Access to Healthcare Network

Participating Organizations

- Saint Mary's Regional Hospital, Reno, NV

Please note that all data below was derived from the collaboration's nomination for the Collaboration Prize. None of the submitted data were independently verified for accuracy.

Formation
Type of Collaboration:

- Joint Programming to launch and manage one or more programs
- An alliance or similar collaborative structure through which members retain structural autonomy and have defined roles and responsibilities to achieve specific social goals or purposes

Geographic Scope: State
Collaboration Focus Area: Health
Population Served: Minorities
Year Collaboration was Established: 2005
Goals Sought Through Collaboration:

- Expand reach and/or range of services / programs
- Improve the quality of services / programs
- Address unmet and/or escalating community need

Reasons Prompting Collaboration:

- Advancement of a shared goal
- Response to a community need
- High / increasing costs

Who Initiated Collaboration:

- Board member(s)
- Executive Director(s) / CEO(s) / President(s)

Number of Participating Organizations: >10
Nature of Funder Involvement:

- Funded initial exploration
- Funded implementation

Were Partners Added or Dropped?: Yes
Consultant Role:

- To conduct financial due diligence
- To draft the governing agreement or provide other legal advice
- To facilitate negotiations or discussions that led to the formation of the collaboration
- To develop a business plan or strategic plan for the collaboration
- To assist in identifying or assessing partners
Access to Healthcare Network, Inc. (AHN) is a non-profit, membership based collaboration of hospitals, clinics, primary, specialty, ancillary, dental, vision, and pharmacy, health care professionals offering their medical services to under and uninsured residents of Nevada at vastly reduced rates. Access to Healthcare Network's mission is to increase access to primary and specialty health care services for the under and uninsured, working poor Nevada residents, through shared responsibility and community wide partnerships.

AHN was developed as a result of a community-based effort started in Washoe County, NV, to address the uninsured crisis in Nevada. Washoe County includes the Reno/Sparks metro area which is home to 453,875 residents, of whom 71,944 are uninsured. Representatives from the community including the two regional hospitals, local clinics, primary and specialty care providers, the insurance industry, state and local governments’, businesses, and banking, came together around the receipt of a Healthy Community Access Program (HCAP) grant from the federal government in 2004 and 2005. The grant led to the creation of a “shared responsibility” model for health care delivery that is the only one of its kind in the nation. Shared responsibility means that health care providers, the uninsured (AHN members), and the community, each participate in the goal of ensuring that low income and uninsured residents of the state, have access to affordable health care.

All of the original representatives now serve on the AHN Board of Directors. Their investment of time and active participation led to the development of Access to Healthcare Network, Inc. as an independent corporation in 2006. AHN received 501(C)3 status in August of 2007 and is the only membership based, non-profit Medical Discount Plan, of its kind in the nation. (AHN is registered with the Nevada Division of Insurance, Department of Business and Industry.)

Management

Management Structure: One Executive Director / CEO / President

In order to create and implement AHN, a program innovative in design and delivery, health care providers had to put aside their history as competitors and contribute to the development of a program that would place each of them on a level playing field and offered no guarantees of success. The management structure of AHN was developed to ensure quality control for each participant whether they were health care providers, members, or the community. With an Executive Director and a 32 member Board of Directors, AHN opened its doors to the Reno/Sparks community in 2007. Within its first three years, AHN went from a staff of one to 30, and continues to grow.

Due to its proven success in Washoe County, AHN has expanded its services to northern Nevada (consisting of eleven counties and a population of 232,000 of which an average 15.4% are uninsured). Full services will be available in these counties beginning in September, 2010. AHN has also begun its expansion into southern Nevada, which includes three counties of which Las Vegas the largest metro area in the state of Nevada is located. The combined population for the three counties is 2,018,916 of which 16.8% are uninsured. Full AHN services will be available in southern Nevada in October, 2010.

Challenges

Challenges to Making the Collaboration Work:

● Defining and measuring success
● Achieving shared vision
● Creating a shared culture

Although AHN has successfully maneuvered a number of challenges within the first three years of its inception, a number of challenges lie ahead.

• As AHN begins its statewide expansion it will face the challenge of establishing health care delivery partnerships in two vastly different settings; northern Nevada consisting of rural counties; southern Nevada including Las Vegas, Nevada’s largest metro area.
• AHN will need to establish and transition to a statewide Board of Directors that will buy into and maintain AHN’s mission.
• AHN will need to recruit bilingual staff on a statewide basis, that are knowledgeable about the health care industry.
• AHN must remain proactive in monitoring trends influencing and impacting the delivery of health care to the uninsured.

Impact
Internal Efficiencies and Effectiveness:

- Greater ability to allocate resources to areas of need - Greater ability for each partner to focus on core competency
- Greater ability for each partner to focus on core competency - Greater ability to allocate resources to areas of need
- Reduction in overall cost per unit of service - Reduction in overall cost per unit of service

Community Impact:

- Collaboration has served as a model for others
- Previously unmet community need now being addressed

Since its inception in 2007 AHN has provided access to health care service to over 5000 Nevada residents. The network of health care professionals who have partnered with AHN to provide health care services number over 500, and no providers have left the network to date. AHN’s impact on the uninsured has been measured as follows:
  • The number of low income under and uninsured Nevada residents who have been served by AHN and the steady increase in its membership.
  • The number of low income under and uninsured Nevada residents that AHN has assisted in accessing federal and state health care programs.
  • The number of health care providers who are still participating in the program three years later, and the daily number of new providers requesting to participate.
  • The number of AHN members who were left with no alternatives for accessing health care, but who have now received life saving, life changing health care, that has significantly increased their quality of life.
  • AHN must remain vigilant on tracking the changes related to Health Care Reform and the impact it will have on the population we serve.

Model

AHN is a proven shared responsibility model for the delivery of health care. The consistent participation of health care providers and members, as well as the continued financial support provided by the state of Nevada and local foundations has shown AHN to be an innovative response to address the needs of our community’s uninsured. Further proof lies in AHN’s ability to expand its services on a statewide basis. The model can work within small rural, midsize and metro, population areas.

In 2009 AHN’ innovative health care delivery model was presented to members of the Obama administration. AHN’s unique model prompted Congressional Leaders to include non-profit health insurance CO-OPs in each state, and to have AHN facilitate the establishment of “shared responsibility models” in ten states, as a provision of the Health Reform Bill.

AHN and the community it serves, have embraced the shared responsibility model to the benefit of each participant. It is a model that can be structured for individual communities to use to address the needs of the uninsured.

Efficiencies Achieved
Access to Healthcare Network (AHN) is a membership based, non-profit Medical Discount Plan, unique in design and delivery, and the only one of its kind in the nation. AHN’s statewide focus is to provide access to healthcare to the state of Nevada’s uninsured residents who earn between 100% and 250% of the Federal Poverty Level. Nevada’s uninsured are an estimated 500,000 of the state’s 3,000,000 residents. Typically the uninsured are the working poor, children, single mothers, the self employed, part time workers, and with Nevada’s economic decline, the recently unemployed.

AHN is based in Reno, Nevada in the county of Washoe, where among a population of 500,000, and estimated 70,000 are uninsured. As part of its statewide expansion, AHN established its presence in five of 11 rural Northern Nevada counties in September, 2010 and will offer full services to the remaining six counties in January, 2011. These counties include populations of 50,000 or less and have an estimated 50,000 low-income uninsured. AHN has also established an office in Las Vegas (population of 2 million +) that will have the opportunity to serve an estimated 16.8%, low-income uninsured residing there.

Program Structure
AHN utilizes a “shared responsibility model” to provide an integrated healthcare delivery system that includes: a primary care medical home for each member; a network of specialty, ancillary, dental, vision, mental health and pharmacy providers; care coordination to monitor the members’ short and long term health care needs; financial and social service resources to assist members.

Hospitals and Healthcare Providers
Network Hospitals have generously agreed to the rate of $400 per day, all inclusive inpatient rates, with a $3000 cap per admission. This means a member can have open heart surgery, stay for a month, and never pay more than $3000. In addition they have provided a secured out-patient rate of 35% of Medicaid allowable which translates to a $13,000 outpatient hernia surgery cost of $350, a $19,000 ankle surgery for $320, and a $22,000 outpatient hysterectomy cost of $700. AHN physicians have discounted their rates for AHN members based on Medicare allowable fees, not on billed charges. The average physician discounted rate is 50% of Medicare allowable. AHN providers are committed to providing charitable care to the uninsured working poor in our state.

The Member
A full year membership in AHN is $24 per month for one individual. Dependents membership fees are $34 per month (for an entire household). AHN members must not be eligible for Medicaid, Medicare, S-Chip Program or be covered by employer sponsored insurance. They must meet Federal Poverty Level income guidelines, show proof of a source of income and proof of Nevada residency. AHN members must pay cash at the time of service, two no calls, no shows, for an appointment or non-payment of the reduced fee for service, is grounds for immediate dismissal from the program.

AHN membership is also available to employers whose employees meet the Poverty Guidelines and are not offered an insurance product. In these instances, the employer will pay half of the cost of the membership fee for the individual (and dependents if they choose to do so.) All other program eligibility requirements remain the same.

AHN – Program Benefits
AHN members have access to the vastly discounted rates of its Network of providers. Following is a sampling of the discounted rates provided to AHN members.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Actual Cost</th>
<th>AHN Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Care Pre and postnatal, delivery, hospital stay, physician fees.</td>
<td>$5,000 to 15,000</td>
<td>$1,423</td>
</tr>
<tr>
<td>Hospital 24 hour stay</td>
<td>$15,000</td>
<td>$400</td>
</tr>
<tr>
<td>Hospital 5 day stay</td>
<td>$50,000</td>
<td>$2000</td>
</tr>
<tr>
<td>Radiology Mammogram</td>
<td>$296</td>
<td>$75</td>
</tr>
<tr>
<td>Out-Patient Surgery Wrist Surgery</td>
<td>$8,300</td>
<td>$830</td>
</tr>
<tr>
<td>Dental Exam, x-rays,</td>
<td>$285</td>
<td>$65</td>
</tr>
<tr>
<td>Vision Routine Exam</td>
<td>$170</td>
<td>$40</td>
</tr>
</tbody>
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Care Coordination
The majority of the community’s uninsured have not been on an insurance product at any time in their adult lives. Their experience with accessing healthcare is often a visit to the emergency room where they are provided temporary relief for their illness. AHN provides each member with a primary care medical home and a Care Coordinator. Working in coordination with the members’ primary care physician the Care Coordinator assist’s the member in scheduling specialty care appointments and procedures, ensuring that their costs are identified prior to their office visit, and providing necessary social services referrals. As a result of AHN’s care coordination component less than one percent of AHN’s 7000 members have inappropriately utilized the hospital emergency room. Care coordination also supports the members’ ability to navigate the healthcare system when they are able to go on an insurance product in the future. The Care Coordination component of AHN allows members to consistently access care, patient health information and services, and establish a foundation for their continued health care needs.

Patient Care Fund (PCF)
The Patient Care Fund was established to provide financial assistance to AHN members who are unable to completely
Economic and Operating Efficiencies

AHN was developed and designed to provide an alternative to those unable to afford the high cost of healthcare. As a result over 1000 network providers including hospitals, primary care physicians, specialty and ancillary care providers, and dental, vision, mental health, and pharmacy care providers, have all committed to providing charitable care to the uninsured working poor in our state. The reduced rates for service noted earlier, have resulted in a significant cost savings to the individual and/or family member. Bankruptcy resulting from the inability to pay for medical costs is one of the leading causes of bankruptcy in the nation. Individuals and families participating in AHN will never have to declare bankruptcy based on their inability to pay for their medical care. Employers also see a significant savings when accessing the program for their employees. Cost savings are also realized by the healthcare provider who does not incur administrative costs associated with billing insurance. Hospitals have realized cost savings in the decreased usage of Emergency Room visits for basic and chronic healthcare needs. Local foundations realize their contribution dollars can go three times farther in addressing specific illnesses or designated populations in need of healthcare. Lastly, AHN embraces a non-profit business model that utilizes membership fees to support the organizations operating expenses beyond grant funding.

As a three year old organization that quickly expanded its focus statewide, data collection became an important aspect of its operating development. AHN recently upgraded its initial database to expand its capability to track member information and usage, funding sources, and general operational and program impact. For example AHN can track the number of specialty referrals, surgeries, infant deliveries, and the modality of treatment for cancer. The data allows staff to provide a monthly report of membership type (individual vs. employer sponsored), income levels (100% to 199% and 200% to 250%), race, gender, age range, primary language, education level, and employment status/income source (child, full or part time, SSI-disability, Social Security, or other income), and employer size (25 or less to 200 and above). The database also allows AHN Care Coordination staff to follow the healthcare needs of their assigned members to ensure they are receiving everything they need to ensure a healthy outcome. This tool allows AHN to track changes related to usage trends and meeting the needs of its membership base and community as it continues to grow.

AHN opened its doors in August of 2007, and in the first three years of its operation has provided access to healthcare services to 7000 low-income, uninsured residents of Washoe County (10% of its uninsured population). In September AHN established its presence in five of 11 rural Northern Nevada counties (with populations of 50,000 or less) that is home to an estimated 50,000 low-income uninsured. The remaining six counties will have full services available to them by January, 2011. AHN has also established an office in Las Vegas (population of 2 million +) that can serve an estimated 16.8% of low-income uninsured residing there.

As a result of the initial collaboration AHN has realized an incredible achievement in addressing the crisis of the uninsured in its community. There are 7000 individuals and family members who now have access to a consistent continuum of care. The collaborative has resulted in the delivery of life saving, life changing care which has ultimately increased the quality of life for those it has served.

Evolution
Representatives from Washoe County came together to discuss the need to address the uninsured crisis that was occurring in the community. Stakeholders including the two major regional hospitals, state and local governments, healthcare providers, businesses, banks, insurance providers, community members, and the uninsured themselves, created a core working group to research and explore strategies that could be used to address the issue. This working group became the community collaborative responsible for receipt of Healthy Community Access Program grant that eventually led to the creation of a “shared responsibility model” known as Access to Healthcare Network.

The governance and management structure of AHN was developed to ensure quality control for each of the participating stakeholders (hospitals, healthcare providers, AHN members, and community members) and maximize participation of each. The success of this structure is that it ensures that all stakeholders are involved but no one stakeholder is overburdened.

The community collaborative successfully solved challenges as they moved through the development of AHN. One challenge among the two regional hospitals was to set aside their history as competitors to work for the overall good of the mid-size metro area they both served. Another challenge was the fact that there was no guarantee that this collaborative effort would result in the formation of a program that would work much less survive in such a severe economic downturn. Lastly, there was the challenge of convincing the public that this was a credible alternative to accessing care. Having overcome these challenges each of the representatives that participated in the original collaboration, currently serve on the AHN Board of Directors.

The community’s low-income, uninsured population has greatly benefited from an integrated healthcare delivery model that was only made possible through the investment of an entire community of healthcare providers. AHN is able to offer a range of services and expertise that could not be provided without its network of over 1000 healthcare providers. The success of this collaborative is measured in the fact that within three years of its inception, AHN has expanded its services statewide and that its “shared responsibility model” will be replicated in other states. It is also measured in the fact that 7000 low-income, uninsured individuals and families have been provided with access to affordable care and an estimated 12,000 will be served by the end of 2011. Lastly its success is measured in the stories of the men, women, and children, who were left without hope because they had no means to access a needed surgery, or treatment for cancer, or prenatal care, or medication for their children, and how AHN has made all the difference in the world for them and their families.

With an altruistic need to address the crisis of the uninsured in its community a group of interested parties came together to invest their time and financial support to develop and test a new idea. At the core of this idea was the belief that low-income, uninsured members of the community could take responsibility for their healthcare, and pay for it if it could be made affordable to them. Also at the core of this idea was the belief that no one entity needed to be responsible to make it happen, rather using the many resources of an invested community was what would make the difference. Being resolved to this philosophy led to the creation of a first of its kind, innovative model for healthcare delivery that can be replicated in urban, rural, and suburban population centers, and greatly improve the health and lives of the people it serves. This initial collaboration will not have only served its immediate community, but in the long run will touch many lives as other collaborations form under its model across the United States.