Project Access Spokane

Year 4 Operations Report,
October 2006 – September 2007

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Michael Hendryx, Ph.D.
Melissa Ahern, MBA, Ph.D.

Jeff O'Connor, MD
2008 President
Spokane County Medical Society

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

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

During this last year, community awareness of Project Access has grown significantly. Project Access actively collaborates with healthcare providers and community agencies to ensure patients receive healthcare in a timely, efficient fashion. The Spokane Regional Chamber of Commerce, and the business community, has recognized the valuable community asset that Project Access has become. Measuring the Return on Community Investment, Project Access has contributed nearly $11 of healthcare services for each dollar of funding. Total donated medical care provided this year equaled $3,365,811. Since seeing its first patient, over $13,269,617 in health care has been provided to low income uninsured residents of Spokane County.

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

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

Executive Summary

Project Access is the only network of physicians and hospitals providing the full range of health care services to low income uninsured residents of Spokane County. The following report summarizes the contributions and performance of Project Access Spokane for the forth year of its operation, covering the period October 2006 through September 2007. This evaluation includes analytic summaries of the patient population served by Project Access, including demographic characteristics, diagnostic mix, dollar values of donated services, and service utilization patterns. Personal stories of Project Access patients are included to provide a sense of the powerful impact that the program has had on the lives of individuals. At the end of the report we offer recommendations and conclusions regarding the services provided.

During the reporting period, Project Access provided 6,853 distinct service episodes to 567 people. Service episodes included prescription fills, office visits, surgical interventions, radiology, pathology, and other services. Services were provided by both specialists and primary care doctors, and by inpatient and outpatient facilities and other providers. An estimate of the total value of donated services for the fourth year of operations was $4,759,366. The total costs of operating Project Access for the year were $435,695, only 9.8% of the value of donated services and indicating that Project Access operates efficiently. Cumulatively, for the first four years of Project Access, the estimated value of donated medical services comes to $13,269,617.

Specialty physicians provide a large proportion of all services, with primary care doctors relatively underrepresented primarily because Spokane County has 11 low-income primary clinics such as CHAS, Native Health, People's Clinic, and Spokane Falls Family Clinic that provide primary care. Patients are referred into Project Access from various sources throughout the Spokane community. Approximately 68 percent of patients are referred from Federally Qualified Health Centers (CHAS, Native Health, Spokane Falls Family Clinic). Additionally, 11 percent are referred from low-cost Community Clinics (Christ Clinic, ECCO Clinic, People's Clinic). The final 21 percent are referred by private physician offices or are self-referrals into Project Access by patients who have heard of the program.

Project Access provides critical medical care and increases access for Spokane's low income residents. Radiology, gastrointestinal, genitourinary, oncology, and cardiology services are among the most common types of specialty care. Pharmacy services constitute a large proportion of the service mix as well; most enrolled patients received one or more prescription medicines through Project Access. The most common types of diagnostic categories were "Symptoms, Signs and Ill Defined Conditions", followed by significant numbers of Musculoskeletal, Genitourinary, and Neoplasm diagnoses.

The most notable change in Project Access services compared to previous years was the decline in number of patients seen and in number of providers who gave documented services to Project Access patients. The total of 567 patients seen in Year 4 is less than any of the previous three years. Previous figures for number of patients seen were 706, 803 and 845 in Years 1 through 3, respectively. This decline was observed despite a sizeable increase in the number of reported services provided and in the dollar value of donated services. The reasons for the decline in patient numbers are unclear but may reflect increased patient access through other

means such as Medicaid or Basic Health, or declines in the supply of primary care physicians that serve as referral sources to Project Access services. DSHS staff, for example, are on site at Community Health Centers to screen patients for eligibility for these public programs.

The conclusions of the report suggest that Project Access provides a unique and highly valuable service to the community, and that it's future operation should be supported and expanded. Given the increase in the overall Spokane population of persons in poverty and persons without health insurance, the decline in number of patients seen by Project Access is of considerable concern because it occurs in the face of increasing need for medical care services for low income persons. The decline should be carefully investigated to determine if patients are finding adequate access to medical care through other means or if other factors are reducing necessary access.

"Today I can touch my hands together and say
'It is good to have strong hands!'
Thanks Project Access"

-Pricilla,
Project Access Patient

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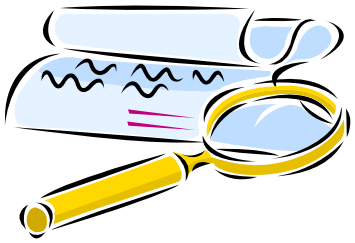


Methods

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

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

'Project Access was extremely helpful when I needed help. I'm ecstatic at the care I've been given. If it wasn't for Project Access, my medical bills would have made me bankrupt or passing up quality care for my injury. My quality of life has not been compromised due to my ability to pay.'
-D.B.

Findings

A. Community Need

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

Among Spokane county adults aged 18-64 rates are even higher: 14.5% of such adults were without health insurance in 2006. [2] This figure has increased steadily since 1998, when 10.4% of Spokane County adults 18-64 were uninsured. Persons with lower incomes are at much greater risk to go without health insurance, as shown in Figure 1.

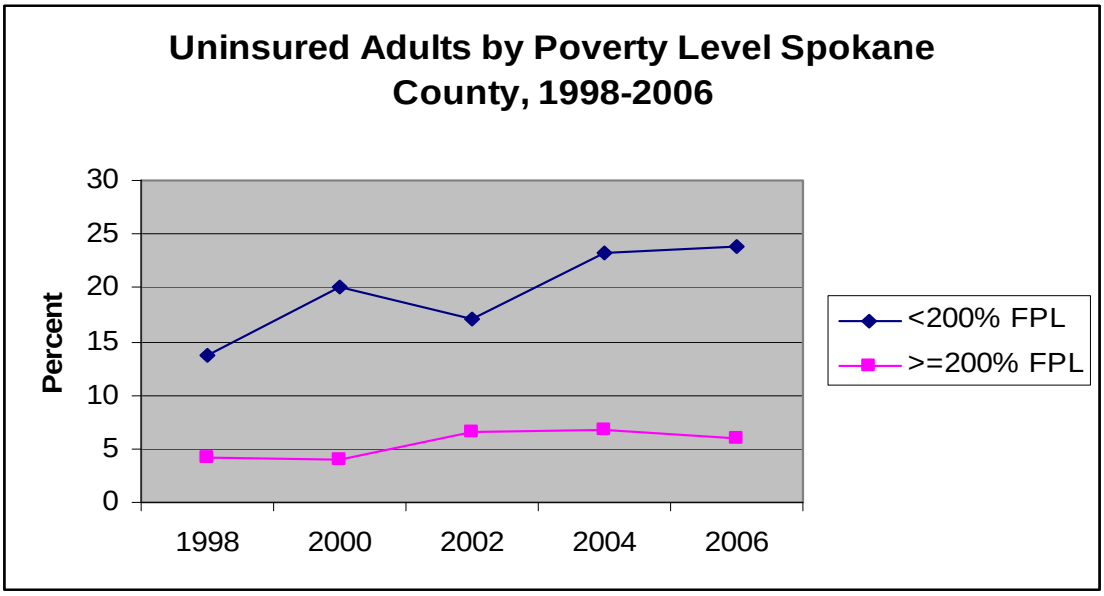
Individuals without health insurance tend to delay care, and seek care in a variety of settings. To serve this population, Spokane County has a healthcare safety-net system that is comprised of two Federally Qualified Community Clinics, with a combined total of 6 clinic locations. Additionally, there 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.[3] Twenty-one percent of residents are smokers, including 10% among youth under age 18; 24% of the population are obese according to Body Mass Index (BMI) measures; and the incidence rate of cancer in Spokane is higher than rates for the state or the nation.

Spokane County also has a higher poverty rate than the state or the nation. Nearly ½ of public school children are on federally subsidized food programs. In addition, Spokane County has lower average annual wages compared to the nation, and yet a higher than average cost of living. People living in poverty in Spokane are more likely than other residents to be obese, smoke, and suffer from significant medical conditions including depression, arthritis, asthma, migraines, vision problems, and dental problems. These individuals frequently lack health care insurance. 38% of those between 100% and 200% of the FPL did not have continuous healthcare coverage during the last 3 years. [4] They also report they do not receive needed medical care, delay necessary medical care, and use emergency room services and inpatient hospital care to receive care.[4]

To cite one figure, 44% of Spokane adults with incomes below poverty were unable to obtain needed health care in 2003.[4] Uninsurance has been cited as the most significant obstacle to health care access by Spokane community focus groups.[4] Furthermore, as shown in Figure 1, rates of uninsurance among persons in poverty are increasing.[2] Project Access is intended to respond to this critical problem.

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



Source: WA State Population Survey 1998 to 2006, Office of Financial Management

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.[5]

B. Project Access Population Demographics

This section of the report summarizes characteristics of the people who used Project Access services. A total of 567 people were enrolled in Project Access. This is a decrease from prior years, including last year when over 800 people were enrolled. Table 1 summarizes non-missing characteristics of persons enrolled in Project Access, compared to 2006 US Census estimates for Spokane County as a whole. Compared to the county population, the Project Access population over-represents women, people of color, and low income people.

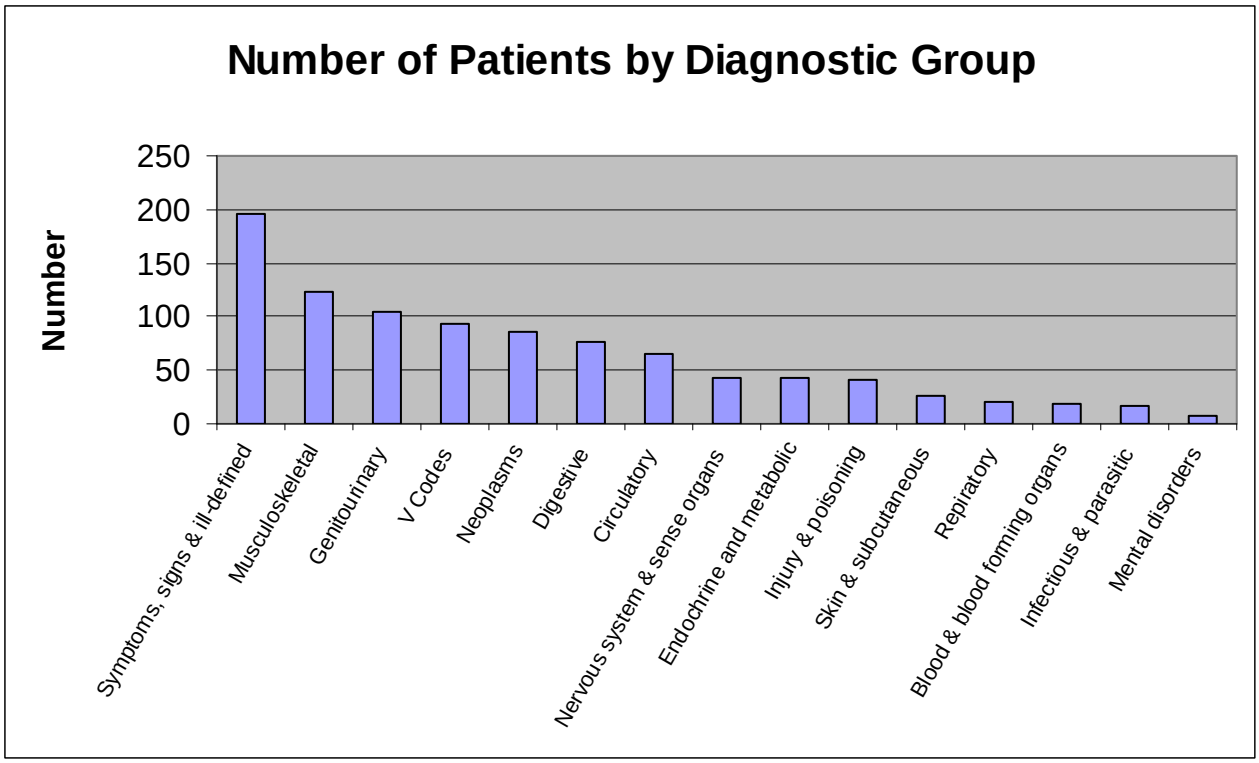
Table 1. The number of people who used services, by age, gender, income and race/ethnicity.

Demographic	Project Access Number	Project Access Percent	Spokane County Percent
Sex			
Male	224	39.5%	49.2%
Female	343	60.5%	50.8%
Age			
18-29	128	22.6%	24.4%
30-49	244	43.0%	36.1%
50-64	195	34.4%	24.3%
65+	8	1.4%	15.2%
Household Income			
<$10,000	261	46.0%	8.1%
$10-14,999	110	19.4%	5.5%
$15-24,999	153	27.0%	13.6%
$25,000 and over	43	7.6%	72.8%
Race/ethnicity			
White	377	87.3%	87.7%
African American	14	3.2%	1.7%
Non-white Hispanic	23	5.3%	3.1%
Native American	9	2.1%	0.9%
Asian American	2	0.5%	2.3%
Other or Multi-Racial	6	1.5%	4.3%
Not Answered	135	--	

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

The total number of diagnostic conditions (N=960) 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)

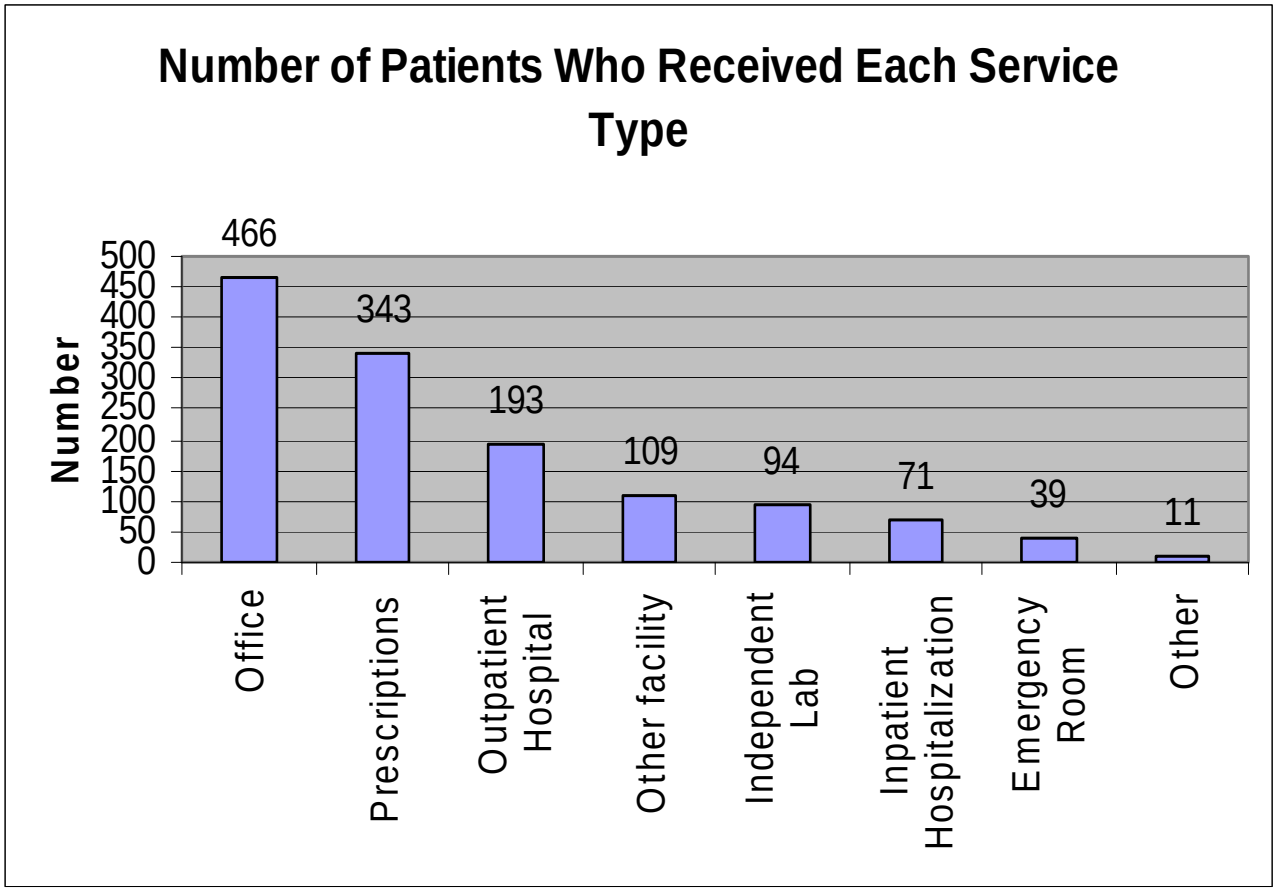
Figure 3 shows the number of Project Access patients who received each service type; 343 patients, for example, received prescription medicine services through Project Access. This is an under-count of total service episodes because there were instances where patients received services but the service 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 great majority of patients used outpatient services provided through practice offices or hospital ambulatory services. The most expensive service locations, inpatient hospital care and emergency rooms, were used by few patients: less than 13% used inpatient hospital care and less than 7% used emergency rooms. Project Access provides the bulk of its services through more cost-efficient venues, which is important given the traditional over-reliance on emergency rooms and the unnecessary hospitalizations that are often identified in the health services research literature for persons without health insurance.

'Being an almost 63 year old widow living on Social Security Survivor Benefits, medical insurance was not in my budget. Just two more years of being healthy was all I prayed for. Then it happened; I lost the eyesight in my right eye due to cataracts. Blindness was my only option for two years until Medicare kicked in. Then I was told about Project Access. I ended up with the best eye surgeon in Spokane and was treated like a very special patient. My right eye now has 20/20 vision. I am wearing a contact in the left eye and will need cataract surgery up the road. I never dreamed that I would wish to be 65 years old just for Medicare benefits. Great job Project Access!'

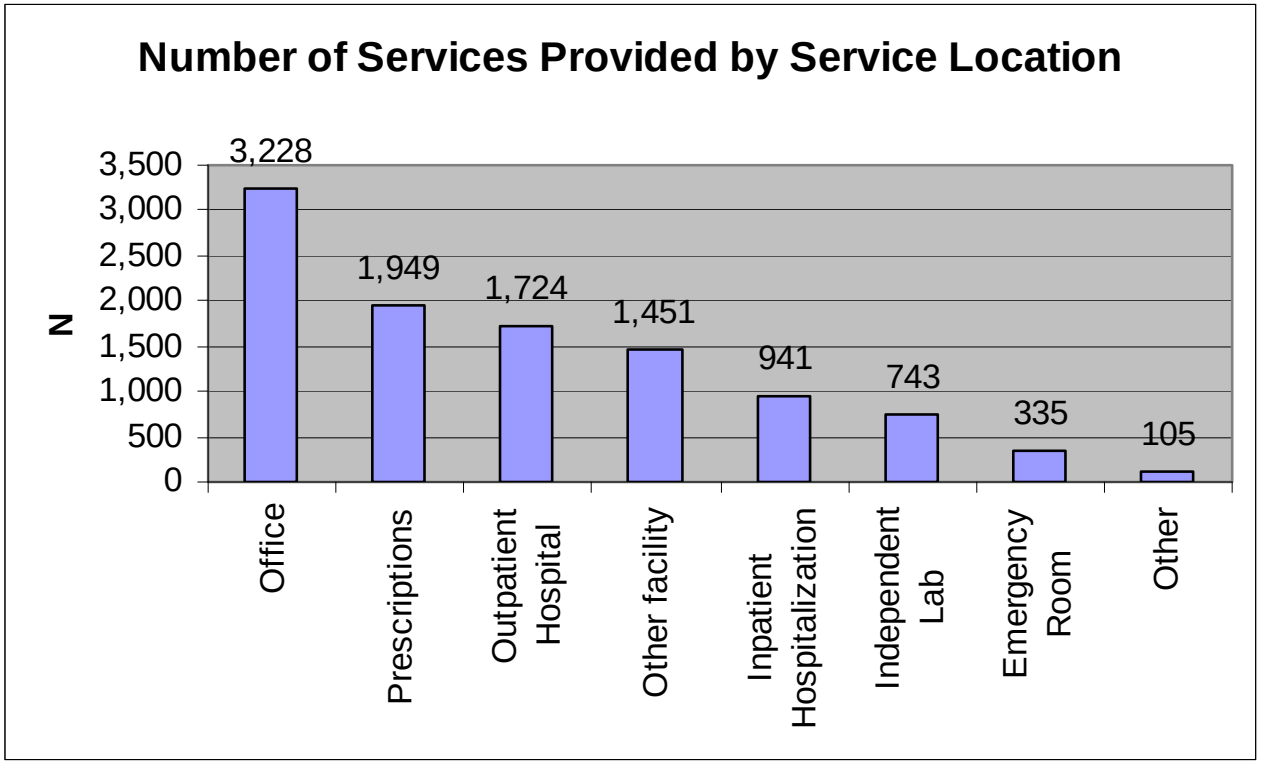
-Barbra

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



There were 10,476 total service episodes across all types of service (Figure 4.) Outpatient office visits accounted for 31% of all service encounters, followed by prescription services (19%). The use of emergency room services and inpatient hospital services continues to constitute relatively small proportions of total Project Access services.

Figure 4. Counts of services by service location.



In previous years, prescriptions were the most common form of service, but prescription use has declined from earlier times, due to the continued use of an enhanced patient pharmacy benefit program, and the discontinuation of a special pharmacy benefit that had been in place in previous years. The discontinuation refers to an allocation that Project Access received at the end of 2005 from the City of Spokane to provide Behavioral Health pharmaceuticals. The majority of the Behavioral Health prescriptions were filled between October and December 2005, resulting in a spike in filled prescriptions in December. These funds were expended by January 15, 2006.

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

Figure 5 summarizes counts of services by provider type. This figure does not include prescriptions. As in the previous year, the largest provider type was specialty care, accounting for 38% of all listed services. This percentage, however, is lower than last year when it stood at 46% of all services. The other major categories are services that are hospital-based, ambulatory surgical centers (which did not appear as a separate category in last year's report) and "other" provider types (such as allied health professional services). Hospital-based services include inpatient, outpatient and emergency room services; most of these are outpatient services. Few services, 113 or 1.3%, 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

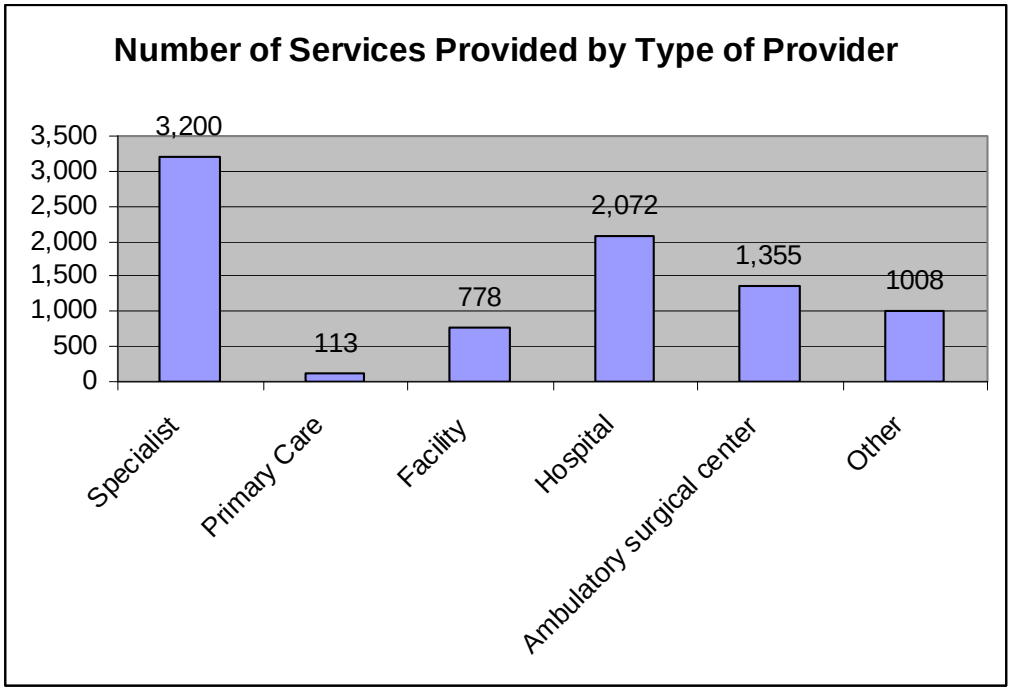


Figure 6 shows the percent of services provided according to CPT classification codes. The four most common types of procedure codes were Medicine, Pathology and Lab, Anesthesia, and Radiology. Figures 7 and 8 break down the radiology and surgery codes, respectively, into subgroups. The breakdown of 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.

'I now feel like living! For the past two and a half years I have endured tremendous pain, depression, fatigue and a sense of loss. Thanks to Project Access I was able to get surgery that saved my life. There was no way I could afford the surgery. Today my eleven year old daughter does not have to look into my eyes a d wonder if I would be o.k. She has her mom back! I told her of the HEART of the physician who treated me and she wants to give to others the way he gave to her mom.'

-P.B.

Figure 6. CPT Procedure Codes by Type.

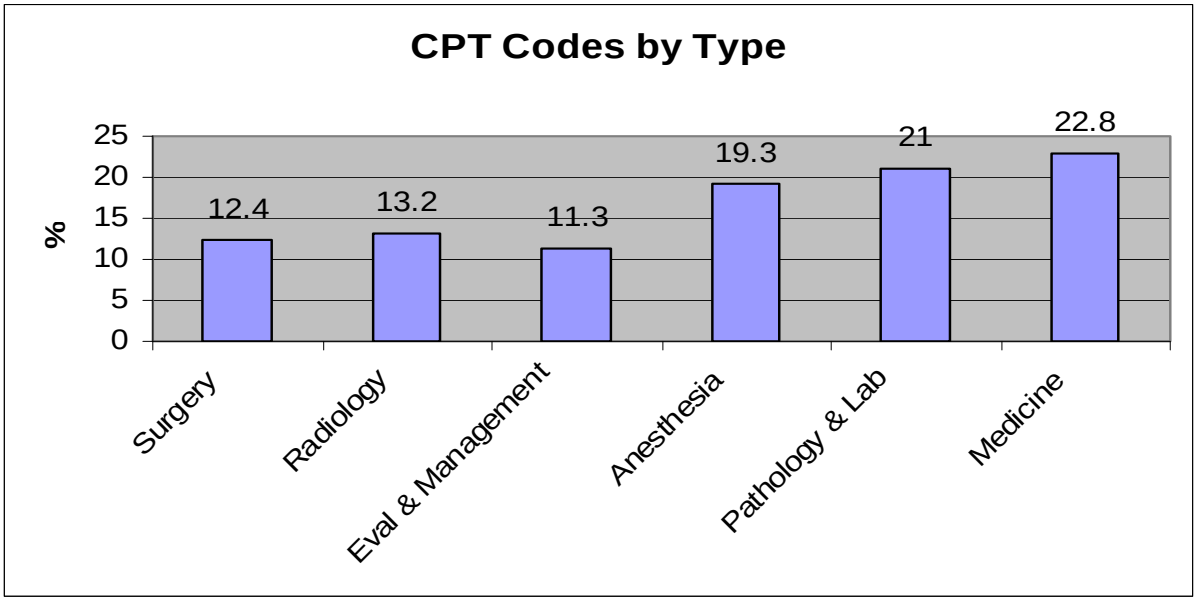


Figure 7. Breakdown of Radiology CPT Codes.

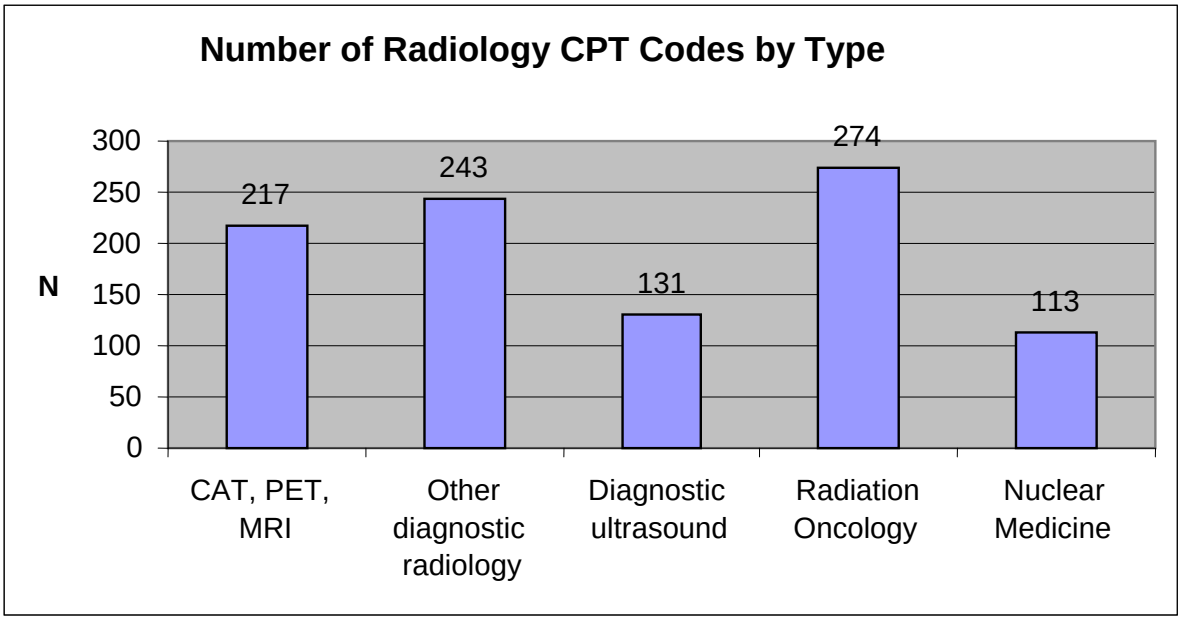
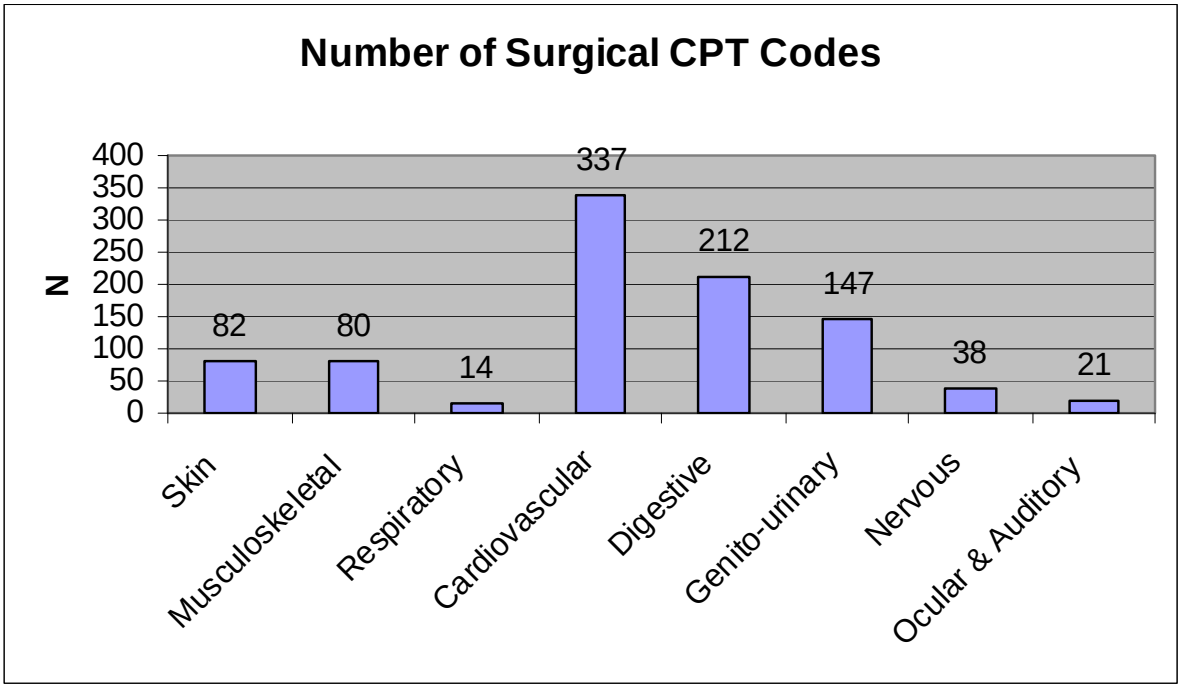


Figure 8. Breakdown of Surgical CPT Codes.



We next examined CPT codes according to type of provider, summarized in Table 2. Specialists provided a range of service types, most commonly evaluation and management, followed by radiology. Non-hospital facility services were predominantly for pathology and lab for medicine. These facilities include provider offices coded to the facility and not a particular provider, as well as urgent care centers, labs, and other places. Hospital services were predominantly for anesthesia (and other hospital services of course); and services by other providers (e.g., nurse practitioners, physician assistants) were primarily for medicine CPT codes. Evaluation and management CPT codes are commonly used for initial physician visits, whereas medicine CPT codes are commonly used for medical procedures such as immunizations and diagnostic examinations.

Table 2. Number of Procedure Types by Provider

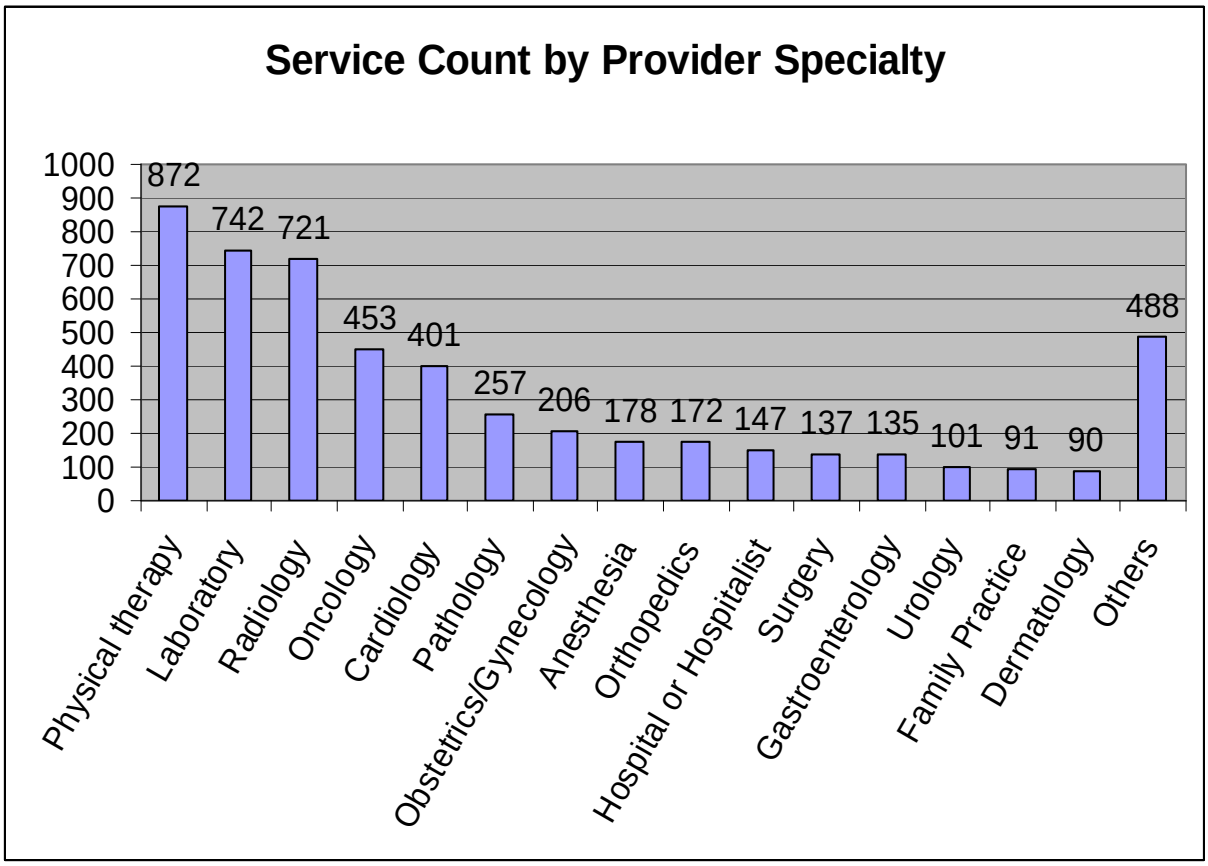
	Specialist	Primary Care	Facility	Hospital or hospitalist	Other
Evaluation and Management	633	29	668	312	22
Anesthesia	157	2	574	851	66
Surgery	478	10	822	285	16
Radiology	618	16	661	419	28
Pathology and Lab	593	40	1,510	516	8
Medicine	480	11	1,254	509	823

The final analysis for this section of the report on utilization concerns the service breakdown by specialty area. Figure 9 summarizes the number of non-missing, non-pharmacy services provided by specialty type. Physical therapy was the most frequently used service type, followed by laboratory, radiology, and oncology. The "Others" category included many remaining service specialty types, including ENT (n=74), ophthalmology (n=52), podiatry (n=56), emergency medicine (n=62), and many other categories in smaller numbers.

'In 2001, I found a lump in my right breast and was told it was cancer. I had a lumpectomy that year, and haven't had issues since. A few months ago, I felt another lump under my breast. At my exam they found uterine polyps in addition to my breast lump. All I could think was 'here we go again.' The business where I work doesn't provide insurance and I was scared. That's when my son found Project Access. Thankfully, I'm still a breast cancer survivor. I'm currently on a six week regime of hormones. If those don't help, I will need to have surgery for my uterine polyps. I'm so grateful for Project Access. You guys have done nothing but help me. Thank you so very much for all your time and dedication to your program, and for the patients you help on a daily basis.'

-Donna

Figure 9. Use of various service specialties.



'I was told I needed to have my gallbladder removed ASAP! I had no insurance and didn't know what I was going to do. My doctor told me about Project Access. I qualified for the program and had my surgery. Come to find out I had hundreds of gallstones and my gallbladder was not even functioning. It would have eventually burst! If it wasn't for Project Access and the wonderful doctor that performed my surgery, I don't know what I would have done. Project Access is a great program for people without insurance such as myself. They treated me with the greatest respect, even though I'm low income. I was treated no differently than someone who has insurance. They actually saved my life!'

-Brenda

D. The Value of Professional Contributions

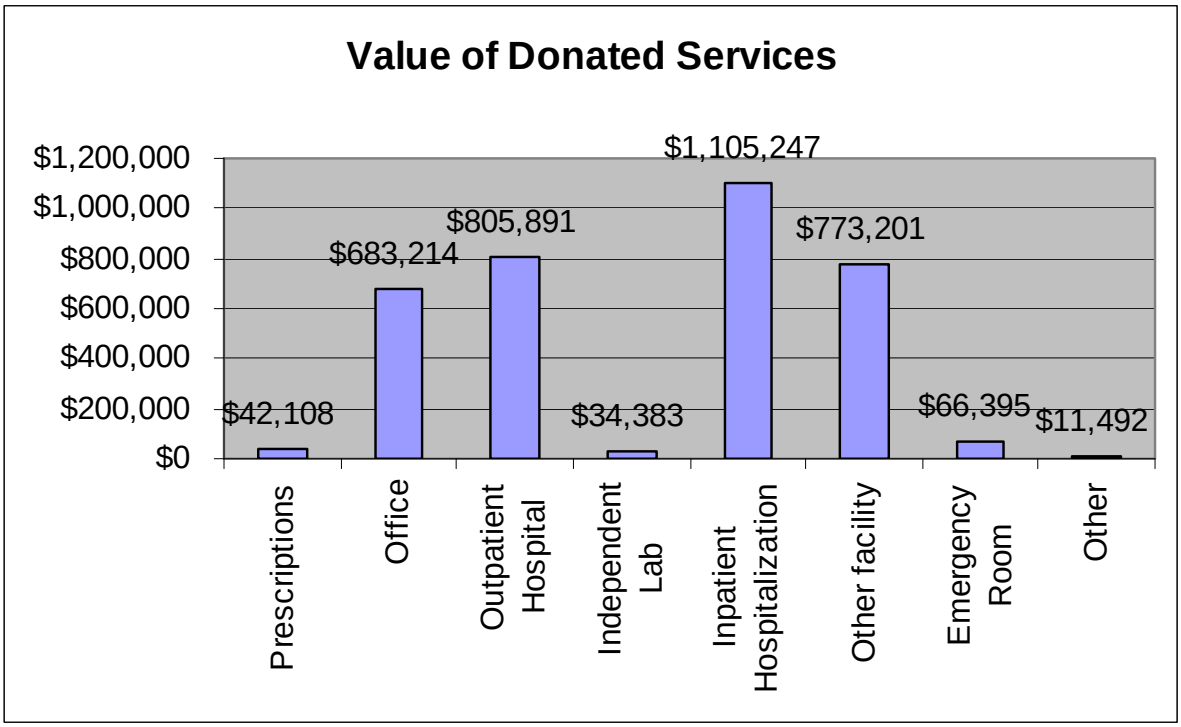
We created an estimate of the dollar value of donated professional contributions to Project Access. The preliminary sum of donated services, including pharmacy, was $3,521,359. This equates to an average donated medical service of $6,387 per patient. Table 3 and Figure 10 summarize these dollar values, first by disease category and then by service location. For disease category, the largest value of services was provided for the treatment of neoplasms, accounting for $960,483 of donated care; Table 4 does not include Pharmacy because pharmacy claims data were not linked to the diagnostic utilization data.

As shown in Figure 10, inpatient hospital care was the site of the greatest dollar contributions to Project Access, followed by outpatient hospital-based services and then office based services.

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

Diagnosis	Donated Service Amounts in Dollars
Neoplasms	$960,483
Musculoskeletal	242,179
Circulatory	345,853
Genitourinary	370,818
Digestive	394,089
Symptoms, signs and ill-defined	285,407
Endocrine, metabolic and immune	40,849
Respiratory	56,824
Nervous system and sense organs	50,504
Infectious and parasitic	15,063
Blood and blood forming organs	13,421
Mental Disorders	3,133
Skin and subcutaneous	14,573
Injury and poisoning	338,071
V-codes	347,984

Figure 10. Dollar value of services by service location.



However, the total observed value of donated services for the year, $3,521,359, 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.[8,9,10] 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 $4,437,633.

Combining donated services across the first ***four*** years of Project Access results in a value of donated services equaling $13,269,617.

In year 1 of operations, inpatient hospital services (the most expensive form of care) accounted for 56% of all donated service dollars;[8] in year 2 this figure dropped to 39%[9], and declined further in year 3 to 20%[10.] In the current year, however, this figure has increased to 31% of donated service value. This could reflect: 1) a reversal in trends such that inpatient care is now used more often because of the serious nature of patient illness, 2) greater cost increases for inpatient relative to outpatient care, and/or 3) more complete reporting of inpatient hospital services.

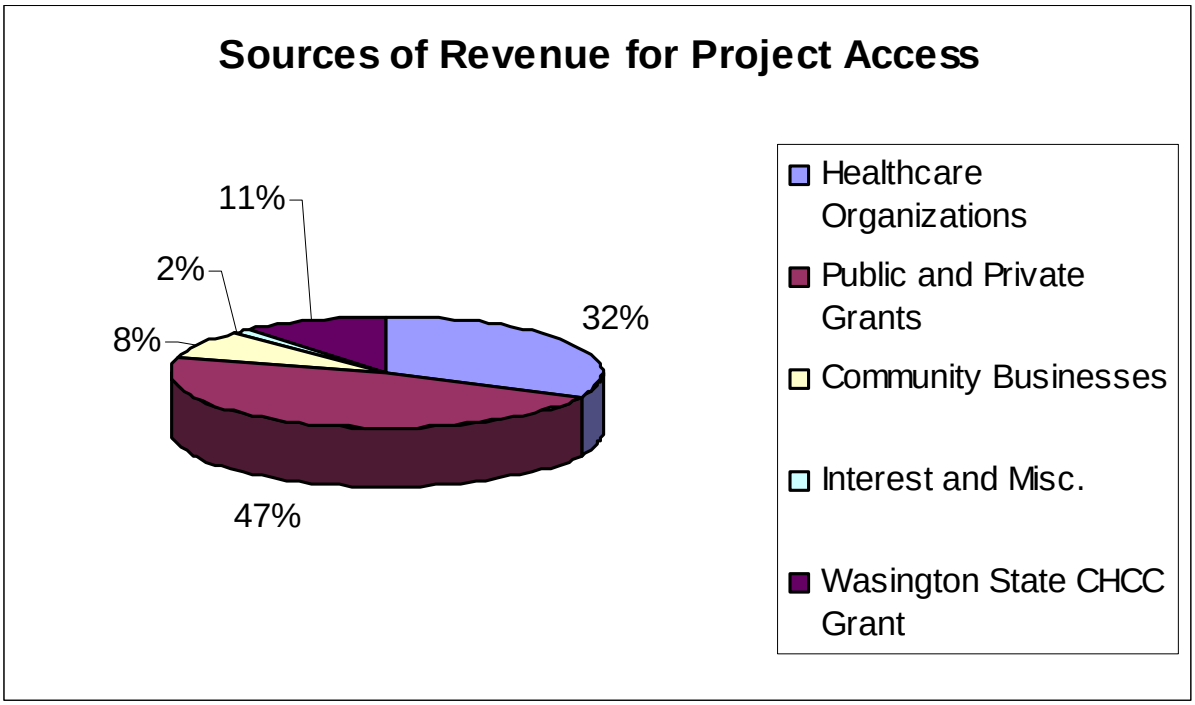
E. Operational Expenses vs. Benefits

As indicated in the previous section, the estimated value of donated services to the community provided by Project Access equaled $4,437,633. Total expenses to run Project Access included personnel costs totaling $342,021 and administration and operational costs totaling $93,674, for a grand total of $435,695. This grand total for operational expenses represents only 9.8% of the value of donated services, indicating that Project Access is an efficient mechanism by which to coordinate and provide health care services to low income people without other access to care.

Revenue to operate Project Access totaled $397,758. Most donations to Project Access occur at the beginning and end of the tax year. By the end of FY 2007 Project Access had a positive net margin. Sources of revenue included grants, local healthcare organizations, community businesses, and other miscellaneous sources.

Figure 11 summarizes the percent of revenue from the various sources. Healthcare organizations provided 32% of the operating budget for Project Access. When one considers that health care providers and organizations also donated services valued at over $1.71 million, the generosity of the Spokane health care community in supporting Project Access becomes even more pronounced.

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



F. Trends from Year 1 to Year 4 of Operations

The number of Project Access patients increased from Year 1 to Year 3 of operations, but as shown in Figure 12, Year 4 showed a decline in number of patients seen. However, the total number of services provided and the total estimated dollar value of donated services increased in Year 4 compared to previous years. Whether this reflects changes in reporting practices or increased volume of service provision per patient is unclear.

Figure 12. Number of patients seen and services provided, years 1 through 4.
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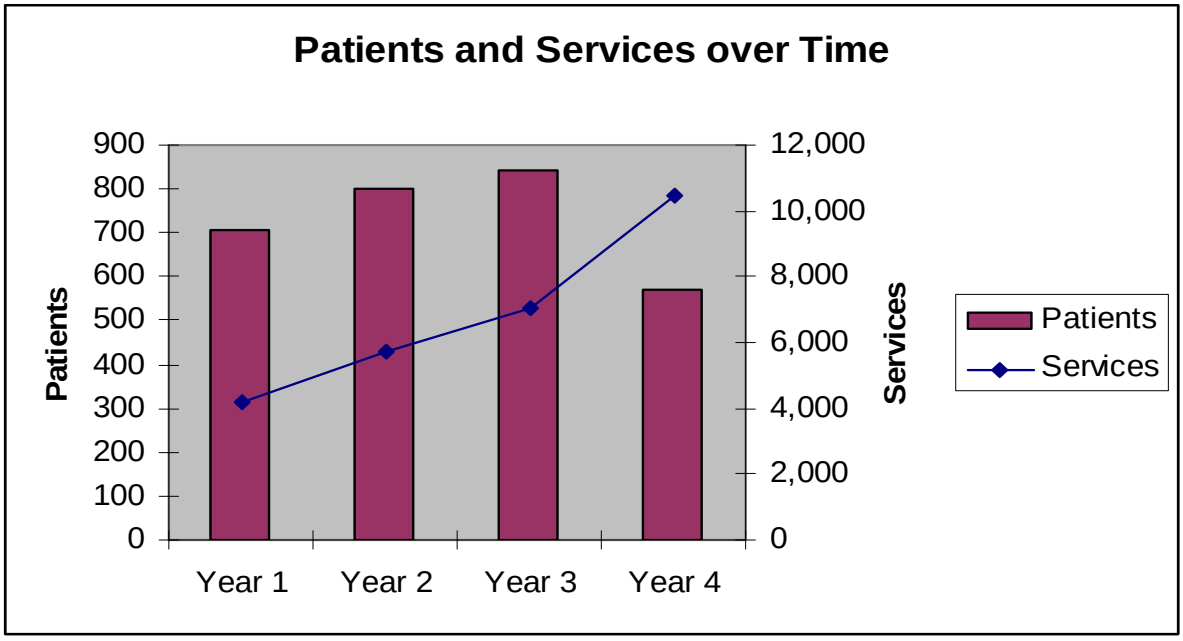
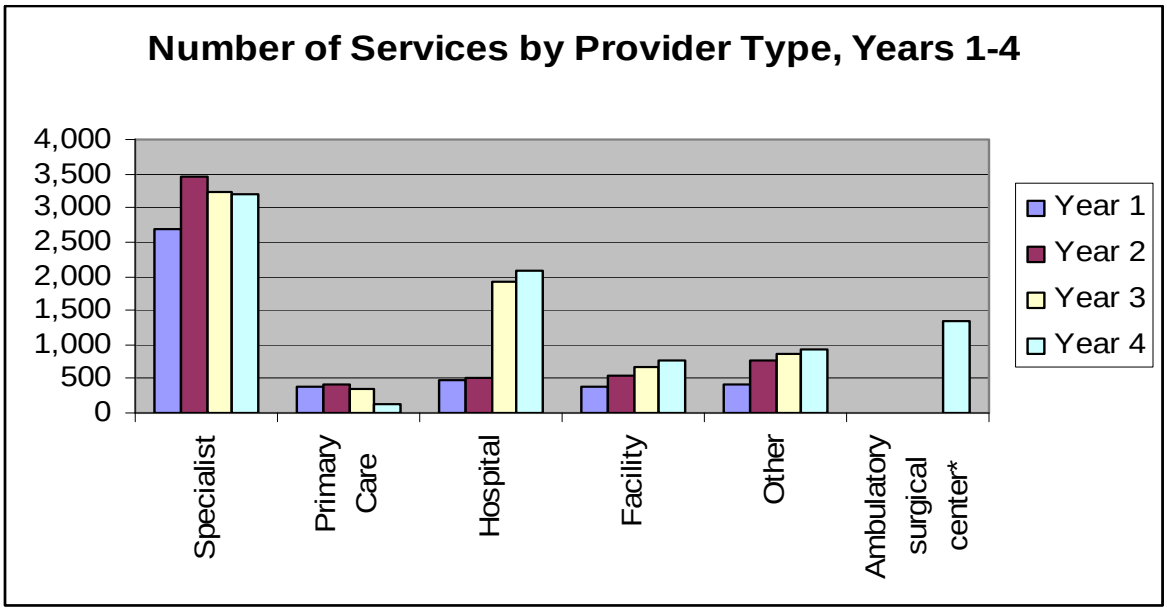


Figure 13 shows the counts of services provided in Years 1 through 4 by provider type. Primary care services have declined, hospital-based services have increased, and the addition of the ambulatory surgical center category contributes to the increase in total service volume.

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 year. The use in inpatient hospitalization services, however, increased in year 4 relative to year 3.

Figure 13. Trends in service use by provider type, years 1 through 3.



* Ambulatory surgical centers not reported as a separate category in prior years.

Figure 14. Services in inpatient and outpatient hospital-based settings, Year 2 through Year 4.

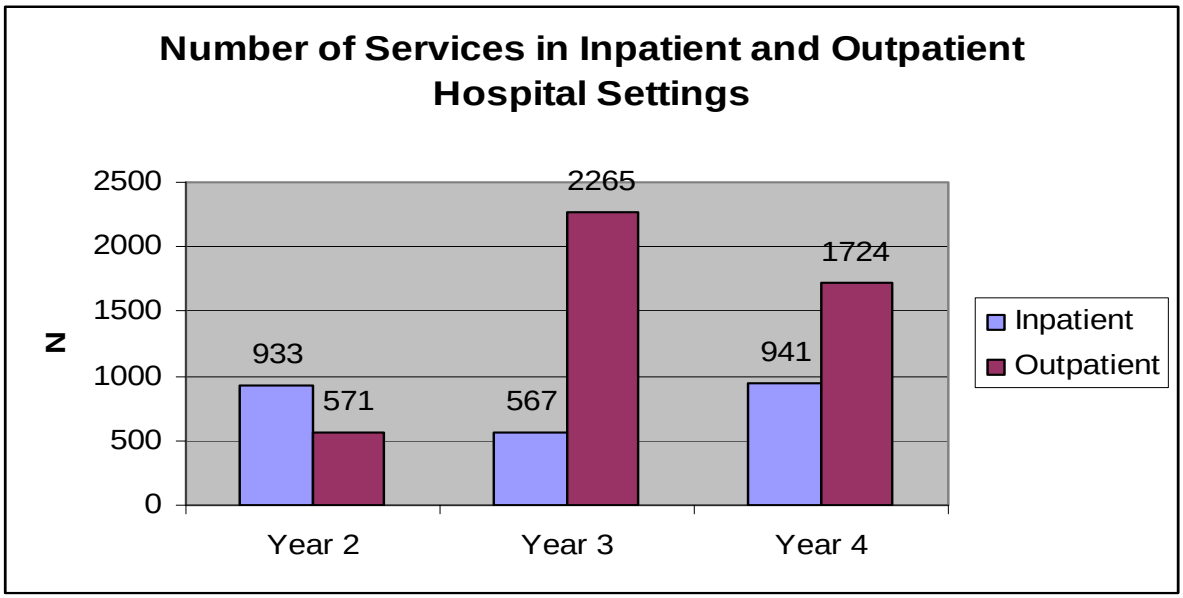
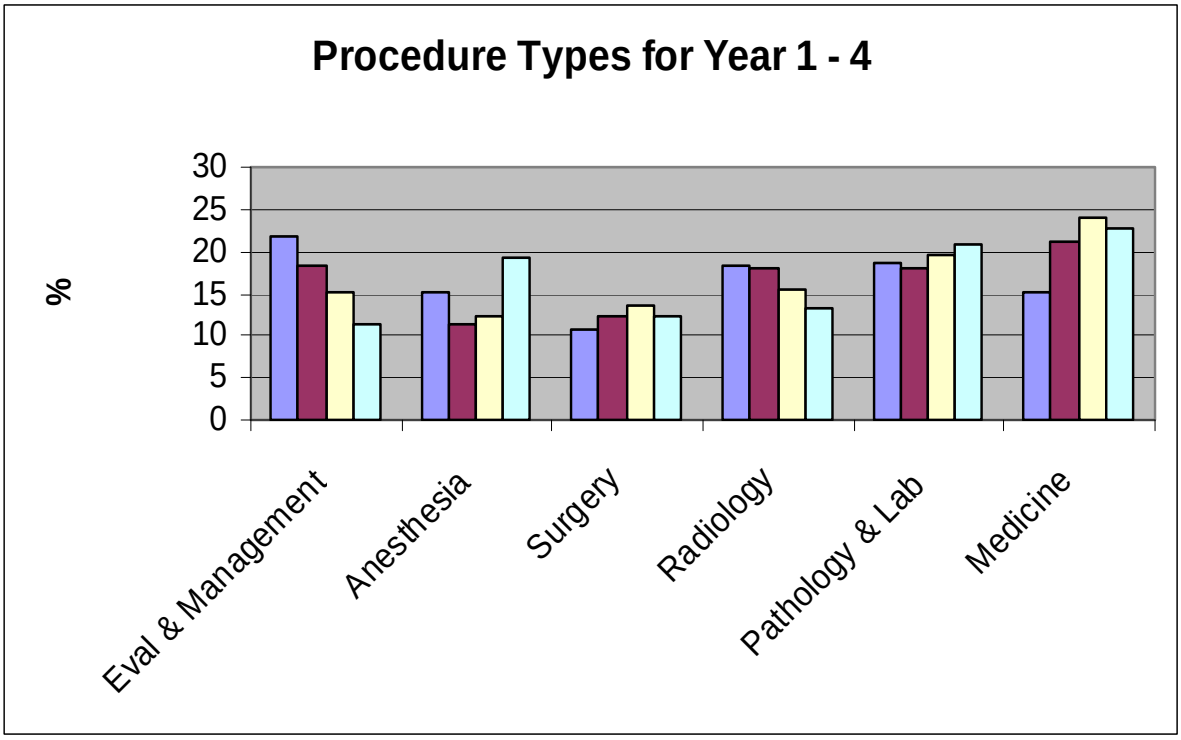


Figure 15 shows the utilization levels of procedure types over the four years of Project Access operations. Compared to previous years the biggest change is the increase in reported anesthesia services. There was an increase in pathology and lab services and relative declines in the other categories.

Figure 15. Percent of procedure types, years 1 through 4.

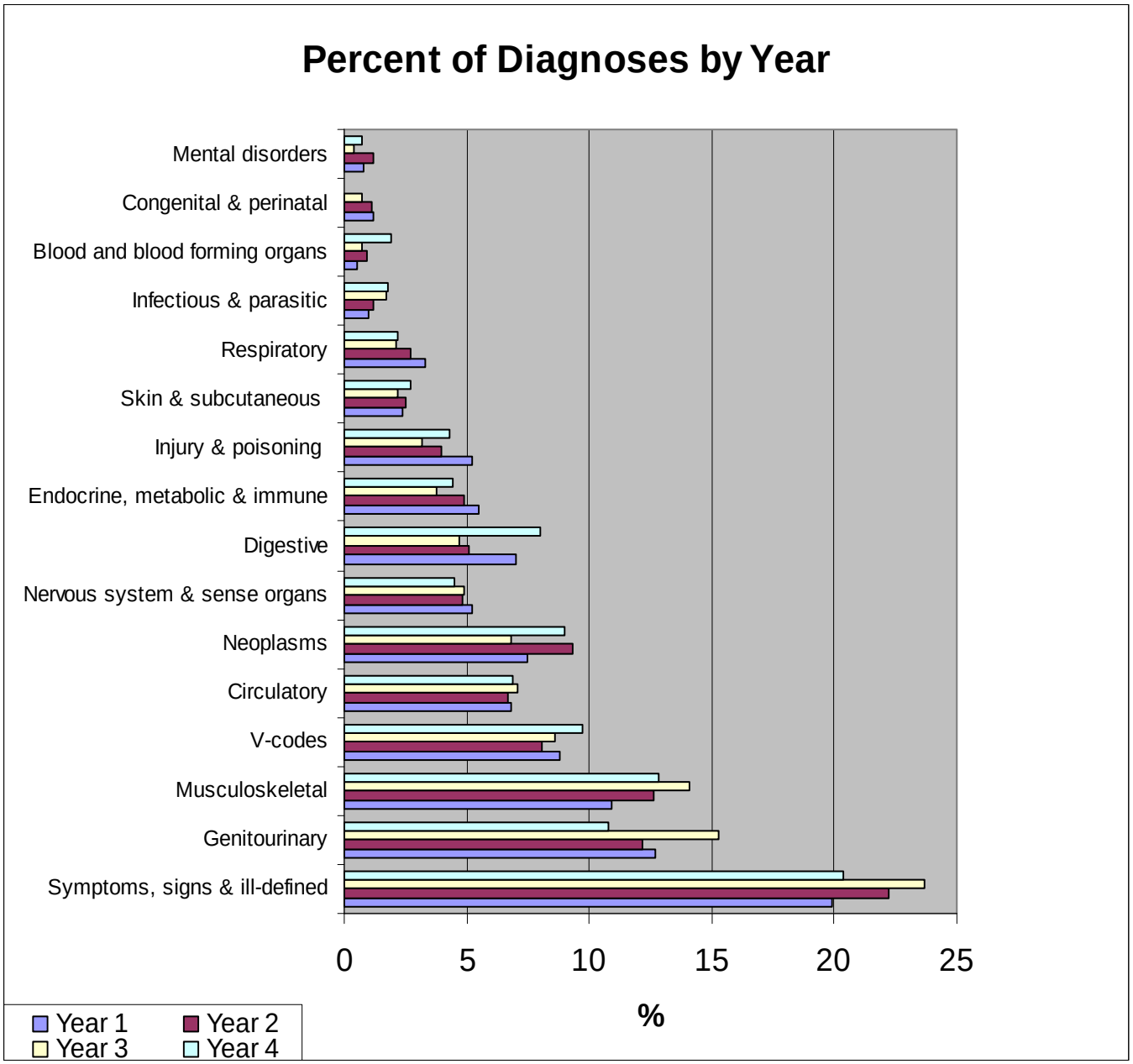


'After finishing a two year stint with Americorps, I was very low on finances. I contacted Project Access to find out about the program. Since then I utilized the program to receive monthly medications and a doctors visit. All of my experiences have been outstanding. Project Access has been consistently professional, knowledgeable, friendly and helpful. Project Access provided me much needed services during these difficult times. I am recently employed again and I'm on my way toward financial stability. During the last several months I discovered how vital Project Access is to not only myself, but to our entire community. My deepest thanks to your fine organization.'

-Barbara

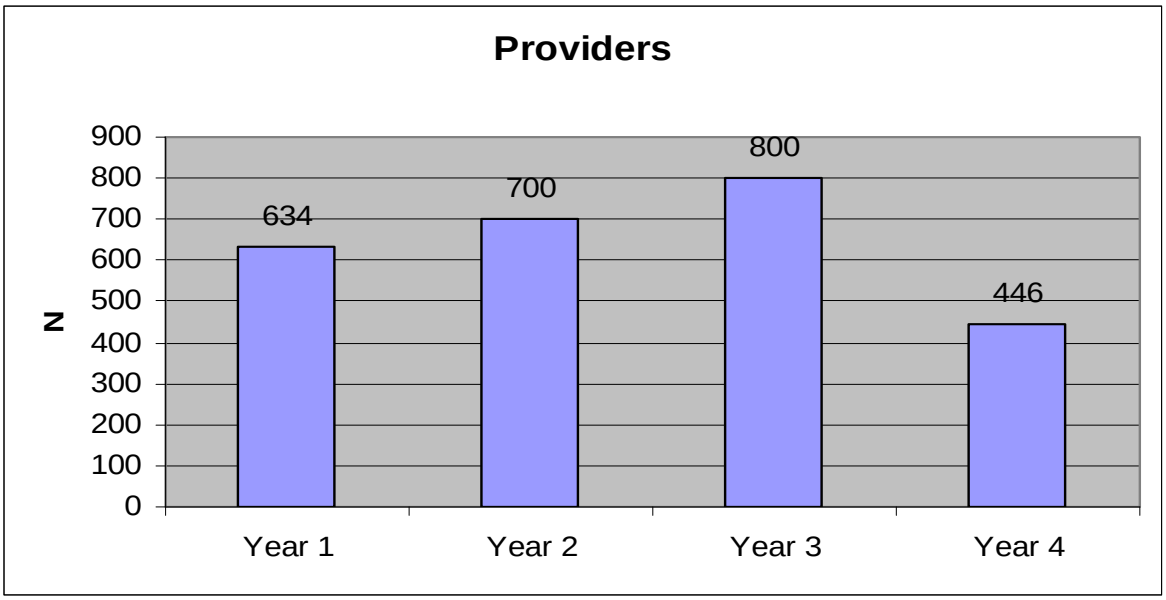
Figure 16 shows the diagnostic mix of patients over the four years of Project Access. Year 4 saw relative increases in digestive disorders and neoplasms, and a decline in genitourinary diagnoses, among other fluctuations.

Figure 16. Percent of diagnostic categories, years 1 through 4.



Finally, Figure 17 shows the number of providers who contributed services to Project Access in each of its first four years. This figure includes only providers who provided at least one documented service, and may under-represent providers to the extent that some provided service without sending documentation to Project Access. The number of providers increased in each of the first three years but declined in year 4. Reasons for the decline cannot be identified with certainty, but may include reductions in the number of Project Access referrals that specialty physicians will accept due to economic pressures (e.g., rising health care costs relative to reimbursements, or changes in physician ownership or practice size.[11]) Other possibilities include closer review of referrals before scheduling appointments, or the downstream result of fewer referrals to Project Access from primary care sources. Fewer primary care referrals may in turn be the result of better patient access to services such as Medicaid or Basic Health, or the result of the decreased supply of primary care physicians serving low income populations in CHAS and the Spokane Falls Family Clinic.[12] There may also be reductions in the number of specialty physicians in some selected areas.

Figure 17. Number of participating providers, years 1 through 3.



Conclusions and Recommendations

Conclusions for Year 4 of operations include:

- Project Access provides a unique and critical service that would otherwise be unavailable to uninsured, low income people.
- Specialists are used much more heavily than primary care providers. This is a consequence of the fact that Spokane contains other options for low income persons to receive primary care, but few other formal programs for specialty care. Many Project Access patients are in fact referred from low income primary care clinics such as CHAS.
- Medicine, followed by Pathology and Laboratory services, are the most frequently used specialty areas.
- Radiology services are used for a variety of purposes including diagnosis and advanced treatment.
- Cardiovascular surgery is the most common type of surgical procedure.
- Pharmacy encounters make up 19% 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
- Use of inpatient hospital services had declined in previous years but now appears to constitute a larger proportion of total services than before. Whether this reflects a true increase or an increase in reporting practices is unclear.
- The number of patients treated and the number of providers participating in Project Access increased from Year 1 through Year 3 of operations, but declined in Year 4. The number of reported services, however, continued to increase in Year 4.
- The total estimated dollar value of Project Access services for the first four years of operations combined is $13,269,617.
- The costs of running Project Access came to only 9.8% of the value of donated services, indicating that Project Access is an efficient mechanism by which to coordinate and provide health services to those in greatest need.
- Stories from patients reveal cases where life-saving treatment was provided through Project Access that would otherwise have not been available.
- Project Access is a strong service organization doing important work that should be supported and expanded.

Recommendations for future Project Access operations include:

- Investigate why the total number of patients seen and the number of providers who donated services declined in Year 4 after previous years of growth. Is this the result of improved access to care through other public programs, or impaired access to care for persons who have no alternatives? To what extent is the reduction the result of tighter

- Determine whether the increase in the dollar value of donated services and the number of services provided is a real increase or represents a change in reporting practices. This is especially important given that the increase in services appears to result at least in part from an increase in inpatient hospital care.
- Strengthen ties to and utilization of primary care, especially referrals from private primary care providers.
- Investigate whether a more equitable distribution of services across specialty care areas may be possible or appropriate.
- Investigate the impacts of Project Access on the healthcare system, especially decreased emergency room visits by enrollees, and decreased level of illness acuity upon enrollment through improved primary and specialty care.
- Engage in fund raising efforts with local healthcare organizations and business, government agencies, and private foundations to expand and sustain program support.
- Increase community awareness of the availability and benefits of Project Access.

'By the time I really needed medical attention, we were pulling more from savings than my social security was depositing. This sprig, after a month of severe bronchitis, a friend insisted I go to the clinic for help. They referred me to Project Access. In the course of two months, Spokane's caring and gracious medical community provided many services. The cost of these procedures was about one fifth of our annual income. I simply would not have undergone the procedures without Project Access. I am extremely grateful for the opportunity to be the recipient of such care. When I tell others about what Project Access has done for me, I often get tears in my eyes. At every appointment I was treated with respect, dignity and the utmost professionalism.'

-C.K.

Author Bios and Acknowledgements

Michael Hendryx, Ph.D. is Research Director of the Institute for Health Policy Research at West Virginia University School of Medicine, and former Associate Professor at Washington State University. Melissa Ahern, MBA, Ph.D. is a tenured Associate Professor in Pharmacotherapy, Washington State University Spokane. Together they have a combined 47 years of post-graduate experience in health services research and in working with community and state level health care organizations on applied research and evaluation.

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

(NOT YET UPDATED)

American West Bank
Aventis Pharmaceuticals
Avista Foundation
Bank of America
City of Airway Heights
City of Cheney
City of Deer Park
City of Liberty Lake
City of Medical Lake
City of Spokane
City of Spokane Valley
Community Health Plan of Washington
Downtown Kiwanis
Dynamic Bracing
Empire Health Services (Deaconess and Valley Hospitals)
Family Home Care Corporation
Frederick Stearns Foundation
Foundation Northwest
Group Health Community Foundation
Health Improvement Partnership
Intercollegiate College of Nursing
Itronix Corporation
LeMaster & Daniels, PLLC
Martin Investment Group
Mike and Muffy Murphy Fund
Molina Health Care of Washington
Norco
Pierce Trust
Physicians Insurance
Premera Blue Cross
Providence Health and Services (Holy Family, Sacred Heart, and Deer Park Hospitals)
Robert Wood Johnson Foundation
Sacred Heart Medical Center Print Shop
Spokane Alliance
Spokane Association of Health Care Underwriters
Spokane County
Spokane County Department of Health
Spokane County Medical Library
Spokane County Medical Society Foundation
Spokane Downtown Rotary Club #21
Spokane Regional Chamber of Commerce
Sterling Savings Bank
Susan G. Koman Foundation
Telect
Thompson's Custom Orthotics & Prosthetics
Town of Millwood
United Way of Spokane
Washington Health Foundation
Washington Trust Bank
Wheeler Charitable Trust
Women Helping Women Fund
Yakima Valley Farm Workers Clinic

ORGANIZATIONS DONATING MEDICAL SERVICES TO PROJECT ACCESS

Deaconess Medical Center
Deer Park Hospital
Family Home Care
Holy Family Hospital
Incyte Pathology
Inland Imaging, LLC
Pathology Associates Medical Laboratories (PAML)
Sacred Heart Medical Center
Spokane Radiology Consultants, LLC
St. Luke's Rehabilitation Institute
Valley Hospital & Medical Center

COMMUNITY CLINICS AND ORGANIZATIONS REFERRING TO PROJECT ACCESS PROVIDER NETWORK

Anna Ogden Hall
Breast and Cervical Health Program
Cancer Care Northwest
Cancer Patient Care
Community Health Association of Spokane
Christ Clinic
Deaconess Medical Center
Deer Park Hospital
Department of Social and Health Services
East Central Community Organization Clinic
Family Home Care
Family Medicine Spokane
Health For All
Holy Family Hospital
Hope Partners
House of Charity
Internal Medicine Spokane
NATIVE Health
People's Clinic
Planned Parenthood
Rockwood Clinic
Sacred Heart Medical Center
Spokane Falls Family Clinic
Spokane Mental Health
Spokane Regional Health District
St. Luke's Rehabilitation Institute
Union Gospel Mission
Valley Hospital and Medical Center
VNA Home Health Care Services



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