



BUSINESS PLAN

March 27, 2013

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EXECUTIVE SUMMARY

Summary: The Alaska Native Tribal Health Consortium (ANTHC) exists to provide the highest quality health services in partnership with our peoples and the Alaska Tribal Health System (ATHS) with the vision that Alaska Natives are the healthiest people in the world. Through this mission and vision, we are committed to expanding services based on the needs of the Alaska Native peoples with a focus on quality and customer service. This plan outlines the efforts of ANTHC to increase needed capacity in collaboration with our customer-owners so Alaska Native Medical Center (ANMC) is the provider of choice for these customer-owners. These expansions will save the State of Alaska through direct care services for Medicaid eligible beneficiaries maximizing the Federal match and reducing the share of the State. These savings can support a lodging facility for patient accessing services at the Alaska Native Medical Center.

The Alaska Native Medical Center (ANMC) in Anchorage provides comprehensive medical services to 143,000 Alaska Native and American Indian people across the Alaska Tribal Health System. More than half of our patients travel from outside Anchorage to access a broad variety of health services. A lack of supportive housing limits our ability to provide meaningful access to the very best care to our patients and their families. Patients may delay care or not complete their recommended plan of care due to a simple lack of housing.

The results of extensive research into the healthcare requirements of the Alaska Native peoples reveal the need to expand the following services:

- Maternal Child Health/NICU expansion
- Operating Room Expansion
- Endoscopy
- Telemedicine Delivery
- Advanced Radiology Services
- Ophthalmology
- ENT
- General Surgery
- Urology
- Emergency Services
- Physical Therapy (Wellness Center)

Increasing capacity in these areas, improving customer service, along with increasing housing capacity will result in an increase in the number of customer-owners choosing to utilize the services offered at ANMC. The result will be an increase in the Alaska Native peoples covered by Medicaid receiving services at ANMC rather than another healthcare facility in the area. ANMC is reimbursed by Medicaid \$10,138,256 (services described in this plan). The estimated Annual Alaska General Fund savings is \$8,849,129 as outlined in this plan.

Expanded Lodging

Summary: Over fifty percent of patients who received services at ANMC travel from outside Anchorage to access a broad variety of health services. A lack of supportive housing limits our ability to provide the very best care to our patients and their families. Our families who travel to Anchorage for health services must have housing to have meaningful access to care.

Patients may delay care or not complete their recommended plan of care due to a simple lack of housing. Providers sometimes admit patients to the hospital to ensure they receive appropriate supportive care, but this comes at a higher cost. Our priorities are expanding services, support for our people who need care, and providing an environment that facilitates their recovery. We do not have housing to meet current and future demands to provide this access to care. Before moving to its Tudor Road campus in 1997, ANMC had just fifteen rooms available on a priority basis for our patient and escort stays. ANMC's Quiana House offers 54 semi-private rooms adjacent to the hospital for our patients and their escorts so they have ready access to care. Demand often exceeds the Quiana House's 110-bed capacity. We contract with a local hotel to accommodate for additional rooms, but the demand for housing still exceeds the supply of rooms.

For our high-risk pregnancies from other regions, ANMC is their home away from home. The expectant mothers must come to Anchorage for the last 4-6 weeks of their pregnancy so they have immediate access to their hospital care.

More rooms will allow for better access to

- Outpatient specialty medical care
- Expectant mothers and their families
- Infusion and radiation therapy
- X-rays, MRIs, and CTs
- Children and their parents

The plan includes the construction of a 170-room patient lodging facility on ANMC's campus to meet the needs of our people.

Activities:

Construct and operate a new housing facility with the following amenities:

- 170 rooms
- Shared kitchens
- Gathering area
- On-site meal facility
- In-room sleeper sofas for escorts

Return on Investment (ROI):

- Three times the capacity for housing
- Better access for customer owners with housing needs
- Increased access to care for care for expectant mothers:
- Better access to educational programs
- Better access to healthcare.

Estimated Cost of Expanding Patient Housing:

- \$35 million for 170 room facility with support services

Service Line: Maternal Child Health/Neonatal Intensive Care Expansion

Summary: ANMC must be more competitive in attracting and retaining market share through long term strategic planning in order to keep up with the growing demand for maternal child health services. Labor and delivery and postpartum facilities are a large part of the marketing focus for maternal child health services. The current post-partum unit consists primarily of double rooms that are not generally desirable for new mothers. Occasionally, all the labor and delivery rooms are also at full capacity. Renovation of these units to allow for single rooms and increased capacity would encourage and capture additional mother/baby volumes as expectant mothers choose to receive their care at ANMC. Eighteen percent of Anchorage area Alaska Native Mothers had their babies delivered at a health facility other than ANMC. This plan also includes the expansion of newborn care, pediatric services and more comfortable space for the recovery of new mothers.

The addition of four Progressive Care Nursery (PCN) beds and expanding to eight Level II NICU beds will provide us with the space to care for the increasing number of babies born requiring this higher level of newborn care. The PCN provides a lower level of care than a NICU, but a higher level of care than can be provided on the Mother Baby Unit. Examples of what the PCN would care for are babies requiring IV antibiotics for a suspected/confirmed infection, for babies who are thermo-stable in an open crib but are unable to nipple all of their feedings, for babies stable on low-flow oxygen not requiring continuous monitoring, and babies requiring close observation for four to eight hours to determine if they will require a higher level of care.

Without the expansion, mothers who are less than 37 weeks gestation may be transferred to Providence Hospital to deliver their baby where the NICU services are available to care for the infant after birth. Infants born prematurely have better outcomes when the infant is directly transferred from Labor and Delivery into a NICU in the same facility rather than being transferred from one hospital to another after delivery.

This expansion will allow ANMC to offer more comprehensive care and reduce the number of transfers for both the infant and the mother to a local area NICU. Infants requiring higher levels of comprehensive care also have higher length of stays since these infants are generally born at lower weight levels and require time to feed and grow before they can be safely discharged. Expanding NICU/PCN will allow us to retain and attract more infants and mothers at ANMC.

Activities (Labor and Delivery):

- Increase labor and delivery rooms from five to eight
- Increase obstetrical operating rooms from one to two
- Add private obstetrical triage exam rooms
- Centralized nursing station to respond more efficiently to patient needs
- Increase postpartum beds from 17 to 22
- Centralize and secure the reception area to service all of maternal child health services
- Add pediatric play/resource room
- Add pediatric medical procedure room
- Addition of maternal child health roof top garden for secluded place for new mothers
- Refurbish current space

Activities (Pediatrics and newborns):

- Increase neonatal intensive care beds from eight to twelve
- Add pediatric play/resource room
- Add pediatric medical procedure room
- Refurbish current space

Completion Date: 2014

<i>ROI:</i>	Annual ANMC Revenue:	\$2,179,361
	Estimated Annual Alaska General Fund Savings:	\$1,089,681

Service Line: Operating Room Expansion

Summary: ANMC Strategic Initiatives and Values serve to guide and direct resources in Surgical Services. The commitment to treat customer-owners with respect and dignity has been met through the creation of five additional patient care bays in day surgery. The larger bays enable family members to stand at the bedside and provide more privacy. The addition of DVD players in each bay will provide a means for relaxation. The planned partnership of family escorts will strengthen the circle of support around those customer-owners scheduled for surgical and invasive procedures. The additional goals of promoting and supporting the health and wellness of our customer-owners have been reached through measures taken to improve access to surgical care. The addition of operating room #10, scheduling of procedures on weekday evenings and weekends has provided more than 10% additional capacity for providers to minimize surgical wait times. Service line development for neurosurgery and ophthalmology has reduced the need for customer-owners to be transferred out of state to receive care. The commitment to the value of achieving excellence partnered with Native self-determination created the initiative to train and educate Native professionals in the specialty of perioperative nursing.

Activities:

- Opening of operating room #10 (forty hours) and the associated ten percent% increase in capacity
- Opening of an additional operating room during the weekday evening shift (six hours) and on Saturdays to include additional eight hour room(s) based on scheduled need
- Increase operating room time for neurosurgery, ophthalmology, and dental rehabilitation
- Immediate operating room access for emergent/urgent add on surgical procedures without affecting the elective surgical schedule.
- Decrease in same day cancellations related to delays in the elective schedule.
- Enhancements to the medication delivery system for ophthalmology to decrease surgical preparation time and improve patient safety
- Improved access for family waiting to include use of space near pediatrics
- Incorporation of beepers into the family waiting process to allow movement through the organization
- Operating room RN internship; 17 week training at 100% Native hiring preference
- Operating room educator to strengthen employee onboarding and mentorship integrated with hands on management philosophy; the goal being improvement in the rate
- Addition of 2.49 FTE anesthesiologists
- Creation of five additional patient care bays in day surgery
- Family navigation program development in collaboration with University of Alaska

- Physician partnership for the maintenance of preference cards to improve access to needed supplies and equipment.
- OR technician educator and launch of federally approved apprenticeship program for surgical technology
- Preoperative customer-owner waiting time process improvement with the install of electronic media devices in each patient care bay
- Additional operating room staff to provide additional teams on evenings and weekends

Completion Date: 2011-2012

ROI: Annual ANMC Revenue: \$1,190,066

Estimated Annual Alaska General Fund Savings: \$ 595,033

Service Line: Endoscopy

Summary: ANMC Strategic Initiative and Values serve to guide and direct resources in endoscopy. The commitment to promoting a compassionate environment for care delivery with respect and dignity has been met through the creation of private care bays in the pre-procedure area. Customer-owners will be afforded access to stretchers within bays large enough to allow family members to encircle them with support. Each of the four newly created bays will be equipped with DVD players to provide a means for relaxation. The commitment to promoting the health and wellness of our customer/owners has been met with the addition of 20% capacity to the endoscopy schedule. The increased capacity creates an opportunity to minimize endoscopy wait times and allow for service line development for manometry testing, ph esophageal monitoring, and adult sedation services. The commitment to the value of achieving excellence in managing the needs of our customer-owners has been met by Alaska State Board of Nursing recognition and approval of ANMC endoscopy RNs to administer propofol for the advanced management of discomfort. The ANMC endoscopy department is the only site in Alaska granted approval to administer this medication and achieve excellence as demonstrated by an improved customer-owner experience and decreased length of stay – allowing families to reunite as quickly as possible. Collaborative leadership in the department facilitated by the newly created shift coordinator ensures timely partnership with customer-owner, family members, providers and staff. Compassion fostered by the partnership with customer-owners provides vision and focus for the endoscopy department.

Activities:

- Opening of 10 hours of additional capacity in endoscopy by moving case start times earlier
- Improved customer-owner experience by decreasing wait time for interventions
- Nurse administered propofol program – first and only approved program in the State of Alaska – with expected decreases in length of stay, 10% decrease in turnover time between procedures, improved patient satisfaction, and improved management of pain
- Post procedure recovery process management by endoscopy RNs to improve discharge experience by re-uniting customer-owners with family members sooner
- Successful incorporation of manometry and ph esophageal monitoring services at ANMC (endoscopist and endoscopy staff training provides options for customer-owner to have procedures performed at ANMC)
- Successful integration of the charge nurse role providing departmental mentorship and training has resulted in staff stabilization and an improvement in the quality of physician partnerships

- Improved privacy and dignity for customer-owners with the conversion of three recliner spaces in the pre-procedure endoscopy area to four patient care bays (Customer-owners will be provided with access to a stretcher and electronic media device to improve the waiting experience)
- Increase in endoscopy capacity facilitated by improvement in patient flow with the ability to start the pre-procedure monitoring process before entering the endoscopy room.
- EKG leads, B/P cuff, pulse oximetry to be started pre-procedure (This will provide opportunities for the provider to start with the administration of sedating medications before entering the endoscopy room)
- Service line development and integration of sedation services into the endoscopy department
- Access to sedation services for customer-owners in radiology and the inpatient units will be facilitated through the scheduling and coordination of resources in endoscopy

Completion Date: 2011-2012

<i>ROI:</i>	Annual ANMC Revenue:	\$ 98,365
	Estimated Annual Alaska General Fund Savings:	\$ 48,182

Service Line: Continued Telemedicine Delivery Enhancement

Summary: AFHCAN, The AHS Telehealth System is continuing to integrate telehealth solutions with Electronic Health Records (EHR) – with a growing number of organizations having integrated their EHR's with telehealth. AFHCAN was used to provide 20,000 discharge reports to Tribal Health Organizations (THOs) from ANMC in FY12 and is now testing an automated interface to send discharge notes from ANMC's Cerner EHR to remote sites. AFHCAN is continuing to expand telemedicine capabilities by working with individual clinics and integrating video capability into our software suite. Another initiative is in home telehealth monitoring. We are currently developing the program and seeking appropriate funding for long term sustainability.

AFHCAN significantly enhanced the AFHCAN (tConsult) software suite. Performance is significantly improved with increased capabilities and functionality. For every dollar of Medicaid reimbursement saved, there is a \$10.54 savings in travel expenses. AFHCAN partners with the ANMC specialty clinics to provide telehealth services. Four additional clinics were provided live patient telemedicine video services and three more will be ready soon.

ANMC received 7,847 specialty consultations via the AFHCAN software in 2012 – up from 4,559 in 2011. There were 24,687 primary care cases statewide in 2012, up from 20,935 in 2011. ANMC transmitted 20,127 follow-up/discharge notes in 2012, up from 4,471 in 2011. The estimated travel savings statewide for 2012 due to telehealth are estimated to be between six and ten million dollars (conservative estimate of three million dollars). 1,425 unique providers created or consulted on telehealth cases using the AFHCAN telehealth system in 2012. 20,719 unique patients were served with the AFHCAN system in 2012 (15% of the Alaska Native population).

Activities:

- Removing reliance on Fax machines to transmit information
- Expanding capability for telehealth to more clinics
- All ANMC Specialty Clinics can now take cases via tConsult originating at every Tribal site throughout Alaska
- Dictations are now all being sent via tConsult to regional sites
- Clinics accept and communicate with providers using the AFCHAN software, have implemented billing systems, and manage their users and forms within the AFHCAN system
- AFHCAN is an accredited training program by the American Telemedicine Association and teaches semester-long telehealth courses that are well attended and highly acclaimed by students (Hosted by the University of Alaska)

Completion Date: 2014

ROI: Estimated Annual Alaska General Fund Savings: \$ 780,000

Estimated Annual Alaska General Fund Savings (Travel): \$3,000,000

Service Line: Advanced Radiology Services

Summary: ANMC provides both computerized tomography (CT) and magnetic resonance imaging (MRI) services. Computerized tomography is a combination of x-ray views taken from different angles. A computer processes the information to create cross-section images of the bones and soft tissue inside your body. The resulting images can be compared to looking down at a slice of bread. In some cases CT images can be combined to create 3 dimensional images of the area being scanned. An MRI uses a powerful magnetic field, with the aid of radio waves and a computer to obtain very detailed images of tissues and organs throughout your body without the need for x-rays. MRI is widely used for imaging soft tissues in the body including and not limited to the brain, nerves and muscles. ANMC has the only low dose radiation 64 slice CT in the state.

The radiology department expects to establish MRI weekend clinics on a permanent regular basis. Currently, the weekend clinics are filled on a voluntary basis. This will further accommodate our customer/owners, giving greater flexibility in scheduling and provide for additional access. There is no access issue or backlog with CT at this time.

Activities:

- 10% increase in capacity in MRI cases
- 10 additional weekday appointment times slots to accommodate patients
- Utilization of call list to fill slots of no show appointments, cancellations and rescheduled appointments

Completion Date: 2011-2012

<i>ROI:</i> Annual ANMC Revenue:	\$ 455,775
Estimated Annual Alaska General Fund Savings:	\$ 227,887

Service Line: Ophthalmology

Summary: Ophthalmology is a specialized surgical department that consists of 4.5 ophthalmologic surgeons including one pediatric specialist and one glaucoma specialist. Services performed include: outpatient, inpatient, operations/procedures, on-call and consultative services as well as field visits.

Patients requesting an appointment will be offered an appointment the same day for any problem with a specialist in the department and within 5 days when requesting a specific specialist. Patients requiring surgical intervention or procedures will be offered that procedure within 5 days. The service is working towards eliminating any backlog for cataract surgery. Operating room time and access has increased. Exam space is expected to increase which will improve outpatient access.

Activities:

- Addition of one pediatric surgeon, a part-time glaucoma surgeon and an additional RN/case manager
- Addition of an exam room that will include a sight lane
- Addition of an extra surgical day in the operating room which adds a total of 36 cases per month
- Additional two hours of block operating room time that is expected to result in an increase of eight cases per month
- Utilize call back reminders for patients
- Monitoring and tracking demand, and supply activity, 3rd next available outpatient appointment, 1st available operating room procedure and 3rd available operating room procedure

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$ 359,985
Estimated Annual Alaska General Fund Savings:	\$ 179,993

Service Line: Ear Nose Throat (ENT)

Summary: ENT is a specialized surgical department that consists of 8.25 ENT surgeons. ENT services include: outpatient, inpatient, operations/procedures, on-call and consultative services as well as field visits.

Patients requesting an appointment will be offered an appointment the same day for any problem with a specialist in the department and within five days when requesting a specific specialist. Patients requiring surgical intervention or procedures will be offered that procedure within five days. The clinic is expecting to increase exam space in order to increase the number of providers seeing patients simultaneously. ENT is also exploring opportunities to increase services to pediatrics.

Activities:

- Addition of part-time audiologist to increase access to diagnostic pre-surgery testing
- Recruit and fill open surgeon position
- Addition of audiology room
- Addition of a multi-purpose exam room for both patient intake and education.
- Better management of patient time in clinic
- Standardize and improve the process for contacting patients for follow-up along with improving the process for referral contacts
- Monitoring and tracking the specific access measures of demand, supply, activity, 3rd next available outpatient appointment, 1st available operating room procedure and 3rd available operating room procedure

Completion Date: 2014

ROI: Annual ANMC Revenue: \$ 1,292,650

Estimated Annual Alaska General Fund Savings: \$ 646,325

Service Line: General Surgery Clinic

Summary: The general surgery clinic consists of nine general surgeons which includes trauma coverage. Services provided include: outpatient, inpatient, operations/procedures, on-call and consultative services as well as field visits. Patients requesting an appointment will be offered an appointment same day for any problem with a specialist in the department and within five days when requesting a specific specialist. Patients requiring surgical intervention or procedures will be offered that procedure within five days. The service line expects to decrease time to wait for surgery while maintaining our established goal of approving access to outpatient visits. The department of surgery is exploring opportunities to expand clinic space and to improve overall access.

Activities:

- Addition of RN to expedite patient flow
- Addition of PA/ANP
- Five additional exam rooms
- Standardize the overall schedule that covers the diverse responsibilities of the providers (This schedule covers all aspects to include outpatient, inpatient, trauma and on-call)
- Cross-train surgeons to provide more coverage for sub-specialty cases (i.e. Varicose Vein procedures)
- Monitoring and tracking the specific access measures of demand, supply, activity, 3rd next available outpatient appointment, 1st available operating room procedure and 3rd available operating room procedure

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$ 181,564
Estimated Annual Alaska General Fund Savings:	\$ 90,782

Service Line: Urology

Summary: Urology is a specialized surgical department that consists of three urologic surgeons. Services include: outpatient, inpatient, operations/procedures, on-call and consultative services as well as field visits. Patients requesting an appointment will be offered an appointment same day for any problem with a specialist in the department and within five days when requesting a specific specialist. Patients requiring surgical intervention or procedures will be offered that procedure within five days. Urology is expecting to increase exam space since the current configuration is very limited. The service line is refining the scheduling process to explore opportunities to improve overall access.

Activities:

- Additional nurse supervisor
- Additional officer manager
- Exploring options to increase exam space
- Standardization of scheduling resulting in increasing available exam slots by eight per week
- Addition of appointment time slots by better managing non-value added schedule time
- Standardize patient call backs
- Monitoring and tracking the specific access measures of demand, supply, activity, 3rd next available outpatient appointment, 1st available operating room procedure and 3rd available operating room procedure

Completion Date: 2014

ROI: Annual ANMC Revenue: \$ 73,591

Estimated Annual Alaska General Fund Savings: \$ 36,796

Service Line: Emergency Services Expansion

Summary: As we continue to improve access and coordination of care for our customer-owners, it is becoming increasingly important to improve throughput in the emergency department. We are continuing to explore opportunities to improve the intake, evaluation, and discharge processes to eliminate delays and increase capacity. Patients may wait in the emergency department for inpatient beds to become available. Improving the discharge process on the inpatient units will allow for more efficient throughput of patients from the emergency department. Establishment of an admission/discharge unit would improve the timely discharge of patients with a focus on customer service. Patients who are ready for discharge can be safely and efficiently discharged to recuperate more comfortably in their home environments. This will allow the more efficient transfer of patients from the emergency department to the appropriate inpatient bed. The admission area provides for close observation, admission physical assessment, emotional support and improved communication between patient and providers. The discharge area provides discharge assessment, pain management, discharge education and coordination of resources. Both of these areas will not only improve patient outcomes and patient flow through the system but also improve patient satisfaction.

Activities:

- Development of admission area
- Development of discharge area
- Additional nurses staff as needed
- Additional provider to handle increased volumes
- Additional nursing staff to handle additional volumes

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$ 178,339
Estimated Annual Alaska General Fund Savings:	\$ 89,170

Service Line: Physical Therapy (Wellness Center)

Summary: The physical therapy department provides comprehensive evaluation and treatment for patients within the tribal health system. The current space within the hospital has 1,800 square feet dedicated for treatment. Outpatient demand is exceeding the staffing and current facility capability. Access to initial physical therapy evaluations and follow up appointments is limited, and patient referrals are triaged based on need. Post-surgical, wound care and acute care patients are given priority. Fifty-seven percent of physical therapy outpatients cannot be scheduled in less than four weeks.

Physical therapy staffing and space was inadequate to meet the volume of referrals. Customer-owners who have a secondary resource have been seeking services elsewhere and access to physical therapist is our primary patient complaint. A survey of primary care providers indicated that thirty-seven and one-half percent of respondents referred between one and three referrals per week to the community this equates to 4,659 visits annually or 2.3 FTE's physical therapists. Physical therapy expects to improve access to outpatient physical therapist services for our Anchorage area clients by creation of a new offsite outpatient physical therapy wellness center. The expected space is between 1,800 and 3,000 square feet, which will allow for up to three physical therapists. There will be an addition of two physical therapists, one physical therapy assistant and an office manager/case manager.

Activities:

- Addition of space to accommodate capacity
- Additional case manager
- Additional physical therapy assistant
- Two additional physical therapists

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$ 405,530
Estimated Annual Alaska General Fund Savings:	\$ 202,765

Non Acute Outpatient Services Revenue

Summary: The non acute patient revenue is the dollars realized by moving patients who no longer meet acute criteria but still require some degree of ongoing medical treatment to a more appropriate outpatient environment. The patient can continue to receive appropriate therapies and other treatments on an outpatient basis. These treatments would be billable to third party payers. The average length of stay is predicted to be two weeks with the patient receiving at least three treatments or other medical appointments or services per week. These services are appropriate for full recovery and may not currently be available near the customer-owner's home. The customer-owner would then be able to transition to their community of origin at an appropriate time.

ROI: Annual ANMC Revenue: \$ 516,030

Estimated Annual Alaska General Fund Savings: \$ 258,015

Increased Inpatient Day Capacity/Pre-natal Outpatient Medical Services

Summary: The construction of an expanded patient lodging space to 170 beds and the repurposing of the existing Quiana House to accommodate outpatients, will allow for the appropriate discharge of inpatients not meeting acute care criteria. When appropriate services are unavailable on an outpatient basis, the customer-owner will continue to occupy an inpatient bed. The results are a strain on patient capacity and may result in customer-owners being diverted to non-tribal hospitals for care. Customer-owners ready to return to their home communities but due to delays in travel or other coordination issues may have their discharge delayed. ANMC is not reimbursed for outpatient services when the customer-owner no longer meets inpatient criteria for admission but remains an inpatient. More appropriate discharge of inpatients is estimated to increase Medicaid inpatient capacity by 510 inpatient days. Non-acute patients more appropriately discharged are estimated to need outpatient medical visits and treatments at an average of three services per week for two weeks.

The lack of housing capacity has precluded ANMC from providing an expanded program of services to the higher risk pre-natal mothers residing in rural Alaska. The new construction will allow the creation of a “community” environment on the campus for these customer-owner mothers while receiving easy access to their medical care and prenatal education. An average census of 10 was determined as a conservative assessment of the prenatal population that would be accommodated at ANMC. These mothers require approximately three medical related visits, testing, and services per week for an average of eight weeks.

ANMC has explored the demand for specialty and inpatient services through the Innova Medical Services Plan (2012) and has initiated new services to increase patient access and throughput in the hospital. To enable access to those services for beneficiaries residing outside of Anchorage, housing is an integral component of the plan.

Completion Date: 2014

ROI(Increased Inpatient Day Capacity):

Annual ANMC Revenue:	\$ 1,198,500
Estimated Annual Alaska General Fund Savings:	\$ 599,250

ROI(Pre-natal Outpatient Medical Services):

Annual ANMC Revenue:	\$ 2,008,500
Estimated Annual Alaska General Fund Savings:	\$ 1,004,250

SUMMARY

<u>ANMC Service Line</u>	<u>Annual ANMC Medicaid Revenue</u>	<u>Estimated Annual Alaska General Fund Savings</u>	<u>Completion Date</u>
Maternal Child Health	\$2,179,361	\$1,089,681	2014
Operating Room Expansion	\$1,190,066	\$595,033	2011-2012
Advanced Radiology Services	\$455,775	\$227,887	2011-2012
Endoscopy	\$98,365	\$49,182	2011-2012
Telemedicine Delivery Enhancement		\$780,000	2014
Travel Savings (Telemedicine Delivery Enhancement)		\$3,000,000	2013
Ophthalmology	\$359,985	\$179,993	2014
ENT	\$1,292,650	\$646,325	2014
Physical therapy (Wellness Center)	\$405,530	\$202,765	2014
General Surgery Clinic	\$181,564	\$90,782	2014
Urology	\$73,591	\$36,796	2014
Emergency Services	\$178,339	\$89,170	2014
Non-Acute Outpatient Services Revenue	\$516,030	\$258,015	2014
Increased Inpatient Day Capacity	\$1,198,500	\$599,250	2014
Pre-natal Outpatient Medical Services	\$2,008,500	\$1,004,250	2014
TOTAL	\$10,138,256	\$8,849,129	