

## **Project Access Physician Champions**

Suzanne Landis, MD, MPH lives in Asheville, NC and practices medicine at the MAHEC Family Health Center. She was part of the team that created Project Access in 1995 and has been involved in the leadership of Project Access since its inception. Dr. Landis received the North Carolina Medical Society's 2002 E. Harvey Estes, MD, Physician Community Service Award and recently submitted the following guest editorial to her local newspaper.

Who are the physicians in your community that might 'champion' the establishment of a Project Access system or are already leading an operational Project Access system? Tell us their stories and we will feature them here.



Dr. Suzanne Landis accepting the NCMS E. Harvey Estes, MD Physician Community Service Award – November 2002

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### **Buncombe County Medical Society Project Access**

Health care for the uninsured in the United States has been in crisis for at least a decade. In 1991, 33.6 million Americans lacked any kind of health insurance; ten years later 40.9 million lacked coverage (Fronstin P. 2002; EBRI Issue Brief No. 252), and the number is rising as the economy worsens and health care premiums rise. Currently no effective and efficient solution seems politically viable.

Meanwhile, individuals and communities suffer. Nationwide, the most frequent source of care for the uninsured is through private physicians, who care for more than twice as many people as do the clinics/community health centers (Cunningham PJ. JAMA 1998;280:921-927). Because much of this care goes unadvertised and unbilled, neither the public nor the physician community realizes the volume of charity care physicians provide. Any local solution to the health care access problem should incorporate and capitalize on this valuable asset (Scott H. JAMA 2000;283:99-104).

In Buncombe County, NC, we have recognized and built on the major asset of private physicians' provision of charity care. After a community assessment found that access to health care was the main concern, a group of physicians worked with the major health care organizations to craft a local solution with the endorsement of the Buncombe County Medical Society. The resulting initiative called Buncombe County Medical Society (BCMS) Project Access ensures the provision of adequate primary care services through additional neighborhood primary care clinics and enhanced efficiency at the Buncombe County Health Center and alters inefficient private office-based charity care into a more comprehensive, streamlined system. The result: a full continuum of care for low income uninsured people in the county.

Patients are referred to both primary care physicians and specialists who provide free care; labs, radiographic studies, and hospitalizations are donated by the local hospital system; and medications are provided at a low co-pay through county government funds. Physician volunteer commitments and patient referrals are managed through a centralized, on-line database developed for system coordination. Community-based clinics in partnership with Medicaid enrollment specialists conduct outreach, financial assessments, and enrollments. Pharmacies donate counseling and dispensing services.

The positive results of the BCMS Project Access effort have far exceeded the community's expectations. BCMS Project Access assures a primary care home for every low income uninsured person in the county (92% in 2000 as compared to 57% in 1995), improves patient health (80% self report of improved health status), reduces absenteeism (13% by self report), improves productivity (25% by self report), dramatically reduces the amount the local hospital spends on charity care (23% reduction from 1997 to 1999-2001), reduces cost of care (\$515 per capita in 1997 to \$298 in 1999-2001), and significantly reduces ER use by the uninsured (28% in 1995 to 8% in 1998) (Landis S. NCMJ 2002;63:23-29). The system is sustainable primarily because all members of the health care system work synergistically, and the dollars saved exceed those expended. BCMS Project Access leverages the charity care that many physicians were already providing to encourage universal physician participation, and protects those that were giving care from burning out for lack of support. BCMS Project Access also provides learning opportunities for physicians and patients alike. Physicians' professionalism increases as they participate in this program to provide care for all patients regardless of insurance status or ability to pay; physicians and other professionals learn how to account for and allocate services efficiently; and patients learn how to use the health care system more appropriately (e.g., reduced ER use, low 7% missed appointment rate).

The process of collaborating to develop BCMS Project Access led to the strengthening of relationships among leaders of key health care, governmental service organizations, and advocacy groups. Increased trust and a sense of team spirit provide a solid platform from which other community problems can be tackled and additional relationships formed. Agencies and individuals are demonstrating more willingness to offer their resources and talents to solve common problems. It is as if the physicians' simple but profound gift of free care has shifted the paradigm and raised the bar with regard to community problem-solving approaches. As a result, a number of new collaborative, community-based initiatives, such as primary care/case manager services for depressed low income patients, have been

launched. BCMS Project Access has become a symbol of what our community can do and be: a place where people come together, each offering his/her gifts, for the purpose of making ours the best possible community for all our people. And it began with the physicians' example of putting the community's health above financial considerations.

As BCMS Project Access has gained national attention (The Wall Street Journal, 12/24/02, B1; Innovations in American Government Award 1998), communities across the country are hearing about this process and system for delivering health care and are seeking assistance in replication. Over the past four years, twenty-two US communities have established Project Access-like systems and are currently caring for patients. Two dozen more communities are at various points in the implementation process. At least 40 additional communities are at various stages in the investigation process. We owe a debt of gratitude to Congressman Charles Taylor for the federal funding he helped secure to allow us to assist these communities throughout the nation.

And it all began here in Buncombe County. We have much to be proud of and many thanks are extended to all of our community's physicians, our Buncombe County Commissioners, area pharmacies, Mission St. Joseph's Hospital System, Ridgelawn Community Health Center, Minnie Jones Community Health Center, Emma Community Health Clinic, Buncombe County Health Center, Doctors' Free Clinic, Buncombe County Department of Social Service, and Mountain Area Health Education Center (MAHEC). Through everyone's participation all of the people of our community have access to health care and are healthier.

Suzanne E. Landis, MD, MPH