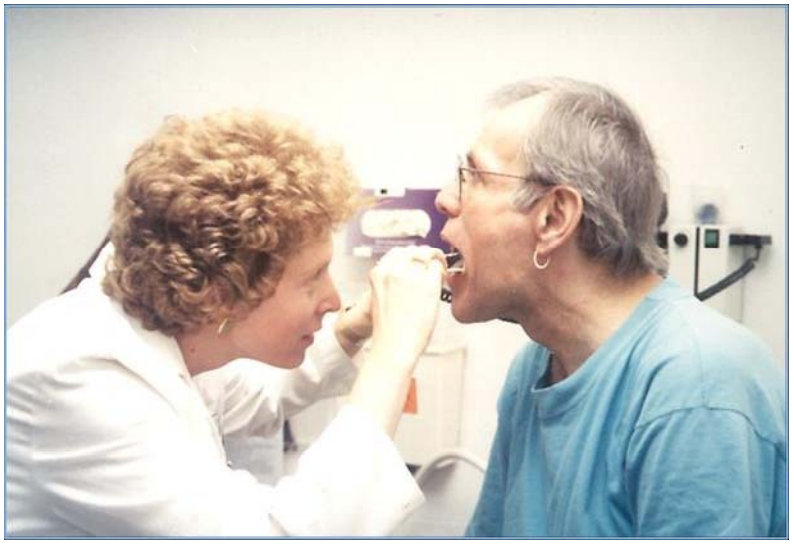
Western Carolina Medical Society Foundation

Project Access®

FYE2014 Community Funding

February 12, 2013



WESTERN CAROLINA WCMS MEDICAL SOCIETY

The Challenge/The Goal

- **Challenge**: 34,646 under age 65 are uninsured. 36.7% of 18-64 year olds are both uninsured and at or below 250% of the FPL. (BC 2011 SOTCH)

- **Goal**: Increase access to medically necessary healthcare services for low-income, uninsured residents of Buncombe County

Project Access®

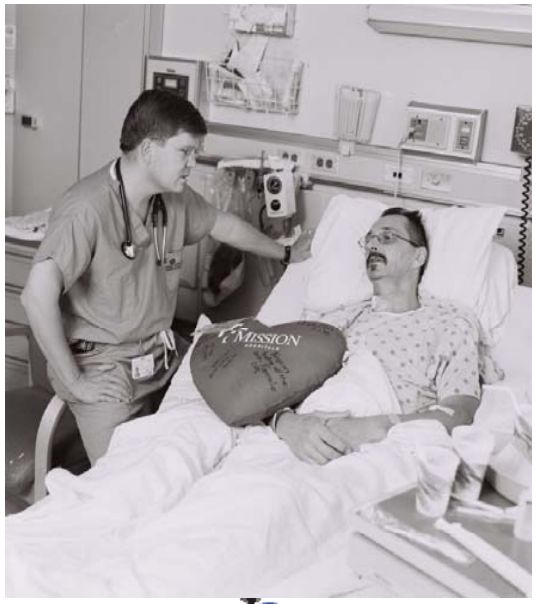
- Physicians donate care in offices (10-20 pts/yr) or at free clinic (8 nights/yr)—primary/specialty care
- Medications via MAP & available at all pharmacies in county (co-pay)
- Patients get ID cards and Rx cards just like insured patients
- DME
- Interpreter services
- Hospitals and private businesses donate inpatient, outpatient, PT, labs and radiology

WESTERN CAROLINA MEDICAL SOCIETY

Project Access®

- Coordinated network of 500+ volunteer physicians: screen/enroll patients, help patients navigate, and deliver a continuum of services

- Atypical nonprofit program.
  PA harnesses philanthropy in the private sector and organizes it into a networked continuum of care.
  - Enrollment criteria
  - Patient responsibility



WESTERN CAROLINA MEDICAL SOCIETY

Project Access® helps the County

- Majority referred from WNCCHS (for specialty care/procedures) and BCDH (for mammograms and colposcopies)

- Integral to safety net system:
  - Strengthens capacity by making accessible otherwise inaccessible services
  - Aligned with strategic direction of SNS

- ROI is 1:20 (WFU, 2009)

Benefits of Project Access®

- Screening and prevention
- Bridge to Medicaid/Medicare
- Get people back to work
- Avoid Emergency Room
- People less sick when they do get care

WESTERN CAROLINA WCMS MEDICAL SOCIETY

An Evidence-Based Approach

- Wake Forest University study:
  - PA enrollees used ER substantially less than risk-adjusted rate for local Medicaid adults
- Other studies:
  - Reduced ER use
  - Increased access to outpatient care (comparable to insured)
- Replicated over 100 communities nationwide since inception in 1996.

Improvements to Project Access®

- Co-locate a PA Navigator at WNCCHS
- Contain costs via Prescription Utilization Committee
- Collaborate with CCWNC to further reduce medication costs by implementing (Medicaid Preferred Drug List and CCWNC's "Chronic Pain Initiative.")
- Access to data via provider portal in *fhases*

Partners: A Community that Works Together

- Buncombe County Commissioners
- Safety net providers
- Mission Hospital
- Medication Assistance Programs
- Local & National Chain Pharmacies (PBM)
- Durable Medical Suppliers
- 500+ WCMS physicians
- Non-physician medical providers (chiropractors, etc.)
- WNC Interpreter Network
- CCWNC – Case Managers, Chronic Pain Initiative

"Who are your additional funders?" (approx $215K)

- Mission Foundation (1 year)
- HealthNet (1 year)
- TD Bank (1x)
- Three Streams (contract co-location)
- Walnut Cove (1 year)
- Rotary (1x)
- Private donations and event revenues (ongoing)

Budget Info

- Ask was $500K. Reducing ask by $50k due to efficiencies with co-locating PA Navigator at WNCCHS.

"How specifically will you be using county funds?" (salaries, bricks & mortar, etc.)

- $30K Interpreter Services, including travel
- $135K meds/DME
- $223K Payroll/benefits (3.5 FTE Navigators, 50% AA, 55% Director of Foundation Programs, 18% CEO, 25% PR/Marketing/Fundraising, 50% IT, 5% bookkeeper)
- $6K IT license
- $17K rent
- $33K other expenses (phone, computers, equipment, IT support, office supplies/expenses, postage/printing, professional fees, repairs, web, insurance, staff travel, meetings, marketing)

"What is your overall budget and what percentage is administrative vs. programming vs. indirect?"

	Cty	Prgrm
Programming – meds/DME/IS	37%	27%
Programming – Navigation	30%	25%
Admin/Overhead	33%	48%

"Are you seeking funds from the City of Asheville and/or the Tourism Development Authority?"

- No.

Case Study: Bonnie, pre-PA

- Low-income uninsured diabetic
- Urgent medical problems
- Could not afford labs, meds, test strips, specialists, etc.
- Providers frustrated
- Patient embarrassed
- Overall inadequate care and poor outcomes

Case Study: Bonnie, post-PA

- Low-income uninsured diabetic
- Routine care PCP visits every 3 months
- Up-to-date on quality indicators
- Easy access to labs, meds, specialists
- No untoward morbidity
- Care is as easy for MD to manage as that of insured diabetics