Operation Access bridges gap for uninsured who need surgery

By Ellen Kaufman



Dr. Mark Lawler, an orthopedic surgeon affiliated with Novato Community Hospital and an Operation Access volunteer, exams the knee of patient Elenterio Ramos.

N EARLY 1993, two San Francisco surgeons, Doug Grey and Bill Schecter, had an "aha" moment when they noticed how minimally hospital operating rooms were used on weekends. They also knew many physicians who traveled thousands of miles to other countries to help people in need and they recognized that there were hundreds of underserved people right in their own community. "Why not harness and combine that volunteer impulse with underutilized hospital resources to meet a communal need?" they asked themselves. Joining forces with hospital administrator Paul Hofmann, they launched Operation Access.

OA has remained true to the mission "to bridge the healthcare gap" for low-income uninsured individuals in the San Francisco Bay Area for nearly 18 years now. The organization has orchestrated hundreds of medical volunteers to donate their time and skills to provide surgical and specialty services to people who would otherwise have no access to such care. The OA network has spread to six San Francisco Bay Area counties now – Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Sonoma – and expanded available services to include virtually all medical specialties.

From limited beginnings in San Francisco with seven referring clinics, one hospital, and 15 medical volunteers, OA now partners with 80 community clinics, 33 hospitals and medical centers, and more than 950 medical volunteers. OA has made it possible for more than 6,000 uninsured people in California



About the author: Ellen Kaufman is the Development and Communications Officer for Operation Access. Prior to joining the organization, Ms. Kaufman was engaged in contracting, marketing, and operations working with provider systems, benefits consultants, and health insurance organizations throughout California.

to receive surgical and specialty care, improving their quality of life while restoring their ability to work and care for their families.

The need continues to grow

OA's referral and service volumes have increased every year since 1993 but the two most recent years were particularly challenging as the numbers of low-income, uninsured people in OA's service areas jumped 88 percent in the midst of public program cuts.

The majority of OA patients are working adults with dependents, who speak limited English. Most of the patients referred to OA are Latinos, who are among the most likely to be uninsured in California.

How OA Works

OA forms contractual relationships with hospitals and medical centers and then recruits affiliated surgeons, specialists, and other medical staff in conjunction with physician champions and hospital management. Community clinics refer patients to OA who are then screened by program staff to determine eligibility. To qualify for services, patients must meet the following criteria:

- Be uninsured and unable to qualify for publicly-funded insurance programs
- Earn less than 250 percent of the Federal Poverty Level (\$55,125 annually for a family of four, according to 2010 guidelines from the Centers for Medicare and Medicaid Services).
- Have less than \$5,000 in savings.
- Require outpatient surgical or specialty care.

Eligible patients are queued according to severity of condition and then matched with physician volunteers who donate their services. Partner hospitals and medical centers donate the use of operating and procedure rooms, equipment, supplies, and medications.

Throughout the process, OA staff members provide case management, schedule procedures and necessary appointments, assure that patients are prepared, and process all the necessary paperwork. OA also arranges for medical interpreters to accompany non-English speaking patients.

More than 6,000 uninsured Californians have received surgical and specialty care through Operation Access.

This straightforward, highly effective model benefits all participants ...

- ... Patients receive the surgical and specialty care that they need but cannot afford.
- ... Community clinics have a responsive resource for securing specialty care for uninsured patients.
- ... Hospitals and medical centers have an efficient and organized model for fulfilling their charity care and community benefit obligations.
- ... Individual physicians, nurses, and technical staff have the opportunity to use their skills and expertise to make a difference in their own communities.

How care is delivered

OA originated and continues to use the "Saturday Surgery Session" model in conjunction with 12 Kaiser Permanente facilities, organizing approximately 50 sessions per year. Entire surgical teams—surgeons/specialists, anesthesia, nurses, and technical staff—volunteer on designated Saturday mornings and treat up to 30 patients in one day. Depending on the number of patients scheduled, the team may include anywhere from 15 to 100 volunteers. These Saturday sessions have the feel of an "event," building community and camaraderie.

In other healthcare systems, such as Sutter Health, St. Joseph's, and John Muir Health, only physicians are volunteers and they simply integrate OA patients into their operating room schedules. These hospitals donate the time of other team members as well as the space, equipment, and supplies. While this "integrated" approach has a lower profile than Saturday sessions, it is less demanding logistically, allowing more patients to undergo surgery sooner.

The rewards of volunteering

Regardless of how delivery of care is organized, physicians are key to making OA possible. OA is recognized as a national model for medical volunteerism. Founders Doug Grey, MD and Bill Schecter, MD received the American College of Surgeon's Surgical Volunteer of the Year award in 2009 and OA received the American Hospital Association's Nova award in 2002.

Surgeons and specialists who donate their time and talent to the underserved in their local communities are the lifeblood of OA. Aside from the obvious contributions they make to improve the well being of their patients, volunteering with OA makes a difference in these professionals' own lives. The Volunteer Center of Sonoma County recently honored one of OA's most dedicated volunteers, Dr. Abdul Harris, a CFMC member. He described his OA involvement as a "total team effort" that restores patients' "health and family life, and hopefully enables them to get back working." Dr. Harris, a surgeon who comes from "humble

Operation Access Vital Statistics 2008-09

	Referrals	Services	Hospitals	MD Volunteers	Referring Clinics
Year End 2008	1,259	1,013	23	220	60
Year End 2009	1,600	1,175	31	278	80
Year End 2010	2,102	1,390	33	367	89
% change 2008-10	67%	37%	43%	67%	48%

beginnings" in South Central Los Angeles, observed, "Particularly considering my upbringing, when you give of yourself and your time – and, more importantly in my case, my skills – to someone who needs it, I feel like I'm getting the reward."

The OA model is spreading

In response to growing interest in the medical volunteer approach, OA has a dedicated program area to build on the

organization's experience and provide technical assistance in initiating sustainable surgical/specialty care volunteer programs in new areas. San Diego and Orange counties are the two newest programs to launch with technical assistance from OA.

Since 2008, Project Access San Diego and Kaiser Permanente have provided 170 surgeries and colonoscopies. That program now includes 500 medical volunteers, 14 referral community clinics, and one participating hospital. Access OC, which incorporates a broad base of Orange County healthcare constituencies, has provided 350 surgical services since 2007, and now includes 405 medical volunteers, 19 community clinics, and eight hospital sites in its network. Access OC was recently recognized as the "Outstanding Philanthropic Group" at Orange County's Awards ceremony for National Philanthropy Day 2010.

OA garners broad-based support

The breadth and diversity of OA's funding reflects the recognition of the problem of specialty care access for the underserved and the broad-based commitment to solving it. Individual donors, corporations, and foundations support the organization's work.

OA submitted its first grant application to the Pacific Foundation for Medical Care in March 2009 following the organization's busiest year to date. Anticipating that difficult economic conditions would continue in 2009 and generate more demand for services, OA focused on ramping up support for the two counties with the greatest referral and service volumes – Alameda and Contra Costa. In 2010, OA received an even larger PFMC grant to finance organizational expansion to meet another significant jump in demand throughout the organization's six-county service area.

In addition to support from PFMC, major supporters include: John Muir Community Health Fund, Kaiser Permanente, Sutter Health, Bechtel Foundation, San Francisco Foundation, Medtronic, Thomas Long Foundation, Cisco, and Genentech.

For further information regarding Operation Access, visit www.operationaccess.org.

North Bay surgeons and specialists who are interested in learning more about volunteering with OA should contact Program Manager, Daniel Rabkin at 415.733.0004 or daniel@operationaccess.org.

he need for Operation Access services in the North San Francisco Bay Area increased dramatically during 2008-10. These 38 volunteer surgeons and specialists, who are PFMC member physicians, regularly donate their time and skills to OA to assist the less fortunate in their communities throughout Marin and Sonoma counties.

Romeo C. Agbayani Robert R. Anderson Richard M. Auld John R. Bettinger Raymond M. Bonneau Michael I. Bozuk Peter N. Bretan John R. Campbell Alice Chiang Allen W. Cortez Robert L. Faust Thomas M. Fitzgerald Henry C. Flores David H. Goltz
Abdul K. Harris
James W. Harwood
Allan Stewart Hill
Paul Hornberger
Danny Da-Jin Kao
Christian K. Kim
. Sumit Kohli
Mark S. Lawler
Michael J. Lazar
Natalie C. Lee
Devin Lonergan
A. Michael Lustberg

Laura Norton
James R. Palleschi
David J. Quenelle
Jahangir Sadeghi
John C. Shin
David J. Soto
Timothy M. Sowerby
Albert A. Varner
Roger D. Weeks
Dale R. Westrom
Robert O. Woodbury
Stefan M. Zechowy



Operation Access volunteer surgeon Dr. Michael Bozuk, affiliated with multiple hospitals in the North Bay, confers with patient Maricela Contreras.

(Re)Born To Run

By Thomas Fitzgerald, DPM, CFMC PPO Network Provider

tories of hardship, motivation, and sacrifice are easy to find among marathon runners, but Jose's journey is particularly remarkable. Eight months before coming to me for a consult, Jose, a veteran marathon runner, tore his Achilles tendon while playing soccer. All that time, he struggled without being able to walk or work. He had exhausted all of his options, repeatedly turned away because his injury was not considered an emergency. Like so many others, he was unable to afford health in-

surance, let alone the cost of surgery. Just when it seemed things could not get any worse, Jose's wife injured her leg, leaving both of them unable to work and support their two young children.

Jose finally found his way to the Sonoma Valley Community Health Center, which directed him to Operation Access. I had just signed up as a volunteer after hearing about OA from Dr. Robert Woodbury, a general surgeon in Santa Rosa. I was pleased to have the opportunity to help. I was able to schedule a consult for him right away and then perform the surgery at Santa Rosa Memorial Hospital with the help of Drs. Deha Karoaglan and Scott Sewell from Anesthesia and Analgesia Medical Group, who also donated their services.

I knew surgery would be only the first part of Jose's treatment, so I reached out to Drew Hittenberger, an orthotic and prosthetic technician in the North San Francisco Bay Area, who made a custom-fit brace for him completely free of charge. Jose is also receiving physical therapy at a discounted rate at Sonoma Valley Hospital, coordinated by Sonoma Valley CHC as Jose's medical home.

My experience with Jose reminds me about the uplifting power each of us has in the lives of those around us and the hope this brings to the communities we serve. So many people were involved in Jose's care, all made possible by the robust network of Operation Access volunteers. While I could never chronicle the full scope of

Jose's journey, I can attest to his gratefulness and humility. Operation Access provides the opportunity for me to give back to my community in such a profound and personal way to help people like Jose and for that I am very thankful.



Dr. Thomas Fitzgerald examines the Operation Access patient whose surgery enabled him to return to working, playing soccer, and running.

Jose spent this past year recovering and was unable to do any marathons or even run in the annual Hit The Road Jack 10k in Sonoma. But in honor of their dad's faith and

perseverance, his children ran the shorter 2.2-mile course at that event last June. Jose is looking forward to being back up and running soon. About the author:



Thomas Fitzgerald is a board certified podiatrist with offices in Santa Rosa and Rohnert Park.