

ALASKA LEGISLATIVE COMMITTEE FILES 1901-1902

1443 SHESS 1981 INTERIM: HOSPITAL QUESTIONNAIRES

specify):

Private Insurance overlapping of third party payors, the paper work

has tripled in last few years. Medicare The intermediaries do not have clear cut guidelines as to charges and cost

Medicaid reporting. And when they do make a determination on a particular claim, they are not consistent in carrying out the method or way of settling the claim. For instance the Part B Medicare accounts are tossed back and forth between the carriers.

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?

No.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? limited

Outpatient? adequate

2. Are there other services in the community for the mentally ill? yes What needs of this group are not met locally that you feel are necessary? lack of consistency and availability.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? acute medical care - yes

Outpatient? yes, except lack of "sleep off" facilities.

4. Are there other services in the community for the drug/alcohol dependent? yes What needs of this group are not met locally that you feel are necessary? lack of consistency and availability

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

 Preventive Health

 Health Education

 Supervised volunteer program

 Birthing center

 Hospice services

 Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- X other Continuing existing programs of general health care including Preventive Health and Health Education on a person to person basis.

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>\$529,885.</u>	_____
Expenditure Budget	<u>479,580.</u>	_____
Capital Budget	<u>_____</u>	_____

2. What funding do you receive from the local level? none

3. What funding do you receive from the state? none

SERVICES

Faith

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	\$100.	_____
Obstetrical	100.	
Newborn well care	40.	
Intensive/cardiac care		
Adult	200.	
Pediatric		
Newborn		
Chemical dependency		
Thermal		
Psychiatric		
OTHER SERVICES		
Electroencephalography		
Diagnostic Radioisotope		
CAT Scanner		
Radioisotope Therapy		
Radium Therapy		
Cobalt Therapy		
Chemotherapy		

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Valdez Community Hospital

Box 550
VALDEZ, ALASKA 99686

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

November 24, 1981

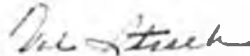
Nancy Deitrick
Administrative Assistant,
Senate Health Committee
Pouch V - State Capitol
Juneau, Alaska 99811

Dear Ms. Deitrick:

Apologies for the delay in responding to the hospital questionnaire which you sent out earlier this year. It should have been a top priority item.

Attached is the report for this facility.

Sincerely,



Val Stasch
Administrator

Valdez

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Primarily immediate Valdez area. 75%

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

1980	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>75</u>	<u>N/A</u>	July	<u>38</u>	<u>N/A</u>
Feb.	<u>92</u>	<u>N/A</u>	Aug.	<u>77</u>	<u>N/A</u>
Mar.	<u>62</u>	<u>N/A</u>	Sept.	<u>63</u>	<u>N/A</u>
Apr.	<u>55</u>	<u>N/A</u>	Oct.	<u>75</u>	<u>N/A</u>
May	<u>72</u>	<u>N/A</u>	Nov.	<u>46</u>	<u>N/A</u>
June	<u>49</u>	<u>N/A</u>	Dec.	<u>33</u>	<u>N/A</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? No If yes, please describe Question the need for
replacing solid core doors simply because they were not UL labeled.

Do you have any other concerns about the physical structure of
your facility? None other than the need for additional storage space
and employee lounge/conference room

4. Are there any significant shortages of health personnel in your
facility? No Categories: _____

In your community? No Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? Yes What are the major reasons for your annual
shortfall? Low occupancy. We are competing with the State for employees and
attempt to follow State scale for wages. The continuous increases provided by the
State make it difficult for all other employers to hold a line on expenses. It has
been necessary to increase wages approximately 100% over the past
5-6 years in order to keep up and it is anticipated that another
increase will be implemented in early 1982.

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Minimal staffing, contract laundry service

Results: At present approximate savings \$3,000/yr. In 1982 project that
this figure could be around \$13,000. (cutting 2 positions to part-time)

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
- 5 New medical technology
- 2 Increases in staff salaries
- 8 Population increases
- 7 Increase in number of health manpower
- 3 Retrospective reimbursement by third party payers
- 6 Addition of new services
- 4 Federal government limit on payment for services
- Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) Yes. Time spent preparing CON and expense related to presentation for HSA review is excessive.

Please explain any other effects on your facility from C.O.N.
Delay experienced in replacement of equipment due to length of time involved processing CON. Seems unnecessary for a remote area facility.

HEALTH PLANNING

1. Are you involved with your HSA? No To what extent? _____

2. Do you feel that the service area of your HSA is meaningful? No.
If not, how would you like to see it changed? _____
Consolidate into 1 group for entire state

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No ~~Would you like to see the HSAs~~ ^{If continued,} restructured? Yes
How? One HSA to serve the entire state and a decrease in size of coordinating council.
Would you like to see their priorities changed? How? If we are to have health planning then all providers must be under the review process. No exceptions.

4. What areas do you think are lacking in the current health planning?
None

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance Minimal - usually due to non-notification of eligibility.

Medicare slow

Medicaid slow

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?
Question the real need and wonder how many that qualify would participate.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
 nursing
 Inpatient? While our staff is not trained to deal with mental health problems
 Outpatient? specifically we make every attempt to accommodate these situations, both inpatient and outpatient, the mental health director frequently being involved.
2. Are there other services in the community for the mentally ill?
Yes What needs of this group are not met locally that you feel are necessary? None that I am aware of.
3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? Again, as in question 1, the staff is not specialized in this
 Outpatient? area of care but we do attempt to care for them as necessary. Services of local alcohol counselor are also utilized.
4. Are there other services in the community for the drug/alcohol dependent? Yes What needs of this group are not met locally that you feel are necessary? None that I am aware of.
5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)
- x Preventive Health
x Health Education
 _____ Supervised volunteer program
 _____ Birthing center
 _____ Hospice services
 _____ Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget (1982)	\$ 502,039.	N/A
Expenditure Budget	\$1,025,493.	
Capital Budget	40,000.	

2. What funding do you receive from the local level? To cover deficit

3. What funding do you receive from the state? \$250,000.

SERVICES

Vulding

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	210.00	
Obstetrical	210.00	
Newborn well care	85.00	
Intensive/critical care:		
Adult	N/A	
Pediatric		
Newborn		
Chemical dependency	N/A	
Thermal		
Psychiatric		
OTHER SERVICES		
Electroencephalography	N/A	
Diagnostic Radioisotope		
CAT Scanner		
Radioisotope Therapy		
Radium Therapy		
Cobalt Therapy		
Chemotherapy		

OTHER SERVICES CON'T

CHARGE/DAY

CHARGE/STAY

Audiology

Clinical Psychologist

Family Planning

Open Heart Surgery

Inpatient Renal Dialysis

Inhalation Therapy

Abortion(Inpatient)

Abortion(Outpatient)

Occupational Therapy

Physical Therapy

Speech Therapy

N/A

If performed, would cost the same as M/S

Thank you for your time in preparing this questionnaire. Any other comments you wish to make on health care issues are welcomed:

Multiple horizontal lines for handwritten comments.

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Southern S.E. Alaska (also referrals from
Wrangell, Petersburg and Sitka)

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:
Fiscal Year 7/1/80-6/30/81 (includes newborn days)

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>546</u>	<u>1342</u>	July	<u>756</u>	<u>1314</u>
Feb.	<u>526</u>	<u>1220</u>	Aug.	<u>661</u>	<u>1310</u>
Mar.	<u>572</u>	<u>1345</u>	Sept.	<u>647</u>	<u>1274</u>
Apr.	<u>704</u>	<u>1256</u>	Oct.	<u>714</u>	<u>1355</u>
May	<u>589</u>	<u>1283</u>	Nov.	<u>532</u>	<u>1310</u>
June	<u>657</u>	<u>1283</u>	Dec.	<u>563</u>	<u>1333</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? No If yes, please describe _____

Do you have any other concerns about the physical structure of
your facility? Space needs for expanding services - lab, X-ray. Population
increases projected from increased economic activity.

4. Are there any significant shortages of health personnel in your
facility? Yes Categories: R.N.
In your community? _____ Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? Yes What are the major reasons for your annual
shortfall? We do not have an annual shortfall; however, nursing salaries
are rising sharply and the HB131 funds will help us adjust
gradually our increasing charges to patients.

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Group purchasing, materials management, doing our own preventive (over)
Results: _____

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- High overhead vs low occupancy rates
- X New medical technology
- X Increases in staff salaries
- Population increases
- Increase in number of health manpower
- Retrospective reimbursement by third party payers
- X Addition of new services
- X Federal government limit on payment for services
- Other) Increases in supplies, fuel, food, all medical equipment and repairs.

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) I honestly believe the delays and need for extensive staff involvement has increased costs in this state
 Please explain any other effects on your facility from C.O.N.
We were "grandfathered" for present project. I am not aware of which one C.O.N. has been denied - so what has it accomplished?

HEALTH PLANNING

1. Are you involved with your HSA? minimally To what extent? Review and comment; have attended some meetings; filling out forms, add statistics reports, etc.
2. Do you feel that the service area of your HSA is meaningful? Perhaps
 If not, how would you like to see it changed? I think a single health planning function at state level would serve this state better.
3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No Would you like to see the HSAs restructured?
 How? (See #2 above)
 Would you like to see their priorities changed? How? They have not effectively changed the delivery, availability or structuring of care.
4. What areas do you think are lacking in the current health planning?
None that I know of.

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance Insurance companies are holding funds for longer periods
 Medicare Does not pay its share of actual health care costs for its beneficiaries because of high interest rates.
 Medicaid Is in process of looking at "capping" reimbursement so not even allowable costs will be covered. How can we operate in a contrived deficit position?

- 2. Do you have any comments on HB 41(State Comprehensive Health Plan)?
I feel the private sector should be encouraged to take as large a part in paying for health insurance. The state cannot administer what it now covers - how can it cover a complete program for all citizens?

THE COMMUNITY

- 1. Do you feel that your facility adequately meets local needs for the mentally ill:
 Inpatient? We handle emergency psychiatric episodes only until transferred to API.
 Outpatient? Handled by Gateway Mental Health Center on consultant basis.
- 2. Are there other services in the community for the mentally ill?
No What needs of this group are not met locally that you feel are necessary? Psychiatrist full-time for Borough area.
- 3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? Not available. Juneau facility has been used.
 Outpatient? Alcohol program available in community on consultant basis.
- 4. Are there other services in the community for the drug/alcohol dependent?
A.A. What needs of this group are not met locally that you feel are necessary? We support with space and encouragement.
- 5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)
 Preventive Health
 X Health Education
 Supervised volunteer program
 Birthing center
 Hospice services
 Mental health services

Drug/alcohol services
Perhaps Support groups for individuals/families with specific health problems
other

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	5,231,696 ¹	1,885,680 *
Expenditure Budget	4,726,379	1,772,073
Capital Budget	686,920 ²	40,000

2. What funding do you receive from the local level? None
¹Budgeted deductions from Revenue \$326,578. ^{*}Budgeted deductions from Revenue \$119,140.

3. What funding do you receive from the state? Revenue sharing as
 specifically designated for health care facilities

SERVICES

Ketchikan

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	\$220.00	/
Obstetrical	220.00	
Newborn well care	220.00	
Intensive/cardiac care:		
Adult	-	
Pediatric	-	
Newborn	-	
Chemical dependency	-	
Thermal	-	
Psychiatric	-	
OTHER SERVICES		
Electroencephalography	-	
Diagnostic Radioisotope	-	
CAT Scanner	-	
Radioisotope Therapy	-	
Radium Therapy	-	
Cobalt Therapy	-	
Chemotherapy	-	

2. Include \$300,000 contingency in case older x-ray needs replacement.

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of the total number served) Sitka - 99%

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan. 81	379	/	July 81	310	/
Feb. 81	195	/	Aug. 81	324	N
Mar. 81	281	N	Sept. 81	388	/
Apr. 81	283	A	Oct. 81	282	A
May 81	396	/	Nov. 80	289	/
June 81	321	/	Dec. 80	283	/

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? Yes If yes, please describe Fire ratings on walls, sprinkler alarm

Do you have any other concerns about the physical structure of your facility? Ventilation, space

4. Are there any significant shortages of health personnel in your facility? Yes Categories: All categories

In your community? Yes Categories: All categories

5. Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? Yes What are the major reasons for your annual shortfall? High expenses, limited ability to pay out to consumers -

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so, what type? Group purchasing, menu, savings plans

Results: Good savings, but payroll is 100% of expenses

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)
- 2 High overhead vs low occupancy rates
 - 3 New medical technology
 - 1 Increases in staff salaries
 - Population increases
 - 4 Increase in number of health manpower
 - 6 Retrospective reimbursement by third party payers
 - 7 Addition of new services
 - 5 Federal government limit on payment for services
 - Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment? (please explain) Not in Alaska
- Add to costs through increased regulatory burdens
- Please explain any other effects on your facility from C.O.N. Few hospitals in AK. avail service areas.

HEALTH PLANNING

1. Are you involved with your HSA? No To what extent? _____
2. Do you feel that the service area of your HSA is meaningful? Yes
If not, how would you like to see it changed? _____
3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No Would you like to see the HSAs restructured? Yes
How? State funded, locally based planning.
Would you like to see their priorities changed? How? Yes - Shift of emphasis to local needs because of geographic separations
4. What areas do you think are lacking in the current health planning?
Grassroots planning efforts at local level

INSURANCE

1. Does your facility have any problems with reimbursement (Please

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	\$ 1,762,779	N/A
Expenditure Budget	2,069,718	
Capital Budget	51,040	

2. What funding do you receive from the local level? \$ 156,200

3. What funding do you receive from the state? \$ 75,000

SERVICES Sitka

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	190	
Obstetrical	190	
Newborn well care	120	
Intensive/cardiac care:		
Adult	317	
Pediatric	317	
Newborn		
Chemical dependency		
Thermal		
Psychiatric		
OTHER SERVICES		
Electroencephalography		
Diagnostic Radioisotope		
CAT Scanner		
Radioisotope Therapy		
Radium Therapy		
Cobalt Therapy		
Chemotherapy		

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PROVIDENCE
HOSPITAL

3200 PROVIDENCE DRIVE - POUCH 6604
ANCHORAGE, ALASKA 99502
PHONE: (407) 276-4511



SERVING IN THE WEST SINCE 1886

August 27, 1981

The Honorable Charles Parr
Alaska State Senate
Health and Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

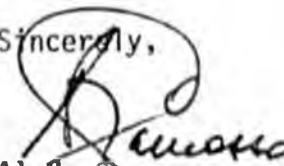
Thank you for the opportunity of responding to your survey regarding Alaskan health care issues. There are important issues to be addressed, and if we all plan, discuss and work together on them, we can build on the good system we have in place and make it better. We have an opportunity to put together a health care system for Alaska which will benefit generations of Alaskans to come.

Because of the importance and complexity of the information provided, I would urge you to avail yourself of the expertise our industry has in Dennis Dewitt and the Board of the Alaska State Hospital Association.

Attached to the survey is supplementary data which is too detailed to include in the space allotted.

If we can be of any further assistance to your committee, please feel free to call on us at any time.

Sincerely,



Al M. Camosso
Administrator

Enclosure

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) _____
see attached -patient day by residence sheet at back of this report

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	6505	n/a	July	6125 -1981	n/a
Feb.	5762	n/a	Aug.	5818	n/a
Mar.	6280	n/a	Sept.	5770	n/a
Apr.	5912	n/a	Oct.	6149	n/a
May	6149	n/a	Nov.	5772	n/a
June	5980	n/a	Dec.	5955	n/a

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? No If yes, please describe _____

Do you have any other concerns about the physical structure of
your facility? No

4. Are there any significant shortages of health personnel in your
facility? No Categories: _____
In your community? No Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? No What are the major reasons for your annual
shortfall? We do not experience shortfalls.

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Energy - contained consumption and have devised ways to use waste heat
Results: Have saved money!!! Also: Maintenance check before patient admission,
Double siding forms, deleting coffee service from floors and other
energy efforts with lighting have helped us in cost containment.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

 High overhead vs low occupancy rates

 1 New medical technology

 4 Increases in staff salaries

 Population increases

 Increase in number of health manpower

 5 Retrospective reimbursement by third party payers

 3 Addition of new services

 2 Federal government limit on payment for services

 Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) No - The CON program has cost us much money in preparing certificates of need, the review process, and delays in construction and purchase of equipment.

Please explain any other effects on your facility from C.O N.

Stifles effective planning and causes negative attitudes and reactions on the part of the hospital and medical staffs.

HEALTH PLANNING

1. Are you involved with your HSA? Yes To what extent? Past member of the board; our staff members have served on HSA committees; we have cooperated

with data research efforts and review of documents.

2. Do you feel that the service area of your HSA is meaningful? yes
If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No Would you like to see the HSAs restructured? Yes
How? Have volunteer associations for area providers to do joint data analysis planning and problems solving.
Would you like to see their priorities changed? How? less regulation, more cooperation in above mentioned areas. Lessen the overemphasis on "consumer" input or majority. "We are all concerned about a good job in health care, not just consumers."

4. What areas do you think are lacking in the current health planning?
A belief that providers really do have the best interest of the community at heart.

A trust that we do know what we are doing.

INSURANCE

1. Does your facility have any problems with reimbursement(Please Yes - medicaid system (improving), but still archaic. VA - improving, but has caused some real problems in the past, and right now is worse than medicaid.

specify):			
Private Insurance	<u>NO</u>	Days receivables outstanding	<u>51 days</u>
Medicare	<u>No</u>		<u>79 days</u>
Medicaid	<u>Improving - but still archaic system</u>		<u>63 days</u>
		VA - 188 days; Self Pay - 101 days; Work. Comp. - 92 days	

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

It will benefit hospitals and assist some people not currently covered. However, the potential for abuse and extreme high costs to the state are obvious and raises the

question of whether the state should be in the insurance business.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? No. We have a small service (11 beds) with inadequate space. We are not

Outpatient? Unable to meet the needs of the community appropriately. We are planning for additional space.

2. Are there other services in the community for the mentally ill?

Yes What needs of this group are not met locally that you feel are necessary? Reimbursement/financing of mental health coverage is one of the few areas not covered.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? N/A Alaska Hospital & Medical Center has a good inpatient chemical

Outpatient? dependency program.

4. Are there other services in the community for the drug/alcohol dependent? Yes What needs of this group are not met locally that you feel are necessary? People feel there is a need for more services/controls for the public inebriate

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- x Preventive Health
- x Health Education
- Supervised volunteer program
- x Birthing center (We have 1 room as of Aug. 17)
- x Hospice services (Possibly in conjunction with community hospice program)
- x Mental health services

Drug/alcohol services
 x Support groups for individuals/families with specific health problems
 other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>46,574,000</u>	<u>n/a</u>
Expenditure Budget	<u>43,393,000</u>	<u>n/a</u>
Capital Budget projected 1981 - 86	<u>93,376,000</u>	<u>n/a</u>

{ 1981 current
 } 1982-86 projected

2. What funding do you receive from the local level? none

3. What funding do you receive from the state? state revenue sharing and construction grants during construction of new buildings.

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE / DAY or Treatment	CHARGE / STAY
Acute medical/surgical	<u>\$217.50 daily</u>	
Obstetrical	<u>\$210 daily room rate</u>	<u>\$300 daily labor rate</u>
Newborn well care	<u>\$122 with mother in hosp.</u>	<u>\$130 mother not in hospital</u>
Intensive/cardiac care:	<u>\$570 Intensive care daily</u>	
Adult	<u>\$475 Coronary care daily</u>	
Pediatric	<u>\$250 daily (not intensive care)</u>	
Newborn	<u>\$600 Intensive care daily</u>	
Chemical dependency	<u>n/a</u>	
Thermal	<u>\$600 Intensive care daily</u>	
Psychiatric	<u>\$250 (not intensive care) - daily</u>	
OTHER SERVICES	Progressive care & intermediate care - Progressive care = \$350 Newborn special care - \$440 - 490. Thermal \$440 - \$490	
Electroencephalography	<u>\$105 per test</u>	
Diagnostic Radioisotope	Isotope flow study - \$77.00	
CAT Scanner	Charges range from \$215 for head no contrast to \$315 for Body 1 contrast plus from \$35 to \$110 for additional slices	
Radioisotope Therapy		
Radium Therapy	Isodose plan intermediate - \$236	
Cobalt Therapy	Daily treat. intermediate - \$ 76	
Chemotherapy	<u>n/a</u>	

Physicians' Fee
 Not Included

TABLE 6

PROVIDENCE HOSPITAL
Anchorage, Alaska

TOTAL: Patient Days, BY PROGRAM, BY RESIDENCE, for Providence Hospital, January - June, 1980 (excluding newborns)

	TOTAL		MEDICINE		SURGERY		N/M/S*		PERINATAL (OB)		PEDIATRICS		CARDIOVASCULAR		PSYCHIATRY	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<u>PRIMARY SERVICE AREA</u>																
Municipality of Anchorage	26,827	75.6	7,320	76.9	6,483	74.9	4,309	65.1	2,808	90.3	1,898	73.2	2,605	73.8	1,404	83.1
<u>SECONDARY SERVICE AREA</u>																
Cook Inlet Region (Mat-Su)	4,279 (2,038)	12.1	953 (602)	10.3	1,101 (502)	12.7	1,131 (478)	17.1	169 (93)	5.4	295 (96)	11.4	434 (242)	12.3	197 (25)	11.7
(Kenai/Soldotna)	(1,463)		(263)		(473)		(394)		(22)		(114)		(156)		(41)	
(Cook Inlet/Homer)	(775)		(89)		(126)		(259)		(53)		(85)		(36)		(131)	
North Pacific Rim (Seward)	712 (333)	2.0	159 (48)	1.7	224 (133)	2.6	179 (63)	2.7	15 (2)	.5	55 (41)	2.1	26 (18)	.7	54 (28)	3.2
(Valdez)	(225)		(51)		(46)		(109)		(9)		(7)		(8)		(26)	
(Cardova)	(154)		(60)		(45)		(7)		(4)		(12)					
SUBTOTAL	4,991	14.1	1,112	12.0	1,325	15.3	1,310	19.8	183	5.9	350	13.5	460	13.0	251	14.9
<u>OTHER SERVICE AREAS</u>																
Alutian Pribilofs	200	.6	52	.6	61	.7	66	1.0	3	.1	12	.5	4		5	.3
Bristol Bay	233	.7	35	.4	63	.7	67	1.0	10	.4	29	1.1	29	.9		
Copper River	276	.8	30	.3	4		185	2.8	23	.7	2	.4	25	.7		
Kodiak	741	2.0	99	1.1	271	3.1	154	2.2			100	3.9	111	3.1	6	.4
Norton Sound	257	.7	68	.7	79	.9	26	.4	20	.6	29	1.8	15	.4		
Yukon/Kuskokwim	317	.9	76	.8	113	1.2	46	.7	14	.5	37	1.4	30	.9	1	
Southern	283	.8	80	.9	38	.4	47	.7	16	.5	60	2.3	39	1.1	3	.2
Northern	665	1.7	106	1.1	135	1.6	174	2.6	12	.4	41	1.6	139	3.7	7	.4
SUBTOTAL	2,912	8.2	546	5.9	704	8.3	765	11.6	98	3.2	312	13.2	350	10.5	22	1.3
<u>OTHER</u>																
	754	2.1	298	3.2	69	.8	239	3.5	22	.7	9	.3	56	1.6	11	.7
TOTAL	35,484	100	9,276	100	8,661	100	6,623	100	3,111	100	2,594	100	3,531	100	1,648	100

Source: Med-Art, Providence Hospital.

*N/M/S - Neuro/Muscular/Skeletal

**Peds includes some NSCN which cannot be broken out from Peds.

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION

Alaska Native Hospital
Kotzebue, Alaska 99752

December 18, 1981

Ms. Nancy Deitrick
Administrative Assistant
Senate HESS Committee
Pouch V
State Capitol
Juneau, Alaska 99811

Dear Ms. Deitrick:

Enclosed is the HESS Committee questionnaire for the
Kotzebue Service Unit.

If you have questions, please contact me.

Sincerely,

Shirley McDonald
Shirley McDonald
Service Unit Director

GENERAL

1. Where do the people who use the services of your facility live? (List by community or region of the state, and the percentage of the total number served) NANA Region plus the village of Point Hope.

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>295 (1981)</u>	<u>N/A</u>	July	<u>329</u>	<u>N/A</u>
Feb.	<u>217</u>	<u></u>	Aug.	<u>262</u>	<u></u>
Mar.	<u>331</u>	<u></u>	Sept.	<u>344</u>	<u></u>
Apr.	<u>394</u>	<u></u>	Oct.	<u>259</u>	<u></u>
May	<u>297</u>	<u></u>	Nov.	<u>239</u>	<u></u>
June	<u>281</u>	<u></u>	Dec.	<u>289 (1980)</u>	<u></u>

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? NO If yes, please describe FUNDING HAS BEEN AVAILABLE TO CORRECT FIRE/LIFE SAFETY CODE DEFICIENCIES.

Do you have any other concerns about the physical structure of your facility? INADEQUATE SPACE FOR AMBULATORY SERVICES; GENERAL REMODELING AND REHABILITATION OF PHYSICAL STRUCTURE NEEDED.

4. Are there any significant shortages of health personnel in your facility? YES Categories: DENTAL ASSISTANTS, PROFESSIONAL NURSING
In your community? YES Categories: " "

5. Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? NO What are the major reasons for your annual shortfall?

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? YES If so, what type? (1) ENERGY CONSERVATION MEASURES (2) SUPPLY PROCEDURES REVISED.
Results: COST CONTAINMENT MEASURES IMPLEMENTED 10/1/81. WILL KNOW RESULTS BY END OF THIS FISCAL YEAR.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 3 High overhead vs low occupancy rates
- 1 New medical technology
- 4 Increases in staff salaries
- Population increases
- 2 Increase in number of health manpower
- Retrospective reimbursement by third party payers
- Addition of new services
- Federal government limit on payment for services
- Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) NOT APPLICABLE TO FEDERAL HOSPITALS

Please explain any other effects on your facility from C.O.N.
N/A

HEALTH PLANNING

1. Are you involved with your HSA? YES To what extent? BOARD OF DIRECTORS:

2. Do you feel that the service area of your HSA is meaningful? YES
If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? YES Would you like to see the HSAs restructured? NO
How? _____
Would you like to see their priorities changed? How? NO

4. What areas do you think are lacking in the current health planning?
HOME HEALTH SERVICES

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance NO

Medicare NO

Medicaid NO

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?

NO

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? NO

Outpatient? NO

2.. Are there other services in the community for the mentally ill?

What needs of this group are not met locally that you feel are necessary? PREVENTIVE SERVICES, ACUTE CARE SERVICES, FOLLOW-UP SERVICES.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? NO

Outpatient? NO

4. Are there other services in the community for the drug/alcohol dependent? YES What needs of this group are not met locally that you feel are necessary? THE MANILLAQ PROGRAMS HAVE RECENTLY BEEN IMPLEMENTED AND I DO NOT HAVE THE INFORMATION NECESSARY TO RESPOND TO THIS QUESTION.

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- * X Preventive Health
 - X Health Education
 - Supervised volunteer program
 - Birthing center
 - Hospice services
 - v Mental health services
- *IN COORDINATION WITH THE MANILLAQ

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your: FY81 TOTAL OPERATING BUDGET FOR ALL SERVICE UNIT OPERATIONS:
 \$3,150,000

	Acute care	Long term care
Revenue Budget	_____	_____
Expenditure Budget	_____	_____
Capital Budget	_____	_____

2. What funding do you receive from the local level? _____ NONE
3. What funding do you receive from the state? _____ NONE

SERVICES

Kutzew

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	YES ^{***} \$235	_____
Obstetrical	YES	_____
Newborn well care	YES	_____
Intensive/cardiac care:	NO	_____
Adult	_____	_____
Pediatric	_____	_____
Newborn	_____	_____
Chemical dependency	ALCOHOL DETOX ONLY.	_____
Thermal	NO	_____
Psychiatric	NO	_____
OTHER SERVICES		
Electroencephalography	NO	_____
Diagnostic Radioisotope	NO	_____
CAT Scanner	NO	_____
Radioisotope Therapy	NO	_____
Radium Therapy	NO	_____
Cobalt Therapy	NO	_____
Chemotherapy	NO	_____

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*South Peninsula
Bay 275
Homer ak 99603*

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of the total number served) Homer 55% Anchorage-North 15%

East Homer 15% Part Graham, English Bay,
Seldovia 15%

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

We have fluctuations of admissions but the fluctuations do not follow a seasonal pattern

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>448</u>	<u>124</u>	July	<u>359</u>	<u>124</u>
Feb.	<u>282</u>	<u>124</u>	Aug.	<u>370</u>	<u>124</u>
Mar.	<u>295</u>	<u>124</u>	Sept.	<u>306</u>	<u>124</u>
Apr.	<u>296</u>	<u>124</u>	Oct.	<u>306</u>	<u>124</u>
May	<u>316</u>	<u>124</u>	Nov.	<u>362</u>	<u>124</u>
June	<u>367</u>	<u>124</u>	Dec.	<u>356</u>	<u>124</u>

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? Yes If yes, please describe we have to keep patients in hall - which is against fire code

Do you have any other concerns about the physical structure of your facility? Yes - it is too small to care for the number of patients we have

4. Are there any significant shortages of health personnel in your facility? No Categories: _____
In your community? ? Categories: _____

5. Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? Yes What are the major reasons for your annual shortfall? 3rd party reimbursement lag behind costs

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so, what type? many types eg group purchasing, shared services, utilization
Results: We have reduced the cost of operating our hospital very substantially - But of course, the quality of care prevents us from cutting the amount any further.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 8 High overhead vs low occupancy rates
- 4 New medical technology
- 6 Increases in staff salaries
- 3 Population increases
- 7 Increase in number of health manpower
- Retrospective reimbursement by third party payers
- 5 Addition of new services
- Federal government limit on payment for services

these two have to do with payment not with cost.

←

1 Other) Inflation in general - rate of increase in hospital costs is now close to the general rate of American inflation

3. Do you feel that Certificate of Need has had any impact on cost containment? (please explain) yes. It at least provides a review

of capital projects which in some cases has limited unnecessary projects.

Please explain any other effects on your facility from C.O.N.

C.O.N. has helped the planning process.

HEALTH PLANNING

1. Are you involved with your HSA? yes To what extent? I have attended a number of meetings

2. Do you feel that the service area of your HSA is meaningful? NO
If not, how would you like to see it changed? perhaps one service area for the state

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No Would you like to see the HSAs restructured? NO

How? (but I believe some might make an HSA needs to approve capital programs)
Would you like to see their priorities changed? How? yes
Need for future projects - perhaps concentrate on C.O.N.

4. What areas do you think are lacking in the current health planning?
none

INSURANCE

1. Does your facility have any problems with reimbursement (Please

specify):

Private Insurance Yes

Medicare Yes

Medicaid Yes

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?
not at this time

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
Inpatient? NO
Outpatient? NO

2. Are there other services in the community for the mentally ill?
Yes What needs of this group are not met locally that you feel are necessary? NOT SURE

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
Inpatient? NO
Outpatient? NO

4. Are there other services in the community for the drug/alcohol dependent? Yes What needs of this group are not met locally that you feel are necessary? NOT SURE

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- Preventive Health
- Health Education
- Supervised volunteer program
- Birthing center
- Hospice services
- Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>1772,000</u>	<u>163,500</u>
Expenditure Budget	<u>1924,341</u>	<u>168,000</u>
Capital Budget	<u>302,598</u>	<u> </u>

2. What funding do you receive from the local level? \$350,000

3. What funding do you receive from the state? Row Star

SERVICES

S.P.

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>\$190</u>	<u>per day</u>
Obstetrical	<u>190</u>	<u>per day</u>
Newborn well care (nursery)	<u>7500</u>	<u>per day</u>
Intensive/cardiac care:		
Adult	<u>290⁰⁰</u>	<u>day</u>
Pediatric	<u>290⁰⁰</u>	<u>day</u>
Newborn	<u>290⁰⁰</u>	<u>day</u>
Chemical dependency	<u>n/a</u>	
Thermal	<u>n/a</u>	
Psychiatric	<u>n/a</u>	
OTHER SERVICES		
Electroencephalography	<u>n/a</u>	
Diagnostic Radioisotope	<u>n/a</u>	
CAT Scanner	<u>n/a</u>	
Radioisotope Therapy	<u>n/a</u>	
Radium Therapy	<u>n/a</u>	
Cobalt Therapy	<u>n/a</u>	
Chemotherapy	<u>n/a</u>	

OTHER SERVICES CON'T	CHARGE/DAY	CHARGE/STAY
Audiology	n/a	
Clinical Psychologist	n/a	
Family Planning	n/a	
Open Heart Surgery	N/A	
Inpatient Renal Dialysis	N/A	
Inhalation Therapy	8.00 2 ⁵⁰	treatment / hour
Abortion(Inpatient)	N/A	
Abortion(Outpatient)	N/A	
Occupational Therapy	n/a	
Physical Therapy	8.00	treatment
Speech Therapy	N/A	

Thank you for your time in preparing this questionnaire. Any other comments you wish to make on health care issues are welcomed:

I think that the most important factor which enables Alaska's rural hospitals to care for patients is state revenue sharing. Isolated communities are often, because of winter conditions cut off from major medical centers. When the plane can't fly the small hospital must be there. Without revenue sharing at the current level these hospitals would not be able to keep their doors open.

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PETERSBURG GENERAL HOSPITAL

and Long Term Care Facility

Phone: (907) 772-4291

P.O. Box 589

Petersburg, Alaska 99833

February 26, 1982

The Honorable Charles H. Parr
The Senate of Alaska
Pouch V, MS 3100
Juneau, Alaska 99811

Dear Senator Parr:

Enclosed is the completed survey for Petersburg General Hospital
and Long Term Care Facility.

Sincerely Yours,



CRAIG S. SLATER
Administrator

Enclosure

GENERAL

1. Where do the people who use the services of your facility live?
 (List by community or region of the state, and the percentage of
 the total number served) Petersburg and Kake Areas

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
 please list the number of patient days by month:

1980-81

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>97</u>	<u>10</u>	July	<u>83</u>	<u>11</u>
Feb.	<u>29</u>	<u>10</u>	Aug.	<u>112</u>	<u>12</u>
Mar.	<u>68</u>	<u>11</u>	Sept.	<u>48</u>	<u>12</u>
Apr.	<u>34</u>	<u>11</u>	Oct.	<u>54</u>	<u>12</u>
May	<u>40</u>	<u>11</u>	Nov.	<u>53</u>	<u>12</u>
June	<u>35</u>	<u>11</u>	Dec.	<u>74</u>	<u>12</u>

3. Does your facility have difficulty meeting the current Fire/Life
 Safety codes? Yes If yes, please describe In the old acute care
sections of the facility which is non-conforming.

Do you have any other concerns about the physical structure of
 your facility? Old acute care section built by town volunteers is beyond
restoration for the purpose of a hospital.

4. Are there any significant shortages of health personnel in your
 facility? Yes Categories: Nurses, especially during the summer months
 In your community? Yes Categories: same as above

5. Do you expect a significant impact on your facility since the
 passage of HB 131, raising Revenue Sharing to \$250,000 for all
 hospitals? Yes What are the major reasons for your annual
 shortfall? Little volume - inadequate services

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
 what type? Petersburg Hospital operates at a below minimal operating budget.
 Results: No funds for replacement of capital needs or funds for meeting new
regulations.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
5 New medical technology
2 Increases in staff salaries
9 Population increases
6 Increase in number of health manpower
8 Retrospective reimbursement by third party payers
7 Addition of new services
3 Federal government limit on payment for services
4 Other) Reluctance of citizens to raise charges to meet costs.

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) No. Even with CON approval if the funds are not available nothing is accomplished.

Please explain any other effects on your facility from C.O.N.

No over-all State planning plan. Too many separate and fragmentary agencies.

HEALTH PLANNING

1. Are you involved with your HSA? Yes To what extent? Director of SEAHSA.

2. Do you feel that the service area of your HSA is meaningful? Yes
 If not, how would you like to see it changed? I do believe that the SEAHSA Board is very dedicated and does try to make every effort to follow their guide lines.

3. It seems likely that Federal regulation and support of HSA: will be discontinued, do you feel they should be maintained by the state? Yes Would you like to see the HSA's restructured? Yes

How? Under one State coordinated agency.

Would you like to see their priorities changed? How? I'm vague

on what are the State's priorities.

4. What areas do you think are lacking in the current health planning?

State wide financial and statistical reporting to a greater and more detailed degree, useful for planning purposes, not just a financial balance sheet.

INSURANCE

1. Does your facility have any problems with reimbursement (Please

specify):

Private Insurance Old cry - too many separate reports.

Medicare _____

Medicaid _____

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?
My understanding HB 41 is still evolving and has not been a workable tool as yet.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
 Inpatient? As well as expected with funds available.
 Outpatient? _____
2. Are there other services in the community for the mentally ill?
Yes What needs of this group are not met locally that you feel are necessary? Gateway Mental Health Service Center (please refer to)
3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? The Hospital does its best but this problem is not a hospital problem
 Outpatient? but a social problem.
4. Are there other services in the community for the drug/alcohol dependent? Yes What needs of this group are not met locally that you feel are necessary? Best talk with these agencies. I would guess they are concerned with under-funding.
5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)
- _____ Preventive Health
 _____ Health Education
 _____ Supervised volunteer program
 Birthing center
 _____ Hospice services
 Mental health services

- x Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET 1980-81

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>824,535</u>	<u>Budget combined</u>
Expenditure Budget	<u>1,055,081</u>	<u> </u>
Capital Budget	<u>7,000</u>	<u> </u>

2. What funding do you receive from the local level? None

3. What funding do you receive from the state? \$250,000

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>250.00</u>	<u> </u>
Obstetrical	<u>250.00</u>	<u> </u>
Newborn well care	<u>72.00</u>	<u> </u>
Intensive/cardiac care:		
Adult	<u>360.00</u>	<u> </u>
Pediatric	<u>360.00</u>	<u> </u>
Newborn	<u> </u>	<u> </u>
Chemical dependency	<u> </u>	<u> </u>
Thermal	<u> </u>	<u> </u>
Psychiatric	<u> </u>	<u> </u>
OTHER SERVICES		
Electroencephalography	<u> </u>	<u> </u>
Diagnostic Radioisotope	<u> </u>	<u> </u>
CAT Scanner	<u> </u>	<u> </u>
Radioisotope Therapy	<u> </u>	<u> </u>
Radium Therapy	<u> </u>	<u> </u>
Cobalt Therapy	<u> </u>	<u> </u>
Chemotherapy	<u> </u>	<u> </u>

OTHER SERVICES CON'T

CHARGE/DAY

CHARGE/STAY

OTHER SERVICES CON'T	CHARGE/DAY	CHARGE/STAY
Audiology		
Clinical Psychologist		
Family Planning		
Open Heart Surgery		
Inpatient Renal Dialysis		
Inhalation Therapy		
Abortion(Inpatient)		
Abortion(Outpatient)		
Occupational Therapy		
Physical Therapy		
Speech Therapy		

Thank you for your time in preparing this questionnaire. Any other comments you wish to make on health care issues are welcomed:

As I have indicated in this survey I believe there should be more review from a central State agency to coordinate the regulatory agencies, gather meaningful statistical and financial data in such a manner that the legislature and public can assess the needs in order to make decisions to lessen duplications and improve efficiencies.

Craig S. Deter

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Wrenged

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) See attached sheet

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

1981	ACUTE	LONG TERM	1980	ACUTE	LONG TERM
Jan.	<u>75</u>	<u>454</u>	July	<u>100</u>	<u>412</u>
Feb.	<u>71</u>	<u>428</u>	Aug.	<u>117</u>	<u>437</u>
Mar.	<u>47</u>	<u>476</u>	Sept.	<u>84</u>	<u>423</u>
Apr.	<u>54</u>	<u>451</u>	Oct.	<u>44</u>	<u>387</u>
May	<u>58</u>	<u>497</u>	Nov.	<u>58</u>	<u>385</u>
June	<u>92</u>	<u>425</u>	Dec.	<u>95</u>	<u>499</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? yes If yes, please describe See attached sheet

Do you have any other concerns about the physical structure of
your facility? yes see attached sheet

4. Are there any significant shortages of health personnel in your
facility? yes Categories: See attached sheet
In your community? yes Categories: See " "

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? yes What are the major reasons for your annual
shortfall? See attached sheet

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? yes If so,
what type? See attached sheet
Results: _____

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
- 6 New medical technology
- 3 Increases in staff salaries
- 8 Population increases
- 5 Increase in number of health manpower
- 9 Retrospective reimbursement by third party payers
- 7 Addition of new services
- 4 Federal government limit on payment for services
- 2 Other) Energy Costs - And. inflation

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) yes see attached sheet

Please explain any other effects on your facility from C.O.N.

see attached sheet

HEALTH PLANNING

1. Are you involved with your HSA? yes To what extent? see attached sheet

2. Do you feel that the service area of your HSA is meaningful? yes
If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? ? Would you like to see HSAs restructured? see
How? attached sheet.

Would you like to see their priorities changed? How? Cut out Regulatory portion.

4. What areas do you think are lacking in the current health planning?
see attached sheet.

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance LACK of BASIC COVERAGE on All policies
 Medicare Do Not Receive 100% payment of costs
 Medicaid Do Not Receive 100% Payment of costs

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?
Plan should include All providers of health care.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill: No
 Inpatient? See Attached sheet
 Outpatient? " " "

2. Are there other services in the community for the mentally ill? yes
 What needs of this group are not met locally that you feel are necessary? See attached sheet

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? NO - space or trained employees for proper care
 Outpatient? NO " " " " "

4. Are there other services in the community for the drug/alcohol dependent? yes What needs of this group are not met locally that you feel are necessary? Added space to allow group therapy and bet'n Counseling on individual and group basis

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)
- Preventive Health
 - Health Education
 - Supervised volunteer program
 - Birthing center
 - Hospice services
 - Mental health services

- ✓ Drug/alcohol services
- ✓ Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget *	<u>840,488.00</u>	<u>392,366.00</u>
Expenditure Budget	<u>870,488.00</u>	<u>375,974.00</u>
Capital Budget <small>Net loss</small>	<u>230,000.00</u> <u>440,488.00</u>	<u>63,708.00</u> <u>312,266.00</u>

* This Revenue figure includes the \$250,000 Shared Revenue. Even with it we will be operating at a loss

2. What funding do you receive from the local level? See attached sheet

3. What funding do you receive from the state? Shared Revenue -

1978 1979 ^{\$0} 636,111.00 1980 771,845.00 1981 250,000.00 ?
SERVICES Whisper none Rec to date

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>190.00</u>	
Obstetrical	<u>190.00</u>	<u>760.00 average</u>
Newborn well care	<u>65.00</u>	<u>190.00 average</u>
Intensive/cardiac care:		
Adult	<u>590.00</u>	
Pediatric	<u>595.00</u>	
Newborn	<u>395.00</u>	
Chemical dependency	<u>none</u>	
Thermal		
Psychiatric	<u>190.00</u>	
OTHER SERVICES		
Electroencephalography	<u>none</u>	
Diagnostic Radioisotope	<u>none</u>	
CAT Scanner	<u>none</u>	
Radioisotope Therapy	<u>none</u>	
Radium Therapy	<u>none</u>	
Cobalt Therapy	<u>none</u>	
Chemotherapy	<u>none</u>	

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

GENERAL

1. In Southeastern Alaska Region, entire Wrangell Island and surrounding islands where logging camps are located. Total population served is approximately 4,300 persons. Percent of the total number served is 100%. We are the lone medical facility in our city.
2. See survey.
3. Inadequate ventilation of Ethylen Oxide Sterilizer, boiler space, ventilation system in critical care areas, dressing rooms, O.R. and x-ray, non-complying laundry room, obsolete nurse call system, over crowding and inadequate supplies and equipment storage of all departments in the Facility.

Need for energy conservation by installation of better insulation, weather proofing and conversion from oil to electricity. Sanitation improvement by sewer system improvement and filter system for water supply.

Need for area to accomodate visiting physician clinics. Poor utilization of existing bed capacity due to semi-private rooms. (Patient mix problem)

4. Physical Therapy, Inhalation Therapy, Nursing, Laboratory technicians. Day care and/or proper housing for senior citizens.
5. Inflation, high energy costs, increased wages, loss of utilization and funds from A.N.S., U.S.P.H.S. Marine, and other government patients. Poor reimbursement for government patients. Poor utilization of acute care part of the Facility.

HEALTH CARE COSTS

1. Cut back on overtime and scheduled employees time, electrical conservation, cutback on use of high pressure boiler with installation of automatic clock cutoff and reduced pressure. Purchasing supplies through group purchasing to reduce cost, sharing services with other hospitals to cut back on overhead.

Results good, but in a small Facility with many departments working with only one to three employees, you can't cut back any more than the basic staff needed for one or nine patients.

2. Per survey.
3. Not as much as it would if all Health Care Providers, such as physicians, the state and federal government, also, were required to obtain a C.O.N.

Good effects. All aspects must be considered and planned for.

Bad effects. Added costs.

HEALTH PLANNING

1. I was on the Board of the SEAHSA for two years and have been active for many years on our local health planning board.
2. see survey
3. Yes, if kept. Less high paid staff and more local help.
4. Overall planning of all monies spent by state, federal government and physicians, etc. on health care with better coordination of services.

INSURANCE

1. See survey
2. See survey

THE COMMUNITY

1. No
Inpatients: No space or trained employees for proper care.
Outpatients: No space or trained employees for proper care,
Or good coordination between departments and other institutions.

Gateway Mental Health. Staffed by psychiatric social worker. Need to have scheduled visits besides from psychiatrist and other personnel.

BUDGET

1. See Survey
2. City makes annual payment on General Obligation Bonds to pay for our Long Term Care Facility addition, \$35,000.00. Balance still due of \$702, 126.16. Annual tax relief of \$14,458.00. Purchase of new equipment and upkeep of areas by memorials, club donations and local drives. \$10,000.00 average yearly.

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Kodiak

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Kodiak Island, Aleutian Chain, North

Pacific.

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>319</u>	<u>276</u>	July	<u>481</u>	<u>274</u>
Feb.	<u>385</u>	<u>264</u>	Aug.	<u>454</u>	<u>329</u>
Mar.	<u>341</u>	<u>317</u>	Sept.	<u>296</u>	<u>345</u>
Apr.	<u>227</u>	<u>330</u>	Oct.	<u>332</u>	<u>372</u>
May	<u>279</u>	<u>341</u>	Nov.	<u>317</u>	<u>353</u>
June	<u>324</u>	<u>313</u>	Dec.	<u>260</u>	<u>355</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? No If yes, please describe _____

Do you have any other concerns about the physical structure of
your facility? Not large enough to sufficiently serve community.

4. Are there any significant shortages of health personnel in your
facility? No Categories: _____

In your community? No Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? Yes What are the major reasons for your annual
shortfall? Self pay accounts not being paid/slow payments insurance

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Evaluation of supplies equipment procedures.

Results: Health care system. Evaluate and monitor length of stay for
appropriateness. Automate where possible to maintain low
overhead.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

 High overhead vs low occupancy rates

 x New medical technology

 x Increases in staff salaries

 Population increases

 Increase in number of health manpower

 x Retrospective reimbursement by third party payers

 x Addition of new services

 x Federal government limit on payment for services

 Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) Yes. Cost of processing con are added to cost of operation.

Please explain any other effects on your facility from C.O.N.

Delays in obtaining such needed services.

HEALTH PLANNING

1. Are you involved with your HSA? yes To what extent? COORDINATION, COMMUNICATION, PARTICIPATION ON COMMITTEES.

2. Do you feel that the service area of your HSA is meaningful? NO
If not, how would you like to see it changed? ELIMINATE IT.

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? no Would you like to see the HSAs restructured? no
How? _____
Would you like to see their priorities changed? How? CONTINUED, HSA SHOULD RESPOND TO LOCAL NEEDS WITHOUT PRECONCEIVED NOTIONS.

4. What areas do you think are lacking in the current health planning?
RECOGNITION OF ADVANCES IN TECHNOLOGY.

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance slow payments

Medicare allowances that are written off.

Medicaid allowances that are written off.

Alaska Native Health: slow in payments.

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

It needs further determination of impact before implementation.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? No-we do not have mental health

Outpatient? No-no staff or facilities because of lack of mandate to do

so. We intend to apply for designated hospital status at the appropriate

2. ^{time} Are there other services in the community for the mentally ill?

Yes What needs of this group are not met locally that you feel are necessary? Proper area in hospital for patients, mental health staffing.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? no-do not have proper facilities or staff

Outpatient? no

4. Are there other services in the community for the drug/alcohol dependent? yes What needs of this group are not met locally that you feel are necessary? _____

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

x Preventive Health

x Health Education

x Supervised volunteer program

x Birthing center

x Hospice services

x Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other Home Health Care

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>1,009,617</u>	<u>664,644</u>
Expenditure Budget	<u>1,069,509</u>	<u>560,179</u>
Capital Budget	<u>(combined)</u>	<u>130,000</u>

2. What funding do you receive from the local level? None

3. What funding do you receive from the state? OPERATING 250,000
CAPITAL 30,000

SERVICES *Kodak*

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>240.00</u>	<u>672.00</u>
Obstetrical	<u>240.00</u>	<u>672.00</u>
Newborn well care	<u>140.00</u>	<u>140.00</u>
Intensive/cardiac care:		
Adult	<u>240.00 & 6.00hr</u>	<u>1,000.00</u>
Pediatric	<u>240.00 & 6.00hr</u>	<u>1,000.00</u>
Newborn	<u>140.00 & 6.00hr</u>	<u>700.00</u>
Chemical dependency	<u>0</u>	
Thermal	<u>0</u>	
Psychiatric	<u>0</u>	
OTHER SERVICES		
Electroencephalography	<u>0</u>	
Diagnostic Radioisotope	<u>0</u>	
CAT Scanner	<u>0</u>	
Radioisotope Therapy	<u>0</u>	
Radium Therapy	<u>0</u>	
Cobalt Therapy	<u>0</u>	
Chemotherapy	<u>0</u>	

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Cordova, Prince William Sound area

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>125+ 13 NB</u>	<u>255</u>	July	<u>147+ 1 NB</u>	<u>255</u>
Feb.	<u>69+ 5NB</u>	<u>249</u>	Aug.	<u>93+ 5NB</u>	<u>248</u>
Mar.	<u>86+ 7NB</u>	<u>279</u>	Sept.	<u>59+ 8NB</u>	<u>240</u>
Apr.	<u>59+ 7NB</u>	<u>261</u>	Oct.	<u> </u>	<u> </u>
May	<u>163+ 23NB</u>	<u>240</u>	Nov.	<u> </u>	<u> </u>
June	<u>107+ 3NB</u>	<u>222</u>	Dec.	<u> </u>	<u> </u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? x If yes, please describe Wooden structure

Do you have any other concerns about the physical structure of
your facility? please see attached list.

4. Are there any significant shortages of health personnel in your
facility? x Categories: Registered nurses
In your community? Categories:

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? yes What are the major reasons for your annual
shortfall? utilization or occupancy level - Also because of the isolated
area, the high cost of receiving equipment and supplies plus high cost of
having a technician (shop to shop salary plus air fare and lodging) to maintain
HEALTH CARE COSTS and repair equipment.

1. Have you implemented any efforts at cost containment? yes If so,
what type? joint purchasing; shared Bio-Medical personnel with
Anchorage hospital for repair of medical equipment. they are qualified to
repair. Employment of part time help in lieu of full time positions, etc.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- High overhead vs low occupancy rates
- New medical technology
- 1 Increases in staff salaries
- Population increases
- Increase in number of health manpower
- Retrospective reimbursement by third party payers
- Addition of new services
- Federal government limit on payment for services
- 2 Other) Increase cost of supplies and equipment.

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) yes-Adversely

Please explain any other effects on your facility from C.O.N.
 If CON must be - it should be limited to local planning.

HEALTH PLANNING

1. Are you involved with your HSA? x To what extent? Application for CON for renovation/new construction of the 26 year old plant.

2. Do you feel that the service area of your HSA is meaningful?
If not, how would you like to see it changed?

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? no Would you like to see the HSAs restructured?
How?
Would you like to see their priorities changed? How?

4. What areas do you think are lacking in the current health planning?

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance Delay in Payment

Medicare Allowable cost does not acknowledge true cost. Detailed

Medicaid cost is very expensive for rural areas. If cost report not specific enough, they do not allow any cost in that specific area.

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?

The comprehensive health insurance plan should cover those qualified individuals not otherwise covered, and those individuals who do have some insurance coverage, but does not provide adequate reimbursement for their care.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? No inpatient holding area available, except jail.

Outpatient? Yes

2. Are there other services in the community for the mentally ill?

No What needs of this group are not met locally that you feel are necessary? _____

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? Yes

Outpatient? Yes

4. Are there other services in the community for the drug/alcohol dependent? No What needs of this group are not met locally that you feel are necessary? _____

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

 Preventive Health

 Health Education

 x Supervised volunteer program

 Birthing center

 Hospice services

 x Mental health services (Inpatient)

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other

BUDGET

1. What is your: FY 81-82
- Acute care and Long term care
- | | | |
|------------------------|------------|--|
| Revenue Budget | 1,142,963. | |
| Expenditure Budget | 1,207,615. | |
| Capital Budget | | |
| New Equipment purchase | 109,128. | |
2. What funding do you receive from the local level? \$ 26,000.
3. What funding do you receive from the state? \$250,000. revenue sharing

SERVICES

Cordova

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	215	
Obstetrical	195	
Newborn well care	75	
Intensive/cardiac care:		
Adult	140	
Pediatric	-	
Newborn	-	
Chemical dependency		
Thermal		
Psychiatric		
OTHER SERVICES		
Electroencephalography		
Diagnostic Radioisotope	NA	
CAT Scanner	NA	
Radioisotope Therapy	NA	
Radium Therapy	NA	
Cobalt Therapy	NA	
Chemotherapy		

OTHER SERVICES CON'T	CHARGE/DAY	CHARGE/STAY
Audiology	NA	
Clinical Psychologist		
Family Planning		
Open Heart Surgery	NA	
Inpatient Renal Dialysis	NA	
Inhalation Therapy		
Abortion(Inpatient)	NA	
Abortion(Outpatient)	NA	
Occupational Therapy	NA	
Physical Therapy		
Speech Therapy	NA	

Thank you for your time in preparing this questionnaire. Any other comments you wish to make on health care issues are welcomed:

Revenue sharing should continue as a primary funding resource for rural hospitals. (sole community provider)

CON for rural hospitals is unnecessary. CON applies to limited health facilities only-therefore is not effective.

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Central Peninsula Area - Estimated 75%
-
-

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

1981 Statistics				
ACUTE	LONG TERM		ACUTE	LONG TERM
Jan. <u>645</u>	<u> </u>	July	<u>445</u>	<u> </u>
Feb. <u>486</u>	<u> </u>	Aug.	<u>406</u>	<u> </u>
Mar. <u>573</u>	<u> </u>	Sept.	<u>503</u>	<u> </u>
Apr. <u>419</u>	<u> </u>	Oct.	<u>470</u>	<u> </u>
May <u>327</u>	<u> </u>	Nov.	<u> </u>	<u> </u>
June <u>442</u>	<u> </u>	Dec.	<u> </u>	<u> </u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? No If yes, please describe
-

Do you have any other concerns about the physical structure of
your facility? Not at this time

4. Are there any significant shortages of health personnel in your
facility? Yes Categories: CRNA's and Physical Therapists

In your community? Yes Categories: Same

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? No What are the major reasons for your annual
shortfall?
-

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Cold roof in construction. Energy conscious design.

Results: Too soon to tell

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
- 5 New medical technology
- 2 Increases in staff salaries
- ? Population increases
- 7 Increase in number of health manpower
- 3 Retrospective reimbursement by third party payers
- 6 Addition of new services
- 4 Federal government limit on payment for services
- Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) Yes, an adverse effect. Number of man-hours in preparation and the expense of travel to Anchorage for hearings.
Please explain any other effects on your facility from C.O.N.

HEALTH PLANNING

1. Are you involved with your HSA? Not directly To what extent? _____

2. Do you feel that the service area of your HSA is meaningful? No
If not, how would you like to see it changed? Remove from Anchorage area

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? Yes Would you like to see the HSAs restructured? Yes
How? Separate rural and metropolitan - Have on site visits from committee members
Would you like to see their priorities changed? How? _____

4. What areas do you think are lacking in the current health planning?

INSURANCE

1. Does your facility have any problems with reimbursement (Please

specify):

Private Insurance _____

Medicare _____

Medicaid _____

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? No (We do now have a consulting Psychiatrist on staff so better

Outpatient? No services can be developed).

2. Are there other services in the community for the mentally ill?

yes What needs of this group are not met locally that you feel are necessary? Name of the group is Central Peninsula Mental Health Center

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? No

Outpatient? No

4. Are there other services in the community for the drug/alcohol dependent? ^{Same as #2} What needs of this group are not met locally that you feel are necessary? _____

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

_____ Preventive Health

_____ Health Education

_____ Supervised volunteer program

x _____ Birthing center Now being developed

_____ Hospice services

_____ Mental health services

Others to be considered in the future.