



*Project Access Spokane*  
**Year 2 Operations Report, October 2004 – September 2005**

**January 2006**

**Michael Hendryx, Ph.D.**  
**Melissa Ahern, MBA, Ph.D.**  
**Washington State University Spokane**



Thomas "Nick" Fairchild  
2006 President  
Spokane County Medical Society

It is with great pride, and a strong sense of accomplishment, that the Spokane County Medical Society Foundation presents the 2<sup>nd</sup> annual report on the operations of Project Access. Project Access, under the auspices of our Foundation, is a physician led initiative to provide access to total health care to low income uninsured residents of Spokane County. The goal of Project Access is to create a community where all people, regardless of medical insurance coverage or ability to pay, have equivalent access to care, and equivalent health status.

As you will learn in the report, Spokane County has an ever increasing number of uninsured citizens. Over 45,000 individuals have no medical coverage, by recent Health Department estimates. Many Project Access patients were employed, often in low wage positions without benefits. 95% of patients served had total household income of less than \$25,000 per year, and no medical insurance.

Project Access has now helped thousands of individuals get the care they needed to restore their health. Patients have been able to obtain treatment, resolve their illness, and return to normal activities. Since arranging care for its first patient in September 2003, volunteer physicians, community hospitals and a host of other medical providers, have donated more than \$5,400,000 in medical care.

The medical services provided to Project Access patients are only possible due to the tremendous volunteerism of over 650 physicians, the generous contributions of Providence Health Care and Empire Health Services, as well as support from a host of allied health providers and community businesses and organizations. You will find a complete list of our volunteers and supporters at the end of the report.

Sincerely,

Nick Fairchild, M.D.

## Executive Summary

Project Access is the only network of physicians and hospitals providing the full range of health care services to low income uninsured residents of Spokane County. The following report summarizes the contributions and performance of Project Access Spokane for the second year of its operation, covering the period October 2004 through September 2005. This evaluation includes analytic summaries of the patient population served by Project Access, including demographic characteristics, diagnostic mix, dollar values of donated services, and service utilization patterns. Personal stories of Project Access patients are included to provide a sense of the powerful impact that the program has had on the lives of individuals. At the end of the report we offer recommendations and conclusions regarding the services provided.

During the reporting period, Project Access provided 11,209 distinct service episodes to 695 people. There were 803 people enrolled in Project Access; the difference between 803 and 695 probably reflects enrolled patients receiving services that were not submitted to Project Access. Service episodes included prescription fills, office visits, surgical interventions, radiology, pathology, and other services. Services were provided by both specialists and primary care doctors, and by inpatient and outpatient facilities and other providers. An estimate of the total value of donated services for the second year of operations is \$2,362,173. The total costs of operating Project Access for the year were \$370,030, far below the value of donated services and indicating that Project Access operates efficiently. Considering the first two years of Project Access combined, the estimated value of services comes to over \$5.46 million.

Specialists provide a large proportion of all services, with primary care doctors relatively underrepresented. This is probably a consequence of the fact that Spokane contains 11 low-income primary clinics such as CHAS, and that people are often referred from primary care to Project Access specialists. Radiology and cardiology services are among the most common types of specialty care. Pharmacy services constitute a large proportion of the service mix as well; most enrolled patients received one or more prescription medicines through Project Access. The most common types of diagnostic categories were “Symptoms, Signs and Ill Defined Conditions”, followed by significant numbers of Musculoskeletal, Genitourinary, and Neoplasm diagnoses.

There were a total of 6,797 new patient slots donated by providers for the year. There were 803 patients who actually received medical services. These two figures suggest that there is underutilized access potential that could be tapped to greater advantage. However, the number of patients seen and the number of services provided increased 12% and 38%, respectively, from Year 1 to Year 2 of operations.

The conclusions of the report suggest that Project Access provides a unique and highly valuable service to the community, and that it’s future operation should be supported and expanded. The heavy investment of specialists in the care delivery system is laudable, although efforts could be undertaken to increase this investment even more, and to increase the use of primary care providers. Efforts may also be well spent to improve public awareness of the availability of Project Access services.

## Table of Contents

<i>Introductory Letter</i>	2
<i>Executive Summary</i>	3
<i>Table of Contents</i>	4
<i>Methods</i>	5
<i>Findings:</i>	
<i>Community Need</i>	5
<i>Project Access Population Demographics</i>	6
<i>Utilization of Project Access Services</i>	8
<i>Service Capacity vs. Service Use</i>	13
<i>The Value of Professional Contributions</i>	14
<i>Operational Expenses vs. Benefits</i>	17
<i>Trends from Year 1 to Year 2 of Operations</i>	18
<i>Conclusions and Recommendations</i>	20
<i>Author Bios</i>	22
<i>Sources</i>	22
<i>Lists of Participating Organizations and Physicians</i>	23

## Methods

Methods of evaluation included analysis of data files provided to us by Project Access. These files contained data on patient demographics; diagnostic mix; service mix including hospitalization, outpatient, and pharmacy services; procedure; provider specialty; budget data; and narrative accounts of Project Access stories from patients. We provide descriptive summaries of these data as well as interpretative reports.



## Findings

### A. Community Need

According to US census figures, 13.9% of Eastern Washington residents were without health insurance in 2004.<sup>1</sup> This percentage translates to 65,339 people. Estimates based on US census data show that 46% of the Eastern Washington population have incomes less than 200% of the federal poverty level.<sup>1</sup>

Health risk indicators for the county include the following statistics.<sup>2</sup> Twenty-one percent of residents are smokers, including 10% among youth under age 18; 24% of the population are obese according to BMI measures; and the incidence rate of cancer in Spokane is higher than rates for the state or the nation.

Spokane County has a higher poverty rate compared to the state and the nation. Spokane County also has a lower average annual wage than the nation, and yet a higher than average cost of living. People living in poverty in Spokane are more likely than other residents to: lack health care insurance, not receive needed medical care, delay necessary medical care, use emergency room services, use inpatient hospital care, be obese, smoke, and suffer from certain conditions including depression, arthritis, asthma, migraines, vision problems, and dental problems.<sup>3</sup> To cite one figure, 44% of Spokane adults with incomes below poverty were unable to obtain needed health care in 2003.<sup>4</sup> Project Access is designed to respond to this critical problem.

*"I started losing my hearing and my balance was off. A specialist said he suspected a brain tumor, but an MRI needed to be taken. I had no insurance and an MRI was completely out of my budget. The CHAS Clinic told me about Project Access... Project Access has made it possible for me to have the MRIs I needed plus the radiation treatment. At this point I am walking (and running, I might add) and my balance is good... The worry of cancer is gone! Thank you Project Access!"*

## B. Project Access Population Demographics

This section of the report summarizes characteristics of the people who used Project Access services. A total of 803 people were enrolled as members in Project Access. However, only 695 people actually received documented Project Access services. There were also cases where persons receiving services did not have a corresponding case in the membership data file, resulting in missing data for patient demographic information. Table 1 summarizes non-missing characteristics of persons enrolled in Project Access, compared to 2004 US Census estimates for Spokane County as a whole. Compared to the county population, the population of Project Access participants over-represents women, people of color, and poorer people.

Table 1. The number of people who used services, by age, gender, income and race/ethnicity, compared to county estimates.

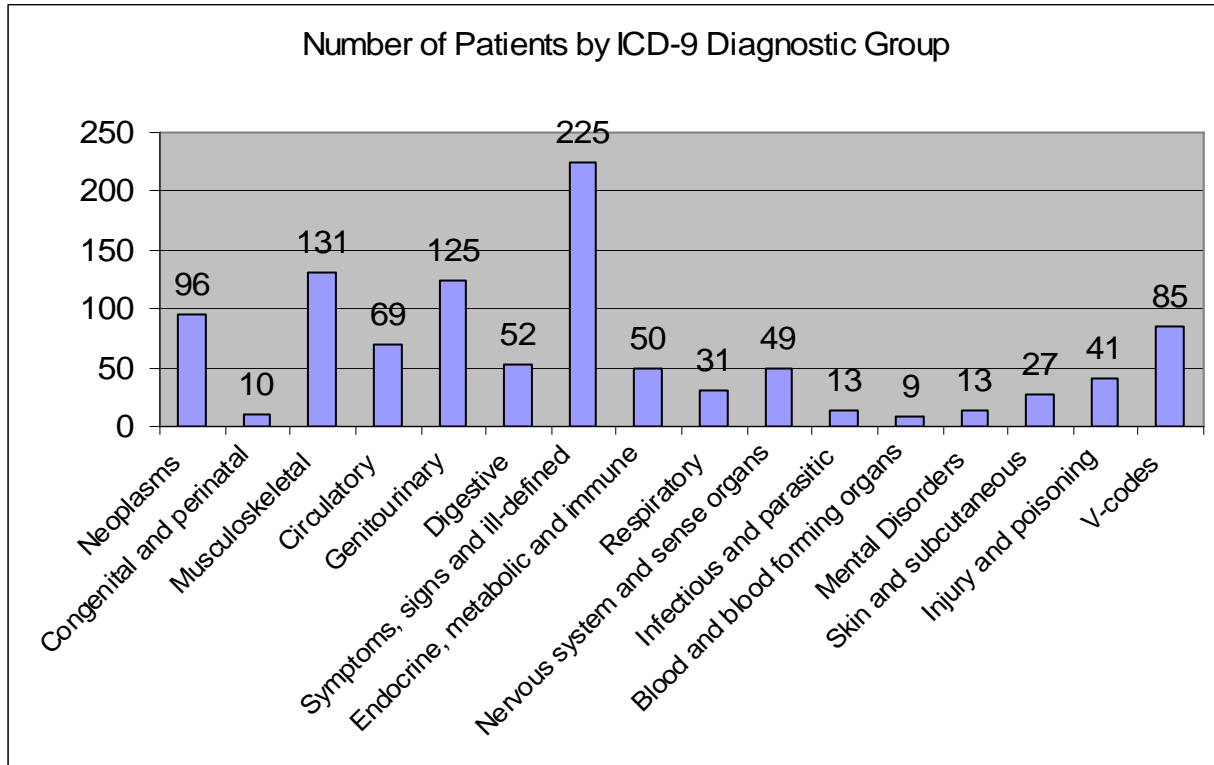
Demographic	Project Access Number	Project Access Percent	Spokane County Percent
<u>Sex</u>			
Male	217	37.8%	48.6%
Female	357	62.2%	51.4%
<u>Age distribution</u>			
18-29	129	22.6%	22.5%
30-49	273	47.7%	38.2%
50-64	169	29.6%	23.1%
65+	1	0.2%	16.2%
<u>Household income</u>			
<\$10,000	329	45.5%	9.4%
\$10-15k	160	22.1%	8.4%
\$15-25K	189	26.1%	13.9%
Over \$25k	45	6.2%	68.3%
<u>Race/ethnicity</u>			
White	612	85.1%	91.9%
Black	19	2.6%	1.6%
Hispanic	24	3.3%	3.1%
Native American	25	3.5%	1.9%
Asian American	13	1.8%	1.8%
Other or multi-racial	26	3.6%	2.8%

We compared the age and sex distributions between persons enrolled in Project Access who received services, versus persons who were enrolled but did not receive documented services; no statistically significant differences were found.

Figure 1 (next page) summarizes the primary diagnostic conditions seen in Project Access patients according to major ICD-9 categories. Although the highest category was “Symptoms, Signs and Ill Defined Conditions”, there were also significant numbers with other serious conditions. The next three most frequent categories were Musculoskeletal diagnoses, Genitourinary diagnoses, and Neoplasms. The total number of diagnostic conditions (N=1026) is greater than the number of people served because some patients had multiple diagnoses over multiple treatment episodes.

*“I had been sick for a very long time (longer than 5 years). I was told I had IBS and a hiatal hernia. I was out of work and my insurance had long since expired. Holding down a job was almost impossible. I found Project Access through an internet search. Through them I was able to find a caring primary care physician. The doctor directed me to a wonderful, fantastic, knowledgeable specialist. A couple of weeks later I had surgery. During surgery he repaired the bladder and the bowel. My life is returning back to normal. Whenever I think of the special gift that these people and organizations gave to me, I can only get emotional. I no longer have cramps, passing out, gassiness, headaches and anemia. My memory and comprehension have improved. These people and organizations are my heroes. Thank you.”*

Figure 1. The diagnostic conditions treated within Project Access.



### C. Utilization of Project Access Services

Figure 2 shows the number of Project Access patients who received each service type; 425 patients, for example, received prescription medicine services through Project Access. Figure 3 summarizes service utilization by counts of services; this shows, for example, that the 425 people who received prescription services received a total of 5,483 such services, including new prescriptions and refills.

There were 11,209 total service episodes across all types of service. Prescriptions accounted for 49% of all service encounters. Furthermore, 61% of Project Access patients received prescription services, at an average cost per prescription of less than \$35; clearly, prescription services are a vitally important component of the Project Access service network.

Figure 2. Number of Project Access patients who used various types of services.

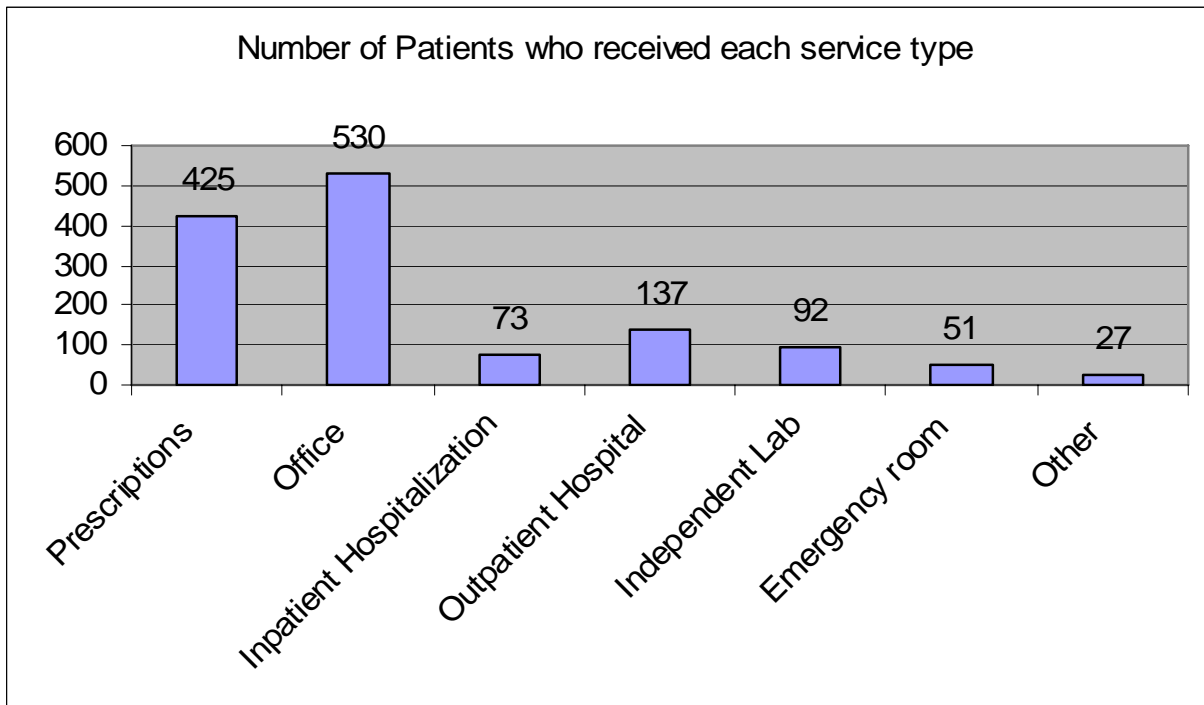


Figure 3. Counts of services by service location

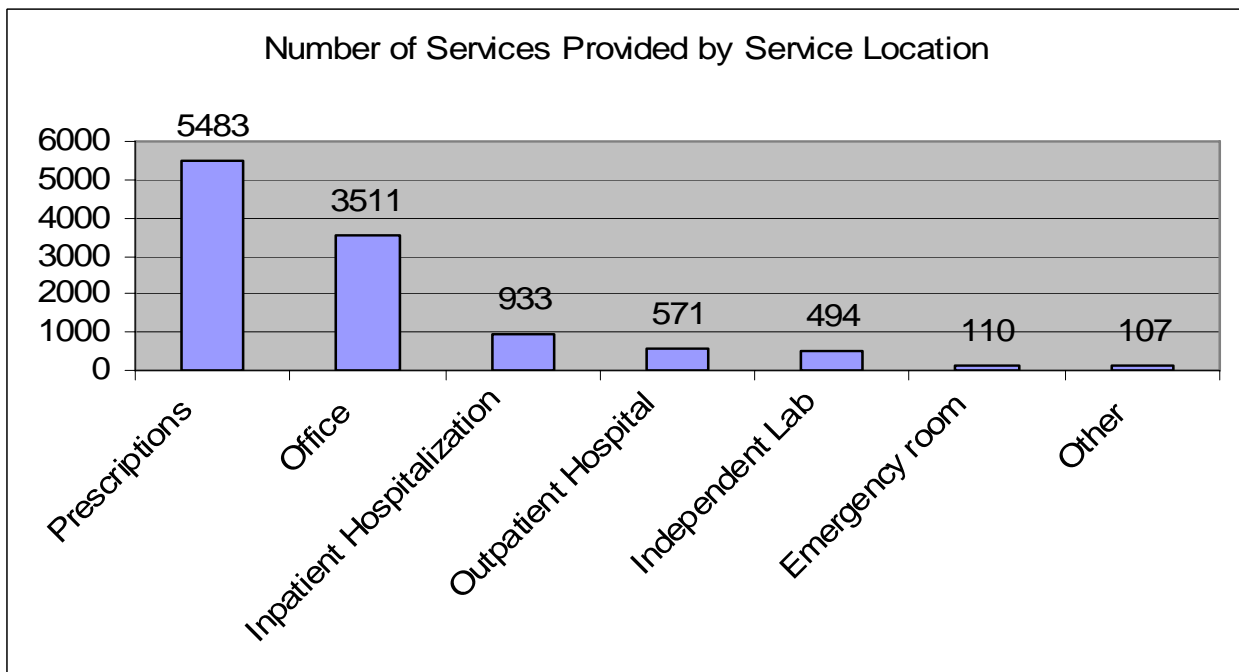


Figure 4 summarizes counts of services by provider type. This figure does not include prescriptions. By far the largest provider type was specialty care, accounting for over 60% of all listed services. Relatively few services, 409 or 7%, were provided by primary care outpatient

providers. This probably reflects the greater availability of low-cost primary care in Spokane through clinics such as CHAS, whereas there are few formal low-cost alternative programs for specialty care outside Project Access. Increasing referrals from private primary care providers, and increasing use of primary care services within Project Access, may be important future goals for Project Access. On the other hand, the capacity and service provision of the specialty sector is a remarkable strength of the Project Access network.

Figure 4. Counts of services by type of provider

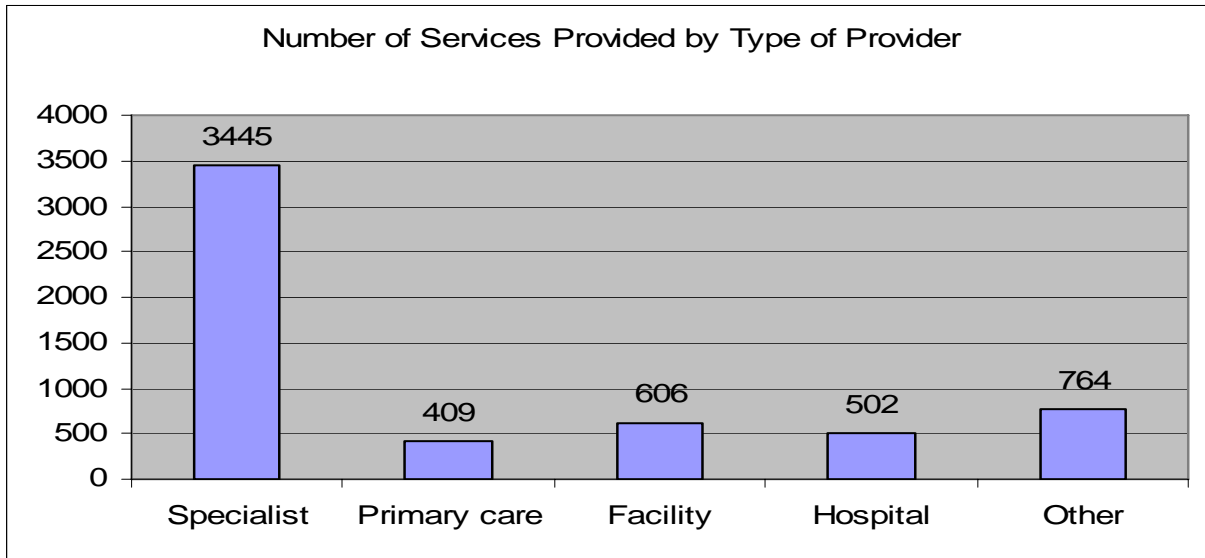


Figure 5 shows the percent of services provided accorded to CPT code classifications. Figures 6 and 7 break down the radiology and surgery CPT codes, respectively, into subgroups. The breakdown of radiology codes demonstrates that diagnostic radiology is not limited to x-ray technology but includes more expensive and sophisticated procedures involving computer assisted tomography, magnetic resonance imaging and other state of the art procedures. The most common surgical procedure was cardiovascular, followed by genitourinary procedures.

Figure 5. CPT Procedures by Type

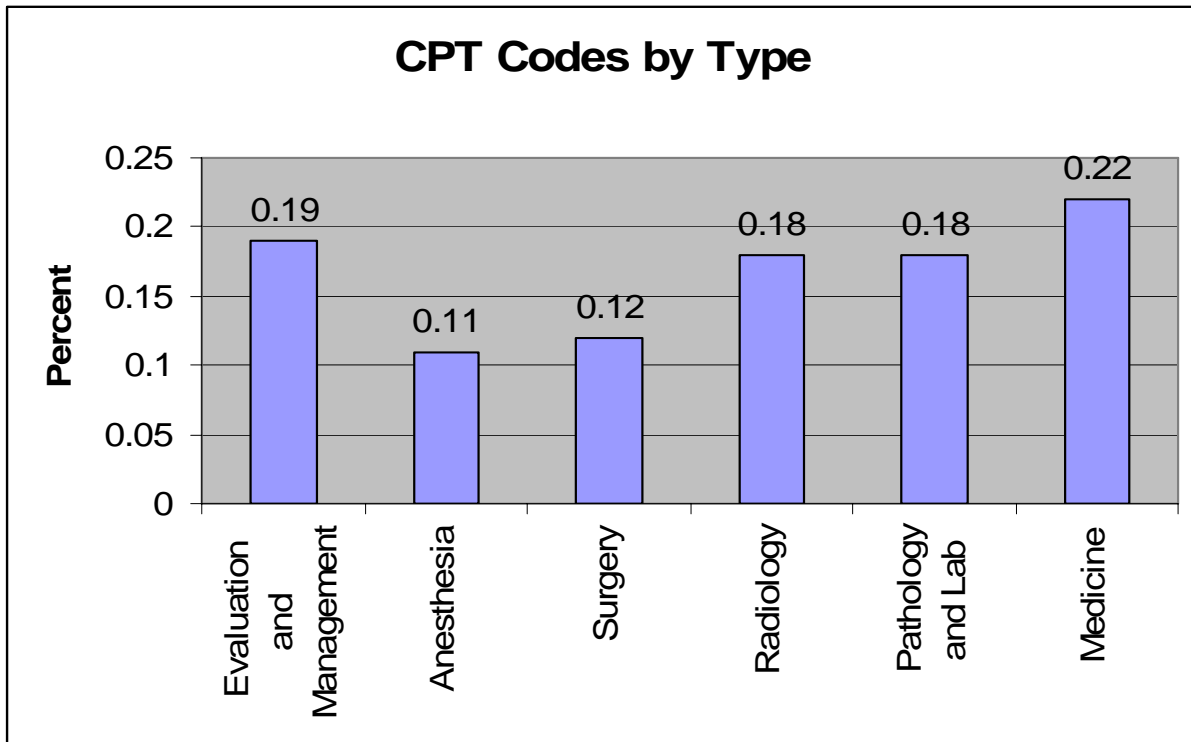


Figure 6. Breakdown of Radiology CPT codes.

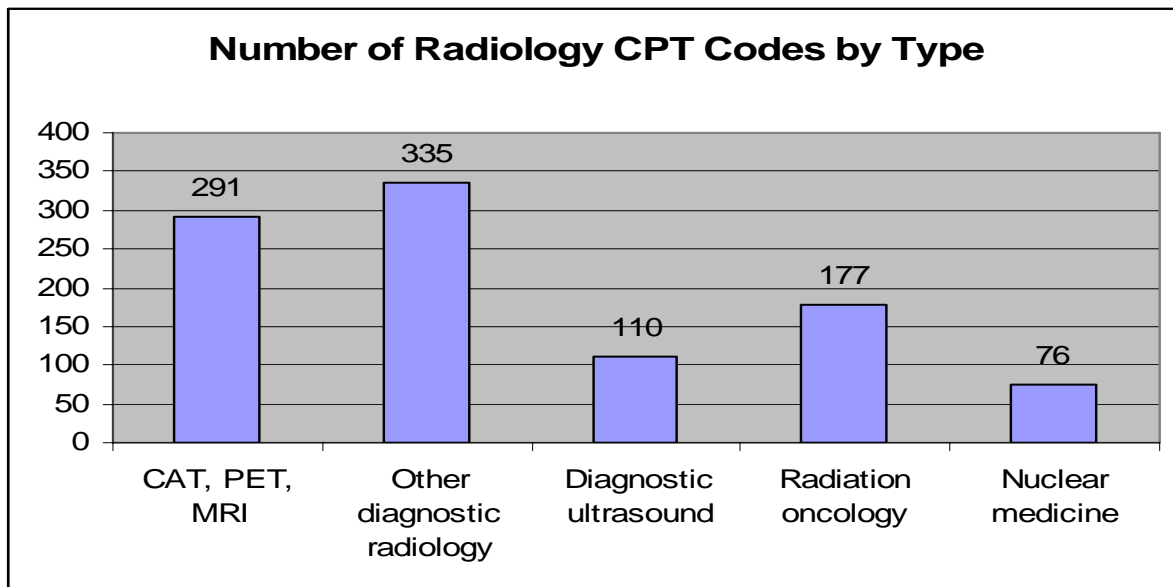
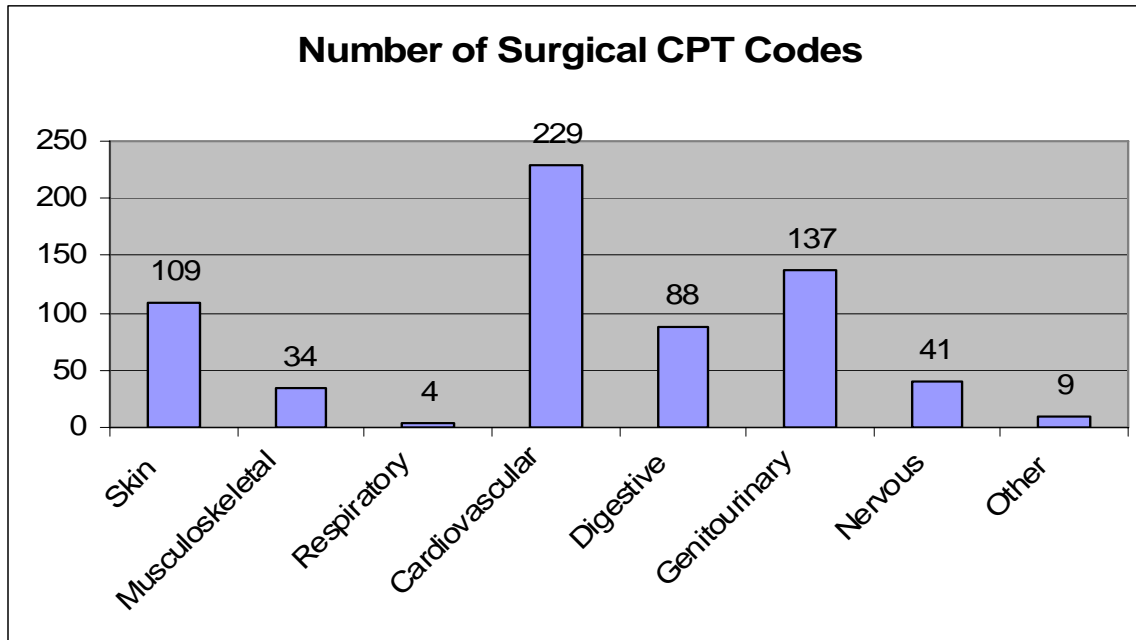


Figure 7. Breakdown of surgical CPT codes.

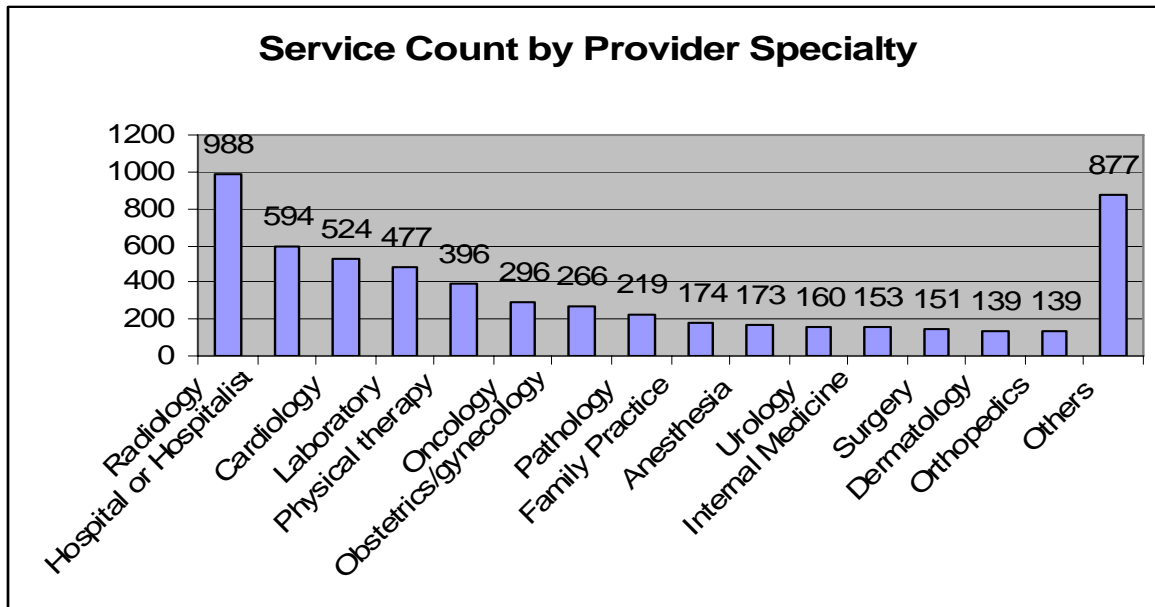


We next examined CPT codes by type of provider. Specialists provided a range of service types, most commonly radiology, followed by evaluation and management. For other provider types there was a particular type of procedure that dominated the service delivery pattern: primary care providers gave primarily evaluation and management services; non-hospital facility services were predominantly for pathology and lab; hospital services were predominantly for anesthesia (and other hospital services of course); and services by other providers (e.g., nurse practitioners, physician assistants) were primarily for medicine CPT codes. Evaluation and management CPT codes are commonly used for initial physician visits, whereas Medicine CPT codes are commonly used for medical procedures such as immunizations and diagnostic examinations. These figures are summarized in Table 2.

	Specialist	Primary Care	Facility	Hospital or hospitalist	Other
Evaluation and Management	729	178	27	21	62
Anesthesia	135	0	21	439	5
Surgery	437	85	82	7	40
Radiology	963	16	7	0	3
Pathology and Lab	471	86	385	17	24
Medicine	440	19	27	12	619

The final analysis for this section of the report on utilization concerns the service breakdown by specialty area. Figure 8 summarizes the number of non-pharmacy services provided by specialty type. “Others” included nurse practitioner (n=80), neurology (n=75), and many other specialist categories in smaller quantities. Radiology was the most frequently used service type, followed by hospital-based or hospitalist care, cardiology, and laboratory.

Figure 8. Use of various service specialties.



#### *D. Service Capacity vs. Service Use*

As indicated previously, there were 803 patients enrolled in Project Access for the study year. Project Access staff solicit pledges each year from providers. These pledges come in the form of “new patient slots” offered by each provider. For example, if there were 10 neurologists who each donated 15 new patient slots, that would be 150 new slots for that specialty area. Those 150 new patient slots may translate to more or less actual patient visits, depending on how many new patients were actually seen and how many follow-up visits patients required. Table 3 shows the number of new patient slots donated by specialty area.

Table 3. New patient slots donated by specialty area.

Anesthesiology	492
Chiropractic	123
Dermatology	73
Emergency Medicine	24
General and Family Practice	574
Gastroenterology	8
Geriatric Medicine	12
Home Care	144
Infectious Disease	180
Internal Medicine	1771
Nephrology	12
Neurology	167
Obstetrics & Gynecology	287
Occupational Therapy	12
Ophthalmology	274
Otolaryngology	152
Pathology	52
Pediatrics	240
Physical Medicine & Rehab	24
Physical Therapy	392
Podiatry	13
Pulmonary Diseases	12
Radiology	652
Surgery, General and Specialty	928
Transrectal	12
Urology	167
<b>TOTAL</b>	<b>6797</b>

Project Access has “an army of volunteers,” offering a sum total of 6,797 new patient slots. Only 803 patients actually enrolled. This huge difference between potential use and actual use may reflect a number of causes: lower levels of patient need in some specialty areas, lack of public awareness of Project Access and how to enroll among people who would be eligible, and the existence of waiting lists to see some types of specialists.

### *E. The Value of Professional Contributions*

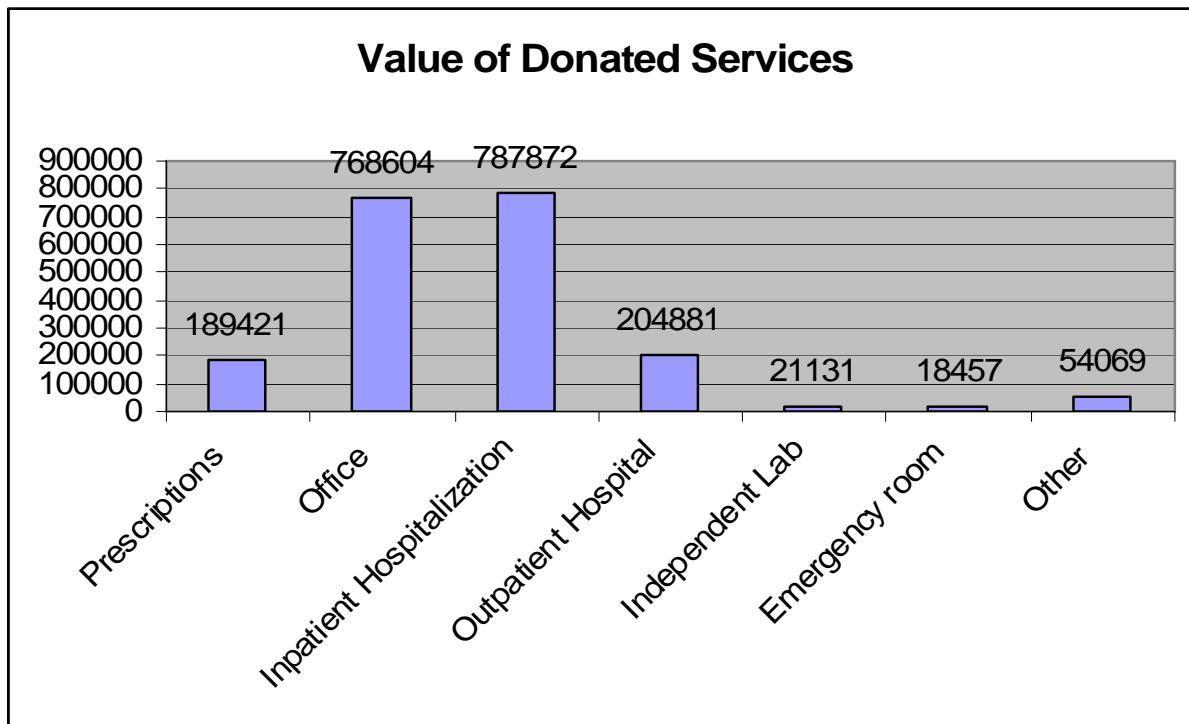
We created an estimate of the dollar value of donated professional contributions to Project Access. The preliminary sum of donated services, including pharmacy, was \$2,044,437. This equates to an average donated medical service of \$2,942 per patient. Table 4 and Figure 9 summarize these dollar values, first by disease category and then by service location. For

disease category, the largest value of services was provided for the treatment of neoplasms, accounting for over \$703,000 of donated care; Table 4 does not include Pharmacy because pharmacy claims data were not linked to the diagnostic utilization data. As shown in Figure 9, inpatient hospital care was the site of the greatest dollar contributions to Project Access, followed closely by office based services.

Table 4. Dollars value of services by diagnostic group (excludes Pharmacy.)

Diagnosis	Donated Service Amounts in Dollars
Neoplasms	\$703,960
Congenital and perinatal	\$4,192
Musculoskeletal	\$184,152
Circulatory	\$151,251
Genitourinary	\$229,487
Digestive	\$65,128
Symptoms, signs and ill-defined	\$251,794
Endocrine, metabolic and immune	\$33,102
Respiratory	\$24,002
Nervous system and sense organs	\$43,642
Infectious and parasitic	\$10,330
Blood and blood forming organs	\$4,540
Mental Disorders	\$4,076
Skin and subcutaneous	\$18,055
Injury and poisoning	\$80,213
V-codes	\$47,091

Figure 9 . Dollar value of services by service location.



Another way of viewing dollar contributions is by CPT code. For example, the value of radiology services came to \$457,181, and the value of surgical services totaled \$375,211.

However, the total observed value of donated services for the year, \$2,044,437, is an underestimate because some services provided by physicians or others were never submitted to Project Access. It has been reported that the work involved in submitting the encounter would add to the work demand of the donated encounter without adding to reimbursed dollars to the provider. In support of this, note that 695 people received documented services, but 803 people were enrolled in Project Access. Enrollment does not occur unless a patient is seeking a definite form of care; therefore we may conclude that of the 108 people without documented services, most of them in fact received care. This phenomenon of underreporting was also noted in last year's Project Access report.<sup>5</sup> We can impute a value for the missing observations by using the average figure of \$2,942 per patient; this raises the total value of donated services to \$2,362,173.

Combining donated services across the first two years of Project Access results in a value of donated services equaling \$5,466,173.

Even though there were 706 enrolled patients in Project Access in Year 1, compared to 803 this year in Year 2, the estimated value of donated services was actually less this year compared to last (\$2.36 million vs. \$3.10 million). This difference may reflect pent up demand in Year 1, or the occurrence of unusual high cost outliers in Year 1. The distribution of both the Year 1 claims and Year 2 claims were positively skewed, indicating high cost outliers, but Year 1 skewness (skew=18.24) was more severe than Year 2 (skew=14.26). In year 1 of operations, inpatient hospital services (the most expensive form of care) accounted for 56% of all donated service dollars;<sup>5</sup> in year 2 this figure dropped to 39%. This is an important indicator that, as Project Access matures, less of its resources need be spent on caring for acute and severe illness,

and more may be committed to primary care, disease management, and treatment of illness at less acute stages.

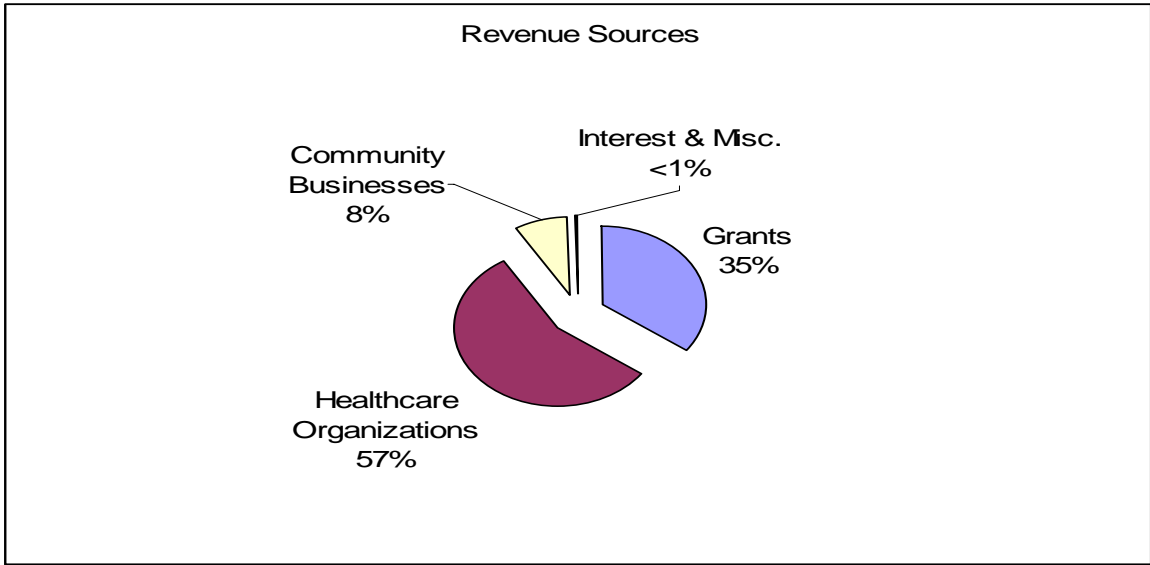
*“Being over 50 and having not seen a doctor for years I decided it was time for a check up. I choose to go through CHAS and was very satisfied with the service I received. My tests came back and showed an elevated PSA level. The doctor said I should schedule a biopsy. I was reluctant having no insurance and no resources to draw from. My doctor referred me to Project Access. I was accepted and scheduled a biopsy appointment. The biopsy showed that I had prostate cancer. I was given the option of different treatments and chose robotic prostectomy. I am now at home recovering and so far doing okay. I know if not for Project Access, I would not have had a biopsy done and would not have been aware that I had prostate cancer. I feel that I owe my life to Project Access.”*

#### **F. Operational Expenses vs. Benefits**

Information in the previous section of the report indicated that the value of donated services to the community provided by Project Access equaled \$2,362,173. Total expenses to run Project Access included personnel costs totaling \$253,302, and administration and operational costs totaling \$116,728, for a grand total of \$370,030. This grand total represents only 15.7% of the value of donated services, indicating that Project Access is an efficient mechanism by which to coordinate and provide health care services to low income people without other access to care.

Revenue to operate Project Access totaled \$361,810. Most donations to Project Access occur at the beginning and end of the tax year. By the end of FY 2005, Project Access had a positive net margin. Sources of revenue included grants, local healthcare organizations, community businesses, and other miscellaneous sources. Figure 10 summarizes the percent of revenue from the various sources. Healthcare organizations provided 57% of the operating budget for Project Access. When one considers that health care providers and organizations also donated services valuing over \$2.3 million, the generosity of the Spokane health care community in supporting Project Access becomes even more pronounced.

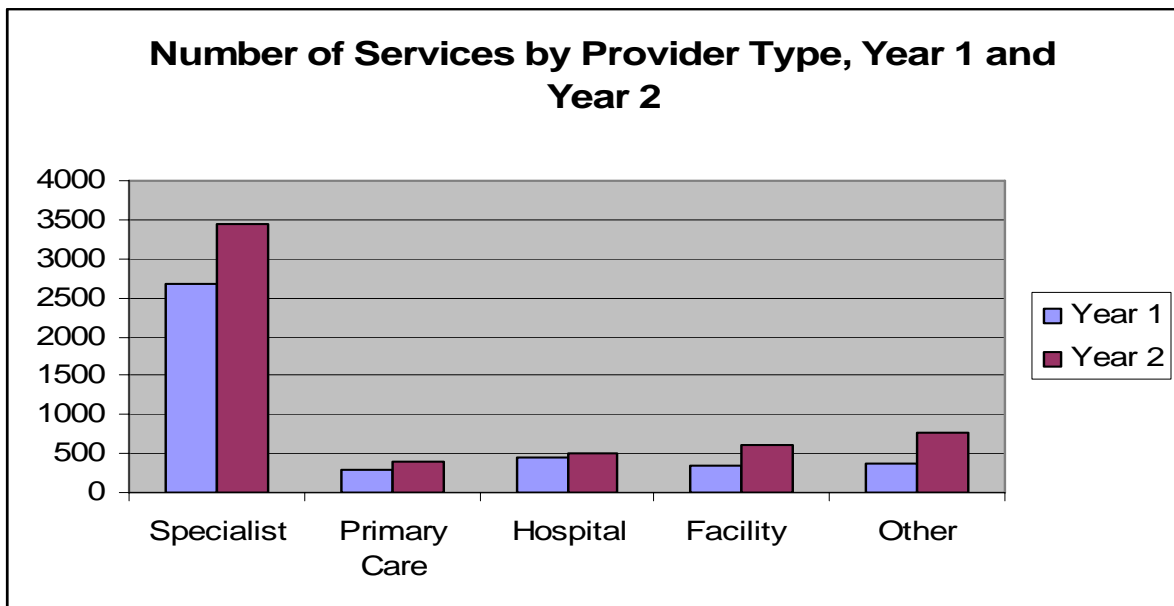
Figure 10. Percentage of Project Access revenue from the various sources.



### G. Trends from Year 1 to Year 2 of Operations

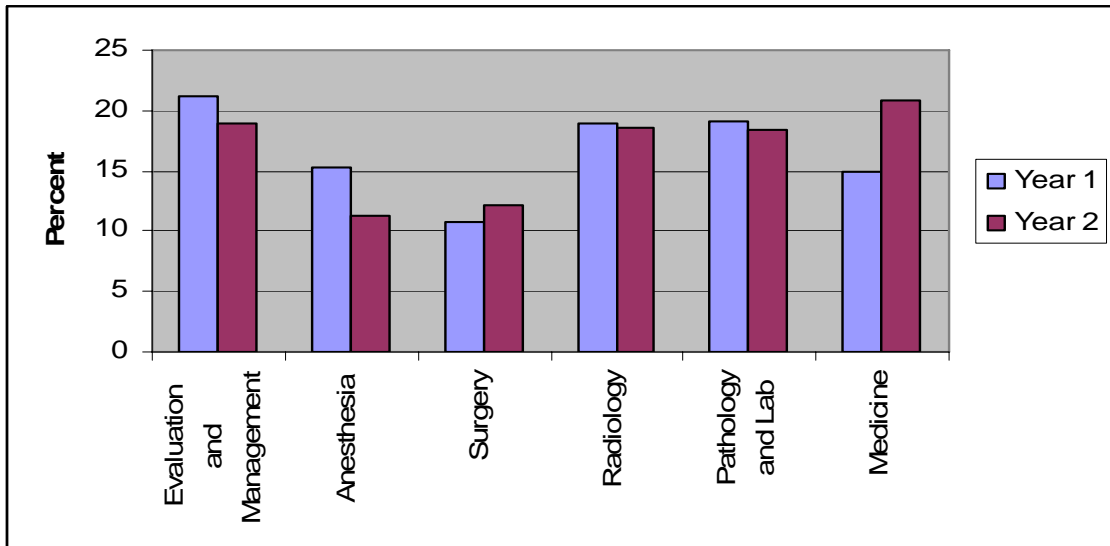
The quantities of treatment provided to Project Access participants increased from Year 1 to Year 2 of operations. A total of 706 patients were enrolled in Project Access in Year 1. For Year 2 this figure increased to 803, an enrollment increase of 12%. Excluding pharmacy, there were 4,155 service episodes in Year 1, which increased to 5,728 in Year 2, an increase of 38%. Figure 11 shows the counts of services provided in Year 1 and 2 by provider type; there were increases in all categories. However, as already noted, the total estimated dollar value of donated services was lower in Year 2, probably due to more severe outlier cases in Year 1.

Figure 11. Trends in service use from year 1 to year 2.



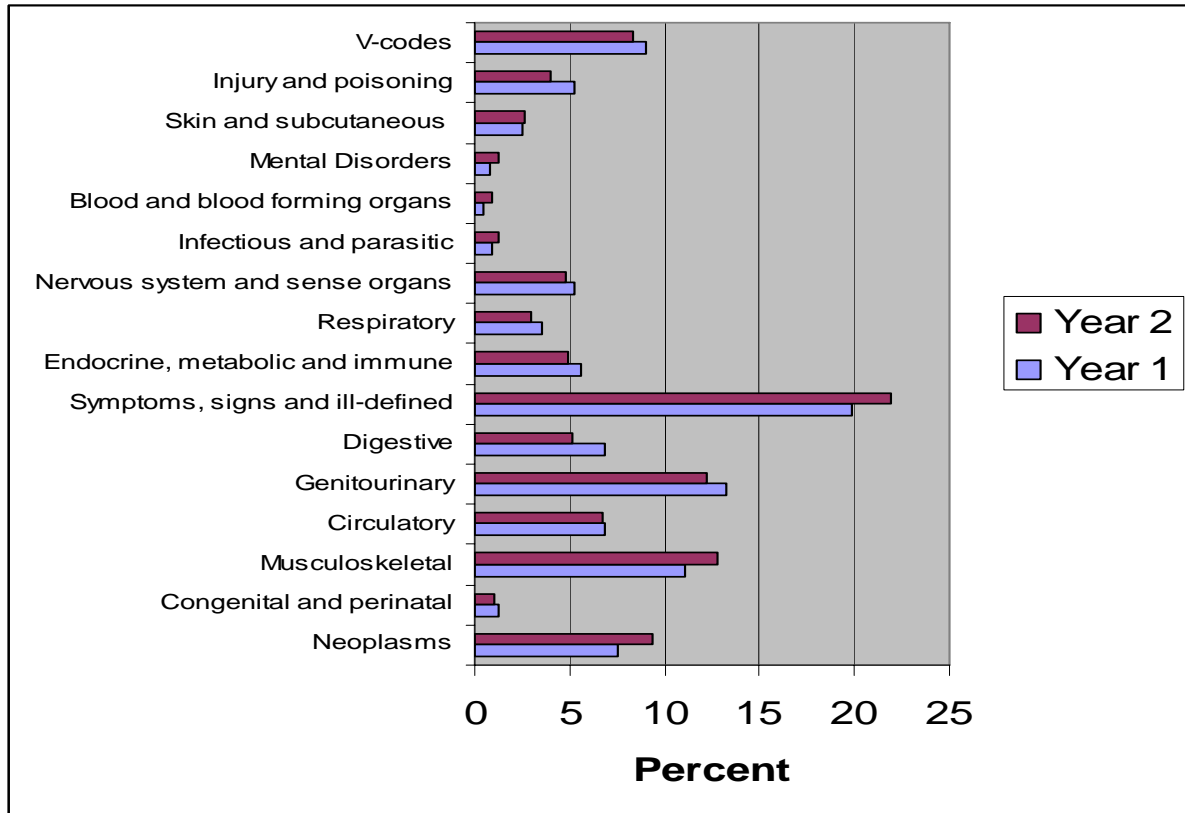
We examined the relative distribution of procedure types by year. The percent of procedures that were surgical or medical in Year 2 increased relative to Year 1, whereas the relative proportions of other procedure types decreased. Results are summarized in Figure 12.

Figure 12. Percent of procedure types for Year 1 and Year 2.



Finally, we examined the relative distribution of diagnostic categories from Year 1 to Year 2 to ascertain whether any notable shifts were occurring in the types of conditions seen. Results are summarized in Figure 13. The most notable increases from Year 1 to Year 2 were in the areas of neoplasms, musculoskeletal disorders, and symptoms, signs and ill-defined conditions; decreases were found in several other diagnostic categories.

Figure 13. Percent of diagnostic categories in Year 1 and Year 2.



### Conclusions and Recommendations

Conclusions for Year 2 of operations include:

- Project Access provides a unique and critical service that would otherwise be unavailable to uninsured, low income people.
- Specialists are used much more heavily than primary care providers. This is a consequence of the fact that Spokane contains multiple options for low income persons to receive primary care, but few other formal programs for specialty care. Many Project Access patients are in fact referred from low income primary care clinics such as CHAS.
- Cancer care is the most expensive form of treatment.
- Inpatient hospital care is the most expensive location of treatment.
- Radiology is the most frequently used specialty area, and is used primarily for diagnostic purposes.
- Cardiac surgery is the most common type of surgical procedure.
- Pharmacy encounters make up 49% of all service encounters and constitute an important part of the Project Access network.
- Outpatient office contacts are the second most common type of encounter (after pharmacy) and mostly occur for specialty care
- The number of services provided and the number of patients treated increased from Year 1 to Year 2 of operations.

- There were 6,797 donated new patient slots, compared to 803 actual patients.
- The total estimated dollar value of Project Access services for the first two years of operations combined is \$5,466,173.
- The costs of running Project Access came to only 15.7% of the value of donated services, indicating that Project Access is an efficient mechanism by which to coordinate and provide health services to those in greatest need.
- Stories from patients reveal cases where life-saving treatment was provided through Project Access that would otherwise have not been available.
- Project Access is a viable, strong service doing important work that should be supported and expanded.

Recommendations for future Project Access operations include:

- Strengthen ties to and utilization of primary care, especially referrals from private primary care providers, and use of donated primary care slots within Project Access.
- Investigate whether a more equitable distribution of donated services across specialty care areas may be possible.
- Improve the completeness of service encounter and pharmacy data reporting.
- Investigate the impacts of Project Access on the healthcare system, especially decreased emergency room visits by enrollees, and decreased level of illness acuity upon enrollment through improved primary and specialty care.
- Engage in fund raising efforts with local healthcare organizations and business, government agencies, and private foundations to expand and sustain program support.
- Increase community awareness of the availability and benefits of Project Access.

*“The clinic recommended a colonoscopy which I couldn’t afford (no insurance), so I applied for Project Access. The colonoscopy revealed a cancerous tumor. Surgery was immediately scheduled and performed. I am currently undergoing chemotherapy. I can’t say enough for the doctors and nurses who helped me through this crisis. I don’t want to think how much this whole ordeal would have cost. I credit the Project Access program for saving my life – how does one express gratitude for that? I’ll be forever grateful.”*



### Author Bios

Michael Hendryx, Ph.D. (Psychology) is Director of the Washington Institute for Mental Illness Research and Training, and an Associate Professor in Psychology, Washington State University Spokane. Melissa Ahern, MBA, Ph.D. (Economics) is an Associate Professor in Health Policy and Administration, Washington State University Spokane. Together they have a combined 45 years of post-graduate experience in health services research and in working with community and state level health care organizations on applied research and evaluation.

Data regarding patient demographics and provider claims were compiled, verified, and summarized by Krista Loney. The Spokane PHCO generously provided claims data. John Driscoll, Project Access Director, and Jan Monaco, Executive Director of the Spokane County Medical Society, reviewed drafts of this report and offered many useful comments and suggestions.

### Sources

1. Uninsured in Eastern Washington. Spokane Regional Health District, March 2005.
2. Spokane Counts. An updated summary of selected public health indicators technical document. Spokane Regional Health District 2005.
3. Facing Spokane Poverty. Spokane Regional Health District 2002.
4. An Assessment of the Health Care System. Indicators Monitoring Health Care Access, 2005 Update. Spokane Regional Health District 2005.
5. Bunting, D. Project Access Spokane: Year One Program Assessment and Operations Analysis, October 2003 to September 2004. Institute for Public Policy and Economic Analysis, Eastern Washington University.

**MUNICIPALITIES, ORGANIZATIONS, FOUNDATIONS, GROUPS,  
AND INDIVIDUALS PROVIDING FINANCIAL OR IN-KIND SUPPORT  
TO PROJECT ACCESS**

City of Airway Heights  
City of Cheney  
City of Deer Park  
City of Liberty Lake  
City of Medical Lake  
City of Millwood  
City of Spokane  
City of Spokane Valley  
Community Health Association of  
Spokane [CHAS Clinics]  
Community Health Plan of  
Washington  
Downtown Kiwanis  
Spokane Downtown Rotary Club #21  
Empire Health Services [Deaconess  
& Valley Hospitals]  
Family Home Care Corporation  
Foundation Northwest  
Group Health Community  
Foundation  
Health Care Underwriters  
Association of Spokane  
Health Improvement Partnership  
Intercollegiate College of Nursing  
Itronix Corporation

Martin Investment Group  
Mike and Muffy Murphy Foundation  
Molina Health Care of Washington  
Spokane Physician Hospital  
Community Organization  
Pierce Trust  
Premera Blue Cross  
Providence Health Services [Sacred  
Heart, Holy Family & Deer Park  
Hospitals]  
Robert Wood Johnson Foundation  
Sacred Heart Medical Center Print  
Shop  
Spokane County  
Spokane County Department of  
Health  
Spokane County Medical Society  
Foundation  
Washington Health Foundation  
Washington Trust Bank  
Women Helping Women Fund  
Yakima Valley Farm Workers Clinic  
[Spokane Falls Family Clinic]

**ORGANIZATIONS DONATING MEDICAL SERVICES TO PROJECT ACCESS**

American Medical Response  
Choice Medical Supplies  
Deaconess Medical Center  
Family Home Care  
Gentiva Health Services  
Holy Family Hospital  
Inland Imaging

Inland Neurosurgery & Spine  
PAML  
Sacred Heart Medical Center  
Spokane Eye Surgery Center  
Associates  
St Luke's Rehabilitation Institute  
Valley Hospital & Medical Center

## INDIVIDUALS DONATING MEDICAL SERVICES TO PROJECT ACCESS

Daniel Abbott  
Robert Achterberg  
Jeffrey Ager, MD  
Karen Ahlstrom, MD  
Scott Ahrndt, PA  
Paul Alder, DC  
Susan Alexander, MD  
Daniela Alexianu, MD  
Mihai Alexianu, MD  
Radica Alicic, MD  
Thomas Allarding, MD  
Merry Alto, MD  
Michael Amstutz, PT  
Karl Anders, MD  
C. Chris Anderson, MD  
Kristina Anderson, MD  
Roxana Andronic, MD  
Ethan Angell, MD  
Anthony Appel, MD  
Ron Appel, MD  
Henry L Arguinchona, MD  
Karlene Arguinchona, MD  
Heather Armstrong, MD  
Mary Armstrong, ARNP  
Robert Arnett  
Susan Ashley, MD  
Laurence Babb, PA  
Leann Bach, PA  
Amy Backer, MD  
Mary Badger, MD  
Chad Bailey, MSN  
Harold Bailey Jr., MD  
Jane Baker, PT  
Walter Balek, MD  
Sue Barclay, TECH  
David Bare, MD  
R Barry Barnes, MD  
Sol Barnett, MD  
Shawn Barrong, MD  
Craig Barrow, MD  
Thomas Bassler, MD  
Daniel Bates, MD  
Lauren Bathurst, DC  
Braden Batkoff, MD  
Mark Bauer, MD  
Scott Baumgartner, MD  
Timothy Bax, MD  
Robert Bazzano  
Patrick Beaulaurier, MD  
Bruce Becker, MD  
Ronda Beckner, MD  
Diane Beerneck, ARNP

Gary Bell, MD  
Melody Bemis, ARNP  
Charles Benage, MD  
Berdine Bender, MD  
William Bender, MD  
Robert Benedetti, MD  
Jette Benedetto, MD  
A.L. Bennett, MD  
William Bennett, MD  
Judy Benson, MD  
Richard Beren, MD  
Michael Berg, MD  
Karen Bichler, ARNP  
Joyce Binford, PT  
Timothy Bishop, MD  
Mike Blaney, RPSGT  
Lisa Bliss, MD  
Daniel Blizzard, DO  
Monica Blykowski-May, MD  
Zdenek Bocek, MD  
Kevin Bond, DC  
Robert Bonneau, MD  
Thomas Boubel, MD  
Andrew Boulet, MD  
Eric Bowton, MD  
John Boyd, PA  
Scott Bradley, MD  
William Bradley, MD  
Robert Bray, MD  
William Bray, MD  
Robert Brewster, MD  
Charles Brickner, MD  
Andrew Bright, MD  
R Steven Brisbois, MD  
Thomas Brodie  
Charles Brondos, MD  
William Bronson, MD  
Michael Brophy, MD  
William Brown Jr., MD  
Franklin Browne, MD  
Margaret Bruya, PhD, ARNP  
Timothy Bruya, MD  
Jeffrey Bunn, MD  
Pamela Burg, MD  
Jeffrey Burgan, MD  
Robert Burr, MD  
Jeffrey Butler, MD  
Leroy Byrd, MD  
Richard Byrd, MD  
John Cambareri, MD  
Daniel Cammack, MD  
Julie Campbell

Gary Cantlon, MD  
Roy Cantu, PA  
Colleen Carey, MD  
Christel Carlson, MD  
Paddy Carlson, ARNP  
Scott Carlson, MD  
Stephen Carlson, MD  
Richard Carson, MD  
H. Ken Cathcart, MD  
John Caton Jr., MD  
Stuart Cavalieri, MD  
Karlene Cecil-Arguinchona  
John Celstino, PT  
Melissa Cessna, MD  
Philip Chapman, MD  
Arvin Chaudhry, MD  
Stuart Chen, MD  
Vera Cheng, MD  
Timothy Chestnut, MD  
Brian Chong, MD  
Ward Chow, MD  
Erin Church, ND  
Janice Christensen, MD  
Jeffrey Clode, MD  
J Courtney Clyde, MD  
Cynthia Clys, MD  
Ronald Cocchiarella, MD  
Donald Coerver, PA  
Arnold Cohen, MD  
David Cohen, MD  
William Coleman, MD  
Jeff Collins, MD  
Margaret Collyer  
James Colquhoun, MD  
Kyle Colvin, MD  
Donald Condon, MD  
Dennis Cooke, MD  
Nelson Roger Cooke, MD  
Thomas Coomes, MD  
Robert Corbett Sr, MD  
Irby Cossette, MD  
Lauri Costello, MD  
Thomas Cotter, MD  
Daniel Coulston, MD  
Gregory Cover, MD  
Svetlana Cox, MD  
Gary Craig, MD  
Douglas Creel, MD  
Timothy Crum, MD  
Don Cubberley, MD  
Randy Cummins, MD  
Michael Cunningham, MD

Phillip Curtis Jr, MD  
Bruce Cutter, MD  
Joseph Cvancara, MD  
Daniel Dami, PA  
Alan Danielson, MD  
Stephen Darling, MD  
Elaine Davidson, MD  
John Steven Davis, MD  
Joseph Davis, MD  
Kent Davis, MD  
Steven Davis, PA  
Steven Day, MD  
Gordon Decker, MD  
Janet Deegan, MD  
Philip Delich, MD  
John Demakas, MD  
Michael Detar, MD  
Yvonne deTurrenne, ARNP  
Mark Didier, MD  
Michael Dieter, PA  
Nathan Dikes, DPM, PC  
Kawaljit Dinsa-Chester, MD  
Daniel Dionne, MD  
Frank Ditto III, MD  
Michael Dixon, MD  
Ronald Douglas, DPM  
James Doyle, MD  
William Dubiel, MD  
Brian Duncan, MD  
James Dunlap, MD  
Paul Thompson Dunn, MD  
F. Jane Durcan, MD  
Robert Durnford, MD  
Brenda Durnin, PA  
Darin Eckert, MD  
Donald E Ellingsen, MD  
Laureli Erick, MD  
Vincent Erickson, MD  
Lawrence Eastburn, MD  
Michael Eaton, MD  
Sara Edmons, OD  
Nancy Eldridge, PT  
Tammy Ellingsen, MD  
James Elmer, MD  
Jeffrey Elmer, MD  
Jolie Ewart, ARNP  
John Everett, MD  
Robert Fairbanks, MD  
Thomas Fairchild, MD  
Robert Fairfax, MD  
Michael Fallon, MD  
William Faloon, MD  
Terese Fandel, MD  
Robert Farmer, MD  
Michael Fay  
Stuart Fealk, MD

Jeff Felnton, PT  
Peter Fern, MD  
Walter Fernau III, MD  
Angelo Ferraro, MD  
Michael Ferries, MD  
Roger Fincher, MD  
Joseph Duncan Fitterer, MD  
Lisa Flagg, NAC  
Tod Fleming, PA  
Lee Fletcher, MD  
Art Flores, PA  
Sherry Franks, PA  
Denny Frazier, MPT, CMPT  
Bryan Fuhs, MD  
Robert Fulton, MD  
James Gaddy, MD  
Carol Gahl, PA  
Carl Garabedian, MD  
Hrair Garabedian, MD  
Jesse Garcia, PT  
Timothy Gardner, MD  
Edward L Garman, MD  
Roger Garvin, MD  
Robin Gavelin, MD  
James Gerding, MD  
Robert Gersh, MD  
Neil Giddings, MD  
Molly Gilbert  
Michael Gillum, MD  
Florence Gin, MD  
James Goff, MD  
Harold Goldberg, MD  
Michael Golden, MD  
June Goldman, MD  
John Gollhofer, MD  
Steven Goodell, MD  
Gary Goodman, MD  
Christopher Goodwin, MD  
Klaus Gottlieb  
Marvin Gottschall  
Paula Goes, PA  
George Grable, MD  
Jerry Graham, MD  
Kathy Gray, MD  
Susan Gray, PT  
David Greeley, MD  
Todd Green, MD  
Tamara Grim, MD  
Jay Groepper, MD  
Elizabeth Grosen, MD  
Paula Grubb, MD  
David Gruber, MD  
Ed Gruber, PhD, ARNP  
Michael Gruber, MD  
Ernest Grumprechy, MD  
Joseph Gunselman, MD

Carol Guthrie, MD  
Douglas Gwinn, MD  
Margaret Haddon, MD  
John Hahn, MD  
Cheryl Hallsted  
Lloyd Halpern, MD  
Thomas Halvorson, MD  
Robert Handy, MD  
Monica Hardie, MD  
Ronald Hardy, MD  
Mark Hart, MD  
Robert Hartman, MD  
Jeanne Hassing, MD  
William Heaton, MD  
Robert Hedlund, MD  
Meredith Heick, MD  
Kevin Heid, PhD  
Alan Henderson, MD  
Chris Henderson, MD  
Alan Hendrickson, MD  
Carolyn Hendrickson, ARNP  
Michael Henneberry, MD  
Richard Herdener, MD  
Rodney Hestdalen, MD  
John Heusner, MD  
Judith Heusner, MD  
Tina Hickey  
Alisa Hideg, MD  
R Dean Hill, MD  
Michael Hinnen, MD  
Howard Hirsch, MD  
Jeffrey Hirschauer, MD  
Glen Hiss, MD  
Brent Hjermstad, MD  
Elizabeth Ho, MD  
David Hoak, MD  
Scott Hoefer, MD  
John Hoffman, MD  
D Vernon Holbert, MD  
Ryan Holbrook, MD  
Kristopher Holden, PT  
Darren Hollenbaugh, MD  
C Frederick Hollon, MD  
Edwin Holmes III, MD  
Halford Holte, MD  
Steven Hong, MD  
Bruce Hopkins, MD  
Paul Horn, MD  
Peter Horn, MD  
Landon Horne, MD  
Michael Hostetler, MD  
Charles Hough, MD  
Karl Houglum, MD  
Mark Houk, DC  
Donald Howard, MD  
Philip Huber, MD

Debra Iannuzzi, MD  
Gerald Inahara, MD  
Karen Ireland, MD  
Sima Issen, MD  
Randall Jacobson, MD  
Jeffrey Jamison, DO  
Ralph Jensen, MD  
Richard Jensen Jr, MD  
Andrea Johnson, MD  
Darcy Noel Johnson, MD  
Eric Johnson, MD  
Jeff Johnson, MD  
Jerry Johnson, PT  
Mark Johnson, MD  
Stephen Johnson, MD  
Jason Jones, MD  
Samuel Joseph, DO  
Lori Frank Joy, MD  
Geoffrey Julian, MD  
Nour Juratli, MD  
Keith Kadel, MD  
Gary Kaneshige, MD  
Roy Kanter, MD  
Kennard Kapstafer, MD  
Thomas Kass, MD  
Guy Katz, MD  
Kevin Kavanaugh, MD  
Hakan Kaya, MD  
Linda Kazora, PT  
Sam Keblawi, MD  
Elizabeth Ann Keesecker, ARNP  
Jonathan Keeve, MD  
Glenn Kellogg, MD  
Teresa Kelly  
Howard Kenney, MD  
Robert Kerr, MD  
Tycho Kersten, MD  
Michael Kestell, MD  
Ted Keyes, MD  
William Keyes, MD  
Michael Kirsch, MD  
John Kivle, OD  
John Klim, MD  
Lawrence Klock, MD  
Gary Knox, MD  
Michael Kody, MD  
Tom Koeske, MD  
Lynn Kohlmeier, MD  
Katherine Koncz, PA  
Louis Koncz Jr, PA  
Debra Kontny, MD  
Jamie Kooy, MD  
Ronald Kruger, MD  
Ronald Kruger, MD  
Laura Kuehn, PA  
Michael Kwasman, MD

Raymond Kwik, MD  
David Ladich-Rogers  
Lynn Lagerquist, MD  
Duncan Lahtinen, DO  
Robert Larsen, MD  
Daniel Larson, MD  
Jeffrey Larson, MD  
Andre LaSalle, MD  
Thomas Laselle, MD  
Daniel Lattin, MD  
Charles Laudendach, MD  
Jackie Laughlin, ARNP  
Mary Lawlor  
Bill Lawson, PA  
Eric Leavitt, MD  
Jerry Leclair, MD  
Jonathan Lee, MD  
Rhonna Lee, ARNP  
Fred Lege, ARNP  
Pierre Leimgruber, MD  
Michael Lemberger, MD  
Trent Lengi, PA  
Philip Lenoue, DC  
Jack Leonard, MD  
Timothy Lessmeier, MD  
Dale Lewis, MD  
Kevin Lewis, MD  
Stephen Lewis, MD  
Terri Lewis, MD  
Jae Lim, MD  
Henry Lin, MD  
Paul Lin, MD  
Jonna Lindbergh, PA  
George Lindholm, MD  
David Little, MD  
Kendra Long, MD  
John Long, MD  
Timothy Lovell, MD  
Stephen Luber, MD  
Jonathan Lueders  
Gregory Luna, MD  
Kirk Lund, MD  
Patrick Lynch, MD  
David Maccini, MD  
Gregory MacDonald, MD  
Mark MacFarlane, MD  
J Alan Maddox, MD  
Lon Madsen, DO  
Hunter Mafera, MD  
Tracy Magnuson, MD  
Michael Mainer, MD  
Stan Mainer, MD  
Robert Maixner, MD  
David Malone, MD  
Joseph Mariani, MD  
R Jeffrey Markin, MD

Frank Martin  
William Martin, PA  
Felix Martinez, MD  
R Dean Martz, MD  
Judy Marvin, MD  
Brian Mather, DC  
Kelley Mathia, MD  
Gary Matsumoto, MD  
Paula Mays, PT  
Diane McCarthy, MD  
Michael McCarthy, MD  
Daniel McClellan, MD  
G Bruce McClelland, MD  
Robin McCoy, MD  
S Trevor McCrorey, MD  
Susan McFadden, ARNP  
John McKinnon, PT  
Venetta McPherson, ARNP  
Paige McReynolds, PT  
Kevin McVey, MD  
Anders Merg, MD  
Michael Metcalf, MD  
Marynell Meyer, MD  
Joseph Michels, MD  
Brendan Mielke, MD  
David Mikkelsen, MD  
Jeffrey Milam, MD  
Andrew Miller  
Carol Miller, ARNP  
Crystal Miller, NAC  
Gregory Miller, MD  
Molly Miller, PA  
Patrick Miller, MD  
Raymond Miller, MD  
Mitchell Minana, MD  
Christine Mitchell, MD  
Robin Mitchell, MD  
Barb Moe, PT  
Stephanie Moline, MD  
George Momany, MD  
George Monkman, MD  
Philip Monroe, MD  
Christopher Montague, MD  
Margaret Montana  
Kathryn Moore, PA  
Michael Moore, MD  
Dan Mornin, MD  
Elizabeth Mornin, MD  
Astrid Morris, MD  
Francie Mortinson, ARNP  
Robert Moss, MD  
Ron Moss, PT  
Gerhard Muelheims, MD  
Jan Mueller, MD  
Mark Mueller, MD  
David Munoz, MD

Brian Murphy, MD  
John Murphy, MD  
Daniel Murray, MD  
Stephen Murray, MD  
Leonard Murry, PA  
John Musa, MD  
Paul Myers, MD  
John Naylor, MD  
Brent Nelson, MD  
Joni Nichols, MD  
Steven Nisco, MD  
Christopher Nixon-Klewenim, PT  
Jeanne Nokes, PA  
Douglas Norquist, MD  
Melissa Norton  
Jon Nottingham, MD  
George Novan, MD  
James Numata, MD  
Robert Numata, MD  
Scott Nye, MD  
Anne Oakley, MD  
Russell Oakley, MD  
Randy O'Brien, ARNP  
Jeffrey O'Connor, MD  
Michael Oefelein, MD  
Jovan Ojdovic, MD  
Neil Okeefe, MD  
Michael Olds, MD  
Alfonso Oliva, MD  
Kirt Stephen Olson, MD  
Mark Olson, MD  
Beth Orenstein, MD  
Eric Orme, MD  
Ronald Ortiz, MD  
Terri Oskin, MD  
William Osebold, MD  
Daniel Ostrander, MD  
Stephanie Ota, PT  
Wade Otte, MD  
Frank Otto, MD  
Brian Padrta, MD  
Samuel Palpant, MD  
Michael Parisot, MD  
Robert Parker, PT  
Ron Parker, PT  
Linda Partoll, MD  
Maryam Parviz, MD  
P Z Pearce, MD  
Kelli Pearson, MD  
Thomas Pellow, MD  
Stephen Penaskovic, MD  
Jennifer Pentecost, MD  
James Perry, MD  
Geraldine Peterdy, MD  
J William Peters, MD  
Deborah Peterson, MD

Elizabeth Peterson, MD  
John Peterson, MD  
Edward Petruzzello, MD  
Lisa Phillips, ARNP  
Paul Piper, MD  
James Pittman, PhD, ARNP  
Julie Ponti, PA  
Rex Porter, MD  
Daryl Potyk, MD  
Timothy Powell, MD  
Thomas Prenger, MD  
Steven Pugh, MD  
Robert Quackenbush, MD  
Carijean Queen, MD  
Rodney Raabe, MD  
John Rademacher, MD  
Nicholas Ranson, MD  
Brad Ratcliff, MD  
Robin Ratcliff, MD  
Matthew Rawlins, MD  
D Scott Redman, MD  
Brion Reighard, PT  
Branden Reynolds, MD  
Jay Reynolds, MD  
Dan Rhoads, PA  
Kristi Rice, MD  
Thomas Richardson, MD  
Wayne Riches, MD  
Russell Rider, MD  
Renata Riley, PA  
Peter Rinaldi, MD  
Michael Ring, MD  
John Risse, PT  
Kelly Risse, PT  
Dan Roberts, PT  
Kirsten Robinson, MD  
Alyson Roby, MD  
David Rogers, MD  
Megan Roland, PT  
John Romano, MD  
Paul Rosenbaum, PT  
William Roth, MD  
Theodore Rothman, MD  
Russell Roundy, MD  
Kirk Rowbotham, MD  
Mario Roybal, DC  
Paul Russell, MD  
Jacqueline Ryan, MD  
Earl Mark Ryder, OD  
David Sams, MD  
Stacie Sanders, MD  
Steven Sanwick, MD  
Scott Schade, MD  
Howard Schaff  
Mark Schemmel, MD  
Cheryl Schieffer, PT

Mariah Schimpf, MD  
Peter Schlegel, MD  
Lawrence Schrock, MD  
Michael Schucker, PA  
William Schulte, MD  
Amaryllis Scott, MD  
David Scott, MD  
Joel Sears, MD  
Allen Seely, MD  
Cameron Seibold, MD  
Samuel Selinger, MD  
Brian Seppi, MD  
Robert Sestero, MD  
Joseph Shaeffer, CNM, ARNP  
Sejung Shin  
David Shipowick, MD  
John Shuster, MD  
John Simmons, MD  
Daniel Simonson  
Leland Siwek, MD  
Erik Skoog, MD  
Susan Slaughter, MD  
Dennis Small  
Christina Smalley  
Craig Smentek, MD  
Todd Smith, MD  
Jeffrey Snow, MD  
Rita Snow, MD  
Melanie Snyder, MD  
Eric Sohn, MD  
Mathea Sonsteng, MD  
Eric Sorensen, MD  
Melissa Sousley, MD  
Dacotah Spurgeon, PT  
Jonathan Staben, MD  
David Stagaman, MD  
Howard Stang, MD  
Nancy Starr, MD  
Craig Stephens, PT  
Michael Stephens, MD  
Greg Stephens, PT  
Jon Stevenson, MD  
Jay St. Onge, PA  
William Stifter, MD  
William Stovall, MD  
Glen Stream, MD  
Benjamin Strong, MD  
Eric Stucky, MD  
Laurie Summers, MD  
Gregory Swanson, MD  
Judy Swanson, MD  
Kevin Sweeny, MD  
Kenneth Symington, MD  
Teresa Taft, LISW  
Susan Taylor, PT  
Gordon Teel, MD

Larry Terpening, MD  
Mark Terry, MD  
Susan Tewel, MD  
Camtu Thai, MD  
Brian Thomas, OT  
Paul Thomas, MD  
Marshall Thompson, MD  
Susan Thompson, MD  
David Thorne, MD  
Karen Thykeson, MD  
Sandra Tidwell, MSN  
Antoine Tohmeh, MD  
Ted Toribara, MD  
Cynthia Tortorelli, MD  
Richard Treloar, MD  
Jan Tritto, PA  
Jennifer Trojano, MD  
Allan Troupin, MD  
Rodney Trytko, MD  
Michael Tuccio, PA  
Teri Ann Tupper, MSN  
Heather Turner, MD  
Steven Uhron, MD  
Torrey Vail, PA  
Michael Valente, DC  
Leonard Vanderbosch, MD  
Russell VanderWilde, MD  
John Van Gemert, MD  
David Vanos, MD  
Mark Varga, MD  
Lance Varns, ARNP  
Wayne Venters, MD  
Deborah Vermaire, MD  
Glen Volyn, MD  
Phillip VonLintel, MD  
L Douglas Waggoner, MD  
Robert Wales, MD  
Linda Ward, ARNP  
Staci Ward, MD  
Alexandra Wardzala, MD  
Arthur Watanabe, MD  
David Watling, MD  
James Watts, MD  
John Watts, ARNP  
Dana Weary, DC  
David Weaver, MD  
Louis Weaver, MD  
Victoria Weaver, MD  
William Weigel, MD  
Robert Weigund, MD  
Peter Weitzman, MD  
Jeffrey Welch  
Lyle Wendling, MD  
Jane Whetzel  
J. Craig Whiting, MD  
Curtis Wickre, MD

Robert Wigert  
James Wilhelm, MD  
Keith Wilkens, MD  
John Williams, RPSGT  
Michael Williams, MD  
Linda Williamson, MD  
Jeffrey Wills, PT  
Christopher Willwood, DC  
James Winter  
Karen Wohlen, MD  
Robert Wood, PA  
Roger Woodruff, MD  
Phillip Woolf, MD  
Janette Worley, ARNP  
Neil Worrall, MD  
Michael Wukellic, MD  
John Wurst, MD  
Carol Wysham, MD  
Douglas Wysham, MD  
Ronald Yep  
Michael Yourzek, PA  
Mancong Zhang, MD  
Xavier Zielinski, MD  
Joan Zimmer, ARNP  
Peter Zografos, DC  
Michael Zosel, PA  
Christopher Zylak, MD

DRAFT – NOT FOR COPY OR DISTRIBUTION  
1-23-06