Project Access Spokane

Year 3 Operations Report, October 2005 – September 2006

December 2006

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As the 2007 President of the Spokane County Medical Society, I am pleased to present the 3rd annual Project Access operations report. Formed in 2003, Project Access Spokane is the only volunteer network of physicians, hospitals and healthcare providers offering the full range of healthcare services at no charge to low-income uninsured people in Spokane County. With over 800 physician volunteers, Project Access patients receive complex medical care they may otherwise not be able to obtain.

During this year, Project Access has made great strides in improving access to medical care for low-income, uninsured people in our County. Strong links with Spokane's primary-care community clinics have increased referrals for specialty and hospital care. Local governments have continued to generously donate funds to help patients receive prescription medications. As will be seen in this report, patients received complex medical care for conditions ranging from heart disease and cancer, to vision and orthopedic problems. Thousands of patients have now received the care they needed to better provide for their families, and to return to work.

During this last year, community awareness of Project Access has grown significantly. Project Access actively collaborates with healthcare providers and community agencies to ensure patients receive healthcare in a timely, efficient fashion. The Spokane Regional Chamber of Commerce, and the business community, has recognized the valuable community asset that Project Access has become. Measuring the Return on Community Investment, Project Access has contributed nearly $10 of healthcare services for each dollar of funding. Total donated medical care provided this year equaled $3,365,811. Since seeing its first patient, over $8,831,000 in health care has been provided to low income uninsured residents of Spokane County.

The success of Project Access in improving medical care is evident. By improving healthcare and access, the whole community experiences positive benefits. With a healthier community, employers have a better workforce. People are more likely to get and keep jobs that provide medical benefits. Families experiencing expensive illnesses have a better likelihood of avoiding bankruptcy.

While Project Access cannot replace the vital necessity for health insurance coverage for all people, it does help underserved people get the health care they need. As a physician, I refer patients to Project Access, and also donate my services to Project Access patients. As a member of our community, I am proud of my fellow physicians and other healthcare providers for stepping forward to help make Spokane a better place to live.

Sincerely,
Brian Seppi, 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 third year of its operation, covering the period October 2005 through September 2006. 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 15,753 distinct service episodes to 625 people. There were 841 people enrolled in Project Access; the difference between 841 and 625 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 third year of operations was $3,365,811. The total costs of operating Project Access for the year were $359,954, far below the value of donated services and indicating that Project Access operates efficiently. Cumulatively, for the first three years of Project Access, the estimated value of donated medical services comes to over $8,831,984.

Specialty physicians provide a large proportion of all services, with primary care doctors relatively underrepresented primarily because Spokane County has 11 low-income primary clinics such as CHAS, Native Health, People's Clinic, and Spokane Falls Family Clinic that provide primary care. Patients are referred into Project Access from various sources throughout the Spokane community. Approximately 77 percent of patients are referred from Federally Qualified Health Centers (CHAS, Native Health, Spokane Falls Family Clinic). Additionally, eight percent are referred from low-cost Community Clinics (Christ Clinic, ECCO Clinic, People's Clinic). The final fifteen percent are referred by private physician offices or are self-referrals into Project Access by patients who have heard of the program.

Project Access provides critical medical care and increases access for Spokane's low income residents. Radiology, gastrointestinal, genitourinary, oncology, 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 6,964 new patient slots donated by providers for the year. Pledges are made by specialty, for example, cardiology, orthopedic surgery, and gastroenterology. There were 841 patients enrolled in Project Access who were referred for 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 yearly by approximately 10%. Over time inpatient hospital care has become less prevalent in favor of forms of outpatient services.

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 volunteer physicians donating medical care is laudable, although efforts could be undertaken to increase this investment even more, as measured by greater utilization of donated slots, 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.

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 codes; 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.

The Spokane Physician Hospital Community Organization (SPHCO) donated medical claims management services; pharmacy benefit management systems; and medical utilization statistics to Project Access. Demographic data were provided through the Internet-based CARES system.

Findings

A. Community Need

According to US census figures, 10.1% of Spokane County residents, and 13.9% of Eastern Washington residents, were without health insurance in 2004.[1] This regional percentage translates to 65,339 people. Estimates based on US census data show that 46% of the Eastern Washington population has annual income that is less than 200% of the Federal Poverty Level (FPL), $40,000 for a family of 4.[1]

In late fall, I contacted Project Access to find out about the program. Since then I have utilized the program to receive monthly medications and a doctor's visit... I am very impressed and grateful. Wendy and Krista provided me with much needed humanity and help in a tough time... Project Access provided me much needed services during these difficult times. I am recently employed again and I'm on my way toward financial stability. During the last several months I discovered how vital Project Access is to not only myself but to our entire community.

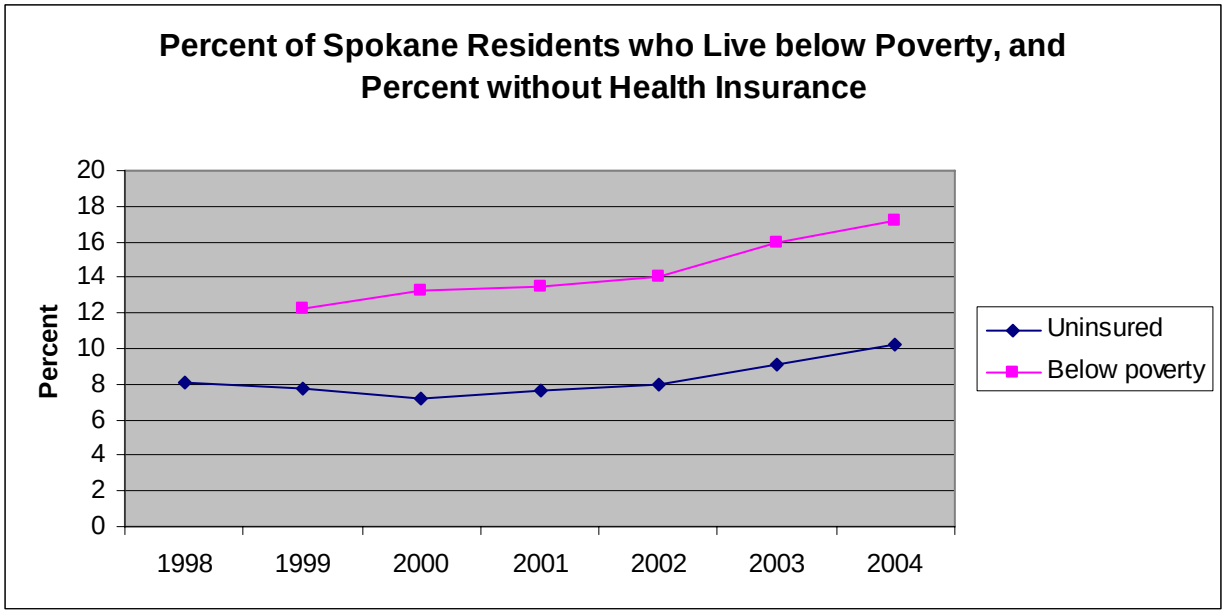
Individuals without health insurance tend to delay care, and seek care in a variety of settings. To serve this population, Spokane County has a healthcare safety-net system that is comprised of two Federally Qualified Community Clinics, with a combined total of 6 clinic locations. Additionally, there are several community-based free and low-cost clinics. Hospitals in Spokane County provide millions of dollars annually in uncompensated care for the uninsured. Project Access actively collaborates with these providers to help ensure patients have access to total healthcare, from primary care to complex hospital and specialty care. Through its volunteer network of physicians, community hospitals and other providers, Project Access supports the primary care community clinics by creating greater access to total health care. Patients receive the care they need in a comprehensive fashion, with a goal of earlier diagnosis and treatment, thereby reducing emergency department visits. Hospitals annual charity care costs are reduced when Project Access physicians provide care in outpatient settings.

Health risk indicators for Spokane County include the following statistics.[2] Twenty-one percent of residents are smokers, including 10% among youth under age 18; 24% of the population are obese according to Body Mass Index (BMI) measures; and the incidence rate of cancer in Spokane is higher than rates for the state or the nation.

Spokane County also has a higher poverty rate than the state or the nation. Nearly half of public school children are on federally subsidized food programs. In addition, Spokane County has lower average annual wages compared to the nation, and yet a higher than average cost of living. People living in poverty in Spokane are more likely than other residents to be obese, smoke, and suffer from significant medical conditions including depression, arthritis, asthma, migraines, vision problems, and dental problems. These individuals frequently lack health care insurance. 38% of those living with an income between 100% and 200% of the FPL did not have continuous healthcare coverage during the last 3 years.[4] They also report they do not receive needed medical care, delay necessary medical care, use emergency room services and inpatient hospital care in order to receive care.[3]

To cite one figure, 44% of Spokane adults with incomes below poverty level were unable to obtain needed health care in 2003.[4] Uninsurance has been cited as the most significant obstacle to health care access by Spokane community focus groups.[5] Furthermore, as shown in Figure 1, rates of poverty and underinsurance are increasing.[6] (Health insurance figures are available only for even numbered years.) Project Access is intended to respond to this critical problem.

Figure 1. Increases in poverty and uninsurance in Spokane County.



The greatest increase in the uninsured population is in the "working poor," quantified as those people with incomes between 100% and 200% of Federal Poverty Level. Health care and insurance are often beyond the reach of this needy population. This group tends to fall through the cracks in the weak health care safety net in Spokane County. Reductions in Federal and State programs, and the rising cost of health insurance for small employers, have contributed to this problem. These people are often working, but do not qualify for employer health insurance, or State healthcare programs such as Medicaid. [4]

B. Project Access Population Demographics

This section of the report summarizes characteristics of the people who used Project Access services. A total of 841 people were enrolled in Project Access. This is an increase from last year, when 803 people were enrolled. 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 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.

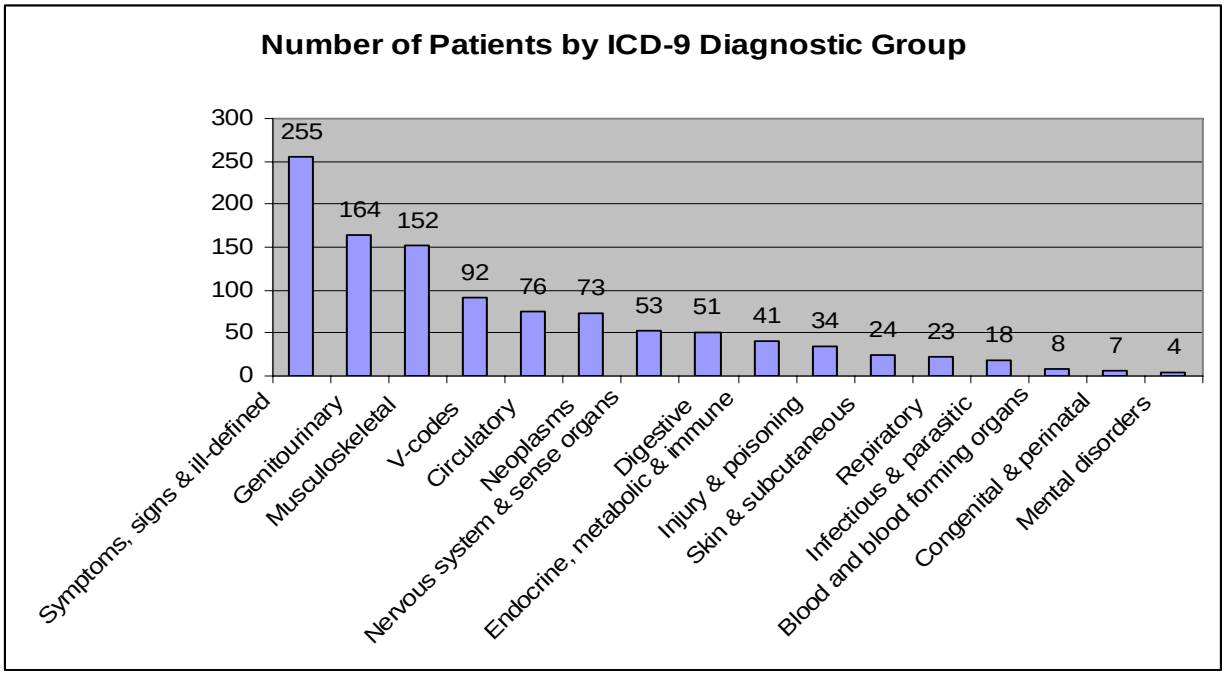
Demographic	Project Access Number	Project Access Percent	Spokane County Percent
Sex			
Male	323	38.4%	48.6%
Female	518	61.6%	51.4%
Age			
18-29	161	19.2%	22.5%
30-49	409	48.7%	38.2%

50-64	260	31.0%	23.1%
65+	10	1.2%	16.2%
Income			
<$10,000	535	63.6%	9.4%
$10-14,999	151	18.0%	8.4%
$15-24,999	142	16.9%	13.9%
$25,000 and over	13	1.6%	68.3%
Race/ethnicity			
White	635	83.4%	91.9%
Black	21	2.8%	1.6%
Non-white Hispanic	19	2.5%	3.1%
Native American	28	3.7%	1.9%
Asian American	10	1.3%	1.8%
Other or multi-racial	48	6.3%	2.8%

Figure 2 summarizes the primary diagnostic conditions seen in Project Access patients according to major ICD-9 categories. The highest category was "Symptoms, Signs and Ill-defined Conditions", although there were also significant numbers with other serious conditions. The next most frequent categories were Genitourinary, Musculoskeletal, V-codes, Circulatory, and Neoplasms. "Symptoms, signs and ill-defined conditions" are probably commonly used because of the nature of Project Access: first, specialists are seeing patients they have not seen before and so may not have yet identified the precise diagnosis for these new patients, and second, because reimbursement does not depend on diagnostic coding, providers are free to code the case quickly and easily, which saves administrative burden.

The total number of diagnostic conditions (N=1,075) is greater than the number of people served because some patients had multiple diagnoses over multiple treatment episodes.

Figure 2. The diagnostic conditions treated within Project Access



C. Utilization of Project Access Services (inpatient, outpatient, pharmacy)

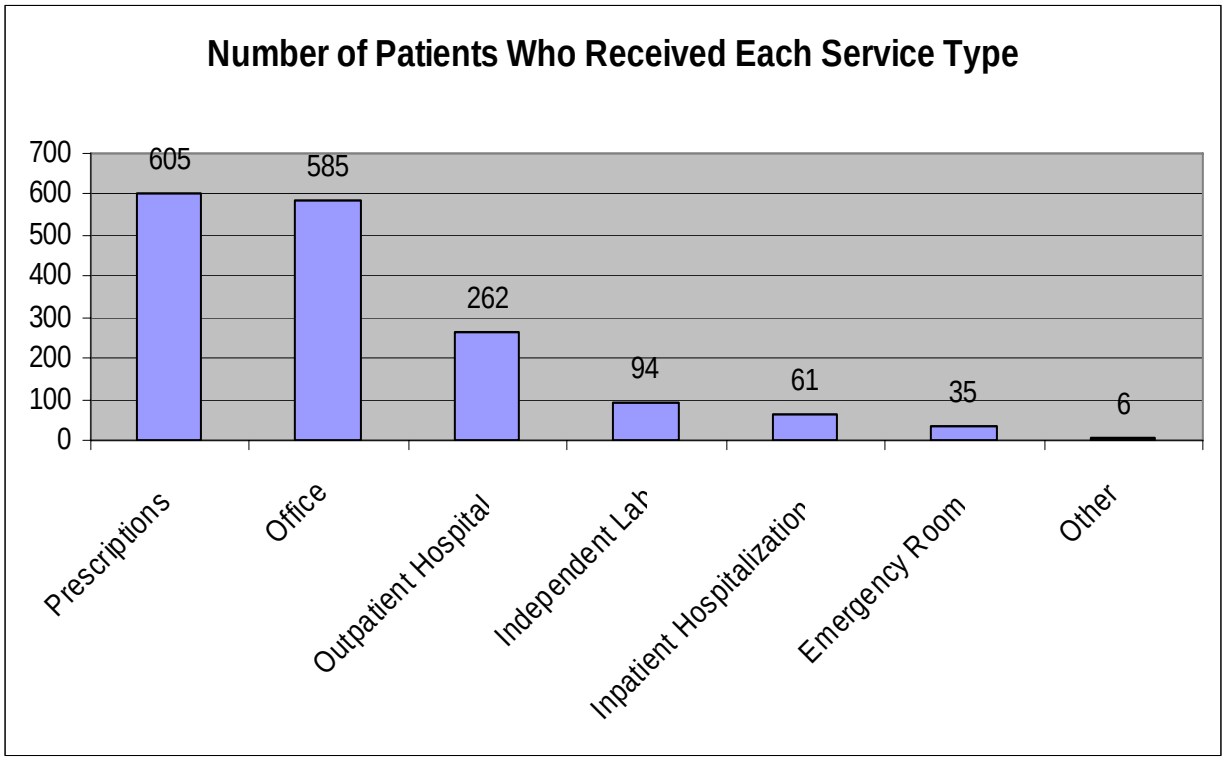
Figure 3 shows the number of Project Access patients who received each service type; 605 patients, for example, received prescription medicine services through Project Access. Project Access data included 625 people with documented services episodes – this is fewer than the 841 enrolled patients, because there were patients who received services, but where the service provider did not provide Project Access with the contact data. As with diagnostic coding, providing contact data to Project Access adds to the time burden of providers without contributing to reimbursed dollars for the donated service. The figures below (as for those in Figure 2) reflect only those services reported to Project Access.

The great majority of patients used outpatient services provided through practice offices or hospital ambulatory services. The most expensive service locations, inpatient hospital care and emergency rooms, were used by few patients: less than 10% used inpatient hospital care and less than 6% used emergency rooms. Project Access provides the bulk of its services through more cost-efficient venues, which is important given the traditional over-reliance on emergency rooms and the unnecessary hospitalizations that are often noted in the health services research literature for persons without health insurance.

There were 15,753 total service episodes across all types of service (Figure 4.) Prescriptions accounted for 55% of all service encounters. The number of prescription services provided (8,720) increased by 59% over the previous year, when the total was 5,483. The number of office services was about the same as last year, while the number of outpatient hospital services and emergency room services increased, and the number of inpatient hospital services decreased.

Being an almost 63 year old widow living on Social Security Survivor Benefits, medical insurance was not in my budget. Just two more years of being healthy was all I prayed for. Then it happened, I lost my eyesight in the right eye due to cataracts. All of a sudden, blindness was my only option for two years until Medicare kicked in. I was told about Project Access. Heidi had the paperwork to me the next day, Very shortly the appointment was scheduled. I ended up with the best eye surgeon in Spokane and was treated like a very special patient. My right eye now has 20/20 vision (no glasses needed). Great Job Project Access!

Figure 3. Number of Project Access patients who used various types of services.



"Project Access fills an important role in Spokane County's overall health care system. It narrows a gaping need for those who can least afford care. This is another important milestone in Group Health's ongoing commitment to the concept of universal health care coverage."

Brad Pope, MD
Medical Director – Eastern Washington and Northern Idaho
Group Health Cooperative

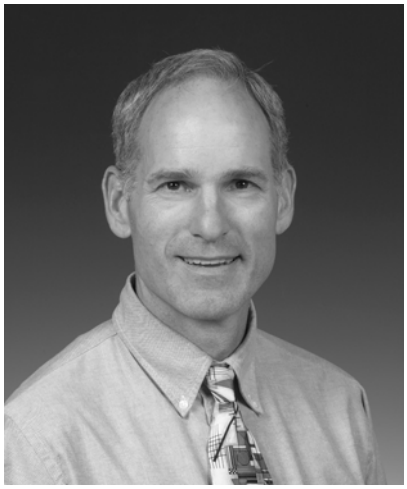
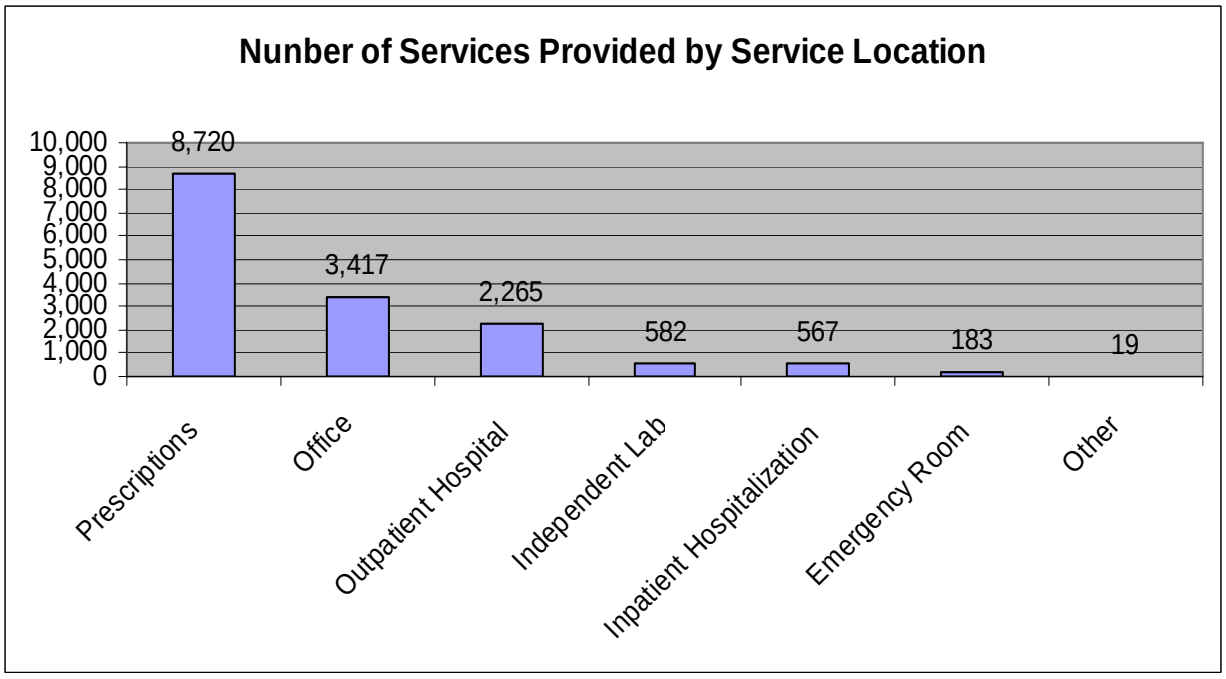


Figure 4. Counts of services by service location.



Even though prescriptions were the most commonly used intervention, the number of new patients receiving prescriptions declined over the course of the year. This decline is shown in Figure 5. The decline was the result of a special program that ended, and enhanced patient pharmacy benefit management. Project Access received an allocation at the end of 2005 from the City of Spokane to provide Behavioral Health pharmaceuticals. The majority of the Behavioral Health prescriptions were filled between October and December 2005, resulting in a spike in filled prescriptions in December. These funds were expended by January 15, 2006.

In early 2006, Project Access implemented a more sophisticated pharmacy benefit management program. The Project Access Pharmacy Committee convened to make adjustments to the formulary of medications available to patients. These adjustments included replacement of brand-name medications with their less expensive generic counterparts. When applicable, a pharmacist was consulted to suggest therapeutic equivalent medications and individualized drug treatment plans. The Spokane County Medical Society formed a Therapeutics Committee to better manage primary care referrals to ensure patients are receiving the right level of care. Project Access identified chronic patients who utilized a large amount of pharmaceuticals, and implemented case management to assist these patients in applying for Pharmaceutical Assistance Programs. All of these efforts contributed to the decline in the number of patients with filled prescriptions across the course of the report year.

Figure 5. Number of patients with filled prescriptions, by month.

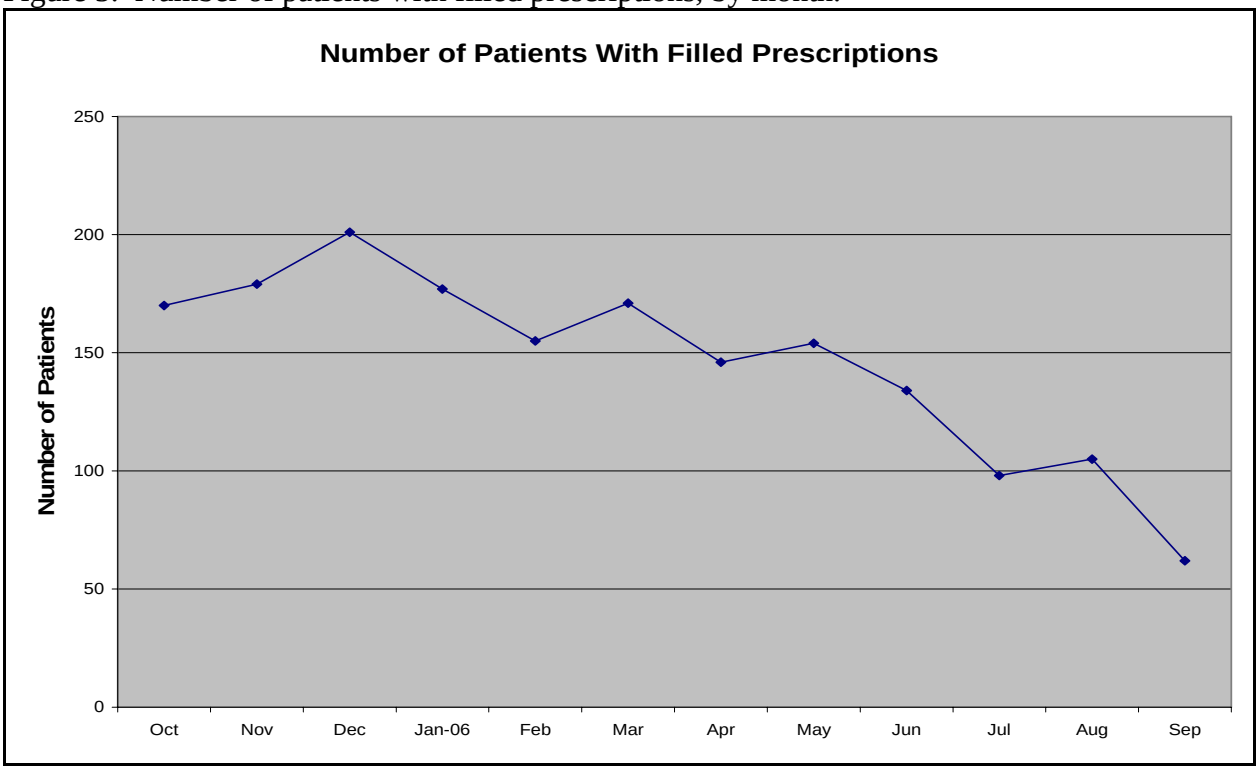
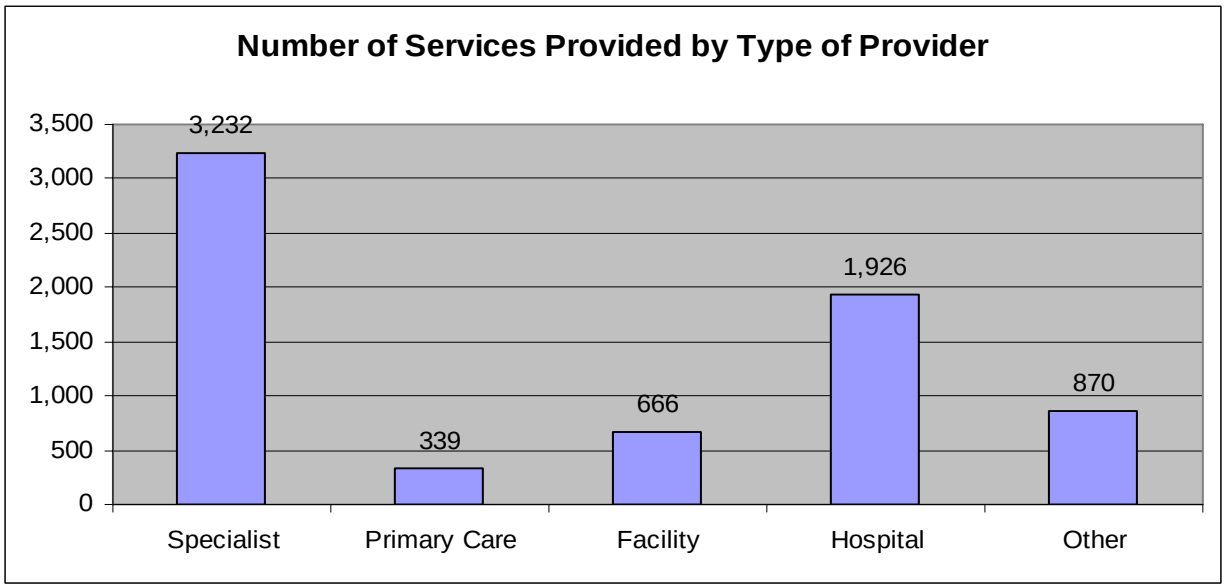


Figure 6 summarizes counts of services by provider type. This figure does not include prescriptions. As in the previous year, by far the largest provider type was specialty care, accounting for 46% of all listed services. Hospital-based and "other" provider types (such as allied health professional services) increased relative to last year's report. Hospital-based services include both inpatient and outpatient; most of these as shown in Figure 4 are outpatient services. Few services, 339 or 5%, were provided by primary care outpatient providers. This 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. The capacity and service provision volume of the specialty sector continues to be a remarkable strength of the Project Access network.

Figure 6. Counts of services by type of provider.



"We have the best health care system in the world, but it suffers from huge gaps that our society and government must address.

Yesterday, I visited an impressive community-wide initiative that shows what can be done when everyone pulls together. I was in Spokane, Washington, and visited several doctors I trained with in Boston during the 1980s and who participate in Project Access clinic.
It was a great place where all aspects of the community have come together to increase access to health care for the uninsured. Hospitals, businesses, doctors, nurses, legislators, and many others are all participating in this united effort, which has a return of almost $10 on every dollar invested. This project has resulted in reduced use of emergency departments, less dependency on government services, less personal bankruptcies, fewer repeat visits for unresolved medical issues, and a healthier labor pool for businesses."

Senator Bill Frist, August 15, 2006

Senator Bill Frist and Dr. Sam Selinger

Figure 7 shows the percent of services provided according to CPT classification codes. The three most common types of procedure codes were Medicine, Pathology and Lab, and Radiology. Figures 8 and 9 break down the radiology and surgery codes, respectively, into subgroups. The breakdown of radiology codes demonstrates that diagnostic radiology is not limited to x-ray technology but includes the most 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 and digestive procedures.

I have no insurance because I slip through the cracks. Make too much for state insurance, but my job does not provide insurance, nor can I afford it. I started missing work due to illness and my doctor advised surgery. My husband and I were then looking at thousands in medical bills and living paycheck to paycheck. The hospital then suggested that I contact Project Access. When I made the call I had no hope. I was referred to Heidi…She rushed it through with diligence, doing everything she could to make sure it was completed and accepted before my surgery. Thanks to her and Project Access, they saved me and my family from claiming bankruptcy due to medical bills.

Figure 7. CPT Procedures by Type

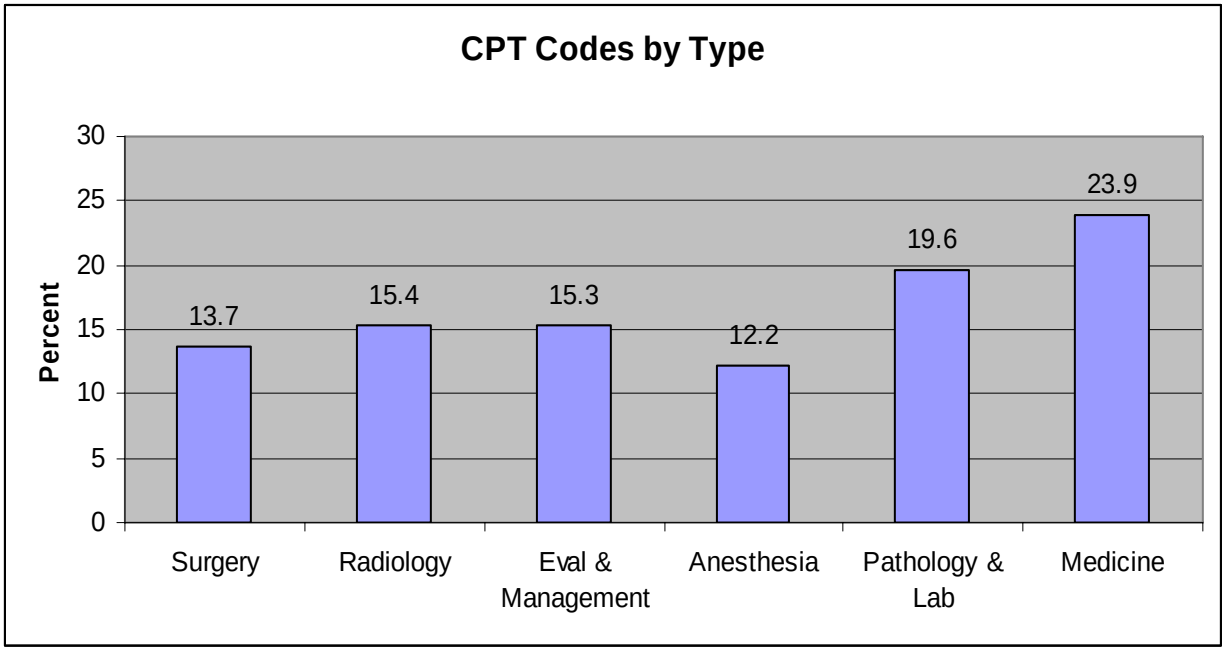


Figure 8. Breakdown of Radiology CPT Codes

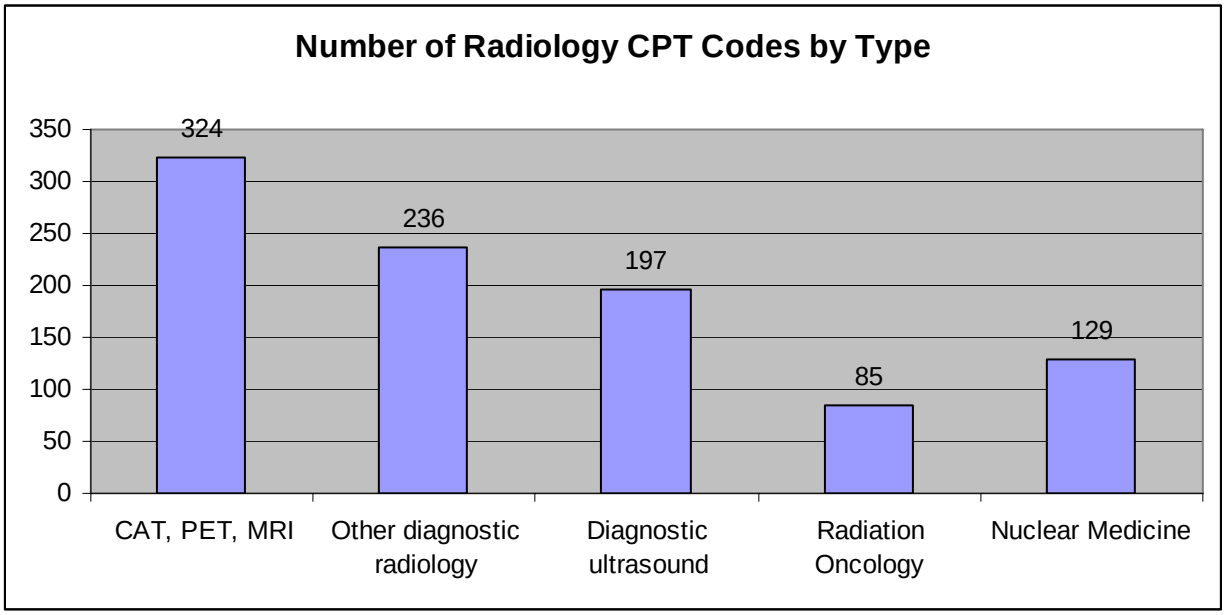
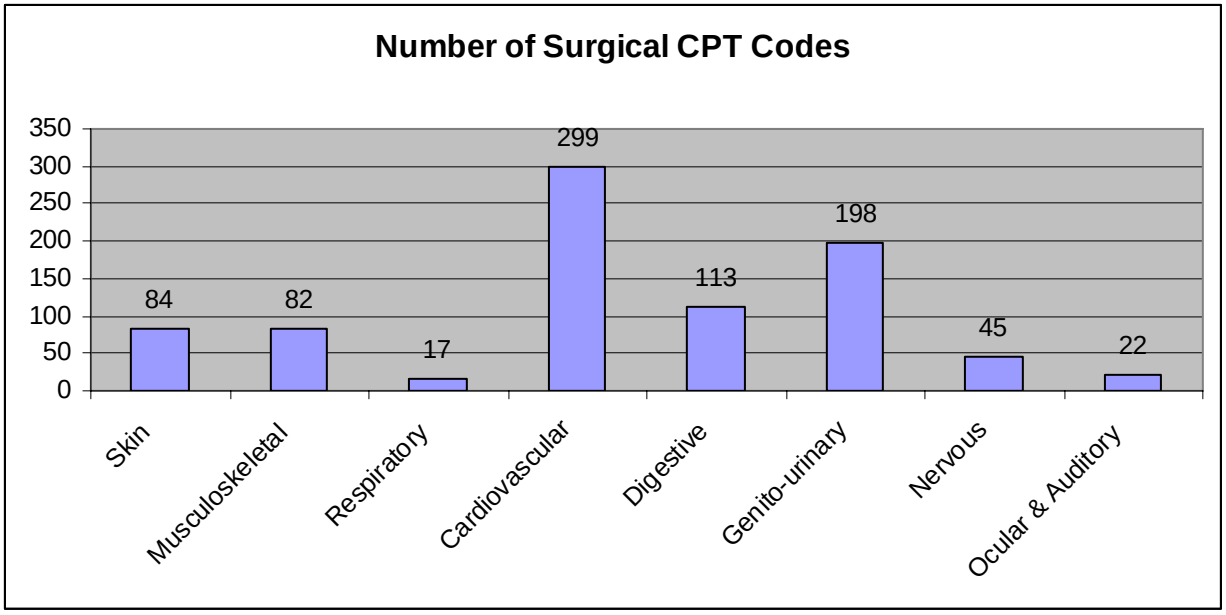


Figure 9. Breakdown of Surgical CPT Codes



We next examined CPT codes according to type of provider. Specialists provided a range of service types, most commonly radiology, followed by evaluation and management. For other provider types there was limited types of procedure that dominated the service delivery pattern: primary care providers gave primarily evaluation and management services and surgical procedures, which we assume represent relatively minor cases; 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,

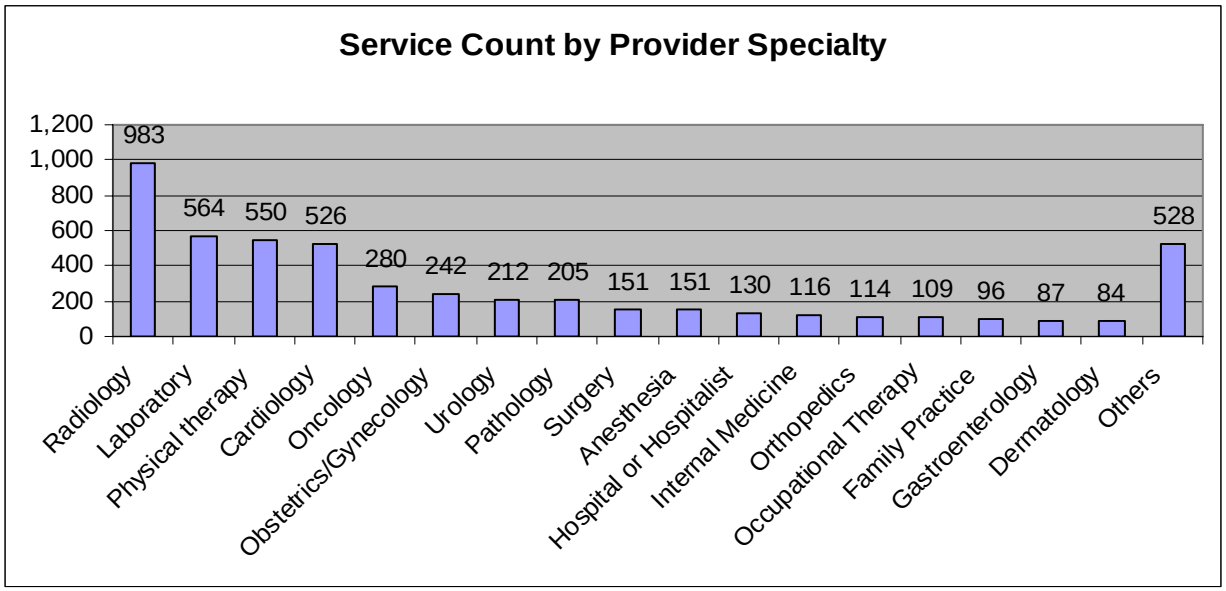
physician assistants) were primarily for medicine CPT codes. Evaluation and management CPT codes are commonly used for initial physician visits, whereas Medicine CPT codes are commonly used for medical procedures such as immunizations and diagnostic examinations. Compared to last year, the increase in the number of hospital based services may be traced to increases in surgery, medicine, and pathology and lab services that were coded as hospital services. These figures are summarized in Table 2.

Table 2. Number of Procedure Types by Provider.

	Specialist	Primary Care	Facility	Hospital or hospitalist	Other
Evaluation and Management	675	146	8	72	61
Anesthesia	112	0	1	643	8
Surgery	421	106	111	190	32
Radiology	875	8	1	68	19
Pathology and Lab	433	60	437	288	11
Medicine	466	11	87	216	720

The final analysis for this section of the report on utilization concerns the service breakdown by specialty area. Figure 10 summarizes the number of non-missing, non-pharmacy services provided by specialty type. (There were 1,906 service contacts for which the provider specialty was missing.) Radiology was the most frequently used service type, followed by laboratory, physical therapy, and cardiology. The number of services in the "Hospital or Hospitalist" category was greatly reduced relative to last year (594 service encounters last year versus 130 this year); other specialty types seemed fairly constant. The "Others" category included many remaining service specialty types, including physician assistant (n=70), ophthalmology (n=60), emergency medicine (n=42), and many other categories in smaller numbers.

Figure 10. Use of various service specialties.



D. Service Capacity vs. Service Use

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 are:

Anesthesiology	492
Chiropractic	156
Dermatology	108
Emergency Medicine	24
General and Family Practice	144
Gastroenterology	40
Home Care	144
Infectious Disease	244
Internal Medicine	2,228
Neurology	288
Obstetrics & Gynecology	420
Occupational Therapy	12
Ophthalmology	288
Orthopedics	552
Otolaryngology	216
Pathology	72
Physical Therapy	660
Podiatry	24
Pulmonary Diseases	12
Radiology	468
Surgery, General and Specialty	204
Transrectal	12
Urology	156
Total	6,964

Project Access has "an army of volunteers," offering a sum total of 6,964 new patient slots. Only 841 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

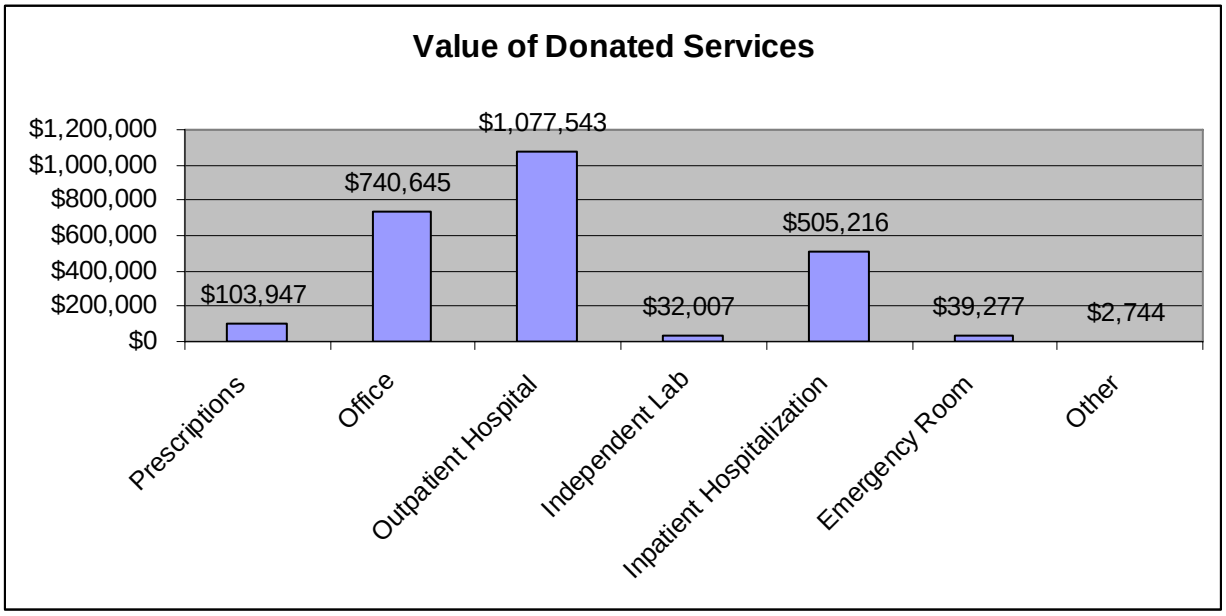
We created an estimate of the dollar value of donated professional contributions to Project Access. The preliminary sum of donated services, including pharmacy, was $2,501,379. This equates to an average donated medical service of $4,002 per patient. Table 4 and Figure 11 summarize these dollar values, first by disease category and then by service location. For disease category, the largest value of services was provided for the treatment of genitourinary conditions, accounting for $428,520 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 11, outpatient hospital-based services was the site of the greatest dollar contributions to Project Access, followed by office based services and then inpatient hospital care.

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

Diagnosis	Donated Service Amounts in Dollars
Neoplasms	$371,709
Congenital and perinatal	$23,637
Musculoskeletal	$296,708
Circulatory	$353,444
Genitourinary	$428,520
Digestive	$186,742
Symptoms, signs and ill-defined	$354,800
Endocrine, metabolic and immune	$57,475
Respiratory	$14,363
Nervous system and sense organs	$70,135
Infectious and parasitic	$18,972
Blood and blood forming organs	$3,796
Mental Disorders	$14,778
Skin and subcutaneous	$7,205
Injury and poisoning	$114,489
V-codes	$80,240

Figure 11. Dollar value of services by service location.



However, the total observed value of donated services for the year, $2,501,379, is an underestimate because some services provided by physicians or others were never submitted to Project Access. 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 625 people received documented services, but 841 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 all enrollees received care. This phenomenon of underreporting was also noted in the previous Project Access reports.[7,8] We can impute a value for the missing observations by using the average figure of $4,002 per patient; this raises the total value of donated services to $3,365,811.

Combining donated services across the first ***three*** years of Project Access results in a value of donated services equaling $8,831,984.

In year 1 of operations, inpatient hospital services (the most expensive form of care) accounted for 56% of all donated service dollars;[5] in year 2 this figure dropped to 39%.[6] Now for year 3 the percent is 20%. This is an important indicator that, as Project Access continues to mature, 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.

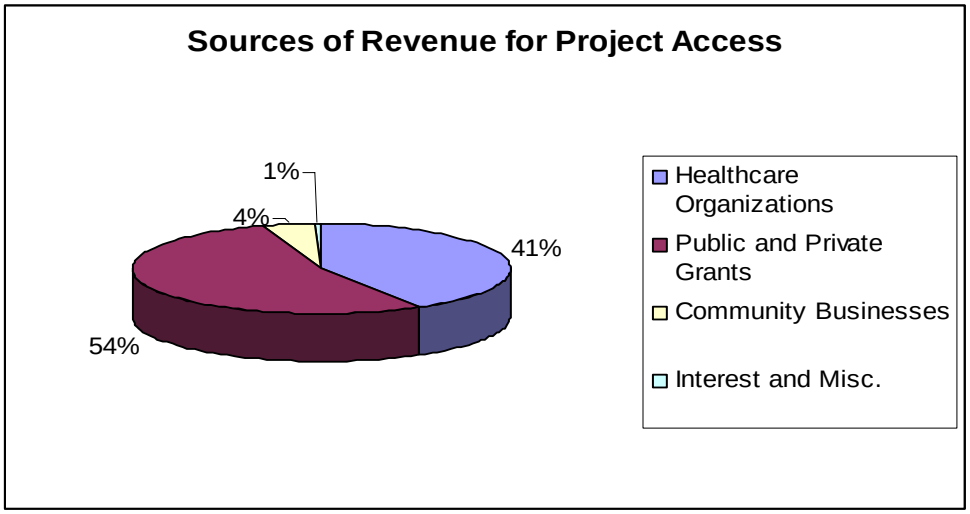
F. Operational Expenses vs. Benefits

As indicated in the previous section, the estimated value of donated services to the community provided by Project Access equaled $3,365,811. Total expenses to run Project Access included personnel costs totaling $237,864 and administration and operational costs totaling $122,090, for a grand total of $359,954. This grand total for operational expenses represents only 10.7% 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. The total cost of operational expenses was lower in actual dollars compared to last year's figure (which was $370,030) even though the volume of services and patients seen increased.

Revenue to operate Project Access totaled $383,155. Most donations to Project Access occur at the beginning and end of the tax year. By the end of FY 2006, Project Access had a positive net margin. Sources of revenue included grants, local healthcare organizations, community businesses, and other miscellaneous sources.

Figure 12 summarizes the percent of revenue from the various sources. Healthcare organizations provided 41% of the operating budget for Project Access. When one considers that health care providers and organizations also donated services valuing over $3.36 million, the generosity of the Spokane health care community in supporting Project Access becomes even more pronounced.

Figure 12. Percentage of Project Access revenue from the various sources.



G. Trends from Year 1 to Year 3 of Operations

The quantities of treatment provided to Project Access participants increased from Year 1 to Year 2 of operations, and again from Year 2 to Year 3 of operations. As shown in Figure 13, a total of 706 patients were enrolled in Project Access in Year 1, up to 803 in Year 2, and 845 in Year 3. Excluding pharmacy, there were 4,155 service episodes in Year 1, 5,728 in Year 2, and

7,033 in Year 3. The total estimated dollar value of donated services was lower in Year 2 than Year 1, but increased again for Year 3.

Figure 13. Number of patients seen and services provided, years 1 through 3.

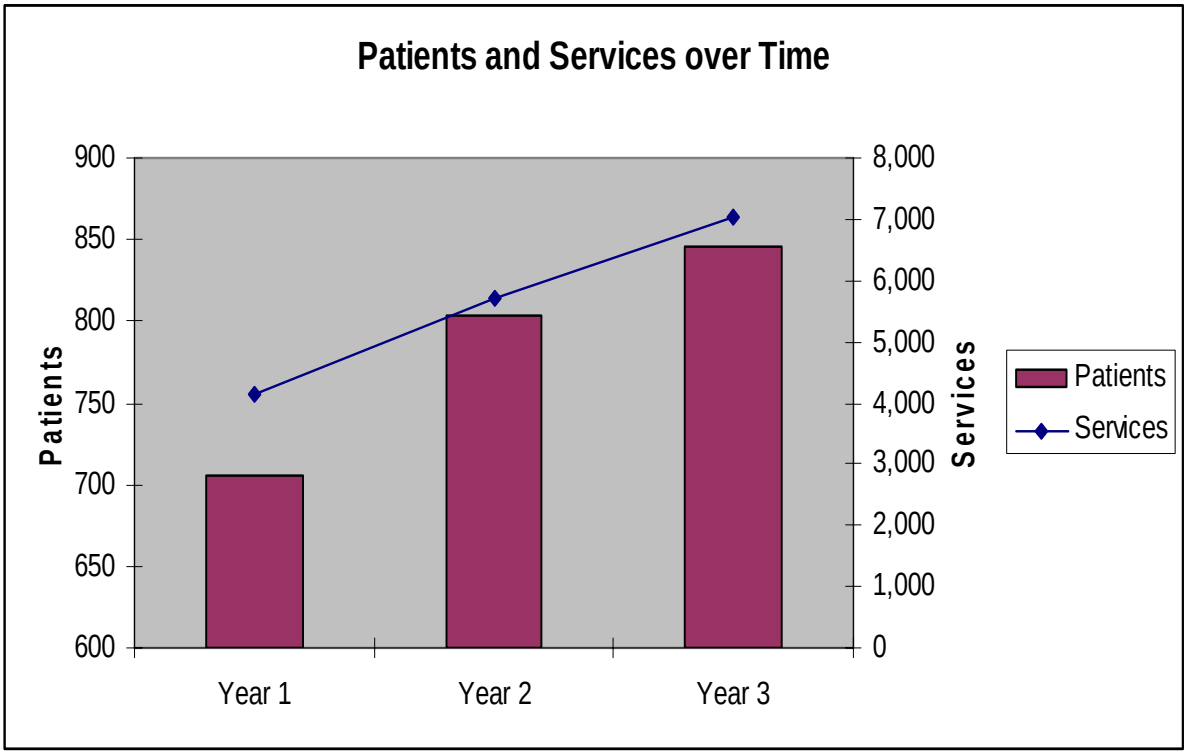


Figure 14 shows the counts of services provided in Years 1 through 3 by provider type. The biggest change from previous years was the increase in services provided in hospital settings. This increase reflects outpatient-based hospital services, while inpatient hospitalizations decreased, as shown in Figure 15.

Figure 14. Trends in service use by provider type, years 1 through 3.

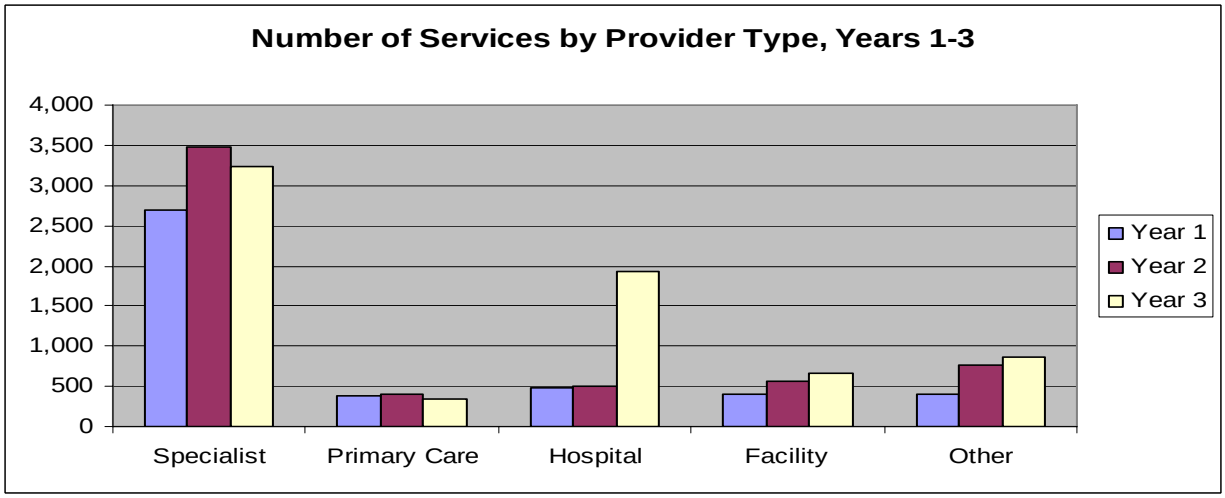


Figure 15. Services in inpatient and outpatient settings from last year to this year.

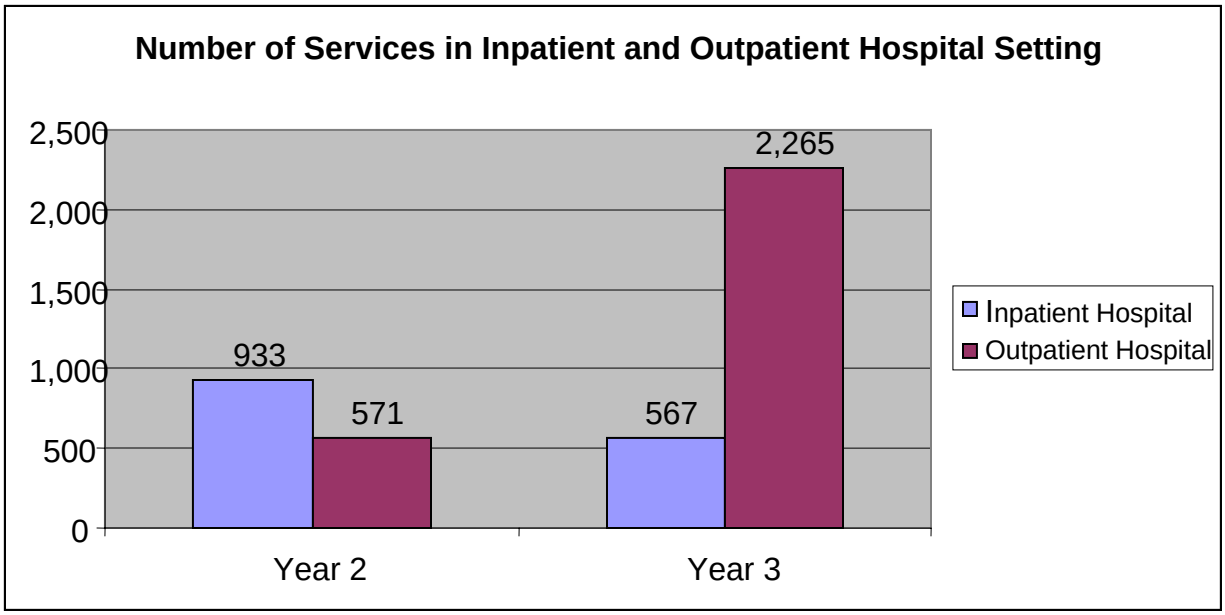


Figure 16 shows procedure types over the three years of Project Access operations. Evaluation and Management services have declined steadily over the three years, and medicine procedures have increased. Surgery procedures as a percent of total procedures have also increased each year, while radiology procedures have decreased.

Figure 16. Percent of procedure types, years 1 through 3.

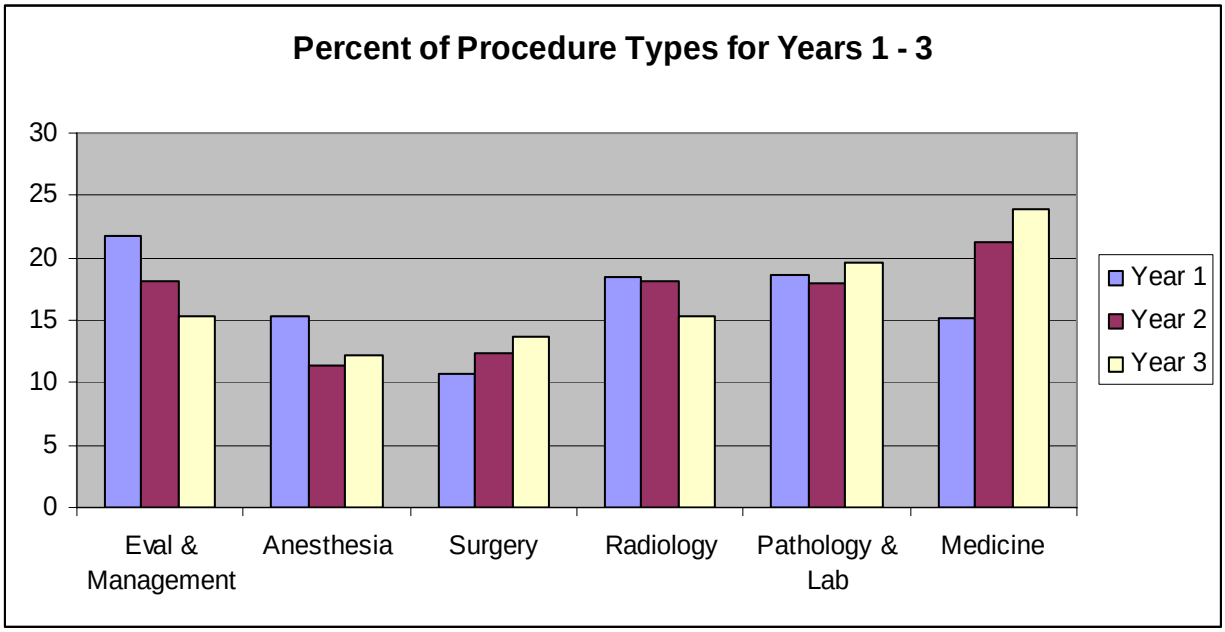
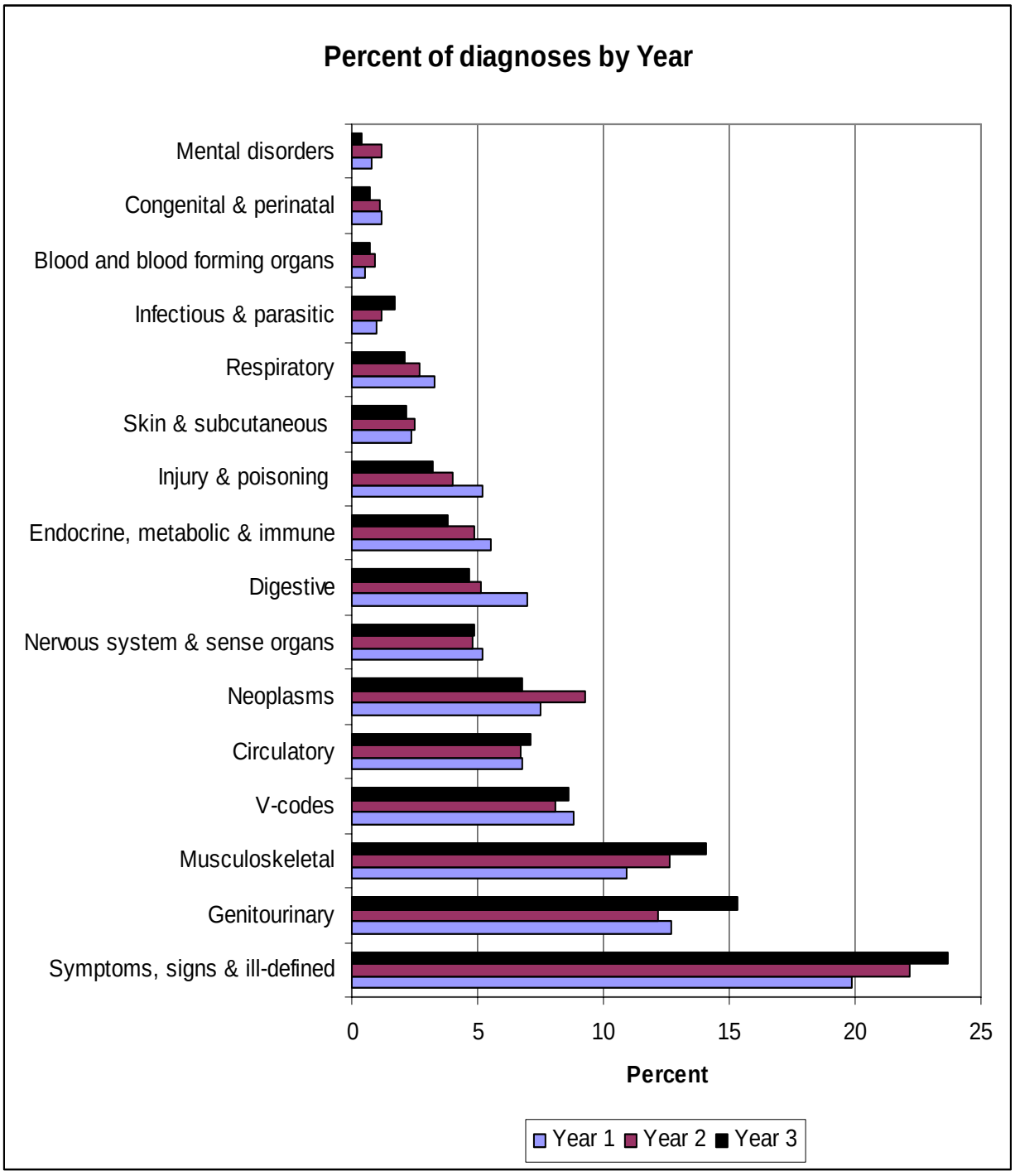


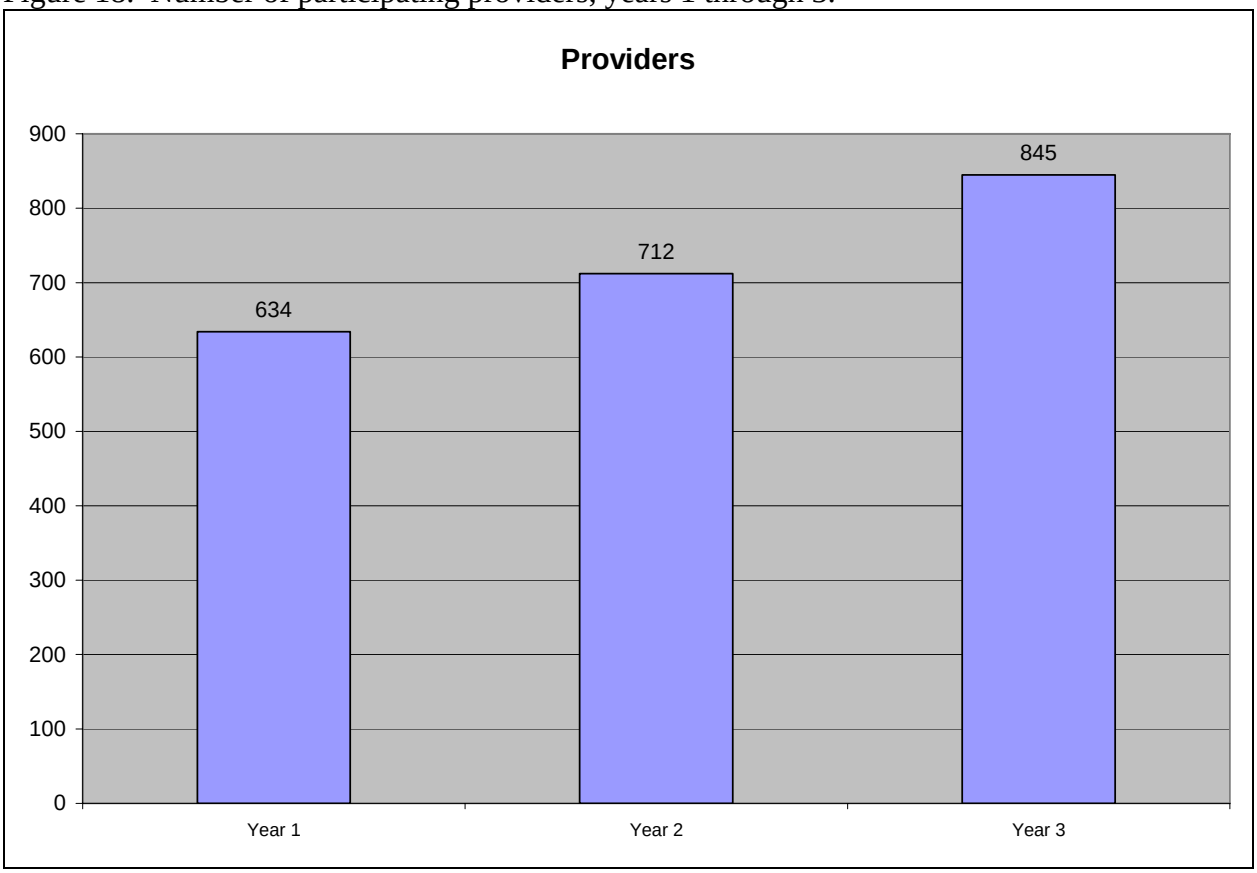
Figure 17 shows the diagnostic mix of patients over the three years of Project Access. Year 3 saw small increases in genitourinary and musculoskeletal conditions, and small decreases in services for neoplasms and digestive conditions, among other fluctuations.

Figure 17. Percent of diagnostic categories, years 1 through 3.



Finally, Figure 18 shows the number of providers who contributed services to Project Access in each of its first three years. This steady has increased each year, and for Year 3 included 845 providers.

Figure 18. Number of participating providers, years 1 through 3.



Conclusions and Recommendations

Conclusions for Year 3 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.
- Radiology is the most frequently used specialty area, and is used primarily for diagnostic purposes.
- Cardiovascular surgery is the most common type of surgical procedure.
- Pharmacy encounters make up 55% 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
- Use of inpatient hospital services continues to decline in favor of more cost-efficient forms of care.
- The number of services provided, the number of patients treated, and the number of providers participating in Project Access increased from Year 1 to Year 2, and from Year 2 to Year 3 of operations.
- There were 6,960 donated new patient slots, compared to 845 actual patients.
- The total estimated dollar value of Project Access services for the first three years of operations combined is $8,831,984.
- The costs of running Project Access came to only 10.7% 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.
- 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.

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City of Cheney
City of Deer Park
City of Liberty Lake
City of Medical Lake
City of Spokane
City of Spokane Valley
Community Health Plan of Washington
Downtown Kiwanis
Dynamic Bracing
Empire Health Services (Deaconess and Valley Hospitals)
Family Home Care Corporation
Frederick Stearns Foundation
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Family Home Care
Holy Family Hospital
Incyte Pathology
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Pathology Associates Medical Laboratories (PAML)
Sacred Heart Medical Center
Spokane Radiology Consultants, LLC
St. Luke's Rehabilitation Institute
Valley Hospital & Medical Center

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Cancer Care Northwest
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