



# **2018**

# **Utah Primary Care Summit**

# CONFERENCE INFORMATION



Welcome to the 3rd Annual Utah Primary Care Summit! Primary care is important for our state and for our country. We think that embracing enhanced primary care in Utah will not only lower the cost of health care and improve the health in our state, but will inform solutions to better healthcare for systems across the country. That is because Utah has a little bit of everything – from rural geography to high density urban populations and nationally recognized health systems to passionate stakeholders ready to collaborate on solutions.

At this one day event, we will discuss primary care solutions to Utah's priority health concerns. We are excited to bring a broad set of stakeholders to this conversation, including health systems, policy makers, higher education, public health, and community-based organizations dedicated to enhancing primary care in Utah.

**Wifi Information:** UGuest

Please go to [onboard.utah.edu](http://onboard.utah.edu) for additional WiFi assistance.

For presentation materials, please visit [UtahAHEC.org](http://UtahAHEC.org).

Click on Utah Primary Care Summit ➡ Previous Summits ➡ 2018

*The entire conference will be held in the Scholarship Room at the Rice-Eccles Stadium at the University of Utah.*

# The 2018 Utah Primary Care Summit

October 5, 2018

Rice Eccles Stadium Scholarship Room, Salt Lake City

<b>8:30 AM - 9:00 AM</b>	Breakfast	
<b>9:00 AM - 9:15 AM</b>	Welcome & New AHEC Initiatives	Dr. Michael Magill Dr. David Sundwall
<b>9:15 AM - 9:45 AM</b>	2018 Updates and 2019 Priorities: <i>Family Medicine Residency Update</i> <i>HRSA Training Grant</i> <i>Rural Training Pathway</i> <i>Oral Health in Primary Care</i> <i>Primary Care Workforce Project: AHEC, UMEC, IBM</i> <i>Preceptor Capacity in Utah</i>	Kirsten Stoesser Ray Soto Benjamin Chan Dr. Steve Godin Clark Ruttinger Jennifer Dailey-Provost
<b>9:45 AM - 10:00 AM</b>	Break	
<b>10:00 AM - 10:15 AM</b>	Utah Primary Care Needs Assessment	Holli Childs
<b>10:15 AM - 10:30 AM</b>	Diversity in Utah's Healthcare Workforce	Dr. Jose Rodriguez
<b>10:30 AM - 12:00 PM</b>	Primary Care Strategies from Utah Health Systems	Moderator: Dr. Michael Magill Dr. Mark Greenwood Dr. John Barrett Alan Pruhs Christopher Steen
<b>12:00 PM - 1:00 PM</b>	Lunch and Preceptor Awards	
<b>1:00 PM - 1:30 PM</b>	Keynote Speaker	Rich McKeown
<b>1:30 PM - 2:45 PM</b>	Utah Healthcare Policy: Perspectives from the Utah Legislature	Moderator: Steve Urquhart Rep. Eliason Rep. Hollins Rep. Chavez-Houck Rep. Spendlove Rep. Ward
<b>2:45 PM - 3:00 PM</b>	Break	
<b>3:00 PM - 3:30 PM</b>	2018 Policy Priorities Forum and Closing Remarks	Dr. Michael Magill Dr. David Sundwall

# THE 2018 UTAH PRIMARY CARE SUMMIT



## 2018 CONFERENCE SPEAKERS

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### KEYNOTE SPEAKER



**RICH MCKEOWN** is the Chairman of the Leavitt Partners Board of Directors. He co-founded Leavitt Partners and served as the firm's first CEO from 2009 – April 2017. In previous roles he served as chief of staff for Mike Leavitt at the U.S. Department of Health and Human Services (HHS). At HHS, he directed and coordinated the activities of the largest department in the federal government, serving as the Secretary's day-to-day manager for a department that employed 67,000 people and had an annual budget in excess of \$840 billion. He also led the negotiations between China and the FDA regarding Drug, Device and Food issues which led to landmark agreements in 2008 and paved the way for the placement of US-FDA offices around the world. From November 2003 until January 2005, Rich served as senior counselor and chief of staff to Administrator Leavitt at the U.S. Environmental Protection Agency. Rich co-authored with Mike Leavitt the highly-acclaimed book titled Finding Allies, Building Alliances. Prior to his public service in Washington, D.C., Rich served as chief of staff to Governor Mike Leavitt and as commissioner of the Utah State Tax Commission. His background is as a private practice lawyer and educator. Rich received his juris doctorate from the University of Utah and bachelor's degree from Ohio University.

## PRIMARY CARE STRATEGY PANELISTS



**JOHN BARRETT, MD**, is a board-certified family medicine physician. He received his degree from Columbia University in New York and completed his residency training at St. Mary's Hospital in Grand Junction Colorado in 1995. John has practiced as a family practice physician for over 20 years. He has worked extensively with rural populations throughout the course of his career. He is the recipient of multiple awards, including twice receiving the US Public Health Service Achievement Medal. He has exemplified the triad of innovation, integration and implementation. He has led teams for on demand care, urgent care, and integrated care across the system. John is currently the Executive Medical Director of University of Utah Health Community Physician Group.



**MARK R. GREENWOOD, MD**, grew up in the small rural Utah town of Richfield as the son of a country doctor. His goal was always to become a Family Physician 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 (2003), that dream became a reality. In 2003 he joined his father in practice with the Intermountain Medical Group providing full spectrum Family Medicine in Richfield including outpatient, inpatient, ER, and obstetrics. In 2012 he became the Medical Group Rural Region Medical Director. In August of 2016 he became the Medical Director of the Intermountain Healthcare Primary Care Clinical Program. Most recently he was named Medical Director for the Family Medicine Service Line in the Intermountain Medical Group. He sees patients at Intermountain Alta View Family Medicine.



**ALAN PRUHS** is the Executive Director of the Association for Utah Community Health (AUCH), the federally recognized Primary Care Association for the state of Utah. The Association supports and represents Utah's thirteen Federally Qualified Health Centers and other allied not-for-profit health care providers including the Title X Family Planning organization, Planned Parenthood Association of Utah, and the Title V Urban Indian Health Care grantee, the Urban Indian Center of Salt Lake. Alan has over 20 years' experience in the health care industry. He spent ten years working as a recreation therapist with adults and children with physical, developmental and emotional disabilities; four years in pharmaceutical research as Vice President of Bio-Kinetics; and ten years in the Community Health Center setting as Director of a Health Access Program and Associate Director and Executive Director of the Association for Utah Community Health. Alan has received many awards for his service to the community and medically underserved. His most recent awards were the 2013 Utah Community Foundation's Enlightened 50 and the 2009 National Association of Community Health Centers, Betsey K. Cooke Grassroots MVP Award in recognition of outstanding effort and unflagging persistence as a grassroots advocate for America's health centers and health center patients.





**CHRISTOPHER J. STEEN, MBA, FACHE**, has over 20 years of experience in the healthcare industry, currently serving as Chief Operating Officer of Revere Health. Steen started in healthcare finance after being a stockbroker. As his career progressed in healthcare, he moved into operations. Steen has started and operated businesses ranging from childcare to hospice with urgent care and multi-specialty groups. Steen has worked for large health systems on the East coast as well as in Colorado. During his time in New Jersey he was privileged to be part of an organization that received the Malcolm Baldrige National Quality Award, serving as a category 2 leader. He began working at Revere Health in January 2017. Steen received a Bachelor of Science in Business Administration from West Virginia University and a Master of Business Administration from Saint Joseph's University. He is also recognized as a Fellow of the American College of Healthcare Executives, and is a member of several professional associations including the Medical Group Management Association (MGMA) and American Medical Group Association.

## LEGISLATIVE PANELISTS



**REPRESENTATIVE REBECCA CHAVEZ-HOUCK, MPA**, has represented Salt Lake City's House District 24 since 2008. She serves on the Governor's Multicultural Commission, legislative Health Reform Task Force, as co-chair of the bipartisan Clean Air Caucus, and as co-chair on Utah's Women in the Economy Commission. Past appointments include former Gov. Huntsman's Commission to Strengthen Utah's Democracy and Gov. Herbert's Medicaid Working Group. Rep. Chavez-Houck came to the state legislature with a 30-year track record as a media relations and public affairs staffer for a variety of Utah nonprofits, including Centro de la Familia de Utah, Natural History Museum of Utah, and Girl Scouts of Utah. She has also served as a governance volunteer for myriad Utah nonprofits, including Intermountain Healthcare, ACLU of Utah, YWCA of Salt Lake City, Envision Utah, Planned Parenthood Association of Utah, and United Way of Salt Lake. Representative Chavez-Houck enjoys teaching nonprofit management as adjunct faculty in the U of U's MPA program.



**REPRESENTATIVE STEVE ELIASON, MBA**, 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. 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.



**REPRESENTATIVE SANDRA HOLLINS, LCSW**, is a licensed clinical social worker, and the primary focus of her career has been on substance abuse treatment and advocacy services for Salt Lake City's homeless population. Sandra received her bachelor's degree in business management from the University of Phoenix and her master's degree in social work from the University of Utah. Sandra is a member of Delta Sigma Theta, Inc., is a graduate of the Westside Leadership Institute, and has served on numerous boards and councils, including the University of Utah Neighbor Partnership Board, the Fair Park Community Council, and the Salt Lake City Susan G. Komen Race for the Cure board. In addition, Sandra has also worked as an advocate for Hurricane Katrina evacuees and refugee children within the public school system. Sandra was elected to Utah House of Representatives on behalf of District 23, and she plans to use her skills, experience, and dedication in order to advocate for her community on Utah's Capitol Hill. Sandra and her husband David currently reside in Fair Park and have two daughters, Jaynell and Canice, who are currently attending college in Texas.



**REPRESENTATIVE ROBERT SPENDLOVE, MPA**, is a Senior Vice President and the Economic and Public Policy Officer for Zions Bank. In this capacity he monitors and reports on economic indicators and public policy developments for the bank. He is also regularly called on to give expert analysis in the media, through print, radio, and television. Robert also serves in the Utah House of Representatives, where he was elected in 2014. He represents District 49 in the Legislature, covering parts of Sandy and Cottonwood Heights cities. He is the Vice Chair of the Health and Human Services Committee and serves on the Economic Development and Workforce Services Committee, and the Social Services Appropriations Committee. Robert serves on a number of boards and commissions, including the Utah Economic Council, the Utah International Relations and Trade Commission, Envision Utah, and the US Senate Advisory Committee on Hispanic Affairs for Financial Literacy. His previous experience includes time as the Governor's Deputy Chief of Staff for Federal Relations, the Governor's Chief Economist and the State Demographer, where he served as the Chair of the Governor's Council of Economic Advisers, Chair of the Utah Population Estimates Committee, and President of the Wasatch Front Economic Forum.



**REPRESENTATIVE RAYMOND P. WARD, PHD, MD**, has been in the legislature for the last 4 years representing Bountiful. He is a family physician in private practice and enjoys working with Medicare and Medicaid patients, and also treats patients with Suboxone in his clinic. He did his medical M.D.-PhD training at the University of Washington in Seattle and completed his Residency training in Grand Junction, Colorado.

## SUMMIT SPEAKERS



**HOLLI CHILDS, MPH**, is the Senior Research Analyst in the Office of Primary Care and Rural Health and the coordinator for Utah's Primary Care Office (PCO) Program. She earned her Master of Public Health from Boston University in 2016 where she studied the impact of transportation on access to healthcare services and overall health. She has spent the last two years working for the Utah Department of Health helping to ensure access to quality primary healthcare services. She loves reading, being outdoors, and going for walks with her husband and

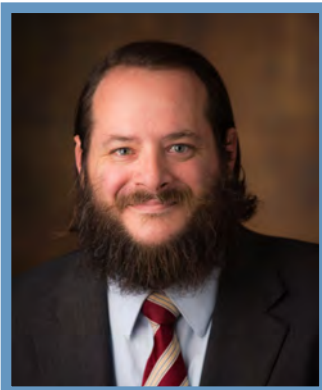


**JENNIFER L. DAILEY-PROVOST, MBA**, is the Executive Director of the Utah Academy of Family Physicians. She is also a registered lobbyist in the state of Utah. Jennifer focuses her lobbying efforts on advocating for healthcare reform, particularly related to family practice and primary care. Jennifer 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 MSPH 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.



**JOSÉ E. RODRÍGUEZ, MD, FAAFP**, currently serves as interim Associate Vice President for Health Equity and Inclusion, is a professor in the Department of Family and Preventive Medicine, and a Family Medicine practitioner at the Redwood Health Center. While at the University of Utah, Dr. Rodríguez has taken a strong role in advancing the institutional goals for health equity and inclusion. Within his department, he has served on the diversity committee, as well as various recruitment committees supporting focused recruitment of underrepresented ethnic and racial minority (URM) faculty and residents. He has represented the university presenting at national conferences on our work and his research on diversity initiatives. Prior to his appointment at the University of Utah, Dr. Rodríguez served as the co-chair of the Council on Diversity and Inclusion and the co-director for the Center for Underrepresented Minorities in Academic Medicine at Florida State University College of Medicine. His academic achievements include publishing several articles on the importance of URMs in academic medicine.





**CLARK RUTTINGER, MPA, MBA**, is the Director of Workforce Research as well as the Director of Utah's Nursing Workforce Information Center for the Utah Medical Education Council. In this capacity, Mr. Ruttinger tracks supply, demand and educational program data about Utah's medical workforce and works with stakeholders to develop usable information to better inform policy and strategic planning decisions. A major goal of this work is to facilitate communication and collaboration between public and private entities as they pursue common workforce planning efforts across the State of Utah. Clark is the current President Elect for the National Forum for Nursing Workforce Centers. Mr. Ruttinger has a Masters of Public Administration with emphasis in Program and Policy Evaluation. He also holds a Masters of Business Administration with a certificate in Information Systems, both from the University of Utah.



**RAYMOND SOTO, PHD**, is a Primary Care Research Fellow in the Department of Family and Preventive Medicine. His graduate work focused on interactions between the microbiome and the immune system. This work sparked an interest in how environmental exposures can influence health in human populations. He is currently working on a project utilizing silicone wristbands to identify environmental chemical exposure in families with funding from the NIH Environmental influences on Childhood Health Outcomes (ECHO) program. This work aims to identify chemical exposures in families in both the Salt Lake City area and the Navajo Nation.



**KIRSTEN STOESSER, MD**, is an Associate Professor in the Department of Family and Preventive Medicine University of Utah, where she serves as the Interim Program Director of the Family Medicine Residency program. She previously completed medical school at the University of Michigan, followed by residency and fellowship at the University of Utah. She provides full-spectrum clinical care at Sugarhouse Health Center, with special interests focusing on women's health, prenatal care, newborn, child, and adolescent care, management of hepatitis C, and care for transgender patients. She actively engages learners in her practice, teaching resident physicians, medical students, physician assistant students, and nurse practitioner students.

## SUMMIT MODERATORS



**MINDY BATEMAN** has worked with Utah AHEC for nearly 20 years, and has served as the Crossroads Utah AHEC (CRAHEC) Center Director since 2009. Under her leadership, the CRAHEC works directly with individuals spanning the health professions pipeline – from future professionals to current professionals – in all five counties of the CRAHEC region: Salt Lake, Utah, Tooele, Wasatch and Summit. Ms. Bateman recognizes that the field of health care is filled with career pathways that offer both financial stability and rewarding opportunities for personal growth. She finds great satisfaction and excitement in assisting students broaden their understanding of career opportunities in the healthcare discipline.



**JENNA CHRISTENSEN, MSW**, is the Associate Director for Utah AHEC. Ms. Christensen has over six years of public policy experience and spent four years researching the healthcare workforce in the state of Utah and assisting in the continued development of rural clinical placements in the state. In 2017, she facilitated a partnership among various state entities to create the Utah Psychology Internship Consortium in order to better meet the mental health needs of rural Utah. She earned a master's degree in social work from the University of Utah and will graduate with a master's degree in business administration in 2019.



**FREDERICK HENDERSON, MHA**, is honored to represent the Utah AHEC Program as the Center Director of the Northern Utah AHEC (NUAHEC). Mr. Henderson brings over ten years of experience in federal and foundation grant writing and grant management, fourteen years of experience instructing higher education health sciences courses, and a Master of Health Administration Degree to this position. Before joining the Utah AHEC in 2017, Mr. Henderson served as the Emergency Services Director for the American Red Cross. The relationships and knowledge he has developed through collaborative efforts with multiple State of Utah and local governmental agencies bring important value and perspective to his current and continued service to the Utah AHEC Program.



**IVETTE AMELIA LÓPEZ, PHD, MPH**, is a Professor of Public Health and Deputy Director of the Utah Area Health Education Centers. A native of Puerto Rico, her work centers on the pursuit of health equity for Latinos and other disadvantaged populations through community engagement, education and research. She concentrates on the improved education of all Latinos and the professionals who help them; as well as community based research that combines the social ecological determinants of health, including community in the search for sustainable solutions. Her work and research have included HIV, STIs, diabetes, heart disease, physical activity, Alzheimer's, obesity, medical education inequities, public health pedagogy, and the food environment.



**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.



**RITA OSBORN, MBA**, has been part of the Utah AHEC team for over 10 years. She served as the Center Director of Southern Utah AHEC (SUAHEC) and the Director of the Utah Center for Rural Health since 2015. In these roles, Ms. Osborn has developed a network of community partners by engaging local collaborators in SUAHEC programs and serving on local boards that complement the SUAHEC mission. She is passionate about addressing the health workforce challenges facing rural areas in Utah. Her master's thesis addresses the health care shortages in Southern Utah, and she appreciates the opportunity to continue to work with students and community partners to achieve better health for Southern Utah communities.



**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. 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. Dr. Sundwall retired from the faculty of the University of Utah Division of Public Health and now serves as Professor of Public Health (Emeritus).



**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.



# THE 2018 UTAH PRIMARY CARE SUMMIT



## PRECEPTOR OF THE YEAR AWARDS

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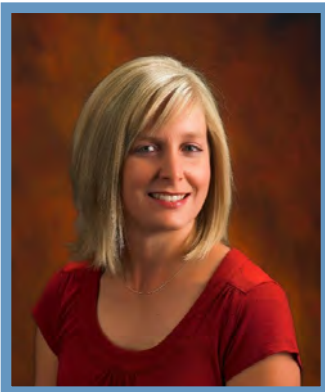


**AMY ARRIOLA, PA-C**, graduated from the University of Utah Physician Assistant Program (UPAP) in 2011. She completed her undergraduate degree at the University of Denver (DU) in International Business and Spanish. She currently works for Intermountain at the Park City Family Practice, InstaCare and Workmed clinics. She enjoys the variety all 3 roles provide and continues to learn in a daily basis. She values helping educate future medical providers and is a preceptor for PA and NP students on a regular basis. In her spare time she can found outdoors - hiking, biking, skiing and camping with her husband, son, dog, and friends.



**JEFFREY CLINE, MD**, is board certified in pediatrics with a CAQ in sports medicine. He graduated from University of Utah School of Medicine and completed his pediatric residency at UCSD in San Diego, CA. He completed a fellowship in sports medicine at Baylor College of Medicine In Houston, TX. He then returned to The University of Utah and began his medical practice at the Greenwood Health Center in Midvale, UT in 2005. He practices typical outpatient pediatric medicine with an emphasis on sports medicine. Since 2008, he has also been the clinic medical director. He has been hosting the University of Utah family medicine interns during their month long pediatric rotation since shortly after he began his practice. He is enjoying his 14th year with these residents and still looks forward to each and every one with the energy, vitality and knowledge that they bring with them.





**JILL FAATZ, MD**, is a family physician practicing in the Heber Valley Clinic for the past 11 years. She currently serves as the Medical Director for the Wasatch Back and an Associate Medical Director of Family Medicine for Intermountain Healthcare. She is an advocate for family medicine and creating a medical home for patients. She has a passion for continuous improvement and improving efficiency in the clinic practice. She is the mother of three with a green thumb and creative streak.



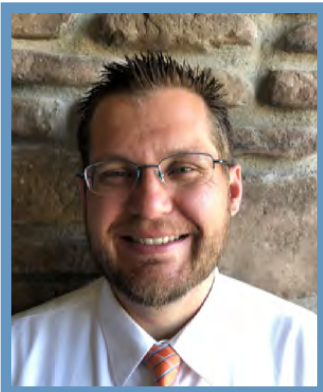
**SHANE GAGON, MD**, has been dedicated to serving the healthcare needs of Carbon and Emery counties since July of 2000. Dr. Gagon's office is now officially known as Gagon Family Medicine + Urgent Care and includes a traditional Family Medicine Clinic, after-hours and weekend Urgent Care, and a walk-in Immunization Clinic. In 2017, Dr. Gagon and his team received the Physician Office Quality Award from HealthInsight for demonstrating excellence in providing quality care. After graduating from the University of Utah School of Medicine in 1997, Dr. Gagon continued his medical training at the McKay Dee Family Practice Residency program. There he developed a specific focus on obstetric care. Dr. Gagon was elected Chief Resident by his residency peers and graduated from his residency program in June of 2000.



**CRAIG HUMES, PA-C**, began as a Respiratory Therapist in Reno and then joined the Army as a combat medic in Vietnam and later trained as a Physician Assistant via the Medex program at the University of Utah. Craig has dedicated his career to patients in rural and remote settings in pediatrics, family practice, and emergency medicine. He loves sharing his passion for patient care, whether caring for newborn infants, pediatrics, urgent care, emergency room or with his students at the Bullfrog Clinic on Lake Powell. As a patient himself diagnosed with MS over 25 years ago, he looks forward to sharing his love of medicine with patients and students for many years.



**L. VAL JONES, MD**, grew up in Blanding Utah and after high school attended college then medical school at Baylor College of Medicine in Houston, Texas. Val was in the Family Practice residency and was in the Air Force at David Grant Medical Center. After completing his military commitment, Val returned to Blanding in 1989 and has been there ever since. It has been Val's dream since he was a child to be a physician in his home town. Val practices full spectrum Family Practice by doing outpatient medicine, obstetrics, emergency room, and inpatient work at Blue Mountain Hospital. He has been the medical director for Utah Navajo Health Systems since its inception in the year 2000. Val has also been a preceptor for medical students, family practice residents, and OB-GYN interns from the University of Utah for many years.



**BRIAN LOFGRAN, MD**, graduated from University of Washington School of Medicine in 2007. He then completed his residency at McKay-Dee Hospital in Ogden in Family Medicine. Since that time, he has been working in Heber Valley in primary care. Over the last five years, he has been involved in the education of nurse practitioner students, residents, medical students, PA students. This has taken place in several settings, including an outpatient clinic, emergency room, inpatient hospital setting. He enjoys living and working with his family in Heber Valley, with all the recreational opportunities available there.



**CARLOS MARTINEZ-MORALES** is the Language Services and Cultural Competence Manager for Intermountain Healthcare. Carlos has a B.S. in Biology from the University of Utah and holds the CMI National Credential as a Certified Medical Interpreter. Carlos serves as Acting President of the Utah Translators and Interpreters Association, and is a former Chair of the National Board of Certification for Medical Interpreters. As a licensed instructor for "Bridging the Gap: Training for Medical Interpreters", Carlos trains and mentor interpreters throughout Utah to expand the availability of qualified and trained interpreters, to ensure safe and accurate communication between patients and providers.



**R. WADE OAKDEN, MD**, is a Board Certified Family Physician. He received his medical degree from The American University of The Caribbean in 1998. He then completed his residency training at The University of North Dakota and graduated in 2001. He served as Chief Resident from 2000-2001 while training at The University of North Dakota. He was also awarded Resident of the Year award in 2000. Dr. Oakden has been practicing traditional Family Medicine for the last 20 years where he has practiced a broad scope of medicine areas. His passion is nutrition, exercise, weight management and disease modification using diet and life style changes. Dr. Oakden is currently in private practice in Beaver, Utah. He is an adjunct faculty member at the University of Utah Department of Family and Preventive Medicine.



**REVINA TALKER, PA-C**, grew up on the Navajo Reservation in New Mexico. She received her undergraduate degree at Brigham Young University and was accepted into University of Utah Physician Assistant Program (UPAP) in 2006. While on a rotation in February 2008, Revina was assigned to Montezuma Creek, Utah for 2-weeks and worked with a great preceptor, Martin Neubert PA-C. Revina began work in Montezuma Creek soon after graduating in 2008 and has been with Utah Navajo Health System since that time. Revina enjoys meeting new students and learning about their interest in medicine. Revina also serves in the U.S Army Reserves as a physician assistant and deployed to Kuwait in 2011-2012. Revina is married to Fred Talker Jr. and they have 2 children.



Intermountain Healthcare is sponsoring the Utah Primary Care Summit because of the critical role primary care physicians and advanced practice clinicians play in Helping People Live the Healthiest Lives Possible. In a recent Community Health Needs Assessment, Intermountain identified the highest priority for Intermountain to address in improving the community's health is prevention.

Specifically, prevention of prediabetes, high blood pressure, depression, and prescription opioid misuse. Prevention and management of these conditions depends upon behavior change of people throughout our community and the guidance provided by primary care physicians in particular. As we face these significant community health challenges, we also know that we are not training and retaining enough primary care physicians and advanced practice clinicians to meet the needs of our community. Addressing these and many other challenges requires collaboration among all stakeholders in Utah. The Primary Care Summit is an opportunity to join with other stakeholders to identify and prioritize the solutions that can help us respond to the needs of our community.



The Department of Family and Preventive Medicine in the University of Utah School of Medicine has for over 45 years worked to advance health and wellbeing in homes, workplaces, and communities. The Department conducts research and teaches health professionals to enhanced primary care and community health as family physicians, physician assistants, and public and occupational health professionals. Our teaching, research, and service focus on health of Utahans, with particular emphasis on undeserved urban and rural areas. Our educational programs place students and residents throughout the State to encourage them to live and work where they are most needed, and to build skills that address the common health and medical needs of patients and communities. The Department is proud to join with the Office of Diversity and Inclusion, the University of Utah Medical Group, the Division of Public Health, and the Division of Physician Assistant Studies in co-sponsoring this Primary Care Summit developing a shared agenda to further strengthen primary care, prevention, and health of communities across the State of Utah.



Health Resources & Services Administration

## Primary Care Training Grant

Healthcare in the United States is in the midst of transforming from a system that rewards volume of services provided to a system that pays for quality of care delivered. Through the Health Resources & Services Administration Primary Care Training Grant, the University of Utah, and particularly the Department of Family and Preventive Medicine, functions as a training site for the next generation of primary care researchers and leaders. Through the HRSA Primary Care Training Grant, postdoctoral trainees participate in a rigorous training program in research design, methods, and analytical techniques designed to prepare them for leadership in primary care research. Trainees additionally gain valuable experience as integrated members of experienced research teams and conduct guided primary care research projects (with increasing independence overtime). The core purpose of this project is to support efforts to transform Utah's primary care delivery system to one focused on population-centered care by fostering a robust primary care research agenda for Utah. We are proud to sponsor the Utah Primary Care Summit and see great value in this opportunity to connect with Utah's key primary care stakeholders.





*"Transforming healthcare through education"*

The Utah Area Health Education Centers (Utah AHEC) is a statewide program that helps current and future health professionals acquire knowledge, skills, and attitudes needed to practice in a transformed health system – with particular focus on the medically underserved rural and urban communities in Utah. Furthermore, we focus our efforts on improving the distribution of health professionals, the demographic and professional diversity of health professionals, and the transformation of health systems to enhance wellbeing, quality, and efficiency of care.

We see tremendous shortages in the primary care workforce across Utah communities, particularly in those that are rural. As the primary care sector is the backbone of our current health system, this shortage has substantial impacts on health at both individual and community levels. Additionally, the national push towards practice transformation (lowered costs, enhanced quality, improved population health outcomes, and improved satisfaction of healthcare professionals) brings added change and uncertainties to an already strained primary care workforce.

With these pressing challenges in mind, we are excited to bring together Utah's key primary care stakeholders at this annual event. Today we have an opportunity to open dialogue on the overarching challenges, opportunities, and priorities in Utah that extend beyond any single organization. Today we take a step towards effecting real change in our primary care workforce – and more importantly, change that will result in improved health for communities throughout Utah.

# THANK YOU TO OUR 2018 SPONSORS!

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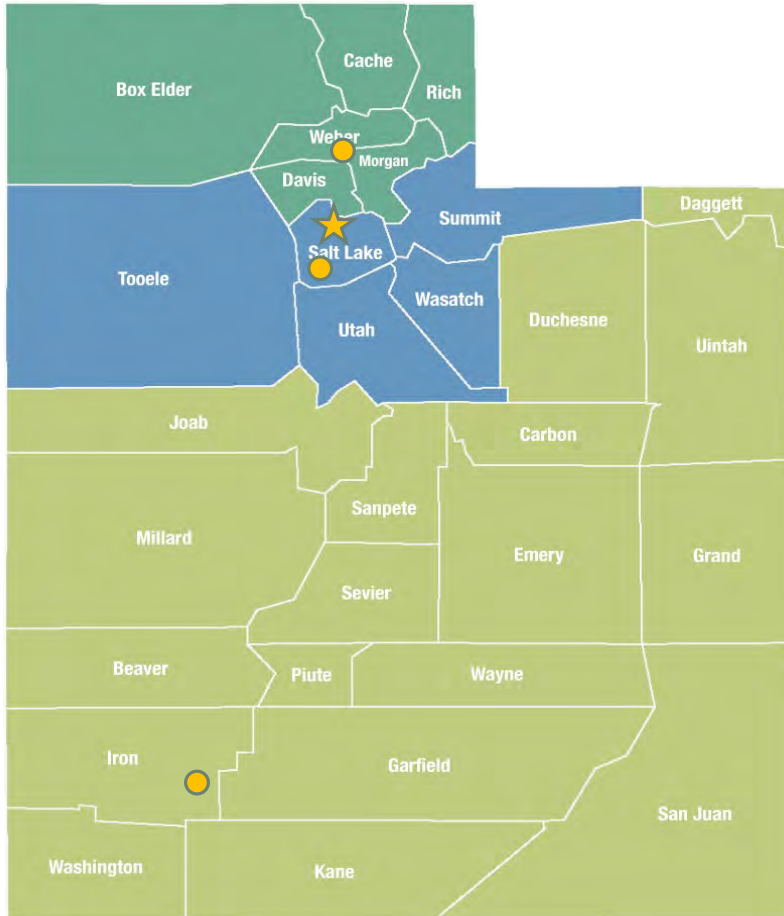
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# Utah AHEC

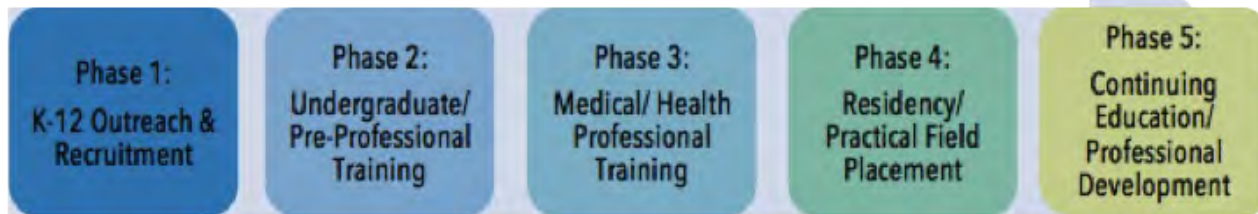


Utah AHEC helps current and future health professionals acquire knowledge, skills, and attitudes needed to practice in a transformed health system for medically underserved rural and urban communities in order to improve:

1. The geographic distribution of health professionals
2. The demographic and professional diversity of health professionals
3. Transform health systems to enhance wellbeing, quality, and efficacy of care

# AHEC Initiatives

- AHEC Scholars
- Opioid Initiative
- AHEC/UMEC Primary Care Workforce Projection Model
- Preceptor Support
- AHEC Regional Centers



# Diversity in Utah's Healthcare Workforce

Where do we go from here?

José E. Rodríguez, MD

Interim Associate Vice President for Health Equity and Inclusion

University of Utah Health Sciences Campus

# Racial/Ethnic Diversity and Workforce

- Racial/Ethnic diversity in the Physician/Primary Care Provider (PCP) workforce is necessary to create health equity and eliminate disparities
  - Successful efforts are:
    - Intentional
    - Systematic
    - Sustainable
    - Reproducible
- Minority communities need to be engaged in order to improve health outcomes
  - Increases PCP diversity
  - PCP diversity increases community engagement
  - Create mentors and normalization as few if any will have encountered PCP that look like them



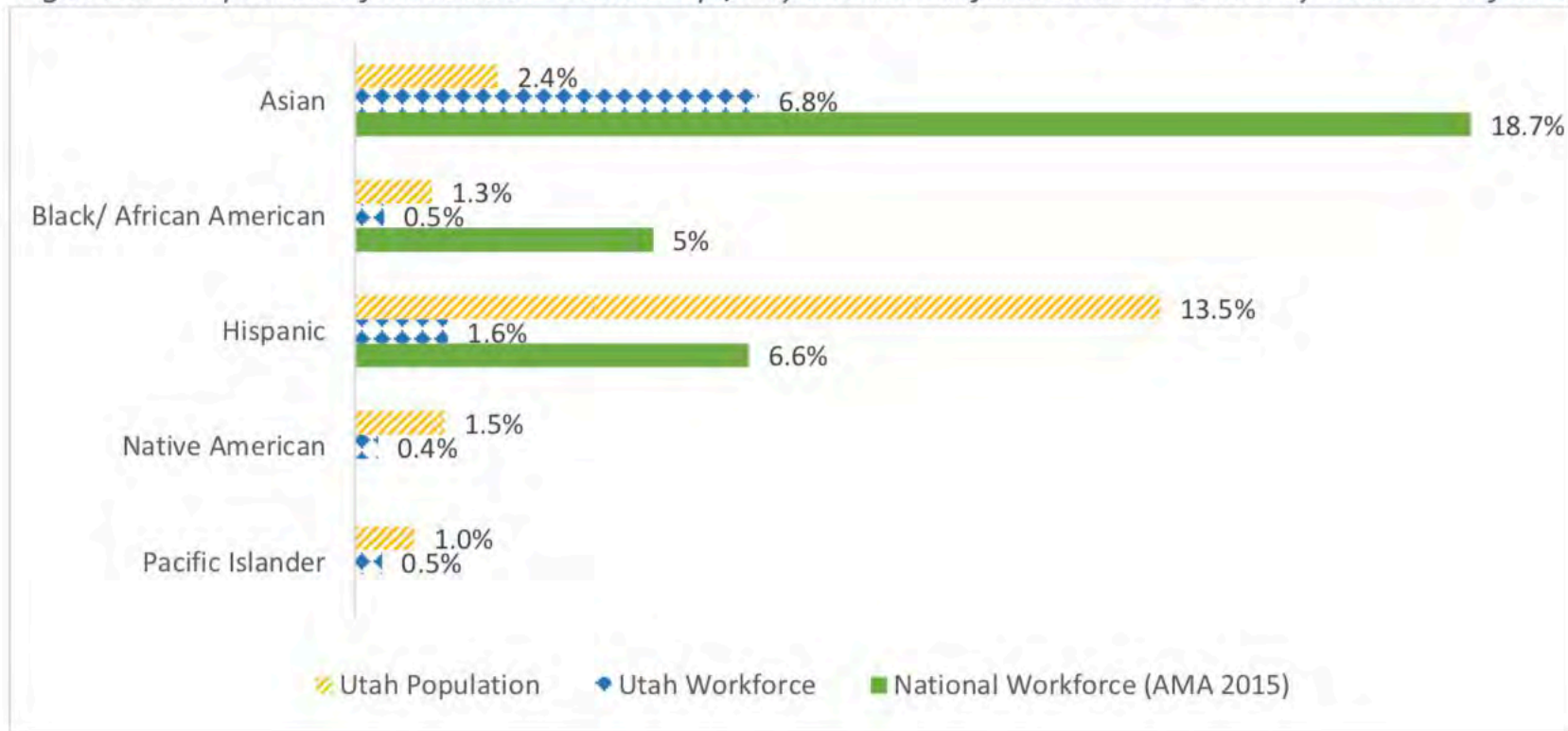
# Primary Care Physicians

- Primary care loosely defined as:
  - Family Medicine
  - Primary Care Internal Medicine
  - Primary Care Pediatrics
  - OB/GYN
  - Geriatrics
- Total active in Utah (including residents, excluding retirees):
  - Male: 1,913
  - Female: 927
- We cannot improve upon that which we do not measure

Source: Utah Medical Association

# Physician Racial/Ethnic Diversity in Utah

Figure 5: Comparison of Minorities- Utah's Pop., Physician Workforce and National Physician Workforce.



Utah Medical Education Council (2016). *Utah's Physician Workforce, 2016: A Study of the Supply and Distribution of Physicians in Utah*. Salt Lake City, UT.



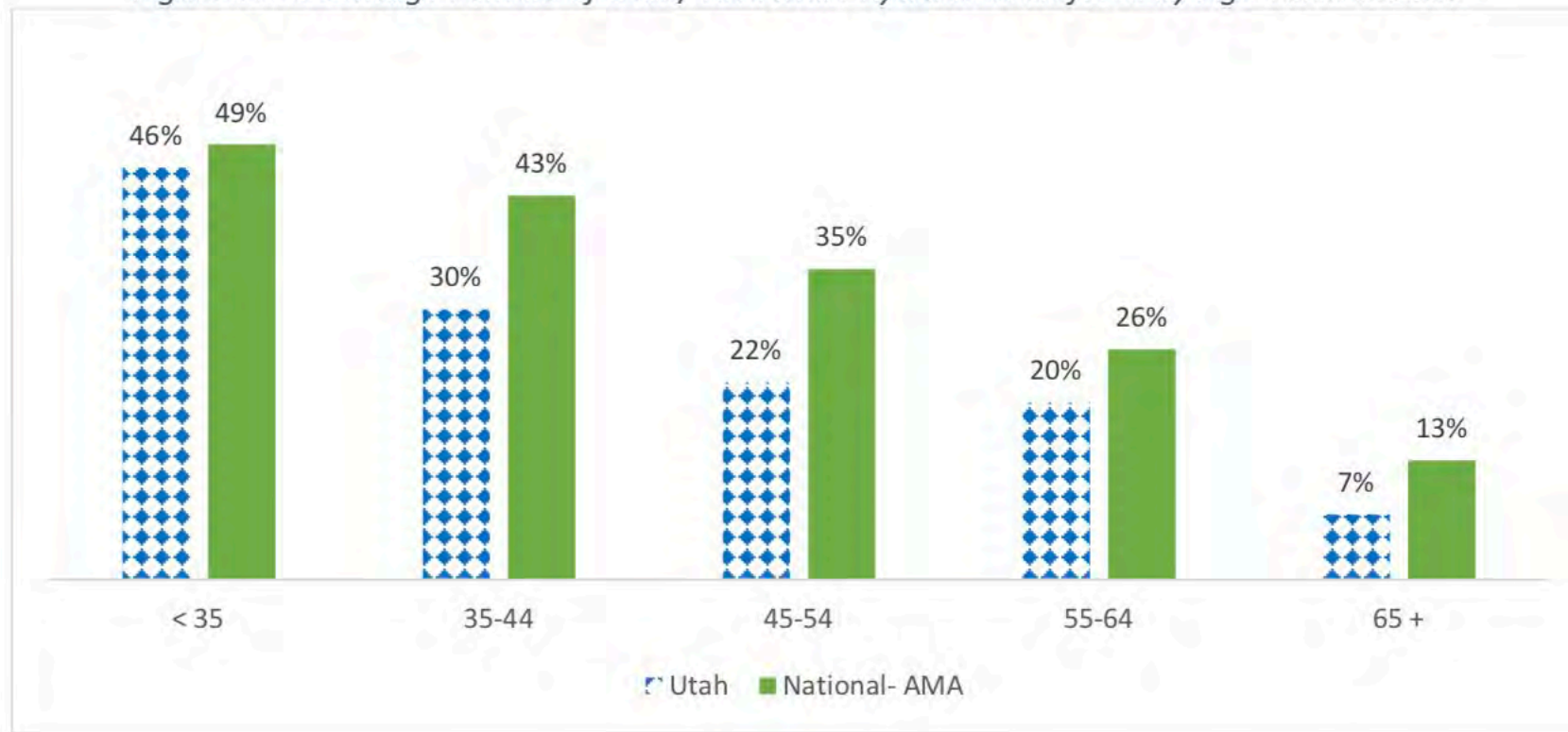
# Population Parity

- Population parity is the floor on which to build
  - If Utah is 16% Latinx then we need 16% Latinx in the primary care work force for parity
  - Percentage must be much higher to get to primary care parity
    - \*assuming that all minority physicians in primary care

Number of Practicing Physicians		Parity all specialties (deficit)	Primary care parity (deficit)
Total	6,035	2,031	2,077
Latinx	96	965 (869)	332 (236)*
Black or African American	30	78 (48)	27 (3)
Asian	410	266 (144)	49 (361)
Pacific Islander	30	61 (31)	31 (1)
Native American	24	90 (66)	21 (4)

# Women in Medicine

Figure 6: Percentage Female of Utah/ National Physician Workforce by Age Cohorts 2015

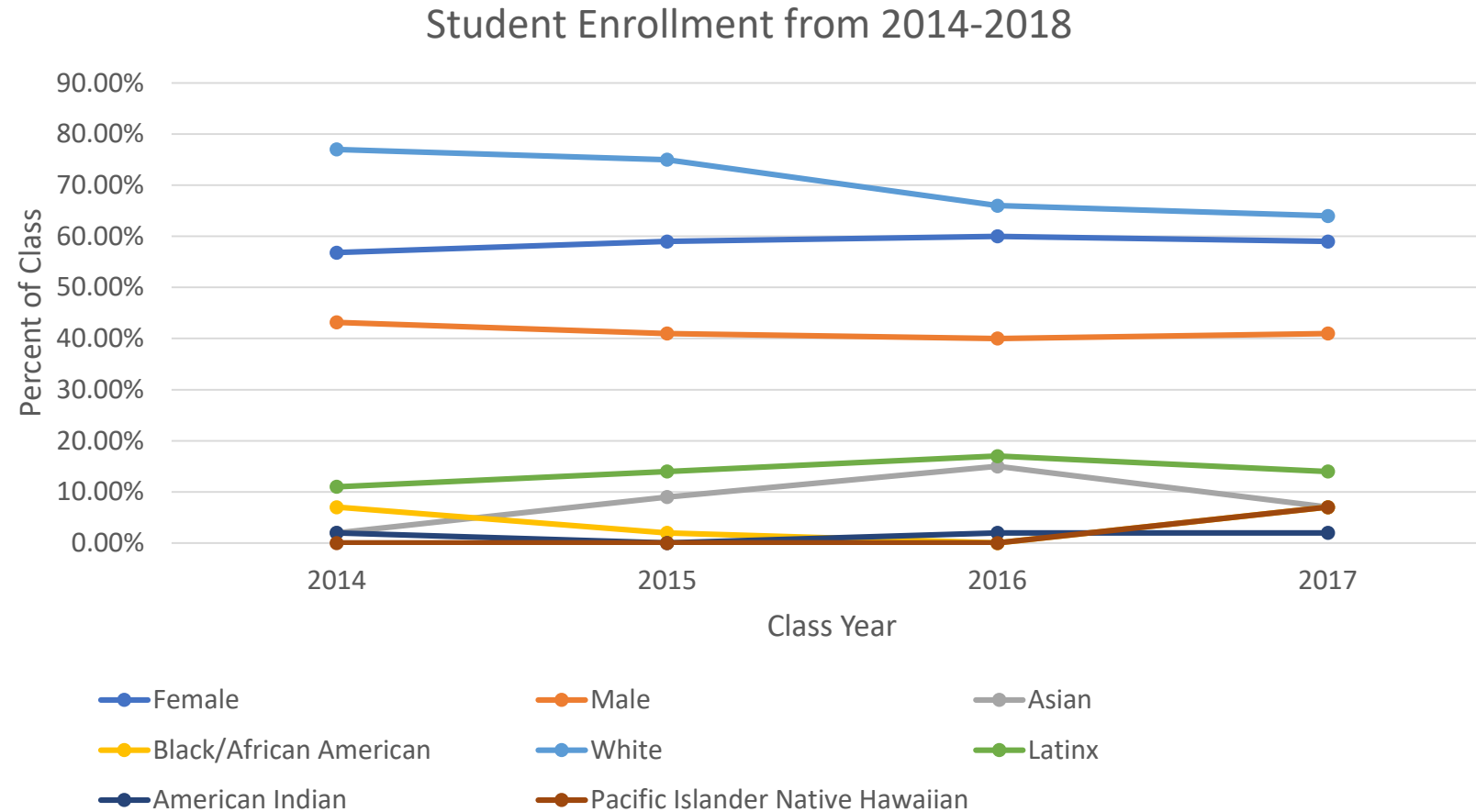


Utah Medical Education Council (2016). *Utah's Physician Workforce, 2016: A Study of the Supply and Distribution of Physicians in Utah*. Salt Lake City, UT.

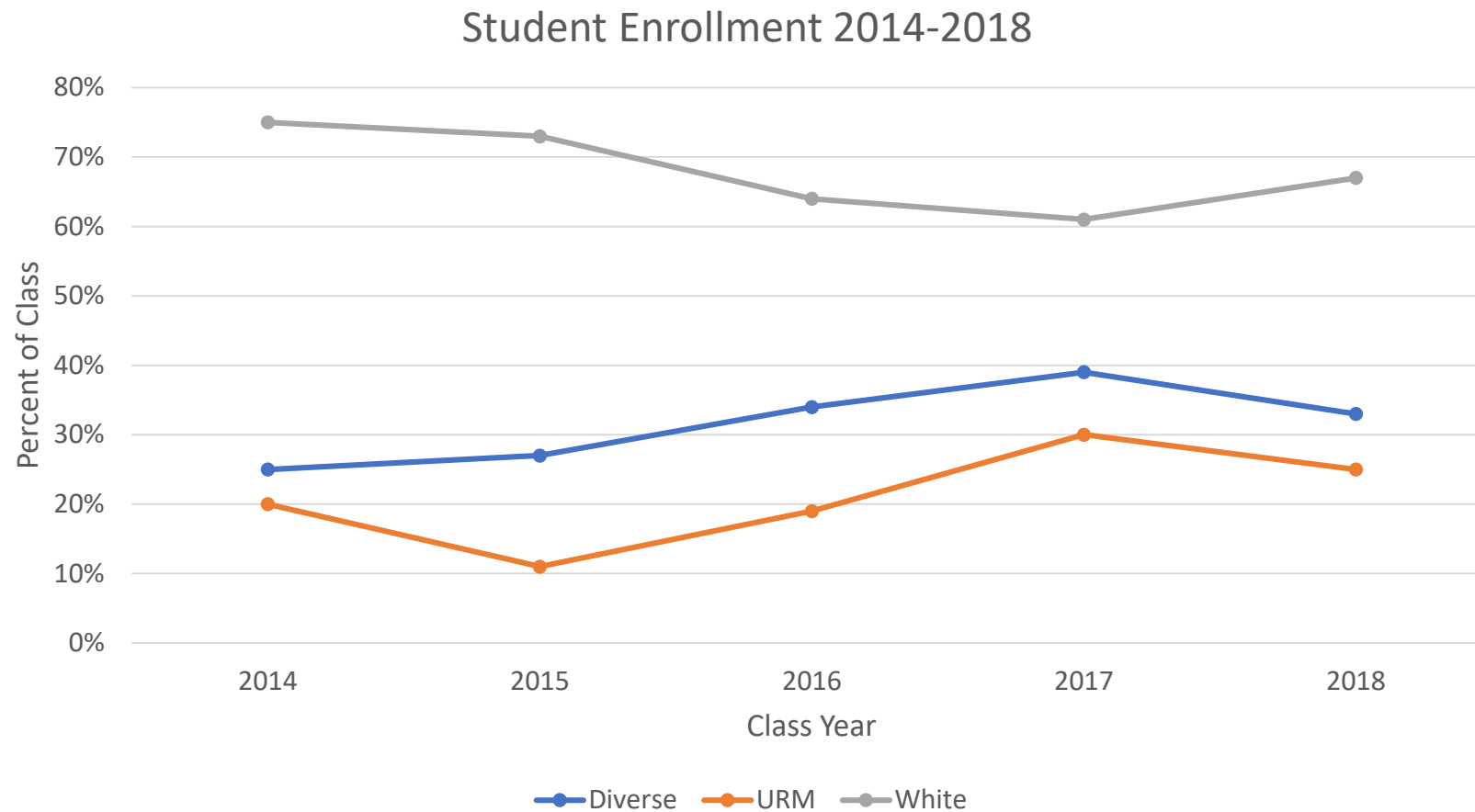


BRIGHTSPOTS

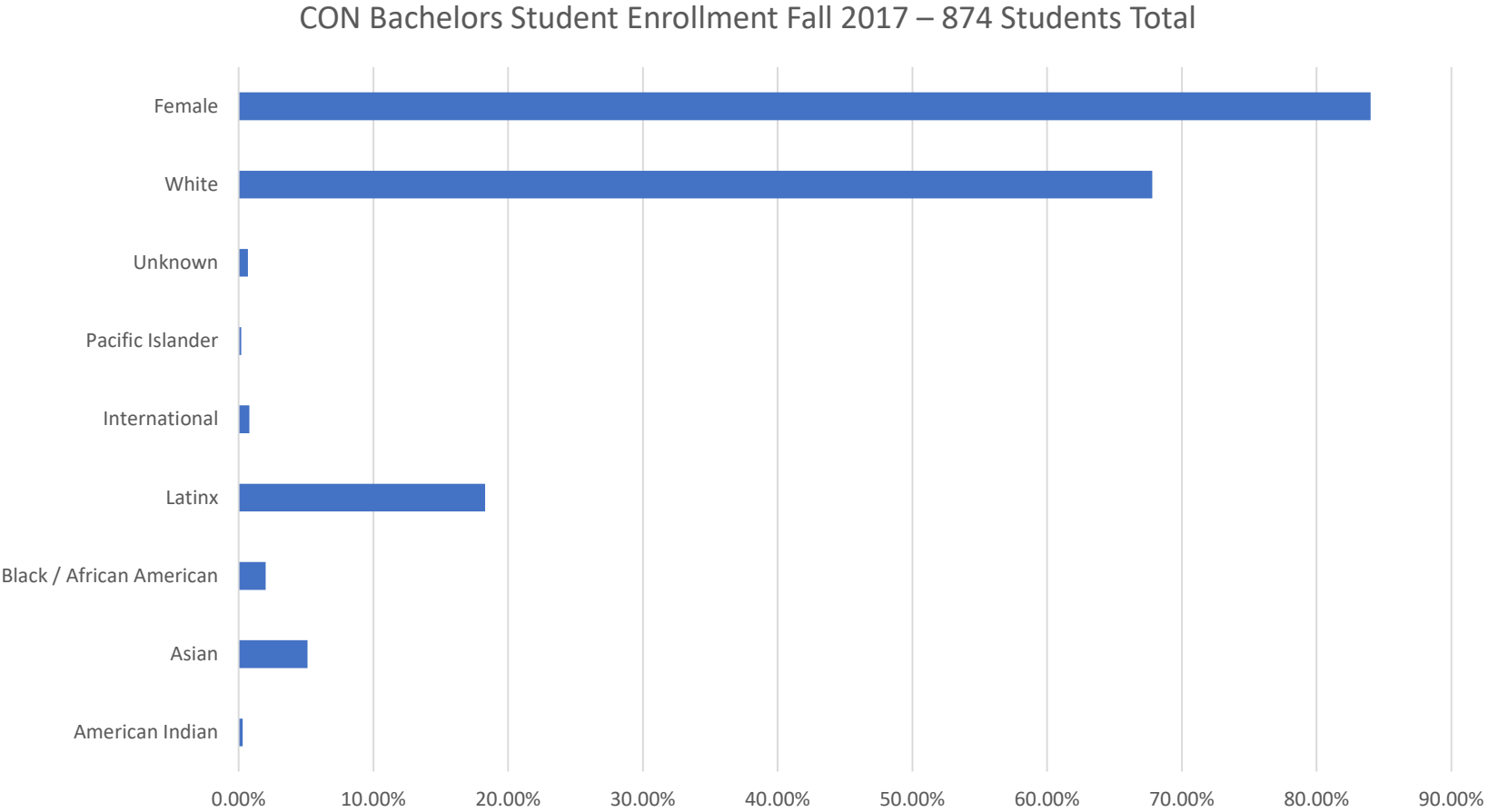
# Utah Physician Assistant Program (UPAP)



# Utah Physician Assistant Program (UPAP)



# College of Nursing Bachelors Degree Students



Office of Budget and Institutional Analysis



# Next Steps

- Formalization of diversity efforts
  - Ensure that mission statements of each college address diversity and inclusion
    - High social mission content associated with greater faculty and student diversity
    - Keywords: health equity, health disparities, underserved patients, minority communities
  - Convert diversity committees of individual health sciences campus colleges/schools into dean's level diversity offices
    - Focus on underrepresented minorities in medicine (Black, Latinx, Native American)

# Next Steps

- Systematize and measure diversity and outcomes in individual pipeline programs
  - Eliminate redundancy
  - Implement near-peer mentorship
- Innovate with programs intentionally designed to increase diversity
  - Example of employee ladder in nursing
  - Recruit URM faculty from practicing providers and from out-of-state
  - Black department chairs associated with higher faculty and student diversity
- SELL the UTAH SUMMER
  - Remember: this is not your grandmother's Utah!



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# RURAL & UNDERSERVED UTAH TRAINING EXPERIENCE (RUUTE)

*BENJAMIN CHAN M.D., M.B.A., M.ED.*

# RURAL & UNDERSERVED UTAH TRAINING EXPERIENCE (RUUTE)

- Creation of Pathway to Graduate Certificate
  - Rural & Underserved curriculum development includes courses such as Foundations of Rural Health, Rural Health Care: Systems, Delivery & Resources and Immersion and Practice
- Creation of Rural Medicine Interest Group
  - *Speaker & Lecture Series*: Part of curriculum development on different topics, plus sharing experiences, insight and lessons learned
- Physician Educator development
  - CME opportunities, facilitate adjunct faculty appointment, online health science library access
- Continue pipeline development through support of rural & underserved activities
- Questions?



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# Updates from HRSA Primary Care Training Program

**10/5/2018**

**Raymond Soto PhD**

NRSA Primary Care Research Fellow

Department of Family and Preventive Medicine

University of Utah



- *Health Resources and Services Administration (HRSA)*
- *Bureau of Health Workforce Division of Medicine and Dentistry*
- *Ruth L. Kirchstein National Research Service Award, Institutional Research Training Grant*
- *HRSA-16-045*
- *Award began July 1, 2016*

# PURPOSE

“...to train postdoctoral **health care professionals** who may have extensive clinical training but limited research experience.

As the nation's population grows and ages, the need for well-trained primary medical care researchers to study the complex array of issues facing the primary health care workforce gains greater importance.”

# PROGRAM FACULTY



- Christy Porucznik, PhD MSPH
- Drug overdose & public health policy
- Environmental exposures and health



- Joseph Stanford, MD MSPH
- Cooperative reproductive health & fertility
- Environmental exposures and health

# PROGRAM FACULTY



- Lisa Gren, PhD MSPH
- Community engagement
- Refugee health
- Implementing research in clinical settings



- Michael Magill, MD
- Primary care transformation
- Organizational change

# OBJECTIVES

1. Enroll 1–2 trainees each year in the Master of Science in Public Health (MSPH) program to complete relevant coursework from the offerings in the Division of Public Health and other academic departments in The University of Utah.



## OBJECTIVES, 2

2. Include trainees on existing primary care research teams within the Department to learn about the process and execution of primary care-related research and complete analyses of existing datasets for their MSPH project.
3. Recruit trainees from under-represented and diverse backgrounds to join the training program with a goal of 1 such trainee in the program per year.

## OBJECTIVES, 3

4. Support trainees to attend annually and present at least once at relevant research conferences such as the annual meeting of the North American Primary Care Research Group with mentorship from Department faculty.
5. Evaluate performance of the training program.

# OVERVIEW

- Intended to be a 2-year training program with full-time effort during which fellows earn the MSPH degree
- Fellows are paid a stipend following NIH guidelines estimated ~\$55k/year per trainee
- \$16,000 per year in tuition support per trainee

# PAYBACK OBLIGATION

- This is one of the *National Research Service Awards*, and as such, trainees incur a payback obligation.
- For the first year of training, there will be a year of payback service.
  - By the completing the MSPH in 2 years, trainees complete both the training and the payback!
  - Trainees that complete training in only 1 year incur a year of payback obligation
    - By performing primary care related research

# TRAINING CURRICULUM

- MSPH classes
  - Epidemiology, biostatistics, research methods, environmental health, health policy & administration, social & behavioral science
- MSPH thesis
  - Research project
- Research training
  - Experiential learning in research teams
  - Seminars



# ALUMNI

- **Juneyoung Yi, MD, MSPH**
- Neurosurgery
- Project Focus
  - “Impact of mindfulness-based stress reduction (MBSR) on postoperative patient reported pain, disability, quality of life, and prescription opioid use in adult degenerative lumbar surgery patients”
- Publication
  - “The impact of preoperative mindfulness-based stress reduction on postoperative patient-reported pain, disability, quality of life, and prescription opioid use in lumbar spine degenerative disease: a pilot study”



# CURRENT TRAINEES



## Raymond Soto, PhD

- “Utilizing silicone wristbands to measure environmental chemical exposure in families in Salt Lake City and the Navajo Nation”
- His interests in primary care include environmental influences on health and infectious disease



## Elizabeth Keating, MD

- “Improving Optimal Care for Children with Severe Anemia in Malawi”.
- Her interests in primary care include global health and improving the care of children in resource-limited settings.

# CURRENT TRAINEES

- Have just begun coursework this year with anticipated graduation in 2019
- Attending research training seminars
- Meeting investigators within the Department and University
- Exploring possible ideas for MSPH theses

# PROGRAM EVALUATION

- Annual expectation to evaluate the progress and impact of the program
  - Track trainee grades, graduation rates, attendance at non-credit research training seminars
- Part-time funding to support a graduate student assistant for program implementation and evaluation
- Extends the impact of the program beyond the identified fellows

# RESEARCH ASSISTANTS

Year 1

Mariana Ju



Year 2

Caroline Miller



# APPLICATION

- Fellowship application requires email submission of:
  1. Current CV
  2. A brief statement of purpose including description of research interests
  3. Three letters of recommendation
- Application for fellowship starting next academic year will be due Jan 15, 2018 so that selected fellows can complete the Graduate School application by February 1
  - Transcripts will be required for the Graduate School application



# ELIGIBILITY

- *Eligibility:* Qualified individuals must be U.S. citizens, non-citizen nationals, or lawful permanent residents of the United States with completed doctoral training (PhD, MD, DO, DDS, DMD, DNP, PsyD, PharmD or comparable doctoral degree) from an accredited domestic or foreign institution. Masters-trained nurse practitioners and physician assistants are eligible with at least 2 years of clinical experience apart from the master's degree.

# QUESTIONS AND TO APPLY

Email Dr. Porucznik

[Christy.Porucznik@Utah.Edu](mailto:Christy.Porucznik@Utah.Edu)





# Estimating Population Need for Primary Care Workforce Using Data Modeling

Clark Ruttinger, MPA, MBA, Director, Workforce Research  
Utah Medical Education Council (UMEC)



## Problems to be Addressed

- Supply to population ratios alone don't provide the context to determine workforce shortage/ surplus
  - Although the state ranks 49<sup>th</sup> in a ratio of primary care workforce to population (AAMC), Utah may have a healthier, younger population and a more efficient workforce.
- Healthcare delivery is transforming into inter-professional, team based, population-oriented care. However discussions about resource allocation for training, program funding and payment models are all silo-ed by profession.
  - Professions use their political capital to advocate for their profession alone using the blunt and simple metric of provider to population ratios without other data to give this ratio context.

## Designing a Model to Estimate Population Need for Primary Care Services

- What services are provided in delivering care for the most common Chronic, and Acute conditions and Preventive treatments?
- How much time do each of these services take to deliver?
- Which medical provider should deliver each service in order to achieve quality outcomes most efficiently?

## The Measureable Difference

- The model is designed to produce an estimate of workforce need by profession.
- Need is compared to data already collected about workforce supply by profession.
- An initial baseline gap between workforce need and supply will be established.
- Policy makers will use the tool to inform resource allocation decisions and see if the gap between need and supply actually closes over time.

## IBM Health Corp Grant Recipient 2018

Will Occur October 15- November 3, 2018

- Three week intensive engagement
- An IBM team composed of data scientists, user interface designers and programmers will take a model created by the UMEC and the Utah AHEC and build an interactive tool with flexible assumptions that can be modified for impact analysis.

## How Will This Be Used?

Two user types:

**Policy Makers**- will use the output comparison of workforce need vs supply to inform resource allocation decisions.

**Clinicians and Health Service Researchers**- will inform the

model regarding team archetypes and services/ time. They will refine inputs to the model and validate the accuracy of assumptions through literature review and their own research projects. Research proposals are currently being designed to specifically answer questions that can be input into the model such as:

- How much time does it actually take to do a diabetic foot exam or a well child exam?
- What inter-professional team leads to the best control of hypertension?
- What team structures are associate with lowest total cost of care for patients in family medicine?
- How will evolving roles of primary care physicians toward population management and team oversight, with fewer direct patient visits (more focused on complex problem solving and care planning) influence future workforce needs?

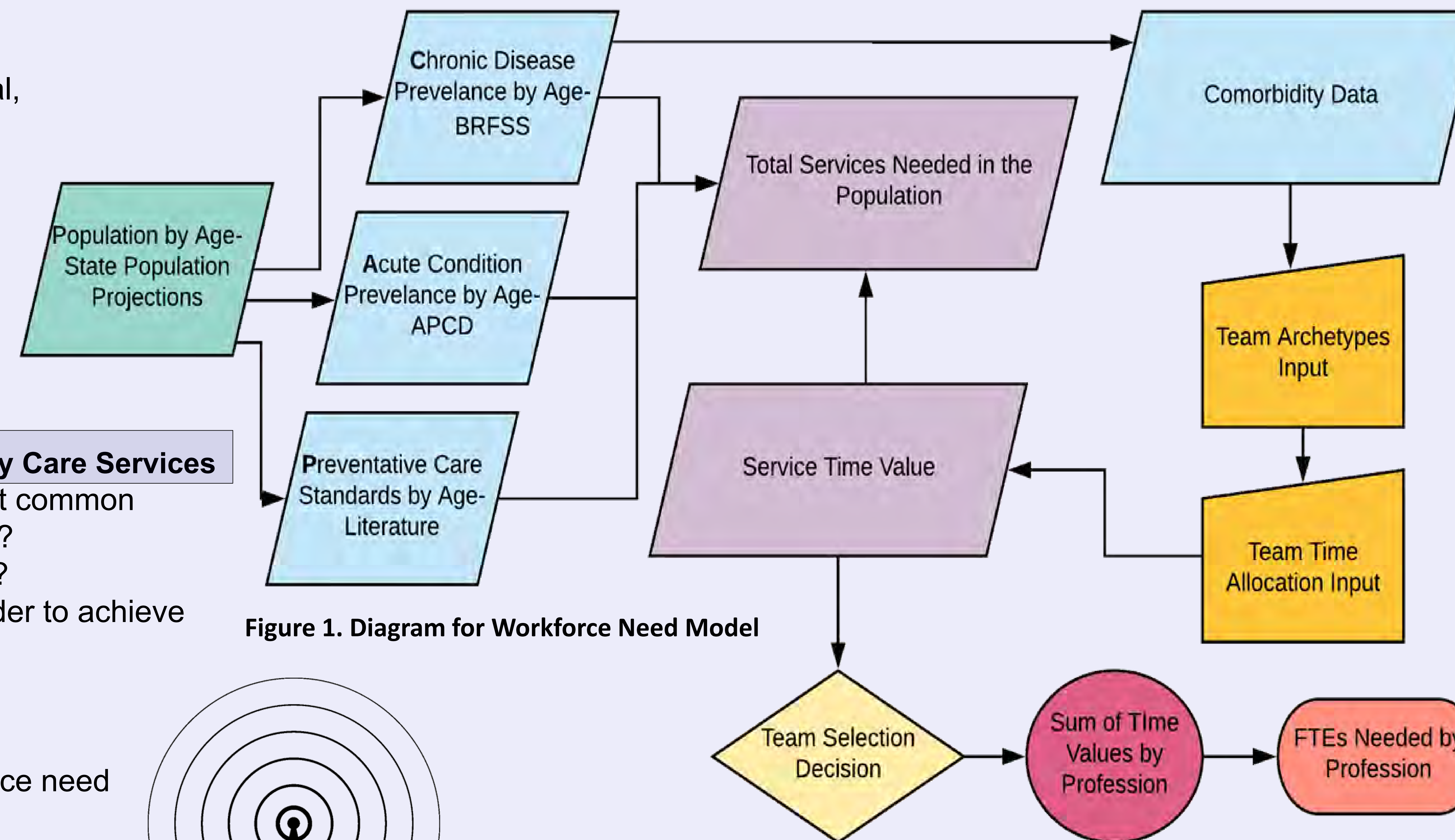
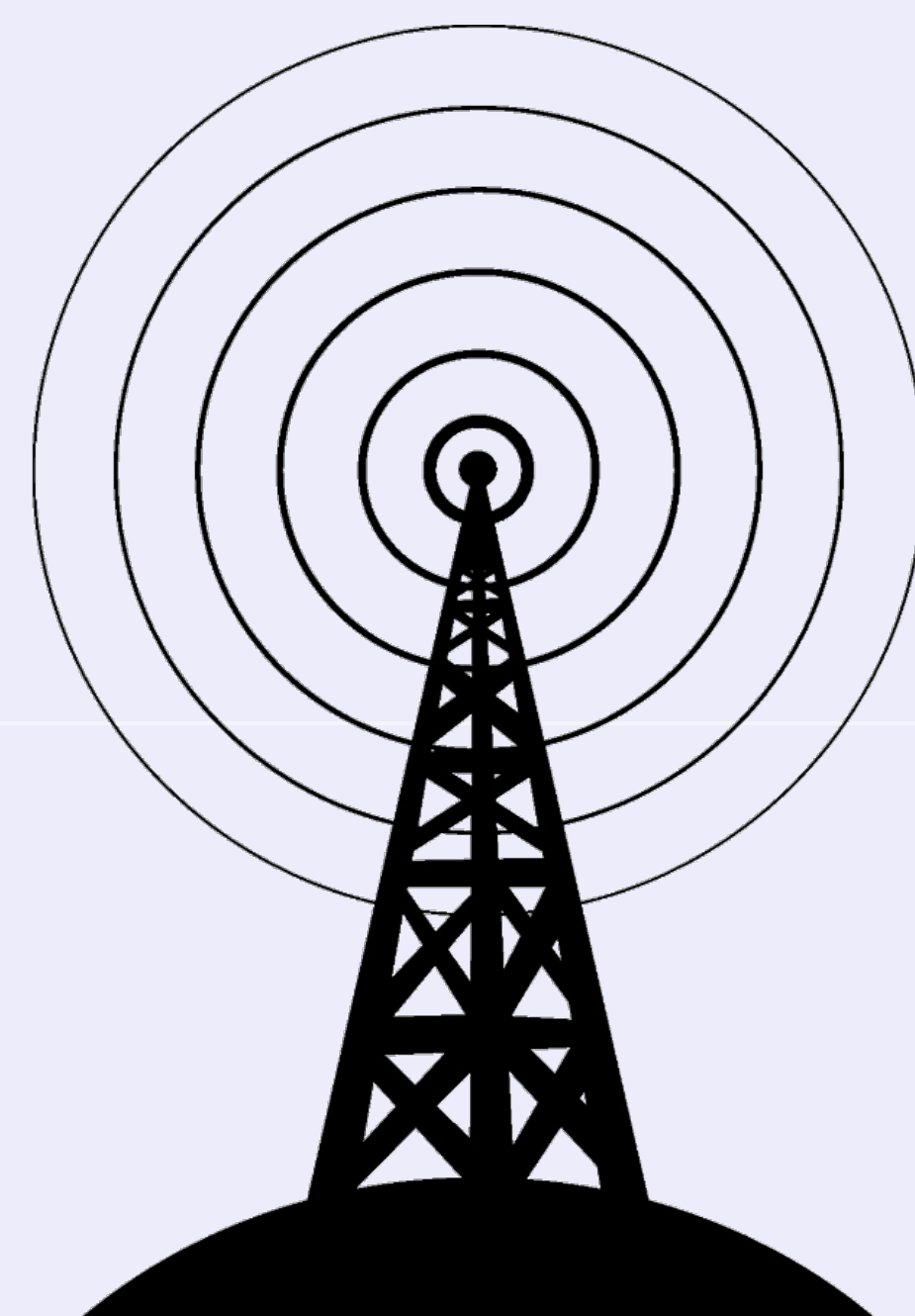


Figure 1. Diagram for Workforce Need Model



## The Bottom Line: Providing a Signal to Coalesce Efforts Around a Common Goal

- This tool moves the conversation between healthcare professionals and policy makers about how resources should be allocated to a more data informed approach accounting for care delivery through inter-professional teams and the health needs of the population.
- The tool is scalable. It could be applied in other geographical areas where data is available about population and disease prevalence and medical workforce supply.



# UTAH PRIMARY CARE NEEDS ASSESSMENT



UTAH DEPARTMENT OF  
**HEALTH**

OFFICE OF PRIMARY CARE & RURAL HEALTH

# ABOUT US

**Mission:** To collaborate with state-partners to improve access to quality health care in rural and underserved communities

**Vision:** To elevate the capacity of rural and underserved communities to deliver quality health care



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# METHODOLOGY



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# INDICATOR SELECTION

Access to care	Cost as a barrier to care		Oral Health	Water Fluoridation Dental Caries
	Having an established PCP			
	Routine medical check			
	Routine dental check			
	Healthcare coverage			
Mental Health	Mental Health: Indicators	MH status during past 30 days Doctor diagnosed depression	Perceived Overall Health	General health status past 30 days Physical health status past 30 days
	Mental Health: Adverse Childhood Experiences	Direct physical, emotional, or sexual abuse Subsance abuse in the home		
Precursors to Chronic Disease	Precursors: Obesity/physical inactivity related	Weight	Pre-natal Care	Average number of prenatal visits Prenatal visits per trimester Adequate prenatal care
		Hypertension Cholesterol Prediabetes		
	Precursors: Alcohol/smoking	Ciagrette smoking Smoking cessation Chronic drinking	Immunizations and Screenings	Adult Immunizations Children's Immunizations Mammogram Breast exam Recommended colonoscopy PSA HIV
Family Planning	Using birth control at conception Pregnancy Intention			



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# QUANTITATIVE DATA

- ▶ Behavioral Risk Factor Surveillance System (BRFSS)
- ▶ Small health areas (SHAs) were the base geographic unit for analysis
- ▶ Data for each indicator was sorted and ranked from best to worst
- ▶ Indicator ranks were averaged and each SHA was assigned an overall primary care needs rank
- ▶ Socioeconomic indicators were also ranked to highlight the relationship between SES and health outcomes

# QUANTITATIVE DATA

## \*DATA NOTES

- ▶ Health indicator data that were not available by SHA, or from the BRFSS survey, were excluded from the analysis but still examined individually for the purpose of the needs assessment
- ▶ Workforce data used is maintained in our office
- ▶ Socioeconomic data came from the American Community Survey, 2011-2015 estimates

# QUALITATIVE DATA

- ▶ 25 Focus Groups with 5-8 people each based on geographic area
  - Representing knowledge of local resources and primary care needs
    - ❖ Healthcare providers/administrators
    - ❖ School representatives
    - ❖ Parents
    - ❖ Social Services Administrators
    - ❖ Local government representatives
    - ❖ Consumers from the community at large
  - Juab and Wasatch County not represented



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# QUALITATIVE DATA

## Focus Group Questions

- What do you perceive are the top 3 most pressing health concerns in your community?
- What do you consider to be your community's greatest strengths in regards to accessing health care, specifically preventive health services, other primary health care services, dental care, and mental health services?
- Do you feel your community is able to address the health needs of the underserved, low-income, and uninsured within your community?
- What are the biggest challenges your community faces in providing access to appropriate dental health services?
- What are the biggest challenges your community faces in providing access to appropriate behavioral health services?
- What are the biggest challenges your community faces in providing access to primary care and preventive health services?



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# QUALITATIVE DATA

## ► 12 Key Informant Interviews

- Representing individuals with wide understanding of the issues affecting the provision of primary care services

- ❖ Safety Net Clinics (2)
- ❖ Intermountain Foundation (1)
- ❖ Planned Parenthood (1)
- ❖ Local Health Departments (1)
- ❖ Health Insight (1)
- ❖ Association for Utah Community Health (1)
- ❖ Utah Hospital Association (1)
- ❖ Healthcare Advocacy Groups (2)
- ❖ 211 (1)

# QUALITATIVE DATA

- ▶ Key Informant Interview Questions
- ▶ The same six questions as the focus groups
- AND-
- ▶ Strategies for addressing needs
  - How are you finding out the needs? How are you utilizing this information?
  - What educational/outreach resources do you have/know for your community?
  - If you had unlimited resources, what programs would you implement?
  - What primary care/mental health/dental workforce needs exist?
    - ❖ What are your perspectives on the shortages



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# RESULTS



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Geography	PRIMARY CARE NEED RANK										SES	Primary Care HPSA										SES	Primary Care HPSA										SES	PRIMARY CARE NEED RANK										Geography
	Overall Health	Mental Health-ACE	Mental Health	Screenings/immunizations	Precursors-obesity/inactivity	Precursors-obesity/inactivity	Access to Care	Precursors-obesity/inactivity	Precursors-obesity/inactivity	Precursors-obesity/inactivity		Overall Health	Mental Health-ACE	Mental Health	Screenings/immunizations	Precursors-obesity/inactivity	Precursors-obesity/inactivity	Access to Care	Precursors-obesity/inactivity	Precursors-obesity/inactivity	Precursors-obesity/inactivity		Overall Health	Mental Health-ACE	Mental Health	Screenings/immunizations	Precursors-obesity/inactivity	Precursors-obesity/inactivity	Access to Care	Precursors-obesity/inactivity	Precursors-obesity/inactivity	Precursors-obesity/inactivity												
Kearns, Salt Lake County	1	1	1	1	1	1	1	1	1	1	19	1	1	1	1	1	1	1	1	1	1	37	1	1	1	1	1	1	1	1	1	33	SLC (Downtown), Salt Lake County											
South Salt Lake, Salt Lake County	2	2	2	2	2	2	2	2	2	2	6	2	2	2	2	2	2	2	2	2	2	29	2	2	2	2	2	2	2	2	2	34	Clearfield/Hill AFB, Davis County											
SLC (Rose Park), Salt Lake County	3	3	3	3	3	3	3	3	3	3	8	3	3	3	3	3	3	3	3	3	3	25	3	3	3	3	3	3	3	3	3	35	St. George, Washington County											
West Valley (East), Salt Lake County	4	4	4	4	4	4	4	4	4	4	2	4	4	4	4	4	4	4	4	4	4	26	4	4	4	4	4	4	4	4	4	36	Box Elder County (other) ★											
Magna, Salt Lake County	5	5	5	5	5	5	5	5	5	5	15	5	5	5	5	5	5	5	5	5	5	43	5	5	5	5	5	5	5	5	5	37	Layton, Davis County											
★ TriCounty LHD	6	6	6	6	6	6	6	6	6	6	33	6	6	6	6	6	6	6	6	6	6	32	6	6	6	6	6	6	6	6	6	36	Riverdale, Weber County											
★ San Juan County	7	7	7	7	7	7	7	7	7	7	2	7	7	7	7	7	7	7	7	7	7	45	7	7	7	7	7	7	7	7	7	39	Springville/Spanish Fork, Utah County											
Provo (South), Utah County	8	8	8	8	8	8	8	8	8	8	7	8	8	8	8	8	8	8	8	8	8	44	8	8	8	8	8	8	8	8	8	40	Pleasant Grove/Lindon, Utah County											
Ben Lomond, Weber County	9	9	9	9	9	9	9	9	9	9	15	9	9	9	9	9	9	9	9	9	9	40	9	9	9	9	9	9	9	9	9	41	West Jordan (W)/Copperton, Salt Lake County											
Ogden (Downtown), Weber County	10	10	10	10	10	10	10	10	10	10	6	10	10	10	10	10	10	10	10	10	10	20	10	10	10	10	10	10	10	10	10	42	Orem (West), Utah County											
Taylorville (West), Salt Lake County	11	11	11	11	11	11	11	11	11	11	N/A	11	11	11	11	11	11	11	11	11	11	18	11	11	11	11	11	11	11	11	11	43	Logan, Cache County											
West Valley (West), Salt Lake County	12	12	12	12	12	12	12	12	12	12	8	12	12	12	12	12	12	12	12	12	12	34	12	12	12	12	12	12	12	12	12	44	West Jordan (NE), Salt Lake County											
★ Carbon/Emery County	13	13	13	13	13	13	13	13	13	13	11	13	13	13	13	13	13	13	13	13	13	40	13	13	13	13	13	13	13	13	13	45	Wasatch County ★											
★ Grand County	14	14	14	14	14	14	14	14	14	14	1	14	14	14	14	14	14	14	14	14	14	47	14	14	14	14	14	14	14	14	14	46	Bountiful, Davis County											
★ Southwest LHD (other)	15	15	15	15	15	15	15	15	15	15	23	15	15	15	15	15	15	15	15	15	15	35	15	15	15	15	15	15	15	15	15	47	Cache County (Oth)/Rich County (All) ★											
★ Cedar City, Iron County	16	16	16	16	16	16	16	16	16	16	10	16	16	16	16	16	16	16	16	16	16	51	16	16	16	16	16	16	16	16	16	48	Lehi/Cedar Valley, Utah County											
★ Juab/Millard/Sanpete County	17	17	17	17	17	17	17	17	17	17	11	17	17	17	17	17	17	17	17	17	17	48	17	17	17	17	17	17	17	17	17	49	Woods Cross/North Salt Lake, Davis County											
SLC (Glendale), Salt Lake County	18	18	18	18	18	18	18	18	18	18	5	18	18	18	18	18	18	18	18	18	18	46	18	18	18	18	18	18	18	18	18	50	Milkcreek, Salt Lake County											
Midvale, Salt Lake County	19	19	19	19	19	19	19	19	19	19	21	19	19	19	19	19	19	19	19	19	19	48	19	19	19	19	19	19	19	19	19	51	Orem (East), Utah County											
★ Tooele County	20	20	20	20	20	20	20	20	20	20	39	20	20	20	20	20	20	20	20	20	20	50	20	20	20	20	20	20	20	20	20	53	Morgan County (All)/Weber County (East) ★											
Murray, Salt Lake County	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	52	21	21	21	21	21	21	21	21	21	53	American Fork, Utah County											
Orem (North), Utah County	22	22	22	22	22	22	22	22	22	22	14	22	22	22	22	22	22	22	22	22	22	54	22	22	22	22	22	22	22	22	22	54	Holladay, Salt Lake County											
Taylorville (E)/Murray (W), Salt Lake County	23	23	23	23	23	23	23	23	23	23	17	23	23	23	23	23	23	23	23	23	23	56	23	23	23	23	23	23	23	23	23	55	Riverton/Draper, Salt Lake County											
Roy/Hooper, Weber County	24	24	24	24	24	24	24	24	24	24	31	24	24	24	24	24	24	24	24	24	24	57	24	24	24	24	24	24	24	24	24	56	Syracuse/Kaysville, Davis County											
★ Washington County (other)	25	25	25	25	25	25	25	25	25	25	23	25	25	25	25	25	25	25	25	25	25	58	25	25	25	25	25	25	25	25	25	57	Cottonwood, Salt Lake County											
★ Utah County (South)	26	26	26	26	26	26	26	26	26	26	30	26	26	26	26	26	26	26	26	26	26	61	26	26	26	26	26	26	26	26	26	58	Farmington/Centerville, Davis County											
★ Sevier/Piute/Wayne County	27	27	27	27	27	27	27	27	27	27	11	27	27	27	27	27	27	27	27	27	27	58	27	27	27	27	27	27	27	27	27	59	Summit County ★											
South Ogden, Weber County	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	63	28	28	28	28	28	28	28	28	28	60	Sandy (NE), Salt Lake County											
Brigham City, Box Elder County	29	29	29	29	29	29	29	29	29	29	36	29	29	29	29	29	29	29	29	29	29	60	29	29	29	29	29	29	29	29	29	61	SLC (Avenues), Salt Lake County											
Provo (North)/BYU, Utah County	30	30	30	30	30	30	30	30	30	30	27	30	30	30	30	30	30	30	30	30	30	60	30	30	30	30	30	30	30	30	30	62	Sandy (SE), Salt Lake County											
West Jordan (SE), Salt Lake County	31	31	31	31	31	31	31	31	31	31	34	31	31	31	31	31	31	31	31	31	31	63	31	31	31	31	31	31	31	31	31	63	SLC (Foothill/U of U), Salt Lake County											
Sandy (Center), Salt Lake County	32	32	32	32	32	32	32	32	32	32	42	32	32	32	32	32	32	32	32	32	32	64	32	32	32	32	32	32	32	32	32	64	South Jordan, Salt Lake County											

Rank Quartiles

Q1

Q2

Q3

Q4

HPSA Designations

HPSA (entire area)

HPSA (partial area)

# QUALITATIVE THEMES

- ▶ Language
- ▶ Poverty
- ▶ Affordability of Services
- ▶ Aging Population
- ▶ Awareness
- ▶ Homelessness
- ▶ Transportation
- ▶ Provider Availability
- ▶ Stigma



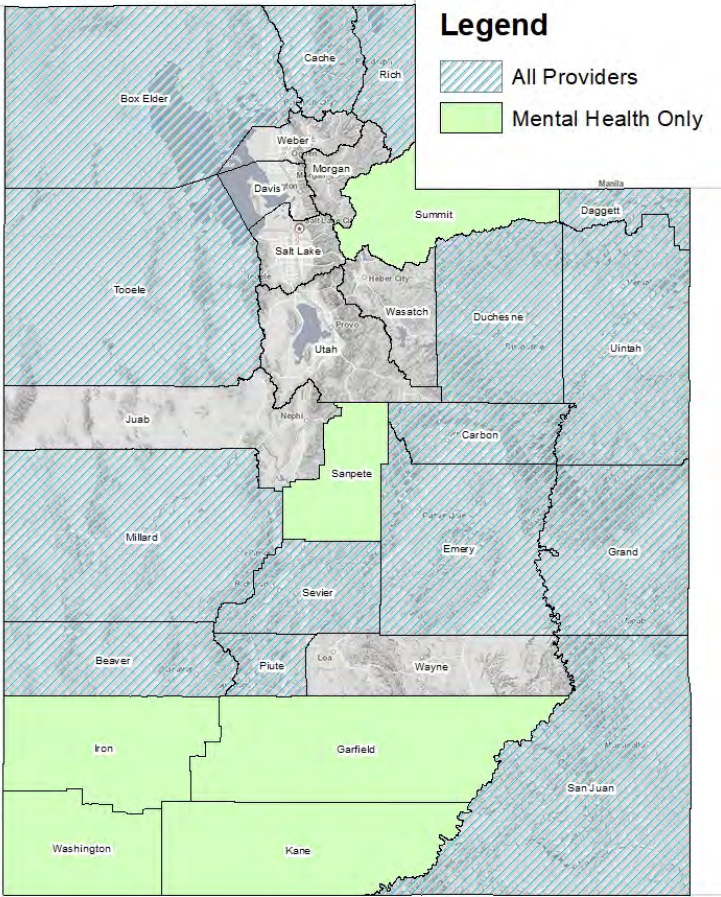
UTAH DEPARTMENT OF  
**HEALTH**

OFFICE OF PRIMARY CARE & RURAL HEALTH

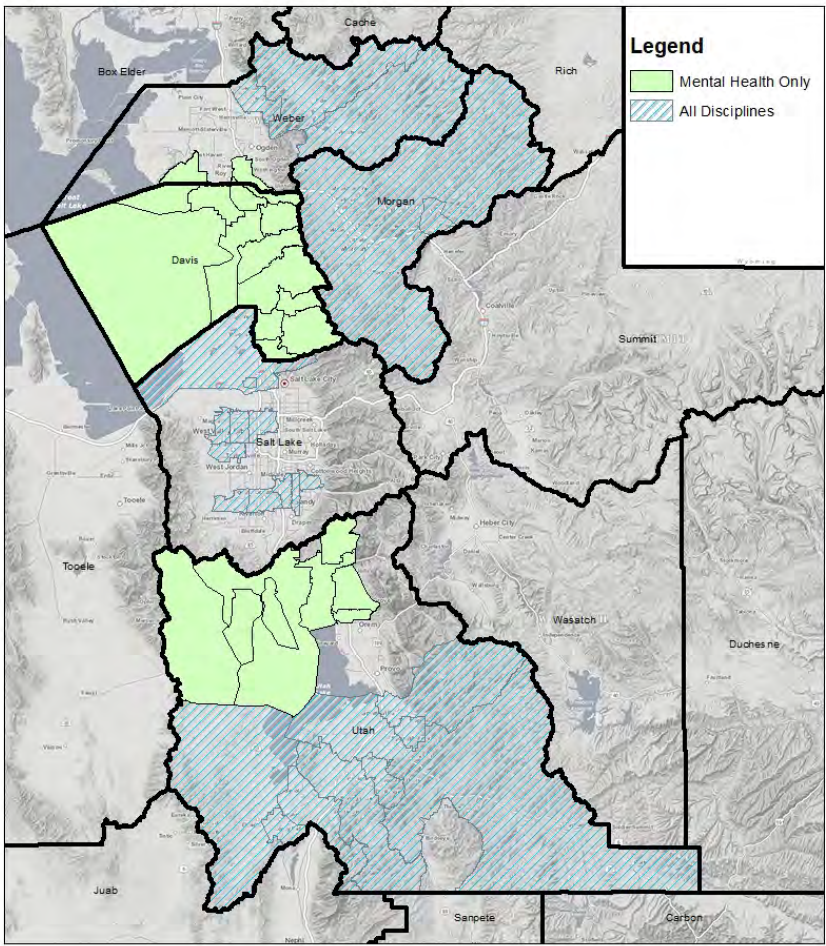


# LIMITED PROVIDER AVAILABILITY/WORKFORCE SHORTAGES

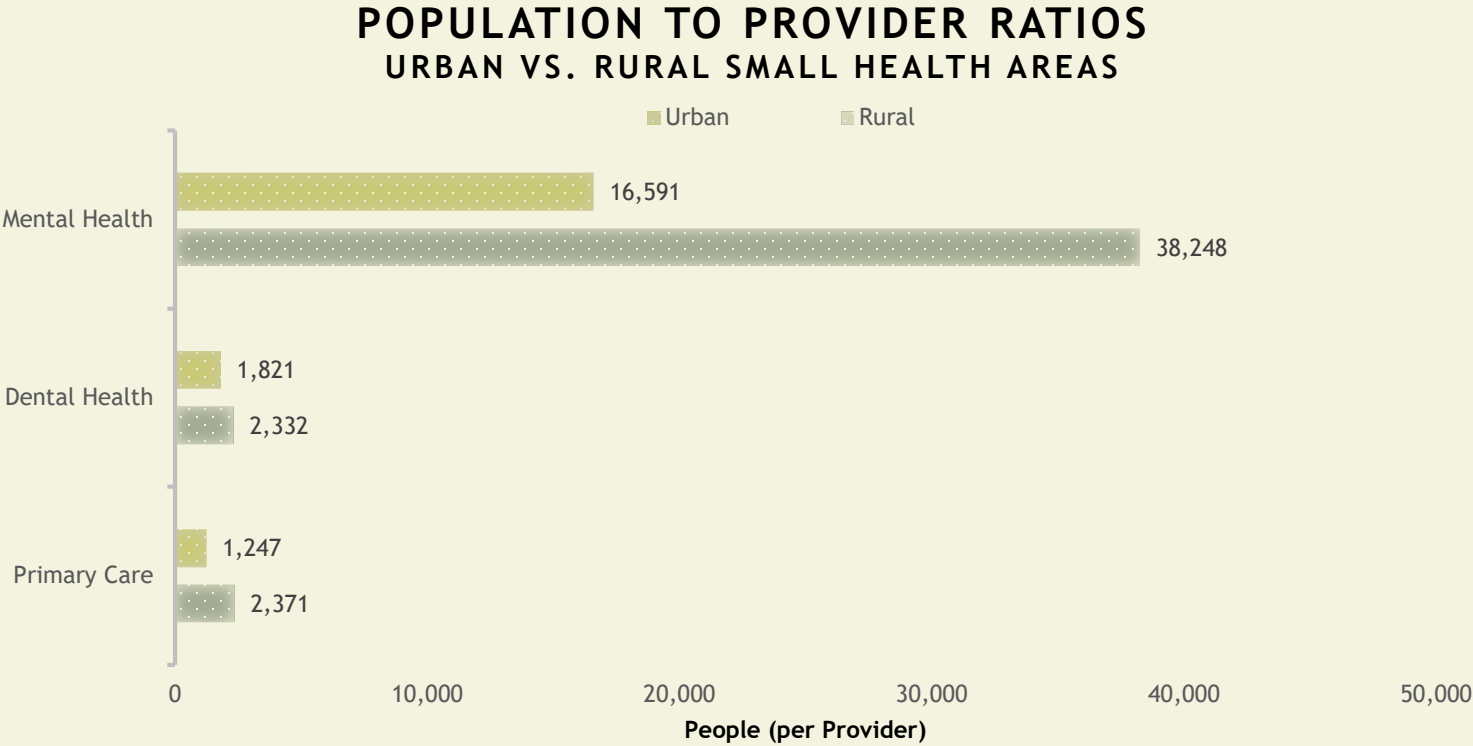
Provider Availability



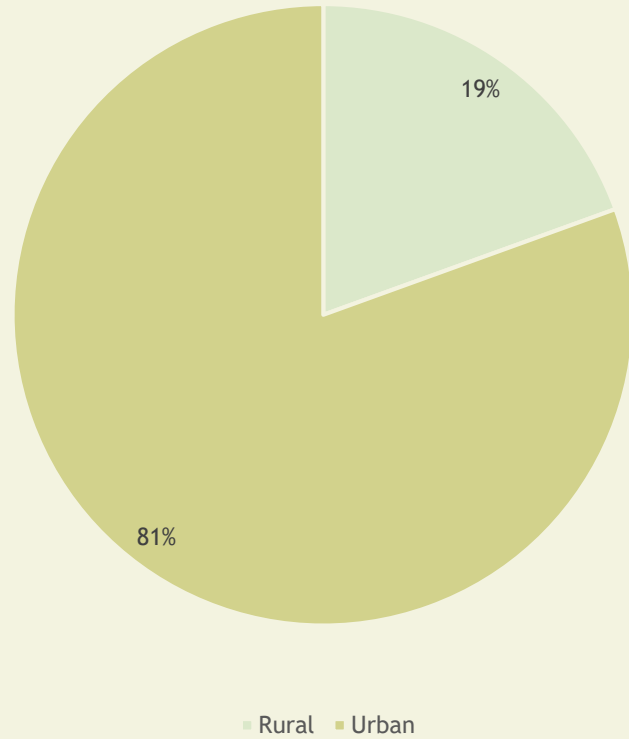
Provider Availability: Urban



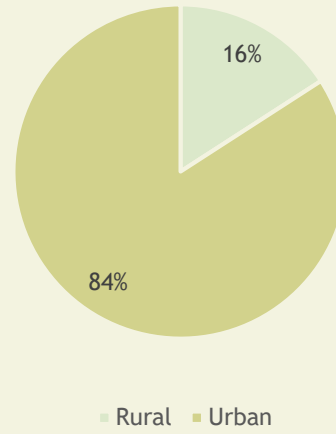
# PROVIDER DISTRIBUTION



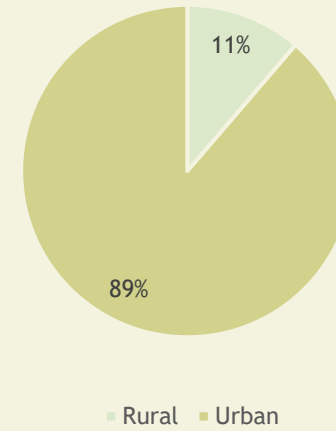
Population Distribution



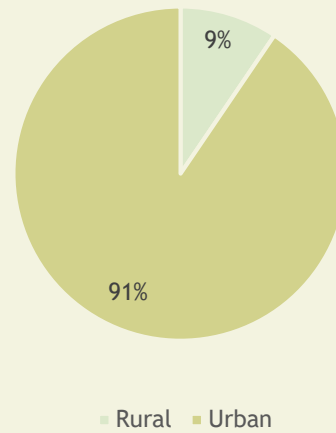
Dental Health



Primary Care



Mental Health

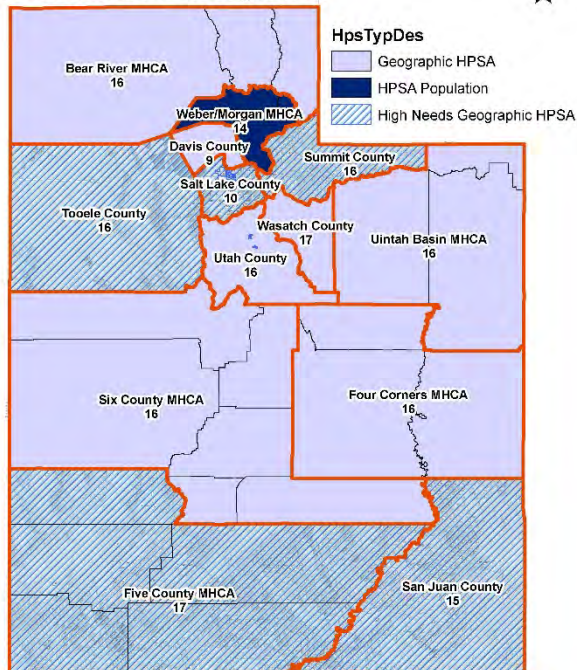
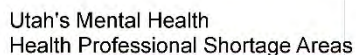


UTAH DEPARTMENT OF  
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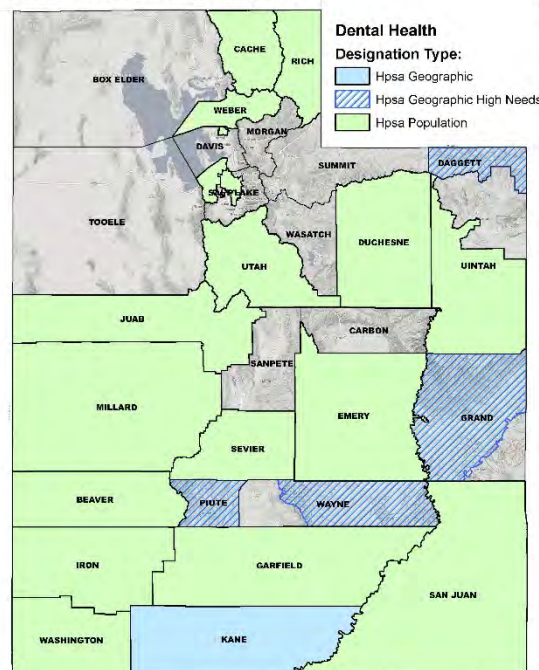
OFFICE OF PRIMARY CARE & RURAL HEALTH



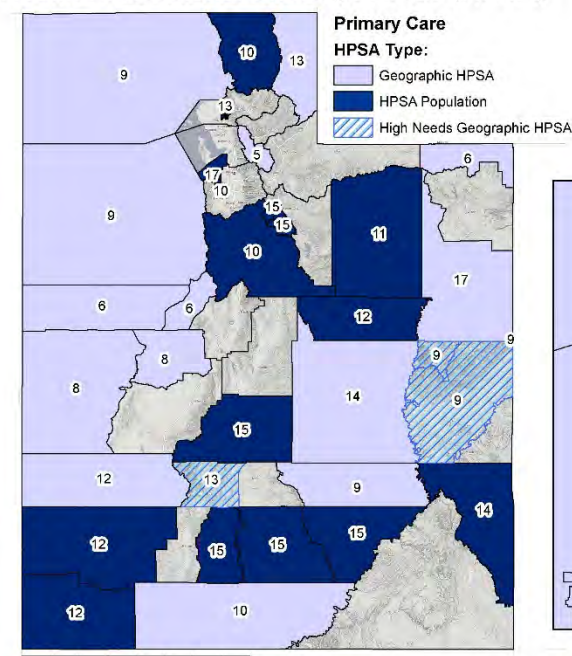
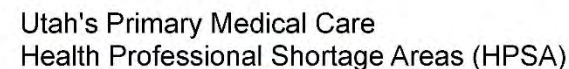
# HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS)



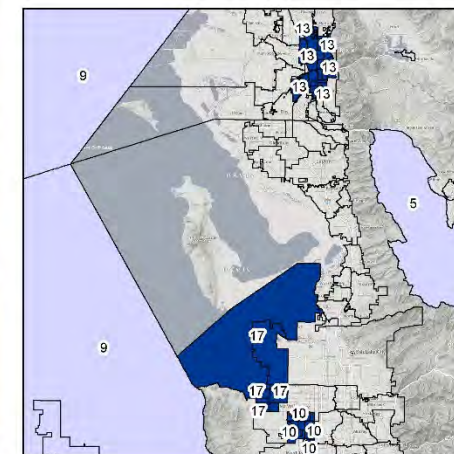
For more information about Utah's HPSA Designations,  
please call (801) 273-6621  
Office of Primary Care and Rural Health



For more information about Utah's HPSA Designations  
please call (801) 273-8621  
Office of Primary Care and Rural Health



For more information about Utah's HPSA Designations,  
please call (801) 273-6621  
Office of Primary Care and Rural Health



# UTAH DEPARTMENT OF HEALTH

OFFICE OF PRIMARY CARE &amp; RURAL HEALTH



# AFFORDABILITY/UNABLE TO AFFORD CARE DUE TO COST AND INSURANCE COVERAGE

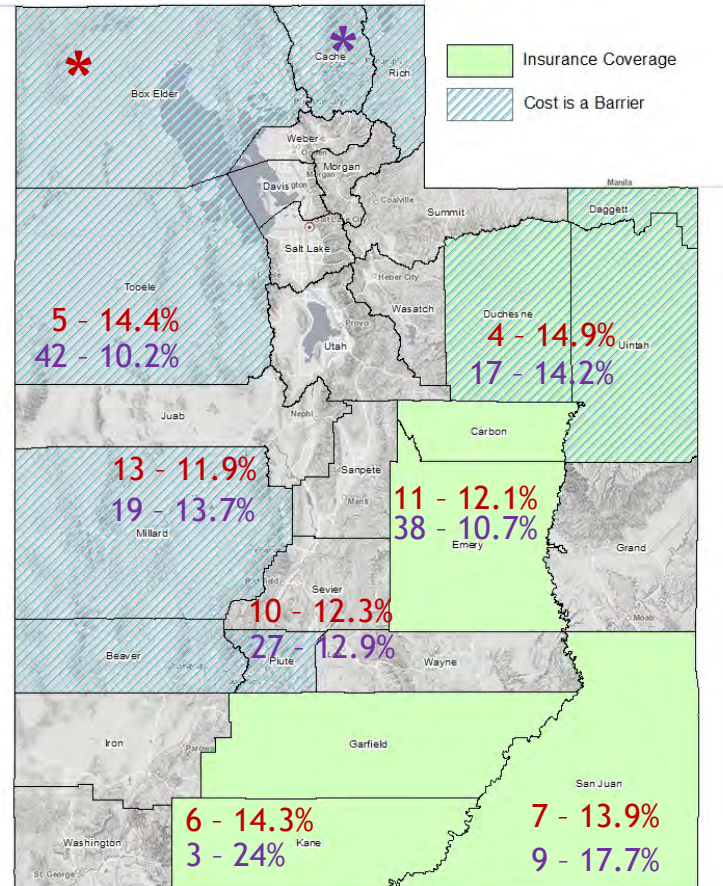
- = % of population unable to afford care due to cost
- = % of population lacking health insurance coverage

\* Cache (Other)/Rich 57 - 8.6%  
Logan 25 - 13.6%

Cache (Other)/Rich 36 - 11%  
Logan 38 - 10.7%

\* Box Elder (Other) 56 - 8.8%  
Brigham City 52 - 10.4%  
Box Elder (Other) 14 - 15.4%  
Brigham City 50 - 7.7%

## Ability to Afford Services

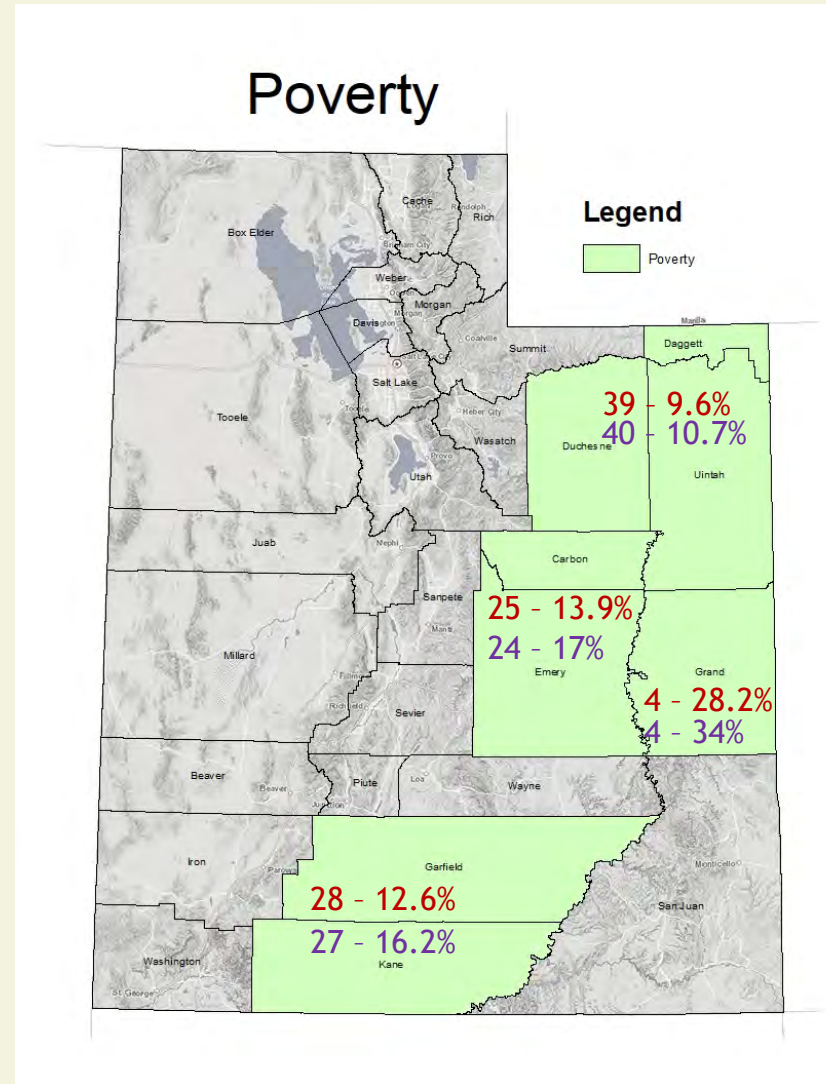


UTAH DEPARTMENT OF  
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OFFICE OF PRIMARY CARE & RURAL HEALTH

# POVERTY/% OF PERSONS LIVING IN POVERTY AND % OF CHILDREN LIVING IN POVERTY

- = % of persons living in poverty
- = % of children living in poverty



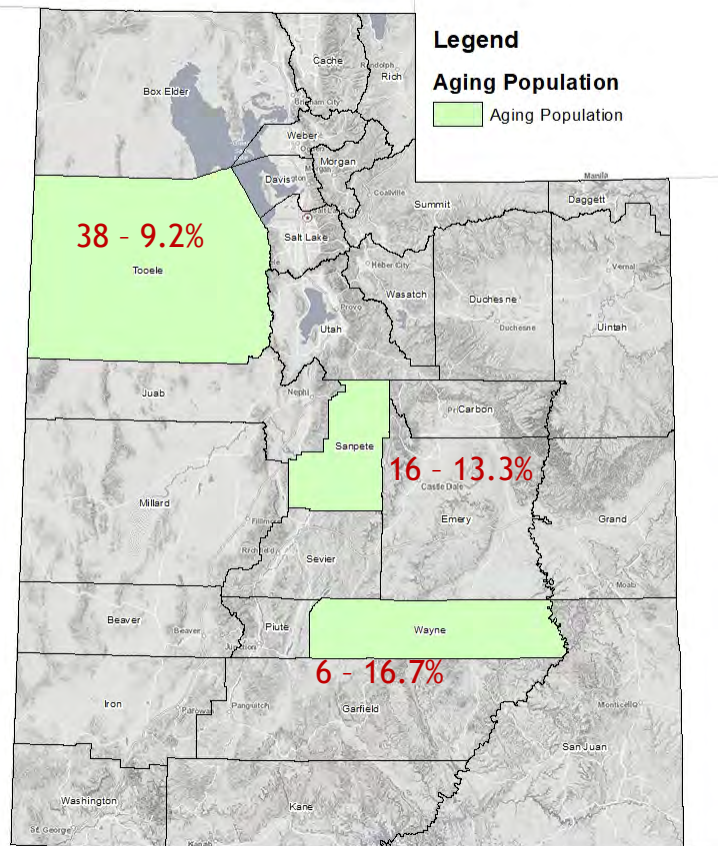
UTAH DEPARTMENT OF  
**HEALTH**

OFFICE OF PRIMARY CARE & RURAL HEALTH

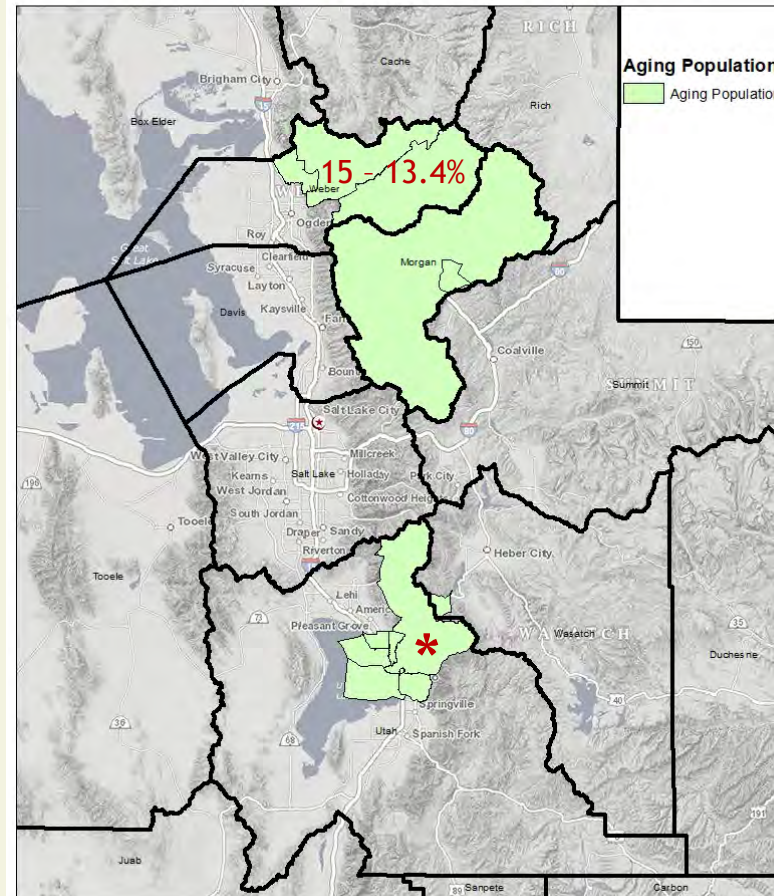


# AGING POPULATION/% OF POPULATION AGED 65 OR OVER

## Aging Population



## Aging Population: Urban



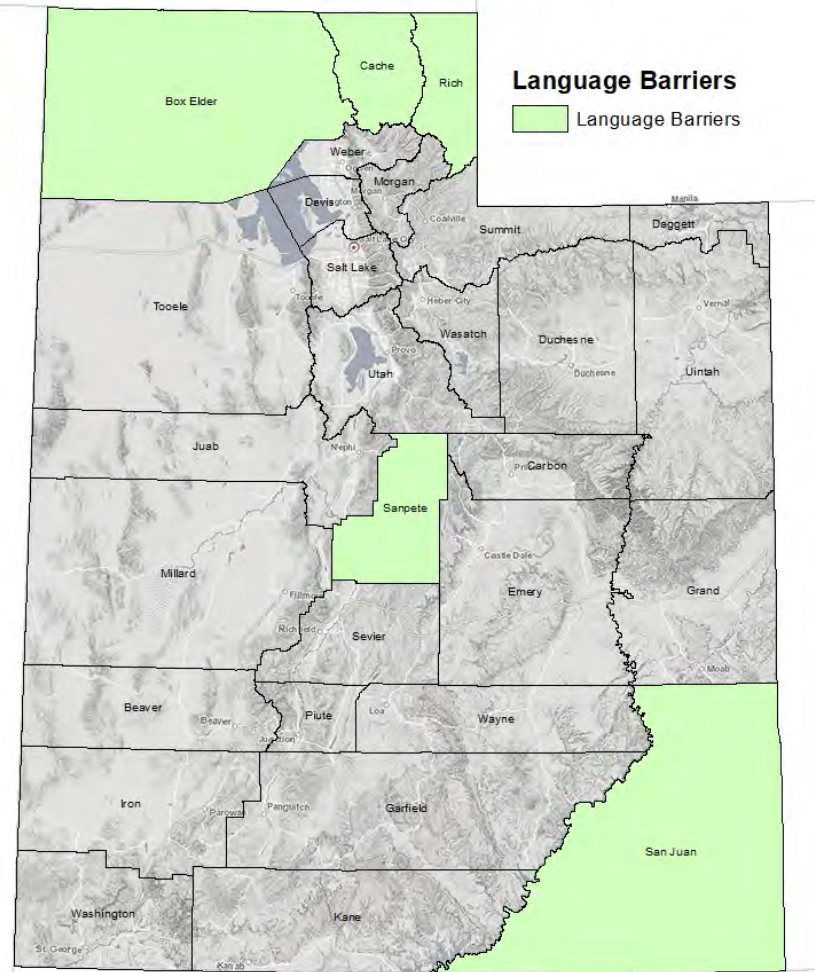
\* Orem (East) 18 - 13.15%  
Orem (West) 46 - 8.6%  
Orem (North) 55 - 7.77%  
Provo (North) 37 - 9.35%  
Provo (South) 63 - 4.35%

# LANGUAGE BARRIERS

Specific Languages Addressed:

- Spanish
- Navajo

## Language Barriers



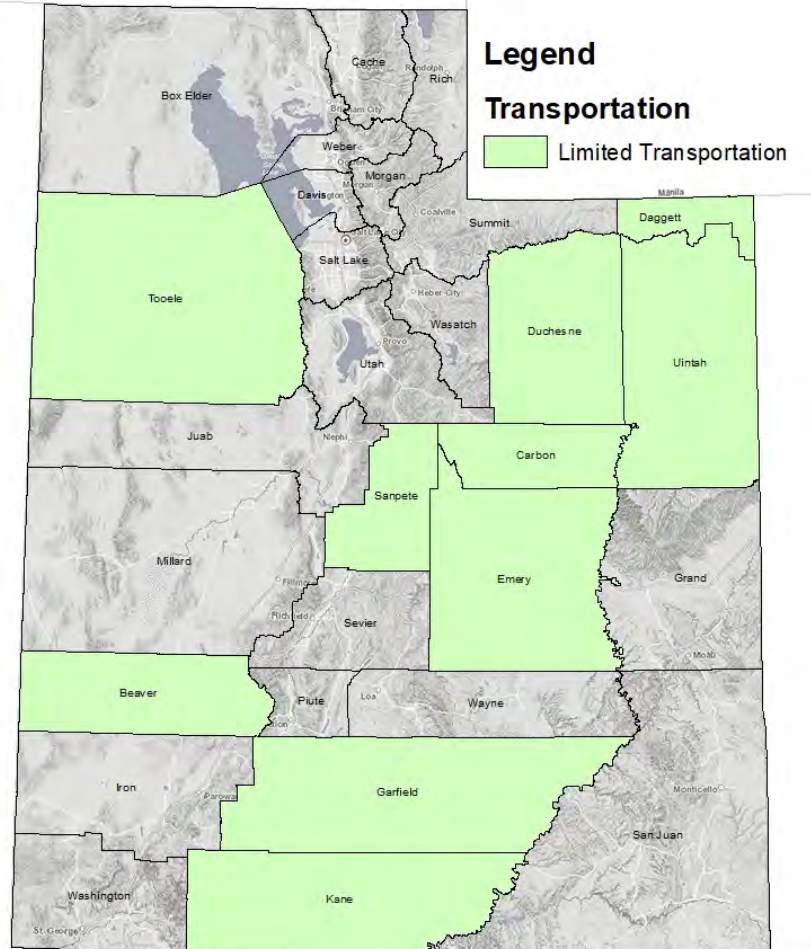
UTAH DEPARTMENT OF  
**HEALTH**

OFFICE OF PRIMARY CARE & RURAL HEALTH

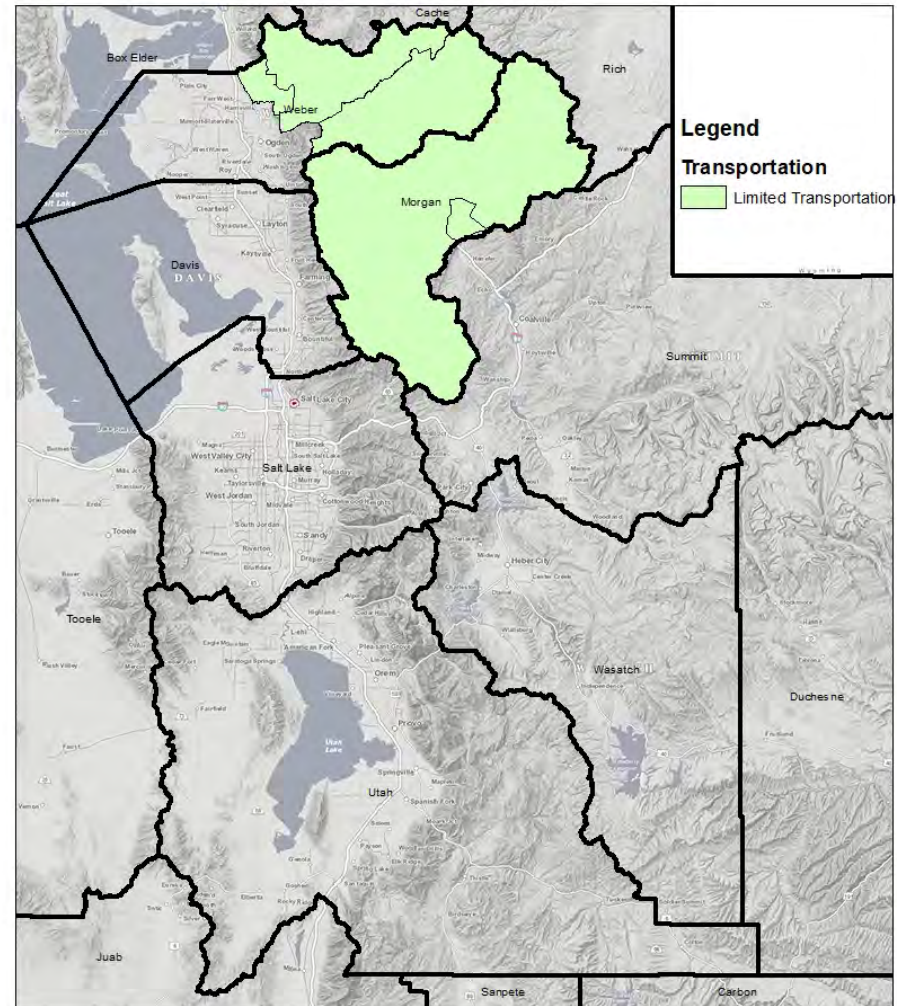


# TRANSPORTATION

## Transportation



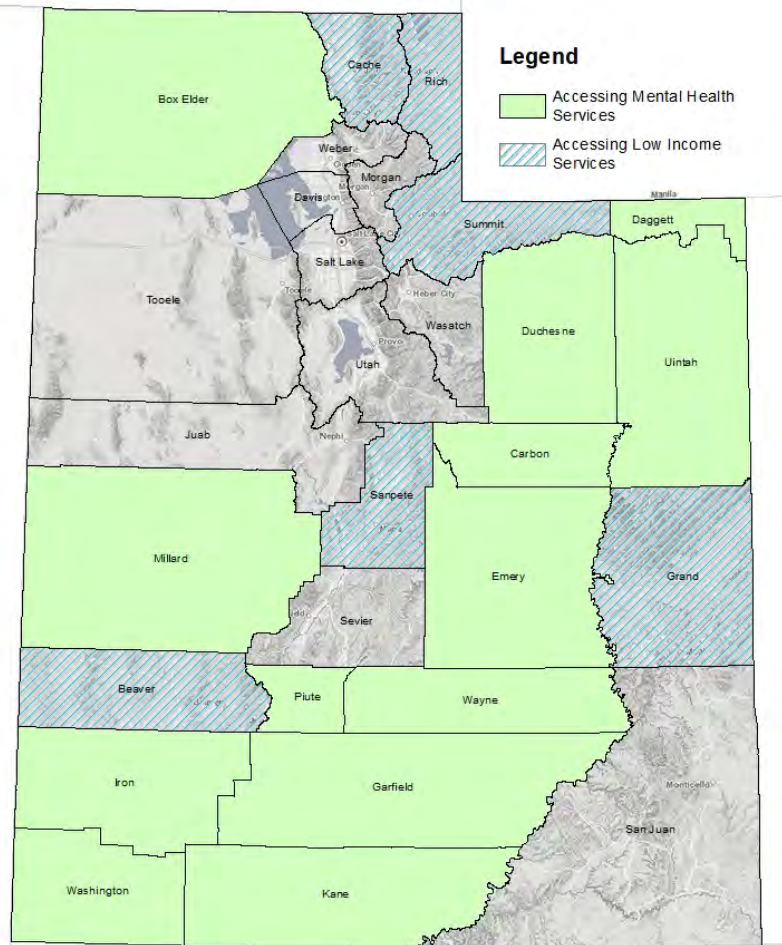
## Transportation: Urban



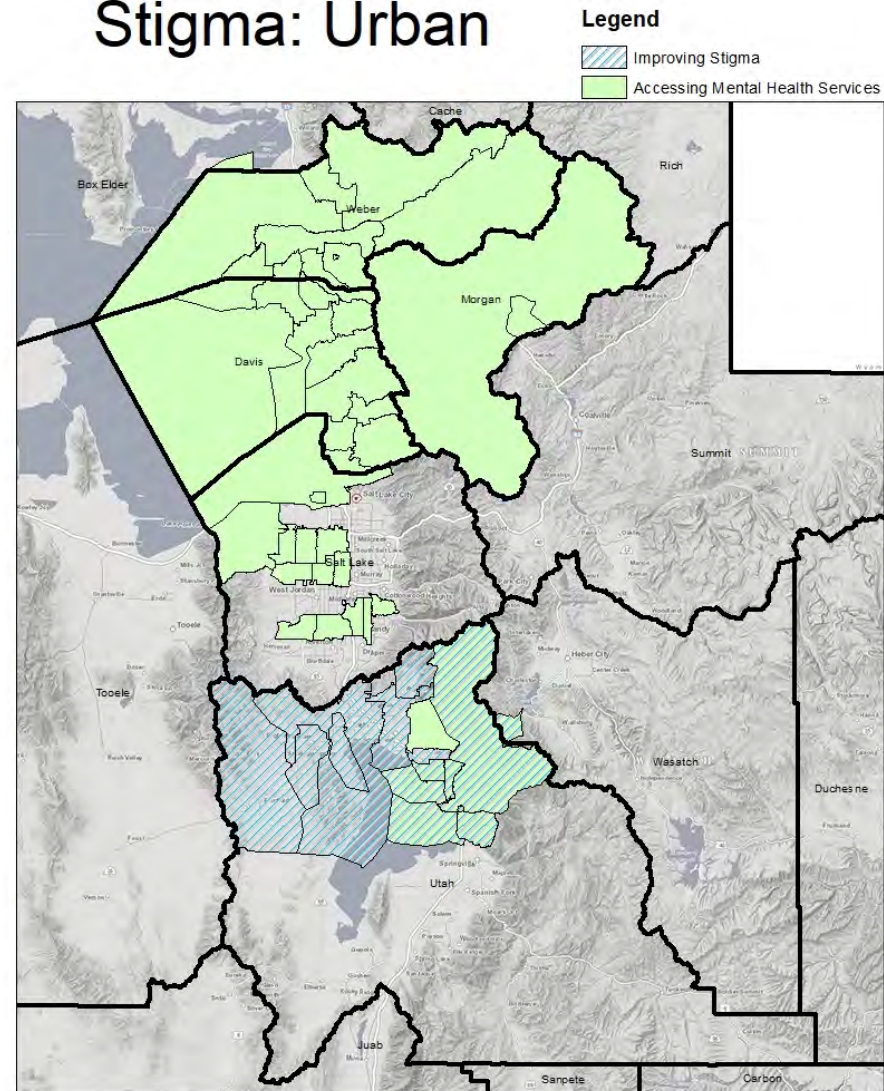


# STIGMA

## Stigma



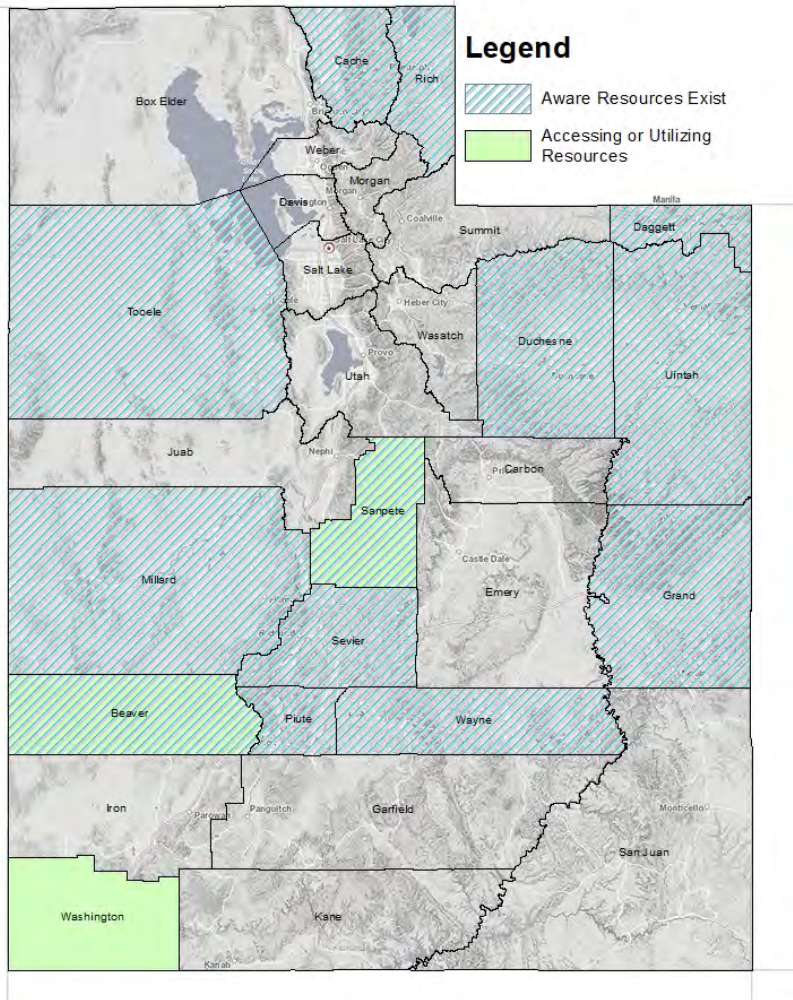
## Stigma: Urban



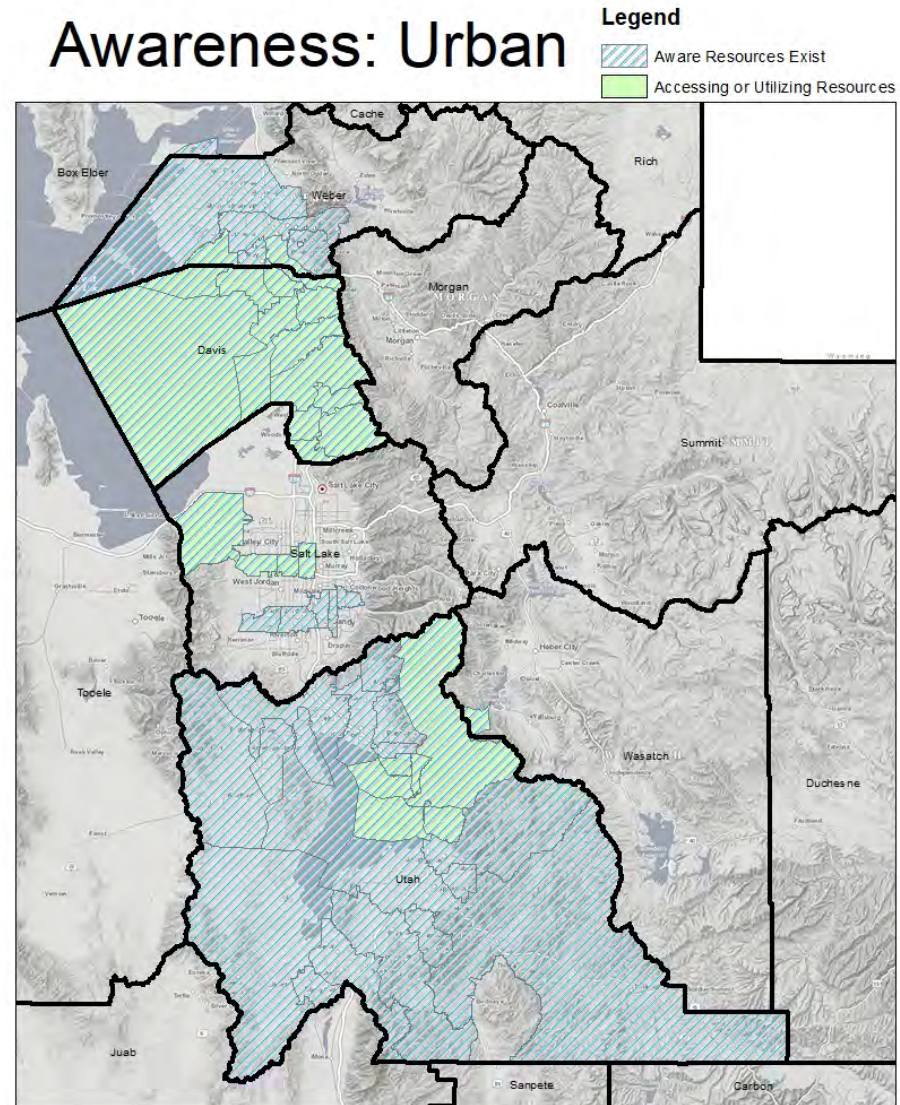


# AWARENESS OF RESOURCES

## Resource Awareness



## Awareness: Urban



# SPECIFIC RESOURCES IDENTIFIED AS LACKING

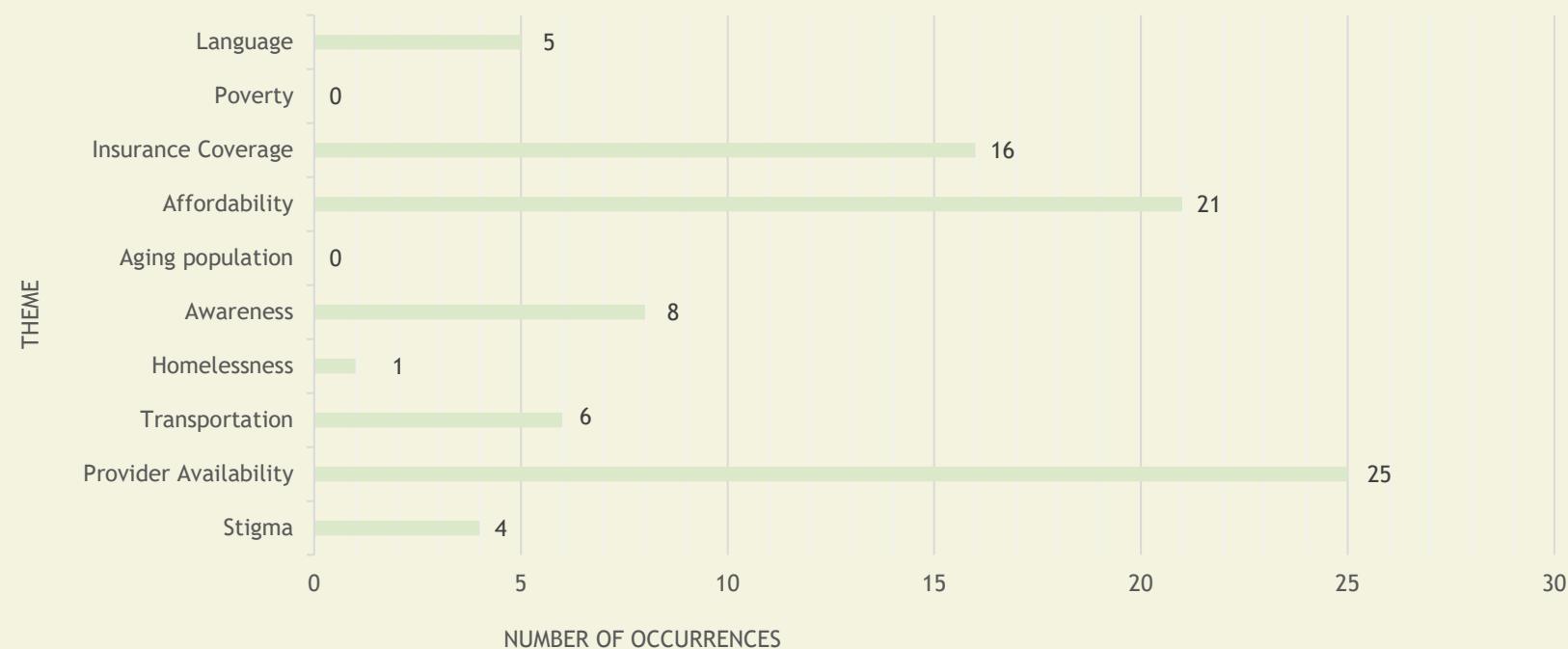
- ▶ Specialty Care
- ▶ Psychiatric Services
- ▶ Chronic Disease Management
- ▶ Educational Resources on Drug/Alcohol Abuse



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# Key Informant Interviews





# PRESSING HEALTH CONCERNS

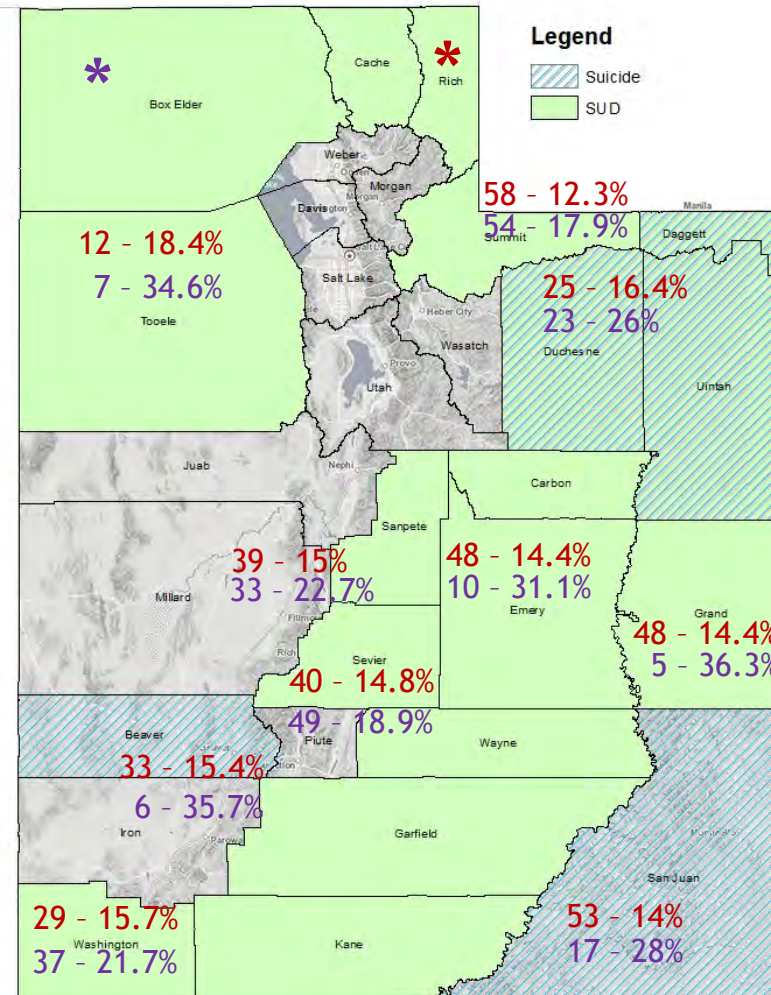
- ▶ **Mental Health**
- ▶ **Obesity**
- ▶ **Diabetes**
- ▶ **Hypertension**
- ▶ **Sexual Violence**
- ▶ **Women's/reproductive health**

# MENTAL HEALTH/MENTAL HEALTH PAST 30 DAYS AND SUBSTANCE ABUSE IN HOUSEHOLD

- = % of people reporting 7+ “not good” mental health days in the past 30 days
- = % of people reporting having experienced substance abuse in their household

- \* Cache (Other)/Rich 23 - 16.6%  
Logan 30 - 15.6%  
Cache (Other)/Rich 36 - 21.9%  
Logan 44 - 19.2%
- \* Box Elder (Other) 33 - 15.4%  
Brigham City 28 - 15.9%  
Box Elder (Other) 45 - 19.1%  
Brigham City - No Data

## Mental Health



UTAH DEPARTMENT OF  
**HEALTH**

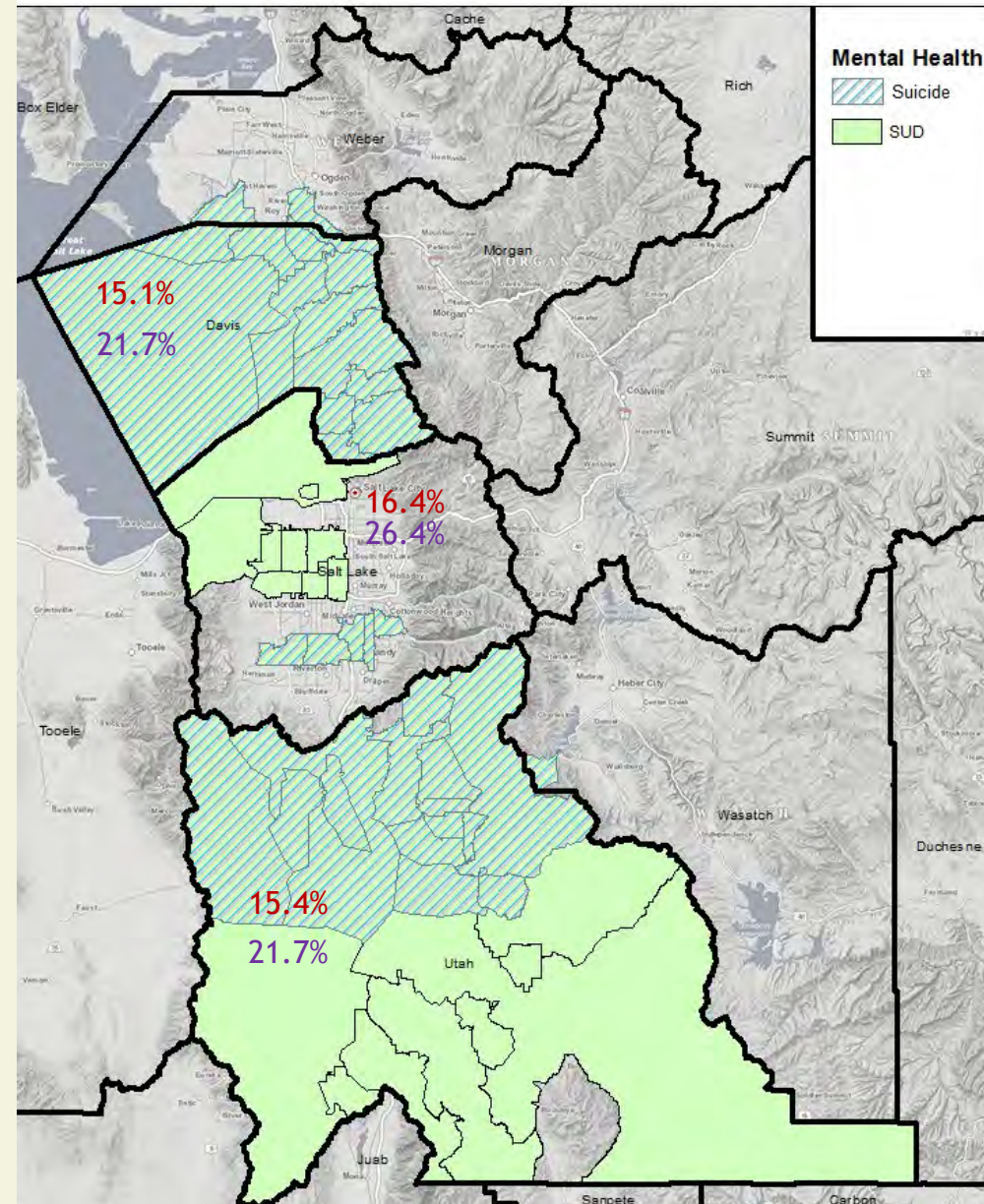
OFFICE OF PRIMARY CARE & RURAL HEALTH



- = % of people reporting 7+ “not good” mental health days in the past 30 days
- = % of people reporting having experienced substance abuse in their household

\*Only countywide averages are displayed here, due to the large number of focus groups and small areas that are located in the urban counties

# Mental Health: Urban



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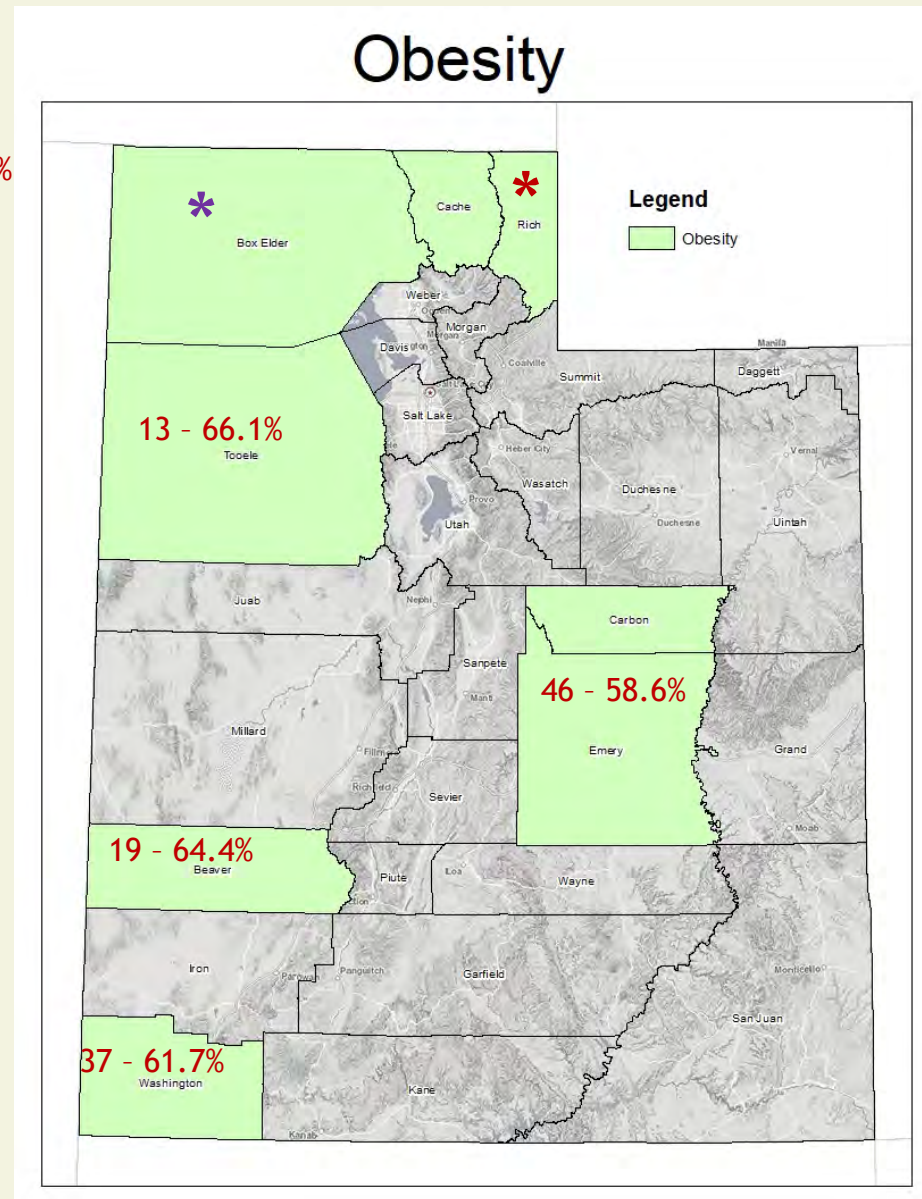


# OBESITY/OVERWEIGHT OR OBESE (BMI 25+)

\* Cache (Other)/Rich 15 - 65.5%  
Logan 36 - 61.8%

\* Box Elder (Other) 32 - 62.5%  
Brigham City 34 - 62.2%

- = % of population with BMI of 25+



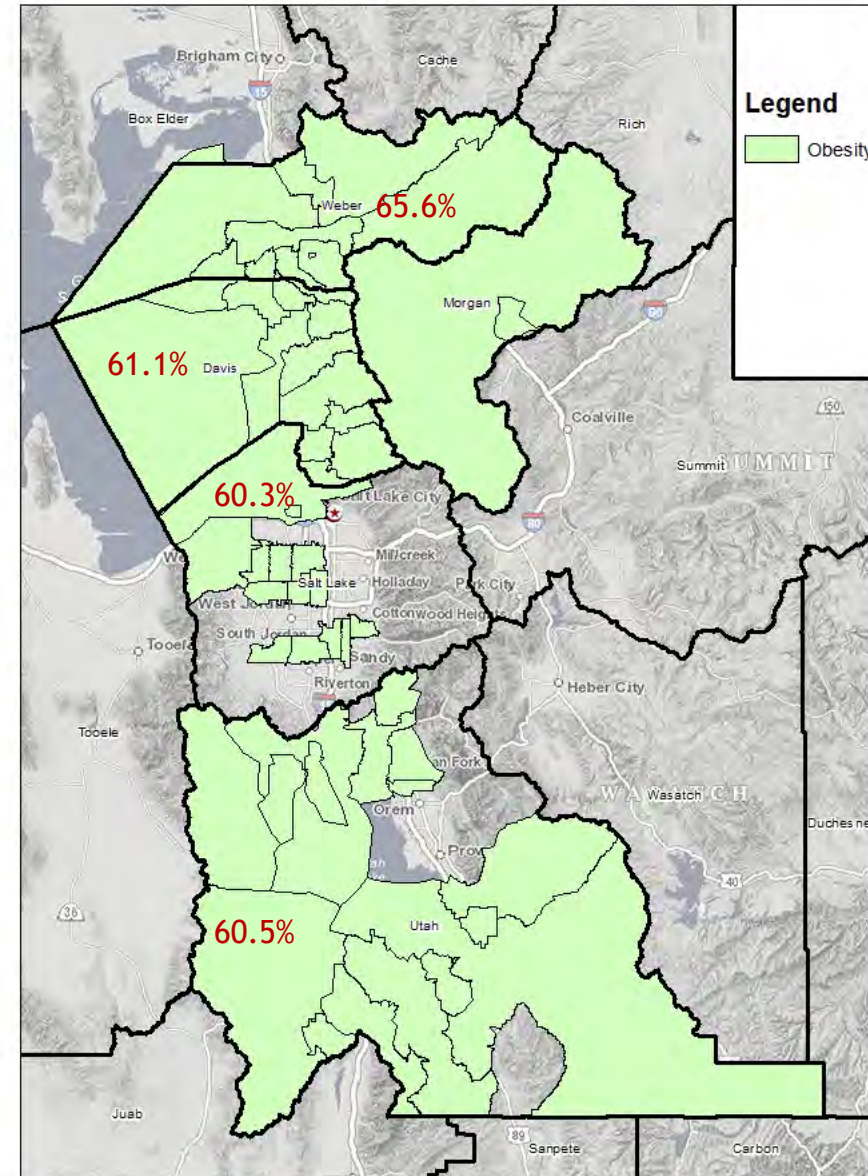
UTAH DEPARTMENT OF  
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# Obesity: Urban

- = % of population with BMI of 25+

\*Only countywide averages are displayed here, due to the large number of focus groups and small areas that are located in the urban counties



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# HOW WE ARE ADDRESSING THE NEED

## WORKFORCE DEVELOPMENT

- ▶ Rural Physicians Loan Repayment Program
- ▶ Healthcare Workforce Financial Assistance Program
- ▶ National Health Service Corps
- ▶ Conrad 30 J-1 Visa Waiver Program
- ▶ Establishing statewide consortium for healthcare workforce recruitment and retention initiatives

## HEALTH SYSTEMS SUPPORT

- ▶ State Primary Care Grants Program
- ▶ Rural Hospital Flexibility Program
- ▶ Small Hospital Improvement Program
- ▶ Technical assistance and information dissemination through the State Office of Rural Health



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# CONTACT US

Holli Childs

E-mail: [hchilds@Utah.gov](mailto:hchilds@Utah.gov)

Phone: 801-273-6621

Office of Primary Care and Rural Health

E-mail: [opcrh@Utah.gov](mailto:opcrh@Utah.gov)

Phone: 801-273-6677



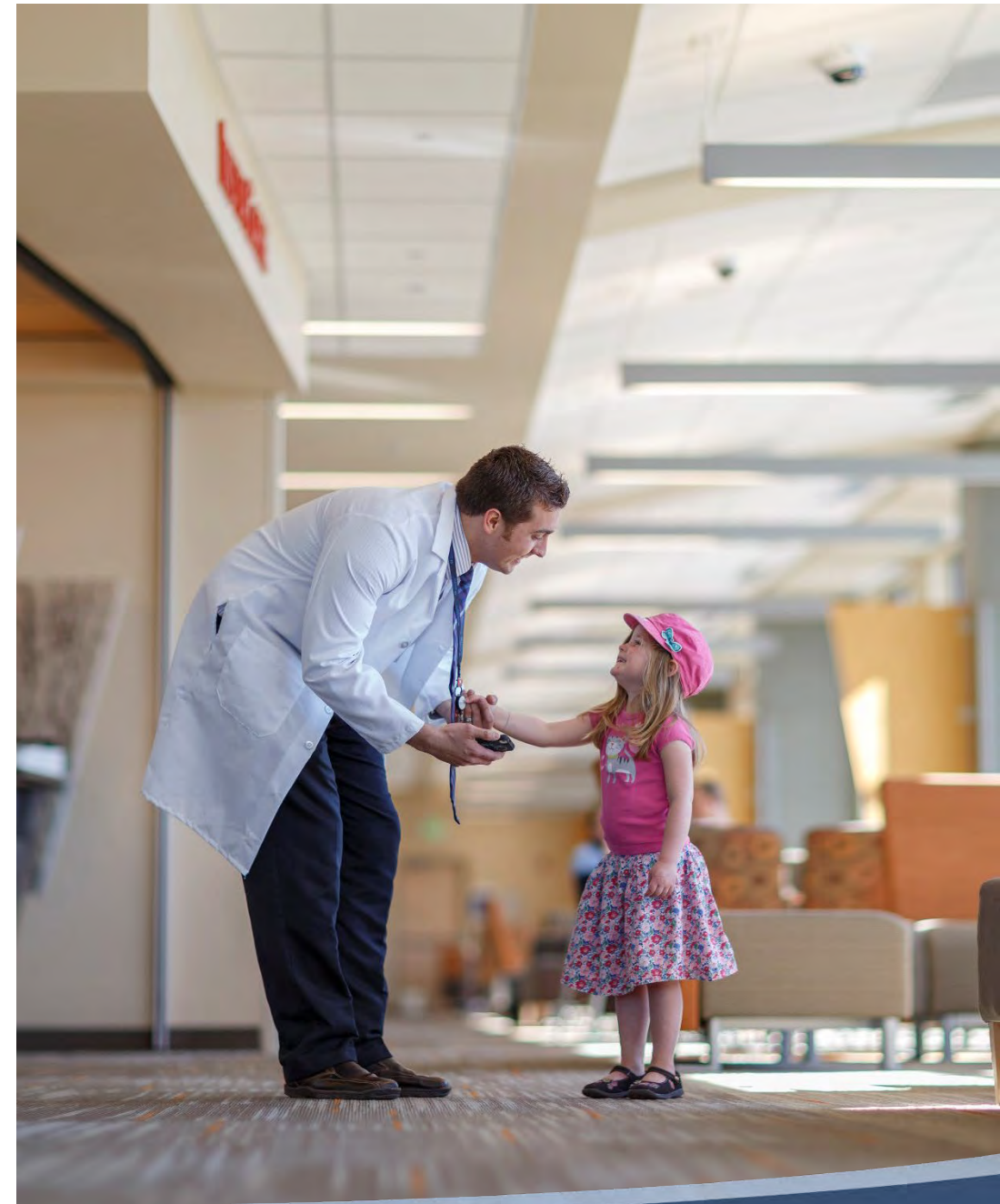
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# Primary Care at Intermountain

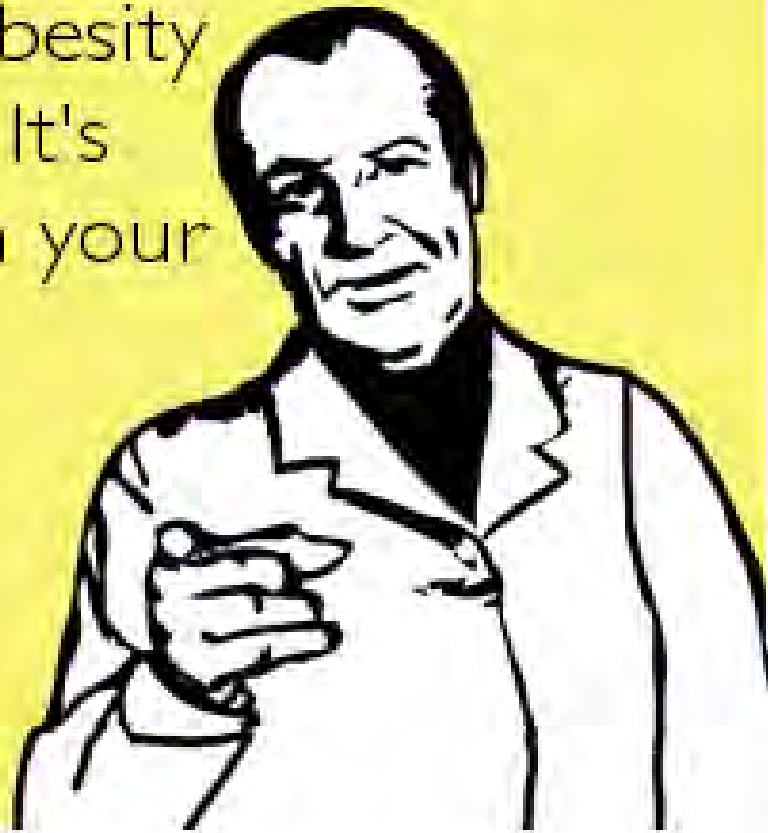
*Mark R. Greenwood, M.D.  
Medical Director, Family Medicine Service Line*



Mission: “Helping People Live the Healthiest Lives Possible”

It's not that diabetes,  
heart disease and obesity  
runs in your family. It's  
that no one runs in your  
family.

somee cards  
user card





# Overview

## Main Themes:

- Five Fundamentals: Safety, Quality, Experience, Access, Stewardship
- Organizational Restructuring along Service Lines
- Volume to Value
- Strengths and Opportunities
- Reimagined Primary Care
- What keeps me up at night?

# Organizational Restructure

- Regions dismantled (“One Intermountain”)
- Physicians Reporting to same specialty Medical Director in a Service Line
- Service Lines tasked to execute on the 5 fundamentals
- Relationship Based: “Professional Conversations” around “Professional Expectations”

# Volume to Value

- Population Health
- Team Based Care
- ACO
- Compensation re-design
- APC's

# Strengths and Opportunities

- Great providers and teams doing heroic things
- Change is hard!
- Teams are overworked and under staffed
- MA's difficult to recruit and retain in certain urban markets
- **Primary Care access is not adequate**
- EMR has not been adequately trained/optimized



# “Reimagined Primary Care” or “RPC”

- At Risk Populations (mostly Medicare)
- Small panel size: 600-1000
- Physicians salaried
- More robust teams: MA's, Care Manager, Care Guides, PharmD
- Access: “Who is not on my schedule today who should be”

# What keeps me up at night?

- Cost of a medical education
- “Concierge” Medicine
- Physician well-being

# Questions?





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# PRIMARY CARE STRATEGY

# UNIVERSITY OF UTAH HEALTH SYSTEM

*JOHN BARRETT, MD*



# PCMH CERTIFICATION

- Check in #1 complete
- Certification in process for all community clinics



# PROJECT CORE

DECREASE VARIATION  
IN CARE



IMPROVE COMMUNICATION  
& COORDINATION



IMPROVE  
ACCESS



## CMMI Collaborative

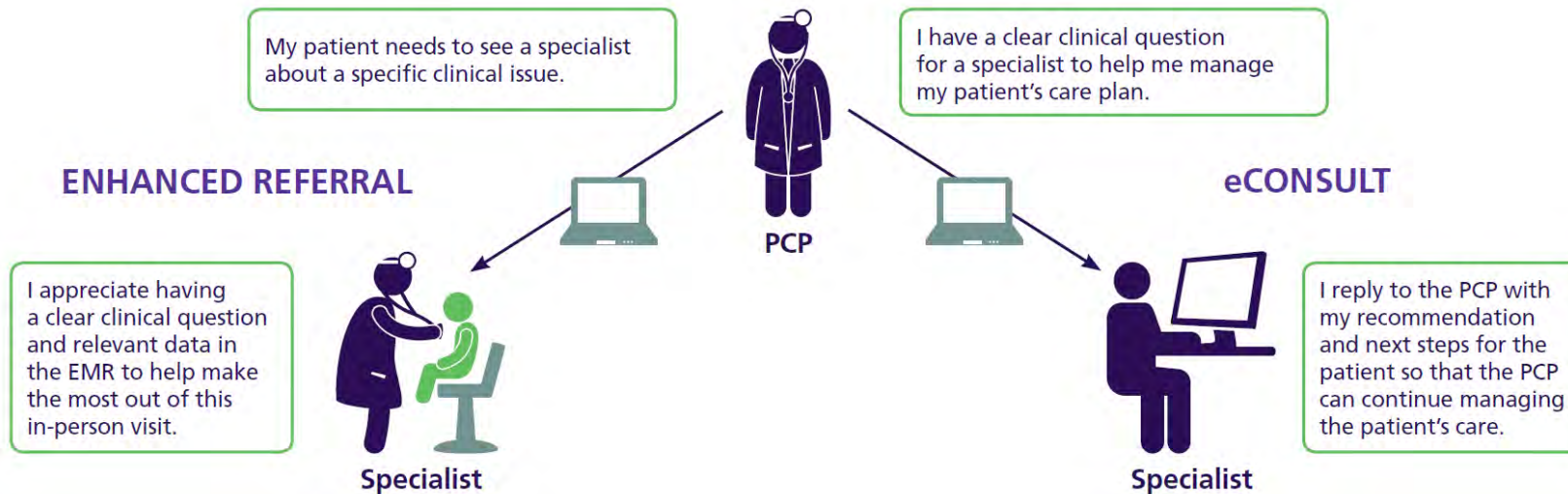
- Dartmouth-Hitchcock
- University of Iowa
- UC San Diego
- University of Virginia
- University of Wisconsin

## CORE2 Collaborative

- ECU Physicians
- Greenville Health System
- Ohio State University
- University of Michigan
- University of Washington
- Vidant Health
- Wake Forest

## CORE3 Collaborative

- Medical College of Wisconsin
- MetroHealth
- Penn State University
- University of Colorado
- **University of Utah**
- Yale University

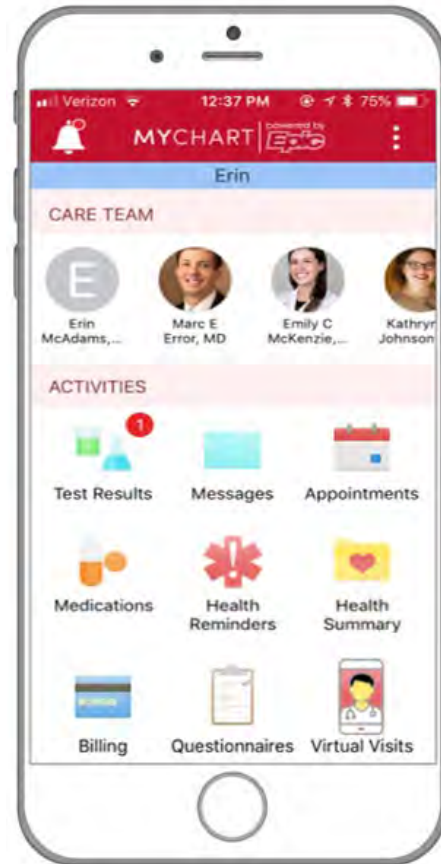


# ON-DEMAND CARE

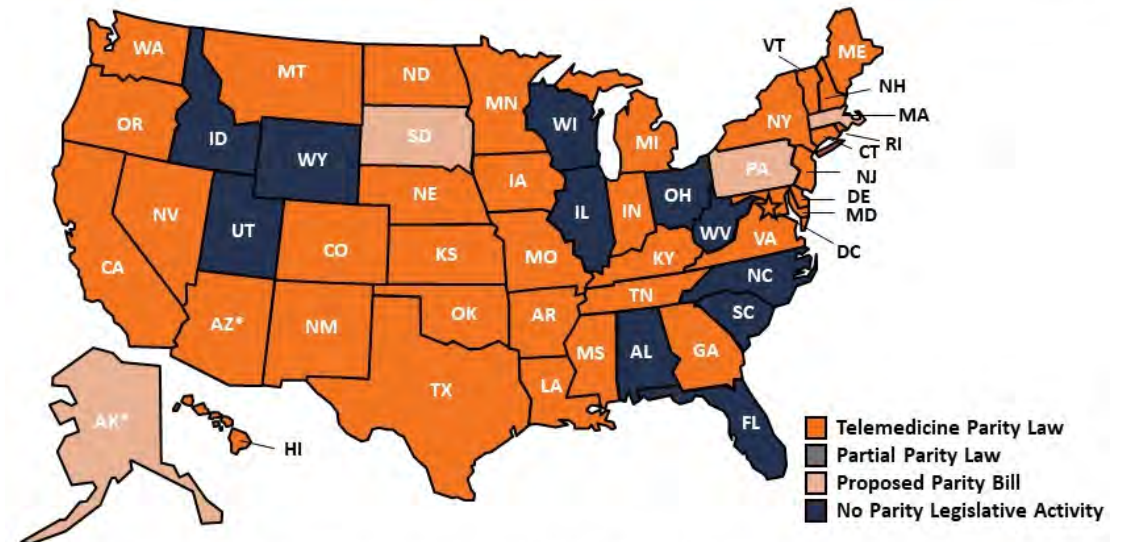
OUR  
PATIENTS

OUR  
PROVIDERS

OUR  
EMR



## States with Parity Laws for Private Insurance Coverage of Telemedicine (2018)



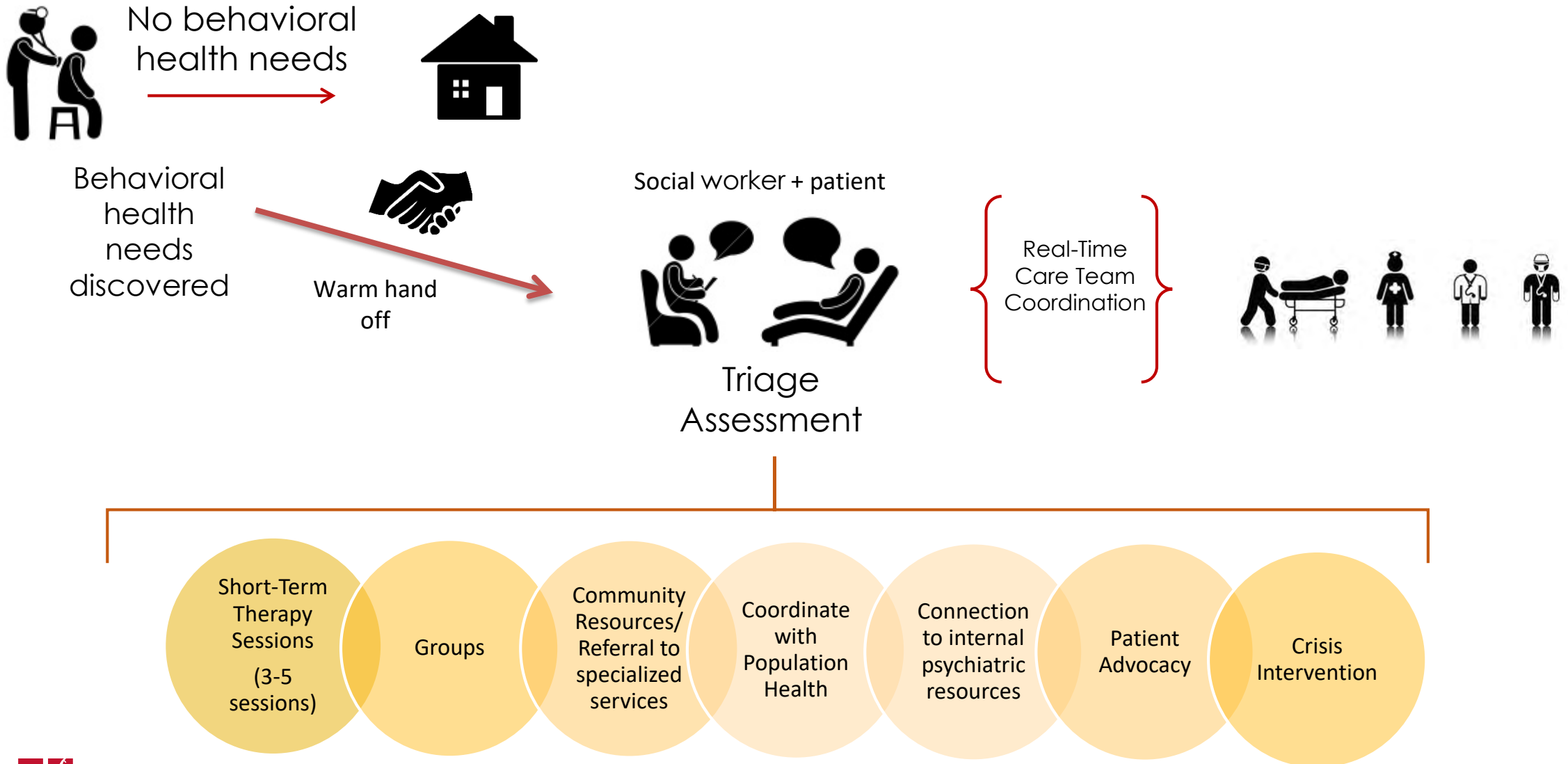
States with the year of enactment: Alaska (2016)\*, Arizona (2013)\*, Arkansas (2015), California (1996), Colorado (2001), Connecticut (2015), Delaware (2015), Georgia (2006), Hawaii (1999), Indiana (2015), Iowa (2018), Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Minnesota (2015), Mississippi (2013), Missouri (2013), Montana (2013), Nebraska (2017), Nevada (2015), New Hampshire (2009), New Jersey (2017), New Mexico (2013), New York (2014), North Dakota (2017), Oklahoma (1997), Oregon (2009), Rhode Island (2016), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010), Washington (2015) and the District of Columbia (2013)

States with proposed legislation: In 2018, Alaska, Massachusetts, Pennsylvania, and South Dakota

\*Coverage applies to certain health services.



# Primary Care/Behavioral Health Integration





# SUGAR HOUSE HEALTH CENTER (SUMMER 2019) PRIMARY CARE INTEGRATION







# Community Health Centers

The Association for Utah Community Health (AUCH) is the Federally recognized Primary Care Association representing and supporting Utah's Community Health Centers. AUCH offers training and technical assistance to improve quality of care and to expand access to comprehensive healthcare services in underserved areas/populations throughout Utah.

17

Member Organizations



15,000

Hours of Training & Technical Assistance  
each year to Health Centers and other member organizations



**AUCH**

ASSOCIATION FOR UTAH COMMUNITY HEALTH

# The Health Center Program

The Health Center Program provides grant support to public or private non-profit organizations that serve designated medically underserved areas/populations or special populations.

The grant program was established in 1964 under the Equal Opportunity Act. It is administered by the Health Resources and Services Administration Bureau of Primary Health Care.



HRSA currently provides grant support to nearly 1,400 health centers operating more than 11,000 sites across the United States and its territories, serving more than 27 million patients.

# Types of Health Centers



- **Community Health Centers**
- **Migrant Health Centers**
- **Healthcare for the Homeless**
- **Public Housing Primary Care**
- **FQHC Look-a-Like**



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ASSOCIATION FOR UTAH COMMUNITY HEALTH

# Core Health Center Requirements

Community Based	→	Private, charitable, tax-exempt nonprofit organization OR public entity
Serve areas of high need	→	Must be located within proximity or serve a medically underserved area or population
Serve all regardless of ability to pay	→	Must provide services with fees adjusted based on ability to pay
Give patients a voice in how care is delivered	→	Must have 51% consumer representation on Health Center Boards
Provide comprehensive primary and preventive care	→	Must provide medical, laboratory, radiology obstetrical, dental, pharmacy, and enabling services
Accountability and Performance	→	Must meet core program requirements and HRSA clinical and financial performance measures



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13

Health Center  
Organizations

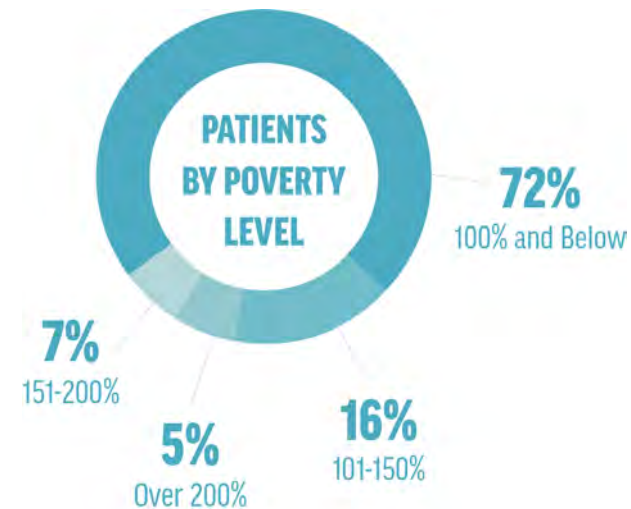
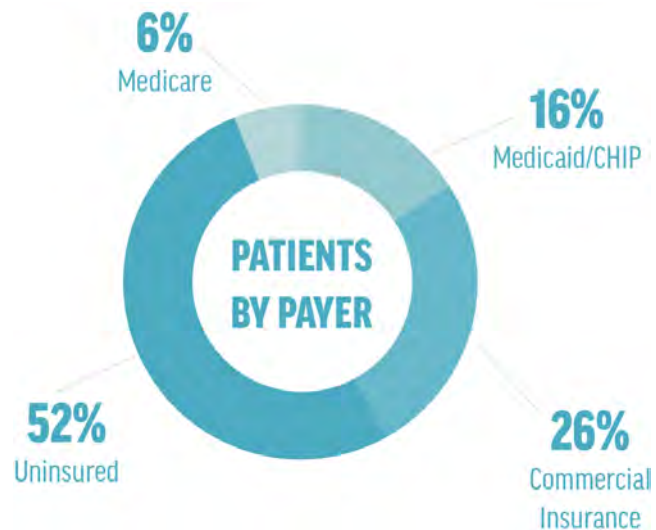
58

Clinic Locations

For over 50 years, HRSA-supported Health Centers have provided comprehensive, high-quality primary and preventive healthcare services to all individuals, with or without insurance, regardless of ability to pay. Health Centers are community-based, patient-directed organizations that eliminate geographical and financial barriers and serve populations with limited access to healthcare.

# 158,920

Total Patients in 2017



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Source: 2017 Uniform Data System (UDS), Utah Health Centers, Bureau of Primary Health Care, Health Resource Services Administration

# 526,281

Total Visits in 2017



**73%**  
MEDICAL



**14%**  
DENTAL



**5%**  
SUPPORTIVE  
SERVICES  
(e.g. transportation, patient  
education, case management,  
care coordination,  
and translation services)



**6%**  
MENTAL HEALTH/  
SUBSTANCE ABUSE



**1%**  
OTHER PROFESSIONAL  
SERVICES



**<1%**  
VISION



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Source: 2017 Uniform Data System (UDS), Utah Health Centers, Bureau of Primary Health Care, Health Resource Services Administration



in 2017 Utah Health Centers received **\$36.5M**  
in federal BPHC grants  
to provide sliding-fee scale services  
to low-income, uninsured patients



Utah Health Centers  
bill **\$74.3M** in  
self-pay services



They collect  
**\$11.3M**  
from patients  
in sliding-fee scale  
payments



which results in  
**\$26.5M** in  
unpaid care



Health Centers make up  
this deficit through:



\$26.5M in other grant funding,  
other patient revenue, and donations



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# Primary Care Strategies

**Continuous Quality Improvement – Chronic disease management, early screening and prevention**

**Increase Access & Integration of Behavioral Health and Substance Use Disorder treatment and services**

**Understanding how to better address social determinants of health – screening and interventions (community health workers)**

**Workforce – primary care & mental health, addressing burn out, staff retention**



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# Alan Pruhs

Executive Director

Association for Utah Community Health

[alan@auch.org](mailto:alan@auch.org)

801.716.4601



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**Revere** Health

Let's live better.

- **Total number of Providers – Revere Health** **350**
  - **Roughly 50/50 physicians and APC's**
- **Total number of Locations** **110**
- **Total number of Specialties** **25**
- **Primary Care**
  - ✓ **25 Primary Care Locations from Roy to Kanab**
  - ✓ **105 Primary Care providers delivering over 350,000 visits**

# ACO Focus

## 2012 – 2017 MSSP

- Achieved shared savings for a 3 –year period. Top 10% in the nation. Total savings is over \$30 Million.
- 19.5% reduction in costs
- 2017 results ranked Revere 14<sup>th</sup> in quality. Quality score of 96.2%.
- Move to the Next Generation ACO model in 2018
- Participate in 10 other commercial based programs

- Wasatch Mental Health integration (8/2018 start) Utah County – Pilot program
- Preceptor/Shadowing (2018 to date)
  - 250+ Shadowing Students
  - 250+ Rotation and Extern Students
  - Over 80 schools nationwide



# Team-based Care

- Developed internal tools to aide the team in care gap closures
- Wellness department to support the PC offices
- Care management team to work with complex patients
- 180 medical scribes. Best practice sharing
- Value Based Care system of reward for all Revere employees
- Quality meeting with all members



**Revere** Health  
Let's live better.