



CINCINNATI MEDICINE DIGEST

Academy (regrettably) announces cessation of Project Access operations

Dear Project Access Supporters and Academy Members:

The Big Vision, How Far We Got, and What's Left to Do

As you by now know, Project Access operations drew to a close in 2013 after three years of better organizing access to care for Greater Cincinnati's uninsured families. Several factors influenced an inevitable decision, including the advent of health care reform, vigorous competition, and consolidation of many physician practices.

The changing playing field made it difficult to reach physician and health system leaders with a message of collaboration. That isn't to say some didn't respond. Hundreds of volunteers pulled together to make a big difference. In the following, we tell our story – the big vision and how far we got – hoping somehow it will inspire regional leaders to carry it forward for the sake of still many thousands of Cincinnatians without a dependable, meaningful health care safety net.

SPECIAL EDITION

ACADEMY OF MEDICINE OF
CINCINNATI PROJECT ACCESS
CEASES OPERATIONS

Quick Facts

- In 2010, 21 percent of 18 to 64 year olds in the Greater Cincinnati community reported being uninsured.
- Community health centers lack access to specialty services, leading to poorer outcomes. (Cook et al, 2007).

The Big Vision

In 2008, the Heath Foundation of Greater Cincinnati (now Interact for Health) funded an Academy of Medicine study to determine how and in what form charity care was being provided in Cincinnati. The study, which documented that most private practice physicians were already donating care within their practices, was the impetus for a formal attempt at replicating the national best practice Project Access model.

Project Access is a network of specialists and primary care physicians available at no charge to those under 200% of the poverty level. Staffed by care navigators who connect patients from various primary care nodes to area specialists, Project Access is a national best practice that completes this continuum.

In 2010, the Academy of Medicine convened a work group of physicians and community leaders to identify the moving parts of our version of Project Access and cast a vision for the coming years. Admittedly audacious, here's what we set out to do:

1. 1,250 referrals for specialty care would be made by December 2013 and 9,000 by 2016.
2. Every hospital and 85% of practices would treat Project Access patients for free.
3. 95% of patients would report being satisfied or greatly satisfied with Project Access.
4. 95% of providers would report being satisfied or greatly satisfied with Project Access.
5. Referrals for Project Access patients would be quicker than for the insured.
6. Outcomes for the Project Access patients would exceed those of the general public.
7. Awareness in the community of physician-donated services would reach 75%.

How Far We Got

Between 2011-2013, the Academy of Medicine ventured to turn ad hoc charity care into Project Access, an integrated health care delivery system for the uninsured. In doing so, we:

- Engaged over 300 physicians and 2 health systems (Mercy & TriHealth).
- Facilitated \$615,000 in donated care for 225 patients.

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The Academy of Medicine of Cincinnati, founded in 1857, is a not-for-profit, professional association for the physicians of Hamilton County, Ohio. The Academy of Medicine is the professional association that exists to organize, represent, advocate for, and serve physicians of Greater Cincinnati.

Visit the Academy of Medicine of Cincinnati online at www.academyofmedicine.org

- Won attention from the American Cancer Society for our colorectal screening initiative.
- Saved lives and put people back to work, like Karen F. who had undiagnosed colorectal cancer and Troy T. who couldn't do roofing with a blown-out knee.

In doing this, we found that most physicians and health systems really were giving away care for free. Few patients, though, had coordinated access or anyone helping them move along the continuum. Consequently, there was a lot of time wasted due to incomplete diagnoses, duplication of effort, missed appointments, and transportation issues. Moreover, until Project Access came about, there was no hope of simplifying it.

While there is an obvious benefit for the patients of Project Access, there are also immense benefits for volunteer physicians. The Project Access model is unique in its ability to coordinate all care and to foster responsibility and compliance on the part of the patient. Though many specialists within the region were happy to participate they couldn't coordinate all the necessary ancillary services including hospital care. This is where our care navigators shone. Elizabeth, Courtney, and Sharon worked hard to ensure that everything was in place for patients to be treated and to follow-up so that patients stayed in compliance. By providing the necessary care navigation and administrative support, physicians were able to donate their services more effectively.

What's Left To Do

For health centers, office-based primary-care physicians, and their respective uninsured patients, the lack of a specialty care continuum (consultation, surgery, anesthesia, pathology, & radiology) is an immense and largely unmet challenge. This lack of a continuum of care results in a negative cascade of overutilization of emergency departments, discharge planners unable to place patients, delayed treatment, and bad emergency room outcomes. For thousands, this problem was not solved by ACA or market consolidation.

Since independent and employed providers still contribute uncompensated care (intentionally and otherwise), we still have inefficient ad hoc care in an increasingly consolidated market. If collaboration across health systems is not possible, then we see an opportunity for separate, vertically integrated Project Access-like programs within each health system. Of course, there are things to keep in mind, including the role of independent specialists, how to assist uninsured patients who migrate between systems, as well as a significant, albeit undefined, number of people who will still not have insurance after ACA is implemented.

We recommend separate working groups within the health systems to account for and build a full-continuum of care for those without insurance, facilitated by care navigators and volunteerism.

In all, we hope that by developing Project Access, we have helped to bring greater organization to ad hoc charity care and that conversation and effort along these lines will continue.

On behalf of Project Access staff, board of directors, and patients we wish to thank all of our supporters – foundations, corporate sponsors, individuals, and especially the volunteer physicians and staffs from practices and health systems across the region. When we say that lives, careers, and families were saved, we're not exaggerating. Each week our care navigators took in story after story of grateful patients, thankful for your time, talent, and treasure.

Many thanks,

Molly Katz, MD, President, Academy of Medicine of Cincinnati Project Access

Dear Dr. S. –

Just wanted to thank you sooooo much for helping me ... I have been struggling for a while to be able get the care I needed, and because of your generosity I will be able to get back to life soon.

The students I work with will be thankful for that and I will be glad to get to do all the normal activities with them.

Thank you for your blessing — I believe that it will return to you in your business in many ways because you were an answer to prayer I prayed. So nice to not have to suffer because I couldn't afford care.

God bless you & thank you so much — means a lot.

— E.R.

The following foundations, corporate sponsors, and individuals helped fund Project Access.

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 Doctors Foundation
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Academy concerns over UHC terminations published in *Cincinnati Enquirer*

The following letter, written by Academy President James Sosnowski, MD, was published in the November 30 edition of *The Cincinnati Enquirer*.

To the Editor:

Physicians in Greater Cincinnati are troubled that UnitedHealthcare (UHC) Medicare Advantage (MA) subscribers may misconstrue recent claims made in an open letter to subscribers published November 20 in the *Cincinnati Enquirer*.

Physicians remain concerned that UHC's recent decision to terminate physicians from its MA plans will result in significant network adequacy issues for primary care and subspecialty services leading to reduced access and quality of care for Medicare patients. Physicians terminated from the plans also express dismay that they can no longer care for their long-time patients who often have multiple health issues in which an historical perspective can assist in caring for the patient. In addition, these patients may not be as mobile as others and limiting choice could create access problems due to the location of

the physicians who remain in the plans.

In the letter, UHC claims that plans will continue to offer broad choice in access; however, according to a local physician, 75% of dermatologists in the Greater Cincinnati area have been dropped from UHC's Medicare Advantage plans. This reduction of providers in a specialty that is already considered to be in short supply in the area is unsettling. Additionally, nine hand surgery specialists seeing UHC MA patients in the Tristate were terminated from the plans. Other local specialties that are reporting negative impacts are gastroenterology, nephrology, immunology/rheumatology, and obstetrics/gynecology.

At issue is also the timing of these terminations as Open Enrollment for Medicare patients only runs until early December. According to the American Medical Association the timing and process used to communicate the terminations and modifications to the networks are inconsistent with Centers for Medicare & Medicaid Services (CMS) guidance and regulations. It has been reported that some physicians found

that they had been dropped only when patients informed the physician that they had received notification that the physician was no longer participating in the plan. Moreover, lists of providers on the UHC website had not been updated in a timely manner to reflect the terminations thus preventing patients from making an informed decision when choosing a plan during the Open Enrollment period.

The federation of medicine has voiced these concerns at the national level in a letter from the American Medical Association and 81 state and specialty societies to CMS urging a thorough investigation of the network adequacy of the plans. The Ohio State Medical Association has sent a letter to the Ohio Congressional delegation asking that they monitor the situation to ensure that CMS conducts a thorough and timely review.

Physicians recognize that insurers have the right to terminate individual practitioners per a contract's terms; however, it is essential to make certain that patients in these plans have adequate networks of care.

| Drug | Percentage |
|------------|------------|
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| OPIOIDS | 18% |
| GENTAMICIN | 7% |
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If you know of someone who might be interested in Academy membership, please contact our Membership Department at 513-421-7010.

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Any questions, call
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*Season's Greetings from the Academy of Medicine
of Cincinnati!*

*Wishing you health and happiness this
Holiday Season and prosperity in the New Year!*

*We value our member relationships and thank you
for choosing to be a member of the Academy of Medi-
cine of Cincinnati. We look forward to continuing to
serve you in the coming year.*

All the best to you, your family, and your practice.

*Sincerely,
The Council and Staff
of the Academy of Medicine
of Cincinnati*