News Update from the

### **Central Plains Regional Health Care Foundation** A NON-PROFIT CORPORATION



Issue 1 • 2009

## **Evaluation report analyzes achievements of Project Access**

uth Wetta-Hall knows Project Access inside and out, statistically speaking. Wetta-Hall, assistant professor in KUSM-W's Department of Preventive Medicine and Public Health with RN, MSN, PhD and MPH credentials, has analyzed Project Access data since the program began September 1, 1999. She just completed an evaluation for the years 1999-2007. Below are a few of her findings:

### **Patient Demographics**

The Project Access patient profile has remained constant during the past eight years.

- 56% employed
- 67% living ≤100% federal poverty level
- 63% female
- 58% aged 40-64 years
- 59% white

#### **Physician Services**

Sedgwick County's physician community has supported Project Access in their offices at a significant level for almost a decade.

- 100.094 office-based charges (from HCFA) forms) were submitted from 1999-2007.
- 5,833 patients received donated care from volunteer physicians and clinics.
- \$3,080 average donated treatment charge for outpatient services.
- \$1,250 median charge for the vast majority of program patients.
- Top diagnostic codes: neoplasms including cancer, circulatory system diseases and endocrine/metabolic and immunity.
- Radiology, internal medicine, surgery and family practice accounted for nearly 70% of office-based CPT codes.

#### **Hospital Services**

Area hospitals have provided a crucial part in caring for many Project Access patients.

- 14,882 hospital charges (from UB-92 forms) were submitted from 1999-2007.
- 3,672 patients received hospital services.
- 91% received outpatient services and 8% inpatient services.

- The national rate of hospital outpatient visits per 100 people is nearly 4 times more than Project Access's rate.
- The national rate of inpatient visits per 100 persons is five times more than Project Access's rate.
- The average-length-of-stay of Project Access patients was between one and four days longer than the national rate for seven major diagnostic categories.
- Top 3 major diagnostic categories included musculoskeletal diseases, ill-defined conditions and circulatory system diseases.
- Hospital services related to neoplasms and circulatory and digestive diseases were the most costly.

#### Cost of Care

A relatively few number of Project Access patients incurred most costs for the program.

- \$1,200 median charge per patient for physician office services.
- \$6,000 median charge per patient for average hospital-based charge.
- 1% of program patients had charges exceeding \$100,000 each, consuming nearly 25% of total donated services.
- 35% of MDC diagnostic charges were represented by neoplasms.

### **Perceived Health Status**

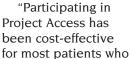
Program patients are asked to evaluate their physical well being before and after enrollment.

 Self-reported health status improved significantly as a result of donated care received, but remained 10 points below U.S. population norms.





The high cost of caring for only 88 patients since 1999 could not escape Wetta-Hall's attention as she compiled the eight-year report.





Ruth Wetta-Hall, MSN, PhD, MPH

have been treated for less than the national mean," said Wetta-Hall. "We would see a big change if we could get a handle on the cost of care for those few 'outliers.' Case management is likely to be the best way to help those patients."

But costs were not what impressed Wetta-Hall most.

"I am humbled by the contributions our medical community is making to assist the uninsured," she said. "It is obvious that money does not drive what health care providers do every day in Sedgwick County. These are truly committed people with big hearts making a real difference who deserve much more recognition."

## **Funds help patients** get needed equipment

he financial support Project Access receives annually from the City of Wichita and Sedgwick County can now cover durable medical equipment many patients need for recovery. Wheelchairs, walkers and CPAP machines are examples of equipment available to program patients who receive a prescription from their participating physician.

"The new benefit will be particularly helpful for orthopaedists," said Monica Flask, Central Plains program director.

For information, call 688-0600.

## Kansas law protects physicians participating in Project Access

eriodically, Project Access receives a question from participating physicians — "How do I receive liability protection when caring for an indigent patient referred by Project Access?" Here is the answer every physician should know:

- 1. Project Access physicians complete a form that establishes a contract with the Kansas Department of Health and Environment. By doing so, the provider receives a significant degree of protection under the Kansas Tort Claims Act (KSA 75-6102 and 75-6120).
- 2. The act allows for an indigent patient to file suit against a provider, but caps damage limits to \$500,000 in the event of a negative finding.

- 3. In the event of a suit, the physician is defended by the Kansas Attorney General's office. A judgment entered against a physician is paid by the Attorney General Tort Claims Fund.
- 4. A claim against the physician's private medical malpractice policy can not be made nor can judgments be found against the physician's personal or business assets.

roject Access's legal consultant, Dick Foster of McDonald Tinker law firm, offered further assurance.

"The Charitable Health Care Provider law is a tremendous benefit to Project Access physicians," said Foster. "Under this law, the Kansas Tort Claims Fund is responsible as

'first payor' should a claim for ordinary negligence be made for donated services performed for an eligible Project Access patient. In addition, a professional liability insurance company can not consider such a claim in determining the premium charged for the provider's insurance or whether to cancel a policy of insurance. This cushion of protection is an important element in making the Project Access program a success."

Jon Rosell, Medical Society of Sedgwick County executive director, invited concerned physicians to contact him at 683-7557 "so that misconceptions on this issue can be dispelled and the facts can be disseminated in the physician community."

# Central Plains adds staff, changes responsibilities of another

roject Access has added two new staff members since the beginning of 2009: Nicole French is the new patient service coordinator and Kristy **Anderson** is the new administrative assistant.

Nicole brings over five years experience in the health care field to her job verifying enrollment and referrals, coordinating requests for clinical and

laboratory tests from the community care clinics and interacting with patients and physician offices. Prior to joining Project Access, Nicole worked

for the Mental Health Association of Sedgwick County and Galichia Hospital. She has a B.S. degree in health management and community development from Wichita State.

After working 10 years for George Lucas, MD at the Wichita Clinic, Kristy was ready for a change and she found one at Project Access. Scanning patient charts, entering claims and administer-



ing patient surveys are just a few of the tasks she handles between phone calls with patients, clinic staff and physician offices.

entral Plains recently promoted Monica Flask to director of programs for Project Access and Enhanced Care Management of Sedgwick County. She joined Central



Plains in June 2008 as Project Access program manager.

"We're pleased Monica accepted the challenge of coordinating the daily operations of both programs," said Anne Nelson, associate executive director of Central Plains, who will continue administrative oversight of Central Plains programs and new projects, such as the Community Coverage Initiative.

### NUMBERS TO KNOW

Since September 1, 1999...

8,576 patients have enrolled in Project Access and 770 patients are active daily.

**579 physicians** participate in Project Access and **50 physicians** volunteer in six community clinics for a total participation rate of 58% of MSSC practicing physicians.

\$22,136,604 in care has been donated by physicians submitting HCFA billing reports.

\$58,095,657 in care has been donated by seven area hospitals submitting UB92s.

\$3,428,033 in prescriptions have been purchased and 193,718 prescription claims filed with funds provided by the Sedgwick County Commission and the Wichita City Council and filled at no charge by 71 participating pharmacies.

In addition, pharmacy efforts by Project Access leveraged over \$2,251,388 in donated medications for the program's patients.

Since March 10, 2006...

683 patients have enrolled in Enhanced Care Management of Sedgwick County and 252 patients are actively enrolled.

70% of ECM patients are challenged by three or more of the following chronic conditions:

Arthritis	51
Asthma	49
Congestive Heart Failure	31
COPD	52
Diabetes	69
Frailty	48
Hyperlipidemia	87
Hypertension	133
Ischemic Heart Disease	40
Lower Back Pain	80