

Maximizing Community Benefit with Creative Partnerships

By Paul B. Hofmann and Benjamin Aune

Achieving meaningful community benefit often requires imaginative plans and alliances.



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Every hospital strives to provide community benefit and document it, but good intentions are not enough. In many states, nonprofit hospitals are legally required to submit evidence to justify their tax-exempt status.

One successful community-benefit model is Operation Access (OA), a program in the San Francisco Bay area that provides volunteer medical care to the low income and uninsured. When OA began in 1993, there was no comparable organization in the country. Today, through its network of health care organizations, OA offers a unique opportunity for hospitals and medical professionals to collaborate conveniently, productively and efficiently.

Role and Purpose of Operation Access

OA addresses three critical community health issues: improving access to care, strengthening the safety net and reducing disparities in health care delivery. OA also provides a way for health systems and hospitals to support the philanthropic interests of their physicians, nurses and support personnel. And by providing surgical care before emergencies occur, emergency department visits and costs are reduced.

Participating hospitals recruit volunteers from their employed or admitting physicians and from their nursing and other nonexempt staff. Using clinicians associated with the hospital ensures that all issues of physician credentialing, nursing licensure and employee record-keeping are handled by the hospital where they practice. It also ensures that they are familiar with the facility and that hospital protocols will be followed the same for OA patients as for any patient.

All nonphysician volunteers are covered by the hospital's liability insurance because they are volunteering within the scope of their paid work. Physicians are protected by their own malpractice insurance. Participating hospitals sign a memorandum of understanding with OA that states the hospitals' policies and procedures concerning quality assurance, medical records and similar activities will apply to OA patients.

OA has developed and refined all the necessary documents, protocols and procedures to ensure good outcomes. Written agreements with the hospitals clarify roles and responsibilities. The hospital provides the operating room space, medical supplies and any medications required.

Identifying Patients

Community clinics refer patients to OA, whose staff screen them for eligibility. Eligible patients are then matched with a surgeon volunteer who, without charge, provides the surgical consult; surgery, if necessary; and post-operative care at his or her participating hospital. Patients return to their primary care provider for any ongoing health care needs.

OA patients qualify if they are:

- uninsured and unable to obtain job-based insurance coverage;
- ineligible for publicly sponsored coverage;

- earn less than 250 percent of the federal poverty level;
- possess less than \$3,000 in savings;
- diagnosed as needing medically necessary outpatient surgery; and
- are in good overall health, lack comorbidities and do not require hospitalization.

With its network of general surgeons, anesthesiologists, nurses and surgical techs, gynecologists, orthopedic surgeons, gastroenterologists, otolaryngologists and urologists, OA offers a wide variety of ambulatory surgical procedures, including breast biopsies, hernia repairs, gall bladder removal, ear/nose/throat procedures, cyst excisions, repair of torn ligaments and so forth.

Once the surgery is performed, OA staff arrange for post-operative appointments with the surgeon, and the patient returns to his or her medical home, the local community clinic. Only 12 of the 3,300 surgery patients OA has served so far have required hospitalization, reflecting the careful attention to screening eligible patients who are low-risk but still in need of a life-changing outpatient surgical service or procedure. Most OA patients are service workers with families.

Growth and Development of OA

The OA network started with one hospital, 15 medical volunteers and seven clinics in San Francisco. Today, 22 hospitals, more than 550 medical volunteers and 60 community clinics from six Bay area counties participate with OA. Since 1993, over 5,000 referrals have come from local clinics, and 3,300 surgical services and procedures have been arranged through the program. The charity care provided now exceeds \$20 million, including more than \$16 million in waived hospital charges.

Recently, OA has begun working with area ophthalmologists who have volunteered to provide free eye services to the uninsured. With the rising incidence of diabetes among lower income patients, there is an even greater need for eye checkups. During just three two-hour sessions, more than 100 people received screenings. The majority of screenings were for diabetic retinopathy followed by refractions, testing for glaucoma and surgical consultations for cataracts.

OA volunteers and participating hospitals have proven that donated medical care can significantly improve access for a targeted patient population that would otherwise likely go without care or use the emergency department. Both patients and hospitals benefit. Patients receive timely and proper care, and hospitals avoid the costs associated with unnecessary and inadequately reimbursed visits to the emergency room.

OA has not only improved the quality of patients' lives, it has also improved each hospital's community benefit program in several important ways by:

- acting as a gatekeeper, providing multiple levels of screening to ensure only appropriate patients are referred for surgical care;
- providing case management for patients throughout the process, including interpreters in the patients' own language if needed; and
- working closely with community clinics that refer patients so there is continuity and follow-up by the primary care provider.

In recognition of its unique attributes, the program received the AHA's NOVA Award in 2002. Earlier this year, the OA Kaiser Permanente team won a Kaiser Permanente David Lawrence Community Service Award, and the OA program has been successfully replicated in Orange County, Calif.

Future Plans

Last December, ABC News published an article about OA on its national news Web site, "Operation Access lives up to its name: One Bay Area program takes a crack at the health care crisis for millions of uninsured Americans." Dr. Stephen Rauh, chief of colon and rectal surgery at Rochester General Hospital in Rochester, N.Y., was quoted in the article: "Emergency surgeries are frequently uninsured people who are unlikely to ever be able to pay their bill. A basic level of health care is provided to all citizens but we need to catch these people falling through the cracks. I think something like this (OA) could work in most places, as long as you get enough surgeons to cover the need."

For this reason, OA is in discussions with the American College of Surgeons about how the college might work with OA to introduce the program to more surgeons around the country who want to volunteer.

Improving community health status is a laudable and important objective for every hospital. Programs like OA provide essential medical and surgical services at no charge to grateful recipients, permit these services to be delivered at minimal cost, minimize the exacerbation of existing problems, and produce very tangible and measurable results. Such a creative partnership among hospitals, physicians and nurses not only benefits the community, but our experience also demonstrated that it rewards all the stakeholders.

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