



# King County Project Access

by Paul Pennington, MD

*Fixed that guy's rotator cuff for free. He went back to work, but then missed half his appointments. He couldn't speak English, and couldn't afford the CT scan before surgery or PT afterwards. He couldn't even afford Vicodin! Then he asked me to treat his hypertension and fix his mother's hip! Finally, he got that humongous bill from the hospital and got mad at me!! At me!!! I can't see those folks anymore.*

King County Medical Society has a solution—**Project Access**.

King County reached a near-crisis in access to specialty care for low-income, uninsured patients. Community Health Centers, Family Medicine Residency Clinics, and Public Health Clinics decided to start Project Access, modeled on a program physicians developed in Asheville, NC. In November 2004, several organizations began meeting to implement the program. Through our Executive Director Charles Heaney, King County Medical Society was one of the original partners.

The partners piloted two programs—The Mother Joseph Clinic with Swedish and a program with Pacific Medical Centers. Future success required close affiliation with our Medical Society and implementing hospital by hospital rather than county-wide. Evergreen Hospital volunteered to become the first site.

Our Medical Society contributed \$30,000 for start-up—half in cash and the rest in rent and in-kind services. Our society and members have worked

to build the program. Charles Heaney, our Executive Director, Curtis Veal, a past president, and I are on the Project Access Board of Directors.

The program serves families of four or more with annual incomes less than \$44,000; and individuals with an annual income less than \$22,000. The patients are uninsured and not eligible for Medicaid or Medicare. Most participants receive primary care at Community Health Centers or Public Health Clinics.

If a primary care physician needs to refer a patient for specialized care, Project Access manages the case. It screens for county residency, income eligibility, insurance eligibility, and medical necessity. It discharges patients for missing appointments, not obtaining recommended tests, or not following your instructions.

Case managers schedule appointments and make reminder calls, and review special instructions for each visit. They assist with transportation, childcare, and interpreters. They connect patients with other community resources. In 2008, a 3-month study showed the no-show rate was less than 7%. The no-show rate is 15% for many commercial insurances, and can be 30% or higher for patients with Medicaid or no insurance.

Participating hospitals donate labs, imaging, medical supplies, rehabilitation, and hospitalization. Community Health Centers provide medications. Project Access coordinates follow-up care and connects patients with other community resources.

You determine how many patients you will see—two a month? more? fewer? And care lasts only for the referral illness. The patient returns to their primary care physician for follow-up and other care, like an insured patient.

In 2004 the legislature extended the Good Samaritan Law to include any physician providing care through Project Access, thus reducing malpractice risk.

Finally, there are no billing hassles. You submit your usual bill to Project Access and you never get paid. **This Is Charity Care**—but timely, coordinated, comprehensive, and simpler for you. Project Access tracks the care and publicizes the total amount and the participating physicians.

In 2008, Project Access coordinated \$3.5 million in donated care. It spent \$1 for every \$10 of donated care; a 9% overhead! The specialists' median charge was \$200; average was \$800. Participating institutions are Evergreen, Swedish, Group Health, PacMed, Overlake, Polyclinic, Eye Associates Northwest, and Valley Medical Center.

Project Access does NOT prop up our dysfunctional healthcare system, preventing reform. Physicians already help the needy—in the ED, in our offices, at Harborview, with awkward phone calls to a buddy from medical school. But our care is invisible, often arrives late, costs more, and succeeds less. Project Access publicizes your success and the system's failure.

continued

## KING COUNTY PROJECT ACCESS

Sallie Neillie, the program's skillful, organized, and frugal Executive Director, highlights patients' stories and the gratitude they show. Due to timely care, patients survive or return to work or walk without pain. Project

Access receives at least one thank-you letter each week.

Perhaps Project Access's case management can become a model for managing other hard-to-serve patients. Then we and our staffs can focus more on medical problems and less on economic and other barriers to care.

Please volunteer. If my retirement investments plummet further, I might need your help.

**What's not to like? Volunteer today or urge your hospital to join. Volunteers are needed in all specialties. Visit [kcprojectaccess.org](http://kcprojectaccess.org) or call 206-788-4204.**



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