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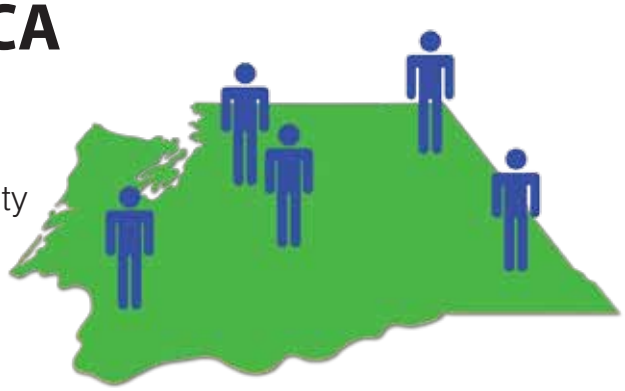
# REPORTS

*In some counties, Project Access will stay intact but duties may change. In others, clients will be harder to find. And in some, the programs have shut down.*

## Project Access programs change in light of ACA

By MARCIA FRELLICK



A program that harnesses the generosity of volunteer physicians and other clinicians to provide free care to Washington's poorest and uninsured patients is re-examining its purpose in light of the rollout of the Affordable Care Act.

PROJECT ACCESS WAS FOUNDED in 1996 in Buncombe County, N.C. Sam Selinger, MD of Spokane, a retired surgeon, launched Washington's first program in 2003, after he saw the difficulties of coordinating specialty care for those without resources. Now, similar programs all over the state are asking hard questions about their futures since a good portion of their clients have gained insurance through Obamacare.

In some counties, Project Access will stay intact but some duties may be redistributed. In others, the clients will be harder to find. And in some, the programs have shut down.

### Project Access Northwest remains open

Sallie Neillie, founding director of Project Access Northwest serving King, Snohomish and Kitsap counties since 2006, said it still makes sense for her area. Project Access Northwest, which provides only specialty care, won't be reducing staff because a substantial number of people will fall through Obamacare cracks, she said.

"They're either not here legally or they're not here legally for at least five years, which is when you qualify for Medicaid or are eligible for a subsidy in a qualified health plan," she said. Those who don't qualify for Medicaid or are exempt from mandated insurance because of tribal membership or religious reasons number 40,000 in King County alone and 55,000 in the three-county area, she said.

About 10 percent of the Northwest program's work has always been helping specialists manage Medicaid populations, she said, and now those numbers will grow. Project Access nurses facilitate prior authorizations for procedures and surgeries and the demand for those approvals has grown "exponentially" with the Affordable Care Act, Neillie said.

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### We need your opinion by May 30

ELWAY RESEARCH is conducting a survey of physicians and physician assistants in Washington state to help WSMA refine and develop our member benefits, programs, services and policies. Please take this short, online

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Medicaid expansion in 26 states, including Washington, means anyone whose income is up to 138 percent of the federal poverty line (about $16,000 for a single person) qualifies. She predicts there will be plenty of people who don't quite qualify for Medicaid but still can't afford their insurance premiums, even with government subsidies.

"If they are living at 200 percent of the federal poverty level and still have a $120 a month premium, I don't have any confidence that they'll be able to maintain paying their monthly bill," she said. "I believe they will return to uninsured."

Neillie said physicians continue to provide free care, partly because the Project Access appointment process is efficient. It includes double-checking eligibility and making sure physicians have the most recent labs, images and medical history.

"We also case-manage the heck out of the patients," Neillie said. Her staff makes sure patients know that doctors and labs are providing these services for free and that they need to keep appointments, be on time and be respectful.

That one-on-one attention has direct results. No-show rates for the Northwest program are less than 5 percent, whereas uninsured populations typically have a 30 percent no-show rate, Neillie said.

A few doctors have dropped out—Neillie estimates less than 20 of the 1,300 in the three counties—because they thought the program was unnecessary under the ACA, but most are staying engaged, she said.

### Thurston County Project Access closing

The story is different in Thurston County, where the ACA meant the end of Project Access as of Dec. 31, 2013.

Staff roles have transitioned to contacting the people who used the program's services and helping them and others in the region get signed up for insurance or Medicaid under the ACA, as well as working on quality initiatives for the CHOICE Regional Health Network, said Jennifer Brackeen, program manager for Thurston County Project Access.

It remains to be seen just what the demand will be for primary or specialty care via Project Access programs.

TCPA last year served more than 1,000 patients who were under 200 percent of the federal poverty level through $8.9 million in donated care from 167 specialty clinics and 28 primary care clinics, Brackeen said.

She said most of the 1,000 will qualify for free or low-cost care through Medicaid and a small number will have to get a qualified health insurance plan with a small premium. Undocumented workers will likely seek help from the Olympia Free Clinic, she said, which offers most primary care services, and community health centers.

Winfried Danke, executive director of CHOICE, said about TCPA's closing: "Are we happy about it? No. But we have to adjust as health care reform rolls out. This is probably a logical progression and it requires some reorganizing of our safety net here locally."

He noted that the Thurston-Mason Medical Society and CHOICE are watching as the results become more clear after the March 31 sign-up deadline to see whether people do fall through the cracks. "I know the medical society has indicated that if that were to be the case, they would be interested in potentially restarting a program that would look probably somewhat different," he said.

### Pierce County referral stream changes

Pierce County Project Access Director Leanne Noren was uncertain until mid-April about the fate of her program. At a meeting April 14 of the Pierce County Project Access board, she got her answer: It would stay. But the way they do business will change in many ways, Noren said.

The staff will be working to reach those they know are uninsured but are here illegally or here legally, but less than five years. They will be getting the word out about their services to food banks, cultural associations, Spanish-speaking churches, Latino moms' groups—"not groups that are easy to find," she said. They will also be looking to strengthen relationships with community health workers and advocates.

Pierce County Project Access served and enrolled 735 people in 2013, Noren said. However, under the ACA, about 75 percent of their enrollees were able to get Medicaid.

They will continue to serve the uninsured and look for ways to help the underinsured—Medicaid patients who don't have access to specialists, for instance.

"If we do find them, there are more issues," she said, "such as do they want to be found? Do they even want health care?"

At board meetings for the rest of the year, she said, she expects the conversations to continue about the direction of the program. For now, the staff of just more than three will stay. But she said, "We'll have to keep an eye on that, too, depending on volume."

Part of their job is also educating people who had previously been Project Access clients who have purchased qualified health plans.

Noren gave an example of the stories she's hearing: "I purchased my qualified health plan on Washington Healthplanfinder and it was really good because it was a $7-a-month premium and I can afford that, but I didn't realize what a $5,000 deductible meant."

### Spokane County to stay at least another year

Spokane Project Access director Lee Taylor said they will keep their program, which is housed in the Spokane County Medical Society Foundation, for at least one more year. They will serve uninsured patients who are living in the area illegally and those who qualify for government-subsidized health plans but can't keep up with the premiums. Though

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Accountable care organizations: Next steps • *continued from page 7*

In this post-managed care era, purchasers face a similar confusion, asking how they can assess and compare competing offerings from health insurers and delivery systems. A number of organizations—employee benefits consultants and large accounting firms in particular—offer guidance on making such evaluations. Locally, the Washington (formerly Puget Sound) Health Alliance recently developed "guidelines" to aid purchasers who are members of its organization.

**Value-based purchasing?**

Purchasers in both the private and government sectors have long wanted to contain costs. The prevailing strategy at the moment is to migrate away from fee-for-service to a form of "value-based purchasing."

In March, the RAND Corporation released a sobering report entitled "Measuring Success in Health Care Value-Based Purchasing Programs" on how those programs are doing (`www.rand.org/pubs/research_reports/RR306.html`).

RAND concludes that "after a decade of experimentation with reforms that give health providers financial incentives to improve performance, relatively little is known about how to best execute such strategies or judge their success." In assessing value-based purchasing programs, the report found that "evidence thus far is mixed about whether using such payment schemes can help improve quality and lower costs."

Despite the report's findings, these early pay-for-performance models can provide a foundation for creating new and more effective value-based payment models like ACOs and bundled payments. The older models likely did not put physicians and their organizations at enough financial risk to compel substantive changes in their behavior. Instead those models provided financial rewards for achieving quality thresholds. Newer models are likely to increase the level of financial risk borne by providers; in theory, larger systems will have sufficient scale and resources to absorb fluctuations in risk that smaller organizations may not.

**Next steps**

The WSMA has been providing educational guidance on the early stages of ACOs via our seminars, publications and the WSMA Practice Resource Center website. With more data and new findings on ACOs and value-based purchasing strategies becoming available, the WSMA will add new seminars and other forms of assistance. Watch for announcements on these new programs, designed to assist physicians in sustaining and transforming their practices.

**Delay of ICD-10**

In a surprising development, the U.S. House of Representatives and Senate passed a bill at the end of March delaying the implementation of ICD-10 until at least October 2015. President Obama signed the bill April 1.

H.R. 4302, "Protecting Access to Medicare Act of 2014," Section 212, passed with virtually no debate, leaving health insurers and many physician practices and hospitals that have invested considerable time and resources in preparing for the previous deadline of October 1, 2014 surprised and upset.

However, many smaller practices were considerably behind in their implementation planning, so the delay likely will prove beneficial in preventing adverse effects for those organizations.

The result will be the continuation of the existing ICD-9 data set for at least the coming year and a half. ICD-9 is familiar, with proven functionality, so its ongoing use in the near term will avoid the predicted disruptions—in a worst-case scenario, catastrophic failures of claims processing and the associated loss of revenues for weeks, even months. Using ICD-9 for now should make the transition to ACO models more feasible from a change management perspective.

For questions, contact Bob Perna at rjp@wsma.org.

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they expect to have only about one-fourth of the usual client base in light of people qualifying for Medicaid or insurance through the exchange, the staff is moving into other roles such as care coordination and coaching for complex Medicaid patients.

With open enrollment over as of March 31, Project Access directors all over the state are beginning to find out who's left to serve after the Obamacare changes.

Neillie says she expects another round of conversations about insurance in the medical community. Doctors may assume that people are covered, but many won't be.

"Patients that should have bought insurance won't have the opportunity to buy until the next open enrollment in the fall. I think there will be another education cycle," she said. "Yes, they should have bought, but they didn't and now they can't."

UW medical school expects to roll out • *continued from page 6*

ongoing ability to refine, perfect and modify. As it moves forward, the UWSOM will look toward its community members—including students, staff and faculty—to become involved in the continuous evaluation and analysis of the curriculum, ensuring that this curriculum remains contemporary and dynamic.