

communityprofile



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Salt Lake valley at twilight. The Wasatch Mountains rise behind Salt Lake City. The Utah state capitol building is visible to the left.

Olympic Coverage Here's the story NBC's Bob Costas probably won't get around to telling during next month's coverage of the 2002 Winter Games in Salt Lake City. The city has polished itself to shine in the international spotlight.

By Julie Sturgeon

IN PREPARATION FOR THE 2002 WINTER Olympics, Salt Lake City has proven one thing: It doesn't do anything on a small scale.

For instance, the formerly sleepy, four-lane I-15 now features 143 rebuilt bridges and interchanges befitting a 12-lane interstate. Downtown grew by 2,000 hotel rooms, bringing the total to 17,000. The Gateway entertainment complex, completed in November 2001 to entertain visitors, takes up 700,000 square feet. The city's fathers opened Thanksgiving Point Institute in time

for the crowds as well. At 700 acres, it's the largest botanical garden in North America, featuring the world's largest man-made waterfall. And Hogle Zoo is the largest zoo in the Intermountain West.

Salt Lake City has other "biggests" as well. The Genealogical Society of Utah has the largest collection of genealogical material in the world. The Great Salt Lake is the world's second largest saltwater lake. Delta Airline's third largest hub is here, too. AgReserves, the largest producer of nuts in America, has its headquarters in Salt Lake City. Even Salt Lake Community College

holds the distinction of being the largest community college system in the nation.

About 3.6 billion people will get a look at Salt Lake City—the largest city to host the winter games—for the first time in February. Physicians here already have gained a few take-aways: The \$312 million TRAX light-rail service recently opened its leg from downtown to the University of Utah campus, giving staff there direct access to the city's finest restaurants and amenities in six minutes. The international spotlight also means medical placement firm [CompHealth](#) an-

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POPULATION:

Salt Lake City: 181,743, MSA: 1,533,073

CLIMATE:

Annual rainfall: 15.7 inches

Annual snowfall: 63.3 inches

Average High/Low Temperatures:

January: 37° / 20°, July: 93° / 62°

Days of sunshine: 232 days

Elevation: 4,327 feet

TRANSPORTATION:

AIRPORTS - Salt Lake City International

Airport, 700 scheduled daily departures via 11 airlines

LIGHT RAIL - TRAX BUS: More than 100

bus routes provided by Utah Transit Authority; fares \$1 for two hours.

INTERSTATES - I-15 (north/south),

I-80 (east/west)

COST OF LIVING:

Indexed at 103 (100 is average)

AVERAGE HOME PRICE:

(Salt Lake County): \$181,000

MEDIAN HOUSEHOLD INCOME: \$44,118

SALES TAX: 6.6 percent

anticipates the need to ramp up its temporary personnel for area facilities to handle the 70,000 extra people descending on the city for two weeks.

Self-reliant spirit

Physicians who visit the area—those with and without Olympic event tickets—will detect a self-sufficient attitude among their colleagues. Salt Lake City is basically isolated. It takes five and a half driving hours to reach Las Vegas to the south or seven hours east to pull into Denver. That geography played a vital role in helping the U.S. Chamber of Commerce choose Salt Lake City as a case study on the collegial environment between the community and various hospital systems at its March 2001 summit meeting in Washington, DC.

Fortunately, the public perceives its health-care options as superior—with Larry G. Mankin, the president and CEO of the Salt Lake Chamber of Commerce,

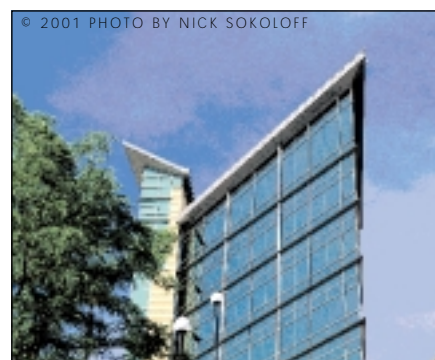


ABOVE, The penguin exhibit at the Hogle Zoo. RIGHT, The Huntsman Cancer Institute, part of the University of Utah Hospitals and Clinics.

leading the pack. When Mankin's wife was diagnosed with a brain tumor in 2000, the couple addressed the treatments in their own backyard. "When I lived in Michigan, people with life-threatening diseases said, 'I've got to get to Mayo Clinic [in Rochester, Minn.],' " he points out. "They talked about Duke University and MD Anderson in Texas as the premier health-care spots. But in all the time I spent in the hospital recovery rooms here, I never heard people talk about leaving the city for top-notch medical attention."

High marks for location

It takes a little more than a we're-in-together mentality to attract physicians. According to its nationwide studies, relocating physicians weigh three priorities, says Don DeCamp, chief operating officer of CompHealth, headquartered in Salt Lake City: location, practice setting, and



money, in that order.

As for outdoor activities, take Mankin's day: Upon leaving his driveway, he can roll 900 yards down the mountain to a national forest, where 40 hiking trails tempt him. Every glimpse out his back window reveals the rolling beauty of the valley between the Wasatch and Oquirrh mountain ranges. "For lifestyle, there's really nothing better. I'm not saying that because I'm the head of the chamber," he adds. "I say that because I came from Michigan, Wisconsin, Minnesota, Nebraska, South Dakota, and Ohio! They're going to have trouble booting me out of here."

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ABOVE, A snowboarder at Utah Olympic Park.

RIGHT, The TRAX light-rail system, opened in 1999, covers a 15-mile corridor through downtown, and a new leg to the University of Utah campus.



Best familiarize yourself with the Cottonwood Canyons ski resort names now: Alta, Brighton, The Canyons, Deer Valley, Park City, Powder Mountain, Snowbasin, Snowbird, Solitude, and Sundance. These aren't merely gold-medal venues to watch on television for Salt Lake City residents—they're an afternoon downhill run. Unlike Colorado resorts, which Denver's larger acreage pushes out to a farther distance, these world-class slopes hug Salt Lake City—making them a 30-minute drive, DeCamp notes. "You can get off work as late as 6 pm and still ski," he says. "I doubt that could happen in Denver."

Totaled, the Cottonwood resorts offer a combined 6,750 skiable acres, which is almost 50 percent more terrain than Aspen/Snowmass and 60 percent more than Vail, Colorado. And it's even better snow, chamber officials brag: "Scientifically, the thing that plays the biggest factor in snow quality is the temperature," explains Dr. Jim Steenbeurgh, a meteorology professor at the University of Utah. "In the Cottonwood resorts, precipitation falls after a cold front has moved through. So the temperature

when the snow actually forms its crest level is very cold." In skiers' language, that means the champagne powder is the driest and softest in the world.

Nor are the temperature swings so brutal you can't enjoy these opportunities. "You can ski in the morning and golf in

Utah boasts the youngest population in the United States (median age: 26.7), the fourth longest life expectancy, the greatest improvement in the number of deaths due to heart disease per 100,000 people, and it's the third healthiest state overall.

the afternoon, and be comfortable doing both," Mankin maintains. Or take up mountain-climbing, adventure racing, teepee building, bobsledding, horseback riding, trout fishing, hot-air ballooning, and skydiving—there's a professional adventure team ready to assist you with

anything you dare. Humidity readings hovering around 14 percent year-round cap off the pleasant conditions.

The Great Salt Lake, at the city's northwest corner, lends itself to bird-watching in the daytime and dinner cruises by starlight. Salt Lake City is also a gateway to seven national parks within a half-day's drive, including well-known destinations like Arches, Bryce Canyon, Grand Canyon, Yellowstone, and Zion.

Of course, such brushes with beauty come at a price. Housing costs compare well when stacked against San Francisco and New York, but still rank number one when it comes to eating up a physician's pay. "We're like any place—if you want to live in the mountains, you certainly can spend into seven figures for homes," Mankin says. Land prices are determined by the number of feet the home sits up a mountain—realtors refer to each level as a "bench." The higher the bench, the more expensive the home. The larger, newer homes are springing up in the south suburbs.

Business sense
Business opportunities glow brightest in

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the valley's concentrated biomedical, high technology, and software firms, but more traditional industries thrive, too. Morton International and Cargill are among the recognized names drawing a total of 2.5 million tons of salt from the nearby Great Salt Lake annually (don't worry about its future—the lake contains between 4.5 to 4.9 billion tons of salt, with about 2.2 million tons entering it each year from surface- and ground-water flow). Retail sales per capita back in 1997 reached \$12,046, and 24.5 percent of all firms in the city are women-owned. Nearly 6 percent are minority-owned.

Intermountain Health Care, a not-for-profit integrated medical system that serves as an umbrella for a division of health-care plans, nine hospitals in the 801 area code, and a 400-member physician group, ranks as one of the largest employers in the state. It has nearly 24,000 people on staff. Its competitors aren't shrinking violets in the business world, either.

"The medical community is a great contributor to things like the United Way and other do-gooder organizations," says Mankin. "I see a strong participation among doctors in Rotarian clubs—the CEO of IHC was the chairman of the chamber the year I was recruited here. The medical people put their money where their mouth is."

They also indulge in Salt Lake City's cultural attractions, buying season tickets to the Utah Jazz NBA games, patronizing the August Rodin sculptures at the new \$24 million Utah Museum of Fine Art, and attending Ballet West's and Utah Opera's productions. Fine and gourmet dining are on the rise in the city, lending opportunities for everyone from sushi masters to Brazilian barbecue artists.

The liquor laws' unique jargon often confuses newcomers—bars are known as "private clubs," and two-week member-

ships (cost: \$5) replace cover charges. Diners may order alcohol with a meal after noon. "A lot of people are surprised at how easy it is to have a good time here," says Deno Dakis, the general manager of Port O' Call Social Club in the downtown area.

Cultural variety

Music threads its way through every part of life in Salt Lake City. That's ultimately what drew otolaryngologist David Palmer, MD, PC, home. After completing his graduate work in Pennsylvania, he turned down offers in the East because Salt Lake City included opportunities to sing with the Mormon Tabernacle Choir, his side passion. His wife, a professional musician, fared better in this environment as well. Today she is the concert master of the Salt Lake Symphony, plays with the Utah Symphony and recently joined the new orchestra at Temple Square. The exposure for both Palmers is heady: Historic Temple Square and the Mormon Tabernacle Choir represent the city's top tourist attraction with five million visitors each year.

The Church of Jesus Christ of Latter-day Saints (a.k.a. Mormon or LDS) arrived in the Salt Lake valley in July of 1847, its members seeking freedom to practice their religion. Their influence has become almost inseparable from the city in Americans' minds—a mistake the physician community strives to erase. "Not everyone walks around with three wives," Palmer says wryly. "Hopefully, the Olympics will erase that misconception."

"Physicians tell us, 'I want to live in a very culturally diverse environment,' but when matches in Salt Lake City show up, they respond, 'Yah right—that wouldn't be it,'" DeCamp laughs. "They don't have all the facts."

Although the population breakdown tips heavily toward Caucasian at 79.2 percent according to the U.S. Census Bureau

in 2000, 18.8 percent is Hispanic, 1.9 percent is African American, 3.6 percent is Asian, and 1.9 percent is from the Pacific Islands. Obstetrician Keith Horwood, the medical director for the Community Health Centers, announced in his University of Washington alma mater magazine that his patient population is 60 percent Spanish-speaking and 15 percent Lao, Thai, or Vietnamese.

Still, non-natives admit they've had a few nervous moments, assuming they wouldn't fit in. "I thought it would be difficult to find an Episcopal church and I really wasn't interested in converting," DeCamp confesses about his move from Boston three years ago. "So to me it was surprising when I got here." He found not only an Episcopal church, but a Jewish community, a solid Catholic core (the city boasts 25 Catholic churches), and even a thriving Greek Orthodox crowd.

Altogether, 40 percent of the state's population worships outside the LDS church—the last two mayors weren't Mormon—and that includes the majority of Palmer's employees. But much of the unease stems from the few opportunities for Americans to acquaint themselves with the LDS church in other metropolitan cities. "During our big conference last fall, the president of the church again reminded us not to be aloof and to welcome members who are not of our faith as neighbors and friends," Palmer adds. "He chewed us out basically for being too clan-ish. And I think he's right."

The welcome by-product of the Mormon community is a family orientation, evidenced by the number of children hiking the area trails with parents, and the lack of traffic on Friday afternoon as families focus on time together. Mankin says parents' involvement in the public and private school systems is to be credited with the state's honors of having the highest literacy rate, the high-

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est percentage of high school graduates, and the highest number of people with a college education.

For urologist Anthony Middleton, MD, family ties meant returning to Salt Lake City after attending Cornell Medical School in New York, spending a few years with the Air Force in Vietnam, and completing a residency at General Hospital in Boston. In 1974 he joined the practice his father and uncle founded here, and later persuaded his brother to follow these same family footsteps. The move has proved beneficial professionally as well. “We’ve had essentially no slack time,” Middleton reports. “We’ve been about as busy as we could handle.”

Medical spaghetti

The health system in general is a busy one. Four systems dominate Salt Lake City’s medical scene:

IHC, which owns [LDS Hospital](#) and [Primary Children’s Medical Center](#) in Salt Lake City proper.

The University of Utah Hospitals and Clinics, owned by the University of Utah Health Sciences Center. This system includes the [University of Utah Hospital](#), [Huntsman Cancer Institute](#), [Moran Eye Center](#), [University Neuropsychiatric Institute](#), [Eccles Institute of Human Genetics](#), and [Intermountain Burn Trauma Center](#). The system also supports a multi-specialty practice with seven centers across the Wasatch Front.

Mountainstar Health, which owns [St. Mark’s Hospital](#) as one of its six facilities in the state.

IASIS Healthcare, which became a player when it bought [Davis Hospital and Medical Center](#), [Jordan Valley Hospital](#), [Pioneer Valley Hospital](#), and [Salt Lake Regional Medical Center](#) in October 1999.

The mergers and acquisitions seem to

have ended for the time being. Insiders say Salt Lake City’s 14 hospitals now concentrate on the marketing side of this competitive atmosphere. Take LDS Hospital, for instance. One of the messages it tries to get across these days is that, despite the name, the Mormons don’t own a piece of this nearly 100-year-old facility and haven’t since 1974. It’s also one of only five health-care systems in the country with a double A+ bond rating, putting it on par with Mayo Clinic, notes William Hamilton, MD, MBA, the medical director for IHC’s urban central region, LDS Hospital. As the largest hospital in Utah, this tertiary care facility and level one trauma center handles major procedures like liver transplants and artificial heart operations as a bridge to transplantation. Because it’s affiliated with the University of Utah School of Medicine, a host of residents and medical students rotate through the hospital.

And that’s just the beginning of the spaghetti bowl of intertwined niches and cooperations on the city’s medical menu. The health-care diversity means that physicians have an assortment of options for their practice setting.

IHC’s own J. Phil White, the assistant vice president of operations of the Intermountain Health Care physician division, sometimes forgets to name Primary Children’s Medical Center among his family. “It’s on the University of Utah’s campus, so people often assume it’s part of that group,” he explains. “The competition here is healthy, but an element of respect among us underlies it.”

St. Mark’s Hospital was the first hospital established west of Denver, an Episcopalian-sponsored facility to help miners. Today it offers physicians a totally independent setting. “We don’t own physicians, which is a challenge because some experts say that’s a dead model,” says Mark Meadows, the chief operating officer at St. Mark’s. “But we find here it’s

a viable alternative to the integrated structures.” Chalk it up as a choice for entrepreneurial minded physicians who want to be treated as a client rather than an employee.

Salt Lake Regional Medical Center rejects the community hospital label, insisting it’s merely smaller in staff. According to Cindy Dean, SLRC’s physician services coordinator, 250 of the 450 medical staff are active, the rest enjoy courtesy staff membership. Physicians reap the benefits when it comes to personalization—members of the cardiology department can do open-heart surgery without waiting in line for an operating room, and staff members can drop in for a chat with the CEO about a policy change without an appointment. Such toned down politics means a handful of powerful doctors don’t control the facility.

“We’re listening to our physicians and trying to meet their needs,” Dean says. For instance, she explains, SLRC recently began remodeling to make the facility more friendly for visitors, budgeting equipment capital purchases, and laying plans to change the logo and approaches to brand marketing—all directions that stem from physician initiative.

Niche-finding is part of each group’s marketing strategy. SLRC’s quest for a niche includes a rehabilitation floor and a pain center. The [VA Salt Lake City Health Care System](#) wears its market on its sleeve (although this 276-bed tertiary care unit for veterans works closely with the University of Utah’s School of Medicine, too). Ditto [The Orthopaedic Specialty Hospital](#)—another sibling in the IHC clan—which hosts many an Olympic athlete. LDS Hospital opted to construct a brand new tertiary flagship hospital to be called Intermountain Medical Center. When it opens on 100 acres in late 2005, the new kid will take over the heart surgeries and transplants while the current LDS Hospital

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will revert to a large area community hospital atmosphere. "There probably won't be a better hospital in the country when we're finished," Hamilton says.

Growing by leaps and bounds

Salt Lake City's demographics lean toward supporting yet another medical player. According to the Census Bureau, the metro area population grew by 29 percent during the last decade. As the fourth most urbanized state in the nation, 1.6 million of Utah's 2.2 million residents are congregated in the Greater Salt Lake area. That alone amounts to one physician for every 503 persons and one hospital bed for every 577 residents. Another 7 million people visit the area every year, including Hollywood celebrities seeking a resort cabin away from the public scrutiny.

Utah boasts the youngest population in the United States (median age: 26.7), the fourth longest life expectancy, the greatest improvement in the number of deaths due to heart disease per 100,000 people, and it's the third healthiest state overall according to UnitedHealth Foundation's research. Blame this, too, on the LDS Church's presence. However, the area is also the top consumer of ice cream, olives, and Jell-O, so there is room for preventative care, jokes Mark Fotheringham, a spokesperson for the [Utah Medical Association](#).

New recruits in primary care and internal medicine will find the best practice opportunities at the city's south and west sides where health-care offices are just beginning to emerge. "People don't mind driving to the east side for specialties, but they like their family doctor closer," White comments. Exploding birth rates mean work for ob/gyns, pediatricians, and any subspecialties surrounding children. Utah takes first in the nation in the number of people per household at 3.08, compared to the national average of 2.62.

The birth rate in Utah is 21.9 per 1,000 population compared with 14.5 per 1,000 for the nation.

Dean keeps an eye out for neurosurgeons, and nearly every recruiter mentions a need for cardiologists, rheumatologists, and endocrinologists. Genetics represents another hot specialty—physicians like Randall Burt, MD, a gastroenterologist and senior director for prevention and outreach at the [Huntsman Cancer Institute](#), rely on the extensive seven to eight generations of genealogical records to help discover a key gene responsible for a rare colon cancer. "My research wouldn't be possible in most other places in the world," Burt says.

It pays for physicians to examine the niche opportunities within their practice just as diligently as the hospitals study this topic. Palmer hit town advertising that he could take care of the professional voice—a patient base of singers and speakers—as well as allergies, since he suffers from hay fever. "I think I'm still the only ear, nose and throat doctor doing significant amounts of allergy," he says. "I joined an established ENT practice as the third man, so these specialties meant I'd bring new patients without cannibalizing my partners' load. It helped me establish quickly," he claims.

Despite some persistent needs, physician recruiters don't have to beg for interviews. Meadows currently has lined up takers for almost half of his 11 open positions at St. Mark's. His colleagues say newcomers may experience frustration trying to crack the sewn-up plastic surgery market, and although the number of sports injuries among skiers, figure skaters, speed skaters, and other Olympic athletes demands world-class orthopaedic attention, this market too is virtually closed. International fame, in this case, spells oversaturation.

A majority of physicians that practice

here either grew up in the area or earned a degree from the University of Utah. Hamilton estimates only one-third chose the area on its merits later in their life. And not everyone agrees this is the practice setting for them: The city is void in NFL and Major League Baseball, and the oft-forgotten Mountain Time Zone isolates those who need to be in step with the rest of the country.

Priority number three: money

Ask Palmer to point to Salt Lake City's most negative aspect and he eventually replies that "managed care is quite prevalent here."

Middleton doesn't hesitate to fill in the details.

"The impact means your take-home pay, the bottom line per year, is significantly reduced," he says. "Beyond that, there are numerous restrictions to where patients can go, so continuity of care is often interrupted. Then each managed care entity has a set of restrictions on what you can and can't do, medications you can and can't prescribe." He labels IHC in particular "the 300-pound gorilla that has a stranglehold on this market."

IHC's vice president White estimates IHC's insurance division maintains a 50 percent share in Salt Lake City. Atlantic Information Service (AIS), a health-care publishing company in Washington, DC, reports 449,442 people walk into a doctor's office bearing an HMO-IPA model, 49,629 rely on Medicaid, 39,146 are enrolled in an HMO with POS, 29,999 have a PPO and 3,991 pay with Medicare. In July 2001, that boiled down to a 42.86 percent managed care penetration from the 11 companies in the Salt Lake City/Ogden area.

Of course, if you're on the panels, you likely start off with a busy practice, IHC's Hamilton points out to new recruits. "And the paperwork requirements are getting

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better. At least our health plan, starting on January 1, 2002 no longer requires a referral or prior authorization for procedures," he adds.

Meanwhile, White reminds physicians that its health-care plans—like other private insurance systems—mirror Medicare reimbursements. "I'm very encouraged by some increases we've seen from Medicare in terms of physician compensation in the past," he says.

However, this government system has been very clear about reinforcing a primary care physician's role and decreasing compensation for specialists, particularly surgical specialists. "And we take great pride in being competitive with other similar managed care markets," he continues. "That's an important differentiation—some of our specialists claim they could go to Idaho for better pay. But the Idahos and Montanas don't have managed care scenarios, and it's been hard to get that point across to tell you the truth. There is no nirvana—if you want to live in an atmosphere more independent of managed care initiatives, that's an option. It depends on what you want in lifestyle terms."

According to AIS, Salt Lake City is either comparable or better off than many of its Western neighbors: Sacramento has 60.68 percent managed care penetration, San Francisco/Oakland/San Jose stands at 44.02 percent, Los Angeles/Riverside/Orange County is at 48.14 percent, Denver/Boulder sees 53.7 percent, and Phoenix/Mesa is at 62.46, the highest in the nation. And the Utah Medical Association successfully lobbied for a prompt payer bill in 2001, requiring third-party payers to honor a clean claim within a 30-day time limit.

These directions don't automatically soothe everyone. In the fall, more than 100 of the state's approximately 134 orthopaedic surgeons voted to join the

[Federation of Physicians and Dentists](#), which is affiliated with the National Union of Hospital and Health Care Employees/AFSCME. "Some urologists have agitated toward that measure, too," says Middleton. "If the orthopods are successful in what they hope to accomplish, I think all specialties would look long and hard at doing the same thing."

Ready for the world

Economists studying previous Olympic Games estimate that Atlanta reaped \$5 billion in economic development in the five years following the Games, Sydney anticipates \$10 billion from their hospitality. Mankin's conversations predict \$3 billion for Salt Lake City's future. "I've been in six different chambers of commerce for the last 25 years, and growth is something a majority of residents support," Mankin says. "People here are pretty excited about it."

With the international spotlight ready to switch its beams on Salt Lake City, the physician ranks also find their share of traditionalists bemoaning the attention, wishing to keep their treasure a secret for a few more decades. But even Palmer, who declares the negative and positive aspects "a wash," has an agenda. "Hopefully people will learn about Utah and do away with some of the misconceptions. And as the Olympics become a symbol and focus for our patriotism, I think my colleagues will embrace them like never before." ■

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