While we prepare to implement the changes from the Affordable Care Act in Washington state, we have some challenges ahead. More than 68 percent of people with household incomes less than $40,000 a year don’t know how the Affordable Care Act will affect them. These are patients who may have insurance for the first time and are learning how to use it. Meanwhile, the challenge to care for the thousands of patients not helped by the Affordable Care Act will continue. How does an organization like Project Access Northwest prepare for this level of change? We begin with a focus on what we do best: building and leveraging relationships with clinicians to provide access to services for low-income, uninsured and underinsured patients. In 2012, we continued our Snohomish County expansion. In early 2013, we began adding services to Kitsap County residents as well. These changes mean we can serve more patients and serve them closer to their homes. While this kind of growth is certainly challenging, focusing on what we do best makes it manageable.

We also noted a significant change in our specialty dental program in 2012, which is now the top specialty referral need. As we go to press, the state legislature is in special session and Medicaid expansion coverage for adult dental is still being discussed. Regardless of the decision, the demand for adult dental care will continue to be a challenge.

Sallie Neillie
Executive Director

Elizabeth Pelley
Board President

When we completed our Strategic Plan for 2013–2017, we noted that our case management expertise enables uninsured and underinsured patients to blend seamlessly into a clinician’s practice, requiring little or no more work than the general population. We have provided case management for this population of patients since our inception, and today more than 95 percent of Project Access NW patients...
keep their appointments, compared to fewer than 70 percent in typical uninsured and underinsured populations.

Why?
From a provider’s perspective, our case management helps “connect all the dots” — from ensuring patients have a well documented referral and a primary care home for ongoing care needs, to ordering and paying for interpreters when necessary, to pre-surgery physicals, arranging for physical therapy post-surgery and all the details in between. It’s a change from the way providers have given back before; they see it as more efficient and more rewarding.

For patients though, it’s much simpler. We change lives. You can read about Jean MacKinnon, whose hip replacement enabled her to continue working, or Reggie Hershey, whose dental clearance helped him get a kidney transplant and return to work. This is the kind of change we can all believe in. It’s why we’re here.

Thank you for your support of Project Access NW and a special thank you to sponsors, donors, volunteer providers, and Project Access NW staff who make change happen.

Elizabeth Pelley
Board President
Project Access Northwest

Sallie Neillie
Executive Director
Project Access Northwest

Mission:
Project Access Northwest collaborates with providers in the health care community to open doors to medical and dental care for individuals with limited access.

Vision:
Everyone in our community will have appropriate access to health care services.
It’s what we need to do for our communities

Thomas J. Yetman, MD, MMM, FACOG
Physician Chief Executive
Providence Medical Group
Everett, Washington

“Project Access Northwest helps improve the quality of care for uninsured patients by making certain all the dots are connected. What comes to the specialist is appropriate, what goes back to the primary care physician is appropriate AND everyone is communicating, circling around that patient and giving the care he or she needs. It is quite practical. It resonates with the hearts of physicians, it gives providers more practice satisfaction, and frankly, it’s what we need to do for our communities.”

Dr. Thomas Yetman is a fellow with the College of Obstetrics and Gynecology and Physician Chief Executive for Providence Medical Group. Before joining Providence in 2012, he was Chief Medical Officer for Pacific Medical Centers.
“If a doctor has a heart for giving back, and most of the doctors I know do, it’s nice that you can do it with such a tightly run program. You feel like when you’re working, you’re working to make the patient better, not dealing with the logistics of getting surgery authorized or a scan scheduled. Project Access Northwest is really well run and what they told me would happen (patients arrive on time and prepared) has happened. The patients come to their appointments, and we’re able to help them.”

Dr. Alan Barronian is an orthopedic surgeon with special expertise in knee and shoulder surgery.
Reginald (Reggie) Hershey was diagnosed with kidney disease in 1989 when he was 20 years old and began kidney dialysis right away.

He had a kidney donated by his brother for transplant in 1995. Unfortunately, it lasted a little over two years and failed.

“I was so weak I could hardly walk up a flight of stairs,” he explains. “But I felt better once the kidney was removed.”

Reggie went back on dialysis again until 2011.

“Dialysis is tough,” he explains. “You go in three times a week for five hours at a time, while trying to work full time.”

“After we had our daughter Lauren, I wanted to spend more time with her, but dialysis made that hard. When Mia was born a few years later, I decided to start figuring out how to get back on the transplant list,” he continues. “I want to be around to see these girls grow up and walk them down the aisle!”

Reggie has worked in the restaurant business for much of his life. He went to culinary school, got his degree, and had his own business as a caterer and a chef. However, when he began contemplating the idea of a second transplant, he didn’t have health insurance. And he needed a dental clearance. Before a kidney dialysis patient can move up the transplant list, he must be free of any dental decay or infection. For uninsured patients, the cost of dental care to get the required dental clearance can be prohibitive.

“The Northwest Kidney Center referred me to Project Access Northwest,” says Reggie. “They were amazing. It was like a Godsend. I wasn’t working full time and I was trying to start a business. All the money was going out, nothing was coming in. Project Access NW put me in touch with Dr. Linda Lee, a dentist in Federal Way. She is an amazing dentist and took great care of me. She went above and beyond to make certain I got what I needed.”

Reggie got his new kidney late in 2011.

“I am 100 percent,” he says. “I went back to my doctor yesterday, and he said I was doing great.”

Today Reggie works full time at Sleep Country USA.
Reginald Hershey embraces his daughters Mia and Lauren, who inspired him to pursue a kidney transplant and restore his health.

“I figured if I could sell my catering business every day, I could sell something else,” he explains.

“I like the work (at my current employer) and they have great insurance there,” he adds with a smile. “Even dental!”

“I am 100 percent… I went back to my doctor yesterday, and he said I was doing great.”
Project Access Northwest is good for everyone

Rachael Wyman, MD
EvergreenHealth Cardiology Care
Kirkland, Washington

“Project Access Northwest is good for everyone. It’s good for the patients because sometimes patients need expert care beyond what a primary care provider can really provide. It’s much less expensive to see a patient in the office than to see them in crisis in a hospital when they need to be there for a week because of untreated high blood pressure or an arrhythmia that turned into a stroke.”

Dr. Rachael Wyman is the Medical Director of Preventive Cardiology at Evergreen Hospital. She is board certified in internal medicine, cardiovascular medicine, echocardiography and nuclear medicine.
Richard Wall, MD, MPH  
Pulmonary and Sleep Disorders  
Southlake Clinic  
Renton, Washington

“Like most physicians, I’ve done pro bono work over the years. However, if someone were to ask me how many pro bono patients I’ve cared for in a year, I wouldn’t have any idea. With Project Access Northwest, there’s better accountability. They let you know who you’ve cared for and give you reports on your work without overwhelming you. This is my community, and Project Access NW makes me happy to give back to it.”

This is my community… I’m happy to give back to it.

Dr. Richard Wall is the Medical Director of the critical care unit at Valley Medical Center. He is board certified in pulmonary diseases, critical care and sleep disorders medicine. Dr. Wall also has expertise in leading quality improvement initiatives and obtained his master’s degree in Public Health with the VA National Quality Scholars Program at Vanderbilt University.
Jean MacKinnon has been active and athletic all her life. She played tennis, softball and walked everywhere. Five years ago, she began having severe pain in her hip. Although Jean was working as a waitress at the time, she did not have health insurance. Nevertheless, Jean kept working.

“I was walking with an obvious limp and in pain all the time,” she explains. “It started to limit my work and the kinds of catering jobs I could accept. Eventually the pain got so bad, that I woke myself up if I rolled over in my sleep. I had to do something.”

Jean MacKinnon is back on the job at Zinnia Bistro, where she serves Dr. Jonathan Clabeaux, the orthopedic surgeon who provided her hip replacement surgery.
Jean’s primary care physician referred her to Project Access Northwest and began the process for a hip joint implant. “The staff at Project Access NW are amazing,” she says. “They treated me really well and were so patient in working through the details. Project Access NW kept me from ending up in a wheelchair. I can’t thank them enough.”

Jean was referred to Dr. Jonathan Clabeaux, an orthopedic surgeon at Virginia Mason Medical Center.

“Jean had very advanced, severe arthritis of the hip. She had worn off all the cartilage in her hip joint, and she actually had bone-on-bone arthritis. The bone on the femoral head was so worn down that one leg was almost an inch shorter than the other leg from all the bone loss,” Dr. Clabeaux explains. “When arthritis is that advanced, there is nothing short of a hip replacement that will treat it,” he adds. “The hip replacement cures the arthritis and corrects the leg length difference.”

Jean had the surgery at Virginia Mason in October 2012; four weeks after the surgery, she was back at work.

“I felt like I was 12 years old again,” says Jean. “The surgery gave me my life back. Just not being in pain is amazing. I’m a naturally happy person, but now I’m even happier!”

Dr. Clabeaux agrees. “Jean is living proof of what an incredibly great program Project Access NW is. It absolutely changes lives for people,” he says.

“If Jean didn’t have this program, I don’t know what she would have done. She would have just suffered and suffered and tried to get by. She would eventually have gotten to the point where she would be unable to walk,” Dr. Clabeaux continues. “Project Access NW ends up saving money for the whole health care system, and it really enables Jean to get her life back.”

Today, Jean is back to work at Zinnia Bistro as a waitress and caterer, where owner Shelby Sewell describes her as “part of the family.” She is walking everywhere and planning to get back on her bicycle again — after a multi-year pause. This year though, she has a theme song going in her head, “Break My Stride,” the Matthew Wilder song from 1983.

“Ain’t nothin’ gonna to break my stride
Nobody’s gonna slow me down, oh-no
I got to keep on movin’.”
Project Access Northwest at a Glance

Service Growth

- Number of Licensed Clinicians
- Number of Patients

Fiscal Growth

- Value of Donated Care and Services
- Annual Expenses

Specialty Referrals

- Dental - Surgery
- Orthopedics
- Gastroenterology
- Ophthalmology
- PT, OT & Speech
- General Surgery
- Podiatry
- Gynecology
- Otolaryngology/ENT
- Hand
- Cardiology
- Other Medical Specialties

- 2007: 1,012, 115
- 2008: 1,115, 210
- 2009: 1,417, 460
- 2010: 2,750, 625
- 2011: 4,487, 1,086
- 2012: 4,753, 1,100

- 2007: $2 M, $261,803
- 2008: $3.5 M, $322,669
- 2009: $8 M, $421,665
- 2010: $12 M, $632,749
- 2011: $14 M, $909,514
- 2012: $15 M, $1,143,419

Specialty Percentages

- Dental - Surgery: 16.1%
- Orthopedics: 8.7%
- Gastroenterology: 8.6%
- Ophthalmology: 7.3%
- PT, OT & Speech: 5.8%
- General Surgery: 4.3%
- Podiatry: 4.3%
- Gynecology: 4.2%
- Otolaryngology/ENT: 4.2%
- Hand: 3.8%
- Cardiology: 3.7%
- Other Medical Specialties: 29%
### Statement of Financial Position (Balance Sheet)

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<td><strong>$356,151</strong></td>
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**Liabilities and Net Assets**

| Current         | $120,622      | $66,401       |
| Net Assets      | $472,411      | $289,750      |
| **Total Liabilities and Net Assets** | **$593,033** | **$356,151** |

### Statement of Activity

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<td><strong>$1,143,308</strong></td>
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| Change in Net Assets | $182,662 | $9,585 |
Donors see 16:1 return on their health care dollar

Since Project Access Northwest began in 2006, more than $54 million in services have been donated by health care providers, hospitals and ancillary service providers for uninsured and underinsured patients.

There are many reasons why sponsors, donors and volunteers support this program.

1. **Donors see a 16:1 return on the health care dollar.** For every $1 donated to Project Access NW, $16 in services is returned to the patient.

2. **We help save health care dollars.** Uninsured patients seek care in local emergency departments when they don’t have other options. The Washington State Department of Health estimates that avoiding an uncompensated emergency department visit saves a hospital $1500 in uncollected charges. Project Access programs across the nation see an estimated 40–60 percent drop in inappropriate emergency department use by uninsured and underinsured patients.

3. **We are growing to meet the increased demand.** By the end of 2012, 60 safety net clinics referred more than 4700 patients to Project Access NW, and 1100 medical and dental providers volunteered to care for them — amazing growth from the 115 providers who volunteered when we began in 2006.

4. **We are preparing for Medicaid expansion by building on our core competence.** Project Access NW’s core competence is building and leveraging relationships with clinicians. Medical and dental health care providers and hospital systems choose to work with Project Access NW because our case management expertise enables uninsured or Medicaid patients to blend seamlessly into the clinician’s practice, requiring little or no more work than the general population. This competency will be invaluable as thousand of individuals become eligible for Medicaid in 2014.

$1 donation = $16 in services
Thank you to our generous sponsors and donors
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Jamie M George, CNM ARN
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- Harrison Medical Center
- Highline Medical Center
- Overlake Hospital
  - Medical Center
  - Providence Health & Services, Everett
- Swedish Medical Center
  - Ballard
  - Cherry Hill
  - Edmonds
- Swedish Medical Center
  - First Hill
- Swedish Medical Center
  - Issaquah
- UW Medicine/Northwest Hospital
- UW Medicine/Valley Medical Center
- Virginia Mason Medical Center

#### Multi-Specialty Medical Groups
- Group Health Cooperative
- Harrison HealthPartners
- Minor & James Medical
- Overlake Internal Medicine Associates
- Pacific Medical Centers Clinics
- The Doctors Clinic
- The Everett Clinic
- The Polyclinic
- Providence Health & Services, Everett
- Southlake Clinic
- Western Washington Medical Group

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Project Access Northwest partners with hospital systems and multi-specialty medical groups throughout King, Kitsap and Snohomish counties.

**KITSAP COUNTY**

1. **SILVERDALE**
   - The Doctors Clinic

2. **BREMERTON**
   - Harrison HealthPartners
   - Harrison Medical Center
   - Overlake Internal Medicine Associates
   - Overlake Medical Center

**SNOHOMISH COUNTY**

3. **EDMONDS**
   - The Polyclinic—Edmonds
   - Swedish Medical Center—Edmonds

4. **EVERETT**
   - Group Health
   - The Everett Clinic
   - Providence Everett Medical Group
   - Providence Regional Medical Center
   - Swedish Medical Center—Mill Creek

**KING COUNTY**

5. **BELLEVUE**
   - Group Health—Bellevue Campus
   - Minor & James Medical—Bellevue Commons
   - Overlake Internal Medicine Associates
   - Overlake Medical Center

6. **BURIEN**
   - Highline Medical Center

7. **ISSAQUAH**
   - Swedish Medical Center—Issaquah

8. **KIRKLAND**
   - EvergreenHealth

9. **RENTON**
   - Southlake Clinic
   - UW Medical Center/Valley Medical Center

10. **SEATTLE**
    - Group Health—Capitol Hill Campus
    - Minor & James Medical—First Hill
    - Pacific Medical Centers—Beacon Hill
    - Pacific Medical Centers—First Hill
    - The Polyclinic—Broadway
    - The Polyclinic—James Tower
    - The Polyclinic—Madison Center
    - Swedish Medical Center—Ballard
    - Swedish Medical Center—Cherry Hill
    - Swedish Medical Center—First Hill
    - UW Medical Center/Northwest Hospital
    - Virginia Mason Medical Center