Operation Access

Plugging the Hole in the Surgical Safety Net

William P. Schecter, MD; Douglas P. Grey, MD; Paul B. Hofmann, PhD

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 understandingly 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)

Funding and Expanding the Program

We received a $10,000 start-up grant from the San Francisco Foundation and a few small donations. Another Foundation program officer, while supportive of the concept, declined to fund us because he thought the expected passage of a universal health care act would make our organization unnecessary! The San Francisco Medical Society generously provided temporary office space without charge. Then we learned of 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 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. sfm

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

The History of the Blood Bank

Continued from page 25 . . .

Upton returned to their respective practices. By 1954, the original Washington St. building was deemed hopelessly outdated, and with extensive fund-raising, Irwin Memorial and the SFMS built a new home for the Blood Bank at Masonic and Turk. Since its inception, virtually all methods of recruiting donors, providing technical aspects of blood sorting, and banking have changed. But since 1948, the Irwin Memorial Blood Bank has been cited by the CMA as being a model for blood banks everywhere, due to its volunteerism, donor clubs, and low-cost method of operation.

In 1971, it saw the last of paid donors,[3] who represented a practice that was always fraught with issues of infection and higher risks of transmission of "donation hepatitis," now known to be hepatitis C, which was untestable until 1989.

It is due to the tireless work of these three physicians, and thousands of paid and volunteer monthly hours, that San Francisco's Blood Centers of the Pacific (formerly Irwin Memorial Blood Bank) continues to be the standard by which all others are measured. sfm

Erica Goode, MD, recently retired from practicing general medicine at the CPMC Institute for Health and Healing. She is an associate clinical professor at UCSF. A longtime SFMS member, Dr. Goode is also a member of the SFMS editorial Board.

References

Burnham DK, MD. *Turns and Returns*, unpublished collection of papers, letters. 1988.

Burnham, E. Oral history as related to E. Goode. March 8, 2011. San Francisco.

Forrest S. *Promises to Keep: History of the First Four Decades of the Irwin Memorial Blood Bank of the San Francisco Medical Society.* Cutter Labsoratories, San Francisco, 1982.

Burnham D. *My Brother Clark.* Unpublished collection, history, genealogy. 1989.

Personal knowledge of Dr. Burnham.

Bloomfield, A and A. *Gables and Fables.* Heyday Books, Berkeley, pp. 226-7.