

# Operation Access

Providing Donated Outpatient  
Surgery to the Uninsured

Presentation for

**The American College of Surgeons**

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# Presentation Outline

- I. Background
- II. Brief History
- III. Mission & Promise
- IV. Who We Serve
- V. Program Components
- VI. Concerns & Challenges
- VII. Lessons Learned
- VIII. Future



# Background

## National

- The Centers for Disease Control & Prevention estimates that 51.3 million Americans (17.6% of the population) were uninsured for at least part of 2005.
- New research from the Institute of Medicine concludes that emergency medical care in the U.S. is “on the verge of collapse,” in part because emergency rooms are full of uninsured people.



# Background

## California

- About 21.1% of California's residents do not have health insurance.
- 768 community and free clinics provided care to 3.3 million patients in 2003.
- **California hospitals provided 17 million inpatient days, 43.2 million outpatient visits, and 7.5 million emergency department visits.**

Source: Insure the Uninsured Project, Oct. 5, 2005



# Why Operation Access?

- **13 year track record of proven results**
- **Provides a “familiar infrastructure to medical personnel who want to volunteer but have significant barriers volunteering in their own hospital.**
- **Experienced Staff, Committed Board, Respected Advisors**
- **Financial Stability**
- **Technical expertise – forms, processes, agreements**



# A Brief History...

## Impetus to take action was based on:

- Charley Frey, MD, posed the question posed at an annual meeting of the American College of Surgeons: ***Why don't surgeons do more prospectively for the uninsured??***
- The primary care community has a long tradition of serving the uninsured through volunteerism. Why not surgeons?
- Surgeons were already volunteering by traveling to Central America, Africa or Southeast Asia. Why not help those at home?



# Start-up Phase

- Assistance from Paul Hofmann, Dr. P.H., FACHE
  - Business Plan
  - IRS Filing
  - Formation of by-laws
  - Board of Directors
- Initial Funding
  - The San Francisco Foundation (Development)
  - Kaiser Permanente
  - Robert Wood Johnson Foundation, *Reach Out*
- Anticipate Reservations/Concerns
  - Hospital Administration
  - Medical Professionals
  - Clinics



# Early Years

Founded in 1993, the initial partnership consisted of:

- 15 medical volunteers
- 1 hospital
- 7 clinics in San Francisco



# Now...

Operation Access network consists of:

- 350 medical volunteers
- 17 hospitals
- 60 community clinics
- A service area of 6 local counties



# Since OA's establishment

- 12 million dollars in medical charges deterred.
- 3750 referrals received
- 4550 appointments coordinated by OA staff
- 2200 procedures donated (not 1:1 ratio to referrals)



# Mission Statement

Operation Access (OA) is a non-profit organization that mobilizes a network of medical volunteers, hospitals, and referring community clinics to provide the uninsured with donated outpatient surgeries and procedures that significantly improve their health, ability to work, and quality of life.



# The Operation Access Promise:

- To increase access to surgical services for the uninsured.
- To treat each person served with compassion and respect.
- To facilitate local volunteerism in the medical community.
- To provide a unique referral resource for community clinics.
- To promote community service and benefit for hospitals.
- To demonstrate to donors positive results and outcomes.

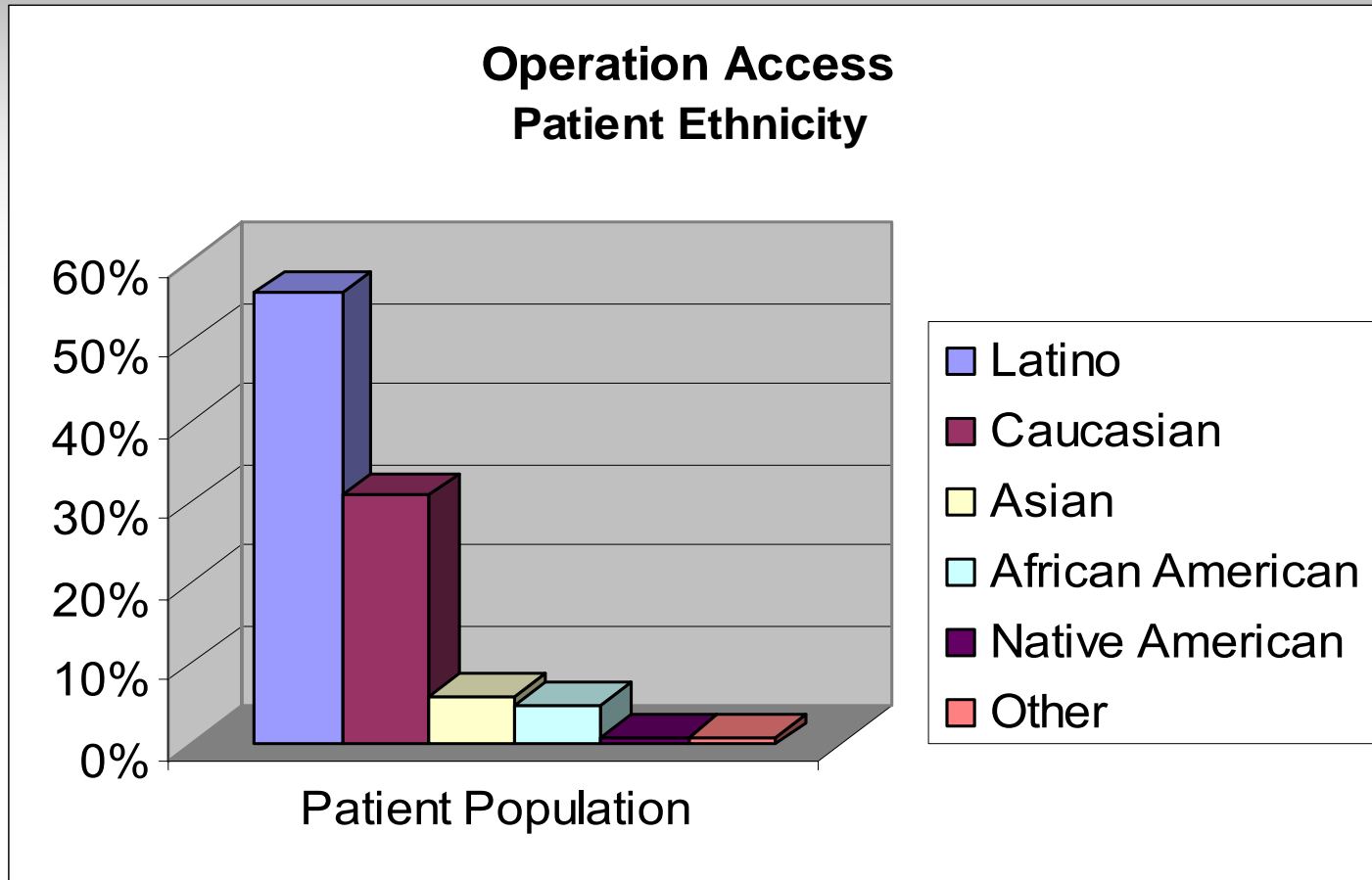


# Who are the Patients?

- Low-income, uninsured and unable to obtain job-based coverage.
- Not covered by Medicaid or Medicare (Operation Access office screens and refers if necessary.)
- Need outpatient surgery that does not require ongoing care by a surgeon or hospital for a successful outcome.
- The majority of patients are working-aged individuals, employed by the service sector.



# Patient Diversity

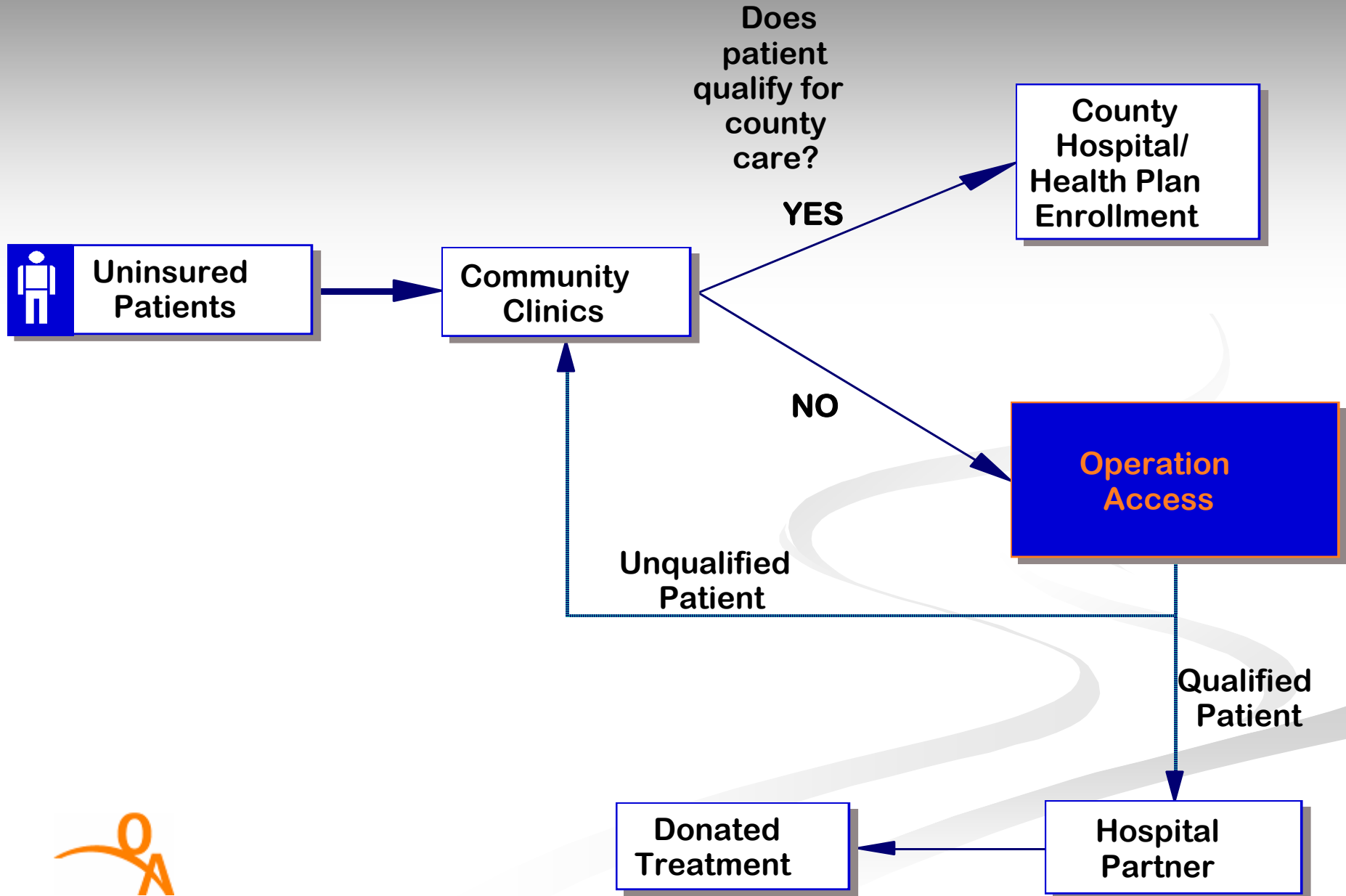


# Procedure Types

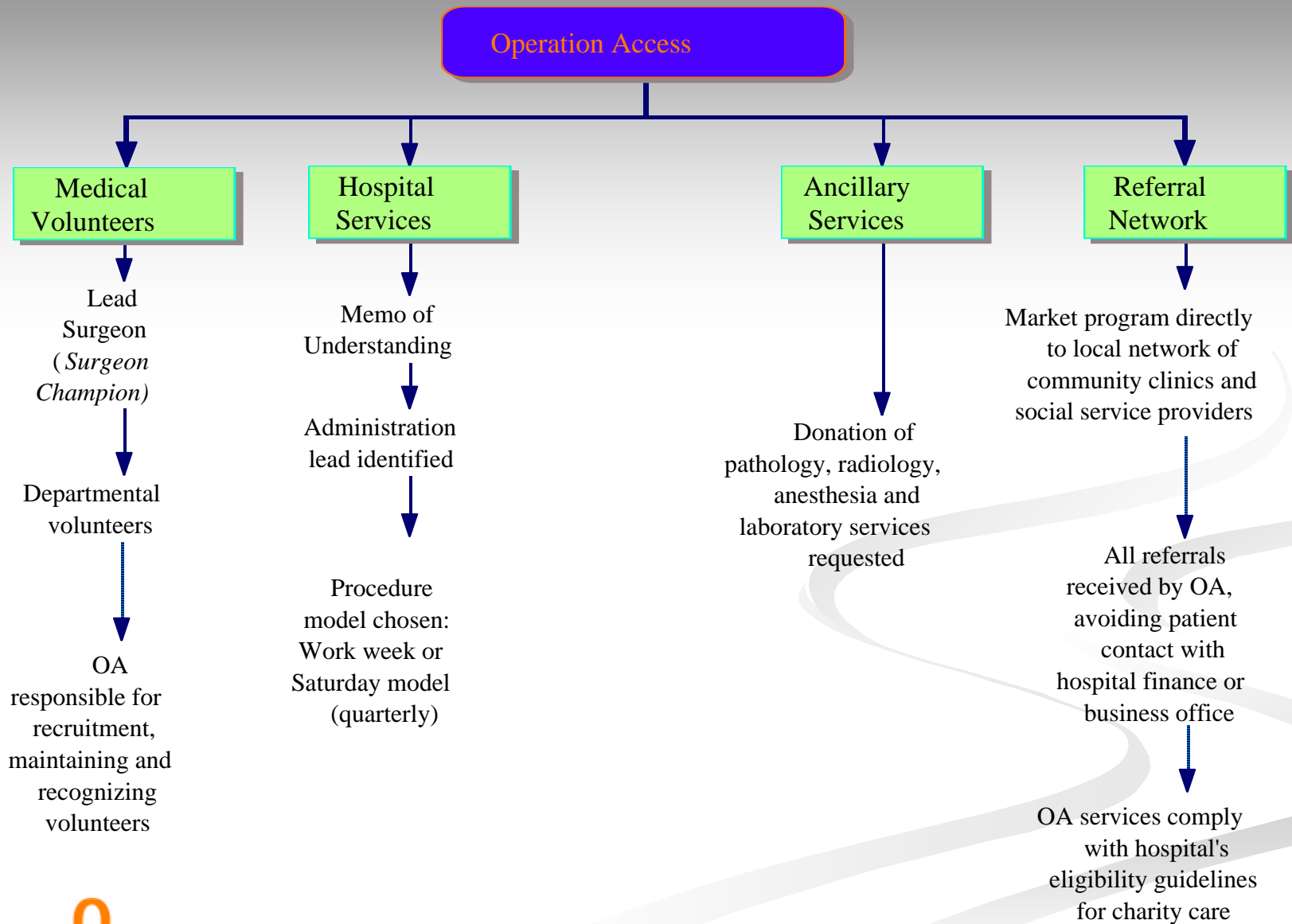
- In 2005, 48% of procedures were general surgery, 52% were sub-specialty
- The top 3 procedures in 2005 were: Hernia repair 25%, Minor Ear, Nose & Throat such as excision of masses: 11% and Excision of cysts & lipomas: 11%.
- In 2000, 67% of procedures were general surgery, 33% were sub-specialty. The top 2 procedures in 2000 were: Excision of cysts & lipomas: 30%, Hernia repair 28%.



# How does OA work?



# Program Components



# Promoting Volunteerism

Volunteering for OA is appealing because:

- OA staff provides structure and administrative support.
- No credentialing/privileging issues.
- Equipment and supplies are the same.
- Quality Assurance is the same as it is for insured patients.
- The follow-up is known and controlled.



# Promoting Volunteerism

## Recruitment Methods

- Surgeon to Surgeon
- Outreach Presentation
- Website
- Volunteer Recognition



# Participating Hospitals

- Alta Bates Summit Medical Center-a Sutter Affiliate
- California Pacific Medical Center-a Sutter Affiliate
- Endoscopy Center of Marin
- John Muir Medical Center-John Muir/Mt. Diablo Health System
- Kaiser Permanente Oakland
- Kaiser Permanente Redwood City
- Kaiser Permanente Richmond
- Kaiser Permanente San Francisco
- Kaiser Permanente San Rafael
- Kaiser Permanente Santa Rosa
- Kaiser Permanente South San Francisco
- Marin General Hospital-a Sutter Affiliate
- Mills-Peninsula Health Services-a Sutter Affiliate
- Novato Community Hospital-a Sutter Affiliate
- San Francisco General Hospital
- Santa Rosa Memorial Hospital-St. Joseph Health System
- St. Rose Hospital



# Community Clinics

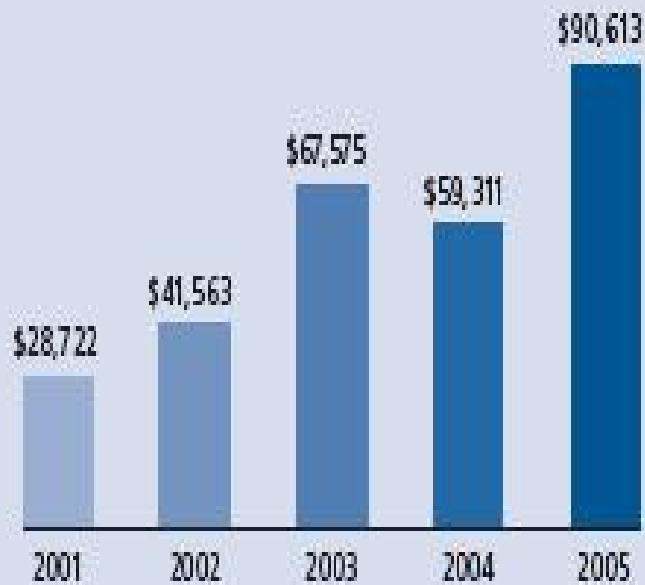
Clinics provide the patients with a medical “home” and provide ongoing care.

- **Referrals**-OA only accepts referrals from primary care clinicians. 99% come from community clinics. Clinics refer patients to OA using a one-page referral form and staff screens clients for eligibility. Clinicians are responsible for patient care. OA staff does not make any medical decisions.
- **Reports**-OA staff provide quarterly utilization update documenting referral outcomes to lead clinic staff.
- **On-site Outreach**-OA staff provide on site trainings at referring clinics to educate staff about available services and eligibility.



# Financial Overview

GROWTH IN INDIVIDUAL GIVING



- 37% FOUNDATIONS
- 37% CORPORATIONS
- 25% INDIVIDUALS
- 1% INTEREST



# What are the Concerns Initially?

## Liability

- 2,000 patients served to date with **ZERO** lawsuits.
- No hospital has declined participation due to liability issues.
- The hospital agrees to extend coverage to all medical personnel while volunteering.



# What are the Concerns Initially?

## Unforeseen Complications

- Of the **2,000** patients served by OA to date with only **5** hospitalizations!
- No hospital has declined to participate due to risk of hospitalization of OA patients.
- Hospitals agree to donate the cost of all care associated with the surgical procedures.



# OA Strives to Minimize Risk

- Surgical procedures limited to low-risk cases with **NO** limiting co-morbidities.
- Surgeons know not to proceed with any cases that pose a high risk for hospitalization.
- OA staff works with primary care clinics to provide all relevant medical history upon referral.
- Quality of care is to be upheld at all times.



# What are the Challenges?

- Matching Referrals
- Volunteer Expectations
- Outreach to clinics, hospitals, community
- Funding
- Patient Management



# Lessons Learned

- A *Surgeon Champion* is essential at each participating hospital.
- Frequent outreach to the clinics required for appropriate referrals.
- Volunteers make the program successful.
- Recognize volunteers and their contributions throughout the year.



# Lessons Learned

- Board membership needs broad representation.
- Evaluate all aspects of the program.
- Report survey data results to clinics and hospitals.
- Be patient, persistent & have reasonable expectations.
- You cannot serve everyone, but you can help some improve their health and ability to work.



# Replication

- Proper Planning - Technical Assistance
- Physician Leadership - Hospital MOU's
- Financial Support
- Legal & Administrative Requirements
- Patient & Referral Policies
- Staffing - Volunteer Recruitment



# Summary

- Operation Access allows medical personnel to get back to their “roots”, fulfilling the social contract of delivering healthcare to those in need - - it is oftentimes difficult to tell who is more fulfilled and pleased after a surgical session, the patients or the volunteers.....

