



Primary care built for the patient who is hardest to place.

Hayton Primary Care is an independent, physician-owned practice in downtown Boise, accepting new adult patients now. Referrals from hospitals, LTACHs, SNF and subacute rehab, inpatient rehab, and home health are given scheduling priority.

REFER A PATIENT

FAX **208-684-2455**

CALL **208-247-4279**

To discuss a complex patient or an urgent transition, ask for Dr. Hayton directly. No referral form required.

Derek Hayton, DO

BOARD CERTIFIED
FAMILY MEDICINE
ADDICTION MEDICINE

Twelve years practicing in Idaho across hospital medicine, the Boise VA, and outpatient primary care. Addiction medicine fellowship trained, former curriculum director for the University of Washington addiction medicine fellowship, and volunteer medical director of the Marie Blanchard Friendship Clinic since 2019.

What that means for your referrals: the hospitalist background makes discharge summaries, transitions, and complicated medication regimens familiar ground. The addiction medicine training means patients on buprenorphine or methadone, with alcohol or opioid use disorder, or on complex chronic pain regimens are welcome here — not a reason to decline the referral.

WHEN TO REFER

- Adults 18+ leaving hospital, LTACH, SNF or subacute rehab, inpatient rehab, or home health who need a reliable longitudinal PCP.
- No established PCP, or an established PCP who cannot see them.
- Multiple chronic conditions, multiple specialists, polypharmacy, or medication discrepancies.
- Patients on medication for opioid use disorder, with substance use disorders, or on complex pain regimens.
- Patients other practices have been slow to accept.

WHAT WE PROVIDE

- **60-minute initial visits** — enough time to actually reconcile the record, not just the med list.
- Post-discharge follow-up and transitional care management.
- Medication reconciliation and deprescribing review.
- Coordination with specialists, home health, caregivers, and facility teams.
- Annual wellness visits and chronic care management.
- Telehealth for patients located in Idaho.
- Ongoing longitudinal primary care — not a one-time transition visit.

WORKING WITH YOUR TEAM

SNF, LTACH & rehab teams

- Refer before discharge — we schedule while the patient is still with you, so follow-up is booked and documented before they leave.
- We confirm the appointment back to your discharge planner by name.
- Dual-eligible, Idaho Medicaid, and Medicare Advantage patients accepted.
- A direct line to the physician when a placement is complicated.

Home health agencies

- Plans of care (485s), verbal orders, and recertifications are reviewed and returned promptly — without your staff chasing signatures.
- Face-to-face encounter documentation completed at the visit.
- DME, oxygen, and supply orders handled.
- We will take on patients whose signing physician is unresponsive or has dropped off.

PLEASE SEND WITH THE REFERRAL

- Discharge summary and current medication list.
- Relevant specialist notes, recent labs and imaging.
- Patient contact information and caregiver contact.
- Reason for referral and clinical urgency.
- Home health agency and case manager, if involved.

WHAT YOU CAN EXPECT FROM US

- ✓ We contact the patient and schedule the visit.
- ✓ We confirm back to you whether the visit is scheduled and whether it happened.
- ✓ We send a concise, clinically useful note to the referring team.
- ✓ If we cannot take a patient, or cannot see them soon enough, we tell you — we do not leave a referral open.

CONTRACTED PLANS

Medicare · Idaho Medicaid · AARP · Aetna · Blue Cross of Idaho · BCI CarePoint · Cigna · Mountain Health CO-OP Link · PacificSource MyCare Choice · PacificSource Navigator · Select Health · St. Luke's Health Plan · UnitedHealthcare

Medicare Advantage, dual-eligible, and self-pay patients welcome. Coverage is verified before scheduling — send the referral and we will confirm.