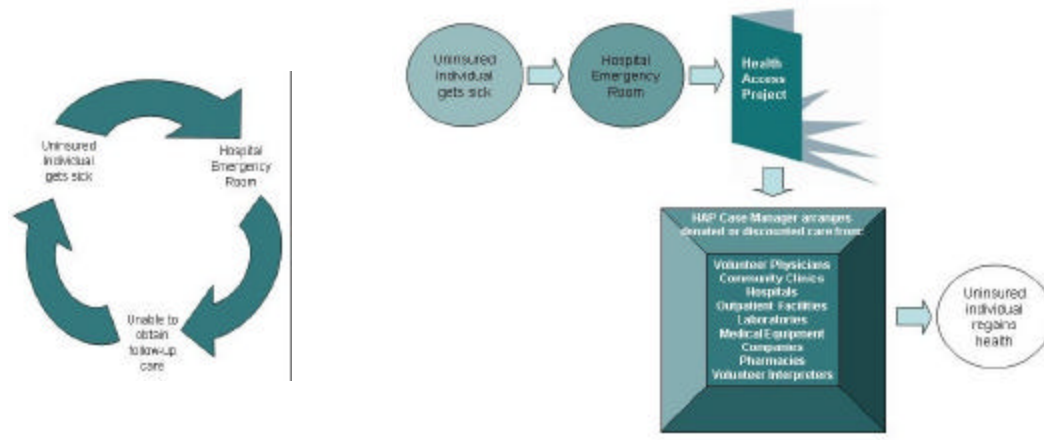


Improving access and coordinating comprehensive health care for those in need.

## INSIDE THIS ISSUE:

## HAP REDUCES EMERGENCY ROOM USE



**"Sick" Cycle**

**Coordinated System of Care for the Uninsured through the Health Access Project**

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Many uninsured individuals do not have access to primary care, so when they get sick, they often delay seeking care until their condition worsens, eventually seeking care at hospital Emergency Rooms. This "sick cycle" is costly for the individual and the health care system, and insufficient for meeting the ongoing health care needs of the uninsured. In fact, the amount of uncompensated care delivered by non-federal community hospitals grew from \$6.1 billion in 1983 to \$20.7 billion in 1999 (American Hospital Association, 2002).

The Health Access Project (HAP) was founded in 2001 to implement a more effective system of providing care for the uninsured. One of HAP's primary goals is

to reduce Emergency Room usage by HAP clients so that the money spent to care for uninsured patients in the ER can be used more efficiently. HAP works to achieve this goal by case managing individuals with a history of ER use or who are at risk for frequent ER use due to untreated health problems.

HAP case managers conduct the following activities:

- screen clients for eligibility for public health insurance and assist them in applying if they are eligible
- refer clients to free or low-cost primary care and specialty care

**Health Access Project**  
1800 S. West Temple  
Suite A128  
Salt Lake City, UT 84115

Tel (801) 412.3980  
Fax (801) 412.3997  
[www.healthaccessproject.org](http://www.healthaccessproject.org)

- assist volunteer physicians in coordinating access to ancillary services, including pharmaceuticals, lab work, diagnostic tests and hospital care
- coordinate interpreters for medical appointments
- provide transportation assistance
- refer clients to other social services

From March 2002 to August 2003, HAP case managed 1,022 uninsured or underinsured individuals. HAP linked 434 of these individuals with a primary care home and 538 with specialty care through the HAP Volunteer Physician Network.

Over the past year and a half, HAP has received positive feedback from patients, physicians, ER, staff and hospital administrators that HAP is achieving its goals. Lori Mead, RN, Case Manager at St. Mark's Hospital, summarizes these sentiments: "The HAP Case Manager has arranged primary care and specialty care for uninsured patients to follow up with after they visit the Emergency Room. Once patients get enrolled in HAP, if they are compliant, they don't end up coming back to the ER-- they go to their primary care doctor instead. I believe HAP has impacted the number of visits uninsured patients make to the Emergency Room."

**“Once patients get enrolled in HAP, if they are compliant, they don't end up coming back to the ER...I believe HAP has impacted the number of visits uninsured patients make to the Emergency Room.”**

**-Lori Mead, RN  
Case Manager  
St. Mark's Hospital**

To validate this anecdotal evidence, HAP is collaborating with the Sphere Institute ([www.sphereinstitute.org](http://www.sphereinstitute.org)) to conduct a comprehensive and rigorous analysis of HAP's effect on hospital utilization by the HAP client population. The initial evaluation includes 288 clients enrolled in HAP from March 2002 to December 2002.

Findings from the initial evaluation show that HAP is working! HAP client hospital visits were reduced by 25% when comparing utilization prior to and following HAP intervention. The reduction was seen in both Emergency Room and non-emergency room visits. Furthermore, patients who had hospital services after enrollment with HAP were more likely to have insurance coverage for the visit.

As part of the partnership HAP has with Salt Lake County hospitals, HAP clients who are being treated by volunteer physicians on their medical staffs can receive donated lab work, diagnostic tests, surgery, and other inpatient and outpatient care. The initial evaluation suggests that the savings associated with reducing uncompensated visits in the emergency room offset the increase in uncompensated inpatient and outpatient services provided to HAP clients.

The long-term effect of HAP looks promising. Projections by the Sphere Institute are that in the long-term, HAP will result in a net savings to the hospitals. Ongoing evaluation will more fully explore this hypothesis and document the long-term impact of HAP.

The complete HAP evaluation report will be available in November. Check [www.healthaccessproject.org](http://www.healthaccessproject.org) or email [aoconnor@chc-ut.org](mailto:aoconnor@chc-ut.org) to request a copy. 📄

## EVALUATION DESIGN

Three of the four hospital systems in Salt Lake County provided data for the initial evaluation. The data obtained for the evaluation included two years of pre-HAP enrollment data and up to one year of post-HAP enrollment data for each client case managed by HAP between March 2002 and December 2002. Since HAP began enrolling patients in March 2002 and has rolling enrollment, there was not a full year of prospective utilization data for all clients in the analysis population. The analysis includes data projections to account for this issue.

The data was analyzed to determine whether each service took place before or after the client was referred to HAP. All hospital visits were also grouped by whether they were compensated or uncompensated. The complete evaluation includes more extensive analysis of changes in utilization patterns, reasons for hospital visits, and payer type.

HAP plans to conduct ongoing evaluations to validate and expand on the findings from the initial evaluation.

## PRIMARY CARE PREVENTS HOSPITAL VISITS

Mrs. Lucia Rodriguez\*, a Mexican woman nearing retirement age, lost her husband at the beginning of 2003. The funeral services and having drained her savings, Mrs. Rodriguez was left without an income. She suffered from both diabetes and hypertension, and her medical conditions had worsened with the stress of losing her husband. As her funds ran out, so did her medications--allowing her diabetes and hypertension to get out of control. Since she did not have health insurance, Mrs. Rodriguez did not know where to

turn to get care and as a result, she visited the Emergency Room at a Salt Lake County hospital three times in one week.

Fortunately, the HAP Case Manager stationed at the hospital enrolled Mrs. Rodriguez in the Health Access Project and was able to establish a primary care home for her with a Volunteer Physician. The HAP Volunteer Physician worked with Mrs. Rodriguez to get her diabetes and hypertension under control. With the aid of the HAP pharmacy plan at Smith's Food and Drug, Mrs. Rodriguez was able to obtain vital medications for only \$5 each. HAP also provided medical interpreters for all appointments so that the patient and provider could communicate clearly.

Through all of the assistance coordinated by the Health Access Project, Mrs. Rodriguez's condition improved significantly and she was able to start a job with a local catering company. After thirty days, she was offered private health insurance through her employer. Mrs. Rodriguez's primary care provider has continued to see her, but is now reimbursed by her insurance. Mrs. Rodriguez will continue to monitor her health conditions in a primary care setting, preventing future ER visits. 🏠

\*Name has been changed to protect patient confidentiality.

## SMITH'S RECEIVES AWARD

At the annual Utah Issues' Community Solutions Conference on May 9, 2003, Smith's Food and Drug was presented the Community Caring and Commitment Award for their role in combating poverty and assisting Utah's disadvantaged. The pharmacy program Smith's developed with HAP has enabled hundreds of uninsured patients to improve their health, employment, and lives. All of the staff at Smith's has been extremely helpful in making this program a success. 🏠

## UMA RENEWS SUPPORT FOR HAP

On September 13, the Utah Medical Association House of Delegates met and renewed their support for the Health Access Project. Resolution 5, passed by the House of Delegates, called for the expansion of the number of physicians volunteering to see uninsured patients.

**"We continually come in contact with uninsured patients, and it is great to have the support of HAP in treating them."**

**-Cher Struck  
Office Manager  
Dr. Ellington's Office**

Dr. Camille Collett of the UMA Women's Caucus introduced the resolution to ensure that the UMA continued to support HAP after Dr. Scott Leckman's tenure as President ends this year. Dr. Collett, a family practitioner at Oquirrh View Community Health Center commented, "The ability to refer uninsured patients to a volunteer specialist has been an immense asset to my practice. I hope that volunteers know the value of the services they are donating."

Dr. Leckman helped found the Health Access Project and brought considerable visibility to HAP during his term as UMA President. He has recruited hundreds of his colleagues to participate, advocated for volunteer physicians at the state legislature, served on the Governance Committee for the Project, and cared for many uninsured patients through HAP. Incoming UMA President, Dr. Richard Labasky, recently met with Bethany Brady, HAP Health Services Coordinator, and pledged to continue supporting HAP.

In July, the UMA Foundation awarded a \$20,214 grant to the Health Access Project. The funds will support a half-time case manager who will take referrals from Volunteer Physicians who have existing uninsured patients that they would like to enroll in HAP. The number of referrals received from Volunteer Physician offices more than doubled over the past year. Cher Struck, the manager of Dr. Stewart Ellington's office stated, "We continually come in contact with uninsured patients, and it is great to have the support of HAP in treating them."

The UMA also recognized HAP for innovative and dedicated service in organizing free medical care for Utah's uninsured by presenting the UMA Distinguished Community Service Award to HAP Project Director, Tanya Kahl at the UMA President's Banquet on September 12.

HAP greatly appreciates the support of the UMA and its members in making HAP a success, and looks forward to working with Dr. Labasky in the upcoming year. 🏠



UMA President Scott Leckman presenting award to Tanya Kahl, HAP Director

## VOLUNTEER PHYSICIAN PROFILE: DR. MICHAEL GIOVANNIELLO

Dr. Michael Giovanniello, a physiatrist in Salt Lake City, was one of the first physicians to sign up to volunteer with the Health Access Project. "I decided to participate in HAP because it is a way in which I can volunteer my talents and training to positively impact the community that I am living in," said Dr. Giovanniello. "It is an unfortunate reality that there are a large number of people who do not have access to medical care."

"I decided to participate in HAP because it is a way in which I can volunteer my talents and training to positively impact the community that I am living in."

-- Dr. Michael Giovanniello

Dr. Giovanello has donated numerous consultations and procedures to uninsured patients--ameliorating the pain and suffering that several HAP clients have lived with for years. "Dr. G," as people lovingly call him, has a passion for improving the quality of patients' lives, as well as for making his community a better place.

Dr. G. is an associate physician at the Sports Medicine and Rehabilitative Therapy (SMART) Clinic. For several years, the SMART Clinic has teamed up with RS Medical, a durable medical equipment company, to sponsor a golf tournament for physicians. This summer, Dr. G. had the brilliant idea of incorporating the Health Access Project into the event in order to thank volunteers and to increase awareness of this community program.

The golf tournament was held at the Old Mill Golf Course on September 12, a beautiful Friday afternoon. Fifty providers attended, and all who participated had a great time, even though nobody won the Harley Davidson motorcycle with a hole in one! In addition to the fun, many positive benefits resulted: many new providers learned about the Health Access Project, HAP received financial contributions from players which will be used to fund its work in coordinating care for the uninsured, and HAP linked up with pharmaceutical and medical equipment companies who are willing to donate supplies to the uninsured patients HAP serves.

Dr. G. studied medicine at Cornell University in New York and then went on to complete his residency in Physical Medicine & Rehabilitation at the Ohio State University Hospitals in Columbus. He always dreamed of exploring the west and settling in one of the mountain states and in July of 2001, he and his wife, Dr. Christine Cheng, moved to Salt Lake City to create their new home. With an intense love of the outdoors, they have seen many of Utah's splendors while hiking, mountain biking, and

skiing.

Dr. G. joined the SMART Clinic in August 2001, where his practice specializes in managing spine-related disorders and sports injuries. Other providers at the SMART Clinic include Dr. Scott Adelman, Dr. Jackson Maddux, and Dr. Chris Patton. The staff at the SMART clinic has been extremely helpful in coordinating care for HAP patients as well as in organizing the tournament. A big thanks goes to Dr. G. and the entire SMART clinic for their compassion and enthusiasm!

## Thanks to RS Medical For Sponsoring the Golf Tournament!

RS Medical ([www.rsmedical.com](http://www.rsmedical.com)) is the leading provider of FDA-approved, physician-prescribed electrical stimulators to treat pain and muscle conditions. Used at home, the electrical stimulators treat acute and chronic pain, spasms, disuse atrophy, range of motion and



The SMART Clinic, RS Medical representatives, and HAP staff team up for golf event.

Front row: Dr. G, Dr. Maddux, Jill Triptow, Bethany Brady, & Dr. Adelman

Back row: Paloma Greenwold, Jason Doviak, Bruce Hatch, & Scott Orlich

## MULTICULTURAL SERVICES: TIPS FOR SERVING NON-ENGLISH SPEAKING PATIENTS

The Health Access Project is committed to assisting its partners in serving ethnically diverse populations by providing cultural competency trainings, multilingual patient education materials, and interpreters for HAP client appointments. To this end, HAP has also developed a desk reference for physician office and hospital staff which offers basic tips for working with non-English speaking patients. It consists of a collection of simple Spanish phrases for office staff, links to patient education resources in different languages, interpreting agency phone numbers, and interpreting resources for people covered under Medicaid.

There are several things you can do to provide culturally competent care even when you do not speak your patient's language. Below are some basic tips you can follow to provide your non-English speaking patients with high-quality care:

First, a trained medical interpreter should always assist you in communicating with your non-English speaking patients. It is recommended that family members not serve as interpreters because you have no assurance the family member's language skills are adequate for communicating medical information. The relative's emotional relationship to the patient could affect their objectivity and prevent accurate communication. Using a family member to interpret may also compromise the patient's right to privacy.

**Tip:** There are many interpreting agencies that provide trained medical interpreters at affordable prices. Medicaid and many private insurance companies cover medical interpreters. Contact your patients' insurance company to find out how to schedule an interpreter. If you

have existing uninsured patients who need an interpreter, call HAP at 412-3980 to see if they qualify for HAP services.

Second, providing written instructions in your patients' own languages may help them understand how to comply with prescribed treatments.

**Tip:** HAP has translated pre-operative instructions and outpatient surgery instructions into five languages and created a bilingual (English/Spanish) pharmacy instruction form which includes checkboxes that providers can fill in describing how to take a medication and potential side effects. Contact HAP to request translations of other commonly used forms.

Third, many educational materials about specific conditions are available in several languages.

**Tip:** HAP's multicultural services page ([www.healthaccessproject.org](http://www.healthaccessproject.org)) has links to many multilingual patient education material clearing-houses. Learn what's available and make use of these resources. Keep copies of these materials in a file so they are available when a non-English speaking patient comes in.

The non-English speaking patient desk reference will be available for distribution in November. If you would like a copy of the desk reference, individual cultural competency assistance, or more information regarding any of the resources mentioned in this article, please contact Sabrina Morales, HAP Multicultural Services Coordinator at (801) 412-3991 or e-mail at [smorales@chc-ut.org](mailto:smorales@chc-ut.org).



## MATERIALS

Translated patient education materials are important, as they can:

- Give patients confidence so their overall experience as a patient is improved
- Remind patients what they were told by their doctor or nurse (through their interpreter) if, due to stress or complicated medical terminology, they forget what they were told
- Allow people to make informed decisions -- it gives people time to go away, read the information, and think about the issues involved
- Help to ensure patients are properly prepared for procedures or operations
- Involve patients in their treatment and increase their understanding of their condition

## SALT LAKE AND OGDEN RECEIVE FEDERAL GRANTS

In September, HAP was notified that it received a third year of funding through the Healthy Communities Access Program. The \$490,000 grant will cover 75% of HAP's operating expenses.

HAP extends its congratulations to Midtown Community Health Center in Ogden, which was awarded a new Healthy Communities Access Program Grant to serve residents of Weber County. HAP looks forward to working closely with Midtown as they move forward in implementing their project plan.



Translated materials are available at  
**TRANSLATED PATIENT EDUCATION** [www.healthaccessproject.org](http://www.healthaccessproject.org)

# THANKS TO OUR PART- NERS!

## HAP VOLUNTEER PROVIDER NETWORK MEMBERS

### Anesthesiology

Blackham, Brenda  
Blood, Todd  
Bohnert, John  
Bradley, Stephen  
Bready, Randall  
Chen, Kim  
Clayton, Paul  
Devenport, Karl  
Diehl, Paul  
Edwards, Robert  
Engstrom, Fae  
Farley, Michael  
Farnsworth, Steven  
Foster, William  
Gardner, Thomas  
Goldsich-Terrerros, Jana  
Hannah, Ralph  
Howard, Ben  
Jacobsen, Darren  
Loeser, Edward  
Lordon, Margret  
Matthews, George  
Meuleman, Thomas  
Newman, Clinton  
Niederer, Laurie  
Nilson, Jay  
Peterson, Gaylon  
Quiel, Edward  
Reveley, Christopher  
Robinson, John  
Shields, Kenneth  
Swenson, Jeffrey  
Timmins, Bryan  
Ward, John  
Waterfall, Brian  
Welling, Eric  
Yee, James  
University Hospital Anesthesiology  
Group

### Audiology

Scott, Rex  
Young, Alan

### Behavior Pediatrics

Allen, Louis

### Behavioral Medicine

Smith, N. Lee

### Cardiology

Adjei-Poku, Michael  
Anderson, Jeffrey  
Burke, James  
Castrella, Peter  
Colleti, Andrew  
Crandall, Brian  
Horton, Steven  
Lappe', Donald  
Osborn, Jeffrey  
Revenaugh, James  
Sorensen, Sherman  
Walsh, Kevin  
University Hospital Cardiology  
Group

### Colon & Rectal Surgery

Bossart, Peter  
Eyring, Edward  
Hughes, Joseph

### Dermatology

Bradley, Ralph  
Brown, Calvin  
Jensen, Joseph  
Orme, Robert  
Rasmussen, Dee  
Sotiriou, Leo  
Southwick, Edward  
Swinyer, Leonard  
University Hospital Dermatology  
Group

### Endocrinology

Stanchfield, John

### Family Practice

Allen, Kathy  
Ayers, Jeffrey  
Baker, Maurice  
Canfield, Charles  
Civish, Fred  
Dietlein, John  
Gamble, Christopher  
Haberman, Paula  
Hamp, Dennis  
Harding, Kristen  
Jack, David  
Johnson, Mark  
Kiraly, Bernadette  
Kirstein, Judith  
Lorah, David  
Lym, Robert  
Moore, David  
Payne, Robert  
Ponce, Sean  
Rabin, Mara  
Ricks, Jane  
Spencer, Steven  
Steinworth, June  
Sundwall, Peter  
Swoboda, Paul  
Udall, King  
White, Douglas  
Wirth, Amanda  
Zehnder, Brian  
Granger Medical Clinic Family  
Practitioners  
University Community Clinics

### Gastroenterology

Boschert, Mark  
Box, Terry  
Boyton, Kathleen  
Brown, Joseph  
Buchi, Kenneth  
Cobb, Deb  
Cole, Hal  
Cutler, Christopher  
Desautels, Steven  
Ellington, Stewart  
Joseph, Ronald  
Kuwahara, Melvin  
Miller, Robert  
Miller, Suzanne  
Reddy, Sathyavathi  
Pedersen, PJ  
Stahl III, William  
University Hospital  
Gastroenterology Group

### General Surgery

Albo, Dominic  
Alldredge, O. Layton  
Anderson, Eric  
Brooks, G. Remington  
Irvine, Bruce  
Jones, Randall  
Leckman, Scott  
McCray, David  
Ott, Mark  
Pingree, James  
Richards, Kent  
Richards, Christina  
Richards, C. David  
Sorenson, John  
Stevens, Mark  
Swensen, Swen  
Voorhees, Hugh  
Granger Medical Clinic General  
Surgeons  
University Hospital Surgery Group

### Gynecology

Bearns, Patricia  
Burki, Regula  
Graul, Elizabeth  
Hansen, Leon  
Heubusch, Diane  
Hurst, Barbara  
Pascale, Stephani

### Hand Surgery

Vanderhooff, Eric

### Hematology Oncology

Prystas, Elizabeth  
Reilly, William

### Internal Medicine

Burton, Scott  
Casull, Kathryn  
Deiss, Katharine  
Gubler, David  
Hales, Reid  
Hirning, Patrice  
Jones, Christopher  
Lahey, Michael  
Musci, Anthony  
Norris, Jennifer  
Richards, Ann  
Ricks, Dan  
Rizzardi, Barbara  
Roberts, Philip  
Robinson, Deborah  
Sambado, Dorene  
Shepherd, Mark  
Smith, Douglas  
Stevens, Scott  
Szczesny, Lorraine  
Towner, Steven  
Whittington, Richard  
Granger Medical Clinic Internists  
University Hospital Internal  
Medicine Group

### Nephrology

University Hospital Nephrology  
Group

### Neurology

Foley, John  
Hewitt, Elena  
Miska, Robert  
Smith, David  
University Hospital Neurology  
Group

### Neuro Oncology

Choucair, Ali

### Obstetrics & Gynecology

Barney, Mitch  
Barton, Scott  
Hansen, Scott  
Hughes, Dennis  
Jones, Cynthia  
Langeland, Fred  
Larsen, Kenneth  
Lash, Stephen  
Loewen, Natalie  
Montiel, Sue  
Nelson, John  
Nielson, Eric  
Pieper, Sara  
Rappleye, Alan  
Rasmussen, E. Kent  
Stewart, Gayle  
Sundwall, Dale  
Wilde, Clayton  
Granger Medical Clinic OB GYNs  
University Hospital OB GYN Group

### Oncology

Huntsman Cancer Institute

### Ophthalmology

Barker, Bryce  
Benator, Rachel  
Call, Branson  
Christiansen, Robert  
Davis, Brian  
Faber, David  
Goodart, Roy

Harrie, Roger  
Lauritzen, Derek  
Nelson, John  
Ramsey, John  
Moran Eye Center

### Orthopedic Surgery

Beck, Charles  
Chardack, Michael  
Dechet, Pilar  
Hammon, Daniel  
Harris, Les  
Hillyard, Robert  
Morgan, James  
Orme, Geoffrey  
Paulos, Lonnie  
Smith, J. Lynn  
Weeks, Ed  
West, Hugh  
Granger Medical Clinic Orthopedic  
Surgeons  
University Hospital Orthopedic  
Group

### Otolaryngology

Aoki, Jon  
Blanch, Marsden  
Child, Todd  
Hill, David  
Hunter, Robert  
Miller, Steven  
Nielsen, Richard  
Ord, John  
Granger Medical Clinic ENTs  
University Hospital Otolaryngology  
Group

### Pathology

Abbott, Thomas  
Albro, James  
Aven, James  
Avent, James  
Campana, Chris  
Cannon, George  
Coppin, Thomas  
Dabbas, Bashar  
Daines, Clark  
Farnsworth, Richard  
Flinner, Robert  
Hammond, Elizabeth  
Knight, David  
Randolph, Todd  
Rich, Terry  
Seaman, James  
Smith, Gregory  
Taylor, Ann  
Wright, Michael  
University Hospital Pathology  
Group

### Pediatrics

Aizad, Tazeem  
Allred, Gerald  
Bentley, Frank  
Burton, Mary  
Cannon, Wayne  
Cramer, Joseph  
Duffy, J. Timothy  
Ferreira, Paul  
Fick, Janna  
Gehle, Kim  
Hightower, Robert  
Hilyer, Laurie  
Orchard, Anna  
Palmieri, Lisa  
Schmidt, Jeffrey  
Terashima, Bob  
Valentine, Dale  
Granger Medical Clinic  
Pediatricians  
UUMG Pediatric Subspecialists

### Pediatric Anesthesiology

Anderton, Barry  
Chen, Christine  
Furst, Sheldon  
Gartrell, Alan  
Hannon, G. Duggan  
Hissong, Kimberley  
Jones, JS Roger  
Long, Tamiko

Mulroy, John  
 Peterson, W. Curtis  
 Phelps, Amy  
 Pribble, Charles  
 Rayburn, Robert  
 Tanner, David  
 Vanginkel, Bernard  
 Viney, James  
 Welch, Michael

#### Physical Medicine & Rehabilitation

Andrew, T Dodds  
 Giovanniello, Michael  
 Grange, Timothy  
 Knorpp, Scott  
 Newton, Bruce  
 Randale, Jeffery  
 Ryser, David  
 Sawchuk, Terry  
 Speed, John

#### Plastic Surgery

Cheng, Christine  
 Chick, Leland  
 Youngblood, Robert  
 Mobley, Steven

#### Podiatry

Davis, Nathan  
 Dickerson, Jason  
 Flegal, Douglas  
 Harper, Spence  
 Larsen, Lagrande  
 McManama, Craig  
 Perez, Ricardo  
 Rhodes, Randy  
 Royall, Steven  
 Seegmiller, David  
 Smith, Stanton  
 Soulier, Scott  
 Granger Medical Clinic Podiatrists  
 University Hospital Podiatry Group

#### Psychiatry

Mohr, Michaela

#### Pulmonary Disease

Dupont, Gregory  
 Goddard, Mark  
 Hardman, Lara  
 University Hospital Pulmonary Group

#### Radiation Oncology

Fischbach, AJ  
 University Hospital Radiation Oncology Group

#### Radiology

Allen, Wallace  
 Arias, John  
 Arnder, Lance  
 Asmar, Paul  
 Bahr, A. Lee  
 Bell, Robert  
 Blatter, Duane  
 Bonk, Roy  
 Booth, Edgar  
 Brinton, Wayne  
 Carpenter, Craig  
 Dittrich, Kari  
 Edson, Dennis  
 Ensign, Margaret  
 Fruin, Mark  
 Gabor, Vazul  
 Gilfeather, Mary Ellen  
 Halden, William  
 Hales, Keir  
 Handy, Jerry  
 Hardy, David  
 Harker, Colleen  
 Harris, Dale  
 Hathaway, Peter  
 Henrie, John  
 Holt, Richard  
 Hunt, Stephen  
 Jacobs, John  
 Kimball, Jordan  
 Lee, Steven  
 Luers, Patrick

Mann, Howard  
 Micklos, Timothy  
 Miller, Ronald  
 Mineau, David  
 Morrison, W. James  
 Naatz, Jonathan  
 Nichols, Don  
 O'Neil, Kathleen  
 Parkinson, Brett  
 Pisani, David  
 Rampton, Jack  
 Ruff, Ronald  
 Searle, Clark  
 Shultz, Stephen  
 Souza, Steven  
 Troxell, Robert  
 Weiss, Paul  
 Welch, Dennis  
 University Hospital Radiology Group

#### Rheumatology

Anderson, Steven  
 Cannon, Grant  
 Lundberg, Max  
 University Hospital Rheumatology Group

#### Urology

Childs, Lane  
 Gange, Steven  
 Hamilton, Blake  
 Hopkins, Scott  
 Labasky, Richard  
 McFadden, Michael  
 Middleton, Anthony  
 Middleton, George  
 Richardson, Stephen  
 Rigby, Odell  
 Stout, Lisa  
 University Hospital Urology Group

#### Vascular Surgery

Wilkinson, Craig  
 Wirthlin, Doug  
 University Hospital Vascular Surgery Group

#### Safety Net Primary Care Providers

Backman, Richard  
 Barton, Jay  
 Briley, Melissa  
 Broken Leg, Christine  
 Chapa, Peter  
 Collett, Camille  
 Coombs, Jennifer  
 Coursey, Jeff  
 Curran, Marilyn  
 Day, Stefani  
 Fenton, Mike  
 Gontrum, David  
 Guerra, Carlos  
 Guerra, Paula  
 Hansen, Clarene  
 Hart, Kathryn  
 Hasby, Peter  
 Hobson, Wendy  
 Holles, Greg  
 Horwood, Keith  
 Hudspeth, Richard  
 Keahey, David  
 Kendall, Diane  
 Libre, Kenneth  
 Ludlow, Karen  
 Lobsiger, Jacqueline  
 Martinez, Joseph  
 Mattocks, Diane  
 Merkley, Kathy  
 Moreland, Jay  
 Nickman, Steve  
 Pedersen, Kathy  
 Robinson, David  
 Schultz, Ted  
 Shen, Katherine  
 Sittler, Susan  
 Stipelman, Carole  
 Stoesser, Kirstin  
 Tufts, Gillian  
 Whitney, Wendy  
 Woolsey, Sarah

## VOLUNTEER MEDICAL INTERPRETERS

Anderson, David Bryan  
 Andrews, Paul  
 Ashton, Michelle  
 Bahr, Brooks  
 Blonquist, Brandon  
 Bernabeu, Sergio  
 Bowen, Jeremy  
 Bozas, Ana  
 Chinchade, Emiliana  
 Clark, Randy  
 Crawfoot, Olga Maria  
 Caveza de Vaca, Esperanza  
 Daniels, Chris  
 Espinoza, Christian  
 Garrett, Tim  
 Gehring, Janelle  
 Goldsmith, Jamal  
 Gomez, Rene  
 Grubbs, Trevor  
 Gilmore, Nate  
 Gutierrez, Claudia  
 Gutierrez, Paula  
 Hall, Linda  
 Henderson, Sean  
 Hidalgo, Angelica  
 Huckstep, Bryson  
 Hughes, Kevin  
 Jensen, Ray  
 Jensen, Kevin  
 Komendaryan, Ken  
 Koplev, Artem  
 Leavitt, Elizabeth  
 Lee, Alison  
 Martinez, Tammy  
 Mckee, Maritza  
 Pennington, David  
 Perez, Ingrid  
 Petterson, Ingrid  
 Pitbladdo, JuanCarlos  
 Rangel, Narciso  
 Reyes, Jazmin  
 Redlin, Scott  
 Rueda, Patricio  
 Schifferr, Alison  
 Sharp, Adam  
 Smith, Daniel  
 Sorenson, Tyler  
 Terrazas, Moises  
 Vargas, Gaby  
 Vinegra, Patricio  
 Wallace, Heather  
 Wilde, Nicole  
 Williams, Tyler  
 Wilson, Kevin

## HAP PARTNER ORGANIZATIONS

Alta View Hospital  
 Association for Utah Community Health  
 Brigham Young University  
 Centro de la Familia de Utah  
 Christ United Methodist Church  
 Community Health Centers, Inc.  
 Cottonwood Hospital Medical Center  
 Globus Relief Fund  
 HealthInsight  
 Health Resources and Services Administration  
 Information and Referral  
 IHC Community Health Partnerships  
 IHC Physician Division  
 Interpreting Solutions  
 International Rescue Committee  
 Jordan Valley Hospital  
 Laboratory Corporation of America  
 LDS Business College  
 LDS Hospital  
 Matheson Center for Health Care Studies  
 Mountain West College  
 People's Health Clinic  
 Pioneer Valley Hospital  
 Primary Children's Medical Center  
 Quest Diagnostics  
 Salt Lake City School District  
 Salt Lake Community Action Program  
 Salt Lake Community College  
 Salt Lake County Department of Human Services  
 Salt Lake County Medical Society  
 Salt Lake Endoscopy Center  
 Salt Lake Regional Medical Center  
 Salt Lake Surgical Center  
 Salt Lake Valley Health Department  
 Smith's Food and Drug  
 St. Mark's Hospital  
 South Towne Surgical Center  
 The Orthopedic Specialty Hospital  
 University of Utah  
 University of Utah Health System  
 University of Utah Medical Group  
 Utah Department of Health  
 Utah Hospitals & Health Systems Association  
 Utah Health Care Institute  
 Utah Issues  
 Utah Medical Association  
 Utah Medical Association Foundation  
 Veterans Affairs Medical Center  
 Wasatch Homeless Health Care, Inc.

## PROJECT ADVISORY COMMITTEE

Ainsworth, Allan  
 Foust, Terry  
 Heath, Elizabeth  
 Miller, Suzanne  
 Stevens, Scott  
 Anderson, Kelly  
 Sheehan, Katherine  
 Schneckenburger, Patricia

## PROJECT GOVERNANCE COMMITTEE

Hanshaw, John  
 Leckman, Scott  
 Pavey, Patti  
 Thompson, Wes  
 White, Eligio



1800 S. West Temple  
Suite A128  
Salt Lake City, UT 84115

## HAP STAFF DIRECTORY

### *Administrative Office:*

#### **Tanya Kahl**

Project Director  
Tel: 412.3989  
[tkahl@chc-ut.org](mailto:tkahl@chc-ut.org)

#### **Bethany Brady**

Health Services Coordinator  
Tel: 412.3982  
[bbrady@chc-ut.org](mailto:bbrady@chc-ut.org)

#### **Lisa Hoffman**

AmeriCorps Member  
Tel: 412-3996  
[lhoffman@chc-ut.org](mailto:lhoffman@chc-ut.org)

#### **Maria H. Jackson**

Client Advocate  
Tel: 412.3993  
[mjackson@chc-ut.org](mailto:mjackson@chc-ut.org)

#### **Gordana Kapetanovic**

AmeriCorps Member  
Tel: 412.3992  
[gkapetanovic@chc-ut.org](mailto:gkapetanovic@chc-ut.org)

#### **Sabrina Morales**

Multicultural Services Coordinator  
Tel: 412.3991 Pager: 480.0752  
[smorales@chc-ut.org](mailto:smorales@chc-ut.org)

#### **Daniel Nielson**

Case Management Supervisor  
Tel: 412.3983 Pager: 480.0734  
[dnielson@chc-ut.org](mailto:dnielson@chc-ut.org)

#### **Matt Speckman**

Data Analyst  
Tel: 412.3981  
[mspeckman@chc-ut.org](mailto:mspeckman@chc-ut.org)

### *HAP Hospital-Based Case Managers:*

#### **Samuel Augustine**

University Hospital  
Tel: 412.3986 Pager: 480.0781  
[saugustine@chc-ut.org](mailto:saugustine@chc-ut.org)

#### **Michael Gardner**

Salt Lake Regional Medical Center  
& LDS Hospital  
Tel: 350-4984 Pager: 480-0979  
[mgardner@chc-ut.org](mailto:mgardner@chc-ut.org)

#### **Deborah Jack**

St. Mark's Hospital  
Tel: 268.7674 Pager: 474.4001  
[djack@chc-ut.org](mailto:djack@chc-ut.org)

#### **Elizabeth Putnam**

Pioneer Valley Hospital  
Tel: 964.3806 Pager: 480.0072  
[eputnam@chc-ut.org](mailto:eputnam@chc-ut.org)

#### **Maribel Real**

Alta View & Cottonwood Hospitals  
Tel: 412.3987 Pager: 474.7005  
[mreal@chc-ut.org](mailto:mreal@chc-ut.org)