



ROOTED *in*
OUR COMMUNITY

Anchorage Project Access
2010 Annual Report

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Alicia Hernandez *Eligibility Specialist*
Kristi Holta *Development Officer*

OUR MISSION

The mission of Anchorage Project Access is to increase access to health care for low income uninsured members of our community by using a volunteer network of providers working in a coordinated fashion to create a compassionate, respectful, equitable, accountable and efficient program of necessary services for those in need.

OUR GOALS

- I. Improve the health outcomes of the low income uninsured population of Anchorage
- II. Increase the primary care treatment capacity in Anchorage
- III. Increase the ability of physicians and other community partners to volunteer their services effectively and efficiently
- IV. Increase collaboration within the Anchorage health care community to meet the needs of the low income uninsured population amongst us



PRESIDENT'S LETTER

ANCHORAGE PROJECT ACCESS HAS GROWN RAPIDLY since we first broke ground five years ago. We are sometimes so busy tending to patients and nurturing relationships with our partners and volunteer providers, that it's easy to forget how rooted we have become in the community. I was grateful to be reminded over the course of several days last week: 1) In the hospital hallway, a colleague told me his new partner was joining our roster of participating providers; 2) At the gym, I saw a PSA on television reminding the public how to contact the program for medical needs; 3) I was told that *Revolutions*, our "spinning" event fundraiser, had once again excited new donors, volunteers, fund-raising teams, and positive community energy; 4) A physician neighbor told me of his satisfaction in performing a successful hip surgery for an APA patient; 5) I was told that two more well-respected and experienced clinicians would be joining our already vibrant board; 6) I heard that many students had been seen at a novel school based health program affiliated with APA; 7) I found literature and notifications concerning our program prominently displayed at the hospital where I was assuming my own new clinical duties; 8) I reviewed the final draft of this annual report, finding continued major support from state, municipal, foundational, and community organizations.

The success of the program is due to the efforts of many people, but especially the APA staff who work hard "to get the right patient to the right doctor." I also very much appreciate the work of our board members who, as volunteers, are actively involved in the program, helping with a broad range of services that include clinical oversight, evaluation, fund raising, financial management, and board development. Other volunteers have provided assistance with tasks ranging from data analysis to office work. We have received financial support from a wide range of funders that include federal, state, and local governments, non-profit groups, and private donors.

The most important volunteers, of course, are the 459 physicians, health care providers, and their staffs, who provide medical care at no charge to the most needy people in our community. The program would not exist without the generous donation of these medical services.

For all of this I am grateful and excited to serve as board president of an organization that pulls Alaskans together in such a positive way to address the urgent health care needs of our most vulnerable neighbors.

M.D. Catherine Schumacher MD

Catherine Schumacher, MD
President, APA Board of Directors



BACKGROUND

THERE ARE OVER 48,000 UNINSURED PEOPLE in the Municipality of Anchorage. As the economic crisis persists, employers continue to cut costs wherever possible, resulting in the gradual shifting of full-time jobs that include health benefits to multiple part-time positions that lack benefits. The uninsured have no other recourse than to use the Emergency Departments when care is needed, as they are the only services mandated by law to treat those who are ill.

Anchorage Project Access (APA) has been coordinating donated health care for the underserved for five years. People who meet the program criteria are offered this donated health care in a dignified and compassionate manner. Staff performs all “back office” duties beginning with financial screening, and – once eligible – the patients’ care is managed until they exit the program. The APA patient care coordinator works closely with the clinical leadership team and APA medical director when medical issues arise.

APA operates on the premise that all patients have a primary care provider; if they do not, they are provided one. As part of the “responsibility agreement,” patients are encouraged to volunteer 20 hours in the community in whatever capacity they choose.

Anchorage Project Access has an active board of directors as well as several sub-committees that include an executive committee, board development, resource development, clinical leadership team, evaluation, and finance.

ELIGIBILITY REQUIREMENTS:

- Municipality of Anchorage resident; a certain amount of people are served from outside the Anchorage bowl if they are referred by a participating APA provider
- Gross household income of 200% or less of the Federal Poverty Level
- Have no other form of health insurance including: Medicare, Medicaid, Native benefits, VA, Tri-Care, etc.
- Must have a medical need



EXECUTIVE SUMMARY

FIVE YEARS AGO, THE SEED WAS PLANTED that is now Anchorage Project Access (APA). The Project was modeled after similar national projects already successfully providing donated care. During the past five years, we've successfully tended to the Project, making it a viable entity in the community. The State of Alaska DHSS, for example, acknowledged APA's proficiency by including mention of the Project in their *2009 Alaska Health Care Commission Report*, prepared to serve as a five-year strategic plan for strengthening Alaska's health care delivery system.

PROJECT ACCESS PATIENTS HAVE BEEN FORCED TO MAKE DIFFICULT LIFE CHOICES BETWEEN PAYING FOR FOOD AND SHELTER OR TAKING CARE OF THEIR MEDICAL NEEDS.

The strength of Anchorage Project Access lies with its 459 volunteer health care providers, who participate and support the APA mission. During Report Year 2010 (October 1, 2009 – September 30, 2010), APA staff made over 1,132 appointments on behalf of 609 eligible patients.

Compared with last year, there was a slight decrease in the number of unique patients seen; however, the complexity of care for these patients increased. Project Access patients have been forced to make difficult life choices between paying for food and shelter or taking care of their medical needs. Not surprisingly, health care usually takes a back

seat to more pressing concerns. As one APA volunteer provider so amply stated, "These people are really sick."

As in past years, approximately 45% of APA patients served in Report Year 2010 were referred by the Anchorage Neighborhood Health Center, and 17% from Providence Family Medicine Residency. It is interesting to note that 29% of APA patients were referred from participating APA specialists, an increase of 10% from the previous year. The remaining 9% are "self referrals."

The APA volunteer network includes 459 health care professionals representing a variety of specialties and disciplines, including 342 physicians, 63 mid-level providers such as nurse practitioners and physician assistants, 32 physical therapists, and 22 ancillary organizations.

The generosity of the medical community in Anchorage is represented in the value of services donated to APA patients this year – estimated at \$3,548,082. As noted under Value of Donated Care, many services supplied by APA volunteer providers may not have been submitted for documentation; therefore, the actual amount of donated care is probably a great deal higher than reported.

After completing the program, a substantial number of APA patients surveyed indicated improved general health. Patient employment status increased 11%, and the number reporting a primary care home rose by 14%.



OUR PATIENTS

FOR REPORT YEAR 2010, 324 UNIQUE PATIENTS were treated by a volunteer health care provider. Additionally, 609 patients were enrolled and eligible for services during this time period.

As shown in Figure 1, the typical Project Access patient is single, Caucasian, and over 40. Although women represented 63% of our patient base last year, this year the sexes were divided almost equally. While many Project Access patients are unemployed, over 38% are working full- or part-time without health care benefits, or are self-employed. Education remains fairly consistent with the majority being high school graduates. However, it is interesting to note almost 10% are college graduates and 30% have attended some college. As in past years, and significant in the Anchorage community, our homeless population is noteworthy and up by 9% over last year.

“IF IT WEREN’T FOR ANCHORAGE PROJECT ACCESS I WOULD BE DEAD. YOU GUYS SAVED MY LIFE AND GAVE IT BACK TO ME. THANK YOU SO MUCH.”
— PATIENT, T.H.



FIGURE 1: *Characteristics of New Patients Served by Anchorage Project Access.*

Gender	Count	Percentage
Female	159	49.07%
Male	165	50.93%
	324	100.00%

Age	Count	Percentage
1–19	5	1.54%
20–29	41	12.65%
30–39	55	16.98%
40–49	89	27.47%
50–59	97	29.94%
60–69	33	10.19%
70+	4	1.23%
	324	100.00%

Education	Count	Percentage
Less than high school	45	13.89%
High school graduate or GED	139	42.90%
Some college	90	27.78%
College graduate	32	9.88%
Not answered	18	5.56%
	324	100.00%

Employment Status	Count	Percentage
Unemployed	200	61.73%
Employed Part Time	57	17.59%
Employed Full Time	37	11.42%
Self-employed	30	9.26%
	324	100.00%

Household Size (Number of People)	Count	Percentage
1	223	68.83%
2	51	15.74%
3	18	5.56%
4	18	5.56%
5	9	2.78%
6	5	1.54%
	324	100.00%

Ethnicity	Count	Percentage
White	196	60.49%
Asian and Pacific Islander	42	12.96%
Black / African American	38	11.73%
Hispanic / Latino	33	10.19%
Other Multi-Racial	6	1.85%
Not answered	9	2.78%
	324	100.00%

Marital Status	Count	Percentage
Single	161	49.69%
Married	77	23.77%
Divorced	51	15.74%
Separated	14	4.32%
Widowed	12	3.70%
Parent – Head of Household	1	0.31%
Not answered	8	2.47%
	324	100.00%

Housing	Count	Percentage
Rent	148	45.68%
Staying with Family / Non-Family Members	68	20.99%
Own	48	14.81%
Homeless	44	13.58%
Other	11	3.40%
Community Shelter	5	1.54%
	324	100.00%

Federal Poverty Level	Count	Percentage
0%–50%	145	44.75%
51%–100%	97	29.94%
101%–150%	58	17.90%
151%–200%	24	7.41%
	324	100.00%

OUR GOALS

I. IMPROVE THE HEALTH OUTCOMES OF THE LOW INCOME UNINSURED POPULATION OF ANCHORAGE

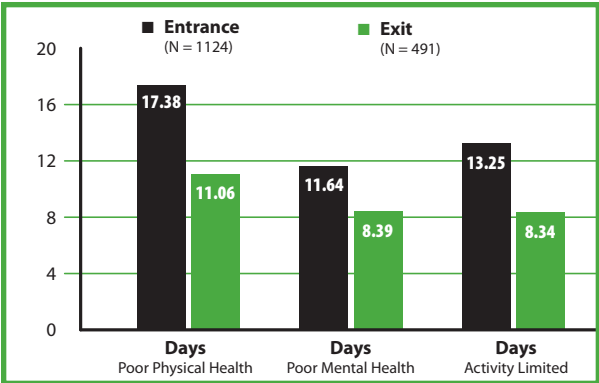


FIGURE 2: Poor Health Days in Past 30 Days.

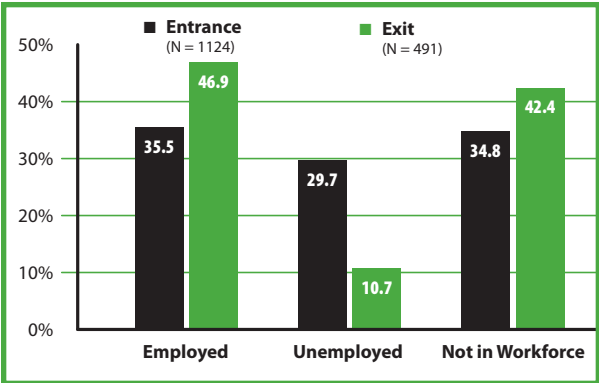


FIGURE 3: Employment Status.

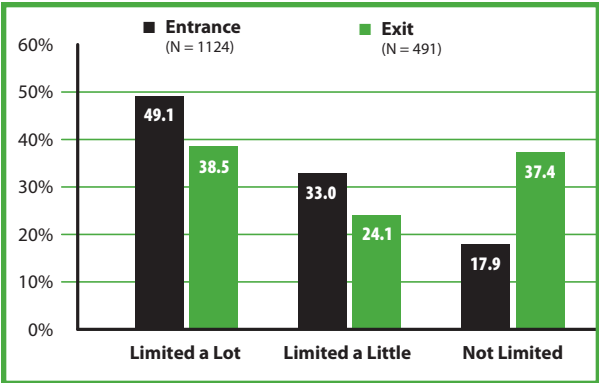


FIGURE 4: Work Limitations.

APA PATIENTS COMPLETE A HEALTH & WELLNESS survey when they are enrolled in the program and again six months after their medical need has been met. Survey respondents are asked to rank their health on a scale from 1 (poor) to 5 (excellent). This year, overall health improved from an average score of 2.52 when entering the program to 2.68 upon completion.

Figure 2 demonstrates APA patients who completed the program reported marked improvements to both physical and mental health, and the number of days they experienced limited activity due to health issues also dropped dramatically.

Figure 3 shows that the number of patients who were working after they completed the program went up considerably, suggesting that their improved health status made it easier to find and keep employment.

Finally, we asked our patients to assess their own work limitations. Figure 4 affirms that the number of APA patients who believed they were “limited a lot” or “limited a little” before entering our program were doing much better after completion, and the number of patients who said they had no work limitations nearly doubled.



OUR GOALS

II. INCREASE THE PRIMARY CARE TREATMENT CAPACITY IN ANCHORAGE

AS IN RECENT YEARS, radiology was the specialty with the greatest number of appointments in Report Year 2010. Although it ranked number one, it was down by 95 appointments compared to last year. Hospital services, up by one appointment, drew the second-highest demand among services offered.

It is not unusual for a Project Access patient to receive multiple appointments during the course of their treatment. For example, a patient initially receives a physician consultation, followed by a radiology and lab test, and ending with a physical therapy session. Each treatment is considered a separate appointment. Overall, APA staff made over 1,132 appointments on behalf of 609 eligible patients in 2010.

In addition, Project Access requires patients to have a primary care home, and will provide one if the patient doesn't already have one. A primary care home ensures consistency of care and allows patients to establish trusting relationships with their caregivers. Answering to a single health care provider also encourages patients to practice improved health care habits, leading to better day-to-day health and a decrease in deferred care.

Figure 5 shows almost 74% of APA patients had a primary care home after completing the program, compared to only 59% when entering. And nearly 95% of APA patients planned to remain with their current primary care provider.

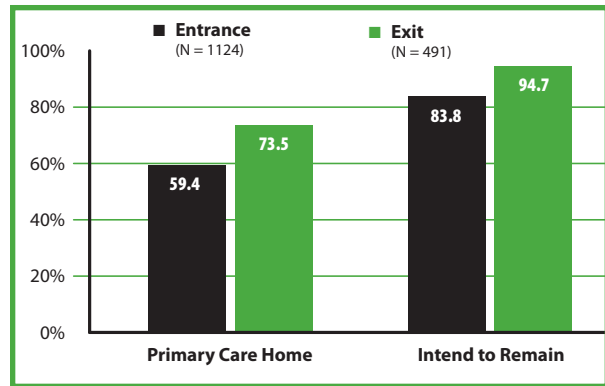


FIGURE 5: Primary Care Home and Intention to Remain.

Specialty	New Enrollments	Re-Enrollments	Total Enrollments
Allergy/Immunology	4	4	8
Anesthesiology	42	78	120
Cardiology	28	32	60
Dermatology	2	16	18
Endocrinology	1	7	8
Family Medicine	32	23	55
Gastroenterology	37	46	83
Hematology/Oncology	5	7	12
Hospital Services	45	79	124
Infectious Disease	1	0	1
Internal Medicine/General	1	2	3
Nephrology	4	5	9
Neurology	1	2	3
Neurosurgery	1	2	3
Obstetrics/Gynecology	15	15	30
Ophthalmology	7	5	12
Otolaryngology	4	21	25
Pathology	21	33	54
Physical Medicine/Rehab	0	3	3
Physical Therapy	15	33	48
Podiatry	2	1	3
Pulmonary Disease	1	1	2
Radiation Oncology	0	2	2
Radiology	70	94	164
Sleep Disorders	3	8	11
Support Services	1	3	4
Surgery - Breast	2	2	4
Surgery - Cardiothoracic	1	0	1
Surgery - General	8	18	26
Surgery - Orthopedic	20	43	63
Surgery - Thoracic	0	1	1
Urology	10	13	23
TOTALS	384	599	983

FIGURE 6: Number of Appointments by Specialty.





OUR GOALS

III. INCREASE THE ABILITY OF PHYSICIANS AND OTHER COMMUNITY PARTNERS TO VOLUNTEER THEIR SERVICES EFFECTIVELY AND EFFICIENTLY

CURRENTLY, 459 HEALTH CARE PROVIDERS participate in our volunteer network compared to 439 last year. Figure 7 represents our volunteer network listed by specialty.

If you would like to contribute to our program by donating your talents or services, please contact APA’s executive director at (907) 339-8779. Naturally, your level of participation is entirely at your discretion and is very much appreciated.

Specialty	# of Providers	Specialty	# of Providers
Allergy / Immunology	5	Pediatrics	18
Anesthesiology	12	Physical Medicine / Rehab	5
Cardiology	31	Physical Therapy	33
Dermatology	8	Podiatry	6
Endocrinology	4	Pulmonary Disease	3
Family Medicine	16	Radiation Oncology	2
Gastroenterology	14	Radiology	22
Hematology / Oncology	13	Rheumatology	2
Infectious Disease	4	Sleep Disorders	4
Internal Medicine / General	12	Support Services	17
Mental Health Services Limited	2	Surgery – Breast	2
Nephrology	9	Surgery – Cardio	4
Neurology	4	Surgery – General	11
Neurosurgery	2	Surgery – Orthopedic	41
Nutrition	1	Surgery – Plastic	1
Obstetrics / Gynecology	49	Surgery – Thoracic	3
Occupational Therapy	4	Urology	6
Ophthalmology	4		
Optometry	3	Collaborating Providers:	
Otolaryngology	8	AFMR	43
Pain Management	5	ANHC	17
Pathology	8		
Pediatric Ophthalmology	1	TOTAL	459

FIGURE 7: Anchorage Project Access Providers by Specialty.



OUR GOALS

IV. INCREASE COLLABORATION WITHIN THE ANCHORAGE HEALTH CARE COMMUNITY TO MEET THE NEEDS OF THE LOW INCOME UNINSURED POPULATION AMONGST US

FEBRUARY 6, 2010 marked Anchorage Project Access' first annual fund raising event – *Revolutions: Spinning for Health Care* at the Anchorage 5th Avenue Mall. It was a huge success as the medical and business communities joined forces to raise over \$58,000 for their neighbors most in need.



ANCHORAGE PROJECT ACCESS HAS PARTNERED with the Clark School Based Health Center (SBHC) to assist with volunteer recruitment and provider relations, to make sure that uninsured children seen at the health center will be able to receive any needed prescription medications or specialty care. The Clark SBHC is a new program that began offering regular free sports physicals and limited acute care services to Clark Middle School students in August 2010, and will provide immunizations starting in spring 2011. While there are almost 2,000 school based health centers nationwide, this is the first program of its kind in Anchorage.

Since August, services have been available at Clark two mornings each week. Approximately 75% of Clark students have parent consent to use the health center, and 239 patient visits were provided during the fall 2010 semester. The Clark SBHC plans to hire a mid-level provider to expand hours as soon as funding is available; in the meantime, health care is provided entirely by volunteers.

Clark Middle School is located at 150 South Bragaw Street in the Mountain View neighborhood, of which the Anchorage School District considers over 99% of students to be low-income. School based health centers elsewhere have been found to increase school attendance, reduce inappropriate emergency room visits, and increase health care access for students, enabling more kids to be healthy and successful in school and in life.

APA and the Clark SBHC owe a huge “thank you” to our volunteer health care providers – the Providence Family Medicine Residency; Jon Lyon, MD; Andrea Bateman, MD; Mary Blenkush, MD; and Stephanie Wrightsman-Birch, ANP – and to the many community outreach volunteers who collectively contributed over 150 hours of free services to the health center during the fall 2010 semester. We also thank our generous funders at Providence Health & Services Alaska and the Rasmuson Foundation.



CONCLUSION

ANCHORAGE PROJECT ACCESS is one of many organizations throughout the nation coordinating donated medical services to the most financially underserved who, for a variety of reasons, cannot obtain health care in any other manner. During 2010, it is encouraging to note APA patients reported an overall improvement in their health. However, many of our patients continue to return for additional treatment, thus

CURRENTLY, 459 HEALTH CARE PROVIDERS GENEROUSLY DONATE THEIR TIME AND TALENTS IN SERVING THEIR NEIGHBORS MOST IN NEED.

supporting the statement made by one APA volunteer provider that “these people are really sick.” For most APA patients, life choices are made – pay the rent and provide nourishment for their families, or take care of their immediate health needs. Not surprisingly, health care usually comes last.

The strength of Anchorage Project Access lies within its volunteer network. Currently, 459 health care providers generously donate their time and talents in serving their neighbors most in need. This year, more than \$3.5 million was documented. As noted, many services provided may not have been submitted for documentation; therefore, the actual amount of donated care could be much higher than reported.

The generosity of the Anchorage community is also represented by the numerous people who have volunteered their services as board members, committee members, data analysts, and office support staff. We thank all of you who have contributed to the success of the Project.



FINANCIALS

VALUE OF DONATED CARE

DUE TO THE AVAILABILITY OF DATA from the various billing sources, Report Year 2010 is calculated on data from October 1, 2009 – September 30, 2010.

As in previous years, the value of donated care is estimated through the “billing forms” submitted by providers to Meritain Health exactly as they would be for “insurance paying patients” for documentation.

Data for Report Year 2010 is based on actual data from Meritain Health and the hospitals. As some of the services provided by APA volunteer providers may not have been submitted to Meritain Health for documentation, the actual amount of donated care could be a great deal higher than reported.

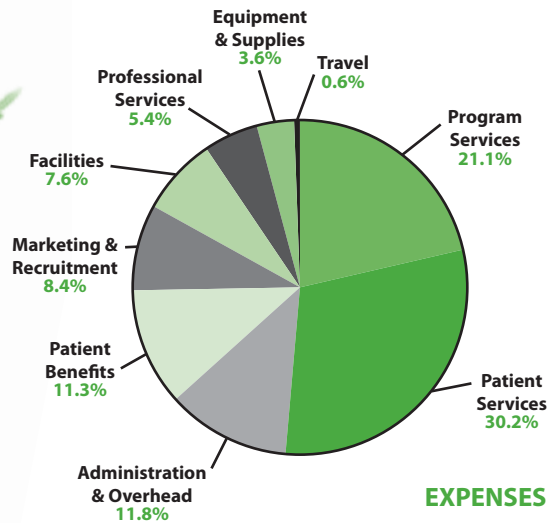
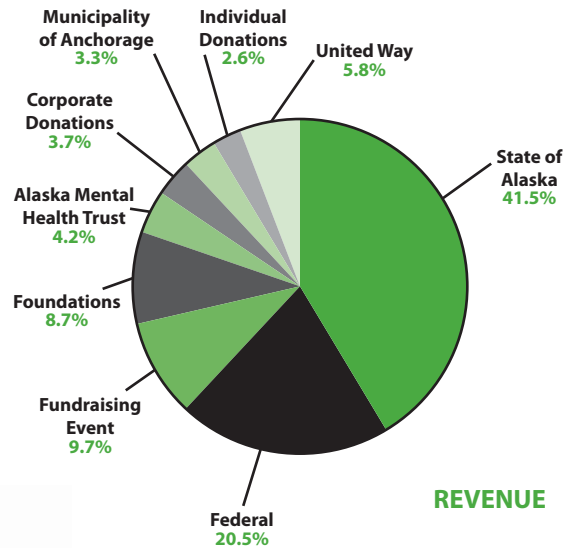


FIGURE 8: APA 2010 Revenue & Expenses.

APA Value of Donated Care October 2009 – September 2010	
Reported	
Health Care Providers	\$ 1,613,241
Hospitals	1,934,841
TOTAL DONATED CARE	\$ 3,548,082

FIGURE 9: APA 2010 Value of Donated Care.

FINANCIALS

OVERALL VALUE OF PROGRAM

APA Annual Report Financial Summary October 2009 – September 2010	
Revenue	
State of Alaska	\$ 250,000
Federal	123,750
Fundraising Event	58,153
Foundations	52,500
Alaska Mental Health Trust	25,000
Corporate Donations	22,590
Municipality of Anchorage	20,000
Individual Donations	15,753
United Way	35,000
TOTAL REVENUE	\$ 602,746
Expenses	
Personnel	
Patient Services	\$ 137,709
Program Services	96,291
Total Personnel	\$ 234,000
Administration & Overhead	53,989
Patient Benefits	51,379
Marketing & Recruitment	38,088
Facilities	34,456
Professional Services	24,568
Equipment & Supplies	16,292
Travel	2,965
TOTAL EXPENSES	\$ 455,737
Change in net assets	\$ 147,009

FIGURE 10: APA 2010 Financial Summary.

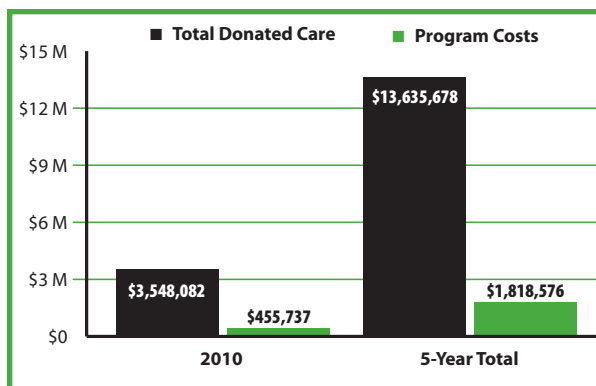


FIGURE 11: Comparison of Value of Donated Care to Program Cost.

AS IN YEARS PAST, the calculations displayed in Figure 11 do not consider other possible cost savings including: reduced emergency room visits and hospital admissions, increased worker productivity, and decreased morbidity and mortality resulting in lower health costs.

Additionally, these amounts do not consider possible intangible benefits such as improved quality of life for Project Access patients and an increase in patient and provider satisfaction with a more organized and dignified way to deliver donated health care.

APA is proud of its efficiency. In 2010, the ratio of donated care to program costs was 7.8, indicating that for every dollar spent to manage the program, \$8 was donated in medical care.

Since the onset of Anchorage Project Access five years ago, the total value of donated care is a remarkable \$13,635,678.



PATIENT STORY

“IF IT WASN’T FOR PROJECT ACCESS, I WOULD HAVE BEEN IN A REAL BAD SITUATION. THEY’RE NUMBER ONE IN MY BOOK!”

— M.G., *Eagle River*

M.G. HAD WORKED IN THE CONSTRUCTION BUSINESS ALL HIS LIFE, but when the economy took a dive and he was laid off, he lost his medical insurance and could not even afford his apartment. Faced with severe pains in his abdomen along with chronic back pain, he didn’t know where to turn and ended up in a hospital emergency room. It was there he was given a pamphlet describing Anchorage Project Access. He said, “That’s when my luck began to change.”

After meeting with the Project Access coordinator, M.G. was set up with a primary care provider to assess his medical condition and was then referred to a surgeon to address the acute problem with his abdomen. It turned out M.G. needed gall bladder surgery immediately, and Dr. Judith Whitcomb, a private physician and Project Access volunteer, agreed to perform the operation. Although the surgery was successful and took care of the emergency, M.G. was slow to heal and continued to experience severe back pain.

After months of trying to ease the pain with medication, it became apparent he would need a second surgery to fix a pinched sciatic nerve.

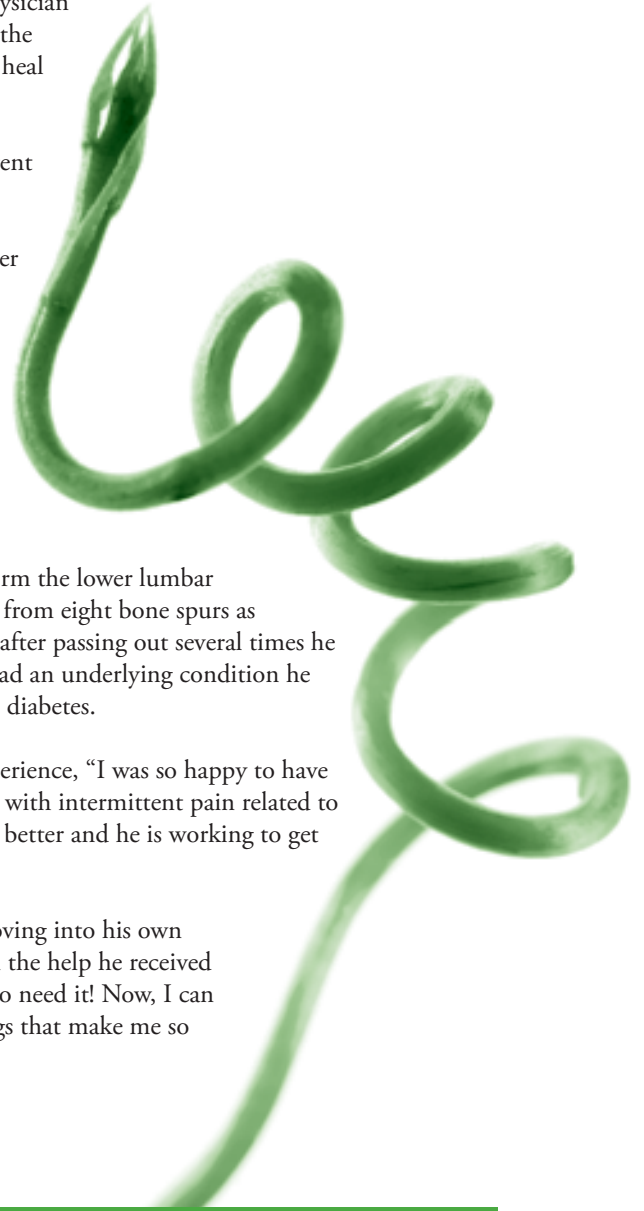
Once again, Project Access was there to help. M.G. was referred to another Project Access volunteer physician from the Anchorage Fracture and

“IT IS SO GREAT TO HAVE THIS PROGRAM FOR PEOPLE WHO NEED IT! NOW, I CAN LOOK FORWARD AGAIN TO ALL THE THINGS THAT MAKE ME SO HAPPY TO CALL ALASKA MY HOME.”

Orthopedics Clinic, Dr. Upshur Spencer, who generously agreed to perform the lower lumbar decompression surgery at no cost. It turned out M.G. had been suffering from eight bone spurs as well! Although the surgery was successful, he was again slow to heal, and after passing out several times he ended up in the hospital emergency room. It was discovered that M.G. had an underlying condition he was not aware of, though it was affecting all aspects of his health – type 2 diabetes.

M.G. is currently mending from his surgeries and recently said of his experience, “I was so happy to have the back surgery; it really helped my pain.” Although he will have to deal with intermittent pain related to the bone spurs discovered during the surgery, he says his back feels much better and he is working to get his diabetes under control.

Today, M.G. qualifies for Medicaid health insurance and will soon be moving into his own apartment. “No more friends’ couches!” he said. Recently, he reflected on the help he received through Project Access, “It is so great to have this program for people who need it! Now, I can look forward again to going fishing, hunting, and camping – all the things that make me so happy to call Alaska my home.”



HEALTH CARE PROVIDERS

Ingrid Acuna-Eaton, MD
 Peter Adams, MD
 Janet Alexander, MD
 Saket Ambasht, MD
 Ankie Amos-Dyke, MD
 Jeanne Anderson, MD
 Richard Anschuetz, MD
 Michael Armstrong, MD
 Robert Arnold, MD
 Erin Arthur, MD
 Robert Artwohl, MD
 Joy Backstrum, PT
 David Baines, MD
 Heidi Baines, MD
 Beth Baker, MD
 Krzysztof Balaban, MD
 Patrick Ballard, DO
 Margaret Barnett, ANP
 Beth Bassett, MS
 Andrea Bateman, MD
 Dennis Beckworth, MD
 Brion Beerle, MD
 David Belcher, DO
 Owen Bell, MD
 Luci Bennett, PT
 William Berry, OT
 Susan Bertrand, MD
 Roger Biehl, MD
 Russell Biggs, MD
 Mario Binder, MD
 Laurie Bleicher, MD
 Mary Blenkush, MD
 James Blom, MD
 Anne Blount, PT
 Karl Boesenberg, DPM
 Ronald Boisen, MD
 David Bomalaski, MD
 Jeanne Bonar, MD
 Lori Bond, ANP
 Cindy Bonney, NP
 Gary Boss, RDM
 Chester Bradstreet, MD
 Els Brady, PT
 Karin Braun, ANP
 Robert Bridges, MD
 Mary Brieske, MD
 Patrick Briggs, DPM
 Heather Brock, ANP
 Aaron Brown, MD
 Christina Brown, DO
 Ruth Brown, PA-C
 Keith Brownsberger, MD
 Leslie Bryant, MD
 Renee Buchta, RN
 Daniel Buffington, MD
 Robert Bundtzen, MD
 Leo Bustad, MD
 Jodyne Butto, MD
 Janet Campana, ANP
 Jill Campbell, MD
 Colleen Carey, ANP
 Justin Carricaburu, MD
 Rachael Carricaburu, PA
 Tonya Caylor, MD
 Bruce Chandler, MD
 Chris Chandler, NP
 Leon Chandler, MD
 Eugene Chang, MD
 Holly Chapman, MD
 Sam Chelmo, MD
 Alexander Cheng, MD
 Donna Chester, MD
 Gary Child, DO
 Ronald Christensen, MD
 Val Christensen, MD
 Richard Chung, MD
 Megan Clancy, MD
 Christine Clark, MD
 Rebecca Clark, MD
 Bruck Clift, MD
 Heather Colberg, PT
 Steven Compton, MD
 Matthew Corbett, MD
 Christopher Cornelius, MD
 David Cosgrave, LAC
 Wynd Counts, MD
 Jonathan Coyle, MD
 Paul Craig, PhD
 Tonya Creech, DO
 Laura Croix, PT
 Elizabeth Crow, MD
 Bradley Cruz, MD
 Wendy Cruz, MD
 William Curtis, MD
 Michael Cusack, MD
 Leslie Dean, MD
 Georgia DeKeyser, ANP
 John DeKeyser, MD
 Susan Delgalvis, MD
 Jeffrey DeMain, MD
 Mary DeMers, DO
 Barbara Doty, MD
 Mary Downs, MD
 Wayne Downs, MD
 Michelle Drake, DPT
 Jeanna Duryee, DPT
 Christopher Dyke, MD
 Harold Egbert, PT
 Peter Ehrnstrom, MD
 Lee Ann Eissler, ANP
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