For the second straight year, local patients in need of orthopedic surgical care received donated medical services through a partnership between Project Access Northwest, Swedish Orthopedic Institute, Orthopedic Physician Associates and Physicians Anesthesia Service. The partnership is part of Operation Walk USA and provided three local, uninsured patients with donated medical, surgical and rehabilitation care. Carlos Ortiz is one of the patients who benefited from the surgery in early December 2014.

Mr. Ortiz, age 61, used to install and repair flooring for a living. He proudly mentions doing the flooring at Sea-Tac Airport and other buildings around Seattle. However, in 2003, a ladder he was standing on came away from the building. Mr. Ortiz fell, and the ladder landed across both of his knees.

He's always been a walker and used public transport; he proudly notes that walking from Seattle’s University District to Pioneer Square was easy for him. Although he eventually recovered from his injury, his knees were never the same. He lost his job and his health insurance. Eventually, his pain became so severe that he could barely walk one to two blocks without sharp pain and swelling. Stairs in his apartment building were even challenging.

Thanks to Seattle’s Operation Walk USA in 2013, Mr. Ortiz had knee replacement surgery for his left knee. “It’s like it was before,” he says enthusiastically. “No pain, no swelling at all." Mr. Ortiz found work maintaining and cleaning his apartment building; it was part-time, but it was easier on his knees. However, his right knee continued to be swollen and painful.

On December 5, 2014, Mr. Ortiz had replacement surgery for his right knee, and he's recovered quickly. After he recuperates, Mr. Ortiz is ready to go back to work. “I want to work full time in a regular job,” he says. “This surgery will help me do that.”

Multiple community partners came together to help Mr. Ortiz get these life-changing surgeries at no cost to him. Dr. James Crutcher, orthopedic surgeon with Orthopedic Physician Associates (OPA), Dr. Deborah Merrill, anesthesiologist with Physicians Anesthesia Service (PAS), and their associates were there for his surgery. The staff and providers at Swedish took great care of him during his hospitalization; Stryker provided his replacement knee; and Project Access Northwest coordinated his referral and appointments with the specialty providers and his primary care clinic—Neighborcare Health at Rainier Park.

In addition to Mr. Ortiz, two other patients were the recipients of joint replacement surgery as part of Operation Walk USA 2014.
ACA: New programs address gaps in coverage

The Affordable Care Act—one year later

The Project Access Northwest perspective

Open enrollment on the Washington Health Benefit Exchange ended February 15, 2015, so we are now in our second year of implementing the Affordable Care Act (ACA). Thanks to Medicaid expansion, Washington state saw a 40 percent drop in medically uninsured residents. Renewals on the Exchange this year are slower than expected. However, there’s no question that many more Washingtonians are now insured.

As we predicted, despite the ACA success, people continue to fall through the cracks. Some individuals aren’t Medicaid eligible but can’t afford the premiums on the Exchange. Others may have insurance for the first time, but have difficulty accessing the specialty care they need. Project Access Northwest is working on two programs that address these gaps. See next page for details on these programs.

…despite the ACA success, people continue to fall through the cracks

2014 AT A GLANCE:

Service Growth

- Number of Licensed Clinicians
- Number of Patients

Service Growth Chart

Patient Gender

- 40.2% Male
- 59.7% Female
- 0.12% Transgender
- 0.02% Unknown

Patient Age

- 0–17: 19%
- 18–30: 32%
- 31–45: 21%
- 46–55: 16%
- 56–64: 11%
- 65+: 6%
 ACA: New programs address gaps in coverage

The Affordable Care Act—one year later, continued

continued from previous page

**MINOR & JAMES MEDICAL**

**SWEDISH Health Partner**

Minor & James Partnership

Although Medicaid expansion is good for eligible, low-income people and for community health centers, the reimbursement rate makes specialty care services tough to find—sometimes more challenging than being uninsured! This problem gets worse in 2015 when reimbursement rates for both Medicare and Medicaid are scheduled for drastic cuts.

Physicians in our community want to continue to serve the Medicaid patient population, but they also want to ensure that the care is delivered efficiently as possible. In October 2014, Project Access Northwest was invited to work with the leadership at Minor & James to provide pacing and care coordination for Medicaid patients.

“We’re seeing a significant increase in the number of patients who need specialty services and a drop in the providers able to provide access,” said Sallie Neillie, executive director. “We’re delighted that Minor & James is working with us to find solutions.”

Minor & James is committed to continuing to serve Medicaid patients. Project Access Northwest is helping to fulfill that commitment by ensuring that Minor & James isn’t overwhelmed, the patients are all medically appropriate and all required information is included to ensure that the specialist’s time is well utilized.

The program just began referrals to Minor & James in mid-October 2014. To date, more than 60 patients have been successfully scheduled. Other specialty providers in our three-county region have also expressed interest in this innovative program, which can help address a significant need for specialty access.

**Premium Assistance**

While initial reports from the Health Benefit Exchange indicate that most people are maintaining their premium payments, a recent article in *WSMA Reports* noted that more than 16,000 enrollees ended their enrollment either due to non-payment or voluntarily.

Project Access Northwest had the opportunity to pilot a premium assistance program with some of our hospital partners. With their financial support in 2014, we paid the premiums for 115 people who live at or below 200 percent of the federal poverty level (FPL). Individuals who make below 138 percent of the FPL are eligible for Apple Health/Medicaid, but if they make above that level, they have to buy their insurance through the exchange.

The results from the past year show the need for this program continues, and we anticipate additional growth after enrollment on the Exchange ends February 15, 2015.

**Premium Assistance Pilot (as of December 2014)**

<table>
<thead>
<tr>
<th>Patients enrolled</th>
<th>115</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients re-enrolled for 2015 (to date)</td>
<td>62</td>
</tr>
<tr>
<td>Patients who left the program</td>
<td>53</td>
</tr>
<tr>
<td>Reasons for leaving</td>
<td></td>
</tr>
<tr>
<td>Above FPL income</td>
<td>16</td>
</tr>
<tr>
<td>Apple Health/Medicaid Eligible</td>
<td>14</td>
</tr>
<tr>
<td>Medicare</td>
<td>8</td>
</tr>
<tr>
<td>Employer insurance</td>
<td>2</td>
</tr>
<tr>
<td>Other (deceased, moved, unable to reach)</td>
<td>13</td>
</tr>
</tbody>
</table>
IN THEIR OWN WORDS: Patients tell their stories

Mail Call

We love hearing from patients. Here’s a special letter we received in December, highlighting what we do best—helping our patients navigate the health care system.

“I just want to thank everyone for the help you gave me from last year up to now. You contributed a lot to my getting better with all the many referrals I had. You were there to see it is done. All I can do is thank you and pray that you get all that you need to continue helping others.”

—Patient D.M.