ANCHORAGE PROJECT ACCESS

2008 Annual Report

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.

GOALS

1. Improve the health outcomes of the low income uninsured population of Anchorage
2. Increase the primary care treatment capacity in Anchorage
3. Increase the ability of physicians and other community partners to volunteer their services effectively and efficiently
4. Increase collaboration within the Anchorage health care community to meet the needs of the low income uninsured population amongst us

"I work six hours a week at the APA office and I love it. It's a perfect match, in fact a two-week stint became a permanent volunteer position. I'm happy to be making a difference."

GERI CANNON,
APA Volunteer

FROM THE PRESIDENT

I tell friends and relatives that many of us came to Alaska for the adventure but stay because of the people. We form a family here. I am very proud of the Anchorage Project Access family. The volunteer physicians, nurses, physician assistants, opticians, physical therapists, surgical and radiology centers, laboratories and hospitals have produced a safety net that is providing top-notch medical care to Alaskans who truly need our help and have little recourse. Alaska foundations, non-profit organizations, state and municipal governments and private donors have supported our infrastructure generously and consistently with their hard earned dollars. Our staff has arranged the pro bono medical work by making sure the right patient gets to the right provider at the right time. The ratio of donated care to program cost has now reached an astounding 10:1 value. This is a highly functional, growing and vibrant Alaskan family, of which we can all be proud. I thank you for the privilege of serving as your Board President again this year.

KC Kaltenborn, MD
President, APA Board of Directors

EXECUTIVE SUMMARY

Anchorage Project Access (APA) coordinates donated health care to the medically underserved. APA is a local replication of a national health care model that has proven health outcomes. This report presents the APA data collected over the past three years; findings are similar to those found in other Project Access programs.

During 2008, the APA volunteer network treated 367 new patients. APA office staff made 1,136 appointments with medical offices in 2008. For the three year period 2006-2008, a total of 1,012 patients enrolled in the program, and 2,646 appointments were made by the APA office.

At the end of 2008, the Anchorage Project Access volunteer network consisted of 407 participating health care providers, including 333 physicians, 38 mid-level providers, 21 physical therapists and 15 imaging, ancillary and miscellaneous support services. The volunteer network included 39 medical specialties.

The most frequent appointments were made with radiology, hospital services, anesthesiology, gastroenterology, orthopedics and physical therapy. The most common medical diagnoses of APA patients were a) diseases of the musculoskeletal system, b) diseases of the digestive system, and c) diseases of the circulatory system

APA patients received a pharmacy benefit of up to $500 per year, financed through APA funding. Carrs/Safeway and the Anchorage Neighborhood Health Center pharmacies provided medications at a discounted rate for APA clients. During 2008, 246 patients received pharmacy assistance through Anchorage Project Access. Total pharmacy expenses for 2008 were $50,544.

Approximately 43% of APA patients were referred from the Anchorage Neighborhood Health Center, 26% from Alaska Family Medicine Residency, 13% from specialists and 2% were self-referrals.

The total value of donated services to APA patients for 2008 was estimated to be $3,872,694 ($2,706,023 from health care providers and $1,166,671 from hospitals). The total value of donated care for the three years of operation was $7,298,454.

Health and Wellness Surveys conducted upon entrance to the program and again six months after completion showed improved health status, increased employment and decreased work limitations. Prior to entry in the program, 43% of patients reported at least one emergency room visit in the past year; data suggested that six months after completion of the program, emergency room use decreased, although results were preliminary.

In 2008, the ratio of donated care to program costs was 10.1:1, indicating that, for every dollar spent to run and manage the program, over $10 of medical care was donated.

APA strategic goals for the coming year are to increase the number of patients served, to improve efforts to retain and recognize participating healthcare providers, to continue to pursue financial sustainability and to work to improve access to health care in partnership with others.

An estimated 16% of the population of Anchorage does not have health insurance, and about half of these are estimated to be low income[1] . These people are often forced to choose among the basic necessities of food, shelter and healthcare. Not surprisingly, healthcare is usually the last on the list. For average wage earners who do not have employee healthcare benefits, the cost of insurance premiums are out of reach. For many, their only recourse is the emergency room.

In order to provide health care to uninsured low income individuals in a more organized, dignified and compassionate manner, Anchorage physicians formed Anchorage Project Access (APA). The program began in 2006, and we now have three years of program experience. Doctors and other health care providers in Anchorage provide care without charge to low income people who meet the Anchorage Project Access criteria. APA staff screen potential participants for eligibility, coordinate getting the right patient to the right doctor, and document the services provided.

Patients come from many sources, including the Anchorage Neighborhood Health Center, the Alaska Family Medicine Residency, other health care providers, and self-referrals.

Enrollment Criteria are:

- Municipality of Anchorage resident
  - Up to 10% can be from outside of Anchorage if patient has a provider in Anchorage who participates in APA;
- Gross household income of 200% or less of the Federal Poverty Level;
- Have no other medical benefits, including Native Health Services, Medicaid, Medicare, Tri-care or VA.

Potential patients complete APA applications and furnish APA staff with proof of income and residency. Patients must have a primary care home, and if they do not, APA provides one. Patients are enrolled for 90 days for specialty care, and 180 days for primary care needs. Patients can be re-enrolled if medical need is not complete after the 90/180 time period. Once enrolled, patients sign a "Responsibility Agreement" acknowledging that the care they are receiving is donated and that APA encourages them to volunteer in the community.

After enrollment is complete, the APA Patient Care Coordinator contacts the appropriate health care provider's office to schedule the initial appointment. If the provider recommends additional services, such as radiology or referral to another specialist, the APA staff makes those appointments as well. The Patient Care Coordinator assures that needed medical records are sent to the participating health care providers, makes reminder phone calls, and assists patients with obtaining pharmaceuticals, tracks patients' progress through the program and documents when the medical need is completed. The Patient Care Coordinator works closely with the Clinical Committee and the Medical Director when medical issues and questions arise.

Anchorage Project Access also has a committed and active Board of Directors. Many board committees provide needed services. Active committees include the Executive Committee, Clinical Committee, Resource Development Committee, Finance Committee, Board Development Committee and the Evaluation Committee.

The program maintains the following data sources:

- CARES Access which tracks information such as patient enrollment, demographics, participating providers, appointments made;
- Value of provider donated care, obtained through HCFA "billing forms" submitted to RBMS, LLC, who process the data and periodically send reports to the program (RBMS does not charge Project Access for this service);
- Value of hospital donated care, tracked separately and reported directly to the program;
- A Health and Wellness Survey, conducted upon enrollment into the program and six months after completion of the program.

This report presents three years of information derived from the program databases regarding the numbers of patients seen, the types of services provided, the value of the donated services, and the changes in the medical conditions of enrolled patients. The data demonstrate the continued need for donated services, the effectiveness of the services in getting people back to work and improving health status, and the overwhelming generosity of the participating health care providers.

"Volunteering with Project Access helps me to repay the Anchorage community for the many benefits I have received during my forty years of medical practice here."

DR. TOM WOOD,
Board Member

[1] Healthy Anchorage Indicators, Department of Health and Human Services, Municipality of Anchorage, 2002

PAMELA'S STORY

Upon graduating from high school and leaving her active life for a desk job, Pamela began to put on weight. The weight problem was compounded by the fact that she was having a hard time getting pregnant. After 13 confirmed pregnancies, she was finally able to have a child but was forced to have a hysterectomy. From then on, her health problems grew to include: asthma, COPD, diabetes, neuropathy, sleep apnea, cellulitis, hypertension and radial nerve palsy.

The cellulitis infection in her foot kept her bed-ridden for seven months, preventing her from effectively treating her other conditions. Before and after this time period, she worked whenever she was able. She was finally let go, however, because she could not keep up. Pamela is a lifetime bookkeeper, and her radial nerve palsy prevents her from keeping the pace she used to keep.

What ultimately brought Pamela to Anchorage Project Access was a bad case of pneumonia. She was forced to go to the hospital, where she met a social worker who introduced her to APA. It was advised that Pamela see an endocrinologist and get a sleep study, neither of which she could have done without APA's help.

Pamela has been with APA off and on since the latter half of 2007. Her sleep study, performed by Dr. Anne Morris, proved that she did, indeed, have sleep apnea. She was able to get a breathing machine, which has accomplished a number of things: she is sleeping better, she has more energy, her blood pressure returned to normal, and she immediately lost 25 pounds. Most recently, Pamela's endocrinologist, Dr. Kaltenborn, advised Pamela to get a gastric bypass. It was a difficult decision, but she finally decided to do it. Only three weeks after the surgery by Dr. Todd, she is on the mend and losing weight. Her blood sugar levels are also where they're supposed to be.

Pamela has a long road ahead of her, but she is getting the treatment she needs. She is inexpressibly grateful to Project Access for providing her with this opportunity. "It's changing my life in ways that I probably can't even comprehend right now. There were so many times when I would have just given up if they weren't there to support me. My whole world has changed," she said as she tried to hold back the tears. Her story is truly touching. "I've got too much to live for. I'm not ready to die. I want to be there for my grandchildren, and I feel very blessed that Anchorage Project Access could help me do that."

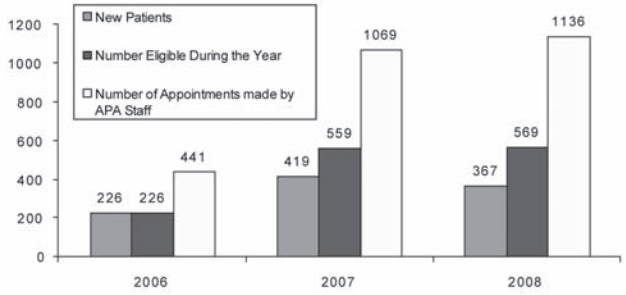
"There is no profession that cannot be used to help the poor"

DR. PAUL FARMER

PATIENTS

For the year 2008, the APA volunteer network treated 367 new patients. During the course of 2008, 569 patients were eligible for services at some point during the year. APA staff made 1,136 appointments for enrolled patients in 2008. This number does not include follow-up appointments. The total number of patients treated 2006-2008 was 1,012, and a total of 2,646 appointments have been made by the APA office. The demographics of the 367 new patients are shown in Table 1. More APA patients were female than male (60% versus 40%). The most common age groups served were 50-59 years and 40-49 years. Most were high school graduates/GED (or higher) (74%); almost one in ten were college graduates. At the time of enrollment, 57% reported being unemployed and 28% was employed, either full or part time; 15% chose not to report employment status. Whites comprised the largest racial/ethnic group (59%); 15% were Hispanic/Latino, 10% were African- American, 11% Asian/Pacific Islander, and 3% chose not to report their race. While 48% of APA clients rented their homes, 11% were identified as homeless, and 22% at risk of being homeless.

Figure 1: Numbers of New Patients and Appointments Made by APA Staff by Year*



*Number of first appointments made with each provider; does not include follow-up appointments

Table 1: Characteristics of 367 New Patients Served by Project Access in 2008

Gender	
Female	60%
Male	40%
	100%
Age (years)	
50-59	33%
40-49	27%
30-39	15%
20-29	13%
60-69	11%
1-19	1%
	100%
Education	
Less than high school	15%
High school graduate or GED	35%
Some college	30%
College graduate	9%
Not answered	11%
	100%
Employment Status	
Unemployed	57%
Employed Full Time	13%
Employed Part Time	12%
Self- Employed	3%
Not Answered	15%
	100%
Household Size (Number of People)	
1	63%
2	20%
3	6%
4	6%
6	2%
	100%

Ethnicity	
White	59%
Hispanic/Latino	15%
Black/African American	10%
Asian/Pacific Islander	11%
American Indian or Alaskan Native	1%
Other Multi-racial	1%
Not Answered	3%
	100%
Marital Status	
Single	46%
Married	25%
Divorced	16%
Separated	2%
Widowed	2%
Parent-Head of Household	1%
Not Answered	8%
	100%
Housing	
Rent	48%
At Risk of Being Homeless	22%
Own	15%
Homeless/Community Shelter	11%
Not Answered	4%
	100%
Federal Poverty Level	
0% - 50%	45%
51% - 100%	27%
101% - 150%	20%
151% - 200%	8%
	100%

PATIENTS continued

The most common medical diagnoses of APA patients were diseases of the musculoskeletal system, diseases of the digestive system, and diseases of the circulatory system

Table 2: Diagnoses of APA Patients in 2008. Data reported by Providers to APA via "Billing Forms" - patients can have more than one diagnosis.

Diagnosis	Number of patients
Diseases of the musculoskeletal system and connective tissue	96
Diseases of the digestive system	81
Diseases of the circulatory system	57
Diseases of the genitourinary system	45
Injury and poisoning	39
Symptoms; signs; and ill-defined conditions and factors influencing health status	38
Infectious and parasitic diseases	34
Neoplasms	33
Diseases of the nervous system and sense organs	31
Diseases of the respiratory system	21
Diseases of the skin and subcutaneous tissue	17
Endocrine; nutritional; and metabolic diseases and immunity disorders	11
Diseases of the blood and blood-forming organs	6
Mental Illness	6
Congenital anomalies	4
Complications of pregnancy; childbirth; and the puerperium	2
Missing, Residual, Unclassified	62

Whereas most patients were treated for an acute condition (78%), almost half (48%) of APA patients also had diagnoses consistent with one or more chronic conditions.

ANCHORAGE PROJECT ACCESS PROVIDERS

At the end of 2008, the Anchorage Project Access volunteer network consisted of 407 participating health care providers, including 333 physicians, 38 mid-level providers, 21 physical therapists and 15 imaging, ancillary and miscellaneous support services. The volunteer network included 39 medical specialties. Table 3 shows the breakdown by specialty.

Table 3: Number of participating Anchorage Project Access providers by specialty

	Providers		Providers		Providers
Allergy/Immunology	9	Occupational Therapy	2	Radiation Oncology	2
Anesthesiology	14	Ophthalmology	4	Radiology	24
Cardiology	35	Optometry	1	Rheumatology	1
Dermatology	8	Otolaryngology	8	Sleep Disorders	1
Endocrinology	4	Pain Management	6	Support Services	6
Family Medicine	16	Pathology	8	Surgery – Breast	2
Gastroenterology	14	Pediatric Ophthalmology	1	Surgery – Cardiothoracic	4
Hematology/Oncology	5	Pediatrics	16	Surgery – General	11
Infectious Disease	4	Pediatrics/Endocrinology	1	Surgery - Orthopedic	26
Internal Medicine/General	12	Physical Medicine/Rehab	6	Surgery - Plastic/Recon	1
Nephrology	7	Physical Therapy	24	Surgery – Thoracic	2
Neurology	6	Podiatry	6	Urology	6
Obstetrics/Gynecology	33	Pulmonary Disease	1	**Collaborating Providers:** AFMR – 52 ANHC - 18	70
				TOTAL	407

Approximately 43% of APA patients were referred to APA from the Anchorage Neighborhood Health Center, 26% from Alaska Family Medicine Residency, 13% from specialists and 2% were self-referrals.

SERVICES PROVIDED

Radiology,hospital services, anesthesiology, gastroenterology, orthopedics and physical therapy were areas with highest numbers of appointments (Figure 2). APA patients received multiple appointments during the course of their enrollment, for example, a patient could receive a physician visit, an X-ray, a laboratory test, and a physical therapy session.

We also examined the services provided using the information from the health care providers' offices through "billing forms" (Table 4). We found that the most common service was an interview, evaluation or consultation. Physical therapy was the next most common procedure, followed by radiological procedures, pathology, colonoscopy/biopsy, and diagnostic ultrasound of the heart. These data do not include hospital-based procedures, which may include surgeries, hospitalizations, and other procedures. In addition, we are still working to assure that all visits of APA patients are submitted to RBMS. Therefore, these data may well be an undercount of all the services provided.

Figure 2: Number of Appointments by Specialty 1/1/2008 - 12/31/2008

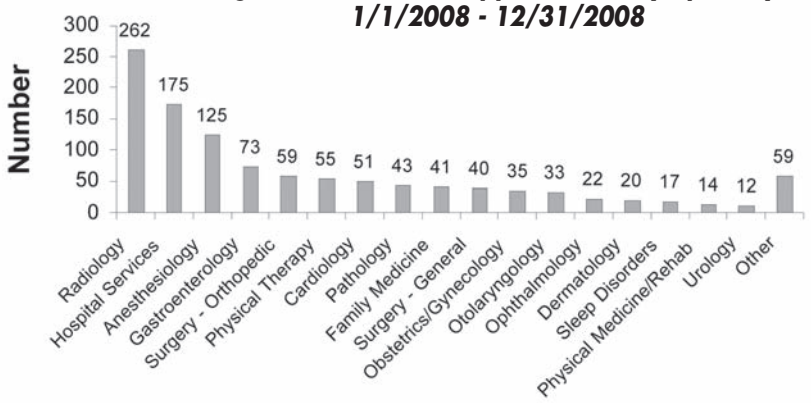


Table 4: Most Common Services (CPT Codes) Submitted to APA* 1/1/2008-12/31/2008

Description of Service	Number of Patients
Interview, evaluation, consultation	262
Physical therapy exercises, manipulation, and other procedures	52
Other diagnostic radiology and related techniques	47
Diagnostic physical therapy	46
Pathology	28
Colonoscopy and biopsy	27
Diagnostic ultrasound of heart (echocardiogram)	24
Other therapeutic procedures	24
Upper gastrointestinal endoscopy, biopsy	22
Microscopic examination (bacterial smear, culture, toxicology)	22
Laboratory - Chemistry and Hematology	20
Suture of skin and subcutaneous tissue	17
Excision of skin lesion	17
Cardiac stress tests	15
Other diagnostic ultrasound	15
Electrocardiogram	15
Magnetic resonance imaging	13
Other Laboratory	13
Electrographic cardiac monitoring	11
Unknown (not coded)	86
*Data from information provided from physician offices to RBMS, LLC	

Patient benefits also included pharmacy assistance of up to $500 per calendar year and were available to APA patients at all Carrs/Safeway pharmacies and the Anchorage Neighborhood Health Center.

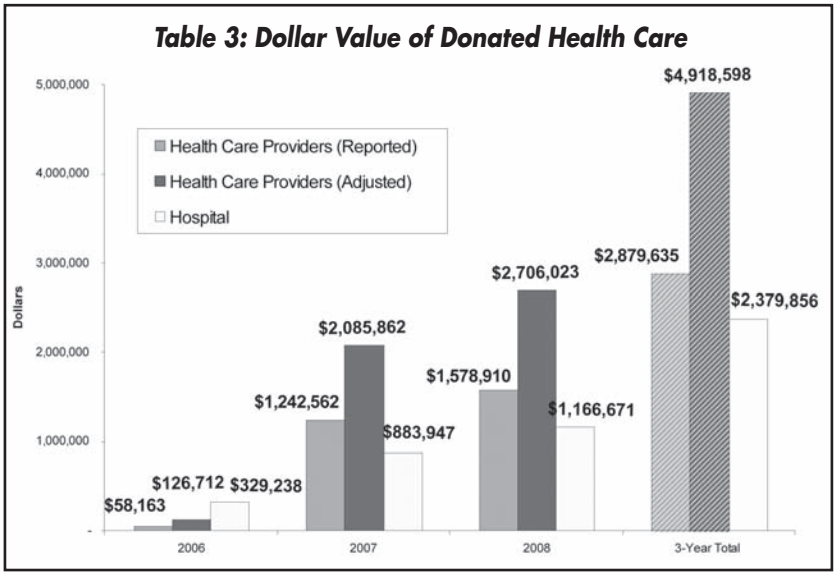
Both pharmacies provided these drugs at a discounted rate. Patients paid $5.00 co-pay, and APA provided the additional funding. The APA patient care coordinator assisted patients with more complex pharmacy needs by connecting them with the various pharmaceutical companies as well as educating them to the many programs offered by local businesses and social service agencies. During 2008, 246 patients received pharmacy assistance through Anchorage Project Access. Total pharmacy expenses for 2008 were $50,544.

2) VALUE OF DONATED CARE

DOLLAR VALUE OF DONATED CARE

The dollar value of donated care was estimated through the "billing forms" submitted by providers. Some services provided by APA volunteer providers may not have been submitted to RBMS for documentation. This extra step in submitting the HCFA 1500 forms has been an ongoing education process with provider personnel. However, we are encouraged that the forms received have increased each year. In order to account for the missing data, we adjusted the estimated value of the donated services. We compared the number of patients known to have received services to the number of patients for which forms were received to do this adjustment.

Table 3: Dollar Value of Donated Health Care



For 2008, the reported value of donated services by providers was $1,578,910. Adjusting for missing patients increased the estimate to $2,706,023. Hospital services were reported at $1,166,671. The total value of donated services for 2008 was estimated to be $3,872,694. The total value for the three years of operation is $7,298,454.

Table 5: Billings Received from Providers by Diagnosis: 2008*

Diagnosis	Unique Patients	Number of Billings	Total Charges
Diseases of the musculoskeletal system and connective tissue	96	766	$376,998
Diseases of the circulatory system	57	360	$241,299
Injury and poisoning	39	138	$208,336
Diseases of the digestive system	81	243	$184,118
Neoplasms	33	192	$152,797
Diseases of the genitourinary system	45	165	$137,228
Symptoms; signs; and ill-defined conditions and factors influencing health status	38	101	$ 46,003
Diseases of the nervous system and sense organs	31	110	$ 42,371
Infectious and parasitic diseases	34	80	$ 39,472
Congenital anomalies	4	5	$ 31,034
Endocrine; nutritional; and metabolic diseases and immunity disorders	11	37	$ 29,810
Diseases of the respiratory system	21	53	$ 14,917
Diseases of the skin and subcutaneous tissue	17	113	$ 14,209
Complications of pregnancy; childbirth; and the puerperium	2	11	$ 7,566
Diseases of the blood and blood-forming organs	6	7	$ 4,238
Mental Illness	6	16	$ 3,820
Unclassified or missing	62	171	$ 73,265
Mental *Hospital services not included in this table; data are not adjusted to account for missing services			

Examining the "billing forms" submitted by health care providers to RBMS by patient diagnosis found that the largest diagnostic categories by dollar value were diseases of the musculoskeletal system, diseases of the circulatory system, and injuries (Table 5). Data shown in Table 5 are the unadjusted numbers and do not include hospital services.

HEALTH STATUS IMPROVEMENT

APA patients completed a Health and Wellness Survey at program entry and again at six months after completion. Patients were asked to rank their health on a scale from 1 (poor) to 5 (excellent). The mean value of the ranking increased from 2.47 upon entry to the program to 2.68 at discharge (Figure 4).

Upon entry to the program, patients reported an average of 16.9 days per month when they were limited by poor physical health, 11.3 days when limited by poor mental health, and 13 days when activity was limited. Six months after discharge from the program, these estimates had decreased (Figure5).

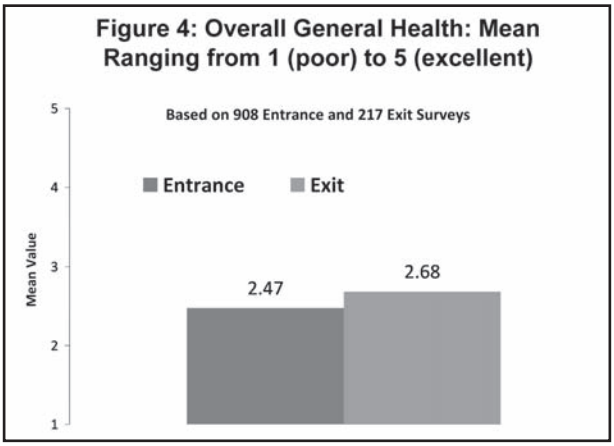
The decreases correspond to a 26.4% reduction in poor physical health days, 19.7% reduction in poor mental health days, and a 32.3% reduction in number of days when activity was limited.

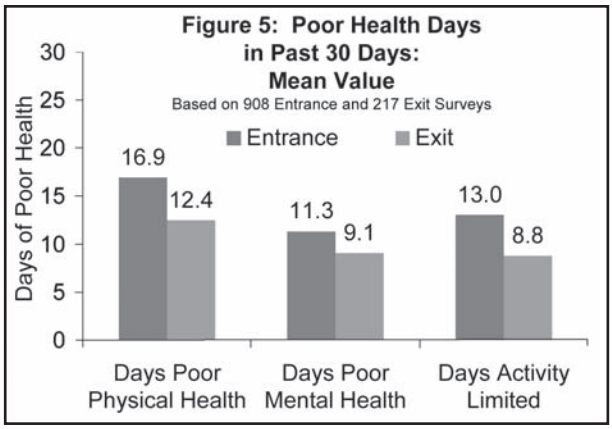
Although health status improved among APA patients, their reported days of poor health remained higher than that of the overall Anchorage population. In 2007, Anchorage adults reported an average of 3.4 days of poor physical health, 3.5 days of poor mental health, and 2.3 days of activity limitations in the past 30 days.[2]

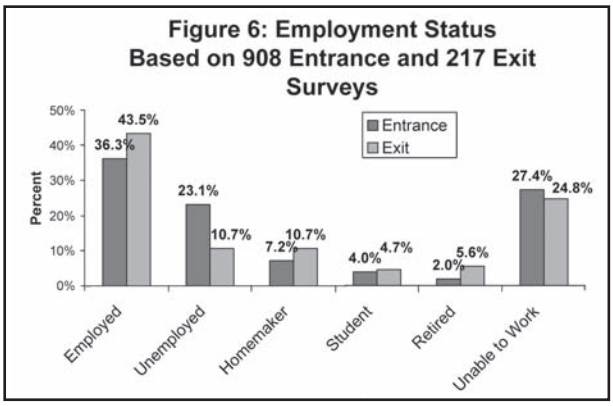
Upon entry to the program, 36.3% of patients were employed, part-time, fulltime, or self-employed (Figure 6). Six months after completion, that percentage had increased to 43.5%. The percent unemployed decreased from 23.1% to 10.7%, and the percent unable to work decreased slightly from 27.4% to 24.8%. Similarly, fewer patients reported limitations that affected their ability to work; those who stated that they had no limitations increased from 19.5% to 39.2% (Figure 7).

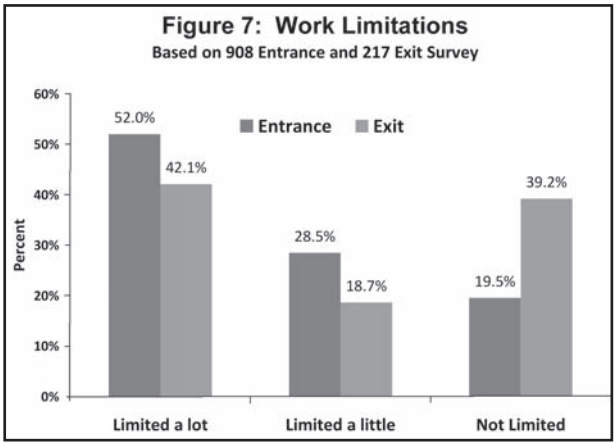
Upon entry to the program, 43% of patients reported at least one emergency room visit in the past year. This suggests, not surprisingly, that the APA population is one with relatively high emergency room use. Six months after completion, 26% reported at least one emergency room visit. These data suggest a decrease in emergency room use, although follow-up has not been long enough for a definitive answer.

Finally, the surveys conducted 6 months after completion of the program found that 93.5% of patients considered either the Anchorage Neighborhood Health Center or the Family Practice Residency Program their primary care home; 76.4% intended to remain with current provider.





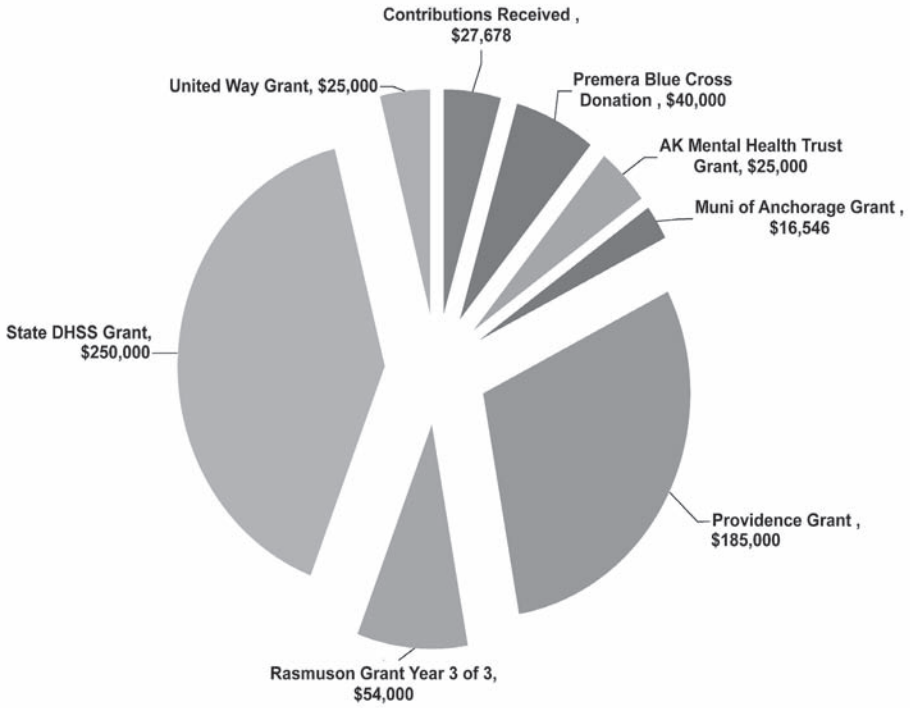




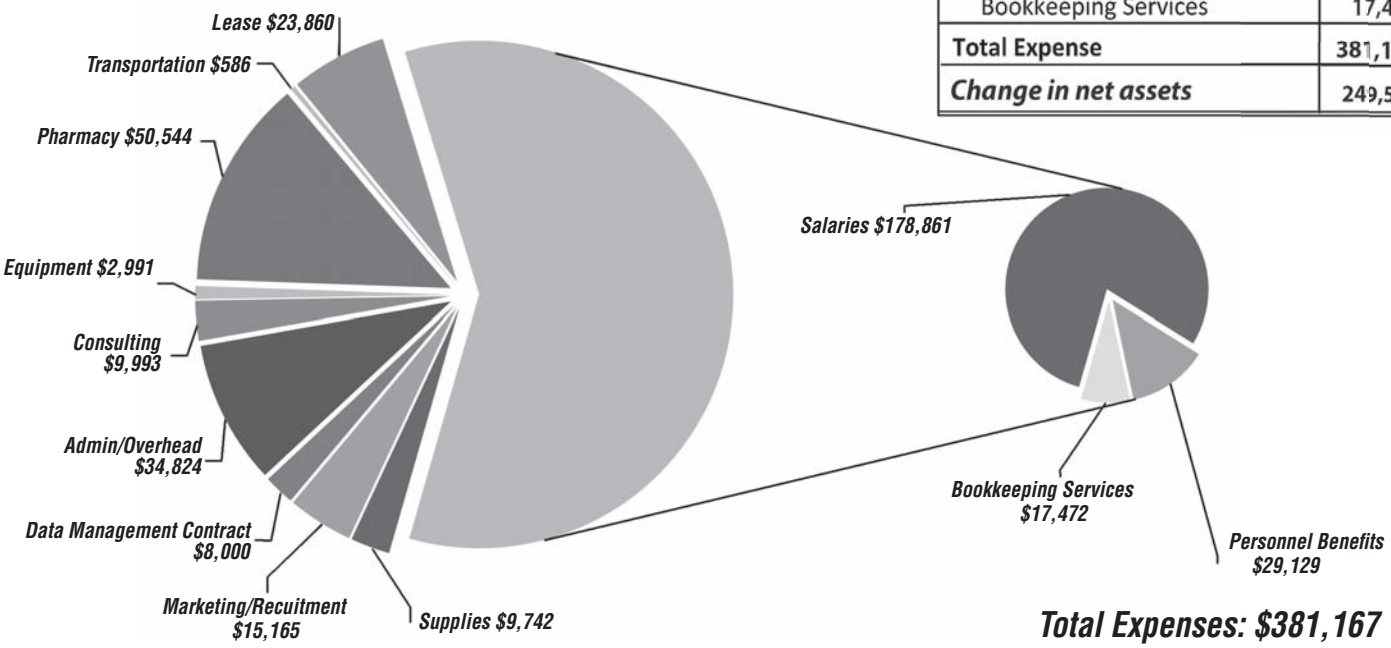
[2] Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, 2007.

3) PROGRAM EXPENSES AND FUNDING SOURCES

Income by Source Jan 2008- Dec 2008



Expense by Category Jan 2008- Dec 2008



Total Expenses: $381,167

INCOME

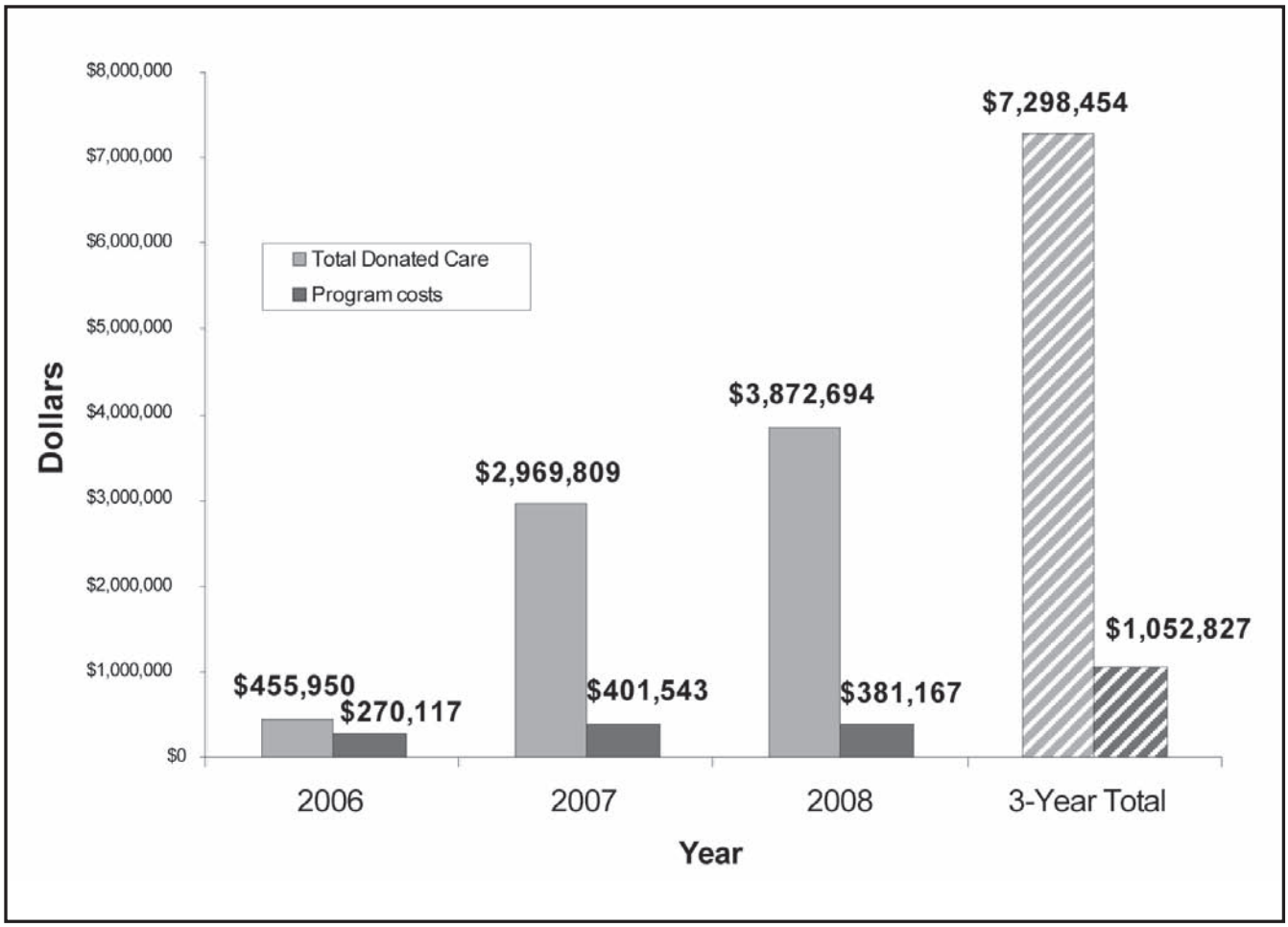
Contributions Received	27,678
Premera Blue Cross	40,000
AK Mental Health Trust	25,000
Municipality of Anchorage	16,546
Providence	185,000
Rasmuson	54,000
State DHSS	250,000
United Way	25,000
Interest Earned	7,444
Total Income	**630,668**

EXPENSE

Supplies	9,742
Marketing/Recruitment	15,165
Data Management Contract	8,000
Admin/Overhead	34,824
Consulting	9,993
Equipment	2,991
Pharmacy	50,544
Transportation	586
Lease	23,860
Salaries	178,861
Personnel Benefits	29,129
Bookkeeping Services	17,472
Total Expense	**381,167**
Change in net assets	**249,500**

Figure 8 compares the program costs to the dollar value of donated care by year. In 2008, the value of donated care was $3,872,694, whereas the cost of the program was $381,167. The ratio of donated care to program costs was 10.1:1, indicating that, for every dollar spent to run and manage the program, over $10 was donated in medical care. The ratio of donated care to program costs has continued to rise since inception, with ratios of 1.7 and 7.4 for 2006 and 2007, respectively. The overall for the three years is 6.9. It should be noted that some of the program costs include patient benefits, such as pharmaceuticals and case management.

Figure 8: Comparison of Value of Donated Care to Program Cost by Year



These calculations of the value of care do not consider other possible cost savings, including: reduced emergency room visits and hospital admissions; increased worker productivity and earning potential, and decreased morbidity and mortality resulting in lower health care costs. The calculations also do not consider intangible benefits such as improved quality of life of the enrolled patients and an increase in patient and provider satisfaction with a more organized and dignified way to deliver donated care.

5) CONCLUSIONS

Anchorage Project Access coordinates donated medical services to a group of low income uninsured individuals in Anchorage who cannot obtain health care in any other way. We found that patients reported improved health status and improved ability to return to work six months after completion of the program. Patient stories reveal the positive impact Project Access made on their lives. However, patients still report poorer health than the overall Anchorage population, and thus many are likely to continue to need assistance. Our data are consistent with national data showing a health status gap between those who have health insurance and those who do not. [3-6] Uninsured Americans are less likely to have a regular source of care and to have had a recent physician visit. They are more likely to delay seeking care. Uninsured Americans experience a generally higher mortality and may be up to three times more likely than privately insured individuals to experience adverse health outcomes.

Anchorage Project Access is one of our community's efforts to improve health outcomes in this high risk group of people. Anchorage physicians have been extremely generous in providing care. During 2008, physicians, hospitals and other health care providers donated almost $4 million in medical care to their neighbors. Other community members volunteered their services as board members, committee members, data analysts, and office support staff. Many agencies and organizations helped support the program, and participated in its implementation and on going support. This is truly a community project.

"It is a pleasure to serve Anchorage Project Access as both provider and board member. Representing the for profit healthcare sector, I am most pleased with the efficiency and effectiveness APA conducts their critical mission; we provide significant value to the residents of Alaska."

WARD HINGER
Administrator-Diagnostic
Health-Anchorage

3 Institute of Medicine 2001: Coverage Matters: Insurance and Health Care
4 Institute of Medicine 2002: Care without Coverage: Too Little Too Late
5 American College of Physicians 2000: No Health Insurance? It's Enough to Make You Sick - Scientific Research Linking the Lack of Health Coverage to Poor Health
6 Institute of Medicine 2009: America's Uninsured Crisis: Consequences for Health and Health Care

"One kind word can warm three winter months"
Japanese Proverb

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RHONDA'S STORY

Despite having been diagnosed with both diabetes and degenerative arthritis in both knees, 59-year-old Rhonda continued working full time, as she had done since the age of 13. Then, 18 years ago, she broke her foot. Her recovery seemed to be going fine until the injury threw several blood clots that travelled to her left lung. After this near-death experience and a two-week hospital stay, she returned to work as usual. Then, almost immediately, she began experiencing swelling in her lower extremities, especially her left leg. The condition worsened, but her physician did not know the cause of the swelling.

Heedless of her condition, she continued with her normal routine for almost 14 years, until the leg became so swollen that fluid broke through the skin. Finally, she was referred to a specialist, a podiatrist by the name of Dr. Jansma at Alaska Foot and Ankle Specialists. Rhonda was diagnosed with severe lymphedema and was at last receiving the treatment she needed; but, more bad news was in store for her in July of 2007, when her company lost its contract and she was let go. She lost her health coverage when she lost her job, but she did not let her coverage lapse. She paid for her own insurance, she got on disability, and she even utilized her retirement savings, all in the hope that she would be well enough to work before her resources became insufficient.

However, the day did arrive in April of 2008 when she could no longer support herself. Her doctor insisted that Rhonda should not get another job, as it would impede her recovery. That is when Dr. Jansma told Rhonda about Anchorage Project Access. "It was Dr. Jansma and her group that made it possible for me to receive the level of care I required."

Rhonda said about APA, "They were professional, they were caring…they listened to my frustrations… they treated me like a human being, not an old woman who wasn't capable of anything." Rhonda, who has 30 years of management experience, is indeed a very capable person who has suffered much, both physically and mentally, by being forced not to work. "I had self esteem issues on top of health issues, and [APA] really helped with that." Not only has she been helped with her medical treatment, Rhonda is currently volunteering with APA.

Rhonda is undergoing her second three-month period of care with Anchorage Project Access. She has seen continued, if slow, improvement in her lymphedema, and this is a huge success, since her recovery had previously been a rollercoaster of getting better and getting worse. Her next goals are to get well, to drive her car, and to reach the point where she can get back to work, if only part time. "Project Access has done two things for me: they have supplied me with the treatment I need so that I can someday get back to a more normal life. But besides this, the volunteering has given me work; I can give back to those who helped me, and it's nice to feel useful again."

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Anchorage Project Access would not exist without the generosity of the following physicians, health care providers, office staff and medical facilities. On behalf of the Anchorage Project Access Board of Directors and Staff, our heartfelt thanks to each and every one of them.

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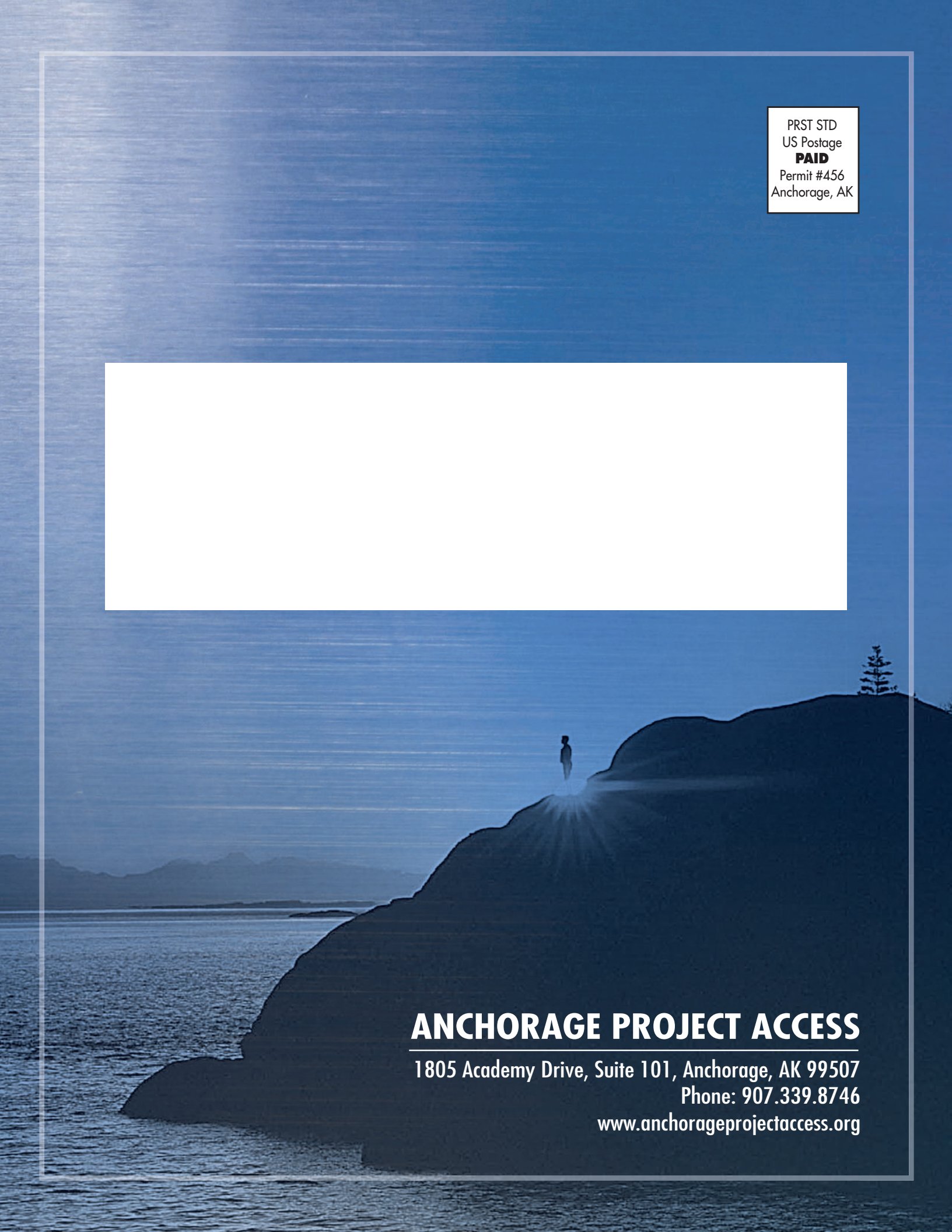

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