Pacific Medical Centers’ long-standing focus on charity care

Since the historic building opened on Beacon Hill, Pacific Medical Centers (PacMed) has been a stalwart supporter of charity care in our community. Back in 1933, when the federal government decided to move the services of the Marine Hospital to the current facility, the hospital was mandated to serve veterans and merchant seamen as well as the poor and indigent. Despite multiple changes in funding and structure, that commitment continues today.

“PacMed has also been a supporter of Project Access Northwest since we began discussing the initial idea,” says Sallie Neillie, Project Access Northwest’s executive director. “They were at the table when we launched our first GI pilot project in 2006, and now they contract with us to screen and case manage all their charity care patients.”

Like many multi-specialty practices, PacMed wanted to honor their long-standing commitment to charity care, but they needed to find a way to do it more efficiently. High no-show rates (30 percent) for uninsured patients and difficulty in obtaining current lab results and imaging, didn’t make best use of the limited appointment slots or physician time. The Project Access model and its demonstrated no-show rate of less than 5 percent was a good solution.

“We partner with Project Access Northwest because we know that the patients they send have excellent case management. This allows us to best provide necessary specialty care, while Project Access Northwest provides the coordinated support these patients often need,” says Harvey Smith, CEO at Pac Med.

“To help us fulfill our mission to provide health care to those in need, Project Access Northwest ensures that the patients meet the eligibility requirements for charity care; we can be assured that our community’s health care resources will be well used,” he continues.

“With the constant pressure around efficiency and cost, this helps us provide the right care at the right time and with the right resources.”

—Harvey Smith

Project Access Northwest Partners:

Harvey Smith
CEO
Pacific Medical Centers

Fall 2012
Efficient visits for rheumatology and urology patients—saving time and money

In 2010, Project Access—with the help of several specialty medical providers—developed efficient visit guidelines for dermatology, gastroenterology, ophthalmology, orthopedics, physical therapy, general surgery, and hand surgery. The guidelines were then tested with other specialty providers to ensure that they met the information and diagnostic needs of the particular specialties. These guidelines are critical to efficiency, particularly for our highest demand specialties. They enable Project Access Northwest to work with Primary Care Providers (PCPs) to ensure that patients have the appropriate labs, imaging and conservative therapy prior to seeing the needed specialist.

Now, Project Access Northwest’s Andrea Castell, RN is working with Mary Wemple, MD and Michael Han, MD to develop efficient visit guidelines for rheumatology and urology patients. Dr. Wemple, a rheumatologist, and Dr. Han, a urologist (both with Pacific Medical Centers), understand that having consistent directions for primary care providers as they refer patients to specialty care makes the entire referral process run smoothly for the PCP physician, the patient and the volunteer specialist. It also saves everyone time and money.

Both physicians and Castell believe that the efficient visit guidelines for rheumatology and urology patients will have efficiencies in care as well as cost savings as important as those realized for other specialty referrals. Once developed, the guidelines will be vetted with additional specialists in these two specialties to build consensus and ensure completeness. One example of such a savings: standard practice for some primary care physicians was to order an MRI for patients whom they referred to a specialist for possible knee replacements. As orthopedists helped develop the efficient visit guide, they recommended that four weight-bearing x-rays of the affected knee would be a more accurate diagnostic tool than an MRI the majority of the time. These much less expensive images meet the needs of the specialist, are faster and easier to take and are much less costly for the hospital systems to provide.

One of our goals at Project Access Northwest is to ensure efficient office visits and reduce charity care costs for our healthcare partners—the Efficient Visit Guide is a tool to help that happen.

Project Access Solution: Case management

Project Access Northwest welcomes new team members

We’ve said goodbye to some colleagues who have moved on and are now welcoming three new case managers to Project Access. Kathy, Houston and Justin are on board, working closely with patients and providers every day. It’s exciting to welcome them as their expertise is so very important to our patients and health care providers.

(Pictured left to right) New case managers Kathy, Houston and Justin.
Planning for Project Access Northwest’s future

“The future is now!” You probably understand the significance of that four-word phrase as you’ve made plans for your retirement. Planning for the future has to begin when you’re working, or there could be big surprises later on. At Project Access Northwest, we are always planning for the future. In fact, right now, we’re planning so that we are ready for the Affordable Care Act as it rolls out and we are able to meet the needs of patients who will still be uninsured for a variety of reasons.

Leave a legacy that changes lives
One way we can ensure the future success of our mission is to build a group of donors who have included a bequest to Project Access in their will or estate plan. Naming Project Access Northwest as a beneficiary of a retirement account or life insurance policy is an easy way to support our mission and save estate taxes in the future. We hope you will consider being among the first to take this step.

Let us know your plans
If you’ve already included Project Access Northwest in your estate plan, please let us know. We’d like to thank you for your support. If you would like to learn more about leaving a bequest to benefit Project Access Northwest, please check the box on the enclosed envelope or contact Dav’ne Stahley, Development Director, at 206-788-404 ext 110 or davnes@projectaccessnw.org.

Naming Project Access Northwest as a beneficiary of a retirement account or life insurance policy is an easy way to support our mission and save estate taxes in the future.

Farewell and thank you
Charles T. Heaney, Ph.D., executive director of the King County Medical Society and a founding board member of Project Access Northwest, retired from the Medical Society and Project Access Northwest’s board in September. In 2006, Heaney and the King County Medical Society saw the potential and envisioned a future with equitable access to specialty care services for low-income, uninsured and underinsured residents of King County. Their vision, insight and belief made it possible for Project Access Northwest to exist, grow and thrive. We wish him the best in his retirement!
A Changed Life: Hip replacement helps hard-working patient get “back to normal”

“Randy,” who lives in Edmonds, Wash., has been what he terms a “workaholic” all his life. He worked in construction for more than 30 years, laying concrete for major projects, including CenturyLink Field and Qwest Field. While working on Qwest Field, he began to experience hip pain that gradually became so bad he took numerous over-the-counter medications just to get through the day. As a father with five daughters, Randy had to work. “I’m stubborn; I know pain and I work through it,” he says. “I lived with that pain for 10 years.”

In spite of his tenacity and strong work ethic, at 55, Randy couldn’t work construction any longer. He saw physicians at Seattle's Indian Health Board and in Shoreline. Ultimately, he was referred to Project Access Northwest, saw a volunteer specialist at Swedish and had a total hip replacement in January 2012. Randy’s other hip was extremely painful also and in September, when he became eligible for Medicare, he had his second hip surgery. “Now I’m bionic, I’m going to get a job and be able to go for walks again,” he says. “I’ve lived for years without being able to do things normally.”

“We prayed for help and what [they] have done to change my life is a blessing every day!”

We invite your comments and questions. Visit www.projectaccessnw.org to learn more.

Special thanks to Molina Healthcare for its support in publishing this newsletter.