systems, Assistant Surgeon General in the Commissioned Corps of the U.S. Public Health Service, and Executive Director of the Utah Department of Health. In addition to his extensive government service, Dr. Sundwall has always maintained his medical license and volunteered in public health clinics, providing primary care to medically underserved populations. He currently serves as a Professor in the University of Utah Division of Public Health.



Joseph K. Miner, M.D., M.S.P.H., serves as Executive Director of the Utah Department of Health. Prior to his appointment as executive director, Dr. Miner served as executive director of the Utah County Health Department for 32 years. Dr. Miner holds three degrees: B.S. from Brigham Young University, M.D., and M.S.P.H., both from the University of Utah School of Medicine. Following an Internal Medicine internship at Keesler Air Force Medical Center in Biloxi, Mississippi, Dr. Miner completed the U.S. Air Force's Primary Course in Aerospace Medicine at Brooks Air Force Base, Texas, and served two years as flight surgeon and Chief of Aerospace Medicine at Whiteman Air Force Base, Missouri. Dr. Miner completed a residency in Preventive Medicine/Public Health at the University of Utah School of Medicine. During his residency training, he was acting director of the Weber/Morgan Health Department in Ogden, Utah. Dr. Miner is Board Certified by the American Board of Preventive Medicine. Dr. Miner is a Fellow of the American College of Preventive Medicine and long-time member of the American Medical Association and the American Public Health Association, as well as their state affiliates. He has also served as a medical consultant for local mental health, youth corrections and vocational rehabilitation agencies as well as a consultant in occupational medicine. Dr. Miner is a past recipient of the Beatty Award for Distinguished Service in Public Health.



Mark R. Greenwood, MD, serves as the Medical Director of the Intermountain Healthcare Primary Care Clinical Program. Dr. Greenwood grew up in the small rural Utah town of Richfield as the son of a country doctor. Family Medicine and Primary Care were in his blood, and his goal was always to become a doctor and join his father in practice. Following college at Brigham Young University (B.S. 1996), Medical School at The George Washington University (M.D. 2000), and Residency at the University of Utah, that dream became a reality. In 2003 he joined the Intermountain Medical Group and has practiced full spectrum Family Practice in Richfield including outpatient, inpatient, ER, and obstetrics. In 2012 he became the Medical Group Rural Region Medical Director. More recently, in 2016 he became the Medical Director of the Intermountain Healthcare Primary Care Clinical Program. In this role he works to elevate the role and importance of primary care in population health management, chronic disease management, and most especially healthy lifestyle and disease prevention.



Alan Pruhs is the Executive Director for the Association for Utah Community Health (AUCH). Alan has served as the Executive Director of AUCH for the past seven years, and he served as the Assistant Director for six years before that. Alan has served on various local, state and national committees focusing on meeting the health care needs of the underserved, including the State's Homeless Coordinating Committee, the Health Care Reform Task Force, and the Governor's Workgroup on Medicaid expansion. Alan received his education at the University of Utah in Recreation Therapy and, prior to his work at AUCH, served as the Executive Director of SPLORE, an adaptive recreation providing outdoor adventures to persons of all abilities.



Chad Westover, M.P.A., is the Chief Executive Officer for University of Utah Health Plans and is responsible for the fiscal, operational, legislative, regulatory, and human resources objectives of the health plan and is the leading driver in improving quality and providing services to the members we serve. Chad joined University of Utah Health Care in February 2015. Prior to the University, he was the President of Molina Healthcare of Utah. Chad takes pride in being the inaugural director of the Utah Children's Health Insurance Program (CHIP) and was responsible for health insurance access initiatives for the Utah Department of Health. While Director of Utah's CHIP program, Chad founded and chaired the National Alliance for State CHIP Directors to coordinate the operations and policy initiatives of this new program nationally. He began his career as a staffer in the U.S. Congress, first as a research analyst for the Senate's Committee on Labor and Human Resources and then as senior legislative assistant to Rep. Michael Huffington of California. Other stops in his career include a 4-year stint as a health policy consultant for Gov. Mike Leavitt and seven years as vice president of Business Development at Anthem, Inc. Chad received his Bachelor of Arts and Master of Public Administration degrees from Brigham Young University.



Christina A. Porucznik, Ph.D., M.S.P.H., is an Associate Professor and Associate Division Chief for Education in the Division of Public Health. Additionally, she serves as Director of Graduate Studies in the Division of Public Health. She is a doctorally-trained epidemiologist who served as an Epidemic Intelligence Service officer for the Centers for Disease Control and Prevention at the Utah Department of Health before joining the faculty in 2005. Dr. Porucznik received her Master of Science in Public Health and PHD in Epidemiology from the University of North Carolina at Chapel Hill School of Public Health. She has worked in nonprofit, government, academic, and corporate settings with scientists, engineers, and policy makers. Her area of research interest is in appropriately timing measurement of exposures. In the environmental domain, she studies endocrine disruptors and reproductive endpoints including fertility, pregnancy outcomes, and breastfeeding. Her other primary focus area is on prescription medications, primarily opioids, and the impact of policy changes on drug dispensing and adverse events. She is the Principal Investigator and Project Director for the HRSA Primary Care Training Program at the University of Utah.



Jennifer L. Dailey-Provost, MBA, is the Executive Director of the Utah Academy of Family Physicians. She is also a registered lobbyist in the state of Utah. Jennifer focuses her lobbying efforts on advocating for healthcare reform, particularly related to family practice and primary care. Jennifer is passionate about improving health for all Utahans through working with family physicians and other health professionals to achieve the Quadruple Aim. In addition to holding B.S. in Business from the University of Utah and her M.B.A. from Westminster College, she is currently pursuing her M.P.H. at the University of Utah. This exciting endeavor gives her the opportunity to work on research focused on transforming how health care (particularly primary care) is delivered in the health system.



WELCOME TO THE

2017 UTAH PRIMARY CARE SUMMIT

FRIDAY, OCTOBER 27, 2017

THANK YOU TO OUR 2017 SPONSORS:



Department of
Family & Preventive Medicine



Health Resources & Services Administration
Primary Care Training Grant



The Center for
Clinical & Translational Science

**Who is
here today?**

**Why are
we here
today?**

2016 Summit Recap

CURRENT STATUS ON IDENTIFIED PRIORITIES

2016 Summit Recap

Priority #1: Workforce Scenario Research

- Develop workforce projections based on evolving population health needs and incorporating likely evolution of health care system design
- *Current Status:* Utah AHEC received \$10,000 from the Utah State Legislature in the 2017 Legislative, and the Utah Medical Education Council (UMEC) has committed additional funding to the project

2016 Summit Recap

Priority #2: Preceptor Tax Credit

- Advocating for a Utah Preceptor Tax Credit to support preceptor training capacity
- *Current Status:* Proposed bill for the 2018 Utah Legislative Session

2016 Summit Recap

Priority #3: Family Med Residency Expansion

- Add an additional 5 spots/year to existing family medicine residency programs in Utah
- *Current Status:* In the 2017 Utah Legislative Session, ongoing funding was appropriated to expand each of Utah's 4 family medicine residency programs by 1 spot/year

2018 Utah Primary Care Priorities?



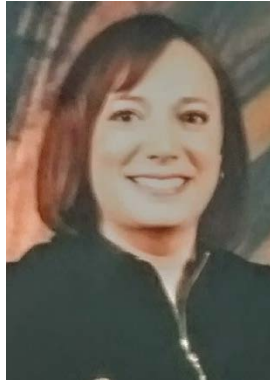
Workforce Transformation Projections

THE UTAH WORKFORCE SCENARIOS MODELING PROJECT

The “Real” Value of Teams



Michael Magill, MD
Family Physician



Sheryl Nelson, MA-C
Medical Assistant



Susan Saffel-Shrier, RD
Dietitian, Gerontologist



Karen Gunning, PharmD
Clinical Pharmacist



Shirley Belleville, RN
Care Manager



Shaun Curran, PA
Physician Assistant



Elizabeth Gargaro, MD
Psychiatrist



Heidi Pigott, PharmD
Clinical Pharmacy Resident

2016 Primary Care Summit Questions



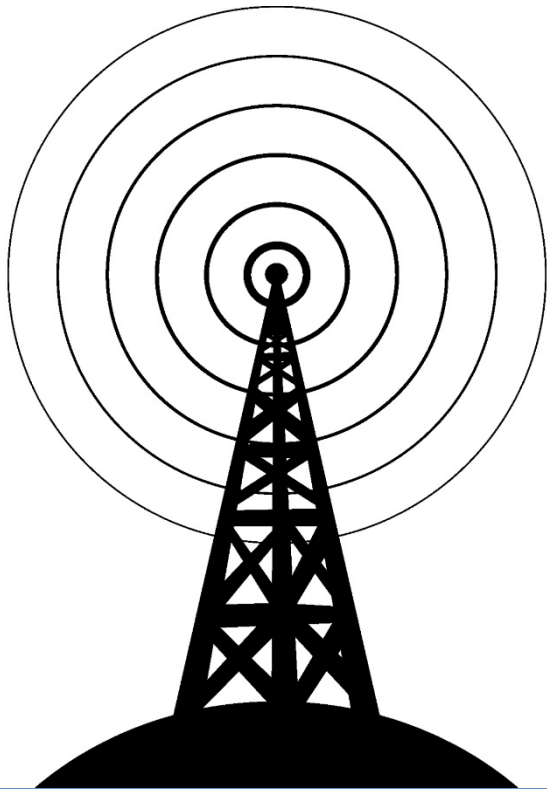
- How does the shift towards **team-based care impact our capacity** to meet Utah's health care needs?
- How can we **define our workforce needs in terms of future system scenarios** instead of ratios of physicians to population?
- What are the **appropriate training pipelines** that will provide a future workforce necessary to deliver services that meet Utah's future health care needs?

The Utah Medical Education Council (UMEC)

- Created in 1997 by H.B.141
- Authorized to conduct ongoing healthcare workforce analyses and to assess Utah's training capacity and graduate medical education (GME) financing policies
- Functions as a Quasi Governmental Agency
(partly funded by teaching hospitals)

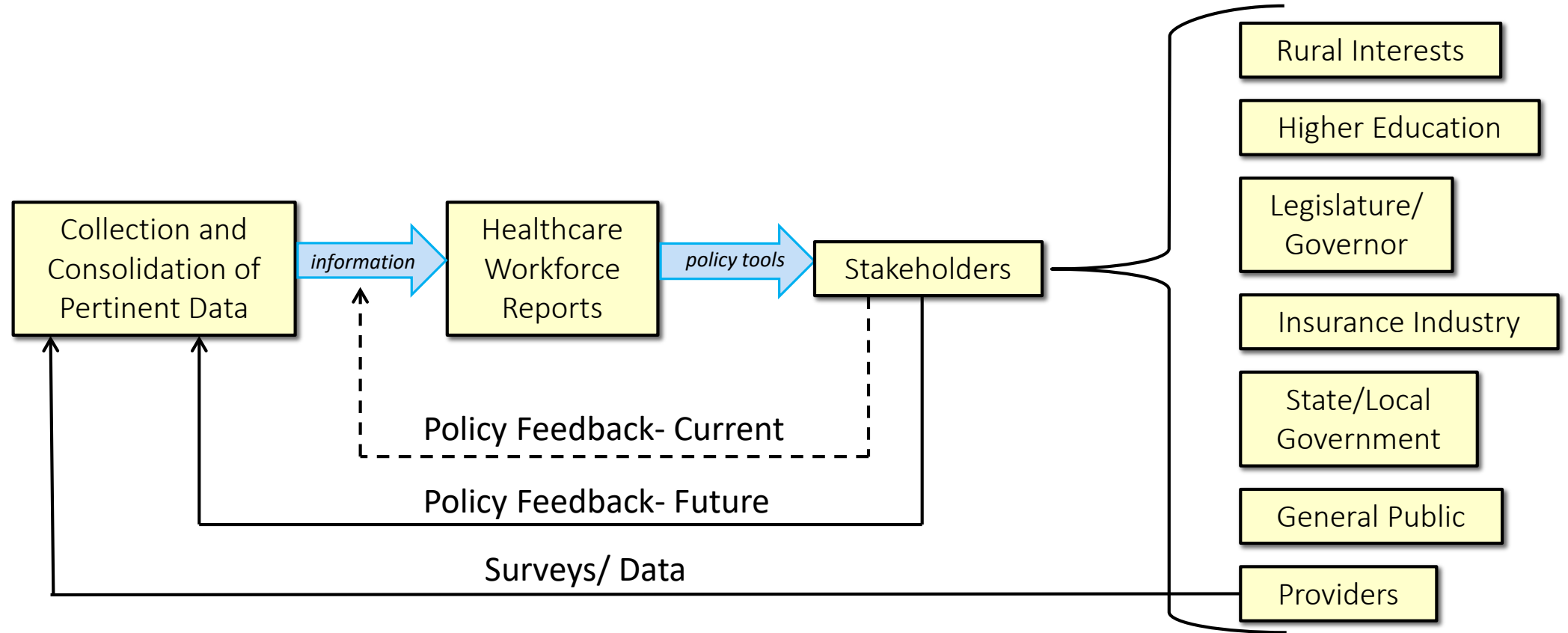


UMEC: Utah's Healthcare "Radio Tower"

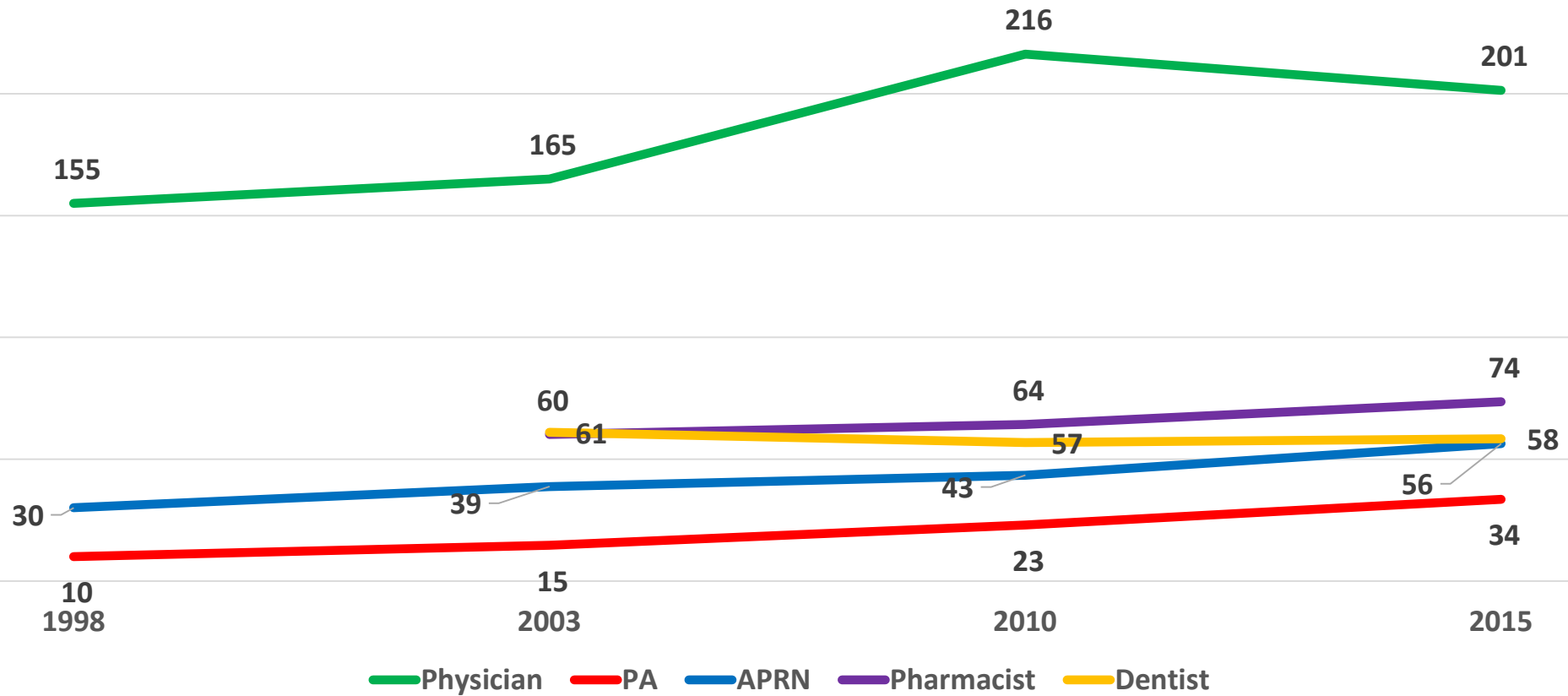


- Sends information to and receives information from Utah's Health Care Systems
- Provides data and information to support strategies of interested stakeholders
- Informs on national trends and state trends relating to medical workforce policy decisions for Utah

Health Workforce Surveillance System



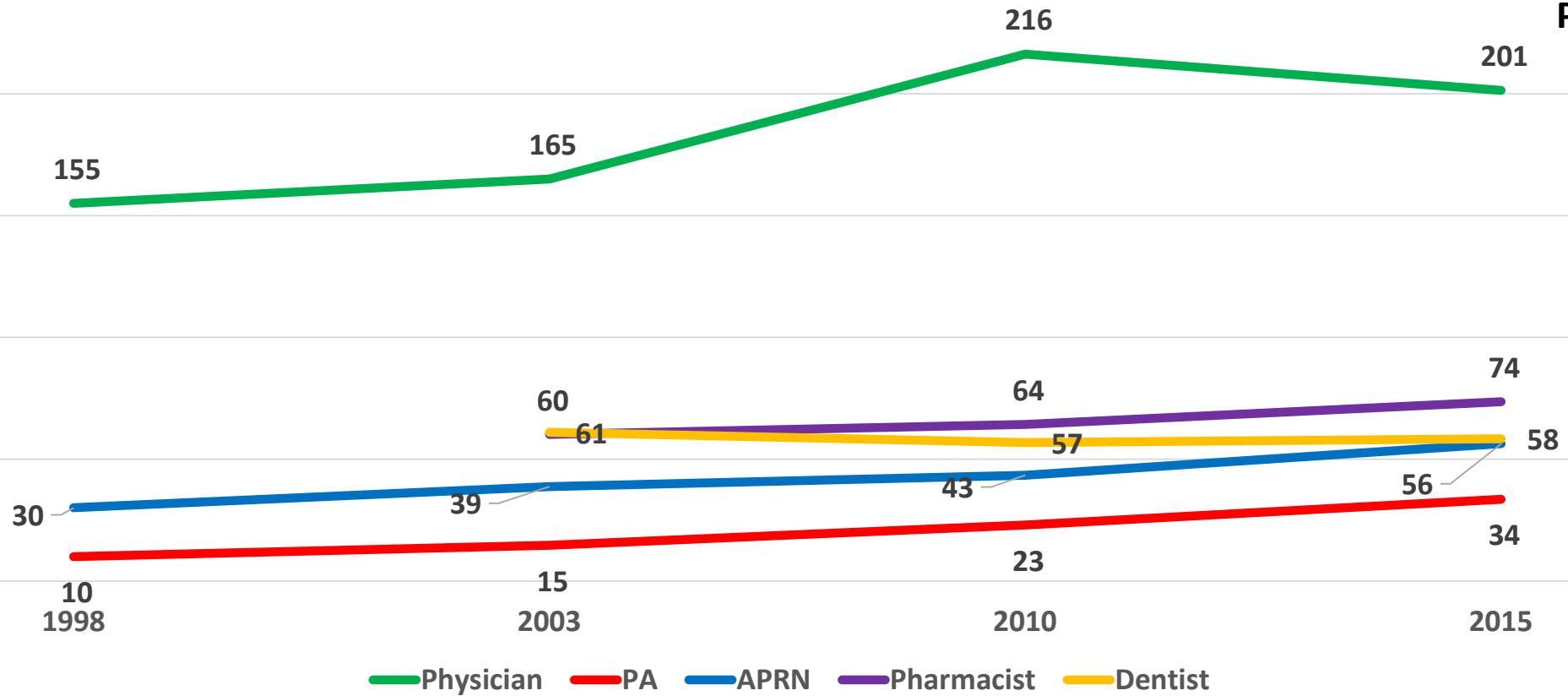
Utah Workforce Supply to 100,000 Population Ratio



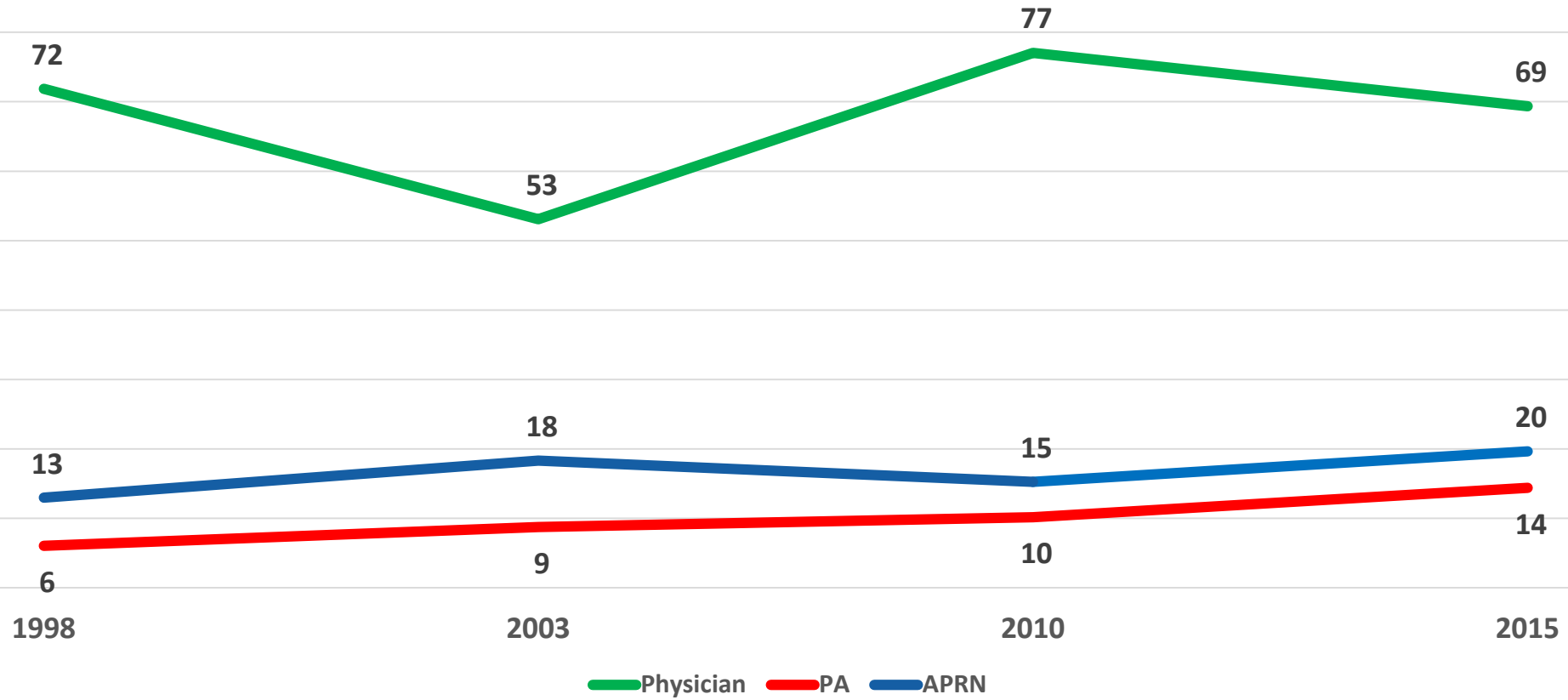
Utah Workforce Supply to 100,000 Population Ratio



U.S. Average
Ratio: 265.5
Physicians-Per-
100,000



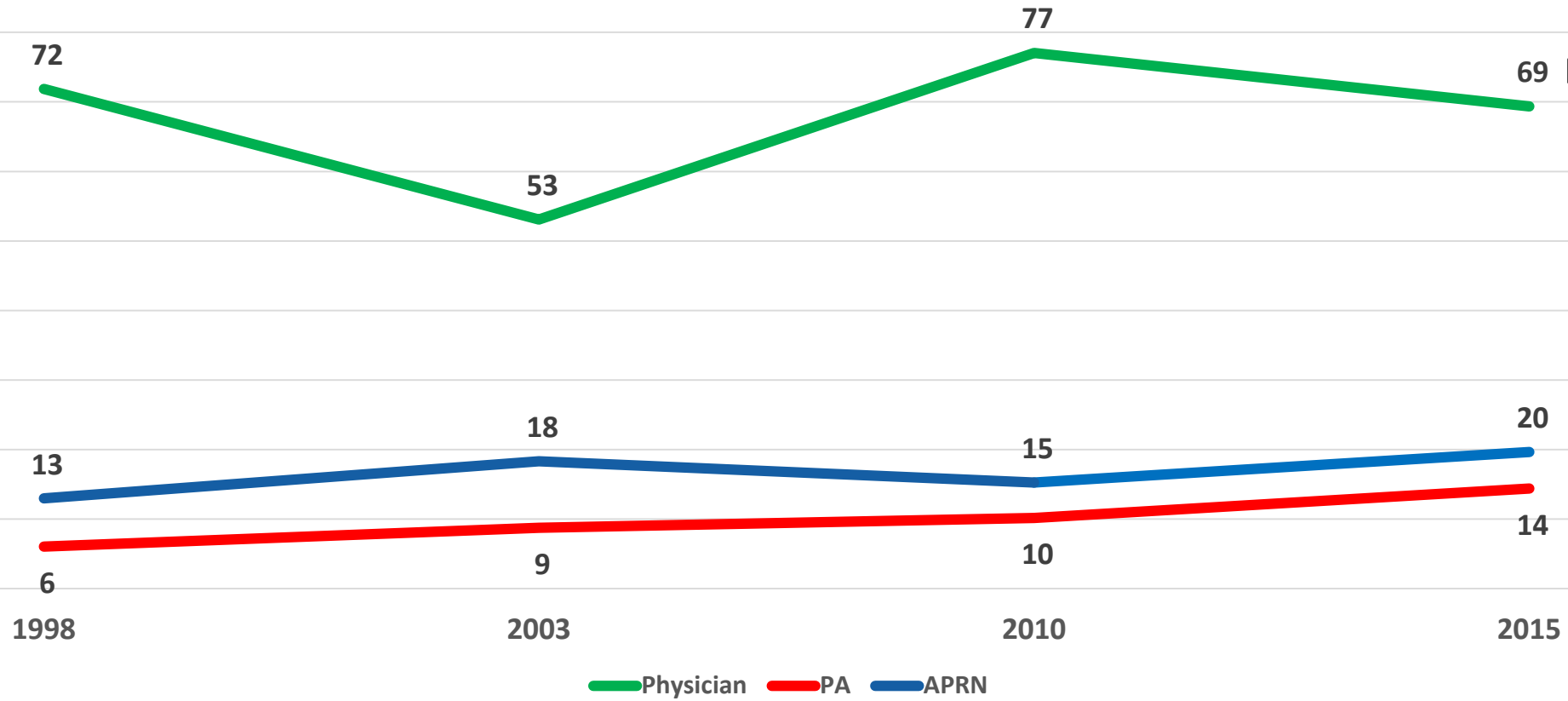
Utah Primary Care Workforce Supply to 100,000 Pop. Ratio



Utah Primary Care Workforce Supply to 100,000 Pop. Ratio



**U.S. Average
Ratio: 91.1
Primary Care
Physicians-Per-
100,000**

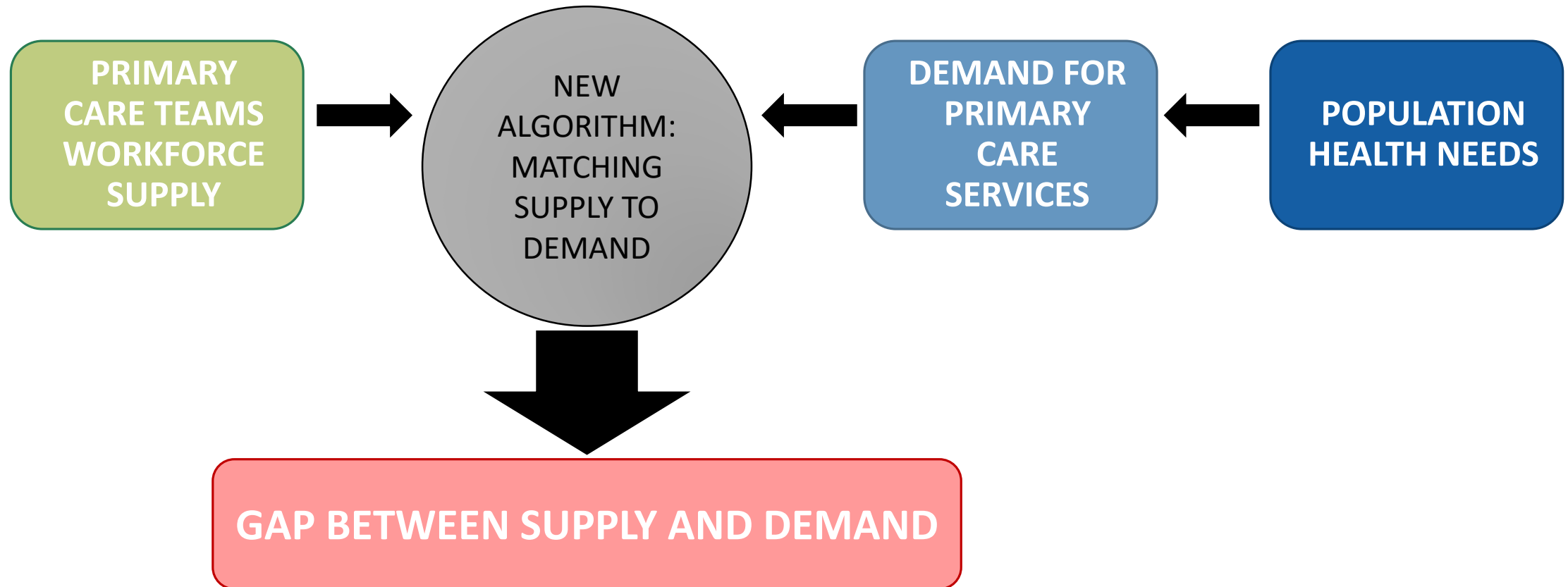


What are the Implications of Healthcare Transformation??

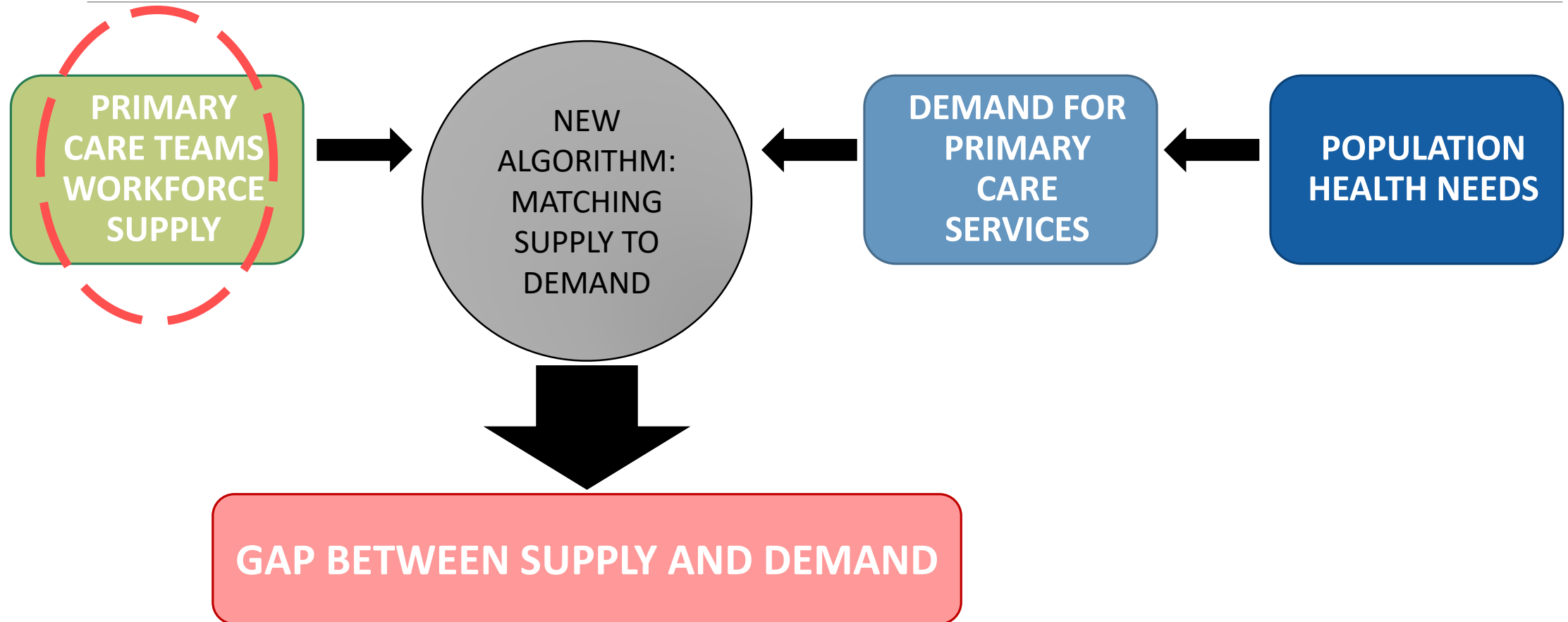


- Do provider-to-population ratios accurately project future workforce needs?
(Looking into Rear-View Mirror)
- Can we better incorporate impacts of healthcare transformation into our projection models?
(Looking out Front Window)

Transformed Conceptual Model



Transformed Conceptual Model



Utah Primary Care Teams Supply Data:

**PHYSICIANS
(2016)**

**ADVANCED
PRACTICE
NURSES (2017)**

**PHYSICIAN
ASSISTANTS
(2015)**

**REGISTERED
NURSES (2015)**

**PHARMACISTS
(2014)**

DENTISTS (2015)

**MENTAL HEALTH
PROFESSIONALS
(2016)**

**PHYSICAL
THERAPISTS
(2016)**

**OCCUPATIONAL
THERAPISTS
(2018)**

Utah Primary Care Teams Supply Data:

**PHYSICIANS
(2016)**

**ADVANCED
PRACTICE
NURSES (2017)**

**PHYSICIAN
ASSISTANTS
(2015)**

**MEDICAL
ASSISTANTS (?)**

**REGISTERED
NURSES (2015)**

**PHARMACISTS
(2014)**

DENTISTS (2015)

**HEALTH
EDUCATORS (?)**

**MENTAL HEALTH
PROFESSIONALS
(2016)**

**PHYSICAL
THERAPISTS
(2016)**

**OCCUPATIONAL
THERAPISTS
(2018)**

**CARE
MANAGERS (?)**

Primary Care Workforce Hours Available for Patient Care: Utah Self-Reported Averages

**UTAH PRIMARY CARE
APRN WORKFORCE**

30 Patient
Care Hours/
Week

X

47.9 Work
Weeks/Year

=

1437 Patient
Care Hours/
APRN/ Year

**UTAH PRIMARY CARE
PA WORKFORCE**

36 Patient
Care Hours/
Week

X

47.9 Work
Weeks/Year

=

1724 Patient
Care Hours/ PA/
Year

**UTAH PRIMARY CARE
PHYSICIAN
WORKFORCE**

36 Patient
Care Hours/
Week

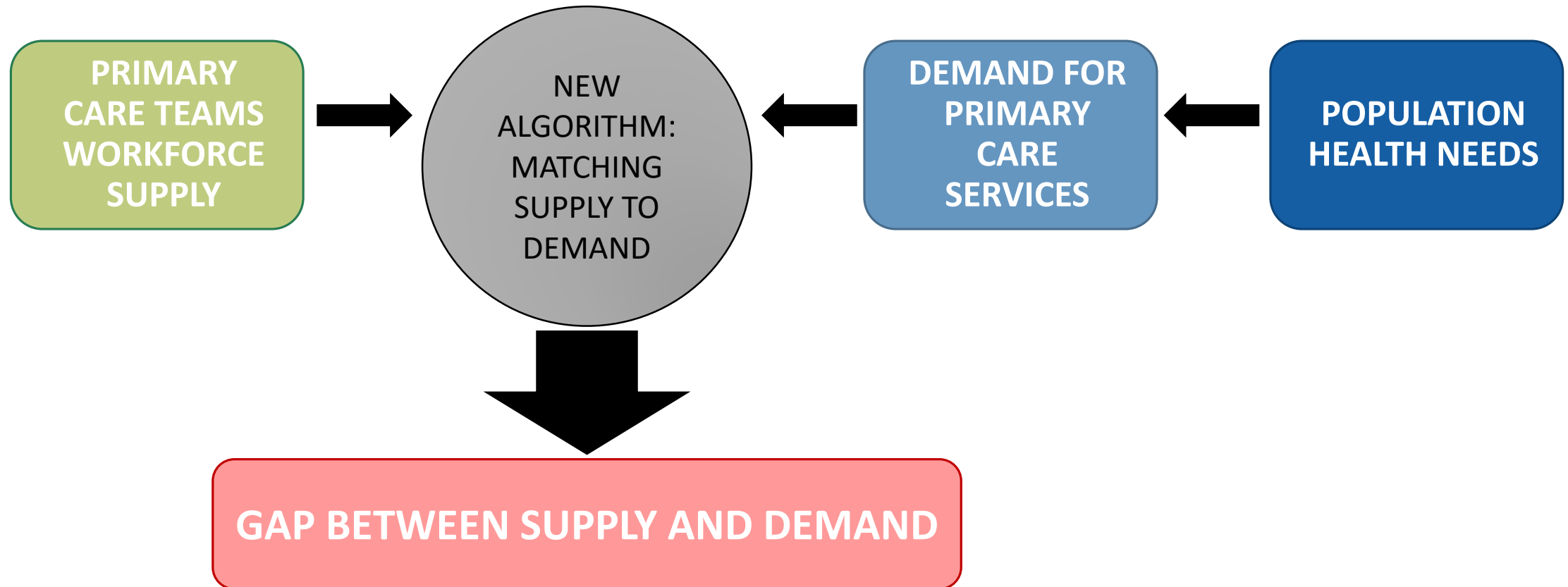
X

47.9 Work
Weeks/Year

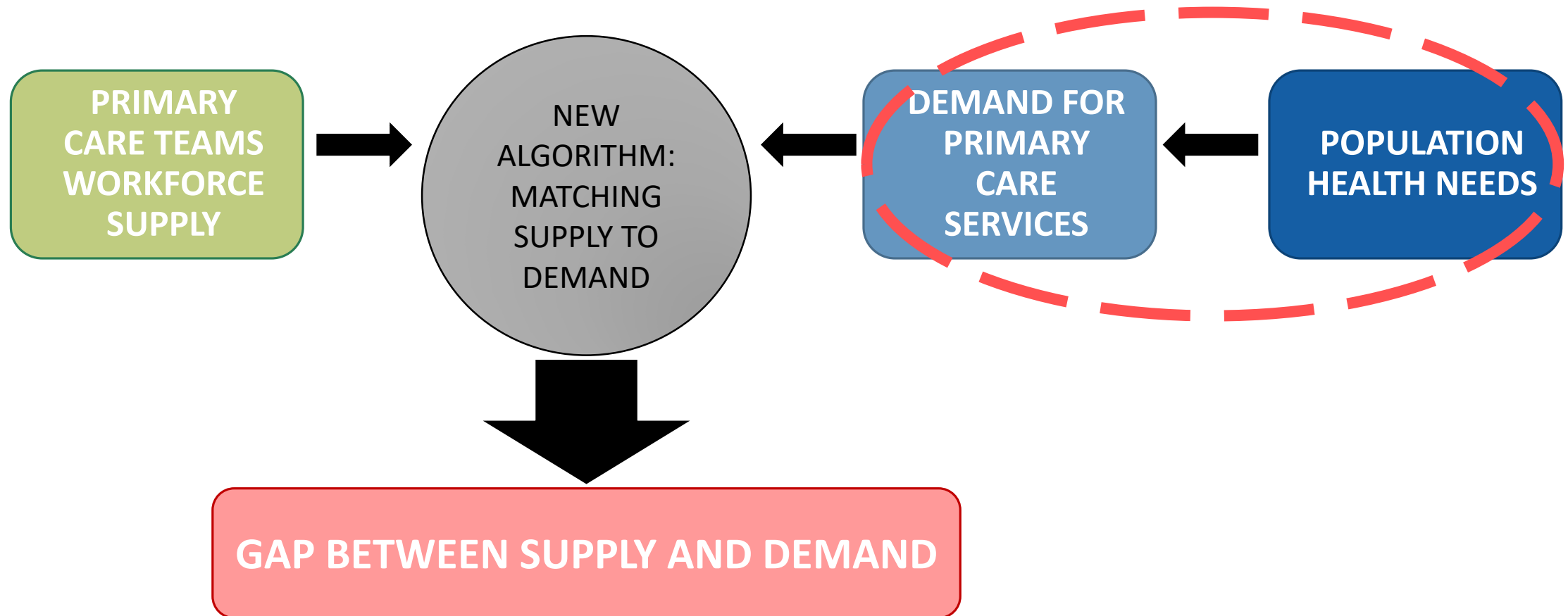
=

1724 Patient
Care Hours/
Physician/ Year

Transformed Conceptual Model



Transformed Conceptual Model



Defining Primary Care Demand:

Historic Patient Utilization Vs. True Population Health Needs

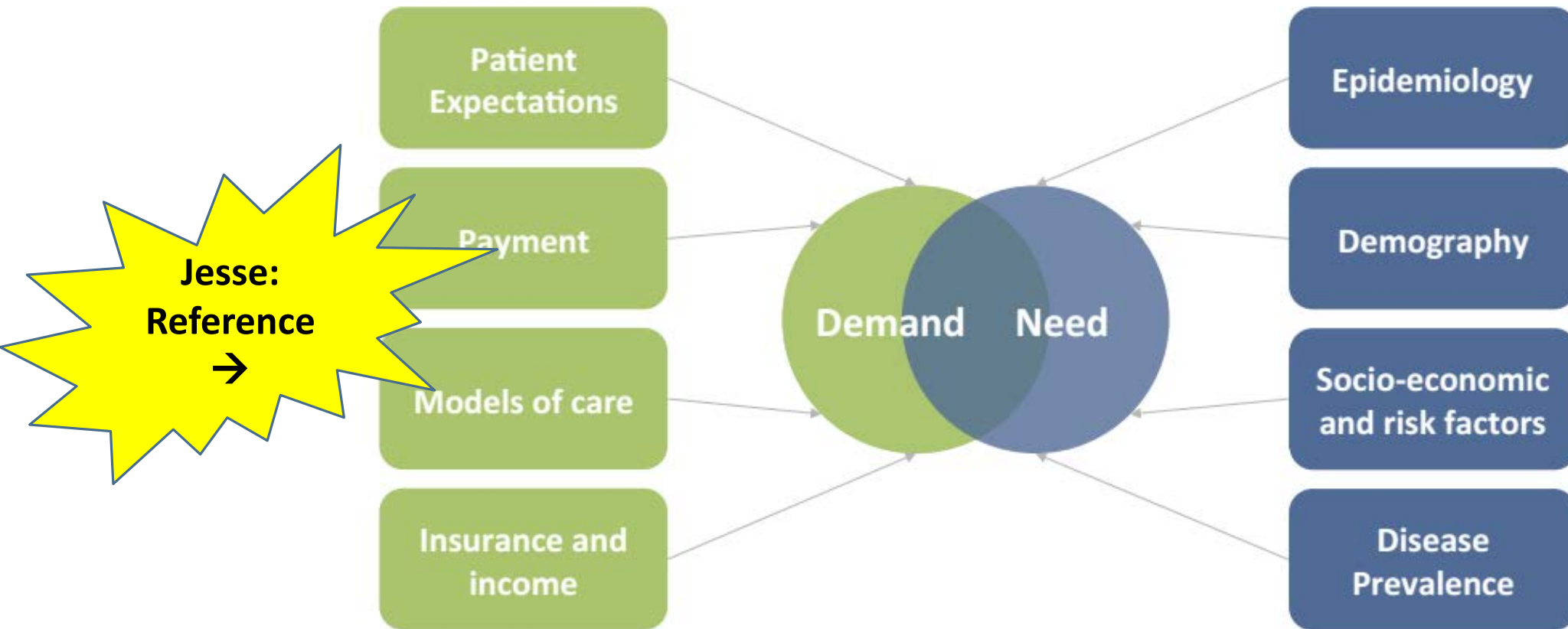


Table 2. Summary of Primary Care Time Requirements for 10 Chronic Diseases, Assuming the Disease is Stable and in Good Control

Disease	Number of Cases	Visits Per Year	Minutes Per Visit	Minutes Per Disease Per Year	Hours Per Year
Hypertension	511	2	10	20	170
Hyperlipidemia	472	2	10	20	157
Chronic obstructive pulmonary disease (COPD)	118	4	10	40	92
Coronary artery disease (CAD)	183	2	10	20	61
Diabetes	145	2	10	20	48
Asthma	381	2	10	20	127
Chronic kidney disease	279	2	10	20	107
Depression	140	1	10	10	23
Alcohol use disorder	131	1	10	10	22
Substance use disorder	120	1	10	10	20
Total hours per year					828
Total hours per work day					3.5

Note: Patients with more than 1 of the 10 diseases appear more than once. Summary of time assuming that the disease is "stable," "in control," "at goal," or "in maintenance phase."

COPD = chronic obstructive pulmonary disease; CAD = coronary artery disease.

**Jesse:
Reference→**

Estimating Primary Care Population Health Needs: Demographics, Disease Burden, and National Guidelines

Time Required to Meet Current Clinical Guideline Recommendations

Type of Visit	Hours/Day	Hours/Week	% of Clinical Time
Chronic	3.7 ^a	18.4	17.0
Acute	10.6 ^b	53.0	48.9
Preventive	7.4 ^c	37.0	34.1
Total	21.7	108.4	100.0

^a Calculated in [Table 1](#).

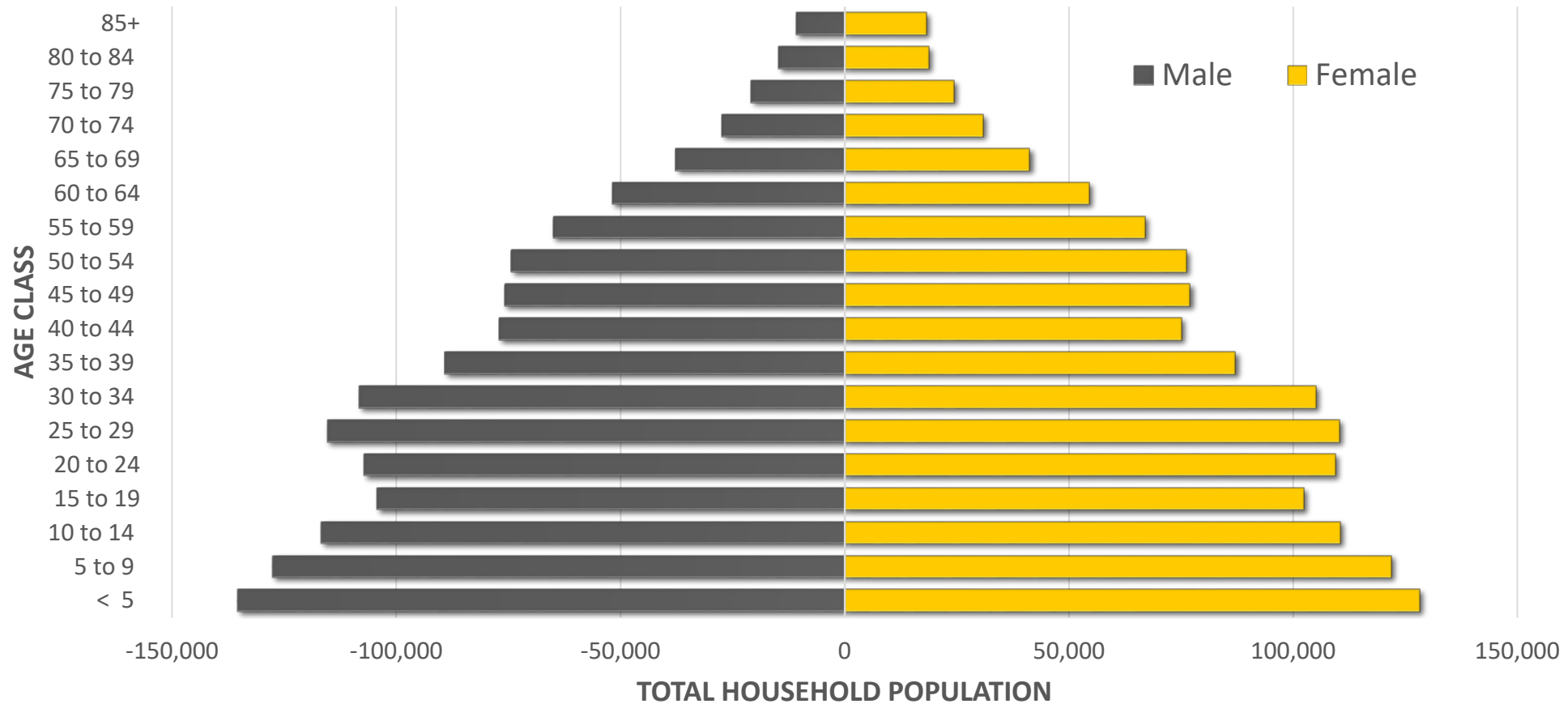
^b Source: Østbye et al ([8](#)).

^c Source: Yarnall et al ([7](#)).


**patient panel of 2500 in a primary care setting*

Jesse:
Reference→

Utah Demographics: 2016-2017 Utah Population Pyramid

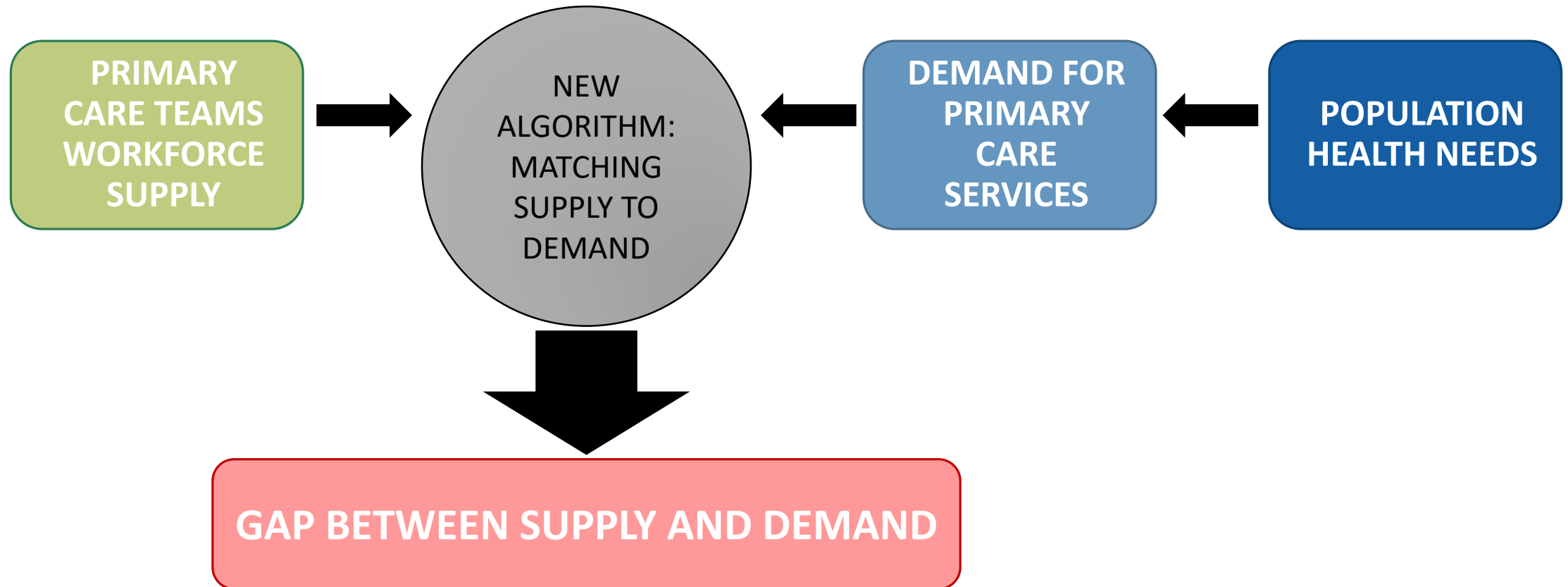


Utah Burden of Chronic Disease

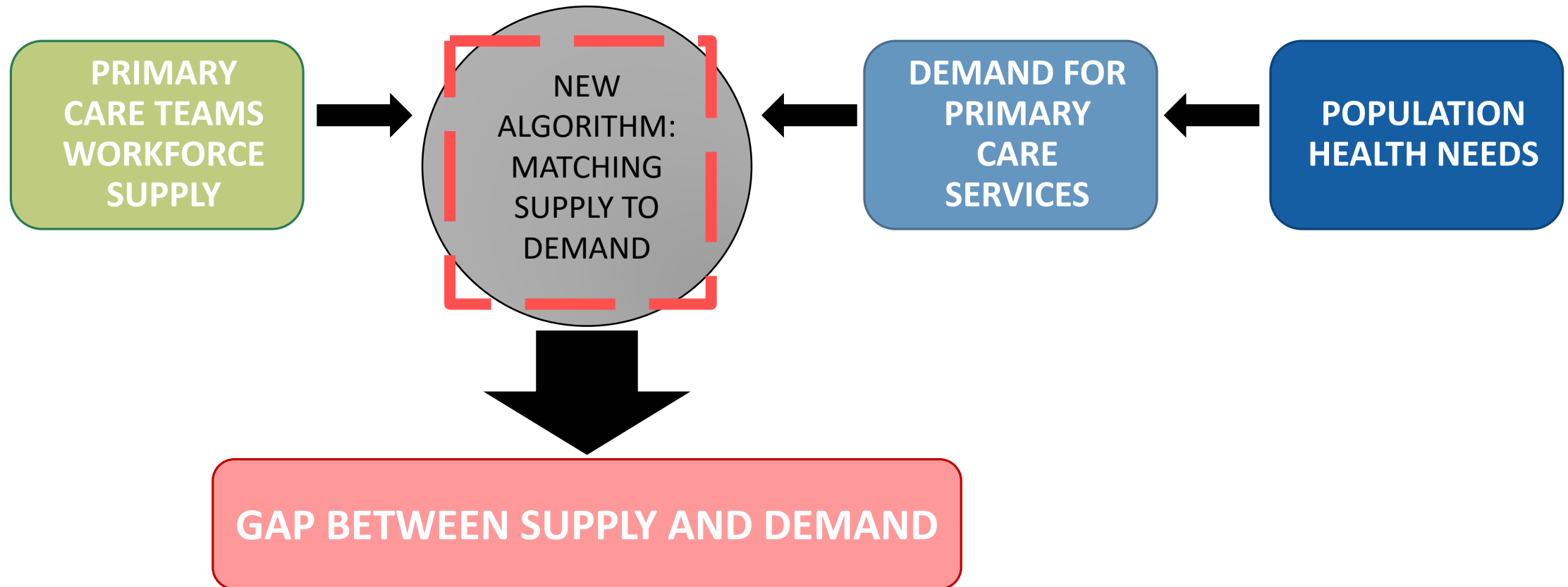


**Waiting to hear
back from
Heather→**

Transformed Conceptual Model



Transformed Conceptual Model



POPULATION HEALTH NEEDS *(Informed by population demographics, illness burden, etc.)*

AVAILABLE WORKFORCE

SUPPLY *(Defined by professions and visit capacity):*

MD: *XX Hours*

DO: *XX Hours*

PA: *XX Hours*

APRN: *XX Hours*

RN: *XX Hours*

PharmD: *XX Hours*

DDS: *XX Hours*

MSW: *XX Hours*

PT: *XX Hours*

OT: *XX Hours*

MA: *XX Hours*

Care Manager: *XX Hours*

Health Educator: *XX Hours*

POPULATION HEALTH NEEDS *(Informed by population demographics, illness burden, etc.)*

AVAILABLE WORKFORCE

SUPPLY *(Defined by professions and visit capacity):*

MD: *XX Hours*

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PA: *XX Hours*

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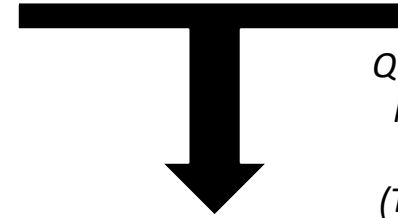
PT: *XX Hours*

OT: *XX Hours*

MA: *XX Hours*

Care Manager: *XX Hours*

Health Educator: *XX Hours*



*Quantify and Categorize Services
Needed to Address Population
Health Needs
(Translating Need into Demand)*

PREVENTIVE

CHRONIC

ACUTE

POPULATION HEALTH NEEDS *(Informed by population demographics, illness burden, etc.)*

AVAILABLE WORKFORCE

SUPPLY *(Defined by professions and visit capacity):*

MD: *XX Hours*

DO: *XX Hours*

PA: *XX Hours*

APRN: *XX Hours*

RN: *XX Hours*

PharmD: *XX Hours*

DDS: *XX Hours*

MSW: *XX Hours*

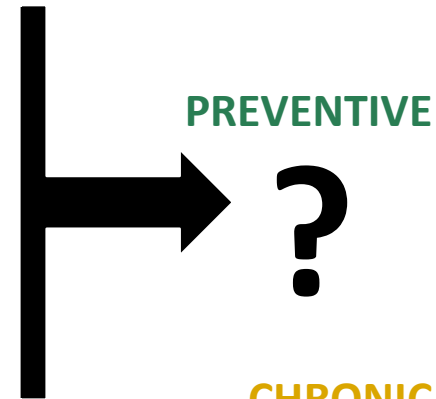
PT: *XX Hours*

OT: *XX Hours*

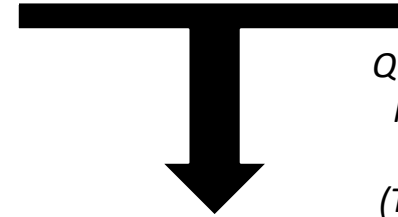
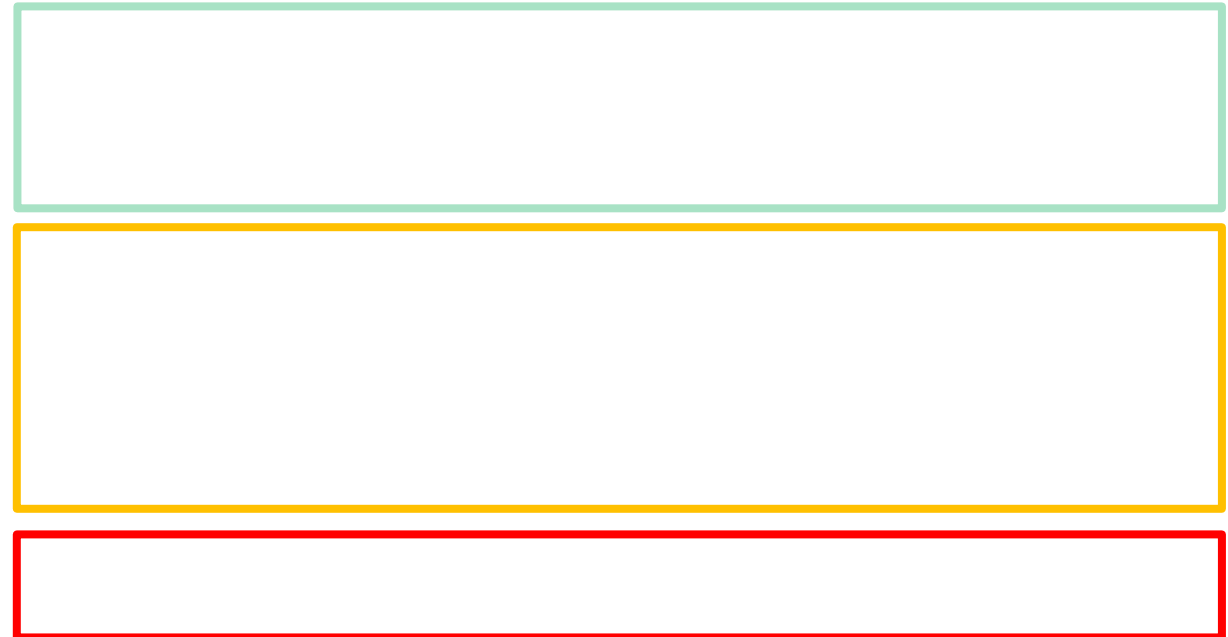
MA: *XX Hours*

Care Manager: *XX Hours*

Health Educator: *XX Hours*



ACUTE



*Quantify and Categorize Services
Needed to Address Population
Health Needs
(Translating Need into Demand)*

Estimating Primary Care Population Health Needs: Demographics, Disease Burden, and National Guidelines

Table 1. Estimated Panel Sizes Under Different Models of Physician Task Delegation to Nonphysician Team Members

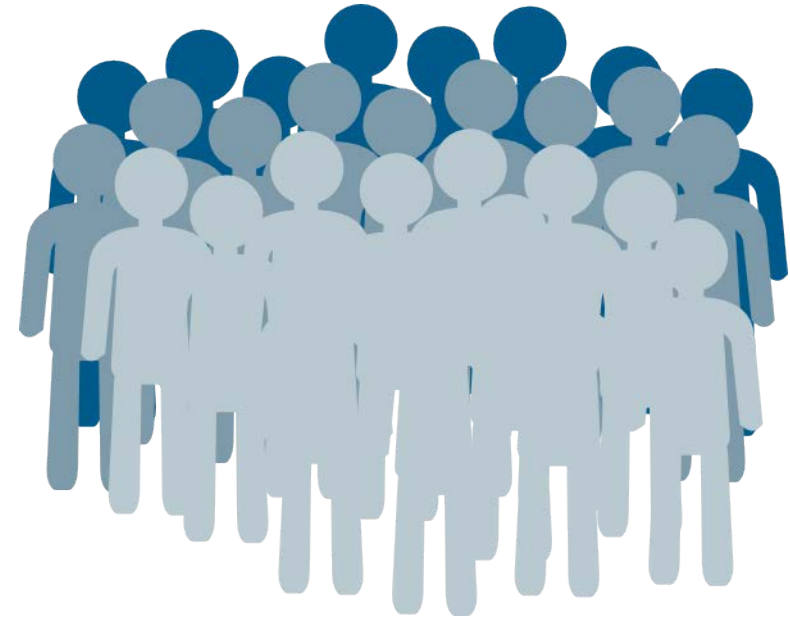
Type of Physician	Nondelegated Model (Panel = 983)		Delegated Model 1 (Panel = 1,947)		Delegated Model 2 (Panel = 1,523)		Delegated Model 3 (Panel = 1,387)	
	Time Delegated %	Hours per Patient/Year	Time Delegated %	Hours per Patient/Year	Time Delegated %	Hours per Patient/Year	Time Delegated %	Hours per Patient/Year
P		0.71	77	0.16	60	0.28	50	0.35
P	39	0.36	47	0.53	30	0.70	25	0.75
P		0.36	0	0.36	0	0.36	0	0.36
P		2.06	–	1.04	–	1.33	–	1.46

**Jesse:
Reference→**

Defining Panel Size VS. Defining Workforce Supply Needs



FIXED NUMBER

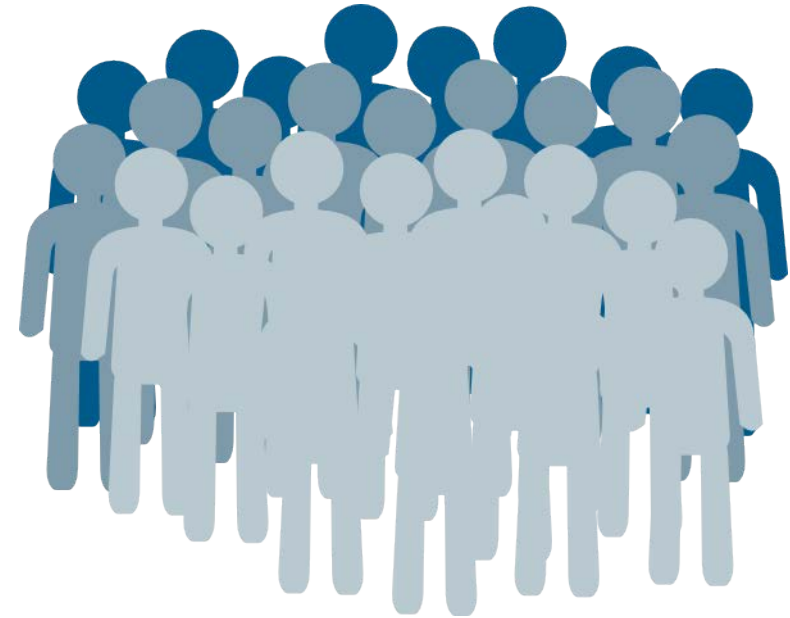


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Defining Panel Size VS. Defining Workforce Supply Needs



???



FIXED NUMBER

DESCRIBING WORKFORCE SUPPLY NEEDS IN TERMS OF CLINIC FUNCTION



Asthma Symptoms



Annual Wellness Visit



Type II Diabetes



Chronic Pain + Depression + Heart Disease

PHYSICIANS

**ADVANCED
CARE
CLINICIANS
(ARNP, PA)**



Asthma Symptoms



Annual Wellness Visit



Type II Diabetes



Chronic Pain + Depression + Heart Disease

PHYSICIANS

**ADVANCED
PRACTICE
CLINICIANS
(ARNP, PA)**



Asthma Symptoms



Annual Wellness Visit



Type II Diabetes



Chronic Pain + Depression + Heart Disease



Asthma Symptoms



Annual Wellness Visit



Type II Diabetes



Chronic Pain + Depression + Heart Disease



Asthma Symptoms

Vital Signs/Patient History
Diagnosis
Treatment Adherence Plan
Inhalers



Annual Wellness Visit

Vital Signs/Patient History
Screening Test Recommendations
Immunizations
Education: exercise, diet, alcohol, seat belts



Type II Diabetes

Vital Signs/Patient History
Blood Tests
Diagnosis
Treatment Adherence Plan
Diet and Exercise Education



Chronic Pain + Depression + Heart Disease

Vital Signs/Patient History
Diet and Exercise Education
Manage Complex Treatment/Prescriptions
Collaborate with Specialist

PHYSICIAN



Asthma Symptoms

Vital Signs/Patient History ●
Diagnosis ●
Treatment Adherence Plan ●
Inhalers ●



Annual Wellness Visit

Vital Signs/Patient History ●
Screening Test Recommendations ●
Immunizations ●
Education: exercise, diet, alcohol, seat belts ●



Type II Diabetes

Vital Signs/Patient History ●
Blood Tests ●
Diagnosis ●
Treatment Adherence Plan ●
Diet and Exercise Education ●



Chronic Pain + Depression + Heart Disease

Vital Signs/Patient History ●
Diet and Exercise Education ●
Manage Complex Treatment/Prescriptions ●
Collaborate with Specialist ●

PHYSICIAN

ADVANCED PRACTICE CLINICIAN



Asthma Symptoms

Vital Signs/Patient History ● ●
Diagnosis ●
Treatment Adherence Plan ● ●
Inhalers ● ●



Annual Wellness Visit

Vital Signs/Patient History ● ●
Screening Test Recommendations ● ●
Immunizations ● ●
Education: exercise, diet, alcohol, seat belts ● ●



Type II Diabetes

Vital Signs/Patient History ● ●
Blood Tests ● ●
Diagnosis ●
Treatment Adherence Plan ● ●
Diet and Exercise Education ● ●



Chronic Pain + Depression + Heart Disease

Vital Signs/Patient History ● ●
Diet and Exercise Education ● ●
Manage Complex Treatment/Prescriptions ●
Collaborate with Specialist ●

PHYSICIAN

ADVANCED PRACTICE CLINICIAN

REGISTERED NURSE



Asthma Symptoms

Vital Signs/Patient History ● ●
Diagnosis ●
Treatment Adherence Plan ● ● ●
Inhalers ● ●



Annual Wellness Visit

Vital Signs/Patient History ● ● ●
Screening Test Recommendations ● ●
Immunizations ● ● ●
Education: exercise, diet, alcohol, seat belts ● ● ●



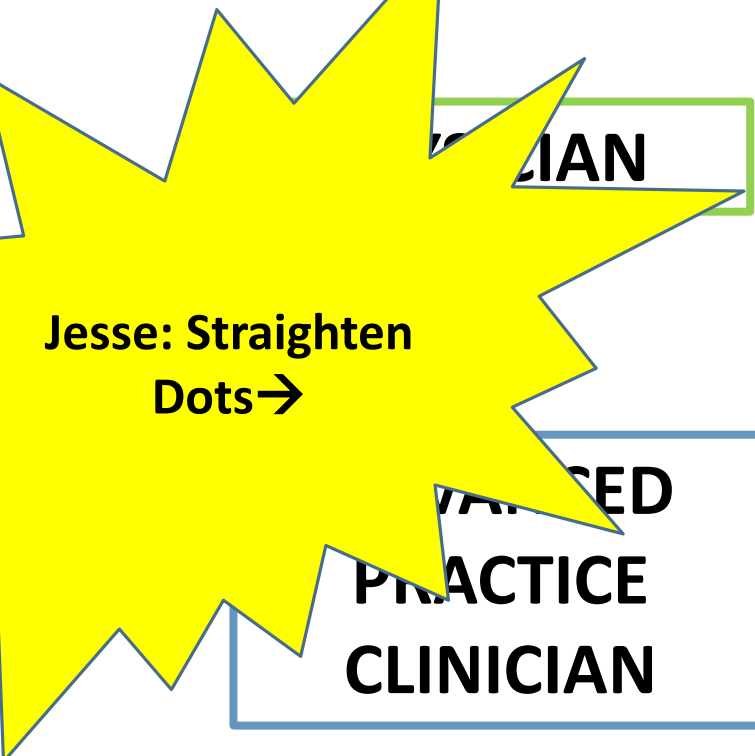
Type II Diabetes

Vital Signs/Patient History ● ● ●
Blood Tests ● ● ●
Diagnosis ●
Treatment Adherence Plan ● ● ●
Diet and Exercise Education ● ● ●



Chronic Pain + Depression + Heart Disease

Vital Signs/Patient History ● ● ●
Diet and Exercise Education ● ● ●
Manage Complex Treatment/Prescriptions ●
Collaborate with Specialist ●

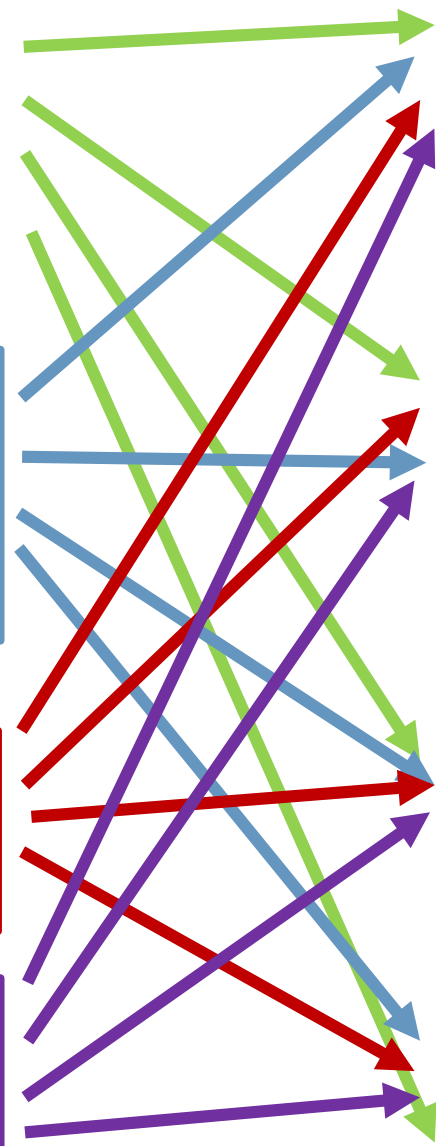


PHYSICIAN

ADVANCED
PRACTICE
CLINICIAN

REGISTERED
NURSE

HEALTH
EDUCATOR



Asthma Symptoms

- Vital Signs/Patient History ● ●
- Diagnosis ●
- Treatment Adherence Plan ● ● ●
- Inhalers ● ●



Annual Wellness Visit

- Vital Signs/Patient History ● ● ●
- Screening Test Recommendations ● ●
- Immunizations ● ● ●
- Education: exercise, diet, alcohol, seat belts ● ● ● ●



Type II Diabetes

- Vital Signs/Patient History ● ● ●
- Blood Tests ● ● ●
- Diagnosis ●
- Treatment Adherence Plan ● ● ●
- Diet and Exercise Education ● ● ● ●



Chronic Pain + Depression + Heart Disease

- Vital Signs/Patient History ● ● ●
- Diet and Exercise Education ● ● ●
- Manage Complex Treatment/Prescriptions ●
- Collaborate with Specialist ●

POPULATION HEALTH NEEDS *(Informed by population demographics, illness burden, etc.)*

**AVAILABLE WORKFORCE
SUPPLY** *(Defined by
professions and visit
capacity):*

MD: XX Hours

DO: XX Hours

PA: XX Hours

APRN: XX Hours

RN: XX Hours

PharmD: XX Hours

DDS: XX Hours

MSW: XX Hours

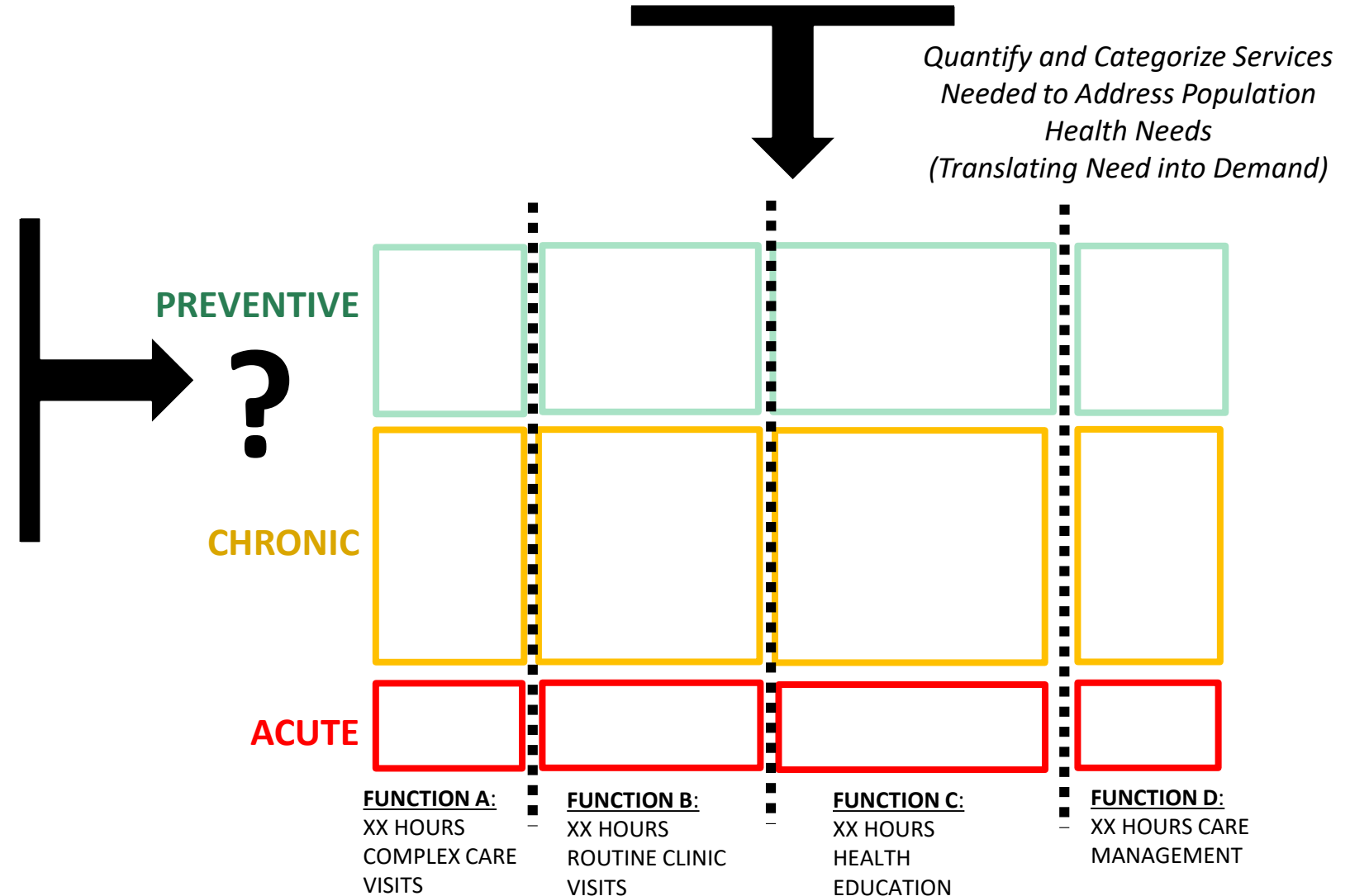
PT: XX Hours

OT: XX Hours

MA: XX Hours

Care Manager: XX Hours

Health Educator: XX Hours



POPULATION HEALTH NEEDS *(Informed by population demographics, illness burden, etc.)*

AVAILABLE WORKFORCE

SUPPLY *(Defined by professions and visit capacity):*

MD: XX Hours

DO: XX Hours

PA: XX Hours

APRN: XX Hours

RN: XX Hours

PharmD: XX Hours

DDS: XX Hours

MSW: XX Hours

PT: XX Hours

OT: XX Hours

MA: XX Hours

Care Manager: XX Hours

Health Educator: XX Hours

*Quantify and Categorize Services
Needed to Address Population
Health Needs
(Translating Need into Demand)*

PREVENTIVE

CHRONIC

ACUTE

FUNCTION A:
XX HOURS
COMPLEX CARE
VISITS

FUNCTION B:
XX HOURS
ROUTINE CLINIC
VISITS

FUNCTION C:
XX HOURS
HEALTH
EDUCATION

FUNCTION D:
XX HOURS CARE
MANAGEMENT

**FEE FOR SERVICE
PAYMENT MODEL**

POPULATION HEALTH NEEDS *(Informed by population demographics, illness burden, etc.)*

**AVAILABLE WORKFORCE
SUPPLY** *(Defined by
professions and visit
capacity):*

MD: XX Hours

DO: XX

PA: XX Hours

APRN: XX Hours

RN: XX

PharmD: XX

DDS: XX

MSW: XX Hours

PT: XX Hours

OT: XX Hours

MA: XX Hours

Care Manager: XX Hours

Health Educator: XX Hours

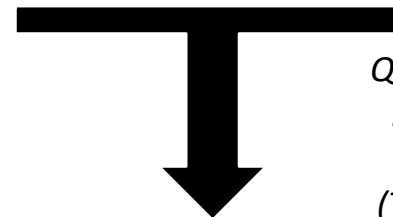
**MIKE: Ask Mike
How To Identify
Function by
Profession→**

VENTIVE

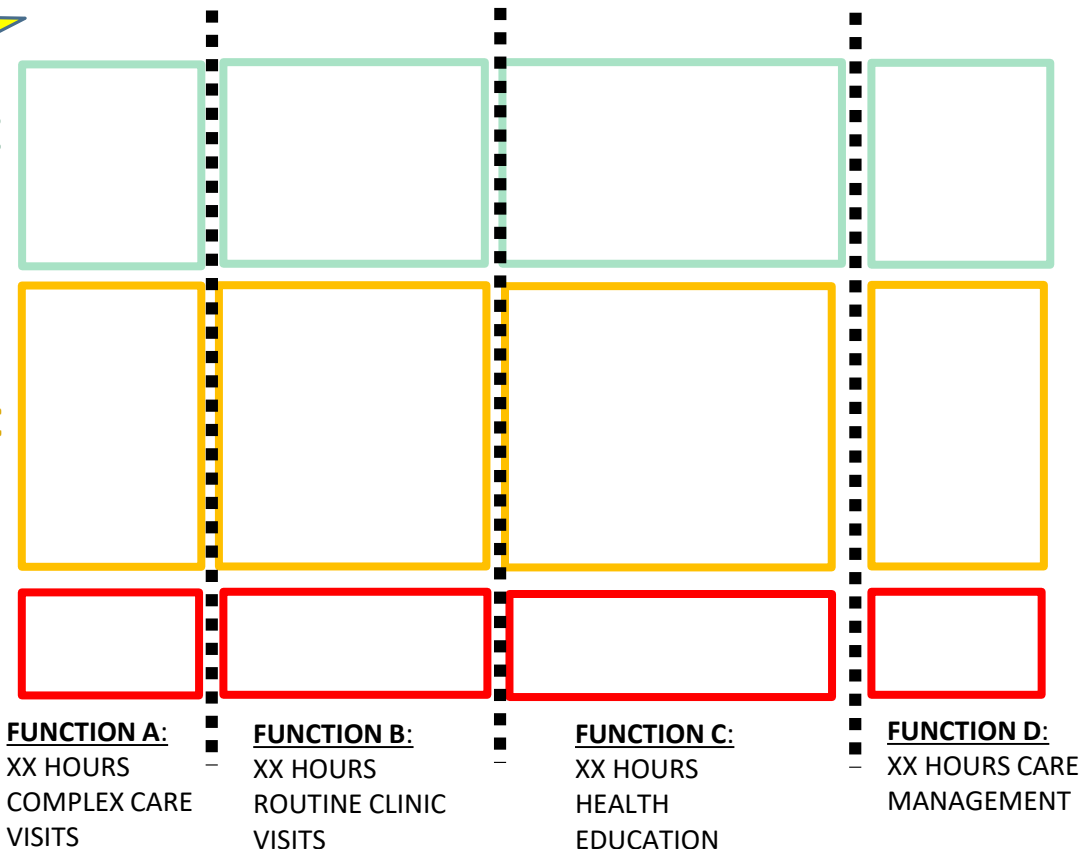
CHRONIC

ACUTE

*Build Algorithm
for Assigning
Workforce to the Needed
Services Based on
Availability,
Licensure, and
Cost Priorities*



*Quantify and Categorize Services
Needed to Address Population
Health Needs
(Translating Need into Demand)*



**FEE FOR SERVICE
PAYMENT MODEL**

**AVAILABLE WORKFORCE
SUPPLY** (Defined by
professions and visit
capacity):

MD: XX Hours

DO: XX Hours

PA: XX Hours

APRN: XX Hours

RN: XX Hours

PharmD: XX Hours

DDS: XX Hours

MSW: XX Hours

PT: XX Hours

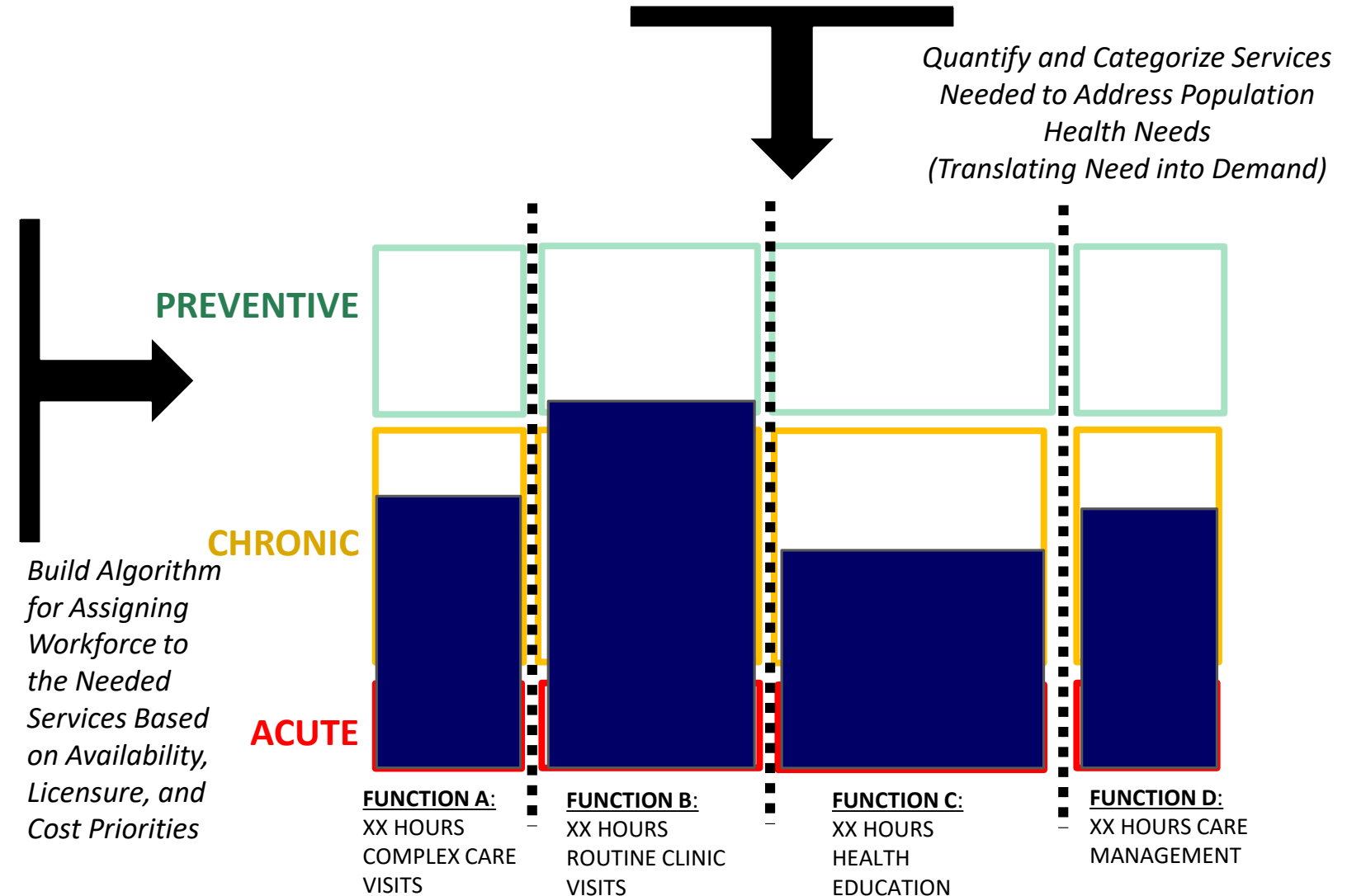
OT: XX Hours

MA: XX Hours

Care Manager: XX Hours

Health Educator: XX Hours

POPULATION HEALTH NEEDS (Informed by population demographics, illness burden, etc.)



**FEE FOR SERVICE
PAYMENT MODEL**

AVAILABLE WORKFORCE

SUPPLY (Defined by
professions and visit
capacity):

MD: XX Hours

DO: XX Hours

PA: XX Hours

APRN: XX Hours

RN: XX Hours

PharmD: XX Hours

DDS: XX Hours

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PT: XX Hours

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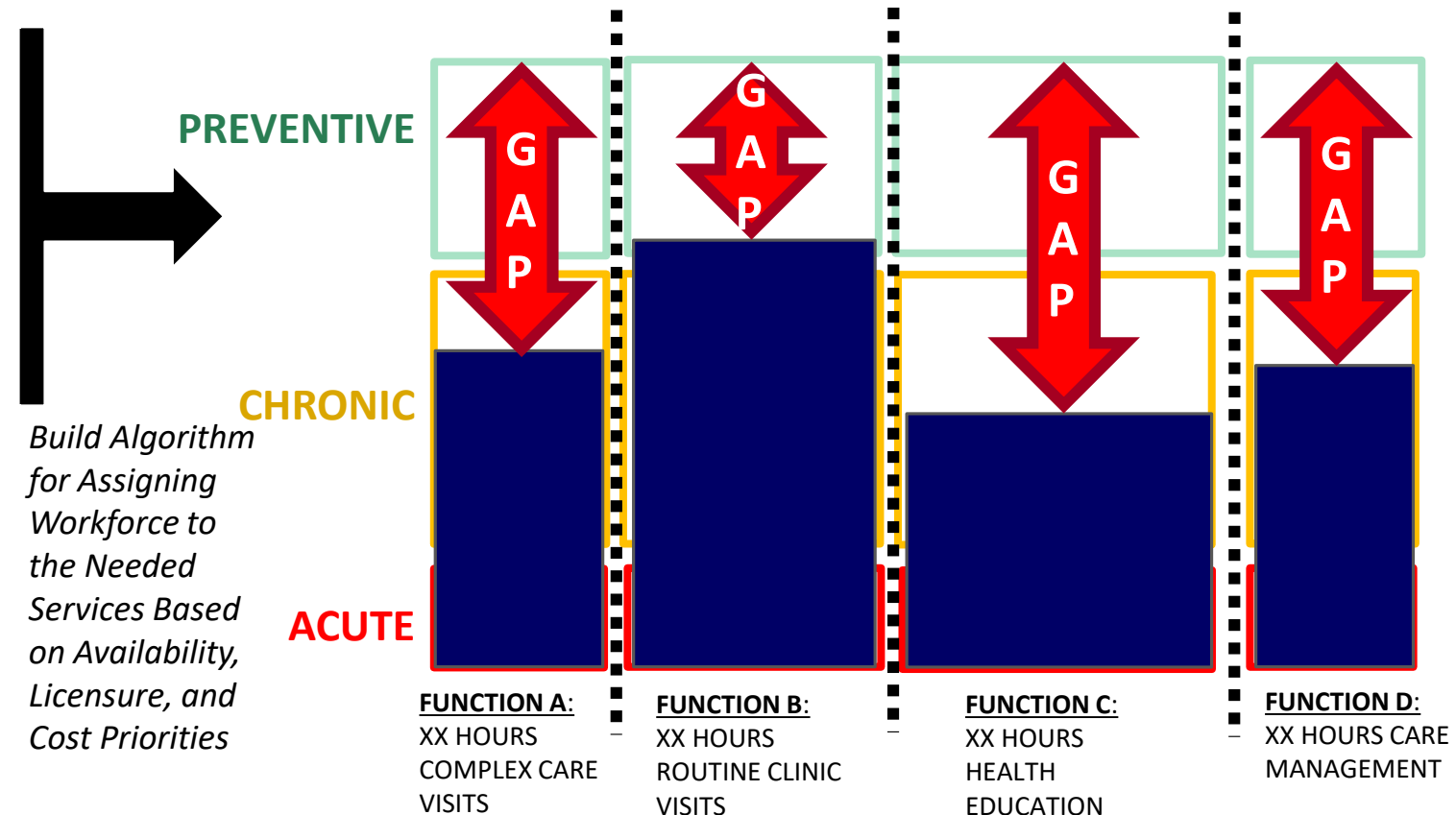
MA: XX Hours

Care Manager: XX Hours

Health Educator: XX Hours

POPULATION HEALTH NEEDS (Informed by population demographics, illness burden, etc.)

Quantify and Categorize Services
Needed to Address Population
Health Needs
(Translating Need into Demand)



CAPITATED PAYMENT MODEL

AVAILABLE WORKFORCE

SUPPLY (Defined by professions and visit capacity):

MD: XX Hours

DO: XX Hours

PA: XX Hours

APRN: XX Hours

RN: XX Hours

PharmD: XX Hours

DDS: XX Hours

MSW: XX Hours

PT: XX Hours

OT: XX Hours

MA: XX Hours

Care Manager: XX Hours

Health Educator: XX Hours

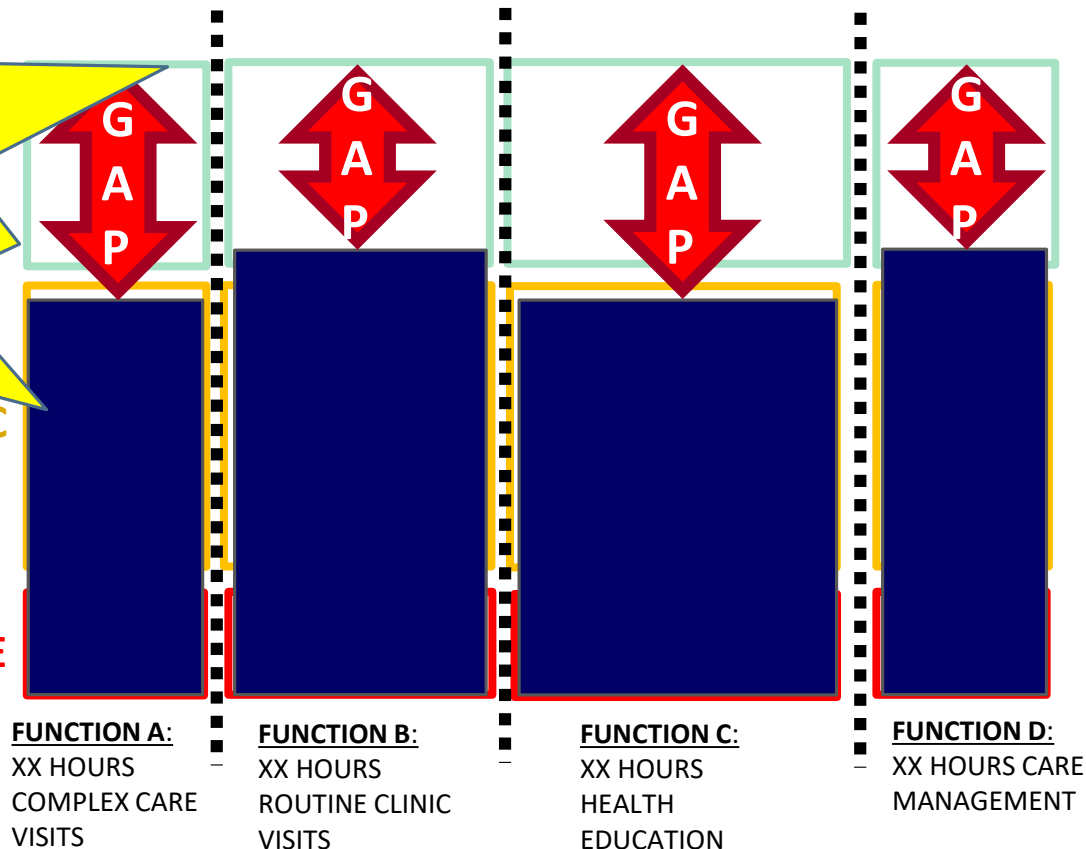
POPULATION HEALTH NEEDS (Informed by population demographics, illness burden, etc.)

Quantify and Categorize Services
Needed to Address Population
Health Needs
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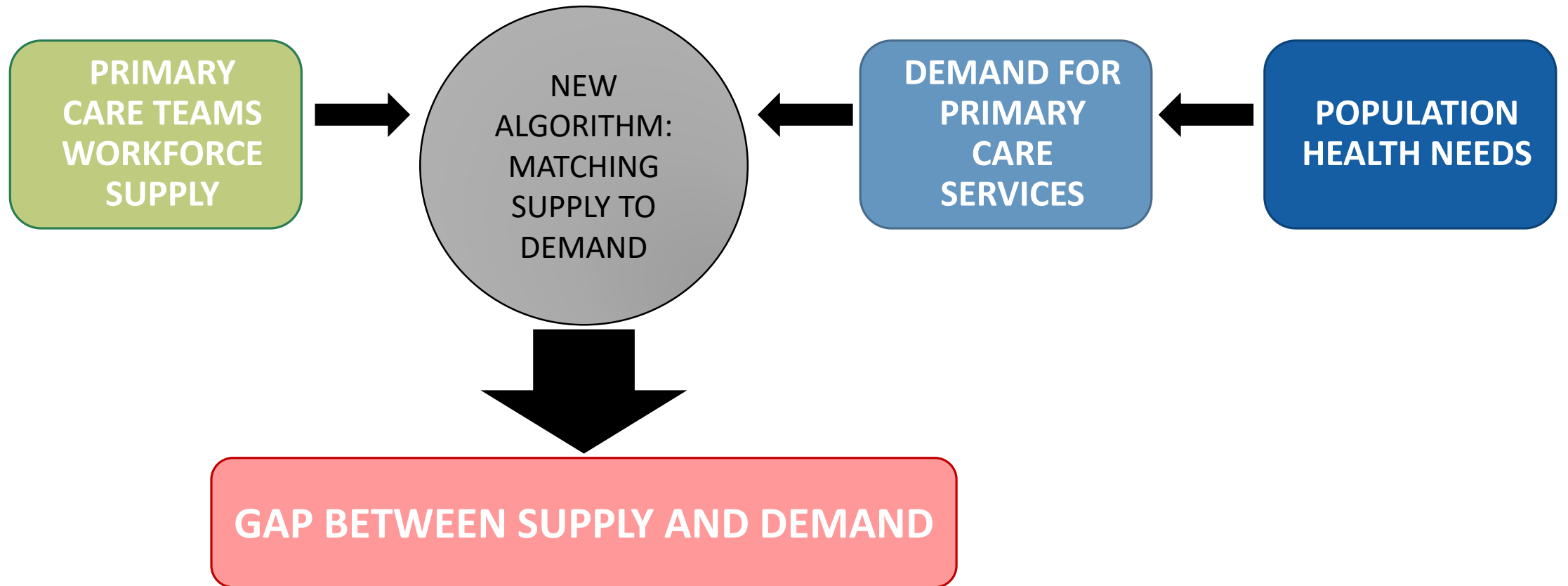
**MIKE: Ask Mike
How To Identify
Function by
Profession →**

CHRONIC

ACUTE




In Summary...



Workforce Model Implications

- Provide decision makers evidence to support their decisions addressing the primary care workforce shortage, including decisions on:
 - *Funding training pipelines*
 - *Modifying payment model*
 - *Expanding healthcare insurance*

Next Steps

- Identify evidence-based protocols for common chronic, acute, and preventive care
 - Assign visits by discipline
 - Estimate time requirements
-  Contributors welcome... please sign up!



THANK
YOU!

PANEL DISCUSSION: LOCAL IMPLICATIONS OF NATIONAL POLICY

Friday, October 27th from 11:00 – 12:00

The Scholarship Room, Level 4, Rice Eccles Stadium

451 South 1400 East, Salt Lake City, UT 84112

Panelists:

Chad Westover, Health Plan CEO

Mark Greenwood, Medical Director, Primary Care Clinical Program, Intermountain Healthcare

Joe Miner, Executive Director, Utah Department of Health

Alan Pruhs, Executive Director, Association for Utah Community Health

Session Outline:

5 Minute Introduction: David Sundwall

5-8 Minutes/Panelist: **What is your perspective on the state of primary care in Utah?**

20 Minute Q & A Session:

- **From your organization's perspective, what are specific implications of current national healthcare policy on Utah's primary care system?**
- **How can your organization adapt to the changes under consideration at the federal level to protect Utah patients and populations?**
- **What can a coalition of Utah primary care providers, payers, and individuals – as convened at this summit - implement to support your organization's ability to take care of Utah patients and populations?**



OPPORTUNITIES TO EXPAND PRECEPTOR TRAINING CAPACITY

1. WHAT IS THE VALUE OF COMMUNITY-BASED TRAINING?

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2. EXPLORING KNOWN [AND UNKNOWN] BARRIERS

1. WHAT IS THE VALUE OF COMMUNITY-BASED TRAINING?
2. EXPLORING KNOWN [AND UNKNOWN] BARRIERS
3. OPPORTUNITIES TO EXPAND PRECEPTOR TRAINING CAPACITY

What is the Value of Community-Based Training?

“The individual determinant most strongly associated with choosing a MUA practice site location was being born and/or raised in a MUA...”

“Service experience participation in MUAs prior to and during medical training had a tendency towards similar association to that of being born and/or raised in an underserved area.”

What is the Value of Community-Based Training?

“...medical students with clinical training in underserved areas are almost **three times as likely to practice in underserved areas** than students who do not train in those areas.”

“...medical students training in underserved areas are about **four times as likely to practice primary care in underserved areas** than students who do not train in those locations.”

What is the Value of Community-Based Training?

“From 2003-2015, in the three point in time surveys the UMEC has done on Utah’s Physician workforce, an average of 83% of physicians practicing in the state **have at least one tie to the state**, either through upbringing, medical education or residency.”

(UMEC, 2016 Physician Report)

What is the Value of Community-Based Training?

This rotation was the highlight of my education. I believe that it did more than anything else I did to prepare me for practice. The doctors in Fillmore are all excellent, as are the rest of the staff at the clinic. This rotation reinforced my desire to work in rural medicine.

- Hans Brannon Ayres, FNP from BYU
Rotation in Fillmore with Dr. Brinkerhoff

What is the Value of Community-Based Training?

“As a final note, I'd like to thank the people of SUU and Beaver who welcomed me and my family and gave me this unforgettable educational experience...I feel that I was able to get outside of my comfort zone and really come to see and understand some of the unique needs of rural Utah. [This experience] has motivated me greatly to provide care to an underserved rural population, regardless of whatever specialty I choose to pursue.”

**- Jonathan Broadwell, UU Medical Student
Rotation in Beaver**

EXPLORING KNOWN [AND UNKNOWN] BARRIERS



EXPLORING KNOWN [AND UNKNOWN] BARRIERS



EXPLORING KNOWN [AND UNKNOWN] BARRIERS

- We don't know Utah's student demand for community-based training
- We don't know Utah's supply of clinicians willing to precept
- We don't fully understand clinician barriers



OPPORTUNITIES TO EXPAND PRECEPTOR TRAINING CAPACITY



Advocate for Preceptor Tax Credit?



Streamline Preceptor Paperwork?



Recognize High Quality Learning
Environments?



Re-Brand the Preceptor Experience?



Other Ideas??

Enhancing Utah's Primary Care Workforce

THE UTAH AHEC AGENDA



The AHEC Program

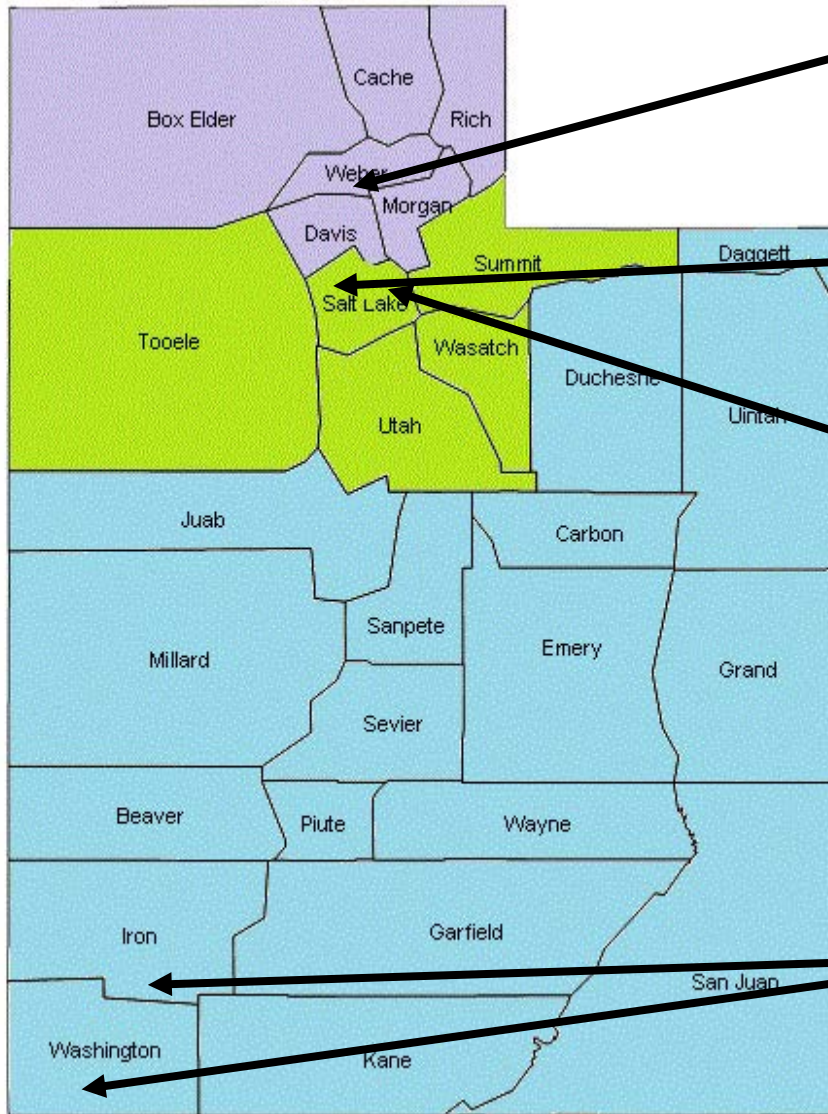
CONNECTING...

Students to Careers

Professionals to Communities

and Communities to Better Health





Northern Utah AHEC,
hosted at Weber State
University

Crossroads Utah AHEC,
hosted at Salt Lake
Community College

**Utah AHEC Program
Office,** hosted at University
of Utah

Southern Utah AHEC,
hosted at Southern Utah
University – with an office at
Dixie State University

The New AHEC:

1. **DISTRIBUTION:** Improve the geographic distribution of primary care health professionals in Utah, particularly among rural and urban underserved areas and populations
2. **DIVERSITY:** Increase the demographic and professional diversity of primary care health professionals in Utah
3. **PRACTICE TRANSFORMATION:** Enhance Utah's primary care health systems by developing and maintaining a primary care workforce prepared to deliver high quality care in a transforming delivery system

Utah AHEC Core Topic Areas:

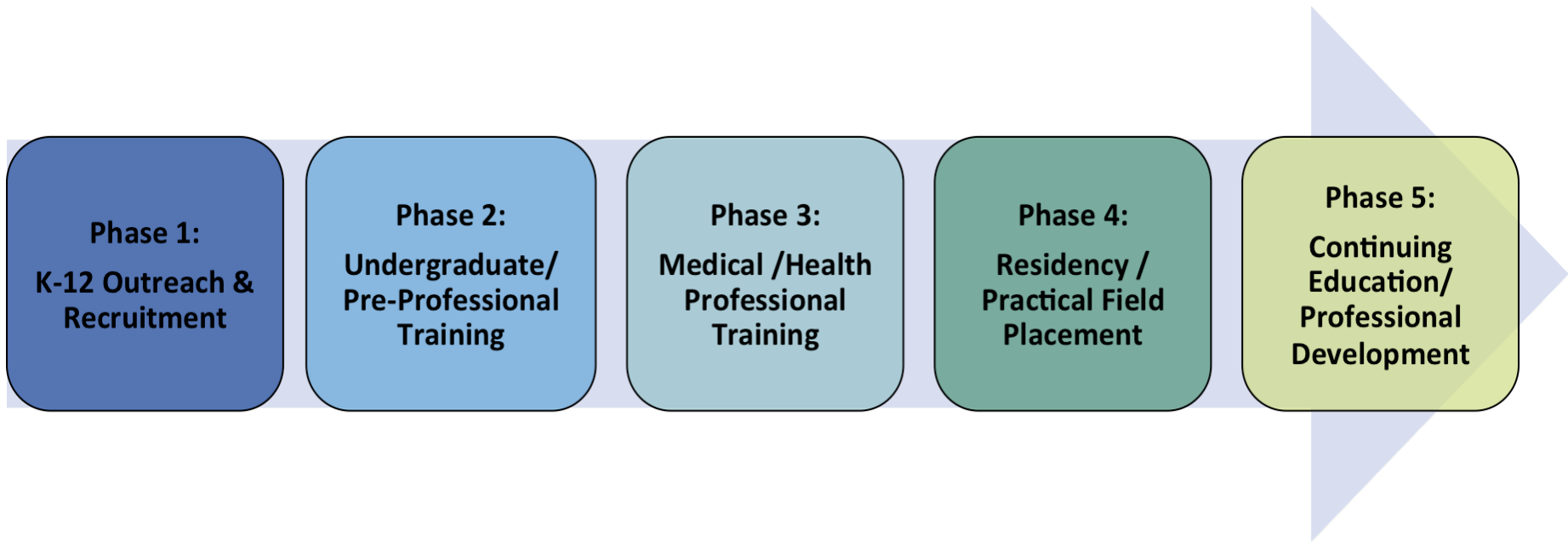
1. Inter-professional Education
2. Behavioral Health Integration
3. Social Determinants of Health
4. Cultural Competency
5. Practice Transformation
6. Current and Emerging Health Issues



How can they work together
if they don't learn together?

Program Organization:

The Health Professions Pipeline



Utah's Primary Care Workforce Needs



Utah Demographics

- **Fastest growing state** in the nation according to U.S. Census Bureau
- **75% of the population** concentrated in the four urban counties around Salt Lake City
- **96% of the land** is designated rural or frontier



Utah's Primary Care Workforce

- Utah is ranked 49th in the nation for lowest primary care physician-per-100,000 population ratio (AAMC)
- Rural physicians will retire sooner than urban counterparts.
- Salt Lake County requires highest primary care clinician FTE of all Utah counties to remove HPSA status (21.38 FTE)
- Primary care advanced practice clinicians in Utah FQHC's: *Physician Assistants, 5.5%; Nurse Practitioners, 2.5; Physicians, 0.5%*
- Hispanic underrepresentation in workforce (*Physician: 1.6%, APRN: 3%*) compared to total population (*Utah: 13.5%*)

Primary Care Delivery in Utah

- Statewide Primary Care Health Professions Shortage Areas (HPSAs)
- National push to meet the Quadruple Aim
 1. *Lowered costs*
 2. *Enhanced quality*
 3. *Improved population outcomes*
 4. *Improved satisfaction of healthcare professionals*
- Practice Transformation: Teams
- Payment Reform?

What is AHEC's Role in Utah?

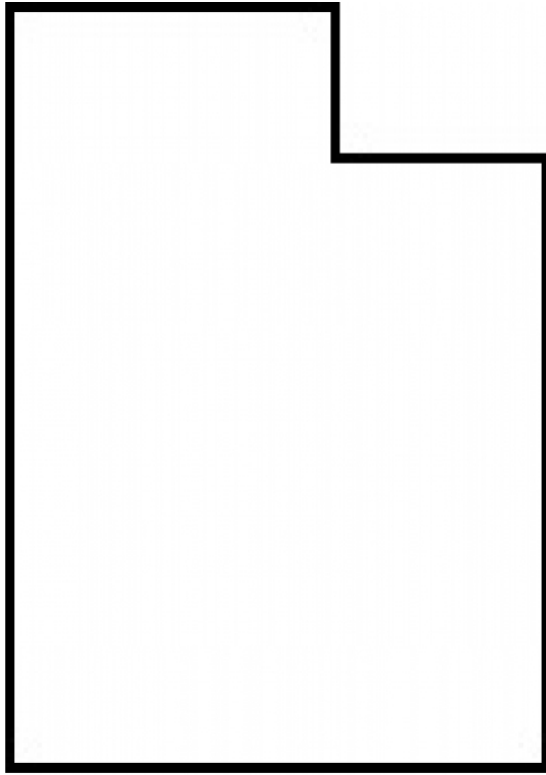


Serving a “Utah” Agenda

PURPOSE: Enhance Utah’s primary care workforce, which in turn increases access to primary care services and improves the health of Utah communities



Serving a “Utah Agenda”: Shortage in Preceptor Training Capacity



Serving a “Utah Agenda”: Shortage in Preceptor Training Capacity



Serving a “Utah Agenda”: Shortage in Preceptor Training Capacity



Serving a “Utah Agenda”: Expanding Preceptor Training Capacity



Advocate for Preceptor Tax Credit?



Streamline Preceptor Paperwork?



Recognize High Quality Learning
Environments?

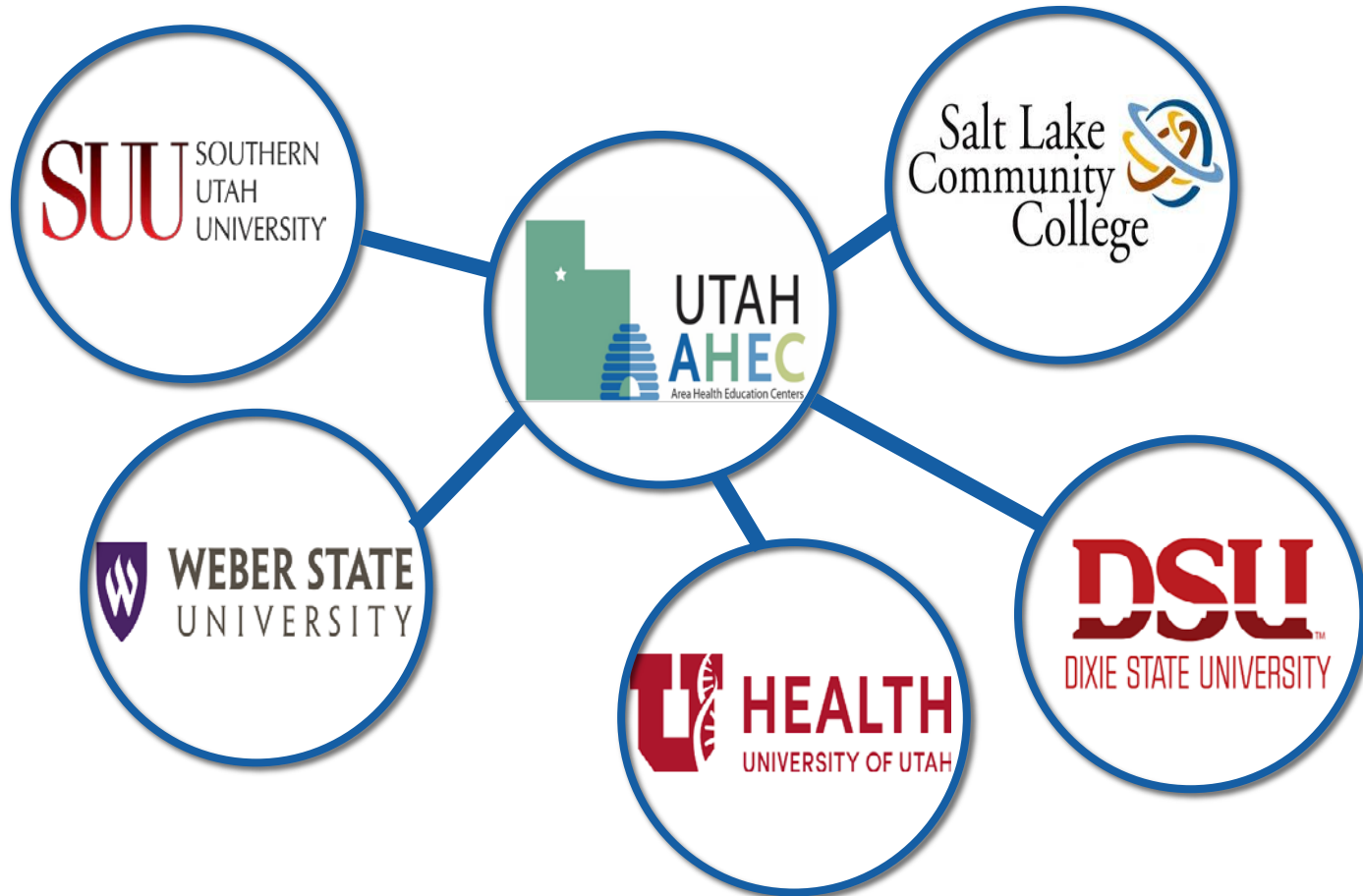


Re-Brand the Preceptor Experience?

Fostering Collaboration

*“...Utah AHEC achieves its mission through **strategic partnerships** with academic programs, communities, and professional organizations...”*

Fostering Collaboration: The Utah AHEC Scholars Program

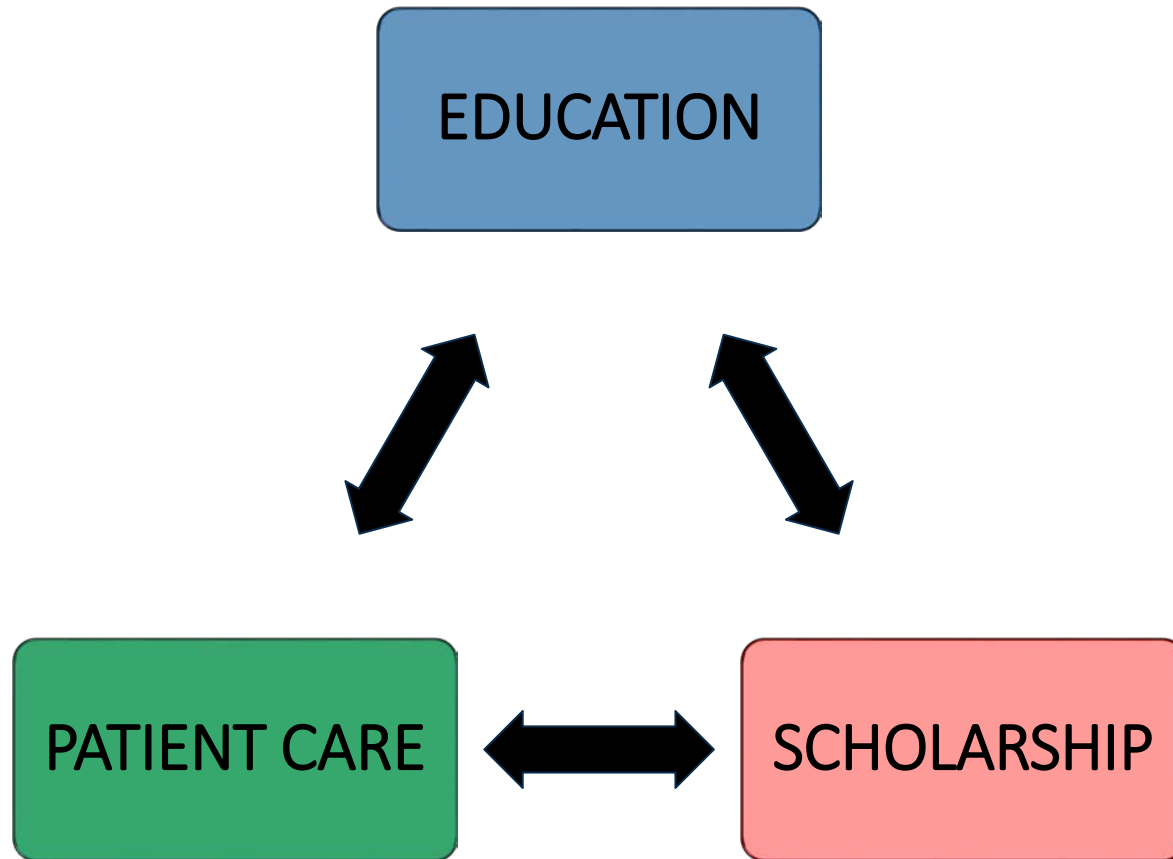


Fostering Collaboration: The Utah AHEC Scholars Program

- Supplementary training opportunity offered to **interdisciplinary health professions students** from training institutions throughout Utah
- 2 year curriculum that includes **40 hours/year didactic training** and **40 hours/year community-based, experiential, or clinical training**
- Ultimate goal of **preparing future workforce** in
 - inter-professional care
 - behavioral health integration
 - social determinants of health
 - culturally competent care
 - transformed practice environments
 - current or emerging health issues



Supporting a “Virtuous Cycle”



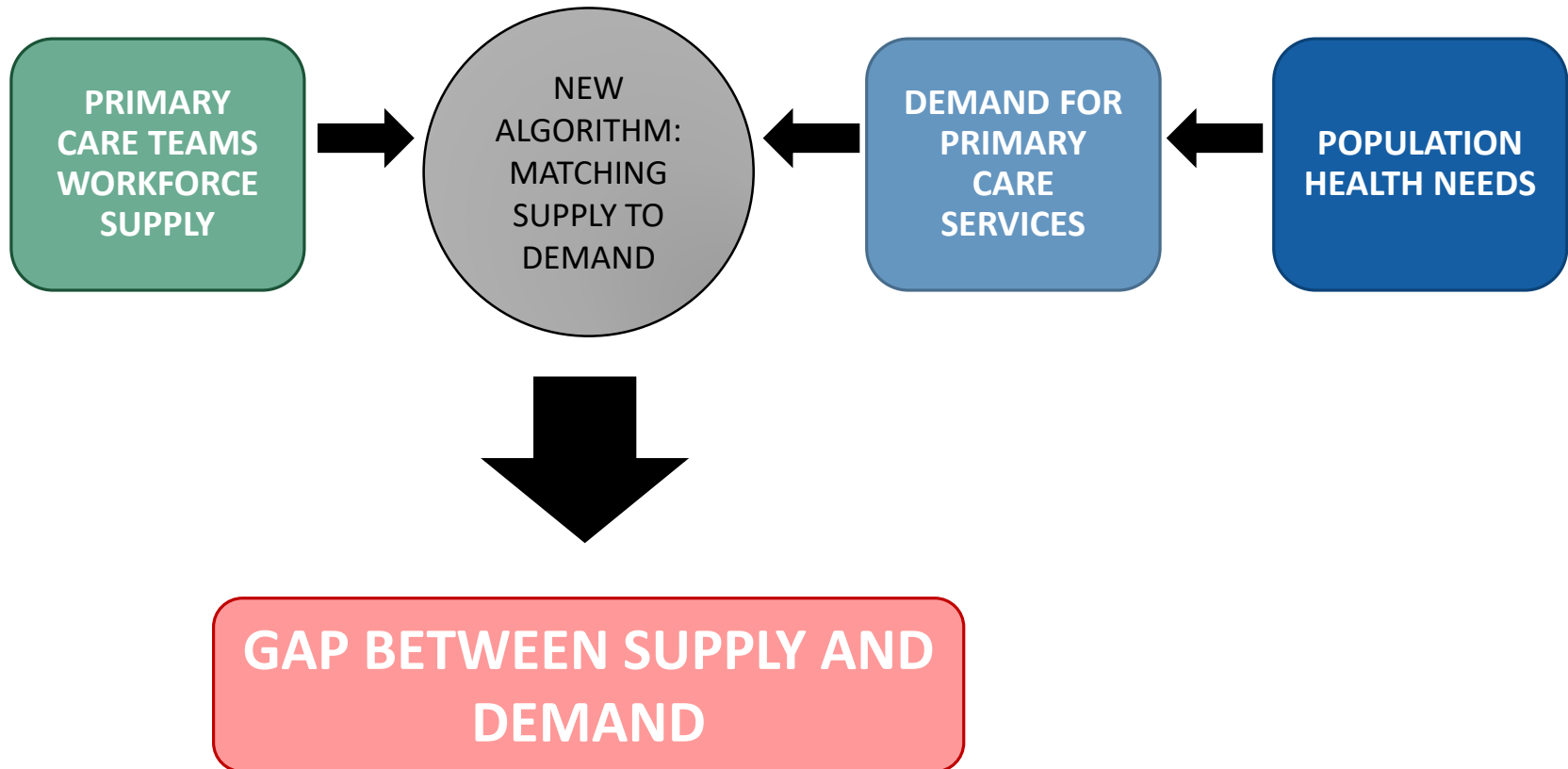
Supporting a “Virtuous Cycle”:

The Utah Workforce Scenarios Modeling Project



Supporting a “Virtuous Cycle”:

The Utah Workforce Scenarios Modeling Project



Supporting a “Virtuous Cycle”:

The Utah Workforce Scenarios Modeling Project

Provide decision makers evidence to support their decisions addressing the primary care workforce shortage, including decisions on:

- *Funding training pipelines*
- *Modifying payment model*
- *Designing clinical delivery systems*



THANK YOU!

UTAH HEALTHCARE POLICY: PERSPECTIVES FROM THE UTAH LEGISLATURE

Friday, October 27th from 9:45-10:45

The Scholarship Room, Level 4, Rice Eccles Stadium

451 South 1400 East, Salt Lake City, UT 84112

Panelists:

Senator Brian Shiozawa, Republican Senator for Utah's 8th District

Senator Ann Millner, Republican Senator for Utah's 18th District

Senator Gene Davis, Democratic Senator for Utah's 3rd District

Representative Steve Eliason, Republican Representative for Utah's 45th District

Session Outline:

8 Minutes/Panelist: **What is your perspective on primary care in Utah?**

(Please use this time to discuss anything that you feel is important and relevant)

20 minute Q & A Session (Moderated by Senator Urquhart):

- **What is the appropriate role of the legislature as a stakeholder in addressing primary care workforce issues?**
- **How does the legislature measure "success" relating to healthcare policy, and what is the expected timeframe for demonstrating success?**
- **How can we engage the legislature in building a long-term primary care solution (with perhaps a timeframe of 10-20 years)?**
- **What support can a group such as this provide to the legislature? In particular, what kind of ongoing support would benefit legislators in creating effective healthcare policy?**