

Volunteer Physicians Linked to Needy Patients in Asheville, N.C.

Reach Out: Physicians' Initiative to Expand Care to Underserved Americans

SUMMARY

Project Access, which provides access to specialty and chronic health care for low-income uninsured people of Buncombe County, N.C., expanded its services from August 1994 through July 1998.

Project Access matched qualifying patients needing specialty physician care or chronic primary care with volunteer physicians through an online database linking county care clinics to a central server at the Buncombe County Medical Society.

Area hospitals provided all needed ancillary services free of charge, and the county paid for prescribed drugs.

The project was part of the Robert Wood Johnson Foundation (RWJF) national program *Reach Out: Physicians' Initiative to Expand Care to Underserved Americans*.

Key Results

- The project gave approximately 5,000 patient referrals for specialty and chronic care, valued at about \$2.5 million per year.
- Physician volunteers handled another 11,000 acute/episodic patient visits through the community's free clinic.
- Project Access reduced emergency room use at area hospitals, reducing costs by an estimated \$120,000 per year.
- The project increased the efficiency of county clinics through its online specialty care referrals.
- The Buncombe County Medical Society estimated the project generated \$35 of care from each dollar spent administratively.

Funding

RWJF supported this project with two grants totaling \$299,989 from August 1994 to July 1998.

THE PROBLEM

Buncombe County, N.C., with a population of 190,000, lies in the Blue Ridge Mountains. Its county seat, Asheville, population 68,000, is the largest city in the western half of the state. The population was 90 percent white, 9 percent African-American and 1 percent Hispanic and other at the time of this grant.

The city is the regional health center for approximately 800,000 people in the 15 counties in western North Carolina. At the time of these grants, its immediate area, Buncombe County, had no large employers providing health care or coverage for blocks of workers. It contained seven census tracts designated as medically underserved areas, six urban and one rural.

For the county as a whole, the Buncombe County Medical Society estimated 30,000 people were at or below 200 percent of the federal poverty level. Barriers to health care for the population included:

- Insufficient numbers of primary care physicians.
- Insufficient numbers of physicians accepting more than a few Medicaid patients.
- Few practices with evening or weekend hours.
- A problem with transportation (in 1990, close to 10 percent of households had no vehicle available).

According to the Buncombe County Medical Society, in 1993, 60,000 visits to area emergency and/or urgent care facilities could probably have been managed more appropriately in the offices of private physicians.

The roots of Project Access go back a quarter of a century to two retired physicians seeing indigent patients two nights a week in the basement of the Baptist Church (the free "Doctors' Clinic"). With increased demand, Buncombe county established a clinic in its own right, with a medical director and—in the 1980s—undertook its expansion to the point that by the mid-1990s, 85 to 90 percent of primary care for low income families was delivered at the Buncombe County Health Center and two (and later three) satellite centers in the community.

In the early 1990s, 50 percent, or about 200, of the private physicians in the county either worked as volunteers at the Buncombe County Medical Society-supported free clinic, or accepted referrals from that clinic. However, by 1995 the leadership of the Buncombe

County Medical Society had grown frustrated by the lack of medication, imaging and lab tests and hospital care for the area's medically underserved.

THE PROJECT

Project Access was formed as a partnership of the Buncombe County Medical Society, the Buncombe County health department, volunteer clinics, area hospitals, the area health education center, pharmacists and county social services.

Its primary goal was to improve access to health care—specifically specialty and chronic care—for the uninsured of Buncombe County whose incomes were at or below 200 percent of the federal poverty level. The project excluded services under Medicaid.

The Buncombe County Medical Society sought RWJF funding to plan and implement a matchmaking system to connect volunteer physicians with patients found to need specialty or chronic care. Patient eligibility screening would be conducted by neighborhood primary care sites or at the doctors' volunteer free clinic (the historic "Doctors' Clinic").

The Buncombe County Medical Society also requested funding to hire a coordinator for Health Partners, a community-wide coalition established by the Buncombe County Medical Society in 1995 as a forum for addressing access to care issues and to steer more health care toward the underserved (through implementation of this project). Project planning oversight was provided by an Administrative Board composed of project codirectors and representatives from the three local hospitals, community clinics and the Mountain Area Health Education Center.

Other Funding

The Buncombe County Medical Society received additional project funding during the planning grant (mid-1994 to mid-1995) from area hospitals (\$298,000, including \$11,000 in donated personnel time) and from other foundations (\$320,000). During project implementation, Buncombe County contributed \$560,000 (fiscal years 1996 through 1998) for patient medications and administrative support. The Kate B. Reynolds Charitable Trust awarded the Buncombe County Medical Society a two-year grant (1997 and 1998) of \$101,500 for development and implementation of its matchmaking CARES system for patient enrollments and referrals.

The project also received significant in-kind support during the period of RWJF funding from area hospitals, the Buncombe County Department of Social Services, Mountain Health Care (an independent physicians' association), clinic sites, pharmacists and others.

Planning Phase

In the period mid-1994 to mid-1995, the Buncombe County Medical Society conducted a community health care needs assessment. It sponsored forums in medically underserved areas, and held patient focus groups to identify major barriers to care, physician focus groups to study recruitment issues and commissioned a countywide needs assessment and phone survey, conducted by Professional Research Consultants of Omaha, Neb. It then drew up a comprehensive plan for the project.

The Buncombe County Medical Society also established Health Partners, the community coalition that would implement the plan, and "Project Access," its fledgling administrative service to match uninsured low-income patients needing specialty or chronic medical care with volunteer physicians. It undertook a media campaign to publicize the group's work within the community and a campaign to recruit and maintain volunteer physicians. It created physician incentives to participate, including doctor-of-the-month posters at hospitals and in local papers, awards and the publication of the community service records of physicians.

The 1994–95 Buncombe County Medical Society's community needs assessment found that, among other things:

- An estimated 9,200 county adult residents lacked health insurance and were at or below 200 percent of the federal poverty income level, with 54 percent of this group working.
- This underserved group was found to be more likely than the county adult population generally to have a cardiovascular risk factor, to be depressed, to smoke and to be chronic and/or binge drinkers. Over 66 percent of its individuals led sedentary lifestyles.
- The survey compared this group with others of the same income level who had insurance. The uninsured were three times more likely to have needed, but not seen, a doctor in the previous year due to cost, half as likely to have had a checkup in the past year and twice as likely to have used urgent or emergency services.

Implementation Phase

Project Access was located at the Buncombe County Medical Society offices in Asheville. Its staff (which by 1998 consisted of two full time positions) coordinated physician recruitment and promotion of the project within the community and beyond, and administered the "CARES" database matching enrolled patients and volunteer physicians.

The Buncombe County Medical Society administered a medication formulary for the project (its list of approved drugs for common treatments), which it developed under

contract with the county. Community pharmacists supplied prescription drugs to patients at cost; patients contributed a \$4 co-pay and county funds managed by Buncombe County Medical Society—approximately \$300,000 in 1995—were used to reimburse the pharmacies at cost. All lab tests and imaging, as well as other needed inpatient and outpatient services, were donated by three participating area hospitals.

Physicians under Project Access donated their services by pledging through the medical society to see 10 enrolled patients per year (20 patients if they were medical specialists). They could choose to see patients at their practices or volunteer at a clinic, and could limit their participation and/or withdraw at any time. Buncombe County Medical Society believes its physician volunteerism was sustained due to two factors:

- Physicians knew they could control the amount of their volunteer service.
- They knew that their patients could get the pharmaceuticals, diagnostic tests and hospital services they needed to get and stay well.

North Carolina had a Good Samaritan law, voiding liability in instances of volunteer care. In addition, early on the Buncombe County Medical Society convinced the state's major medical insurance provider to offer a malpractice policy for free clinics.

Patient eligibility determination and enrollment were carried out at four county primary care clinics by county staff also doing Medicaid eligibility and enrollment (their Medicaid work was supported largely by federal funding). Referrals and appointments with specialists were made through online connections with a computerized information system (the CARES system) linking the project headquarters and each clinic.

CARES tracked the availability of physician appointment slots. Staff made appointment reminder calls to patients 24 hours before each appointment. A local for-profit independent physician's association processed invoices for physicians' services free of charge. Invoices added clinical data to the enrollment (demographics) data already in the CARES system, and each participating hospital sent regular reports to the Buncombe County Medical Society detailing services rendered to project patients.

Patients signed responsibility agreements at the time of enrollment. Patients were to be dropped from the program if they missed three appointments, although the 1998 no-show rate was less than 5 percent. They were handed "Access" cards, much like typical insurance cards, to use at physician offices and pharmacies.

RESULTS

By mid-1998, approximately 800 patients were enrolled in Project Access at any given time. While most patients were enrolled with specialty providers for short-term treatment of acute medical needs, a growing number—about 400 by 1998—had been permanently enrolled with private practicing primary care physicians. These patients typically had chronic or complicated care needs. During the three-year implementation period:

- The project gave approximately 5,000 specialty care patient referrals (a 1999 study documented 3,000 of these in just the previous 12 months).
- Its physician volunteers handled over 11,000 acute/episodic patient visits through the doctors' volunteer free clinic.
- A patient survey tracking satisfaction (1997), and another survey tracking health care outcomes (1998) found that:
 - Over 80 percent of patients surveyed reported that their health was either much better (69%) or better (13%) than when they first enrolled in the project.
 - Out of a sample of 173 patients, 25 percent indicated that the services they received helped them return to work or do a better job.
- Participating hospitals experienced a \$10,000 reduction in "uncompensated care" per month over this period—from \$130,000 per month to \$120,000. The reduced figure includes all services donated to Project Access. The emergency room utilization rates dropped significantly—to 8 percent of hospital usage during 1998, down from 17 percent in 1995.
- County clinics became more efficient. At the Buncombe County Health Center, the project resulted in less phone time for staff seeking a specialist for a patient. The clinic's rate of Medicaid patient visits held steady at its 1993 rate of 3,000 per year, but its indigent caseload increased from 6,000 to 9,000, without an increase in budget.
- Physicians' participation was substantial and grew.
- The patient data and tracking system documented \$2.5 million in free physician care each year of the grants. By 1998, including 133 physicians volunteering at the doctors' volunteer free clinic, and more than 358 physicians accepting patients into their private practices, the total per year was \$3.5 million. The Buncombe County Medical Society estimated the project generated \$35 of care from each dollar spent administratively.
- The proportion of Buncombe County Medical Society members—both primary care and specialist physicians—willing to see low-income uninsured patients increased from 30 percent to 60 percent.

• In 1998 the Buncombe County Medical Society received commitments from 78 percent of its practicing members to provide volunteer service.

Communications

Project Access was featured in *The Market and Health Reform: North Carolina*, a 1996 report prepared for the North Carolina Health Care Reform Commission. It was the subject of an article in *Healthcare Policy Report*, a 1997 federal Bureau of National Affairs publication, and was profiled on a 1997 statewide public television show, "North Carolina Now."

Project co-director, Suzanne Landis, MD, discussed the project before the North Carolina Governor's Conference on Rural Health in 1998, and before the Carolinas' Medicine and Public Health Conference in 1997. Project staff published two articles on Project Access in *North Carolina Medical Journal* and one in the *North Carolina Medical Bulletin*. The county's primary paper, the *Asheville Citizen-Times*, published eight feature articles or editorials lauding Project Access during the RWJF funding period.

A website provides information on the Buncombe County Project Access. For further details, see the Bibliography.

AFTERWARD

In 1998, Buncombe County Medical Society staff created the American Project Access Network to replicate the program in communities across the country. Funding for the replication effort came through a \$100,000 award from Innovations in American Government, a program of Harvard University's John F. Kennedy School of Government.

In 2005, the Buncombe County Medical Society received funding from the North Carolina General Assembly to further develop the Project Access program throughout the state. The initiative resulted in the formation of the North Carolina Association for Healthcare Access, which aims to coordinate medical assistance efforts between Project Access programs and provide higher quality care to over one million uninsured North Carolina residents.

The project continues to expand in size and in the availability of services. According to project staff, the Buncombe County Project Access received over \$9.5 million in documented charity care in 2006. Additionally, in 2007, with funding from the North Carolina Health Net, Project Access began offering bilingual support, life skills and wellness assistance, and enhanced care for patients with chronic diseases.

Since its inception, the Buncombe County Medical Society has received numerous other awards and commendations for its work to assist the uninsured, including the "Leadership and Innovation Award" from the U.S. Department of Health and Human Services in

2000, the "Acts of Caring Award" from the National Association of Counties in 2001, and the "Premier Cares Award" from the Alliance of Hospitals and Healthcare Systems in 2003.

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Grantee Websites

http://mywcms.org/Philanthropy/Health-Access-Priority/Project-Access provides information on Project Access of the Buncombe County Medical Society. Asheville, NC: Buncombe County Medical Society.

Sponsored Conferences

"Buncombe County Medical Society Medication Community Symposium," March 26, 1997, Asheville, NC. Attended by 83 people from 62 organizations including physician practices, the Eblen Foundation and the Buncombe County Department of Social Services. Six presentations.