

Opening doors to specialty medical care









Letter from Executive Director and Board President

t is exciting to see what can happen when a local community tackles a national problem like health care for those in need. A Project Access model is often the solution. Throughout the United States, more than 50 communities have developed their own Project Access models. From Newport, California, to Asheville, North Carolina, to Anchorage, Alaska, each Project Access is unique to meet the needs of a local community. However, all Project Accesses have common principles of a coordinated charity system for low-income vulnerable patients that is shared across a broad field of health care providers.

Although King County Project Access (KCPA) shares a similar mission to other programs across the country, we're especially proud of the elements of our program that set us apart from similar efforts:

- KCPA's robust case management program removes logistical and financial barriers for our patients and volunteer providers.
- KCPA screens all patient referrals to ensure that appropriate tests and paperwork are completed BEFORE the uninsured patient goes to see a specialist.
- Nearly \$5 million of medical care was donated in 2008. KCPA leverages our donation dollars and provides our funders with a 15:1 return on their invested dollar.
- We are growing to meet the demand for our services. Since our inception we have recruited more than 280 volunteer physicians, six community hospitals and a host of other medical services such as lab tests, x-ray and others.

The pages that follow highlight our work in 2008 and our progress in tackling a tough problem. More importantly, this report recognizes those who have invested their time and resources in a promise—a shared vision of a stable, vibrant and healthy community.

Kosemary Sarker argor Rosemary Aragon

Board President,

King County Project Access

Sallie Neillie

Executive Director,

King County Project Access

Our Vision:

King County Project Access is developing a system to provide specialty services for eligible low-income uninsured and underinsured patients in King County. The system encompasses a full range of specialty services and involves major medical resources in the community as collaborating partners.





To facilitate, through licensed health care professionals and institutions, on a volunteer basis, the provision of medical services to low-income, uninsured individuals and other individuals experiencing challenges with accessing health care services in the community;

To develop collaborative partnerships with other key stakeholders in King County with the goal of improving access to essential health services for the uninsured and underinsured; and

To promote fair and appropriate access to health care and related services, particularly for those who are uninsured or underinsured.



Rosemary Aragon
Board President



Sallie Neillie Executive Director

We open doors to specialty medical care for the uninsured.

or King County Project Access (KCPA), opening doors means removing the logistical and financial barriers experienced by both patients and physicians in helping patients access needed specialty care.

For physicians, we remove the "hassle factor" in wanting to volunteer. KCPA screens all patient referrals to ensure that appropriate tests and paperwork are completed BEFORE the KCPA patient goes to see a specialist. No wonder the

KCPA screens all patient referrals to ensure that appropriate tests and paperwork are completed BEFORE the KCPA patient goes to see a specialist. Project Access model has been successful in more than 50 communities in the United States. By spreading the workload fairly, no single practice or physician is overburdened. Volunteer specialists donate up to two new patient appointments every month and partner hospitals donate all related services. Specialty physicians who volunteer with KCPA stay with KCPA.

For patients, our robust case management services help them navigate the maze of disconnected systems to access specialty care. Without KCPA, if a specialist agrees to see a patient for free, the patient might have to arrange his own tests, transportation and interpreter, as well as pay up-front laboratory and imaging costs. This is a tremendous barrier for the patients we serve and a frustration for the physician who wants to help.

By spreading the workload fairly, no single practice or physician is overburdened.

By arranging for the necessary laboratory and imaging services as well as qualified interpreters, we remove many of the barriers that prevent patients from keeping their appointments with medical specialists. In the commercially insured population, a no-show rate of 15 percent or higher is common for both primary care and specialty care visits. The no-show rate for Medicaid and uninsured patients can be 30 percent or higher. When patients are referred to providers through KCPA, more than 93 percent of them keep their appointments, a 6.8 percent no-show rate.



"Project Access makes it easier to do the right thing... provide needed care to the uninsured."

Rayburn Lewis, MD Executive Director and Medical Director, Swedish Medical Center/Ballard Campus



"I got care I would have never gotten myself... I had no idea that anything like this existed."

Janet, KCPA patient

We serve the lowest income, most ethnically diverse populations in King County.

n 2008, the 1,115 patients served by King County Project Access represented the community around us. They were all ages, but more than 90 percent were between the ages of 18 to 65; nearly 5 percent are older than 65. Patients are referred to us from safety net providers throughout King County and all of the patients referred are uninsured or underinsured. In 2008, 197,000 (10.5 percent) of King County residents were uninsured.

Patients are referred to us from safety net providers throughout King County and all of the patients referred are uninsured or underinsured.

All of our patients have household income less than 200 percent of the federal poverty guidelines (\$44,100 annual income for a family of four).

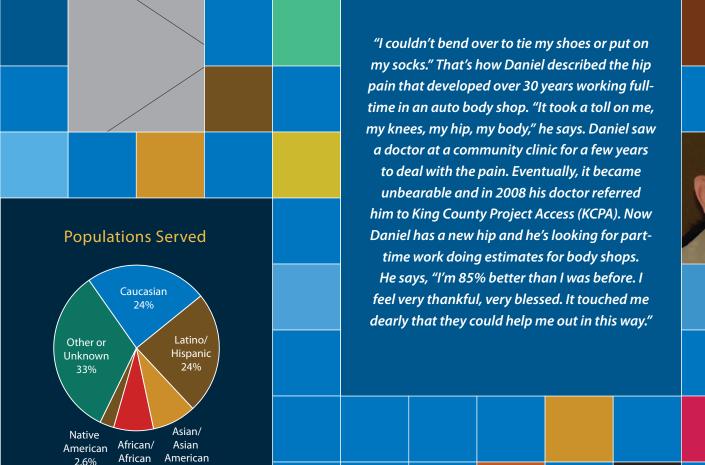
Nearly 80 percent of patients live at or below 150 percent of the federal poverty level (\$33,075 for a family of four).

The patients referred through
Project Access need care in more than
20 different medical specialties. The top
requests for specialty care in 2008 were for
gastroenterology, hand surgery, neurology,
orthopedics and physical therapy. In 2008,
KCPA successfully made appointments
for more than 86 percent of our patients.
Often this includes making detailed
arrangements for qualified interpreters
as well as an appointment with a medical
specialist. While 66.5 percent of the

Nearly 80 percent of patients live at or below 150 percent of the federal poverty level (\$33,075 for a family of four).

patients referred to KCPA speak English, 19.9 percent speak Spanish. More than 13 percent speak one of 21 other languages.

KCPA continues to serve a very diverse population—24 percent of our patients identify as Hispanic or Latino; another 24 percent identify as White or Caucasian; while 8.6 percent are Asian/Asian American, 7.9 percent of our patients are African American, and 2.6 percent identify as Native American.



8.5%

American 7.9%

We are growing to meet the increased demand.

ast year's number of 726,000 uninsured Washington residents has spiked 21 percent to a record 876,000 in 2009. In fact, nearly one in five people between the ages of 19 and 64 have no health insurance. The length of time people go without insurance coverage has also increased. Recent numbers indicate that nearly three-quarters of these Washington residents were uninsured for six months or longer.

In addition, Washington residents on public subsidized health insurance (Medicaid, Basic Health Plan) continue to experience challenges in finding the care they need, especially specialty care services.

As the number of uninsured and underinsured patients continues to increase, King County Project Access must grow to meet the increased demand

for our services. In 2008, more than 210 physicians, representing multiple health systems, were part of the Project Access system of volunteer providers and hospitals throughout King County, including the following participants:

- Evergreen Healthcare
- Eye Associates Northwest, PC
- Group Health Cooperative—Central and Bellevue Campuses
- NW Gastroenterology Associates
- Overlake Internal Medicine Associates—
 Gastroenterology
- Pacific Medical Centers

In 2009, KCPA saw a 71 percent increase in the number of patients served in first quarter 2009, compared to first quarter 2008.

- Swedish Medical Center— The Mother Joseph Clinic
- The Polyclinic
- Valley Medical Center
- Virginia Mason Medical Center

In 2008, KCPA served 1,115 patients. In 2009, KCPA saw a 71 percent increase in the number of patients served in first quarter 2009, compared to first quarter 2008.



We provide our funders with a 15:1 return on their health care dollar.

n 2008, KCPA served more than 1,000 low-income patients. With 2008 operating expenses of only \$323,000, KCPA has been able to leverage this limited funding to provide nearly \$5 million in donated services—a 15:1 return on donated dollars.

There's no question that caring for uninsured patients before they show up in local Emergency Departments saves money. Because these patients have difficulty accessing appropriate care, Emergency Department use rates for the uninsured are about twice as high as the rate for insured populations. Washington State Department of Health data estimates that avoiding an uncompensated Emergency Department visit saves a hospital \$1,500 in uncollected charges. After enrolling patients in a Project Access model, seven communities

across the nation saw between a 40 to 60 percent drop in Emergency Department use.

Lack of insurance and lack of access to health care impacts a patient's life. According to the Institute of Medicine's report, *Care without Coverage: Too Little, Too Late*, uninsured Americans between 55 and 64 are at much greater risk of premature death than their insured counterparts. Uninsured adults are much more likely to die prematurely. According to the Institute of Medicine's state data, one working Washington resident dies each day due to lack of health insurance. Washington state's economy lost between \$1.68 million and \$3.56 billion in

With 2008 operating expenses of only \$323,000, KCPA has been able to leverage this limited funding to provide nearly \$5 million in donated services productivity in 2007 due to the shorter life spans and poorer health of the uninsured.

We know King County Project Access makes good sense, but we still need dollars to keep our operations expanding to meet the increased need. Thanks to organizations like Pacific Hospital Preservation & Development Authority, **Evergreen Healthcare, Community** Health Plan of Washington, The Seattle Foundation, Swedish Medical Center and others, we have been able to grow each year since we started in 2006. In 2009, we are expanding our outreach to local governments, hospitals and foundations, encouraging them to help cover KCPA's cost of caring for these patients. We are confident that both private and public partners will see the value of improved access and outcomes at lower costs.

| VALUE OF DONATED SERVICES | | |
|--|-------------|--|
| Average Cost/Patient | \$5,137 | |
| Median Cost/Patient | \$1,124 | |
| Average Number of Services/Patient | 4.64 | |
| Median Cost/Service | \$250 | |
| Total Value of Services Provided Through Participating Physicians, Hospitals & Others | \$4,972,900 | |



"Many people in our community don't have health insurance. If they don't receive care when they need it, little medical problems can become big ones."

Robert Thompson, MD, VP of Physician Relations, Valley Medical Center



"If people get
taken care of
outside the hospital,
then our overall health
care cost goes down."

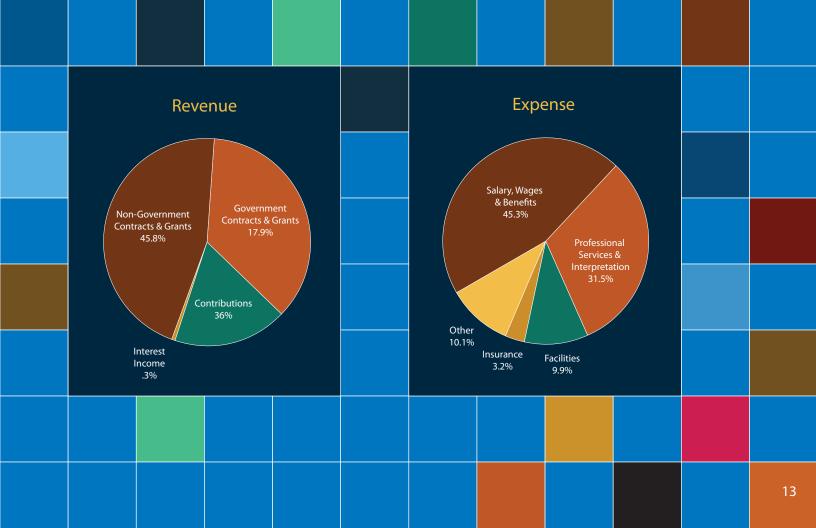
Chrissy Yamada, CFO, Evergreen Healthcare

2008 Financial Statements

| Statement of Financial Position (Balance Sheet) | | |
|---|---------------|---------------|
| Assets | Dec. 31, 2008 | Dec. 31, 2007 |
| Current | \$229,341 | \$237,229 |
| Fixed | 1,846 | 717 |
| Total Assets | 231,187 | 237,946 |
| Liability & Equity | | |
| Current | 2,860 | 7,459 |
| Equity | 228,327 | 230,487 |
| Total Liabilities & Equity | \$231,187 | \$237,946 |

| Statement of Income & Expense | | | |
|---|---------------|---------------|--|
| Revenue | Dec. 31, 2008 | Dec .31, 2007 | |
| Contributions | \$115,462 | \$179,465 | |
| Government Contracts & Grants | 57,500 | 93,500 | |
| Non-Government Contracts & Grants | 147,000 | 25,000 | |
| Interest Income | 975 | 1,221 | |
| Total Income | 320,937 | 299,186 | |
| Expense | | | |
| Salary, wages & benefits | 146,339 | 85,230 | |
| Professional Services Inc. Interpretation | 101,718 | 115,007 | |
| Facilities | 32,148 | 35,618 | |
| Insurance | 10,418 | 8,971 | |
| Other | 32,474 | 16,977 | |
| Total Expense | 323,097 | 261,803 | |
| Net Ordinary Income | \$(2,160) | \$37,384 | |

^{*}Unaudited Financial Statements.



Participating Providers (as of October 2009)

Physicians

Julie L. Adam, MD Bobbie Aflatooni, ARNP Rosemary Agostini, MD David Alan Alexander, MD Thomas Amidon, MD Thomas R. Anderson, MD Kristi W. Anderson, PT Richard L. Angelo, MD Craig Arntz, MD Rashy Arora, MD Prashanti Aryal, MD Todd A. Barnett, MD David H. Barr, MD Bill Barrett, MD Traci Barthel, MD Janice Benson, MD Renuka Bhattacharya, MD Danica M. Bloomquist, MD Meagan Bouse, MD Shari Brennecke, MD Scot A. Brower, MD James D. Brown, MD

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Howard Colston, MD David J. Corwin, MD Jennifer Coursen, MD Mary Cunningham, MD Steve Cuplin, MD Marc C. Dales, MD Steven M. Dawson, MD Susan Brown Dean, PT Joseph R. DeMartini, MD Amish J. Desai, MD Jennifer DeVault, RN Philip R. Downer, MD Philip DuBois, MD Grace Dy, MD Sue C. Eng, MD John Faith, MD Alexis Falicov, MD Dana Feaver, MD Geoffrey S. Ferguson, MD Kim Fitzgerald, MD Stacey Fowler, PT Robert R. Francis, MD Michele B. Frank, MD Jonathan L. Franklin, MD Dawn Frankwick, MD

Robin Fuchs, MD Stephen E. Fuhs, MD John H. Fure, MD Alina Gavrila, MD William S. Getchell, MD Thomas E. Gillette, MD Jane Golden, MD Greta Go, MD Ann Patricia Gorai, MD Gene E. Graff, DO James F. Green, MD Thomas M. Green, MD Ronald V. Gregush, MD Jeffrey Grice, MD Carla A. Guerrero, PT Todd Guyette, MD R. Alan Hall, MD Shirley Handley, MD Ben H. Harmon, MD Robert E. Haynes, MD Ronald Hebard, MD John Hendrickson, MD Leona Hokason, MD Lawrence E. Holland, MD David B. Honari, MD

Volunteer specialists
donate up to two new
patient appointments
every month, and
partner hospitals donate
all related services.

Scott E. Hormel, MD
Jeanna M. Hoyt, MD
Paul P. Huang, MD
Fred Huang, MD
Mark Jabbush, MD
Joseph Jereczek , PT
Jill T. Jesurum, ARNP
Marion C. Johnson, MD
Muriel Jones, MD
Elizabeth S. Joneschild, MD
Peter G. Justus, MD
Harry A. Kahn, MD
Daniel Kam, MD
Sharyl Kamihara, MD

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Edward Lee, MD Michael E. Lee, MD James Leggett, MD Edward E. Leonard II. MD. Arnold Levin, MD Brent Lewis, MD Howar S. Lewis, MD Rayburn Lewis, MD Henry Li, MD Evelyn Lindenthaler, MD Thomas D. Lindquist, MD Matthew Lonergan, MD Dan Lowinger, DPM Rubin R. Maidan, MD Sid Mannetti, MD Jennie Mao, MD Stephen Markowitz, MD William M. Marks, MD Richard A. Marks, MD David C. Marlow, MD Nancy A. Marshall, MD Ronald E. Mason, MD Elizabeth Maunz, ARNP Mark D. Mayhle, MD Michael K. McAdam, MD



Participating Providers, continued (as of October 2009)

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Nancy Shaffer, MD Joel A. Shapiro, MD Nik Shrivastava, MD Ravi S. Singh, MD Divya Singh, MD Andy Skucas, MD T. Robin Sloane, MD James B. Smith, MD James Y. Song, MD Narender Sood, MD Lloyd E. Stambaugh, III, MD Berry Stephen, MD Tom Stibbins, MD Jeff L. Stickney, MD Thomas C. Stoll, MD Susan B. Storck, MD Jan Stroh, MD Henry Su, MD Sandra J. Sultan, MD Tewari Suman, MD Steven D. Sun, MD Amy Tait, PT Darik Taniguchi, MD David P. Tempest, MD Suzanne Thompson, PT

Jason Thompson, MD Jeff Tomlin, MD Eugene P. Toomey, MD Duong H. Tran, PA-C Thomas J. Tubbesing, MD Marty Tullus, MD Andy Turella, MD Shie-Pon Tzung, MD Carol VanHaelst, MD Curtis Veal, MD Ryan Veith, MD Rob Veith, MD Pedro T. Vieco, MD Mark R. Vossler, MD William Wagner, Jr., MD David V. Wahl, MD Tanya Wahl, MD Maggie Walker, MD Dean Walund, MD Diana Weeks, MD Mitchell Weinberg, MD Mark A. Weinreich, PT Loryn P. Weinstein, MD Jill Weinstein, MD David G. Westman, MD

Specialty physicians who volunteer with KCPA stay with KCPA.

Joseph S. Whatley, MD
Paul F. Williams, MD
Charles L. Wilson, MD
Robert A. Winquist, MD
George R. Winters III, MD
Bonnie J. Witrak, MD
Robert Wohlman, MD
Rachel Wyman, MD
Ronald W. Yeh, MD
Harry H. Yu, MD
Rima Zikas, MD
Paula Zook, MD

Safety Net Clinics

Christ Community Free Clinic—Auburn **Country Doctor Community Health Centers** Haller Lake Christian Health Clinic HealthPoint International Community **Health Services** Neighborcare Health Public Health—Seattle and King County Renton Rotacare Free Clinic Sea Mar Community **Health Centers** Seattle Indian Health Board Seattle Rotocare free clinic— Shoreline Swedish Family Practice Residency Valley Family Practice Residency





Our donors provide critical support for our mission.

Corporate Funders

Apex Foundation Biel Foundation Community Health Plan of Washington Evergreen Healthcare First Choice Health King County Molina Health Care Pacific Medical Centers Pacific Hospital Preservation and Devlopment Authority Seattle Foundation Public Health, Seattle and King County Swedish Foundation Washington State Hospital

Association

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Chief Financial Officer,
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Executive Director, Neighborcare Health Community Health Centers

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Executive Director and Medical Director, Swedish Medical Center/Ballard Campus

Peter Morgan

Executive Vice President, Group Practice Division, Group Health Cooperative

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President, King County Medical Society and retired physician

Curtis Veal, MD

Immediate Past Chief of Staff, Swedish Medical Center Pulmonary, Critical Care & Internal Medicine Medical Director, Critical Care & elCU Swedish Medical Center & The Polyclinic

Lynn Zimmerman

Director of Finance, Seattle Biomedical Research Institute

Sallie Neillie

Executive Director, King County Project Access

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Sallie Neillie

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KCPA Evergreen Healthcare Liaison

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KCPA Volunteer Referral Management

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Operations Manager

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KCPA Public Health Liaison



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