



NEW PATHS *to our*  
DESTINATION

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ANCHORAGE PROJECT ACCESS 2015



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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



“I CAN’T CHANGE THE DIRECTION OF THE WIND, BUT I CAN ADJUST MY SAILS TO ALWAYS REACH MY DESTINATION.”  
 — Jimmy Dean, *American country music singer, television host, actor, and businessman*

Anchorage Project Access (APA) was founded in 2005 with a single mission: to make sure that an estimated 50,000 low income uninsured members of our community found access to health care – a vulnerable population that would otherwise only be able to receive medical attention at an emergency room or else go without medical services entirely.

Over the years, APA has created a phenomenal network of dedicated health care volunteers – doctors, nurse practitioners, physician assistants, therapists, clinics, hospitals, and more – who donate their time and expertise to make sure these folks receive the medical services they need. APA also created a system of policies and procedures to streamline the process, always keeping the mission in mind – access to health care.

The struggle to provide access to health care changed almost overnight on a national level with the passing of the Affordable Care Act (ACA). ACA provided a path to acquiring health insurance for the majority of Americans, although the lowest income families and individuals still weren’t addressed. Some of those gaps were closed when Alaska adopted an expanded Medicaid program.

To some, it seemed that APA’s mission might be close to being fulfilled. Instead, we realized that there were still tens of thousands of our most vulnerable neighbors who didn’t qualify for assistance through ACA or Medicaid, or simply couldn’t afford even minimal premiums or deductibles. Even among those who did qualify for assistance, many lacked access to care because they didn’t know about their eligibility or how to enroll. Today, helping these people access the services or assistance they need involves skilled navigation services, which Anchorage Project Access now offers in addition to the traditional pro bono health care model that APA built in Anchorage.

And so we have adjusted our sails, to make sure we can continue to work toward our goal – to ensure that everyone in Anchorage has access to the health care they need. APA is following new paths, but our destination remains the same.

I am constantly reminded that we are not alone on this journey. I would like to extend my heartfelt thanks to everyone involved with Anchorage Project Access, including our staff, our board, our passionate volunteers, our brilliant network of medical professionals and their staffs, and – of course – our generous donors. Your contributions and your support open the way for all of us.

*Bradley K Cruz MD*

Bradley Cruz, MD  
 President, APA Board of Directors





Health care remains the universal topic for which there are no easy answers or solutions. As in the past, it continues to be among the most expensive line items in an annual budget resulting in many people finding themselves without health care benefits. While the Affordable Care Act has been a positive resolution for many people, it has proven to be challenging for many seeking health care solutions and many times the premiums offered are not considered affordable. Over the past year, APA adjusted its affordability measurement to coincide with the federal government. Additionally, Medicaid expansion has opened the door to health care for many of our most vulnerable neighbors.

Anchorage Project Access (APA) is a local replication of a national model that has proven to improve health outcomes and reduce emergency department charity care costs in many communities. Residing fiscally and administratively under the nonprofit structure of Christian Health Associates, the project was founded and brought to the implementation stage through the collaborative efforts of many community stakeholders.

APA has been coordinating donated health care for our most vulnerable neighbors for ten years. People who meet the program criteria are eligible for these donated services and it is offered to them 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. APA patient care coordinators work closely in conjunction with providers on the clinical leadership team and the APA medical director when medical issues arise.

APA operates on the premise that all patients have a primary care provider; and if they do not, they are assigned one. This process guarantees the patient has a medical home to receive appropriate diagnostic tests and specialty referrals if necessary. As part of the “responsibility agreement,” patients are encouraged to “pay it forward” by volunteering 20 hours in the community in whatever capacity they choose.

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

ELIGIBILITY REQUIREMENTS

- Municipality of Anchorage resident; a limited amount of people from outside the Anchorage bowl are served
- Gross household income of 200% or less of the Federal Poverty Level
- No other form of health insurance
- Must have a medical need

Ten years ago Anchorage Project Access (APA) opened its doors and continues to be one of the major safety net organizations in Anchorage for its most vulnerable population.

Since the onset, the strength and endurance of APA continues to lie with the 578 volunteer health care providers. During Report Year 2015 (October 1, 2014 – September 30, 2015), the APA staff scheduled over 1,732 appointments on behalf of 395 eligible patients.

The Affordable Care Act (ACA) and Medicaid expansion have made significant differences in the lives of many Alaskans. APA “evolved” over the past year with the resolve to continue its mission in assisting the most vulnerable in our community with access to health care. Two of the APA staff are Certified Application Counselors (CAC’s) and assist clients with their Medicaid and/or ACA enrollments. CAC’s are sparse with only a total of eight in Anchorage. As APA is constantly attempting to meet the needs of this ever changing population, we have eagerly outreached with sister organizations to assist their clients – most specifically: Beans Café; the Project Homeless Connect; Saint Francis House Food Pantry; the Municipality of Anchorage DHHS – WIC, public assistance and the Prison Re-entry programs. We also assist many of our volunteer provider’s by enrolling their clients in Medicaid. Along with the above mentioned social service organizations, we also assist the following businesses with enrollments: Providence Hospital Financial office; the Anchorage Neighborhood Health Center and Providence Imaging Center. Staff assisted 499 clients (from August – December, 31. 2015) with various enrollments – specifically: APA; Medicaid; ACA marketplace insurance. It should be noted that enrollments account for approximately one hour of staff time.

The number of new and unique patients served for Report Year 2015 was 245 – slightly higher than last year. Additionally, the demographic characteristics for Report Year 2015 remained similar to those reported in 2014. She is the Caucasian female between 50-59 years of age. As in the past, while many are unemployed, she typically works multiple part-time jobs without health benefits or is self-employed.

Based on internal health & wellness surveys, APA clients indicated their “poor physical health days” decreased significantly by 46.2%. This internal documentation also indicates patient employment status rose after exiting the project and more people are utilizing the primary care home they were connected with through APA.

Since APA opened its doors ten years ago, the one item that continues to be a constant is the value of care so generously donated by the APA volunteer network and their staff. Data documented for this annual report is represented in the value of services donated to APA patients this report year – estimated at over \$4 million.

Marlene is able to walk without a limp and her quality of life has dramatically improved and she is enjoying retirement pain free. She found the staff at Anchorage Project Access to be understanding and professional and she is very grateful for the work Dr. Prevost and the staff at Anchorage Fracture and Orthopedic Clinic did for her.

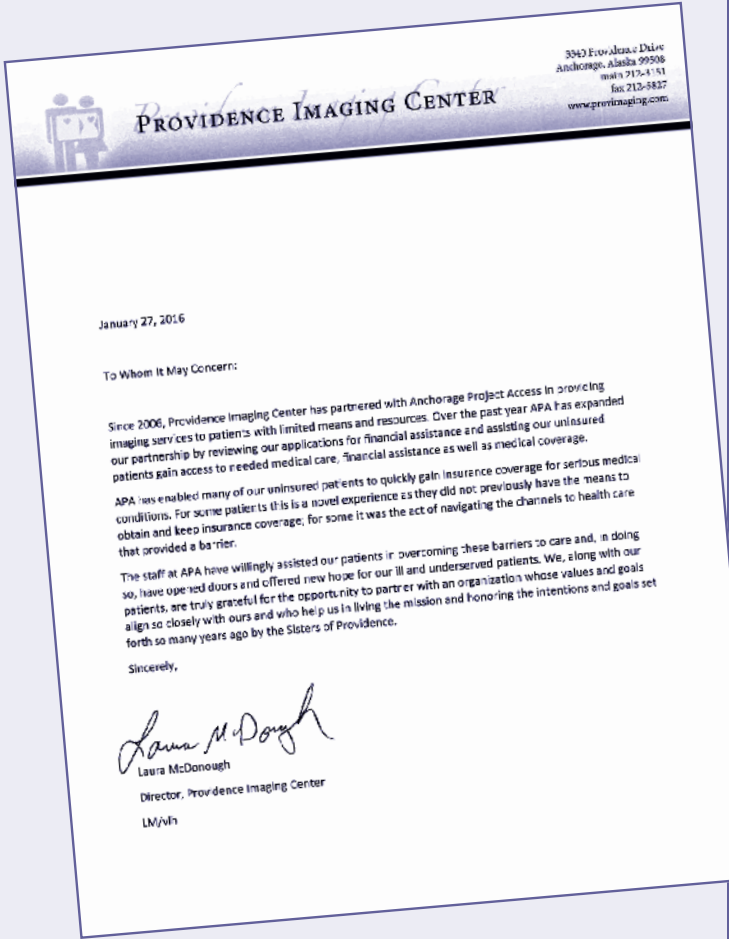
“I really appreciate Anchorage Project Access for getting me through this.”

— APA Patient Marlene



For Report Year 2015 – October 1, 2014 through September 30, 2015, 245 new and unique patients were treated by an APA volunteer health care provider. A total of 395 patients were enrolled and eligible for services during this time period.

Figure 1 illustrates the demographic characteristics of these 245 new and unique Project Access patients. The demographic characteristics for Report Year 2015 remain similar to those reported last year. Once again, she is a Caucasian, single woman between 50 – 59 years old. While many of our patients may be unemployed for a variety of reasons, more than 30% are working full or part time or are self-employed without health benefits. Education remains consistent to previous years with the majority being high school graduates. However, over 38% of our patients have attended some college or are college graduates. The homeless population continues to be significant at over 48% – an increase from last year of 6%.



Gender	Count	Percentage
Female	130	53.06%
Male	115	46.94%
	245	100.00%
Age		
1–19	1	0.41%
20–29	24	9.80%
30–39	40	16.32%
40–49	51	20.81%
50–59	85	34.70%
60–69	40	16.32%
70+	4	1.64%
	245	100.00%
Education Level		
Less than high school	45	18.37%
High school graduate or GED	106	43.26%
Some college or vocational school	67	27.35%
College graduate	27	11.02%
	245	100.00%
Employment Status		
Unemployed	171	69.80%
Employed Part Time	53	21.63%
Employed Full Time	9	3.67%
Self-employed	12	4.90%
	245	100.00%
Household Size (Number of People)		
1	165	67.35%
2	49	20.00%
3	12	4.90%
4	8	3.27%
5	6	2.45%
6	1	0.40%
7	0	0.00%
8+	4	1.63%
	245	100.00%
Ethnicity		
White	158	64.49%
Hispanic /Latino	20	8.16%
Black /African American	26	10.61%
Asian	28	11.43%
Multi-Racial	6	2.45%
Native Hawaiian or Pacific Islander	3	1.22%
American Indian or Alaska Native	4	1.64%
	245	100.00%
Marital Status		
Single	116	47.35%
Married	53	21.63%
Divorced	49	20.00%
Separated	15	6.12%
Widowed	12	4.90%
	245	100.00%
Housing Status		
Own	31	12.66%
Rent	95	38.78%
Staying with Family / Non-Family Members	74	30.20%
Community Shelter	9	3.68%
Homeless	21	8.56%
Other	15	6.12%
	245	100.00%
Federal Poverty Level		
0% – 50%	139	56.73%
51% – 100%	60	24.50%
101% – 150%	28	11.42%
151% – 200%	18	7.35%
	245	100.00%

FIGURE 1: Characteristics of New Patients Served by APA.

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

APA patients complete a health and 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).

Figure 2 demonstrates APA patients who completed the program reported marked improvements to both physical and mental health. The number of days reported with “poor physical health” was reduced by 46%; “poor mental health” days were reduced by 43%, and the number of days they experienced limited activity due to health issues was reduced by 47%.

Figure 3 shows 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; 35.2% were employed at entrance versus 44.8% at exit of the program.

We also asked our patients to assess their own work limitations. Figure 4 suggests that the number of APA patients who believed they were “limited a lot” or “limited a little” before entering our program were doing significantly better after their health care needs had been met, and the number of patients who said they had no work limitations more than doubled.

All three graphs indicate a significant improvement in our patients’ overall health and a reduction in their limitations due to health considerations.

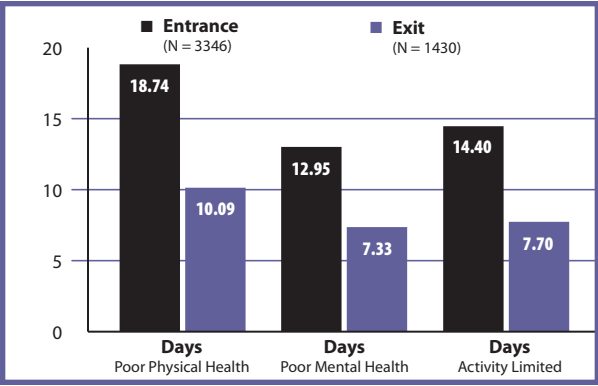


FIGURE 2: Poor Health Days.

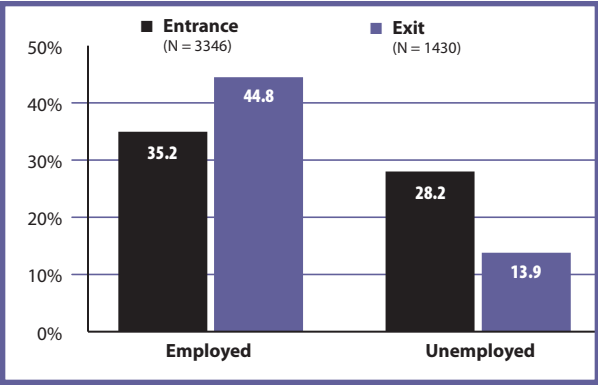


FIGURE 3: Employment Status.

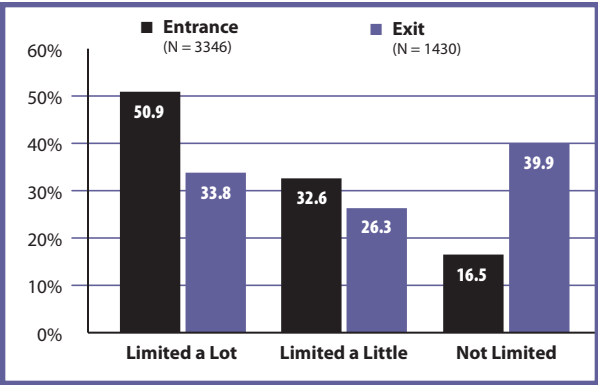


FIGURE 4: Work Limitations.





II. INCREASE THE PRIMARY CARE TREATMENT CAPACITY  
IN ANCHORAGE

Once a person is financially eligible for enrollment in the program, APA requires they have a primary care home; and if they do not, they will be assigned one. This process ensures continuity of care and allows our patients to establish an ongoing relationship with their health care provider. As the emergency room has historically been the primary care home for many APA patients, establishing a relationship with a provider is a new lifestyle that must be learned. This practice creates good health habits, leading to improved overall health in the future. As shown in Figure 5, the latest APA program exit surveys indicated:

- 74.2% of APA patients had a primary care home at one of the community health centers vs. 62.4% at entrance to the program.
- 96.0% of APA patients planned to remain with their primary care provider at the community health center vs. 92% at entrance to the program.

In 2014, APA staff scheduled 193 physical therapy appointments. The numbers changed in 2015 as radiology took the lead with 458 appointments followed by physical therapy and orthopedic surgery (as shown in Figure 6). A typical treatment may include multiple appointments or procedures on behalf of the patient. For example, a patient may begin with a consultation, followed by an X-ray or lab tests, and ending with physical therapy.

Overall for report year 2015, APA staff scheduled 1,732 appointments on behalf of 395 eligible patients.

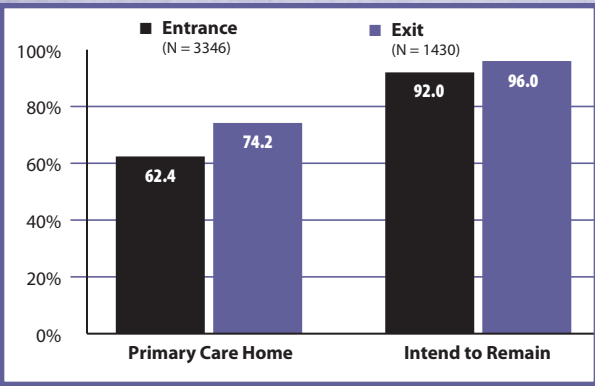


FIGURE 5: Community Health Centers: Primary Care Home and Intention to Remain

Specialty	Total Appointments	Specialty	Total Appointments
Allergy /Immunology	7	Otolaryngology	32
Ambulatory Surgery	16	Pathology	91
Anesthesiology	88	Pediatric Cardiology	1
Audiology	9	Pediatrics	1
Cardiology	70	Phlebology	12
Dermatology	73	Physical Medicine/Rehabilitation	1
Durable Med Equip – Slp Disorders	7	Physical Therapy	179
Endocrinology	25	Podiatry	6
Family Medicine	7	Pulmonary Disease	6
Gastroenterology	83	Radiation Oncology	1
Hematology/Oncology	24	Radiology	458
Hospital Services	74	Rheumatology	2
Infectious Disease	7	Sleep Disorders	40
Interventional Radiology	3	Surgery – Cardiothoracic	9
Nephrology	19	Surgery – General	29
Neurology	66	Surgery – Orthopedic	134
Obstetrics/Gynecology	81	Surgery – Plastic/Reconstruction	3
Occupational Therapy	4	Urology	62
Ophthalmology	2	TOTALS	1732

FIGURE 6: Number of Appointments by Specialty.

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

Currently, 578 health care providers participate in the APA volunteer network compared to 530 last year. Figure 7 represents our volunteer network listed by specialty. However, we continue to encounter unmet needs in many areas and are constantly looking to increase provider participation. Our clinical leadership team as well as providers on the APA board of directors are instrumental in recruiting new providers.

If you would like to join the Anchorage Project Access volunteer network, please contact the executive director at (907) 743-6651. Naturally, your level of participation is entirely at your discretion and any assistance you can provide to our patients is very much appreciated.

Specialty	# of Providers	Specialty	# of Providers
Allergy/Immunology	7	Pediatric Cardiology	1
Anesthesiology	15	Pediatric Ophthalmology	1
Audiology	3	Pediatrics	23
Cardiology	38	Phlebology	1
Dermatology	9	Physical Medicine/Rehab	3
Durable Med Equipment	5	Physical Therapy	56
Endocrinology	5	Podiatry	4
Family Medicine	26	Pulmonary Disease	4
Gastroenterology	11	Radiation Oncology	5
Hematology/Oncology	17	Radiology	30
Hyperbaric	1	Rheumatology	3
Infectious Disease	6	Sleep Disorders	7
Internal Medicine/General	6	Support Services	4
Interventional Radiology	2	Surgery – Breast	2
Mental Health Svcs Limited	1	Surgery – Cardio	5
Nephrology	15	Surgery – General	9
Neurology	18	Surgery – Orthopedic	62
Neurosurgery	0	Surgery – Plastic	2
Obstetrics/Gynecology	52	Urology	17
Occupational Therapy	2		
Ophthalmology	6	Collaborating Providers:	
Optometry	3	PFMC	51
Otolaryngology	8	ANHCC	19
Pain Management	5		
Pathology	8	TOTAL	578

FIGURE 7: Anchorage Project Access Providers by Specialty.

“Thank you, thank you, and once again thank you! Thank you all for your support and assistance with my medical needs, for saving my life, and giving me a new reason to serve God and humanity. I say a big ‘thank you’ to all of you, for all your help.”

— APA Patient M.R.



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

REVOLUTIONS

Saturday, January 31, 2015 marked Anchorage Project Access' sixth annual fundraising event – *Revolutions: Spinning for Health Care* – at the Anchorage 5th Avenue Mall. It was another huge success as the medical and business communities joined forces to raise more than \$50,000 for their neighbors in need.



*Revolutions: Spinning for Health Care, at the Anchorage 5th Avenue Mall, raised more than \$50,000 in 2015.*

PROJECT HOMELESS CONNECT

As one of the major safety net organizations in the Anchorage area, APA prides itself in being a thoughtful community steward. Every year, the APA staff participates in the Project Homeless Connect event at the Egan Center. Businesses and social service organizations community-wide participate to assist our homeless neighbors with their most urgent needs – addressing everything from housing and food to getting a haircut.

OTHER COMMUNITY FUNDRAISERS

**Pizza Olympia Fundraiser**  
For the third year in a row, Pizza Olympia held a fundraiser for APA, raising over \$650.

SCHOOL BASED HEALTH CENTERS

In addition to Anchorage Project Access, Christian Health Associates is the fiscal agent for Anchorage School Based Health Centers, serving students at Begich and Clark Middle Schools. 2015 was both an exciting year and a very sad year for Anchorage School Based Health Centers. In November, Dr. Jon Lyon passed away. He was instrumental in the creation of our program, served on the SBHC advisory council, and was a volunteer provider up until the time of his death. Dr. Lyon will be greatly missed. However, his impact on our program will be long-lasting. Jon was a constant advocate for growth, which for SBHC came to fruition in 2015 and we hope to see continue.



Anchorage  
School-Based  
Health Centers



*Dr. Jon Lyon.*

The exciting growth in 2015 was the addition of behavioral health services at Begich Middle School, in collaboration with Volunteers of America. During the calendar year, 26 students received an assessment and ongoing treatment at school. In addition to being well received

by students, parents, and school staff, the data shows the program's success:

- Fewer visits to the school nurse compared to before treatment began;
- Fewer discipline contacts compared to students who were referred but declined services; and
- Increased attendance compared to students who were referred but declined services.

National research shows similar trends, including positive long term impacts. SBHC is excited to continue and expand this partnership with VOA and ASD.

During 2015, SBHC provided 489 student visits for medical care. Over 95% of the visits were for physical exams, required for student participation in sports. Many of the patients come from families whose parents are not English proficient and/or have had limited access to health care. The majority of SBHC patients (63%) have Medicaid, and 19% have private insurance. The 18% of our families that utilize our sliding fee scale are encouraged by SBHC staff to apply for Medicaid and/or obtain insurance through the health care exchange. Staff at APA are trained in this process and are available to help SBHC families with enrollment.

*Our appreciation and thanks to:*

- Our wonderful volunteers, including Mary Blenkush, MD; Cathy Giessel, ANP; Jon Lyon, MD; and the Alaska Family Medicine Residency – especially Robert McAlister, MD and Teresa Bormann, MD.
- Our generous funders at Providence Health Services Alaska, Alaska Mental Health Trust Authority, the Rasmuson Foundation, and these donors in 2015:
  - Denise and Peter Brakora
  - JoAnne Cummings
  - Dr. Eric Foote
  - Tammy Foster
  - Lorrie and Morris Horning
  - Heather Ireland and Gary Snyder
  - Karen Johnson
  - Drs. Phyllis and Royal Kiehl
  - Dr. Jon and Barbro Lyon
  - Gale Moore
  - Anne Rappaport & David Irons
  - Dr. Melinda Rathkopf
  - Carrie Sumner
  - Nicole Zonzel
  - The Alaska Breastfeeding Coalition

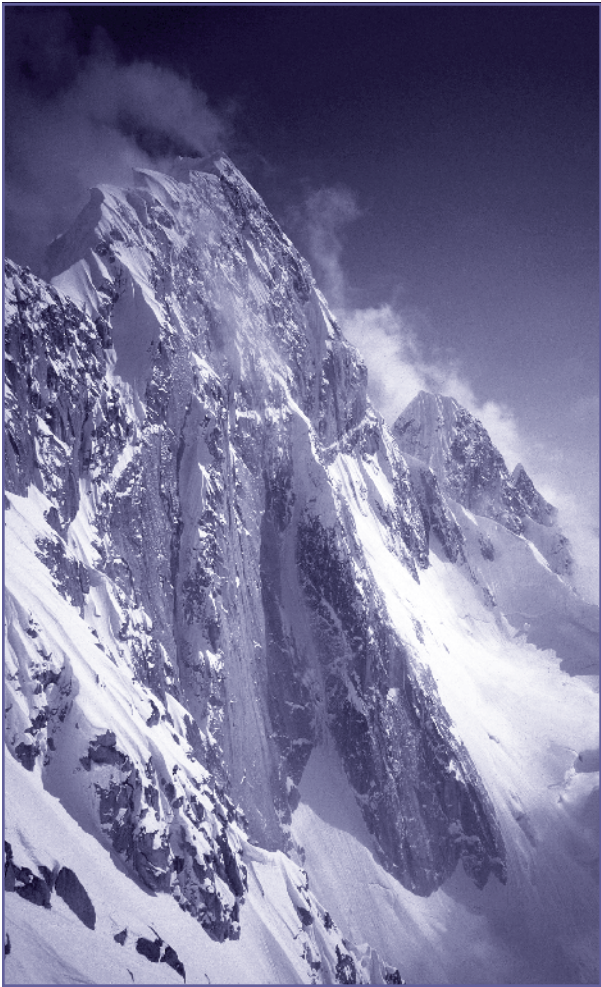


ACKNOWLEDGING OUR GUIDES TO THE SUMMIT

Anchorage Project Access first presented the Mt. Huntington Award in 2008. The award is given to APA providers in recognition of their unfaltering commitment and astonishingly generous service to our medically uninsured neighbors in Anchorage. The award is acknowledged and signed by Alaska’s Governor, Anchorage’s Mayor, and the Commissioner of the Department of Health and Social Services.

In 2007, Richard Willard – who received health care through Anchorage Project Access – presented a large aerial photograph of Mt. Huntington to APA in gratitude for the program. Willard had been unemployed and uninsured and in need of a double hip replacement. After successful surgeries and medical care, all donated by APA’s incredible volunteer medical network, Willard recovered his health and reentered the workforce.

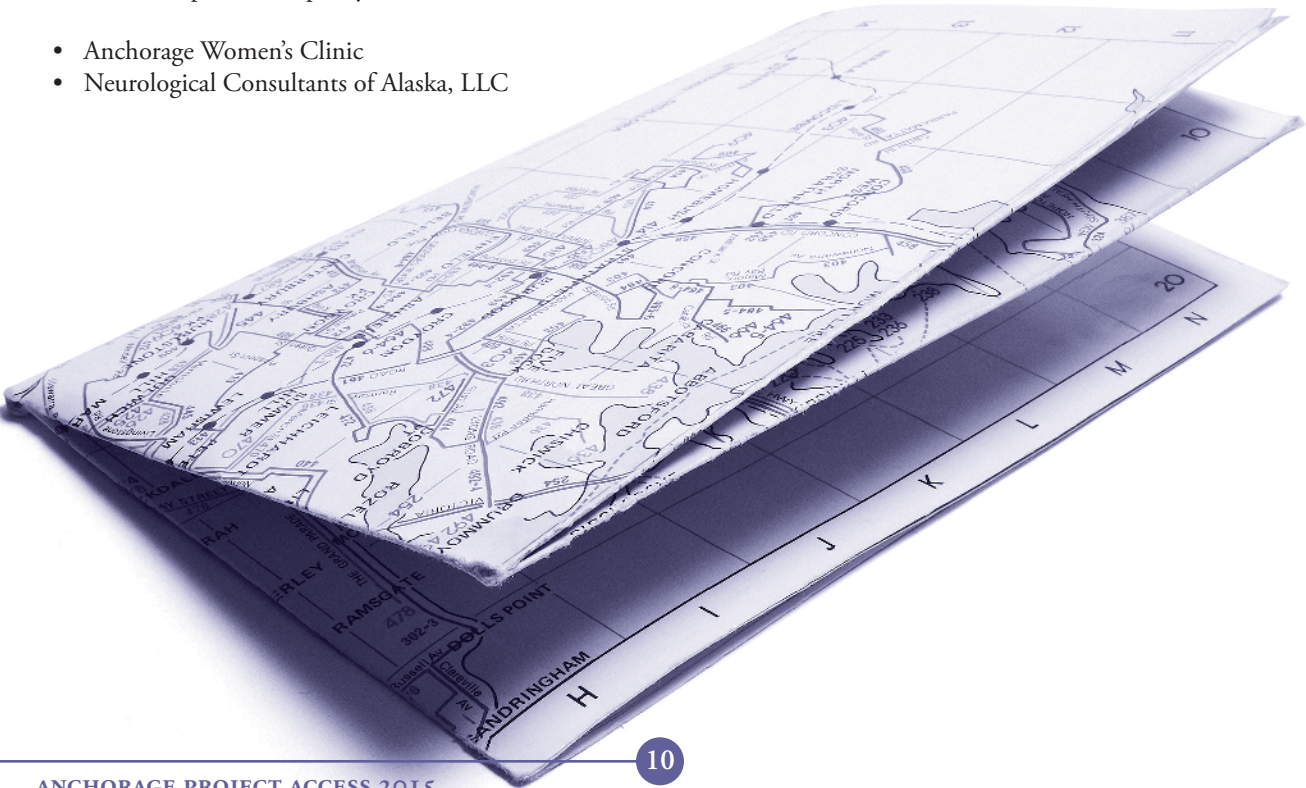
Rising 12,240 feet in the Alaska Range about eight miles south-southeast of Denali, Mt. Huntington is considered one of the most challenging peaks to climb in the world (while overshadowed in absolute elevation by Denali, Mt. Huntington is a steeper peak.) The photo inspired the award, which has come to symbolize some patients’ steep climb to improved health.



Mt. Huntington in the Alaska Range.

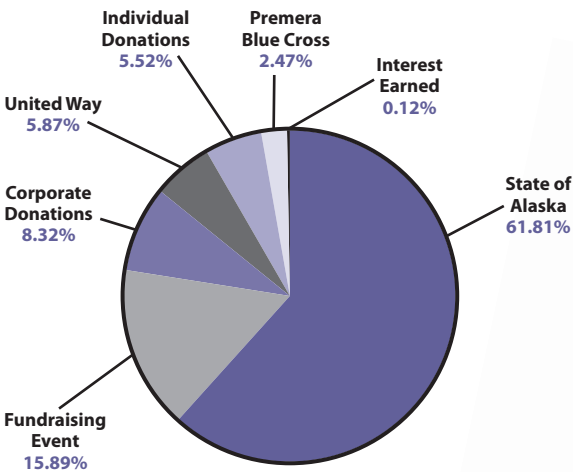
Our award recipients in report year 2015 included:

- Anchorage Women’s Clinic
- Neurological Consultants of Alaska, LLC

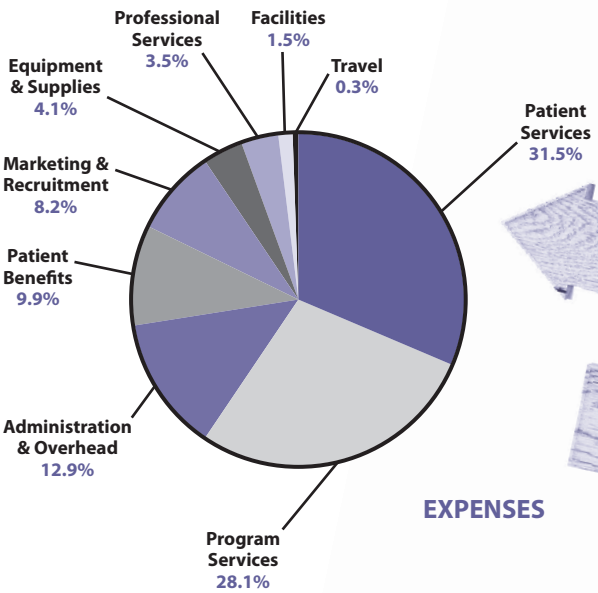


APA Value of Donated Care October 2014 – September 2015	
Reported	
Health Care Providers	\$ 1,430,126
Hospitals, Radiology, Pathology, etc.	2,799,188
<b>TOTAL DONATED CARE</b>	<b>\$ 4,229,314</b>

FIGURE 8: APA 2015 Value of Donated Care.



REVENUE



EXPENSES

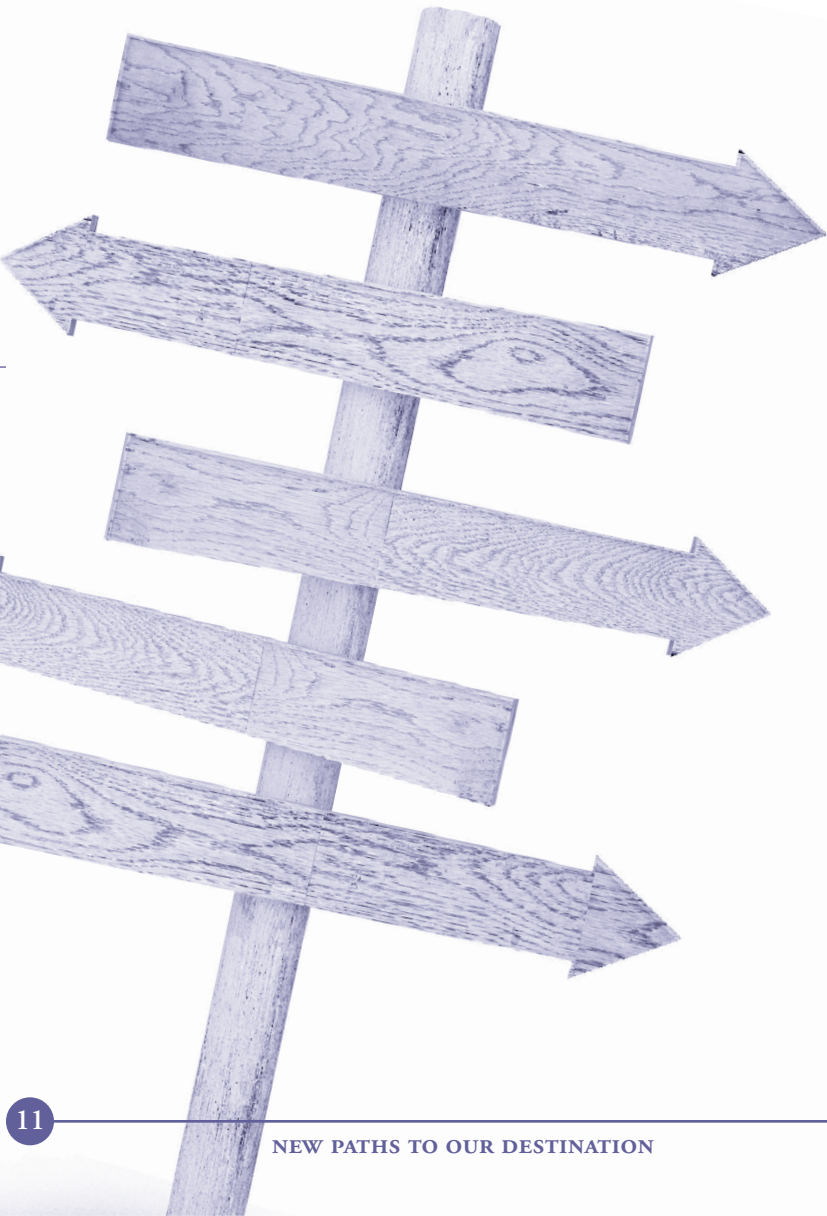
FIGURE 9: APA 2015 Revenue & Expenses.

VALUE OF DONATED CARE

Data for this report is derived from various billing sources for the period October 1, 2014 – September 30, 2015.

The value of donated care is derived through the “billing forms” submitted by APA volunteer providers to Meritain Health Care for documentation.

Data for report year 2015 is based on actual data from Meritain Health Care as well as from the hospitals, radiology centers, and pathology. As in past years, many services provided by APA providers were not submitted to Meritain Health Care for documentation; thus, the actual amount of donated care is generally a great deal higher than is reported.





OVERALL VALUE OF PROGRAM

As stated in previous reports, it is vital to emphasize that Project Access financials do not demonstrate additional cost savings that might include: reduced emergency room visits; hospital admissions; increased worker productivity; and decreased morbidity and mortality, resulting in lower health costs.

Many intangible benefits are also not reflected, such as our patients’ improved quality of life. Additionally, because we offer a more organized and dignified method of delivering donated health care, APA patients and providers experience greater satisfaction in the overall health care experience.

As in previous years, APA continues to work in an extremely efficient manner. During Report Year 2015, the ratio of donated care to program costs was 9:1 – for every dollar spent to operate the project, \$9 was donated in medical care.

Since the onset of Anchorage Project Access ten years ago, the total value of donated care is an astonishing \$43,470,916. It goes without saying that the Anchorage medical community is extraordinarily generous.

NOTE: Providence Health and Services of Alaska generously contributes \$100,000 per year to support Anchorage Project Access. Their commitment is made in three-year segments, most recently a \$300,000 commitment in 2013 to be paid over three years. Providence’s support is shown as revenue in the year in which it is committed.

“Anchorage Project Access is great for people like me who need something done but can not afford it and would otherwise be unable to seek treatment.”

— APA Patient A.H.

APA Annual Report Financial Summary  
October 2014 – September 2015

Revenue	
State of Alaska	250,000
Fundraising Event	64,269
Corporate Donations	33,646
United Way	23,750
Individual Donations	22,325
Premera Blue Cross	10,000
Interest Earned	487
<b>TOTAL REVENUE</b>	<b>\$ 404,477</b>

Expenses	
Personnel	
Patient Services	\$ 150,365
Program Services	134,462
<b>Total Personnel</b>	<b>\$ 284,827</b>
Administration & Overhead	61,811
Patient Benefits	47,082
Marketing & Recruitment	38,964
Equipment & Supplies	19,766
Professional Services	16,632
Facilities	7,038
Travel	1,511
<b>TOTAL EXPENSES</b>	<b>\$ 477,631</b>
<b>Change in net assets</b>	<b>[ \$ 73,154 ]</b>

FIGURE 10: APA 2015 Financial Summary.

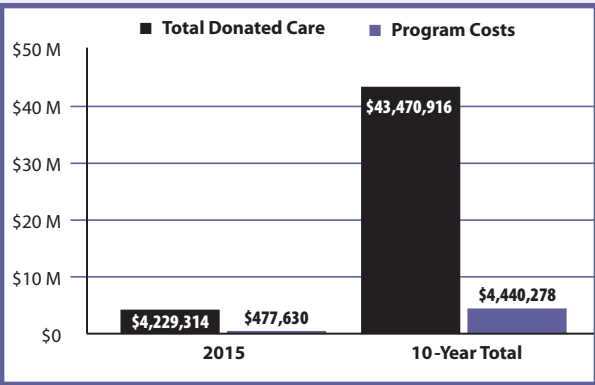


FIGURE 11: Comparison of Donated Care to Program Costs.

Mt. Huntington Circle  
(\$50,000+)

Providence Health & Services Alaska  
State of Alaska DHSS

Leadership Circle  
(\$10,000–\$49,999)

Alaska Mental Health Trust  
Premera Blue Cross Blue Shield of Alaska  
United Way of Anchorage

Major Benefactors  
(\$5,000–\$9,999)

Alaska Emergency Medicine Associates  
The Carr Foundation  
ConocoPhillips Alaska  
First Choice Health  
Barney & Rachel Gottstein  
Peter Van Wyche Charitable Foundation

Partner in Health  
(\$2,500–\$4,999)

Alaska CyberKnife Center  
Far North Surgery & Surgical Oncology  
First National Bank Alaska  
Fraternal Order of Eagles – Ladies Auxiliary Aerie 4207  
Mat-Su Health Foundation  
Jane & John Hall, MD  
Law Office of Marc June  
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