

Gastroenterology: Why the high demand?

Gastroenterology (GI) is one of the highest demand specialties for Project Access Northwest patients. More than 10 percent of our patients each year seek specialty care in this area. Why is this need so great? Our clinical staff and case managers took a look at the data to see what we could learn. Our patients needing GI specialty care fall into three major categories:

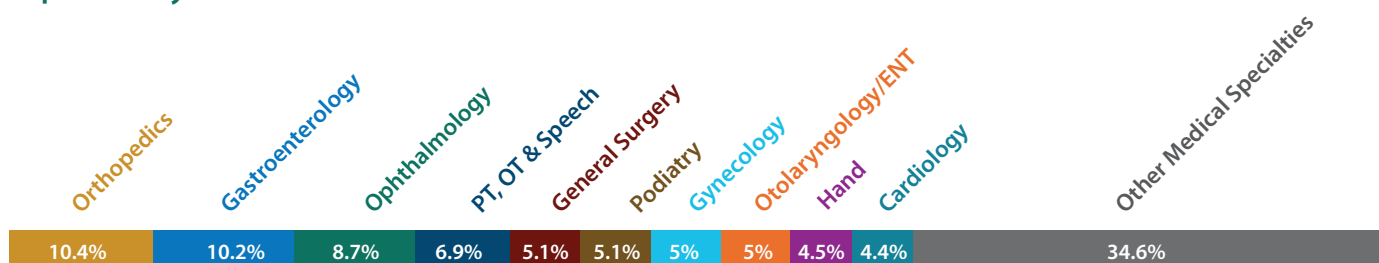
- Patients referred with **Gastro Esophageal Reflux Disease (GERD)**.
- Patients with a positive test of **H. Pylori**, a microscopic bacterium found in the stomach of patients with chronic gastritis and gastric ulcers.
- Patients referred for symptoms leading to a **colonoscopy** — a positive Fecal Occult Blood Test (FOBT), for example.

When we look at the demographics of our patients, this makes sense. GERD affects 25 to 40 percent of the adult population at some point and is exacerbated by lifestyle factors like smoking, fatty diet and poor eating habits. For low-income patients living on the edge, fresh fruit and vegetables are expensive and take time to prepare. Fast food diets are cheap and easy.

More than 80 percent of the world's population has *H. Pylori* in their upper GI tract, although the incidence is decreasing in Western countries. We suspect the high incidence we're seeing at Project Access Northwest could be due to the higher numbers of patients from developing countries, where the incidence is higher. We are also noticing some cases when a patient will get treated, test negative, and then return in six months with a positive test again. Is this something a family passes around? Is there value in testing a whole family and treating the family at once?

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Specialty Medical Referrals



Gastroenterology (GI) is one of the highest demand specialties for Project Access Northwest patients.

Specialty Care, Project Access Northwest and the ACA

By Sallie Neillie, Executive Director

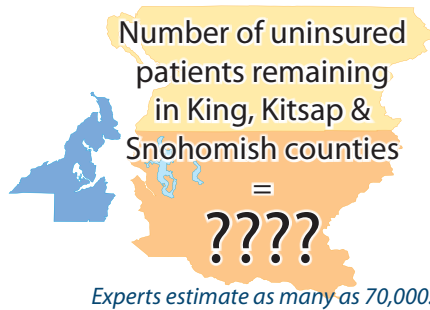
Get the opportunity to meet with health leaders and providers in our region regularly. Many of them have asked about the impact of the Affordable Care Act (ACA) on Project Access Northwest and the patients we serve. There are a variety of national experts commenting on ACA implementation, but here are two challenges from our regional point of view.

THE CHALLENGE: NEED *Is Project Access Northwest still needed after the ACA implementation?*

Project Access Northwest will continue to be an essential link to health services. If everyone who could enroll in Medicaid or purchase health care through Washington Healthplanfinder did so, there would still be 60–70,000 individuals in our tri-country service area who remain uninsured.

We estimate there will still be 40,000 uninsured people in King County and significant numbers in both Kitsap and Snohomish counties.

- Lawfully present immigrants who have lived in the U.S. for less than five years are not eligible for the Medicaid expansion but may purchase coverage in the Exchange. The cost may be prohibitive and they do not qualify for any subsidy.
- Undocumented residents are ineligible for the Medicaid expansion regardless of how long they have lived in the U.S.
- Some individuals who qualify will choose not to enroll, but will have to pay a penalty of 1 percent



of their taxable income or \$95/year, whichever is higher.

- Although qualifying applicants can enroll in Medicaid anytime, people may be confused about the Washington Healthplanfinder Exchange deadline of March 31.
- Adult dental coverage is now available as part of Medicaid, but dental coverage was not part of the plans on Washington Healthplanfinder. Many individuals still lack coverage for dental care and Medicaid provides limited coverage for specialty dental services.

THE SOLUTION: *Project Access Northwest case management services are essential for thousands of people who remain uninsured and newly insured Medicaid patients.*

Project Access Northwest will continue to be asked to provide case management services for low-income patients referred to specialists. Volunteer providers are still needed for orthopedics, gastroenterology and many other specialties (see article, p.1). Providers can see only the uninsured, or include the Medicaid patient population. Either way, Project Access Northwest will provide care coordination to use the specialists' time more efficiently.

THE CHALLENGE: ACCESS

Can new enrollees find a specialist who will see them?

Both the remaining uninsured and Medicaid patients are facing challenges in accessing specialty care services. For the newly insured, insurance does not always equal immediate access. There are many more players on the scene; requirements for referrals and prior authorizations have changed. We're seeing increased time and paperwork for a successful referral and anticipate this will continue for several months. Not all specialists will accept Medicaid patients or accept only a limited number.

THE SOLUTION:

Research, training and feedback

Project Access Northwest is researching referral requirements across the various Medicaid Managed Care Organizations. We will share this information regularly with referral coordinators from safety net clinics in our service area. We also meet with specialty provider groups across the region to remind them that their donation of time and expertise continues to be needed.

We appreciate that our community has a bigger perspective than many — and that the physicians and hospital systems recognize that current health care reform is a step but not the end step. We are grateful to work with community leaders who continue to care for the individuals who fall through the cracks of our health care system.

SOLUTION: Committed volunteer board members

Welcome new board member, Sarah Philp

Sarah Philp, M.D. is a family practice physician with Group Health Burien, where she has practiced since 2008. She is a founder and leader of an interest group at Group Health focused on the interests of the medically underserved and serves on the Group Health board of physicians. Before joining Group Health, Dr. Philp was a lead physician at HealthPoint Community Health Center in Renton.

"I have admired the work of Project Access for years and am honored to join the board of this valuable organization," says Dr. Philp. "It's a natural fit because of my interest and experience in serving vulnerable populations and promoting high functioning systems of care."

Dr. Philp brings a wealth of experience in serving patients in South King County, one of our highest need areas. Welcome, Dr. Philp!



Sarah Philp, M.D.

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Patients with a positive FOBT are referred for a colonoscopy and possible polyp removal. While we expected that these cases would be a large percentage of the patients we serve, we were surprised to learn the number of patients needing follow-up care for GERD and H. Pyloria.

We are grateful for the specialty providers like **Eastside Endoscopy, Northwest Gastroenterology and Overlake Internal Medicine Associates—Gastroenterology** who have volunteered for a number of years and helped hundreds of patients. We also want to extend a warm thanks to **The Everett Clinic Gastroenterologists** — one of our key specialty providers in Snohomish County — for increasing the number of patients Project Access Northwest can refer. Additionally, we work closely with the gastroenterologists at **Group Health Bellevue and Group Health Central, Minor and James, Northwest Gastroenterology Associates, The Polyclinic, Swedish Gastroenterology and Virginia Mason**. We welcome volunteer providers in all specialties and will continue to highlight the specialties where the unmet need is greatest.



"For people who come to us because of intestinal issues, there are long-term complications that can significantly impact someone's quality of life. If you're not able to swallow properly, you're uncomfortable or often miserable. Even more, untreated cancers can threaten people's lives."

— Robert A. Palmer, DO Gastroenterology
and Hepatology, The Everett Clinic

Are you interested in volunteering with Project Access Northwest?

Please visit our website for more information: ProjectAccessNW.org.

GiveBIG 2014: Support our healthcare heroes.

Superheroes abound at Project Access Northwest! These are just two of nearly 1200 heroes who champion access to health care in our community. Watch for more superheroes in upcoming GiveBIG announcements. It might even be you!

give BIG

 The Seattle Foundation



Tuesday, May 6, is the BIG day to show your support for heroes like these.

See below to learn how to give your donation super powers this year!

Double your donation through GiveBIG this year

Board announces new match for GiveBIG donations!

GiveBIG returns Tuesday, May 6, this year, and our board of directors has announced a special incentive. **They will match the first \$3,500 of gifts made to Project Access Northwest through GiveBIG this year.**

If you donate \$100, it becomes \$200; if you donate \$300, it becomes \$600, and so on until the \$3,500 challenge is met. Donate early and double your gift!

In addition, on GiveBIG day, any gift made to eligible nonprofits through the Seattle Foundation website will get a bonus match to stretch every gift a little further. Please help us spread the word that every gift to Project Access Northwest made through the Seattle Foundation website that day will get a partial match to have even more impact.

Last year, we raised more than \$14,000 through GiveBIG (not including the match from The Seattle Foundation). Nearly 22 percent of our GiveBIG pledges were from first-time donors. Remember to tell your friends about us when you make your own GiveBig pledge!

Don't forget that for every dollar you donate, Project Access Northwest returns \$17 dollars of health care services in our own community.

Talk about a super power!

*"Like" our Facebook page to learn more
or watch for emails as the big day approaches.*

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Sallie Neillie

Executive Director

We invite your comments and questions.

Visit www.projectaccessnw.org to learn more.

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