



Sallie Neillie
Executive Director

Working to meet the needs in our communities

King County Project Access (KCPA) is entering its fifth year. **We've served more than 4,000 patients**, but we know that the demand is greater than ever—due to the slow recovery from the recession and the changes in Medicaid. We've worked to improve our service and provide added value to our volunteer providers and the low-income, uninsured patients served by the community safety net clinics. We've been both responsive and proactive in determining where and how to meet the demands.

Snohomish County services

It was in response to a request from the **Snohomish Health District** and the **Snohomish County Medical Society** that we partnered together,

along with **Providence Everett, Swedish/Edmonds, The Everett Clinic, Western Washington Medical Group** and others, to expand our efforts into Snohomish County.

With a year of planning, recruiting, training and fundraising, we were pleased to start providing services in Snohomish County late in 2010. With our first patient seen by Dr. Tim Roddy, the Medical Director of

Swedish/Edmonds, we were off and running—or at least working to develop a strong and robust service in Snohomish County. By the time you read this newsletter, we will have appointed over 50 patients in specialties including gastroenterology, physical therapy, urology, orthopedics and

dermatology... 69 so far in 2011! Many thanks to the participating providers, hospital systems and community clinics we are working with.

Dental care solutions

KCPA has been working proactively with the **Seattle King County Dental Society and Dental Foundation, Swedish** and the **Pacific Hospital Preservation & Development Authority** and the community health centers to craft a solution to the growing demand for uncompensated dental care for low-income, uninsured patients, particularly adults. Again, we are developing a model for donated dental care that will enable community health centers to do what they do best—provide general dental care to those with low income and refer patients they are unable to serve to us.

With the recent grant from the **Washington Dental Society Foundation**, we now have the final piece in the plan to start this service. Thanks to WDSF, Swedish has received funding to equip three operatories at Swedish. The **Seattle King County Dental Society** will recruit dentists to provide a discrete amount of time serving patients in the clinic, along with a cadre of dentists who prefer to donate care in the comfort and familiarity of their private practice. KCPA will provide the case management for the patient and ensure ongoing communication about a patient's care between his/her dental community clinic and the volunteer dentists.

We expect to start the program mid-summer. More information on this exciting new program with our Summer 2011 newsletter!

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improve our service and
provide added value to
providers and patients.*

Case Management operations get LEAN

With a sharpened focus on LEAN management principles begun in 2010, improving efficiency in Case Management operations was a logical first function to review. In this interview, Operations Manager Scott Shurtleff describes the project currently underway.

Q: Paperless is almost a buzz word. How do you define the term?

A: Most people think of a clean sweep to totally digital operations, picturing sterile computer rooms instead of file cabinets. After some research, my preferred term is "less paper."

Q: What does less paper mean to Case Management operations at KCPA?

A: It means some big changes. Paper folders have collected each patient's printed referrals, approval letters, lab work and imaging documentation, along with enrollment and follow-up forms. With more than 2,000 new patients last year, that was a lot of paper to print, handle, reference and store.

Q: Where did you start?

A: It all started with an NPR article about the benefits of new paperless medical practices for a Seattle clinic. It was clear that we could achieve similar benefits by decreasing printing and paper use. Two new case managers came from paperless environments, bringing invaluable experience with set-up options.

Q: What steps have you taken?

A: The Case Management team identified our work flow process and re-evaluated each step. A new system was created in-house, along with a training class on the new digital flow. We spent two weeks in testing, converting five new cases a day to digital. At a final team meeting, the positive vote was unanimous.

Q: Will some Case Management activities remain on paper?

A: We still will be mailing letters to patients along with the KCPA enrollment cards they need to receive services. We know that returned mail and some paper-based referrals will continue to occur.

Q: Where are you now in the conversion process?

A: Effective April 1, 2011, all new referrals have been saved digitally. As existing patients are served, the paper records will be scanned for our archives. We will reevaluate the program again in May.

Q: What benefits do you expect?

A: I expect to see a 95 percent reduction in our need for paper and printing in our first year. The system will also increase the efficiency of our process. Patients' records will be more accessible to Case Managers, and more easily updated.

Q: What is your vision of the final outcome?

A: Our last project step is the gradual conversion of our paper archives of records into electronic file cabinets.

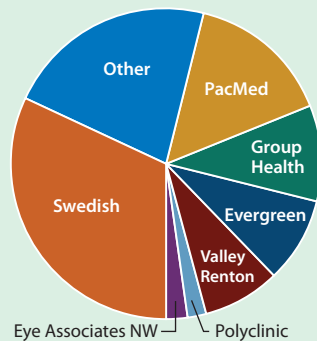
King County Project Access exists to ensure that low-income people have access to needed specialty care services, in an efficient and cost-effective manner. To accomplish this, we rely on our wonderful participating physicians and their health systems. We know we make a difference in the lives of every patient our doctors see, and it is important to be able to measure that difference—both with the stories of grateful patients and with the dollars and cents of the services donated.

The pie charts below show the value given back to the community. The first shows where our patients are seen; the second shows the charges associated with their care. Our physicians provide top-notch care and aren't concerned about receiving credit, so don't submit their charges. As such, the donated charges may be low.

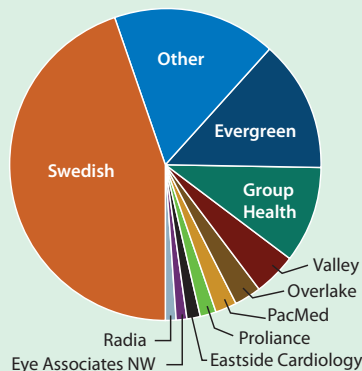
Even with understated charges, the average charge for care and services provided to our patients is between \$3,090 and \$3,760. The median charge is about \$500. The average number of services is four.

Based on this, we believe our physicians, other licensed clinicians and hospital systems provided over \$12 million in care and services to the patients served by KCPA in 2010. **That's over \$18 in care and service for every \$1 in administrative costs to run KCPA!** Thanks to all of you for all you do!

Services

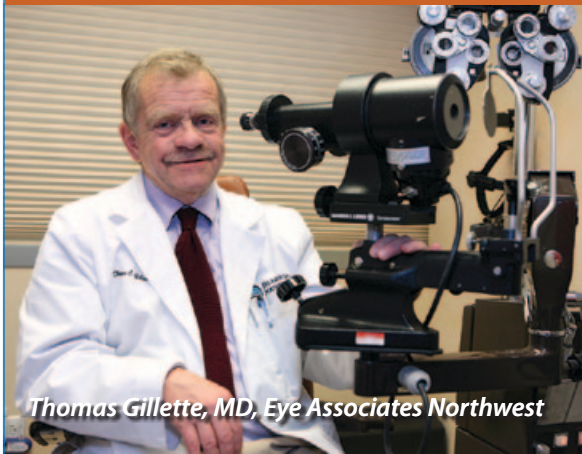


Dollars



KCPA Solutions: Supporting Physicians who Care

PHOTO CREDIT: Therese Frare, Frare Davis Photography



Thomas Gillette, MD, Eye Associates Northwest

Thomas Gillette, MD: “It’s an optimistic program...”

“With Project Access, I think that the patient feels less like a charity patient. Often patients are afraid to ask for help because everything is so uncertain about how they can get their care. ...When they get plugged into this program, the patient understands that we’re going to solve this problem and help

them get the care they need... It’s an optimistic program. I think the people who work with the program feel optimistic about solving problems. Most physicians are here to solve problems, too.”

—Thomas Gillette, MD

King County Project Access services would not be possible if it were not for our volunteer network of physicians, medical facilities and ancillary services. In 2010, more than 150 additional specialty physicians committed to volunteering with us—increasing our volunteer network to more than 900 specialty physicians. KCPA allows specialty physicians to do what they do best—treat patients who need specialty care! **Please join Eye Associates Northwest physician Thomas Gillette, MD in providing access to the underserved population in our community.**

KCPA Solutions: Expanded Leadership

Welcome, new board members

At its January board meeting, the King County Project Access board of directors elected three new members. Welcome! And thank you for your willingness to serve.

Gary Goldbaum, MD

Gary Goldbaum has been the Health Officer of Snohomish Health District since February 2007. He is a past president of the Snohomish County Medical Society. He has worked in family medicine, epidemiology, and public health since 1978.

Dr. Goldbaum has held positions as an academic researcher at the federal Centers for Disease Control and Prevention, the Washington State Department of Health, and Public Health–Seattle & King County. He holds appointments as Associate Professor of Epidemiology and Adjunct Associate Professor of Health Services at the University of Washington.

From 1987 to 1989, Dr. Goldbaum was the Health Officer for Thurston and Skagit counties. He spent

18 years with Public Health–Seattle & King County (1989 to 2007), where he was involved with infections disease, chronic disease and injury control programs.

Kerry Radcliffe, JD

Kerry Radcliffe is Deputy General Counsel in the Legal Department of PeaceHealth, a non-profit corporation that operates a 1,500-bed hospital system in Oregon, Washington and Alaska. PeaceHealth is affiliated with the Sisters of St. Joseph of Peace.

Prior to joining PeaceHealth in 2005, Ms. Radcliffe was a partner in the Seattle law firm of Garvey Schubert Barer, where she practiced corporate/business law specializing in transactional and healthcare work. Ms Radcliffe spent four years at Fulbright & Jaworski, in its national healthcare practice. She has served on the boards of several non-profit charities, including Pacific Medical Public Development Authority. A graduate of

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KCPA Solutions: Expanded Leadership

New board members

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Washington State University, Ms. Radcliffe received her J.D. from the University of Washington, serving as an editor on the law review. She clerked for judges on the Washington State Supreme Court and the Ninth Circuit Court of Appeals.

Marcia Wharton, MD

Marcia Wharton is the Medical Director of the Providence Everett Healthcare Clinic in Everett, which provides primary care services to the uninsured and underinsured.

Prior to joining the Healthcare Clinic in 2008, she was in private practice at the Lakeshore Clinic in Kirkland. She previously practiced as a member of the Evergreen Medical Group and at Family Medicine of Redmond. Before moving to Washington, she worked in emergency medicine in San Jose, California.

As part of her practice at the Prov. Everett Healthcare Clinic, Dr. Wharton developed a dental program, working with Medical Teams International and with local dentists who donate their time and services to patients with oral health pain and infection. She also serves on the board of Sound Mental Health and is a member of the Molina Utilization Management Committee.

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We invite your comments and questions.

Visit www.kcprojectaccess.org to learn more.