



Sallie Neillie
Executive Director

It's Kind of Fun to Do the Impossible

by Sallie Neillie MS

I believe it was Walt Disney who said, "It's kind of fun to do the impossible." In many respects, the impossible is what we've been doing: rethinking how we operate King County Project Access in ways that:

1. Streamline the experience of the customer (and in our case the "customer" is not only the patient, but the patient's primary care medical home, hospitals and volunteering physicians);
2. Improve the health of our patients; and
3. Reduce per capita costs in the process.

that all work adds value and serves the customer's needs. Identifying value-added and non-value-added steps in every process is the beginning of the journey toward LEAN operations. LEAN is an integrated approach to designing, improving and doing the work of people who work together to produce (and deliver) consistent, high-quality goods and services. The LEAN principles we've implemented are based on Toyota Production Systems, which eliminates waste by taking out unnecessary processes and redirecting efforts toward value-added business operations.

Although healthcare obviously differs in many ways from manufacturing, there are also surprising similarities: whether building a car or providing health care for a patient, workers must rely on multiple, complex processes to accomplish their tasks and provide value to the customer or patient. Waste—of money, time, supplies or good will—decreases value.

For example, we've targeted our LEAN processes to:

- Improve the quality of our incoming enrollment forms and referrals;
- Schedule a patient's initial appointment so that their "wait time" is greatly reduced;
- Implement a patient-appointment reminder system to reduce our no-show rate;

LEAN thinking begins with driving out waste so that all work adds value and serves the customer's needs.

I recently met an individual named Lee Fried who is a LEAN Sensei at Group Health Cooperative. Lee, and his colleagues Kris Boxx and Kathryn Crawford, have been providing expert consultative services to help us accomplish the

above goals. In addition, Group Health Cooperative provided Project Access with an in-kind commitment for customer-focused management training—specifically how it relates to the concepts of LEAN. LEAN thinking begins with driving out waste so

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Using Limited Resources Wisely

by Andrea Castell, RN, BSN, MBA

Communicating patient information at the time of specialty referral is essential to high-quality consultation and coordinated, safe patient care. Both primary care and specialist physicians value this information exchange, but dissatisfaction exists within the current referral process. Much of the dissatisfaction relates to a delayed or missing referral and supporting documentation. Health care services are a very limited and precious commodity to King County Project Access; we want to be sure we use the donated services of our participating clinicians and health care systems wisely!

Late last year, we added rigor to our commitment to use donated specialty time more efficiently. In doing this, we interviewed multiple specialists in our six highest-demand specialties: dermatology, gastroenterology, general surgery, hand surgery, ophthalmology and orthopedics. The specialists concurred in many of their needs. Some of this information was what we expected, and some was new. *continued on page 4*



It's Kind of Fun to Do the Impossible

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- Schedule needed patient surgeries; and
- Standardize patient documentation.

I wish I could tell you that making the shifts to a LEAN enterprise has been easy; it hasn't. Like any culture shift, it requires commitment and time. But I can tell you that this is perhaps the best investment KCPA has made to improve performance and the quality of care we deliver to our patients and numerous stakeholders, and to ensure that we are spending our limited financial resources effectively.

Our sincere thanks to Lee, Kris, Kathryn and Group Health Cooperative for their guidance and mentorship as we navigate through this process!

KCPA Partners: Prescription Drug Assistance Foundation

Seattle Based PDAF Pilot Shows Early Success

Since the inception of its first pilot program in Spokane in late 2008, the **Prescription Drug Assistance Foundation (PDAF)** has been bringing together America's pharmaceutical companies, doctors, patient advocacy organizations and civic groups to help low-income, uninsured patients get free or nearly free brand-name prescription medicines. In the Seattle program, which started in February, PDAF has helped patients apply for almost \$200,000 worth of prescription medications and supplies, just part of the more than \$2.5 million worth of

medications PDAF has assisted residents statewide to obtain over the past two years.

To do this, PDAF partners with King County Project Access, Pacific Medical Centers, The Mother Joseph Clinic at Swedish Hospital, and Country Doctor Community Health Centers to bring its model of prescription assistance to those in need. The Seattle program is being led by Rod Shutt, who, in addition to administering the program, is exploring partnerships with additional healthcare providers and advocacy organizations. He also works with patients in the wider community who are not connected with any particular provider network.

PDAF offers free assistance to low-income families in communities across the state, including Spokane, Prosser, Shelton and Seattle. Using nearly 500 programs that provide prescription assistance, PDAF helps those who qualify gain access to both state and national programs. While qualification guidelines vary, people having difficulty affording their brand-name medicines and who meet the financial qualifications of the programs may apply for PDAF's assistance.

To learn more about the Prescription Drug Assistance Foundation, e-mail rods@mtgmeds.org or visit the website at www.mtgmeds.org.

Snohomish County Alliance for Health Access

by Marshall Turner, Executive Director,
Snohomish County Medical Society

We're happy to announce the formation of **Snohomish County Alliance for Health Access (SCAHA)**. SCAHA is developing a network of physicians, hospitals, medical groups and diagnostic laboratories dedicated to increasing access to care in Snohomish County. By building on the system already in place with King County Project Access, we have been able to focus on building partnerships and recruiting physicians, instead of worrying about logistics and administrative details.

To fund the expansion of KCPA into Snohomish County, we reached out to regional medical groups for support. Providence Regional Medical Center Everett, the Snohomish County Medical Society, Molina Healthcare of Washington, The Everett Clinic, and the Community Health Plan of Washington all have contributed to SCAHA, and we thank them

for their support. (It should be noted that patients who live in King County will continue to receive services by participating providers in King County; patients living in Snohomish County will receive services by participating providers in Snohomish County.)

Right now, we're actively recruiting specialists in Snohomish County. The focus will be on a small group of specialties, based initially on the areas with the greatest need. We hope to see some early successes in these groups, and slowly expand from there.

If you are a specialist willing to volunteer your time, or if you have any questions, please call Marshall Turner at 206.956.3646.



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*Executive Director, King
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Extra! Extra! Read All About It!

■ KCPA welcomes two new board members, **Linda Marzano** and **Abie Castillo**, both of whom will bring a great deal of knowledge and expertise to this organization! Linda completed her bachelor's degree in nursing at University of Miami and her master's degree in Health Services Administration from Barry University. She joined Pacific Medical Center in 2003 as chief operating officer. In addition, she is the executive director of the US Family Health Plan and serves on the board of the Women's Funding Alliance. Abie has been with Community Health Plan of Washington since 1995 in various roles, including oversight of Public Policy, Human Resources, Marketing, Provider Relations/ Contracting and now as vice president of Product

Development. He remains active on the public policy front and most recently worked to keep the General Assistance-Unemployable Program intact. Creation of an integrated medical/ mental health model for this population was a key reason the program was retained and expanded throughout Washington state. In his spare time, Abie coaches youth select baseball.

■ There are approximately **90 Project Access efforts throughout the country**. A recent article in the *American Medical News* highlights a new effort in New Haven, Connecticut. To learn more about their Project Access efforts, go to www.amednews.com and type in "Project Access" in the search field.



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KCPA Solutions: Fully Prepare the Patient

Using Limited Resources Wisely

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The specialists are unanimous in wanting well-written referrals with strong supporting documentation. This includes lab results, imaging, prior treatment for the same condition, how long the symptoms have existed, etc. If the primary care provider has a probable diagnosis, the specialist would like to know that. In addition, if the primary care provider is aware of exogenous variables, the specialist would like to know that as well.

As a result of what we learned from these interviews, we are developing a pocket tool for primary care providers and referral coordinators to use that will provide information on what medical information is needed by what specialty and what administrative information is required for all patients sent to KCPA. With this pocket tool, our expectation is that primary care is better able to meet the needs of the participating specialists—resulting in more timely and efficient care for the patients we serve in common.

This newsletter is published quarterly by:



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We invite your comments and questions.

Visit www.kcprojectaccess.org to learn more.