

# Initiative provides care to uninsured

Hospitals, health plans hope Project Access treats 1,000 people in its first year

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At least one Oregonian dies each day for lack of health insurance.

The state's 600,000-plus uninsured also drive up health insurance costs for businesses and commercially insured individuals, who pay inflated rates to offset hospital charity care costs, which totaled \$800 million at Oregon's 57 hospitals between 2005 and 2006.

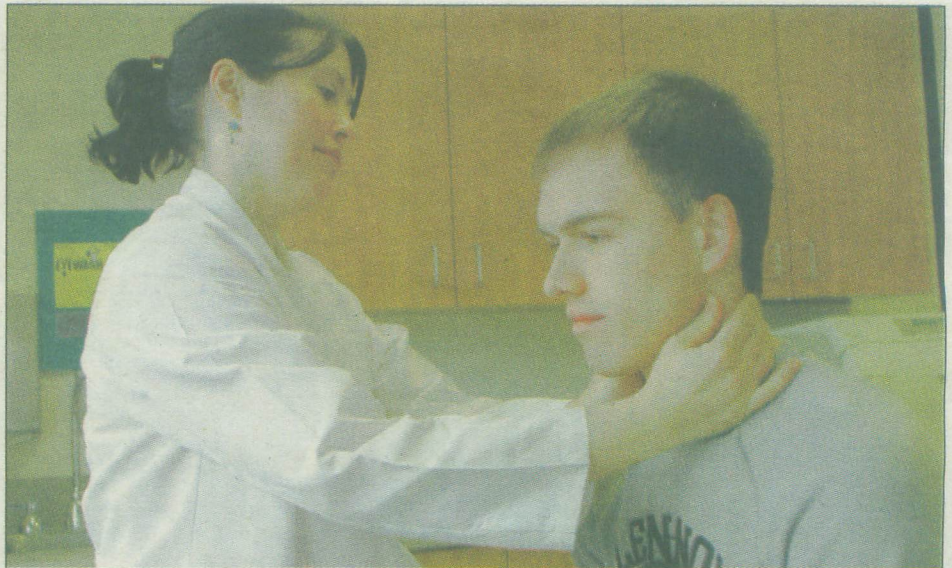
An initiative launched last month, Project Access Now, aims to help remedy that by providing free care for uninsured working poor. The nonprofit has signed up all 11 Portland hospitals, plus four health plans to participate.

About 1,500 doctors have volunteered to provide care, mainly those employed by the major health systems and large clinics. The program aims to serve at least 1,000 patients in the first year, and will expand in the coming years.

The program targets individuals who earn too much money to qualify for Medicaid and do not have other health plan coverage. It launched in Multnomah County and Clark County in March and in Washington County on April 1. It will kick off later in Clackamas County.

"All of us recognize that bringing infrastructure to the chaotic process of uninsured care will improve health outcomes as well as financial performance," said Priscilla Lewis, regional director for community services and development at Providence Health & Services-Oregon, and a steering committee member for Project Access.

Project Access has two full-time employees and several other personnel dedicated to the program who are employed by strategic partners. Its annual budget is \$350,000, more than half of which is dedicated to purchasing drugs for patients. It is funded by a coal-



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Dr. Kathleen Morris, left, checking patient Nick Bohrer, is a volunteer in Project Access Now.

tion of health systems, health plans, charitable foundations and community nonprofits.

The program uses a coordinated network of volunteer physicians to provide primary and specialty care, diagnostic services, hospital services and certain drugs to low-income uninsured.

"It gives uninsured patients the seamless care and dignity enjoyed by the insured, and lets them move through the health system with alacrity," said Dr. James Hicks, president of the board for Project Access Now.

Modeled after a program created 16 years ago by the Bunkam Country South Carolina Medical Society, it has been emulated in at least 50 communities. Oregon's version is more expansive.

"The Portland program is unique in that it is especially ambitious, covering four counties in two states. It's more complex than most," said Rae Young Bond, the executive director for the Chattanooga-Hamilton County Medical Society in Tennessee, which provides technical assistance to groups that want to emulate the Project Access Now model.

The program also provides needed sup-

port for the state's overburdened safety net clinics, which provide free primary care for the uninsured.

"People are already doing free care in the community, but not in a way that allows for full continuum of care," said Tracy Gratto, executive director for the Coalition of Community Health Clinics, a trade group that represents the interests of 13 safety net clinics, 40,000 patients in 2006. "This project gets at improving health by making all kinds of services available in a coordinated framework."

United Way of the Columbia-Willamette pitched in \$75,000 for the first year of the program, with the possibility of renewal, in addition to offering administrative support and technical assistance. Access to health care is a major area of focus for the United Way.

"This is not a long-term fix, but a start at delivering getting more effective and efficient care for the uninsured," said Elena Wiesenthal, community investment manager for the United Way of the Columbia-Willamette.

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