



Community Health Centers, Inc.  
1798 S. West Temple  
Salt Lake City, UT 84115

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## SUPPORT THE HEALTH ACCESS PROJECT

The Health Access Project is a nonprofit initiative that depends upon the support of many people who have contributed both their time and financial resources.

### Yes, I would like to support the Health Access Project.

- I am a medical care provider and would like more information about joining the Health Access Project's Volunteer Provider Network.
- I would like to make a tax-deductible donation to the Health Access Project. Enclosed is my donation of \$\_\_\_\_\_.
- I would like to help with fundraising, public relations, or another area. Please contact me.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Please return form to:

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

# access

The newsletter of the Health Access Project



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

## INSIDE THIS ISSUE

### HAP EXPANDS PREVENTIVE CARE EMPHASIS

According to a recent study from the Utah Department of Health, four out of ten emergency room visits could have been prevented or treated in a primary care setting. These visits consume significant health care dollars; in 2001 alone, uninsured Utahns had a total of \$16 million in preventable emergency department charges.<sup>1</sup>

The Health Access Project has a two-pronged approach to reducing preventable emergency room utilization. Since our inception, we have invested significant resources in

outreaching to uninsured patients with a history of ER use who are referred to HAP by hospital emergency rooms. These individuals are enrolled in HAP with the goal of reducing future emergency room utilization. In the first five months of 2004, 25% of HAP patients were referred by hospital emergency rooms.

HAP has also tried to attack this problem from the other side by enrolling patients in HAP before they seek care at an emergency room. HAP specifically targets patients at-risk for emergency room visits because of untreated specialty care needs, and the majority of these patients are referred to HAP by primary care safety net providers or our volunteer physicians.

This spring, an analysis of patients diagnosed with gallstones illustrates how ER visits can be

avoided by providing patients access to providers through HAP. Rebecca Drinkaus, a fourth year medical student, identified multiple instances in which patients in need of gall



HAP case managers Deborah Jack, Gordana Kapetanovic, and Maria Jackson at the Cover the Uninsured Week Health Fair.

bladder surgery were referred to HAP from their primary care provider and received the surgery without ever visiting a hospital emergency room. Given the acute pain associated with inflammation of the gallbladder (cholecystitis), most patients with the condition will seek help. Without HAP, the patients would have likely received the same surgery, but probably only

after one or more ER visits, each with an average charge of \$451.<sup>2</sup>

### New Preventive Health Care Emphasis

In the past few months, HAP has taken this preventive approach one step further by actively identifying and coordinating care for adults and children who lack access to basic medical care and who do not have identified medical problems. This new emphasis is driven by the hope that the uninsured may be able to prevent costly and dangerous medical problems if they have the opportunity to establish relationships with primary care providers while they are healthy.

HAP has always strived to arrange "medical homes" for its clients. Through public health

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benefits, community clinics, or our volunteer family practice, internal medicine, or pediatrics physicians, all HAP clients have a provider they can call on to get answers to their medical questions, learn more about health-related issues, receive preventive and diagnostic services, and if necessary, obtain referrals to specialists. Now, we hope to arrange this type of care for low-income adults and children who do not necessarily have diagnosed medical problems.

Arranging primary care for healthy people may seem a low priority. However, the consequences of not having access to a medical home are grave. According to the Robert Wood Johnson Foundation, people who lack health insurance are less likely to receive recommended preventive and screening services, such as pap tests for cervical cancer in women, fecal occult blood tests for colorectal cancer, sigmoidoscopies for colorectal cancer, and even blood pressure checks for hypertension. Uninsured people also receive fewer services to manage chronic conditions such as cardiovascular disease, diabetes, and HIV infection. The most striking statistic quoted is that uninsured adults have a 25% greater risk of premature death than insured adults.<sup>3</sup>

HAP kicked off this new preventive care emphasis by participating in Women's Check-Up Day, a national effort sponsored by the U.S. Department of Health and Human Services to encourage women to visit health care professionals to receive regular, preventive check-ups and screenings. That day, thirteen HAP volunteer obstetricians and gynecologists reserved appointments for new HAP patients who had not had consistent access to health care. Clients were referred to HAP from partner agencies such as Holy Cross

Ministries, Centro de la Familia, and Catholic Community Services. May 10 also marked the first day of the second annual Cover the Uninsured Week, a national event organized by the Robert Wood Johnson Foundation to promote affordable health coverage for all Americans. That week, HAP case managers attended health fairs at Horizonte School and Calvary Baptist Church in Salt Lake City to talk to uninsured people about HAP and the importance of primary care. Over sixty uninsured people were given the opportunity to enroll in HAP, and in the two weeks following the health fairs, our volunteer primary care providers reserved almost forty appointments for new HAP clients.

The importance of the primary care safety net clinics and our volunteer family practice and internal medicine physicians, pediatricians, and obstetricians and gynecologists cannot be overstated. Their generosity makes it possible for us to coordinate preventive health care for low-income Salt Lake County residents, and with their help, we hope to decrease the number of people for whom basic health care is an unaffordable luxury. 📌

#### Endnotes:

<sup>1</sup> Utah Office of Health Care Statistics. (2004) Primary Care Sensitive Emergency Department Visits in Utah, 2001. Salt Lake City, UT: Utah Department of Health, i. [http://health.utah.gov/hda/Reports/Primary\\_Care\\_ERvisits\\_Utah2001.pdf](http://health.utah.gov/hda/Reports/Primary_Care_ERvisits_Utah2001.pdf)

<sup>2</sup> Utah Office of Health Care Statistics. (2004), 8.

<sup>3</sup> See "Coverage Matters for Individuals" at <http://covertheuninsuredweek.org/factsheets/display.php?FactSheetID=116>

### Thank you to IHC!

The Health Access Project would like to express its gratitude to Intermountain Health Care for filming and producing a video describing the Health Access Project. Special thanks go to Christa Powell, Jeff Allred, Lawrence Porter, and Denver Robbins, as well as all of the HAP partners and clients who were filmed. In June the video was presented to the Salt Lake County Council, where it was warmly received.

Please contact Tanya Kahl at (801) 412-3989 if you would like to present the video to your organization or have other suggestions for how HAP can use the video to promote its sustainability. Copies are also available through HAP.



From left to right: HAP Governance Committee members John Hanshaw, Wes Thompson, Dr. Scott Leckman, Patti Pavey, and Eligio White who presented the HAP promotional video to the Salt Lake County Council on June 21.

## HEALTH ACCESS PROJECT HELPS CLIENTS KEEP JOBS

Lack of insurance and access to health care frequently results in reduced employment or job productivity among working adults. One of the goals of the Health Access Project is to assist uninsured individuals in obtaining needed health care so they can remain employed or reenter the work force. Several HAP clients have expressed their appreciation to HAP because it has had this impact on their lives. The following stories are just two examples of how HAP partners have helped clients remain employed.

### Sara Chavez

Sara Chavez, a mother of four children, was referred to HAP from Cottonwood Hospital where she had been to the emergency room because of a painful growth in her abdomen. Although she had previously been employed at a fast food restaurant, she had been unable to work for months due to the pain, and her husband did not have health insurance through his work. Sara was receiving primary care at the Midvale Family Health Center. Even though her children were on the Children's Health Insurance Program (CHIP), Sara had never heard of the Primary Care Network (PCN). HAP helped her complete the PCN application and provided the enrollment fee for both Sara and her husband.



HAP client Sara Chavez

HAP referred Sara to HAP volunteer general surgeon, Dr. Eric Anderson, who removed a Desmoid tumor during an outpatient surgery at Cottonwood Hospital. After the surgery, Dr. Anderson referred Sara to another HAP volunteer surgeon, Dr. Mark Ott, for additional treatment. Dr. Ott determined additional surgery was needed, which would require a three to four day inpatient stay. Since inpatient surgeries are partially covered by PCN, HAP worked with the PCN case manager to facilitate the second surgery, inpatient stay, and all related services. Both surgeries were successful and the surgeon has committed to follow the patient for the next three years to make sure there is no re-growth.

Sara is very thankful to HAP and the volunteer physicians for relieving her pain, which has allowed her to return to work. "I was treated incredibly by both doctors — they are both exceptionally good people," said Sara. "Truthfully I don't know what would have happened to me if this program had not crossed my path."

### Lidia Arellano

Lidia Arellano, a 37-year-old mother of three, had been living with nasal pain since she was a child. Although she worked full-time at a restaurant, she did not have health insurance. The hot restaurant grill intensified the pain to the point that her normal pain medications no longer worked, so she finally went to a primary care provider at a local clinic. The primary care physician diagnosed nasal polyps and referred her to an otolaryngologist.

Unsure about how to get the medical care she needed without insurance, Lidia went to HAP partner agency Centro de la Familia, which referred her to HAP. She was able to see HAP volunteer otolaryngologist, Dr. John Ord, who discovered that her polyps were from a very old fracture — she had received a blow to the nose as a child and never received medical attention. In November, Dr. Ord performed surgery on Lidia.

Lidia recovered well from surgery and no longer experiences pain in her nose. As a result, she has been able to keep her job and continue to support her children. 🐦

## HAP PARTNER ORGANIZATIONS

The following HAP partners have agreed to provide charity care to HAP clients who are being treated by a member of the Volunteer Provider Network. Their generosity makes it possible for our clients to receive the care they need.

### Hospitals

Alta View Hospital  
Cottonwood Hospital  
Jordan Valley Hospital  
LDS Hospital  
Pioneer Valley Hospital\*  
Primary Children's Medical Center  
St. Mark's Hospital  
Salt Lake Regional Medical Center\*  
The Orthopedic Specialty Hospital  
University of Utah Medical Center

### Outpatient Facilities

Salt Lake Endoscopy Center  
Salt Lake Surgical Center  
South Towne Surgical Center

### Laboratories

Laboratory Corporation of America  
Quest Diagnostics

### Hospital-Based Staff

Anatomic Pathology  
Millcreek Anesthesia  
Mountain Medical Physician Specialists  
Mountain West Anesthesia  
Utah Imaging  
Utah Pathology Services

If your office uses a lab or facility not listed above and you would like HAP to contact that facility to try to establish a partnership, please contact Cori Sutherland, Health Services Coordinator, at (801) 412-3982 or [csutherland@healthaccessproject.org](mailto:csutherland@healthaccessproject.org).

\*HAP is meeting with these hospitals to establish the process for obtaining charity care. Volunteer physicians with privileges at these facilities will be notified as soon as the process is finalized.

## PARTNERSHIP WITH COMMUNITY ACTION PROGRAM RESULTS IN PCN FEE REDUCTION

In July 2002, the Primary Care Network (PCN) began accepting applications for enrollment in the program from adult Utahns. PCN is a Medicaid demonstration project that provides adults with incomes under 150% of the Federal Poverty Level with a limited benefit package including primary care, prescriptions, ER visits, and dental care.

23% of the PCN applicants did not follow through with the enrollment process because they were simply unable to afford the \$50 enrollment fee. As a result, in August 2002, the Health Access Project entered into a partnership with the Community Action Program to assist a minimum of 450 individuals in enrolling in PCN. HAP provided funding for the enrollment fees and Community Action Program provided the necessary administrative support for free.

The partnership was a tremendous success. The Community Action Program decided to target the poorest of the poor and with the assistance of students from the University of Utah, they implemented a system for receiving referrals from community agencies and screening applicants. Between October 2002 and December 2003, 505 individuals were enrolled in the Primary Care Network as a result of this partnership.

In addition, using data from this partnership, the Community Action Program worked with other organizations to advocate for the following significant policy changes:

- During the 2003 legislative session, the Utah State Legislature passed HB 212, sponsored by Representative Kory Holdaway, which reduced the PCN enrollment fee from \$50 to \$15 for General Assistance clients. The General Assistance Program provides childless adults who have been determined

medically unable to work with case management, vocational training, medical intervention, and limited financial assistance (\$261 monthly) until they are able to work or until they become qualified for Supplemental Security Income (SSI).

- During the 2004 Legislative session, the Utah State Legislature passed HB 86, also sponsored by Representative Kory Holdaway, which reduced the enrollment fee from \$50 to \$25 for individuals at or below 50% of the Federal Poverty Level.

Currently, there are 15,420 PCN enrollees, 5,273 of whom reside in Salt Lake County. PCN is not accepting new applicants except during limited open enrollment periods. Individuals already enrolled are encouraged to reapply each year, and the decreased enrollment fee will be of tremendous assistance. 🇺🇸

### Federal Poverty Level

Many government and private assistance programs, including HAP, use the Federal Poverty Level to establish annual income eligibility guidelines for its clients. Officially called the Poverty Guidelines, these income numbers are issued each year in the Federal Register by the Department of Health and Human Services. Following are the 2004 Poverty Guidelines:

Family Size	50% FPL	100% FPL	150% FPL
1	\$4,655	\$9,310	\$13,965
2	\$6,245	\$12,490	\$18,735
3	\$7,835	\$15,670	\$23,505
4	\$9,425	\$18,850	\$28,275
For each additional person	+ \$1,590	+ \$3,180	+ \$4,770

### Welcome to the New Members of Our Volunteer Provider Network

The following physicians have joined HAP's Volunteer Provider Network since the beginning of the year. Thanks to all of them for making it easier for us to obtain the care our clients need.

Vilija Avizonis, Radiation Oncology  
 John Bennett, Otolaryngology  
 Julie Hibbard, Family Practice  
 Eric Thompson, Family Practice  
 D. Brad Trowbridge, Gastroenterology  
 Robert Westermann, Internal Medicine

#### The Heart Center

Michael Adjei-Poku, Invasive Cardiologist  
 Roger Borchardt, Interventional Cardiologist  
 Ronald Brown, Interventional Cardiologist  
 Thomas Calame, Interventional Cardiologist  
 Thomas Edwards, Interventional Cardiologist  
 Edwards Ganellen, Interventional Cardiologist

Charles Haws, Invasive Cardiologist  
 R. William Mackie, Interventional Cardiologist  
 Kris Nielson, Invasive Cardiologist  
 Rex Outtrim, Invasive Cardiologist  
 Keith Ritchie, Non-Invasive Cardiologist  
 Pawan Sharma, Interventional Cardiologist  
 Sally Sharp, Non-Invasive Cardiologist  
 James Zebrack, Invasive Cardiologist  
 Imran Zubair, Electrophysiologist, Interventional Cardiologist

## A NOTE TO OUR VOLUNTEER PROVIDERS

Since we first started serving clients, we've been reminded time and again how the successful coordination of health services depends on good communication between all of the different people involved in providing care. To help facilitate better communication between your offices and HAP, we developed the Volunteer Provider Network Referral Form.

Every time a case manager schedules an initial appointment with your office for a HAP patient, she faxes you the Volunteer Provider Network Referral Form, which lists the patient's name and contact information, as well as the case manager's name and direct phone number. The form lets you know if an interpreter will attend the appointment, if medical records are available, and the contact information for the providers who have previously treated the patient.

After the patient's appointment, we need to hear from you. You can get back to us simply by filling out and faxing in the bottom half of the form. This way, the patient's case manager will know what sort of follow-up care is required and will work with your office to ensure that if possible, that care is provided on a charity basis by one of our partners. She can also make a referral to another member of HAP's Volunteer Provider Network or obtain needed medications through the HAP Pharmacy Plan or patient assistance programs.

Since follow-up appointments for HAP patients may be scheduled directly by the patient, HAP does not fax a new Volunteer Provider Network Referral Form for each appointment. However, if follow-up is needed, you are welcome to write the same information on a blank page or call the HAP office to request a blank form. If you need to reschedule an appointment with a HAP client who requires an interpreter, please notify the case manager as well as the client so that she can make sure the interpreter is aware of the new appointment time.

We are always looking for new ways to improve communication between HAP and our Volunteer Provider Network. If you have any questions or ideas about what we can do better, please contact Cori Sutherland, Health Services Coordinator, at (801) 412-3982 or [csutherland@healthaccessproject.org](mailto:csutherland@healthaccessproject.org).



To help facilitate better communication between HAP and VPN offices, HAP developed the **Volunteer Provider Network Referral Form**.

## VPN SPOTLIGHT: DR. SUZANNE DALY

Gastroenterologist Dr. Suzanne Daly signed up to become a member of the Health Access Project's Volunteer Provider Network almost two years ago, after she was told about the program by her partner Dr. PJ Pedersen. During that time, she and her nurse Peggy Eisenberg have provided a wide range of care to many HAP patients suffering from diseases of the gastrointestinal tract.

Dr. Daly attended medical school at the University of South Alabama in Mobile and did her residency at the University of Virginia in Charlottesville. For the past two years, she has been a partner of Gastroenterology Associates located in the St. Mark's Hospital Medical Building. In addition to Dr. PJ Pedersen, Gastroenterology Associates includes two other VPN members: Dr. D. Brad Trowbridge and Dr. Ronald Joseph.

According to Dr. Daly, her favorite part of being a physician are the relationships she develops with her patients, and she sees her role as a health educator as terribly important. Regarding her decision to participate in HAP, Dr. Daly said, "I wanted to help prevent uninsured patients from ending up in the emergency room. I wanted to provide intervention and treatment for patients who otherwise could not get it."

Since joining HAP, Dr. Daly has referred several of her uninsured patients to the program, and HAP has been able to arrange for a variety of services for them, such as donated hospital care and diagnostic tests, primary care, and referrals to other specialists.



Dr. Suzanne Daly and Nurse Peggy Eisenberg.

Dr. Daly has found HAP very easy to work with. "HAP facilitates the care of these patients. As a group, it is rewarding to care for these patients and to provide services not otherwise available." Ms. Eisenberg added, "HAP patients are very grateful for all of the services HAP makes possible. We have been able to help people feel better and return to their jobs and activities."

Dr. Daly has participated in HAP in other ways as well. In 2003, she was a member of HAP's Project Advisory Committee, the group that helps HAP develop its policies and programs. She has also worked to recruit physicians at St. Mark's Hospital to join her in caring for HAP patients.

Our thanks to Dr. Daly and Ms. Eisenberg for all of the work they have done and continue to do for HAP patients.

## About the Health Access Project

The mission of the Health Access Project (HAP) is to improve access and coordinate comprehensive health care for those in need. HAP accomplishes this goal by maximizing existing community resources and enhancing coordination among service providers.

Established in 2001, HAP was started by several local physicians, hospitals, and other health care providers who sought an innovative approach to meeting the health care needs of low-income, under or uninsured residents of Salt Lake County. The result is a community partnership between all the major health care providers in Salt Lake County.

HAP is a department of Community Health Centers, Inc.

### Staff

Ryan Farr, Case Manager  
 Michael Gardner, Case Manager  
 Lisa Hoffmann, AmeriCorps Member  
 Deborah Jack, Case Manager  
 Tanya Kahl, Project Director  
 Gordana Kapetanovic, AmeriCorps Member  
 Daniel Nielson, Case Management Supervisor  
 Amy O'Connor, Office Manager  
 Jessie Oyler, Case Manager  
 Matt Speckman, Data Analyst  
 Cori Sutherland, Health Services Coordinator  
 Cindy Zbinden, Case Manager  
 Rene Zepeda, Interpreting Coordinator

### Project Advisory Committee

Allan Ainsworth, Wasatch Homeless Health Care, Inc.  
 Kelly Anderson, Intermountain Health Care  
 Terry Foust, IHC Community Health Partnerships  
 Patricia Schneckenburger, Consumer Representative  
 Katherine Sheehan, Salt Lake Valley Health Department  
 Scott Stevens, MD, LDS Hospital

### Governance Committee

Karen Buchi, MD, University of Utah Department of Pediatrics  
 Larry Hancock, IASIS Healthcare  
 John Hanshaw, St. Mark's Hospital  
 Scott Leckman, MD, Utah Medical Association  
 Patti Pavey, Salt Lake Valley Health Department  
 Wes Thompson, Intermountain Health Care  
 Eligio White, Community Health Centers, Inc.  
 Kim Wirthlin, University of Utah Health Sciences Center

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## MULTICULTURAL SERVICES

Welcome to Rene Zepeda, HAP's new Interpreting Coordinator. Rene is working with the following volunteer medical interpreters, who provide interpretation services for about half of HAP's clients:

David Bryan	Alison Lee
Anderson	Tammy Martinez
Brooks Bahr	Maritza McKee
Ileana Bash	Wayne Merback
Sergio Bernabeu	Nadia Molina
Brandon	Kimberly Morley
Blonquist	David
Jeremy Bowen	Pennington
Ana Bozas	Ingrid Petterson
Emiliana	Juan Carlos
Chinchade	Pitbladdo
Randy Clark	Narciso Rangel
Chad Condie	Scott Redlin
Olga Maria	Jazmin Reyes
Crawfoot	Alison Schiffern
Chris Daniels	Danielle Smith
Christian	Paul Sonntag
Espinoza	Tyler Sorenson
Tim Garrett	Moises Terrazas
Janelle Gehring	Gaby Vargas
Nate Gilmore	Dustin Wallis
Jamal Goldsmith	Nicole Wilde
Kristi Goddard	Tyler Williams
Rene Gomez	Kevin Wilson
Trevor Grubbs	Mathew Wilson
Linda Hall	
Sean Henderson	
Michael Hinckley	
Bryson Huckstep	
Kevin Hughes	
Ray Jensen	
Kevin Jensen	
Ken	
Komendaryan	
Artem Koplev	

### HAP staff email addresses have changed

If you would like to email a HAP staff member the new address is:

[first initial+last name@healthaccessproject.org](mailto:first initial+last name@healthaccessproject.org)

You can also reach us at:  
[info@healthaccessproject.org](mailto:info@healthaccessproject.org)

## THANKS TO OUR VOLUNTEER PROVIDERS!

### Anesthesiology

Diehl, Paul  
Millcreek Anesthesia  
Mountain West  
Anesthesia

### Audiology

Scott, Rex  
Young, Alan

### Behavior Pediatrics

Allen, Louis

### Behavioral Medicine

Smith, N. Lee

### Cardiology

Anderson, Jeffrey  
The Heart Center  
Utah Heart Clinic

### Colon & Rectal Surgery

Bossart, Peter  
Eyring, Edward  
Hughes, Joseph

### Dermatology

Bradley, Ralph  
Jensen, Joseph  
Orme, Robert  
Rasmussen, Dee  
Sotiriou, Leo  
Southwick, Edward  
Swinyer, Leonard

### Family Practice

Ayers, Jeffrey  
Baker, Maurice  
Baldwin, Margaret  
Canfield, Charles  
Gamble, Christopher  
Haberman, Paula  
Hamp, Dennis  
Hibbard, Julie  
Johnson, Mark  
Kirstein, Judith  
Lorah, David  
Lym, Robert  
Moore, David  
Payne, Robert  
Rabin, Mara  
Ricks, Jane  
Spencer, Steven  
Steinvorth, June  
Sundwall, Peter  
Swoboda, Paul  
Thompson, Eric  
Udall, King  
White, Douglas  
Zehnder, Brian  
St. Mark's Family

Medicine – Midvale  
St. Mark's Family  
Medicine – St.  
Mark's Hospital  
St. Mark's Family  
Medicine – West  
Jordan

### Gastroenterology

Box, Terry  
Boynton, Kathleen  
Brown, Joseph Sandy  
Buchi, Kenneth  
Cobb, Debra  
Cole, Harold  
Cutler, Christopher  
Daly, Suzanne  
Desautels, Steven  
Ellington, Stewart  
Joseph, Ronald  
Kuwahara, Melvin  
Reddy, Sathyavathi  
Pederson, PJ  
Trowbridge, D. Brad

### General Surgery

Alldredge, O. Layton  
Anderson, Eric  
Leckman, Scott  
Ott, Mark  
Pingree, James  
Richards, Christina  
Richards, Kent  
Stevens, Mark  
Swensen, Swen  
Voorhees, Hugh

### Gynecology

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

### Hand Surgery

Vanderhooft, Eric

### Hematology Oncology

Prystas, Elizabeth

### Internal Medicine

Albu, Dan  
Burton, Scott  
Casull, Kathryn  
Deiss, Katharine  
Dietz, Thomas  
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  
Szczeny, Lorraine  
Towner, Steven  
Westermann, Robert  
Whittington, Richard

### Neurology

Miska, Robert  
Smith, David

### Obstetrics & Gynecology

Hansen, Scott  
Hughes, Dennis  
Langeland, Fred  
Larsen, Kenneth  
Montiel, Sue  
Nielson, Eric  
Pieper, Sara  
Rasmussen, E. Kent  
Sundwall, Dale  
Wilde, Clayton  
Alpine Medical Group

### Ophthalmology

Barker, Bryce  
Benator, Rachel  
Call, Branson  
Christiansen, Robert  
Davis, Brian  
Harrie, Roger  
Ramsey, John  
Rocky Mountain Retina  
Consultants

### Orthopedic Surgery

Beck, Charles  
Chardack, Michael  
Dechet, Pilar  
Harris, Les  
Hillyard, Robert  
Morgan, James  
Paulos, Lonnie  
Smith, J. Lynn  
Weeks, Ed  
West, Hugh

### Otolaryngology

Aoki, Jon  
Bennett, John

Blanch, Marsden  
Child, Todd  
Hill, David  
Hunter, Robert  
Miller, Steven  
Nielsen, Richard  
Ord, Jon

### Pathology

Anatomic Pathology  
Utah Pathology  
Services

### Pediatrics

Aizad, Tazeem  
Allred, Gerald  
Balog, Kimberly  
Bentley, Frank  
Burton, Mary  
Cannon, Wayne  
Duffy, J. Timothy  
Ferreira, Paul  
Gehle, Kim  
Hightower, Robert  
Hilyer, Laurie  
Orchard, Anna  
Palmieri, Lisa  
Schmidt, Jeffrey  
Terashima, Robert  
Valentine, Mark

### Physical Medicine & Rehabilitation

Dodds, T. Andrew  
Duerksen, Ron  
Giovanniello, Michael  
Knorpp, Scott  
Newton, Bruce  
Randle, Jeffery  
Ryser, David  
Sawchuk, Terry

### Plastic Surgery

Cheng, Christine  
Chick, Leland  
Youngblood, Robert

### Podiatry

Dickerson, Jason  
Edwards, Annemarie  
Flegal, Douglas  
Harper, Spence  
Larsen, Legrande  
Perez, Ricardo  
Rhodes, Randy  
Royall, Steven  
Seegmiller, David  
Smith, Stanton  
Soulter, Scott

### Psychiatry

Mohr, Michaela

### Pulmonary Disease

Hardman, Lara

### Radiation Oncology

Avizonis, Vilija  
Fischbach, A. Jennifer

### Radiology

Mountain Medical  
Physician Specialists  
Utah Imaging

### Rheumatology

Anderson, Steven  
Lundberg, Max

### Urology

Childs, Lane  
Christine, Brian  
Gange, Steven  
Hopkins, Scott  
Labasky, Richard  
McFadden, Michael  
Middleton, Anthony  
Middleton, George  
Richardson, Stephen  
Stout, Lisa

### Vascular Surgery

Wilkinson, Craig  
Wirthlin, Doug

### Safety Net Primary Care Providers

CHC Central City Clinic  
CHC Copperview  
Clinic  
CHC Stephen D.  
Ratcliffe Clinic  
CHC Oquirrh View  
Clinic  
IHC Atkinson Clinic  
IHC Neighborhood  
Clinic  
IHC Rose Park  
Elementary Clinic

### Multiple Specialties

Granger Medical Clinic  
University of Utah  
Medical Group