COLLIN COUNTY

Commissioners change indigent care approach

Grant given to program that links poor people with doctors, hospitals that donate services

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Collin County is changing its approach to indigent health care services, which for years have been a target of criticism and controversy.

County commissioners awarded $485,000 this week to a start-up program called Project Access that will link the poor with doctors and hospitals that donate their services.

“We were looking for a complete paradigm shift in how we address indigent health care,” County Commissioner Cheryl Williams said. “I think Project Access fits the bill.” The organization, which operates in Dallas and more than 50 other U.S. locations, offers several benefits to patients who qualify under county income guidelines, advocates say.

Project Access staff will assign patients to doctors who will become their primary providers and monitor their health. Currently the poor may see a different doctor every time they visit a clinic or hospital.

“They are pretty much forced to get their care at emergency rooms, which is certainly not cost effective, nor is it appropriate,” said Dr. Christopher Crow of Plano. “It provides no continuity of care for patients who have chronic disease. And it allows them to get no preventative care.”

Besides awarding the grant to Project Access, the county has donated office space in Frisco. The organization will have a staff of four and plans to start matching patients and providers in about two months.

With its funding, Project Access estimates it can see up to 500 indigent patients a year. To qualify, they must earn no more than 100 percent of federal poverty guidelines. For a single person, that’s $10,890 a year. For a family of four, the income ceiling is $22,350.

“I think this is a great step,” said Dr. Octavio De La Pena of Frisco, president of the Collin-Fannin County Medical Society. “Obviously, we’re going through some pretty tough economic times, and there are some very needy people out there.”

About 600 of Collin County’s 1,500 physicians are members of the society, said Arthur Auer, executive director. Supporters say they’re confident enough doctors will volunteer their services to help the indigent. Currently, physicians usually go to nonprofit clinics to treat them, Crow said.

“I’ve always been a proponent that physicians, for the most part, would love to help out these people,” Crow said. “But if you could bring them to our normal working environment, we actually can take care of them more efficiently with our resources. And you would have the consistency of the same doctor giving the same patient continuous care.”
In addition to the doctors, all eight Collin County hospitals have agreed to participate in Project Access, Auer said. “We think this is a very valuable program because it will help patients manage their health and wellness in a primary health care setting,” said Danelle Parker, community outreach manager for Texas Health Presbyterian Hospital Plano. “We see them when their condition or chronic illness has exacerbated and requires hospital care.”

Despite its population approaching 800,000, Collin County does not operate a hospital. Instead it uses proceeds from the sale decades ago of an old hospital building to pay private providers and nonprofit clinics to treat indigents. The county has faced criticism for not doing enough to provide health care services, and more recently for excluding illegal immigrants from getting care at county-funded clinics.

Project Access should make better use of public dollars, said Commissioner Matt Shaheen.

“It’s a group of doctors and hospitals that want to give back to the community,” he said. “This is a thousand times better than the government providing health care.”

John Ernst, executive director of Collin County Adult Clinic in Plano, said Project Access will help nonprofit clinics such as his treat the large number of indigent patients.

Collin County Adult Clinic receives $74,000 in county funding and is open three nights a week. It will see about 1,200 people this year, Ernst said.

“We can only provide a limited amount for them,” he said. “Project Access will have specialized care and hospital care.”