

## Primary Care Integration at University of Utah: Creating a Common Platform for Care Team Support

Molly Conroy MD, MPH; University of Utah School of Medicine

Collaborators: Justin Alvey, Michael Bronson, Erin Clouse, Michael Flynn, Bernadette Kiraly

Mentors: Sam Finlayson, Wendy Hobson-Rohrer, Betsy Trowbridge

**Background:** High functioning primary care is critical to the University of Utah Health (UHealth) mission. The Primary Care Integration (PCI) initiative was created to establish a common platform and sustainable integrated financial model to support clinical, research, and education missions. The participating clinical groups are: Community Physicians Group (CPG), Department of Family and Preventive Medicine (DFPM), Department of Internal Medicine (DOIM), and Department of Pediatrics (DOP).

A crucial feature of the common platform is consistent care team support across the 4 academic and community primary care groups. Recent data shows that without care team support, primary care providers (PCP) need 27 hours/day to complete necessary care for a 2500 patient panel, compared to 10 hours/day with care team.

**Aims:** 1) Define current care team staffing and expectations for each care team role; 2) Identify current funding sources for care teams and resources needed to maintain current staffing and make staffing more equitable across groups.

**Methods:** PCI Executive Committee includes representatives from each clinical group and UHealth administrative team. We met every 2 weeks to refine aims and review data regarding care team roles and expectations. Experts from each care team group were invited, and addressed staffing, billing, and current successes/challenges. Budget and FTE will be aggregated from FY24 budgets from clinical groups to build towards future integrated budget.

**Results:** We focused on the following care team groups: clinical pharmacists, behavioral health social workers, and care managers. All care team groups are currently deployed in UHealth primary care clinics, but the staffing is not consistent across clinics, nor is the funding source. A common challenge is having qualified applicants for approved care team positions, and data was shared regarding innovative staffing models to fill open positions and retain existing staff. For FY24, clinical groups will still budget care teams through their individual budget processes, but a pilot integrated budget will be created for behavioral health social workers, as this care team group has greatest potential to bill for services and therefore create trackable revenue data.

**Discussion:** Creating a common platform for care team support was a topic of high relevance for all PCI clinical groups. Significant expertise and data for using clinical pharmacists, behavioral health social workers, and care managers exists within our clinical groups, but we lack a common platform for creating a budget and tracking staffing across primary care clinics. There are plans for opening a clinic in FY 2027 that will include PCPs from all clinical groups, making the pilot integrated budget for behavioral health social workers a critical next step. Common quality performance metrics are needed for each care team group; we plan to develop quality performance metrics for each care team and build an integrated dashboard for tracking these outcomes.

**Conclusion:** Primary Care Integration has created a forum to articulate the needs and assets of the primary care clinical groups. We will continue to align our care team platform with the overall strategic mission of UHealth to maximize its impact.