



# Cordova Health Services Strategic Planning

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## Strategic Assessment Report

**DISCUSSION DRAFT**  
**Subject to Change**

**October 11, 2010**

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## **I. Executive Summary**

The Community of Cordova has reached a significant milestone in shaping its future and specifically, the future for its health services. After several years of challenging times, with financial losses and lack of stable leadership or providers, the four governing councils unanimously approved a joint strategic planning effort in 2010.

The “Strategic Assessment” aspect of the project that resulted and which is detailed in this report includes several elements that begin the journey towards a unified and successful health system.

- Development of a shared vision
- Analysis of strengths, weaknesses, opportunities and threats
- Research of community needs and perceptions
- Community engagement and dialogue
- Development of strategic alternatives
- Preliminary financial analysis of the current operations
- Selecting alternatives for further, detailed analysis and due diligence

In the course of the Strategic Assessment three general options were identified:

- A. Improve within Current Structure
- B. Restructure Existing Entities
- C. Bring in New / Third Party

Initial research has demonstrated that other communities have been successful with each of these models. Cordovans need to understand the alternatives and their implications to determine if some or all remain ‘on the table’ for further examination and due diligence.

Several elements of this strategic planning effort are unique for Cordova, which makes this a unique opportunity to transform the health services, and ultimately the health of the community. The willingness to come together across the various entities is significant. The high level of public input and engagement will ensure the leaders are able to genuinely hear and address their community needs, and the willingness to focus on a new future while learning to respect, understand and also ‘move beyond’ the past.

Partnerships within the community, as well as the resources and talents from external parties including the State of Alaska, Indian Health Services, and the consulting team stand ready to support the continued efforts to achieve their vision of becoming:

***A financially sustainable and stable health care system that provides quality care for the health & wellness of all Cordovans***

## **II. Strategic Assessment**

### **A. Project Scope & Approach**

The community of Cordova, Alaska is a remote, rural community located near the Copper River Delta on the eastern shore of Prince William Sound. Cordova has a population of approximately 2,300 and is served by two main health care providers. Cordova Community Medical Center (CCMC) is owned by the City of Cordova and governed by the Health Services Board. The Ilanka Community Health Center (ICHC) is a Federally Qualified Health Clinic operated and governed by the Native Village of Eyak and has the Ilanka Community Wellness Advisory Council (ICWAC).

The four councils / boards responsible for these health care services have mutually agreed upon the need to develop a unified strategic vision for health care in the community. The project was driven by community needs and designed to ensure Cordova residents have access to quality, affordable health services. Cordova sought experienced contractors to gather the necessary data, work with community stakeholders, develop strategic direction, identify, explore and recommend alternatives for ensuring effective, efficient, and sustainable approaches to meet the health needs of the community.

CCMC and ICHC operate in a co-located facility and currently share leadership on an interim basis. Historically, the two organizations have worked side by side to meet community needs; however the project undertaken was to examine more deeply the potential options for closer alignment including structural and operational alternatives. The expected results of the strategic planning and subsequent implementation efforts will ultimately include:

- A shared community vision and achievable goals for health services in Cordova;
- Integrated and potentially enhanced health services;
- Improved health outcomes for community residents;
- Sharing of key resources; and
- Improved financial performance to address current subsidies.

The project, referred to as the Cordova Health Services Strategic Assessment, included setting a strategic direction, research, identification of organizational and operational alternatives, and a feasibility assessment of alternatives. Upon completion of these activities, detailed business and strategic planning should be conducted, and a system of performance management should be established to ensure successful execution and monitoring of progress.

Catalyst Consulting Services, LLC (Kitty Farnham) with partners – Craciun Research Group, Inc. (Jean Craciun) and WIPFLi CPAs and Consultants, (Michael Bell) – have been contracted to perform the first three of the following four phases.

- I. Strategic Direction:** Data gathering, work sessions, and community engagement to define the strategic vision for health services in Cordova.
- II. Alternatives Assessment:** Identification of structural and service alternatives; assessment of the feasibility of options, and selection of preferred alternatives for further analysis.
- III. Research:** Conduct a community needs assessment and in-depth research in the method of Focus Groups with select community members.
- IV. Business Planning & Analysis:** Detailed analysis of preferred alternatives and development of a business plan for recommended option.

This report focuses on the first three components and concludes with recommendations for Phase IV. Further due diligence and analysis will be needed on a small set of options, leading to the selection of a preferred strategy for the development of a long term business and strategic plan. The project approach and high level deliverables for each phase of the project completed are summarized below.

### **I. Strategic Direction**

- Engage local planning team to confirm project goals and approach.
- Review current financial and operational information for both CCMC/ICHC.
- Conduct a SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats).
- Develop a strategic vision and mission for health services in Cordova.
- Document long term strategic direction for health services in Cordova.

### **II. Alternatives Assessment**

- Review current and potential health services funding sources.
- Review current and potential operational and reimbursement models.
- Review current and potential health services organizational structures.
- Identify alternatives for future health care services and evaluation criteria that ensure selected alternatives align with the strategic direction.
- Determine the financial and operational feasibility of the alternatives.
- Assess alternatives according to the findings of research efforts in the community.
- Select preferred alternative(s) for further business planning.

### **III. Research**

- Conduct a community needs assessment survey of health services in Cordova.
- Conduct Focus Group Research with select community members and stakeholders to capture in-depth understanding of desire for services, current service gaps, and to inform the alternatives assessment.

### **IV. Business & Strategic Planning & Analysis – NOT YET INITIATED**

- Conduct financial and operational analysis of selected alternatives.
- Determine results criteria for final recommendation.

- Compare and select recommendation for future health services.
- Strategic planning in the context of the recommended alternative.
- Complete a business plan and financial pro forma for health services in Cordova.
- Define high level implementation plan including change management, performance management, and communication / engagement with the community.

It is recommended that Phase IV, the detailed Planning and Analysis be scoped and executed after the completion of the first three phases of the project. It is vital that there is clear direction from the Task Force, and the four governing councils, backed by community support as to where further due diligence is needed (ideally no more than three strategies). Ultimately, these groups must define their preferred and best option around which a business plan and long term strategic plan will be completed.

## **B. Vision**

The Task Force developed initial ideas for an overarching vision at the first work session on August 5<sup>th</sup>. This was subsequently revised and then reviewed and revised with input from staff at ICHC, CCMC, and members of the Health Services Board and Ilanka Community Wellness Advisory Council. The resulting vision for the long term is:

***A financially sustainable and stable health care system that provides quality care for the health & wellness of all Cordovans***

## **C. Strengths, Weaknesses, Opportunities & Threats Analysis**

An assessment of internal and external factors was conducted in three parts. Staff from ICHC and CCMC each developed a summary of their respective Strengths, Weakness, Opportunities and Threats (SWOT) using the definitions below. The Task Force then used these and created a SWOT for the overall “Health System” in Cordova.

<b>Internal Assessment</b>	<b>Strengths</b> Where can we outperform others	<b>Weaknesses</b> Where can others outperform us
<b>External Assessment</b>	<b>Opportunities</b> How we might enhance our successes	<b>Threats</b> What/who might threaten our success

Cordova Community Medical Center SWOT Analysis:

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• We have fantastic staff at the hospital!</li> <li>• Many staff with longevity</li> <li>• Wonderful residents in long term care</li> <li>• Have an adequate facility, great large space and offices</li> <li>• Have increased communication between departments</li> <li>• Sound Alternatives is operating very well; successfully using AKAIMS</li> <li>• Recent grant increase for Sound Alternatives</li> <li>• At full capacity in LTC since March</li> <li>• Using 1-3 Swing Beds regularly</li> <li>• Work well with Bartlett Hospital in Juneau who will transfer patients to Cordova</li> <li>• Dietary program is excellent</li> <li>• Good reputation for bariatric rehab</li> <li>• Provide good patient care</li> <li>• New recruits: QA, CFO, nursing,</li> <li>• Down to two travelling nurses</li> <li>• Small town atmosphere where everyone comes together to help one another</li> <li>• Very good Medical Records staff</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Facility concerns ; unfunded depreciation and maintenance:                         <ul style="list-style-type: none"> <li>- Could use better ventilation</li> <li>- Building structure/integrity concerns</li> <li>- Need to replace roof</li> <li>- Basement leaks in high water</li> <li>- Rooms too small for the patients in long term care; more hospital than home-like</li> </ul> </li> <li>• Lack of long term staff, including LTC staff, understaffed in billing</li> <li>• Staff have not had a raise in 4 years</li> <li>• Tenuous work environment undermines day to day care – always in the background</li> <li>• Outdated equipment:                         <ul style="list-style-type: none"> <li>- Portable x-ray is broken</li> <li>- Need CT scan &amp; qualified staff to run it</li> <li>- Need new cardiac monitor and call system</li> </ul> </li> <li>• Community support is not strong</li> <li>• Financials for hospital not good – subsidized</li> <li>• Not much data for quality/patient satisfaction</li> <li>• Have programs we’ve not been able to use: lack the staff to administer HealthStream)</li> <li>• Information Technology issues: bad server; no EMR; Practice Mgmt. System due for upgrade</li> <li>• Malpractice Insurance is very high</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Could become part of Providence or IHS as operator/owner</li> <li>• Expand Physical Therapy</li> <li>• Need more providers who will come and <i>stay</i> in Cordova; seeking a female physician</li> <li>• Strategic Planning will help us eliminate a divided community, settle the organization with good management and clear direction</li> <li>• Bring more specialists to Cordova</li> <li>• Potential to increase funds through collaboration with ICHC</li> <li>• Increase education for nursing staff</li> <li>• Increase staff who stay for long term</li> <li>• Create Assisted Living, Adult Day Care (grant potential for startup)</li> <li>• Outreach about LTC to community/state</li> <li>• Need new equipment, cross-training, career development</li> <li>• Boards work together for a better outcome – Because “WE ARE READY!”</li> <li>• Providers and insurance for local births</li> <li>• New Cordova Center may make community a ‘gathering place’ – economic growth</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Fear due to uncertain future</li> <li>• Fear loss of jobs if any department closes</li> <li>• Loss of PERS pension if not stay with City</li> <li>• Fear of hours cut, reduced wages, and/or layoffs</li> <li>• Concerns for trust with new management</li> <li>• Lack of funds to support hospital</li> <li>• Closure of hospital is a real possibility</li> <li>• Retirements! Dietary and Lab (both long term)</li> <li>• Boards have been divided (HSB &amp; City Council); too many politics; micro-manages</li> <li>• Community/economy is based on fishing, seasonality</li> <li>• High cost of transportation in/out of town</li> <li>• Residents get health care in Anchorage (while shopping)</li> <li>• Lack of housing</li> </ul>

**Ilanka Community Health Center SWOT Analysis:**

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Funding is strong</li> <li>• Committed staff; like working together as a team</li> <li>• Small, manageable team ~ 12 ; talk to one another</li> <li>• Perseverance; a number of long term staff</li> <li>• Recently added WIC program</li> <li>• Purchasing power (ANTHC/IHS relationship) allows us to get services / supplies at a lower cost (equipment, supplies, training &amp; travel free)</li> <li>• Can provide unique services, e.g. immunizations at the cannery; medical services on the dock, home visits &amp; education</li> <li>• Willing to collaborate with other agencies; cross referrals between CHC and hospital, e.g. treadmill</li> <li>• Co-located with hospital – able to use x-ray, lab, educ., auto-claiming (at no charge), laundry, etc.</li> <li>• Tribe is very supportive of the program; one of their major services</li> <li>• Serve the entire community;</li> <li>• ICWAC is representative of the entire community</li> <li>• Very good equipment</li> <li>• Awesome billing company</li> <li>• Some staff work in both CHC and hospitals – assist with covering during absences</li> <li>• Collaborating with other villages on diabetes &amp; WIC program</li> <li>• CHC able to work across tribal programs to share resources, interrelated programs, e.g. sobriety</li> <li>• Doggone FUN place to work!</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Need more people</li> <li>• Need to fully staff with providers</li> <li>• Providers can become involved with politics</li> <li>• Building space is limited / cramped; need more storage space</li> <li>• Lack of continuity of care</li> <li>• Still a new entity</li> <li>• High cost for services from hospital, e.g. lab &amp; x-ray, high rent</li> <li>• Public education and perception about the CHC; misconception that we only serve Natives</li> <li>• Not a lot of men ☺</li> <li>• Still learning the many programs and services CHC can offer</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Additional Funding Opportunities             <ul style="list-style-type: none"> <li>– Federal, state, private foundation grants</li> <li>– Two grants in the works</li> </ul> </li> <li>• Opportunity to join forces</li> <li>• Find staff that want to do things</li> <li>• Can bring in specialists with new change in IHS funding</li> <li>• Continuing education – free from ANTHC</li> <li>• Creative staff who can develop programs</li> <li>• Increase cross training, e.g. cover for one another in the case of absences</li> <li>• Extend diabetes education program to benefit the elders in long term care - ☺</li> <li>• We can work with other villages to improve their health care, e.g. MOA with Yakutat</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Tribal Council has ultimate authority</li> <li>• Other agencies see us as a competitor</li> <li>• Lack of community understanding of CHC grant and structure</li> <li>• Heat issues due to poor air exchange</li> <li>• Lack of housing</li> </ul>

Cordova Health System SWOT Analysis

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Joint strategic planning endorsed across four boards and councils – a <i>breakthrough!</i></li> <li>• Community greatly appreciates seeing familiar faces, people they know</li> <li>• Diverse array of services in the community: ER, LTC, Health Center, Lab, PT, Behavioral Health</li> <li>• City Council has been very supportive of hospital</li> <li>• Hospital/LTC at high capacity for past 12-18 months</li> <li>• Stability, independence, and funding for Ilanka CHC</li> <li>• Ilanka serves all people regardless of ability to pay</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Difficult to retain staff with diversity of LTC, ER and clinic needs</li> <li>• High turnover - providers, nurses, administration</li> <li>• Hospital equipment and facility is out-dated</li> <li>• Perception that politics are impacting health care</li> <li>• Misunderstanding of who Ilanka serves</li> <li>• Ilanka CHC space is crowded</li> </ul> <p>Lack of funds to support hospital</p>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Joint strategic planning – shared vision; a unique time to do something we’ve not done before – a new and better way</li> <li>• Willing to revisit new ways of working within organizations and in the community – everyone is ready for a change</li> <li>• Revisit the structure of the HSB; consider advisory council representative of community (like ICWAC)</li> <li>• Increasing collaboration across the existing entities</li> <li>• Reduce inefficiencies and duplication of services</li> <li>• Revenue increases, e.g. grant funding, IHS, new programs/services</li> <li>• Focus resources on what they do best and enjoy the most (improve job satisfaction &amp; retention)</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Community concern that Native health system would exclude others if operator of hospital</li> <li>• How restructuring of hospital could affect employee retirement</li> </ul>

## **D. Options Considered**

The Task Force identified three basic alternatives as part of the strategic assessment, and within these, several variations. In reality, each major option brings with it a wide range of specific possibilities. For the purposes of the Feasibility Assessment, the following descriptions were developed. See definitions for acronyms in Appendix D.

### **A. Improve within Existing Structure**

(Can implement both; *not mutually exclusive*)

#### **A1. Operational Improvement**

- Improve financial performance of current operations
  - “Leaving \$ on the table” per review of cost reports, Medicare/Medicaid reimbursements
  - Growth in revenue generating areas: LTC, Swing Bed conversion, etc.

#### **A2. Shared Services**

- Determine what each entity does best
- Examine what is the most financially viable
- Achieve efficiencies through sharing, e.g.: support services, practitioners, ancillaries, processes, staff
- Achieve through contractual agreements

### **B. Restructure Existing Entities**

#### **B1. Reorganization: Consolidation**

- Consolidate administration and services under one ‘parent’ organization
  - Single/shared governance
  - Only one approach is allowable\* under current regulations:
    - NVE as ‘parent’ to both ICHC and CCMC **is** allowable per VT model
    - City as ‘parent’ to both ICHC and CCMC currently **not** allowable

\* Based on CHC governance requirements & IHS contract health funding

#### **B2. New Designation/Billing Structure for CCMC**

- Conversion of licensed designation for hospital only
  - FROM: Critical Access Hospital (CAH)
  - TO: Frontier Extended Stay Clinic (FESC)
- No change to ICHC

### **C. Bring in New / Third Party**

#### **C1. Third party / new health care entity to operate all health care services**

- ICHC, CCMC, Long Term Care, Sound Alternatives
- Must meet standards for CHC governance
- Must be able to retain CHC and IHS funding
- City continue to support, with goal to drive subsidy down

#### **C2. Third party / new health care entity to operate some or all of the City owned health services**

- CCMC, Long Term Care and Sound Alternatives
- No change to ICHC
- Bundled contract with one operator or separate contracts

Some of the considerations and variations on Third Party options are noted below.

- Requires a RFI / RFP / bid process to select
- May include both for-profit and non-profit entities
- Some current operators in Alaska: Banner Health, Community Health Systems, Health Corporation of America, Peace Health, Providence, SEARHC.
- Third parties may own, lease, or operate under mgmt. agreement

#### **E. Option Assessment Criteria**

While further analysis will be required, the Task Force member identified a set of ten initial criteria by which they would assess the various options. These criteria are listed below.

1. Assurance that hospital operator cannot ‘fail & bail’
2. Financial viability of “System” of services
  - Confidence that solution can drive subsidy to zero (or +)
  - Greatest return and efficiencies on all services
3. Ability to get the politics out of health care services
4. Ensure continued qualification for CHC funding (lab, 340B, etc.)
5. Ensure IHS reimbursement rates, negotiated compact and tribal rights are preserved
6. Integrated health information that is HIPPA compliant
7. Elimination of duplicate services, e.g. OP Clinic
8. Preserve designation & associated Medicare Cost Rate that assures swing reimbursement
9. Political acceptability of solution by all stakeholders
10. Preserve designation & services that assure Coast Guard needs are met

#### **F. Financial Overview – Operational Improvement & Shared Services**

Mike Bell, of WIPFLi, LLC, completed several financial analyses of the Cordova Community Medical Center’s (Medical Center) operations. A summary is provided here and the full draft report is provided in Appendix A. The analyses were designed to identify where the Medical Center losses are occurring and what steps can be taken to eliminate or reduce the losses. Based on information obtained from the Medicare and Medicaid cost reports for the year ended June 30, 2009 and information obtained from the Medical Center, we estimated the following:

Nursing Home Loss - The nursing home lost was approximately \$400,000. Based on the current Medicaid methodology, we expect the nursing home losses will continue through June 30, 2014.

Swing Bed Conversion - For many of these critical access hospitals experiencing large nursing home losses, conversion of all or part of its nursing home beds to swing beds may be the long-term solution. The net gain to the Hospital of this conversion is estimated to be approximately \$331,851.

Hospital Physicians' Clinic Financial Loss - The Medical Center's physician clinic loss was approximately \$211,000. Based on a review of information provided by the Native Village of Eyak Uniform Data System Report (UDS) on their community health clinic (Community Health Clinic), it appears that the existing Community Health Clinic has the capacity to service the Medical Center physicians' clinic patients without incurring a significant amount of additional cost. We anticipate that this change will eliminate a large part of the Medical Center's physicians' clinic loss and allow the Community Health Clinic to be more profitable.

Emergency Room Physician Financial Loss - The emergency room physician loss was approximately \$206,000. The emergency room physician loss is due to the fact that the hospital is required by federal and state regulations to have physicians on-call for the emergency room twenty four hours per day with fairly low volumes. The only way that the Medical Center can reduce the loss if by working with the Community Health Clinic to share staff and call time in an effort to reduce the direct cost of emergency room physician services.

Community Health Clinic Ancillary Services Purchase Agreement - The Community Health Clinic purchases various ancillary services from the Medical Center. The rates paid by the Community Health Clinic are approximately equal to the cost of services provided and the Medicare interim rates.

Senior Meals Program – State of Alaska Nutrition - The Medical Center lost was approximately \$43,000 from the senior meals program.

Cost Report Correction - While reviewing the Community Health Clinic rental arrangement, it was noted that the Medicare cost report allocated housekeeping cost of \$33,000 to the Community Health Clinic. The correction of this change should improve the Medicare cost report settlement by \$7,500.

Other Financial Issues - Administrative write-offs were \$438,061. We recommend that these write-offs be investigated to identify the cause of such write-offs and ensure that they are appropriate.



### III. Research & Community Engagement

#### Research Objectives

- Conduct a community needs assessment survey of health services in Cordova.
- Conduct focus group research with select community members and stakeholders to capture in-depth understanding of desire for services, current service gaps, and to inform the alternatives assessment.

Phase One of the research, the baseline survey, was conducted with professional interviewers over the period from August 23 - through September 4<sup>th</sup>, 2010. The full report is provided as Appendix B.

Phase Two the qualitative research phase, consisted of two focus groups that were conducted September 15, 2010. The full qualitative research report is provided as Appendix CB.

#### A. Community Survey Summary

##### Overall View of Cordova's Health System

**Nearly everybody wants good health care available in Cordova; only five people out of three hundred did not report that it was important.**

- Overall, satisfaction with the availability of health care in Cordova is not high: 19% of the respondents who have some knowledge about it are very satisfied, and 36% are somewhat satisfied, for a total of 54%.
- Satisfaction with the availability of doctors is even lower (18% very satisfied and 22% somewhat satisfied) with a total satisfaction at forty percent (40%).
- The availability of emergency services is rated much higher by Cordova residents, with 29% very satisfied and 39% somewhat satisfied, for a total of 68%.
- Only thirty percent of the households in Cordova have a Primary Care Physician in Cordova.
- People who have a doctor in Cordova are overall, better satisfied with the availability of health care than are those who do not currently have a Primary Care Provider in Cordova

##### Suggestions for Improving Healthcare in Cordova

- Hire More Doctors (41 answers)
- Management Related Issues (31 answers)
- Stop Firing Doctors (22 answers)
- Bring in an Outside Organization (17 answers)

Better Cooperation (10 answers)  
Deliver Babies (7 answers)

### **Healthcare Funding & Structure**

Six in ten residents are aware of the City subsidy for the hospital. Regardless of the advance knowledge, just half (51%) completely approves of that subsidy. Another 19% somewhat approves of it, and 16% are unsure what they currently think. Only 13% actually offered disapproval.

Among the 300 people in the study, 5% feel the city should be paying more, 9% that it should be paying less and 12% that the city should be paying nothing. Nearly a quarter (24%) of the survey respondents has no opinion

Roughly half of the community are favorable to new structures for healthcare services, such as the City/Village working together, or bringing in a Outside health organization.

### **Ratings of Current Health Care Services**

- ❖ 45% of the respondents (or a family member living in their households) had been to the Hospital or ER in the last five years.
- ❖ 62% had visited the Hospital Clinic.
- ❖ 66% had sought care at the Ilanka Community Health Center.
- ❖ 90% had visited one clinic or the other in the last five years.
- 72% of the residents who had been patients (or had a family member who lived in their household who was a patient) at the ER or Hospital rated it overall, good or very good.
- 69% of the people who had been treated at the Hospital Clinic (or had a family member who lived in their household who was treated) rated it overall, good or very good.
- 57% of the people who had been patients (or had a family member who lived in their household as a patient) rated the Ilanka Community Health Center overall, good or very good.

### **Travel Outside for Care**

Just under two-thirds (61%) of the respondents had traveled Outside of Cordova for medical care for themselves (or a household member) in the last five years. However, it is important to note that many were actually following the doctor's orders to leave. Thirty-four percent of Cordova Community Members went elsewhere for healthcare based upon their own volition.

Among those who had left town for medical care, most reported making more than one trip.

People who have a Primary Care Physician in Cordova are less likely to have left Cordova for treatment of their own volition (28%), and more likely to have been referred Outside of Cordova (36%) than those who do not have a Primary Care Physician (22%).

Half of the respondents who had left Cordova for medical treatment went to see a Specialist.

In this open-ended question Cordova Community Members offered many other reasons related to doctors, or lack thereof.

### **Reasons for Seeking Medical Care Elsewhere**

I see a specialist .....	49.0%
No one knew how to treat what was wrong.....	29.4%
I have a doctor elsewhere & always go to that one.....	27.5%
Don't trust any of the local doctors.....	22.5%
I don't trust either of the clinics.....	8.8%
I wanted a second opinion.....	7.8%
Doctor turnover.....	4.9%

## **B. Focus Group Executive Summary**

### **There is Good Healthcare in Cordova**

Participants in both groups believe Alaska in general is doing fine when it comes to quality healthcare. Further, most agree that Cordova itself has good basic medical care and great facilities.

### **Cordova needs more**

There are several areas needing improvement. Key issues that come up include lack of stability in providers, inconsistent care across facilities, and need for more specialized care in the area. Many attribute most of the issues with local healthcare here in Cordova to lack of solid and sound organization of resources.

### **People want quality over quantity**

Quality of medical care available will always take precedence over quantity. If their medical needs are taken care of in a high quality, appropriate manner, residents of Cordova are satisfied with local healthcare.

### **Consistency in Physicians is Paramount to Cordovans**

Numerous participants emphasize they want more stability in providers, more consistency in doctors they go to for care. They want to develop long-term relationships with providers who become well-versed in their medical history and can be trusted. They want to feel secure that their doctors will be there for them.

#### *It is challenging to keep good physicians here*

There is chronic turnover in doctors and medical staff in Cordova. It happens at both clinics so residents feel they cannot get the consistency they need anywhere here.

#### *Why the excessive turnover of doctors?*

While most are painfully aware that Cordova has an excessive turnover of doctors, quite a few participants are unsure 'why' this is the case. Turnover in local doctors is sending patients and their money out of Cordova and into Anchorage, and most of the people do not really even understand why.

#### *Politics prominently come into play*

Participants see hints of political reasons for physician turnover in Cordova. Whether it is City council or facility administration, a lot of residents believe physicians are leaving because of politics. Politics can include someone complaining about services or personalities not getting along.

### **Traveling Physicians Cost Cordova**

Both groups actually do see the negative monetary effects of having physicians come and go from the area, rather than make Cordova home.

#### *Money is going out of Cordova*

Traveling doctors are not adding economic value to Cordova by buying homes in the area and spending money in the community. A few participants worry about the cost of constant coming and going of medical providers—whether it is costs to the community or costs to the doctors and nurses themselves. Constant turnover in medical providers essentially prohibits physicians from becoming part of the community kinship, whereby citizens wish to band together for common goals.

#### *Cordovan money is going to Anchorage*

Residents of Cordova are spending their money elsewhere, instead of keeping it local, and it costs a lot to travel to get quality healthcare. The subsidy required for the hospital could go down if more residents stayed local for medical care and kept their dollars in the community.

#### *There are missed opportunities in Cordova*

Many realize that it is not feasible to have specialists in Cordova full time. The community is simply not large enough to support that type of healthcare. However, many believe that having rotating specialists who visit on a regular basis, like monthly or quarterly is an acceptable idea that would be met with huge success. It's a compromise to keep healthcare dollars in Cordova, and it's been proven to work effectively in the past.

### **Conflict among Two Healthcare Entities**

It is common knowledge that there are two major players in healthcare in Cordova: Cordova Community Medical Center (CCMC) through the City and Ilanka Community Health Center (IHC) through the Native Village of Eyak. Many participants agree that simply having two major players in such a small geographic area leads to conflict.

#### *The entities lack a common structure*

Because each facility is operated by a separate entity, there is no consistent organizational structure. There is no common responsible administrator over both of them, and the policies, procedures, and goals of each entity remain uniquely different. With the two medical entities separate, politics always come into play and there are chronic issues with competition between them.

#### *There are different types of funding*

Because CCMC and IHC are funded in very different ways and the parameters associated with each vary greatly, it is no wonder that there is conflict of interest between the two entities.

*Locals are confused about which clinic to go to*

Many participants did not realize that they could go to Ilanka for medical care. Based on feedback from both groups, there is widespread confusion among natives and City residents as to which clinic they are allowed to visit and which clinic will accept Alaskan Natives vs. Non-Native residents living in Cordova.

*They Must Work Together*

Both groups agree that it is imperative that the Native Village of Eyak and the City take what the two clinics have and work together toward one common goal. However, past experience shows that cooperation is not possible under the current structures and managements.

**It is Important to Keep Healthcare in Cordova**

Participants realize that healthcare could go away if subsidies do not continue. Those who did not realize this are a bit shocked that it is a possibility. Regardless, all residents realize that there needs to be healthcare in Cordova – it would not be good if it just went away. Whatever the ramifications are, they must be dealt with to keep healthcare local.

*Cordova does not want to lose the Coast Guard*

Participants realize that if the hospital goes away, the Coast Guard will have to leave, and this represents a significant impact on population and commerce. Once participants realize that the City might ultimately be devastated with loss of the Coast Guard, the thought of losing the City hospital becomes horrifying. It becomes even more paramount and urgent to find a way to make things work better than they currently are.

**STRATEGIC ALTERNATIVES – FUNDING / STRUCTURAL OPTIONS**

**It is Critical to Educate the People of Cordova**

From the blue summary chart of the three main structural alternatives for Cordova Health Services, a key theme in discussions of really implementing one of the strategic alternatives was that the people of Cordova need to be educated in depth on both the current status and the proposed changes to local healthcare entities.

**Option A: Improve within Existing Structure**

Both groups agree that Option A is not viable for all the reasons discussed prior to this point. Option A1, which is operational improvements to achieve cost savings and an increased reimbursement is considered a non-option and was not discussed much further.

Option A2 – Shared Services. Option A2, which is shared services to reduce duplication, got a lot more commentary, but is still not considered a viable option.

### **Option B: Restructure Existing Entities**

Not very many participants understand how the federal funding works. However, because of that, they realize that it is a complicated situation that would not be solved by maintaining existing entities. The key issue with regard to Option B is the lack of clear definition as to who is ultimately in charge. Without someone accountable for both facilities, the numerous issues with the current situation in Cordova will not be fixed.

Option B1 – Consolidate ICHC and CCMC. Most did not realize consolidation can only go one way because of federal stipulations. When they find out that consolidation is only allowable if the Native Village of Eyak is ultimately the parent of both entities, most strongly believe Option B1 is not worthy of consideration.

Option B2 – Frontier Extended Stay Clinic. Both groups got into discussions about the possibility of establishing a new designation for the hospital as a Frontier Extended Stay Clinic. However, as soon as the cat was out of the bag that Cordova would lose the Coast Guard under this scenario, option B2 was no longer viable.

### **Option C: Bring in a New Entity / Third Party**

The fact that both groups came to the conclusion that neither Option A nor Option B could work creates an automatic openness to Option C. Option C is the only option that seems new, different, and actually logical. One of the key attractions to Option C is that the third party might be better equipped to come in, analyze the situation, use their expertise, and actually get both entities to work together.

#### *Pertinent third-party experience is key*

Based on what they have seen in the past, participants emphasize the importance of bringing in a third party that has expertise in this field. Some even bring up Providence specifically when discussing the caliber of third party healthcare organization necessary to successfully implement Option C.

#### *There are key aspects to consider*

Bringing in a third party to run the healthcare entities open up the issues of what happens to current subsidies. The ultimate goal of the third party must be to stay profitable and provide the patients with the absolute best possible medical care. Fortunately, a new third party will have a fresh look from outside would take out long-standing political issues and personality conflicts.

#### *People know about the success stories in Valdez and Kodiak*

Several participants know about Valdez and Kodiak examples with Providence stepping in and successfully managing the local healthcare.

**Option C1 – New Provider to Manage ICHC and CCMC**

Both groups spontaneously suggested an organization like Providence would be a good fit as the new provider to manage both healthcare centers. Some raised concerns about how the Native Village of Eyak not agreeing to the third party option, based on the legalities of their federal funding stipulations.

**Option C2 – New Provider to Manage CCMC Only**

Option C2 brings up good questions from participants, reiterating the importance of educating Cordova and then thoroughly researching actual implementation prior to initiating change.

**GOOD THINGS ABOUT LIVING IN CORDOVA**

**Cordova is a good place to raise a family**

Because of high quality schooling, recreational options, and the secluded nature of Cordova, many participants were proud to say that this is a great place to settle down and raise a family. Participants from both groups rave about the quality of people in Cordova, who tend to be more laid back and easygoing. Even though most residents have above average education, intelligence, and cultural value, there is not a sense of pretentiousness around. The secluded nature and small-town feel of Cordova creates a strong sense of community.

**The outdoor life is indescribable**

Even besides the fact that commercial fishing is the engine of the community, the beautiful scenery and plentiful outdoor life opportunities make Cordova an aesthetically amazing place. For outdoors-oriented people, this community is a dream come true.

**There is pride in the long-term care facility**

People in the first group like to brag about the success of the long-term care facility, saying It is thriving with all the beds full and nearing four-star status.

### C. Community Forums

More than 70 people participated in Community Forums held September 27 and 28 at the Cordova High School gymnasium. The first night focused on reviewing the research results, developing a vision for health services in Cordova, and a review of Strengths, Opportunities, Aspirations and Results (SOAR) the community sees and wants from their health care system. The table below defines SOAR, which is designed to help build a future based on assets.

<b>Strategic Inquiry</b>	<b>Strengths</b> What are our greatest assets	<b>Opportunities</b> What are the best possible opportunities
<b>Appreciative Intent</b>	<b>Aspirations</b> Who do we want to be and what is our preferred future	<b>Results</b> What are the measureable results we want to achieve

Community Forum participants were provided the draft Vision and the following draft SOAR summary and asked to contribute additional comments based on personal experience and their reflections from the Research results.

<p><b>Strengths – <i>greatest assets</i></b></p> <ul style="list-style-type: none"> <li>• The Community Cares! Almost all Cordovan’s say having good Health Care is important.</li> <li>• Commitment by four councils/boards with oversight for health to joint strategic planning – a Unique Opportunity!</li> <li>• A wide array of services are available:             <ul style="list-style-type: none"> <li>- Hospital / Emergency Department</li> <li>- Primary Care</li> <li>- Long Term Care</li> <li>- Laboratory, Physical Therapy</li> <li>- Behavioral Health</li> </ul> </li> </ul>	<p><b>Opportunities – <i>best possible opportunities</i></b></p> <ul style="list-style-type: none"> <li>• Operational Improvement</li> <li>• Increasing Collaboration / Reduce Duplication</li> <li>• Integrated Operations under a single organization             <ul style="list-style-type: none"> <li>- Native Village of Eyak or City of Cordova</li> </ul> </li> <li>• Bring in a Third Party to operate health services in Cordova</li> <li>• Explore new options – e.g.             <ul style="list-style-type: none"> <li>- Frontier Extended Stay Clinic (FESC)</li> <li>- Separate Long Term Care</li> <li>- Increase visiting specialists</li> </ul> </li> <li>• Restructure governance to remove political aspects</li> </ul>
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<p><b>Aspirations – who we want to be; preferred future</b></p> <ul style="list-style-type: none"> <li>Physicians and health care staff who stay and love Cordova like we do</li> <li>Improve the financial performance of the hospital</li> <li>Become a model for excellence in rural health care</li> <li>Each provider / part of the system does what they do best, and what they most enjoy</li> </ul>	<p><b>Results – measurable results we want to achieve</b></p> <ul style="list-style-type: none"> <li>Improved health for all residents – <b>Healthy Cordovans!</b></li> <li>Financially sustainable systems of care</li> <li>A living, working Strategic Plan that we <i>monitor</i> and <b>ACHIEVE!</b></li> <li>Health Providers who know us – long tenure</li> </ul>
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Community Forum SOAR Contributions:

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>Public Health Nurses (not mentioned)</li> <li>Concerned group working on the problem</li> <li>EMS / EMTs</li> <li>Employees / local talent</li> <li>Permanent doctors, nurses, medicine</li> <li>Rescue when something happens bad; be ready at any time; have ready communication to get help from others</li> <li>Life is important</li> <li>A great building that just needs good maintenance</li> <li>Concerned group working on the problem</li> <li>Community pharmacy</li> <li>EMS, Fire Department, Police</li> <li>Health education</li> <li>Sliding Scale at Ilanka</li> <li>People who care already working here</li> <li>1 male doctor; 1 female doctor available at all times (on S sheet, but do we have this now?)</li> </ul>	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>Improve management</li> <li>Need to engage youth - not engaged yet!</li> <li>To take the discussion of what might be offered to a new level – what Sue Kesti suggested, cutting edge, holistic wellness</li> <li>Outside help – better management</li> <li>Emphasize again and again – Leadership and politics out of health care!</li> <li>More efficient billing and collections</li> <li>Administration to provide support to providers</li> <li>Training and local education</li> <li>Home health care</li> <li>Assisted Living Home</li> <li>Sell Cordova [sic] to outdoor-loving health care providers</li> <li>Elect health services board instead of being appointed</li> <li>Improvement management so doctors / PA's stay.</li> <li>Specialty Clinics</li> </ul>
<p><b>Aspirations</b></p> <ul style="list-style-type: none"> <li>Community focused on wellness for everyone</li> <li>Knowledge, articles, newsletter, etc. informing the public of what is happening and why</li> <li><u>Quality</u> vs. just availability</li> <li>Staff that cares</li> <li>Provide a more home like environment for the nursing home residents</li> <li>Politics out!! Good health care for all!</li> <li>Expansion of rural health care for veterans and women's health care</li> <li>Alternative care (acupuncture, massage, etc.) nutrition, naturopath</li> <li>What can we do now [good question for Tues]</li> </ul>	<p><b>Aspirations Continued:</b></p> <ul style="list-style-type: none"> <li>Use the best technologies for example audio-video conferencing</li> <li>More than one type of health care provider ... such as medical, holistic, Rx, etc. to satisfy everyone's needs</li> <li>Higher level of expertise needed than what exists within the council, tribal council, HSB, Ilanka Wellness Committee</li> <li>Separate Senior Services from Acute</li> <li>Please explain the different funding streams</li> <li>City and NVE splitting services so both can do several things well (and no duplication) – for example:             <ul style="list-style-type: none"> <li>- City: LTC/PT/labs/Radiology/mental health</li> <li>- NVE: Clinic/ER/Swing Beds</li> </ul> </li> </ul>

<p><b>Aspirations Continued:</b></p> <ul style="list-style-type: none"> <li>• Healthy, supportive stress free work environment</li> <li>• All we want is health care for all and no politics</li> <li>• Consistency</li> <li>• With good leadership composed of health professionals and professional medical infrastructure, problems can be solved</li> <li>• Make the health care in Cordova a driving force that makes Cordova prosper Why can't NVE and City work together??</li> <li>• Healthy work environment</li> <li>• Something happen the important is doctors stay; anytime in the hospital mom and son; the important thing is life</li> <li>• Complete instrumentation here in Cordova; spent doctors and more how to future all kids and everybody they more they save life</li> <li>• Goal ... to encourage Dr's to stay in Cordova</li> <li>• Health care not an issue anymore</li> <li>• Better sound system for the hearing impaired</li> <li>• Short and long internships for local student</li> <li>• No more politics; No drama!</li> <li>• NOT a 'model' health care – we just want it to work</li> <li>• An Ombudsman – someone to go to</li> <li>• Better communication between health care entities and the public</li> <li>• Financially solvent</li> </ul>	<p><b>Results</b></p> <ul style="list-style-type: none"> <li>• Healthy people</li> <li>• Less people going to Anchorage</li> <li>• Keep services or add</li> <li>• NOT improved health, but improved access to quality care</li> <li>• NEED consistent leadership processes (problem lies with management structures, not individual people)</li> <li>• Affordable health care</li> <li>• Consistent local health care</li> <li>• Get council and tribal council out of management</li> </ul> <p>Stable medical care I can trust</p>
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To prepare for more in-depth conversations on Tuesday, participants responded to the question, “What is possible? What can transform our community and inspire you.” And “What aspect of the future are you interested in contributing to?” The responses were reviewed to define the focus for the second Forum on Tuesday night. A total of eleven topics or themes were identified which appeared to have strong interest by community members.

**PRIORITY TOPICS / GOALS**

<b>Structure &amp; Management</b>	<b>Health &amp; Services</b>
1. <b>NVE and City working together</b>	6. <b>New approaches, holistic care, wellness</b>
2. <b>Third Party operator</b>	7. <b>Specialty Clinics / visiting physicians</b>
3. <b>“Depoliticize” the governance of health services</b>	8. <b>Women’s &amp; children’s services</b>
4. <b>Doctors – attract and keep them</b>	9. <b>Technology / telemedicine</b>
5. <b>Understand the funding</b>	10. <b>Developing a local workforce</b>
	11. <b>Alternative / complimentary medicine</b>

On Tuesday, an “Open Space” forum was created allowing participants to discuss the topic or theme of most interest to them. Eight of the original 11 topics were selected are noted in the above table in **bold/blue**, i.e. items 5, 9 and 11 were not discussed.

The table conversations addressed a number of questions for each of the priority topics/goals. These started with, “What does this (topic/theme/goal) mean to you?” The groups then explored action at three levels by discussing: what the “systems” can do, what citizens can do, and what citizens and systems can do together. Participants were asked to share their doubts and reservations as well.

A summary of each topic’s discussion was captured on table top notes and reported out by one member. A summary of the comments reported out at the Forum are provided below.

1: City and NVE working together – There have been failures on both sides and a lot of misinformation, again on both sides. We need to be responsible, respect one another, and work towards competence, continuity and confidence in our health systems. Be responsible to learn the facts, continue the dialogue and invest in education about what we have and what we can do together.

2: Third Party – It’s fairly confusing and we listed a lot of questions we’re anxious for someone to answer, although we *know we need to change*. We know third parties work in other communities, e.g. examples like Kodiak. They can help retain workers and increase the stability. Need to learn more about what works in other communities.

3: Depoliticize Governance – First, we acknowledged that is an oxymoron. But we do believe much can be done. Need to engage us as citizens of Cordova. Need checks and balances, perhaps some outside professional group can assist. Need to go back and revisit the system we have.

4: Attract and Retain Good Doctors – First, we discussed what is a *good* doctor. For attracting them, need to emphasize the value of life in Cordova, the lifestyle. Citizens need to support their local care providers – *use it!* Private practices might be something to look into. We asked ourselves if it would be easier if the system changed, and then asked would it even be possible if the system didn’t change.

6: New, Holistic, Wellness Care: Empower and push the system to our limits. Need a citizen Board. Ensure all parts of the system complement one another and offer balanced care. Citizens and system are both knowledgeable about affordable, consistent, spiritual and mental health care. Need care that is integrated / circular to achieve our Vision.

7: Specialty Care / Visiting Physicians: Specialist physicians should be peer consultants with our local physicians. Listed a number of specialists we'd like to see, but Incentives might be needed for them to come to Cordova. Let's look back to how it used to work.

8: Women's & Children's Services: Need an obstetrician (OB) in Cordova, as well as an anesthesiologist to have babies here. A pediatrician and a female doctor too. Know this is probably asking for much and recognize these come with a cost. Need to invest in care beyond just health care, several community partners and services can help. We need to speak out, be informed and aware.

10: Developing a Local Workforce – Recognize numerous ways it works and many more ways we can better build a local workforce who want to stay. Need to research how it works in other communities.

*More complete documentation from the Community Forums will be included in the final report.*

### **Questions raised by Forum Participants – Areas of Confusion**

In the course of the Forums, and in recognition of the early stage of the strategic assessment process, it became clear that many community members had questions regarding the current and potential health services and potential future solutions. These questions were just some of the indications that there was confusion and sometimes misinformation in the community. The Task Force recognizes the need to provide further information, continue their research and analysis, and provide answers to the community. Some of the questions gathered at the Forums are listed below.

- Why do we have two clinics?
- Why is it OK for the City Council and Tribal Council to run a medical facility when they have little or no medical management expertise?
- Why when HSB makes a decision, Council can override/nullify decision?
- Would 3rd party management stop inner power struggles?
- Would a board of locals still run the hospital if there was a 3rd party managing?
- Decentralization or centralization or multiple entities? Are there insurance pools for independent/3rd party providers?
- Why don't we spend more time talking about cooperative efforts?
- How will a 3rd party bring in consistency in doctors?
- Want a clean understanding of financial structures, limitations, and implications.
- What are the options for a 3rd party---nuts and bolts of mechanics and monies?
- Still confused by what does what; what services are available where?
- How can we consolidate Governing boards?
- How do we assure the competence of our providers and managers? Who checks?
- Clarify what board would prevail in a NVE/CCMC blend & who has hiring priority--NVE has Native hire priority, CCMC does not.
- Would it be helpful to survey the doctors who have been let go, to get their perspective?
- Is it a City department what about "PERS"?
- Does the state want a particular Model? Would employees lose jobs?

## **IV. Comparable Community Research**

In order to learn from other, comparable communities, the Cordova Health Services Task Force identified three communities based on similarities in size, services offered, operational successes, and interest in their organizational structure. High level ‘fact finding’ for each community’s health services was conducted via email based on a number of factors. A teleconference with Task Force members was also held to inquire as to the community’s approach and experience as illustrative examples Cordova could consider as they defined the future of their own health services. The three communities included: Wrangell, a model community in either Vermont or West Virginia, and Kodiak. These were selected as they each demonstrate a well-functioning health care system following one of the models being considered in Cordova.

### **A. Wrangell, Alaska – Model A**

Community Overview: City & Borough of Wrangell

**Current Population:** 2,058 (2009 DCCED Certified Population)  
**Incorporation Type:** Unified Home Rule Borough  
**Borough Located In:** City & Borough of Wrangell  
**Taxes:** Sales: 7%, Property: 12.75 mills, Special: 6% Bed Tax

Health Services Overview:

- Hospital and Long-Term Care facility with co-located Community Health Center
- Community owned and operated hospital
- Non-profit operating Community Health Clinic
- Hospital and FQHC/CHC collaborate on services
- Preparing for major capital expansion at hospital with Revenue Bond

Task Force Observations:

- Most similar structure, size and geography
- Community owned hospital & long-term care center
  - Elected Board of Directors
- Community Health Center – non-profit
  - Self-Appointed Board of Directors
- Work to remain collaborative
  - Occasional tensions but they work at having good relationships
- Both remain financially viable
- 

**Contacts:** Noel Rea, CEO, Wrangell Medical Center  
Mark Walker, ED, Alaska Island Community Services

## **B. Vermont or West Virginia (TBD) – Model B**

Information was not available as of 10/11/20 when Draft Report was issued. Interviews will be conducted with individuals involved in the health services either in Vermont or West Virginia. Each are examples of a Community Health Center and Hospital with a shared governance structure and integrated operations.

## **C. Kodiak, Alaska – Model C**

Providence Kodiak Island Medical Center (PKIMC): <http://www.providence.org/alaska/kodiak/>  
Kodiak Community Health Center (KCHC): <http://www.kodiakchc.org/>

Community Overview: Kodiak Island Borough

**Current Population:** 13,889 (2009 DCCED Certified Population)  
**Incorporation Type:** 2nd Class Borough  
**Borough Located In:** Kodiak Island Borough  
**Taxes:** Sales: None, Property: 11.27 mills, Special: 5% Bed Tax; 1.05% Severance Tax

Health Services Overview:

- Hospital and LTC facilities are owned by Kodiak Island Borough
- Providence leases the facility which includes a contract to operate the hospital & LTC
- Providence has a Local Advisory Council as well as a Region Community Ministry Board
- KCHC has a separate building which sits adjacent to the hospital
- Hospital, LTC facility, CHC and a variety of small private providers
- Hospital collaboration with FQHC/CHC
- Clinic and hospital both employ physicians
- Providence hires Hospital Administrator; hospital administrator hires physicians.
- KCHC hires its own physicians and has its own Executive Director.

Task Force Observations:

- Community isolated, 4x larger population
- Community owned hospital & long-term care center
  - Lease agreement to Providence
  - Local Advisory Council & Providence Region Board
- Community Health Center – non-profit
  - Self-Appointed Board of Directors
- Work to remain collaborative
  - Occasional tensions but they work at having good relations
- Both remain financially viable

**Contacts:** Brenda Friend, ED, Kodiak Community Health Center  
Don Rush, Administrator, Providence Kodiak Island Medical Center  
Colleen Bridge, Providence Health & Services, Area Operations

## **V. Proposed Next Steps**

The Task Force is nearing completion of the first three phases of the Health Services Strategic Planning effort. These are referred to as the “Strategic Assessment” which defined the vision, gathered current data regarding community need and perceptions, and assessed the feasibility of several strategic alternatives. Following the completion of these phases, the following work remains to be scoped, funded, and executed.

### **Business & Strategic Planning & Analysis – NOT YET INITIATED**

- Conduct financial and operational analysis of selected alternatives.
- Determine results criteria for final recommendation.
- Compare and select recommendation for future health services.
- Strategic planning in the context of the recommended alternative.
- Complete a business plan and financial pro forma for health services in Cordova.
- Define high level implementation plan including change management, performance management, and communication / engagement with the community.

It is recommended that Phase IV, the detailed Planning and Analysis be scoped and executed after the completion of the first three phases of the project. It is vital that there is clear direction from the Task Force, and the four governing councils, backed by community support as to where further due diligence is needed (ideally no more than three strategies). Ultimately, these groups must define their preferred and best option around which a business plan and long term strategic plan will be completed.

## **VI. Joint Council Work Session**

On October 13, 2010, the four governing councils who sanctioned the joint strategic planning effort will have a joint work session to review the draft report and results to date. The purpose of the work session is to become aware of the results to date completed by the Task Force and the contract team.

In addition, the Joint Councils will provide their input and direction as representatives of the community and authorities for the health services on the following:

- Shared Goals – What makes the most sense, and what is worth pursuing,
- Alignment & Clarity – What is ‘on the table’ for consideration, and what it would take for all parties to work together and support each other in achieving the vision.
- Commitment – Understand the doubts and reservations;, learn what it would take for each to participate in creating a future that is distinct from the past.

The direction offered by the Joint Councils will be incorporated into the final report for the Strategic Assessment phases of the project.

# APPENDIX A

September 7, 2010

Keren L. Kelly, Acting Chief Executive Officer  
Cordova Community Medical Center  
P.O. Box 160  
Cordova, Alaska 99574

Dear Keren:

As requested, we have completed several financial analyses of the Cordova Community Medical Center's (Medical Center) operations. This is designed to identify where the Medical Center losses are occurring and what steps can be taken to eliminate or reduce the losses.

## Nursing Home Loss

Based on information obtained from the Medicare and Medicaid cost reports for the year ended June 30, 2009 and information obtained from the Medical Center, we estimated the following loss for the nursing home;

Cost per day	\$ 910
Medicaid payment per day and estimated private pay rate	<u>(778)</u>
Net loss per day	(132)
Total patient days	<u>3,031</u>
Total Loss on nursing home care	<u>\$ (400,000)</u>

For most nursing homes in Alaska, an operating loss appears to be expected; however, the loss per day is well in excess of the expected loss.

With 78% of the nursing home care being purchased by the Medicaid program, we anticipated that the loss would be eliminated in the next base year. Alaska Medicaid rebases the Medicaid nursing home rate every four years. It is our understanding that fiscal year 2010 is the Medical Center's base year, and we anticipate that the average cost per day may be approximately \$950 per day but the average charge is only \$790 per day. Based on the current Medicaid methodology, the new base rate may not exceed the average charge per day. This is being challenged by at least one other nursing home in the state. If this methodology continues to be followed by Medicaid, we expect the loss per day to equal or exceed the 2009 loss of \$132 per day and the roughly \$400,000 nursing home operating loss will continue through

Keren L. Kelly, Acting Chief Executive Officer  
September 7, 2010  
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June 30, 2014. We encourage the Medical Center to approach the state and ask that the rate be adjusted for the actual cost with a commitment from the Medical Center that the private pay rate effective July 1, 2011, will at least equal the established Medicaid rate.

#### Swing Bed Conversion

Many critical access hospitals operating combined hospital-nursing home facilities are still experiencing operating losses. The problem is related to low Medicaid nursing home reimbursement. It is not uncommon for combined facilities in Alaska to have costs of \$100 to \$200 per day in excess of Medicaid payments. This represents unreimbursed costs that contribute to each facility's operating losses.

For many of these critical access hospitals, conversion of all or part of its nursing home beds to swing beds may be the long-term solution.

What happens when a critical access hospital converts nursing home beds to swing beds? The conversion causes the unreimbursed cost noted above to become an acute care cost. Since Medicare and Medicaid use the vast majority of a critical access hospital's acute care services, the vast majority of the additional acute care cost is reimbursed by the Medicare and Medicaid programs. Using your Hospital's filed Medicare cost report for the year ended June 30, 2009, we prepared the following analysis, which assumes that the Hospital can convert to a twenty-five bed acute care – swing bed facility and eliminate all but eight nursing home beds. This represents a shift of twenty-one nursing home patients to a swing bed status. Medicare reimbursement is expected to increase by approximately \$1,139,060, Medicaid nursing home/swing bed reimbursement is expected to decrease by \$756,015, and Medicaid hospital reimbursement is expected to increase approximately \$51,194. The net gain to the Hospital is approximately \$331,851. However, the Hospital received intergovernmental transfer (IGT) revenues related to nursing home revenues received during fiscal year 2009. This would cause the net gain or loss from the conversion to be reduced.

There are two reasons for the gain from the swing bed conversion:

First the difference between the facility's Medicaid nursing home rate (\$777.92) and the facility's Medicaid swing bed rate (\$416.03) for fiscal year 2009. The conversion from nursing home to swing bed causes the Medicaid rate to decrease by \$361.89 per day.

Second, the difference between the facility's cost as compared to the Medicaid rate is fairly small. The cost per day was \$910.06 as compared to the Medicaid rate of \$777.92. This cost in excess of Medicaid reimbursement of \$132.14 will become a reimbursable cost, which will cause Medicare acute care and skilled swing bed cost to change.

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Enclosed are two worksheets A and B.

Worksheet A represents **current** reimbursement using fiscal year 2009 costs and patient days. The acute care cost per day is \$1,433.30. The nursing home cost per day is \$910.06. Medicare will reimburse for acute care, swing bed SNF, and short stay days at full cost. Medicaid will reimburse acute care at full cost, but nursing home reimbursement is only \$777.92. Medicaid nursing home reimbursement is \$132.14 per day less than cost. That represents approximately \$313,436 of unreimbursed Medicaid cost and an additional \$87,080 of non-Medicaid unreimbursed cost.

Worksheet B assumes that the Hospital can convert all ten nursing home beds to swing beds. The acute care/skilled swing bed cost per day changes to \$5,699.44. For some Medicaid patients, the Medicaid nursing home rate converts to the swing bed rate, which is \$361.89 less than the current nursing home rate. The gain is estimated to be \$331,850 before considering IGT revenue changes.

If the Medical Center cannot convince the state to use the actual cost without limiting it to the charges in the base year, we recommend that the Medical Center pursue the conversion of all nursing home beds to swing beds.

#### Hospital Physicians' Clinic Financial Loss

Based on information obtained from the Medicare and Medicaid cost reports for the year ended June 30, 2009 and information obtained from the Medical Center, we estimated the following loss for the physicians' clinic:

Physicians' clinic gross revenue	\$ 222,000
Less contractual adjustments and other write-offs	<u>(55,000)</u>
Net Revenue	<u>167,000</u>
Direct Expenses	249,000
Allocated Overhead	<u>129,000</u>
Total expenses	<u>378,000</u>
Total Loss on physicians' clinic	\$ <u>(211,000)</u>

Although we normally expect a physician clinic to require a certain amount of financial subsidy, this appears to be higher than expected.

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Currently it appears that the Medical Center is billing Medicare for clinic services under the physician's provider number as if the clinic were not associated with the Medical Center. The Medical Center could bill the clinic services to Medicare as a provider-based clinic, which could increase Medicare reimbursement; however, this is not expected to reduce the loss to an acceptable level.

Based on a review of information provided by the Native Village of Eyak Uniform Data System Report (UDS) on their community health clinic (Community Health Clinic), there appears to be an excess capacity at the Community Health Clinic. It appears that the existing Community Health Clinic has the capacity to service the Medical Center physicians' clinic patients without incurring a significant amount of additional cost. Based on that observation, we encourage the Medical Center to discuss merging its physicians' clinic patients into the Community Health Clinic. We anticipate that this change will eliminate a large part of the Medical Center's physicians' clinic loss and allow the Community Health Clinic to be more profitable.

#### Emergency Room Physician Financial Loss

Based on information obtained from the Medicare and Medicaid cost reports for the year ended June 30, 2009, and information obtained from the Medical Center, we estimated the following loss for the physicians' clinic:

Physicians' clinic gross revenue	\$ 172,000
Less contractual adjustments and other write-offs	(43,000)
Add Medicare physician availability payments	<u>68,000</u>
Net Revenue	<u>197,000</u>
Direct Expenses	302,000
Allocated Overhead	<u>101,000</u>
Total expenses	<u>403,000</u>
Total Loss on physicians' clinic	\$ <u>(206,000)</u>

The emergency room physician loss is not a surprise.

Most hospital emergency room physician services are required to be subsidized to a certain degree and this subsidy is not outside the expected range. The emergency room physician loss is due to the fact that the hospital is required by federal and state regulations to have physicians on-call for the emergency room twenty-four hours per day with fairly low volumes. Emergency room physician losses are very common at rural hospitals.

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The only way that the Medical Center can reduce the loss is by working with the Community Health Clinic to share staff and call time in an effort to reduce the direct cost of emergency room physician services. This may be accomplished by contracting with the Community Health Clinic to cover the emergency room during normal clinic hours and perhaps arrange for a less costly coverage arrangement for after hours.

Community Health Clinic Rental Income

The Community Health Clinic rents approximately 3,374 square feet of space from the Medical Center. Based on information obtained from the Medicare and Medicaid cost reports for the year ended June 30, 2009 and information obtained from the Medical Center, we estimated the following financial results for the Community Health Clinic rental agreement:

Community Health Clinic Rental Revenue	\$ 59,000
Direct Expenses	0
Allocated Overhead	<u>78,000</u>
Total expenses	<u>78,000</u>
Total Loss on physicians' clinic	\$ <u>(19,000)</u>

Based on information provided by the Medical Center, the rent was increased recently to \$80,000.

**Potential Cost Report Correction** – While reviewing the Community Health Clinic rental arrangement, it was noted that the Medicare cost report allocated housekeeping cost of \$33,000 to the Community Health Clinic. Based on discussions with the Medical Center staff, the Community Health Clinic does not receive housekeeping services from the Medical Center. The correction of this error should improve the Medicare cost report settlement by \$7,500. This may also cause the Medicaid nursing home cost per day and the potential rate to increase.

Community Health Clinic Ancillary Services Purchase Agreement

The Community Health Clinic purchases various ancillary services from the Medical Center. Based on information obtained from the Medicare and Medicaid cost reports for the year ended June 30, 2009, and information obtained from the Medical Center, we determined that the rates paid by the Community Health Clinic are approximately equal to the cost of services provided and the Medicare interim rates. This suggests that the Community Health Clinic's payments to the Medical Center are set exactly as they should be to ensure that the Medical Center is not profiting from the services provided or subsidizing the services provided to the Community Health Clinic.

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Senior Meals Program – State of Alaska Nutrition

Based on information obtained from the Medicare and Medicaid cost reports for the year ended June 30, 2009, and information obtained from the Medical Center, we estimated the following loss for the senior meals program:

Grant revenue	\$ 77,000
Direct Expenses	0
Allocated Overhead	<u>120,000</u>
Total expenses	<u>120,000</u>
Total Loss on physicians' clinic	\$ <u>(43,000)</u>

Other Potential Medicare Cost Report Issues

Based on a review of the Medicare cost report, we have identified a number of issues that need further investigation. The results of that investigation may cause the Medicare cost report settlement to increase or decrease.

- The report used to identify swing bed days also identified revenues of \$351,600. However, the general ledger identified swing bed revenues of only \$335,548. All other census and revenue reports matched the Medicare cost report. The difference may represent an overstatement of swing bed days which may cause the Medicare cost report settlement to improve by \$15,000.
- Nursery costs were identified without any nursery patient days. Because this may influence the Medicaid rates, any time the Medical Center has nursery cost it should have patient days. Minimal affect on the settlement.
- The Medicare cost report indicates that the Medical Center paid only for physician emergency room availability and nothing for physician patient care. Cost associated with emergency room physician availability is reimbursable by Medicare and Medicaid. We do not have a copy of the physician emergency room contracts but it is unlikely that the Medical Center paid nothing for emergency room physician patient care services. If any of the cost is identified as emergency room patient care related physician cost, the Medical Center's cost report settlement will decline.
- Medicare will reimburse the Medical Center for any Medicare coinsurance and deductibles that are not paid by the patient or Medicaid is a secondary payor. The Medical Center claimed no Medicare bad debts in fiscal year 2009.
- We tried to reconcile the Medicare cost report costs to the costs reported on the audited financial statements. We were unable to reconcile the two.

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- About 50 meals per month are provided to the physicians' clinic at a cost of \$1,300 per month using the Medicare defined cost. We do not normally see this type of arrangement, and we would encourage the Medical Center to review this practice and consider discontinuing this arrangement.

#### Other Financial Issues

Based on a review of the trial balance provided to support the Medicare cost report we noted an account labeled administrative write-offs of \$438,061. We anticipate that small rural hospitals have occasions to make administrative adjustments; however, this amount is easily ten times the amount that is expected. We recommend that these write-offs be investigated to identify the cause of such write-offs and ensure that they are appropriate. We also recommend that the cause of such write-offs be identified and possibly avoided in the future. If for any reason these adjustments represent amounts charged in error, the charges should be reversed and not written-off. The reversal of the charge could have a very positive affect on the Medicare and Medicaid reimbursement of hospital services.

If you have any questions or require additional information, please call Michael Bell at 509-489-4524.

Sincerely,

A handwritten signature in black ink that reads "Wipfli LLP". The signature is written in a cursive, flowing style.

Wipfli LLP

# APPENDIX B

## Cordova Health System

A Needs Assessment



**CRACIUN RESEARCH**

September 20, 2010

Jean Craciun  
President/CEO  
Craciun Research Group Inc.

Washington, DC. Anchorage. Seattle  
www.craciunresearch.com

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## R E S E A R C H M E T H O D S

Keren Kelley, Administrator, issued an RFP and Jean Craciun, CEO/President; Craciun Research contacted Kitty Farnham, Catalyst Consulting to partner and take the lead with this important Strategic Assessment for Cordova Health System.

### **BACKGROUND**

The community of Cordova is a remote, rural community located near the Copper River Delta on the eastern shore of Prince William Sound. Cordova has a population of approximately 2,300 and is served by two main health care providers. Cordova Community Medical Center (CCMC) is owned by the City of Cordova and governed by the Health Services Board. The Ilanka Community Health Center (IHC) is a Federally Qualified Health Clinic operated by the Native Village of Eyak which is governed by the Tribal Council and has a Community Advisory Board.

The leadership entities responsible for these health care providers have mutually agreed upon the need to develop a unified and strategic vision for health care in the community. The project will be driven by A Strategic Assessment with a strong research component. This report is the first research document and is the “Cordova Health System Community Needs Assessment.” This product was developed with a thorough understanding that our clients are seeking to gather the necessary data through high quality research with a community of stakeholders and; to develop strategic direction, identify, explore and recommend alternatives for ensuring effective, efficient, and sustainable approaches to meet the health needs of the community of Cordova now and into the future.

Craciun Research was hired to lead the research elements for this important endeavor. We have conducted the first-ever comprehensive multi-phase research project for CCMC/IHC. After completing the survey we met with team representatives to review the findings and to determine which individuals we would like to further study in Focus Group Research. It is very helpful in these type of assessments to first gain knowledge in a generalize able way through survey research but to then look for greater understanding by meeting with representative groups of the community. The connection between survey research and focus groups is to learn why residents answered survey questions in a specific direction and to understand opinions and attitudes more in-depth through these small group discussions

This first report focuses on the survey research component, which provides direction and required input from the community of Cordova. The second report is the result of Focus Group Research and will be under separate cover. Craciun Research tasks include the following:

- Conduct a community needs assessment survey of health services in Cordova.
- Conduct Focus Group Research with select community members and stakeholders to capture in-depth understanding of desire for services, current service gaps, and to inform the alternatives assessment.

### **THE SURVEY SAMPLE**

The random sample of three hundred (n=300) was drawn from telephone numbers in Cordova, Alaska. The respondents were screened to ensure they were all adults, and the ratios of men to women and of age-group levels were kept in proportion to State population figures.

The probability is 19 out of 20, for the overall sample size, that if researchers had sought to interview every household from the sample frame above by using the same questionnaire, the findings would differ from these overall survey results by no more than 5.7 percentage points in either direction. Thus, the margin of error is +/- 5.7%; for sub-groups the sampling error is larger.

The sampling error is not the only way in which survey findings may vary from the findings that would result from talking to every super-voter in the population studied. Survey research is susceptible to human and mechanical errors such as interviewer recording and data handling errors. However, the standardized procedures used by Craciun Research eliminate such errors associated with paper and pencil methods; thus keeping the human error potential to a minimum.

### **DATA ANALYSIS & REPORTING**

Members of the Craciun Research team, employing SPSS<sup>1</sup>, analyzed the sample. The primary procedures reported are frequencies and cross-tabulations.

### **Notes to Readers**

Included in the presentation of each response is a summary or example of any significant findings, followed by relevant tables. All percentages in the narrative are rounded to the nearest whole percentage point. Often times a few respondents fail to answer a question. Unless the percentage that failed to answer is significant, these people are not included in the totals upon which the percentages are based. Percentages in the tables occasionally do not add to exactly 100% because of rounding.

Cross tabulations describe data that may be related in some way. In many crosstabulations, categories are combined or omitted because the numbers are too small to be statistically significant. This manipulation may change the totals on which percentages are based, but does not affect the relationships between percentages. Cross tabulations may be used to indicate differences (or lack of differences) between subgroups of people. When a lack of difference is being shown, a footnote is appended to the table indicating that the differences are not “statistically significant”.<sup>2</sup>

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<sup>1</sup> Trademark registered.

<sup>2</sup> Statistical significance is determined by using a chi-square test with a significance factor of less than .05. The chi square test is used by researchers to determine whether a result may be due to random variation, and is sensitive to sample size, since large random variation may occur in small samples.

## R E S E A R C H F I N D I N G S

### A. OVERALL VIEW OF CORDOVA’S HEALTH SYSTEM

**Question:** In general, how satisfied are you with the availability of health care in Cordova - very satisfied, somewhat satisfied, somewhat unsatisfied, or very unsatisfied? If you have no experience with health care in Cordova, just tell me.

**Question:** How satisfied are you with the availability of DOCTORS in Cordova?

**Question:** And with the availability of EMERGENCY care?

**Question:** And with the availability of LONG TERM CARE?

**Question:** And with the availability of additional services for the aging population?

Overall, satisfaction with the availability of health care in Cordova is not high; 19% of the respondents who have some knowledge about it are very satisfied, and 36% are somewhat satisfied, for a total of 54%.

Satisfaction with the availability of doctors is even lower (18% very satisfied and 22% somewhat satisfied) with a total satisfaction at forty percent (40%).

The availability of emergency services is rated much higher by Cordova residents, with 29% very satisfied and 39% somewhat satisfied, for a total of 68%.

*Note: This table presents only the respondents who had some experience with each question. For population totals, regardless of experience, please see the Appendix.*

**TABLE A1.1: SATISFACTION WITH AVAILABILITY OF MEDICAL CARE IN CORDOVA**

	Very satisfied	Somewhat satisfied	Neutral, no opinion	Somewhat unsatisfied	Very unsatisfied	Number
Availability of: Emergency care:.....	29.0%	38.5%	8.4%	8.8%	15.3%	262
Long term care:.....	27.4%	30.7%	16.8%	6.7%	18.4%	179
Added services for the aging.	20.2%	32.7%	17.9%	11.3%	17.9%	168
Health care in Cordova.....	18.6%	35.6%	7.5%	21.0%	17.3%	295
Doctors in Cordova.....	17.8%	21.9%	6.5%	24.0%	29.8%	292

Percentages are of each row.

**Question:** Do you have a doctor in Cordova who meets most of the health needs for you and your family/household?

Only thirty percent of the households in Cordova have a Primary Care Physician.

**TABLE A2.1: PRIMARY CARE PHYSICIAN**

Family has:		
A doctor in Cordova.....	91	30.3%
Does not.....	198	66.0%
Don't know.....	11	3.7%
<b>Total.....</b>	<b>300</b>	<b>100%</b>

People who have a doctor in Cordova are overall, better satisfied with the availability of health care than are those who do not currently have a PCP in Cordova.

**TABLE A2.2: RATING OF THE AVAILABILITY OF CARE BY  
HAVING A PRIMARY CARE PHYSICIAN**

	Family has:		Total
	A doctor in Cordova	Does not	
<b>Availability of health care</b>			
Very satisfied.....	25.9%	16.4%	19.3%
Somewhat satisfied.....	46.9%	36.1%	39.4%
Somewhat unsatisfied.....	18.5%	25.7%	23.5%
Very unsatisfied.....	8.6%	21.9%	17.8%
<b>Number.....</b>	<b>81</b>	<b>183</b>	<b>264</b>
<b>Availability of doctors in Cordova</b>			
Very satisfied.....	25.9%	15.2%	18.6%
Somewhat satisfied.....	28.2%	20.8%	23.2%
Somewhat unsatisfied.....	28.2%	25.3%	26.2%
Very unsatisfied.....	17.6%	38.8%	31.9%
<b>Number.....</b>	<b>85</b>	<b>178</b>	<b>263</b>

Column percentages

**Question:** How important to you is having good healthcare available in the community – very important, somewhat important, somewhat unimportant, somewhat unimportant or very unimportant?

Nearly everybody wants good health care available in Cordova; only five people out of three hundred did not report that it was important.

**TABLE A3.1: IMPORTANCE OF THE AVAILABILITY OF GOOD HEALTHCARE**

IMPORTANCE OF THE AVAILABILITY OF GOOD HEALTHCARE		
Having good healthcare available is:		
Very important.....	285	95.0%
Somewhat important.....	10	3.3%
Makes no difference.....	3	1.0%
Somewhat unimportant.....	1	.3%
Very unimportant.....	1	.3%
Total.....	300	100%

**Question:** Do you have any ideas about what the community could do to improve healthcare?

**Question:** [IF YES] What one thing would you most like to see happen?

Below is a summary of findings from our open-ended question that allowed residents of Cordova to offer suggestions during the Community Needs Assessment.

*Note: Please see the Appendix for the detailed verbatim comments offered.*

**TABLE A4.1: SUGGESTIONS FOR IMPROVING HEALTHCARE IN CORDOVA**

- Management Related Issues (31 answers)
- Better Cooperation (10 answers)
- Bring in an Outside Organization (17 answers)
- Stop Firing Doctors (22 answers)
- Hire More Doctors (41 answers)
- Deliver Babies (7 answers)
- Good Job, Considering (4 answers)
- Lower Health Costs (5 answers)
- Suggestions (22 answers)
- Other (8 answers)

**B. FUNDING HEALTHCARE DISCUSSION**

**Question:** Are you aware that the City of Cordova helps to keep local medical care available by subsidizing the hospital with funds– depending on need, between half a million and a million dollars a year?

**Question:** Do you approve of that?

**Question:** [IF DOES NOT APPROVE COMPLETELY] Do you think the City of Cordova should be paying more or less or nothing at all?

Six in ten residents are aware of the City subsidy for the hospital. Regardless of the advance knowledge, just half (51%) completely approves of that subsidy. Another 19% somewhat approves of it, and 16% are unsure what they currently think. Only 13% actually offered disapproval.

Among the 300 people in the study, 5% feel the city should be paying more, 9% that it should be paying less and 12% that the city should be paying nothing. Nearly a quarter (24%) of the survey respondents has no opinion.

**TABLE B1.1: FUNDING BY THE CITY OF CORDOVA**

+-----+-----+		
+-----+-----+		
Respondent is aware that:		
The City subsidizes the hospital.....	186	62.0%
Is not aware.....	114	38.0%
Total.....	300	100%
+-----+-----+		
Respondent:		
Completely approves of the subsidy.....	153	51.0%
Somewhat approves.....	58	19.3%
Does not.....	40	13.3%
Unsure.....	49	16.3%
Total.....	300	100%
+-----+-----+		
The City should be:		
Paying more.....	14	4.7%
Paying Less.....	27	9.0%
Paying nothing.....	35	11.7%
Don't know.....	71	23.7%
Completely approves the subsidy	153	51.0%
Total.....	300	100%
+-----+-----+		

Community members who are very satisfied with the availability of health care in Cordova are least likely to know about the City subsidy and most likely to approve of it.

Generally, the better satisfied with health care, the more likely the support for the subsidy.

**TABLE B1.2: CITY FUNDING BY RATINGS OF HEALTHCARE AVAILABILITY**

	Cordova health care				Total
	Very satisfied	Somewhat satisfied	Somewhat unsatisfied	Very unsatisfied	
Respondent is aware that: The City subsidizes the hospital.....	40.0%	65.7%	67.7%	72.5%	62.3%
Is not.....	60.0%	34.3%	32.3%	27.5%	37.7%
Number.....	55	105	62	51	273
Respondent: Completely approves of the subsidy.....	70.9%	53.3%	46.8%	33.3%	51.6%
Somewhat approves.....	7.3%	20.0%	25.8%	27.5%	20.1%
Does not.....	3.6%	10.5%	12.9%	25.5%	12.5%
Unsure.....	18.2%	16.2%	14.5%	13.7%	15.8%
Number.....	55	105	62	51	273

Column percentages

\* Difference is not statistically significant

People who have a doctor in Cordova are much more likely to be aware of the City subsidy and also to approve of it.

**TABLE B1.3: CITY FUNDING BY HAVE A PHYSICIAN IN CORDOVA**

	Family has:		Total
	A doctor in Cordova	Does not	
Respondent is aware that: The City subsidizes the hospital.....	70.3%	58.6%	62.3%
Is not.....	29.7%	41.4%	37.7%
Number.....	91	198	289
Respondent: Completely approves of the subsidy....	62.6%	46.0%	51.2%
Somewhat approves.....	14.3%	20.7%	18.7%
Does not.....	14.3%	13.6%	13.8%
Unsure.....	8.8%	19.7%	16.3%
Number.....	91	198	289

Column percentages

**Question:** [IF DOES APPROVE OF THE SUBSIDY] Of course, the money comes from taxes. Does that make you more or less in favor of the subsidy?

When reminded that the City subsidy comes from taxes, the percentage of respondents who disapprove of the subsidy rises from 13% to 20%.

**TABLE B2.1: FUNDING BY THE CITY OF CORDOVA**

Knowing the money comes from taxes:		
Approves to a degree		
Completely approves.....	145	48.3%
Somewhat approves.....	38	12.7%
Subtotal, Approves to a degree.....	183	61.0%
In doubt		
Approved, now in doubt.....	8	2.7%
Disapproves		
Approved, now disapproves.....	20	6.7%
Disapproves.....	40	13.3%
Subtotal, Disapproves.....	60	20.0%
Has no opinion.....	49	16.3%
Total:.....	300	100%

**Question:** Some people are suggesting that the City of Cordova and the Native Village of Eyak work together to handle healthcare services? Would you strongly favor that, somewhat favor it, somewhat oppose it or strongly oppose it or do you have no opinion?

**Question:** Some people are suggesting that the City bring in an Outside health organization for hospital operations. Would you strongly favor that, somewhat favor it, somewhat oppose it or strongly oppose it or do you have no opinion?

Exactly the same percentage (53% of respondents) favors both of the options presented in this question – for the City/Village to work together to handle healthcare services and to bring in an Outside health organization. However, as shown on the cross tabulation on the next page, the percentage is a coincidence.

**TABLE B3.1: IDEAS FOR ASSISTANCE WITH FUNDING**

City and the Native Village of Eyak should cooperate:		
Favor		
Strongly favor.....	103	34.3%
Somewhat favor.....	56	18.7%
Subtotal favor	159	53.0%
Neutral, no opinion.....	76	25.3%
Oppose		
Somewhat oppose.....	25	8.3%
Strongly oppose.....	40	13.3%
Subtotal oppose	65	21.7%
Total.....	300	100%
City should bring in an Outside health organization:		
Favor		
Strongly favor.....	105	35.0%
Somewhat favor.....	54	18.0%
Subtotal favor	159	53.0%
Neutral, no opinion.....	94	31.3%
Oppose		
Somewhat oppose.....	23	7.7%
Strongly oppose.....	24	8.0%
Subtotal oppose	47	15.7%
Total.....	300	100%

As you can see below, while some Community Members favor both the City/Village and Outside options, there are many people who favor one and oppose the other.

**TABLE B3.2: IDEAS FOR ASSISTANCE WITH FUNDING**

	City and the Native Village should cooperate:			Total
	Favor	No opinion	Oppose	
City should bring in an outside health org:				
Favor.....	50.9%	42.1%	70.8%	53.0%
No opinion.....	25.2%	52.6%	21.5%	31.3%
Oppose.....	23.9%	5.3%	7.7%	15.7%
Number.....	159	76	65	300

Column percentages

### **C. RATINGS OF THE THREE HEALTHCARE ORGANIZATIONS IN CORDOVA**

**Question:** In the last five years about how often have you or a family member living in your household been an in-patient at the Cordova Hospital or ER, not in the clinic?

**Question:** How often have you gone to the Hospital Clinic, located in the downstairs of the Hospital to get care for yourself or a family member living in your household?

**Question:** And also in the last five years have you gone to the Ilanka Community Health Center to get care for yourself or a family member living in your household?

Forty-five percent of the respondents (or a family member living in their households) had been to the Hospital or ER in the last five years.

Sixty-two percent had visited the Hospital Clinic.

Sixty-six percent had sought care at the Ilanka Community Health Center.

Ninety percent had visited one clinic or the other in the last five years.

*Note: The detailed table may be found on the next page.*

**TABLE C1.1: USE OF THE THREE  
HEALTHCARE PROVIDERS**

-----		
-----		
In-patient in hospital or ER:		
5 times or more.....	33	11.0%
3 or 4 times.....	13	4.3%
1 or 2 times.....	79	26.3%
Some, unsure how many.....	10	3.3%
Never.....	165	55.0%
Total.....	300	100%
-----		
Hospital Clinic:		
20 times or more.....	24	8.0%
10 to 19 times.....	36	12.0%
5 to 9 times.....	32	10.7%
3 to 4 times.....	22	7.3%
1 to 2 times.....	63	21.0%
Some, unsure how many.....	10	3.3%
Never.....	113	37.7%
Total.....	300	100%
-----		
Ilanka Community Health Center:		
20 times or more.....	27	9.0%
10 to 19 times.....	33	11.0%
5 to 9 times.....	43	14.3%
3 to 4 times.....	31	10.3%
1 to 2 times.....	57	19.0%
Some, unsure how many.....	6	2.0%
Never.....	103	34.3%
Total.....	300	100%
-----		
Treated at one clinic or the other:		
10 or more times.....	103	34.3%
5 to 9 times.....	61	20.3%
1 to 4 times.....	100	33.3%
Some.....	7	2.3%
Never.....	29	9.7%
Total.....	300	100%
-----		

**Question:** Thinking of the last time that you or a family member living in your household was in the Hospital or the ER itself, not the clinic, how would you rate that visit overall – very good, good, average, poor or very poor?

**Question:** How would you rate:  
 \*the medical care from the doctor or physician assistant?  
 \*the care from the nurses?  
 \*from the other people who helped you?  
 \*how about the waiting time when you rang for help? AND  
 \*the billing process?

**Question:** Compared to ERs or Hospitals you have been to in other places, was the care you received from the ER or Hospital about as good as you could get in a larger city, better or worse?

Seven in ten (72%) of the residents who had been patients (or had a family member who lived in their household who was a patient) at the ER or Hospital rated it overall, good or very good.

All of the individual features of care tested were rated as high as or higher than the overall with one exception. As is the case with many ERs or Hospitals, the billing process only received a 36% rating for good or very good.

*Note: This table measures the ratings of those who have experienced the hospital within the last five years. A table reflecting the total population may be found in the Appendix.*

**TABLE C2.1: RATING OF THE FEATURES OF THE ER OR HOSPITAL**

	Very good	Good	Average	Poor	Very Poor	Number
<u>Overall</u> ER or Hospital.....	34.6%	36.9%	21.5%	3.1%	3.8%	130
Care from nurses.....	53.2%	32.5%	11.9%	1.6%	.8%	126
Waiting time after ringing for help.....	51.2%	20.8%	19.2%	7.2%	1.6%	125
Other people who helped you..	48.0%	29.3%	19.5%	.8%	2.4%	123
Medical care from MD or P) ...	41.1%	33.3%	17.1%	5.4%	3.1%	129
The billing process.....	23.3%	12.9%	33.6%	13.8%	16.4%	116

Percentages are of each row.  
 Statements have been somewhat abbreviated. See question for exact wording.

Half of the Community Members in our study with recent experiences at the Cordova hospital or ER rated it the same or better than hospitals or ERs they had experienced elsewhere. Since it is probable that those who gave no answer had never experienced another hospital; we provide a second column in the table below which gives the percentages based upon those with opinions and experiences Outside of Cordova.

**TABLE C2.2: COMPARISON OF THE HOSPITAL  
OR ER TO ELSEWHERE**

Cordova hospital or ER is:			
Better than a larger city.....	27 20.0%	23.1%	
About the same.....	41 30.4%	35.0%	
Worse.....	49 36.3%	41.9%	
Don't know.....	18 13.3%		
Total.....	135 100%	118	

**Question:** Thinking of the last time you were at the Hospital Clinic, located in the downstairs of the Hospital, for yourself or a family member living in your household, how would you rate that visit overall – very good, good, average, poor or very poor?

**Question:** How would you rate:  
 \*the medical care from the doctor or physician assistant?  
 \*the care from the nurses?  
 \*from the other people who helped you?  
 \*how about the waiting time until you were seen? AND  
 \*the billing process?

**Question:** Compared to clinics you have been to in other places, was the care you received from the Hospital Clinic about as good as you could get in a larger city, better or worse?

Sixty-nine percent of the people who had been treated at the Hospital Clinic (or had a family member who lived in their household who was treated) rated it overall, good or very good.

All of the individual features of care tested were rated higher than the overall with two exceptions. First of all, the waiting time which was rated equally well (within the margin of error) by 66% and, secondly, the billing process again the lowest ranked with 43% good or very good.

*Note: This table measures the ratings of those who have experienced the clinic within the last five years. A table showing the responses of the entire population may be found in the Appendix.*

**TABLE C3.1: RATING OF THE FEATURES OF HOSPITAL CLINIC**

	Very good	Good	Average	Poor	Very Poor	Number
<u>Overall</u> Hospital Clinic.....	32.6%	36.0%	25.8%	4.5%	1.1%	178
Care from the nurses.....	51.1%	38.5%	8.6%	1.1%	.6%	174
Other people who helped you..	43.1%	39.4%	15.0%	1.3%	1.3%	160
Medical care from MD or PA...	38.8%	39.3%	17.4%	3.9%	.6%	178
Waiting time until you were seen.....	36.3%	30.2%	24.6%	7.8%	1.1%	179
The billing process.....	16.7%	26.5%	33.3%	11.7%	11.7%	162

Percentages are of each row.  
 Statements have been somewhat abbreviated. See question for exact wording.

Twenty-eight percent of all those who had visited the Hospital Clinic within the last five years (and 31% of those with experience Outside of Cordova) rated it worse than clinics they had visited elsewhere.

**TABLE C3.2: COMPARISON OF THE HOSPITAL CLINIC TO ELSEWHERE**

+-----+			
+-----+			
The Hospital Clinic is:			
Better than a larger city.....	32	17.1%	18.8%
About the same.....	86	46.0%	50.6%
Worse.....	52	27.8%	30.6%
Don't know.....	17	9.1%	
Total.....	187	100%	170
+-----+			

**Question:** Thinking of the last time you were at the Ilanka Community Health Center for yourself or a family member living in your household, how would you rate that visit overall, – very good, good, average, poor or very poor?

**Question:** How would you rate:  
 \*the medical care from the doctor or physician assistant?  
 \*and the care from the nurses?  
 \*and from the other people who helped you?  
 \*how about the waiting time until you were seen? AND  
 \*the billing process?

**Question:** Compared to clinics you have been to in other places, was the care you received from the Ilanka Community Health Center about as good as you could get in a larger city, better or worse?

Fifty-seven percent of the people who had been patients (or had a family member who lived in their household as a patient) rated the Ilanka Community Health Center overall, good or very good.

All of the individual features of care tested were rated higher than the overall with one exception. As is the case with the other organizations in our study, the billing process received a 50% rating for good or very good.

*Note: This table measures the ratings of those who have experienced the clinic within the last five years. A table reflecting the total population may be found in the Appendix.*

**TABLE C4.1: RATING OF THE FEATURES OF THE ILANKA COMMUNITY HEALTH CENTER**

	Very good	Good	Average	Poor	Very Poor	Number
<u>Overall</u> Ilanka Center.....	24.2%	33.0%	30.4%	9.3%	3.1%	194
Care from the nurses.....	40.4%	37.2%	18.6%	2.1%	1.6%	188
Other people who helped you..	39.5%	37.3%	17.8%	4.9%	.5%	185
Waiting time until you were seen.....	35.4%	28.1%	25.5%	9.4%	1.6%	192
Medical care from MD or PA...	30.4%	29.4%	29.9%	7.7%	2.6%	194
The billing process.....	22.9%	27.4%	22.9%	15.4%	11.4%	175

Percentages are of each row.

Statements have been somewhat abbreviated. See question for exact wording.

Twenty-six percent of those who had visited the Ilanka Community Health Center found it worse than others they had visited Outside of Cordova.

The table below offers a second column that gives the percentage (29%) based upon those with opinions and experiences Outside of Cordova.

**TABLE C4.2: COMPARISON OF THE ILANKA COMMUNITY HEALTH CENTER TO ELSEWHERE**

The Ilanka Clinic is:			
Better than a larger city.....	30	15.2%	16.9%
About the same.....	96	48.7%	54.2%
Worse.....	51	25.9%	28.9%
Don't know.....	20	10.2%	
Total.....	197	100%	177

**D. REASONS FOR TRAVELING FROM CORDOVA TO OUTSIDE HEALTHCARE**

**Question:** In the last five years have you gone away from Cordova for medical treatment for yourself or a household member?

**Question:** [IF YES] About how many times a year have you been leaving Cordova for medical treatment?

**Question:** Was it because a doctor referred you to another doctor or clinic?

Just under two-thirds (61%) of the respondents had traveled Outside of Cordova for medical care for themselves (or a household member) in the last five years. However, it is important to note that many were actually following the doctor’s orders to leave. Thirty-four percent of Cordova Community Members went elsewhere for healthcare based upon their own volition.

Among those who had left town for medical care, most reported making more than one trip.

**TABLE D1.1: FREQUENCY OF GOING ELSEWHERE FOR HEALTHCARE**

+-----+-----+		
+-----+-----+		
Leaving Cordova for medical treatment:		
Left of own volition.....	102	34.0%
Referred by MD or PA.....	82	27.3%
Has not left.....	116	38.7%
Total.....	300	100%
+-----+-----+		
Has left Cordova for treatment		
Approximate times a year:		
Six or more times.....	24	13.0%
Four or five times.....	26	14.1%
Two or three times.....	67	36.4%
Once.....	58	31.5%
None.....	4	2.2%
No answer.....	5	2.7%
Total.....	184	100%
+-----+-----+		

The less satisfied with the availability of healthcare or doctors in Cordova, the more likely the respondent was to have gone elsewhere for medical care.

**TABLE D1.2: FREQUENCY OF GOING ELSEWHERE BY SATISFACTION WITH THE AVAILABILITY OF HEALTHCARE**

	Very satisfied	Somewhat satisfied	Somewhat unsatisfied	Very unsatisfied	Total
Cordova healthcare					
Leaving Cordova for medical treatment:					
Left of own volition.....	10.9%	35.2%	43.5%	45.1%	34.1%
Referred by MD or PA.....	21.8%	21.9%	35.5%	37.3%	27.8%
Has not left.....	67.3%	42.9%	21.0%	17.6%	38.1%
Number.....	55	105	62	51	273
Availability of doctors in Cordova					
Leaving Cordova for medical treatment:					
Left of own volition.....	21.2%	31.3%	31.4%	54.0%	36.6%
Referred by MD or PA.....	13.5%	23.4%	45.7%	28.7%	28.9%
Has not left.....	65.4%	45.3%	22.9%	17.2%	34.4%
Number.....	52	64	70	87	273

Column percentages

People who had been (or had a close family member) treated at the hospital were more likely than other respondents to have gone elsewhere for care.

**TABLE D1.3: FREQUENCY OF GOING ELSEWHERE BY HOSPITAL/ER VISITS**

	Inpatient or ER:				Total
	5 times or more	3 or 4 times	1 or 2 times	Never	
Leaving Cordova for medical treatment:					
Left of own volition.....	48.5%	61.5%	32.9%	29.1%	33.8%
Referred by MD or PA.....	42.4%	7.7%	25.3%	27.3%	27.6%
Has not left.....	9.1%	30.8%	41.8%	43.6%	38.6%
Number.....	33	13	79	165	290

Column percentages

People who have a Primary Care Physician in Cordova are less likely to have left Cordova for treatment of their own volition (28%), and more likely to have been referred Outside of Cordova (36%) than those who do not have a Primary Care Physician (22%).

**TABLE D1.4: FREQUENCY OF GOING ELSEWHERE BY HAVING AN MD**

	Family has:		Total
	Has PCP in Cordova	Does not have PCP	
Leaving Cordova for medical treatment:			
Left of own volition.....	27.5%	37.9%	34.6%
Referred by MD or PA.....	36.3%	22.2%	26.6%
Has not left.....	36.3%	39.9%	38.8%
Number.....	91	198	289

Column percentages

\* Difference is not statistically significant

People who have left Cordova for healthcare are more aware of the City subsidy and slightly more likely to disapprove of it.

**TABLE D1.5: CITY FUNDING BY GOING ELSEWHERE FOR HEALTHCARE**

	Leaving Cordova for medical treatment:			Total
	Left on own volition	Referred by MD or PA	Has not left	
Respondent is aware that:				
The City subsidizes the hospital.....	81.4%	65.9%	42.2%	62.0%
Is not.....	18.6%	34.1%	57.8%	38.0%
Number.....	102	82	116	300
Respondent:				
Completely approves of the subsidy....	47.1%	48.8%	56.0%	51.0%
Somewhat approves.....	25.5%	17.1%	15.5%	19.3%
Does not.....	18.6%	15.9%	6.9%	13.3%
Unsure.....	8.8%	18.3%	21.6%	16.3%
Number.....	102	82	116	300

Column percentages

**Question:** Did you leave Cordova just to get medical treatment elsewhere, or were you going to be gone anyway, and decided to do medical things while you were gone?

**Question:** Was the medical care you went for a routine check-up or for something special?

Looking only at those who had gone of their own volition, more than half (57%) made the trip exclusively to receive medical care.

Half (51%) of the healthcare sought was for something special, not reported as a routine check-up.

**TABLE D2.1: DETAILS OF VOLUNTARILY SEEKING HEALTHCARE ELSEWHERE**

Left Cordova because		
Went to get medical treatment.....	58	56.9%
Was going to be gone anyway.....	11	10.8%
Some of both.....	31	30.4%
Don't recall.....	2	2.0%
Total.....	102	100%
Type of medical care:		
Routine.....	44	43.1%
Special.....	52	51.0%
No answer.....	6	5.9%
Total.....	102	100%

**Question:** Why did you leave Cordova for medical care?

Half of the respondents who had left Cordova for medical treatment went to see a Specialist.

In this open-ended question Cordova Community Members offered many other reasons related to doctors, or lack thereof.

**TABLE D3.1: REASONS FOR SEEKING MEDICAL CARE ELSEWHERE**

Reasons for leaving:		
I see a specialist.....	50	49.0%
No one knew how to treat what was wrong.....	30	29.4%
I have a doctor elsewhere & always go to that one....	28	27.5%
Don't trust any of the local doctors.....	23	22.5%
I don't trust either of the clinics.....	9	8.8%
I wanted a second opinion.....	8	7.8%
Doctor turnover.....	5	4.9%
Couldn't get an appointment here.....	4	3.9%
I was traveling already.....	4	3.9%
Cordova lacks capability for certain disorders.....	2	2.0%
Hospital care is poor.....	1	1.0%
To deliver a baby.....	1	1.0%
Care lacks quality, consistency and confidentiality..	1	1.0%
No answer.....	4	3.9%
<b>Total Respondents.....</b>	<b>102</b>	

Percentages add to more than 100% because many respondents gave more than one response.

**E. DEMOGRAPHICS**

The gender and age of the participants was deliberately controlled to match the population statistics for Cordova, Alaska.

Seventy percent of the sample are Caucasian. A third had lived in Cordova fewer than five years.

**TABLE E1.1: DEMOGRAPHICS**

+-----+-----+		
+-----+-----+		
Gender:		
Male.....	147	49.0%
Female.....	153	51.0%
Total.....	300	100%
+-----+-----+		
Age group:		
18-34.....	56	18.9%
35-44.....	82	27.6%
45-54.....	75	25.3%
55-64.....	50	16.8%
65 and Up.....	34	11.4%
Total *.....	297	100%
+-----+-----+		
Ethnicity:		
Caucasian.....	206	70.3%
Alaska Native.....	39	13.1%
American Indian.....	9	3.1%
African American.....	5	1.7%
Hispanic.....	11	3.8%
Asian, Pacific Islander.....	15	5.1%
Other.....	8	2.7%
Total *.....	293	100%
+-----+-----+		
Lived in Cordova:		
Less than 5 years.....	101	33.7%
5 to 10 years.....	39	13.0%
10 to 20 years.....	60	20.0%
Longer.....	100	33.3%
Total.....	300	100%
+-----+-----+		

\* Respondents who refused to answer have been omitted from the percentage base.

On the following pages key questions are cross tabulated by gender, age, ethnicity and length of residence.<sup>3</sup> Included here are some examples of the more interesting findings.

Men are more likely to be satisfied with the availability of healthcare in Cordova than are women, but also less likely to have been treated at either of the clinics. [Table E2.1]

Although there are some differences, age is not a reliable predictor of satisfaction with healthcare and availability of Physicians in Cordova. [Table E2.2]

The longer they had lived in Cordova, the less satisfied with the availability of healthcare people had become. [Table E2.4]

Thirty-nine percent of women and twenty-nine percent of men have sought healthcare Outside of Cordova of their own volition. [Table E3.1]

Cordova Community Members 45 and older are more likely to be aware of the City subsidy to the Hospital when compared to the younger residents. People 55 and up are more likely than younger people to strongly favor the subsidy. [Table E3.2]

Respondents who identify themselves as Caucasian are more likely than other races to have decided to travel Outside of Cordova for medical treatment. [Table E3.3]

None of the variables – gender, age, ethnicity or length of residence – show any statistically significant difference in how they view the two options (City/Village work together & Outside Health Organization coming to Cordova) for ways to curtail the subsidy to the hospital. [Tables E3.1 to E3.4].

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<sup>3</sup> Using a 95% confidence level for analyses.

**TABLE E2.1: SATISFACTION AND ATTENDANCE BY GENDER**

	Gender:		Total
	Male	Female	
<b>Availability of health care</b>			
Very satisfied.....	27.3%	13.8%	20.1%
Somewhat satisfied.....	44.5%	33.1%	38.5%
Somewhat unsatisfied.....	15.6%	29.0%	22.7%
Very unsatisfied.....	12.5%	24.1%	18.7%
Number.....	128	145	273
<b>Availability of doctors in Cordova</b>			
Very satisfied.....	30.4%	9.5%	19.0%
Somewhat satisfied.....	25.6%	21.6%	23.4%
Somewhat unsatisfied.....	27.2%	24.3%	25.6%
Very unsatisfied.....	16.8%	44.6%	31.9%
Number.....	125	148	273
<b>Inpatient or ER: *</b>			
5 times or more.....	12.1%	10.7%	11.4%
3 or 4 times.....	2.9%	6.0%	4.5%
1 or 2 times.....	25.7%	28.7%	27.2%
Never.....	59.3%	54.7%	56.9%
Number.....	140	150	290
<b>Treated at Hospital Clinic:</b>			
10 or more times.....	15.7%	25.3%	20.7%
5 to 9 times.....	7.9%	14.0%	11.0%
1 to 4 times.....	33.6%	25.3%	29.3%
Never.....	42.9%	35.3%	39.0%
Number.....	140	150	290
<b>Treated at Ilanka Clinic:</b>			
10 or more times.....	15.3%	25.3%	20.4%
5 to 9 times.....	6.9%	22.0%	14.6%
1 to 4 times.....	29.2%	30.7%	29.9%
Never.....	48.6%	22.0%	35.0%
Number.....	144	150	294

Column percentages

\* Difference is not statistically significant

**TABLE E2.2: SATISFACTION AND ATTENDANCE BY AGE**

	Age group:					Total
	18-34	35-44	45-54	55-64	65 and Up	
<b>Availability of health care</b>						
Very satisfied.....	27.5%	19.2%	16.7%	17.4%	23.3%	20.3%
Somewhat satisfied.....	39.2%	51.3%	30.3%	30.4%	36.7%	38.7%
Somewhat unsatisfied.....	23.5%	17.9%	19.7%	34.8%	16.7%	22.1%
Very unsatisfied.....	9.8%	11.5%	33.3%	17.4%	23.3%	18.8%
Number.....	51	78	66	46	30	271
<b>Availability of doctors in Cordova *</b>						
Very satisfied.....	31.4%	20.8%	10.1%	16.3%	20.7%	19.3%
Somewhat satisfied.....	21.6%	29.2%	20.3%	22.4%	20.7%	23.3%
Somewhat unsatisfied.....	29.4%	18.1%	27.5%	32.7%	20.7%	25.6%
Very unsatisfied.....	17.6%	31.9%	42.0%	28.6%	37.9%	31.9%
Number.....	51	72	69	49	29	270
<b>Inpatient or ER: *</b>						
5 times or more.....	10.9%	7.9%	12.2%	10.0%	18.8%	11.1%
3 or 4 times.....	3.6%	2.6%	5.4%	8.0%	3.1%	4.5%
1 or 2 times.....	23.6%	28.9%	25.7%	36.0%	18.8%	27.2%
Never.....	61.8%	60.5%	56.8%	46.0%	59.4%	57.1%
Number.....	55	76	74	50	32	287
<b>Treated at Hospital Clinic:</b>						
10 or more times.....	12.7%	15.8%	28.4%	18.4%	30.3%	20.6%
5 to 9 times.....	12.7%	7.9%	13.5%	14.3%	6.1%	11.1%
1 to 4 times.....	30.9%	35.5%	18.9%	20.4%	45.5%	28.9%
Never.....	43.6%	40.8%	39.2%	46.9%	18.2%	39.4%
Number.....	55	76	74	49	33	287
<b>Treated at Ilanka Clinic:</b>						
10 or more times.....	27.3%	20.0%	18.9%	18.0%	12.5%	19.9%
5 to 9 times.....	18.2%	10.0%	14.9%	22.0%	9.4%	14.8%
1 to 4 times.....	36.4%	16.3%	35.1%	34.0%	34.4%	29.9%
Never.....	18.2%	53.8%	31.1%	26.0%	43.8%	35.4%
Number.....	55	80	74	50	32	291

Column percentages

\* Difference is not statistically significant

**TABLE E2.3: SATISFACTION AND ATTENDANCE BY ETHNICITY**

	Ethnicity:			Total
	White	AK. Native, Indian	Other	
<b>Availability of health care *</b>				
Very satisfied.....	20.3%	26.7%	11.1%	20.1%
Somewhat satisfied.....	34.2%	44.4%	52.8%	38.4%
Somewhat unsatisfied.....	24.1%	13.3%	27.8%	22.8%
Very unsatisfied.....	21.4%	15.6%	8.3%	18.7%
Number.....	187	45	36	268
<b>Availability of doctors in Cordova</b>				
Very satisfied.....	21.2%	17.9%	8.8%	19.2%
Somewhat satisfied.....	19.2%	33.3%	38.2%	23.7%
Somewhat unsatisfied.....	25.4%	17.9%	35.3%	25.6%
Very unsatisfied.....	34.2%	30.8%	17.6%	31.6%
Number.....	193	39	34	266
<b>Inpatient or ER: *</b>				
5 times or more.....	10.4%	15.6%	13.9%	11.7%
3 or 4 times.....	4.5%	4.4%	2.8%	4.2%
1 or 2 times.....	28.2%	22.2%	22.2%	26.5%
Never.....	56.9%	57.8%	61.1%	57.6%
Number.....	202	45	36	283
<b>Treated at Hospital Clinic: *</b>				
10 or more times.....	20.2%	23.9%	20.6%	20.8%
5 to 9 times.....	11.8%	4.3%	14.7%	11.0%
1 to 4 times.....	28.1%	21.7%	44.1%	29.0%
Never.....	39.9%	50.0%	20.6%	39.2%
Number.....	203	46	34	283
<b>Treated at Ilanka Clinic:</b>				
10 or more times.....	19.4%	31.9%	15.4%	20.9%
5 to 9 times.....	17.9%	12.8%	2.6%	15.0%
1 to 4 times.....	32.3%	21.3%	17.9%	28.6%
Never.....	30.3%	34.0%	64.1%	35.5%
Number.....	201	47	39	287

Column percentages

\* Difference is not statistically significant

**TABLE E2.4: SATISFACTION AND ATTENDANCE BY RESIDENCE**

	Lived in Cordova:				Total
	Less than 5 years	5 to 10 years	10 to 20 years	Longer	
<b>Availability of health care</b>					
Very satisfied.....	34.8%	16.2%	14.3%	11.0%	20.1%
Somewhat satisfied.....	44.9%	40.5%	37.5%	31.9%	38.5%
Somewhat unsatisfied.....	15.7%	24.3%	25.0%	27.5%	22.7%
Very unsatisfied.....	4.5%	18.9%	23.2%	29.7%	18.7%
Number.....	89	37	56	91	273
<b>Availability of doctors in Cordova</b>					
Very satisfied.....	38.8%	11.1%	10.7%	9.4%	19.0%
Somewhat satisfied.....	34.1%	16.7%	23.2%	16.7%	23.4%
Somewhat unsatisfied.....	15.3%	41.7%	21.4%	31.3%	25.6%
Very unsatisfied.....	11.8%	30.6%	44.6%	42.7%	31.9%
Number.....	85	36	56	96	273
<b>Inpatient or ER:</b>					
5 times or more.....	3.2%	10.3%	18.3%	15.6%	11.4%
3 or 4 times.....	2.1%	5.1%	8.3%	4.2%	4.5%
1 or 2 times.....	30.5%	20.5%	23.3%	29.2%	27.2%
Never.....	64.2%	64.1%	50.0%	51.0%	56.9%
Number.....	95	39	60	96	290
<b>Treated at Hospital Clinic:</b>					
10 or more times.....	7.3%	13.5%	23.7%	34.7%	20.7%
5 to 9 times.....	6.3%	5.4%	23.7%	10.2%	11.0%
1 to 4 times.....	41.7%	29.7%	15.3%	25.5%	29.3%
Never.....	44.8%	51.4%	37.3%	29.6%	39.0%
Number.....	96	37	59	98	290
<b>Treated at Ilanka Clinic:</b>					
10 or more times.....	16.2%	17.9%	30.5%	19.6%	20.4%
5 to 9 times.....	7.1%	15.4%	22.0%	17.5%	14.6%
1 to 4 times.....	24.2%	38.5%	22.0%	37.1%	29.9%
Never.....	52.5%	28.2%	25.4%	25.8%	35.0%
Number.....	99	39	59	97	294

Column percentages

**TABLE E3.1: LEAVING AND CITY SUBSIDY BY GENDER**

	Gender:		Total
	Male	Female	
<b>Leaving Cordova for medical treatment:</b>			
Left of own volition.....	29.3%	38.6%	34.0%
Referred by MD or PA.....	18.4%	35.9%	27.3%
Has not left.....	52.4%	25.5%	38.7%
Number.....	147	153	300
<b>Respondent is aware that:</b>			
The City subsidizes the hospital.....	55.8%	68.0%	62.0%
Is not.....	44.2%	32.0%	38.0%
Number.....	147	153	300
<b>Respondent: *</b>			
Completely approves of the subsidy.....	51.7%	50.3%	51.0%
Somewhat approves.....	14.3%	24.2%	19.3%
Does not.....	15.0%	11.8%	13.3%
Unsure.....	19.0%	13.7%	16.3%
Number.....	147	153	300
<b>City and the Native Village should cooperate: *</b>			
Strongly favor.....	34.0%	34.6%	34.3%
Somewhat favor.....	20.4%	17.0%	18.7%
No opinion.....	27.9%	22.9%	25.3%
Oppose.....	17.7%	25.5%	21.7%
Number.....	147	153	300
<b>City should bring in an outside health org: *</b>			
Strongly favor.....	28.6%	41.2%	35.0%
Somewhat favor.....	19.0%	17.0%	18.0%
No opinion.....	34.0%	28.8%	31.3%
Oppose.....	18.4%	13.1%	15.7%
Number.....	147	153	300

Column percentages

\* Difference is not statistically significant

**TABLE E3.2: LEAVING AND CITY SUBSIDY BY AGE**

	Age group:					Total
	18-34	35-44	45-54	55-64	65 and Up	
<b>Leaving Cordova for medical treatment:</b>						
Left of own volition.....	23.2%	26.8%	46.7%	38.0%	35.3%	34.0%
Referred by MD or PA.....	28.6%	20.7%	24.0%	38.0%	32.4%	27.3%
Has not left.....	48.2%	52.4%	29.3%	24.0%	32.4%	38.7%
Number.....	56	82	75	50	34	297
<b>Respondent is aware that:</b>						
The City subsidizes the hospital.....	39.3%	56.1%	69.3%	82.0%	67.6%	62.0%
Is not.....	60.7%	43.9%	30.7%	18.0%	32.4%	38.0%
Number.....	56	82	75	50	34	297
<b>Respondent:</b>						
Completely approves of the subsidy.....	48.2%	45.1%	45.3%	62.0%	64.7%	50.8%
Somewhat approves.....	17.9%	19.5%	25.3%	18.0%	8.8%	19.2%
Does not.....	7.1%	13.4%	16.0%	20.0%	8.8%	13.5%
Unsure.....	26.8%	22.0%	13.3%		17.6%	16.5%
Number.....	56	82	75	50	34	297
<b>City and the Native Village should cooperate: *</b>						
Strongly favor.....	33.9%	31.7%	30.7%	40.0%	35.3%	33.7%
Somewhat favor.....	17.9%	22.0%	21.3%	12.0%	17.6%	18.9%
No opinion.....	35.7%	26.8%	21.3%	14.0%	32.4%	25.6%
Oppose.....	12.5%	19.5%	26.7%	34.0%	14.7%	21.9%
Number.....	56	82	75	50	34	297
<b>City should bring in an outside health org: *</b>						
Strongly favor.....	26.8%	39.0%	37.3%	36.0%	29.4%	34.7%
Somewhat favor.....	14.3%	15.9%	26.7%	14.0%	17.6%	18.2%
No opinion.....	44.6%	29.3%	24.0%	28.0%	38.2%	31.6%
Oppose.....	14.3%	15.9%	12.0%	22.0%	14.7%	15.5%
Number.....	56	82	75	50	34	297

Column percentages

\* Difference is not statistically significant

**TABLE E3.3: LEAVING AND CITY SUBSIDY BY ETHNICITY**

	Ethnicity:			Total
	White	AK. Native, Indian	Other	
<b>Leaving Cordova for medical treatment:</b>				
Left of own volition.....	39.3%	18.8%	20.5%	33.4%
Referred by MD or PA.....	27.7%	35.4%	17.9%	27.6%
Has not left.....	33.0%	45.8%	61.5%	38.9%
Number.....	206	48	39	293
<b>Respondent is aware that: *</b>				
The City subsidizes the hospital.....	66.0%	50.0%	53.8%	61.8%
Is not.....	34.0%	50.0%	46.2%	38.2%
Number.....	206	48	39	293
<b>Respondent:</b>				
Completely approves of the subsidy.....	53.4%	52.1%	41.0%	51.5%
Somewhat approves.....	20.9%	16.7%	15.4%	19.5%
Does not.....	14.1%	8.3%	10.3%	12.6%
Unsure.....	11.7%	22.9%	33.3%	16.4%
Number.....	206	48	39	293
<b>City and the Native Village should cooperate: *</b>				
Strongly favor.....	34.5%	47.9%	17.9%	34.5%
Somewhat favor.....	19.9%	12.5%	23.1%	19.1%
No opinion.....	22.8%	22.9%	41.0%	25.3%
Oppose.....	22.8%	16.7%	17.9%	21.2%
Number.....	206	48	39	293
<b>City should bring in an outside health org: *</b>				
Strongly favor.....	38.3%	31.3%	23.1%	35.2%
Somewhat favor.....	17.5%	12.5%	30.8%	18.4%
No opinion.....	29.6%	37.5%	33.3%	31.4%
Oppose.....	14.6%	18.8%	12.8%	15.0%
Number.....	206	48	39	293

Column percentages

\* Difference is not statistically significant

**TABLE E3.4: LEAVING AND CITY SUBSIDY BY RESIDENCE**

	Lived in Cordova:				Total
	Less than 5 years	5 to 10 years	10 to 20 years	Longer	
<b>Leaving Cordova for medical treatment: *</b>					
Left of own volition.....	15.8%	41.0%	46.7%	42.0%	34.0%
Referred by MD or PA.....	15.8%	23.1%	28.3%	40.0%	27.3%
Has not left.....	68.3%	35.9%	25.0%	18.0%	38.7%
Number.....	101	39	60	100	300
<b>Respondent is aware that:</b>					
The City subsidizes the hospital.....	38.6%	66.7%	66.7%	81.0%	62.0%
Is not.....	61.4%	33.3%	33.3%	19.0%	38.0%
Number.....	101	39	60	100	300
<b>Respondent:</b>					
Completely approves of the subsidy.....	56.4%	41.0%	50.0%	50.0%	51.0%
Somewhat approves.....	8.9%	25.6%	25.0%	24.0%	19.3%
Does not.....	10.9%	23.1%	5.0%	17.0%	13.3%
Unsure.....	23.8%	10.3%	20.0%	9.0%	16.3%
Number.....	101	39	60	100	300
<b>City and the Native Village should cooperate: *</b>					
Strongly favor.....	33.7%	35.9%	36.7%	33.0%	34.3%
Somewhat favor.....	18.8%	23.1%	21.7%	15.0%	18.7%
No opinion.....	34.7%	17.9%	16.7%	24.0%	25.3%
Oppose.....	12.9%	23.1%	25.0%	28.0%	21.7%
Number.....	101	39	60	100	300
<b>City should bring in an outside health org: *</b>					
Strongly favor.....	22.8%	43.6%	45.0%	38.0%	35.0%
Somewhat favor.....	16.8%	20.5%	18.3%	18.0%	18.0%
No opinion.....	41.6%	28.2%	21.7%	28.0%	31.3%
Oppose.....	18.8%	7.7%	15.0%	16.0%	15.7%
Number.....	101	39	60	100	300

Column percentages

\* Difference is not statistically significant

**APPENDIX A:**

**City of Cordova Health Care Study  
FINAL approved by Jean Craciun 8/25/2010**

INTRODUCTION: Hello my name is \_\_\_\_\_ and I'm with Craciun Research, an Alaskan company. We are conducting a study on what you think of the health care available in Cordova. Your phone number was randomly selected; this interview should take about 10 minutes of your time. All of your answers will be strictly confidential and I can answer any questions you may have at the end of the survey.

- A. First, which of the following age groups do you belong in?
- 1, 18 to 34 years
  - 2, 35 to 44
  - 3, 45 to 54
  - 4, 55 to 64
  - 5, 65 and up
  - 6, No answer
  - 0, Under 18 [ASK TO SPEAK TO SOMEONE 18 OR OLDER]

- B. [RECORD GENDER] 1, Male 2, Female

**[GENERAL SATISFACTION WITH HEALTH CARE]**

2. In general, how satisfied are you with the availability of health care in Cordova – very satisfied, somewhat satisfied, somewhat unsatisfied or very unsatisfied? If you have no experience with health care in Cordova, just tell me.

[ANSWERS FOR THE NEXT FEW QUESTIONS]

- 1, Very satisfied
  - 2, Somewhat satisfied
  - 3, Neutral, no opinion
  - 4, Somewhat unssatisfied
  - 5, Very unssatisfied
  - 6, No experience
3. How satisfied are you with the availability of doctors in Cordova?
  4. And with the availability of emergency care?
  5. And with the availability of long term care?

6. And with the availability of additional services for the aging population?
7. Do you have a doctor in Cordova who meets most of the health needs for you and your family/household?
  - 1, Yes
  - 2, No
  - 3, Don't know

**[IDENTIFICATION OF WHERE TREATMENT HAD BEEN RECEIVED]**

8. How long have you lived in Cordova?
  - 1, Less than five years
  - 2, Five to ten years
  - 3, Ten to twenty years
  - 4, Longer
9. There are three places to get health care in Cordova. All are in the same building. One is the Ilanka Community Health Center with an entrance next to the grassy field. Another is the Hospital Clinic, located downstairs in the Hospital, and the third place is the Hospital itself, which includes the ER, long term care facility and hospital beds.
10. In the [LAST FIVE YEARS/SINCE YOU MOVED HERE] about how often have you or **a family member living in the household** been an inpatient at the Cordova Hospital or ER, not in the clinic?
  - 1, Five times or more
  - 2, Three or four times
  - 3, Once or twice
  - 4, Some, don't recall how many
  - 5, Never [GO TO BEGINNING OF HOSPITAL CLINIC Q'S]
11. How often have you gone to the Hospital Clinic, located in the downstairs of the Hospital to get care **for yourself or a family member living in the household**?
  - 1, Twenty times or more
  - 2, Ten to nineteen times
  - 3, Five to nine times
  - 4, Three or four times
  - 5, Once or twice
  - 6, Some, don't recall how many
  - 7, Never [GO TO BEGINNING OF ILANKA Q'S]
12. And also in the [LAST FIVE YEARS/SINCE YOU MOVED HERE] how often have you gone to the Ilanka Community Health Center to get care **for yourself or a family member living in the household**?

- 1, Twenty times or more
- 2, Ten to nineteen times
- 3, Five to nine times
- 4, Three or four times
- 5, Once or twice
- 6, Some, don't recall how many
- 7, Never [GO TO BEGINNING OF ILANKA Q'S]

**[QUESTIONS ABOUT TREATMENT AT THE HOSPITAL – ASK THIS SECTION IF HAS BEEN IN HOSPITAL OR ER IN LAST FIVE YEARS]**

13. Thinking of the last time that you or a family member living in the household was in the ER or the Hospital itself, not the clinic, how would you rate that visit overall – very good, good, average poor or very poor?

**[ANSWERS FOR NEXT FEW QUESTIONS]**

- 1, Very good
  - 2, Good
  - 3, Average
  - 4, Poor
  - 5, Very poor
  - 6, Don't recall, no experience with that
14. How would you rate the medical care from the doctor or physician assistant?
  15. And the care from the nurses?
  16. And from the other people who helped you?
  17. How about the waiting time when you rang for help?
  18. And the billing process?
19. Compared to hospitals or ERs you have been to in other places, was the care you received from the Hospital about as good as you could get in a larger city, better or worse?
    - 1, Better than a larger city
    - 2, About the same
    - 3, Worse
    - 4, Don't know

**[QUESTIONS ABOUT TREATMENT AT THE HOSPITAL CLINIC – ASK THIS SECTION IF HAS BEEN IN HOSPITAL CLINIC IN LAST FIVE YEARS]**

20. Thinking of the last time you were at the Hospital Clinic, located in the downstairs of the Hospital, for yourself or a family member living in the household, how would you rate that visit overall – very good, good, average, poor or very poor?

[ANSWERS FOR NEXT FEW QUESTIONS]

- 1, Very good
- 2, Good
- 3, Average
- 4, Poor
- 5, Very poor
- 6, Do not recall, no experience with that

21. How would you rate the medical care from the doctor or physician assistant?

22. And the care from the nurses?

23. And from the other people who helped you?

24. How about the waiting time until you were seen?

25. And the billing process?

26. Compared to clinics you have been to in other places, was the care you received from the Hospital Clinic about as good as you could get in a larger city, better or worse?

- 1, Better than a larger city

- 2, About the same

- 3, Worse

- 4, Don't know

**[QUESTIONS ABOUT TREATMENT AT THE ILANKA COMMUNITY HEALTH CENTER – ASK THIS SECTION IF HAS BEEN IN THE ILANKA COMMUNITY HEALTH CENTER IN LAST FIVE YEARS]**

27. Thinking of the last time you were at the Ilanka Community Health Center for yourself or a family member living in the household, how would you rate that visit overall, – very good, good, average, poor or very poor?

[ANSWERS FOR NEXT FEW QUESTIONS]

- 1, Very good

- 2, Good

- 3, Average

- 4, Poor

- 5, Very poor

- 6, Don't recall, no experience with that

28. How would you rate the medical care from the doctor or physician assistant?

29. And the care from the nurses?

30. And from the other people who helped you?
31. How about the waiting time until you were seen?
32. And the billing process?
  
33. Compared to clinics you have been to in other places, was the care you received from the Ilanka Community Health Center about as good as you could get in a larger city, better or worse?
  - 1, Better than a larger city
  - 2, About the same
  - 3, Worse
  - 4, Don't know

**[QUESTIONS ABOUT TREATMENT AWAY FROM CORDOVA]**

34. In the last five years have you gone away from Cordova for medical treatment for yourself or a family member living in the household?
  - 1, Yes
  - 2, No, Don't recall [SKIP TO NEXT SECTION]
  
35. [IF YES] About how many times a year have you been leaving Cordova for medical treatment? [READ LIST OF NECESSARY]
  - 1, Six or more times
  - 2, Four or five times
  - 3, Two or three times
  - 4, Once
  - 5, None [SKIP TO NEXT SECTION]
  - 6, No answer
  
36. [IF YES] Was it because a doctor referred you to another doctor or clinic?
  - 1, Yes, Always [GO TO CITY SUBSIDIES SECTION BELOW]
  - 2, Sometimes
  - 3, No
  
37. Did you leave Cordova just to get medical treatment elsewhere, or were you going to be gone anyway, and decided to do medical things while you were gone?
  - 1, Went to get medical treatment
  - 2, Was going to be gone anyway
  - 3, Some of both
  - 4, Don't recall
  
38. Was the medical care you went for a routine check-up or for something special?
  - 1, Routine
  - 2, Special
  - 3, No answer

39. Why did you leave Cordova for medical care?  
[READ LIST. ACCEPT MULTIPLE ANSWERS]
- 1, I couldn't get an appointment here
  - 2, There wasn't a doctor who knows how to treat what was wrong
  - 3, I see a specialist
  - 4, I wanted a second opinion
  - 5, I don't trust any of the local doctors
  - 6, I don't trust either of the clinics
  - 7, I have a doctor elsewhere and I always go to that one
  - 8, Other [SPECIFY]
  - 9, No answer

**[CITY SUBSIDIES DISCUSSION]**

40. How important to you is having good health care available in the community – very important, somewhat important, somewhat unimportant, somewhat unimportant or very unimportant?
- 1, Very important
  - 2, Somewhat important
  - 3, Makes no difference, no opinion, Don't know
  - 4, Somewhat unimportant
  - 5, Very unimportant
41. Are you aware that the City of Cordova helps to keep local medical care available by subsidizing the hospital with funds – depending on need, between half a million and a million dollars a year?
- 1, Yes
  - 2, No
42. Do you approve of that?
- 1, Yes, completely
  - 2, Yes and no, approve somewhat, etc.
  - 3, No
  - 4, Unsure
43. [IF DOES NOT APPROVE COMPLETELY – ANSWERS 2 OR 3] Do you think the City of Cordova should be paying more or less or nothing at all?
- 1, More
  - 2, Less
  - 3, Nothing at all

44. [IF DOES APPROVE AT ALL – ANSWERS 1 OR 2] Of course, the money comes from taxes. Does that make you more or less in favor of the subsidy?
- 1, More
  - 2, Makes no difference
  - 3, Less
  - 4, No answer
45. Some people are suggesting that the City of Cordova and the Native Village of Eyak **work together** to handle healthcare services? Would you strongly favor that, somewhat favor it, somewhat oppose it or strongly oppose it or do you have no opinion?
- 1, Strongly favor
  - 2, Somewhat favor
  - 3, Neutral, no opinion
  - 4, Somewhat oppose
  - 5, Strongly oppose
46. Some people are suggesting that the City bring in an outside health organization for hospital operations. Would you strongly favor that, somewhat favor it, somewhat oppose it or strongly oppose it or do you have no opinion?
- 1, Strongly favor
  - 2, Somewhat favor
  - 3, Neutral, no opinion
  - 4, Somewhat oppose
  - 5, Strongly oppose
47. Do you have any ideas about what the community could do to improve health care?
- 1, Yes
  - 2, No
48. [IF YES] What one thing would you most like to see happen? [OPEN END]

Finally, I have just a few more questions for statistical purposes and an invitation.

49. Would you describe yourself as
- 1, Caucasian, White
  - 2, Alaskan Native
  - 3, Black, African American
  - 4, American Indian
  - 5, Hispanic
  - 6, Asian, Pacific Islander
  - 7, Other, mixed
  - 8, No answer

50. Another way that research can be done is through the use of focus groups. Focus groups are small group discussions of 8-10 people discussing a particular topic. We offer cash incentives and a meal at the groups. Do you think you would be interested in participating in a focus group about this topic?

1, Yes

2, No

3, Don't know/ No answer

51. [IF YES] Great, can I get your name and phone number?

Name \_\_\_\_\_

Phone \_\_\_\_\_

That is all of my questions for today; thank you for your time and consideration.

**APPENDIX B:**

**TABLE B.1: SATISFACTION WITH AVAILABILITY OF  
MEDICAL CARE IN CORDOVA**

Availability of Emergency care		
Very satisfied.....	76	25.3%
Somewhat satisfied.....	101	33.7%
Neutral, no opinion.....	22	7.3%
Somewhat unsatisfied.....	23	7.7%
Very unsatisfied.....	40	13.3%
No experience.....	38	12.7%
Number.....	300	100%
Availability of long term care		
Very satisfied.....	49	16.3%
Somewhat satisfied.....	55	18.3%
Neutral, no opinion.....	30	10.0%
Somewhat unsatisfied.....	12	4.0%
Very unsatisfied.....	33	11.0%
No experience.....	121	40.3%
Number.....	300	100%
Availability of added services for the aging		
Very satisfied.....	34	11.3%
Somewhat satisfied.....	55	18.3%
Neutral, no opinion.....	30	10.0%
Somewhat unsatisfied.....	19	6.3%
Very unsatisfied.....	30	10.0%
No experience.....	132	44.0%
Number.....	300	100%
Availability of doctors in Cordova		
Very satisfied.....	52	17.3%
Somewhat satisfied.....	64	21.3%
Neutral, no opinion.....	19	6.3%
Somewhat unsatisfied.....	70	23.3%
Very unsatisfied.....	87	29.0%
No experience.....	8	2.7%
Number.....	300	100%
Availability of health care:		
Very satisfied.....	55	18.3%
Somewhat satisfied.....	105	35.0%
Neutral, no opinion.....	22	7.3%
Somewhat unsatisfied.....	62	20.7%
Very unsatisfied.....	51	17.0%
No experience.....	5	1.7%
Number.....	300	100%

Statements have been somewhat abbreviated. See question for exact wording.

**TABLE B.2: RATING OF THE FEATURES OF THE ER AND HOSPITAL**

Overall		
Very good.....	45	33.3%
Good.....	48	35.6%
Average.....	28	20.7%
Poor.....	4	3.0%
Very Poor.....	5	3.7%
Don't recall, no experience.....	5	3.7%
Number.....	135	100%
Care from nurses		
Very good.....	67	49.6%
Good.....	41	30.4%
Average.....	15	11.1%
Poor.....	2	1.5%
Very Poor.....	1	.7%
Don't recall, no experience.....	9	6.7%
Number.....	135	100%
Waiting time after ringing for help		
Very good.....	64	47.4%
Good.....	26	19.3%
Average.....	24	17.8%
Poor.....	9	6.7%
Very Poor.....	2	1.5%
Don't recall, no experience.....	10	7.4%
Number.....	135	100%
Other people who helped you		
Very good.....	59	43.7%
Good.....	36	26.7%
Average.....	24	17.8%
Poor.....	1	.7%
Very Poor.....	3	2.2%
Don't recall, no experience.....	12	8.9%
Number.....	135	100%
Medical care from MD or PA		
Very good.....	53	39.3%
Good.....	43	31.9%
Average.....	22	16.3%
Poor.....	7	5.2%
Very Poor.....	4	3.0%
Don't recall, no experience.....	6	4.4%
Number.....	135	100%
The billing process		
Very good.....	27	20.0%
Good.....	15	11.1%
Average.....	39	28.9%
Poor.....	16	11.9%
Very Poor.....	19	14.1%
Don't recall, no experience.....	19	14.1%
Number.....	135	100%

**TABLE B.3: RATING OF THE FEATURES OF THE HOSPITAL CLINIC**

Overall		
Very good.....	58	31.0%
Good.....	64	34.2%
Average.....	46	24.6%
Poor.....	8	4.3%
Very Poor.....	2	1.1%
Don't recall, no experience.....	9	4.8%
Number.....	187	100%
Care from the nurses		
Very good.....	89	47.6%
Good.....	67	35.8%
Average.....	15	8.0%
Poor.....	2	1.1%
Very Poor.....	1	.5%
Don't recall, no experience.....	13	7.0%
Number.....	187	100%
Other people who helped you		
Very good.....	69	36.9%
Good.....	63	33.7%
Average.....	24	12.8%
Poor.....	2	1.1%
Very Poor.....	2	1.1%
Don't recall, no experience.....	27	14.4%
Number.....	187	100%
Medical care from MD or PA		
Very good.....	69	36.9%
Good.....	70	37.4%
Average.....	31	16.6%
Poor.....	7	3.7%
Very Poor.....	1	.5%
Don't recall, no experience.....	9	4.8%
Number.....	187	100%
Waiting time until you were seen		
Very good.....	65	34.8%
Good.....	54	28.9%
Average.....	44	23.5%
Poor.....	14	7.5%
Very Poor.....	2	1.1%
Don't recall, no experience.....	8	4.3%
Number.....	187	100%
The billing process		
Very good.....	27	14.4%
Good.....	43	23.0%
Average.....	54	28.9%
Poor.....	19	10.2%
Very Poor.....	19	10.2%
Don't recall, no experience.....	25	13.4%
Number.....	187	100%

**TABLE B.4: RATING OF THE FEATURES OF THE ILANKA CENTER**

Overall		
Very good.....	47	23.9%
Good.....	64	32.5%
Average.....	59	29.9%
Poor.....	18	9.1%
Very Poor.....	6	3.0%
Don't recall, no experience.....	3	1.5%
Number.....	197	100%
Care from the nurses		
Very good.....	76	38.6%
Good.....	70	35.5%
Average.....	35	17.8%
Poor.....	4	2.0%
Very Poor.....	3	1.5%
Don't recall, no experience.....	9	4.6%
Number.....	197	100%
Other people who helped you		
Very good.....	73	37.1%
Good.....	69	35.0%
Average.....	33	16.8%
Poor.....	9	4.6%
Very Poor.....	1	.5%
Don't recall, no experience.....	12	6.1%
Number.....	197	100%
Waiting time until you were seen		
Very good.....	68	34.5%
Good.....	54	27.4%
Average.....	49	24.9%
Poor.....	18	9.1%
Very Poor.....	3	1.5%
Don't recall, no experience.....	5	2.5%
Number.....	197	100%
Medical care from MD or PA		
Very good.....	59	29.9%
Good.....	57	28.9%
Average.....	58	29.4%
Poor.....	15	7.6%
Very Poor.....	5	2.5%
Don't recall, no experience.....	3	1.5%
Number.....	197	100%
The billing process		
Very good.....	40	20.3%
Good.....	48	24.4%
Average.....	40	20.3%
Poor.....	27	13.7%
Very Poor.....	20	10.2%
Don't recall, no experience.....	22	11.2%
Number.....	197	100%

**APPENDIX C:**

**TABLE C.1: RESPONDENTS' SUGGESTIONS**

**Management Issues**

Change management

Get a new administrator.

Get rid of all the people on the board of trustees and start anew.

Get rid of the board members and the admin staff then maybe it would be run better.

Get someone in to run the hospital that knows what they're doing.

I think we need to see some changes in leadership in the both boards. City Council is fine I would like to see some changes on the health board/boards.

If someone else controlled our finances and operations, I would feel better about having a hospital there.

Start from scratch for a new board and clean house!!!

They should get rid of the hospital board.

Vote off the mayor.

We need someone besides the Ilanka president running the place.

More public involvement

Consistency (2 answers)

Don't make it so political.

I would like to see better management and funding and better adherence to procedures.

I would like to see the health care under one person in charge and not everybody in town.

I'm pretty familiar with the politics; just make sure the community has knowledgeable people on the hospital board.

People in charge LISTEN to the community's concerns and input!

Replace the board members. Health care for the people. Remove the political aspect to how the hospitals run now. More health care, less politics. Permanent doctors.

Stop having secret meetings; tell people what's going on. Bring in real doctors not physician assistants.

Remove the political aspect to how the hospitals run now. More health care, less politics. Permanent doctors.

Their attorney should represent board as whole. Investigate what's really going on in there instead of just firing everyone. Combine into one place. Be more open with the community about why people are being fired. Hospital employees need to be watched better. They're letting them all slide. Remove the political aspect to how the hospitals run now. More health care, less politics. Permanent doctors.

Run more professionally.

They need someone to run the hospital efficiently.

Support the clinics and the health care that is provided.

Get the politics out of the actual health care.

All the information needs to get to the board rather than one person making the decision, because not all people are aware of certain situations when a vote occurs.

I want to have the city control the hospital not the board directors

I think Eyak should take over health care.

They should let the tribe take it over; they're doing a good job. Remove the political aspect to how the hospitals run now. More health care, less politics. Permanent doctors.

If the city gets out of it that would improve the health care for a beginning point. Let the board take care of the medical issues, it will stop all of the drama!

**CONTINUED**

**TABLE C.1: RESPONDENTS’ SUGGESTIONS, CONTINUED**

**Better Cooperation**

Better cooperation between NVE and the City of Cordova that reduces the amount of turnover among the health care providers and keeps staff members such as financial officers and medical coding personal staffed. Continuity of all staff!

Everyone be united, division is what is causing the problems now.

Improve the communications from Ilanka and the hospital itself.

Everyone needs to work together better and be a team, drop the politics out of our health care building.

I would like everyone work together more.

Just maybe the clinics could work together. Maybe that would help.

Try and find a compromise.

We need to get together and have a vote; we need to have a hospital board open up a meeting so we can all voice our opinions.

Working together with the communities and the city and native village of Eyak, and listening to them.

People should just be good people and keep their opinions and their mouths to themselves.

**Bring in an outside organization**

Bring in an outside health organization, like Providence!

Bring in some outside expertise.

Bring in that outside health organization, get rid of the city in control, it's a conflict of interest.

Bringing in another organization would help.

City needs to get out of the health care business and let someone who knows what they're doing operate it.

For it to be taken over by a bigger hospital, expert management.

Have Providence get involved instead of NVE.

Having an organization come in and help out.

I was under the impression that when the Cordova hospital was in money problems that an Anchorage larger hospital would buy it out. I think that would have be a good idea.

I would like to see a scoping session, and get input on the community to see what people would be willing to support because they're all population. There have been many changes within the hospital, I would like to see a real good spirit come in and support the healthcare system we have going. Providence should could in and help out Cordova, I've been to Providence and they're on the job! They're awesome, I take my hat off to those people.

I'd like to see Providence buy our health care system and bring in more services, equipment and doctors.

I'm feeling like an outside entity needs to come in and help us out, when we bring someone in from around here, they get too involved and cause drama.

Make hospital into a private sector.

Providence

They ought to give it to Providence to run. I'm envious of Valdez, Kodiak, etc that have them running it.

Use outside source to watch over our healthcare, like Providence.

We should bring in an unbiased health care organization to oversee the operations and manage it.

continued

**TABLE C.1: RESPONDENTS' SUGGESTIONS, CONTINUED**

**Stop firing doctors**

Figure out how to keep doctors here. I think from what I've heard it's a lot more political more than they are qualified.

Get rid of the hospital board, we had a really good doctor here for 3/4 years who wanted to stay but someone on the board didn't like him so they terminated him. The issue was the hospital administrator didn't like someone because of personal reasons due to politics. I know a dozen people right now who travel to Wasilla to go to one of the doctors who used to be here because they liked her so much. They board makes really bad decisions. I thought she was a great doctor, so now we're back to point 1.

Remove the political aspect to how the hospitals run now. More health care, less politics. Permanent doctors.

I would to like to see one functional clinic or hospital where the hospital and clinic boards can't fire doctors without reason.

If we could keep the good doctors that would like to stay instead they get run out of town.

Ilanka could try to keep a doctor, they just fired a really good one and now we're all missing out on good health care.

Listen to the citizens! Because of personality conflicts providers are being fired. There are incompetent people running. And not enough people, not enough administrators.

Maintain the same doctors without switching them out.

Need more stable doctors!!!! They always come and go, or get fired. They get run out of town and it's stressful for the people of Cordova.

Quit firing the good doctors over political nonsense.

Quit running doctors out of town! Small town politics run them all away!

Quit running off the doctors.

The board may not be the most efficient way to run the health care services. There has to be something that would keep the doctors here. And it must be beyond the politics.

The boards should not be allowed to fire the doctors without public knowledge.

The Native Health Board has driven a lot of good doctors and health providers.

They get doctors and they don't stay because the boards fire them for unknown reasons.

We need more doctors and not let politics ride them out!

We need to get a permanent doctor in Cordova. There are too much politics going on that they get ran out of the city.

We need to get someone who is experienced with rural healthcare. Find and retain good doctors by providing with a healthy work environment. Ease up on politics so the doctors will stay and do the work..Don't run them off!!!Quit running them off!!!.

We need to have a health care environment that would encourage professional medical staff to stay here.

We need to provide better health care; the clinic is really causing us to lose good doctors. The city needs to keep the upper hand on our healthcare service because the board at the hospital will run it down the drain.

Hire good doctors and treat them nicely and forget the politics.

continued

**TABLE C.1: RESPONDENTS’ SUGGESTIONS, CONTINUED**

**Hire More Physicians**

Doctors available more.

I think that my issues most always come from the political things that are going on; we need doctors who know what they're doing. When they're hiring doctors they need to be good candidates for all of the issues which are presented at the clinics.

Probably have more doctors in the clinics and hospital.

The doctors that have been here are wonderful; the problem is we can't keep doctors. Either their terminated or they just leave because it's too difficult. It's not fair to say it's not available, the staff who is here are always so kind. It's just hard to keep them around; they are great doctors/staff/nurses regardless!

They could get more doctors.

They should bring in more doctors.

We need qualifying people to work for that hospital.

Would like encourage long term doctors that live in the community.

A doctor and staff that doesn't leave.

Consistency in doctors.

Consistency of doctors staff.

Doctors keep changing and I would like to see a more stable consistent doctor personnel.

Find a doctor that stays here.

Get some doctors that would stay. We need long term doctors that we can rely on being there.

Have and keep long term, permanent doctors. [Speaking for the Ilanka CHC].

I think it would be nice that they would find permanent health care staff, such as doctors, nurses, assistants

I would like the doctors to stay longer.

I would like to see more provider consistency.

If we can just keep a doctor here when we get one would be really good.

Keep doctors and nurses to stay, continuity of care for patients!

Locums need to go. Consistent doctors!

Need to stabilize a doctor, JUST ONE would be nice. We need to work together to make this happen.

Reliable healthy doctors that stay in town, and are physically active in Cordova.

Steady doctor, no turn over!

That we would get more quality doctors who stay longer.

The turnover rate of the doctor makes us feel unconfident because people aren't following up with care, they don't know our history, we get comfortable with them and then they leave. Every doctor makes mistakes but when they're always running back and forth it's hard to keep going to the health clinics here.

They could get some doctors that want to live and stay here.

They have to be able to keep good PA's & doctors in the hospital.

We could take that half million dollars and get some stable year round doctors.

We need more stable doctors.

continued

**TABLE C.1: RESPONDENTS' SUGGESTIONS, CONTINUED**

**Hire doctors, continued**

We need permanent doctors, because ours come and go.  
We need permanent physicians in the hospitals.  
We should go back to the old when we had a qualified long term doctor.  
Get a good specialist on board for the hospital.  
If they put their OR back together so they could do more emergency procedures now.  
Make sure that there is a doctor in town for trauma and small operations.  
More different doctors.  
More diversified medical staff, wide background of medical experience.  
Offer minor surgeries.  
They can have regular doctors in town.  
We need continuity of providers, specialty clinics, and female doctors.

**Deliver babies**

Deliver babies! Cordova does have the capabilities; just don't want to pay for the higher insurance. It is good business to deliver babies.  
expand health care. ex: pregnancy births.  
Get more available services, when I had my twins I had to go to anchorage for two months waiting to have my babies. We need an OBGYN.  
If we had expanding level of services such as OBGYN care, a lot of people wouldn't have to leave Cordova. We need more visiting specialist to analyze us, more thoroughness for physicals. More permanent doctors, specialists PLEASE!  
More options, better equipment, be able to treat people in Cordova! Need a GYN, OB, and Pediatrician.  
More Specialists.  
Start delivering babies again!  
We need an OBGYN, having to go to anchorage to have a baby.. is ridiculous

**Suggestions**

Better technology (2 answers)  
City of Cordova and the Native Village of Eyak teaming up for healthcare.  
Community to take an interest in health care for the town.  
Continue to have surveys!  
Focus group, come up with agreements and abide by them! There's no trust, things happen behind the scenes. It's a matter of having good communication and trust.  
Have professional ethics training  
Having a specialist to come to town to treat people in all areas, endocrinologist that handle diabetes, eyes, and ears specialists.  
It would help if they could fly in some specialists for those who need it.  
Higher taxes for better hospital funding! We need something to be done, if this is what it's going to take then I'm all for the idea of higher taxes going towards healthcare. Everyone has the right to good health care service, no matter the people, and no matter the size of the city/town. From what I've been dealing with, we don't have the right equipment or the right staff appropriate for the healthcare issues that need to be taken care of.  
It would be nice if they could expand the services year round.  
Keep records in the hospital and clinic together. It would make it so much easier for patients to get care between places.

continued

**TABLE C.1: RESPONDENTS’ SUGGESTIONS, CONTINUED**

**Suggestions, continued**

Let the doctor’s work for themselves and not under the City of Cordova or anyone else such as NVE because NVE doesn't represent the entire community but only the natives (even though NVE has done a great job at providing health care compared to the city of Cordova). The physicians need to offer more services to the community!

Make the health fair better to help members of the community become more preventative and aware of better health.

It really only needs one clinic.

Merge all hospitals/clinics together.

More medical equipment

There is a good balance between the Public Health Nurse and the Ilanka Health Center, like to see that strengthened and continued! Would like to see that the PHN and CCMC hospital have that connection as well, and just have all three work well together more so.

Open a VA clinic, better ER services.

They have to give a much bigger voice to the doctors.

We need to return to a private practice model. The clinic was a private practice and the physicians staffed the clinic and the hospital. It worked 15 years ago. We had continuity of care.

Home care for seniors.

There is no home health for anyone in Cordova; Assistants outside the clinics and hospital.

**Good job, considering**

Given the current resources, I'd say their doing a good job with what they have. More equipment and more staff isn't a fault on their part, it's their only economically acceptable option.

Keep supporting it

My mom works at the hospital, everyone’s problem is drama.

**Lower health care costs**

Use state money

Lower health care costs

More available monetary wise. More affordable to the young.

The price should be way lower than what we are being charged.

They could lower the cost of the health care.

**Other**

The simplest thing is to make sure the kids are educated so in the future they can help the medical community.

They could hire me as a consultant

Universal health care, single payer

Drink less

Quit smoking and drinking.

Regular group walk to promote health.

The community needs to promote healthy choices more.

Try to be healthy and improve themselves.

# Appendix C

## Healthcare

# Cordova Needs Assessment

Focus Group Research Report

By



**CRACIUN RESEARCH**

October 1, 2010

Jean Craciun  
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## B A C K G R O U N D & M E T H O D S

Keren Kelley, Administrator, issued an RFP and Jean Craciun, CEO/President; Craciun Research contacted Kitty Farnham, Catalyst Consulting to partner and take the lead with this important Strategic Assessment for Cordova Health System. The research study included both quantitative and qualitative methods implemented in two consecutive Phases: 1. Baseline survey; and 2. Focus group Research.

This product was developed with a thorough understanding that our clients are seeking to gather the necessary data through high quality research with a community of stakeholders and; to develop strategic direction, identify, explore and recommend alternatives for ensuring effective, efficient, and sustainable approaches to meet the health needs of the community of Cordova now and into the future.

### **Research Objectives**

- Conduct a community needs assessment survey of health services in Cordova.
- Conduct focus group research with select community members and stakeholders to capture in-depth understanding of desire for services, current service gaps, and to inform the alternatives assessment.

Phase One of the research, the baseline survey, was conducted with professional interviewers over the period from August 23 - through September 4<sup>th</sup>, 2010, and is reported under separate cover.

Phase Two the qualitative research phase, consisted of two focus groups that were conducted September 15, 2010. The qualitative research report follows and is broken down into three chapters.

### **Focus Group Participant Profile**

- Group one with residents with middle range opinions regarding Structural Options for healthcare in Cordova leaning toward the **City and Village working together**.
- Group two with residents with middle range opinions regarding Structural Options leaning toward bringing in a **third party Outside health organization**.

### **Focus Group Research Background**

Focus group research, by design, provides quality controls on data collection in that participants tend to provide checks and balances on each other, which weed out false or extreme views. The group dynamics typically contribute to focusing on the most important topics and issues being discussed. Trained qualitative analysts can assess the extent to which there is a relatively consistent, shared view of the discussion topics among the participants<sup>4</sup>.

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<sup>4</sup> Patton, Michael Quinn, How to Use Qualitative Methods in Evaluation, Sage Publications, November 1987.

The focus group interview is an information gathering process that seeks to discover the perceptions, feelings, and experiences of the selected participants about a particular topic. Focus groups help to determine the ways that participants structure their world around the particular topic. Focus group participants respond to the questions in their own words and trained observers can learn much from the group interview. The unit of analysis for this type of research is “the group” and not the individual. From the focus group interview we learn how people view the particular topic or experience, hear their terminology and capture the complexities of the individual experiences in a group interview environment<sup>5</sup>.

A focus group study is a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment. A trained professional moderator conducts each group with six to eight people. The discussions are relaxed, and often participants enjoy sharing their ideas and perceptions. Ideally, you don’t do just one focus group—the group discussion is conducted several times with carefully selected participants so the researcher can identify trends and patterns.<sup>6</sup>

#### **Notes to Readers**

The participants’ verbatim comments are indented rather than set off in quotation marks. Brackets set off the analyst’s explanations of some of the participants’ comments. Themes are analyzed and developed to facilitate in-depth understanding of the participants’ perspectives on the issues being studied.

Jean Craciun, Research Director, collaborated with the client’s representatives on development of the screener and the focus group discussion guides to ensure a successful project.

Professional Craciun Research interviewers recruited the participants for two groups; the focus group sessions were held September, 15 at the Cordova City Library in downtown Cordova.

Ms. Craciun moderated these focus groups; she holds a Bachelor of Arts undergraduate degree from the University of Cincinnati in Sociology with an emphasis on research methodology; a Master’s Degree in Sociology from Cleveland State University; and is ABD on a doctoral degree in Human Resources Education from Boston University. She currently serves on the national board for Qualitative Research Consultants Association (QRCA).

Tracy Dudley was an assistant analyst to Jean Craciun serving as the Assistant Moderator for this qualitative study. She holds an MBA and has more than twenty years experience in marketing, qualitative analysis and quantitative research.

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<sup>5</sup> Gredler, Margaret E., Program Evaluation, Prentice Hall, September 1995.

<sup>6</sup> Krueger, Richard A., Casey, Mary Anne, Focus Groups 3<sup>rd</sup> Edition - A Practical Guide for Applied Research, Sage Publication, Inc. 2000.

## EXECUTIVE SUMMARY

### **HEALTHCARE NEEDS ASSESSMENT IN CORDOVA**

#### **There is Good Healthcare in Cordova**

Participants in both groups believe Alaska in general is doing fine when it comes to quality healthcare. Further, most agree that Cordova itself has good basic medical care and great facilities.

#### **Cordova needs more**

There are several areas needing improvement. Key issues that come up include lack of stability in providers, inconsistent care across facilities, and need for more specialized care in the area. Many attribute most of the issues with local healthcare here in Cordova to lack of solid and sound organization of resources.

#### **People want quality over quantity**

Quality of medical care available will always take precedence over quantity. If their medical needs are taken care of in a high quality, appropriate manner, residents of Cordova are satisfied with local healthcare.

#### **Consistency in Physicians is Paramount to Cordovans**

Numerous participants emphasize they want more stability in providers, more consistency in doctors they go to for care. They want to develop long-term relationships with providers who become well-versed in their medical history and can be trusted. They want to feel secure that their doctors will be there for them.

#### *It is challenging to keep good physicians here*

There is chronic turnover in doctors and medical staff in Cordova. It happens at both clinics so residents feel they cannot get the consistency they need anywhere here.

#### *Why the excessive turnover of doctors?*

While most are painfully aware that Cordova has an excessive turnover of doctors, quite a few participants are unsure 'why' this is the case. Turnover in local doctors is sending patients and their money out of Cordova and into Anchorage, and most of the people do not really even understand why.

#### *Politics prominently come into play*

Participants see hints of political reasons for physician turnover in Cordova. Whether it is City council or facility administration, a lot of residents believe physicians are leaving because of politics. Politics can include someone complaining about services or personalities not getting along.

#### **Traveling Physicians Cost Cordova**

Both groups actually do see the negative monetary effects of having physicians come and go from the area, rather than make Cordova home.

*Money is going out of Cordova*

Traveling doctors are not adding economic value to Cordova by buying homes in the area and spending money in the community. A few participants worry about the cost of constant coming and going of medical providers—whether it is costs to the community or costs to the doctors and nurses themselves. Constant turnover in medical providers essentially prohibits physicians from becoming part of the community kinship, whereby citizens wish to band together for common goals.

*Cordovan money is going to Anchorage*

Residents of Cordova are spending their money elsewhere, instead of keeping it local, and it costs a lot to travel to get quality healthcare. The subsidy required for the hospital could go down if more residents stayed local for medical care and kept their dollars in the community.

*There are missed opportunities in Cordova*

Many realize that it is not feasible to have specialists in Cordova full time. The community is simply not large enough to support that type of healthcare. However, many believe that having rotating specialists who visit on a regular basis, like monthly or quarterly is an acceptable idea that would be met with huge success. It's a compromise to keep healthcare dollars in Cordova, and it's been proven to work effectively in the past.

**Conflict among Two Healthcare Entities**

It is common knowledge that there are two major players in healthcare in Cordova: Cordova Community Medical Center (CCMC) through the City and Ilanka Community Health Center (IHC) through the Native Village of Eyak. Many participants agree that simply having two major players in such a small geographic area leads to conflict.

*The entities lack a common structure*

Because each facility is operated by a separate entity, there is no consistent organizational structure. There is no common responsible administrator over both of them, and the policies, procedures, and goals of each entity remain uniquely different. With the two medical entities separate, politics always come into play and there are chronic issues with competition between them.

*There are different types of funding*

Because CCMC and IHC are funded in very different ways and the parameters associated with each vary greatly, it is no wonder that there is conflict of interest between the two entities.

*Locals are confused about which clinic to go to*

Many participants did not realize that they could go to Ilanka for medical care. Based on feedback from both groups, there is widespread confusion among natives and City residents as to which clinic they are allowed to visit and which clinic will accept Alaskan Natives vs. Non-Native residents living in Cordova.

*They Must Work Together*

Both groups agree that it is imperative that the Native Village of Eyak and the City take what the two clinics have and work together toward one common goal. However, past experience shows that cooperation is not possible under the current structures and managements.

**It is Important to Keep Healthcare in Cordova**

Participants realize that healthcare could go away if subsidies do not continue. Those who did not realize this are a bit shocked that it is a possibility. Regardless, all residents realize that there needs to be healthcare in Cordova – it would not be good if it just went away. Whatever the ramifications are, they must be dealt with to keep healthcare local.

*Cordova does not want to lose the Coast Guard*

Participants realize that if the hospital goes away, the Coast Guard will have to leave, and this represents a significant impact on population and commerce. Once participants realize that the City might ultimately be devastated with loss of the Coast Guard, the thought of losing the City hospital becomes horrifying. It becomes even more paramount and urgent to find a way to make things work better than they currently are.

**STRATEGIC ALTERNATIVES – FUNDING / STRUCTURAL OPTIONS**

**It is Critical to Educate the People of Cordova**

From the blue summary chart of the three main structural alternatives for Cordova Health Services, a key theme in discussions of really implementing one of the strategic alternatives was that the people of Cordova need to be educated in depth on both the current status and the proposed changes to local healthcare entities.

**Option A: Improve within Existing Structure**

Both groups agree that Option A is not viable for all the reasons discussed prior to this point. Option A1, which is operational improvements to achieve cost savings and increased reimbursement is considered a non-option and was not discussed much further.

Option A2 – Shared Services. Option A2, which is shared services to reduce duplication, got a lot more commentary, but is still not considered a viable option.

**Option B: Restructure Existing Entities**

Not very many participants understand how the federal funding works. However, because of that, they realize that it is a complicated situation that would not be solved by maintaining existing entities. The key issue with regard to Option B is the lack of clear definition as to who is ultimately in charge. Without someone accountable for both facilities, the numerous issues with the current situation in Cordova will not be fixed.

Option B1 – Consolidate ICHC and CCMC. Most did not realize consolidation can only go one way because of federal stipulations. When they find out that consolidation is only allowable if the Native Village of Eyak is ultimately the parent of both entities, most strongly believe Option B1 is not worthy of consideration.

Option B2 – Frontier Extended Stay Clinic. Both groups got into discussions about the possibility of establishing a new designation for the hospital as a Frontier Extended Stay Clinic. However, as soon as the cat was out of the bag that Cordova would lose the Coast Guard under this scenario, option B2 was no longer viable.

**Option C: Bring in a New Entity / Third Party**

The fact that both groups came to the conclusion that neither Option A nor Option B could work creates an automatic openness to Option C. Option C is the only option that seems new, different, and actually logical. One of the key attractions to Option C is that the third party might be better equipped to come in, analyze the situation, use their expertise, and actually get both entities to work together.

*Pertinent third-party experience is key*

Based on what they have seen in the past, participants emphasize the importance of bringing in a third party that has expertise in this field. Some even bring up Providence specifically when discussing the caliber of third party healthcare organization necessary to successfully implement Option C.

*There are key aspects to consider*

Bringing in a third party to run the healthcare entities open up the issues of what happens to current subsidies. The ultimate goal of the third party must be to stay profitable and provide the patients with the absolute best possible medical care. Fortunately, a new third party will have a fresh look from outside would take out long-standing political issues and personality conflicts.

*People know about the success stories in Valdez and Kodiak*

Several participants know about Valdez and Kodiak examples with Providence stepping in and successfully managing the local healthcare.

Option C1 – New Provider to Manage ICHC and CCMC

Both groups spontaneously suggested an organization like Providence would be a good fit as the new provider to manage both healthcare centers. Some raised concerns about how the Native Village of Eyak not agreeing to the third party option, based on the legalities of their federal funding stipulations.

Option C2 – New Provider to Manage CCMC Only

Option C2 brings up good questions from participants, reiterating the importance of educating Cordova and then thoroughly researching actual implementation prior to initiating change.

## **GOOD THINGS ABOUT LIVING IN CORDOVA**

### **Cordova is a good place to raise a family**

Because of high quality schooling, recreational options, and the secluded nature of Cordova, many participants were proud to say that this is a great place to settle down and raise a family. Participants from both groups rave about the quality of people in Cordova, who tend to be more laid back and easygoing. Even though most residents have above average education, intelligence, and cultural value, there is not a sense of pretentiousness around. The secluded nature and small-town feel of Cordova creates a strong sense of community.

### **The outdoor life is indescribable**

Even besides the fact that commercial fishing is the engine of the community, the beautiful scenery and plentiful outdoor life opportunities make Cordova an aesthetically amazing place. For outdoors-oriented people, this community is a dream come true.

### **There is pride in the long-term care facility**

People in the first group like to brag about the success of the long-term care facility, reporting that it is thriving with all the beds full and nearing four-star status.

## RESEARCH FINDINGS

### HEALTHCARE IN CORDOVA

#### A. Good Healthcare in Cordova

Participants in both groups believe Alaska in general is doing fine when it comes to quality healthcare. Further, most agree that Cordova itself has good basic medical care and great facilities.

Within the hospital, we have long-term care. It provides for our senior citizens. We've got physical therapy, we've got an outpatient clinic, we've got emergency room, and we have people who come in as outpatients as well.

I think we've had excellent healthcare here in Cordova, and we have an excellent facility. We have doctors, nurses. We have emergency facilities.

The facility is great. We also have the lab that can do a lot of testing here on site—we don't have to send everything away. We have x-ray and some new equipment for body scans and things like that.

#### *But Cordova Needs More*

The point of contention for both groups is there are several areas needing improvement. Key issues that come up time and again include lack of stability in providers, inconsistent care across facilities, and need for more specialized care in the area.

I think it's good, but it needs improvement. I think it needs improvement, I think it needs stability. We need consistency, we don't have that. We have rotation after rotation.

I've gone to the Ilanka clinic a couple of times, and I've gotten better service from them than I ever got at the hospital. It was in quick, I got right to a point. When I brought my daughter there, everything was good.

It's like a specialized thing. The doctors need to refer because they're just general practitioners. They can't do my son's specialized care, but they can do any kind of general medical care.

Many attribute most of the issues with local healthcare here in Cordova to lack of solid and sound organization of resources.

I think in major City Alaska there are good options for healthcare, but I think the healthcare in town here is lacking. Just too many players, too many people. Every time the council changes, every time the village changes, why it's somebody else running the show. I've been here like 41 years.

I think the crux of the issue is a business problem. We have a good facility; we have that, but the way they approach it... My impression in 10 years is that they manage all the risk out of it. They do the minimum they can do to get by, but they just don't want to accept risk. For example, I think we should deliver babies here. If we did, that's a service they'd provide that pays very well. But, they are not willing to make it work. It's a business problem, and the problem is what we *can* offer. As a community, we spend enough individually here and in Anchorage or Seattle to support anything here.

### *Quality over Quantity*

Participants in both groups feel that quality of medical care available will always take precedence over quantity. As long as their medical needs are taken care of in a high quality, appropriate manner, residents of Cordova will be satisfied with local healthcare.

I don't care so much about quantity of healthcare as quality because I want to know that if I go here for something it's quality.

As far as cost, I'm more concerned about value. I'd rather the City put \$1,000,000 in the hospital and feel like we're getting value for that quality care – rather than spending \$500,000 and not getting the quality.

It's quality, you know. Things happen here; you get hurt. You need to be able to know you have somebody here that can treat you.

### **B. Consistency is Paramount**

Numerous participants in both groups emphasize that they want more stability in providers. They want consistency in doctors they go to for care. They want to develop long-term relationships with providers who become well-versed in their medical history and can be trusted. They want to feel secure that their doctors will be there for them.

I have a growing family, young kids. I just want to know there's consistency and stability. I don't care which clinic I go to or whatever, as long as I know there's going to be quality and options. Consistency is important to build relationships with providers.

That is my main thing. I want a doctor that I can rely on that knows my case, so if I'm having problems, I don't have to explain everything or they don't have to sit there and read all the notes again to find out what's wrong. It's consistency – so we have someone that is consistent with our case.

I know see the same person when I go to Anchorage. I do have a consistent doctor and that's a big part of healthcare...feeling comfortable with your care, having consistency.

#### *Cordova Does Not Have Consistency*

To all of the participants in both groups, there is chronic turnover in doctors and medical staff in Cordova. Further, it happens at both clinics so residents feel they cannot get the consistency they need anywhere here.

We need physicians that you can rely on, here in town. Lately what's happened is you get a doctor, you get used to them being there, and all of a sudden they're gone. Then you have to start building your trust in another doctor or else you totally go out of town.

It's not just the doctors. It's the hospital, the nursing...you get used to the nursing staff... You get a really good lab tech, now they're leaving. Our lab people are leaving, and we're getting new people that are travelers.

The problem with all the turnover now is... Some of the nurses that I trusted, I could call them and say, 'What about this doctor – are they any good or not?' Now, even those nurses are leaving, so there's no reliable inside information.

People start feeling like doctors are ripped away, and then they don't want to count on them being there anymore. For a while, there was talk about... Wouldn't it be great if we had maternity care here in town? I don't hear that talk anymore; because people feel like after losing so many doctors we don't want to count on that.

#### **C. Challenging to Keep Good Physicians Here**

While most are painfully aware that Cordova has an excessive turnover of doctors, quite a few participants are unsure why this is chronically the case.

It's always been a question mark – why people are leaving that actually don't want to leave. That's probably one of my biggest questions...especially people that are really happy here.

I've only been here for seven years. But I've still seen some really great doctors come and go many times already.

My wife had a good relationship, when we first moved here, with a doctor that left kind of unexpectedly. She was upset about that, and then had to make quite a few trips to Anchorage.

Find out where the problem lies to eliminate what seems to be the problem, because the doctors keep leaving. Is it personality wise? They need someone to come in and figure out why this keeps happening because it's becoming a regular thing. You say okay, we're bringing in a new doctor, and all of a sudden you hear that he's gone because somebody said something over here about his services or whatever.

Time and again, turnover in local doctors is sending patients and money out of Cordova and into Anchorage. And, most of the people do not really even understand why – they just know that it is happening on a regular basis.

We need someone who wants to be here. You don't mind being deferred to specialists, I understand that...but to go to Anchorage to get your physical? I just had a baby and had to stay there a month. It was a big hit in the middle of summer and paying to stay there.

I see a doctor in Anchorage currently. When I went to go see him in, he said, 'Oh I used to go to Cordova, I used to make regular stops down in Cordova.' I said, 'Please come back.' I think we are getting a bad reputation.

#### *Politics Prominently Come into Play*

However, participants from both groups do see the hints of political reasons for physician turnover in Cordova. Whether it is City council or facility administration, a lot of residents believe physicians are leaving because of politics!

It's something not really having anything to do with healthcare per say. It's politics, different agendas.

I'm a long timer...and I have seen them come and go. We've had some fabulous doctors here, and through some futility of the personalities of City council, aggravating them among themselves...

You can stay if you want to—tell them that. But, they have to be protected from the politics.

Politics can be things as simple as someone complaining about services or as ludicrous as personalities not getting along and someone is forced out.

Well, we had stable doctors here and families that wanted to live here. Then politics come into play, and someone says who knows what, and then they leave.

The trouble is, we have had specialists come and reside and then they leave over some small little personality disorder that isn't of their own making usually.

I haven't ever heard of a doctor wanting to leave and go somewhere else, except for a very specific reason. I've only ever heard of doctors feeling like they had to leave.

#### **D. Traveling Physicians Cost Cordova**

Both groups actually do see the negative monetary effects of having physicians come and go from the area, rather than make Cordova home. These doctors are not adding economic value to Cordova by buying homes in the area and spending money in the community.

They're pretty much all travelers. That means you don't have people living here and spending their money here.

Are we paying for the doctors that are coming and going, paying for their housing, travel and all that? If we had a doctor who stayed here and was paying taxes on their property and their home...they'd be spending money within the community.

Further, a few participants worry about the cost of constant coming and going of medical providers—whether it be costs to the community or costs to the doctors and nurses themselves.

With the dysfunction of the system now, it's going to be like that until this gets settled down. The last couple years have been outrageously expensive because everybody is coming for two weeks and leaving for two weeks. It costs a tremendous amount of money to do that.

We need to maximize local hire before we start bringing people from outside... We are renting like 12 apartments for the traveling nurses right now, that's got to be a tremendous amount of money.

To make things worse, a small secluded community like Cordova tends to be very close knit. Constant turnover in medical providers essentially prohibits physicians from becoming part of the community kinship, whereby citizens wish to band together for common goals.

There are spending problems, and the options could be different if we had quality, consistent care. With them staying here, you could get the relationship part. And, they're part of the community, which is a small community. There's your doctor, your banker, lawyer...

I think if we could advocate for anything for here, it is to have stable providers. We can always get these traveling people, but they don't have a buy-in into the community.

### *Cordovan Money Going to Anchorage*

Some participants are aware that when patients go to Anchorage for healthcare, instead of staying in Cordova, the local economy suffers for it. Residents of Cordova are spending their money elsewhere, instead of keeping it local. And, it is costing Cordovans more money to have to travel to get quality healthcare.

Everybody says, 'I go to Anchorage for my healthcare.' It costs me 500 bucks every time I go up there. I stay overnight and my appointments aren't scheduled well. I've got hotel fees; I have to rent a car...

I've lived here 16 and half years this time, raised two daughters that are now grown, and I go elsewhere for my mammogram and other things.

I know a lot of gals that would love to stay in town and have their kids...instead of paying the expense to go to Anchorage. They're usually sent about a month before their due date. So, they're having to find someplace to stay.

It's gonna help the market. Again, it's back to quality. I get my annual physical in Anchorage because I have confidence there. But I've had the same dentist at Cordova for 12 years. I've had everything from fillings, to checkups, to crowns. I didn't even think about going to Anchorage for that. But there's good service, and I know what the quality is.

One participant in the second group feels like the subsidy required for the hospital could go down if more residents stayed local for medical care and kept their dollars in the community.

I guess this is kind of a throwback to the finance issue, but I think that we used to have a healthcare system in Cordova that didn't require so many subsidies. I think that if people felt better about the care that they were getting and it was more consistent, you would see more of that money staying here. Then you would see less subsidy required.

### **E. Missed Opportunities**

Many participants from both groups realize that it is not feasible to have specialists in Cordova full time. The community is simply not large enough to support that type of healthcare. However, many believe that having rotating specialists who visit on a regular basis, like monthly or quarterly is an acceptable idea that would be met with huge success. It's a compromise to keep healthcare dollars in Cordova, and it's been proven to work effectively in the past.

What about a specialist – if you knew they were coming on a regular basis that would be the main thing. Just to have them on a regular basis, so you knew them...you could rely on them being there.

We have an ortho guy who comes in once every three months. We have an OBGYN that comes in every three months.

Like a cardiologist or a podiatrist... I don't think there are enough people in this community to support a cardiologist or an OBGYN or podiatrist or any specialists. In and out, that would be great.

It seems like having a specialist come in works pretty well. Like the orthodontist comes, and I take my son there because he comes here to town and it is so much more convenient. And, I think that if other specialists were to come to the hospital – the same specialist on a regular basis – people could count on that, and we would have more care here.

We have a reliable eye doctor, and he's only here every three months.

However, it will be a tricky task to decide which specialties could be supported full time locally and which ones should be brought in on a rotating schedule instead.

It just depends; we can't do everything in a tiny community that has lost 500 people in population in the last couple years.

The basis of getting any kind of handle on this thing is you have to have a survey, like what we are doing, as to the needs and the volume that those needs would generate. Then, you can see if you are going to have enough revenue to pay the specialist or whoever to come here and reside here or not.

I'm going to say no; we probably don't want to go into maternity or baby delivery because I think you would have to have so many people that are specialized. It wouldn't be just like one general person, you would have to have an OBGYN. Then, if you have a crisis, you are going to have to get people quickly to Anchorage anyway...so I really think that would be risky in this day and age.

You wouldn't be paying a neurologist to come here to live here full time, but you would bring people in, like in the past...an orthopedic surgeon or a bone specialist or a pediatrician. Different people would come through at certain times and everybody would line up their needs and we'd know what everybody needed. We really need to be thinking that we are a small community, so we can't have everything. We have to be realistic; we can't have everything all the time here. Sometimes we will have to go to the large areas for specialized treatments and different things. We just kind of need to wake up some people in the community a little bit to that.

## **F. Conflict among Two Healthcare Entities**

Throughout both groups, it is common knowledge that there are two major players in healthcare in Cordova: Cordova Community Medical Center (CCMC) through the City and Ilanka Community Health Center (IHC) through the Native Village of Eyak. And, many participants agree that the simple fact that there are two major players in such a small geographic area leads to much conflict.

For me, combining the two is purely financial. This community's just too small to have to compete. We just don't have the economy of scale to support that, especially if you end up with two entities providing one service, yet neither is providing the needed service.

My impression is that when Ilanka got established, it took a bunch of the paying patients from the City facility. Our contribution had to go up to maintain that because we are getting less through put. Why would that be when you have two entities that are supposedly driving towards the same goal, a healthier community? Why can't they merge their resources? I'm sure it can be done, it's just politics.

### *Lack of Common Structure*

Because each facility is operated by a separate entity, there is no consistent organizational structure. In addition, there is no common administrator over both of them, and the policies, procedures, and goals of each entity remain uniquely different.

I think it is organizational structure too. It's a two-headed chicken, where you have two different bidders that don't have a real set organizational structure with one responsible party and the accountability. Between the Native Village of Eyak and the City of Cordova, I don't think there's a real defined organizational structure that works.

It's that you really have two separate entities – the Native Village and the City, regardless that they both share a common goal in terms of trying to provide quality healthcare. There can be congruent goals at times, but it seems like in other areas there may be competition between the village and the City.

The other thing is that the Native Village has certain amnesty against torts and illegal actions that provide benefits. So if those are thoroughly looked at, at the end of the day it's a lack of organizational structure and the cooperation is broken down.

Several participants believe that because the two medical entities are separate, politics always come into play and there are chronic issues with competition between them.

I think there was also a sense of competition with Ilanka on the part of that former administrator. They weren't always cooperating the best that they could, and I think that's an ongoing challenge.

For the medical hospital clinics to function properly, they've got to come together on some level to make it work. You can't have the bickering between the two, trying to outdo each other.

I think politics is a huge problem. I think that's what we have been dealing with in our healthcare.

### *Different Types of Funding*

Some participants are aware that CCMC and ICHC are funded in very different ways. Because of the different sources of funding and the parameters associated with each, it is no wonder that there is conflict of interest between the two entities.

I'd like to ask a question that would maybe inform the whole group, because I have been here all these years and I don't know the answer to this. You have Ilanka – they are getting native subsidies for community health services and that sort of thing. And then you've got the City-owned facility and they started out one down...in a different area of town. Then they finally brought Ilanka up into the facility. I don't know if they are sharing their funding or not. I doubt it. I think they should just pool the money and rid of the double...

Well, it's illegal, I think, when Ilanka is federally funded. Nonprofit can offer a sliding scale to people. The hospital part is for profit. As a critical access hospital that has long-term care added to it, the clinic cannot offer that. It does not get federal funds. So it's profit/nonprofit, federal money/ non-federal money, and the people's money. Can that really gel? Can they get married together?

But the reality is... The situation right now is they're not paying their full cost of things, they have been heavily subsidized and they have gotten the benefit. For example, they've got half of that facility, but they're not paying adequately for it. It's kind of unrealistic.

### *Confusion about Which Clinic to Go to*

In the first group, many of the participants did not realize that they could go to Ilanka for medical care. Further, based on feedback from both groups, there is widespread confusion among Alaska Native vs. Non-Native residents as to which clinic they are allowed to visit. There are stereotypes leading to confusion as to which clinic will accept which type of citizen.

People don't know... Which door do I walk through here? They really don't know.

I think a lot of it is... When the Native Village took over the existing clinic part, a lot of people did not realize that VanWinkle was downstairs and was taking patients on a regular basis.

I didn't even know I could be seen at the hospital. I thought it was just an emergency situation or when they brought in the specialty doctors. I didn't know that I could just go.

But based on past experience, I have no trust the native clinic. So, I fly to Anchorage because I strictly don't trust the care that I received there. I didn't know the hospital clinic, as I said earlier, was available.

It's an identification problem, they need to make a merger here.

### *They Must Work Together*

Both groups agree that it is imperative that the Native Village of Eyak and the City take what the two clinics have and work together toward one common goal.

Yeah, I think the clinics should try to blend or meld together somehow.

That's my concern. In a perfect situation, the City and the Native Village could come together. It would be nice to have the village funding and the City funding going hand in hand.

CCMC is like an alternative to the native clinic, but that's what we don't want anymore. We want to meld them together.

However, past experience has led residents to believe that cooperation is not possible under the current structure of the clinics and management thereof. For example, based on feedback from a few participants, there was at one time a deal between the two facilities regarding lab work procedures. Since this agreement was made, so the statement goes, the Ilanka Clinic apparently has not lived up to its end of the bargain and some believe that it is costing the City. Variations of this presumed fact were mentioned.

You have to work together in a cooperative way so there is a trust that's verifiable. Some of the people in the hospital feel like Ilanka is not always utilizing the services of the lab. At times, they're providing for nursing home patients in the village, but are there more things they can do to help the hospital?

The Native Village of Eyak or the Ilanka clinic will not use our lab. They have their own set up, and things go out every day. That's a lot of revenue the community's losing.

When the agreement was initially ratified between the City council and the Native Village of Eyak, the agreement specified they would utilize that lab to the maximum extent possible.

### **G. Cordova Community Medical Center**

While most participants understand that the hospital is under City control and governed by the Health Services Board, not that many know exactly how that arrangement came to be. Further, not everyone fully understands how the subsidy works, nonetheless some can talk about it in detail.

CCMC is really an administrative department. The City charter sets forth that there is a hospital that is City-operated that's under the supervisor control of a hospital board appointed by the council. Now as an administrative department of the City, it's just the department of their creation, like the hardware department, or the library, or the police department. It's reasonable to subsidize those services as a function of the City.

The attraction of the community health center grant that was being presented, at that time, was \$650,000 would be coming into the community for healthcare services. The village was already getting \$500,000 a year for meeting the healthcare needs of tribal members. That was the money coming in for healthcare services. It's my understanding now that the community health grant is at \$800,000 a year. So, you can't turn your back on those federal dollars.

### **H. Important to Keep Healthcare in Cordova**

A lot of participants in both groups realize that healthcare could go away if subsidies do not continue. Those who did not realize this are a bit shocked that it is a possibility. Regardless, all residents realize that there needs to be healthcare in Cordova – it would not be good if it just went away. Because of this, most realize that whatever the ramifications are, they must be dealt with to keep healthcare local.

The question is, is it affordable? What's the level that you're willing to subsidize and what do you suffer if you don't? What's the cost and what's the loss if you don't have those services available?

Well ultimately, it would be nice if the City wouldn't have to put as much in, but right now they have to.

#### *About Losing the Coast Guard*

A very heated part of the discussions surrounding the prospect of losing healthcare in Cordova circles around the Coast Guard issue. A few participants realize that if the hospital goes away, the Coast Guard will have to leave—and this represents a significant impact on population and commerce. And, once participants realize that the City might ultimately be devastated with loss of the Coast Guard, the thought of losing the City hospital becomes horrifying to some.

I think people don't think they should have to pay it. But, I think given the circumstances, once brought to their attention... If we don't pay it and the Coast Guard has to leave, everyone understands that...but we should be able to figure out a way not to need to.

What is the importance of the Coast Guard? You're saying that anything we choose is still dependent on the Coast Guard protocol?

If you don't keep the hospital, the Coast Guard goes away. And, that is more important than a million dollars. I'm serious.

I think it's worth the City paying the money, if we are going to lose a quarter of our population.

If you go to the emergency frontier, they will not house the Coast Guard. And, that starts a spiral effect.

There are probably other elements that would probably leave as well.

Ultimately, people realize that they need to keep healthcare in Cordova. As such, it becomes even more paramount and urgent to find a way to make things work better than they currently do.

I think you really need to clarify the level of healthcare that you want to provide for the people of Cordova and see how you're going to pay for it, who's going to deliver it, and how you are going to find the professional people to do it. With the turnover and the shortages that exist in that area right now, I think you need to find the minimum that you're accepting and try to meet certain goals—and get some feedback on meeting those goals. It seems like we continually keep going through the problems of a hospital and putting our money in. Are we getting feedback that things are working or not working? If they're not working, why aren't they working and what can we do about it?

## **STRATEGIC ALTERNATIVES – FUNDING / STRUCTURAL OPTIONS**

### **A. Educate the Residents of Cordova**

Participants in each group studied and discussed the blue summary chart of the three main structural alternatives for Cordova Health Services. One key theme in discussions surrounding implementation of one of the strategic alternatives was that the people of Cordova need to be educated in depth on both the current status and the proposed changes to local healthcare entities.

I think people need to know what they have right now. Without knowing that first, you won't really know what's going on. I just think that people do need to be educated on what they do have available to them right now, before we really make a big jump. But uh, this has all been educational to me. I feel good about getting some of this information.

So, more communication among the people at Cordova... If you didn't know there was a CCMC clinic that's been in existence for 3 years...

I don't think we have explored all the options because it never gets beyond the decision making that people have to do. They never get all the facts. They never get a full insight on the economic issues. Until you get down into the weeds and find out what's going on truly, you can't make an intelligent decision.

### **B. OPTION A: Improve Existing Structure**

Both groups agree that Option A is not viable for all the reasons discussed prior to this point. Option A1, which is operational improvements to achieve cost savings an increased reimbursement is considered a non-option and was not discussed any further.

I think that needs to fade into the past.

I think on this 'improve the existing structure'... Maybe the basics are that we have two different health entities, and they have tried to come together, and we are suffering from that. I don't think this is going to get any better.

#### *Option A2 – Shared Services*

Option A2, which is shared services to reduce duplication, got a lot more commentary, but is still not considered a viable option. Participants from both groups cite many thoughts and examples as to why shared services will not work in Cordova.

They've got funding for Medicare, for their citizens, for the Native Village of Eyak, for their people. They don't represent me they don't represent most of us in this community. The funding doesn't represent us, so anything that includes them is adding a burden to the system. My feeling is the Native Village ought to be treated...if you want to be more efficient under this first section, they ought to be treated as a customer to the hospital. A customer to the City. And they pay their share of things and they do their thing.

They are independent operators; they can't be coerced. They were down at Fisherman's Row...they had their own offices there, they had their own building. All I'm saying is that they are independent. If they don't like the deal the City offers them, they can go back and open their own place, and we can't do a thing about it.

Right now it's a conflict of interest, truthfully, because we have the Ilanka clinic administrator running our hospital. She knows everything about the hospital, and she works for NVE. We are contracting and paying her to run the hospital.

Not A2, reducing duplication of services. I think the hospital has their own clinic. We have a stable doctor who has been here for many years, and he's got a lot of patients. The other clinic has their doctors too. Their approach is more of a wellness approach, more holistic. I'm just saying that people should have a choice.

My problem with the shared services is... I take my son in to the clinic, and they tell me you have to go over to the hospital for that service. So, I have to physically walk outside, I can't go through the door that connects these two facilities, these two offices. So, the shared services is not working either.

### **C. OPTION B: Restructure Existing Entities**

While a few people are clear on it, not very many participants understand how the federal funding works. However, because of that, they realize that it is a complicated situation that would not be solved by maintaining existing entities.

My question is – because I'm not a healthcare specialist – I don't understand the legality, you know, the natives with the federal funding. I don't understand how that is. I sat in these meetings years ago, and they talked about how we are going to merge...and oh yeah, there aren't going to be all these problems and everything.

The concept of improving operations, I'm wholeheartedly for it. The idea of doing that in conjunction with the clinic is fundamentally flawed, and it will never succeed.

The key issue participants bring up with regard to Option B is the lack of clear definition as to who is ultimately in charge. Without someone ultimately accountable for both facilities, the numerous issues with the current situation in Cordova will not be fixed.

So the politics part of merging... The question I have is, in the end who is responsible for hiring and firing doctors? Is it healthcare professionals or a healthcare administrator in the hospital/City setting. If it's native board members for the Native Village, that's a big difference in the way it runs. Ultimately, who has the power? I don't know what's true in that situation, but that is one of the things that has come up in discussions I've had with people around town.

When you talk about merging them, I guess in the very beginning I don't understand who ultimately... Is it a citizen board that ultimately controls the administration and how it runs? Does the native tribal council ultimately control who runs our healthcare? If you merge them, will it just be like citizens and tribal council?

*Option B1 – Consolidate ICHC and CCMC*

Most participants did not realize that consolidation can only go one way because of federal stipulations. When they find out that consolidation is only allowable if the Native Village of Eyak is ultimately the parent of both entities, most strongly believe Option B1 is not worthy of consideration.

This is likely only allowable under the Native Village of Eyak, not allowable by City?

If the Native Village takes over healthcare, then there won't be doctors here. They're federal funding.

This is the crux of the whole thing we are evaluating here today, the Native Village in town. We have our healthcare, we have our system. The Native Village set up theirs to take care of the Indian affairs. So now what you're saying is... Since they are already here, if they want to, we could let them just take it over. I'm saying that's really not an option for this community. That is a huge step backwards. What that means is the hospital is dead, and five years from now, we are a much smaller town.

*Option B2 – Frontier Extended Stay Clinic*

Both groups got into discussions about the possibility of establishing a new designation for the hospital as a Frontier Extended Stay Clinic. However, as soon as the cat was out of the bag that Cordova would lose the Coast Guard under this scenario, option B2 was no longer viable.

I think that was looked at four years ago – it would be just an emergency center, no overnights. People would have to be medevac'd out almost immediately... It would just be an emergency center, a lab, an x-ray – no long-term care, nothing.

That's kind of what I think of us now. No offense, but it's just an emergency, ship-em-out. Everybody gets medevac'd out of here.

No, we have a nursing home, a lab, physical therapy... You have other services that would not be available if we did a frontier clinic. Three or four years ago they were looking at those Frontier clinics—that was one of the options the state was presenting when they came in and bailed the hospital out.

**D. OPTION C: Bring in a New Entity / Third Party**

The fact that both groups came to the conclusion that neither Option A nor Option B could work creates an automatic openness to Option C. To most participants in both groups, Option C is the only option that seems new, different, and actually logical.

I think we've been doing A and B. I mean, we've been trying to. Every City council, every committee, every tribal council has tried to improve this situation, and seven years later, we're still trying to plow the same sand. You know, consolidate the two? That was the whole point. We're trying to consolidate, but it hasn't been working. So, if we keep doing what we've been doing, we're gonna keep getting what we've gotten.

It's all, 'Oh yes, we can work together' and then when it gets down to it, some things work and most don't.

One of the key attractions to Option C is that the third party might be better equipped to come in, analyze the situation, use their expertise, and actually get both entities to work together.

Option C looks like the only one that involves both organizations.

Well, it may take a third party to get it to work again.

Really, the only option for the two to get together is like a mediator to lay the ground rules.

If it takes a third party to get it to work, then that's what we need to do.

An impartial third party, to take some of the personalities out.

We need someone to find out where the problem is that's causing all of this to keep happening. Maybe we can make it work together, eliminate where the friction is.

*Pertinent Experience is Key*

Based on what they have seen in the past, participants from both groups emphasize the importance of bringing in a third party that has expertise in this field. Some even bring up Providence specifically when discussing the caliber of third party healthcare organization necessary to successfully implement Option C.

My big thing is experience. Do you want more non-experienced people running your healthcare?

The people running the hospital need to know what they are doing. And, they have to be healthcare management professionals in order to keep consistent high quality healthcare professionals here, for us. It seems to me that we might know what our needs are, but someone else should know how to best meet them. For example, make it run a business—I have no idea how to run healthcare.

Expertise, someone who has been there, done that. Could be third party, someone who knows.

I just want to have professional expertise people in the healthcare field running our hospital and creating an atmosphere of consistent and professional healthcare that's available, so that we can recruit more people to our community and recruit more people to use our health services. And, I think it will be paying for itself.

We need some experience, some leading experience for the hospital, for the facility. Right now we don't have anyone.

We've tried everything else why not try it? I just want somebody running the hospital that knows how to run a hospital. That's all I want. I'm not willing to give it to the City and not the NVE. I want someone that knows what a hospital is supposed to be and runs it that way.

In fact, in discussions of how important experience is in the third party, some participants even suggested having doctors themselves in charge of the situation, running the healthcare entities as profitable businesses.

How about an option of the City contracting with a small group of doctors and leasing the facility and let them make a business out of it?

I think the City doesn't need to be in the healthcare business... Let the doctors run their own business then they will know what their patients need. They know what's best as needs come in. The problem is they are not really in charge, the City is in charge.

Here's an opportunity for a small group of doctors...two or three doctors.

*Key Aspects to Consider*

Some participants are aware that bringing in a third party to run the healthcare entities opens up the issues of what happens to current subsidies. The ultimate goal of the third party would be to stay profitable so as to be able to provide the patients with the absolute best possible medical care. Group members agree that this goal must be first and foremost at all times.

I think that's the core of the issue; the City has no business in the healthcare business. If the City got out of the business there would be no subsidy. If the people in the healthcare business came in and ran the clinic...they ran the emergency room and doctors set up practice here, they could make a living out of it, a good living out of it. And it would be up to them to decide what resources are where. But what happens is these subsidies are coming in and there are certain things they say that they will do and they make their plan. Then, that's the way it is regardless of what the patient's needs are. So you have a structure and a cost that's nothing to do with your business case. It just has to do with what City council and City management have dictated it shall be, and that's ineffective.

I think Option C is about organizational structure and accountability. What that's doing is really making one party responsible. Accountability should be to the patients ultimately, but it has to start with where the money comes from. Whether it's federal funding that provides \$1,300,000 total through the Ilanka center or \$500,000 that comes through the City. That money has to be followed all the way through to the patients to make sure it's doing its job. There needs to be an organizational structure between the hands that get that money and the patients that get that service.

If you bring in another provider, like... If Providence comes in like they did in Valdez or in Kodiak, you're still going to have the City submitting money to subsidize that facility. It's still a City building.

I think the problem with the building is gonna be who owns it.

Another key attraction to the new third party is that a fresh look from an Outsider would take out long-standing political issues and personality conflicts.

For me, it could improve if it was run as a business, taking the personnel and politics out of it. It has to be run as a profitable business.

Option C takes the politics and the personalities out! And, if it's a bigger entity, it can provide some cost saving by providing specialists and by getting all the pharmaceuticals that every hospital has to buy. With the bigger entity...you have purchasing power.

*Success Stories in Valdez and Kodiak*

A few people in the first group, and several in the second group, knew about Valdez and Kodiak examples with Providence stepping in and successfully managing the local healthcare.

They are available, and I would like to point out Valdez. I don't know when, but Providence provides the health service for Valdez.

Kodiak too, I don't know much about that, but I know it's out there. And, from what I've heard about it – I haven't used the service myself – but I've heard great things about the service in Valdez.

Ironically, participants in the second group were more likely than those in the first group to raise questions about Option C. It was the second group that tended to lean toward bringing in a third party in their quantitative surveys, yet they are the first to voice concerns regarding this option.

I guess my question is, would that really be that different than what we have now? I guess the biggest difference would be that the entity could still run... The native healthcare, they could still have that. So that part would still be there. But the difference would be that instead of the City running it, it would be a different organization like Providence or some other organization who would run it for us instead of the City.

Can a business manager be also responsible for the CEO of both the hospital and Ilanka?

*Option C1 – New Provider to Manage ICHC and CCMC*

Both groups spontaneously suggest an organization like Providence would be a good fit as the new provider to manage both healthcare centers.

I think putting Providence on there will do a lot to bring the right people to Cordova.

We need consistency, we need Providence to put things aside and hopefully that will calm things down to where nurses and doctors will like to come here. And stay here.

10 years ago when we were having City meetings and talking about this, I was totally against the idea of Providence because we had an awesome system going—everybody loved what was happening with healthcare in Cordova. But, I'm very open to it now.

Further, someone from each group raised concerns about how the Native Village of Eyak might not agree to the third party option, based mainly on the legalities of their federal funding stipulations.

First of all I don't like the Native Village of Eyak under it. Its self determination policies would not be willing to surrender their control over that money to provide services for their people. They're not going to give up that money.

Now would they (a third-party provider) be able to integrate the native funding into their system that we can't here as a community?

*Option C2 – New Provider to Manage CCMC Only*

Option C2 brings up some good questions from participants, which reiterates the importance of educating the people of Cordova and then thoroughly researching actual implementation prior to initiating change.

So my question is then, we would still have NVE operating a clinic? And, then we would have a clinic and a hospital and an extended care facility operated by some other entity?

My (preference) is...C2; focus on the needs of the hospital and the community separate from the Native Village.

I don't think it will work. If they are taking half the business away, the hospital is never going to survive. They've got to work together.

I'm hesitant about going to the third party without looking at the positive and negative effects of that. I think you're rushing into a solution that you don't know the positive and negative consequences of yet. You're hopeful that this will solve your problem, but I'm not that optimistic about a third party coming in and solving our problems.

I tend to go a little bit with that until the specifics are actually ironed out and looked at and quantified. A and B haven't worked, so moving toward C would be an idea, but...

## **GOOD THINGS ABOUT LIVING IN CORDOVA**

Participants from both groups echo that many people living in Cordova are here by choice and have intentionally made this small community their home forever.

I live here because I want to live here. There are very specific reasons for living here, and that's what you have to advertise.

I'm one of the few people who moved here by my own choice and not related to fishing. This is where I was going to carve out my life.

### **A. Great Place to Raise a Family**

Because of the high quality schooling system, the recreational options available, and the secluded nature of Cordova, many participants were proud to say that this is a great place to settle down and raise a family.

For families, this is a great place to raise your kids. School-wise, it's got a great system. There's lots for the kids to do. You need to really get out and look around.

We have a great swimming pool, rec center.

Great schools, it's an incredible place to raise a family.

We live in a gated community. We are gated by our environment, and we live in this beautiful place that is protected from a lot of outside influence, like roads and what not. We have a wonderful, safe place to bring up our kids and to enjoy the outdoors.

It's a safe community. It's pretty protected.

Participants from both groups rave about the quality of people in Cordova, who tend to be more laid back and easygoing. Even though most residents have above average education and intelligence, and there is deep cultural value within the community, there is no pretentiousness around.

I do it because it's not pretentious, people don't care how you dress, what kind of car you drive, that kind of stuff. It's what's real. And there are very intelligent people in this community. It's creative... Life's good.

When my brother told me you could wear blue jeans to church on Sunday morning, no ties... And they do, and nobody says anything.

We have a very musical community—that is also an excellent layer of Cordova's community.

And scientific...it's a very scientific area that's very interested in the environment and maintaining that fishing.

The educational levels...there are more PhD's per capita.

Because of the secluded nature and the small-town feel of Cordova, there is a very strong sense of community among all of its residents.

Our community bonding is really incredible.

The support that people have.

Around here it's really important to be able to say, 'Oh my kid's in school with your kid.'

### **B. Outdoor Life is Indescribable**

Even besides the fact that commercial fishing is the engine of the community, the beautiful scenery and plentiful outdoor life opportunities make Cordova an aesthetically amazing place. For outdoors-oriented people, this community is a dream come true.

There's an economic engine that drives the community, which is commercial fishing. That keeps the core in the community. You've got this basic core.

'Right out the door' access to fishing and hunting and outdoor recreation.

You just look out the window and that's says it all really, especially on a day like today. The recreational opportunities are optimal...indoor and outdoor.

We have all kinds of outdoor opportunities.

### **C. Long-Term Care Facility nearing 4 Stars**

People in the first group like to brag about the success of the long-term care facility, saying it is thriving with all the beds full and nearing four-star status.

One thing that hasn't been mentioned is the long term care facility, which has gone from a struggling two star almost on the edge teetering off the edge to four star plus. The residents really like it.

And, all the money stays in the community. It's paid for.

Our long-term care is full; there's a waiting list.

You lose three patients and you're underwater again.

However, a few naysayers in the second group think the long-term care facility is too small to make a difference, and the fact that it is full and thriving is vulnerable to change.

## A P P E N D I X

### Cordova Focus Group Discussion Guide September 15, 2010

[TARGET SEGMENT: These sessions are made up of respondents who participated in the recent survey. A screener was established that questioned satisfaction with availability of health care in Cordova, importance of having health care available in the community, and views on structures including City/Village working together, suggestion that City bring an outside organization to Cordova and selected demographics (age and ethnicity to attempt a mix in the Two Focus Groups. The group compositions were determined through market segmentation analysis where researchers profiled survey/screener participants' answers to the above questions. The breakdown follows:

#### **September 15 – Both groups somewhat satisfied/unsatisfied with Cordova Health Care.**

5:30pm – Middle range opinions (no extreme views) or leaning toward the City/Village “working together”.

7:00pm – Middle range opinions (no extreme views) or leaning toward a Third Party Outside Health Organization]

#### **I. INTRODUCTION**

Today we are here to gain a better understanding regarding your awareness of health care issues facing Cordova, what you want for your future, and how we can ever meet our need for quality, available health care right here in the community of Cordova. We would appreciate learning from a group of community members ---who participated in a recent survey and I thank you for that -- and now you are here for our small group discussion we appreciate **and thank all of you** for your comments today--individually and collectively.

#### **II. WARM-UP: Health Care in Alaska/Cordova**

Let's begin with the big picture. We really do not need any detail at this time, but rather top-of-mind thoughts. I would like to start off with something I have studied off and on in my 20 years as a researcher in Alaska.

1. Do we have good health care close to home? What are your options? [UNAIDED]
2. What are people in Cordova looking for typically when they leave? Is it their doctors referring them out or is it by choice to get something they can't find?

3. Why is it so hard to get and keep good health care providers? Is there a doctor or type of practice that you believe could do well here...that is now a missed opportunity for this community. [Watch for visiting Specialty clinics]

[PROBE: How important is it to keep healthcare in Cordova? How optimistic are they that something can be worked out to everyone's satisfaction...and keep something local]

[SHOW RESEARCH: Table A3.1 Importance of the availability of good healthcare. Page 8 detail from Table B1.1 Funding by the City.]

4. In this recent study you participated in...we all want health care 95% and the City has been paying for it in a subsidy...half a million! Then when I asked should the City pay less or nothing...63% agreed? Can you help explain this to me?
5. [PROBE] Then what is going to happen? Who should pay? What are you comfortable with relative to health care funding?

[PROBE: Is closure of the hospital a real possibility? Assess the degree to which they are aware that something has to change? And if change must happen are they open to it and do they have ideas that will make them happy?]

### **III. IN-DEPTH: Funding Ideas and Structural Options Explored**

Let's talk about some more of those details from the survey you took....can you help me gain a better understanding about what some of these sentences mean to you?

1. [SHOW REPORT] page 11, Table B1.2: "Ideas for Assistance with Funding"

[5:30 takes middle or leans working together City/Village; 7:00 takes middle or leans toward the suggestion that the "City Bring in an outside health organization to run the hospital."]

2. [UNAIDED] What are your thoughts looking at this page? What makes group members like or favor one idea over another? What don't you like about these suggestions? [JC: USE ACRONYMNS sheet and expanded STRUCTURAL OPTIONS detail to help with clarity and examples.]
3. [REVIEW OPTIONS FROM PowerPoint handout; short version only 1 pager]
4. OPTIONS 1, 2, 3, pro/con for each; why do they like one idea over another etc.

### **IV. WRAP – UP:**

After this discussion today what is your single most important piece of advice for the people trying to make the best health care options available here in Cordova?

Finally, what should they be saying to physicians and other health care professionals to have them see the best parts of Cordova and want to live and work here. What are the positive quality of life reasons you and your neighbors prefer life in this community?

Come on lets brag a little...it is quite beautiful!!!!

## Appendix D

### Acronyms and Definitions

Acronym	Name	Description
CAH	Critical Access Hospital	Federal designation for small, rural hospitals; CCMC is currently a CAH. Designation drives reimbursement for services to Medicare and Medicaid beneficiaries.
CCMC	Cordova Community Medical Center	Owned and operated by the City of Cordova; includes Emergency Room, Long Term Care, Sound Alternatives, Labs, Physical Therapy, physician clinic and Senior Meals program.
CHC	Community Health Center	Federal designation for community health clinics with distinct reimbursement structure; only one per community; NVE currently operates Ilanka CHC serving <i>all</i> Cordovans.
FESC	Frontier Extended Stay Center	State designation for small, rural health facilities; differs from CAH by not offering surgical care and full time physician.
ICHC	Ilanka Community Health Center	Owned and operated by the Native Village of Eyak; funded through a federal grant with strict requirements; provides primary care to <i>all</i> residents of Cordova. Benefits from CHC grant funding and also Indian Health Service contract funds for Native beneficiaries.
IHS	Indian Health Services	Federal entity responsible for health services to all Native Americans. With distinct funding/reimbursement rates. The Native Village of Eyak is the sovereign entity receiving IHS funds in Cordova.
LTC	Long Term Care	Nursing home services for frail and elderly patients needing full time nursing level of care. LTC in Cordova is provided within the CCMC facility and organizational structure.
P&L	Profit & Loss	Profit & Loss accountability lies with the owner of the entity; they are responsible for losses /subsidies and the beneficiary of profit or surplus. Contracted operators may not have P&L responsibility, but continue to receive City /community subsidy if they experience losses.