



IHC Today

Physician Division Edition • September 2004



In the beginning...

How the Physician Division got its start 10 years ago and what makes the Division so successful 10 years later.

In March 1993, I received a call from Dr. Cecil Samuelson who at that time was Senior Vice President of IHC. He asked if I would participate on a Physician Task Force that was being put together to discuss with senior IHC management how IHC, as a hospital and insurance company, should relate to physicians in the new world of “managed care.” All 16 physicians involved in the Task Force came from private practice and were satisfied with their practice arrangements.

by Linda Leckman, MD
Chief Executive Officer
IHC Physician Division

An early start. After a year of many meetings at 6:00 a.m., with site visits by some to other health systems around the country, a “Statement of Principles and Philosophy” was written in 1994 as a summary of the conclusions of the Physician Task Force. Sixteen physicians signed the “Statement,” which included: “We are convinced that we must develop a physician division as an integral part of Intermountain Health Care. This Physician Division will assume an equal role with the hospital and insurance (IHC Health Plans) divisions and work in a cooperative environment to deliver high quality, cost effective health care to the communities we serve.”

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“We have grown and thrived when other physician groups around the United States have failed and been disbanded by hospitals with whom they were associated.”

Objectives for the Physician Division were identified and included:

- Physician developed quality improvement programs.
- Improved access to appropriate care.
- Improved community health through wellness programs and emphasis on preventive health care.

Ten years later. And so the IHC Physician Division was born in mid 1994. Now, ten years later, we have come a long way. Initially, established primary care practices were acquired into the Physician Division. In 1995, several large clinics joined IHC, including the Budge Clinic, Salt Lake Clinic, Memorial Clinic and Bryner Clinic. We then began building new health centers in areas where additional access to health care was needed. Over the last two years our growth has been primarily in adding secondary care specialists to our groups.

IHC's Physician Division is successful. We have grown and thrived when other physician groups around the United States have failed and been disbanded by the hospitals with whom they were associated. Clinically, we have focused on those objectives noted above and improved significantly how people with diabetes, heart disease, asthma, depression or pregnancy receive care. Delivery of preventive care has been enhanced.

Why have we been successful? While I would love to attribute our success to the administrative leadership, I must be honest. Our successes are in many areas, including financial accountability, clinical achievement, employee and physician satisfaction, improvement in patient satisfaction and the development of an outpatient clinical culture.

These successes have happened because of the many people who have worked to identify and solve our many “challenges.” Internal benchmarking has provided a foundation for improving our staffing, financial procedures and physician productivity. Other physician groups failed when hospitals applied hospital management practices to physician practices. We developed our own management practices and have depended on clinic managers and our finance department to keep us focused on continued improvement. Receptionists, PSRs and billing personnel are critical in these initiatives.

The Clinical Programs have prioritized areas where there will be the greatest impact from development of care process models and from the feedback of data on what care is actually being delivered. Nurses, MAs and other clinical staff are critical in implementing necessary changes.

One of the most important contributors to our success is the involvement of physicians at all levels of IHC. The Physician Division Board meets monthly and functions as a sounding board for our strategies, policies and day-to-day work. Physicians work with the Clinical Programs, with development of our information systems, in our regional leadership groups, on a multitude of committees, as mentors to other clinicians and—most importantly—as advisors (and critics) to me. Our nine medical directors deal with really hard issues, ably supported by the regional operations directors.

The operations directors have responsibilities and an accountability that continue to impress me. They start and stop practices, build clinics, provide guidance for clinic managers and achieve financial results—among many other tasks.

You are the success of the Physician Division. Happy 10th Birthday. Take time to celebrate, because we have more work to do.

The Physician Division's official 10-year anniversary celebration is September 27 through October 1. Watch for fun, food and flicks (a video presentation) in your facility!

Employees' quality performance earns recognition from the Division

Each quarter, the Physician Division honors employees whose work exhibits high standards of excellence. Presenting this year's second quarter winners, Linda Leckman, MD awarded two Physician Division employees during the August 18 Operations Committee meeting. Suzanne Juhasz received the Division's Leadership Excellence Award and Susan Brown received the Partners in Excellence Award.

Rewards and Recognition

The Physician Division offers several opportunities for employees to receive recognition for the work they do.

Leadership Excellence Award: (Quarterly)
Rewards Division clinic/department managers and clinic coordinators for a job well done. Nominated by their peers, recipients are selected by the Group Operations Directors.

Partners in Excellence Award: (Quarterly)
Recognizes Division employees/teams/work groups that improve health care delivery, processes or procedures. Nominated by their peers, recipients are selected by the Division's Administrative Council.

Extraordinary Service Award: (Annually)
Awarded to a Division employee or physician who contributes to furthering IHC's mission and provides outstanding service to our communities. Any IHC employee or physician can submit nominations; the Division's Administrative Council selects the recipient.

Leadership Excellence Award. The Division's group operations directors selected Suzanne Juhasz to receive the Leadership Excellence Award. A clinic manager at the Sandy Health Center since February 2003, Suzanne has moved the facility through a transition to electronic medical records. Her personal knowledge of Clinical Workstation (CW) and computers, plus personalized physician training in regards to hot text, hypertext, templates, etc., has been a great help in this effort. Individual departments moved to chartless records very quickly and within six-months, every physician was chartless for their new patients.

Suzanne also served on the Physician Division Arbitration Roll-Out Committee and Sandy Health Center was the pilot site. She did an excellent job in training and presenting the information to the staff and physicians in a very positive way and continues to serve on the committee providing operational feedback and guidance.



Suzanne Juhasz

Suzanne, along with another clinic manager, provides monthly training of CW to managers in the South Salt Lake Region. They have developed the curriculum, schedule and training materials to assist managers in the successful implementation to CW. Managers are then able to assist employees and physicians to resolve concerns and remedy problems without waiting for additional external support.

Partners in Excellence Award. The Physician Division's Administrative Council selected Susan Brown, clinical programs manager in the Urban North Region, as the Partners in Excellence Award recipient. Susan has a special blend of clinical knowledge, strategic understanding and communication skills that has proven invaluable to the Urban North Region operational and quality improvement efforts. She uses her skills to help the physicians use the electronic medical record effectively. Jerry Gardner, MD, regional medical director, comments that Susan "is an effective sounding board as we develop our UNR Physician Division initiatives and an enthusiastic partner as we implement our work plans."



Susan Brown

Susan has been directly involved in facilitating the following projects: Primary Care Mental Health Initiative; ADHD CPM rollout and public school communication project; UNR InstaCare standardization discussions; "Best Medical Record" discussion group. In addition, Susan partners with Dr. Gardner, to implement the Primary Care Clinical program initiatives, the system bonus quality and operational improvement initiative, and other support staff initiatives in the UNR region.

Congratulations to both Susan Brown and Suzanne Juhasz on their recognition.

Physician Division profile: IHC Health Center – Memorial

New construction is underway for a facility with a history

Things are changing in a big way at the IHC Health Center – Memorial in Sugarhouse. A new facility is under construction with a scheduled opening date of February next year. For a facility with a 52-year reputation in a historic area, that's an exciting change that includes some unusual challenges.

Close neighbors. The new building is going up right next to the existing health center. Building so close to the existing facility meant the pediatrics department and others had to deal with shaking and noise caused by the nearby equipment. Fortunately, the staff and patients survived that part of the construction.



Joel Macey, (above) operations director, points to construction next to Memorial. A 1953 ad (below) announces the opening.

A river runs through it. Another challenge was a result of the creek that runs through the middle of the health center site and right underneath the length of the current health center. The city required that the creek be left exposed as part of the landscaping for the new facility. Previously, the creek was mostly inaccessible but the new design makes it much more visible and actually gives the public greater access.

No small task. Of course, building a new facility as this one is no small undertaking. Joel Macey, the region's operations director, has taken the responsibility head on. While the new building has only been visible a few months, the idea has been in

the works since January 2001. For his part, Joel is the final decision-maker whenever there are challenges associated with the construction—especially those that impact the bottom line.

“It’s a great project,” Joel says. “It’s exciting to be part of a project that revitalizes the area.” He is quick to recognize that this is a team project and acknowledges the support from a host of people. Every month, Joel chairs a meeting with employees and physicians who represent various aspects of the construction and new facility—from phones to pharmacy and from furniture to radiology.

A new look inside and out. Jennifer Thomas, Memorial clinic manager, also plays an important role in the development of the new facility. Among other responsibilities, she’s responsible for selecting the interior design and furniture at the new facility. Jennifer says that some of the clinic’s existing furniture dates back to the facility’s opening 52 years ago.



Jennifer Thomas, clinic manager, reviews some of the facility's memorabilia.

Expanding services. When the new center opens in early 2005, it will include the practices of five physicians who are moving to Memorial and bringing new specialties to the clinic—allergy, ENT and orthopedics. In addition, the Sugar House InstaCare will move from its current location and a pharmacy will also join the group. The new center will enjoy the benefits of digital radiography so physicians can view x-ray images through Clinical Workstation.



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New construction is underway — *continued*

Other advantages. Along with expanded services and technological advancements, the new facility will offer other advantages. Robert B. Westerman, MD, an internal medicine physician at Memorial, says the new facility will allow for greater interaction between physicians. “Currently, we’re a little spread out and we don’t see each other much,” he explains. “Hopefully we’ll see each other more and can share more. That’s a great side benefit.” Dr. Westerman says that although the construction is a little “anxiety-provoking,” he anticipates that things will smooth out once they get past the initial move.

Turn in a change in status form when children, spouse are ineligible for benefits

IHC POLICY REMINDER: If your dependents become ineligible to participate in your employee benefits—including health insurance, dental insurance, and life insurance—you’re responsible to submit a change in status form within 31 days to Human Resources.

Dependents, including children and spouses of employees, become ineligible when:

- They get married.
- They turn age 26 (unless they’re disabled and can’t live independently).
- They divorce an IHC employee.
- They no longer meet the IRS definition of an eligible dependent. Call IHC’s benefits center at 1 800-843-7820 for details.

The case of Susan and her daughter shows how benefits eligibility works (and ends)

A hypothetical example: Susan, a nurse at an IHC clinic, has a 23-year-old daughter, Jenny, who lives with her. Jenny gets married, but she and her new husband are struggling college students, so they live with Susan. Even though Susan still supports Jenny financially, and even though Jenny still lives in her mom’s home, Susan knows that because Jenny is married, she’s no longer eligible to participate in her employee benefit package. So within 31 days of Jenny’s wedding, Susan goes to ihc.net, prints out a change in status form, fills it out, and sends it into HR.

Two additional notes:

- Grandchildren aren’t covered except when employees document that they’re the legal guardians
- There is no duplicate coverage: If you have a spouse or child who works for IHC, they can be covered as either an employee or a dependent, but not both.

What do you need to do—and why is it important? You need to turn in a change in status form within 31 days of when someone who’s listed as one of your dependents becomes ineligible for coverage. Forms are available in HR or online at ihc.net; just go to the Human Resources tab and select “Forms.” If you don’t turn in the form, you’ll be responsible for any claims that are paid for an ineligible dependent. Once you notify HR, coverage continues until midnight on the last day of the month in which the dependent is eligible. For example, if your son turns 26 on

Sept. 14, he’ll be covered until Sept. 30 at midnight.

You and your dependents can extend your dependents’ medical and dental coverage, and some other benefits, by participating in COBRA coverage. Personal life insurance policies are also often available. If you have questions, check out your benefits handbook or call IHC’s benefits center at 1-800-843-7820.

Flu season approaches: here are some guidelines to help

Influenza immunization season is just around the corner. IHC's Adult Immunization Committee has chosen Friday, October 1, 2004 as the earliest start date for administering influenza immunization this year. Here are some details about immunizations for this year.

IHC employees. Employees can receive immunizations beginning the first week of October. Our goal is to immunize at least 80 percent of our employees to best protect patients. Employee health nurses will provide free immunizations in clinics to all employees. (Do not use patient vaccine to immunize employees or it comes out of your clinic budget.)

High risk patients include:

- Persons 50 years of age and older
- Persons 6 months - 24 months of age (new recommendation)
- Persons 2 - 49 years of age with certain medical conditions (including cardiac disease, pulmonary conditions, metabolic disease, renal dysfunction, hemoglobinopathies, immunosuppression, chronic aspirin therapy or are housed in a chronic care facility)
- All pregnant women (This is a new recommendation)
- Health care workers (Physician Division 2003 rate - 81%)
- Household contacts of persons at increased risk of influenza-related complications

These categories of patients apply to only injectable influenza immunization. Most high-risk patients are contraindicated from receiving the live-attenuated virus (FluMist®)

High risk patients. High-risk patients may receive the immunization before October 1 if there is concern they won't be seen again during the immunization administration season. Focus your immunization efforts toward fully immunizing high risk patients (see sidebar).

Administer through January. Even though influenza peaked in December last year, encourage patients to be vaccinated through the month of January until the supply is used. Please remember to pay your invoices within 60 days of receipt, otherwise your clinic will not receive the discounted price.

No second booster needed. The CDC has stated that once a patient age nine years and above has received one dose of vaccine, they do not need another booster that season, even if they are high risk and even if influenza peaks late in the season.

Dosing in children. Children ages 6 months to 8 years should receive two doses at least one month apart if not previously vaccinated. If a child has ever received one dose previously, then only one dose is needed each year.

Children ages 6 months to 35 months should only receive a 0.25ml dose. All others receive a 0.50ml dose. Clinics have ordered Thimerosal containing serum. An information sheet on Thimerosal will be distributed to use with parents.

Also, we cannot legally resell vaccine. If anyone asks to purchase serum, please refer them to Steffanee Wanlass, pharmacy services, at (801) 442-3895. Just as any other supply purchased by IHC, we do not give vaccine away (such as to colleagues or family members). Requests for donations of vaccine should also be forwarded to Steffanee.

Physicians new to the Division

Weber/North Davis: **Mark D. Scholl, MD** is an orthopedic surgeon practicing at the McKay-Dee Hospital Center campus. **Elizabeth V. Guenzel, MD** and **Joel E. Pittman, MD** are both hospitalists at McKay-Dee Hospital Center. **Jeffrey R. VanBlarcom, MD** has joined the IHC Health Center – Layton as a pediatrician.

South Davis/North Salt Lake: **Fritjof F. 'Fred' Langeland, MD** is an obstetrician/gynecologist practicing at the LDS campus physician office building.

Salt Lake Clinic: **Bradley D. Rasmussen, MD** is a dermatologist practicing at IHC Health Center – Salt Lake Clinic.

South Salt Lake Valley: **Bernard J. Liang, MD** is an InstaCare physician practicing in the Salt Lake City area.

Utah Valley: **Mitchell K. Pratte, DO** is a family practice physician at the IHC Health Center – North Orem.

Have an idea or suggestion you think is appropriate for the IHC Today Physician Division Edition? Pass it along to your manager or contact Dave Green at (801) 442-2844, dave.green@ihc.com.