

# Project Access Spokane



ANNUAL REPORT 2010

## Message from the Director and Foundation President



**Lee Taylor**  
Project Access  
Director



**Gary Knox, MD**  
2011 President,  
Spokane County  
Medical Society  
Foundation

We are honored to present this annual report for Project Access operations in 2010. In this seventh year of operation, we continued to build a strong reputation for providing specialty medical services for low-income, uninsured people in Spokane County. Project Access continues to be the only volunteer network of physicians, hospitals, and allied healthcare providers offering a full range of medical services at no charge to qualified residents of Spokane County.

Project Access continues to be a very good investment for our donors, by leveraging

donated funds to create a much higher value of services to our community. **For every dollar invested in Project Access, we deliver approximately \$12 in direct medical care to Project Access patients.**

The value of the donated medical services provided to Project Access patients continues to increase each year. **In 2010, an estimated \$383,687 in total medical services were donated to uninsured people in Spokane.**

No matter how obvious the need for these services may be, we believe Project Access services must also add quantifiable value to the medical community and to our community

*Project Access continues to be the only volunteer network of physicians, hospitals, and allied healthcare providers offering a full range of medical services at no charge to qualified residents of Spokane County.*

*For every dollar invested in Project Access, we deliver approximately \$12 in direct medical care to Project Access patients.*

Access is making an invaluable contribution to the health and well being of Spokane County residents. On behalf of these Project Access patients, we thank our donors and partners for their continued support.

Sincerely,



Gary Knox, MD  
2011 President, Spokane County  
Medical Society Foundation



Lee Taylor  
Project Access Director

## Our Purpose:

Spokane Project Access works with community partners to develop an efficient system to provide specialty healthcare services for eligible low-income uninsured residents of Spokane County.

The system encompasses a full range of specialty services and other major medical resources from collaborating partners in the medical community.

at large. The stories we tell in this annual report include examples of ways that Project Access is collaborating with our partners to create value in the medical community.

Ultimately, Project Access works because of the generosity of hundreds of medical practices and individual health providers, our community hospitals, and many allied providers of healthcare products and services. Through this generosity, Project

## Community Need, Collaboration and Value

In 2010, we continued to see that the need for Project Access services is great... and growing. The **Community Indicators Initiative of Spokane**, under the leadership of Eastern Washington University, reported that 31.1 percent of Spokane County residents with incomes at or below the federal poverty level are uninsured. And, 20.8 percent of the county's residents with incomes below 200 percent of the federal poverty level are uninsured.

**This research also shows that the estimated number of uninsured adults in Spokane county has increased by 11,600 in the past two years to a total of over 82,000.** Regardless of the outcome of health reform in 2014, it is clear that ALL people will not have health insurance coverage. Project Access and the many physicians

and specialty providers who volunteer will continue to have an important role in helping people who have “fallen through the cracks.”

**In 2010, Project Access coordinated donated specialty medical services to 571 Project Access patients with acute conditions.** These patients had no other way to access proper health care. They had no medical insurance, and they were not eligible for any other public assistance programs to help pay for their health care, even though many are working. Without Project Access, they would have gone without treatment for years (as highlighted in one of the stories in this report) or ended up in a local emergency room when their condition became emergent. We are proud of this accomplishment, but our goal is to serve many more in the future.

Over the past few years, we have seen a trend in a smaller number of patients

using a larger number of services. While we understand this is due to the changing nature of the patients enrolled with Project Access, we will be looking for ways to continually increase the number of patients we serve with our unique program.

**In 2010, approximately 600 specialty physicians and other specialty providers volunteered their services to help Project Access patients.** This is a significant improvement over the previous three years, but our goal in 2011 is to build more partnerships and engage many more physicians and specialty providers who are willing to help more people in need.

**In 2011, we are looking closely at opportunities for Project Access to help lower medical costs by collaborating with area hospitals to reduce the use of the emergency department (ED) for non-**

**emergent health care.** We are developing a process to refer non-emergent patients with acute medical problems to Project Access. Those patients will first be seen by a primary care physician who has agreed to donate services. The primary care physician will help ensure that the patient has a medical home to receive the appropriate diagnostic tests and treatment needed. This may include referral to a specialty physician. If surgery or other hospital services are prescribed, the patient can then access the needed care through regular hospital services, rather than being treated in the ED at much higher cost.

**Another opportunity to add value to our health care dollar is finding ways to eliminate the use of services that are not medically necessary.** Project Access provides care coordination for all Project Access patients, reducing the

expense of unneeded tests or services. Our care coordination includes medical screening by the Project Access Medical Director, physicians and nursing staff, utilizing the guidelines established through our Therapeutics Committee. In 2010, we saved more than \$55,000 by our imaging screening alone.

As we look forward in 2011, we will work to identify even more ways that Project Access can collaborate with our partners to make smart and valuable decisions that will make a difference for the medical community and for Project Access patients.

## Project Access Spokane— By the numbers:

**11,000+** The increase in uninsured adults in Spokane County in the past two years

**571** The number of patients served in 2010

**600+** The number of specialty providers who volunteer

**\$6.3 million**  
The value of donated medical services for the uninsured.

## Deaconess Medical Center and Valley Hospital and Medical Center

**D**eaconess Medical Center in downtown Spokane and **Valley Hospital and Medical Center** in the Spokane Valley have been donating care for Project Access patients since the program started in 2003. The donated services are hospital services that are prescribed by the specialty physicians who volunteer with Project Access. If the physician decides to provide treatment (usually surgery) at one of these two hospital facilities, the hospital donates the services needed.

Much of the care donated by these two hospitals' facilities is in the form of ambulatory surgery and inpatient hospitalization, the most expensive form of medical care. Hospitalization and ambulatory surgery comprise more than 50 percent of all the donated services for Project Access.

Project Access is working with Valley Hospital to help reduce the use of the emergency department for non-emergent health care. Patients with acute medical problems that are not a medical emergency can be referred to Project Access and may be seen by a primary care physician who has agreed to donate services. This referral provides a continuum of care for the patient who may not know where to turn after discharge from an emergency department.

"Project Access helps patients get linked up with the community resources they



**In 2010, Deaconess Medical Center and Valley Hospital and Medical Center provided donated services totaling over \$1.1 million for Project Access patients.**

need," explains Jan Woodward, Director of Case Management at Valley Hospital.

In 2010, Deaconess Medical Center and Valley Hospital and Medical Center provided donated services totaling over \$1.1 million for Project Access patients. These donated services included orthopedic surgery, general surgery, pulmonary surgery, gastroenterology surgery, obstetrics/gynecology surgery, cardiovascular surgery and hyperbaric wound care.



## Providence Health Care

**P**rovidence Sacred Heart Medical Center and Providence Holy Family Hospital are two Spokane hospital facilities that have been supporters of Project Access since the program started in 2003. When a specialty physician who volunteers for Project Access provides care or treatment at one of these two hospitals, the hospitals will donate all of the services needed as long as the patient is enrolled in Project Access. What does this mean to an uninsured patient?

For M.H., who recently had gallbladder surgery, it meant an end to years of pain and discomfort. Although M.H. had always worked and “paid her own way,” her employer didn’t offer health insurance. M.H. couldn’t imagine ever being able to afford the surgery she needed.

“My quality of life slowly deteriorated due to my condition. I became depressed

and angry at my situation and the lack of health care available to me,” she explains.

When she was laid off from her job, her lower income meant that she could qualify for Project Access. She enrolled and was referred to a Gastroenterology specialist who recommended surgery. Soon after, she had outpatient surgery to remove her gallbladder at Sacred Heart hospital.

“It was a surgery I prayed for,” she explains. “When I asked who was behind making this program available to me, I was told that it was the doctors and hospital donating their time and services to me and other patients like me. I had no idea this was possible. I was moved, and I am so grateful and thankful.”

In 2010, Sacred Heart Medical Center and Providence Holy Family Hospital donated services totaling more than \$2 million for Project Access patients. These donated



**In 2010, Sacred Heart Medical Center and Providence Holy Family Hospital donated services totaling more than \$2 million for Project Access patients.**

services included orthopedic surgery, general surgery, surgical oncology, gastroenterology surgery, obstetrics/gynecology surgery and cardiovascular surgery.

Providence Health Care has supported Project Access since its inception through community benefit donations. With the help of this important partnership, hundreds of individuals accessed essential medical treatment at Providence Health Care facilities in 2010.

## CHAS Clinic and Heart Clinics Northwest

**C**ommunity Health Association of Spokane (CHAS) is one of the largest networks of community health centers in the Inland Northwest. CHAS serves more than 30,000 patients each year and is the largest source of patient referrals for Project Access services.

Many Project Access patients are referred by community health centers like CHAS. These patients see a primary care physician who can provide preventive care as well

as help diagnose and treat their medical condition. Some patients do not have access to any insurance or public program at all, and they do not have enough income to pay for the services themselves, even on a sliding scale. These are the patients that the community clinics refer to Project Access.

“This is a very, very needed program,” says Lori B., patient services coordinator at CHAS. “We see patients every day who don’t have a steady income and are trying to juggle food and shelter. They can’t afford to see a cardiologist, even though they may need one.”

**CHAS Patient Services Coordinator Lori B. sees patients every day who can’t afford the care they need. “This is a very, very needed program,” she says.**



**Cardiologist Dr. Douglas Waggoner at Heart Clinics Northwest diagnosed and treated patient Arthur Collins.**

That’s what happened to Arthur Collins when he came into his CHAS clinic in July 2010. Arthur had “heart troubles” since 2001, and although he worked as a tow truck operator, he hadn’t had health insurance for more than 15 years.

“I let it go so far and for so long that my body was just wearing out,” he explains.

The physician at the CHAS clinic diagnosed Arthur’s condition, and he was referred to Project Access. Because he had



no income and no insurance, Arthur was accepted into the Project Access program and referred to **Heart Clinics Northwest**, one of the largest donors of free specialty medical services for Project Access patients.

Heart Clinics Northwest provides comprehensive cardiovascular care for patients, including cardiac surgery, valve repair/replacement and coronary interventions like angioplasty and stents.

*Heart Clinics Northwest provided more than \$64,000 in donated services in 2010.*

**Patient Arthur Collins gets a check up with Letitia McCully, PA-C, his primary care provider at CHAS clinic. “I’m 99 percent sure I wouldn’t be here if this hadn’t happened,” says Arthur, who received approximately \$7,000 worth of specialty medical services at no charge through Project Access. He credits the Project Access program for saving his life.**

Arthur had a cardiac stress test done, and cardiologist Dr. Douglas Waggoner diagnosed a blockage. In November 2010, Arthur had angioplasty to widen the blood vessel and a stent (a tube to open the artery) inserted.

“I’m definitely feeling better,” says Arthur, who has been slowly recovering since the procedure. “I can do more things, and I don’t get as tired.”



“I think I have the best doctors in the state of Washington,” he adds. “None of them were giving up on me. I’m 99 percent sure I wouldn’t be here if this hadn’t happened.”

## Inland Imaging

**Inland Imaging** is a leading provider of imaging services in Spokane County and has been providing radiology services since 1930. Since the merger of three imaging center companies and three professional radiology groups in 1998, Inland Imaging has grown to 65 subspecialty radiologists, six vascular surgeons and nearly 700 staff members.

Since its inception, Inland Imaging has provided imaging services at reduced or no charge to patients who could not afford their care. When conversations began about Project Access in 2003, Inland Imaging was at the table and ready to participate.

“I don’t think any of us had an idea of what it would evolve into,” recalls Dr. Don Cubberley, who was on the board of the Spokane County Medical Society and president of Inland Imaging at the time.



*“Project Access coordinates the care of these patients, reducing the use of our own resources to check insurance eligibility, contact patients for appointments, secure outside medical records, and ensure follow-up.”*

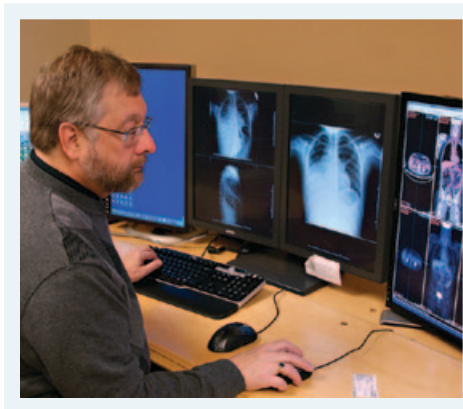
—Dr. Don Cubberley

“As the only radiology group participating, we didn’t put a limitation on the number of charity care patients we would agree to see,” he continues. “We decided we would take all comers and not worry about the number.”

Inland Imaging leaders see Project Access providing value on a number of fronts.

“Traditionally, care for the uninsured and under-insured has been haphazard, fragmented and inefficient—frustrating

both patients and physicians,” explains Dr. Cubberley. “Project Access coordinates the care of these patients, reducing the use of our own resources to check insurance eligibility, contact patients for appointments, secure outside medical records, and ensure follow-up.”



**Dr. Phillip Curtis Jr.**  
**Nuclear Medicine, General Radiology**

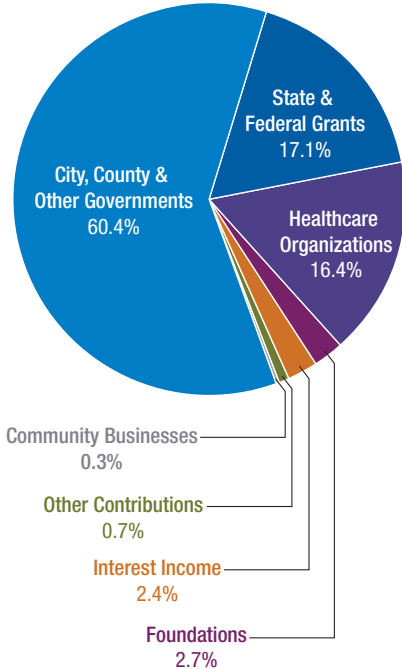
Inland Imaging sees value in community goodwill and avoiding the expense of billing patients who were “already in a tight spot.” According to Chief Reimbursement Officer Dan Hiebert, the value of Inland Imaging services donated for Project Access patients in 2010 was nearly \$300,000. In addition, Dr. Don Cubberley also reviews imaging services prescribed to ensure that they are necessary and appropriate for each patient. This makes the donation of the services from Inland Imaging more efficient and also reduces the time and resources spent on unnecessary imaging services. This medical screening alone saved over \$55,000 in resources during 2010 that would have been expended unnecessarily without the Inland Imaging and Project Access partnership.



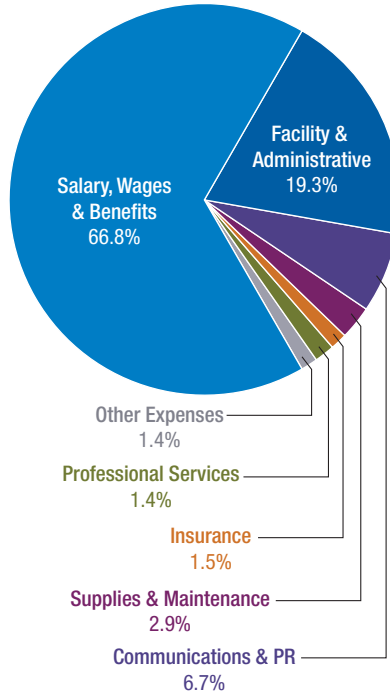
**Dan Hiebert, Chief Reimbursement Officer, Business and Technology at Inland Imaging, places the value of the resources saved in 2010 because of Project Access' process of screening referrals for imaging services at \$55,000.**

# 2010 Financial Statements (Unaudited)

## Revenue



## Expenses



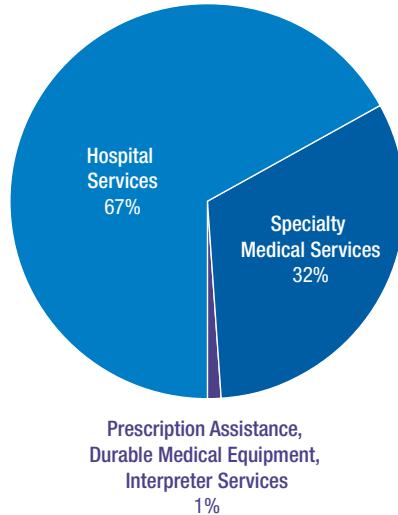
## Statement of Income and Expenses

Revenue	
Healthcare Organizations	\$90,000
City, County & Other Governments	\$331,500
State & Federal Grants	\$94,050
Foundations	\$15,000
Community Businesses	\$1,000
Interest Income	\$13,294
Other Contributions	\$4,040
<b>Total Revenue</b>	<b>\$548,884</b>
Expenses	
Salary, Wages & Benefits	\$341,494
Professional Services	\$6,980
Facility & Administrative	\$98,504
Supplies & Maintenance	\$14,671
Communications & PR	\$34,218
Insurance	\$7,694
Other Expenses	\$7,293
<b>Total Expenses</b>	<b>\$510,854</b>
<b>Net Ordinary Income</b>	<b>\$38,030</b>

# Project Access Spokane Services Summary

## Estimated Value of Healthcare Services Provided by Type

Hospital Services	\$4,292,470
Specialty Medical Services	\$2,023,237
Prescription Assistance, Durable Medical Equipment, Interpreter Services	\$67,980
<b>Total</b>	<b>\$6,383,687</b>



NOTE: The total value of healthcare services provided based on actual claims reports is \$4,741,604. Previous reports have shown that approximately 74 percent of the services provided are reported through the Project Access claims process. Approximately 26 percent of the services delivered are not reported. The total for estimated services shown above is calculated using this factor.

## Patient Referrals by Specialty

Cardiology	18.2%
Dermatology	7.8%
Family Medicine	1.5%
Gastroenterology	1.2%
Endocrinology	1.9%
Medical Oncology	2.9%
Neurological Surgery	1.5%
Ophthalmology	3.5%
Otolaryngology	6.1%
Physical Medicine & Rehab.	0.7%
Podiatry	2.7%
Pulmonary Disease	2.2%
Radiology	39.0%
Speech Therapy	0.3%
Surgery, General	6.9%
Vascular Surgery	1.7%
Urology	2.9%
Wound Care	0.8%

# Thank You to our Supporters

**PLEASE NOTE: This list of donors includes all the physicians, other providers and organizations that have donated services since Project Access began. Our ability to track every donation is imperfect because some donated services are performed outside our claim system. We sincerely apologize if any donors of services to Project Access patients are missing from this list. Please call 509-532-8877, ext. 30 if you have corrections.**

## Individuals Donating Medical Services to Project Access

Marelda Abney, ARNP  
Robert Achterberg, DDS  
Jessica Adams, PA-C \*  
Sherrie Adkison, OT  
Amanda Affleck, CRNA  
Jeffery Ager, MD \*  
Karen Ahlstrom, MD \*  
Rana Ahmad, MD \*  
Amna Ahmed, MD  
Jamshid Aleddini, MD  
David Alexander, MD \*  
Susan Alexander, MD \*  
Daniela Alexianu, MD \*  
Mihai Alexianu, MD \*  
Stephen Alfstad, CRNA  
Thomas Allerding, MD \*  
Charles Alpers, MD \*  
Merry Alto, MD  
Gerard Ames, MD \*

Heather Amity, NP  
Michael Amstutz, PT  
Karl Anders, MD \*  
Christopher Anderson, MD \*  
Kurt Anderson, MD \*  
Stacee Anderson, PA-C  
Bruce Andregg, CRNA \*  
Cristian Andronic, MD \*  
Elin Angied-Backman, MD \*  
Sonia Arganbright, ARNP  
Henry L. Arguinchona, MD \*  
Robert Arnett, MD \*  
Abdul Asharaf, MD  
Blendel Assonken, PT \*  
Davis Atkins, MD \*  
Leonard Atkinson, PA-C \*  
Tatyana Aultman, CRNA \*  
Leann Bach, PA-C \*  
Amy Backer, MD \*  
Ishwas Bahat, MD \*

Chad Bailey, MSN \*  
Jodi Bailey, MD \*  
Kimberly Bailey, OTR \*  
Jane Baker, PT \*  
Roxanne Baker, ARNP \*  
Andrea Balazs, ARNP  
Walter Balek, MD \*  
Greg Balmforth, MD \*  
Susan Baran, ARNP  
Shawn Barrong, MD \*  
Craig Barrow, MD \*  
Susan Barry, PT  
Mark Bassett, MD \*  
Thomas Bassler, MD \*  
Jacqueline Bates, CRNA \*  
Braden Batkoff, MD  
Andrew Batchelder, MD \*  
Todd Bauernfeind, CRNA \*  
Timothy Bax, MD \*  
Robert Bazzano, PA-C  
Patrick Beaulaurier, MD \*  
Eric Belanger, PA-C \*  
Gary Bell, MD

Keith Bell, PA-C  
Michael Bell, PA \*  
Charles Benage, MD \*  
William Bender, MD \*  
William Bennett, MD \*  
Judy Benson, MD  
Richard Beren, MD  
Michael Berg, MD  
Melanie Bergman, MD \*  
Stacie Bering, MD  
Miguel Bermeo, MD \*  
Steven Beyersdorf, MD \*  
Joyce Binford, PT  
James Bingham, MD  
Timothy Bishop, MD \*  
Zdenek Bocek, MD \*  
Donald Born, MD  
Elizabeth Bosch, CRNA \*  
Andrew Boulet, MD \*  
Eric Bowton, MD \*  
Kari Bowton, OTR \*  
John Boyd, PA-C \*  
Scott Bradley, MD  
Anni Brandt, MD \*  
Nicole Brandt, MD \*  
Vanessa Branstetter, MD  
James Brasch, MD \*  
William Bray, MD \*  
Alison E. Brewer, CNRA \*  
R. Andrew Bright, MD \*  
Stewart Brim, DPM \*  
R. Steven Brisbois, MD  
Megan Bristow, OTR \*  
Gregory Brockbank, DPM \*

William Bronson, MD  
F. Todd Brooking, MD \*  
Michael Brophy, MD \*  
Jayson Brower, MD \*  
Douglas Brown, DO \*  
Liz Bruce, CRNA \*  
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Brian Budenholzer, MD  
Mark Buescher, PA-C \*  
Jeffrey Bunn, MD \*  
Jeffrey Bunning, MD \*  
Jeffrey Burgan, MD  
Olivia Burks, ARNP \*  
David Burns, MD \*  
Eteri Byazrova, MD \*  
Thomas Byrne, PA  
Susan Cain, ARNP \*  
Douglas Caldwell, MD \*  
Kimberly Calnan-Holt, OD  
John Cambareri, MD \*  
Daniel Cammack, MD  
Julie Campbell, PA-C \*  
Donald Canaday, MD \*  
Gary Cantlon, MD \*  
David Cantrell, PA \*  
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Sharon Cramer, CRNA \*  
Michael Cruz, MD \*  
Don Cubberley, MD \*  
Troy Cummins, MD \*  
Michael Cunningham, MD \*  
Billy Cunnington, PA-C \*  
Michele Curl, CRNA \*  
Phillip Curtis Jr, MD \*  
Bruce Cutter, MD \*  
Joseph Cvcancara, MD \*  
Richard Dalessandro, PA-C  
Alan Danielson, MD \*  
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Joseph Davis, MD \*  
Steven Day, MD \*  
Gordon Decker, MD \*  
Phillip Delich, MD \*  
John Demakas, MD  
Joseph Demartini, MD \*  
Douglas Demmert, CRNA  
Brandi Desaveur, PA-C  
Michael DeTar, MD \*  
Daniel D'Hulst, MD \*  
Travis Dierks, MD \*

**\* Donated services in 2010.**

Sandra Dickey, PA-C  
Michael Dieter, PA-C\*  
Daniel Dionne, MD  
Michael Dixon, MD\*  
Andrea Dominey, MD\*  
Connie Dormaier, CRNA\*  
Ronald Douglas, DPM\*  
James Doyle, MD\*  
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Paul T. Dunn, MD\*  
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Robert Durnford, MD  
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Jon Gilbert, MD\*  
Mary Gilbert, MD\*  
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Mary Gimness, DO\*  
Florence Gin, MD\*

Andrew Githaiga, MD\*  
Tami Glenn, CRNA\*  
James Goff, MD\*  
Harold Goldberg, MD\*  
Robert Golden, MD\*  
Elizabeth Gonder, OTRL  
Steven Goodell, MD  
Debra Gore, MD  
Eileen Gowen, OT  
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Janice Graham, MD\*  
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Lawrence Ham, PT\*  
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Randi Hart, MD\*  
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Richard Hartman, CRNA\*  
Derik Havin, MD\*  
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Elizabeth Hayes, MD\*  
Theresa Hayes, CRNA\*  
Steven Hazeldorn, DO  
Jody Hechtman, MD\*  
Clinton Hedgers, PA-C\*  
Robert Hedlund, MD  
Aline Heggem-  
Snow, PA-C  
Meredith Heick, MD\*  
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Elizabeth Herbel, CRNA\*  
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Staci Hestdalen, MD\*  
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Elizabeth Ho, MD  
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Scott Hoefler, MD\*  
D Vern Holbert, MD\*  
Kristopher Holden, PT\*  
Gunnar Holmquist, MD\*  
Darren Hollenbaugh, MD\*  
C. Frederick Hollon, MD  
Matthew Hollon, MD  
Steven Hong, MD  
Arnold Honick, MD\*  
Jonathan Hook, PT\*  
Matthew Hoopes, MD\*  
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Peter Horn, MD  
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Timothy Icenogle, MD  
Gerald Inahara, MD\*  
Willie Ivey, CRNA\*

Sandra Jacobs, ARNP\*  
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