



**PRIMARY CARE PHYSICIAN  
JENNIFER KAMPAS, MD**

Jennifer Kampas, MD, is a family practice physician volunteering at Hope Clinic in Garland. Dr. Kampas has been volunteering with the clinic since 2006 and saw approximately 500 patients in 2010. Dr. Kampas and her husband, Chris, a family practice physician at Medical City Dallas, have two children, Nathan and Emily.

*Letter from the*  
**MEDICAL DIRECTOR**



Jim Walton, DO, MBA

2010 was a watershed year for Project Access Dallas. Prompted by the growth of our partnership with the Dallas County Indigent Care Corp. and the adverse effects of the national recession, PAD's leadership embarked upon the ambitious goal of expanding enrollment to 3,000 members.

**As such, we implemented several strategies:**

- Extending the enrollment period from 6 months to 1 year
- Increasing the annual pharmacy benefits from \$750 to \$1,500
- Providing part-time enrollment coordinators to charity clinics for 3 months
- Adding full-time enrollment coordinators for three hospitals
- Providing financial support for two hospital-based physician organizations to hire two full-time primary care physicians in charity clinics
- Providing grants (\$600,000) to nine charity clinics for support and expansion

**As a result of the above changes, PAD saw:**

- 2,871 new enrollees (144 percent increase in enrollment from January 2010); about 26 percent enrolled at time of hospital discharge
- 2,544 specialty physician referrals (99 percent increase from 2009)
- 24,251 new prescriptions filled (116 percent increase from 2009)
- 13,491 Community Care Coordination patient contacts (99 percent increase from 2009)
- 200 new physician volunteers (9 percent increase from 2009); Volunteer Total = 2,079

**PAD ended 2010 with about 3,900 active enrollees with medical homes:**

- 2,772 (71.8 percent) with nine local charity clinics
- 662 (17.1 percent) with three Baylor-owned clinics
- 325 (8.5 percent) with 138 private primary care physicians
- 100 (2.6 percent) with one Texas Health Dallas-owned clinic

With an average specialty physician referral rate of 9.5 percent, the rapid growth in enrollment has outpaced the number of specialty physician volunteer donations (575 private specialty care physicians + 1,121 UTSW specialty care physicians), primarily because of the large demand in ophthalmology, gastroenterology, cardiology, general surgery, and orthopaedic surgery.

During 2010, PAD documented more than \$5.5 million in donated services by Dallas hospitals, physicians and laboratories (approximately \$1,384 per enrollee). PAD physician volunteers wrote prescriptions available through the \$4 generic formularies at retail pharmacies, donated sample medications, and utilized the PAD pharmacy benefit through CVS CareMark (PAD purchased more than \$633,000 worth of medications).



**PARTNERS**

- FOUNDING PARTNERS**  
Dallas County Medical Society  
Health Texas Provider Network  
CitySquare  
Dallas/Fort Worth Hospital Council
- CHARITABLE CLINICS & ENROLLMENT SITES**  
Baylor Family Medicine at Worth Street  
Christ's Family Clinic  
CitySquare Community Health Services  
Dallas West Health Ministry at Brother Bill's Helping Hands  
Healing Hands Ministries  
Hope Clinic Garland  
Irving Interfaith Clinic  
Metrocrest Family Medical Clinic  
Mission East Dallas  
North Dallas Shared Ministries
- PHARMACY**  
Caremark
- HOSPITALS**  
Baylor University Medical Center  
Baylor Institute for Rehabilitation  
Baylor Jack & Jane Hamilton Heart and Vascular Hospital  
Baylor Medical Center at Garland  
Baylor Medical Center at Irving  
Baylor Specialty Hospital
- OUR CHILDREN'S HOUSE AT BAYLOR**  
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Methodist Dallas Medical Center
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Physicians' Foundation for Health Systems Excellence  
BlueCross BlueShield of Texas  
DCMS Foundation  
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Texas Health Presbyterian Hospital Dallas  
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- TEXAS MEDICAL ASSOCIATION**  
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Thompson & Knight, LLP  
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- MENTAL HEALTH/ BEHAVIORAL HEALTH**  
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- ANCILLARY SERVICES**  
4 Better Sleep  
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- LABORATORY SERVICES**  
Clinical Pathology Laboratories  
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**SPECIALITY PHYSICIAN  
DONALD BROTHERMAN, MD**



Donald Brotherman, MD, is an ophthalmologist at Dallas Medical Center. He's a life member of DCMS and has been actively involved since 1970. He has been a generous contributor to PAD since its inception in 2002 and saw 30 patients in 2010, several patients more than his initial pledge. Dr. Brotherman and his wife of 48 years, Cherry, have four children and 14 grandchildren.

*The Physician Volunteer of the Year Awards recognize and reward leadership and/or involvement in volunteerism and community service in relation to Project Access Dallas and other DCMS Foundation community service projects, encourages a culture of citizenship and service in our community, and acknowledges individuals in our community who improve the quality of life for the uninsured.*

This data can be personalized in the story of a middle-aged homeless African-American man, Marcus G., with poorly controlled high blood pressure and heart failure. After running out of medications, he was admitted through the Emergency Department to a Dallas hospital for the third time in 2010. His symptoms were brought under control easily, and he was ready for discharge after 2 days. During the admission process, the hospital social worker had contacted the new PAD hospital enrollment coordinator, who enrolled Marcus in PAD and scheduled him for a primary care appointment within 14 days of hospital discharge. When he was evaluated at a PAD-participating charity clinic for his first medical home appointment, he said that he had just obtained a permanent place to live but had run out of his hospital-supplied medications that day. Because Marcus had no money for prescription copays, the charity clinic paid for his first 30-day supply of four medications (\$48). A member of the PAD community health navigation team was assigned to Marcus to make sure he could get to his follow-up appointment in 2 weeks and developed a plan for long-term prescription access. Stabilized with a home, a medical home and prescription access, Marcus now is full of hope.

**We have much to be proud of in our work together. PAD's success is evident on several fronts:**

- Providing a high-quality vehicle for physician volunteerism
- Expanding community primary care capacity for the most vulnerable Dallas County residents
- Reducing patient dependency on hospital emergency departments for conditions easily treated by primary care physicians
- Reducing Dallas hospitals' uncompensated inpatient care for patients with preventable complications

We learned in 2010 that we can grow only as fast as the numerous and varied patient-care resources are identified. I trust (and hope) you will join me as we take the next steps in this most rewarding journey.

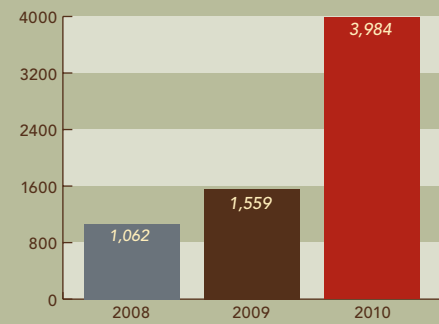
Working together with you,



**Jim Walton, DO, MBA**  
Medical Director, Project Access Dallas

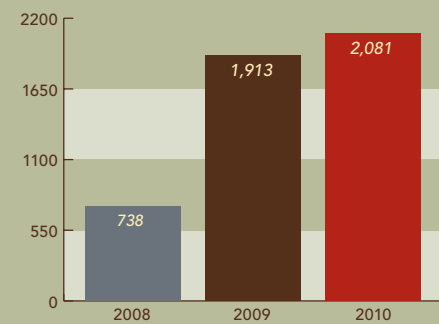
<sup>1</sup> Local charity clinics include CitySquare Clinic at Peak Street, Healing Hands Ministries, Christ Family Clinic, Mission East Dallas, Irving Interfaith Clinic, Hope Clinic of Garland, Metrocrest Family Clinic, Brother Bill's Helping Hands Clinic, and Grand Prairie Wellness Center.  
<sup>2</sup> Baylor-owned clinics include Baylor Family Medicine at Worth Street; Baylor Family Medicine at Juanita Craft Recreational Center, and Baylor Family Medicine at Garland.  
<sup>3</sup> Texas Health Dallas Clinic is Jackson Internal Medicine Clinic.

## ACTIVE ENROLLEES



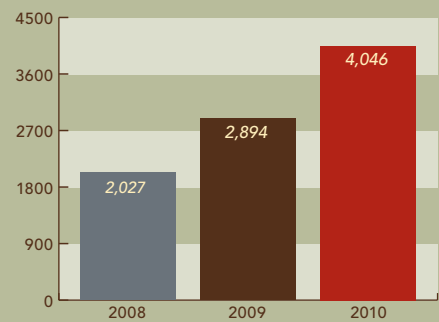
During 2010, PAD enrollment increased 155 percent. To handle this increase, part-time enrollment coordinators were placed at charitable clinics for 3 months, and full-time enrollment coordinators were added at three hospital partners.

## PHYSICIAN VOLUNTEERS



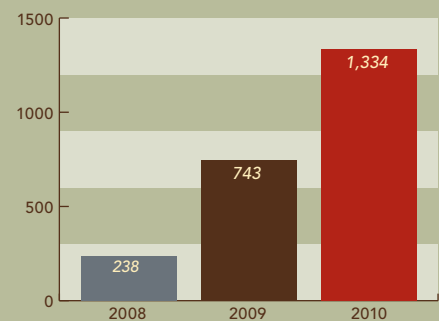
Project Access Dallas gained about 200 physician volunteers in 2010. A full-time recruiter was hired to conduct orientations for physicians new to the PAD network. To increase recruitment efficiency, the staff established key contacts at participating hospitals and targeted specialties based on referral needs.

## ANCILLARY AND SPECIALTY REFERRALS



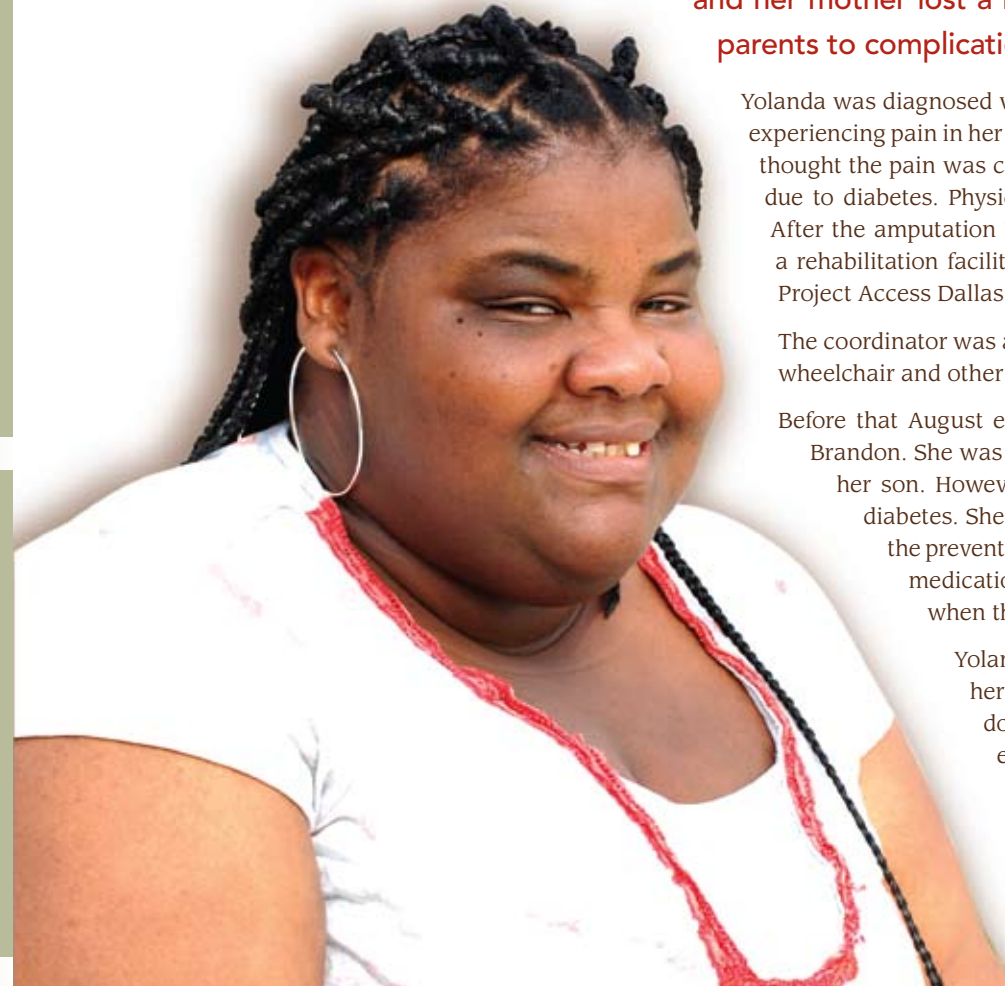
The number of ancillary and specialty referrals almost doubled in 2010 because of the enrollment increase and because all hospital partners now provide diagnostic testing.

## COMMUNITY HEALTH NAVIGATED ENROLLEES



Compared to the previous year, the number of patients who benefitted from similar services increased by 153 percent. Almost one third of PAD patients who had medical appointments were assisted by a community health navigator. Each clinic now is assigned a community health navigator. Patients in need are identified during their enrollment or based on episodic referrals, when the patient's medical home provider identifies an immediate need.

# one of our own YOLANDA'S STORY



**Yolanda Smith knows the pain that accompanies diabetes. As a teenager she watched her parents struggle with the disease. Both lost a leg to amputation, and her mother lost a hand, as well. Eventually, Yolanda lost both of her parents to complications of diabetes.**

Yolanda was diagnosed with the disease at age 18. In August 2010, at the age of 36, after experiencing pain in her right foot for several weeks, she went to an emergency room. She thought the pain was caused by an infection but learned it was from loss of circulation due to diabetes. Physicians amputated her leg within hours of her arrival at the ER. After the amputation Yolanda recuperated in the hospital before being transferred to a rehabilitation facility. It was during her hospital stay that she was introduced to a Project Access Dallas hospital-based enrollment coordinator.

The coordinator was able to work with physicians and other organizations to get her a wheelchair and other necessities to ease the transition into her new life.

Before that August evening, Yolanda was a working mother to her son, 6-year-old Brandon. She was always active — walking to the bus, exercising and playing with her son. However, she concedes she didn't pay close enough attention to her diabetes. She had a job, but no health insurance and no real means to pay for the preventive measures that such a debilitating disease requires. She sought medication only when she absolutely needed it and saw a physician only when the pain grew too much to bear.

Yolanda's positive attitude and jovial laughter hide the hardships in her life. Although she's quick to admit that her life is difficult, she doesn't talk about the hard times — she talks about her positive experience as a PAD patient.

**"I HAVE OPPORTUNITIES I DIDN'T HAVE BEFORE," SHE SAYS.  
"CHANCES I DIDN'T HAVE BEFORE."**

Those opportunities come from PAD's network of 2,000 physician volunteers and nine charity clinics. They come from annual pharmacy benefits of \$1,500 for enrollees. And they come from the community health navigation van that transports patients to and from physicians' appointments that they otherwise would be unable to make because they no longer can drive.

These opportunities that PAD provides allow Yolanda to have hopes and dreams for her and her son — hope that his life will turn out differently than hers, and that she can educate him about health and nutrition. She tries to implement a strict sugar-free diet; manages her disease at her medical home, Healing Hands Ministries; and makes sure Brandon exercises and eats plenty of fruit. She says she's committed to being around a long time to enjoy life with her son.

If all goes well, Yolanda will get a prosthetic leg in the next year or so and return to work, and, she hopes, to college. She wants to finish her degree in business administration, and then she wants to walk and go shopping.

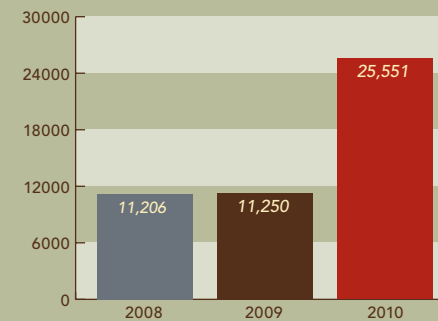
Without PAD, Yolanda's dreams would be much different. She says she might not even have hope.

"PAD is a God-send for a lot of people," she says. "PAD helps people who can't help themselves, but who want to."

Project Access Dallas provides hope and opportunities, one patient at a time. For some patients, hope is found in a ride to a clinic; for others, it's in access to prescription medication.

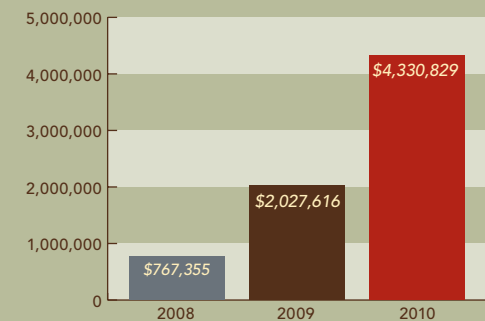
But for every patient, PAD offers a chance at a better life.

## PRESCRIPTIONS FILLED



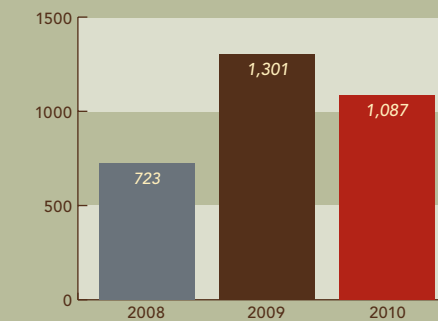
The number of prescriptions filled increased 116 percent because of the enrollment boost and the expanded pharmacy benefits. Patients now receive \$1,500 per year toward their prescription costs, twice as much as in 2009.

## OPERATING EXPENSES



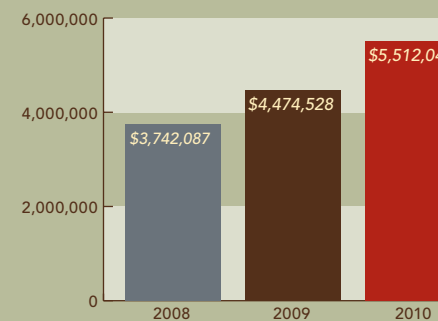
Operating expenses increased because of the additional staff, benefits and services.

## OPERATING EXPENSES PER PATIENT



Operating expenses per patient decreased in 2010. This is indicative of a significant increase in the number of patients enrolled in PAD causing operating expenses to be distributed across a broader base.

## DONATED SERVICES



Staff (recruiter, hospital-based enrollment coordinators, community health navigation team) to meet patient need and was increased pharmacy benefit.

## 2010 INNOVATION

### COMMUNITY HEALTH NAVIGATION VAN

A new van was purchased to enable navigators to transport patients in need to and from their appointments.

- In 2010, the van transported more than 700 patients to their appointments.
- The van contributed to an 8 percent drop in the no-show rate for Community Health Navigated patients.
- Eighty-six percent of Community Health Navigated patients indicated they were very satisfied with services they received.

### HOSPITAL-BASED ENROLLMENT COORDINATORS

Enrollments accounted for 17 percent of new enrollments in 2010.

- HBECs enroll Emergency Department patients and/or inpatients are identified and referred by the hospital.
- HBECs assign patients a primary care provider.
- HBECs schedule an initial appointment at a medical home.

### SPECIALTY REFERRAL ACTIVITY

A new system categorized and prioritized referrals to make scheduling more efficient. Patients are categorized based on their need, and each Network Referral Coordinator focused on a particular category.

- **ACUTE** — need to be seen within 30 days
- **SUB-ACUTE** — need to be seen within 31-90 days
- **CHRONIC** — can wait more than 90 days to be seen