Project Access Spokane:  
Year One Program Assessment and Operations Analysis,  

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EXECUTIVE SUMMARY

The problem of inadequate access to health care in the United States is well-known. An “estimated 15.6 percent of the population, or 45.0 million people, were without health insurance coverage in 2003.” For people in households with annual incomes of less than $25,000, 24.2 percent had no health insurance coverage while only 8.2 percent with incomes of $75,000 or more were uncovered.

Physicians have a conflicted role in resolving the problem of inadequate access. A recent study found many are reluctant to treat the uninsured, primarily because of escalating practice costs, time constraints, patient access and a fear of being swamped by charity cases. However, this reluctance can be overcome through appropriately designed programs. A review of physician led initiatives found that “physicians have the capacity and willingness to lead community-wide efforts for the underserved,” including donation of care for those unable to pay. Successful initiatives depended on the development of innovative partnerships, methods and programs by the physicians themselves.

Project Access Spokane is a community-based, physician-led initiative to expand access to health care for medically underserved citizens of Spokane County, Washington by providing on-demand health care to low income county residents without health insurance. Formed late in 2001 and launched in September, 2003, in partnership with hospitals, business, and community organizations and funded by financial and in-kind support from community groups and national organizations, the initiative is sponsored and administered by the Spokane County Medical Society Foundation. Participating primary care physicians are asked to accept ten patients per year while specialists are asked to accept twenty patients per year or to donate eight sessions at a neighborhood free clinic. Hospitals donate inpatient care, lab and radiology services, as well as outpatient services. Pharmacists provide wholesale pharmaceuticals, partially paid by a $4 co-payment, while waiving all other charges, including counseling and dispensing fees. Enrollment is limited to low income Spokane County residents without medical insurance and not currently receiving state or federal medical benefits. Patients are enrolled for six months for primary care or three months for specialty care and assigned to a primary care or specialist physician depending on medical need. Medical
services provided to patients are reported by physicians and hospitals through industry standard insurance claim submission processes to document utilization rates, disease categories and donated charge information.

During its first year, 706 patients were enrolled in Project Access. Their racial profile approximated that of Spokane County, with 86 percent indicating they were white. About 75 percent resided in the cities of Spokane or Spokane Valley, and the fraction married was significantly fewer than for the county. Although the distribution of patients by sex was significantly different than for the county, the distribution by age was similar. The percent of patients aged 25 or less and between 56 and 65 was much larger that for the county while the fraction 65 or older was much less. Nearly 48 percent of the patients had household incomes less than $10,000 while another 29 percent had incomes between $10,000 and $15,000. Comparable percentages for the county the were 10 and 7 percent, respectively. About 52 percent of patients were directly enrolled at the Project Access site and 30 percent at two Community Health Association of Spokane [CHAS] clinics.

Insurance claims submitted by providers are used to measure the volume and value of Project Access medical services. Claims were submitted by 380 professionals, primarily physicians but including physical therapists, chiropractors, nurses and similar practitioners, 18 clinics and 4 medical centers. However, this data substantially understated the actual value of services donated because claims were submitted for only 417 of 706 patients. The apparent reason for this low submission rate is that some participating physicians did not submit insurance claims for all their services, most likely because completion of the claim form simply added to work already donated. Incomplete claims from other types of providers appear less important.

Medical professionals accounted for 28 percent of all claims and 84 percent of all visits while medical centers as providers of complicated hospital services accounted for 69 percent of all claims and 12 percent of all visits. Average provider claims ranged from $1,900 for each clinic to $481,000 for each medical center. Claims per visit clustered around $350 for individuals and clinics, rising to $6,800 for medical centers.

Individual providers did not participate equally in Project Access. Those in the lowest claims quintile accounted for 1.4 and 5.5 percent of all claims and visits,
respectively, while those in the highest quintile accounted for 65 and 45 percent of all claims and visits. The lowest claims quintile averaged 1.3 visits each while the highest had 10.6 each. Claims per provider in the lowest group were $140 while in the highest they were nearly $6,800.

Patients also did not utilize providers equally. On average, each saw 3.4 different providers but those in lowest claim quintile accessed exactly one provider each while those in the highest quintile, accounting for nearly half of all the providers accessed, averaged 8.4 different providers each. Patients were organized into deciles based on their claims. The average claim for the eighth decile was greater than the total claims for first. About 80 percent of the claims were accounted for by the highest two deciles while the ten largest claims alone accounted for 43 percent of all claims.

The most common medical problems involved perinatal conditions and genitourinary diseases with 18.7 and 10.5 percent of all diagnoses. The most common place for diagnoses was the office of the provider, followed by hospital outpatient facilities. About 78 percent of all claims were accounted for by hospital inpatient or outpatient care. Hospital inpatient treatments for neoplasms and congenital anomalies represented the largest amount of claims, accounting for 31 percent of all claims. Claims for congenital anomalies of $161,000 per patient for hospital care and $32,000 per patient regardless of place of service were more than five times larger than average claims for neoplasms, $26,000 and $6,400, respectively, the next largest diagnostic group.

Patients most commonly visited the office of a physician or other medical professional once. Heavy utilization of the same place of service was relatively infrequent with patients with six or more visits accounting for only about 5 percent of all visits. However, these patients accounted for more than 60 percent of all claims. Average inpatient claims were of $14,100 nearly seven times larger than outpatient ones at $2,900.

During its first operational year Project Access had total income of $366,002 and total expenses of $320,915, leaving a carryover for year two operations of $45,087 as a consequence of multiyear grants for operations and administrative costs. The estimated value of donated services is $3,104,210, representing 3,198 visits and 7,580
procedures. In terms of a benefit-cost ratio, for every dollar of expense, Project Access generated $9.67 in medical services to the medically underserved citizens of Spokane County at an average cost of $499 each. Individually patients received an average of $4,395 in medical services, averaged 4.5 visits to a variety of medical providers and received an average of 10.7 medical procedures or services.

The problem of insurance claim under-reporting should be a matter of concern because the value and volume of services provided by Project Access can not be accurately determined. Surveys should be undertaken to determine patient and provider satisfaction, program strengths and weakness, and to identify unmet needs. A post treatment survey could be used to determine the effectiveness of Project Access care and its impact on other community low income health programs and emergency services. This survey also would permit a determination of the influence of Project Access on the labor force participation rate of patients as well as providing a basis to estimate its overall economic and social benefits to Spokane County. Participating physicians and medical professionals average fewer patients than they agreed to accept. Reasons for this relatively low enrollment should be examined. Perhaps, as a new program, Project Access is undergoing startup problems in establishing eligibility procedures and identifying and informing prospective patients.