



Intermountain

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Stories

News, Views, People & Plans • Medical Group Edition



Looking back, moving forward

The Medical Group has much to be proud of and much to look forward to. Here's a brief look at last year's accomplishments and next year's goals.

As we move into a new year, it is a perfect time to reflect briefly

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on the accomplishments of the previous year. When I consider everything we have done in the Medical Group during 2006, I am reminded once again why it feels like we have been running so fast – because we have!

Listed below are some of the things we have done. I hope that you will find a sense of personal pride as I describe our collective activities.

Continued on page 2

PAGE 3 | Intermountain starts LiVe campaign

PAGE 5 | Springville Clinic takes on a new look

PAGE 6 | A simple system for patient follow-up

PAGE 8 | Physician's thoroughness benefits patient

Thanks for all
you've done...
and for all
you're doing
and will do!

Expanded the number of physicians. As in past years, the Medical Group has increased the number of physicians on our team. The total number of physicians in the group increased by nearly 34. The number of hospitalists is growing, and we have added a strong group of radiation oncologists. Next year should be no different; we are planning for more physicians to be added in 2007. Whenever we add physicians into the Medical Group it impacts employees in many ways. Thank you to all who help make our clinician practices successful.

New and expanded facilities. During 2006, we opened a new clinic in Springville and the first Cedar City InstaCare. The Mt. Pleasant Clinic moved from a temporary space into its permanent home adjoining the hospital. We nearly doubled the size of the Layton Clinic, finished shelled space in the Taylorsville Clinic and expanded the Taylorsville pharmacy. We also launched new construction projects in Hurricane, Providence, Salina and Sunset, and started an expansion to the North Ogden Clinic. In addition, we opened ExpressCare clinics in East Millcreek and Farmington.

Increased financial assistance. With changes to Intermountain's financial assistance plan, the Medical Group has offered more financial help to patients in need. As Chris Thornock, chief financial officer, wrote in last month's newsletter, "In 2003 the Medical Group wrote off \$1.6 million in charges for financial assistance, or 0.5 percent of charges. In 2006 financial assistance write-offs will be more than \$7.0 million, or 1.5 percent of charges."

Introducing ExpressCare clinics. During the first part of 2006, the Medical Group opened two Intermountain ExpressCare clinics in East Millcreek and Farmington Smith's grocery stores. We have been pleased with the response as patient visits continue to increase. During the first quarter of 2007, we will open three new clinics in Draper, Midvale and Layton.

New medical and operations directors and region changes. We had several changes take place in our regions. Bart Weiss, MD was named medical director and Jana Huffman was named operations director for the Cache Valley Region. Brett Muse, MD became the new medical director for the Weber/North Davis Region. In the Salt Lake area, we divided the South Salt Lake Region to create the new Central Salt Lake Region. Scott Lindley, MD was named as the new medical director to head up the South Salt Lake Region. And in Southern Utah, we added Shawn Kolu as the operations director to the re-named Southwest Utah Region.

Goals for 2007. Needless to say, I'm very, very pleased with everything we have been able to do. But before you get too comfortable, I want to remind you that the New Year has begun and we have the chance to "do it all over again," and to strive to do even better. Phil White, Chris Thornock and I are putting finishing touches on our Medical Group goals for 2007, but here are a couple that I look forward to in the coming year.

Service recovery. There are times when staff and clinicians need help in managing a situation where patients' expectations are

not met. Beginning April 1, human resources will provide a training and implementation program that focuses on service recovery. We will be introducing service recovery procedures for circumstances such as billing errors, unexpectedly long wait times or a poor experience with staff or physician.

Service Scorecard. In early 2007, the Medical Group will introduce the Service Scorecard, a new tool that packages and reports new and existing data via our Intranet site. The scorecard will help clinics and clinicians to track performance in telephones, patient access/appointments, patient wait time and patient surveys.

Practices moving to new hospital. Around October of 2007, about 25 physicians will move to the new Intermountain Medical Center. Some of the specialties that will be represented by the move include cardiovascular surgery, plastic surgery, general surgery, obstetrics, pulmonology, urology, orthopedics and pediatrics. As you can image, this effort will require the support and efforts of many people.

When I review the list of accomplishments, I think of all the people who have worked so hard to make these things happen. And looking ahead, I know that each of you will be helping us achieve great success for the coming year. Thanks for all you've done... and for all you're doing and will do!

Intermountain starts "LiVe" — a public service campaign to fight childhood obesity



Intermountain Healthcare has launched a multi-year statewide public service campaign in January to encourage Utah's children to be more physically active and eat healthier. Named LiVe, the campaign is focused primarily on children ages 11-15, and will help parents gain tools and knowledge to help their children.

What tools will the campaign use? The campaign includes advertising, events that promote physical activity, school assemblies, new education materials for health providers, an interactive website, and information for kids and their parents.

The LiVe website, intermountainLiVe.org, contains helpful materials for parents and children, as well as fun games that teach kids about living a healthy lifestyle. Brochures and information can be downloaded and printed from the website. The LiVe campaign will also take an educational program statewide to schools to be presented in assemblies. Also named LiVe, the program's entertaining and thought-provoking format encourages kids to be active and make good health choices.

And because health providers in medical clinics play a vital role in helping kids and their parents with this issue, the campaign will provide pediatricians, family physicians, and other medical personnel with new tools and health education materials to share with their patients.

The public service program will also have a component named ViVE that specifically addresses Utah's Hispanic community.

Why is childhood obesity a priority? Childhood obesity is a serious epidemic facing not just Utah, but the entire nation. Studies estimate that about one in four Utah children are overweight and nearly 10 percent of all Utah kids classified as obese. "This may be the most critical health issue for this generation," says Tamara Lewis, MD, Intermountain Healthcare director of community health. "If this runaway train isn't slowed, the crisis will cause even more serious health impacts in the future."

Tens of thousands of Utah children are at risk of living shorter, less healthy LiVes than their parents. While the reasons for an increase in unfit children are complex, two main factors have greatly contributed to the problem: Lack of activity and unhealthy eating habits.

"LiVe will encourage kids to spend less time with game systems and computers," says Tamara. "It will teach them to think about what they eat and to not be sedentary. We've asked them what will help them with these issues and are incorporating their input."

Similar campaigns have successfully addressed other public health problems. "Some people have said childhood obesity is too complex or impossible to solve," says Tamara. "But society has made significant strides in other areas where the challenge was also substantial." She cites other public service campaigns over the past several decades that led to a dramatic increase in the use of seat belts and infant car seats, as well as significant decreases in smoking rates in Utah and nationally.

"The medical community can lead this effort and make a real difference," says Tamara. "LiVe can help children be more physically active and make more healthy food choices. By coordinating with children, parents, schools, and the medical community, we can reverse the direction this crisis is heading."

Clinic Spotlight: Intermountain Springville Clinic Springville Clinic takes on a new look

On September 11, 2006, a new era in the history of the Intermountain Springville Clinic began. The clinic moved into a new building on that date, one mile from its old location where it had been for about 20 years. The clinic promises improved services and nicer facilities for patients, physicians and staff.

Brady Giles, regional operations director, comments: "The old clinic was showing its age, and we needed more space to expand our family practice and InstaCare, and to provide more services."

"The new facility is larger and more accommodating to more patients," notes Dan Tovey, M.D., lead physician and regional medical director. "It has a very nice, comfortable, peaceful feel to it."

The old facility, which was rented, had a main floor and a basement, each with 3,000 square feet of space. All clinical and patient space was confined to the main floor, with the basement used for billing and other office functions.

A hit with patients. The new facility, which is owned by Intermountain, has 9,000 square feet, all on one floor. The increased space, better layout and more attractive furnishings have already produced measurable benefits. In a Patient Perception Survey in August, right before the move, 40 percent of respondents gave the clinic a top score for quality of care and services. The same question asked in November, after the move, found that 48 percent gave it a top score. In August, 46.6 percent of respondents gave the old facility a top rating for cleanliness, versus 77.0 percent in November.



The former Springville Clinic is scheduled to become an Intermountain WorkMed



The new Intermountain Springville Clinic

“The new clinic’s waiting room is about four times the size of the old one. And the interior of the old building was fairly dark, while the new facility has plenty of windows and light, and is painted with a very warm color palette,” says Chanda H. Clift, clinic manager. “We can serve patients better and get people in more quickly. Our volumes have gone up.”

Improvements for providers too. The situation for physicians is considerably enhanced in the new building. InstaCare physicians Mike Gale, MD, and Don Bowcut, MD, now can access as many as six exam rooms, up from the old clinic’s three. In addition, the two family practice physicians, Dr. Tovey and Brandon Hall, MD, had to share three exam rooms; now, each has three. Plus, each exam room has a computer, which was not the case previously. The nurses had a station with one desk and two computers, and now have access to three desks with five computers.

In fact, because of the increased number of computers, the clinic is now completely chartless, which was not possible in the old facility. This is also the first Medical Group clinic in Utah County to offer digital x-ray, which enhance patient service. These are electronically sent to out to be read, and are often returned while the patient is still in the clinic. Previously, x-ray readings took days. And the quality of the images is better than with film.

Expansion potential was built into the new building. Included is space for a third family practice physician, who is expected to be hired sometime in 2008, and even a fourth one who would come onboard at a later date. A mobile MRI pad has been installed,

which will allow MRI services to be offered when demand justifies it.

WorkMed comes to Springville. While the Springville Clinic benefits from its new facilities, it turns out that WorkMed is also a beneficiary. That's because a new WorkMed clinic will be located in the old clinic building. WorkMed is expected to move into the building when remodeling is completed sometime in early March.

Laura Salazar, marketing rep for WorkMed clinics in Utah County, notes that in the current tight labor market, companies want drug screens and physical exams for new hires completed as quickly as possible. This has not always been possible with Utah County's only WorkMed clinic, which is in Orem. Sometime new hires have to wait several days before these tests. "If we say we're booked up for three days before we can conduct tests, the person can find another job during that time," says Salazar. "The new WorkMed clinic will relieve some of that backlog. We've lost some clients because of this and I expect we'll now get some of the back." In addition to shorter wait times, the convenience of having a WorkMed clinic in the southern part of the county should also help attract clients, she notes.

The expansion of these Medical Group facilities will enable Intermountain to make important contributions to the well-being and convenience of residents of Springville and the surrounding area.

A simple — and effective — system for patient follow-up

Patient wellness is, in part, dependent on patients following through and doing what their physician recommends. This includes getting lab work done in a timely manner. Many physicians give patients instructions on when and what lab work needs to be completed, and then leave it entirely up to the patient to follow through. If the patient fails to get the lab work, the physician has no way of knowing.



Dr. Todd Eberhard has developed a system for tracking and reporting patient lab results.

This was the situation facing Todd Eberhard, MD, a family physician at Medical Towers Family Practice. "I was having difficulty getting patients to get their lab work completed, then knowing if they got their lab work done and finally getting them their results because I often had incorrect addresses," he says.

Solving a typical problem. In response, three years ago he set up a simple system that has improved patient compliance and patient satisfaction, while saving time for him, his MA and the clinic's staff. The system works like this: When he orders lab work, he immediately has

the patient fill out a self-addressed envelope. This assures he has their correct address. On the back of the envelope, he writes a brief note that lets him know what lab work was ordered and for when. He then places these envelopes in an expandable file in alphabetical order. Patients are told they will always hear from him within 10 days of when the lab work was done. If they do not hear, it means he has not received the results and they are to call him.

As lab results come in, he retrieves the envelopes for each patient, and using Intermountain's electronic medical record system, writes notes, prints out his notes and the results, places them in the envelope and he's done. He often adds a personal touch by including some handwritten comments.

Once a month, he goes through his expandable file and looks at the back of each envelope to see which patients should have had results sent to him but have not. He writes to patients who are a month late, reminding them they need to get the lab work done. He typically needs to write only five to 10 notes a month.

System offers numerous benefits. The benefits of this system are several. Compliance by patients is noticeably improved. He has no way to know what his compliance was before he began using this system, but he says today he gets at least 95 percent compliance by patients, which he believes is considerably better than before.

Time is saved. His patients generate the smallest number of phone calls concerning lab results in the clinic, which saves the receptionist and others considerable amounts of time and effort. And his MA only has to mail the letters.

Further, he says: "It reduces the liability risk to me of not seeing the patients get their work done. Before, I didn't accept responsibility if lab work didn't get done. Now I do."

Patient satisfaction (as well as their wellness) is improved. "Patients say, 'I always know I will hear back.' And they like to see the actual copy of the results and what it means," he reports.

In three years of using this system, he's never had to change it. "It works so smoothly," he says. "It benefits everybody."

Physicians join the Medical Group

Salt Lake: **Layne Robert Lloyd, MD**, is an InstaCare physician in the Salt Lake regions.

Utah County: **Martin L. Abbinanti, MD**, is practicing at InstaCare clinics in the Utah County Region. **Anne Perry, MD**, is a hospitalist at Utah Valley Regional Medical Center.

Southwest Utah: **Norman Brito-Dellan, MD**, is a hospitalist at Dixie Regional Medical Center. **Dusan Sabol, MD**, is practicing internal medicine at River Road Clinic.

Extraordinary CARE

"We believe Dr. Garg's thoroughness gave Shelli the opportunity to receive life-saving treatment..."

Susan Norman is a receptionist in Pediatrics at Logan's Budge Clinic, and the people she works with are more than her colleagues. "They're my family away from my family," she says. So when her 26-year-old daughter, Shelli Moosman, couldn't get to the bottom of why she hadn't been feeling well, Susan turned to a member of her work family — pediatrician Prafulla Garg, MD.

Susan asked Prafulla if she'd evaluate Shelli for mononucleosis. Sure, the doctor said. "Mono can be a difficult thing to diagnose, so I sent Shelli to get a complete blood count to help us determine why she hadn't felt well," says Prafulla. "If I'd seen her in my office before ordering the CBC, I may have determined the same thing two previous physician's assistants had told her — that she needed some rest and then sent her home because she looked healthy and strong to me."

It revealed that something was very wrong. Prafulla set up more testing with the Huntsman Cancer Institute in Salt Lake City, where they determined Shelli has acute myelogenous leukemia. "Shelli must have angels watching over her," says Prafulla, "because I wouldn't normally order a full CBC for someone as strong and healthy as Shelli."

The result: Shelli is getting the care she needs. "We can never repay Dr. Garg, and we want people to know she demonstrated to Shelli and her family the warm sensitivity of a mother, pure professionalism, and of course, the thoroughness we believe gave Shelli the opportunity to receive life-saving treatment," says Susan, her mom. "I love working for such a good place that really cares about people. I've seen every physician at our offices do something amazing with their patients and colleagues. I'm the chair of the extraordinary care committee training for Budge Clinic receptionists, and I can see that this 'extraordinary care' thing is catching on."

If you have a story about another Intermountain hero who delivers extraordinary care, e-mail extraordinarycare@intermountainmail.org.
