



# The PULSE

OFFICIAL PUBLICATION OF THE UTAH ACADEMY OF FAMILY PHYSICIANS

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## WE WANT YOU...

### TO GIVE US YOUR OPINION.

Jennifer Leiser, UAFP President

**H**ello from your Board of Directors of the Utah Academy of Family Physicians! The Board is focusing its efforts on building UAFP into an organization that can better serve its members. The better that the Board and members work in partnership, the more effective our organization will be. I would like to suggest several ways you can contribute to this partnership.

#### Advocacy:

UAFP had direct representation at the Utah Medical Association House of Delegates. We debate resolutions along with physicians of other specialties to make sure the views of family physicians are heard.

**What you can do:** communicate your views to the Board members or to our delegates. Resolutions debated at the



House of Delegates will be available on the UMA website before the September meeting.

Our new executive director, Wayne Jones, has years of experience at the Legislature

**WE WANT YOU** Continued on Page 3

## 2007 Senior Banquet Awards!



More Winners on Page 4



## UAFP EXECUTIVE COMMITTEE

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# What's Up Doc?

# E.H.R.



**R**esults from a recent AAFP survey indicate that the number of family physicians using electronic health records has risen consistently since the Academy began measuring members' EHR usage in 2003.

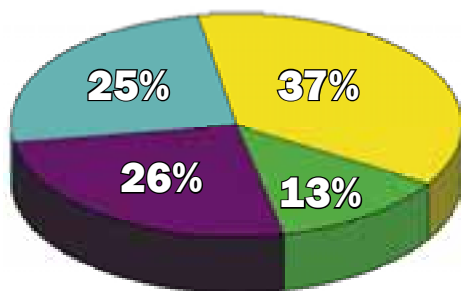
Half of the 459 respondents to the survey, which was mailed to a random sample of 4,000 active AAFP members in April 2007, said they had either fully implemented (37 percent) or were in the process of implementing (13 percent) an EHR system in their practices. (see chart on page 4)

By comparison, in 2005, about 30 percent of AAFP EHR survey respondents reported that they were using EHRs in their practices, and only about 10 percent to 15 percent of Academy members had adopted the technology when AAFP conducted its initial EHR survey in 2003.

Family physicians are leaders in adopting EHRs, said Steven Waldren, M.D., director of AAFP's Center for Health Information Technology, and they should be proud of that fact. However, cautioned Waldren, family physicians must



### Status of EHR Implementation Among AAFP Members



- Fully Implemented
- In Process of Implementation
- Plan to Purchase
- Do Not Plan to Implement

**Note:** Due to rounding, cumulative graph total is more than 100 percent.

go beyond the initial step of putting the right technology into place. “Physicians need to be able to leverage that health information technology to improve the quality and safety of the health care they provide to their patients,” he said.

According to the 2007 EHR survey, the physicians who were most likely to have a fully implemented EHR practiced in an urban area, had practiced for seven or fewer years, did not own their practices, and worked in practices with at least two other physicians.

Other highlights from the 2007 survey:

- 26 percent of respondents said they planned to purchase an EHR in the future,
- 25 percent of respondents indicated they had no plans to implement an EHR in their practice,
- 53 percent of respondents who did not have an EHR cited cost as the reason, and
- 42 percent of respondents who had not implemented an EHR in their practices said they hadn’t done so because they were concerned about decreased productivity.

Regarding specific EHR features, 99 percent of respondents in the process

of implementing and 99 percent of those planning to purchase an EHR said they were interested in using an EHR to

- ✓ manage patient medication lists,
- ✓ manage patient problem lists and
- ✓ display patient summaries.

Ninety-eight percent of the same respondent groups said they were interested in using an EHR to trigger alerts for preventive patient services.

Only 60 percent of those same respondents said they would use an e-mail or secure messaging feature in an EHR, and just 49 percent indicated an interest in using an EHR for practice-based research.

Waldren said that given the current physician payment landscape, it wasn’t surprising that the EHR features with virtually universal appeal dealt with managing basic patient data, such as problems, medications and allergies, and with improving efficiency and documentation in the practice.

“Our members are critically interested in improving quality and safety, but in the current environment, it is extremely difficult to invest in the needed infrastructure and process change needed to drive that continued improvement, especially in small and rural practices,” said Waldren. ■

## WE WANT YOU

Continued

working with legislators and lobbyists. We want to build our skills at influencing legislators to understand the needs of family physicians. Informing members of the progress of legislation during the session and building relationships with our legislators are keys to increasing our influence.

**What you can do:** build a relationship with your legislator. Take time to make a phone call and let your legislator know the issues facing family physicians. Contact Wayne Jones or any of the board members to express your views on any upcoming legislation.

### Education:

We need to educate ourselves and others about the value of family medicine. As family doctors we know instinctively that we provide high quality medical care in a cost effective way. However, we need to be able to articulate this to others in order to promote family medicine within society. In this issue you will find an article on the economic impact of family doctors in their communities. I hope you are as impressed as I was to learn of the size of this impact.

**What you can do:** Discuss this information with leaders in your local community to help them understand how important family medicine is to the area.

### CME

Only one meeting in the state is dedicated exclusively to the members of UAFP. Our annual CME and business meeting will be held in Park City from August 3-5. Those in attendance will have a chance to earn CME credits, meet family doctors from around the state, and participate in discussion on issues facing our members.

**What you can do:** Participate in the one statewide meeting devoted to family physicians.

Please contact me or any of the Board members if you have ideas or suggestions for UAFP. Thank you for all you do for family medicine and the people of Utah. ■





# 2007 Senior Banquet Awards !!



Congratulations to Matthew S. Spencer, who received the 2007 "UAFP F. Marian Bishop, PhD, MSPH, Outstanding Family Medicine Senior" Award!



Dr. John Barbuto (left) and Susan Saffel-Shrier (right) received the Outstanding Facilitator Awards, presenter Dr. Claire Clark (center).



Dr. Christopher Gay (right) received the Outstanding Teacher (faculty) Award, presenter Dr. Marc Babitz (left).



Brad Goates (left) received the 2007 Chase N. Peterson, MD, Outstanding Family Medicine Honors Project Award, presenter Dr. Chase Peterson (right).



Dr. Jared Probst (left) received the Outstanding Teacher (urban) Award, presenter Dr. Susan Cochella (right).



Dr. Mark R. Greenwood (left) received the Outstanding Teacher (rural) Award, presenter Dr. Susan Cochella (right).



(from left to right) Graduating senior Matthew Spencer, Tamara Pascoe, Mindy McCurry Hopfenbeck and Brad Goates received certificates of completion for the Family Medicine Honors/Career Track Program, presenter Dr. Marc Babitz (right) at the Family Medicine Senior Banquet on May 2, 2007.



# Economic Impact of Family Physicians in Utah



## Who are family physicians?

Family physicians provide a personal medical home for people of any age. Family physicians complete at least three years of specialty training, learning how to deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, they also provide preventive care including routine check-ups, health risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle. Family physicians also manage chronic illnesses and coordinate care with other sub specialists. From heart disease, stroke and hypertension, to diabetes, cancer and asthma, family physicians provide primary care for the nation's most serious health problems.

While most medical specialties tend to cluster in urban areas and near academic health centers, family physicians are more likely than other primary care physicians to work in areas with the greatest needs — e.g. rural areas and health professional shortage areas (HPSA) federally designated area or populations ([bhpr.hrsa.gov](http://bhpr.hrsa.gov) — Department of Health and Human Services) with the lowest ratios of health providers to population.

## Do family physicians generate economic benefits for Utah?

In addition to the health care services they provide, family physicians are significant generators of economic activity in local communities. Family physicians provide employment, purchase goods and services and even generate income to other health care organizations such as hospitals and nursing homes.

A recent study by the Robert Graham Center for Policy Studies evaluated the impact of family physicians on a state-by-state basis. These figures do not account for a family physician's contribution to the generation of income for other local health care organizations such as hospitals and nursing homes. The study found that in Utah, family physicians have an economic impact of \$716,449 per doctor, per year. The total impact of family physicians in Utah is estimated to be \$376,851,933 per year.

Table 1: Economic Impact of Family Physicians in Utah

Impact per family physician per year	\$ 716,449
Total Impact per year	\$ 376,851,933

Source: Robert Graham Center for Policy Studies – [www.graham-center.org](http://www.graham-center.org)

## Economic Impact

Continued on Page 8



# Bulletin Update from the...



## INSURANCE

### Children's Health Insurance Program

Final rule of the Department of Health amends regulations under R382-1-1 through -8 (nonconsecutive) regarding the Children's Health Insurance Program (CHIP). The rule corrects a reference to benefits provisions in the state plan and clarifies that in order to receive CHIP benefits children must enroll in one of the managed care organizations that contracts with the department. The rule is effective July 1, 2007. Contact: Craig Devashrayee; DOH, Division of Health Care Financing; (801-538-6641) 07/15/2007

### Children's Health Insurance Program

Final rule of the Department of Health amends regulations under R382-10-13 and -21 regarding eligibility for the Children's Health Insurance Program (CHIP). The rule increases quarterly premiums for coverage under CHIP and exempts taxable income and dividend income if a household expects to receive less than \$500 per year. The rule is effective July 1, 2007. Contact: Craig Devashrayee; DOH, Division of Healthcare Financing; (801-538-6641) 07/15/2007

### Submission of Accident and Health Insurance Filings

Proposed rule of the Department of Insurance would amend regulations under R590-220-1 through -18 to incorporate by reference various documents relating to the submission of accident and health insurance filings. The proposal also would set standards for electronic filings, reformat provisions, and clarify language.

Comments are due July 2, 2007. Contact: Jilene Whitby; Department of Insurance; (801-538-3803) 06/01/2007

### Submission of Annuity Filings

Proposed rule of the Department of Insurance would amend regulations under R590-227-1 through -15 (nonconsecutive) regulations under R590-220-1 through -18 to incorporate by reference various documents relating to the submission of annuity filings. The proposal also would set standards for electronic filings, reformat provisions, and clarify language. Comments are due July 2, 2007. Contact: Jilene Whitby; Department of Insurance; (801-538-3803) 06/01/2007

## MEDICAID

### Medical Assistance Program

Final rule of the Department of Health, Division of Health Care Financing, repeals regulations under R420-1-1 regarding the Utah Medical Assistance Program (UMAP). The rule is necessary because the UMAP program has been replaced by the Primary Care Network program, which provides medically necessary care to low-income clients who do not qualify for Medicaid. The rule is effective July 1, 2007. Contact: Craig Devashrayee; DOH, Division of Health Care Financing; (801-538-6641) 07/15/2007

### Nursing Facility Payments

Final rule of the Department of Health, Division of Health Care Financing, amends regulations under R414-504-2, -3, -4, and -5 regarding nursing facility payments. The rule defines the use of Medicaid operational bed capacity and weighted Medicaid banked beds, provides a cap to the fair rental value reimbursement portion of the daily rate, and includes additional payment withholding for failure to respond in a timely manner to audit findings. The rule also increases the nursing facility quality improvement incentive funds, adds new state fiscal year

2008 nursing facility quality incentive programs, and adds a new quality improvement incentive for intermediate care facilities for the mentally retarded. In addition, the rule clarifies provisions. The rule is effective July 1, 2007. Contact: Craig Devashrayee; DOH, Division of Health Care Financing; (801-538-6641) 07/15/2007

### Outpatient Hospital Services

Final rule of the Department of Health, Division of Health Care Financing, amends regulations under R414-3A-6 regarding outpatient hospital services. The rule specifies that only a Level One facility accredited by the Undersea and Hyperbaric Medical Society may provide hyperbaric oxygen therapy. The rule is effective June 26, 2007. Contact: Craig Devashrayee; DOH, Division of Health Care Financing; (801-538-6641) 07/15/2007

### Home and Community-Based Services Waivers

Final rule of the Department of Health, Division of Health Care Financing, amends regulations under R414-61-2 to update the incorporation by reference of current versions of home and community-based services waivers. The rule also changes the title to "Home and Community-Based Services Waiver," removes unnecessary language, and makes technical and editorial corrections. The rule is effective June 26, 2007. Contact: Craig Devashrayee; DOH, Division of Health Care Financing; (801-538-6641) 07/15/2007

### Nursing Care Facility Assessment

Final rule of the Department of Health, Division of Health Care Financing, amends regulations under R414-401-3 to increase the uniform rate of assessment for nursing care facilities from \$6.18 to \$8.96 per patient day. The rule is effective July 1, 2007. Contact: Craig Devashrayee; DOH, Division of Health Care Financing; (801-538-6641) 07/15/2007



### Inpatient Hospital Services

Final rule of the Department of Health, Division of Health Care Financing, amends regulations under R414-2A-7 regarding limitations on inpatient hospital services. The rule specifies that only a Level One facility accredited by the Undersea and Hyperbaric Medical Society may provide hyperbaric oxygen therapy. The rule is effective June 26, 2007. Contact: Craig Devashrayee; DOH, Division of Health Care Financing; (801-538-6641) 07/15/2007

### Coverage Groups

Proposed rule of the Department of Health, Division of Health Care Financing, would amend regulations under R414-303-1 and -11 regarding coverage groups. The proposal would require verification of a high-risk pregnancy before a client pays a resource payment if the client wants to have the payment waived. Comments are due Aug. 14, 2007. Contact: Craig Devashrayee; DOH, Division of Health Care Financing; (801-538-6641) 07/15/2007

## MANAGED CARE

### Long-Term Care Managed Care Program

Final rule of the Department of Health, Division of Health Care Financing, repeals regulations under R414-507 to eliminate the Medicaid Long-Term Care Managed Care program. The provisions are replaced by home and community-based services waivers under a concurrent rule under R414-307. The rule is effective May 15, 2007. Contact: Craig Devashrayee; DOH, Division of Health Care Financing; (801-538-6641) 06/01/2007

## MENTAL HEALTH

### Self-Administered Services

Final rule of the Department of Human Services, Division of Services for People with Disabilities, amends regulations under R539-5 regarding exceptions for spouses to provide services, under limited circumstances, to a spouse who is eligible

for services from the division. The rule provides for the continued reimbursement of spouses who were approved to provide reimbursed support to a person in a non-Medicaid funded program prior to May 17, 2005. The rule is effective May 11, 2007. Contact: Steven Bradford; DHS, Division of Services for People with Disabilities; (801-538-4197) 06/01/2007

### Case Manager Certification

Final rule of the Department of Human Services, Division of Mental Health, amends regulations under R523-1-23 regarding case manager certification. The rule sets forth standards for certification and requirements for testing and experience. The rule also clarifies application procedures; updates licensing requirements; and revises recertification, revocation, and appeals procedures. The rule is effective May 14, 2007. Contact: Thom Dunford; DHS, Division of Substance Abuse and Mental Health; (801-538-4519) 06/01/2007

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## Economic Impact

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### How does this affect family physicians in Utah?

The Commonwealth Fund's Commission on a High Performance Health System ([www.cmwf.org](http://www.cmwf.org)) seeks to move the U.S. toward a health care system that achieves better access, improved quality and greater efficiency, particularly for those who are most vulnerable. The Commonwealth Fund states that the United States cannot achieve a high performing healthcare system without "...developing the workforce required to foster patient-centered primary care..." Furthermore, the American Academy of Family Physicians, American College of Physicians and American Academy of Pediatrics have called for a patient-centered medical home for all Americans.

Family physicians are trained to provide that medical home, improving access to health care for communities in the greatest need. In addition, as Table 1 demonstrates, family physicians can serve as economic engines for your state. Family physicians contribute to the economic viability of the communities they serve, as highly educated consumers, employers and purchasers. States choosing to invest in loan repayment, primary care residency training and tax incentives for practice in underserved areas should consider not only the health benefits, but also the potential return on investment for some of the most economically deprived areas of the state.

This map shows the locations of family physicians in the state of Utah over a county map displaying federally designated primary care health professional shortage areas (HPSA). Primary care HPSAs are counties or portions of counties in the United States with the lowest ratio of primary care physicians to population. As seen on the preceding page and in this map, the impact of family physicians

spreads across Utah. Policies that positively impact recruitment and retention of family physicians within Utah will not only contribute to an increase in the availability and provision of quality health care services in underserved counties, but will also have a significant impact on the local economy by generating jobs, income and development. If you would like to explore health data relevant to Utah and make your own maps of the physician workforce, please visit: [www.healthlandscape.org](http://www.healthlandscape.org)



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