AGENDA
COMMUNITY HEALTH SERVICES BOARD
Cordova Center – Community Room A&B
February 9, 2017 at 7:00PM
REGULAR MEETING

AT CCMC, WE BELIEVE THAT HEALTHY PEOPLE CREATE A HEALTHY COMMUNITY.

Health Service Board

President:
Tim Joyce Term expires 03/17
Vice-President:
Josh Hallquist Term expires 03/18
Secretary:
James Wiese Term expires 03/19
Board members:
James Burton Term expires 03/19
Tom Bailer Term expires 03/17
Robert Beedle Term expires 03/18
David Allison Term expires 03/19

CCMC CEO/Administrator
Scot Mitchell

OPENING

1. Call to Order
2. Roll Call –Tim Joyce, Josh Hallquist, James Wiese, James Burton, David Allison, Tom Bailer, and Robert Beedle.
3. Establishment of a Quorum

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Comments (limited to 3 minutes per speaker).
   Speaker must give name and agenda item to which they are addressing.
2. Guest Speaker

D. APPROVAL OF CONSENT CALENDAR

E. APPROVAL OF MINUTES

F. REPORTS OF OFFICER and ADVISORS

1. President's Report –
2. Administrator's Report – February CEO Report Attached Pages 1-2
3. Finance Report – December Financial Report Pages 3-11
4. Sound Alternatives Quarterly Report Pages 12-16
5. QHR Report –

G. CORRESPONDENCE

H. ACTION ITEMS

1. Community Health Needs Assessment Approval Pages 17-58

I. DISCUSSION ITEMS

1. CT Scanner UPS

J. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker)

Members of the public are given the opportunity to comment on matters which are within the subject matter jurisdiction of the Board and are appropriate for discussion in an open session.

K. BOARD MEMBERS COMMENTS

L. EXECUTIVE SESSION

1. CCMC CEO 6 Month Evaluation

M. ADJOURNMENT

*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.

Cordova Community
MEDICAL CENTER

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CEO Report to the HSB
February 9, 2017 Meeting
Scot Mitchell, CEO

The Big Picture

President Trump has started working with Congress to come up with a solution to repeal and replace the Affordable Care Act with a new system. We still do not know what approach will be taken, as the latest conjecture seems to favor a piecemeal approach to changing certain parts of the ACA instead of an outright repeal. The Republicans control both houses of Congress, but the Senate does not yet have enough votes for any of the draft proposals that have been floating around.

The President has already issued some Executive Orders that will impact healthcare. He has directed that all agencies lessen the impact of ACA, which probably will not have much of an impact on us. He has also directed all the agencies to reduce regulatory burdens as much as possible. We still don't know how this may impact us, but we expect that it will not be a major change for us. Legislation has been introduced that will make the moratorium on direct physician supervision permanent. This will be helpful, otherwise there are some tests and procedures that we do that would need to have a physician in the immediate area when performed. One of the biggest issues that could impact us has to do with the insurance markets. If decisions are not made soon, many of the large insurance companies may move out of the ACA market for 2018. Since Medicaid is one of our largest payors, any changes to it can have significant effects on our financial situation. We do know that the new Administration is looking at some options to change Medicaid, one of them being moving it to a block grant program. If this results in less matching dollars coming to Alaska, it will case financial problems for us.

Status Updates

- We have completed our Community Health Needs Assessment for 2016. The community meeting was held where we reviewed the survey results and developed a list of items to work on over the next three years. The biggest areas of need were: collaborating with other providers; enhancing our communication and education in the community; growing our marketing efforts; develop the workforce; improve community buy-in for CCMC; and explore other business options and services. The plan needs to be approved by the HSB, and is included in the packet for this meeting.
- As I notified the HSB a couple weeks ago we recently had a telephone threat in Sound Alternatives. We responded to the threat and locked the hospital down for a couple hours. There were no injuries or actual onsite threats. As part of the debriefing session we did find that we have a few areas to work on that will help us improve our responses to future emergency situations. One area was that our normal method for notifying staff of the threat was not recommended for this particular event.

We are now researching a new emergency notification system that will allow us to discreetly notify staff with much greater detail. Another issue was that we needed to lock down all exterior entrances to the facility and that took longer than it should. We are now researching an access control and video camera security system that would allow us to do this much quicker. We had already been looking at this system to address deficiencies in our pharmacy.

- During the City budget process, our capital request for the UPS system for the CT scanner was removed. We had been working with CEC for another possible solution, but we recently found out that system will not work for our needs. I firmly believe that we should move forward with the purchase of the UPS system for the CT scanner. In 2016 we performed 183 CT scans and billed $238,940 for those services. The CT scanner was also partially responsible for the roughly one-third decrease in transfers out of CCMC last year. When we have outages due to electrical issues with the CT, it not only costs us thousands of dollars to repair, we are also without that much needed service for several days. We are currently getting an updated quote for this UPS system to make sure what our costs will be for the upgrade. The system we are looking at will also cover other pieces of radiology equipment. I highly encourage the HSB to consider recommend to the City that this purchase be included in this year's capital budget.
- I am currently working on making some organizational staffing changes due to one manager retiring and another taking a new job out of state. My plans were to make some adjustments after my first six months at CCMC, and now this will require some added changes. We are considering additional staffing changes to help us improve our current operations and help with our financial situation. I will provide more details when my plan is completed.
- We have started our official efforts at researching a new EHR system for the organization. Lee Holter is spearheading this process for us. We are now working on a list of needs and wants for the new system. Once that is completed we will develop an RFP to send out to vendors. We will continue updating you as this process progresses.
- I held a meeting with the City and Schools late in January to discuss the potential for combining our purchases of certain supplies to get better pricing. The City and Schools are putting together some data on their purchasing volumes for us to review to see if we can generate some savings by combining our supplies purchasing. Both the City and the Schools are now able to access the same GPO that CCMC uses, but we still might be able to get better prices by combining purchasing volumes under CCMC contracts.
- As you know, CCMC has seen a significant increase in our health insurance costs by moving to the self-insured plan under the City. We have a meeting with our TPA and broker on February 8, 2017 to discuss further options for reducing our expenses. For example, one area I'm researching is to start participating in the 340B pharmacy program that has the potential to reduce our prescription costs by as much as 40% to 50% per year. Employee health insurance is a major expense for CCMC that we must reduce soon.
- In addition to looking at ways to reduce our health benefits costs, we are looking at other ways to save money, such as changing our holiday pay policies and even reducing the number of holidays we recognize. We are heavily scrutinizing our current staffing levels and any requests to fill staffing vacancies and only approving those with a justifiable need, considering the financial situation we find ourselves in.

Cordova Community
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Monthly Financial Statements

December 2016

To the CCMC Health Services Board

December Financial Executive Summary

Pre-Audit

Stats

Acute Care patient days bumped up from November at 15 to 17 Days in December. Swingbed days also increased from 1 in November to 17 for December. Average daily census was 1.1 versus 0.5 in November.
The ER was busier in December than in November with 53 visits versus 37 in November. Clinic visits also increased by 20 over the prior month. Lab and Diagnostic imaging saw decreases in volume from November, while OT & PT saw volume increases for December.

Balance sheet

Please note that the financials presented are pre-audit and may be modified in the audit. Cash decreased by $12K during December from November. Day's cash on hand at the end of December was 3.4 days.
Net AR increased by $5K over the prior month. Gross AR days for December were 72.3.
AP increased $23K from November. Payroll liabilities increased $183K from the prior month due to the timing of the payout of payroll the first Friday in January.
The $3.1 Mil dollar Long Term debt amount accounts for funds received from the city, with $918K received 2016.

Income Statement

December's Gross revenue was up by $52 over November. Acute care, Swing Bed, LTC (based on days), Clinic and the Behavioral Health saw increases in volume and revenue. Only Outpatient services saw a decrease in revenue for December.

Contractual adjustments decreased in December by $13K, while Bad debt decreased $2K from the prior month.

Payroll increased from the prior month, as we see more permanent staff on the payroll and the increase of one day for the month. Payroll taxes and Benefits increased in correlation to the payroll as staff participate in health insurance and PERS. Professional services continues to decrease with an additional $10K this month. For the year professional services have decreased a $130K from a high in

June. Utilities were up $2K from November. Repairs and maintenance expense for December returned to just below the monthly average of $8K a month

Overall expenses were up from November by $77K.

Year to Date

Please note that the financials presented are pre-audit and may be modified in the audit. We show a loss of $977K as of December versus budget YTD loss of $96K and the loss of the prior year as November of $277K. As 2017 starts the management team is planning to make this year less of a loss then this past year.

Activity and Projects

EHR

Work on E H R improvement continues, but is frustrating slow with setbacks. Last week from Wednesday through Friday I counted 10 Webinars I and my staff were in to try and fix the problem of the billing module creating fictitious General Ledger accounts, which I have to manually correct. We are back on track with the internal system steering meeting and biweekly calls with Healthland technical support. There continue to be system problems, system work a rounds, and staff education issues to resolve. There are problems with clinical charting in Nursing, in the Physician Ordering module, in Medical records, to the billing module and to the GL. The system is not yet programed for a reporting requirement that started January 1st for all hospitals.

Budget

The 2017 monthly budget has been spread based prior history and loaded into the system. So in 2017 the monthly budget will not be the same amount every month for the Year.

AR Balances

I have been able to review some of the accounts outstanding and get follow up done on some of the balances. The insurance company acknowledges they have all the information and will start processing the account for payment. In some cases they have come back and denied the claim for timely filing, because it sat too long untouched in their system. When that occurs we have to write an appeal and ask the insurance company to adjudicate in our favor as the claim was delivered timely-they just did not process it timely. It has been determined that I need an additional staff person, to do continuous in house follow up on patient's accounts and help hold the collection company to their contractual terms.

Other items

The Audit for 2016 has been scheduled for the first week in April with information going to the cost report preparer the last week of April. There will be lots of detailed reconciliations/schedules to be filled out for both the Auditors and the cost report during the first three months of the New Year.

A charge master review has been scheduled for the third week of June, 2017, this will be a review of charge codes, proper use of CPT codes for billing compliance and a pricing review. Education will be provided to the department heads, administration and any board members who would like to attend the general session.

Respectfully submitted

Lee Holter

Lee Holter
CFO

Cordova Community Medical Center Statistics

	31	28	31	30	31	30	31	31	30	31	30	31		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly Average
Hosp Acute+SWB Avg. Census		29												
FY 2016	0.8	1.9	1.6	2.0	1.6	2.2	1.2	0.3	0.7	1.1	0.5	1.1		1.3
FY 2015	1.1	0.2	2.0	2.3	2.5	2.2	0.9	1.5	0.8	0.5	0.9	0.1		1.2
FY 2014														0.0
Acute Admits														
FY 2016	6	8	3	8	9	5	7	5	6	10	6	8	81	6.8
FY 2015	1	1	4	6	5	2	5	1	5	5	3	1	39	3.3
FY 2014													0	
Acute Patient Days														
FY 2016	16	15	18	22	26	20	11	10	18	22	15	17	210	17.5
FY 2015	2	3	7	8	16	3	10	2	11	6	7	2	77	6.4
FY 2014													0	0
SWB Admits														
FY 2016	2	2	0	2	1	3	1	0	1	2	1	2	17	1.4
FY 2015	1	1	3	3	2	0	0	3	1	1	0	0	15	1.3
FY 2014													0	
SWB Patient Days														
FY 2016	10	40	32	37	24	46	25	0	3	11	1	17	246	20.5
FY 2015	31	3	55	60	60	62	18	45	12	10	19	0	375	31.3
FY 2014													0	0
CCMC LTC Admits														
FY 2016	1	0	0	0	0	0	2	0	0	0	0	0	3	0
FY 2015	0	0	0	1	1	2	1	2	2	1	0	0	10	0.8
FY 2014													0	
CCMC LTD Resident Days														
FY 2016	310	290	310	297	310	298	292	310	300	310	300	310	3,637	303
FY 2015	310	280	308	287	307	300	274	273	388	309	300	310	3,646	304
FY 2014													0	0
CCMC LTC Avg. Census														
FY 2016	10.0	10.0	10.0	9.9	10.0	9.9	9.4	10.0	10.0	10.0	10.0	10.0		9.9
FY 2015	10.0	10.0	9.9	9.6	9.9	10.0	8.8	8.8	12.9	10.0	10.0	10.0		10.0
FY 2014	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0
ER Visits														
FY 2016	52	45	52	52	59	79	85	74	51	55	37	53	694	57.8
FY 2015	23	46	49	40	104	73	104	97	47	56	37	39	715	59.6
FY 2014													0	0

Cordova Community Medical Center Statistics

	31 Jan	28 Feb	31 Mar	30 Apr	31 May	30 Jun	31 Jul	31 Aug	30 Sep	31 Oct	30 Nov	31 Dec	Cumulative	Monthly
Outpatient Registrations w/ER														
FY 2016									165	146	126	137	574	
FY 2015													0	0
FY 2014													0	0
PT Procedures														
FY 2016	319	344	349	401	326	396	291	324	489	346	407	415	4,407	367
FY 2015	224	197	280	347	321	224	319	345	216	170	296	269	3,208	267
FY 2014													0	0
OT Procedures														
FY 2016	105	107	51	139	124	53	31	26	36	62	66	111	911	76
FY 2015	24	55	95	67	108	65	35	107	90	99	115	128	988	82
FY 2014													0	0
Lab Tests														
FY 2016	304	363	324	350	374	399	318	314	319	340	272	219	3,896	325
FY 2015	440	350	533	266	486	311	411	328	359	363	291	367	4,505	375
FY 2014													0	0
X-Ray Procedures														
FY 2016	60	52	64	56	76	71	63	74	52	44	42	37	691	58
FY 2015	27	27	66	68	59	56	99	84	47	34	37	44	648	54
FY 2014													0	0
CT Procedures														
FY 2016									15	25	17	13	70	
FY 2015													0	0
FY 2014													0	0
CCMC Clinic Visits														
FY 2016	178	197	170	203	222	191	205	231	343	227	203	223	2,593	216.1
FY 2015	141	151	157	196	204	190	224	270	164	194	131	160	2,182	181.8
FY 2014													0	0
Behavioral Hlth Visits														
FY 2016	94	100	103	104	89	75	58	39	56	47	80	122	967	80.6
FY 2015	94	90	73	97	37	68	112	49	106	70	71	76	943	78.6
FY 2014													0	0

Cordova Community Medical Center
Balance Sheet
Preliminary Pre-Audit

ASSETS	12/31/2016	11/30/2016	12/31/2015
Current Assets			
Cash	96,892	108,722	1,766
Net Account Receivable	1,266,339	1,261,097	1,191,530
Third Party Receivable	-	-	0
Other Receivables	100,481	100,481	62,255
Prepaid Expenses	1,717	2,002	22,642
Inventory	138,786	169,201	135,374
Total Current Assets	**1,604,214**	**1,641,503**	**1,413,566**
Property, Plant & Equipment			
Land	122,010	122,010	122,010
Buildings	7,006,763	7,006,763	7,006,763
Equipment	6,759,816	6,759,816	6,526,416
Construction in Progress	1,077,323	1,060,094	1,060,094
Subtotal PP&E	14,965,911	14,948,682	14,715,283
Less Accumulated Depreciation	(10,151,421)	(10,106,135)	(9,600,898)
Total Property & Equipment	**4,814,490**	**4,842,547**	**5,114,385**
Other Assets			
PERS Deferred Outflow	929,979	929,979	929,979
Total Other Assets	**929,979**	**929,979**	**929,979**
Total Assets	**7,348,683**	**7,414,029**	**7,457,930**
LIABILITIES AND FUND BALANCE			
Current Liabilities			
Accounts Payable	609,925	586,585	841,810
Payroll & Related Liabilities	680,113	496,516	495,636
Third Party Settlement Payment	0	0	0
Interest & Other Payables	6,043	6,035	285
Long Term Debt	3,100,976	3,100,976	2,182,460
Other Current Long Term Debt	128,971	132,146	137,630
Total Current Liabilities	**4,526,028**	**4,322,258**	**3,657,821**
Long Term Liabilities			
2015 Net Pension Liability	5,015,100	5,015,100	5,015,100
Total Long Term Liabilities	**5,015,100**	**5,015,100**	**5,015,100**
Deferred Inflows of Resources			
Pension Deferred Inflow	88,788	88,788	88,788
Total Deferred Inflows	**88,788**	**88,788**	**88,788**
Total Liabilities	**9,629,916**	**9,426,146**	**8,761,709**
Net Position			
Unrestricted Fund Balance	2,769,539	2,769,539	2,769,539
Temporary Restricted Fund Balance	13,035	13,035	13,035
Prior Year Retained Earnings	(4,086,354)	(4,086,354)	(3,040,744)
Current Year Net Income	(977,454)	(708,338)	(1,045,610)
Total Net Position	**(2,281,233)**	**(2,012,117)**	**(1,303,780)**
Total Liabilities & Net Position	**7,348,683**	**7,414,029**	**7,457,930**

Cordova Community Medical Center
Gross AR Aging and Days in AR
December 2016

TOTAL

Gross A/R	0 - 30	31 - 60	61 - 90	91 - 120	121+	Totals		Dec Days In AR
Commercial	110,369	76,735	47,140	31,351	139,288	404,883	22.5%	
Medicare	121,130	47,972	13,922	13,510	93,042	289,577	16.1%	
Medicaid	25,158	51,773	18,002	10,158	84,203	189,294	10.5%	
Other Govt payers	37,002	17,176	10,027	3,141	34,380	101,726	5.7%	
Extended Pymt Terms	-	1,157	2,182	847	68,244	72,429	4.0%	
Private Pay	31,484	20,613	26,997	45,760	188,124	312,977	17.4%	
Long Term Care	264,827	(32,006)	7,355	1,648	105,610	347,434	19.3%	
Work Comp	12,404	12,160	12,483	6,228	35,137	78,412	4.4%	
Totals	602,372	195,581	138,108	112,642	748,027	1,796,731	100.0%	72.3
	33.5%	10.9%	7.7%	6.3%	41.6%	100.0%		
						91,317	Credit Balances	

Cordova Community Medical Center
Income Statement
Preliminary Pre-Audit

	December 2016					Year To Date				
REVENUE	Actual	Budget	Variance	Prior Yr	Variance	Actual	Budget	Variance	Prior Yr	Variance
Acute	82,024	30,839	51,185	22,709	59,315	815,846	370,065	445,781	337,370	478,476
Swing Bed	43,447	92,045	(48,599)	-	43,447	677,714	1,104,542	(426,828)	856,334	(178,620)
Long Term Care	358,989	346,378	12,611	337,604	21,385	4,230,828	4,156,538	74,290	3,989,247	241,581
Clinic	72,689	63,293	9,396	63,207	9,481	877,600	759,516	118,085	751,081	126,519
Outpatients	160,352	188,520	(28,168)	146,497	13,855	2,534,872	2,187,563	347,309	2,089,620	445,252
Behavioral Health	56,646	48,254	8,391	35,581	21,065	494,705	579,052	(84,347)	552,618	(57,913)
Patient Services Total	774,146	769,329	4,817	605,598	168,548	9,631,565	9,157,276	474,288	8,576,270	1,055,295
DEDUCTIONS										
Charity	-	21,804	(21,804)	3,790	(3,790)	184,899	261,643	(76,744)	206,493	(21,594)
Contractual Adjustments	132,907	94,385	38,522	158,506	(25,599)	1,528,941	1,132,620	396,320	1,077,401	451,540
Bad Debt	14,073	18,576	(4,503)	10,825	3,248	339,399	222,907	116,492	177,968	161,431
Deductions Total	146,980	134,764	12,216	173,121	(26,141)	2,053,239	1,617,170	436,068	1,461,861	(1,025,793)
COST RECOVERIES						-	-		-	
Grants	-	40,808	(40,808)	(492)	492	411,017	489,695	(78,678)	387,423	23,594
In-Kind Contributions	82,475	101,454	(18,979)	87,856	(5,381)	1,332,029	1,217,444	114,585	1,047,454	284,575
Other Revenue	5,791	63,288	(57,496)	70,167	(64,376)	789,554	759,451	30,103	100,253	689,300
Cost Recoveries Total	88,266	205,549	(117,283)	157,530	(69,265)	2,532,600	2,466,590	66,010	1,535,130	997,470
TOTAL REVENUES	**715,431**	**840,114**	**(124,683)**	**590,007**	**125,425**	**10,110,926**	**10,006,696**	**104,230**	**8,649,538**	**(8,545,308)**
EXPENSES										
Wages	338,558	294,439	44,120	304,206	34,352	3,570,859	3,533,263	37,596	3,270,767	300,092
Taxes & Benefits	224,038	201,960	22,078	60,766	163,271	2,088,912	2,423,527	(334,615)	1,983,346	105,566
Professional Services	136,558	180,625	(44,068)	188,805	(52,247)	2,358,381	2,167,503	190,878	2,002,762	355,619
Minor Equipment	1,640	1,448	192	1,636	3	30,587	17,374	13,213	25,362	5,225
Supplies	65,291	36,269	29,022	126,994	(61,703)	438,748	435,230	3,518	495,149	(56,401)
Repairs & Maintenance	7,486	8,798	(1,312)	5,259	2,227	97,011	105,574	(8,563)	110,737	(13,726)
Rents & Leases	21,174	10,197	10,977	9,641	11,533	184,596	122,364	62,232	101,879	82,717
Utilities	108,782	47,300	61,482	144,388	(35,606)	1,236,003	567,596	668,407	654,354	581,649
Travel & Training	2,202	4,341	(2,139)	3,928	(1,727)	67,350	52,091	15,259	32,770	34,580
Insurances	14,355	17,221	(2,866)	35,019	(20,664)	200,039	206,649	(6,610)	217,308	(17,269)
Recruit & Relocate	8,563	7,838	725	8,126	438	103,875	94,060	9,815	46,778	57,097
Depreciation	45,285	22,361	22,924	38,951	6,334	550,522	268,331	282,191	317,945	232,577
Other Expenses	10,617	9,151	1,466	6,816	3,801	161,496	109,813	51,683	141,845	19,652
TOTAL EXPENSES	**984,548**	**841,946**	**142,601**	**934,536**	**50,012**	**11,088,379**	**10,103,375**	**985,004**	**9,401,001**	**1,687,378**
OPERATING INCOME	(269,116)	(1,832)	(267,284)	(344,529)	75,413	(977,453)	(96,679)	(880,774)	(751,463)	(225,990)
Restricted Contributions				-					52,018	
NET INCOME	**(269,116)**	**(1,832)**	**(267,284)**	**(344,529)**	**75,413**	**(977,453)**	**(96,679)**	**(880,774)**	**(699,465)**	**(277,988)**

Cordova Community
MEDICAL CENTER

SOUND ALTERNATIVES
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P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

Date: **February 9, 2017**
To: **Health Services Board**
From: **Stephen Sundby, Ph.D., Executive Director**
RE: **Sound Alternatives Report**

1. Staff:

    a. Sound Alternatives has hired a new Administrative Assistant. June James is now the Administrative Assistant for Sound Alternatives. She has an extremely broad skills set and is doing a great job.

    b. Sound Alternatives is recruiting for a new Executive Director due to my retirement from CCMC.

2. Sound Alternatives is in the timeframe window for The Joint Commission (Accreditation) survey. The timeframe open on February 20, 2016 and extends to August 2017. The Joint Commission will survey sometime during that time period.

3. Sound Alternatives received a letter from the State of Alaska, Division of Behavioral Health (DBH) stating that State Fiscal Year (FY) 2018 will be a continuation year for the Comprehensive Behavioral Health Treatment and Recovery programs. Grants and Contracts will issues continuation applications in mid-March 2017. DBH stated at the Change Agent Conference in Anchorage that there will be continuing reductions in grants with FY2018. This would include the elimination of grants to some providers. The DBH Division Director stated that there will be some grants in the future (FY2019 and beyond) to cover some services that are not covered by Medicaid billing.

4. As of 1/24/2017 Sound Alternatives Developmental Disability Program was recertified to provide Day Habilitation, In Home Supports and Respite Care for recipients of services thru the HCB Waiver Program, and the CDDG Grant Program. The HCB Waiver Program is a Medicaid reimbursement service to those individuals that meet a Nursing Level of Care, but they receive the supports they need in their chosen community and not in an institutional placement. This recertification was for the provider of services, eliminating the Care Coordination service by Sound Alternatives staff due to the new direction of Conflict Free Care Coordination statutes via CMS and the State of Alaska. The State of Alaska is developing a new HCB Waiver of support for those individuals that are receiving funding thru the CDDG Grant program. This will facilitate the decrease of available CDDG Grant funds, those funds will be replaced by Medicaid billing for the respite portion of their services. Case Management for the CDDG Grant recipients will also be provided by Conflict Free Care Coordinators.

5. Attached is a copy of the 2nd Quarter State of Alaska, Division of Behavioral Health, AKAIMS Report for Sound Alternatives.

Sound Alternatives

Quarterly Summary for FY 2017

Substance Abuse

1. Number of patients served within a quarter.	Q1	Q2	Q3	Q4	FYTD
Adult Substance Abuse: 12 - Adult - Out Patient - SA	5	9	3	0	11
Youth OP Substance Abuse: 10 - Youth & Family OP Substance Use Disorder Treatment - SA	0	1	0	0	1
Total	**5**	**10**	**3**	**0**	**12**

2. Number of patients enrolled into program type during the quarter.	Q1	Q2	Q3	Q4	FYTD
Adult Substance Abuse: 12 - Adult - Out Patient - SA	2	4	1	0	7
Youth OP Substance Abuse: 10 - Youth & Family OP Substance Use Disorder Treatment - SA	0	1	0	0	1
Total	**2**	**5**	**1**	**0**	**8**

3. Number of patients placed on a waitlist following an assessment.	Q1	Q2	Q3	Q4	FYTD
Total					

4. Number of patients on the waitlist currently receiving interim services.	Q1	Q2	Q3	Q4	FYTD
Total					

5A. Number of Injection Drug Users Admitted to Treatment.	Q1	Q2	Q3	Q4	FYTD
Adult Substance Abuse: 12 - Adult - Out Patient - SA	1	1	0	0	2
Total	**1**	**1**	**0**	**0**	**2**

5B Number of Injection Drug Users: Placed on waiting list, with interim services provided within 48 hours.	Q1	Q2	Q3	Q4	FYTD
Total					

6A Number of Pregnant Women: Admitted to Treatment.	Q1	Q2	Q3	Q4	FYTD
Total					

6B Number of Pregnant Women: Referred to Treatment elsewhere.	Q1	Q2	Q3	Q4	FYTD
Total					

7A Residential treatment programs total number of DBH bed days available.	Q1	Q2	Q3	Q4	FYTD
Total					

7B Residential Treatment Program ONLY: Number of bed days utilized this quarter.	Q1	Q2	Q3	Q4	FYTD

Total					

7C Residential Treatment Program ONLY: Number of children that accompanied their parent/guardian to treatment.	Q1	Q2	Q3	Q4	FYTD
Total					

8. Number of patients disenrolled from treatment programs (No disenrollments from MH Programs are counted).	Q1	Q2	Q3	Q4	FYTD
Adult Substance Abuse: 12 - Adult - Out Patient - SA	2	2	0	0	4
Youth OP Substance Abuse: 10 - Youth & Family OP Substance Use Disorder Treatment - SA	2	0	0	0	2
Total	**4**	**2**	**0**	**0**	**6**

9. Total Discharged during the quarter (SA/Dual clients only).	Q1	Q2	Q3	Q4	FYTD
Total	**4**	**3**	**0**	**0**	**7**

10. Number of patients discharged from treatment that received HIV/AIDS risk assessment, education, and risk reduction counseling.	Q1	Q2	Q3	Q4	FYTD
Total					

11. Number of patients discharged from treatment that received Hepatitis C education this quarter.	Q1	Q2	Q3	Q4	FYTD
Total	**4**	**3**	**0**	**0**	**7**

12. Number of patients discharged from treatment that received TB education and/or referral for TB testing.	Q1	Q2	Q3	Q4	FYTD
Total	**4**	**3**	**0**	**0**	**7**

Emergency Services

1. Number of emergency phone contacts.	Q1	Q2	Q3	Q4	FYTD
Total					

2. Number of emergency contacts seen drop-in / office.	Q1	Q2	Q3	Q4	FYTD
Sound Alternatives	1	0	0	0	1
Total	**1**	**0**	**0**	**0**	**1**

3. Number of emergency contacts seen in home.	Q1	Q2	Q3	Q4	FYTD
Total					

4. Number of emergency contacts seen at hospital / on-call intervention.	Q1	Q2	Q3	Q4	FYTD
Sound Alternatives	6	3	0	0	9
Total	**6**	**3**	**0**	**0**	**9**

5. Number of emergency contacts seen in community.	Q1	Q2	Q3	Q4	FYTD
Sound Alternatives	2	0	0	0	2
Total	**2**	**0**	**0**	**0**	**2**

6. Number of emergency contacts seen Emergency Outreach Intervention.	Q1	Q2	Q3	Q4	FYTD
Total					

7. Number of emergency contacts seen by appointment.	Q1	Q2	Q3	Q4	FYTD
Sound Alternatives	4	0	2	0	6
Total	**4**	**0**	**2**	**0**	**6**

8. Number of emergency contacts seen Community Service Patrol.	Q1	Q2	Q3	Q4	FYTD
Total					

9. Number of emergency contacts seen under "other" circumstances.	Q1	Q2	Q3	Q4	FYTD
Total					

Special Populations

1. Number of individuals screening positive for a Co-occurring Disorder.	Q1	Q2	Q3	Q4	FYTD
Sound Alternatives	6	5	2	0	13
Total	**6**	**5**	**2**	**0**	**13**

2. Number of individuals screening positive for a Traumatic Brain Injury.	Q1	Q2	Q3	Q4	FYTD
Sound Alternatives	6	2	2	0	10
Total	**6**	**2**	**2**	**0**	**10**

Mental Health Enrollment

1. Number of SED youth served in the quarter.	Q1	Q2	Q3	Q4	FYTD
SED Youth MH: 09 - OP Svcs for HRC in EC & Youth with SED & Families	5	4	2	0	6
Total	**5**	**4**	**2**	**0**	**6**

2. Number of SED youth enrolled at agency.	Q1	Q2	Q3	Q4	FYTD
SED Youth MH: 09 - OP Svcs for HRC in EC & Youth with SED & Families	2	1	0	0	3
Total	**2**	**1**	**0**	**0**	**3**

3. Number of youth (other than SED) served in the quarter.	Q1	Q2	Q3	Q4	FYTD
Sound Alternatives: General Mental Health: Other	3	2	0	0	3
Total	**3**	**2**	**0**	**0**	**3**

4. Number of youth (other than SED) enrolled at agency.	Q1	Q2	Q3	Q4	FYTD
General Mental Health: Other	1	0	0	0	1
Total	**1**	**0**	**0**	**0**	**1**

5. Number of SMI Adults served in the quarter.	Q1	Q2	Q3	Q4	FYTD
General Mental Health: Other	1	0	0	0	1
SMI Adult MH: 11 - Outpatient Treatment for Adults with Serious Mental Illness - MH	14	11	5	0	17
Total	**15**	**11**	**5**	**0**	**18**

6. Number of SMI adults enrolled at agency.	Q1	Q2	Q3	Q4	FYTD
General Mental Health: Other	1	0	0	0	1
SMI Adult MH: 11 - Outpatient Treatment for Adults with Serious Mental Illness - MH	2	3	0	0	5
Total	**3**	**3**	**0**	**0**	**6**

7. Number of adults (other than SMI) served in the quarter.	Q1	Q2	Q3	Q4	FYTD
Sound Alternatives: General Mental Health: Other	16	15	7	0	24
Total	**16**	**15**	**7**	**0**	**24**

8. Number of adults (other than SMI) enrolled at agency.	Q1	Q2	Q3	Q4	FYTD
General Mental Health: Other	5	4	2	0	11
Total	**5**	**4**	**2**	**0**	**11**

NATIONAL RURAL HEALTH RESOURCE CENTER

www.ruralcenter.org

Community Health Needs Assessment

CORDOVA, ALASKA – DECEMBER 2016

CORDOVA COMMUNITY MEDICAL CENTER

The following provides a sample of some of the top CHNA findings:

- Overall effectiveness of services at CCMC was rated as "Good" (3.15 out of 4.00)
- 55% (n=62/112) perceive Cordova as "Somewhat Healthy"
- "What can CCMC do to meet community health needs?" Most frequent answers included: increase consistency in staffing, reduce cost, offer health education, enhance access to specialty care services

Summary of Assessment Findings

Cordova Community Medical Center (CCMC) participated in Community Health Needs Assessment (CHNA) services, administrated by the National Rural Health Resource Center. This process included the development and distribution of a stratified, randomly sampled mailed survey and key informant interviews. These methods give the hospital the opportunity to listen and respond to the health needs of the community. Results of the assessment findings will be used to identify local health priorities, establish health goals and create an action plan for the purposes of:

- Improving overall population health
- Promoting collaboration and partnerships in the area to address community health needs
- Improving communication across health sectors
- Creating awareness of the comprehensive, high-quality health care services available locally
- Reinforcing a commitment to the people of Cordova and the surrounding area that their health is the hospital's top priority

What the Community is Saying

Top Community Health Concerns:
1. Substance abuse
2. Alcohol abuse
3. Access to specialists

Greatest health education need:
1. Mental health/substance abuse
2. Health screenings
3. Healthy lifestyle

Most likely to go for routine health care:
1. CCMC physician
2. Ilanka Clinic
3. Outside of Cordova

Specialist most needed
1. Obstetrics/Gynecology
2. General surgery
3. Cardiology

Reason to seek primary care outside of CCMC
1. Prior relationship with other provider
2. Other
3. Cost of care

"Staff is friendly and new CEO is great, physicians are good"

-Key Informant

Cordova Community Medical Center

Community Health Needs Assessment and Key Informant Interview Findings

December 2016

NATIONAL RURAL HEALTH RESOURCE CENTER

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INTRODUCTION

Cordova Community Medical Center (CCMC) participated in community health needs assessment services, administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the winter of 2016, The Center conferred with leaders from CCMC to discuss the objectives of a regional community health needs assessment. A mailed survey instrument was developed to assess the health care needs and preferences in the service area. The survey instrument was designed to be easily completed by respondents. Responses were electronically scanned to maximize accuracy. The survey was designed to assemble information from local residents regarding:

- Demographics of respondents
- Utilization and perception of local health services
- Perception of community health

Sampling

CCMC provided The Center with a list of inpatient hospital admissions. Five hundred fifteen residents were selected randomly from PrimeNet Data Source, a marketing organization. Although the survey samples were proportionately selected, actual surveys returned from the area varied. This may result in slightly less proportional results.

Survey Implementation

In November, 2016, the community health needs assessment, a cover letter with CCMC's letterhead and a postage paid reply envelope were mailed first class to 515 randomly selected residents in the targeted region (one zip code). A press release was sent to local newspapers prior to the survey distribution announcing that CCMC would conduct a community health needs assessment throughout the region, in cooperation with The Center.

One hundred twelve (112) of the mailed surveys were returned, providing a 24% response rate. Based on the sample size, surveyors are 95% confident that the responses are representative of the service area population, with a margin of error of 6.89. Note that 55 of the original 515 surveys sent were returned by the U.S. Postal Service as undeliverable.

This report includes comparisons to averages from The Center's overall community health needs assessment database (CHNA Database) where applicable. Please note, sample sizes are different for each community, but are comparable.

Recommendations are included for developing and implementing program plans to address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A).

Report Findings May be Used For:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development

Survey Findings

The Center has been administering CHNAs in rural communities across America for over 25 years, which enables historical and comparative analysis if applicable. Comparative analysis from the CHNA Database is included when questions, field selections and methodology are standardized.

In the following tables and graphs, the question asked on the mailed survey is emboldened and the question number from the mailed survey is appropriately labeled as "Q4".

Community Health

Q1: How would you rate the general health of our community? Based on The Center's CHNA Database, 40% of respondents rate their community as "Healthy" and 42% as "Somewhat Healthy". **(N=112)**

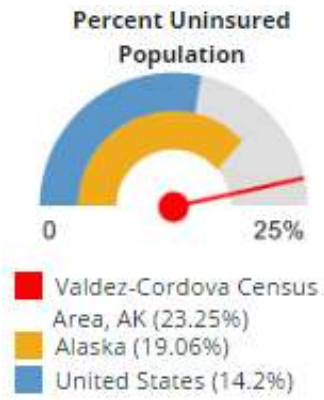
Perception of Community Health					
No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
5% n=6	6% n=7	29% n=32	55% n=62	4% n=4	1% n=1

Q2: What are the three most pressing health concerns in the community? Respondents were asked to select three that apply, so totals do not equal 100%. **(N=112)**

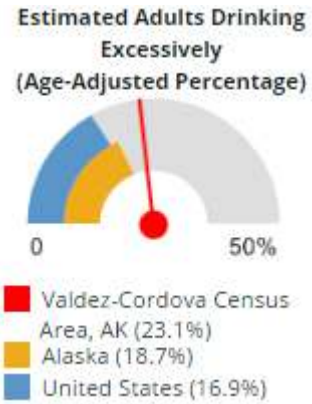
Health Concerns	n=	2016
Substance abuse	57	51%
Alcohol abuse	54	48%
Access to specialists	43	38%
Affordable health care	35	31%
Prenatal labor & delivery	29	26%
Prescription drug affordability	19	17%
Chronic disease management (diabetes, heart failure)	15	13%
Obesity	14	13%
Healthy lifestyles (exercise/nutrition)	13	12%
Cancer	12	11%
Geriatric care (seniors)	12	11%
Mental health services	11	10%
Heart disease/stroke	7	6%
Smoking	6	5%
Access to primary care	5	4%
End-of-life care	5	4%
Wellness/prevention services	5	4%
Other	5	4%
Ability to service different languages/cultures	4	4%
Dental services	4	4%
Asthma	1	1%
Reliable health information	1	1%

Your County's Top Health Concerns

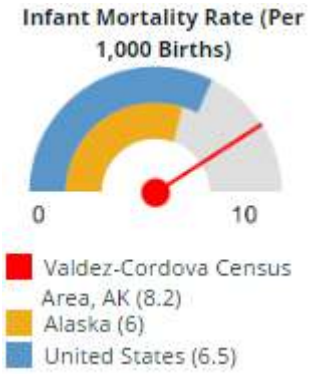
Source: Accessed through [Community Commons]



US Census Bureau, 2010-14
American Community Survey.



CDC and Prevention, 2006-2012
Behavioral Risk Factor Surveillance System



HRSA, 2006-2010
Area Health Resource File

Meeting Community Health Needs

Q5: What can Cordova Community Medical Center do to best meet the health needs of our community? This was an open ended question where respondents were able to write in any answer they wanted. The top answer topics are listed below. See the full list of answers in Appendix B. **(n=82)**

- Staffing (25)
- Reduce Cost (15)
- Education (10)
- Specialist Care (10)
- Labor and delivery services (7)

Q3: What is the greatest health education need in our community? Respondents feel the need for "Mental health/substance abuse education" and "Health screenings". **(N=112)**

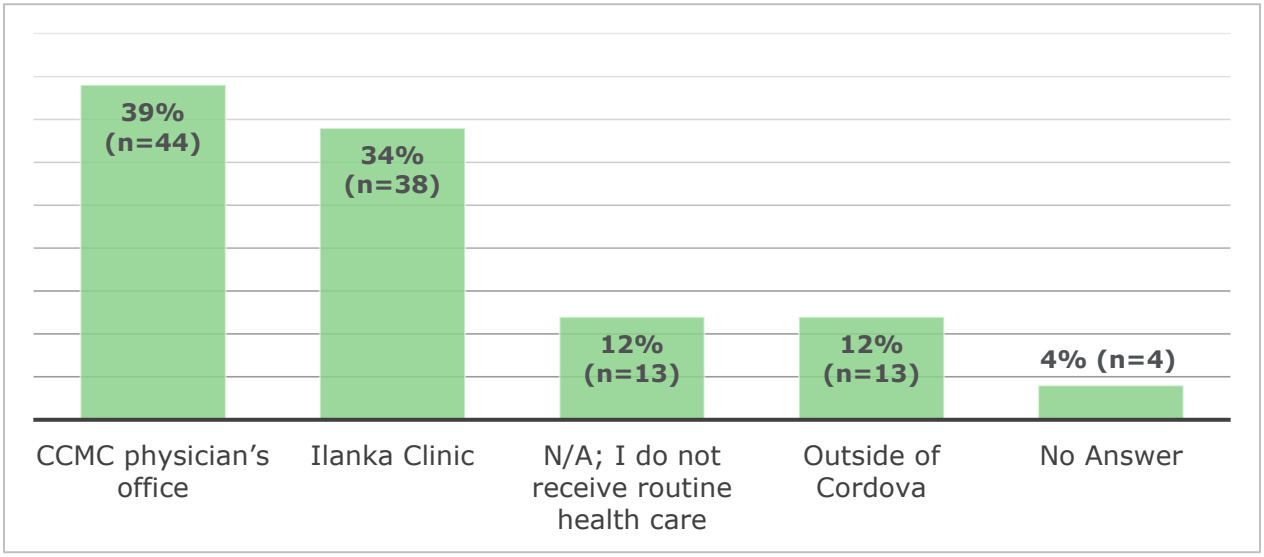
Health Education Needs	n=	2016
Mental health/substance abuse education	38	34%
Health screenings	23	21%
Healthy lifestyles education	16	14%
Disease specific information	12	11%
Obesity prevention	7	6%
No Answer	6	5%
Tobacco prevention & cessation	4	4%
Oral/dental health education	2	2%
Reproductive health education	2	2%
Other	2	2%

Q4: What is your preferred method to receive education on health issues through Cordova Community Medical Center (CCMC)? Community classes are the most frequently cited mode for receiving health education, according to respondents. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=111)**

Preferred Method of Learning	n=	2016
Classes in the community	57	51%
Pamphlets or other printed materials	42	38%
CCMC website	32	29%
Facebook/social media	32	29%
Newspaper	28	25%
Radio	24	22%
GCI Scanner	18	16%
Other	2	2%

Routine Care

Q6: Where are you most likely to go for routine health care? The majority of respondents are most likely to go to a physician's office for routine health care. **(N=112)**



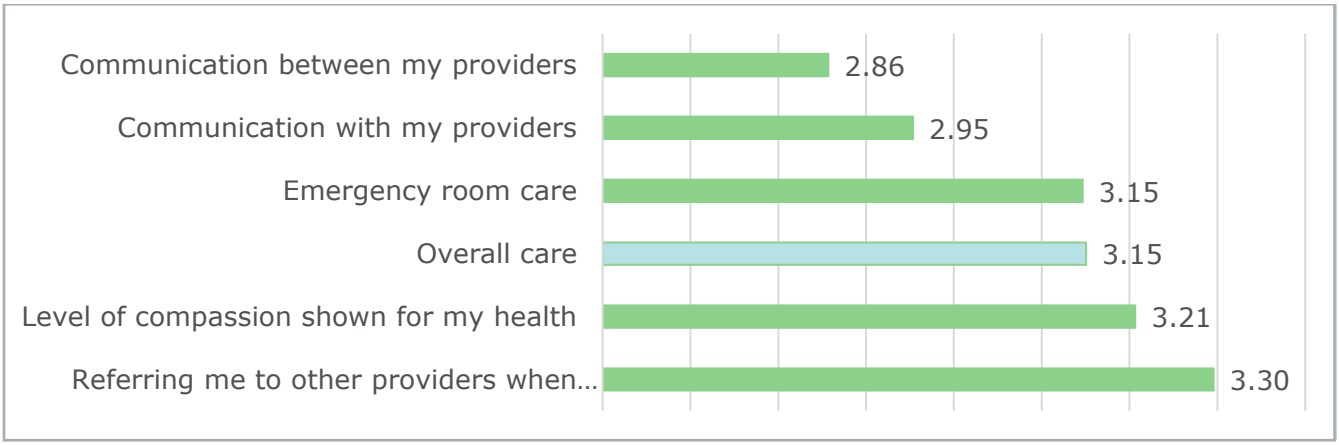
Reason for Selecting the Primary Care Provider

Q7: If you use primary care outside of CCMC, why? The top response, according to The Center's CHNA Database, is "Closest to home". Respondents were asked to select all that apply, so totals do not equal 100%. **(n=100)**

Reason for Selecting Provider	n=	2016
Prior relationship with other provider	34	34%
Other	22	22%
Cost of care	20	20%
N/A I always receive care at CCMC	19	19%
More privacy	18	18%
Quality of staff elsewhere	15	15%
Quality of equipment elsewhere	14	14%
Required by insurance plan	11	11%
Closest to home	4	4%
VA/Military requirement	4	4%
Closest to work	1	1%

Rate Primary Care Services

Q9: Please rate the effectiveness of health care services at CCMC on a scale of 1-4. Non-numerical selections were eliminated and the sums of the average weighted scores were calculated. The total average weighted score was 3.15, indicating the overall effectiveness of services as "Good". **(N=112)**



Rate PC Services (N=159)	Average Weighted Score	No Answer	Excellent 4	Good 3	Fair 2	Poor 1	Not Applicable
Referring me to other providers when appropriate	3.30	12	26	38	7	4	25
Level of compassion shown for my health	3.21	9	19	48	15	4	17
Overall care	3.15	10	16	33	16	5	32
Emergency room care	3.15	7	39	36	14	3	13
Communication with my providers	2.95	8	34	26	9	2	33
Communication between my providers	2.86	9	31	47	13	2	10
Average weighted Score	**3.15**						

Greatest Specialty Need

Q10: What type of specialist would you like to have access to most in our community? Respondents would most like to have access to an Obstetrics/Gynecology specialist. This was also requested through key informant interviews. **(N=112)**

Requested Specialist	n=	2016
Obstetrics/Gynecology	24	21%
No Answer	15	13%
General surgery	12	11%
Cardiology	11	10%
Ear, nose & throat	11	10%
Chronic acute pain	8	7%
Orthopedics	7	6%
Other	5	4%
Dermatology	4	4%
Psychiatric services	4	4%
Endocrinology/diabetes	3	3%
Urology	3	3%
Ophthalmology	2	2%
Rheumatology	2	2%
Podiatry	1	1%

KEY INFORMANT INTERVIEWS

Introduction

The National Rural Health Resource Center (The Center) of Duluth, Minnesota was contracted by Cordova Community Medical Center to conduct key informant interviews to provide qualitative data on the strengths and needs of local health care services.

Key Informant Methodology

Seven key informant interviews were scheduled in November and December, 2016. Key informants were identified as individuals who provide leadership in the community. Invitations were mailed for the surveyor to call the key informant. Key informants received the list of questions attached (Appendix C) prior to the call. Each key informant session was approximately 30 minutes in length and included the same types of questions. The questions and discussions were led by Kami Norland and Sally Buck of The Center.

Key Informant Findings

1. **Describe the overall health of this community.**

Alcohol/Substance Misuse

- "There is a heroin epidemic here"
- Fair amount of drug and substance abuse – alcohol, smoking, meth and opioid use
- Alcoholism is an issue and we have a drug problem (heroin and crystal meth)
- Recreational use of marijuana
- Two classes of people in town; those who exercise and get outside and substance abusers

Health Concerns

- Not overly healthy – a lot smoking and obesity
- It's not an overly active community
- It's pretty good; I don't go to the doctor often because I'm health conscious

Location/Population

- Good, but there are issues with living in a remote location
- There is a large transient population with specific health issues such as trauma, alcohol and drugs

- We're off the road, the only way in is by plane or boat and those that have severe health concerns move, so those that are healthy, stick around with the exception of some with more chronic diseases
- There is choice in providers with a female/male, 2 clinics, and a dentist and a behavioral health/cd services= great access to care given the size of the town
- Two communities in Cordova – Native village of Eyak and citizens of Cordova – served by both clinics
- Cordova is a fairly health town with a younger population that fishes, there are some older folks that have lived here for generations, there are also transients here where the population doubles in the summer
- The local grocery store sells organic food and there is a need/desire for these products

Overall Health Concerns

- Aging population
- Kidney and cardio vascular diseases
- Some people are able to do kidney dialysis at home which is nice

2. What is the greatest health need in the community?

Lack of Access to Specialty Services

- Having to travel away for care is really hard for the individual and their family member
- Having the entire health system of services available for the community Cancer is highly prevalent but we can't meet the needs of these patients without their having to travel to Anchorage or Seattle, it would be nice to have oncology services available locally
- There is no specialty care available, especially OBGYN, no eye care, no surgeon
- "It would be much more convenient to birth babies locally as families have to leave for Anchorage one month ahead of their due date and find a place to live; which is expensive and challenging"
- Not having the ability to do more emergency medicine and surgery
- Having access to a surgeon would be really nice; we must travel to Anchorage for emergency surgeries such as an appendectomy or fractures
- No home health here which would be very beneficial
- Having the ability to do screenings; mammography, MRI, colonoscopies
- Reduce Medi-vac procedures
- Preventative care
- Emergency care

Health Education

- "General health is a need everywhere and we have these services, but we need to work on the addiction of opioid and illicit drugs- how do we combat these needs?"
- "We have mental health and substance use: sound alternatives; but how can these partnerships be fostered further to better help the needs of the community?"

3. What do you think CCMC could do to increase the health of the community? Where are the opportunities to collaborate?

Reduce Duplication of Services in Town

- "Collaborate with the other clinic as they see the majority of patients in town. CCMC might be a more viable option over the other clinic because of the hospital based care"
- "CCMC should be stronger and better for the community"
- "There is a lab at both clinics in town; the difference being that NVE accepts all patients and offers a sliding fee scale; so CCMC could focus on hospital services rather than primary care"
- Behavioral health offered at both sites. Maybe there is a way to collaborate on behavioral health for state funds (CCMC) and federal funds at NVE?
- "Merge primary care clinics to save funds? Although there are cultural impediments to overcome. Especially in the winter.
- There is an opportunity for both the clinics in town to collaborate but they will need to overcome past issues. Formerly they were co-located.

Enhance Collaborations

- Collaborate with public health
- Collaborate with employers
- Collaborate more with the mental health agency, family resource center and substance abuse program
- Collaborate more with Sound Alternatives
- Collaboration with others is needed

Outreach and Education

- Increase awareness of services through outreach and education, starting with longer organizations – city, electric, forestry, fish processing plant, etc. Encourage local utilization and promote staff capabilities
- Increase general education with the community – expand health fairs
- One of the doctors is doing monthly information programs in the evenings (diabetes for example) and this is really important and I'd like to see this expand and continue

- Create an approach to benefit the whole community and others that can benefit
- Be sure to provide services to the Philippine population; these seasonal employees are important too
- Education on services available; we've done this already but we need to keep doing this in different ways

Internal Processes

- Improve operations, improve energy efficiency, lease out space
- The hospital has a good facility and it is clean, but they have limited funds
- Community has concern about quality of care; reputation was poor past decade
- Need to improve the quality and promote the services
- "Having two full – time physicians living in the community is helpful, but I'm not sure if everyone knows about them yet?"
- We have 2 permanent physicians now which has really helped
- They're doing a good job; new providers are doing great; health fair is fun and a big deal; do the health fair in the fall too to be more accessible for other's schedules
- Have a nurse oversee tele-medicine services?
- Provide more skilled nursing, don't separate the nursing home

4. In your opinion, what are some of the strengths (availability, quality) of the health services offered at CCMC?

Staff and Leadership

- Physicians are a strength – family medicine. One was in military with emergency experience. Dedicated to improving care
- Staff are dedicated – four doctorate level beyond physicians, smart and talented
- Two doctors available – male and female for primary care not just emergency
- Staff seems to get along well
- Staff is friendly and new CEO is great, physicians are good
- CEO is now meeting with FQHC monthly, trying to rebuild cooperation
- Working on collaboration with NVE – new leadership in both organizations
- Two very new doctors; one male, one female to help treat people in their own comfort zone, very good paramedics and EMS services, close working relationship with staff
- Good people working here
- Staff are part of the community, so you're getting treated by a friendly person

- Nursing care is excellent and is a draw from other towns
- Services are good by physicians and nurses
- Quality of care is good
- Care at the hospital was good and responsive to needs

Services

- Radiology – x-ray, long term care facilities, certified lab, emergency room – admit or triage and Medi-Vac are all excellent
- 24-hour emergency services
- "It is good to have a CT scan for stroke care locally"
- Large facility, centrally located, good suite of services
- Good access to care where appointments are available
- Good coordination between hospital and pharmacy
- Triage quickly for life flight
- Communication with Anchorage hospital is effective, but paper work may be a day late which can put a snag in communication a bit, but diagnosis and lab communication is good; with EHR, care has improved
- "Behavioral health counseling is located at the clinic which is great"
- Hospital has laboratory and imaging
- "Hospital has decent lab, CT scan, x-ray services"
- Telehealth for behavioral health is helpful
- More available than any other services, appointments are easy to get day of, emergency care is open 24-7 is available; 10-15 minute wait for ER care
- "Quality of care for general care is excellent; specialty services are not always available, no baby deliveries, no surgeries, some specialty clinical services come in, but it's hard to know when they come and to coordinate schedules to meet their availability"
- Billing timing is chaotic, won't get bill until 3-8 months later sometimes, bills are accurate
- Billing process is much better now as it is more prompt now
- Lab tests and medical tests come through very well
- Convenience
- ER is good and they've been able to manage/stabilize complex trauma situations
- Clinic is not to the point of utilizing their EHR as advanced as the CHC in town
- Health fairs are great
- Sport physicals are great
- Senior lunches are wonderful
- Meals and wheels are great

5. In your opinion, what are some of the barriers of the health services available at CCMC?

Lack of Access to Services

- Don't have MRI and specialists
- "It's a two or three -day trip to see specialists or get diagnostics done and you have to take the ferry or jet flight; which can be challenging with weather issues"
- "Lack of an ICU"
- "I have a choice of care and CCMC is not my first choice, wouldn't go there myself due to the lack of specialty services and getting referred out anyways"
- Deliveries (OB) have to happen in Anchorage – issues – leave employment for a month before due date. Families are separated.
- "Pre-natal care and deliveries are provided outside Cordova which is expensive to set up household arrangements in Anchorage for a month'
- It's challenging to plan ahead to see a specialist either locally or in Anchorage, then it's also challenging to travel when you're not feeling well
- Lack of access to specialty services
- Imaging – CT scan and x-ray
- Lack of population to support all typical services available in health care and break even
- Low volume for services, maintaining staff and skills and quality with duplication of services
- Being geographically remote and off the road system. All transfers by air or ferry
- Not aware of CCMC using telehealth
- Might be perception of low quality and need for outreach
- Access to psychiatric services
- Inpatient psychiatric services are sent to anchorage
- Lack of access to psychiatric services via tele-med

Internal Processes

- "Departments don't seem to talk to each other; there is a lack of procedures and communications"
- "Long -term care patients not always monitored closely"
- Paperwork process is not streamlined at ED or registration
- "Seems like staff aren't happy with EHR. Staff turnover and locum tenens don't know procedures. Not friendly to NVE patients"
- "Food services aren't meeting patient requests and comes late for the long term care residents"
- "Continuity of providers and trust in service and quality"

- "Typically, no permanent nurses or physicians has challenged CCMC's reputation which impacted quality of care; although they are working towards permanent staff and continuity of care"
- Confidentiality in small community for behavioral health
- Two clinics: the native clinic has split the community and my doctor got run out of town so I followed her; this hindered the community with access to the clinic due to its "good ol' boys club" mentality
- "With past turnover, I'm less likely to establish a relationship with a CCMC provider now"
- With past turnover, less likely to establish with provider

Cost of Care

- Cost; low volume and scope for specialties and surgery
- Cost of connections – must have redundancy in broad band for internet – fiber and microwave radio backup ($80,000/month)
- Issues with uncompensated care; Medicaid expansion – has actually caused bad debt to go up with high health deductibles.
- Medi-Vac is costly
- Economics – low volume and far from other specialists
- Finances are a barrier for some
- clinic has competition from IHS that can offer a sliding scale which is beneficial for the community, Clinic offers community benefit for some
- Financial situation is a closed market- small market to generate revenue, need to push swing beds

6. What new health care services would you like to see available locally?

- OB/GYN
- Pediatrician
- Birthing facilities and providers
- Delivery services
- Previously C-Sections were performed locally
- Operating Room put back together (currently a meeting space
- "Don't Medi-Vac all patients"
- Perhaps telemedicine
- Not aware of all that is available
- Physical therapy if not available
- Occupational health
- Health screenings if not available
- Ophthalmology
- Dermatology
- Expand primary care services
- Level 4 Trauma designation

- Maybe population health – chronic disease management services
- Potentially more telehealth services
- "There's a lot of pilots in the area, so I'd like to see more specialty clinic that could do aviation physicals more than once a year (every 3 months); plan this out and let people know ahead of time so they can plan with the FAA"
- Specialty clinic like internal medicine, endocrinologist, orthopedics, work with other clinics to network care
- Cancer- oncology services
- There's services available, I just don't need them at this time

7. Why might people leave Cordova for health care?

- OB not available
- Ultrasound and sonograms now available locally
- Orthopedics, urology, and other non-primary care services are not available
- NVE is offering eye care quarterly
- Only one dentist locally – many go to Anchorage.
- Perceived quality and availability of services
- Some Veterans leave for care at VA – Anchorage
- Perceived quality – bigger is better
- Confidentially
- Services not available such as specialists (2)
- Specialty care (maternity, delivery) services that are not offered
- Limited dental access and low perception of quality
- Personality conflict with a provider
- Second opinion
- "40% of people don't get primary care locally according a previous study, so people are leaving for care to go shopping and receive specialty care in anchorage"
- You get more of a choice of health care if you go elsewhere
- Distrust
- People follow doctors when they leave town

8. What are some of the benefits of having health services available locally?

Convenience

- Peace of mind
- Safety net for commercial fishing industry
- Convenience
- No wait lines in the ER room
- You don't have to travel

- You get to see your provider on a more regular basis
- It's easier to get in; no wait time
- Access to care is very good
- People are more apt to get care if care is available
- Don't have the expense of living away from home

Community Impact

- Provides stability for the community
- Allows for Coast Guard base to be there and other businesses
- Coast Guard here because of hospital and clinic
- "Get primary care locally, get triaged and Med-Vac. People are able to stay in the community who live here as there is an ED and primary care"
- Fishing industry is dangerous – important to have emergency services available locally
- Attracting and retaining employees to Cordova – ask about health services and schools. Health services are an asset
- Elderly and retirees are attracted to stay due to hospitals
- Immediate access for primary care and ED
- Geographic remoteness – sometimes limited by weather and CCMC provides services locally. (Ferry runs 4 days a week in winter 3-7 hours and 45-minute flight – two a day)

Access to Care

- Long term care services – stay in Cordova locally
- Access – know the doctor and staff
- Access to emergency care
- Work with both Providence and the other hospital in Anchorage
- People in Cordova are very outdoorsy and if you have an accident, you have access to an ER to help stabilize then refer back

Other Comments

- High fixed costs, so better utilization will help with sustainability
- Collaboration is important to share services and costs
- Increased outreach for marketing and utilization
- Lots of opportunities for health care, but we're limited with location and a small population
- "There are a lot of unknowns right now in the direction of healthcare from a federal standpoint given our new administration, so I'd like to assure that CCMC has a safe, strategic plan to navigate whatever comes about from federal regulation changes"
- "There is a lot of paper work involved in the new quality reporting requirements that take up a lot of time and can be burdensome to staff;

it would be great to find a way to streamline these reporting processes and requirements while still maintaining high quality care standards"

- Behavioral health was more involved in long term care folks previously, which was very nice; behavioral health assessments were provided in the ER; it would be nice to get nurses more trained on behavioral health issues
- "Getting other doctors credentialed here is a biggie"
- Collaborate a lot more with the native community: build the relationship back with them; the city and the hospital have been at odds with the tribe so the tribe doesn't trust them now, so they need to build trust back
- One thing the hospital needs to do is have some greater sustainability with the CEO position; there have been 9 CEOs in 6.5 years so about the time the CEO gets to doing anything, the health services board/city council changes the CEO- which seems to be mainly due to political reasons; however despite the changes in CEO leadership as well as the CFO and DON positions, the quality of care appears to have remained consistent throughout each transition and overall, morale is positive amongst staff

CONCLUSIONS, RECOMMENDATIONS, AND ACKNOWLEDGEMENTS

Conclusions

Respondents rate the community as "somewhat healthy" with substance and alcohol abuse rated as a top health need. Education on mental health and substance abuse services through community classes was requested. Access to specialty care services, in particularly OB/GYN and birthing services was frequently identified from both the survey and key informant interviews. Respondents perceive the quality of care at CCMC as "good" and acknowledge that services and reputation are improving.

Recommendations

Noting the changes in health care reimbursement structures, hospitals will begin to be reimbursed based on the population's health outcomes. This transformation is changing the definition of hospital volume from the number of procedures and interventions to the number of patients being seen in the service area. Capture a greater market share by expanding efforts towards individuals that are currently healthy and not currently utilizing local health services by engaging the community in prevention/wellness activities and health education. Providers and the board should also be educated on this transition as it is imperative for future sustainability and viability of each organization.

It is also recommended each facility increase efforts on role modeling wellness and expanding collaborative community partnerships to improve the overall coordination of care for patients. Reference the section below on "Improving Population Health in Your Community", as cited below.

There is also an opportunity to improve customer processes and perception of quality care by implementing management frameworks such as Baldrige, the Balanced Scorecard, Lean and/or Studer methodologies. These frameworks evaluate and monitor the effectiveness and efficiencies of staff processes, manage ongoing performance improvement, and help create a positive work culture that can result in greater staff and patient satisfaction. Please contact The Center for more information and guidance on these services or go to www.ruralcenter.org for further details. Focus groups also indicated a high burnout rate of providers and so consider resiliency training for all staff to assist with retention and improve overall quality and morale.

Share results and communicate proposed strategies that address community needs as this will promote customer loyalty. It is advised to create a communications strategy for releasing the report findings. It is important to be clear on the intent of these communications (e.g., to share information or to stimulate action).

Acknowledgements

The Center would like to thank Mr. Scot Mitchell and Faith Wheeler-Jeppson for their contributions and work with developing and distributing the assessment and coordinating the key informant interviews.

ESTABLISHING HEALTH PRIORITIES

Sufficient resources frequently are not available to address all the health concerns identified in a Community Health Needs Assessment. Identify issues to work on in the short to intermediate term (one to three years). Priorities should reflect the values and criteria agreed upon by the hospital board and community stakeholders, which should include public health.

Once priorities have been established, set aside time to develop, implement and monitor an action plan that assesses progress

Criteria that can be used to identify the most significant health priorities include:

- The magnitude of the health concern
  (the number of people or the percentage of population impacted)
- The severity of the problem
  (the degree to which health status is worse than the state or national norm)
- A high need among vulnerable populations

Criteria that can be used to evaluate which health issues should be prioritized include:

- The community's capacity to act on the issue, including any economic, social, cultural, or political considerations
- The likelihood or feasibility of having a measurable impact on the issue
- Community resources (programs, funding) already focused on an issue
  (to reduce duplication of effort and to maximize effectiveness of limited resources)
- Whether the issue is a root cause of other problems
  (thereby possibly affecting multiple issues)

Consider a comprehensive intervention plan that includes multiple strategies (educational, policy, environmental, programmatic); uses various settings for the implementation (hospital, schools, worksites); targets the community at large as well as subgroups; and addresses factors that contribute to the health priority. Be sure to document and monitor results over the next one to three years to assure that community needs identified within the assessment are being addressed. Maintain records of assessment processes and priorities for obtaining base line information and for pursuing ongoing process improvements. *(Adapted from materials by the Association for Community Health Improvement)*

If you don't help your community to thrive and grow, how will your organization thrive and grow?

IMPROVING POPULATION HEALTH IN YOUR COMMUNITY

The U.S. health care industry is undergoing profound change in financing and service delivery, as it shifts from a financial system that rewards "volume" to one that is based on "value". Driven by the health marketplace itself, the new health industry goals are articulated in the Institute for Health Improvement's Triple Aim: better population health, better health quality and lower health costs. Payers are increasingly factoring in population health outcomes into reimbursement formulas.

Population Health Portal

Navigate the journey towards improved population health by accessing a Critical Access Hospital Readiness Assessment, resources and educational modules that offer step-by-step instructions of common population health analytical procedures.

Small Rural Hospital Transition Guides and Toolkit

Informational guides developed by field experts and a toolkit developed by Rural Health Innovations that concentrates on best practices and strategies to support small rural hospital performance improvement and preparation for transitioning to value-based care and purchasing.

Critical Population Health Success Factors

The following section summarizes the 2014 "Improving Population Health: A Guide for Critical Access Hospitals", created by The Center and Stratis Health.

Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

Strategic Planning

- Incorporate population health approaches as part of ongoing strategic planning processes
- Engage multiple stakeholders and partners to coordinate strategies aimed at improving the population's health
- Prioritize – what are the one or two things that would make the biggest difference for the population you serve

Engagement

- Use the community health needs assessment (CHNA) process as an opportunity for community and patient engagement
- Articulate vision of hospital contributing to population health based on community conversations
- Engage all types of health care and social service providers to coordinate transitions of care and address underlying needs

Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

Workforce

- Establish wellness programs for employees and role model these programs in the community
- Develop a workforce culture that is adaptable to change in redesigning care to address population health

- Embed a community focused mind-set across the organization so engagement, coordination and cooperation are expectations of staff interaction

Operations and Efficiency

- Maximize the efficiency of operational, clinical, and business processes under current payment structures
- Utilize health information technology (HIT) (such as electronic medical records, health information exchange and telemedicine) to support population health goals

Measurement, Feedback & Knowledge Management, Impact & Outcomes

- Identify measurable goals that reflect community needs
- Utilize data to monitor progress towards strategic goals on population health
- Publicly share goals, data and outcomes. Use it as an opportunity to engage partners and the community

POPULATION HEALTH CRITICAL ACCESS HOSPITAL CASE STUDIES

Leadership

Clearwater Valley Hospital in Idaho is utilizing a dyad management model which is a two-pronged approach to physician/hospital integration. This model places the organization's leadership under the management of qualified physician and non-physician teams aimed to incorporate the concept of value into health care decision-making where departments have been restructured to meet patient needs in both the inpatient and outpatient settings. This facility has received multiple awards for incorporating this management model. For more information: http://healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Orofino%20Case%20Study%20November%202011.pdf

Strategic Planning

Essentia Health Fosston in Minnesota incorporated community health needs assessment findings to improve the health of the community toward retaining a quality and viable agricultural industry. For more information: http://www.ruralcenter.org/tasc/resources/applying-community-health-assessments-rural-hospital-strategy

Partners, Patients, Community

The Community Connector Program was established by Tri County Rural Health Network in Helena, Arkansas which aims to increase access to home and community-based services by creating alternatives to institutionalized living and improving the quality of life for elderly and adults with physical disabilities while maintaining or decreasing costs. The return on investment was $3 of every $1 invested, or a 23.8 percent average reduction in annual Medicaid spending per participant, for a total reduction in spending of $2.619 million over three years. For more information: http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/CommunityConnectors.pdf

Workforce and Culture

Mason District Hospital in Illinois is implementing a three tiered approach to a worksite wellness program which includes a care coordination plan for employees with multiple chronic illnesses. After two years, the hospital has seen nearly $360,000 in reduced employee health care costs and has started offering the program to local businesses which both improves health locally and provides an additional revenue stream for the program. For more information: http://www.icahn.org/files/White_Papers/ICAHN_PopHealthManagement_Print_FINAL.pdf (page 19)

Operations and Efficiency

Mercy Health Network in Iowa has adopted a Process Excellence tool modeled after Lean to improve operations, efficiency and patient safety. Each hospital in the network was assigned accountabilities, selected process improvements and helped educate the hospital board. After 18 months, process improvements results in a 51 percent decrease in patient falls and a 37 percent decrease in medical errors. For more information:

http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/MercyHealthNetwork.pdf

Measurement, Feedback, & Knowledge Management, Impact & Outcomes

Marcum & Wallace Memorial Hospital in Hazard, Kentucky has adopted the Performance Excellence Blueprint as indicators for their system (Catholic Health Partnership) strategies. Leadership developed a dashboard to track program towards targets in each of the seven Performance Excellence Components. For more information:

https://ruralcenter.org/tasc/resources/marcum-wallace-memorial-hospital-performance-excellence

APPENDIX A: SURVEY INSTRUMENT

Cordova Community
MEDICAL CENTER

P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

October 26, 2016

Dear Resident:

Participate in our Community Health Needs Assessment survey for a chance to WIN one of the following items; an iPad Mini, $200 Shoreside Petroleum Coupon, $100 Copper River Fleece Gift Card, or one of two $100 Wells Fargo Gift Cards.

CCMC is partnering with the National Rural Health Resource Center to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. **Your help is critical in determining health priorities and future needs.**

Your name has been randomly selected as a resident who lives in the CCMC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable so we have made an effort to keep the survey to about 15 minutes.

You are probably aware of many challenges rural citizens face related to health care, such as access to services and affordability. By completing the enclosed survey, you can help guide CCMC in developing comprehensive and affordable health care services to our area residents.

1. **Due date to return survey and ONE raffle ticket: 12/09/2016**
2. **Return your completed survey in the envelope provided - no stamp needed**
3. **Keep the other raffle ticket for when we announce the five winners on our Cordova Community Medical Center Facebook page the week of 12/16/2016**

The winning raffle ticket numbers for the gifts will be announced in the Cordova Community Medical Center Facebook page the week of 12/16/2016. CCMC is offering you this chance to win these gifts as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Bridget Hart at 218-216-7039. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Scot Mitchell

Scot Mitchell, FACHE
Chief Executive Officer

~ Healthy People Create a Healthy Community ~

1. How would you rate the general health of our community?

○ Very healthy ○ Healthy ○ Somewhat healthy ○ Unhealthy ○ Very unhealthy

2. What are the **three** most pressing health concerns in the community? (**Select 3 that apply**)

○ Alcohol abuse
○ Ability to service different languages/cultures
○ Access to primary care
○ Access to specialists
○ Affordable health care
○ Asthma
○ Cancer
○ Chronic disease management (diabetes, heart failure)
○ End-of-life care
○ Dental services
○ Geriatric care (seniors)
○ Heart disease/stroke
○ Healthy lifestyles (exercise/nutrition)
○ Mental health services
○ Obesity
○ Prescription drug affordability
○ Prenatal labor & delivery
○ Reliable health information
○ Substance abuse
○ Smoking
○ Wellness/prevention services
○ Other _____

3. What is the greatest health education need in our community? (**Select only ONE**)

○ Disease specific information
○ Healthy lifestyles education
○ Health screenings
○ Mental health/substance abuse education
○ Obesity prevention
○ Oral/dental health education
○ Reproductive health education
○ Tobacco prevention & cessation
○ Translated health information
○ Other _____

4. What is your preferred method to receive education on health issues through Cordova Community Medical Center (CCMC)? (**Select all that apply**)

○ Classes in the community
○ CCMC website
○ Facebook/social media
○ Pamphlets or other printed materials
○ GCI Scanner
○ Newspaper
○ Radio
○ Other _____

5. What can Cordova Community Medical Center do to best meet the health needs of our community?

_____

6. Where are you **MOST** likely to go for routine health care? **(Select only ONE)**

- ○ CCMC emergency room
- ○ CCMC physician's office
- ○ Ilanka Clinic
- ○ N/A; I do not receive routine health care
- ○ Public health department
- ○ Outside of Cordova: _____

7. If you use primary care *outside* of CCMC, why? **(Select all that apply)**

- ○ N/A I always receive care at CCMC
- ○ Prior relationship with other provider
- ○ Required by insurance plan
- ○ More privacy
- ○ Cost of care
- ○ Closest to home
- ○ Closest to work
- ○ Quality of equipment elsewhere
- ○ Quality of staff elsewhere
- ○ VA/Military requirement
- ○ Other _____

8. Which CCMC services have you used in the past three years? **(Select all that apply)**

- ○ Emergency room
- ○ Swing beds
- ○ Inpatient stay
- ○ Laboratory tests
- ○ Observation
- ○ Occupational therapy
- ○ Clinic
- ○ Physical therapy
- ○ Radiology
- ○ Nursing home
- ○ Sound alternatives
- ○ Other _____

9. Please rate the effectiveness of health care services at CCMC on a scale of 1-4.

	4- Excellent	3- Good	2- Fair	1- Poor	NA- Not Applicable
Emergency room care	○ 4	○ 3	○ 2	○ 1	○ NA
Communication with my providers	○ 4	○ 3	○ 2	○ 1	○ NA
Communication between my providers	○ 4	○ 3	○ 2	○ 1	○ NA
Level of compassion shown for my health	○ 4	○ 3	○ 2	○ 1	○ NA
Referring me to other providers when appropriate	○ 4	○ 3	○ 2	○ 1	○ NA
Overall care	○ 4	○ 3	○ 2	○ 1	○ NA

10. What type of specialist would you like to have access to **MOST** in our community? **(Select only ONE)**

- ○ Cardiology
- ○ Chronic acute pain
- ○ Dermatology
- ○ Ear, nose & throat
- ○ Endocrinology/diabetes
- ○ General surgery
- ○ Nephrology
- ○ Obstetrics/Gynecology
- ○ Orthopedics
- ○ Ophthalmology
- ○ Podiatry
- ○ Psychiatric services
- ○ Urology
- ○ Rheumatology
- ○ Other_____

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320, Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

APPENDIX B

Community Health Needs Assessment "Other" Survey comments

2. What are the **three** most pressing health concerns in the community?

- Drugs (2)
- Advanced emergency care
- In-network providers
- NIHL hearing loss

3. What is the greatest health education need in our community?

- Substance abuse
- Drug rehab
- Hearing loss prevention

4. What is your preferred method to receive education on health issues through Cordova Community Medical Center (CCMC)?

- Word of mouth
- Support groups
- Doc Talk at CCMC
- Health fair
- Email

5. What can Cordova Community Medical Center do to best meet the health needs of our community?
(N = 82)

- Staffing (25)
    - Consistent staff (8)
    - Keep staff long-term (3), too much turnover
    - Hire doctors that will stick around (4)
    - Keep more doctors in staff (2)
    - Keep doctors long enough for folks to have an established relationship with a doctor they know and trust. (2)
    - Better doctors (2)
    - Hire local employees (2) to show support of local community
    - Try to maintain continuity of care (2)
- Cost (15)
    - Be cost effective/Reduce costs (7)
    - Affordable health care (3)
    - Lower cost by being in-network provider (2)
    - Timely billing
    - Sliding fee scale or payment plan that allows long period repayment

    - Become a preferred provide for federal employee health insurance plans (federal BCBS). This will lower costs for tests and encourage local use rather than travel to Anchorage.
- Education (10)
    - More educational meetings with lots of publicity so people with that particular interest or problem know it's being presented (2)
    - Once a month community meetings to educate on healthy lifestyle (2)
    - More promotion of mammogram / prostate screenings, too often hear about it after it's open
    - Reproductive health education
    - Continue to inform citizens
    - Education
    - Community outreach programs
    - Teach healthy eating practices and stay away from processed foods
- Specialist Care (10)
    - On-site specialist physician services (2)
    - Bring specialists in monthly
    - Networking to get more specialty care to come service Cordova
    - Having specialist available in person or by phone 24/7
    - Offer hearing services and affordable hearing equipment
    - Create easy access to behavioral/mental health services (2)
    - Substance abuse treatment program
    - Offer more drug rehab to the kids in need and continue the pediatrics care for the young ones
- Labor and delivery services (7)
- Good job (7)
    - Keep up the good work (3)
    - They are doing pretty great (3)
    - Fantastic with CAT scan
- Equipment (6)
    - Upgrade health care utilities/equipment (4)
    - Get more equipment for health emergencies
    - Keep the ER stocked so you don't have to run around and find supplies
- ER (4)
    - Provide ER (2)
    - Ensure good ER treatment
    - Keep ER open, close the CCMC clinic. We already have a clinic in town. There's no need for two clinics costing this city more money. Keep Ilanka CHC open.
- Quality (3)
    - More professional, confidential services
    - Follow-up communication of tests and labs

    - Remember that visits to the hospital can cost [patients] several hundred dollars per hour, and for that kind of money people should be treated with the utmost respect and given good service.
- Join with Ilanka (2)
- Continue senior care and lunch program
- Downsize facility to save money to keep doors open
- Surveys like this one, questionnaires after visits
- Remain open. Provide primary medical or mental health care
- Open on Saturdays in the summer for fishing season
- Local treatment, fewer medivacs
- Remove City Council members from oversight roles

6. Where are you **MOST** likely to go for routine health care?

- ANC (2)
- Anchorage (3)

7. If you use primary care *outside* of CCMC, why?

- Specialist care not available (7)
- Availability (3)
- Alaskan native beneficiary (3)
- IHS (2)
- Consistency of staff presence (2)
- Too much turnover
- Natural health clinic
- Personal preference
- Established provider/patient relationship
- ANMC
- Doctors tend to move to other areas – hard to develop a relationship

8. Which CCMC services have you used in the past three years?

- None (4)
- New to community
- Health fair
- Infusion
- All for family not for myself

10. What type of specialist would you like to have access to **MOST** in our community?

- Pediatrics (3)
- Not sure
- Public health nurse
- [selected OB/GYN] Having babies in Cordova would be very popular, and save one month of waiting in Anchorage with hotel/food/no work for families

APPENDIX C: KEY INFORMANT INVITATION AND QUESTIONS

November 14, 2016

Greetings [Name]

Please accept this invitation to participate in a key informant interview conducted by the National Rural Health Resource Center on behalf of Cordova Community Medical Center (CCMC). The purpose of this one-on-one interview will be to identify strengths and needs of community health for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health issues. This process was developed to maintain quality health care to serve the continuing and future needs of the community.

You have been identified as a leader in the Cordova community and we would like to hear from you about your perspectives on the health of the community. Whether you or a family member are involved with local health care services or not, this is your opportunity to help guide responsive, high quality local health services in the future.

We invite you to participate in a 15-30 minute one-on-one phone interview with [Sally/Kami] during **one** of the following timeframes:

- X
- X
- X

Your help is very much appreciated in this effort. **Please confirm** your willingness to participate by contacting Bridget Hart at bhart@ruralcenter.org or 1-800-997-6685, Ext. 239 to set up a time that works best for your schedule.

No identifiable information will be disclosed and individual responses will be kept confidential.

We look forward to your participation. Thank you for your time.

Sincerely,

Kami Norland, Community Program Manager
National Rural Health Resource Center

Key Informant Questions

The questions below are the types of questions that will be asked during the key informant interview. The purpose of this interview is to identify the strengths and needs of health services in your community. No identifiable information will be disclosed and the results will assist the health care organization with future care and planning.

Describe the overall health of this community.

What is the greatest health need in the community?

What do you think the Hospital could do to increase the health of the community? Where are the opportunities to collaborate?

In your opinion, what are some of the strengths (availability, quality) of the health services offered at CCMC?

In your opinion, what are some of the barriers of the health services available at CCMC?

What new health care services would you like to see available locally?

Why might people leave the community for health care?

What are some of the benefits of having health services available locally?

Community Health Needs Assessment
Establishing Health Priorities Reporting Document

Introduction

Cordova Community Medical Center (CCMC) participated in a Community Health Assessment process administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota. In the winter of 2016, The Center conferred with leaders from the hospital to discuss the objectives of a community health needs assessment including key informant interviews and a facilitated discussion to establish health priorities. Results were presented during an on-site discussion with representatives from the hospital board and community to review the assessment and key informant findings and to identify community health priorities.

Description of Community Served

CCMC provided The Center with market share demographics and utilization to aid in distribution of a random, stratified distribution sample for the assessment. Key informant interviews were also facilitated via phone in January 2017 representing various community stakeholders.

Input from Broad Interests

- Conducted key informant interviews: participants represented key stakeholders such as healthcare providers, community leaders, seniors and young parents. Seven people participated in total. Each session was approximately 30 minutes in length and included the same questions. The questions and discussions at the focus groups were led by Kami Norland and Sally Buck of the Center. No identifiable information is disclosed in the summary to maintain confidentiality.

Prioritized Health Needs

On Wednesday, January 18, 2017 members of the hospital board, hospital leadership and key healthcare and community stakeholders (the Team) were assembled to begin the process to identify the top community health needs. This Team participated in a discussion regarding the state and national health care environment and review of the assessment and key informant findings. The Team then rated the community health needs based on the ability of the hospital to respond to the needs of the community. The top community health needs identified were:

- Education of health services
- Increased access to specialty care, including: home health, personal care attendants, respite care and OB/GYN
- Access to services, including the enhancement of community collaborations
- Building the local workforce
- Enhancing substance abuse services

These needs were then evaluated based on urgency, feasibility within the hospital's resources, existing community strengths, and opportunities to partner with other local organizations. The Team discussed each of the identified health needs.

The Team identified what CCMC can do to address the gaps in health in the community as their goal. A facilitation method designed to achieve group consensus-based decisions that respects the diversity of participant perspectives, inspires individual action and moves the group toward joint resolve and action was utilized. This method creates awareness about new relationships between data and acknowledges the level of the group's consensus at any given moment. The conversation is aimed towards identifying actions CCMC can take towards addressing the community's top health needs identified.

Team members began by individually brainstorming potential actions to address this goal. Team members then shared their ideas with a partner and identified the top potential actions they wished to share with the full group. These potential actions were posted on a Conversation Board for all to read and discuss. After the actions were organized, the Team collectively developed objectives to describe the potential activities CCMC could pursue as outlined in the table below.

Strategies	Build Collaborations*	Enhance Communication and Education	Grow Marketing	Develop the workforce	Improve Community "Buy-in"	Explore Business Developments
Objectives	• Coordinating services between ICHC & CCMC • Coordinate specialty services • Coordinated effort to develop & improve OB/GYN • Arrange more collaboration with other providers • Collaborate on health fairs • Collaborate with outside hospital for ICH, cardiology, renal and other specialties • Partner with other local healthcare providers • Set goals and deadlines for Cordova Coalition *This strategy was identified as the most important and most difficult to address as trust and "getting past old wounds" was needed. Also, the public perception of healthcare organizations "fighting" needs to be resolved and trust needs to be restored in the community, per Team feedback	• Provide education classes through CCMC and SA • Expand "doc talks" • Maintain "doc talks" • Continue with "lunch with the CEO" educational sessions • Invite guest speakers to present to the community • Restart hospital newsletter • Provide healthcare articles through newspaper & social media • Outreach services to churches	• Continue social media marketing • Create a text alert system • Welcome to Cordova tours • Annual BBQ • Advertise thru a variety of media outlets including box holder mail out	• Offer job shadowing *noted as the easiest task to complete • Develop student shadowing opportunities	• Promote community ownership of healthcare services • Inspire advocacy for healthcare ownership	• Prepare for a pharmaceutical facility at CCMC • Evaluate shared rental space for specialists

This list of potential activities identified by the Team will be reviewed by hospital leadership and compared to existing promotional and outreach service offerings. Hospital leadership will then operationalize a plan of actions to address the identified health goal by completing the Community Health Assessment Action Plan Worksheet.

Dissemination

- CCMC will post a summary of the community health needs assessment findings and implementation strategy online at www.cdvcmc.com.
- CCMC disseminated a press release of the community health needs assessment findings and implementation strategy in the local newspaper.

Implementation Strategy

- Hospital leadership assembled to operationalize the community health assessment action plan which identifies the objectives, organization's responsible, a timeline, a list of partners and resources, and how the objective will be measured for success (see Community Health Assessment Action Plan)

Resolution to Approve Community Health Needs Assessment Implementation Plan

Whereas the board of Cordova Community Medical Center (CCMC) approved of and oversaw the implementation of a Community Health Assessment process for the purpose of improving community health status and meeting Internal Revenue Service mandates enacted through the Patient Protection and Affordable Care Act;
Now therefore be it resolved that the board of CCMC does hereby adopt this resolution to accept the Community Health Needs Implementation Plan presented on this day to address to the following community health strategies:

- Build collaborations
- Enhance communication and education
- Grow marketing
- Develop the workforce
- Improve community "buy-in"
- Explore business developments

Upon vote taken, the following voted:

For:

Against:

Whereupon said Resolution was declared duly passed and adopted this 9th day of February 2017.

_____
Health Service Board

_____
CCMC CEO