UNOFFICIAL HISTORY OF THE COMMUNITY HEALTH CLINICS
By Kathy Pedersen PA-C
In collaboration with Hilmon Castle MD and Steve Ratcliffe MD

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INTRODUCTION

If you plan to be a long timer or have wondered about the start of the Community Health Centers Inc (CHCI/CHC), the following is information from the collective memory of Hilmon Castle MD, former chair of the Department of Family and Preventive Medicine (DFPM), Irene Sweeney and Diane Moeller (former DFPM administrators), Eldon Mitchell (an administrator of Family Health Program (FHP), Steve D. Ratcliffe MD (former medical director of CHCI), and Kathy Pedersen (long term CHC PA). Dr. Castle obtained information from his own recollections, noting that he did not find any written record of this history; in addition, he queried several others who were involved in development of the various Community Health Centers, including the transition to Family Health Program (FHP), and then the phase out of FHP. The following is our recollections for your interest and perhaps, enjoyment.

We were interested in the following questions:
1. Why was CHC started? (formerly Salt Lake Community Health Center)
2. What funding started CHC and how were the funds used? What became of the original funds, and what part did FHP play?
3. What were the original locations and names of the clinics?
4. What sponsorship and important transitions did CHC have?

History of Salt Lake County Community Health Centers  (now Community Health Centers Incorporated)

The Holy Cross Hospital opened a medical clinic in the Northwest Multiple Purpose Center (NWMPC) staffed by Sister Carmaletta, a nurse practitioner, circa 1970 to serve the indigent population in that geographical area. Kathy Hoskins was the Executive Director of the Community Action Program (CAP) that established the NWMPC in the Rosepark area of Salt Lake City with Dona Olsen as director.

The Department of Community and Family Medicine, later changed to Department of Family and Preventive Medicine (DFPM), moved the family practice (FP) residency started in July 1971, from the St. Benedict hospital in Ogden to the Holy Cross hospital in Salt Lake City in July 1972. Shortly thereafter the Moreau Family Practice Clinic was opened for residents at Holy Cross, and discussions began about the possibility of the medical staff and residents to assist with medical services at the NWMPC. By 1975 some of the 18 FP residents in SLC were assigned to the NWMPC along with FP faculty as supervisors and teachers. Kevin Patrick became the first medical director, followed by King Udall and finally Steve Ratcliffe who was a FP resident from July 1979 to 1982.
Even though the need for medical services in the Northwest area of SLC was clear to the community, it had not previously been designated by the Public Health Service (PHS) as a site grossly deficient in medical services. Despite this, members of the DFPM faculty Dona Olsen and Ross Woolley obtained a federal grant to support the development of a Community Health Center in the NWMPC in 1976 or 1977. Carmen Ochoa became Executive Director, followed by Susan Reid, an administrator in the DFPM.

When Steve Ratcliffe married a University of Utah law student during his residency in 1981, he was interested in staying in Utah to serve his two-year National Health Service Corps obligation in an underserved area. Even though the Northwest community qualified as such an area, it had never been so designated, primarily because the Salt Lake County Medical Society (SLCMS) earlier had indicated the needs could be met by local private practitioners. In a move to have Northwest designated as medically underserved community deserving of federal support, Ratcliffe met with Quinton Harris, MD, a representative of the Salt Lake County Medical Society (SLCMS), and obtained his support which was critical to the PHS’ designation in 1982. Also, the assistance of Dave Sundwall MD, a staff member in the office of Senator Orrin Hatch, was critical to designation of the Northwest community as medically underserved. Steve became the medical director at the Northwest Medical Clinic in 1984--2002 when King Udall left to enter private practice in SLC.

During 1982—84, two more Community Health Centers were opened; Redwood (Glendale area) and Copperview (Sandy, UT) were staffed by family practice faculty, residents, physician assistants (PA-C), and family nurse practitioners (FNP). By 1985, the administration of the CHCs shifted to community non-profit organizations. Also in 1985 there was voter referendum that mandated that all non-profit hospitals document their charity medical services. Holy Cross elected to sell their Utah hospitals to for-profit corporations, but Intermountain Health Care (IHC) agreed to support the services to indigent patients. By 1986 the medical staff of the CHCs increased from four family physicians to eleven plus numerous certified PAs and FNPs. CHCs became training sites for FP residents, FNP and PA trainees. Central City clinic (downtown SLC) became a part of the CHCs, and Redwood and Kearns clinics merged to become the OquirrhView CHC (Taylorsville area).

The medical directors subsequent to Steve Ratcliffe were Osman Sanyer MD, Konrad Kotraty MD, and Dave Keahey PA-C, MPH (medical director)/ Keith Horwood MD (associate medical director). Other associate medical directors have been Carlos Guerra MD and Sarah Woolsey MD.

The executive directors have been Dona Olsen, Carmen Ochoa, Susan Read, Eligio White, and Dexter Pearce. Board chairs have been Dan Hacking, and Dan Andrus, among others.

All the clinics were initially started within community centers, with the exception of Kearns clinic. Only Copperview clinic remains in the community center in Sandy. The other clinics have been combined or relocated to independent structures. In 1994 approximately, the CHCs left the University of Utah as part of a nationwide restructuring, to run their own grant. The CHC physicians maintained strong ties to the university and continued to take medical students and residents, and other trainees as above.
Steve Ratcliffe, for whom Northwest was named at his departure in approximately 2002, formed an ongoing alliance with IHC who subsequently provided charitable funds for the clinics. He was involved in the formation of a health plan (UCHP) that provided insurance to small companies. As mentioned, in 1982 Steve Ratcliffe initiated the first National Health Service corps loan repayment at Northwest. This tradition has continued with multiple providers receiving loan repayment in this fashion.

Specialists were recruited over the years. Internists, pediatricians, mental health workers, health education specialists, dietitians, prenatal care coordinators, translators, doctors of pharmacy, podiatry, optometry, and OB/GYN work or worked at the CHCs. A pharmacy assistance program and a retinopathy screening program have been in place for many years. Previously, the CHCs were affiliated with the Utah Medical Assistance Program (UMAP) and the Homeless Shelter, both of which have formed independent organizations. The Migrant Health program is still part of the CHCs. In the 1990s, the SLC CHCs started the Mountainlands CHC in Provo, Utah with the intention that this CHC would become independent, which occurred several years later.

Some anecdotes as described by Steve Ratcliffe include:

In 1985-86, the CHCs were short physicians. Steve rounded every day for 3 months. He was working harder than residents who told him life was supposed to be better out of training. Things really turned around when family physicians Osman Sanyer, John Houchins, and Bill Sayres joined the CHCs, just out of their residencies. Now Steve had a life again; the just hired doc and former NWMPC resident, Bill Sayres did a record 17 deliveries for the CHCs in July 06.

At a different point in time, the federal government reported that they had given the CHCs too much money, so the suggestion was that providers take a ten percent decrease in salary, the remaining staff take a 5% cut; and CHC administration eliminate several resource people. After several months Steve found funding to recoup the situation. This was just one of the five or six near calamitous descents – the first being when the CHCs were in their first year as an independent non-profit.

Steve fondly remembers the lovely decade of the enhanced CHC perinatal services that included a health promotion program, nutrition counseling and perinatal care coordinators. At that time, tracking prenatal and perinatal outcome data (88-94) was done tediously by hand before the computer age. Steve hoped for a legacy to provide holistic care, mental health, nutrition, and psychosocial counseling to prenatal patients; this has since undergone permutations because of funding.

Steve also recalls the very dark times in 1996 when 7 of 12 docs resigned within 3 months, resulting in termination of some upper management. After this low point the CHCs eventually became more stable.
In particular, Steve noted the symbiotic relationship between the university of Utah and the CHCs. The CHCs maintained strong ties to the U and formed a strong partnership that grew a whole generation of docs with great staying power under trying circumstances. These docs stayed energized with CHC residency program. The CHCs in collaboration with the U joined forces for grant funding and attracted a whole litany of incredible people for employment at CHC. Years later, financial calamity hit the DFPM resulting in a conscious decision to head a different direction. This decision ended the residency program at the CHCs.

Steve states that the real story was about growth, stabilization, and a strong CHC system that provided care and attracted very driven excellent docs who stayed and educated others; this remarkable partnership supported both missions of CHC and DFPM. The 25year CHC/U collaboration was pretty sustainable if one looks at care of underserved and how two groups complemented each other,

The future will evolve with lifestyle and boundary issues different than in ‘80s and ‘90s. Part of the CHC strength is the staying power of some really incredible people.

CHC Timetable

1978  Application submitted to BPHC for the first CHC
1979  Opened first CHC – Northwest CHC in Rose Park
1980  NW dental opened providing dental resident training
1983  Redwood CHC opened
1984  Copperview CHC opened. UMAP clinics opened
1985  Founding member of AUCH (Association of Utah Community Health Centers)
1986  CHC becomes independent agency (Salt Lake CHC), leaving the University of Utah
1987  Utah Department of Health reclaims UMAP clinics. IHC begins partnership with the opening of Central City Clinic. Low birth weight project began.
1988  Wasatch Homeless project began
1989  Kearns CHC (an IHC spin-off) is opened
1990  Migrant Health opens Clinica de Buena Salud
1991  Ryan White program began
1992  Mountainlands CHC begins serving Utah County
1995  CHC name adopted. Mountainlands in Utah County spun-off.
1996  Redwood and Kearns move into the new OquirrhView CHC in Taylorsville
1997  Indian Walk in center health care agreement made for Indians living in the area. Homeless program spun-off to Wasatch Homeless. Ryan White, Title III Program spun-off to University of Utah.
1998  Car Seat Safety program started
1999  Central City dental opened. Reach out and Read program begun at Northwest clinic. CHC joins Diabetes collaborative. OB fellow program developed with University of Utah OB and FP departments
2000  OquirrhView dental opened. WIC begins services on site at Northwest CHC. Ended 2001. Reach out and read program begun at Central City and Farmworkers Health. Reengineering project begun at Northwest CHC. Pharm
D program begins at Central City in collaboration with the University and Homeless health.

2001 Call Center opens at Copperview CHC. OquirrhView FP residency opens. JCAHO accreditation.

2002 Northwest renamed Stephen D Ratcliffe CHC. Reengineering project completed

2003 OB/GYN/FP physician hired. Rounder call group developed. UISP operational. HCN agreement made.

2004 Medical manager put into operation. Platinum accounting software implemented. JCAHO re-accreditation.


2006 CHC implements advanced access in its medical clinics

2007 JCAHO re-accreditation. Collaboration with Salt Lake County and state emergency medical services to prepare for pandemic flu epidemics and acts of botulism.

### Community Health Centers Providers

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<tr>
<th>NORTHWEST (became SDR)</th>
<th>REDWOOD (became OV)</th>
<th>COPPERVIEW</th>
<th>KEARNS (became OV)</th>
<th>CENTRAL CITY</th>
<th>OQUIRRHVIEW</th>
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<td>Kevin Patrick MD</td>
<td>Dave Nilsson PA</td>
<td>Karen Tomky FNP</td>
<td>Dave RobinsonMD (then NW)</td>
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<td>King Udall MD</td>
<td>Lombardo Palma MD</td>
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<td>Mark Weber PA</td>
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<td>Gary Buck PA Samuel Rao MD</td>
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ASSOCIATED PROGRAMS WITHIN SALT LAKE CITY UNIVERSITY OF UTAH GRANTS AND INITIATIVES
FHP

Other programs affiliated with the University of Utah that were developed alongside the CHCs are described below, including the transition to FHP, and then the phase out of FHP. As mentioned, although CHC was part of the University of Utah until 1994, they were not connected to the Neighborhood Health Center (NHC), the “Community Health Centers” (carrying the same name) under the Utah Group Health Plan (UGHP), or FHP. These programs are discussed below, provided as a backdrop against which the CHCs were formed.

Two of Lyndon B. Johnson's Great Society initiatives that emerged in the 1960s were: The Office for Economic Opportunity (OEO) to fund Neighborhood Health Centers (NHC) and Regional Medical Programs (RMP) for Heart Disease, Cancer and Strokes.

In January of 1966, Dean Castleton of the medical school appointed Hilmon Castle MD to serve as Coordinator and do whatever was needed to initiate an operational Regional Medical Program within 1966. Utah was one of four RMPs funded by NIH in June 1966. Dr. Castle developed a well-received program that encompassed the intermountain region and lasted until 1974. The program had generous funding and a large professional staff who initiated many programs in addition to the ones for heart disease, cancer and strokes. They established a Multiphasic Health Screening clinic (MPHSC) and program in 1968 in the old SL county hospital previously located on 21st and State Street. Staff from the
RMP developed the Neighborhood Health Center and located it adjacent to the MPHSC. That was the beginning of the clinics described below.

TIMETABLE
1968--The SL county health department in collaboration with a group of indigent patients, believed to be from the central city area, applied to the OEO for funds to develop a NHC in SLC. Their application was denied primarily because they were unable to secure the endorsement and support from the SL county medical society or the dental society. Those two declared there was no need for governmental intervention in the private practice of medicine and dentistry and that they would take care of the indigent population. In early 1969 the community leaders concerned about getting health care for Medicaid and uninsured patients approached RMP for help. Two staff members of RMP, Irene Sweeney and Betty Gilson, M.D., secured the support of the medical and dental societies and formed a committee to submit an application to OEO that was approved for $2 million for the first year to build a NHC. (The grant over five years is believed to be $15 million, but firm details are lacking). The funds were initially granted to the University of Utah and later funds from the PHS went to the Utah Group Health Trustees Foundation established by Irene and her community committee.

1969--Late in the year the NHC opened with Richard Berman, MPH as the administrator who stayed on for a couple of years until the community organization with Irene as chairman was functioning satisfactorily. Dr. Castle encouraged Wayne Zundel, M.D. who was part-time in RMP to join the NHC as the medical director. He recruited seven or eight additional MDs.

1972--Funds were obtained from the Public Health Service ($300,000, by best recollection) to add the Greenwood clinic located at 7200 South. By this time the NHC and Greenwood clinic were encompassed into the Utah Group Health Plan (UGHP) to become the first HMO in Utah, and the program had 10,000 to 12,000 Medicaid patients enrolled.

1974--The UGH physicians and the administrator of UGHP asked Hilmon Castle to become medical director when the program became unstable and the CEO was replaced. The physician group remained including Dr. Zundel. They appointed Diane Moeller who was on the RMP staff as the administrator in January 1975 and the program stabilized.

1975--Federal funding via the PHS for development of HMOs was no longer available. UGHP needed funds to expand the enrollment and services, but local banks declined to loan funds to such a new and uncertain program. Diane attended a seminar on development of HMOs is Guam where Dr. Bob Gumbinder had expanded FHP as a satellite to the FHP in Long Beach, CA. Diane and Irene anxious to find a way for UGHP to expand and thrive, invited Gumbinder to visit SLC. He did so and volunteered that he would be interested in investing in UGHP and merging it with FHP. At that time FHP was a nonprofit organization and Gumbinder stated he would always maintain it as nonprofit. Meanwhile, Nick Danforth, M.D. from Dartmouth became medical director given that Dr Castle was focused on the FP residency, PA program, and running DFPM.
After a two-day visit to FHP Long Beach, Drs. Danforth and Castle had reservations about the FHP operation. They were unimpressed with the quality of care and that FHP was being run like a business. Not liking the general atmosphere of the operation, they recommended to the UGHP Board of trustees that they decline Gumbinder's offer. The UGHP Board of trustees responded that they preferred that Dr. Castle take full responsibility for obtaining more funds and running UGHP. Dr. Castle declined because of his commitment and responsibilities in DFPM. The trustees felt they had no other options except to join FHP.

1976-- In April FHP took charge and experienced staff from FHP Long Beach was transferred to SLC. The enrollment of private patients via their employers grew rather rapidly. When FHP took over UGHP had $2 million in reserves. Nick Danforth remained at FHP until 1977 or so. Bob Alston, M.D. returned from military service with the US Navy and joined the FHP staff as an Internist. Sometimes later, perhaps by 1978, Alston became the Medical Director of FHP-Utah.

1983--FHP provided $1.8 million to build the Redwood FHP clinic, which opened that year. Another clinic was opened near Ogden. Enrollment in FHP grew to over 100,000.

1984--FHP resources were converted and incorporated as a for-profit business with shares of stocks allocated or purchased by people associated with FHP. All the assets provided earlier to start UGHP by the federal government were converted into this for-profit organization. Details are unknown as to how this was accomplished; the incorporation was done in Delaware and the profits were in the hundreds of millions of dollars.

1985--Eldon Mitchell joined FHP-Utah as vice-president and remained until 1996.

1989--FHP had used the Holy Cross Hospital for FHP patients that needed hospitalization from 1976 to 1989. Dan Walterman came from the Holy Cross Hospital system’s central office to replace Ken Rock as the CEO of the SLC hospital in 1988. Dan took a hard line in negotiating hospital rates with FHP prompting FHP to feel they could obtain a better arrangement with St. Mark’s hospital in 1989. Eventually FHP decided that the cost of hospitalized patients at St. Marks was excessive. They concluded that having their own hospital would be more economical. The FHP physician group became the Talbot Medical Group.

1992--FHP hospital was opened on State and 2400 South in SLC at a cost of approximately 40 million dollars and closed in 2000. That hospital operated at a deficit and was sold to Paracelsus Hospital system in 1996 and then to IASIS in 1997. Other owners intervened temporarily. The FHP health plan became the Altius Health Plan with approximately 200,000 enrollees.
EARLY HISTORY OF THE DFPM
Further information on the development of the University of Utah DFPM, where the CHCs were located until 1994 can be found at the University of Utah medical library:

Medicine in the Beehive State: 1940 - 1990
Edited by Henry P. Plenk
Published 1992

Abstract: This book presents the history of the practice of medicine in Utah by tracing the development and work of those at the University of Utah’s medical school from 1940 to 1990. The history is told through the reflections and memories of many different physicians who worked at the school. The chapters written by these contributors are organized according to medical specialty. The early beginnings of DFPM are on pp 191-203.

SUMMARY

In conclusion, the history of the CHCs and the medical community in the early years of CHC intrigue and interest many of the CHC providers. It is hoped that this document will provide some background on why the CHCs were developed, its funding, sponsorship, and connections within the Salt Lake community.