

# City and Borough of Sitka

100 Lincoln Street • Sitka, Alaska 99835

*Coast Guard City, USA*

## **Town Hall Meetings on the Future of Healthcare**

**August 30 and 31, 2017**

### **Executive Summary**

The future of healthcare in Sitka has been a major discussion over the last twenty months: Southeast Alaska Regional Health Consortium (SEARHC) and Sitka Community Hospital (SCH) have explored the possibility of a joint venture or merger, ECG Management Consultants has presented options for a combined future vision for healthcare in Sitka, and multiple entities expressed interest in purchasing SCH. Most recently the Assembly directed the Municipal Attorney to work with an outside firm to draft an RFP seeking solutions for our Community Hospital in Sitka. In that discussion the Assembly also requested a Town Hall meeting be held to gather input from residents and hear what Sitkans want for the future of healthcare in our community.

The first town hall meeting was held Wednesday, August 30 at the Alaska Native Brotherhood Hall. The second was held Thursday, August 31 at Harrigan Centennial Hall. Approximately 60 residents were present the first night and over 70 the second night, including employees of both Sitka Community Hospital and SEARHC. The meetings were facilitated by professional facilitator Jan Caulfield in conjunction with City Staff. Participants were asked to join tables and partake in the small group conversations. Both meetings focused around two discussions, first being “what are the five most important factors you want the Assembly to consider as they look ahead to addressing healthcare options for Sitka” and the second “what healthcare opportunity do you want the Assembly to consider and why”. As individuals stated their thoughts and comments, the facilitators highlighted common themes and consensus points. The facilitators then presented their groups responses to the whole.

This summary points to the common themes that were heard throughout both evenings. All the comments received during the town hall meetings as well as other public comments, are attached to this written report.

In response to question #1 what five most important factors you want the Assembly to consider as they look ahead to addressing healthcare options for Sitka, Sitkans said their most important factors are:

1. Financial sustainability – People felt that the City and Sitka Community Hospital must remain financial stable now and well into the future.
2. Local control or a local voice in the governance model- Sitkans noted the importance of an element of local control/governance.
3. High quality services- Quality of healthcare not only through services but also equipment.

4. Access to services- People would like more services and/or specialties available in Sitka so less people have to leave the community to get the healthcare they need.
5. Local economy and/or jobs- People want healthcare to strengthen our local economy and make use of our Sitka workforce.

In addition, during many of the conversations there was discussion over what specific services were needed in Sitka. Those included were drug/alcohol rehabilitation, long term care and assisted living, and expansion of clinical care. Other needed services included OB, cardiology and mental health.

The second question of what healthcare opportunity do you want the Assembly to consider and why seemed to be more difficult for attendees to answer. During this discussion item, facilitators had to continue to bring the groups back to the original question and give clear guidance. The response that was heard by almost every group was to publicly pursue more collaboration opportunities with SEARHC. Many participants felt that there is an opportunity for Sitka Community Hospital to specialize some needed services, again specifically drug/alcohol rehabilitation, longterm care/ nursing home, and clinic care while strengthening SEARHC's presence as a regional healthcare hub. Consensus on consolidation to strengthen and increase services was heard. Multiple people said they wanted to take advantage of the proposed new SEARHC facility. Discussions also circled around the thought that there was a fine line between not duplicating efforts but being able to compliment and assist each other in their missions.

The groups consensus was to have the Assembly discuss collaboration efforts between SEARHC and Sitka Community Hospital, in public, to work together to create a cradle to grave care for all in Sitka. Again attendees noted that each hospital doesn't have to do everything but that there is room for negotiation and compromise.

The second option the attendees would want the Assembly to consider is a management proposal.

Meeting attendees had questions ranging from why is the Assembly doing this, to what exactly is wrong? Consensus to continue to move this process forward was heard throughout the evening as well.

People noted that this is a hard task for the Assembly and that there are no easy answers. People appreciated the chance to share their thoughts and comments, and work together productively to help give the Assembly direction.

**TOWN HALL MEETING**  
**August 30, 2017**

PUBLIC ATTENDANCE		
NAME	ADDRESS	JOIN THE EMAIL LIST
Paul S. Chulick Jr.		
Jeff Russell		
Kay Turner		
Shoshanna Schmidt		
Matt Hunter		
Loreen Laybourn		
Dave Vastok		
Deanne Bennett		
Lee W. Bennett		
Sharon Sullivan		
John Murray		
Hi Ellingsen		
Jeff Peatee		
Annemaria Lafelme		
Chris		

**TOWN HALL MEETING**  
**August 30, 2017**

PUBLIC ATTENDANCE		
NAME	ADDRESS	JOIN THE EMAIL LIST

<i>Jeffery Foruzzi</i>		
<i>John Sweeney</i>		
<i>Owen Kundig</i>		
<i>John Jones</i>		
<i>Leslie Wynn</i>		
<i>Helen Craig</i>		
<i>William Craig</i>		
<i>John Barioce</i>		
<i>Bob Sam</i>		
<i>Kathy Kyle</i>		
<i>David Edg</i>		
<i>Wince Titell</i>		
<i>Amy Sutton</i>		
<i>chael titell</i>		
<i>Maybelle</i>		

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**TOWN HALL MEETING**  
**August 30, 2017**

PUBLIC ATTENDANCE		
NAME	ADDRESS	JOIN THE EMAIL LIST
Martha Moses		.com
A Beem		.com
Mary Soltis		
Sally Roessel		
Jean Frank		
Sonya Smith		
Beth Kindig		.com
Patricia A MacPike		
Angelo d Wisniewski		
Josh Wisniewski		

**TOWN HALL MEETING**  
**August 30, 2017**

PUBLIC ATTENDANCE		
NAME	ADDRESS	JOIN THE EMAIL LIST
B. B. Fallick		
Cynthia Dennis		
Patricia Alexa		
Travis & Patti Hudson		
Patrick Williams		
Bobby Potzowski		
KEMAL KNEK		
Rob Allen		
Steve Hartford		
Jean Arnold		
Don Etulain		
Heidi Finkenbinder		
Deb Miller		
DAVE LAM		
Sig Rutter		

**TOWN HALL MEETING**  
**August 31, 2017**

PUBLIC ATTENDANCE		
NAME	ADDRESS	JOIN THE EMAIL LIST
Pat Alexander		
Kent Hansen		
Marilyn D. Hanson		
Jennifer Haden		
DAVE LAM		
Kay Turner		
Mrs. Teal		
Barbara Stucker		
Joann Torgeson		
Pete Turczak		
Taylor Johnson		
Wang		
Shoshanna Schmidt		
Tara O'Hara		
Ally		

**TOWN HALL MEETING**  
**August 31, 2017**

PUBLIC ATTENDANCE		
NAME	ADDRESS	JOIN THE EMAIL LIST
Travis Hudson		
Norma Creamer		
Ken Creamer		
Connie Sepe		
Peg Shea		
Mary Soltis		
Steve Hartford		
Terry Hobbs		
ROBERT HATTLES		
Phyllis Jackett		
TeriSSia Dell		
Doris Ferris		
Henrietta VanMaanen		
Rob Allan		
Shirley Finkenbinder		





**TOWN HALL MEETING**  
**August 31, 2017**

PUBLIC ATTENDANCE		
NAME	ADDRESS	JOIN THE EMAIL LIST
Deb Miller		
Carin Adickes		
Brad Rowen		
Chris Causey		
Martha Pearson		
Jan Love		
Barbara DeLong		
David Vastola		
Wanda Ludlow		
Ed Ludlow		
Marilyn Rugg Wiser		
Michael Wiser		
Kevin Knox		
Harriet Beland		
Sonja Smith		

Question 1

8/30/17  
A Ssembly Should Determine - Is Health Care a Business or Service? AMB

Prefer

- Be Viewed as a Care Service - Not Just A Business
- Receive City Funding Support From City/Community
- Retain local Control - Market it as an Amenity that Supports Growth + Development.

- Must be Sustainable - Long term Planning

- Anticipate - Silver Tsunami -

- Must be Accessible to All - Cradle to Grave Services.

- Opportunity for Both hospitals - Must Coordinate Care / Not Duplicate or Compete which Diminishes Quality of Care.

- Consider Future Demographic Growth - Needs

- Need to capture Medical Travel / Migration to get Services that should/could be provided Here.

- Consider a Care Service - But Support + Recognize Contributions to economy - Good Jobs - Secondary Economy.

- Timeliness of Care - Needs to be funded - Present.

QUESTION 1

1 ★ Practical / Realistic Situation

- FINANCIAL
- Small population
- Realistic Services.
- Sustainable.

2 ★ Leadership / Gov. Model

- Look at current Model & New model
- Govt. should not make health care decisions
  - pot decision w/ prof. H.C.P.

3 ★ Local CONTROL

- MAINTAIN it
- guarantee it contractually

4 ★ Sustainable

- sustain. to city
- end to each resident.

How Decision will impact to All sides (e.g. all s'ce; all Hosp; All services).

5 ★ Highest Quality Care

- High qualified & trained professionals & resources to do best jobs.

6 ★ Guarantee / Promise that Health care stays in SITKA

7 ★ Collaboration

- Between Hosp;
- dual services. ; hits sust / services.

10 SERVICES

- TAKE A LOOK AT options - stand, what, etc.
- EFF. use of Resources. (E.g. NO two MRI's)

8 ★ Accountability

- Patient Rights / care
- THINK ABOUT PATIENT IMPACTS

9 ★ Regional Input: / Fishing Fleet. input?

\* QUESTIONS:  
0) How do we get the community support. / Assembly support (Dave)

8/30/17  
A&B

~~1)~~ Why? Are we doing this?  
*Support the community*  
Risk to city  
Money  
Liability  
*Remaining uncertainty*  
- outside management by Providence.

2) Give the community good health care  
*What is our mission*  
Different things that could happen to help community  
Long term doctors and nurses. Respected in the community.  
Midwives and birthing center / Hospice.  
*Retaining long term*

~~3)~~ Coverage of full life Continuity of care.  
Birth to death

4) Economic engine to the community.  
*Pyramid is run out to other business*  
primary duty of government Schools and Hosp.

~~5)~~ Long term goal so that we can move forward  
Can't get doctors and nurses that want to come / no long term guarantee.  
Turmoil because of no future

6) Eliminate uncertainty.  
Why do we need an RFP.  
Is doing better

~~11)~~ competition and choice.

12) location of the facility.  
*located in the center.*

13) View it as an asset.

\* 7) RFP brings in options.

~~14)~~ Local Control.

15) Convenience of two facilities

8) Public Vote.

9) Assembly support to make the community Hosp work.

10) New Management to learn to lead. / back to comm. Hosp.

QUESTIONS 1

(Maqan)

8/30/17  
ANB

- Accessible

③

- Local providers \*

- Accountable to public  
(Management)

⑤ - Maximize Scope and Service \*\*  
increase services + quality

④ - Local employee base \*

② Financial / Affordability

- Stability of healthcare system \*\*

- No duplication - (?) \* / Collaboration \*\*  
OB

Quality of healthcare -  $\frac{OB \text{ * Midwives}}{\text{All Service}}$

Continuity of care

- Awareness

- Aging / Elderly Care (local providers)

Question # 1  
5 factors

Phil  
(2pgs)  
8/30/17  
ANB

Services for whole families

- ~~Age~~ grows young & old

Control & self determination  
in health care

(ECC)? CAN community survive w/o  
taking the city down

A sustainable ~~healthcare~~ system  
Hospital

long-term financial viability

Non-duplication of services

A broad range " "

Access to care ✓

is it about financial viability  
or is it local control?

✓ More speciality care access  
in town

can we integrate services w SEARCH?

Given our resources ~~what~~ <sup>how</sup> do we  
get best for our community?

The most services for the least money

Reliability, viability & sustainable

~~combine~~ collaborate  
with general surgeon & OB/GYN

#1

Question 1

Phil, p. 2  
8/30/17 ANB

Serve non-beneficiary patients

Need a cardiologist

All services provided to  
All patients

Well-MANAGED

Partner must be a long-term  
commitment

concerns about integration of  
the work force (if merged) } Job  
rotation  
IN  
Sitka

LOCAL MANAGEMENT -

two providers allow technical &  
facility back-up

State of the Art (Acute),

more long-term care for elders

more alternative Medicare options

Affordability

concern about non-competition  
(costs) if only one hospital

transparency u cost/service

united community, at the end of the process



4 2 (starts here) (Q#1) Factors summary  
8/31/17

Financial Sustainability

Local control / governance

High quality services

Access to services

Wide range of services

Economy / jobs

Megan  
Question 1  
8/31/17  
Cent Hall

- Variety of Specialists / Services  
- Healthcare Hub -

- Low turnover - providers be residents \*  
Sitka employers (young workforce dev)

- Sustainability of Services ①  
- Healthcare Hub -

- Longterm Care - elderly \* / Assisted living \* ③

- Rehab facility - drugs, alcohol \*

- Mono poly - Competition - "Collaboration" ②  
independent person

Sava  
Conversation #1

8/31 Cant.  
Hall

Accessibility ✓✓✓ & specialized programs  
as uninsured

Capacity/Availability ✓

Efficiency of services

Services for aging population ✓

local control ~ "small town feel" ✓

Wide range of services - eg. rehab,  
behavioral ~~mental~~ health

Sustainability - financially

Quality services - factors - volume (efficiency)  
competitive

Possible economic impacts

Sava  
Conversation #1

8/31 Cont.  
Hal

Accessibility ✓✓✓ & specialized programs  
as uninsured

Capacity/Availability ✓

Efficiency of services

Services for aging population ✓

local control ~ "small town feel" ✓

Wide range of services - eg. rehab,  
behavioral ~~mental~~ health

Sustainability - financially

Quality services - factors - volume (efficiency)  
competitive

Possible economic impacts

Jeff-Question #1  
8/31/17

- Should Be
  - Rationale - Affordable - Practical
  - Self-Sustaining
- Also → A Core Service - Not Entirely Reliant on Profit → I.E. Police, Fire

Should → Meet Needs of All Ages

Goal Should Be Well Defined Before RFP  
Should Start with RFI - Request for Information

- Improved Governance Model - Decision Making Process
- Staffing - Stable - Supported
- Also on "Amenity" to Attract Growth - Business.
- Economic Engine - Good Pays Jobs - Supports other employment
- DESIRE  
Collaboration + Cooperation vs. Competition.  
↳ Strong Belief that this would resolve the issues and improve CARE.

Jeff. Question #1

8/31/17

- Should Be
  - Rationale - Affordable - Practical
  - Self-Sustaining
- Also → A Core Service - Not Entirely Reliant on Profit → I.E. Police, Fire

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- Also an "Amenity" to Attract Growth - Business.

⇒ Economic Engine - Good Pays Jobs - Supports other employment

→ **DesIRE**  
Collaboration + Cooperation vs. Competition.  
↳ Strong Belief that this would resolve the issues and improve CARE.

# Factors

~~Jan~~ Jan  
Question #1  
8/31/17

① Local hospital / local governance / local control

✓ Employment, jobs

② Services available @ SCH. (Not always <sup>able to schedule</sup> @ SEAR ~~HA~~)  
- emergency

Financially solvent, sustainable.

- What is the financial problem?

- Why are we having to consider changing?

③ Quality of services. (Superior @ SCH)

④ Choice of physicians, care providers (not HMO model)

We (Sitha) would still be responsible for PERS.

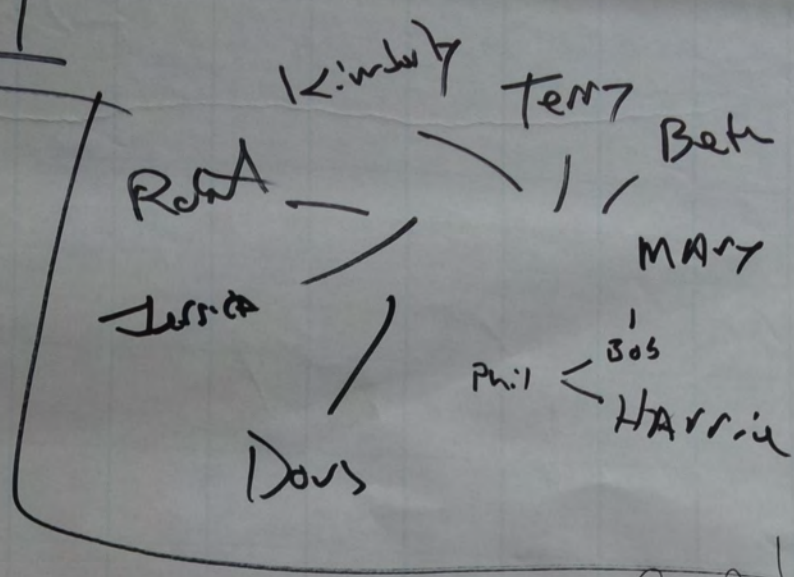
unfunded liabilities.

SCH is

Sound management.

Maintain competition (benefits to this).

# Question # 1



Phil P.  
8/31/17

Accessible  
A new hospital facility

Affordability

long-term function & sustainability

Complete & comprehensive

All services available in one place

Integrated medical services

question SEARCH's finances, to take over from IHS

Prudent stewardship of health care money

Delivery system should be Agile & flexible to handle changes in the health care system.

Compassion, competent treated like family  
we're all here together on this island

Efficiency → (Federal funding fluctuating)

~~There is~~ concern about duplication of services  
(- CT scanner)

concern about changes with only one hospital  
(competition) more collaboration than competition

Concern about cost of "travelers"

Jobs & retains community-based workers  
(who have skin in the game)

~~the~~ hospitals have collaborated -  
a community hospital in the old days < continuity of care



Question 1

Phil p.2  
8/31/17

continuity of ~~Having~~ the same provider  
don't have detox, or mental health  
lacking addiction services

~~can be~~ Maximize cradle to grave  
community care  
Not based on economics

\*Outlying communities come here SEARCH  
builds more houses ~~that~~ what are the numbers

Sitka provide everything that Juneau has  
80,000 people catchment area - use the  
resources & make this the hub

24/7 surgery

Accommodate & celebrates  
the multi-cultural community

Patient Centered Care - <sup>safety</sup> care

Balance of Primary & Early Intervention

A true health care system  
is a sick care system

concerned about the PERS liability

A great place to work & to be

An appropriate traveler policy <sup>level</sup> ~~that~~  
retains / develops community based  
employees, <doesn't break the bank>

Keep OB & Surgery in Town  
at both

# • Mission/ENDS/Goal

8/31/  
Mike #1

• decision

• RFP

• Philosophy of Organiz. - Eval

## ⊗ Who decides?

⊕ [C.A or vote] ; processes

↓  
or money

⊕

↳ Healthcare Prof. Input.

⊕ what will decision process be.

## • Local Control

### ⊗ Role of Board

• include Healthcare professionals in Leadership of Hosp.

## • End Uncertainty - Commit

• morale

• TRUST

## • lifelong Care - Cont. of care - Safe Care

• improve health care. → ① Secure long-term Drs.

• AFFORDABILITY ② Need more specifics

## • Reduce financial & other Risk

• PERS lish. ③

## • Consider Employment - Economics

⊗ INFO/confusion - role; Relat; process

• IMPACTS

• Avoid mill result

QUESTION 2

# Hospice Care

Mike  
8/30/17  
ANB  
Sitka

- Braveheart
- End of life care
- multi-coll. w/ community
- uniq. qual. Sitka

Regional Opps - not just SEARHC Reg. locations  
 . Pel. Alex. Tan. Ret.

## Don't Sell SCH

local control; lifecycle of care; Financial Hurdle  
 (36)

## Strengthen SCH

support existing mission values

- Coll. w/ Region
- SEARHC / on outside / SCH
- execute Stroudwater Rec. / opps.
- (NO locums).

## Drug Rehab; Psych Care

High Risk patients - Social Service Safety Net

- counseling - Homeless.
- Housing
- men's shelter

## OB Services / Delivery

## Safe Care - Core services

- emergency surgery

Prof. Health care Providers w/ input to manng.

## Positive Environment.

- talk action now
- create positive morale now
- negative impacts to current & prospective E's
- reverse neg trend.
- STRONG SUPPORT

## Outside management.

MARKET / Focus on Sitka's unique strengths - unique approach [not just NAT. STRENGTHS]

QUESTION 2

Longterm care\*  
mental health  
drug treatment

Maeghan  
8/30/17  
ANB

What's wrong\*? Why? What are you trying to accomplish?

Spend tax money efficiently.

~~Merging~~ + Consolidating  
Collaboration \*

- From birth to death\*

keeping local control

- Sustainability

- Take advantage of new hospital facility

→ No outside management, they will still have compete with SEARHC.

Phil

QUESTION 2

#2

# Healthcare Opportunities

8/30/17  
ANB  
Phil

Proceed as the Community Hospital  
w/o AN RFP

until you know  
what you want

Nurse - mid-wives  
scribes for Dr's → EHR

Assembly

Have a better idea of  
what you want before you  
write an RFP

The best <sup>healthcare</sup> management possible

MANAGEMENT with a health care background

A strong, sustainable business model

NOT A SALE OR A MERGER

continuity of care

A functioning birth center

A collaboration on OB

(w Assembly oversight)

Collaboration w Survey/Clinics

Test the waters in a collaboration

w/ SEARCH in an area that  
will succeed & build on that success

What core services CAN we provide

Start with a good foundation

Need more customer & medical understanding  
by Administration -  
Look at Petersboro Hospital

Better  
Billing

MORE collaboration

8/30/17 AMB

QUESTION 2

Rather than Compete CARE - Focus / Coordinate + Improve Professional Management.

- Ex. - Child Birth
  - Focus on Best Practice. Birthing Center midwives Etc.
  - Must maintain Surgery + OB Care.
  - Homeopathic - Alternative Medicine
  - Consider - New - Experienced Management +
    - ↳ Improves morale - Viability - Retention Employee
    - ↳ Maintain Local Control
  - Expand Services through Coordination
    - Ex. ↳ One Hospital - Hospital Care - Home-Center
    - ↳ Another Does - preventative care Etc.
  - Coordinate Care - Efficiencies
    - ↳ Maintain OB with midwife care model
    - ↳ Double patient output with Scribes for physicians / Electronic Records
- SEEK opportunity to provide
  - ↳ Addiction care, Rehabilitation, Mental Health Care.

## QUESTION 2

(Dave)  
8/30/17  
ANB

- ① Community Clinic → outpatient  
then move long care. (370)
- ② Partner with a larger facility  
Harbor View / Swedish / SEARAC  
collaboration
- ③ Regional Hub for outlying communities
- ④ Job opport. (nontravelers)
- ⑤ Urgency on, no or lack of speedy decision  
to save the hospital.
- ⑥ Community Clinic and long term care in the facility. SCH
- ⑦ Opportunity to market our services  
"Strat our stuff"

Maegon  
Q.2  
8/31/17

Management - 4/1/1 (2)

RFI - Narrow focus - how are we going to pay for it?  
Evaluate any RFP by medical professionals + businesses owners

Collaboration - Independent Collaborator

Keep own missions but also collaborate

"Reinstitute Collaboration"

in public w/SEARHC

+ SCH

(1)

Informed votes

specific services

I.O.B

Representative group

Let's move Forward!!



Conversation #2  
Sam

- look outside vested interest  
wide range of population served
- JCH — rethink how its governed, break away from politics  
separate from City be a stand alone entity
- <sup>find ~~the~~ existing models</sup> ~ non profit — ? possible millage rate contribution

- Is there a way to put JCH on SEARHC books? ~ management service
- Status quo: no RFP Challenge: current situation

- Collaboration  
eliminate duplication of services

- Merger <sup>challenge: public buy in</sup> <sup>challenge: - misinformation</sup> <sup>loss of local control</sup> - concern over
- New, updated facility <sup>pro: elimination of services</sup> (one)

- Joint venture btwn JCH/SEARHC  
e.g. service - cardiac <sup>contribute, split profits</sup>

- JCH - clinic/UTC → other services SEARHC  
<sup>concern however, JCH would lose critical access status</sup>

# Options to Consider / Opportunities

Jeff  
Q #2  
8/31/17

- Maintain a full-Competent Hospital Board

## Identify New Markets

- Perform A Care Needs Assessment.
- Develop some "MARGUS" Services that have Regional DRAIN
  - \* Birthing Center
  - \* Regional Psychiatric Center
  - \* Assisted living - Elder Day Care
  - \* 24/7 Surgical Team - Trauma Care Etc.

## Sustainable - Continuity of care - Efficiencies

- Reduce # of Traveling Physicians + Traveling Management
- Contributes to Errors / Expensive - Homes - Care Etc. -
- Regional Services to Communities - Tele Health - Compete with SEARHE
  - ↳ Hire Funding / Financial Liaisons - For Patients
- Scribes - Physicians / Nurses could see more patients
- Organizational / Management Reviews - Balance staffing with emphasis on care

Provide

Mission Statement

- \* - Emphasis on Safe + Competent Care - Decisions are made with this philosophy as the DRIVER - Not Per Year Just DATA - I.E. Need So Many Births To Year be considered Safe.

RFP for A Professional Hospital Management Team / yet  
maintain local control

# Options to consider

Jan 8/31/17

Collaboration - ~~more~~ providers working together in a larger group to share information, provide services -

↓  
one ER

one obstetrics dept.

centralize/consolidate primary care

obstetrics

SCH - lead toward midwifery

SEARHC - surgery

one LTC

primary care

urgent care (SEARHC)

Concerns - not confident w/ can get service @ SEARHC

Can only collaborate if both are high quality and there is access to svcs.

would need firm SEARHC agreement.

- Go slowly - don't make decisions that can't be undone.
- not combine the 2 Hospitals

consolidate  
strengthen  
to  
increase  
services

each hospital  
doesn't have to  
do everything.

room for  
negotiation &  
compromise.

Community needs to list the services  
we need. + who can do it best.

Jan  
②

Q.2

8/31/17

= maximize our choices on who we can go to for services.

- who provide which services / right-size.

■ Pursue the RFP to see what options are out there.

■ But, no everyone is ready for change. (not favor RFP)

= Sale of SCH not practical - must cover PERS unfunded liability.

- Increase dedicated sales tax or 1 mil prop. tax increase (up to 7) for SCH budget

- Federal \$ for SEARHC - (40% of their budget) when they face budget cuts, where would they cut?  
(Relates to collaboration.)

Core Services

Educ./Info - CORE Service / Factors mile 8/31  
 End opportunity (#2)  
 Should have to consider in decision

- long-term care Senior Service living facility
  - Current - Future need w/ Population
- Birthing Alt. (Birth center; midwives; etc.)
- Hosp. settings - Alternative Medicine - Chiro; Accup. Healing Arts
- Oncology / Infusion - home Advant.; regional; reduce TRAVEL COST  
 opp.
- Home Health
- Wellness Center - Wellness Focus - Outreach
  - prevention
- Behavior / Substance Abuse
  - Integrated pain. Manag. w/ sub. Abuse
  - PSYCH
    - ↳ \$, needs, (NO Application. For position)

TOP MANAGEMENT MODEL

- new model - or - improved.
- Leadership Model to meet community goal/needs.

- BB
- self-sustaining (job tax).
  - unique Sitka FACTORS
  - Reduce Redundancy
- MARKET / \$

BALANCE between Speciality / Service & MARKET / \$

Collaboration ???

- contracts -
- decisions - FACTOR.
- Focus on avoid redundancy.

- primary care
- Outpatient
- medical Home
- ER
- Clinic Model
- OB/Surgery

Recruitment

- need quality Family Practice Doctors
- remove uncertainty
- recruit together (BOTH).
- wait/rotate - Res. more resources

Jan (3)

Quarter 2

8/31/17

lg. medical institutions are  
headqtr'd outside

= importance of quality care -  
refer to where that can be provided.

Accountability.

= Computer technology to  
assist w/ diagnosis (searches)

consortium of small hospitals in region to  
share admin. / mgmt costs ~~mode~~

- SCH possibly provide billing services for other institutions,  
for admin. fee

- stronger SCH mgmt. + governance

- Fill vacancy on SCH Bd.

- Try to keep continuity on SCH Bd.

- Need a SCH Hospital Plan. - what svcs. we provide

- right size

- budget planning

Stroudwater Rept.

is not a Hospital Plan.

# Question #2

Phil 8/31/17

Anne Marie

Boys

Phil - Harriet

Dave

Lisa

Dou

Consortium for Billing  
for other community hospitals

List of duplicate services

which ~~ones~~ services are duplicate } fact finding

Clarify policy on OB/GYN } fact finding

What are we as a community  
willing to pay? } financial picture

We need to grow into a bigger <sup>health care</sup> provider

More cancer care

A cardiology ~~service~~ service

Bring <sup>more</sup> outlying patients here } orthopedics

One hospital that supports all  
the jobs in the community

← quit saying "them and us" →

How many patients come here  
from S.E. villages } ?

News on the new hospital  
Need, to come from C. Clemant.

"Them" is "us"

Keep care & health care in Sitka & \$'s

Establish Trust

More outreach to low-income population  
on ~~the hospital~~ issue & their needs  
health care

lot of people don't  
understand the issue

Phil 8.2  
8/21/17  
Q#2

Base your decision on good information

People are emotional about their health care

~~Politics & trust issues have divided  
the two hospital staffs~~

Build a basis in fact

more collegial / collaboration is good

long term care

true collaboration is difficult  
if you are ~~competitors~~ competitors

work toward one hospital  
for job stability, accessibility

Address trust & history  
between the two hospitals

Regional care for S.E. peoples





# City and Borough of Sitka

100 Lincoln Street  
Ph: 747-1808

Sitka, Alaska 99835  
Fax: 747-7403

## PUBLIC COMMENT FORM

Compliment

Comment

Complaint

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Statement:

Please remember how important prevention is in health care.

Prevention has taken a back seat to treatment for a long time, however the system is changing - let's change w/ it.

Note: This will be reviewed by the Administrator and forwarded to the appropriate Department for a response.

For Office Use Only	Referred to: _____
	Department: _____
	Signed by: _____

Response/date provided (forward to Administrator): _____
_____

## Five Factors for Assembly to Consider?

- Affordability of healthcare
- ↓ CRISIS that continue (historically looking back)
- do NOT let the city go bankrupt bc of the hospital
  - ↳ (want need H<sub>2</sub>O, sewer, garbage, infrastructure, EMS fire to cont)
- accurate + timely billing for services
- collaboration + communication between facilities + providers
- long-term function / sustainable
- NOT-duplication
- Self funded by revenue like Bartlett in Juleau (w/ 2.5% <sup>from</sup> tobacco tax)
  - ↳ keep providers to ↓ cost of travelers and \$\$\$ leaving town
  - ↳ competition waste ad \$ + fighting over providers

## What Healthcare opportunities do you want the assembly to consider? why?

Pain Management - comprehensive / biopsychosocial  
 emotional, social, psy - pain psychologist / counseling  
 neuropsych / behavioral health, PT, OT etc  
 to ↓ pain med abuse ⇒ 2° ↓ drug abuse / addiction  
 of PCPs

Easy access - emergent slots on schedule so we don't have to go to ER or wait for Sat urgent care

Mental Health

Substance abuse programs

} things the US does not do well

biopsych; consider all treatments  
 mind-body, mindfulness etc

Transparent Costs - know billed cost ahead of time (when possible)  
 to allow pts to make choices about where they go for care (Mn, Sth, lower 48)

Continue with PCP MDs that are classic family practice = good  
 Visiting specialists - cardiology, derm etc.  
 ↳ but ↓ # + cost of travelers  
 ↳ + treat all aspects of whole person  
 ↳ DON'T overly subspecialize  
 ↳ pts get bounced around

Metrol Home

we are looking to have this...

0



# City and Borough of Sitka

100 Lincoln Street  
Ph: 747-1808

Sitka, Alaska 99835  
Fax: 747-7403

## PUBLIC COMMENT FORM

Compliment

Comment

Complaint

Date: 8-31-17

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Statement:

WE NEED A FUNCTIONAL  
ELECTRONIC HEALTH RECORD AT SCH  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: This will be reviewed by the Administrator and forwarded to the appropriate Department for a response.**

For Office Use Only	Referred to: _____
	Department: _____
	Signed by: _____
Response/date provided (forward to Administrator): _____ _____	



# City and Borough of Sitka

100 Lincoln Street  
Ph: 747-1808

Sitka, Alaska 99835  
Fax: 747-7403

## PUBLIC COMMENT FORM

Compliment

Comment

Complaint

Date: 8/31/2017

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Statement: Please remember both hospitals have  
distinct missions for their service. We will need  
to find ways to make sure both missions are being  
met when pursuing merger or collaboration

Note: This will be reviewed by the Administrator and forwarded to the appropriate Department for a response.

For  
Office Use  
Only

Referred to: \_\_\_\_\_

Department: \_\_\_\_\_

Signed by: \_\_\_\_\_

Response/date provided (forward to Administrator): \_\_\_\_\_

My name is Harriet Miyasato Beleal and I am here today to give my testimony about the possible merger of Sitka Community Hospital and Searhc Hospital. I am ½ Tlingit Indian and ½ Japanese.

I speak against the merger as I am a beneficiary of the Searhc hospital as an Alaska Native and have not been consulted about this merger. I believe as an Alaska native, I should have been able to vote on this issue.

My rights to the Searhc hospital is a Congressional act of U.S. Congress when, back in the 1770's, the first president of United States, when dealing with the first American Indians, in exchange for one billion acres of land, made President George Washington promise the American Indians and Alaskan natives "Health, Education and Welfare". Health is our Indian hospitals, education is our right to scholarships, grants, ect. and welfare is the welfare of our native peoples. As the indigious and aboriginal peoples of the land, this is an U.S. Congressional act of Congress. My children and grandchildren and great-grandchildren of which I have twenty-two great-grandchildren, 14 grandchildren and six children.

It was very wrong to exclude us from all the talks between Sitka Communnity Hospital and the Searhc Hospital. Searhc has a board of directors who should have had a big say into these talks which have been going on for over a year and a half. Just being able to "read" it in the newspapers is not enough., Our constitutional rights have been violated and no due process <sup>was</sup> happened for us.  
ANSB / ARS 5, - SEARHC

Historically, it's an old story and one that is not in our best interests because we had no say in all of it. There should have been public meetings on this issue and open to the public. I strongly object to the method used and I say, STOP , NOW AND LISTEN TO US, THE ORIGINAL PEOPLES OF ALASKA.

Signed,

Harriet Miyasato Beleal

Harriet Miyasato Beleal

[Redacted]

Sitka, Alaska 99835

[Redacted]

March 21, 2017

I would like to make a motion or ask one of the assembly members to someone to hold a public town meeting on the Searhc/SCH merger, ~~the~~

(possibly)



# City and Borough of Sitka

100 Lincoln Street  
Ph: 747-1808

Sitka, Alaska 99835  
Fax: 747-7403

## PUBLIC COMMENT FORM

Compliment

Comment

Complaint

Date: 8/30/17

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Statement: attached

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: This will be reviewed by the Administrator and forwarded to the appropriate Department for a response.**

For Office Use Only	Referred to: _____
	Department: _____
	Signed by: _____

Response/date provided (forward to Administrator): \_\_\_\_\_  
\_\_\_\_\_

## Sitka Healthcare Needs/Goals

Travis Hudson  
August 30, 2017

A self-sustaining community hospital.

Community and City dedicated to supporting the community hospital – there is no reason Sitka cannot have an excellent community hospital.

A community hospital mission dedicated to patient-centered care and life-cycle core services.

Community hospital management that is experienced and knowledgeable in providing excellent community healthcare.

Recognition of Sitka's uniqueness in establishing core health services... managing by guidelines derived from national statistics is not appropriate.

A community hospital that fosters excellent staff morale and retention.

An efficiently managed community hospital with minimal dependence on traveler staff.

*Maintain competition*

# Sitka Community Hospital - Financial Requirements of Divesting Option

Travis Hudson  
August 30, 2017

I support a stand-alone community hospital but if SCH is to be sold the financial requirements of such a sale include:

- The unfunded pension liabilities are completely covered by the purchaser.
- A viable, long-term plan for the SCH physical plant is in place as part of the sale.
- SCH staff are guaranteed comparable jobs based in Sitka.
- Conditions are established that protect private jobs and businesses such as open and competitive bidding for contracts and use of private sources of services such as pharmacy, maintenance, and food services.
- The divesting process should depend upon open bidding and discussion with all potential buyers.



Delivered to CBSitka  
8/31/17

I want availability of specialty providers in Sitka, which might be available through cooperation with Searhc. ~~or through telemedicine.~~

---

Examples: a family member sees a psychiatrist at Searhc, because the only other psychiatrist available in Sitka works for Sitka counseling, is only here monthly, and is limited to prescribing medications only (no counseling)

Example:  
No dermatologist is ever available in Sitka, not even on a visiting provider basis. Another family member is having to travel to Virginia Mason in Seattle just to get a suspicious skin spot looked at. This could possibly be addressed by telemedicine if we had a process in place.

I want good administrative and customer service / BILLING service

such as I have experienced at Sitka Community Hospital, and NOT at Searhe,

Example 1: I needed to inquire about my bill at Searhe. I called the number on my bill, and when I was finally able to talk to someone, they could tell me nothing. After I requested an ~~an~~ itemized printout of the charges (my bill showed only a lump sum dollar amount without even service dates) the person on the phone reluctantly said they would "figure out" how to send me one. It ~~is~~ still has not arrived

5 months ~~later~~ later.

~~Example 2: I called~~  
Example 2: I called Searhe Dental several times to see if a dental surgeon was available thru Searhe in Sitka. It took 4 calls to reach anyone. (The person was knowledgeable + friendly once I did reach them, however)

(In contrast, SCH's bills are detailed, and ~~I~~ I can talk to someone on the phone OR in person + get my questions answered.