

Health safety net in Portland area faces surging demand | Oregon Business News - - OregonLive.com

By [Joe Rojas-Burke, The Oregonian](#)

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There's no good time to get a diagnosis of skin cancer.

Mark Sutherby was out of work and uninsured when he found out he had basal cell carcinoma requiring extensive facial surgery.

He'd put off seeing a doctor for months, expecting to qualify for health insurance at his new job as a security guard. But before coverage began, the job was gone.

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"I was just filling out the papers for health coverage when they let me go," Sutherby said. The 49-year-old Beaverton man couldn't believe what happened next.

He turned to a free clinic, knowing he had to do something about the sore on his nose and face that wouldn't heal. He found surgeons and a hospital willing to see him right away.

Dr. Neil Swanson, chief of the dermatology department at Oregon Health & Science University, and Dr. Michael Kim, a fellow in facial, plastic and reconstructive surgery, performed surgeries without a fee.

"I was very blessed and lucky," said Sutherby, now cancer free. "You never expect to get treated like that. Especially when you are part of the population that's low income."

The case highlights the safety net that provides quick access to medical care to the neediest uninsured people in the Portland area. It includes many small and independent free clinics such as Essential Health Clinic in Hillsboro, where Sutherby sought care; county and federally funded health centers; and hospitals large and small.

But with soaring unemployment and loss of insurance, the safety net faces overwhelming demand. Even before the recession, the health needs of the uninsured exceeded the capacity of safety net clinics and the doctors and hospitals available to provide charity care. Now the demand is exploding.

Not just the poorest

"This is a very critical time for the safety net," said Tracy Gratto, executive director of the Coalition of Community Health Clinics, a network of 13 private, nonprofit health clinics in Multnomah County.

Those clinics estimate demand has increased at least 25 percent in recent months. And, Gratto said, "We're seeing people coming to us from much higher income levels."

About 80 percent of the people seeking care had household income below the poverty level in recent years. But Gratto's organization hasn't had time to update the statistics. Clinic staffers have noted increases in the number of people with incomes well above the poverty level.

"Unemployment numbers are increasing a heck of a lot faster than our capacity," Gratto said.

Hospitals statewide are bracing for an onslaught of patients unable to pay for care. OHSU in January said the shrinking economy will force it to eliminate as many as 1,000 jobs, cut employee benefits and make other program reductions by the end of June.

The university and health system reported \$39 million in investment losses. The recession has cut income from medical care, as the hospital and clinics see fewer patients and more without insurance.

Across the state, PeaceHealth, a Catholic nonprofit hospital company with Oregon facilities in Eugene, Springfield, Cottage Grove and Florence, said in March that it would cut 70 full-time positions this year, citing a dramatic increase in uncompensated care.

"Realistically, we need to plan for a longer economic downturn where unemployment is in the 12 percent to 15 percent range, growth is slower than initially projected and uncompensated care continues to increase," said Mel Pyne, the CEO for PeaceHealth in Oregon.

Despite the challenges, safety net providers have made progress caring for the uninsured. The Multnomah County Health Department is expanding three neighborhood clinics this summer.

Those clinics serve about 36,000 adults and children who are uninsured or poor enough to qualify for the state and federally funded Oregon Health Plan. By autumn, the expansion will make room for up to 7,000 more people, said Susan Kirchoff, director of operations for the county health centers.

Spreading the workload

Another effort, called Project Access Now (503-222-6541 or projectaccessnow.org), is increasing the number of people served as it coordinates the work of nonprofit clinics, hospitals and health professionals.

Since its beginnings in late 2007, the project has enlisted 2,000 physicians in the Portland and Vancouver area who agree to provide free care to a set number of uninsured patients. Sutherby, the Beaverton man who needed treatment for skin cancer, found his surgeons through Project Access Now.

National surveys show that doctors have been cutting back on free care for the uninsured. The percentage of doctors offering free or reduced-cost care fell from more than 76 percent in 1996 to about 68 percent in 2004, according to the Center for Studying Health System Change. Researchers said physicians seem to be deciding they no longer can afford to provide charity care.

Project Access Now hopes to make it easier for doctors to volunteer, and to spread the workload across a broader group. The volunteers would be able to set limits on how many uninsured patients they accept.

In one of the first such networks, a county medical society in Asheville, N.C., boosted physician participation to 90 percent in three years. As more people gained access to routine medical care, local hospitals logged a significant reduction in emergency room use by the uninsured.

In Portland, Project Access Now has lined up specialty care and other services for more than 750 people. Linda Nilsen-Solares, the project's executive director, said she expects to gain commitments from more doctors to increase the capacity to help more patients.

"I'm hopeful and optimistic that our community will rally," she said.

National reform sought

Over the next two years, federal stimulus dollars will provide a temporary boost to medical clinics that serve the poor and uninsured.

The federal Department of Health and Human Services has committed \$3 billion to states to support community health centers and Medicaid, the state and federally funded program for people who are poor or disabled.

But Nilsen-Solares said the safety net as it exists today can't solve the health care access crisis. "With the sheer number of people who are going to need care, we are not the solution," she said. "We can do some damage control."

Only comprehensive national health reform will solve problems of the uninsured and underinsured, leaders of the health care safety net assert.

"What we are doing is like a finger in the dike," Kirchoff said. "It's meant to be a bridge toward more substantial health reform."

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