

Utah Department of Health and Human Services

Primary Care and Rural Health (PCRH)

2021-2022 annual report

Funded by the State Office of Rural Health (SORH)

Letter from the director

The Utah Department of Health and Human Services (DHHS) is committed to helping Utahns have fair and equitable opportunities to live safe and healthy lives. The Office of Primary Care and Rural Health (PCRH) within DHHS is dedicated to serving the health needs of rural and underserved Utah. We work with local healthcare providers, employers, and other partners to support access to quality healthcare for rural Utahns. PCRH works to support rural health providers by providing technical assistance with finance, operations, and quality through a variety of grant programs, workshops, and one-on-one assistance. Additional resources include educational awards that are available to individual clinicians and healthcare institutions, information, referrals, funding resources, and assistance with medical license applications.

We would like to thank Utah's legislators, governor, and DHHS leadership for supporting our important work. We are grateful to the Rural Health Association of Utah, the Utah Hospital Association, and the Association of Utah Community Health Centers for their partnership. The National Organization of State Offices of Rural Health provides capacity for PCRH to create and facilitate state, regional, and national partnerships. Through our State Office of Rural Health grant, PCRH is able to foster information sharing and spur rural health-related activities. This is a key piece of our work to enhance access to quality healthcare services in rural communities.

It is my pleasure to present the 2021-2022 annual report from PCRH.

In gratitude,



Ashley Moretz
Director, Office of Primary Care and Rural Health
Utah Department of Health and Human Services

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Executive summary

The Utah Department of Health and Human Services (DHHS) Office of Primary Care and Rural Health (PCRH) is pleased to report our progress toward accomplishing our mission, "collaborating with statewide partners to improve access to quality healthcare in rural and underserved communities."

Below are a few of our accomplishments over the past year:

- Passed H.B. 176 in March 2022, creating the Health Care Workforce Advisory Council (HWAC) to provide information and recommendations that strengthen Utah's health workforce.
- In collaboration with the Office of Health Equity, PCRH managed a \$4 million Centers for Disease Control and Prevention (CDC) award to address health equity issues worsened by COVID. Within the collaboration, PCRH awarded nearly \$1 million to 6 community-based organizations and 1 educational institution to address health equity issues worsened by the COVID pandemic.
- Channeled \$4,386,661 in SHIP ARPA funds to eligible rural hospitals.
- Released the statewide Primary Care Needs Assessment.
- Hosted UDHHS's first cohort of AmeriCorps VISTA members from August 2021 - August 2022.
- Celebrated the "Power of rural" with partners on National Rural Health Day and recognized "community stars" like Utah's Tammy Barton, EMS director at Garfield County Ambulance.
- Facilitated COVID-19 playbook webinars hosted by Benjamin Anderson, VP for Rural Health and Hospitals at the Colorado Hospital Association.

Utah at a glance



Total population
3,380,800



Total counties
29



Rural counties
24



Rural hospitals
8



Critical Access Hospitals (CAHs)
13



Rural Health Clinics (RHCs)
16

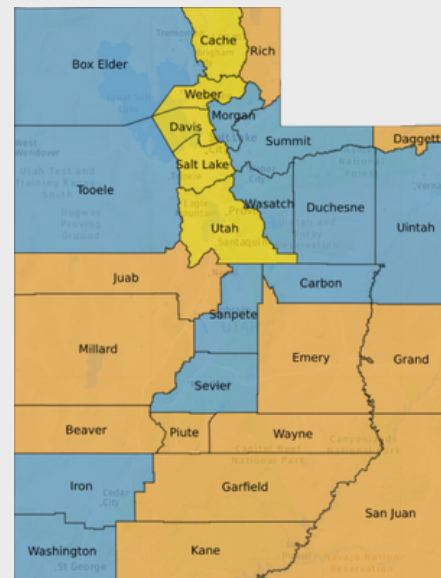
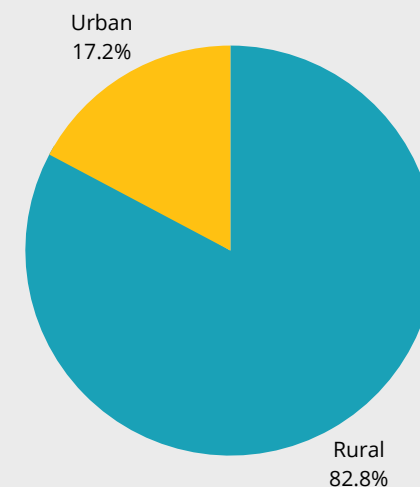
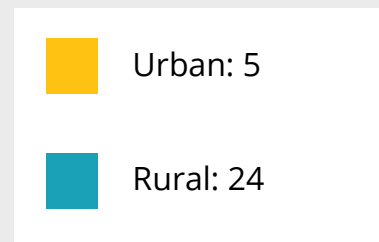


Figure 1:
Map of Utah



Figure 2:
Rural vs. urban counties



Urban counties have a population density of 100 or more people per square mile. Rural counties have a population density of fewer than 99, but greater than 6 people per square mile.

*Frontier and rural counties are grouped together in this report.

Finances

Federal programs

SORH:
\$223,410
Funding for 7/1/21 - 6/30/22

SHIP ARPA:
\$4,392,392
Funding for 7/1/21 - 12/31/22

PCO:
\$176,682
Funding for 4/1/21 - 3/31/22

CDC Health Equity:
\$4,000,000
Funding for 6/1/21 - 5/31/24

Flex:
\$391,386
Funding for 9/1/21 - 8/31/22

RVHAP:
\$300,000
Funding for 8/1/21 - 7/31/22

SHIP:
\$218,212
Funding for 6/1/21 - 5/31/22

SLRP:
\$202,500
Funding for 9/1/21 - 8/31/22

State programs*

SPCG:
\$2,806,400

HCWFAP:
\$300,000

BD:
\$177,600

RPLRP:
\$300,000

DLN:
\$55,000

BHWLRP:
\$893,500

*Funding for 7/1/21 - 6/30/22

Figure 4: Federal funding

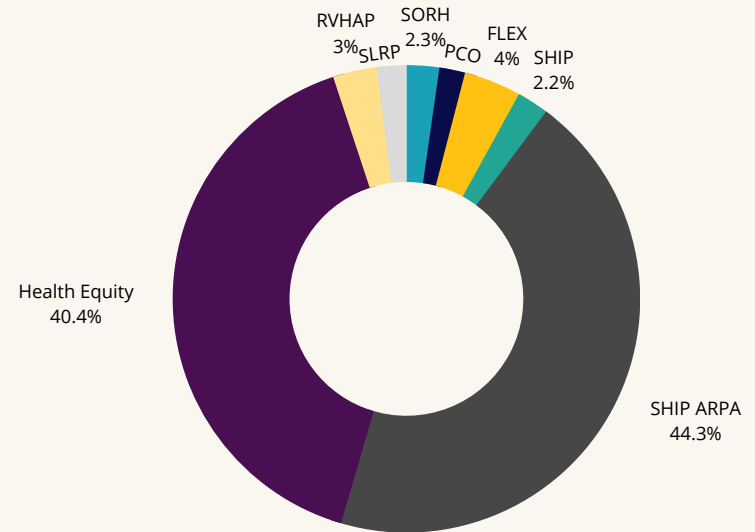
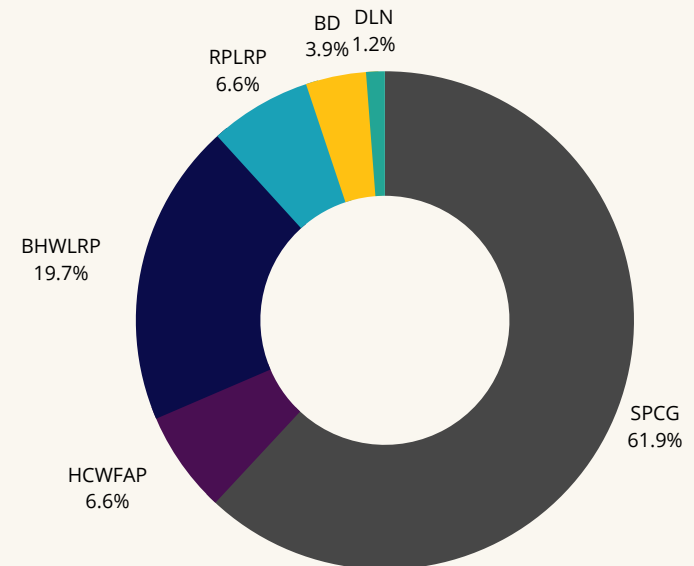


Figure 5: State funding



Our team

Mission: To collaborate with statewide partners to improve access to quality primary, behavioral, and oral healthcare in rural and underserved communities.

Vision: To elevate the capacity of rural and underserved communities to deliver quality healthcare.



(Left to right)

Back row: Holli Mills, Colton Gordon, Mason Payne, Prudvi Mameedi, Ashley Moretz
Front row: Vicki Allison, Liz Craker, Jazmin Letamendi, Kelsey Toups, Robbin Williams

AmeriCorps

In April 2021, PCRH received the Utah Department of Health's first AmeriCorps VISTA award to participate in this prestigious national service program. The Utah Primary Care and Rural Health VISTA Program will elevate the capacity of rural and underserved communities to deliver quality healthcare by supporting programs that recruit behavioral health specialists, improve access to care for rural veterans, and mitigate health workforce shortages. Two AmeriCorps VISTA members accepted offers to join PCRH and began their year of service in August 2021.



State Office of Rural Health (SORH)

Accomplishments

As Utah's State Office of Rural Health, PCRH serves as a resource for Utah's rural and underserved communities through collecting and disseminating information, coordinating rural healthcare activities, and providing technical assistance to partners.

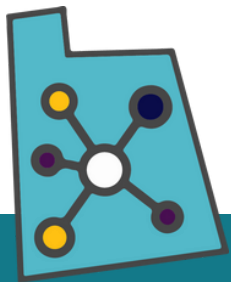
To commemorate National Rural Health Day and Utah Rural Health Week, PCRH organized a photo contest that depicts the "Power of rural" and recognized Tammy Barton, Emergency Medical Services (EMS) director of Garfield County Ambulance, as Utah's 2021 National Organization of State Offices of Rural Health's community star. Tammy was recognized for her advocacy and dedication toward improving rural EMS services.

In fiscal year 2022 (FY22), PCRH managed the second year of a 5-year funding period for the SORH program through the Federal Office of Rural Health Policy.

The Utah Health Workforce Coalition (created to address health workforce issues statewide) worked with Rep. Norm Thurston to develop and pass H.B. 176 during the 2022 legislative session. H.B. 176 created the Health Workforce Advisory Committee (HWAC), Health Workforce Information Center, and Utah Medical Education Council as a subcommittee under the HWAC.

The SORH grant also provided funding to the Rural Health Association of Utah to support its work as Utah's organization member of 3RNet, a national recruitment and retention platform for physicians and other health professionals.

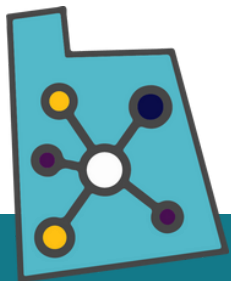
Also during FY22, PCRH partnered with the University of North Dakota's Center for Rural Health and presented the Rural Transformational Leadership Series. Benjamin Anderson, vice president of rural health and hospitals for the Colorado Hospital Association, conducted 3 virtual 90-minute webinars, focused on his nationally released toolkit and playbook, "Redefining Leadership: A Pathway for Rural Health to Thrive in a COVID-19 World."



Primary Care Office (PCO)

The Primary Care Office (PCO) assesses and addresses the primary care needs throughout the state of Utah. PCO provides technical and non-financial assistance to vulnerable populations identified through our assessments and to the primary care, dental, and mental healthcare providers who serve them.

PCO accomplishes this by coordinating with partners to address identified needs, processing NHSC and J-1 Visa Waiver applications to increase provider recruitment and retention for underserved areas, and responding to program inquiries. We strive to allocate federal resources to vulnerable areas by designating Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas and Populations (MUA/Ps).



About us

2021-2022 annual report

Accomplishments

In FY22, the PCO program processed 7 J-1 visa waiver applications, up from 5 the previous year. PCRH initiated an administrative rule change effective July 1 in attempts to reduce administrative barriers for uptake of providers by sites. Previously, sites had to advertise a position opening for a year before recruiting a J-1 candidate. This change in rule is intended to increase overall efficiency and effectiveness of recruiting and retention efforts.

Additionally, PCRH published the statewide Primary Care Needs Assessment in FY22, which includes an analysis of telehealth utilization. The results from this assessment assist the Primary Care Office (PCO) and OPCRH in prioritizing recruitment and retention activities across the state.

The Health Resources and Services Administration (HRSA) updated the geographic and facility-based HPSA designations. As a result of this update, Davis and Weber counties lost their mental health HPSA designations. This indicates increased access to mental health services, but in turn reduces provider incentive opportunities for sites looking to recruit help.

Medicare Rural Hospital Flexibility Grant (Flex)

The Medicare Rural Hospital Flexibility Grant (Flex) ensures that high-quality health care is available in rural communities and meets community needs. The Utah Flex program supports financial, operational, quality initiatives, and indicator-driven health improvement projects.

The program also supports hospitals in evaluating outcomes like patient satisfaction, safe antibiotic use, and emergency patient care. Flex also answers questions about small rural hospitals' needs and provides population health improvement opportunities.



Photo credit: Chelise Draper



Accomplishments

In FY22, PCRH funded 2 Critical Access Hospitals (CAHs) for financial and operational improvement projects and 2 CAHs to participate in the Antibiotic Stewardship educational series.

Additionally, PCRH continued with secured agreements with Comagine Health to provide one-on-one support with quality improvement and REDiHealth Analytics to conduct population health needs assessments and provide data analytics services to 6 CAHs.

PCRH worked with the Bureau of EMS and Preparedness to perform rural EMS agency needs assessments and develop action performance improvement plans for rural EMS agencies.

The 11th annual Rural Hospital Administrator's Summit was held in Park City, Utah, with 37 attendees from across the state. The administrators/facilities below were recognized with awards in the following categories:

Policy and advocacy: Uintah Basin Healthcare

Leadership: Alberto Vasquez, CEO Garfield Memorial

Small Rural Hospital Improvement Program (SHIP)

Accomplishments

The Small Hospital Improvement Program (SHIP) provides funding to small rural and Critical Access Hospitals (CAHs) to assist with activities related to purchasing, including health information technology, payment bundling, prospective payment systems (PB/PPS), value-based purchasing (VBP), and accountable care organizations (ACOs) that allow hospitals to benefit from shared savings programs.

Utah SHIP also helps with quality improvement activities to advance patient care information and promote coordination and efficiency, such as purchasing equipment and paying for training.

In FY22, 17 of Utah's 21 rural hospitals participated in activities related to quality improvement and transition to value.

This program provided \$11,440 to eligible rural hospitals (49 beds or fewer) to assist with improvements in value and quality, including areas such as patient satisfaction, lean performance, and compliance.

Additionally, through SHIP ARPA funding, PCRH directed funds to rural hospitals to support COVID safety and response activities, such as increasing capacity for patient triage, testing, and laboratory services.



SHIP American Rescue Plan Act (ARPA)

Accomplishments

In May 2021, the Health Resources and Services Administration (HRSA) received one-time funding of approximately \$398 million through the American Rescue Plan (ARP) to support COVID-19 testing and mitigation initiatives.

In July, the agency awarded those funds to existing SHIP grantees to support their work with small rural hospitals (with fewer than 50 beds) and Critical Access Hospitals to increase COVID-19 testing efforts, expand access to testing in rural communities, and expand the range of mitigation activities to meet community needs within the CDC community mitigation framework.

The goal of community mitigation in areas with local COVID-19 transmission is to slow its spread and to protect all individuals, especially those at increased risk for severe illness, while minimizing the negative impacts of these strategies. These strategies are used to minimize morbidity and mortality of COVID-19 in societal sectors such as schools, workplaces, and healthcare organizations.

In FY22, 17 of Utah's 21 rural hospitals participated in activities related to COVID-19 testing and mitigation.

This program provided \$257,493 to each eligible rural hospital to assist with purchasing and administering COVID-19 tests. This program also helped fund community mitigation projects that each hospital specifically chose.



Health equity program

Accomplishments

With project support and funding from the Centers for Disease Control and Prevention (CDC), the objectives of this program are to build capacity within communities to address and mitigate health inequities highlighted or exacerbated by the COVID-19 pandemic, and to promote health equity by linking communities and individuals to social resources.

PCRH is supporting 6 rural Utah hospitals in assessing data silos and gaps, and implementing data-driven processes to reduce operating costs, increase payment collection, improve patient care, and use data for more targeted health equity needs.

PCRH, in collaboration with the DHHS Office of Health Disparities, has awarded almost \$1 million to 4 community-based organizations, 2 clinics, and 1 educational institution to address health equity issues worsened by the COVID-19 pandemic:

- [Pacific Island Knowledge to Action \(PIK2AR\)](#)
- [Dove Center](#)
- [Latino Behavioral Health Services](#)
- [Moab Free Health Clinic](#)
- [Holy Cross Ministries](#)
- [People's Health Clinic](#)
- [SUU Rural Health Association of Utah](#)





Health equity success story

"We helped 1 of our families receive coverage for nearly \$60,000 of medical debt. One of our Parents as Teachers program mothers has a daughter who was recently diagnosed with cancer. For the past several months, the daughter has been receiving very expensive radiation therapy. The family was worried about how they could ever pay off the debt they incurred for this treatment, so we connected them to one of our community health workers.

Our community health worker helped the family qualify for emergency Medicaid, and now the past 8 months of the daughter's radiation therapy is fully covered. The family is tremendously grateful to have this debt relieved during an already incredibly difficult time."

— Holy Cross Ministries —



Rural Veterans Health Access Program (RVHAP)

Accomplishments

RVHAP is a 3-year program (2019-2022) that creates the Utah Rural Veteran Coalition (URVC) consisting of CAHs, RHCs, Federally Qualified Health Centers (FQHCs), and Veteran Resource Centers, among others, in an effort to create a sustainable communication network between rural organizations providing and coordinating care to rural veterans and the VA.

Through RVHAP, a statewide needs assessment is conducted to collect data on resources, programs, best practices, and organizations currently available to assist veterans in all rural and urban counties.

RVHAP information is collected and disseminated through the statewide needs assessment and URVC to produce training manuals, resource guides, conferences, and sustainable practice techniques for all rural and urban facilities to utilize when treating and coordinating care for their veteran population.

During FY22, PCRH awarded grants to 6 organizations. The organizations include:

Utah State University Cover to Cover- Provide trainings to rural health organizations/government staff to fortify VA veteran benefit specialist coverage in rural Utah.

Wasatch Senior and Family Care- Offer a home-based primary care program for patients who are homebound to reduce the burden of geriatrician shortage.

Manti Family Dental- Increase dental care access to rural veterans living in the Sanpete county area through providing lower-cost dental services.

Senior Charity Care Foundation- Provided Operation Smile Works to increase access to free acute, chronic, and preventive oral healthcare for Washington County veterans in poverty.

Intermountain Healthcare- Increase access to substance use disorder and mental health services for rural veterans through the VA Collaboration for Utah Rural Behavioral-health Services (CURBS).

Gunnison Valley- Improve veterans' awareness of local resources, increase staff knowledge of challenges that veterans face, and work with the VA to establish a telehealth/interface program.

Six County Association of Governments- Increase coordination for veterans by creating a network of resources to assist veterans across the rural 6-county region (Sanpete, Sevier, Millard, Juab, Wayne, and Piute).



State Primary Care Grant Program (SPCGP)

Accomplishments

The State Primary Care Grant Program (SPCGP) awards grants to public and nonprofit entities to fund primary healthcare to medically underserved populations in Utah.

The goal of SPCGP is to increase the number of eligible individuals served in target populations, including workers who earn low wages, children, elderly, Native Americans, migrant and seasonal farm workers, individuals with chronic diseases, individuals experiencing homelessness, individuals with limited English-speaking proficiency, and single heads of household.

These grants help organizations provide access to outpatient care for individuals and families who are without health insurance, and are not eligible for CHIP or Medicaid. It also covers primary care services that are not covered by Medicare, Medicaid, CHIP, or private insurance.

In FY22, the SPCGP awarded 38 organizations with contracts totaling \$3,105,989, which served approximately 39,854 individuals.

Recipients of this grant include Moab Free Health Clinic, Tooele County Health Department, Positive Pathways, and Creek Valley Health Clinic, to list a few. Projects covered all aspects of an individual's health, from primary care and dental care to mental health services.



SPCGP success story

“

"In November, the clinic in partnership with the Hope Alliance, Grand County Schools, Grand County Education Foundation, and Moab Rotary Club was able to provide 92 patients, including students, with free eye exams and glasses. We also worked with community volunteers as well as community businesses, including Bowen Motel, Red Rock Bakery, Pasta Jay's, and Za Restaurant, who sponsored the event. Our new facility has set aside an entire room dedicated to vision care. The Hope Alliance will bring down equipment in the coming months to fully outfit the room. This allows the Hope Alliance to set up permanently placed equipment, making it more convenient for them to provide vision service more often in Moab."

Moab Free Clinic



Assistance for People with Bleeding Disorders (BD)

Accomplishments

The Bleeding Disorders Program provides funding to the Utah Hemophilia Foundation's Lifeline Program to help individuals obtain hemophilia treatment and provide a financial safety net for treatment costs.

To be eligible for assistance, a patient must:

- Have a verifiable bleeding disorder
- Be a Utah resident for at least 12 months
- Prove U.S. citizenship or permanent alien/valid visa status, and;
- Verify that "annual out-of-pocket insurance and medical expenses for all household members are greater than 7.5% of an applicant's adjusted gross income" (UHF).

In FY22, the Bleeding Disorders Program supported 16 individuals for a total of \$48,186.

Four out of the 16 individuals reported their income levels as below 100% of the poverty level, while all 16 considered themselves underinsured.



Dental Lifeline Network (DLN)

Established in 2015 with the support of the Utah Dental Association, the Dental Lifeline Network assists individuals with disabilities or who are elderly, medically vulnerable, underinsured, or cannot afford care and receive access to treatment for severe dental conditions.

Since the program's inception, dental care volunteers served 393 total patients, which equates to nearly \$1.9 million in dental care.

DLN's statewide volunteer network includes 120 dentists and 54 labs. Of the 120 dentists, 38 are specialists and 82 are general dentists who can refer patients as needed (Figure 7).

Accomplishments

In FY22, the program served 96 patients and facilitated \$337,514 in donated treatment with the recruitment of 8 new volunteer dentists. Of the 96 patients served, 47% were seniors older than age 60.

Fifty-eight out of the 96 patients had completed treatment by the end of the fiscal year, and each patient received an average \$4,936 worth of dental treatment.

\$7.42

in care donated for every \$1 spent

Figure 6: Donated care

32%
Specialists

68%
General dentists

Figure 7: Practitioner ratio



State Loan Repayment Programs (SLRP)

Accomplishments

The State Loan Repayment Program (SLRP) facilitates HRSA grant funding for states and territories to operate state-run loan repayment programs. Through SLRP, each state and territory can create programs best suited to address healthcare needs in that state.

Primary medical, mental/behavioral, and dental clinicians who receive awards through SLRP-funded programs are able to pay off their student debt in exchange for working in provider shortage areas.

SLRP funds were used to match \$35,904 in BHWLRP and HCWFAP awards in FY22, thereby extending the value of the state funds.

In FY22, an appropriation of \$202,500 was given where SLRP required states to provide a one-to-one match in funding.

SLRP began matching awards for HCWFAP in FY22 since the Utah Legislature did not allocate any funds to the program in FY21.



Photo credit: Teresa Dahl



Health Care Workforce Financial Assistance Program (HCWFAP)

Accomplishments

The Health Care Financial Assistance Program (HCWFAP) provides educational loan repayment assistance to eligible healthcare providers. In exchange, providers must commit to work at least 2 years at an approved site that is located in an underserved or shortage area in the state of Utah.

This program intends to increase the retention and recruitment of providers in underserved areas and to reduce the scores of Health Professional Shortage Areas (HPSAs) throughout the state.

Eligible providers include primary care and dental health professionals, who can qualify for up to \$50,000 in loan repayments.

The provider's employer must also match 10% of the total award amount and provide a competitive salary/benefits package.

In FY22, 14 contracts for a total of \$433,187 were awarded to providers working in underserved areas.

The 14 contracts were awarded to 6 physician assistants, 4 nurse practitioners, 1 physician (psychiatrist), 1 social worker, 1 certified nurse midwife, and 1 dentist.

The providers served at sites located in Uintah, Beaver, Duchesne, Sanpete, and Salt Lake counties.



Rural Physicians Loan Repayment Program (RPLRP)

Accomplishments

PCRH receives an ongoing annual appropriation of \$300,000 to provide educational loan repayment assistance to physicians in exchange for a 2-year service commitment at a rural hospital.

The state of Utah awards up to \$40,000 per provider. If the employing hospital agrees, a provider can extend their service term by 1 year and receive an additional \$20,000.

The employing hospitals are required to match the loan repayment amount one-to-one. The total possible award amount for a provider in this program is \$120,000.

In FY22, the RPLRP awarded 4 new contracts worth up to \$40,000 and 3 extensions for \$20,000 each.

Providers were located in Kane, Uintah, and Sevier counties.



Behavioral Health Workforce Loan Repayment Program (BHWLRP)

Accomplishments

In FY22, PCRH continued to award funds from the 1-time, \$2 million appropriation by the Utah state Legislature in FY21.

This loan repayment program is for behavioral health professionals who work in a publicly funded setting in exchange for a 3-year service commitment to the state of Utah.

Eligible providers include psychiatrists, psychologists, clinical social workers, psychiatric pharmacists, and various other counselors/therapists, to list a few.

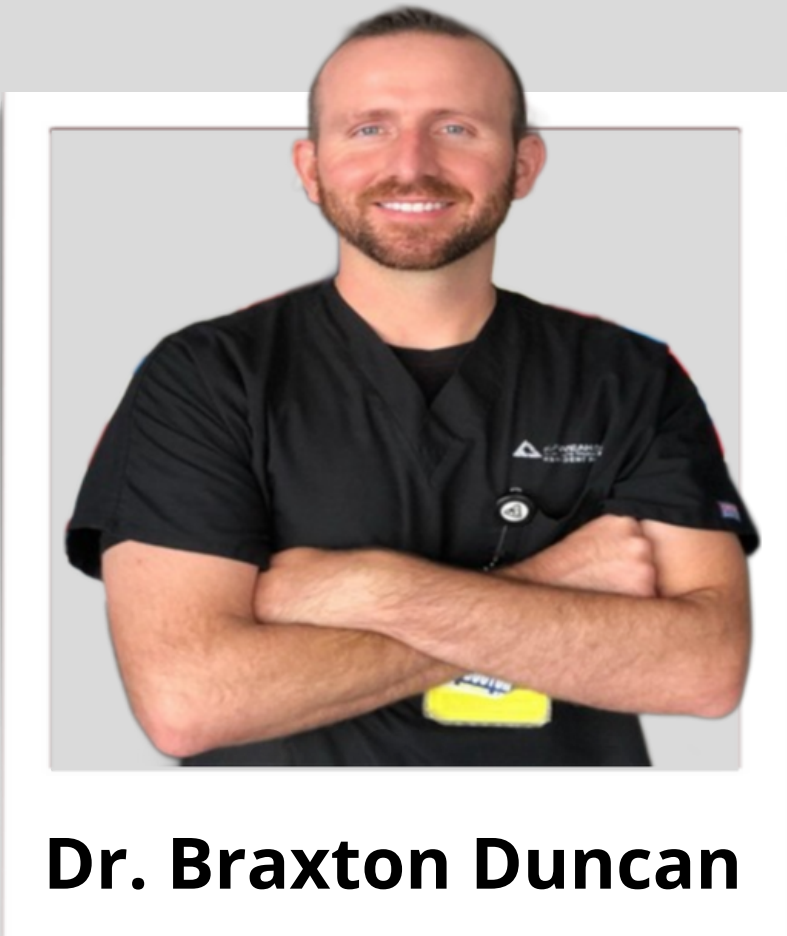
Award amounts range from \$500 to \$50,000, depending on provider type. Participating sites are required to match 10% of the total award amount.

In FY22, PCRH provided 27 awards worth \$446,943 for providers who worked at 11 different sites across the state.

Thirteen of the 27 applicants worked at Davis Behavioral Health in Davis County, while the remaining providers worked at sites scattered throughout Salt Lake, Tooele, and Weber counties.



Provider success story



“

"As an emergency medicine physician, I have provided emergency care in a single-coverage setting at a remote level IV trauma center in Vernal, Utah. My service provides access to emergency medical care for 15,000-20,000 residents of Vernal and surrounding communities. Much of my patient volume is providing care to underserved populations including, uninsured, underinsured, and Medicaid patients. Additionally, a significant portion of my patient practice is providing care to Ute Indian tribal members."

— Uintah Basin Healthcare —



FY22

Loan repayment comparison chart

Features	HCWFAP	BHWI	RPLRP	RPLRP extensions
Appropriation type	Ongoing	1 time	Ongoing	N/A
Funding	\$300,000	\$893,500**	\$300,000	N/A
Award amounts	Up to \$50,000	\$500 - \$50,000	Up to \$40,000	\$20,000
Total awards given out	14	27	4	3
Total value of awards	\$433,187*	\$446,943	\$132,738	\$60,000
Service commitment	2 years	3 years	2 years	1 year

*Reflects SLRP award match.

**Carry-over funds from \$2 million, FY21 appropriation.



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