

HARVARD UNIVERSITY COMES TO INTERMOUNTAIN



Intermountain joins forces with five doctoral students from Harvard to improve community engagement in addressing local health needs

Five doctorate students in Harvard's School of Public Health spent three weeks at Intermountain looking at how we work with local leaders and internal stakeholders to meet the health needs of people in our community. From the left, here are students Yang Fang, Jenny Hsi, Chris Wheelahan, Sana Mostaghim, and Jackie Kaslow with Intermountain's Terry Foust.

Intermountain welcomed five doctoral students from

Harvard's T. H. Chan School of Public Health to the Central Office earlier this year. The students spent three weeks working with Mikelle Moore, Vice President of Community Benefit, and other members of her team to study the community health needs assessment process and provide a comprehensive plan on how its implementation can be as successful as possible. Their main objective: Develop the process for engaging local communities and internal stakeholders in addressing the needs that are identified by the needs assessment.

The group's focus: Examine, and help improve, the planning Intermountain does to meet community needs. The students began gathering research late last year to help them better understand people who'll be affected by the community health needs assessment and the best ways to successfully implement it. For the three weeks they were stationed in Salt Lake City, they interviewed internal leaders, leaders of public health departments, and community

Continued on next page

HARVARD STUDENT — continued



THE FIVE DOCTORAL STUDENTS spent three weeks at Intermountain's Central Office working with the Community Benefit department on the Community Health Needs Assessment.

organizations who serve low-income and underserved communities, gathered information, and worked closely with Terry Foust, Community Health Improvement Director and Liz Joy, MD, Medical Director of Community Health, to fully understand the scope of the assessment and help improve its impact as we develop implementation strategies.

"It was gratifying to learn that Intermountain was one of the organizations at the top of the list for these Harvard students who were interested in making a meaningful difference in public health," says Mikelle. "And as a learning organization, we're always made stronger when we have the chance to work with those from other highly-reputable organizations. That's certainly been the case with these exceptional students."

How was their proposal received? The five doctoral students presented their work last week to a group of Intermountain leaders and community partners. The research they conducted and the recommendations they made will be considered and used as the community health needs assessment wraps up early this year and as the implementation of addressing community health needs rolls out over the next three years.



While the students were here, they had a chance to explore some of Utah's most notable landmarks. Here they sit on a rock at Antelope Island.

"We were thrilled to be working with such bright and capable students," Terry adds. "From the moment they shared their preliminary research to the day they arrived, I had no doubt we'd be receiving the very best recommendations from this group."

Intermountain Healthcare was one of six locations where The Harvard Chan School of Public Health sent small groups of Doctor of Public Health (DrPH) students to receive real-life experience and provide

educated proposals on ways the involved organizations can improve community outreach endeavors. Of the six other immersion locations — including Rwanda, Vietnam, Thailand, and Burma — Intermountain Healthcare was one of the most sought-after opportunities. Salt Lake City was the only location in the United States where Harvard's DrPH program sent students.

This is the second year Harvard has sent doctoral students from its recently established DrPH program to Intermountain Healthcare through the Harvard T.H. Chan School of Public Health.

Watch your mail for a NEW tax form that includes information you'll need when you file your 2015 taxes

You'll need information from a new tax form when you do your taxes this year that reflects the health insurance coverage or eligibility for health insurance coverage you had through

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Intermountain Healthcare at any time during 2015. The new form, the 1095, is required by the Affordable Care Act. It will be mailed to your home address in late January or early February. If you retired, went on long-term disability, transferred between Intermountain and SelectHealth, or enrolled in COBRA at any time last year, you may receive two separate 1095 forms. If that's the case, you'll need both of the forms to file your taxes because they each contain unique information about your coverage.

What should you do with your 1095 (and how will it affect your taxes)?

- Watch your mail (and open all of your mail from Intermountain). HR will send a heads-up email to your Intermountain email address when the 1095s are being mailed so you'll know to watch for it. Don't throw out any mail without opening it so you don't miss this important tax document.
- Consider waiting to file your taxes until you receive the 1095 form. Your 1095 from Intermountain/SelectHealth will be mailed in late January or early February. The IRS has said: "While the information on these forms may assist in preparing a return, they are not required." If you were eligible for or had health insurance benefits through Intermountain, HR's recommendation is that you wait to file your 2015 taxes until you have this form.
- Be aware of the differences between your 1095 and your W-2 forms. Your W-2 form, which reflects your earnings for 2015, will be mailed by January 31 and electronic copies will be available online through My InfoExpress. But the 1095s will be mailed a little later and reprints won't be available online.

Who will receive a 1095 from Intermountain Healthcare? The new tax form will be sent to these groups of Intermountain and SelectHealth employees, dependents, prior employees, and retirees:

- Any employee who's enrolled in an Intermountain employee health insurance plan
- Any employee who was considered an "eligible employee" under Affordable
 Care Act regulations at any time during 2015 (who worked an average of 30
 hours or more per week) regardless of whether they were enrolled in health
 insurance during the year
- Any recipient of long-term disability benefits who was enrolled in health insurance coverage or eligible for health insurance coverage in 2015
- Any employee or dependent enrolled in COBRA or the family security benefit
- Any retiree between ages 55-65 who was enrolled in retiree health insurance in 2015

WHO SHOULD YOU CALL IF YOU HAVE QUESTIONS?

IF YOU HAVE QUESTIONS
ABOUT THE DATA ON YOUR
1095 FORM regarding your health
insurance coverage, please call
the Intermountain Benefits &
Retirement Center at 1-800-8437820, option 3, or email benefits@
imail.org.

IF YOU HAVE TAX QUESTIONS — including questions about how to file your taxes, the impact of the 1095 form on your tax liability, or other income tax-related questions — please contact a tax professional. The Intermountain Benefits Center Team won't be able to assist you with tax questions.



Utah Legislature starts its 2016 session this week; here's a look at the health-related bills it's likely to consider and how to make your voice heard

he Utah Legislature's 2016 general session starts Monday, January 25, and runs until March 10. Two major health-related issues are likely to be considered:

- Medicaid funding for current enrollees. Costs continue to increase —
 and Utah's Medicaid population continues to grow and legislators are
 likely to look at methods to provide additional funding for the program.
- **Medicaid expansion.** There's been limited support in the Legislature for a broad expansion of Medicaid, but there's some interest in a new approach that would offer Medicaid coverage to the medically frail with incomes below 100 percent of the federal poverty level and possibly to parents who have children on Medicaid. Funding proposals are being explored.

Other health-related bills different legislators are talking about:

- An assessment on hospitals that helps the state qualify for federal Medicaid funds is up for renewal this year.
- The ability of long-term acute care hospitals to perform surgery may be considered.
- Expanding the scope of practice of nurse practitioners may be proposed.
- Legislation affecting end-of-life care is likely to be considered, including proposals that affect how terminal patients and their loved ones make decisions, the options they can consider, support offered by their care providers, etc.

Why should you get involved in legislative issues? "When informed citizens share their perspectives with our legislators and other elected leaders, our leaders are better able to make wise and informed decisions," says Bill Barnes of Intermountain's Office of Government Relations. "A number of healthcare professionals are serving in the Utah Legislature, but we encourage all of our people to share their insights and opinions, no matter how you feel about politics. Our insights on issues like healthcare reform can enhance the decisions our elected leaders make, including what they decide about expanding Medicaid in response to federal health reform initiatives.

UTAH LEGISLATURE — continued

"Intermountain Healthcare doesn't support any candidate or party, but we strongly encourage community involvement. The more well-informed people who are involved in the political process, the more good our elected officials do."

One other way you can be involved (and informed). If you'd like more information on state and national political issues, click to sign up for Intermountain's Health Policy Network. You'll get periodic email updates about what's going on in the Legislature and in Congress; you may also get occasional invitations to contact your elected officials when they're considering key health-related proposals. Participation in the network is totally voluntary and will have no impact on anyone's employment.

Free breakfast will focus on how to reduce lung cancer among women — everyone who's interested is invited

A free breakfast meeting that will focus on how to reduce the rate of lung cancer among women is Thursday, February 4, at 8 a.m. in Intermountain Medical Center's west auditorium. Everyone who's interested is invited. The presenter is radiation oncologist Bill Sause, MD, who's a long-time clinical leader at Intermountain Healthcare and a noted cancer expert. To register, click Action.Lung.org/utbreakfast by Monday, February 1. If you have questions, contact Jamie Riccobono at jriccobono@lungs.org or 801-931-6041.

The sponsors are Intermountain Healthcare and the American Lung Association. One purpose of the breakfast is to share information about Lung Force, a new national movement led by the American Lung Association to unite women against lung cancer, which is the number one cancer killer of women.

Your W2 will be mailed by January 31 (and a copy will be available online)

Your W-2 form from Intermountain/SelectHealth (which reflects your earnings for 2015) will be mailed by January 31 and electronic copies will be available online through My InfoExpress. If you have questions, call your payroll coordinator.

Blog Series

4

of 7

Optimizing the Caregiving Experience

Resolve to be a personal example of someone who "lives well"

Were you among the 25 percent of people who

BLOG BOX:
This week's blog by
CHARLES SORENSON, MD
Intermountain Healthcare's
Chief Executive Officer

reportedly abandoned their New Year's resolutions by the end of the first week in January? In the fourth installment of his series on optimizing the caregiving experience, Dr. Sorenson suggests we "be examples of living well." And he offers some specific advice for how to stay on track—and invites everyone to share their insights,

suggestions, strategies, and even struggles.

The five dimensions to Intermountain's LiVe Well Program — LiVe Happy, Healthy, Secure, Connected, and Engaged — encourage us to consider the many aspects that contribute to a balanced well-being. Also in the blog, one of our Intermountain colleagues shares how she and her family resolved to live more financially secure and their efforts contributed to real, measurable progress toward a goal and priority for her family. Your personal goals or priorities may be different from hers but the steps she took to set the stage for success are applicable to all of us.

Click on <u>intermountain.net</u> to read the rest of Charles' blog and to share your thoughts and insights.

Do you have something for the newsletter?

If you have something you would like included in the newsletter, contact Dane DeHart at dane.dehart@imail.org or 801.442.2825.

A news update from Seth Meyers...

"Oscar nominations were announced last week and Sylvester Stallone is up for best supporting actor. He said it was an honor to be nominated. Or maybe he said it's an 'awkward denominator."

Two Intermountain clinicians help develop new international treatment guidelines for patients with venous thromboembolism — and help Intermountain continue to fulfill our vision to be a model health system

wo physicians from Intermountain Medical Center played a key role in the development of new evidence-based guidelines used by clinicians around the world to treat venous thromboembolism, a dangerous and potentially deadly medical condition that's a leading cause of death and disability worldwide.

Scott Stevens, MD, and Scott Woller, MD, co-directors of the Thrombosis Clinic at Intermountain Medical Center, were among 15 experts from around the world selected by the American College of Chest Physicians to review and update important evidence-based guidelines physicians use to treat venous thromboembolism, or VTE, which affects more than 10 million people worldwide. They were the only Utah physicians to serve on the panel.

Dr. Stevens says the opportunity to serve on the panel was an amazing and rewarding experience. "The group of 15 authors, from six countries, are among the leading researchers in the world in the field of thrombosis," he says. "The process of creating the questions, analyzing the evidence, and forming and discussing the guideline statements was incredibly challenging and rewarding."

The new guidelines, titled "Antithrombotic Therapy for VTE Disease: CHEST Guideline from the American College of Chest Physicians," provides 54 updated recommendations for the optimal treatment of patients with venous thromboembolism.

What is VTE — and why are the new guidelines so important to physicians around the world? Venous thromboembolism is the formation of blood clots in a vein. When a clot forms in a deep vein, usually in the leg, it's called deep vein thrombosis, or DVT. If that clot breaks loose and travels to the lungs, it's called a pulmonary embolism. VTE is very common and not as well known as other diseases such as heart attack and stroke. Yet VTE can be prevented, and when present, can be quickly diagnosed and effectively treated.

"Patients sometimes delay seeking care because the symptoms of VTE can be hard to tell from other, less serious problems," says Dr. Stevens. "If patients are aware of VTE, they can help make sure they

A BETTER WORLDWIDE BEST PRACTICE — continued

use preventive measures in situations that cause risk and promptly seek care if they have symptoms. That's why these guidelines are so important."

The Chest guidelines provide practical evidence for practicing clinicians around the world, and help form best practices hospitals and healthcare delivery systems can use to standardize care and assess outcomes for VTE, says Dr. Woller. "Important advances in

the evidence surrounding the treatment of blood clots has emerged since the last guidelines were updated," he says. "Specifically, newer medications are now available and there's additional guidance surrounding the treatment of blood clots among patients with cancer."

Key changes to recommendations in the latest edition of the guidelines include:

- Non-vitamin K antagonist oral anticoagulants (NOACs) are suggested over warfarin for initial and long-term treatment of VTE in patients without cancer.
- Compression stockings shouldn't be routinely used to prevent post-thrombotic syndrome in patients with acute DVT.
- Suggestions as to which patients diagnosed with isolated sub-segmental pulmonary embolism should, and should not, receive anticoagulant therapy.

"Authorship on the Chest guidelines is a prestigious opportunity and marks Dr. Stevens and Dr. Woller as internationally recognized experts in the field of thrombosis. This is a great honor and speaks volumes about the quality of the program we have here at Intermountain," says Greg Elliott, MD, Chair of the Department of Medicine at Intermountain Medical Center.

Mark Ott, MD, Chief Medical Director of Intermountain's Central Region, agrees. "There are a lot of ways to contribute to advancing medical care in the region and country. Some have greater impact than others," he says. "Since there are millions of people every day who are anti-coagulated according to these guidelines, it's hard to imagine many doctors anywhere whose work has a bigger impact on medical care in America than Dr. Woller and Dr. Stevens. We're proud that Intermountain Healthcare has two of the best and brightest clinicians this country has to offer."





INTERNATIONAL LEADERS: Dr. Scott Stevens, top, and Dr. Scott Woller talked with ABC4 News last week about the new venous thromboembolism guidelines they helped to draft. Click here to see the report. Dr. Mark Ott says: "Since there are millions of people every day who are anti-coagulated according to these guidelines, it's hard to imagine many doctors anywhere whose work has a bigger impact on medical care in America than Dr. Woller and Dr. Stevens. We're proud that Intermountain Healthcare has two of the best and brightest clinicians this country has to offer."

A BETTER WORLDWIDE BEST PRACTICE — continued

Anticoagulation Forum releases new clinical guidelines to facilitate high-value, evidence-based venous thromboembolism care — and again, Intermountain's Woller and Stevens help lead the charge



An Olympic athlete with a life-threatening blood clot shows the impact of the new venous thromboembolism guidelines

An ABC4 news report from last week tells the story of Olympic skater Rebekah Bradford-Plath, who had a pulmonary embolism that was misdiagnosed for six months. Click here to see it. She came to Intermountain Medical Center's Thrombosis Clinic, where Scott Stevens, MD, and Scott Woller, MD, treated



her using evidenced-based protocols they helped draft, which now are being shared with doctors around the world. "Blood clots are probably the most common serious disease you've never heard of," Dr. Stevens tells ABC4 anchor Nadia Crow in the report. "Without blood flowing into the lungs, the body can't get oxygen and that's the cause of death when blood clots are fatal."

The new guidelines offer better care and better outcomes to the halfmillion Americans whose lives are

threatened by venous thromboembolism every year — including Rebekah. She's sharing her story to help promote the new guidelines and show their impact. "They're a way for every doctor in the country to use the best possible scientific research from the highest-level experts to treat their patients just like the high-level expert would," Dr. Stevens says.

The Anticoagulation Forum, the largest peer organization of anticoagulation service providers in North America, has released new comprehensive clinical guidance on venous thromboembolism, or VTE, treatment — and Intermountain Medical Center's Scott Woller, MD, and Scott Stevens, MD, served as panelists for the organization's publication. The two physicians serve as co-directors of the Thrombosis Clinic at Intermountain Medical Center.

The publication was recently released in a special issue of the *Journal of Thrombosis* and *Thrombolysis* and includes 12 manuscripts focused on the epidemiology and management of VTE with a particular emphasis on the management of drugs employed in its treatment, including both traditional agents and new direct oral anticoagulants, or DOACs.

"This is an exciting time in the arena of treatment of venous thromboembolic disease," says Dr Woller. "New medications that are comparatively less burdensome to take and manage than warfarin — which was the only oral anticoagulant available — are emerging. These new medications appear equally effective but safer and serve as alternatives for patients' consideration."

Some of the clinical issues addressed in the publication include initiation and duration of treatment, managing the direct oral anticoagulants, peri-procedural management, managing bleeding and drug reversal, care of patients with special circumstances, and treating cancer-associated thrombosis.

The Anticoagulation Forum's guidelines serve as a practical clinical resource for physicians, nurses, pharmacists, and other healthcare providers when they care for

patients with venous thromboembolism. "Clinician adherence to evidence-based recommendations, such as those found in the Anticoagulation Forum guidelines, facilitates high-value care, desirable patient outcomes, and systemwide cost savings," says Dr Woller.



MARK YOUR CALENDAR AND HELP PASS THE WORD:

The 2016 Family Heart Fair is Saturday, February 6, at Intermountain Medical Center. The fair will run from 9 a.m. to 1 p.m. and is presented by the Intermountain Medical Center Heart Institute. It will include fun heart-healthy activities, cooking demonstrations, informative seminars, games for the kids, health

screenings, and more. The annual event is Utah's largest family heart fair and is free and open to staff and the public.

Intermountain's annual research summit is April 22

Intermountain's 13th annual research summit — titled "Research in a Model Learning Healthcare System" is Friday, April 22, from 7:30 a.m. to 1:30 p.m. in Intermountain Medical Center's Education Center. A note in last week's *Stories* listed the incorrect date; sorry for that mistake.

Who's invited and what's on the agenda? Intermountain physician researchers, researchers from the University of Utah and surrounding hospitals, principal investigators, research nurses, research staff, clinical research coordinators, research support staff, and departmental and facility administrators engaged or interested in research are invited to the summit. You can attend either onsite or online. The agenda will focus on concepts and techniques that promote research into high-value and state-of-the-art clinical care. The purpose of the conference is to provide information about organizational and strategic research, share research, discuss research activities, and discuss organizational initiatives and service. To register or get more information click www.intermountainphysician.org/researchsummit, call 801-442-3930, or email CME@imail.org.



Tina Fey: The impact of a wind machine...

From Bossypants by Tina Fey... "With a wind machine blowing your hair during a photo shoot, you feel like Beyoncé. But the moment the wind machine stops, you catch a glimpse of yourself in the mirror and wonder, 'Why is the mother from Coal Miner's Daughter here?'"