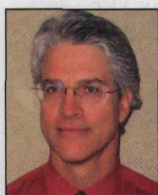




An Affordable Solution



**BY MICHAEL JOHNSON
AND SHERRI RICE**

Mr. Johnson (top) is the director of community benefit/outreach, Saint Mary's Regional Medical Center, and Ms. Rice (bottom) is the executive director, Access to Healthcare Network, both in Reno, Nev.

A 20-year-old woman receives news from her doctor she will need a biopsy of the suspicious area revealed in her mammogram. Her family's history of breast cancer makes the exam even more important. She is not only concerned about the procedure and the possible results of the biopsy, but also how she will pay for the bills this will generate. She's earning \$10 an hour at her full-time job, and her employer doesn't provide health insurance. What to do?

Thanks to an innovative program, Access to Healthcare Network (AHN), this young woman and others like her can now better afford the care they need and no longer have to do without critical health care services.

In 2004, a group of concerned community organizations in Reno, Nev., formed a coalition to develop a response to the growing issue of access to health care. Coalition members included representatives from two local hospitals, the county health department, the state university medical school, a physician professional association, primary care providers and members of other concerned community organizations. A collaborative planning process led to the successful attainment of a Healthy Communities Access Program grant from the U.S. Health Resources and Services Administration. The funding facilitated the development of the AHN.

PARTNERS

Saint Mary's Regional Medical Center in Reno, Nev., a member of Catholic Healthcare West, is one of two area hospitals that played a key role in the development of AHN and its successful operation today. Besides contracting with AHN to provide a full range of affordable medical services to its members, the hospital provides office space and operating support, and encourages physicians, medical device suppliers, pharmaceutical suppliers and the community to participate in the

organization. The hospitals' endorsement then helped to establish the program as a legitimate method to provide needed services to the uninsured and now plays a vital role in delivering services to AHN members.

AHN subsequently recruited and signed agreements with more than 300 primary care physicians, specialists and ancillary service providers to offer discounted services to members. AHN is offered as a viable alternative to employees who are not able to participate in insurance programs. Participating employers share the \$40 per month cost of the AHN membership with their employees (\$20 each).

To be eligible for AHN membership, the participants must have incomes between 100 to 250 percent of the federal poverty level; be ineligible for Medicare, Medicaid or the State Children's Health Insurance Program; and cannot be currently enrolled in an employer-sponsored insurance plan. They must be a resident of Nevada and have a source of income which they can verify. Upon enrollment, AHN members receive a membership card, much like an insurance card, and are assigned a primary care physician with whom they establish contact within the first 90 days of membership. Each member is provided with a care coordinator, who offers enrollment assistance, orientation to the system and helps the member to navigate the health care system.

Costs for medical services are made known in advance, and payment to the provider is expected at the time of service. This process ensures the dignity of the participants by charging members a price they can realistically afford to pay while also compensating physicians, health professionals and the hospitals in a timely manner.

PATIENT CARE FUND

In addition, AHN has established the Patient Care Fund (PCF) to assist members who may



have a problem paying cash at the time of service, particularly if they have had a trauma or a long-term illness. The PCF flows through The Community Foundation of Western Nevada, which allows the PCF to utilize grant funding, endowments and private donations, which in turn, can be accessed by members in need of a grant to fulfill payment to their provider. Donors can use the PCF to set aside funds for use by specific client populations to access specific or general types of health care.

CURRENT STATUS

AHN received its 501(c)(3) status from the Internal Revenue Service in August 2007 and has seen a consistent stream of people without insurance who have sought out the program to assist them with immediate health care needs. AHN has invested time, talent and treasure into designing a system that allows the participants to access the health care they need at a price they can afford, maintaining their dignity and self-respect. Since the inception of the program, every participant has paid their share of cost for the health care services they have received. Four-hundred twenty people are enrolled in the program.

The employer enrollment is 28. Of those employers, two employ between 50 to 100 people; the others employ 1 to 25 people. The program is attracting the smaller employers, and the part-time workers of larger employers. Participating employers have reported a return on investment that includes improved access to health care for employees; a healthier and more productive workforce; coverage for part-time workers; workforce recruitment and retention; and reduced

employee turnover and absenteeism.

As for the young woman with the breast biopsy procedure, she is free of cancer, and as a member of the AHN, she was able to pay in full for the services. This program is proving that by working together, communities can make health care affordable to people without traditional insurance. Plus, it offers their residents, like this young woman, practical ways to maintain their health and dignity. ■

For more information about the Access to Healthcare Network, call 775-770-3534 or sherri@accesstohealthcare.org.

AHN Helps Its Members

1) Robert Mendez is a construction laborer his entire adult life and was in desperate need of a bilateral knee transplant. With the AHN program and help of his family, Robert worked with an orthopedic surgeon, the knee appliance manufacturer and the hospital to get the surgery and physical therapy he needed in a matter of days. Robert is doing fine and walking again without the immobilizing pain he had to endure. Also, his family took pride in being able to pay for his medical care. They paid only \$5,000 of the \$130,000 total cost.

2) Nine-year-old Nancy Jones fell and broke her ankle, which required immediate surgery. She is part of a family of four earning \$38,000 per year (180 percent of the federal poverty level) with no medical insurance. The family was quoted \$19,000 for outpatient surgery, \$900 for anesthesia and \$2,500 in doctor bills. The total amount of \$22,400 is more than half the family's annual income. Through AHN, however, the total cost for her care was \$920.