



MEMORANDUM

Date: April 11, 2013

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator 

Re: **Family and Community Medicine, Diabetes Center and Gastroenterology Laboratory Update**

Background

Favorable market conditions driven by depressed construction costs during the bidding process for construction of the 2004 and 2006 voter approved bond projects resulted in bids far more favorable than originally anticipated. As a result, the bids for constructing several projects, including the Behavioral Health Pavilion (BHP) at The University of Arizona Medical Center-South Campus hospital (South Campus), were accomplished at costs substantially lower than expected. The savings totaled nearly \$9 million in bond funds, which allowed the Bond Advisory Committee (BAC) and the Board of Supervisors to examine other public health needs including those identified by the hospital.

After their review, the BAC and the Board approved the allocation of \$5.8 million of these bond funds to construct new physician clinic space for Family and Community Medicine (FCM) and a Diabetes Center at the Herbert K. Abrams Public Health Center (Abrams Center), as well as a new gastroenterology (GI) laboratory on the west side of the hospital, along with a helipad to complement the new and expanded hospital emergency room constructed on the first floor of the BHP. The BHP, the new hospital emergency department and the helipad opened in August 2011 and the GI laboratory opened in July 2012, followed by the opening of the FCM Clinic and the Diabetes Center in December 2012. This memorandum provides the Board with highlights of the first few months of operation by the GI lab, the FCM clinic and the Diabetes Center.

Gastroenterology Program

The GI program encompasses a wide array of services related to digestive disease, such as disorders of the liver, esophagus, stomach, intestines and colon. The new facilities, which opened in July 2012, dramatically expanded previous capacity. Rather than the single procedure room historically used for these services, the new site offers three procedure rooms, nine separated prep and recovery bays, an updated surgery waiting room, and a

customized instrument cleaning/sterilization area just for the GI services, expediting the timeframe in which equipment can be sterilized and available for procedures.

The hospital is implementing a new GI laboratory management structure to support this service expansion. This effort is led by Drs. Mark Lin and Eugene Trowers with a dedicated presence on the South Campus by Dr. Bianca Afonso.

Dr. Lin joined the division of gastroenterology at UAHN in August 2010. Dr. Trowers has been the leader in planning the South Campus service and reporting on its status at the Oversight Committee meetings focused on the South Campus. Dr. Afonso completed her fellowship at The University of Arizona and subsequently joined the GI team at South Campus in October 2012; and with her dedication to this site continues community outreach to further develop her practice at the South Campus. She has a special interest in women's health issues, including GI disorders during pregnancy. In addition to the GI physicians, two-high volume surgeons are also utilizing the GI laboratory for certain of their procedures.

For the first seven months of Fiscal Year (FY) 2012/13 (July 2012 through January 2013), the GI laboratory procedure volume increased 78 percent compared to the same time period in the previous fiscal year. The hospital projects nearly 2,000 procedures for the current fiscal year ending June 30, 2013.

To assure the hospital can continue to accommodate escalating demand for the service, it has increased its staffing for the two procedure rooms to assure both rooms are available five days a week. The third room, while not currently in use, positions the hospital to easily meet growing demand. Some of this demand will be generated as a result of the fact that colorectal screening is not only a covered preventive service under Medicare, but is also a mandate in the provisions published for the Affordable Care Act (ACA).

Family and Community Medicine Clinic

Construction of the nearly 17,000 square foot Family and Community Medicine (FCM) Clinic space at the Abrams Center was completed in August 2012. The clinic is comprised of 36 examination rooms, organized into three distinct pods for more efficient patient flow, complemented by three procedure rooms, one treatment room with three bays for patients requiring IVs and/or observation on stretchers, three consultation rooms, a shared laboratory draw station and two rooms for rotations by the 24 primary care physician residents training in this program. The examination rooms are designed to include a console with a computer at which physicians can meet with patients and family members to review diagnostic testing and discuss a plan of care. The innovative space design targets a collaborative provider, patient and family approach. The FCM clinic is designed

The Honorable Chairman and Members, Pima County Board of Supervisors
Re: **Family and Community Medicine, Diabetes Center and GI Laboratory Update**
April 11, 2013
Page 3

to function as a “medical home” at which patients are provided comprehensive, integrated care, including behavioral healthcare and wellness programs, at one convenient location.

The FCM Clinic is led by Dr. Lane Johnson, MPH, a graduate of The University of Arizona College of Medicine, where he was a founding member of the Commitment to Underserved People (CUP) program. Areas of special interest to him include public health, clinical prevention and rural health. Dr. Johnson is committed to caring for the underserved, as evidenced by his volunteer work with St. Elizabeth’s of Hungary Clinic and his recent publication of a book with several other University of Arizona faculty members entitled, *The Care of the Uninsured in America*.

The FCM Clinic received its state license on November 29, 2012, permitting physicians to begin seeing patients at the new site. While initially the clinic utilized two of the three pods, hospital leadership indicates the third pod is open but not at capacity, leaving room for further clinic expansion. Overall, the clinic is running at 60 percent capacity. Through a collaboration of the hospital with FCM and the College of Nursing, a nurse practitioner is now available at this clinic. The College of Nursing clinic is expected to grow in the coming year. The hospital and physician practice have been successful in recruiting two faculty physicians and a midlevel provider who will fill vacancies that will occur as of June 2013.

The first two months of operation in the new clinic space, January and February 2013, generated 21 percent more clinic visits than during these two months in the previous year. To continue and accelerate the increasing volume trend, the hospital and its physicians are planning an extensive marketing and outreach effort for the community to include an open house in the near future. Special emphasis will be placed on increasing the number of children the practice serves to meet the accrediting body’s target of 10 percent. Currently, FCM is serving four percent. Leadership of the hospital and FCM are examining the impact of not meeting the target.

Recent estimates published in the *Annals of Family Medicine* (Petterson, et al., 2012) suggest that nationally, there will be a shortage of more than 50,000 primary care providers, 8,000 of which are expected to be a direct result of the expanded insurance coverage made possible under the ACA. Shortages differ by geographic area; it is anticipated that shortages will have a greater impact in rural areas and those already federally designated as a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).

FCM has a major commitment to workforce development. While FCM operates a graduate medical education (GME) training program at the University campus, it chose to implement a second program based at the South Campus focusing on rural health needs. FCM is the second largest GME program based at the South Campus, with 24 residents rotating

throughout rural Arizona, including Nogales, Kayenta, and Sells, and also training at the new Abrams Center site located in an area designated as HPSA and MUA. FCM is ideally positioned to leverage the various provisions of the ACA aimed at expanding primary care to alleviate the projected shortages in primary care providers.

Diabetes Center

Construction of the new Diabetes Center began in January 2012 and was completed in August 2012. The Center is located on the first floor of the Abrams Center adjacent to the FCM Clinic. The Diabetes Center includes clinical space and offices totaling nearly 5,000 square feet with nine general medical examination rooms, two podiatry exam/procedure rooms, one room for group medical visits, one room for telemedicine, a shared laboratory draw station and one patient/family education room.

The Diabetes Center is collocated with a teaching kitchen and fitness testing center as well as a classroom; combined they represent nearly 1,900 square feet. This design allows for its services to include education on healthy eating and evaluation of a patient's physical status and level of support required for the individual to begin or resume an exercise program.

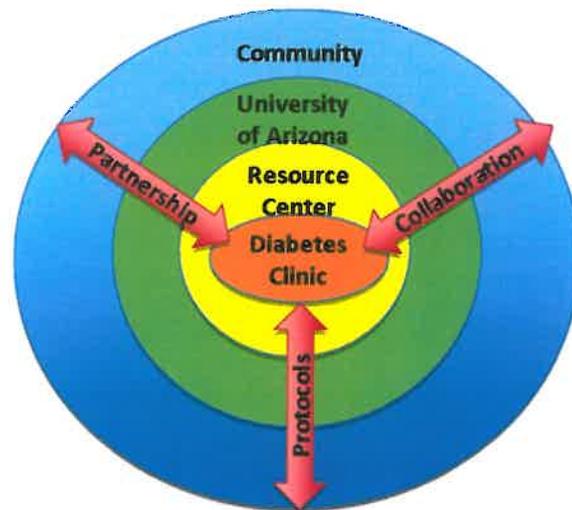
The grand opening of the Diabetes Center was held on October 5, 2012, and state licensure was received November 29, 2012, permitting the Center to begin providing services to patients. As of December 2012, endocrine specialty diabetes care is now available in the Center. Endocrinology involves caring for the whole person, as well as the disease, and creating a physician-patient relationship key to the therapeutic process. Care is provided by a team of physicians and non-physician clinicians specializing in the care of people living with diabetes and obesity. The team may include endocrinologists, podiatrists, nurse practitioners, dietitians and certified diabetes educators.

There has been broad support and advocacy for the Diabetes Center, especially by Dr. Thomas Boyer, Chair of the Department of Internal Medicine, who provided funding for the national search to recruit a director for the Center. Thanks to his efforts, Dr. Merri Pendergrass began serving as the Director on November 1, 2012.

In the short time she has been in this role, Dr. Pendergrass has initiated significant work on three tracks as depicted in the following diagram. She has been recruiting essential staff to fully operationalize the Center and establish billable programs. At the same time, she has undertaken a wide range of community outreach and established linkages through which the Diabetes Center is providing education and training. As a third tier of effort, Dr. Pendergrass has begun working with other physicians in the University of Arizona Health Network (UAHN) system to infuse protocols and expertise for integration of the treatment and management of diabetic patients who present in their respective practices. Each of

these strategies, when fully executed, will ultimately benefit the community as a whole by providing valuable resources to diabetic patients regardless of where they present in the community or the UAHN.

Figure 1: Diabetes Center Development



Recruitment of Staff for the Diabetes Center

Dr. Pendergrass anticipates a Program Coordinator will begin work with the Center in April or May. The candidate has been actively working in this community and was formerly with the Garden Kitchen. Among her duties will be establishing the education center and coordination of volunteers.

An additional registered nurse (RN) also begins work in the Center this month. This provides the capacity for expanding educational efforts for patients receiving medical care not only in the Diabetes Clinic, but also at other UAHN sites, such as Internal Medicine (IM), FCM, and both Emergency Departments (ED). Dr. Pendergrass' goal is to train and deploy Diabetes Nursing Champions who would interact throughout a variety of the practices in the UAHN system, providing expertise on diabetes to patients regardless of where they are receiving care. The RN educators will deliver survival skill classes in which individuals with diabetes will be supported in their efforts in managing a life with diabetes. This model would essentially infuse the Diabetes Center expertise throughout the UAHN system supporting the estimated 20 percent of patients treated in any setting who present with diabetes. In addition, Dr. Pendergrass plans to establish a team of nurses to manage insulin and other medication adjustment services under her direct oversight.

Final interviews are underway for an endocrinologist who has the skills to more formally integrate endocrine fellows¹ into the Diabetes Center program, further enhancing the capacity and array of resources at the site for patient care. Recruitment continues for two other faculty positions with the expectation of hiring one for general endocrinology and one specializing in diabetes care – both of whom will treat diabetic patients through the Center.

Community Outreach and Linkages

Mulcahy YMCA at the Kino Community Center on Ajo Way (Mulcahy YMCA)

Since November 1, 2012 when Dr. Pendergrass arrived, she has established groundwork for ongoing relationships and services throughout the community. The Mulcahy YMCA located on Ajo Way is committed to several key initiatives that could ultimately be replicated throughout the YMCA system. Three key initiatives are being implemented at this time. The Mulcahy YMCA is establishing a system of support through which they will be able to receive an exercise prescription from the Diabetes Center and provide space, equipment and specially trained individuals to support the patients for whom the scripts are written. The Mulcahy YMCA will dedicate a room in its facility for diabetic patients to conveniently test their blood sugar. This testing is essential throughout the day and especially before, during and after exercise. The Mulcahy YMCA has committed to sending their trainers from this site to the Diabetes Center to study metabolic issues that impact the diabetic patient, particularly during exercise, so they can provide essential support to this population while they are using the Mulcahy YMCA. To encourage patients with a prescription for exercise to utilize the Mulcahy YMCA, management of this YMCA is exploring the possibility of waiving some portion of the YMCA membership initiation fee, which could make it easier for patients to commit to the monthly fees.

Collaboratory for Metabolic Disease Prevention and Treatment

Dr. Pendergrass has fully engaged with The University of Arizona schools of Public Health and College of Agriculture and Life Sciences to integrate their nationally recognized researchers focused on nutrition and exercise with the Diabetes Center. Based on an agreement among Pima County and the Deans of the Colleges of Medicine, Public Health and Agriculture and Life Sciences, these researchers, along with key faculty and staff, will be relocating to the Abrams Center as part of the Collaboratory for Metabolic Disease Prevention and Treatment. The collocation at Abrams will further facilitate the collaboration on fitness testing and health food preparation utilizing the new facilities located on the first floor of the Abrams building adjacent to the Diabetes Center.

¹ A fellow is a physician who enters a training program in a medical specialty after completion of a residency.

Collaboration with Physician Practices throughout UAHN

Dr. Pendergrass is implementing a vision that includes assuring that wherever a patient enters the system, they will receive excellent diabetes care wherever they are being cared for and they will be triaged to the appropriate diabetes services. A key aspect of Dr. Pendergrass' collaboration with other program areas throughout the UAHN includes linkage with those physicians specializing in a behavioral health approach to achieving and maintaining health and wellbeing. Along with this initiative, Dr. Pendergrass is identifying entry points into UAHN at which actions can be taken to prevent unnecessary admissions or ED visits. One example is her work with the emergency department leadership to establish protocols by which chronic insulin therapy can be initiated when a patient presents in the ED with high blood sugar. Implementation of such protocols would stabilize the patient sufficiently for the hospital to release them with a follow-up appointment to the Diabetes Center for support services, as well as with their own personal physicians, for long-term management of their diabetes.

Conclusion

Developments in GI, FCM and the Internal Medicine Diabetes Center programming clearly reinforce ongoing commitment to the significant revitalization and expansion of the South Campus. I welcome the interest expressed by the leadership of South Campus hospital, as well as numerous physicians who have indicated they are committed to accelerating the availability of services to County employees and their families. The local availability and commitment of widely recognized experts in primary care and specialty services offers an opportunity for the County, as a self-insured employer beginning July 1, 2013, to leverage our considerable investment and commitment to further optimize the health and wellbeing of the 12,000 employees and dependents anticipated to be covered by our self-insurance health plan.

CHH/mjk

c: Dr. Michael Waldrum, President and CEO, University of Arizona Health Network
Sarah Frost, Administrator, University of Arizona Medical Center-South
Jan Leshner, Deputy County Administrator for Medical and Health Services
Honey Pivrotto, Assistant County Administrator