

Enrollment grows for hospital-based insurance programs

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When Denny McClain got a cold a few winters ago, he didn't go to the doctor to avoid paying out of pocket for an appointment. His symptoms worsened and by the time he couldn't put off an office visit any longer, he had bronchitis and walking pneumonia. McClain is one of thousands of Snoqualmie Valley residents struggling to pay medical bills without health insurance. Affordable Access—a program started by Snoqualmie Valley Hospital in August that allows patients to receive primary care at one of its four clinics for \$30 per month—has now grown to serve 70 of these residents.

"It's helped me out a quite a bit. Before, I'd wait and get increasingly sicker," McClain said. The 43-year-old North Bend resident said he is not eligible for insurance at his part-time job at Taco Time, which makes it hard to keep his asthma and back pain under control. He signed up for the program in August at the hospital's North Bend clinic.

Snoqualmie Valley Chief Executive Officer Rodger McCollum is happy with the progress of the program. "We were looking at the health care needs in our district. The economy was getting worse, people were getting laid off or companies were dropping their insurance. It seemed the right thing to do for us as a hospital, because we already had physicians and clinics."

McCollum said he expects around 100 people to sign up for the program by the end of the year.

Once enrolled in affordable access, patients can receive primary care at the hospital's clinic in North Bend, Fall City or Snoqualmie Ridge. There are no income restrictions, and the state Legislature has approved the program to be used by employers to cover their employees.

McCollum said that hospital workers recommend that patients use the program as a supplement to high-deductible catastrophic insurance, since Affordable Access doesn't cover emergency room visits or specialists.

The hospital's goal is to break even on the model. Like private insurance, the more people who sign up for it—including healthy patients that might use it infrequently—the better.

In addition to the \$30 monthly fee, there is a \$45 setup fee and \$5 co-pay for each visit. Still, these costs are manageable compared to paying out of pocket, McCollum said.

"Patients who have to pay out of pocket are put on a payment plan, but it's not the best situation and it's stressful to the patient and clinic office," he said.

Since starting the program, McClain said, he's seen a doctor three times, and that has translated into huge savings. He's also paying a lot less for insurance than his full-time co-workers, he said.

This model of "subscription insurance" is fairly new, according to McCollum. Similar pre-paid plans are being offered at Alliance in Seattle, Swedish Medical Center in Ballard and the Cascade Clinic in Spokane. Each have similarly small—but growing—numbers of subscribers.

Kenneth Wiscomb, a physician assistant with the hospital and the main provider at the North Bend clinic, said he's seen around 20 patients who are enrolled in the Affordable Access program.

"People's diseases are getting much worse. They're coming in sicker than they normally would if they had had access to primary care," he said, adding that around one-third of his patients are low-income.

"Once people get used to the idea and start signing up for primary care before they have an urgent need, this could be a long-term solution to a very big problem," Wiscomb said.

Even for those who might not put off going to see the doctor if they don't have health insurance, the program can make paying for the visits more feasible, said Derek Miller, a patient in the North Bend clinic who is enrolled in Affordable Access.

"I'm very low-income and this helps me be able to keep up with the payments," said Miller. "I am actually able to control my debt."

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