



"Celebrating the Compassion of Caregivers"

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Asheville, NC 28803
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Contact Us

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Frequently Asked Questions About Project Access

What is Project Access?

Project Access is a system that provides healthcare to low-income individuals who do not have insurance, nor do they qualify for public assistance. Project Access patients see physicians for free (both primary care doctors and specialists) and get all other healthcare services they need at no cost (hospital inpatient and outpatient services, lab work, x-rays, rehabilitation, medications, etc.).

How does Project Access work?

Simply put, Project Access is based on physicians volunteering their time to see patients for free, and other community partners, such as hospitals, donating the other medical services the patients need.

Do doctors already sometimes provide free care?

Most all physicians have treated patients who were not able to pay, either in their offices, in community clinics or in the emergency room. Hospitals also provide charity care. This care is often fragmented and the patients served usually lack full access to medications, diagnostic services and physician specialists.

In a Project Access system, this already existing (but fragmented) charity healthcare is organized into an equitable, cost-effective system. By donating care as part of an organized, integrated system, the care physicians and hospitals give in a Project Access system results in better health outcomes for patients and lower overall, long-term costs to the providers and the community.

Who is eligible for Project Access?

Typically, those who are eligible are age 18 to 64, have no medical insurance of any type, do not qualify for Medicaid or Medicare, and have gross household income of less than 150% of the federal poverty level (income criteria varies across communities). If a patient is eligible for Medicaid or Medicare he/she is required to accept it.

How does Project Access differ from Medicaid or Medicare?

Medicaid and Medicare are federally funded programs. Medicare is for people 65 or older. Part A provides free inpatient hospitalization, skilled nursing care, and hospice care. Part B of Medicare is optional and helps cover physicians' services and outpatient hospital care. It costs about \$60 per month.

Medicaid is a program that covers low-income pregnant women, infants and the disabled. Sixty percent of the money is federally funded; 35% comes from the state and 5% is county-funded. The financial eligibility is 185% of federal poverty level for pregnant women and infants under 1 year of age. Contrary to popular belief, the majority of low-income individuals are not eligible for Medicaid.

Project Access is a community-based healthcare system that is financed and supported locally through the donated care of local providers.

Who qualifies for Project Access?

Each Project Access community may have different standards for accepting Project Access patients. In Buncombe County (Asheville, NC), where the system originated, the criteria are as follows:

- Patient must live in Buncombe County
- Patient cannot have **any** type of health insurance
- Patient must have household gross income of 200% or less of the federal poverty level

How do patients become enrolled in Project Access?

Patient must be referred to Buncombe County Medical Society Project Access by the health department, one of our community clinics, or private physicians.

Is there a limit as to how long a patient can be enrolled in Project Access?

No. The average enrollment in BCMS Project Access is approximately 6 months. Patients are rescreened for eligibility on a 3 or 6 month basis. More than 50% of patients become insured after 12 months.

Is there a limit to the number and kind of services a patient can receive through Project Access?

Typically, physician and hospital services are not limited. There is a list of medications (a formulary) that the patients have access to using their Rx card and there may be an annual cap on medication expenses per patient. Only healthcare services and medications received in the patient's own Project Access community are covered.

How was Project Access developed?

The Project Access system was developed in 1995 by physicians in the Buncombe County Medical Society in Asheville, NC. It has since won numerous awards and recognition, including an Innovations in American Government award. Communities all across the country are now replicating this model of care.

How do I know if Project Access can work in my community?

To find out how whether Project Access can work in your community, or to learn how to get such a system started, contact American Project Access Network:

**304 Summit St.
Asheville, NC 28803
828-274-9957**

George F. Bond

**Health Director
Buncombe County
Asheville
North Carolina
September 9, 2005**

**Project Access – Expanding Care at the
Local Level**

Bringing Greetings from Asheville North Carolina

- **Our County Commissioners**
- **Our Medical Society**
- **Our Tertiary Care Hospital**
- **Our Pharmacists**
- **Our Safety Net Providers**

I've Been Here Before – Hillbilly in Paradise

- Hawaii Was Still a Territory
- At age 10 I met my dad here!
- Was I born without a father?
- Am I some kind of illegitimate child?
- Almost!

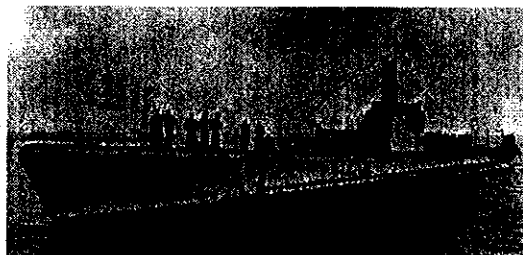
Standard of Medical Care in Bat Cave North Carolina 1950's



- Solo Practice
- 24/7
- General Practitioner
- Surgeon
- Orthopedist
- Obstetrics
- Never home
- Great doctor
- Absentee father!

Probably explains why I'm not a doctor!

**1954 - Lt. George Bond, MC,
Drafted at the end of the Korean War**



Submarine Squadron Medical Officer

**Let's set the medical stage
Asheville 1995**

- County of 225,000 Residents
- 700 Physicians
- 803 bed tertiary care Regional Hospital
- 3 Safety Net clinics
- Home of the Biltmore Estate Vanderbilts
- Home of NASCAR
- Mountains of Western North Carolina

History - Asheville 1995

Community Health Assessment

- 1000 Households Surveyed
- 78% had source of medical care
- 22% did not
- Hospital Emergency Room indigent costs going up
- Hospital in-patient indigent write off's up

History - Asheville 1995

The Safety Net

- Ridgelawn Clinic (FQHC look alike) - 1000 pts
- ABCCM – 500 pts
- Buncombe County Health Center – 9000 pts
- Safety Net providers all under-performing
- Trying to be all things to all people

History - Asheville 1995

The Safety Net

- My Department had 5 RNS “begging” for specialty referrals every day
- We’re good at primary care
- Not competent but stuck with cardiology, orthopedics, dermatology, endocrinology
- Revolving door of unresolved specialty care needs
- Excessive rate of visits/year/patient
- Frustrated staff

History - Asheville 1995

The Primary Care Docs

- Waiting for a Federal or State solution
- 2 AM calls from ER for undesignated patients
- Deeply concerned with plight of underserved
- Afraid to take the first indigent referral – fear of being “buried” with no pay patients

History - Asheville 1995

The Specialists

- Don't want to take indigent consultation
- Afraid it won't be a true "consult"
- Nowhere to send patient back
- I'm stuck with both specialty and primary care for that patient forever!

History - Asheville 1995

The Medical Situation

- Safety Net providers trying to be specialists
- Hospital buried with avoidable admissions
- Doctors "hunkered down" for self protection
- Medical Gridlock – All dug in for survival
- 22% of residents have no care
- We're ready for a new approach

Our Doctors Take Charge

The Medical Society

- We've had enough!!!
- People need appropriate care
- It's our calling
- We're seeing them anyway on undesignated call
- We'll all be retired before a national solution comes!
- Do It Yourself healthcare reform!

Our Doctors Take Charge

The Medical Society

- Project Access is born!
- Spread the load and nobody gets buried
- 2000 patient practice – can you take 10 indigent?
- A way to give back to the community without being overwhelmed
- Robert Wood Johnson “Reach Out” grant

Our Doctors Take Charge

The Medical Society

- Physician Champions emerged – Dr. Landis, Powell, Davis
- Recruitment in men's room
- Momentum builds
- 40% of our docs sign on in first year
- Hospital joins in - full array of services
- A huge boost

Our Doctors Take Charge

The Medical Society

- Hired consultant to build management/referral software
- Doctors complaining about lack of pharmaceuticals
- Patient can get a \$500 cardiology workup – can't get \$10/month medication!
- County commissioners give \$350,000 support
- Pharmacists join program
- Limited formulary developed as guideline

Our Doctors Take Charge

The Medical Society

- Project Access really takes off!
- Rest of Asheville's Doctors join in – over 600
- Primary care pledge – 10 patients / year
- Specialty care pledge – 20 referrals / year
- Computer software completed – pledges, visits
- Evaluation system designed/operating
- HCFA 1500's to local PPO for tracking
- The perfect HMO – nobody gets paid!

Our Doctors Take Charge

The Medical Society

- The doctors run the program
- Hires case manager – eligibility, appointments, reminders, transportation
- Patients get actual “card” to present when seen through Project Access
- Safety Net clinics are main referral source
- County Commissioners take pride – The “Good Health Commissioners”

History

We reengineer the Safety Net

- My department, a Public Health Department is 90% of the local Safety Net
- I was brand new on the job coming back from 8 years in free enterprise and for profit Health Care Management
- Called clinicians together
- Production stinks
- Costs are exorbitant

History

We reengineer the Safety Net

- Quality controls non-existent
- 3 month wait for appointments
- Unboarded staff or practicing outside specialty
- Patient satisfaction low
- A mountain of lost records
- "Silo" clinics
- Set goal – double production / same staff!

History

We reengineer the Safety Net

- CQI team appointed
- 30 days to report
- Reengineered our clinic
- Physically consolidated – silos gone
- Hired practice manager
- On-site eligibility for Medicaid and Project Access

We Reengineer the Safety Net

- A sleeping giant begins to awake
- Production grows by over 70%
- All staff appropriately credentialed
- Pharmacy filling up to 1000 prescriptions/day
- 66% of drugs free from Patient in Need programs

We Reengineer the Safety Net

- One person makes Project Access referrals instead of 5 nurses “begging”
- Converting to electronic medical records in September – expect 30% more efficiency
- Joint domain with our hospital
- Many couldn’t see the new vision
- 70% of staff turned over

We Reengineer the Safety Net

- Now Health Care home for 18,000 underserved
- Integrating Behavioral Health into Primary Care
- Open Access Scheduling
- 1/3rd of staff bilingual
- Staff turnover back down to 15%

We Reengineer the Safety Net

Keys to our success

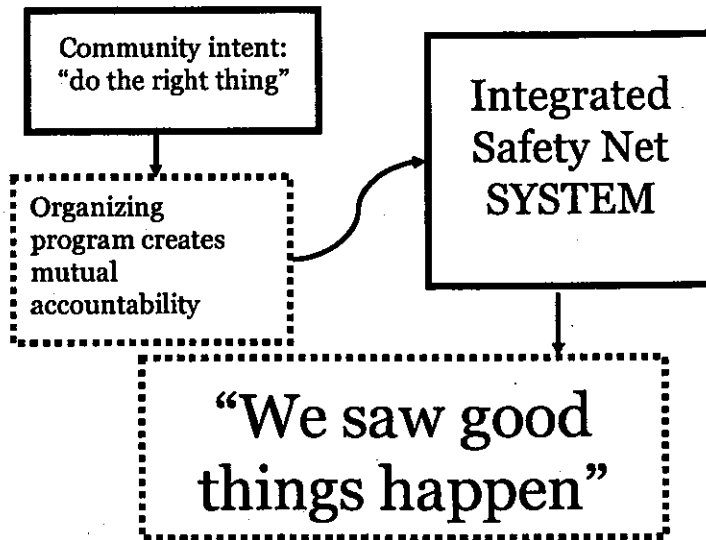
- **Get out of specialty care business**
- **Stop revolving door of unresolved medical issues**
- **Clinic efficiencies through job reengineering, outsourcing, automation**
- **PROJECT ACCESS!!**
- **Enabled us to do what we do best - Primary Care**

The Results

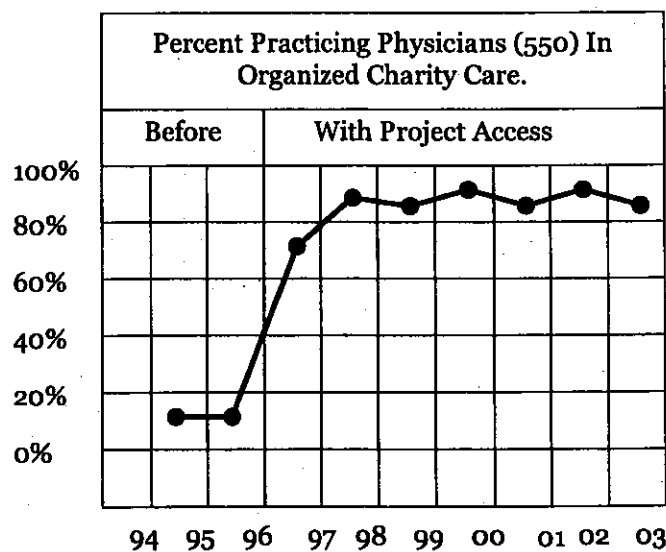
Community Health Assessment 2000

- **93% of residents have source of regular care**
- **Up from 78% just 5 years earlier**
- **Last year over \$8,000,000 in documented free care split between hospitals and MD's**
- **16 to 1 return on investment**
- **70% of Project Access referrals from Safety Net**

From Buncombe County The Results

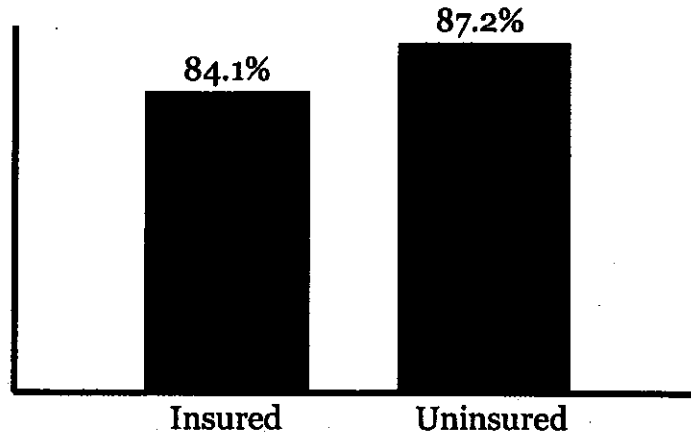


The Results



The Results

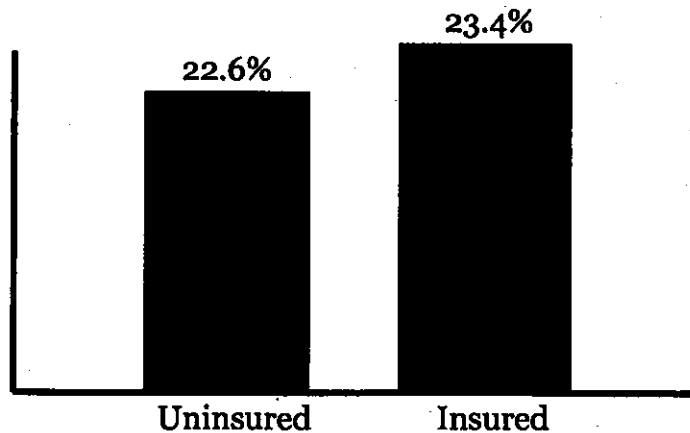
Experience "Good" or "Excellent" Physical Health



Source: 2000 PRC Community Health Survey, Professional Research Consultants

The Results

Utilization of ER in the Past Year



Source: 1. 2000 PRC Community Health Survey, Professional Research Consultants
2. 2000 Buncombe County Latino Health Survey

The Results

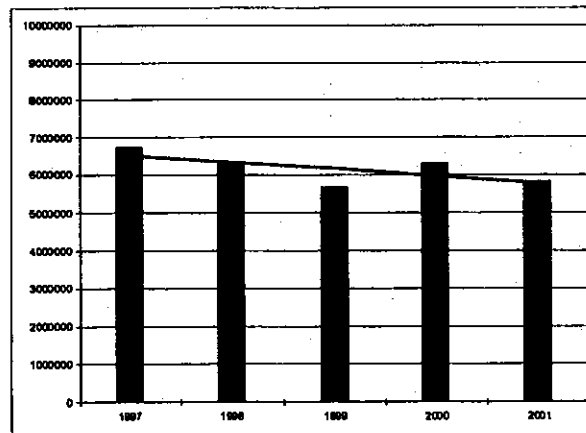
Employment Study Of Project Access Patients.

	<u>% Surveyed</u>
Gain in employment since enrolling	14%
Services helped return to work or do better job	25%
Since leaving have job with health insurance	46%
Routine check up within last two years	98%
Health is better or much better	80%

MAHEC October, 1998. Sample: 276 Project Access patients (51% no longer enrolled.)

The Results

Hospital Charity Cost Decreases Over Life of BCMS Project Access



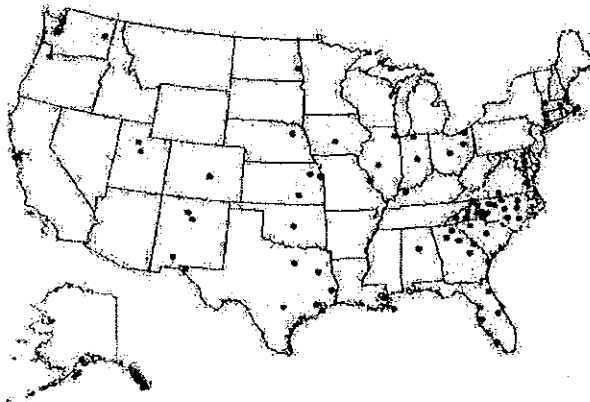
The Results

It is working in many communities

Wichita, Kansas	450,000
Dallas, Texas	2.1 million
Swainsboro, Georgia	25,000
Raleigh, North Carolina	750,000
Danville, Virginia	150,000
Boone, North Carolina	75,000
Greenville, South Carolina	300,000

Plus over thirty others!

Project Access Across the Nation



Medical Care in Asheville, NC

- We're proud of our model – 93% access
- Being replicated all over Country
- Innovations in American Government award
- Growing pains – Eligibility levels, interpreters, illegal aliens
- Hospital indigent care costs down
- Safety Net much stronger due to Project Access
- Buncombe County very close to universal access to full continuum of health care

Could it Work for Hawaii?

Absolutely!

- We increased access from 78% to 93% in 5 years
- Hawaii already at 90% insured
- 95%/96% is essentially full coverage – people in transition and wealthy self insured
- Your goal is only 5% increase in access – That's 60,000 for Hawaii

Could it Work for Hawaii?

Remember

- Project Access was a driver of system change
- Doctors ran the show
- Safety Net clinics had to be optimized
- Hospital had to join in
- Local government provided funds for drugs and administration

Could it Work for Hawaii?

Remember

- You are already a national leader
- 1974 Prepaid Health Care Act
- Only State law of its kind in the USA
- Only Minnesota, Rhode Island, Iowa, and Massachusetts have fewer uninsured
- You have the capacity to achieve universal health care

Thank you for listening
to our story!

QUESTIONS?

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