Operation Access

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Operation Access is a 501(c)(3) nonprofit organization that has provided low-risk outpatient surgery, diagnostic, and specialty procedures to uninsured patients in the Bay Area since 1994.

The Germ of an Idea
Provision of surgical care to the uninsured was discussed at a meeting of the Northern California Chapter of the American College of Surgeons in 1992. After the meeting, Drs. William Schecter and Douglas Grey continued the discussion at weekly meetings. We decided that provision of care to all patients in need was part of our professional responsibility, and we noted that it was easier to volunteer overseas than in our own community. We needed a structure to connect patients in need with volunteer surgical teams. We met with the San Francisco section of the West Bay Hospital Conference to propose that hospitals provide operating rooms and surgical equipment on a rotating basis so that volunteer doctors and nurses could provide low-risk outpatient surgery to patients in need. The CEOs at the meeting agreed with the concept in principle, although both they and we doubted that anything would come of the proposal.

Building the Organization
We reached out to various groups for help and learned of a hospital CEO, Paul Hofmann, who was teaching a graduate course at the U.C. Berkeley School of Public Health. During an early discussion, the need became apparent for a formal business plan, articles of incorporation, bylaws, a board of directors, and state as well as federal tax exemption. With funding provided by a small grant from the CEO of the Kaiser Permanente San Francisco Hospital (KPSF), two MPH students, Donna Elder and Cindy Caldwell, were recruited to assist in creating the business plan. We were off and running with professionals who understood project design, management, timelines, market surveys, and the like. We then expanded our working group to include Joanne Burik, an outstanding nurse administrator at San Francisco General Hospital, as well as Paul Neumann, an attorney at Weissberg and Aaronson, who provided pro bono legal services, including filing articles of incorporation as a 501(c)(3) nonprofit corporation, applying for state and federal tax exemption and preparing bylaws. Later, Nathan Nayman, the Executive Director of the San Francisco section of the West Bay Hospital Conference, joined our group to represent the hospitals.

The Structure of Care
We spent hundreds of hours outlining the process of care. Caldwell and Elder performed a market survey, contacting the many San Francisco Free Clinics to estimate the number of patients needing our services. We initially thought we would be caring only for medically indigent patients, but we soon realized that these patients could receive care at San Francisco General Hospital. Insured patients had access to nonprofit hospitals. Our patients would come from low-income, uninsured workers and the self-employed who fell through the cracks of our health care system. We set up an administrative structure to screen patients from our referring clinics for financial eligibility and medical comorbidities and connect these patients with surgeons and hospitals. We solved the problems of credentialing, liability, and quality assurance by limiting the volunteers' service to their own hospitals. The hospital credentialing and quality assurance programs were already in place and the doctors provided their own malpractice insurance. This arrangement also obviated the need for the clinical volunteers to become oriented to different policies, procedures, facilities, and staff.

Piloting the Program
"Every plan is good until the first shot is fired." We decided to select one hospital to pilot the plan and work out the kinks. The hospitals were understandably concerned about excessive cost if a complication occurred that required long-term hospitalization. Frank Alvarez, the CEO of KPSF, along with Philip Madvig, MD, physician in chief of the hospital, agreed to pilot the program and Richard Cordova, the CEO of San Francisco General Hospital, agreed to admit any patient who required hospitalization for a complication. We initially limited the cases to operations well within the competence of the surgeons on the Board (Schecter and Grey) and chose the initial volunteers from among our friends. Any complication would have probably killed the infant program. We identified a number of unanticipated logistical issues, but the Kaiser Permanente administration understood that this was a pilot program and we quickly solved the initial problems. Claude Organ, editor of Archives of Surgery and chief of surgery at Highland Hospital in Oakland, published the results of our first twenty-nine cases and wrote a supportive accompanying editorial. (1,2)
Financial Support

Without this support, we would be unable to serve our patients. Major ongoing generous support from Operation Access. The Robert Wood Johnson grant ended. If we would have to develop a fund-raising program to support our activities once the Robert Wood Johnson Reach Out program to encourage physician volunteerism. We were the only surgical program to apply and eventually received a three-year grant for $300,000. With this money we were able to hire Caldwell on a half-time basis as our first executive director, and the program rapidly expanded. We had to balance demand and capacity. If we recruited hospitals and volunteers and no patients came, the volunteers might lose enthusiasm. If we promised services to referring clinics but could not provide them due to inadequate capacity, we would lose referrals. We first expanded our program within San Francisco and then the East Bay. We identified surgeon and anesthesia leaders in each hospital before approaching the administration with the concept. We continually "marketed" our services to referring primary care clinics serving the uninsured. As we continued our geographic expansion, we also expanded the spectrum of operative procedures and surgical specialties.

Receiving referrals from more than eight-nine community clinics, we currently provide services in thirty-three hospitals and medical centers in six Bay Area Counties, relying on more than a thousand medical volunteers. We have also greatly expanded the number and variety of procedures we provide.

For the first decade of operation, we were living hand to mouth. We realized we would have to develop a fund-raising program to support our activities once the Robert Wood Johnson grant ended. Fortunately, our community has been generous in supporting Operation Access. Without this support, we would be unable to serve our patients. Major ongoing financial assistance has been provided by Kaiser Permanente, Sutter Health, and the John Muir/Mt. Diablo Community Health Fund. We have also received funding from the San Francisco Foundation, the S. D. Bechtel, Jr. Foundation, the Blue Shield of California Foundation, and the Grey Family Foundation.

Accomplishments and Future Plans

The details of our program have been recently published. Our volunteers have evaluated 6,935 patients and performed 4,943 procedures since the program began in 1994. The estimated value of donated surgical services is $47 million. Very few complications (18) have occurred requiring hospitalization. Most of the complications were urinary retention and minor wound infections. There have been no major complications. The number of procedures has expanded rapidly in recent years.

The OA Program continues to grow and expand in the Bay Area. Each year, the number of referrals increases, along with the number of medical volunteers and participating hospitals. We have developed a "tool kit" to assist other communities in developing Operation Access programs, and with the encouragement of the American College of Surgeons and Kaiser Permanente, our Board established the Operation Access Institute in 2010 to facilitate the replication of our model in other parts of the country. The Orange County Medical Society now runs a similar program called Access OC.

We are hopeful that the Affordable Care Act of 2010 will reduce the need for our services, but we recall the reluctance to fund our program in the early 1990s because of "impending health care reform." As long as the need continues, Operation Access will be here to help plug the hole in the surgical safety net.

Visit www.sfms.org/archives for a list of references.

References