

PROJECT ACCESS WELCOMES A NEW DIRECTOR

All of us who have worked with Julie Lake wish her the best of luck in her new endeavor as Chief Operating Officer for Spokane Cardiology. Her hard work and contributions to Project Access are greatly appreciated.

This sad farewell left Project Access with the daunting task of finding a replacement that would be able to collaborate with all our partners to keep the Project Access vision moving forward. We are excited to report that our search for a Director has been successful. Carol Darby of Spokane, Washington has accepted the position of Project Access Director. She brings with her a unique set of skills that highly qualify her to lead Project Access. Her experience in city management, economic/community development, managerial consulting and extensive work with non-profit organizations will be an asset to Project Access and our medical community partners.

Project Access welcomes Carol to the team. We know that we have found the right person to successfully forge us into the future. Please help us welcome Carol to our team at Spokane County Medical Society by contacting her at cdarby@spcms.org or by calling 325-5010 with any of your questions or concerns.

Project Access – YEAR-END HOUSEKEEPING

By Carol Darby

Recently we have had several questions regarding the new “Good Samaritan” law that was enacted by Governor Gary Locke. This law raises the level of proof for any malpractice actions from charity care. Before this new law, the level was “preponderance of the evidence” or 50% or greater. The new law sets the level much higher – to that of “gross negligence.” To be covered under this new law for the charity care you provide you must be donating your services through a community clinic or charity care program such as **Project Access**. If you would like more information about Project Access or would like to sign a pledge form, please call me, Carol Darby, Project Access Director, at 325-5010 X30.

In other good news, we continue to refine our database system to more accurately control patient appointments. As your staff knows, **Project Access** patients never make their own appointments with your office. Any appointments are made by our patient care coordinators located in the Spokane County Medical Society offices. If you have problems with this, please let us know so we can provide a quick solution.

Please remember, **Project Access** patients must keep their appointments. This is part of the patient responsibility contract that they sign to participate in our program. If they miss 2 appointments without calling in advance, they are immediately dropped from the program. They must also meet the eligibility criteria: resident of Spokane County, income at or below 200% of the Federal Poverty Level, and not eligible for Medicaid, Medicare or any other health insurance program.

During this Holiday Season, we want to say a special thank you to all of our **Project Access** partners that are working with us to make an impact on the low-income, uninsured population in our community. Unfortunately, many of our friends and family find themselves in need of assistance or help at some point in their lives. The sharing of your talents and time is a blessing that will no doubt be returned to you in some way, at some time down the road. Thank you.

The staff of **Project Access** has decided that we will take one of our December lunches and participate in serving a noon meal for one of our local non-profit organizations. If any of you would like to join us, please call Wendy at 532-8877 ext. 23. We will give you the date and time and, promise a lot of fun and a rewarding experience.

From our hearts to yours, may this season shine in a hundred small, beautiful ways for you and your family. **HAPPY HOLIDAYS!!**

Carol, Liz, Wendy, Teri, and Jessica – your **Project Access** Staff.

Project Access Update
By Carol Darby

In the January, 2005 *Message*, I indicated that we would begin receiving some of our preliminary demographic data for the first year of operation for Project Access. Now that we have begun to get information in, we are seeing some interesting data that I would like to share with you. During the first year of operation, Project Access served a little over 1000 patients.

Looking at our data by claim source, out of 2,490 total visits, 87.5% (2,177) were to our Network physicians and the remaining 12.5% (313) were to hospitals. Total charges for services donated to Project Access totaled \$3,069,209. Of that total, donated charges by hospitals totaled \$2,107,143 and donated charges by physicians totaled \$962,066. This is very impressive and once again, a huge thank you to you and your staff for your participation and commitment to our project.

The month of January was dedicated to the closing out of our grants, writing reports and end of the year close out activities. I also had a chance to visit all 9 our clinics, meeting the clinic directors and the staff members that work with our Enrollment Specialist and Patient Care Coordinators. The comments regarding working relationships were every positive and the clinics provided us with some great suggestions regarding process and follow-up. We have some of the best community clinics in the state, right in here in Spokane. We all need to make sure that we support these clinics in their endeavors to assist our low-income, uninsured residents of Spokane County.

2005 PRIORITIES MOVE PROJECT ACCESS FORWARD

Carol Darby, Director

HAPPY NEW YEAR to all our partners and friends.

In spite of the budgetary difficulties the City of Spokane experienced this year, they stepped up to the plate and reallocated the \$150,000 that had been committed to Project Access. These funds are a major part of our match for both the Robert Wood Johnson grant and our pharmaceutical program. We appreciate your emails and letters of support to the Spokane City Council members - which resulted in a 6-1 vote to continue support of the program. *You are a powerful group when called into action!* This gives us 100% participation from the Cities of 1500+ in Spokane County.

We have many new and exciting activities planned for 2005. First, our Network Marketing Program will be getting a "face lift." Last year our Provider Network had a membership of 641 participants that pledged support to Project Access. Our goal for 2005 is to increase that number to 800. The new Network Marketing Program will have a great new look and have dedicated materials for the Providers, patients and the Spokane County Community (education piece). These materials will start to roll out in late January including our first ever Annual Report.

If you didn't see our Celebration Ad in the December 5, 2004 Spokesman-Review (main section, page 14), we have included a mini-version for your viewing pleasure. (We have a good list of eye specialist available incase you have difficulty reading the Ad insert.) The original Ad was a lot bigger! By the way, Doctors Irby Cossette, Karl Anders, Franklin Martin and Dennis Small, Deaconess Pathology Services, have been working with Project Access over the last year, but were not included in the Ad. We apologize for this oversight and have truly appreciated your support. We look forward to including your names in the 2005 Celebration Ad.

Data, Data, Data. Another priority for 2005 is the development of a stronger data information program. One of the most critical elements needed to "grow" Project Access is the ability to substantiate and measure the impact the program is having on our hospitals and the Spokane Cities/County. We will be creating a data warehouse that will centralize the various sources of data that we utilize on a routine basis. Once this warehouse is created, we will be able to generate more sophisticated reports that should be useful to many of our providers and program supporters. We will also have new tools that can be used for marketing and development purposes. This month I will be creating a Data Information Committee that will be assisting me with this daunting task. Any takers?

Now that Project Access has one year of operation under its belt, it's time to reevaluate our processes and make adjustments that will fix the glitches and streamline our programs. If you or your staffs have experienced any difficulties with our program, I

would like to hear from you. **Our goal is to have the easiest and most efficient process that we can so we can make your life easier when you participate in our program.** Please call (325-5010) or email me (cdarby@spcms.org) with your comments – I'm open to any and all suggestions. If I know what the issues are, I'll do my very best to fix them!

Another major priority for 2005 is our Sustainability Program. In June, 2005, we will be starting our final year of the Robert Wood Johnson Grant. By mid 2006, we will need to have other sources of funding in place to cover administrative expenses. I anticipate that the Data and Marketing Programs will help us make some progress in addressing the issue of sustainability. Our Sustainability Committee has been working diligently to analyze options and to help direct our efforts in addressing this very serious issue.

So, 2005 is going to be a very busy year. However, with all the great talent we have in the Spokane County Medical community, I'm confident that we can make this a model program that once again, puts our medical endeavors on the map! I'm personally looking forward to meeting many of you this year and extend a hand of partnership as we move Project Access forward in 2005. Cheers!

Project Access Update
Julie Lake, Executive Director

Project Access continues to be a successful program serving our local community. Enrollment has levelled off to about 25 to 30 new patients per week. There appeared to have been a pent-up demand in the first 6 months; however, we are now seeing a more stable continuum of health care problems, from minor to major.

When I wrote our last update in mid-May, we had just received two very prestigious awards for the program. We also had a "Celebration of Caring" event at the Denny Murphy Clinic in downtown Spokane on May 10th to kick off "Cover The Uninsured Week", a national recognition of those citizens who are uninsured. Spokane's Mayor Jim West, City of Spokane Council President Dennis Hession, NATIVE Health of Spokane Executive Director Toni Lodge, Empire Health Services CEO Garman Lutz, Spokane County Commissioner John Roskelley, and City of Spokane Valley Deputy Mayor Diana Wilhite were guest speakers; however, the most compelling speaker was one of our patients who articulated very eloquently how Project Access had literally saved her life. Her remarks moved many of us to tears and made all the hard work worthwhile.

IMPORTANT REMINDER!! It is crucial your office bill for the services you provide Project Access patients. Please send your usual billing (HCFA 1500 forms) to the following address:

PHCO TPA Services
P O Box 490
Spokane WA 99210-0490

Remember the patient's ID # is their own social security # plus -01. In Block 11-C ("Insurance Plan Name or Program Name"), put "Project Access". While you are not paid for your services, your billing helps us document services provided and gives you the credit you deserve. In addition, we are able to maintain our funding which coordinates all of the patient enrollment and their appointments.

We have worked very hard in our medical society office to insure the integrity of our screening and enrollment process. When a Project Access patient is referred to you for services, you can be sure they have been rigidly screened for residency and income and are truly "low income uninsured". This isn't to say that a patient may somehow slip through our process but it's unlikely and would be rare. Both hospital systems have been wonderful at using their financial service resources to also check our patients for qualified status. We are so grateful for the staff at physician and other provider offices who have become our partners in helping our patients.

Our latest data shows we have now served well over 700 patients – some with major and complicated surgeries or diagnostic tests – but most with simply specialty care consults and prescription medications. Several of our patients have gone on to commercial or government sponsored health insurance. Many have told us they have returned to work full time and are doing well. Remember Project Access is not health insurance – patients are enrolled only when they need treatment and then only for 90 days, although their enrollment can be extended if they are still in treatment.

And now a sad goodbye from me. July 9th will be my last day as the executive director for Project Access. By the time you read this, a new executive director will have been hired and I hope you will give him or her the wonderful support you have given me. Effective July 12th, I will start a new position as chief operating officer for Spokane Cardiology. I have truly enjoyed getting this wonderful project "off the ground" - with the terrific support of my staff (Liz, Wendy & Linda) and the project's founder (Dr. Sam Selinger) plus the Spokane County Medical Society staff and Board of Trustees (especially their CEO Jan Monaco). Thanks so much to all of those

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physicians, other health care providers and their office staff who have almost always responded to my calls for help with a particular patient or patients. While I will certainly miss all the wonderful people I work with, both internally and in the community, I am excited at the opportunity given me by Spokane Cardiology.

If you have any questions about Project Access, we can be reached at the Spokane County Medical Society office at 532-8877 or via email to Julie@spcms.org.

7/27/2005

Project Access Legislative Advocacy

With its mission to serve the healthcare needs of low income uninsured people in Spokane County, Project Access is in a position to advocate for the needs of uninsured patients, and to advocate for the needs of the volunteer physicians who care for these individuals. These needs come together under Project Access.

The SCMS Project Access, working with “Communities Connect”, has been able to participate in legislative actions that benefit providers and uninsured patients. Communities Connect is a statewide collaboration of community leaders working to improve access to care. These legislative successes have made it easier for physicians to care for uninsured individuals, and easier for uninsured patients to receive complete care, particularly prescription medications.

To highlight significant accomplishments:

In 2004, Washington State expanded the “Good Samaritan Law” to include any provider providing charity care to uninsured individuals, as long as the provider participates in a community-based program. The State of Washington now provides greater medical liability protection to providers who give free care to uninsured patients as part of a community based program like Project Access. This revision in State law increased the malpractice burden of proof to that of gross negligence, or willful misconduct. The Code states that the provider is “not liable for any damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct” (RCW 4.24.300).

Deleted: care for uninsured patients

Legislative efforts so far in 2005 include a plan to have DSHS report options to the legislators for providing financial incentives for private practice physicians to serve uninsured, Medicare, and Medicaid patients. This study is part of the statewide effort to recruit, and retain, physicians in Washington. The SCMS Project Access is able to report the generous amount of charity care provided by physicians and hospitals in Spokane County, which exceeded \$3.1 million dollars in the first year. By demonstrating to government the physicians are doing their share, we, as a physician community through Project Access, can advocate to improve the financial stability of the healthcare sector.

Governor Christine Gregoire recently signed legislation to establishment of a state sponsored foundation to simplify access to free brand name pharmaceuticals to low income uninsured. The intent is to organize pharmaceutical manufacturers indigent drug programs so that a patient is certified as needy, and can then access free medications provided through the State foundation. This model has been successful in other states. The goal of this program is to allow faster access to drugs by patients, thus improving outcomes and treatment plan compliance, while reducing physician and office time and effort in obtaining prescriptions through existing pharmaceutical indigent programs. This foundation is in the formative phase. Initially a Board must be formed. Dr. Sam Selinger has been nominated to that Board by several organizations, including United

Way of Spokane, the Spokane Alliance, the Washington State Medical Association, and the Spokane County Medical Society.

▼ The power of an organized group of physicians joining with the community to advocate for community needs is evident in the legislative successes that have occurred. The dedication and commitment of physicians to serve the uninsured sends a powerful message to government and the community. Project Access is proud to represent the needs of low income uninsured people, and those of the volunteer providers who serve them.

Deleted: We have every expectation that the Governor will appoint Dr. Selinger.

Deleted: their patients

Project Access – Assessment Time
By Carol Darby

Thank you so much for taking the time to read the October Project Access article and to check and see if you and/or your group were listed in our thank you “center-fold.” A sincere apology to the following members of Project Access that were not listed in “The Message” Newsletter:

- **Spokane Surgical Group – Doctors Daniel M. Bates, J. Courtney Clyde, Paul H. Lin, Mark P. MacFarlane, Gary H. Matsumoto, Scott W. Nye, and Lawrence G. Schrock.**
- **Northside Physical Therapy and Sports Rehabilitation Center – Jane Baker PT, Kristopher Holden PT, Susan Gray PT, Megan Roland PT**
- **Country Homes Medical Center – All the wonderful Nurse Practitioners at the Medical Center (names not available at press time, but will be in the newspaper thank you)**
- **And, Dr. Philip Morrison, we expect to see you out on the links having a great time and thanks for your past support!!**

(These were the only changes that were brought to our attention by press time. If we missed anyone else, please call Carol Darby at 325-5010.) Be sure to look for our community thank you in the Sunday edition of the Spokesman Review within the next few weeks.

We will be asking many of you and/or your office teams to assist us in evaluating Project Access' first year of operation by completing a short survey. Your responses will be used to make immediate adjustments and corrections to the program. For that reason, it is important that you let us know what is working and what we can do to make it easier for you and your organization to participate and enroll patients into the program.

We are also preparing for a site visit in November from The Robert Wood Johnson (RWJ), our major funding partner. Some of you will be participating in those meetings and will be notified of dates and times as soon as they are solidified by RWJ.

The Project Access Staff wishes you and your family a wonderful Thanksgiving Holiday with blessings and tidings shared by all.

YEAR ONE A SUCCESS FOR PROJECT ACCESS

At a recent meeting, I was asked the question “Carol, what was the best day that you have had in the last year?” It didn’t take me long to answer that question. It was, without doubt, the opportunity to join the Project Access staff as their new Director. After six short weeks on the job, I feel extremely blessed to be affiliated with a project that is making such a difference in the lives of so many of our County residents.

On September 2, 2004, Project Access celebrated it’s first full year of operation.. Thanks to the dedication of the Project Access Staff, the never ending support of the Medical Society and Jan Monaco, the spirited leadership of our past Director Julie Lake and the “EverReady” energy of Dr. Sam Selinger, the first year has been deemed an astounding success. Our Patient Care Coordinators have worked on case files for over 800 patients. This translates to over a \$1,000,000 worth of charity patient care for Spokane County. Our program success is largely due to the services pledged by our physicians and local hospitals. I personally would venture to say this program is one of the most powerful healthcare success stories that we have seen in our region in many years. To each of you participating in the program, a special thanks for your commitment and dedication to the program.

We will be placing a newspaper ad celebrating the physicians that have committed their valuable time to working with us on Project Access. If you are not a participating member and would like to sign up for the program, please call me at 325-5010 x30.

The next time you are in the Medical Society Office, I hope you will stop by and say hello. The team now includes our new Patient Care Coordinator, Jessica Phillips and Administrative Assistant, Terri Weisbeck. We are all looking forward to an exciting second year of operation.



Terri Weisbeck

Jessica Phillips

TIME TO CELEBRATE, PROJECT ACCESS UPDATE

Project Access has been helping low income, uninsured residents of Spokane County access medical care for a full year! We couldn't have done it without you. We thank you, the health care community of Spokane County, for the commitment and generosity of pledged medical services. We wish to share with you some of the many thank you notes we get from residents of Spokane County that have accessed medical care through Project Access..

"Thank you so much for the help I got through your Project Access. I really appreciate the help! I am feeling great and everything is working well, a luxury I haven't experienced in 13 years." Judy Wisner, February 2004

"...I just wanted to write a note to say thank you so much for your help. I wanted to thank Spokane Digestive Center as well, everyone has been so helpful and understanding." Eric Griffith, February 2004

"We have thanked Doctor Sears and Van Germert and their staffs for all their efforts on behalf of Bill and his cancer surgeries of his left eyelid area. We appreciate the fact that it could not have been done without Project Access." Melinda and William Chamber, June 2004

Meet the Project Access staff that makes this all possible. From left to right in the picture is – Liz Burris, Executive Assistant; Wendy Woods, Patient Care Coordinator; Carol Darby, Director; Jessica Phillips, Patient Care Coordinator. We look forward to collaborating with all our partners in the community to meet the challenges of the future. We again thank you for all your generosity that allows Project Access help low income, uninsured residents of Spokane County access medical care that would not otherwise be available to them.

PROJECT ACCESS – ENROLLMENT SPECIALIST

By Teri Weisbeck w/forward by Carol Darby

This month, Project Access is showcasing our Enrollment Specialist. Teri Weisbeck handles the enrollment process for all of the patients that apply for participation in our Program. She has been with our organization approximately six months and has already made substantial contributions to the changes we are making in our process. With her eye for detail and knack for organization, she is the ideal person to coordinate our enrollment activities.

Transitioning patients onto Basic Health or other types of insurance is a top priority for Project Access. Teaching and/or providing the opportunity on how protect the patient and their family by securing some type of medical insurance is an important component of our program. Having medical insurance of some type is a basic need that we can help facilitate. Those patients that choose not to participate in pursuing medical insurance options will not be carried by Project Access more than our 90-days.

While it is difficult to articulate all the details of Teri's position, we have learned from experience that the challenge is truly in the details. I hope you will come away with a better understanding of our process.

Carol Darby, Director

Hi, I'm Teri Weisbeck the Enrollment Specialist for Project Access. I have been with Project Access for six months. In that time, I have learned how important this program is to our community and patients, and how precious the services are that physicians pledge through us.

I receive 25 to 50 calls per week from patients that have tremendous medical needs. These patients have been denied assistance from many of the State and community health assistance programs. They desperately need medical care but are without insurance.

My job involves explaining the qualifications and guidelines of the Project Access Program to our patients. That includes letting them know that this is a program for the uninsured with access to medical care and that our goal is to get them stabilized, healthy and back to work. They need to demonstrate proof of residency and proof that their income is 200% of the federal poverty level or below.

A new step in our process is to help our patients get onto Basic Health or some other type of insurance program. We now require each patient to complete the Basic Health Application. Those applications are submitted to the State of Washington by either the low-income clinics or by Project Access. We track the applications so we can adjust our treatment program at any point in the process.

The Basic Health application is checked for accuracy and their file is prepared for handover to our Patient Care Coordinators. The Basic Health application and documents are then sent to Basic Health. This completes the enrollment process.

Now it is time to hear from you! Do you have any questions or suggestions for the enrollment process or coordination of patients within the Project Access program? Do you currently see patients without insurance free of charge that might qualify for Project Access? If you do, have your office call us and see if we can help.

Have you been to the Spokane County Medical Society web site (www.spcms.org) and checked out Project Access? Do you have a Project Access success story to share with us?

If you want to learn more about Project Access and jump aboard this physician led program, please contact Carol Darby, Project Access Director at 325-5010



PROJECT ACCESS UPDATE

By: John Driscoll

I would like to take this opportunity to introduce myself. As of Monday, May 9th, I became the new Executive Director for Project Access. I feel honored to be part of an organization that is making a real difference in meeting the healthcare needs of patients with limited resources in Spokane County. To give you a little background about myself, I have over 20 years of medical administrative experience with numerous medical specialties, hospitals and medical businesses, and have served medical practices, hospital systems, provider networks and other healthcare organizations. As a healthcare management consultant, I have worked with a variety of medical clients in endeavors ranging from practice mergers and acquisitions, physician network development, medical practice start-ups, joint venture planning and implementation, strategic planning, organizational development and operations management. Additionally, as a community volunteer, I have served on the Board of Ronald McDonald House Charities. In 2003, I had the distinct pleasure of being President of the Board, and functioned as the interim Director of the Charity during a transition period between Directors.

Project Access has had a very successful year and a half since it started. Our provider network continues to grow, more patients are being served, and momentum needed to sustain the program well into the future has mounted. Unfortunately, as you are all too well aware, the needs of uninsured patients have grown also. It is estimated that nearly 37,000 individuals in Spokane County do not have health insurance, nor qualify for government medical assistance. With over 3 million dollars in medical services donated by physicians and hospitals last year, Project Access is clearly making a difference in the health of our community.

We are proud of our successes, but also understand the challenges ahead. To serve the needs of these patients, Project Access will continue to need the strong support and leadership of physicians. We would like every physician to have the opportunity to serve the community in this worthwhile endeavor of providing charity care to truly needy patients in our County. We will also need to continue to seek financial support to cover program costs, and to provide pharmaceuticals, medical equipment, transportation and interpreter services to our patients. Project Access has many initiatives underway that will lead to long term financial sustainability, and I will keep you informed about our progress throughout the year.

I look forward to working with all of you to ensure the continuing success of Project Access. I will always strive to make the experience of working with Project Access a good one for our providers and patients. Please feel free to contact me at anytime if you have suggestions, or if I can assist you and your office. You can reach me by telephone at 325-5010, or email, john@spcms.org.

THE FACTS – JUST THE FACTS, MAN

By Jan Monaco, MHS

Now and then it's prudent to check in with everyone and "bust" some myths about Project Access. From time to time we get calls from physicians and the public asking the following:

Q: Is it true that Project Access will provide care for anyone who has an acute or chronic need?

A: The answer, of course, is no – only those who do not qualify for any other type of insurance are seen by us. Our patients also must prove residency in Spokane County and provide proof of income below 200% of federal poverty. At the same time as their application is processing, we simultaneously enroll all of our patients in Washington States' Basic Health plan so as to try to get them real insurance.

Q: Is it true that very few Spokane physicians participate in seeing Project Access patients?

A: While it is true that we have some gaps in our provider network we are honored to say that we have over 500 physicians partnering with us.

Q: What about pharmacy benefits for Project Access' enrollees?

A: Yes! Each patient has a combined pharmacy and DME benefit of \$750 per year. In some cases we have even been able to extend this! Patients may receive their prescription drugs from most every pharmacy in town.

Q: Is Project Access 'real insurance'?

A: No, Project Access sees patients for only a short period of time, usually 3 – 9 months. In very few cases patients may need to be with us longer. Our medical director makes the final decision regarding the matter of longevity.

Q: Does Project Access cover mental healthcare or dental benefits?

A: Unfortunately Project Access does not provide either of these benefits. However, in most cases, we have been able to refer patients to resources in the community.

Q: What about Emergency Room and ambulance costs?

A: Again, we are unable to provide these resources. Our goal is to keep patients out of the ER and on a schedule with their primary care provider.

Q: Is it true that only one Spokane hospital participates in PA care?

A: We are proud and very fortunate to say that all of our area hospitals are partners with us. We are extremely grateful for them and could not continue without the area hospital's support.

Q: Can physicians refer their own charity care to Project Access?

A: Absolutely, we encourage every physician refer all of their charity care to Project Access – this way the patients have access to all physicians within the PA network, connections to hospital care, pharmaceuticals, and DME.

Q: Is it true that Spokane has the only Project Access in Washington State?

A: No, almost all of the larger counties in Washington are in the process of adopting Project Access programs.

Project Access – Patient Care Coordinator

By Wendy Woods and Jessica Phillips w/forward by Carol Darby

As part of Project Access' on-going reporting to the medical community, I will occasionally invite a staff member to share their thoughts, experiences, or activities with our readers. This month, I have asked our Patient Care Coordinators to discuss their daily activities and share their thoughts about Project Access. I hope you will enjoy the article and come away with a better understanding of what they do on a daily basis and how they contribute to the Project Access Program.

Carol Darby, Director

A year and a half ago I would not have been able to write an article telling you about our responsibilities and what Patient Care Coordinators in Project Access are supposed to do. With a lot of hard work, dedication, passion, and growth obtained while working to bring this program to life, I can now tell you what it's like to coordinate care for a community run program.

To introduce ourselves, my name is Wendy Woods and I have been with Project Access since the program initially started in 2003. Our new Patient Care Coordinator, Jessica Phillips, has been with our program for over six months.

We first want to thank all of the providers who have graciously stepped up to the plate to provide health care for Project Access patients. There would not be a program without your help. We would also like to thank the office managers, schedulers and office staff for always going the extra mile to assist us in scheduling patients in a timely manner and providing correct patient information needed to process our patients. Hopefully we are not burdening you with excessive paper work. Thank you for making our jobs easier and our patients feel welcome in your offices.

Once eligibility is determined by our Enrollment Specialist, we review and verify the enrollment and schedule appointments with physician's offices and other health care providers. We maintain a detail database on a patient's care while they are in the Project Access network. This includes an SF-12 Survey that the patient completes both before and after they receive care in our program. We also collect physician network information that is needed to track physician involvement in our program.

Once a patient qualifies for Project Access and meets our guidelines, our job really kicks into high gear. We start out assessing the patient's needs by reviewing the patient referral and corresponding chart notes. On difficult cases or cases where we may have questions, we review the case with our Medical Directors (Dr. Sam Selinger and our new physician,

Dr. Don Cubberly). Depending on the medical need, we then outline a course of action for the patient. .

Each patient is sent an appointment pending letter advising them that they have met all the required qualifications for Project Access and we have identified their medical need. We also let them know that we will enroll them when we have a specialty slot available that meets their medical need. Since our enrollment is initially for a 90 day period, we do not start their enrollment until we get the patient to their first appointment.

The patient is then put on a waiting list depending on the specialty care they require. When a specialty slot opens up, the appointment is scheduled, the patient is mailed an ID card/pharmacy card, and an appointment reminder letter is mailed to the patient. We also include a stamped and addressed thank you card they can fill out and mail to the specialist that agreed to see them. We hope that you are receiving some of these cards.

Along with the appointment steps, we make sure the patient has transportation to and from the appointment. We also call 24 hours prior to the appointment and 24 hours after the appointment to coordinate any further care that the patient may need. Project Access has received funding from our local cities and county for pharmaceuticals and DME. Patients access pharmaceuticals through most pharmacies in our community and Project Access has a contract with a local DME provider.

Since the goal of Project Access is to stabilize patients and eventually get them onto an insurance program, we are working with Washington State Basic Health Insurance. Starting in March, 2005, new Project Access patients are required to complete a Basic Health Application. We will be screening our new patients based on that application and will make sure that each one is submitted to the State for processing. We feel it is important to assist our patients in securing some type of longer term insurance if they are eligible.

While this position is challenging and overwhelming at times, it is also very rewarding. We have faced and heard many painful stories and situations. Project Access may not be the final answer for the uninsured, but for now, I think that the community coming together as a medical "angel" for the uninsured is really a miracle. What a gift this is to our community.