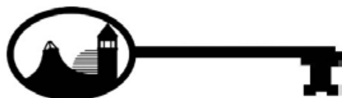
Project Access - Spokane

Year 6 Operations Report

October 2008 –

September 2009



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President's Introductory Letter

Courtney Clyde, MD
2010 President - Spokane County Medical Society Foundation

It is my pleasure to present the 2009 Project Access Annual Report. The program has now been in operation for 6 years in Spokane, and has developed a strong reputation of effectively serving the advanced medical needs of low income uninsured people in Spokane County. Project Access is the only volunteer network of physicians, hospitals and allied healthcare providers in Eastern Washington offering the full range of medical services at no charge to qualified applicants – from physician office visits to comprehensive treatment of major disorders such as cancer and heart disease.

During the 6th year of Project Access operations, many challenges and opportunities presented themselves. The country entered into its worst recession in 80 years. Unemployment skyrocketed as businesses closed or laid off workers. The number of uninsured adults in Washington State increased 50% almost overnight in early 2009. Due to the economic conditions, the State of Washington reduced enrollment in the Basic Health Plan, leaving many Project Access patients with no ability to obtain healthcare coverage. It appeared that suddenly there was more need than Project Access could realistically absorb.

The physicians and hospitals of Project Access rose to the occasion. In a time of severe and worsening pressures on the healthcare system, volunteer physicians, hospitals and allied healthcare providers donated more services to Project Access patients than ever before. There was a 23% increase in services provided, with a total of $6,200,350 in direct medical care donated to uninsured patients in Spokane. Since the beginning of the program, over $24,000,000 in care has been provided to thousands of patients. The impact of this donated medical care, and the impact on the individual lives of the thousands of patients served, is tremendous. Never before in Spokane has an organized volunteer network of healthcare providers made such a difference in our community.

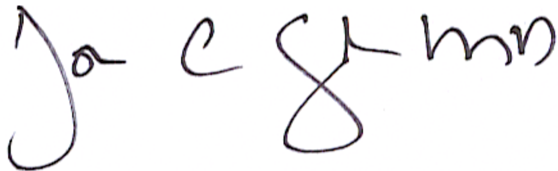
Project Access added a volunteer Medical Director to assist with patient referral and care coordination, and to support our volunteer providers. Dr. Valerie Logsdon has provided the physician leadership and clinical expertise to assist physicians and Project Access staff. She has been very instrumental in helping recruit and retain volunteer medical providers. Under her leadership, the Project Access Therapeutics Committee, comprised of a dozen volunteer physicians of various specialties, has developed referral guidelines and provided individual case review to assist primary care providers in diagnosing, treating and referring their patients.

The program has also continued to receive broad community support. Project Access has received new federal grant funding for 2 years now with the help of Rep. Cathy McMorris-Rogers, and Sen. Patty Murray. We also received new grant funding from the Inland Northwest Community Foundation, and continue receiving sustainable support from Providence Healthcare,

Premera, local and State government. Please see pages 30 – 36, for a complete listing of contributors. Their contributions allow the staff of Project Access to support the work of our physicians. They allow patient care coordinators to work directly with the patient to help implement the physician's treatment plan – scheduling follow-up exams, arranging for hospital services, and offering prescription assistance. The funding allows the referral coordinator to assist referring providers and their patients to access the right specialist and level of care for the patients' condition. Our donors could not find a better way to leverage their funds to make a big difference in access to care in our community. For every dollar donated, patients receive over $7.00 in direct medical care from highly trained medical professionals.

Most importantly, the vast volunteer provider network of Project Access, working in hundreds of medical practices and all of our community hospitals, donated $6,200,350 in direct medical care to 661 residents of Spokane County this year. It is evident that in our community, volunteer medical providers are making a huge contribution to improve our citizens' health and well-being. I commend each of our volunteers. They are volunteering in our hometown and making a difference in our community. And, to our volunteer providers - the community has noticed the tremendous contributions of all of you make. On their behalf – Thank You Very Much.

Sincerely,



Courtney Clyde, MD
2010 President - Spokane County Medical Society Foundation

Executive Summary

Access to medical care is a challenge for many Americans, especially during difficult economic times. Project Access is comprised of a unique volunteer network of physicians, hospitals and other health care providers who together provide the full range of medical care to low income uninsured residents of Spokane County. The following report summarizes the performance of Project Access Spokane for the sixth year of its operations, covering the period October 2008 through September 2009.

From October '08 through September '09, Project Access provided 11,405 distinct service episodes to 661 people. The figure of 11,405 is the highest in the history of Project Access and represents an increase of 23% service volume over last year's report. Service episodes included prescription fills, office visits, surgical interventions, radiology, pathology, and many other medical procedures and services. Services were provided primarily by specialists but also by other providers, and in both inpatient and outpatient facilities and other locations such as laboratories and pharmacies. An estimate of the total value of donated services for the sixth year of operations was $6,200,350. The total costs of operating Project Access for the year were $469,944, far below the value of donated services and indicating that Project Access operates efficiently. Cumulatively, for the first six years of Project Access, the estimated value of donated medical services comes to $23,882,224.

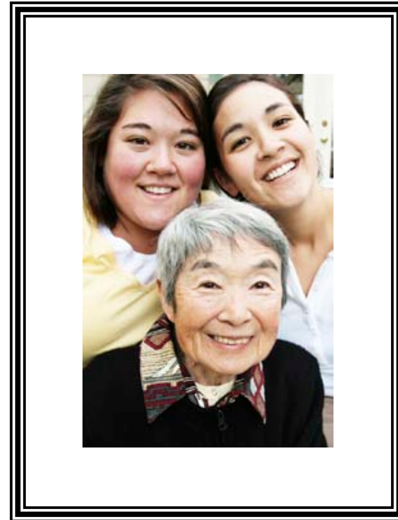
Specialty physicians provide a large proportion of all services, with primary care doctors relatively under-represented. This is primarily because Spokane County already has several low-income primary clinics, whereas access to specialty care for people without insurance is more problematic, and is the gap that Project Access is designed to fill. A majority of patients are referred from Federally Qualified Health Centers (CHAS, NATIVE Health, Spokane Falls Family Clinic), and others from low-cost Community Clinics (Christ Clinic, Bates ECCO Clinic). Finally, patients are referred from emergency departments, private physician offices or are self-referrals to Project Access.

Gynecology, radiology, physical therapy, oncology, surgery 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, Neoplasm and Genitourinary diagnoses.

Compared to last year, there was an increase in the services provided on either a per-patient or per-provider basis. Concomitantly, there were slight decreases in the number of patients seen and number of providers who gave documented services, indicating a greater complexity of care for these patients. A second major change from last year was a decrease in the use of hospital based services and a reduction of inpatient care. This decrease represents an important improvement in controlling expensive hospital services, utilizing more efficient outpatient care, and in providing treatment before the patient's disorder has worsened.

Project Access - Patient Results

• A 61 year old woman on a fixed income developed respiratory problems and suffering from degenerative disc disease received $75,349 in treatment from local physicians. The patient received multiple imaging studies, several outpatient hospital procedures, a bilateral heart catheterization and hospitalization.



• With no employer sponsored health insurance, a single mother of two suffered from persistent abdominal pain, but could not afford treatment. Project Access doctors provided $84,552 in emergent hospitalization for a hysterectomy and follow-up care.

• A retired widow receiving a small pension became ill. Diagnosed with Oat Cell Carcinoma, but still several years away from receiving Medicare benefits, she could not afford treatment. A Project Access volunteer Oncologist provided over $122,820 in lifesaving oncology care.

• A man with new onset chest pain was recently diagnosed with hypertension and had no health insurance. Through Project Access, he was seen by a local volunteer Cardiologist and underwent a bilateral heart catheterization. He received $81,786 in high quality comprehensive medical care that included a hospitalization.

• A 29 year old student injured her knee. A Spokane Orthopedic physician donated $21,820 worth of medical care, including an ACL repair surgery. After physical therapy, to rehabilitate the injury, she was able to continue her education.

Methods

Project Access data used for analysis include patient demographics; diagnostic mix; service mix including hospitalization, outpatient, pharmacy, and other services; procedure codes; provider specialty; budget data; and narrative accounts of Project Access stories from patients. Analyses include descriptive and graphical summary of data, largely following previous years to allow consistent review over time and to track possible trends over time.

Preferred Health Care Options (PHCO) 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.

Patients tell their stories…

Because of this program, the doctors and I were finally able to determine that the symptoms I've been having for so long were a result of seizures, caused by this malformation. Project Access has been here for me from the start; they've assisted with medications and follow up appointments and even helped in getting me scheduled for brain surgery and neurology appointments and helped me get medical coverage through the state. I don't know where I would be without the program, but I am truly thankful this program is here. I look forward to my recovery and being able to someday give back to Project Access for all they've done for me. This program is truly a god send. A.A.

Results

A. *Community Need*

According to reports from the Commonwealth Fund, health insurance coverage for adults under age 65 in the United States has deteriorated over recent years. (1, 2) More adults are without insurance, more are underinsured, and people are spending a growing percent of their income on medical care. (1) Cost problems increase the risk that people will go without necessary treatment, increasing the likelihood of more serious health problems down the road. Recent passage of federal health care reform may impact these trends, but for now, access to health care has remained a significant problem for many uninsured and underinsured persons.

The lack of health insurance impacts not only personal health but also the functioning of society in general. Employed persons without health insurance are more likely to experience lost workdays. (3) Inadequate coverage of medical problems is a major contributing factor to bankruptcy claims. (4) Most people without insurance are in working families and do not have access to employer-sponsored insurance. (2, 5) It has become increasingly difficult for small businesses to afford to offer health insurance to their employees, and those that do pay increasingly higher premiums. (6)

In Washington State, 12.1 % of the state population is without health insurance based on 2005-2007 census estimates. (7) In addition, based on US census figures, 10.1% of Spokane County residents, and 13.9% of Eastern Washington residents, were without health insurance in 2004. (8) 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. (9) In 2008, 37.9% of uninsured adults in Spokane Co. reported cost as being a barrier to accessing health care.

Among Spokane County adults aged 18-64 rates are even higher: 14.5% of such adults were without health insurance in 2006. (10) This figure has increased since that time. Persons with lower incomes are at much greater risk to go without health insurance. As shown below in Figure 1, in 2008 27.5% of people below the federal poverty level were uninsured in Spokane County. For those between 100% and 199% of the Federal Poverty Level in Spokane County, 17.2% had no health insurance (13). This is the population that Project Access serves.

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 health care, 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.

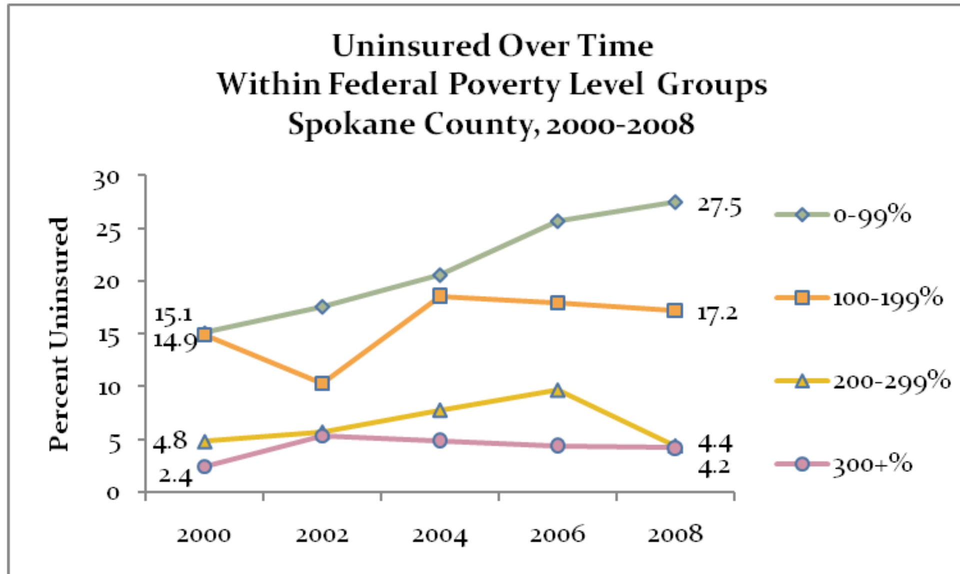
Patients receive the care they need in a comprehensive fashion, with a goal of earlier diagnosis and treatment, thereby reducing emergency department visits. Hospitals' annual charity care costs are reduced when Project Access physicians provide care in outpatient settings.

Health risk indicators for Spokane County include the following statistics. (11) 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. 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 between 100% and 200% of the FPL suffer from breaks in continuous healthcare coverage. (11) They also report they do not receive needed medical care, delay necessary medical care, and use emergency room services and inpatient hospital care to receive care. (12)

To cite one figure, 44% of Spokane adults with incomes below poverty were unable to obtain needed health care in 2003. (11) Uninsurance has been cited as the most significant obstacle to health care access by Spokane community focus groups. (11) Furthermore, as shown in Figure 1, rates of uninsurance among persons in poverty are increasing. (9) Project Access is designed to respond to this critical problem.

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



Source: Washington State Office of Financial Management, State Population Survey

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 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 health care programs such as Medicaid or the Basic Health Plan. (8)

Patients tell their stories…

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.

B. Project Access Population Demographics

This section of the report summarizes characteristics of the people who used Project Access services. A total of 661 people were enrolled in Project Access. Table 1 summarizes non-missing characteristics of persons enrolled in Project Access, compared to 2008 US Census estimates for Spokane County as a whole. The race/ethnicity distribution of Project Access largely matches the county, with a slight over-representation of African American, Native American, and Hispanic populations. Compared to the county population, the Project Access population over-represents women and low income people. Over half of Project Access participants reported an income of less than $10,000. Although not shown on the table, 178 people reported an income of $0, representing 28% of the Project Access population.

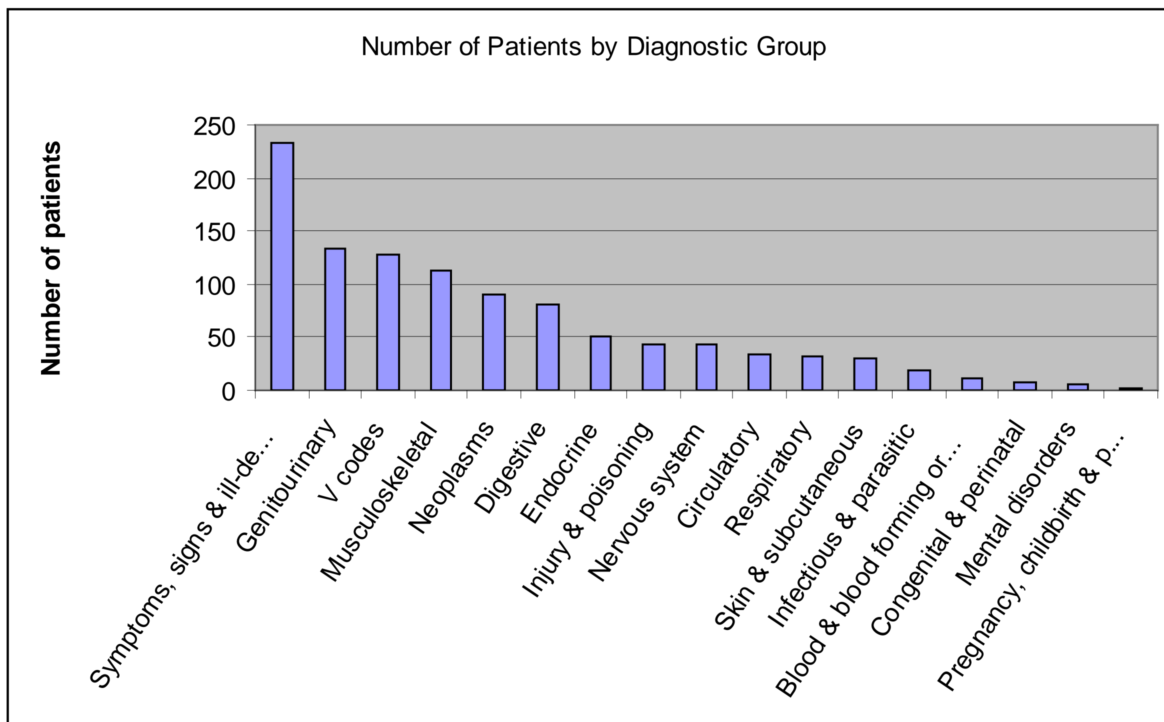
Table 1. The number of people who used services, by age, gender, income and race/ethnicity.

Demographic	Project Access Number	Project Access Percent	Spokane County Percent
Sex			
Male	271	41.0%	49.3%
Female	390	59.0%	50.7%
Age			
18-29	148	22.5%	24.4%
30-49	304	46.2%	36.1%
50-64	205	31.1%	24.3%
65+	1	<.1%	15.2%
Missing	3	--	
Household Income			
<$10,000	303	47.3%	8.1%
$10-14,999	121	18.9%	5.5%
$15-24,999	171	26.7%	13.6%
$25,000 and over	45	7.0%	72.8%
Missing	21	--	
Race/ethnicity			
White	462	85.5%	87.6%
African American	13	2.4%	1.9%
Hispanic	31	5.7%	4.0%
Native American	19	3.6%	1.6%
Asian American	8	1.4%	2.3%
Other or Multi-Racial	7	1.3%	2.6%
Missing	121	--	

Figure 2 summarizes the primary diagnostic conditions seen among Project Access patients according to major ICD-9 categories. The highest category was "Symptoms, Signs and

Ill-defined Conditions", although there were significant numbers with other serious conditions. The next most frequent categories were Genitourinary, V-Codes, Musculoskeletal, Neoplasms, and Digestive diseases. "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, reimbursement does not depend on diagnostic coding, but rather providers are free to code the case quickly and easily, which saves administrative burden. The total number of diagnostic conditions (N=1,056) is greater than the number of people served because some patients had multiple primary 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. For example, 254 patients received prescription medicine services through Project Access. This is an under-count of total service episodes because there were instances where patients received services but 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 majority of patients used outpatient services provided through practice offices or other ambulatory services. The most expensive service locations, inpatient hospital care and emergency rooms, were used by few patients: less than 4% used inpatient hospital care and less than 6% used emergency rooms. In last year's report, the author noted that there had been an increase in the use of these expensive services compared to previous years, but this year there was a sizeable decrease in the number of patients using these expensive forms of care. Project Access provides the bulk of its services through more cost-efficient venues.

Figure 3 shows number of patients receiving various service types, and Figure 4 shows the total number of services. There were 11,405 (an increase compared to last year's figure of 8,227) total service episodes across all types of service (Figure 4.) Outpatient office visits accounted for 34% of all service encounters, followed by ambulatory surgery settings (20%), and the prescription services (16%). As with previous years, the use of emergency room services and inpatient hospital services continues to constitute relatively small proportions of total Project Access services; the use of these services declined relative to last year. (Year to year trends are reported in more detail in a later section of this report.)

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

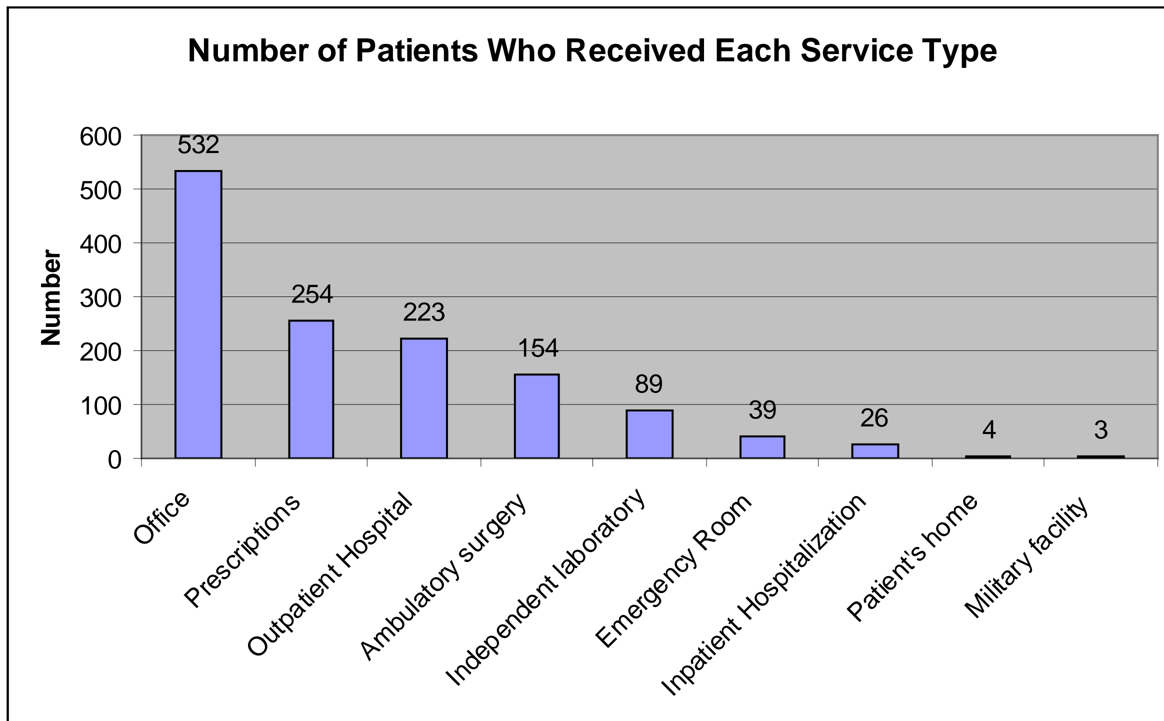


Figure 4. Counts of services by service location.

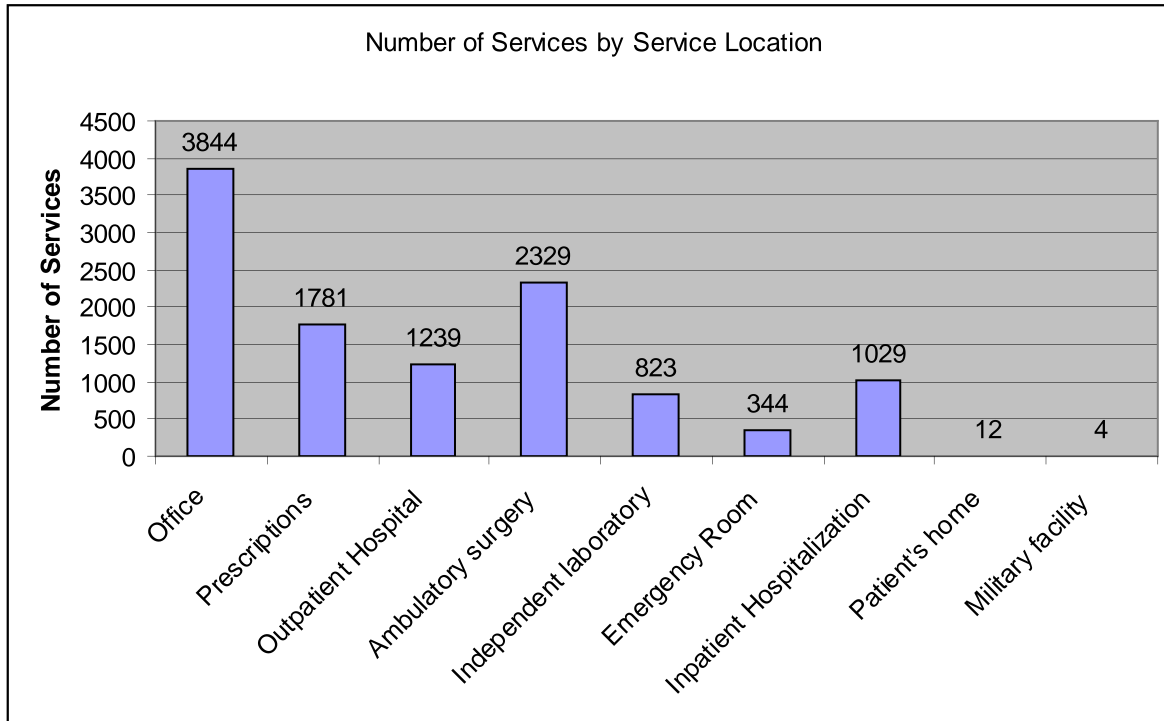


Figure 5 summarizes counts of services by provider type. As in previous years, the largest provider type was specialty care, accounting for 45% of all documented services. The other major service categories are hospital-based and pharmaceutical. Hospital-based services include inpatient, outpatient and emergency room services; most of these are outpatient services. Facility and “other” codes include provider offices coded to the facility and not a particular provider, as well as urgent care centers, labs, and other places. Few services 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.

Figure 5. Counts of services by type of provider.

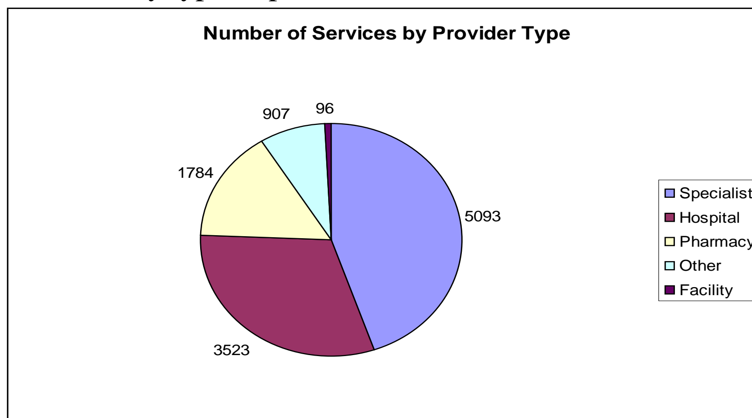
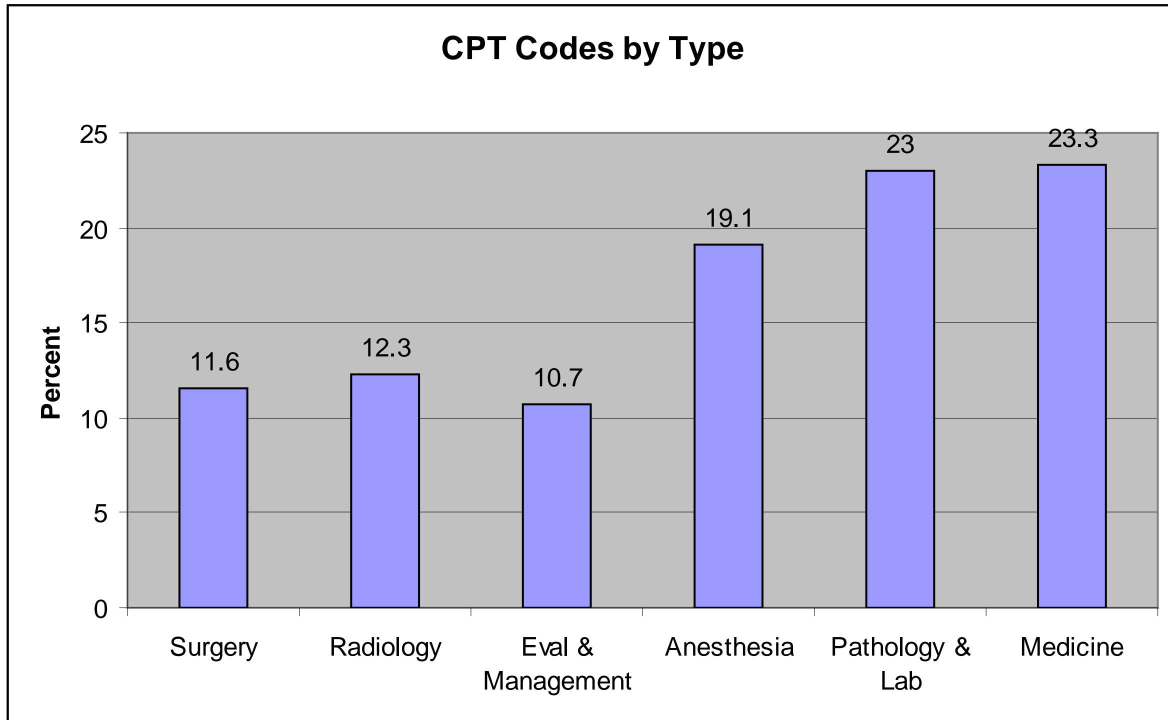


Figure 6 shows the percent of services provided according to CPT classification codes. The four most common types of procedure codes were Medicine, Pathology and lab, Anesthesia, and Radiology.

Figure 6. Percent of CPT Procedure Codes by Type.



Figures 7 and 8 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 digestive and genitourinary procedures; these three were also the highest surgical categories in last year's report. The numbers of cardiovascular and digestive surgical procedures, in particular, increased substantially compared to last year's figures.

Figure 7. Breakdown of Radiology CPT Codes.

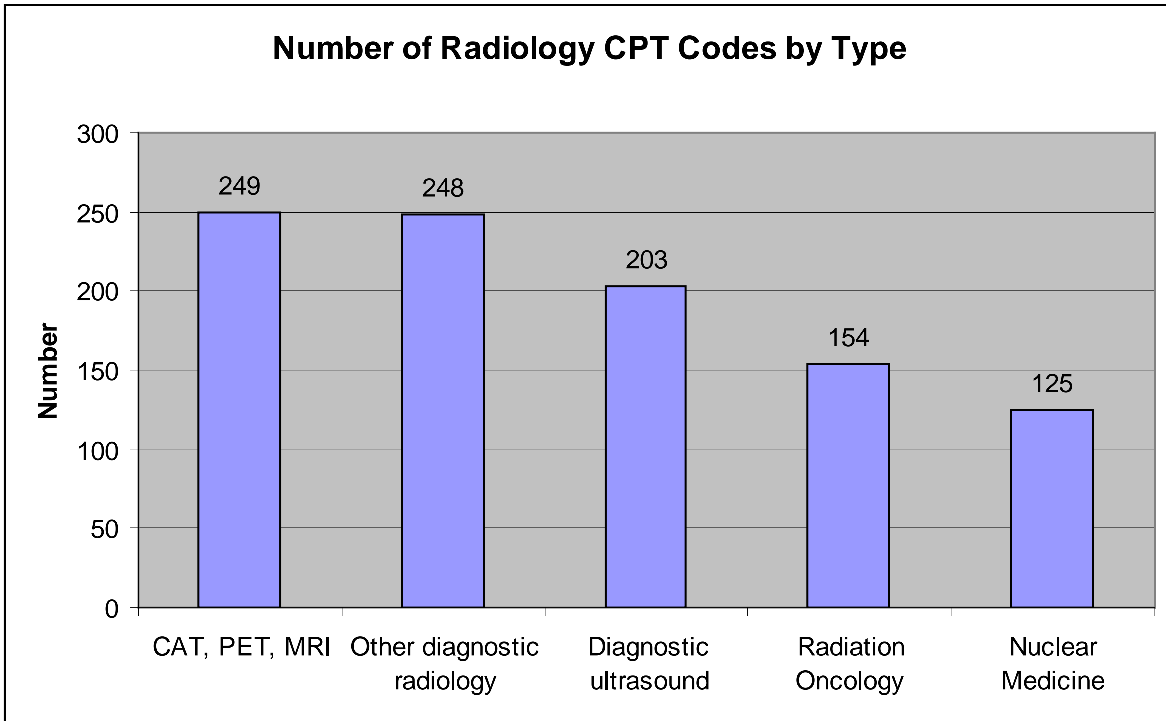
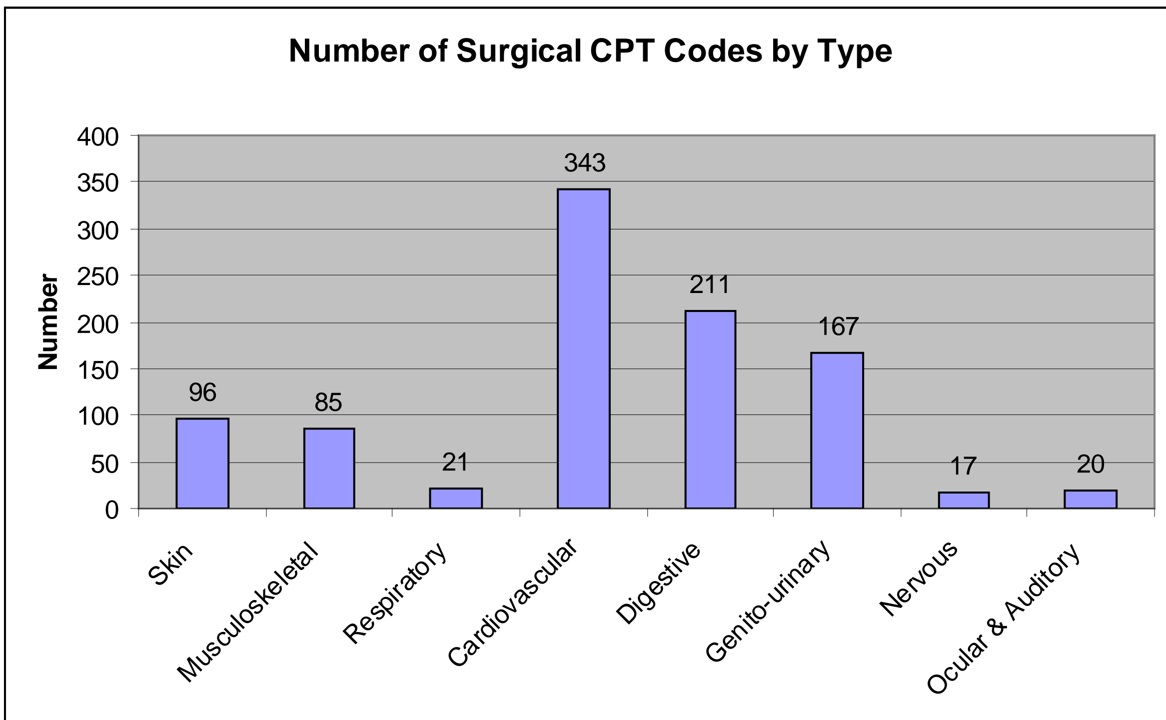


Figure 8. Breakdown of Surgical CPT Codes.



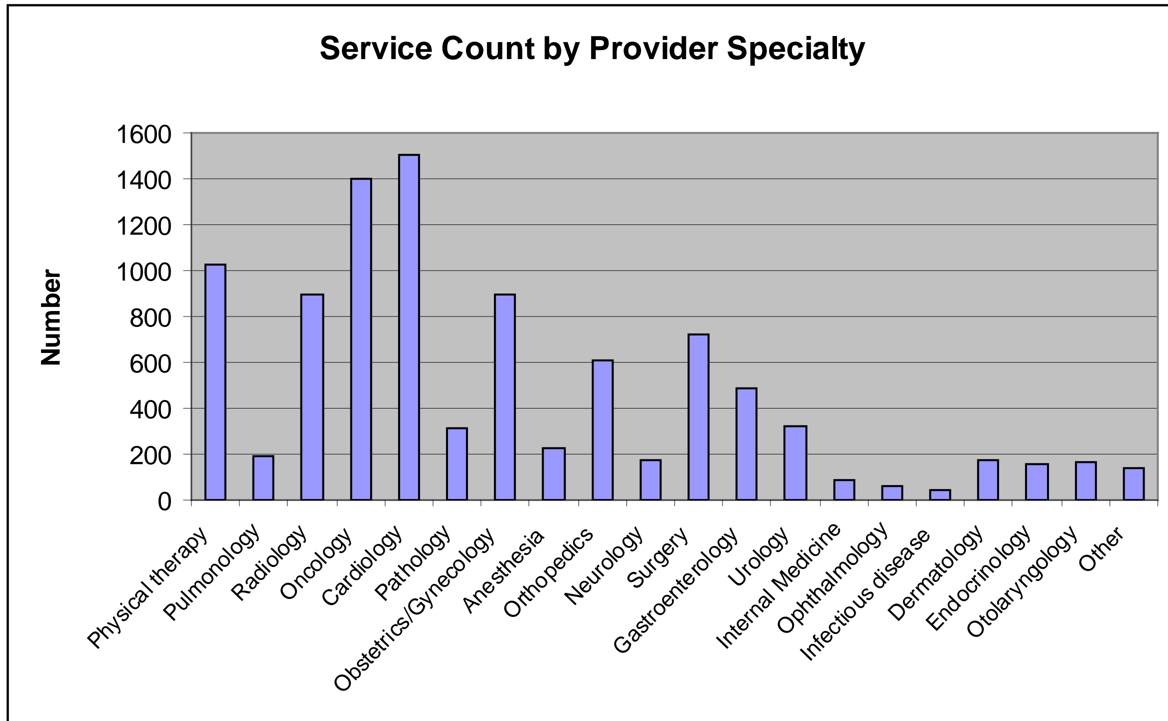
We next examined CPT codes according to type of provider. Results are shown in Table 2. This table does not include prescription services. Specialists provided a range of service types, led by Medicine, followed by Radiology and then Evaluation & Management. Evaluation & management CPT codes are commonly used for initial physician visits, whereas Medicine CPT codes are commonly used for medical procedures such as immunizations and diagnostic examinations. Pathology and Lab services were conducted most often in the "Other" service category reflecting the special locations for these activities. Anesthesia was provided most commonly in hospital settings.

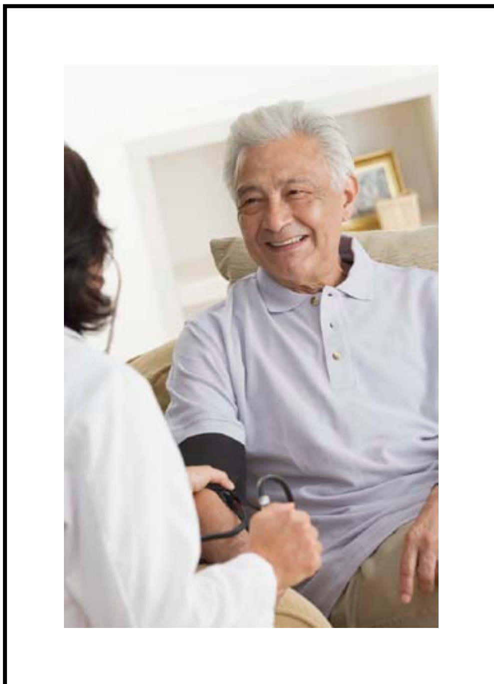
Table 2. Number of Procedure Types by Provider

	Specialist	Facility	Hospital or hospitalist	Other
Evaluation and Management	837	0	53	3
Anesthesia	229	0	1347	8
Surgery	544	27	284	105
Radiology	919	0	87	16
Pathology and Lab	510	0	628	772
Medicine	1571	65	300	1

The final analysis for this section of the report on utilization concerns the service breakdown by specialty area. Figure 9 summarizes the number of documented, non-pharmacy services provided by specialty type. The most frequently used services were cardiology, oncology, physical therapy, radiology, obstetrics/gynecology, and surgery. The relative frequency of these services compared to last year remained largely consistent, with the exception that cardiology and oncology services have become even more pronounced than before. Another new development is the growth of physical therapy services, which constituted over 1,000 services this year compared to slightly over 200 last year. The "Other" category included many remaining service specialty types, including occupational therapy (n=43), emergency medicine (n=34), podiatry (n=20) and other categories in smaller numbers.

Figure 9. Use of various service specialties.





Patients tell their stories...

I was diagnosed with Peripheral Artery Disease. Through a series of events I was referred to and accepted by Project Access. I was never able to afford medical insurance due to my limited income. Also, I did not think a situation like this would ever happen to me. The services provided to me through Project Access (and all of their participating providers) literally saved my foot from eventual amputation. - S.B.

D. The Value of Professional Contributions

Based on documented services, the preliminary sum of donated services including pharmacy was $4,588,259. However, the total observed value of donated services for the year, 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. This phenomenon of underreporting was also noted in the previous Project Access reports. Based on estimates from previous reports that only about 74% of services are reported we can impute a value for non-reported services; this raises the total value of donated services to $6,200,350. This equates to an average donated medical service of $6,941 per patient. Table 3 and Figure 10 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.

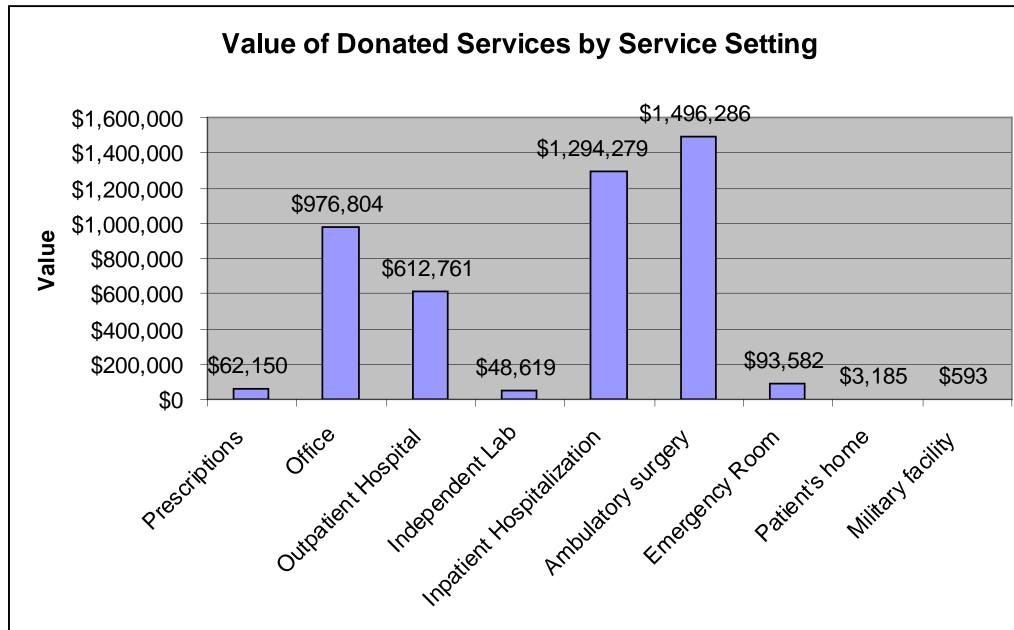
Table 3 does not include Pharmacy because pharmacy claims data were not linked to the diagnostic utilization data.

Table 3. Dollars value of services by diagnostic group (excludes Pharmacy.)

Diagnosis	Donated Service Amounts in Dollars
Neoplasms	$1,220,239
Congenital and perinatal	$6,299
Musculoskeletal	$444,353
Circulatory	$889,130
Genitourinary	$379,504
Digestive	$497,849
Symptoms, signs and ill-defined	$435,467
Endocrine, metabolic and immune	$70,140
Respiratory	$47,309
Nervous system and sense organs	$86,672
Infectious and parasitic	$36,328
Blood and blood forming organs	$32,532
Mental Disorders	$3,418
Skin and subcutaneous	$30,307
Injury and poisoning	$165,150
Pregnancy, childbirth and periperium	$2,772
V-codes	$178,637

As shown in Figure 10, ambulatory surgery procedures represented the of the greatest dollar contributions to Project Access, followed inpatient hospital, office-based services and outpatient hospital-based services.

Figure 10. Dollar value of services by service location.



Combining donated services across the first *six* years of Project Access results in a value of donated services equaling $23,882,224.

In year 1 of operations, inpatient hospital services (the most expensive form of care) accounted for 56% of all donated service dollars; in year 2 this figure dropped to 39%, and declined further in year 3 to 20%. In year 4, however, this figure increased to 31% of donated service value, and in year 5 increased again to 43% of total donated services. However, in Year 6 the upward trend of inpatient hospital services has been reversed, and accounted for only 28% of the value of donated services.

There is a huge need for the uninsured in Spokane County. There are 52,000 uninsured in the county. A lot of those people are working, but they just don't have a job that provides them insurance. Or because of their salary, they can't afford insurance. And then, when there is an acute need, they end up in the emergency room or -- and end up finding care in the least efficient manner. And Project Access allows them to work through a system so that they can get their needs met in an efficient manner and hopefully keep them from going into bankruptcy because of their illness. – Dr. Brian Seppi, Physician's Clinic

E. Operational Expenses vs. Benefits

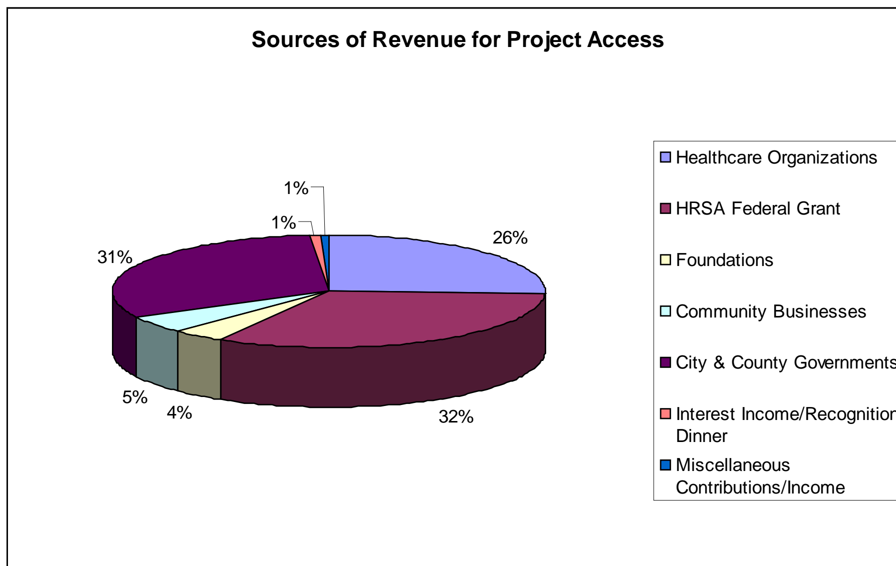
As indicated in the previous section, the estimated value of donated services to the community provided by Project Access equaled $6,200,350. Total expenses to run Project Access included personnel costs totaling $322,272.57 and administration and operational costs totaling $147,671.69, for a total of $469,944.26. The total operational expenses represents only 7.6% 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.

(NOTE: The Year 5 operational report for Project Access incorrectly included expenses for only the first 9 months of the year. The figures for the current Year 6 report correctly include all 12 months, and thus are higher than the 9-month figures reported last year. Nevertheless, the value of donated services for Year 6 increased notably, and the correct % of expenses/donated services for Year 5 is 10.1%; this percent decline to 7.6% this year. Total expenses to operate Project Access represent a small proportion of donated services.)

Revenue to operate Project Access totaled $579,161. Most donations to Project Access occur at the beginning and end of the tax year. By the end of FY 2009 Project Access had a positive net margin.

Sources of revenue included grants, local healthcare organizations, community businesses, municipal and county governments, and other miscellaneous sources. Figure 11 summarizes the percent of revenue from the various sources. Healthcare organizations provided 26% of the operating budget for Project Access (this is in addition to the value of donated services from providers and health care organizations.) The largest contributor in this category was Sacred Heart Medical Center. A large federal grant was the source of 23% of funds, and another 31% came from city and county governments.

Figure 11. Percentage of Project Access revenue from the various sources.



F. Trends from Year 1 to Year 6 of Operations

Figure 12 shows number of patients and services over time. The number of Project Access patients declined slightly from the previous year, but the quantity of services, overall and per patient, reached an all-time high with the current figure of 11,405 service episodes.

Figure 12. Number of patients seen and services provided, years 1 through 6.

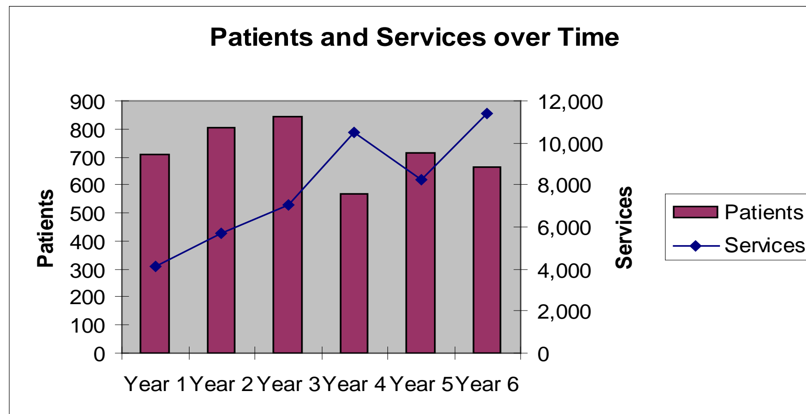
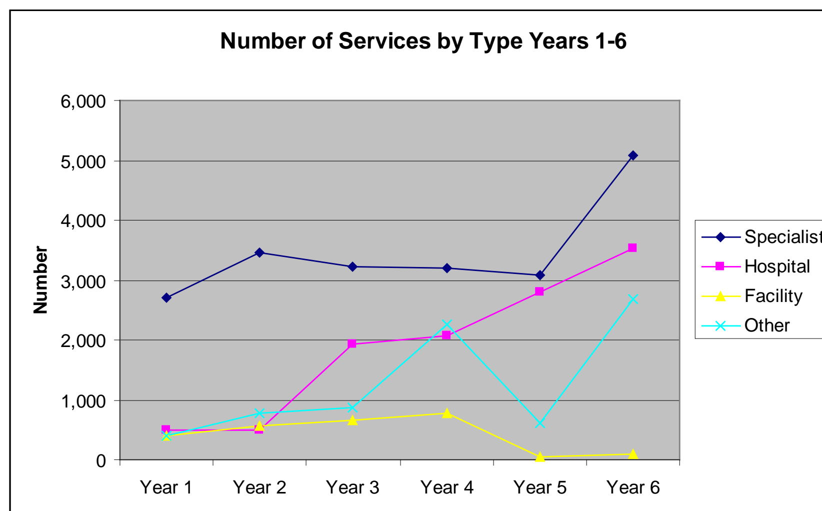


Figure 13 shows the counts of services provided in Years 1 through 6 by provider type, excluding pharmacy services. This chart reveals that specialty services have dominated the Project Access service mix, but also that hospital services have been on the rise. Most of the hospital services are outpatient-based; the number of inpatients seen in Project Access declined in Year 6 relative to Year 5. The "Other" category increased reflective of the use of ambulatory surgery services as well as lab and pathology services.

Figure 13. Trends in service use by provider type, years 1 through 6.



As shown below in Figure 14, changes over time reflect increased use of outpatient-based hospital services in the third year, but a decline in services in this setting in the fourth and again in the fifth year. In the most recent year the number of both inpatient and outpatient services increased, although the number of patients seen in inpatient settings declined. These figures do not include hospital-based emergency room services.

Figure 14. Services in inpatient and outpatient hospital-based settings, Year 2 through Year 6.

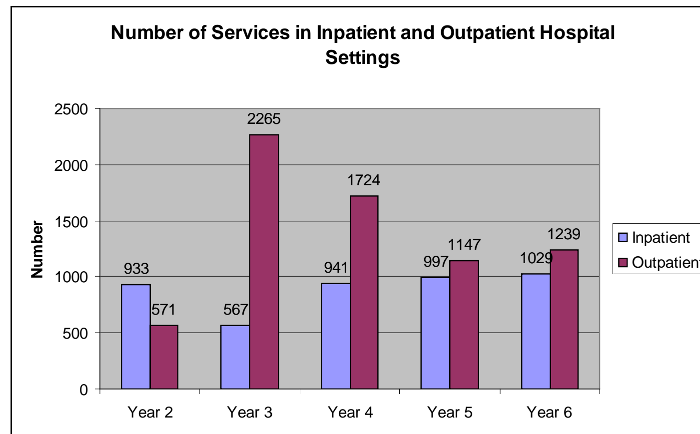


Figure 15 shows service use by procedure types over the six years of Project Access. Trends over time show declining trends in Evaluation and Management, and radiology, and increasing trends in Pathology and Lab, and Medicine among reported services.

Figure 15. Percent of procedure types, years 1 through 6.

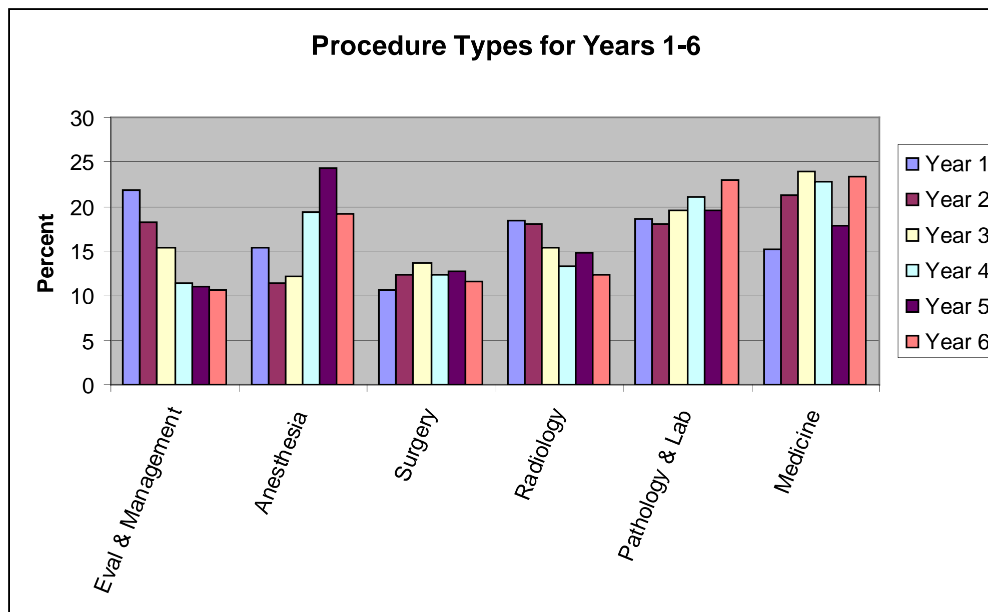
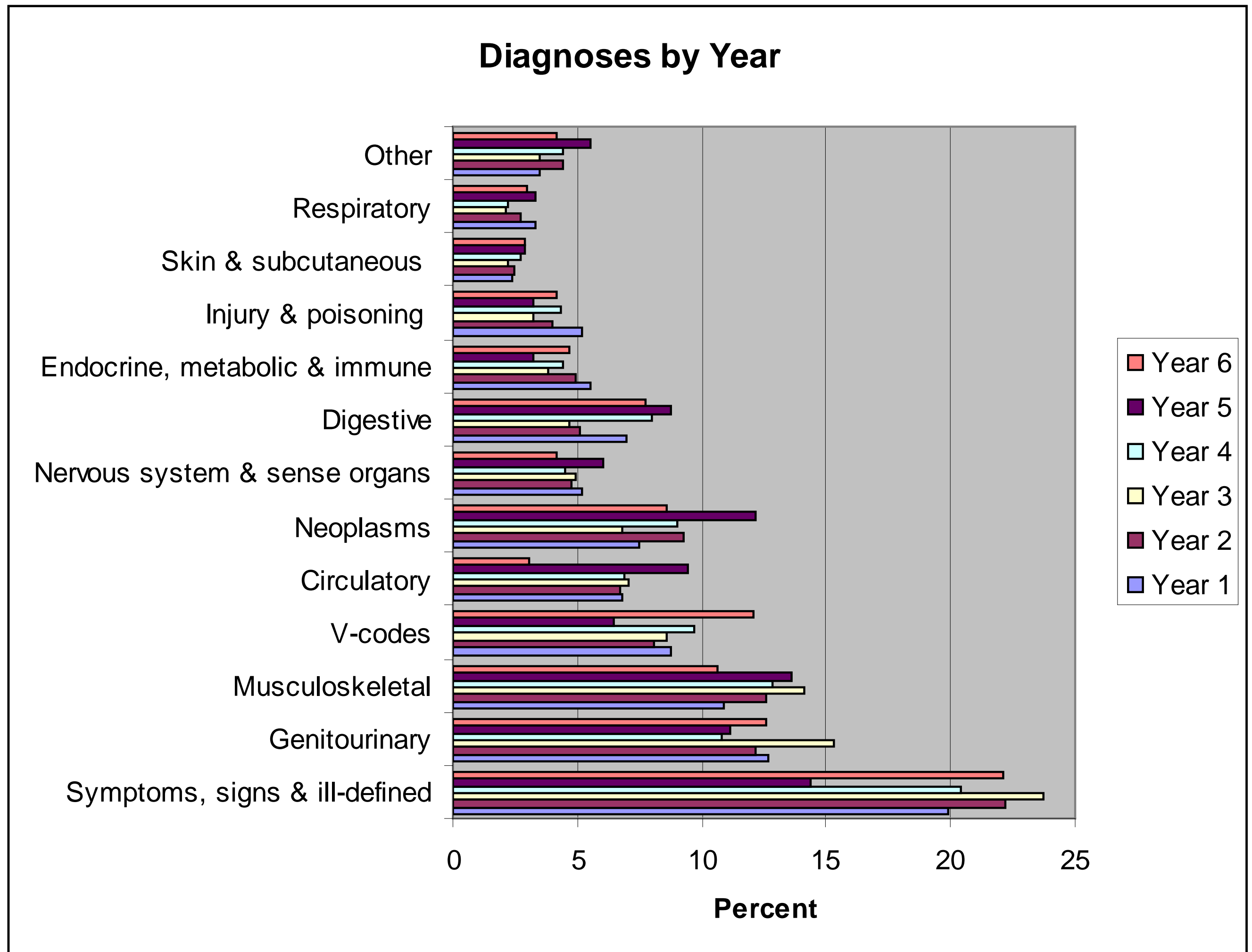


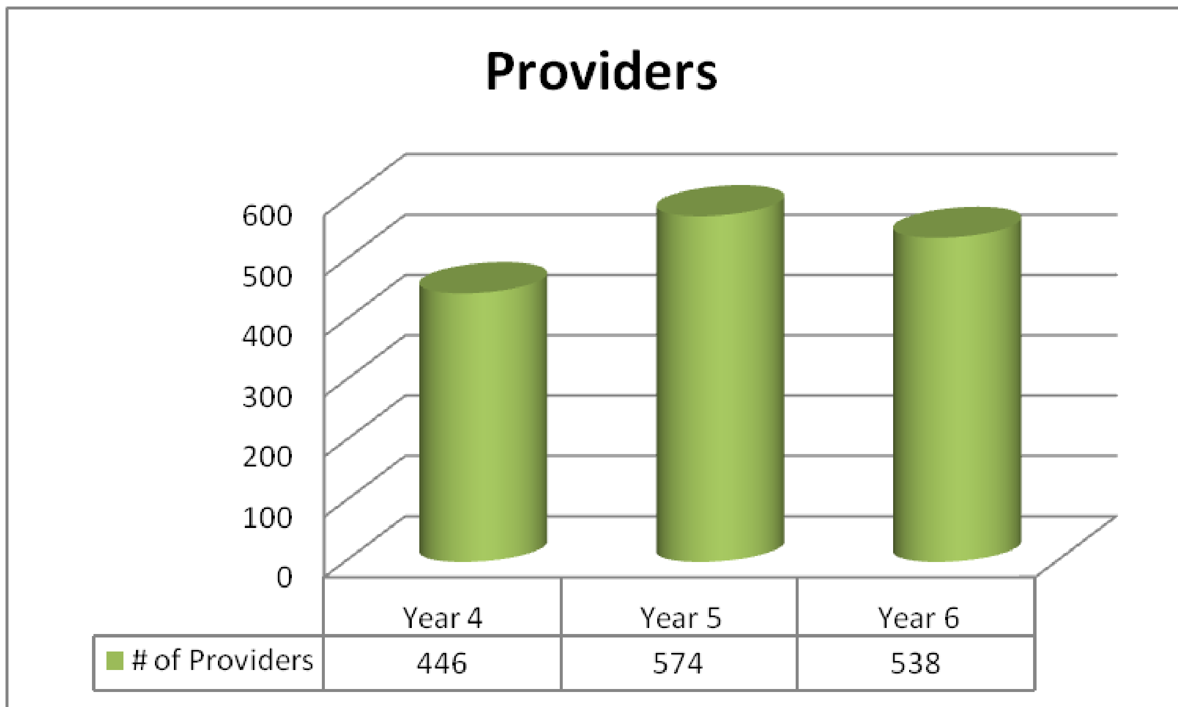
Figure 16 shows the diagnostic mix of patients over the five years of Project Access. Year 6 saw relative increases in "symptoms, signs and ill-defined conditions," V-codes, and genitourinary diagnoses, among other fluctuations.

Figure 16. Percent of diagnostic categories, years 1 through 6.



Finally, Figure 17 shows the number of providers who contributed services to Project Access during the last 3 years of operations. For year 6, the total number providers who donated medical care to Project Access patients is slightly lower than the prior year. The number of volunteer providers and the number of patients declined slightly, but the number of services overall increased, reflecting a greater volume of services per patient and services per provider. It appears that the typical Project Access patient is tending to be more complex, and the resulting per patient medical care cost is increasing. These figures count only individual providers; they do not include pharmacists and they do not include labs, clinics, or other facilities.

Figure 17. Number of providers who contributed services, years 4 through 6.



Conclusions and Recommendations

Conclusions for Year 6 of operations include:

- 661 patients received a total of 11,405 documented services through Project Access.
- Project Access continues to provide a valuable, perhaps invaluable, service that would otherwise be unavailable to uninsured, low income people.
- Specialists are used much more heavily than primary care providers. This is to be expected because Spokane has other options for low income persons to receive primary care, but few other formal programs for specialty care.
- Anesthesia, Pathology and Laboratory, and Medicine services are the most frequently used specialty areas.
- Radiology services are used for a variety of purposes including diagnosis and advanced treatment.
- Surgical services are one type of common procedure offered by Project Access providers, and cardiovascular surgery is the most common type of surgical procedure.
- Pharmacy encounters make up 16% of all service encounters and constitute an important part of the Project Access network.
- Outpatient office contacts are the most common type of encounter and mostly occur for specialty care.
- Ambulatory surgery is the second most common type of encounter.
- Expensive forms of service provision are well controlled within Project Access: only 39 of 661 patients used emergency department services, and only 26 used inpatient hospitalization services.
- Use of inpatient hospital services declined, after an upsurge in last year's utilization, indicating that this expensive form of treatment has come under better control; most service provision takes place on an outpatient basis.
- The number of patients treated and the number of providers participating in Project Access declined slightly from last year, while the number of services increased; services increased both as a total count and on a per-patient or per-provider basis.
- The total estimated dollar value of Project Access services for the sixth year is $6,200,350, and for the first six years of operations combined is $23,882,224.
- The costs of running Project Access came to only 7.6% 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.

Recommendations for future Project Access operations include:

- Continue to control inpatient hospital care and emergency care while continuing to provide necessary services in other areas.
- Attempt to increase the number of participating providers in Project Access, which may also increase the number of patients that can be seen.
- Investigate the impacts of Project Access on the health care system. For example, does Project Access contribute to controlling health care costs for the system at large because

it prevents emergency room visits that uninsured people would otherwise experience? Does Project Access help to prevent hospitalizations, or the severity or cost of hospitalizations, that uninsured patients would eventually experience without access to project services?

- Continue to engage in fund raising efforts with local health care organizations and business, government agencies, and private foundations to expand and sustain program support.
- Continue community awareness efforts so that people are knowledgeable about the availability and benefits of Project Access.

Author Bio and Acknowledgements

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Yakima Valley Farm Workers Clinic

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Deaconess Medical Center
Group Health Permanente
Family Home Care
Holy Family Hospital
Hospice of Spokane
Incyte Pathology
Inland Imaging, LLC
Pathology Associates Medical Laboratories (PAML)
Sacred Heart Medical Center
St. Luke's Rehabilitation Institute
Valley Hospital & Medical Center

Community Clinics and Organizations Referring to Project Access Provider Network

Bates Quick Care Clinic
Benewah Medical & Wellness Center
Breast and Cervical Health Program
Chewelah Community Health Center
Community Health Association of Spokane
Christ Clinic
Deaconess Medical Center
Department of Social and Health Services
East Central Community Organization Clinic
Family Home Care
Family Medicine Spokane
Gonzaga University Health Care
Health For All
Holy Family Hospital
Hope Partners
House of Charity
Internal Medicine Residency Spokane
NATIVE Health of Spokane
Planned Parenthood of the Inland Northwest
Sacred Heart Medical Center
Spokane Community College Health Center
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