

# Program connects cash-strapped patients with volunteer care

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Joshua Kiele couldn't walk without pain. He couldn't work because the pain got in the way.

And if he couldn't work and didn't have health insurance, he couldn't pay the thousands of dollars required for hip-replacement surgery.

Kiele, 30, tried to find medical coverage for repair of his right hip joint, aggravated by a shallow bone socket and arthritis. He applied unsuccessfully for medical benefits through Social Security. He moved to Alaska to be near a brother who could help him and his children.

Kiele said he hasn't had insurance in years. When he could work, he took construction or temporary jobs, neither of which provided insurance on a long-term basis. He said he didn't have the money to buy a policy of his own.

"I was just barely able to make rent most of the time," he said. "I got behind on a lot of bills. Just the basics were hard to come by. So I really couldn't afford it."

In Anchorage, Kiele visited Dr. Stephen Tower, an orthopedic surgeon with Anchorage Fracture and Orthopedic Clinic. Tower directed him to a program Kiele had never heard of: Anchorage Project Access.

Project Access was created to make sure low-income, uninsured and underinsured residents have access to medical care they need. About 16 percent of Anchorage adults -- almost 29,000 people -- lack health insurance, according to a statewide 2002 survey, said Dr. Catherine Schumacher, who helped start Project Access. Anchorage's program is modeled after one started years ago in North Carolina and is directed by Liz Burris, who directed a similar program in Spokane, Wash.

After years of seeking volunteer doctors, pulling together thousands of dollars in grant money, even supporting a state bill exempting doctors from civil liability for donating their care, Project Access is now enrolling Anchorage residents.

This month, Kiele became one of the project's first patients.

## SHARING THE LOAD

Local doctors and hospitals have been donating care to Anchorage residents for years.

"Pretty much all doctors in town have," Tower said. "This is just a means to make it easier."

Project Access will now coordinate this donated care in Anchorage, ensuring that all participating doctors share charity care rather than having some feel overburdened. Primary-care doctors are asked to see one patient a month through the program; specialists are asked to see two patients, said Burris, who moved to Anchorage this winter to direct the program.

So far, 294 doctors have volunteered to help -- almost 20 percent of the licensed physicians in Alaska. Project Access also will recruit other health professionals, including physician assistants, nurse practitioners, physical therapists, social workers and more, Schumacher said.

Tower expects the program to simplify surgeries like Kiele's, which involved multiple caregivers.

To schedule the surgery, Project Access set up a follow-up appointment with Tower. Kiele applied for, and will likely get, Providence Alaska Medical Center to write off the cost of doing the surgery there, according to hospital staff. Tower agreed to complete the hip replacement and any necessary follow-up for free. Anesthesiologist Michael Norman also donated his services.

The last big piece was Kiele's new hip joint, which Tower said costs about \$10,000. Kiele called the company selling the parts and got that cost erased as well.

On Feb. 16, after all the pieces had come together, Kiele got his new right hip. He stayed in the hospital for five days. He shouldn't receive a medical bill.

## **NOT INSURANCE**

The doctors who helped launch Anchorage Project Access stress that the nonprofit program is not health insurance. Patients like Kiele receive what looks like a health insurance card and are told to present that at the doctor's office. But unlike insurance, no one is reimbursing these doctors for the care they offer. The Project Access ID card reminds patients of this, asking them to please thank their doctors.

It also reminds them to keep appointments made through the program. If they don't, they risk being dropped.

To provide free care, Project Access will require donations and volunteerism. Schumacher said Project Access could bring in about \$385,000 in grant money to run the program in 2006. Main contributors include the Rasmuson Foundation, Providence Alaska Medical Center, the Alaska Mental Health Trust Authority, the United Way and the Denali Commission. Providence, along with Alaska Regional Hospital, also intends to write off costs for procedures needed by Project Access patients, according to staff at both hospitals.

A local business called Risk and Benefit Management Services will donate its software and personnel to collect medical claims from volunteer doctors, pulling out information about what care was provided and the monetary value of those donations.

The program's staff will follow up with patients.

"We're planning on calling people back later to see how they're doing to hopefully show there's a benefit to this," Schumacher said.

The benefits will go beyond the patient, she said. Patients who are seen earlier in their illnesses can be cared for before their small problems become bigger and more costly to treat. They can be seen in doctors' offices rather than emergency rooms, where treatment is typically more expensive. If patients can't pay for their emergency-room care, the hospital must write off the costs in the form of charity care or bad debt, and those costs can be passed on to other consumers by way of higher charges, Schumacher said.

The community also stands to benefit if patients get the care they need, she said. They can return to work and become contributing members of society, perhaps working in jobs that provide health insurance.

That's what Kiele hopes will happen after his hip surgery.

"I actually enjoy going to work," he said. "But I can't work with my leg the way it is.

"I don't like being dependent on everybody."

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