

## CHAPTER 5

### HEALTH SYSTEMS

#### INTRODUCTION

Chapter 5 provides an overview of the facilities, manpower, financing, and special services that comprise Alaska's health systems. The Chapter contains highlights from the 1983 Hospital Survey and updates information on the Village Clinic Survey. The Levels of Care framework for designating communities in terms of their health systems needs is continued as the basic format to describe Alaska's health care system. Current information is provided about construction activities for rural hospitals and long term care facilities; an update is also given on Certificate of Need activities for FY 1983.



PART I  
LEVELS OF CARE



## LEVELS OF CARE: ORGANIZATION

Organization of the Alaska health care system utilizes a regional approach with types of health services and levels of care established for a determined community level. These levels are defined as:

Level I Village

Level II Sub-Regional Center

Level III Regional Center

Level IV Urban Center

Level V Metropolis

Other Settings

The resources (services, manpower and facilities) identified for each of the five levels are recommended as Guidelines in this plan. However, specific resources to be provided in any individual community should be determined on the basis of need. Characteristics to be considered include:

- Demographic factors (population, age, etc.)
- Health Status
- Anticipated frequency that the service will be required
- Economic feasibility of providing the service.

Regardless of the level classification within which a community may be designated, obviously economic realities do not permit provision of every recommended health service, manpower, facility or equipment in each individual community. Compromises must also be made with respect to time and distance from services as well as to the scope of services available. The levels of care concept encompasses the elements of continuity, coordination and a continuum of service delivery and referral patterns. However, in Alaska, transportation, communication and patient/consumer needs will often determine service and referral patterns. In the absence of the next higher level community, there will be times when a community will relate to the level which can provide the care in the most expeditious and convenient manner.

The State Health Plan<sub>5</sub> incorporates an additional comment in the form of other settings. Other settings are discussed on pages 5-14 through 5-23. For the settings identified as Community Clusters and Highway Communities, new designations for certain communities are recommended.

## Level I Community - Village

The Level I Communities are those equated with primary health care, and as such represent those elements of health care that people use most frequently. Services tentatively allocated to Level I Communities will generally meet one or more of the following criteria:

1. Continuing services that can be conveniently provided in the Level,
2. Designed primarily for ambulatory care,
3. Emergency measures that must be provided in a timely manner.

Primary care in the Level I Communities is that subsystem of the total health care system representing majority care, or the range of services that adequately provide for most of the daily personal health care needs. It includes preventive health maintenance, education, and continuing evaluation and management of conditions of general discomfort, early complaints, symptoms, problems and chronic aspects of disease. Preventive health maintenance as intended in Level I Communities includes health measures designed to reduce the incidence of sickness and disease such as periodic health surveillance, immunizations and the promotion of positive health habits.

The major characteristics of primary health care include majority care as explained above, non-intensive care, low specialization care, entry point care and continuity. Direction of patients to specialized health care is a major function of primary health care. Primary health care does not in itself provide total or comprehensive health services. As the entry and continuity point for comprehensive care, it does, however, have a unique potential for becoming the key element in a comprehensive community health care system.

As the front line defense for fitness and high level wellness, primary health care is obviously inherent in all Levels of Care.

Level I

Community Designation

Village

CRITERIA

Population

25 - 750, immediate community

Proximity

more than 30 minute access to a higher level (of care) by year round surface transportation

GUIDELINES

SERVICES

Primary Care for common acute illness

Reception, System entry

Referral services

Diagnostic screening, preliminary workup

Preventive services

Limited formulary pharmacy services

Education, counseling

Health Promotion Services

Itinerant Services

- Dental
- Eye
- Behavioral Health
- Physician
- Audiology
- Preventive

Home Health Aide/Homemaker Services

Basic Life Support System

FACILITIES

Space that can be used for Clinic purposes. As possible the space should be provided with:

- Electricity
- Water
- Heat
- Private Examination Area with Examination Table

- **Secure storage**

Reliable communications link to a Referral Center (radio and/or telephone)

MANPOWER

Community Health Aide and Alternate or Equivalent  
Person trained at EMT I Level  
Homemaker

Itinerant Public Health Nurse  
Itinerant Behavioral Health Worker  
Itinerant Health Specialist(s)

### Level II Community - Sub-Regional Center

Level II Communities are also equated with primary health care. Generally a broader range of services than those provided in the primary health care Level I Communities would be available to the residents of Level II Communities. The additional services tentatively allocated to the Level II Communities are generally not of an emergency nature but include those that must be reasonably close to the consumers to assure availability, accessibility and use as needed and appropriate.

Level II

Community Designation

Sub-regional center

CRITERIA

Government (or Social Organization)

preferably incorporated government; de facto town council; active formal community organizations, especially those with human services orientation.

Population

500 - 2500 in immediate community or a service area population of at least 1000.

Accessibility

generally should be within 30 minutes access time to outlying villages.

Proximity

generally should be more than 30 minutes by year-round surface transportation from a community providing a level II or higher level of services.

Transportation

transportation network to outlying villages and to a level III or IV community.

Communications

a reliable radio or phone service to a level III or IV community.

Economic Development

basic services to outlying villages.

GUIDELINES

SERVICES

All Services proposed for Level I  
Consultation to Providers in Level I  
Ambulatory Medical and Surgical Procedures  
Supervised Overnight Patient Care Capability  
Itinerant Dental Services  
Basic Diagnostic Services Including Limited X-Ray Capability & Lab Capability  
General Pharmaceutical Services  
Education, Counseling, Promotive Services  
Support, Supply, Administrative Services for Level I Communities  
Long Term Care Alternatives  
Nutrition Services  
Advanced life support system without cardiac capability

FACILITIES

Health Center

MANPOWER

Physician Assistant or  
Nurse Practitioner  
Public Health Nurse  
EMT II  
Behavioral Health Counselor

Home Health Aide(s)/Homemakers  
(As appropriate)

(Manpower should be available as appropriate to the particular community)

### Level III Community - Regional Center

Level III Communities provide expanded services which can be equated with secondary health care. Services are extended to those of basic hospital services and bed care in a facility which can provide for diagnostic workup, routine laboratory services, provision of services for normal obstetrical cases, general surgery as appropriate and other hospital inpatient care which generally can be termed episodic.

Level III

Community Designation

Regional Center

CRITERIA

Government

Should be incorporated

Population

1500 - 60,000 in immediate community and  
Greater than 3,000 in Primary Service Area.

Proximity

Should be more than 30 minutes by year round surface transportation from a community providing a Level III or higher level of service

Accessibility

Immediate community should be within 60 minutes travel time for at least 90% of population in Primary Service Area.

Transportation

Should have daily scheduled airline, rail, marine, or bus services to a Level IV or V community  
or  
should have less than 60 minutes travel time by private auto to a Level IV or V community

Communications

Statewide phone network; radio

Economic Development

Serve as a service center (maintenance services, commodities, financial, transportation) to Level I and II communities within its Primary Service Area

GUIDELINES

SERVICES

All services proposed for Level II  
Consultation to Level I and II providers  
Short stay institutional services  
Chronic care and long-stay institutional services  
Pharmacy services  
Optometric services  
Diagnostic x-ray services  
Support, supply & administrative services to Level II  
Community based:  
- mental health  
- substance abuse/alcohol rehab.  
Mobile EMS capacity  
Short term shelter care  
Detox. capabilities  
Dental services  
Clinical laboratory services including walk-in blood bank  
Advanced life support systems with cardiac capabilities

FACILITIES

Hospital  
- general surgery as appropriate  
- acute and long term beds  
- class 3 emergency care

Health Center  
Community Mental Health Center  
Physician clinic(s)  
Dental clinic(s)  
Nursing home or LTC nursing beds associated with hospital

MANPOWER

Same as Level II plus:  
Primary care physician(s)  
Itinerant specialist physician(s)  
Hospital support staff  
- x-ray technician  
- medical technologist  
- laboratory technician  
Dentist(s)  
Optometrist(s)  
Pharmacist(s)  
Psychologist/mental health clinician(s)  
MSW/social worker(s)  
Sanitarian

\* Primary service area refers to that area which rationally relates to the community for most of the services not provided elsewhere in that area and includes that population within the immediate and surrounding area.

### Level IV Community - Urban Center

Within the Levels of Care, there are allocated a larger range and scope of services that do not need to be as close to people as those services provided in primary and secondary levels. These services tend to be institutionally related, more specialized and less frequently used than the services provided in Levels I, II and III. Certain recognized centers for specialized services, for example thermal injury, head and spinal injury, high risk neonatal care and open heart surgery generally require a significant population base to justify their establishment and maintenance. National guidelines are available. The economic viability of these centers and the provision and maintenance of clinical expertise and technology are largely dependent on an appropriate population base which may not exist in certain Level IV communities.

These services will be more specifically addressed in the future as the reviews of existing institutional health services are conducted. In addition to the primary and secondary services provided, Level IV services/care include specialist and subspecialist services. As such, the Level IV community acts as a focal point for economically feasible specialized health services for a particular health service area(s).

Level IV

Community Designation

Urban Center

CRITERIA  
Government

be incorporated and either be a unified home rule municipality (preferably having health powers and providing health services) or be located in an organized borough.

Population

40,000 - 750,000 immediate community.

Transportation

daily scheduled transportation services to Level III communities within its health service area and to closest Level V community.

Communications

statewide phone network; radio, T.V.

Economic Development

serve as a commercial service center including specialty health services to Level III communities within its secondary service area (generally, a health service area); preferably some industrial activity.

GUIDELINES  
SERVICES

All Services Proposed for Levels I, II, III Communities  
Consultation to Level I, II, III Providers  
Specialized Major Medical Services  
Class II Emergency Services Capability (Horiz)\* (Hospital)  
Major Diagnostic Services  
Clinical Laboratory Services including Blood Bank  
Basic Rehabilitation Services  
Ophthalmic Care Services  
Center for a Uniform Health Information System  
Communication Linkages to All Levels  
Mechanisms for Mobilizing EMS Services for Catastrophic Disasters involving mass casualties  
Therapeutic Radiation Capability  
Pathology and Autopsy Capability  
State designated Capacity for Mental Health & Alcoholism inpatient committal.

→ FACILITIES

See discussion on previous page. Appropriateness in general will be determined on the basis of population and expected utilization of such facilities as well as economic and practical feasibility. Delineation of such facilities (or portions thereof) will occur through the review of new and existing institutional health services.

→ MANPOWER

To be determined according to services.

### Level V Community - Metropolis

Presently within Alaska, a Level V community is nonexistent. While future growth may foster a Level V community in Alaska, the closest and most frequently used Level V now is Seattle. This is the level which encompasses the highly advanced, specialist and technological care. Alaska's population currently does not justify the expense of providing the type of care envisioned with this level. Equally important is that this aspect of tertiary care often deals with entities of relatively low incidence in the general population, so that centralization is necessary for a sufficient case load to maintain the technical proficiency of the staff. Economics and quality thus warrant provision of Level V services outside the state.

Level V

Community Designation

Metropolis

Government

Incorporated, within a higher level substate entity (county equivalent) having health powers and providing health services and/or health industry regulation.

Population

450,000 +, immediate community.

Accessibility

daily major airline service to Level IV Communities.

Transportation

national - international transportation network.

Communications

sophisticated and comprehensive communications network.

Economic Development

major trade and service center; stable industry.

The SHCC will develop recommendations to influence decisions concerning Level V services which serve as multistate resources.

Highly advanced specialized care is recommended for Level V, including the following examples:

Services

Organ Transplants  
Complex Pediatric Heart Surgery  
Burn Center

Facilities

Medical/Dental School Center

OTHER SETTINGS

<u>Type</u>	<u>Criteria</u>
-Community Cluster	Level I or II Communities on an all weather road within 20 miles of each other but more than 30 miles from a Level III or IV Community.
-Highway Community	Communities which are on an all weather road/highway and are within 30 miles of a higher Level III or IV Community.
-Schools	Public and Private educational institutions which teach students in grades K through 12.
-High Risk Occupational Groups	Industries as defined by the Alaska Department of Labor based on a Hazard Index (Annual Employment x Incidence Rate Total Cases x Incidence Rate Lost Workdays divided by 1,000.)
-Isolated Communities of 25 people or less	Homesteads, farms, isolated residences, vacation areas, communes, fish camps, hunting & fishing lodges, guide services

Services

Communities Clusters are either Level I or II Communities and as such appropriate Level I or II services would be designated.

Recommended services, manpower/training and communications for the other settings listed above are addressed in the following pages. The Emergency Medical Services Section, Division of Public Health developed the Highway, Schools, High Risk Occupational Groups and Isolated Communities definitions in the Alaska EMS Goals document which has been endorsed as a part of the Alaska SHP<sub>4</sub>.

## HIGHWAYS

### I. MANPOWER/TRAINING

- A. There should be a continuous communication link among designated persons along the highway to monitor emergency telephone and CB calls, 24 hours a day. They should have:
  - 1. Dispatcher training to learn about available resources, when and how they should be accessed, and correct information to be relayed.
  - 2. Written information on which agency to call for specific types of emergency assistance requested, and how agencies may be contacted.
- B. There should be designated first responders trained to at least EMT level, available to respond within 30 minutes (maximum) of notification to an emergency at any point along the highway system, and supplied with a trauma kit. (Contents as recommended by Regional EMS Councils).
- C. State certified ambulance services, with standards equivalent to at least a Level II Community, should be located at least every 100 miles along the highways.

### II. COMMUNICATIONS

- A. Where technically feasible, it should be possible to access emergency service by CB from any point along the highway.
- B. Emergency monitors or dispatchers should be able to alert first responders twenty-four hours a day.
- C. State Troopers should have mobile radio capacity to contact the ambulance dispatcher(s) in their service area.
- D. Ambulance services should have mobile radio capability to access on-duty troopers or police.
- E. Ambulance services should have two-way mobile radio communications with adjacent ambulance services.
- F. Ambulance services should have direct two-way mobile radio communications with the hospital to which they transfer patients.
- G. Ambulance services should have the capacity for two-way radio communications with the local medical provider with whom they relate.

### III. TRANSPORTATION

- A. All ambulances along connecting highways should meet U.S. Department of Transportation specifications and be equipped according to standards of the U.S. Department of Transportation.
- B. Ambulances should be able to arrive at the scene within 60 minutes of notification (maximum).
- C. Adjacent ambulance services should develop agreements covering procedures for back-up support, patient transfer from service to service, equipment compatibility and retrieval.
- D. Ambulance services farther than 60 minutes from a hospital should develop mutual aid agreements for helicopter or fixed wing evacuation services along the highways. These would include:
  - 1. Person(s) designated to make requests for service.
  - 2. Procedures for accessing and requesting service.
  - 3. Written inventory of air service capabilities.
  - 4. Written procedures for rendezvous.
- E. Mutual aid agreements should be developed between highway first responders and ambulance services covering their areas.

### IV. CONSUMER INFORMATION

- A. All travelers on the highway system should have ready, up-to-date, easy-to-read information on:
  - 1. The nearest emergency services.
  - 2. How to access them.
  - 3. Current limitations of emergency services.
  - 4. How to be prepared for an emergency.
  - 5. What to do in an emergency.
  - 6. Basic survival skills in cold weather.

## SCHOOLS

### I. Curriculum

All Alaska schools should include in their curriculum:

- A. Prevention of accidental injuries.
- B. First Aid and CPR.
- C. Appropriate access to emergency medical services.

### II. Emergency Response

All Alaska schools should have:

- A. Posted procedures, known to all school personnel, for the efficient handling of injuries and emergencies, including plans for the transfer of critically injured or ill children to an appropriate medical facility.
- B. Annual review of emergency procedures and orientation of all teachers.
- C. At least one person, trained to ETT level, advanced first aid level or above, responsible for first aid and necessary referral for sick or injured children.

### III. Physical Education and Competitive Athletic Programs

Each participating school should provide:

- A. An evaluation of each individual's appropriate level of participation.
- B. A plan for graduated conditioning.
- C. Training in the prevention of injuries relevant to each type of activity.
- D. All appropriate safety equipment.
- E. Procedures for handling of medical and dental emergencies in accordance with policies reviewed and approved by the official health agency serving the community.

## HIGH RISK OCCUPATIONAL GROUPS

### I. HIGH HAZARD INDUSTRIES

The following industries are termed "High Risk Industries" by the Alaska Department of Labor, based on a Hazard Index (Annual Employment X Incidence Rate Total Cases X Incidence Rate Lost Workdays divided by 1,000):

1. Lumber and Wood Products
2. Water Transportation
3. Motor Freight Transportation & Warehousing
4. Oil and Gas Extrication
5. Construction - Special Trade Contractors
6. Construction - Other Than Building
7. Food and Kindred Products
8. Air Transportation
9. Wholesale Trade - Nondurable Goods
10. Building Construction
- \*11. Fishing

### II. ALASKA DEPARTMENT OF LABOR, DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (OSHA) STANDARDS

A. Article 5 - "Medical and First Aid", Subchapter of the General Safety Code is the minimum standard which all industries and occupational groups should meet.

B. Certain occupational groups are required to meet additional minimal OSHA standards for Medical and First Aid:

1. Construction
2. Logging
3. Pulp, Paper and Paperboard Mills
4. Sawmills
5. Petroleum

\* Recommended for inclusion by the SHCC

III. ADDITIONAL RECOMMENDATIONS FOR EMERGENCY RESPONSE AT HIGH RISK OCCUPATION SITES

A. HIGH RISK OCCUPATION SITES ONE HOUR OR MORE FROM COMMUNITY-BASED HEALTH SERVICES SHOULD HAVE THE FOLLOWING:

Manpower/Training

1. One designated person, preferably trained to at least EMT, to coordinate planning and preparation for emergency response. This person should be responsible for:
  - a. Liaison with community-based health services;
  - b. Communicating with physician advisor;
  - c. Arranging for initial & refresher training of emergency response personnel;
  - d. Coordinating periodic practical exercises specific to the industry;
  - e. Inventorying, maintaining, ordering EMS equipment and supplies;
  - f. Taking charge of medevacs.
2. A physician advisor, to be responsible for:
  - a. Determining the appropriate level of emergency medical skills and training required for the site situation;
  - b. Recommending specific emergency procedures;
  - c. Available for contact in a medical emergency.
3. One emergency medical provider for every 25 employees, but at least one at each isolated work area.\* Minimum training should include:
  - a. Basic 36 hour Emergency Trauma Technician (ETT) training, equivalent to curriculum developed by the Alaska Public Safety Academy;
  - b. Training in medevac procedures;
  - c. Training in handling medical emergencies specific to industry.

Manpower/Training (continued)

4. Designated non-medical support personnel with technical expertise specific to the hazards presented by the industry, who can be available in an emergency.
5. Company-sponsored practical exercises held in actual work areas at least twice a year, to act out response procedures for typical emergencies.
6. Refresher training for emergency care providers every two years, oriented to industry-specific hazards.

\*A work "site" is the general complex of industrial activity whether permanent or mobile.

\*A work "area" is the smaller work unit within the work site which may be physically isolated or cut off from the rest of the workers.

Communications

1. Twenty-four hour, two-way direct communications capability, with a physician preferably, or with an agency or agencies that can provide emergency medical assistance.
2. Two-way direct communications capability between each isolated work area and the main station.
3. Posted procedures at the communications center on how to access the emergency response agency(s).

Equipment/Facilities

1. Readily available at each isolated work area and at the main station, a trauma kit or its equivalent (contents as recommended by Regional EMS Councils).
2. At the main station, a sphygmomanometer in addition.
3. For worksites employing over 50 people, a first aid room with a trauma kit or its equivalent.

Patient Transport

1. A designated and maintained area on which the type of aircraft available can safely land.
2. A posted list at the communication center of air services available; their capabilities; and how to contact them.
3. From the air service providing medevacs, the following guidelines:
  - a. appropriate use of the service;
  - b. preparation of landing area;
  - c. medical attendants required;
  - d. equipment agreements.
4. An attendant with a minimum of ETT certification to serve on all medevacs from industrial site to medical facility.
5. Standard pre-hospital forms provided to each person responsible for arranging medevacs, to be forwarded with each patient transported (sample forms available from Regional EMS Council).
6. Isolated occupation sites connected by road or highway to emergency services should also have:
  - a. A mutual aid agreement with the ambulance service in the nearest community;
  - b. A designated vehicle for emergency transport if more than 100 miles from an ambulance service;
  - c. Mobile communications capability with the nearest ambulance service;
  - d. Basic patient transport equipment, as recommended by Regional EMS Councils.

B. HIGH RISK OCCUPATION . SITES WITHIN MINUTES OF AN AMBULANCE SERVICE SHOULD HAVE THE FOLLOWING:

Manpower/Training

1. One emergency medical provider for every fifty employees, but at least one emergency care provider. Minimum training should include:
  - a. Basic 36-hour Emergency Trauma Technician (ETT) training, equivalent to curriculum developed by the Alaska Public Safety Academy.
  - b. Training in first response for medical emergencies specific to the industry.
2. For industries employing over fifty people, refresher training for emergency care providers every two years, oriented to industry-specific hazards.

Communications

1. Direct communication with the ambulance service.

Disaster Planning

1. For industries employing over fifty people, a disaster plan linked with community resources and integrated into the community disaster plan.
2. Annual disaster drills.

RECOMMENDATIONS FOR EMERGENCY MEDICAL PREPAREDNESS  
FOR ISOLATED COMMUNITIES OF TWENTY-FIVE PEOPLE OR LESS

(Homesteads, farms, isolated residences & vacation areas,  
communes, fish camps, hunting & fishing lodges, guide services)

Each community should have:

1. Stored in a designated area, a set of Basic Life Support equipment, as recommended by a Regional EMS Council.
2. Stored along with Basic Life Support equipment, a standard reference book on treating emergencies in the wilderness, as recommended by a Regional EMS Council.
3. At least one person who has received Basic First Aid training and who knows how to use everything in the set of Basic Life Support equipment. [Emergency Medical Technician (EMT) training is highly recommended, if available.]
4. Prior arrangements with a designated emergency care provider, who can give instructions by phone or radio if required. [Doctor, P.A., nurse, health aide, etc.]
5. A posted set of instructions for contacting the emergency care provider. Instructions should include:
  - a. name(s)
  - b. call numbers
  - c. what he/she needs to know from you
  - d. alternate providers
6. Prior arrangements with a specific agency or transport service for emergency evacuation if ever needed.
7. A posted set of instructions for contacting the emergency transport service. Instructions should include:
  - a. name(s)
  - b. what they need to know from you
  - c. alternate services, if not available
8. Specific directions for ground preparations for aircraft landing, if required for medevac.
9. One person designated to communicate with the emergency care provider and/or emergency transportation service.
10. A set of hand-held communications equipment capable of receiving the designated emergency care/transport providers.



PART II

INSTITUTIONS AND FACILITIES

## AN OVERVIEW OF FACILITIES AND SERVICES

Four sources of medical facilities and direct services can be found in Alaska: U.S. Military, the Alaska Area Native Health Service (AANHS), private/local government and Alaska state programs. Within the private sector, twelve regional non-profit corporations are providers of various health services to the general public with varying emphasis on services to native Alaskans. The geographic areas served by these organizations are consistent with the areas designated by the Alaska Native Land Claims Settlement Act for distribution of land to native regional corporations. HSA planning areas are formulated to be consistent with the service areas of these providers because of their significance in the geographical distribution of health services within Alaska.

Medical services are provided to some extent to almost all Alaska communities through one or more of the four medical systems. AANHS, Alaska Public Health, military and/or private/local government medical clinics serve the larger communities (Levels III and IV), usually offering a relatively full range of medical services from health education through rehabilitation. On the other hand, providing health services for rural Alaska, particularly the scattered villages, has long been a major problem recognized by all health professionals in the state. Some of the contributing factors include:

- . . . The number of available physicians and supporting staff situated in the larger rural communities are inadequate to meet the demand. Consequently, village visits are infrequent.
- . . . The vast geographic expanse and uncertain weather conditions often create conditions of complete isolation.
- . . . The usual methods of communication seen in more urbanized communities are not so readily possible among villages in Alaska.
- . . . Language and cultural differences often create a barrier between the health staff and consumer.
- . . . The fishing and hunting economy of the small village results in a socio-economic level which precludes supporting health facilities and physicians locally.

In response to this need, the AANHS, Alaska Division of Public Health and Regional health corporations have developed programs offering basic prevention/detection and diagnosis/treatment services to most Level I and II Communities. Figure 5-1 summarizes the geographic distribution of various types of facilities and services according to HSA sub-areas. Summary descriptions of most of these services are provided in the next several pages.

Figure 5-1

SUMMARY OF HEALTH SERVICES IN ALASKA  
1982

HSA SUBAREA	HOSPITALS		HEALTH CENTERS		COMMUNITY HEALTH CLINICS		LONG-TERM CARE FACILITIES		MENTAL HEALTH SERVICES		ALCOHOLISM AND/OR DRUG TREATMENT PROGRAMS	SOCIAL SERVICE FIELD OFFICES	AGING SERVICES PROGRAMS	AMBULANCE SERVICES (excludes Military)
	Public	Private	Public	Private	Public	Private	Hospital Based	Stand Alone	Psychiatric Inpatient Beds	Mental Health Clinics				
<b>SOUTHEAST</b>														
Ketchikan Subarea	1	2			2		1	1		1	2	1	2	3
Wrangell-Petersburg	2	2			1		2				3	2		3
Sitka	2	1					1	1		1	1	1		1
Juneau	1	2			3		1		2	3	3	1	6	8
Total	6	7			6		4	2	0	9	5	8		15
<b>SOUTHCENTRAL</b>														
Chugach Subarea	3	3			2		1	1		3	3	3	2	5
Ahtna	1	1			2				1	1	1	1	1	2
Cook Inlet (Minus Anchorage)	3	4			2		2	1	2	2	3	3	9	16
Anchorage	4						4	5	1	4	2	13		3
Koniag	2	1			5		1		1	1	1	1		2
Aleut	1				4					1	1	1		2
Bristol Bay	1	2			10				1	2	2	2		2
Calista	1	1			38				2	3	6	1		1
Bering Straits	1	2			14		1		1	1	2	1		1
Total	17	14			71		5	4	175*	17	21	31		34
<b>NORTHERN</b>														
NAWA	1				10				1	1	1	1		1
Arctic Slope	1				7				1	1	1	1		1
Doyon (Minus Fairbanks)	1	2			20				5	5	6	7		10
Fairbanks	2	1			4		1	1	1	2	1	7		7
Total	5	3			37		0	1	8	9	9	16		15

\* Does not include 24 bed locked long-term ward at Alaska Psychiatric Institute.  
 Source: Alaska Dept. of Health & Social Services, Office of Information Systems, Annual Hospital Survey, 1981; Division of Public Health, Section of Public Health Nursing Director, 1981; Division of Mental Health & Developmental Disability, unpublished data; Office of Alcoholism and Drug Abuse, Alaska State Alcoholism and Drug Abuse Plan, FY 81-83; Division of Family & Youth Service, Final Comprehensive Annual Social Services Plan, Budget Year 1982; Division of Adult and Aging Services, unpublished information; Division of Public Health, Alaska Forensic Medical Services, 1981 Directory.

Village Clinics: The Alaska Area Native Health Service has built clinics in some areas and rents others that have been provided by village effort, usually with assistance from government housing agencies and loans.

In these clinics, primary care is regularly provided by a community health aide. Although more clinics are added each year, a number of health aides must conduct clinics in their own homes or in the local school. Programs are generally coordinated through the regional health corporation servicing the area.

At present, there are 185 community health aides engaged in providing primary care services to 156 out of 198 Native communities certified under the Native Land Claims Settlement Act. The health aide is a permanent, local resident selected by the village council on the basis of his/her acceptability to village residents, ability to gain patients' confidence, and reliability.

When emergency medical situations arise in the village, it is generally the community health aide who is best prepared to respond. Communication with Indian Health Service or regional health corporation physicians is conducted mainly by radio and in a few areas by telephone, but there are many times when communication is impossible and the health aide must rely on standing orders and on his/her own judgment.

State Public Health Centers and Nurses: The nursing section of the Division of Public Health, Department of Health and Social Services maintains twenty-four health centers throughout the state. Those in the larger communities are permanently staffed. Ninety-five Public Health Nurses are responsible for implementing the majority of the Division's personal health service programs. Some are assigned to a regular health center, while itinerant PHNs travel to small communities in rural areas on a regular basis, working closely with community health aides.

The gamut of responsibilities assumed by the PHNs is wide, covering health promotion, health maintenance, and disease prevention. In emergency situations, the Public Health Nurse must make the arrangements necessary to transport a patient to an appropriate facility. When immediate evacuation is impossible, the nurse must provide constant care.

Hospital Medical Services: Further general medical services along with some specialized services are provided in most large communities (Levels III and IV) through IHS and private hospitals. In remote areas that have small population densities and transportation systems based on air and water, hospitals are generally small and offer only minimal in-patient services. Surgical and critical medical patients must be sent to Fairbanks, Anchorage or Seattle for definitive care. The emergency facilities generally do not meet the AMA Category IV requirements of a Basic Emergency Service. In rural areas where ground transportation is available, hospitals are usually owned by local government and privately operated. Their overall capabilities and emergency facilities are similar to the small hospitals operated in areas lacking ground transportation.

In the larger communities of Alaska (primarily Anchorage and Fairbanks) the existing hospitals are medium-sized by U.S. standards and usually have the same facilities and capabilities of the large non-teaching hospitals found in large U.S. cities. They are operated by the military, the Alaska Native Health Service and private organizations. The critical care and surgical facilities are restricted by the limited availability of physician specialists in Alaska. Their emergency facilities are similarly limited.

### Long Term Care Services:

Skilled, intermediate, and residential care facilities are generally located in Level III or IV Communities although all Level III Communities do not have long term care available. In many Level III Communities hospitals generally maintain a complement of long term care beds. Few places have facilities to care for mentally retarded persons. Residential care facilities for the elderly exist in the form of Pioneer's Homes which also provide a degree of nursing care. Perhaps the most relevant aspects of planning for long term care are the determination of need at appropriate levels of care and the issue of deinstitutionalization with consequent home health services. Evaluation of this significant sector of health care requires an in-depth evaluation which can only be addressed in future revisions of the State Health Plan. The State Medical Facilities Plan can only make a general determination of bed need for long term nursing care until the above issues are resolved.

## LEVEL I AND II CLINIC SURVEY

In May of 1981 an ad hoc committee composed of the three Health Systems Agencies (HSAs) and the Alaska Division of State Health Planning and Development developed a survey form for the purpose of gathering data about health clinics in Level I and Level II communities, which are primarily villages and small towns in rural Alaska. Information obtained from the completed forms was designed to serve two purposes: (1) provide readily available information for response to legislative inquiries regarding the needs of village clinics for construction funds, and (2) provide a basis for developing a long range capital improvement plan for these facilities.

The forms also included questions regarding the source and amount of operational costs, staffing and provided services, referral centers, and other data related to the provision of health care services at these clinics. The forms were distributed to the 12 Regional Health Corporations by the HSAs. The forms were either completed by Regional Corporation staff or forwarded to the villages for completion by the resident Community Health Aide or other health care provider.

The vast majority of the surveyed villages are among the 198 Native villages recognized by the Alaska Native Claims Settlement Act (ANCSA). Not all 198 Native village are included in these findings, however, as some have less than the 25 minimum population used to denote Level I or Level II status, or are located adjacent to a higher-level community.

Villages recognized by ANCSA as Native are eligible for health care services of the Alaska Area Native Health Service of the Indian Health Service (IHS). These services include the funding of Community Health Aides in 174 villages and lease contracts to subsidize the operation of clinics in 133 villages. In addition, the IHS owns clinics in 7 other villages with similar operational subsidies. These villages are: Aniak, Gambell, Hooper Bay, Noorvik; Savoonga, Selawik, and Unalakleet.

Clinics in Level I and Level II communities fall under five different types of ownership: (1) Indian Health Service; (2) State of Alaska; (3) village or other public entity; (4) private, non-provider; and (5) private, by provider of service. The most common form of ownership is by the village in which the clinic is sited. (Such clinics are most commonly termed "village built clinics.")

Operational costs for village clinics (with the exception of privately owned clinics operated by service providers) are derived from leases with the IHS and from State funds most commonly administered under the Department of Community and Regional Affairs Revenue Sharing Program. Indian Health Service owned clinics are funded directly by the IHS; State of Alaska owned clinics are funded by the State. In some instances, Regional Health Corporations receive and disburse funds from the IHS and the State

for clinic operations in villages located within their corporate boundries.

Although the Indian Health Service originally funded construction of new clinics, this role has been taken over by the State during the past few years. A similar responsibility has been assumed by the State for remodeling and up-grading costs. State funds for construction are either directly appropriated by the Legislature's capital budget, or are disbursed through Department of Community and Regional Affairs Rural Development Assistance grants. State funds have not, however, been used to remodel or repair the seven clinics owned directly by the Indian Health Service.

Direct legislative appropriations for clinic construction or major remodeling pose several problems. These funds are sometimes allocated in the absence of detailed planning for structural design, which can result in an over-funded construction project. Even more serious consequences result when construction projects are under-funded due to lack of advance design and cost data. The highly variable costs associated with material transportation, site preparation, special climatic design, and skilled labor makes it impossible to develop a standardized cost applicable throughout rural Alaska.

Analysis of the responses received during the survey has been focused on an evaluation of the structural adequacy of the existing clinics and identification of those villages that lack clinic facilities. The evaluation is based on a weighted scoring system for various structural deficiencies identified in the responses. This scoring system was reviewed by and reflects recommendations made by the Environmental Health Services program of the Alaska Area Native Health Service. These deficiency scores are based upon the severity of deficiencies and potential expenditures necessary to up-grade existing clinics to meet minimum quality standards. Environmental health survey reports prepared by staff sanitarians of the AANHS for individual clinics were provided by the AANHS for use in supplementing data obtained during the clinic survey.

After the preliminary evaluations were completed for the respondent villages, rank order lists of village clinics by increasing structural deficiency score were prepared. As part of the validation process, these lists were forwarded for review and comment to the IHS Service Unit Sanitarians and the Regional Supervisors of the DHSS Public Health Nursing Section.

Opposite is a listing in rank order of increasing need for structural improvement in the clinics participating in this survey. Several factors should be kept in mind when reviewing this listing: 1) clinics with serious structural deficiencies will have higher deficiency scores than clinics with only minor problems; 2) the listing is based on structural deficiencies only and does not include other considerations such as population served, accessibility, etc. ; and 3) the listing is in a process of continual change as new and more current data is received.

VILLAGE HEALTH CLINICS LISTED BY DEFICIENCY SCORE IN RANK ORDER OF INCREASING NEED FOR STRUCTURAL IMPROVEMENT

Deficiency Score	Name of Communities	Name of Communities	Deficiency Score
0	Anaktuvik Pass, Fort Yukon, Kaltag, Larsen Bay, McGrath, Northway, Ouzinkie, Pelican	Kivalina, Pitka's Point, Iyonek	21
1	Nulato	Beaver, Eek, Telida, Yakutat	22
2	Iliamna, Port Lions	Nenana	23
4	Chignik Bay, King Salmon, St. Mary's	Atkasuk, Evansville, Koliganek, Lower Kalskag, Metlakatla, Perryville, Quinhagak	24
5	Aleknagik, Minto, Nuiqsut, Point Hope, Toksook Bay	Emmonak, St. Michael	25
6	Eagle, Kasaan, Kwillingok, Marshall, Mentasta Lake, Shageluk, Takotna, Tenakee Springs, Tunuak	Egegik	26
7	Allakaket, Atka, Pilot Point	False Pass	27
8	Kongignak, Kotlik, Mekoryuk, Niniichik, Munapitchuk, Shungnak, South Naknek, Tanacross, Togiak, Twin Hills	Ivanof Bay, Sheldon's Point, Stony River	28
9	Aniak, Atmauthluak	Wainwright	29
10	Chaikyitsik, Copper Center, Oscarville, Port Heiden, Tuntutuliak	Elim	30
11	Anvik, Craig, Holy Cross, Noatak, Old Harbor	Teller, Upper Kalskag	32
12	Akiachuk, Chefornek, Chevak, Deering, Kasigluk, Levelock, Rampart, Scammon Bay	Shishmaref	33
13	Kokhanok, Pilot Station	Koyuk, Shaktoolik, Stebbins	35
14	English Bay, Gulkana, Nikolski, Port Graham, Unalaska	Chuathbaluk	36
15	Alakanuk, Buckland, Cantwell, Nikolai	Diomede	39
16	Akiak, Chitina, Napaskiak, New Stuyahok	Igiugig, Sleetmute	40
17	Chignik Lake, Kake, Kiana, Nelson Lagoon	GoIovin	48
18	Ambler, Hydaburg, Manokotak	Brevig Mission ("...existing structure not repairable...")	49
19	Angoon, Chistochina, Clark's Point, Pedro Bay	Point Lay	61
20	Ekwok, Newtok	Birch Creek, Chiniak, Crooked Creek, Elfin Cove, Grayling, Gustavus, Lime Village, Meyers Chuck, Port Alexander, Red Devil, Tatilek, Whittier	*

SOURCE: Div. of Planning, Policy and Program Evaluation, DHSS, Village Clinic Survey. Revised, May 1983

Note: The above table does not include 35 communities which reported construction in progress or funded, 1 community whose response was insufficient to allow structural evaluation, and those communities which are served by federal or privately owned/operated clinics.

\* These communities currently do not have a village health clinic or an identified funding source for construction of a clinic.

## COMMUNITY CLUSTERS AND HIGHWAY COMMUNITIES

Community Clusters is a concept which has evolved with the continued refinement of the Levels of Care. Clusters were initially discussed in the development of the 2nd generation State Health Plan as the criteria for community designations were applied. During this second State Health Plan process, clustering originated in the form of two definitions. Definitions for proximity and accessibility were developed and used in understanding the relationship of communities to each other and in making community level assignments.

In the further development of the clustering concept it became even more apparent that two types of clustering were to be found. One is the relationship of communities near to each other, but not close to a hospital or facility capable of providing tertiary care. This relates to the proximity definition and has now been redefined as: "Community Clusters - Level I or II communities on an all weather road within 20 miles of each other but more than 30 miles from a Level III or IV community". The other type of clustering has to do with communities located on highways that are relatively close to a Level III or IV community. This relates to the accessibility definition and has been revised as follows: "Highway Communities - communities which are within 30 miles of a higher Level III or IV community". The assumption is that a highway community within 30 miles or a Level III or IV community probably does not need a Level I or II service capability, but probably does need ambulance and emergency medical services.

The Health Systems Plan with the most significant revisions from the SHP Levels of Care designations has been the SouthCentral Health Systems Agency. The SouthCentral HSP now uses a designation of A (Adjacent) for communities which are no longer defined as Level I, but which are adjacent and accessible to nearby higher Level communities. In some instances an "A" in the SouthCentral HSP is identical to a Highway Community designation but but not always.

In the following charts, the column labeled "SHP" indicates the proposed designation for the preliminary SHP<sub>4</sub>. For purposes of this draft presentation, it should be noted that in designating communities, the Community Cluster and Highway Communities designations were strictly adhered to. The practicality of this approach is questionable until certain issues are determined. One such issue is the reality of clustering a native and a non-native community (e.g. Tanacross and Tok). This issue particularly highlights the problem of replacing federal funds with state funds and the equity of providing primary health care in native villages but not in non-native villages. Other questions arise when clustering communities where a specific community does not logically fit into the clustering scheme. For instance, is transportation available so that a resident/patient can travel the 20 or less miles to the clinic? Is the community where an existing clinic is located the most logical site? The continued analysis of clusters and

highway communities should provide alternatives for questions such as these and other issues that will become apparent in the future.

It is to be noted that this presentation is still in draft form. Its immediate purpose is for verification of the information, illustration of the analysis currently being developed, and for input into the issues highlighted by the development of the Clustering concept.

2/18/82  
HPS

Health Service Area: Northern  
Native Regional Corporation: Tanana Chiefs Conference

HIGHWAY COMMUNITIES  
AND  
COMMUNITY CLUSTERS

Community	Cluster	HYC	Community Population	SHP Level	EMS Level	HSP Level	Ref. Ctr. for OPAS & Miles	Ref. Ctr. for ACRF & Miles	Comments
Dot Lake (N)			218*	I	I	I	Comm. has a Clinic/CHA	FBXs - 159	
North Pole (NN)		Fairbanks	724	HYC	I	I	Private MD & Clinic	FBXs - 10	Designate HYC
Northway (N)			185*	I	I	I	Comm. has Clinic/CHA	FBXs - 265 Glennallen 198	
Delta Junction (NN)	Big Delta		945*	II	II	II	Private Clinic (PA)	FBXs - 98	
Big Delta (NN)	Delta Junction		285	C					Cluster with Delta Junction for Level II
Healy (NN)	Tri-Villy, Sntr.		416*	II	II	II	Private Clinic/PA	FBXs - 109	
Tri-Villy (NN)	Healy, Sntr.		Not on Census	C	I	I		FBXs - 109	Designate as a Cluster
Suntrana (NN)	Tri-Villy, Healy		56	C	I	I		FBXs - 109	Designate as a Cluster
Usibelli (NN)	Healy, Sntr.		53	C	I	I		FBXs - 109	Designate as a Cluster
Menana (NN)			470	II	II	II	CHA & Private Clinic/PA	FBXs - 54	
Anderson/Clear (AFB)			517	I	I	II	Menana	FBXs - 82	
Tok (NN)			742*	II	II	II	Comm. has Clinic/PA	FBXs - 206 Glennallen 139	
Tanacross (N)			117	I	II	II	Comm. has Clinic/CHA	FBXs - 195 Glennallen 150	

N = Native  
NN = Non-Native

Population = Immediate area  
\*Population = immediate & Outlying Areas  
OPAS = Out-Patient Ambulatory Services (Level I & II)  
ACRF = Acute Care Referral Facility (Level III & IV)  
E = Exception  
A = Adjacent

Highway Community = HYC  
Highway Community - 30 miles to a higher Level III or IV Community.  
Assumption - A highway Community within 30 miles to a Level III or IV Community probably does not need a Level I service capability, but probably does need ambulance & Emergency Medical Services.  
Community Cluster - Level I or II Communities within 20 miles of each other but more than 30 miles from a Level III or IV Community.

ARCTIC

OCEAN

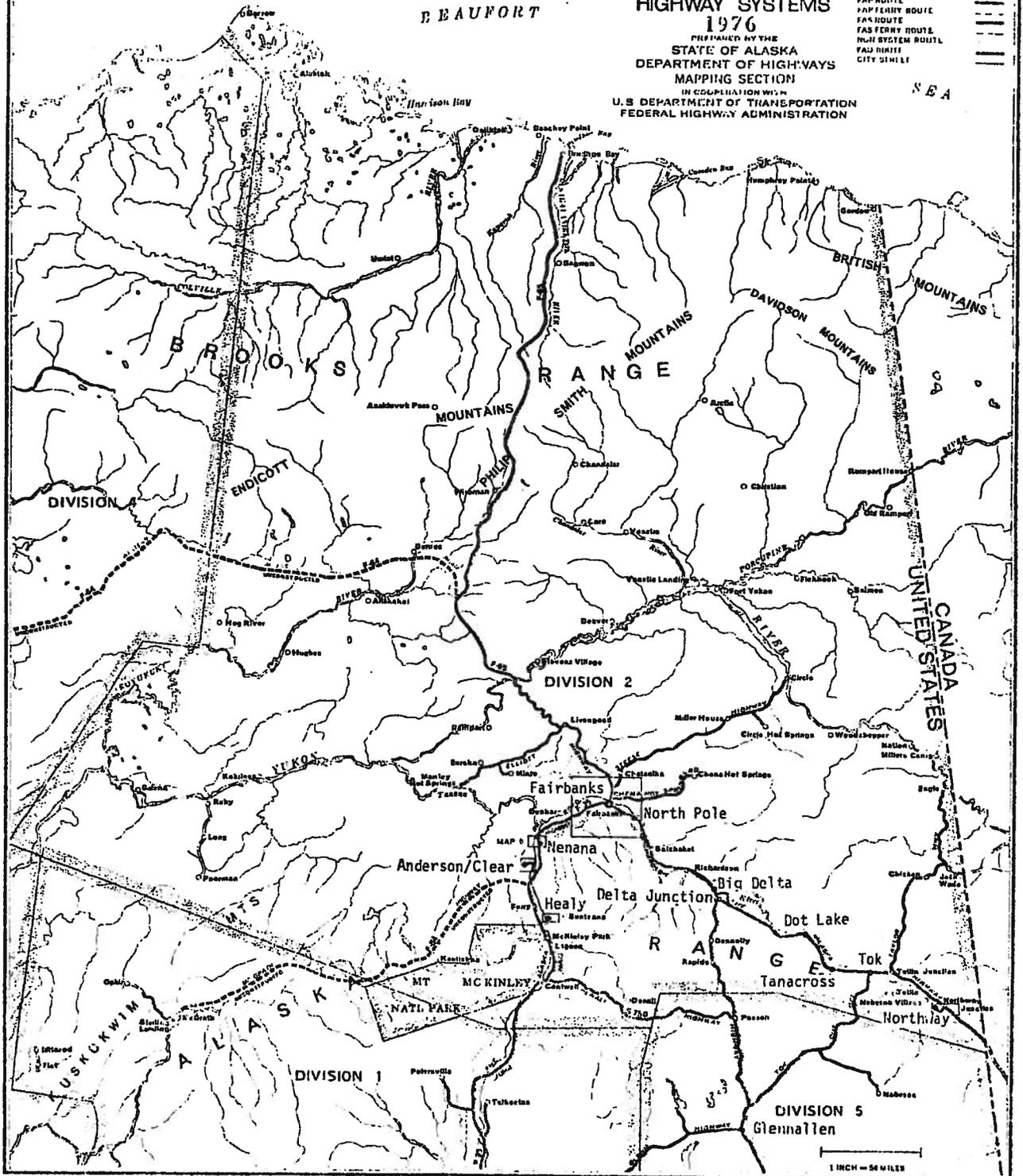
# INTERIOR HIGHWAY DIVISION

FEDERAL AID  
HIGHWAY SYSTEMS  
1976

PREPARED BY THE  
STATE OF ALASKA  
DEPARTMENT OF HIGHWAYS  
MAPPING SECTION  
IN COOPERATION WITH  
U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL HIGHWAY ADMINISTRATION

## LEGEND

- FAP ROUTE
- FAP FERRY ROUTE
- FAS ROUTE
- FAS FERRY ROUTE
- FAS SYSTEM ROUTE
- FAU ROUTE
- CITY STREET



HIGHWAY COMMUNITIES  
AND  
COMMUNITY CLUSTERS

Health Service Area: South Central

2/18/82  
HPS

Native Regional Corporation: Copper River Health Dept.

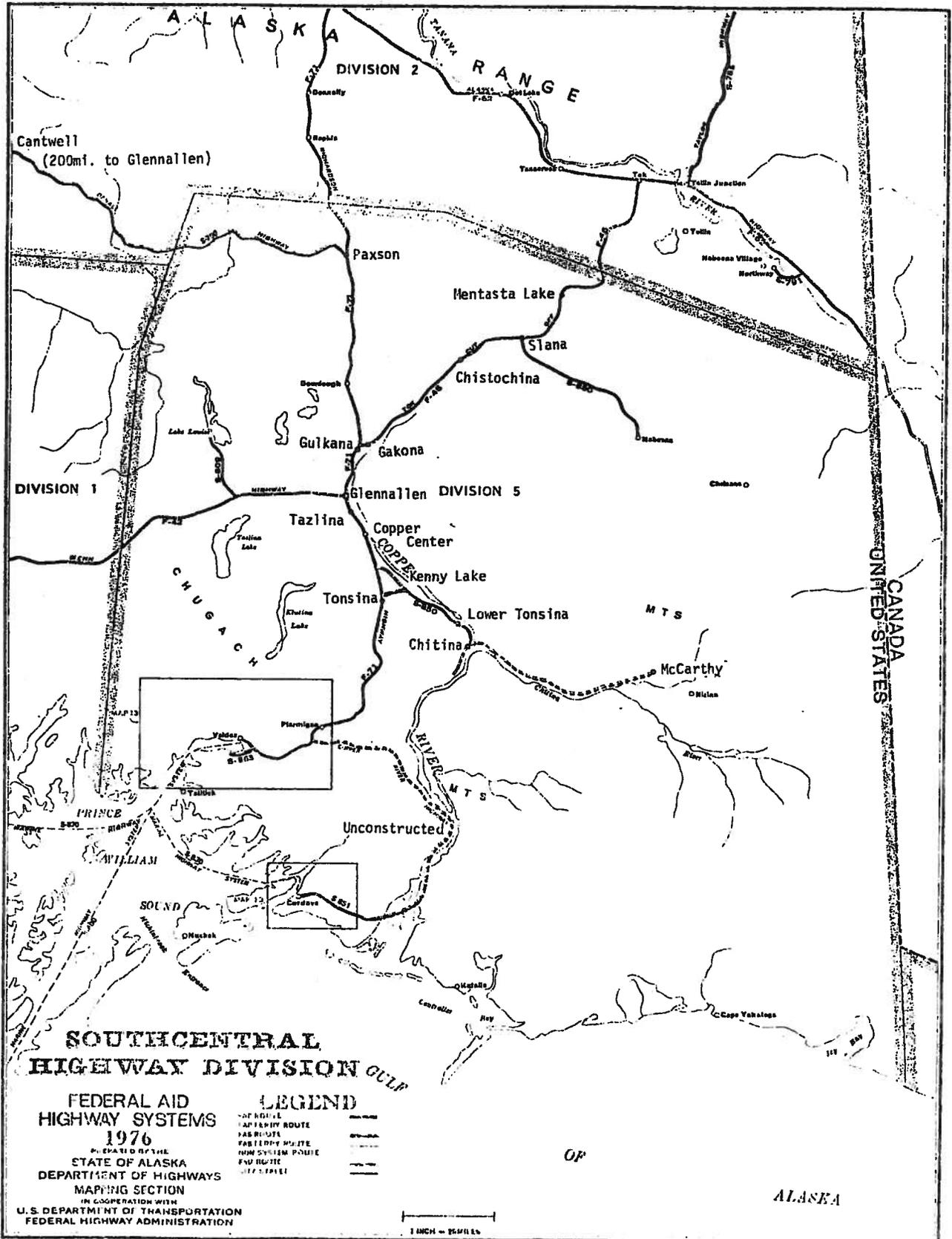
Community	Cluster	HYC	Community Population	SHP Level	EMS Level	HSP Level	Ref. Ctr. for OPAS & Miles	Ref. Ctr. for ACRF & Miles	Comments
Chistochina (N)			55	I	I	I	community has clinic/CHA	Glennallen 49	
Chitina (N)	Lower Tonsina		75*	I		I	community has clinic/CHA	Glennallen 64	
Lower Tonsina (N)	Chitna		40	C		I	Chitina - 12	Glennallen 52	Designate as a Cluster
Kenny Lake (N)			348*			A	Glennallen 39	Glennallen 39	Scattered population - Region not a town
Hentasta Lake (N)			59	I		I	community has clinic/CHA	Glennallen 95	
Tazlina (NH)		Glennallen	186*	HYC		A	Glennallen 5	Glennallen 5	Designate as a HYC
Cantwell (N)			136*	I		I	community has clinic/CHA	Fairbanks-148 Glennallen 200	
Gakona (N)		Glennallen	87	HYC		A	Gulkana - 5	Glennallen 21	Designate as a HYC
Gulkana (N)		Glennallen	104	HYC			community has clinic/CHA	Glennallen 16	Designate as a HYC
McCarthy (NN)			72*			A	Glennallen 94	Glennallen 94	Designate as a Level I
Paxon (NH)			30	I		A	Glennallen 70	Glennallen 70	Designate as a Level I
Slana (NN)			49	I		A	Tok-63	Glennallen 70	Designate as a Level I
Tonsina (N)			135	C		A	Copper Ctr-22	Glennallen 36	Designate as a Cluster to Copper Center
Copper Ctr (N)		Glennallen	213	I			community has clinic/CHA	Glennallen 14	Level I and a HYC for Level III & IV services

N = Native  
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ACRF = Acute Care Referral Facility (Level III & IV)  
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Highway Community = HYC  
Highway Community - 30 miles to a higher Level III or IV Community. Assumption - A highway Community within 30 miles to a Level III or IV Community probably does not need a Level I service capability, but probably does need ambulance & Emergency Medical Services.

Community Cluster - Level I or II Communities within 20 miles of each other but more than 30 miles from a Level III or IV Community.



INDEX MAP

2/18/82  
HPS

Health Service Area: SouthCentral  
Native Regional Corporation: Cook Inlet/Mat-Su

HIGHWAY COMMUNITIES  
AND  
COMMUNITY CLUSTERS

Community	Cluster	HVC	Community Population	SHP Level	EMS Level	HSP Level	Ref. Ctr. for OPAS & Miles	Ref. Ctr. for ACRF & Miles	Comments
Big Lake (NN)		Palmer	410	HVC	I	A	Palmer-25	Palmer-25	Designate as a HVC
Chickaloon (NN)			20			A	Palmer-34	Palmer-34	No designation (under 25)
Houston (NN)		Palmer	370	HVC	I	A	Palmer-26	Palmer-26	Designate as a HVC
Kashwitna			Not on Census			A	Palmer-50	Palmer-50	Scattered Population
Kniv (NN)		Palmer	197*	HVC		A	Palmer-24	Palmer-24	Designate as a HVC
Montana Creek (NN)			40	I	I	A	Palmer-66	Palmer-66	
Talkeetna			264	I	I	I	Palmer-83	Palmer-83	
Trappers Creek (NN)			165*	I	I	A	Palmer-85	Palmer-85	
Willow (NN)			356*		I	A	Palmer-38	Palmer-38	Scattered populations
Sutton (NN)		Palmer	622*	HVC		A	Palmer-18	Palmer-18	Designate as a HVC

Highway Community = HVC

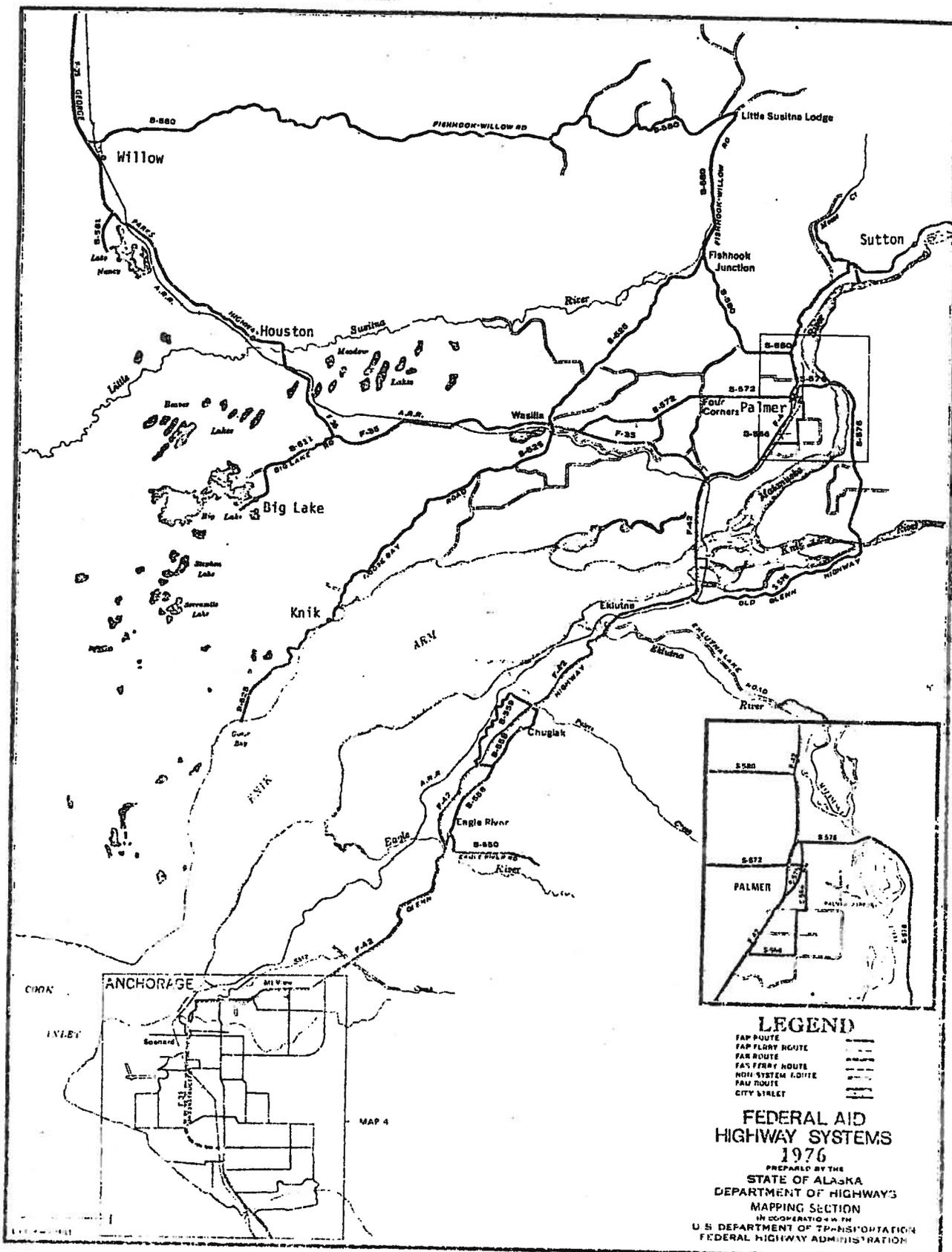
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HIGHWAY COMMUNITIES AND COMMUNITY CLUSTERS  
Health Service Area: SouthCentral  
Native Regional Corporation: Cook Inlet/Kenai

Community	Cluster	HYC	Community Population	SHP Level	EMS Level	HSP Level	Ref. Ctr. for OPAS & Miles	Ref. Ctr. for ACRF & Miles	Comments
Ancher Point (NN)		Homer	1,076*	HYC		A	Homer-15	Homer-15	Designate as a HYC
Clem Gulch (NN)		Soldotna	303*	HYC	I	A	Soldotna-24	Homer-54 Soldotna-24	Designate as a HYC
Copper Landing (NN)			203*	I	I	A	Soldotna-46 Seward-47	Soldotna-46 Seward-47	
Halibut Cove (NN)	Homer		47	C	HYC	A	Homer (12 mi by boat)	Homer (12 mi by boat)	Highway/Waterway Community
Hope (NN)			103	I	I	I	Seward-74	Seward-74	
Kachemak (NN)		Homer	403	HYC		A	Homer-5	Homer-5	Designate as a HYC
Kalifonsky (NN)		Soldotna	572*	HYC		A	Soldotna-17	Soldotna-17	Designate as a HYC
Kastilof (Cohoe) (NN)		Soldotna	683*	HYC	I	A	Soldotna-14 Soldotna-63	Soldotna-14 Soldotna-63	Designate as a HYC
Moose Pass (NN)		Seward	231*	HYC	I	A	Seward-30	Seward-30	Designate as a HYC
Nikishka (NN)		Soldotna	2,657*	HYC		A	Soldotna-27	Soldotna-27	Designate as a HYC
Nikolavsk (NN)		Homer	Not on Census 375	HYC	I	A	Homer-14 community has clinic/CHA	Homer-14 Homer-39	Designate area as HYC
NiniTchik (N)			422*	I	I	A		Soldotna-39	
Salamatof (NN)		Soldotna	334	HYC		A	Soldotna-16	Soldotna-16	Designate as a HYC
Sterling (NN)		Soldotna	1,174	HYC		A	Soldotna-10	Soldotna-10	Designate as a HYC

Highway Community = HYC

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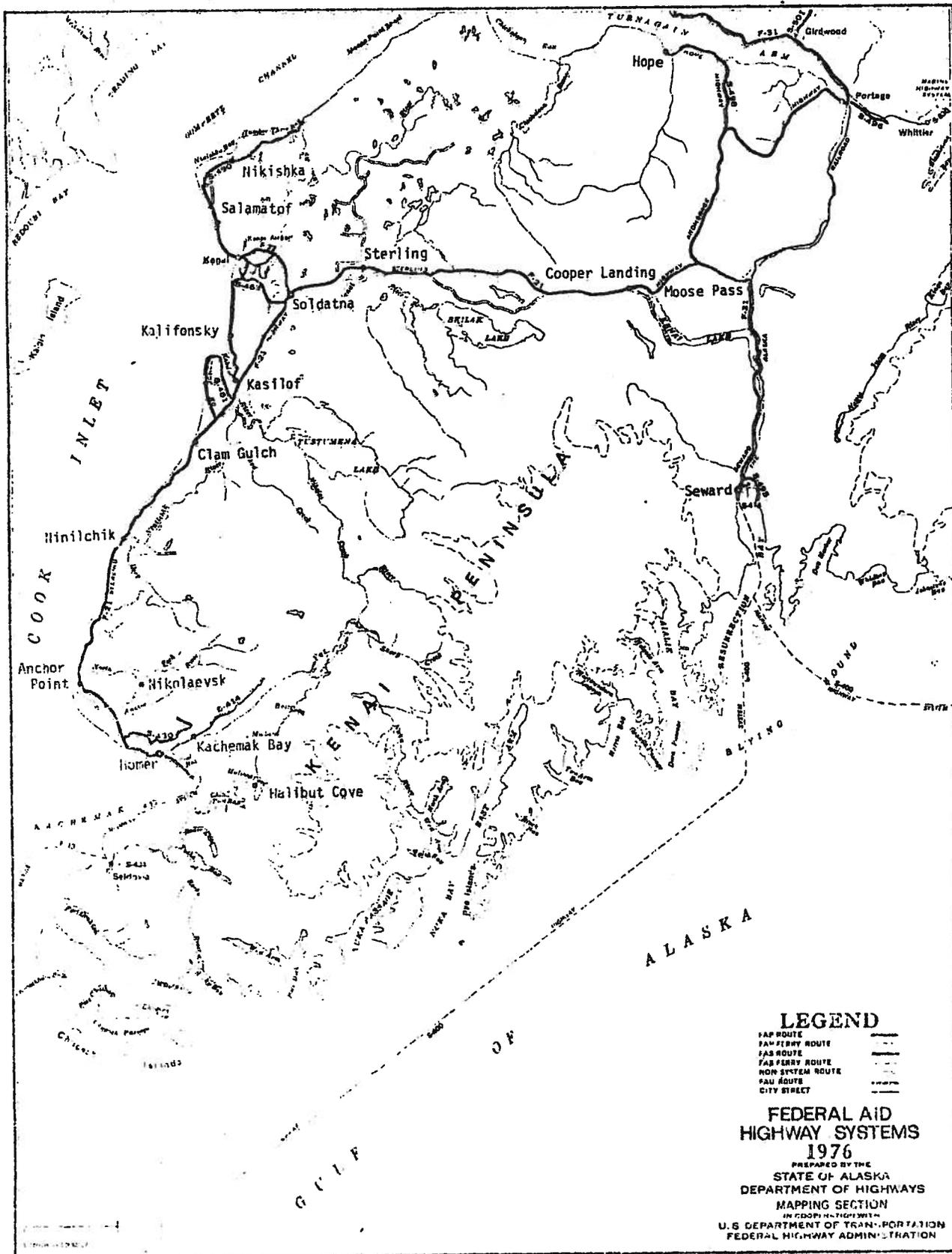
ACRF = Acute Care Referral Facility

(Level III & IV)

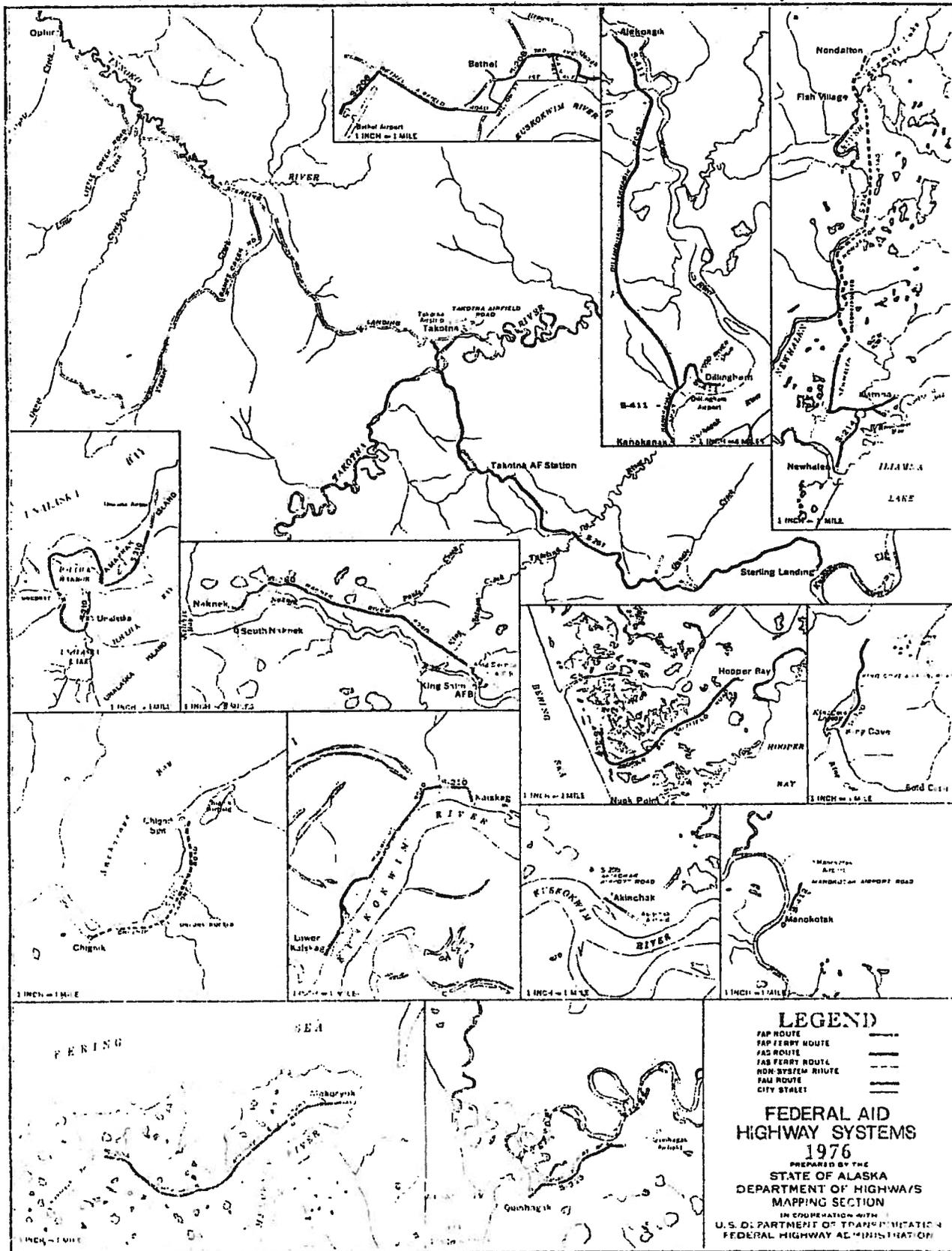
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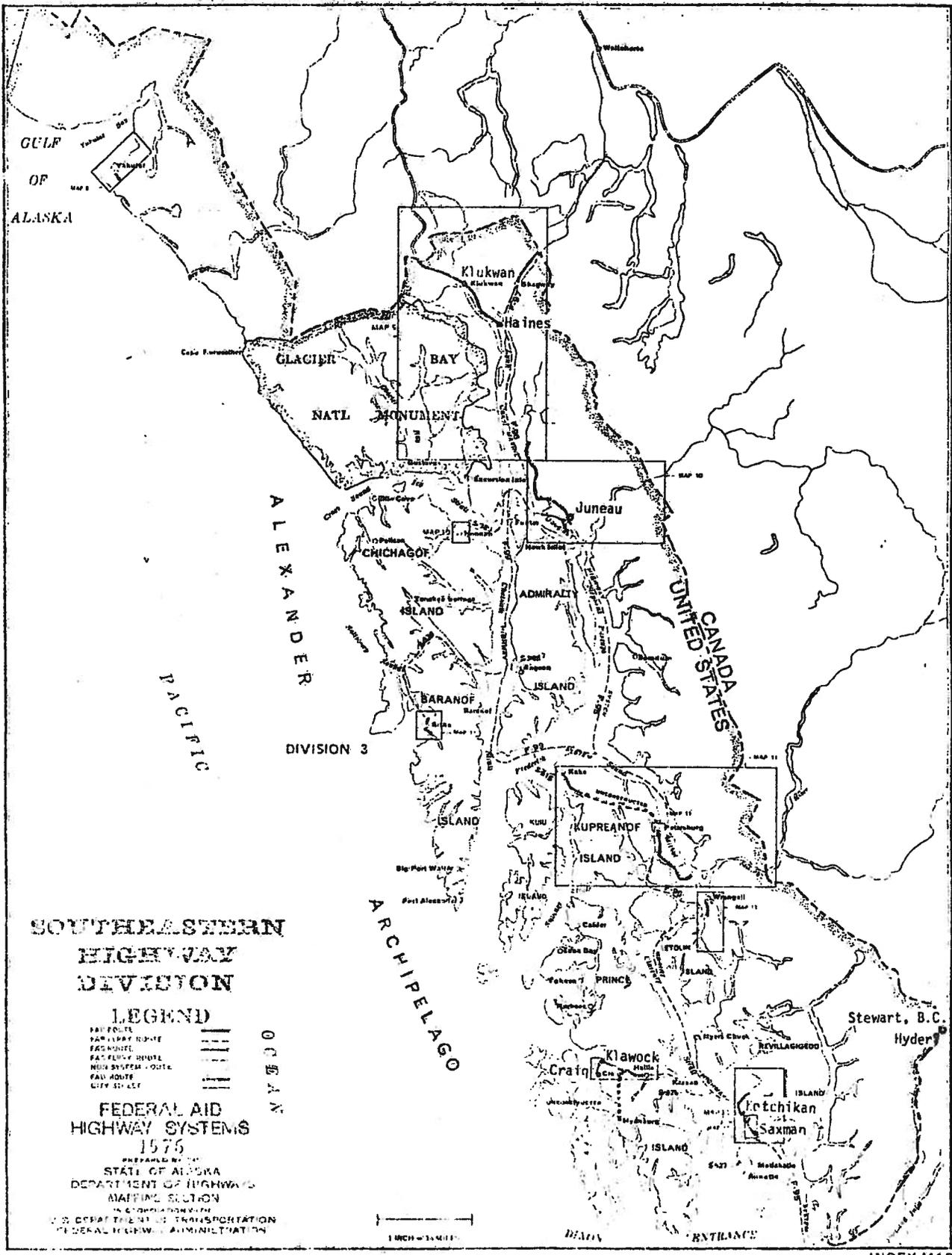












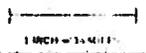
**SOUTHEASTERN  
HIGHWAY  
DIVISION 3**

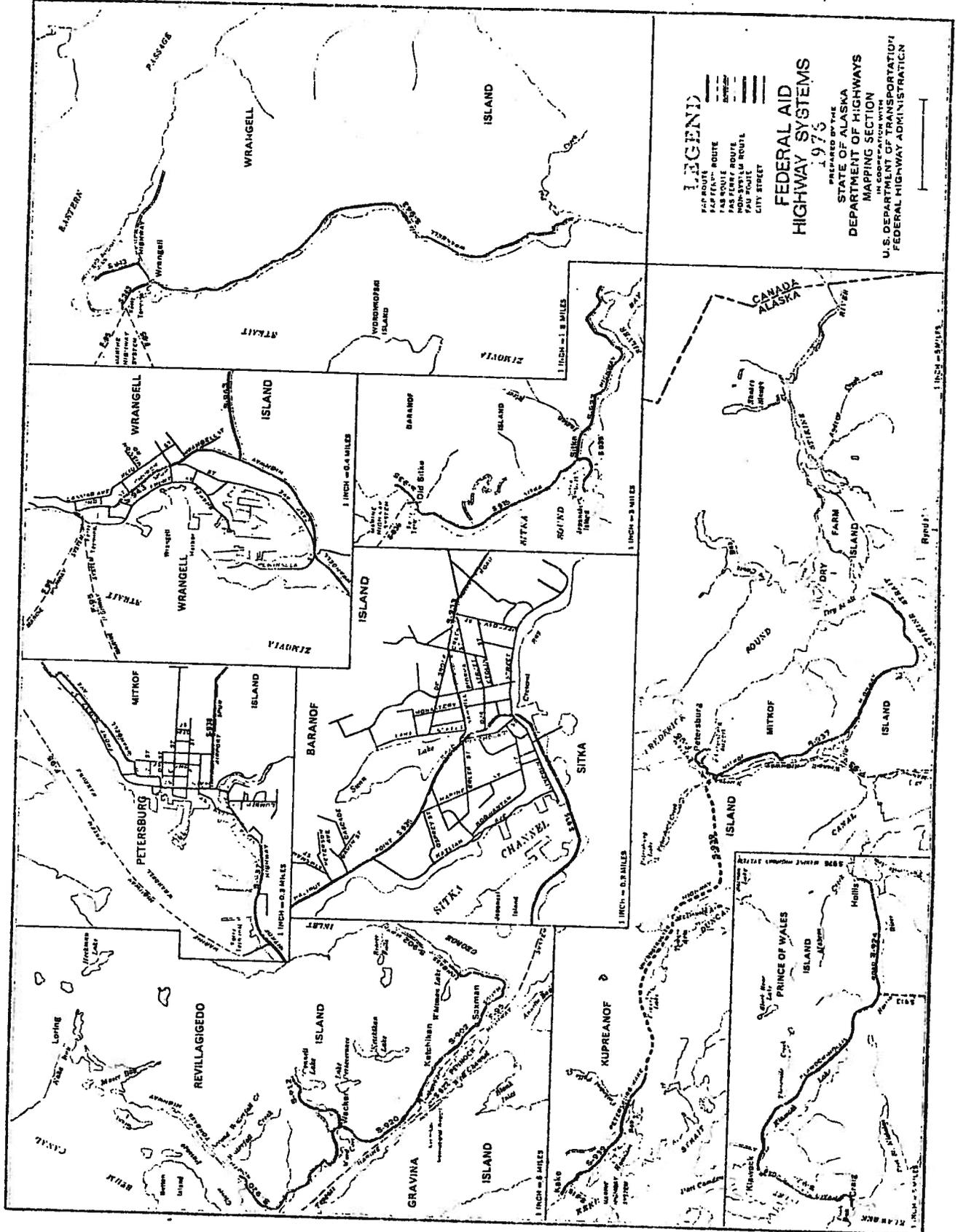
- LEGEND**
- PAV. ROUTE
  - PAV. BRIDGE ROUTE
  - PAV. BRIDGE
  - PAV. BRIDGE ROUTE
  - NON SYSTEM ROUTE
  - PAV. ROUTE
  - CITY STYLE

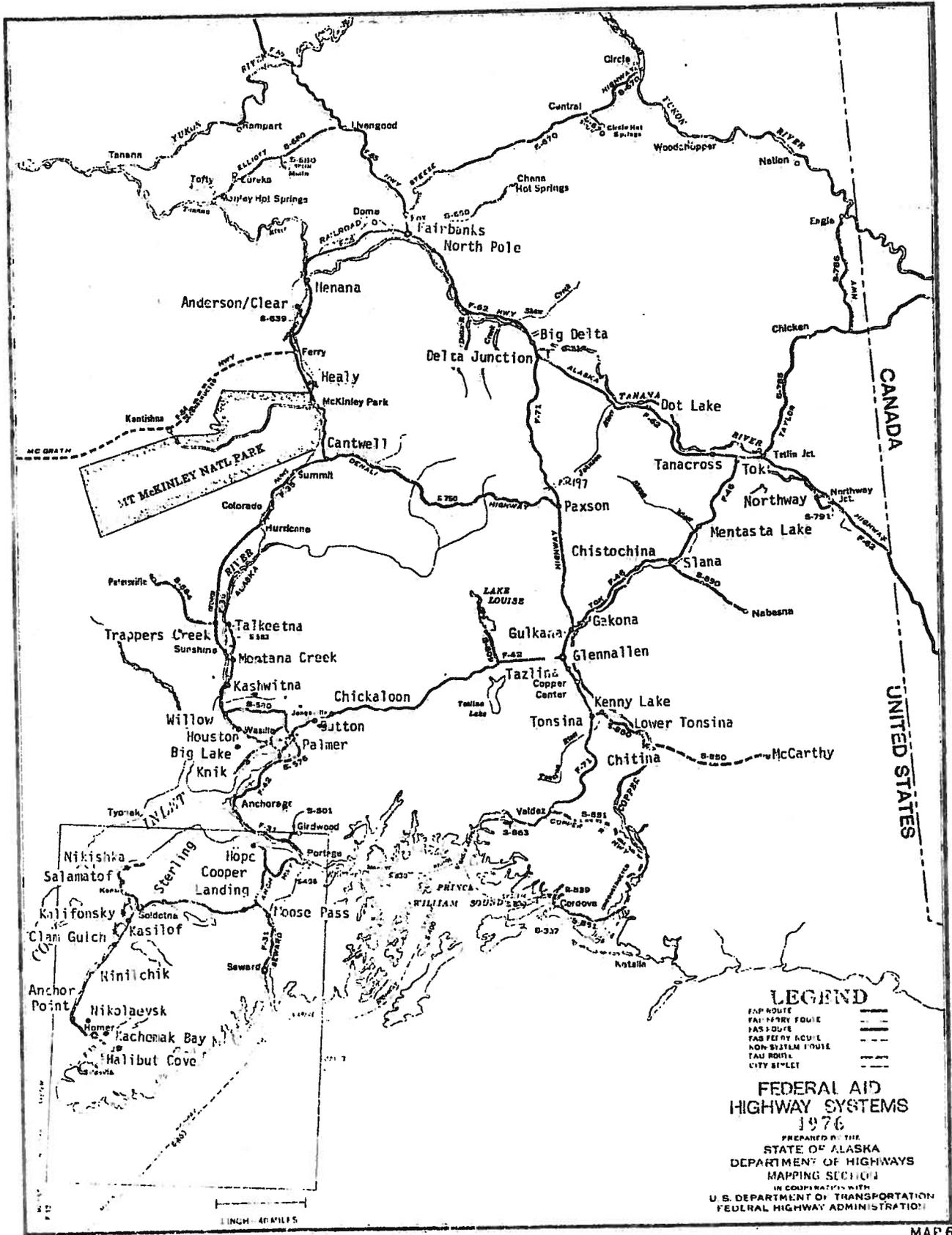
**FEDERAL AID  
HIGHWAY SYSTEMS  
1975**

PREPARED BY THE  
STATE OF ALASKA  
DEPARTMENT OF HIGHWAYS  
MAPPING SECTION

IN COOPERATION WITH  
U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL HIGHWAY ADMINISTRATION







**LEGEND**

- FAP ROUTE
- FAF/FERRY ROUTE
- FAS ROUTE
- FAS FERRY ROUTE
- NON-SYSTEM ROUTE
- TAIL ROUTE
- CITY STREET

**FEDERAL AID  
HIGHWAY SYSTEMS  
1976**

PREPARED BY THE  
STATE OF ALASKA  
DEPARTMENT OF HIGHWAYS  
MAPPING SECTION

IN COOPERATION WITH  
U. S. DEPARTMENT OF TRANSPORTATION  
FEDERAL HIGHWAY ADMINISTRATION

BRIEF DESCRIPTIONS OF CURRENT RURAL HOSPITAL AND LONG TERM CARE FACILITY CONSTRUCTION ACTIVITY

Bartlett Memorial Hospital, Juneau

Extensive planning studies have detailed the numerous deficiencies in space and function at the Bartlett Memorial Hospital. Two professional firms employed to conduct these studies have recommended differing solutions to these problems which involve varying costs, benefits, and intrinsic compromises. At this writing, officials are exploring funding sources along with possible alternatives through proprietary operation before completing a Certificate of Need application.

Central Penninsula General Hospital, Soldotna

The last of a series of expansion and remodeling phases is expected to be on-line in the near future. Preliminary efforts for a long-range plan for the Kenai-Soldotna area are also underway.

Cordova Community Hospital and Long Term Care Facility

Construction documents are in progress in anticipation of funding through state and local sources in the near future.

Faith Hospital, Glenallen

An expansion of the outpatient service area and remodeling of ancillary service departments is currently under construction.

Ketchikan General Hospital and Island View Manor Nursing Home

Additions and remodeling completed in 1981 did not fully meet projected needs for all hospital services at that time. Potentials for increased demands on the hospital due to changes in practice and population are being continuously monitored by the hospital administration. Decreased occupancy in the Island View Manor Nursing Home may be seen as a result of the opening of the Ketchikan Pioneer's Home.

### Kodiak Island Borough Hospital and Long Term Care Facility

An application for a Certificate of Need authorizing a replacement facility is being prepared.

### Norton Sound Community Hospital and Long Term Care Facility

Development of new facilities for programs currently housed in the hospital may reduce a degree of congestion in the existing facilities which were remodeled and expanded in 1977.

### Petersburg General Hospital and Long Term Care Facility

A new hospital wing is under construction and the existing long term care facility is being renovated. It is anticipated that hospital services will be moved from the old structure early in 1985.

### Seward General Hospital and Wesleyan Nursing Home

Long-range planning continues for these facilities. A small project to meet safety and current code items is underway at Wesleyan.

### Sitka Community Hospital

The new hospital was occupied in March, 1984. Due to a favorable market, available funding allowed construction of a large basement space in lieu of the crawl space originally designed for this area. This funding did not allow, however, development of desirable features in the basement space such as an in-service and multi-use conference and meeting space.

### South Peninsula Hospital, Homer

Construction of new finished and "shelled" areas which will almost double the physical size of this facility, and remodeling of much of the existing plant began in June, 1983.

### St. Anne's Nursing Home, Juneau

Planning for needed space and remodeling is currently in progress. The impact of the proposed (and possible undercapitalized) Pioneer's Home is being cautiously assessed by the sponsors and administration of this facility.

Valley Hospital and Long Term Care Facility, Palmer

The newly constructed care and service areas are scheduled for occupancy prior to September, 1984. Complete renovation of existing areas will proceed in stages following completion of the new areas.

Juneau Regional Rehabilitation Hospital

Planning for improvement and expansion is underway pending disposition of the Certificate of Need application and funding requests.

Wrangell General Hospital and Long Term Care Facility

Preliminary planning to implement the 1981 Certificate of Need remains in a holding pattern pending availability of funding.



Figure 5-3

1983 ANNUAL HOSPITAL SURVEY

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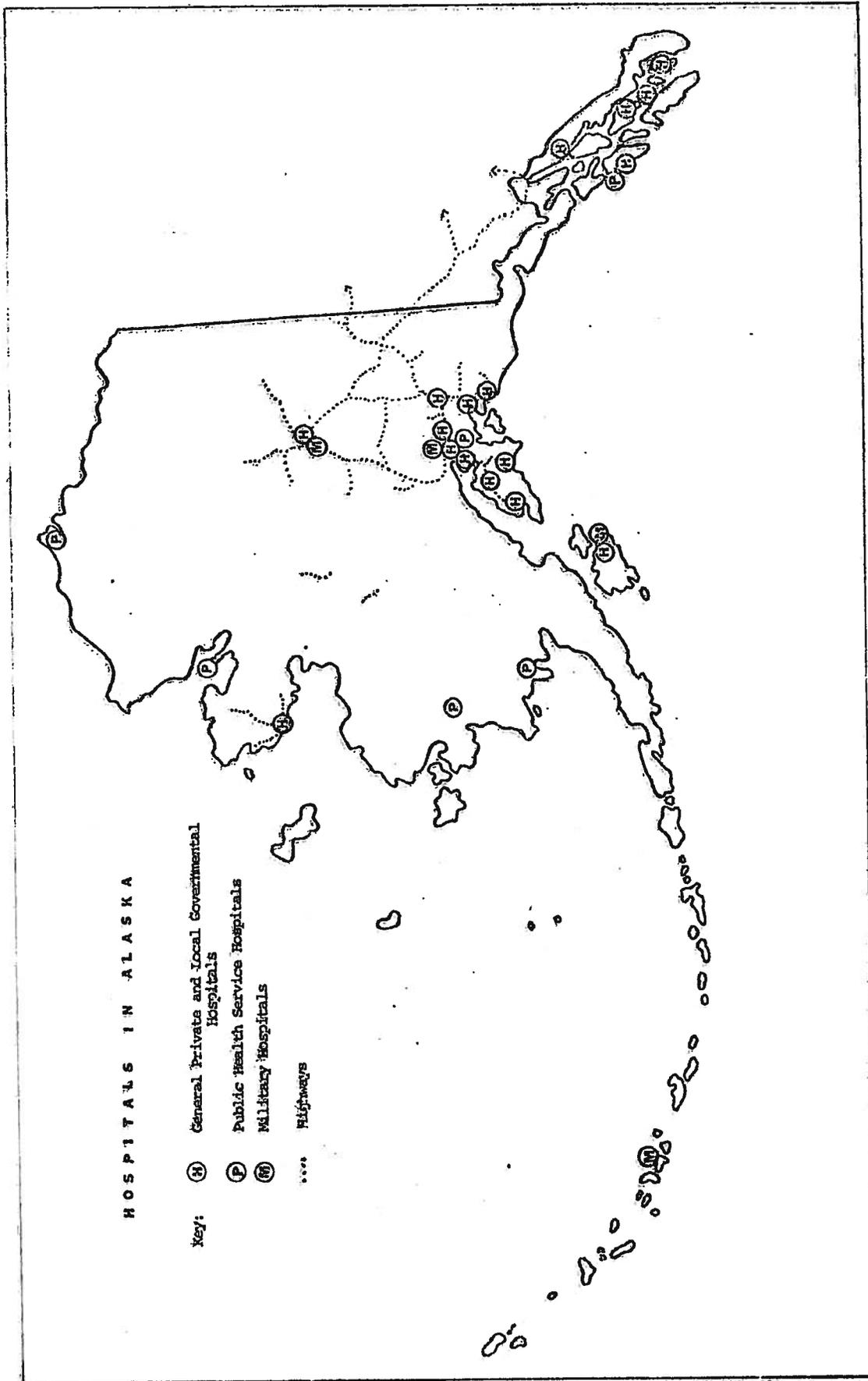
\* Please note that the "1983 Annual Hospital Survey" is based on reporting periods that terminated in 1982.

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

INVENTORY OF ACUTE CARE FACILITIES

HEALTH SERVICE AREA	ACUTE CARE FACILITIES	ADDRESS	TOWN	ZIP	TELEPHONE	PERIOD REPORTED
SE HSA	BARTLETT MEMORIAL	3260 HOSPITAL DR	JUNEAU	99801	585-2611	01-01-82 TO 12-31-82
	KETCHIKAN GENERAL	3100 TONGASS AVE	KETCHIKAN	99901	225-5171	01-01-82 TO 12-31-82
	MT. EDGEcumBE-PHS	BOX 4577	MT. EDGEcumBE	99835	986-2411	10-01-81 TO 09-30-82
	PETERSBURG GENERAL	P.O. BOX 589	PETERSBURG	99833	772-4291	07-01-81 TO 06-30-82
SC HSA	SITKA COMMUNITY	P.O. BOX 500	SITKA	99835	747-3241	01-01-82 TO 12-31-82
	WRANGELL GENERAL	P.O. BOX 80	WRANGELL	99929	874-3356	01-01-82 TO 12-30-82
	AK NATIVE MED. CTR	BOX 7-741	ANCHORAGE	99510	265-9250	10-01-81 TO 09-30-82
	BRISTOL BAY-PHS	P.O. BOX 10235	DILLINGHAM	99576	842-5201	10-01-81 TO 09-30-82
N. HSA	CENTRAL PENINSULA	P.O. BOX 1268	SOLDOTNA	99669	262-4404	01-01-82 TO 12-31-82
	CORDOVA COMMUNITY	P.O. BOX 160	CORDOVA	99574	424-7522	07-01-81 TO 06-30-82
	ELMENDORF USAF	ELMENDORF AFB	ANCHORAGE	99506	552-3500	10-01-81 TO 09-30-82
	FAITH HOSPITAL	P.O. BOX 5	GLENNALLEN	99588	822-3203	01-01-82 TO 12-31-82
	HUMANA HOSP. AK.	POUCH 8-AH	ANCHORAGE	99508	276-1131	01-01-82 TO 12-31-82
	KODIAK ISLAND	P.O. BOX 1187	KODIAK	99615	485-3281	01-01-82 TO 12-31-82
	NAVAL REG. MED. -ADAK	Box 1, NAVSTA, ADAK	FPO, SEATTLE, WA	98791	592-4178	01-01-82 TO 12-31-82
	NORTON SOUND	P.O. BOX 966	NOME	99762	445-5411	10-01-81 TO 09-30-82
	PROVIDENCE HOSPITAL	POUCH 6604	ANCHORAGE	99502	562-2211	01-01-82 TO 12-31-82
	SEWARD GENERAL	P.O. BOX 365	SEWARD	99664	224-5205	07-01-81 TO 06-30-82
	SOUTH PENINSULA	P.O. BOX 275	HOMER	99603	235-8101	01-01-82 TO 12-31-82
	USCG DISP. -KODIAK	P.O. BOX 2	KODIAK	99619	835-2249	< N.A. >
	VALDEZ COMMUNITY	P.O. BOX 550	VALDEZ	99686	835-2249	01-01-82 TO 12-31-82
	VALLEY HOSPITAL	P.O. BOX H	PALMER	99845	745-4813	01-01-82 TO 12-31-82
	YUKON-KUSKOKWIM-PHS	PHS HOSPITAL	BETHEL	99559	543-3711	10-01-81 TO 12-31-82
	N. HSA	FAIRBANKS MEMORIAL	1650 COMLES ST.	FAIRBANKS	99701	452-8181
BARROW-PHS		PHS HOSPITAL	BARROW	99723	852-4611	10-01-81 TO 09-30-82
KOTZEBUE-PHS		PHS HOSPITAL	KOTZEBUE	99752	442-3321	10-01-81 TO 09-30-82
TANANA-PHS		PHS HOSPITAL	TANANA	99777	366-7200	Closed 10/1/82
BASSETT ARMY COMMUN.	FT. WAINWRIGHT	FAIRBANKS	99703	355-6108	01-01-82 TO 12-31-82	





1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

ALASKA PSYCHIATRIC INSTITUTE  
INVENTORY

HEALTH SERVICE AREA	FACILITY	ADDRESS	TOWN	ZIP	TELEPHONE	PERIOD REPORTED
SC HSA	A.P.I.	2900 PROVIDENCE	ANCHORAGE	99504	561-1633	01-01-82 TO 12-31-82

ALASKA PSYCHIATRIC INSTITUTE  
INVENTORY

HEALTH SERVICE AREA	FACILITY	ADMINISTRATOR	OWNERSHIP	OPERATOR	JCAH ACCREDITATION
SC HSA	A.P.I.	ROXOLANA E. POMEROY	STATE GOV'T	STATE OF ALASKA	X

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

JUNEAU REGIONAL REHABILITATION HOSPITAL  
INVENTORY

HEALTH SERVICE AREA	FACILITY	ADDRESS	TOWN	ZIP	TELEPHONE	PERIOD REPORTED
SE HSA	JUNEAU REGION REHAB	3250 HOSPITAL DR	JUNEAU	99806	586-9508	03-01-82 TO 12-31-82

JUNEAU REGIONAL REHABILITATION HOSPITAL  
INVENTORY

HEALTH SERVICE AREA	FACILITY	ADMINISTRATOR	OWNERSHIP	OPERATOR	JCAH ACCREDITATION
SE HSA	JUNEAU REGION REHAB	CLIFF LACKEY	LOCAL GOV'T	CITY & BOR. OF JUNEAU	

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

INVENTORY OF LONG-TERM CARE FACILITIES

HEALTH SERVICE AREA	LONGTERM FACILITIES	ADDRESS	TOWN	ZIP	TELEPHONE	PERIOD REPORTED	
SE HSA	ISLAND VIEW MANOR	3100 TONGASS AVE.	KETCHIKAN	99901	225-5171	01-01-82 TO 12-31-82	
	KETCHIKAN PIONEERS'	141 BRYANT STREET	KETCHIKAN	99901	225-6111	01-01-82 TO 12-31-82	
	MT. EDGECUMBE-PHS	BOX 4577	MT. EDGECUMBE	99835	966-2411	10-01-81 TO 09-30-82	
	PETERSBURG GENERAL	P.O. BOX 589	PETERSBURG	99833	772-6291	07-01-81 TO 06-30-82	
	SITKA PIONEERS'	P.O. BOX 198	SITKA	99835	747-3213	01-01-82 TO 12-31-82	
	ST. ANN'S	415 SIXTH STREET	JUNEAU	99801	586-3883	01-01-82 TO 12-31-82	
	WRANGELL GENERAL	P.O. BOX 80	WRANGELL	99929	874-3356	01-01-82 TO 12-31-82	
	SC HSA	ANCHORAGE PIONEERS'	POUCH 7-027	ANCHORAGE	99510	276-3414	01-01-82 TO 12-31-82
		CORDOVA COMMUNITY	P.O. BOX 160	CORDOVA	99574	424-7552	< N.A. >
		FOREST PARK	3400 E. 20TH	ANCHORAGE	99504	274-1581	07-01-81 TO 06-30-82
HARBORVIEW		P.O. BOX 487	VALDEZ	99686	835-4344	01-01-82 TO 12-31-82	
HOPE PARK		3416 E. 20TH	ANCHORAGE	99504	274-1581	07-01-81 TO 06-30-82	
KODIAK ISLAND		P.O. BOX 1187	KODIAK	99615	486-5281	01-01-82 TO 12-31-82	
NAKOTIA		4895 CORDOVA ST.	ANCHORAGE	99503	562-2281	01-01-82 TO 12-31-82	
NORTON SOUND		P.O. BOX 966	NOME	99762	443-5411	10-01-81 TO 09-30-82	
OCEAN PARK		121ST AVENUE	ANCHORAGE	99507	274-1581	07-01-81 TO 06-30-82	
PALMER PIONEERS'		P.O. BOX 1068	PALMER	99645	745-6241	01-01-82 TO 12-31-82	
SOUTH PENINSULA		P.O. BOX 275	HOMER	99603	235-8101	01-01-82 TO 12-31-82	
VALLEY HOSPITAL		P.O. BOX H	PALMER	99645	745-4813	01-01-82 TO 12-31-82	
WESLEYAN NURSING		P.O. BOX 456	SEWARD	99664	224-5241	01-01-82 TO 12-31-82	
N. HSA		CAREAGE NORTH	P.O. BOX 847	FAIRBANKS	99707	452-1921	07-01-81 TO 06-30-82
		FAIRBANKS PIONEERS'	2221 EGAN AVE.	FAIRBANKS	99701	456-6372	01-01-82 TO 12-31-82

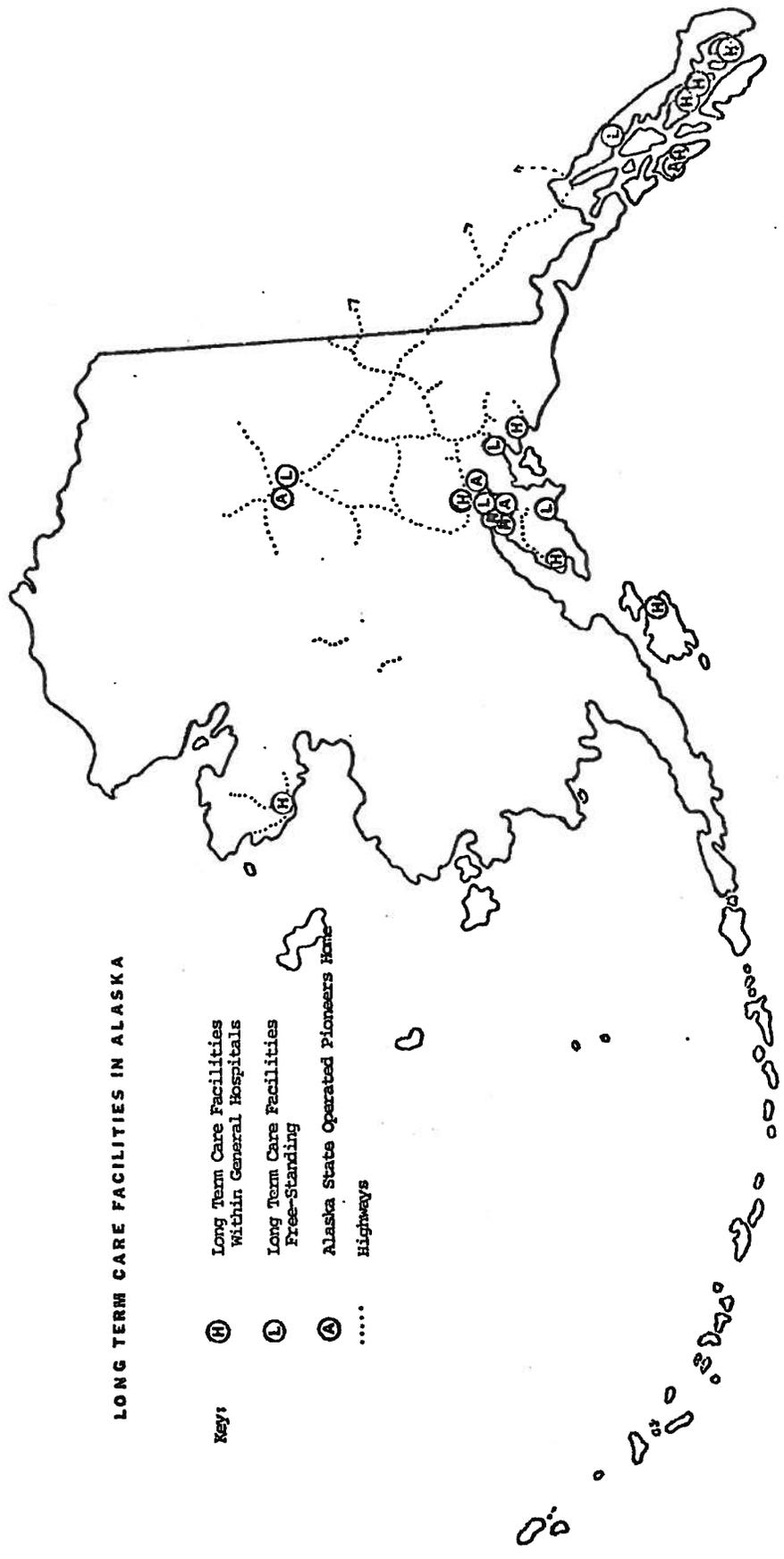
1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

INVENTORY OF LONG-TERM CARE FACILITIES

HEALTH SERVICE AREA	LONGTERM FACILITIES	ADMINISTRATOR	OWNERSHIP	OPERATOR	JCAH ACCREDITATION
SE HSA	ISLAND VIEW MANOR	SISTER BARBARA HAASE	LOCAL GOV'T	SISTERS OF ST. JOSEPH	X
	KETCHIKAN PIONEERS'	E. LOUIS KELLER	STATE GOV'T	STATE OF ALASKA	
	MT. EDGECUMBE-PHS	ARTHUR C. WILLMAN	U.S. GOV'T	U.S.P.H.S.-I.H.S.	X
	PETERSBURG GENERAL	CRAIG S. SLATER	LOCAL GOV'T	PETERSBURG HOSP 8D	
	SITKA PIONEERS'	FRANK C. SISSON	STATE GOV'T	STATE OF ALASKA	
	ST. ANN'S	JACK W. BUCK	PRIVATE	ST. ANN'S NURSING, INC	
	WRANGELL GENERAL	EMMA G. IVY	LOCAL GOV'T	CITY OF WRANGELL	
SC HSA	ANCHORAGE PIONEERS'	DAVID H. HERNDON	STATE GOV'T	STATE OF ALASKA	
	CORDOVA COMMUNITY	EDWARD ZEINE	LOCAL GOV'T	CITY OF CORDOVA	
	FOREST PARK	STEPHEN P. LESKO	PRIVATE	HOPE COTTAGES, INC.	
	HARBORVIEW	PATRICK J. LONDO	STATE GOV'T	STATE OF ALASKA	
	HOPE PARK	STEPHEN P. LESKO	PRIVATE	HOPE COTTAGES, INC.	
	KODIAK ISLAND	DAN VAN WIERINGEN	LOCAL GOV'T	LUTHERAN HOSP. SOC.	
	MAKOYIA	LEILA KNOX	PRIVATE	HEALTH CARE SERV, INC	
	NORTON SOUND	JANE SABES	PRIVATE	MORTON S. HEALTH CORP	
	OCEAN PARK	STEPHEN P. LESKO	PRIVATE	HOPE COTTAGES, INC.	
	PALMER PIONEERS'	ARLEEN DAVIS	STATE GOV'T	STATE OF ALASKA	
	SOUTH PENINSULA	MICHAEL HERRING	PRIVATE	S. PENINSULA HOSP, INC	
	VALLEY HOSPITAL	ERIC BUCKLAND	PRIVATE	VALLEY HOSP. ASSN. INC	
	WESLEYAN NURSING	MILDRED L. PELCH	PRIVATE	WESLEYAN NURS. H., INC	
N. HSA	CAREAGE NORTH	SHARON L. WHITE	PRIVATE	HEALTH CARE SERV, INC	
	FAIRBANKS PIONEERS'	STELLA MUCKENTHALER	STATE GOV'T	STATE OF ALASKA	

**LONG TERM CARE FACILITIES IN ALASKA**

- Key:**
- Ⓜ Long Term Care Facilities Within General Hospitals
  - Ⓛ Long Term Care Facilities Free-Standing
  - ⓐ Alaska State Operated Pioneer's Home
  - ..... Highways



Source: State Center for Health and Social Statistics, Alaska Department of Health and Social Services, 1980 Annual Hospital Survey.

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES BED AND UTILIZATION CHARACTERISTICS

HEALTH SERVICE AREA	ACUTE CARE FACILITY	TOTAL LICENSED BEDS	TOTAL NO. OF DISCHARGES	TOTAL PATIENT DAYS	AVERAGE DAILY CENSUS	OCCUPANCY RATE	AVERAGE LENGTH OF STAY
<b>S. E. HSA</b>							
	BARTLETT MEMORIAL	64	2742	11431	31.32	.49	4.17
	KEYCHIKAN GENERAL	46	1839	8345	22.86	.50	4.54
	PETERSBURG GENERAL	13	284	831	2.28	.18	2.93
	SITKA COMMUNITY	24	862	3215	8.81	.37	3.73
	WRANGELL GENERAL	9	261	862	2.36	.26	3.30
		156	5988	24684	67.63	.43	4.12
<b>S. C. HSA</b>							
	CENTRAL PENINSULA	30	1903	6896	18.89	.63	3.62
	CORDOVA COMMUNITY	12	287	1046	2.87	.24	3.64
	FAITH HOSPITAL	6	415	986	2.70	.45	2.38
	HUMANA HOSP AK	199	0	42184	115.57	.58	0.0
	KODIAK ISLAND	25	1315	4607	12.62	.50	3.50
	NORTON SOUND	15	768	2938	8.05	.54	3.83
	PROVIDENCE	250	12950	75732	207.48	.83	5.85
	SEWARD GENERAL	32	384	1594	4.37	.14	4.15
	SOUTH PENINSULA	13	0	2926	8.02	.62	0.0
	VALDEZ COMMUNITY	15	229	623	1.71	.11	2.72
	VALLEY HOSPITAL	19	1115	3689	10.11	.53	3.31
		616	19366	143221	392.39	.64	7.40
<b>N. HSA</b>							
	FAIRBANKS MEMORIAL	145	8536	42368	116.08	.80	4.96
		145	8536	42368	116.08	.80	4.96
<b>TOTAL</b>							
		917	33890	210273	576.09	.63	6.20

HEALTH SERVICE AREA	ACUTE CARE FACILITY	TOTAL BEDS SETUP	TOTAL NO. OF DISCHARGES	TOTAL PATIENT DAYS	AVE. DAILY CENSUS BEDS SETUP	OCCUPANCY RATE	AVERAGE LENGTH OF STAY
<b>S. E. HSA</b>							
	MT. EDGE CUMBE-PHS	70	1171	12064	33.05	.47	10.30
		70	1171	12064	33.05	.47	10.30
<b>S. C. HSA</b>							
	AK NATIVE MED-PHS	170	4315	37405	102.48	.60	8.67
	BRISTOL BAY-PHS	28	714	2422	6.64	.24	3.39
	ELMENDORF USAF	95	4971	25309	69.34	.73	5.09
	NAVAL REG. MED-ADAK	15	514	1267	3.47	.23	2.46
	USCG DISP-KODIAK	0	0	0	0.0	0.0	0.0
	YUKON-KUSKOKWIM-PHS	50	1888	7336	20.10	.40	3.89
		358	12402	73739	202.02	.56	5.95
<b>N. HSA</b>							
	BARROW-PHS	17	600	1911	5.24	.31	3.18
	KOTZEBUE-PHS	31	781	2974	8.15	.26	3.81
	TANANA-PHS	0	0	0	0.0	0.0	0.0
	BASSETT ARMY COMM.	0	0	0	0.0	0.0	0.0
		48	1381	4885	13.38	.28	3.54
<b>TOTAL</b>							
		476	14954	90688	248.46	.52	6.06

- METHOD OF CALCULATION:**
1. AVERAGE DAILY CENSUS = TOTAL PATIENT DAYS/365  
(IN TABLE 6, INDIVIDUAL FACILITIES' AVERAGE DAILY CENSUS DATA HAVE BEEN SUMMED TO PROVIDE AVERAGE DAILY CENSUS FOR EACH HSA AND STATEWIDE.)
  2. OCCUPANCY RATE = TOTAL PATIENT DAYS/(TOTAL LICENSED BEDS X 365) EXCEPT FOR PHS-ANM AND MILITARY FACILITIES.  
OCCUPANCY RATE = TOTAL PATIENT DAYS/(TOTAL BEDS SET UP X 365) FOR PHS-ANM AND MILITARY FACILITIES.
  3. AVERAGE LENGTH OF STAY(TOTAL BEDS) = TOTAL PATIENT DAYS/TOTAL ADMISSIONS OR DISCHARGES

FAIRBANKS: DISCHARGE DATA REPRESENTED BY ADMISSIONS; PATIENT DAYS REPRESENTED BY CENSUS PATIENT DAYS.  
BASSETT: DATA NOT COMPILED FOR AREAS COVERED IN THE TABLES.

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

HEALTH SERVICE AREA	ACUTE CARE FACILITY	ACUTE CARE FACILITIES NEWBORN INFORMATION					
		TOTAL BASSINETS	NO. OF NEWBORNS	NO. OF NEWBORN PATIENT DAYS	NO. OF NEONATAL INTENSIVE CARE BASSINETS	NO. OF NEONATAL INTENSIVE CARE DISCHARGE	NO. OF NEONATAL INTENSIVE CARE PATIENT DAYS
<b>S.E.HSA</b>							
	BARTLETT MEMORIAL	8	446	1184	0	0	0
	KETCHIKAN GENERAL	6	369	683	0	0	0
	MT.EDGECLUMBE-PHS	0	94	199	0	0	0
	PETERSBURG GENERAL	4	66	98	0	0	0
	SITKA COMMUNITY	4	119	252	0	0	0
	WRANGELL GENERAL	3	53	120	0	0	0
		25	1147	2536	0	0	0
<b>S.C.HSA</b>							
	AK NATIVE MED-PHS	12	663	1739	0	0	0
	BRISTOL BAY-PHS	7	75	187	0	0	0
	CENTRAL PENINSULA	6	420	809	0	0	0
	CORDOVA COMMUNITY	4	38	91	2	17	41
	ELMHENDORF USAF	30	899	3000	0	0	0
	FAITH HOSPITAL	1	52	114	0	0	0
	HUMANA HOSP AK	27	0	4030	6	0	808
	KODIAK ISLAND	5	229	439	0	0	0
	NAVAL REG.MED-ADAK	4	102	305	0	0	0
	NORTON SOUND	4	155	382	0	0	0
	PROVIDENCE	38	1956	4894	14	202	5123
	SEWARD GENERAL	4	54	97	0	0	0
	SOUTH PENINSULA	4	0	358	0	0	0
	USCG DISP-KODIAK	0	0	0	0	0	0
	VALDEZ COMMUNITY	5	59	130	0	0	0
	VALLEY HOSPITAL	4	323	589	0	0	0
	YUKON-KUSKOKWIM-PHS	7	408	1122	0	0	0
		162	5433	18286	22	219	5972
<b>N.HSA</b>							
	FAIRBANKS MEMORIAL	21	1451	4545	5	0	0
	BARROW-PHS	4	92	227	0	0	0
	KOTZEBUE-PHS	8	110	220	0	0	0
	TANANA-PHS	0	0	0	0	0	0
	BASSETT ARMY COMM.	0	0	0	0	0	0
		33	1653	4992	5	0	0
<b>TOTAL</b>							
		220	8233	25814	27	219	5972

FAIRBANKS: "NEONATAL INTENSIVE CARE" INCLUDED IN NEWBORN STATISTICS.

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

ALASKA PSYCHIATRIC INSTITUTE  
BED AND UTILIZATION CHARACTERISTICS

HEALTH SERVICE AREA	FACILITY	TOTAL LICENSED BEDS	TOTAL NO. OF DISCHARGE	TOTAL PATIENT DAYS	AVERAGE DAILY CENSUS	OCCUPANCY RATE	AVERAGE LENGTH OF STAY
S.C.HSA	A.P.I.	188	1038	60190	164.90	.88	57.99
		188	1038	60190	164.90	.88	57.99
TOTAL		188	1038	60190	164.90	.88	57.99

JUNEAU REGIONAL REHABILITATION HOSPITAL  
BED AND UTILIZATION CHARACTERISTICS

HEALTH SERVICE AREA	FACILITY	TOTAL LICENSED BEDS	TOTAL NO. OF DISCHARGE	TOTAL PATIENT DAYS	AVERAGE DAILY CENSUS	OCCUPANCY RATE	AVERAGE LENGTH OF STAY
S.E.HSA	JUNEAU REGIO	15	556	5453	14.94	1.00	9.81
		15	556	5453	14.94	1.00	9.81
TOTAL		15	556	5453	14.94	1.00	9.81

- METHOD OF CALCULATION:
1. AVERAGE DAILY CENSUS = TOTAL PATIENT DAYS/365
  2. OCCUPANCY RATE = TOTAL PATIENT DAYS/(TOTAL LICENSED BEDS X 365)
  3. AVERAGE LENGTH OF STAY(TOTAL BEDS) = TOTAL PATIENT DAYS/TOTAL ADMISSIONS OR DISCHARGES

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## LONG-TERM CARE FACILITIES BED AND UTILIZATION CHARACTERISTICS

HEALTH SERVICE AREA	LONGTERM FACILITY	TOTAL LICENSED BEDS	TOTAL PATIENT DAYS	TOTAL ADMISSIONS/ DISCHARGES	AVERAGE DAILY CENSUS	OCCUPANCY RATE
<b>S. E. HSA</b>						
	ISLAND VIEW MANOR	46	13260	24	36.33	.79
	KETCHIKAN PIONEERS'	30	13971	51	38.28	.78
	MT.EDGE CUMBE-PHS	8	1076	4	2.95	.37
	PETERSBURG GENERAL	12	4138	4	11.34	.94
	SITKA PIONEERS'	50	43435	33	119.00	.79
	ST. ANN'S	42	13527	47	37.06	.88
	WRANGELL GENERAL	14	5045	14	13.82	.99
		<b>202</b>	<b>94452</b>	<b>177</b>	<b>258.77</b>	
<b>S. C. HSA</b>						
	ANCHORAGE PIONEERS'	95	61720	58	169.10	1.78
	CORDOVA COMMUNITY	8	2461	5	6.74	.84
	FOREST PARK	10	3604	0	9.87	.99
	HARBORVIEW	96	31831	6	87.21	.91
	HOPE PARK	10	3564	0	9.76	.98
	KODIAK ISLAND	19	6033	24	16.53	.87
	NAKOYIA	216	68195	274	186.84	.86
	NORTON SOUND	6	1712	12	4.69	.78
	OCEAN PARK	10	3647	0	9.99	1.00
	PALMER PIONEERS'	55	35175	30	96.37	1.01
	SOUTH PENINSULA	4	1415	1	3.88	.97
	VALLEY HOSPITAL	4	1204	7	3.30	.82
	WESLEYAN NURSING	64	23340	57	63.95	1.00
		<b>597</b>	<b>243901</b>	<b>474</b>	<b>668.22</b>	
<b>N. HSA</b>						
	CAREAGE NORTH	101	29652	155	81.24	.80
	FAIRBANKS PIONEERS'	54	18980	40	108.00	.91
		<b>155</b>	<b>48632</b>	<b>195</b>	<b>133.24</b>	<b>.86</b>
<b>TOTAL</b>						
		<b>954</b>	<b>386985</b>	<b>846</b>	<b>1060.23</b>	

LICENSED BEDS DO NOT INCLUDE RESIDENTIAL CARE FOR KETCHIKAN, SITKA, PALMER AND FAIRBANKS; OCCUPANCY RATE FOR THOSE FOUR FACILITIES REFLECTS ENTIRE FACILITY UTILIZATION.

### METHOD OF CALCULATION:

1. AVERAGE DAILY CENSUS = TOTAL PATIENT DAYS/365
  2. OCCUPANCY RATE = TOTAL PATIENT DAYS/(TOTAL LICENSED BEDS X 365)
  3. AVERAGE LENGTH OF STAY(TOTAL BEDS) = TOTAL PATIENT DAYS/TOTAL ADMISSIONS OR DISCHARGES
- ALL PIONEERS' HOME: TOTAL ADMISSIONS/DISCHARGES, AVERAGE DAILY CENSUS, AND OCCUPANCY RATE ARE GENERATED ON WHOLE FACILITY INCLUDING NON-LICENSED BEDS.
- FACILITIES REPORTING ADMISSIONS: ISLAND VIEW MANOR, KETCHIKAN, PETERSBURG, ST. ANN'S, CORDOVA, HARBORVIEW, KODIAK ISLAND, NAKOYIA, NORTON SOUND, PALMER, SOUTH PENINSULA, WESLEYAN, CAREAGE NORTH.
- FACILITIES REPORTING DISCHARGES: MT. EDGE CUMBE (INCLUDES DEATHS), VALLEY.
- FACILITIES REPORTING NEITHER ADMISSIONS OR DISCHARGES OR UNKNOWN: SITKA, WRANGELL, ANCHORAGE, FOREST PARK, OCEAN PARK, FAIRBANKS.

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ACUTE CARE FACILITIES BED DISTRIBUTION BY SERVICE									
HEALTH SERVICE AREA	ACUTE CARE FACILITY	TOTAL LICENSED BEDS	INTENSIVE CARE UNIT	CARDIAC INTENSIVE UNIT	GENERAL MEDICAL SURGICAL	OBSTETRICS	PEDIATRICS	PSYCHIATRIC	OTHER
<b>S. E. HSA</b>									
	BARTLETT MEMORIAL	64	8	0	49	7	0	0	0
	KETCHIKAN GENERAL	46	4	0	35	7	0	0	0
	PETERSBURG GENERAL	13	0	0	11	2	0	0	0
	SITKA COMMUNITY	24	2	0	22	0	0	0	0
	WRANGELL GENERAL	9	0	0	0	0	0	0	9
		156	14	0	117	16	0	0	9
<b>S. C. HSA</b>									
	CENTRAL PENINSULA	30	2	0	21	4	3	0	0
	CORDOVA COMMUNITY	12	0	2	10	0	0	0	0
	FAITH HOSPITAL	6	0	0	4	1	1	0	0
	HURIANA HOSP AK	199	18	0	131	15	14	0	21
	KODIAK ISLAND	25	2	0	17	4	2	0	0
	NORTON SOUND	15	0	0	15	0	0	0	0
	PROVIDENCE	250	10	10	160	26	18	15	11
	SEWARD GENERAL	32	1	0	25	4	2	0	0
	SOUTH PENINSULA	13	2	0	7	4	0	0	0
	VALDEZ COMMUNITY	15	0	0	15	0	0	0	0
	VALLEY HOSPITAL	19	0	2	13	4	0	0	0
		616	35	14	418	62	40	15	32
<b>N. HSA</b>									
	FAIRBANKS MEMORIAL	145	14	0	93	12	15	11	0
		145	14	0	93	12	15	11	0
<b>TOTAL</b>									
		917	63	14	628	90	55	26	41

HEALTH SERVICE AREA	ACUTE CARE FACILITY	TOTAL BEDS SET UP	INTENSIVE CARE UNIT	CARDIAC INTENSIVE UNIT	GENERAL MEDICAL SURGICAL	OBSTETRICS	PEDIATRICS	PSYCHIATRIC	OTHER
<b>S. E. HSA</b>									
	MT. EDGE CUMBE-PHS	70	0	0	44	8	6	0	12
		70	0	0	44	8	6	0	12
<b>S. C. HSA</b>									
	AK NATIVE MED-PHS	170	9	0	115	12	34	0	0
	BRISTOL BAY-PHS	28	0	0	17	4	7	0	0
	ELMENDORF USAF	95	10	0	51	8	16	10	0
	NAVAL REG. MED-ADAK	15	0	0	13	0	2	0	0
	USCG DISP-KODIAK	0	0	0	0	0	0	0	0
	YUKON-KUSKOKWIM-PHS	50	0	0	25	7	18	0	0
		358	19	0	221	31	77	10	0
<b>N. HSA</b>									
	BARROW-PHS	17	0	0	10	4	3	0	0
	KOTZEBUE-PHS	31	0	0	14	7	10	0	0
	TANANA-PHS	0	0	0	0	0	0	0	0
	BASSETT ARMY COMM.	0	0	0	0	0	0	0	0
		48	0	0	24	11	13	0	0
<b>TOTAL</b>									
		476	19	0	289	50	96	10	12

BARTLETT: MED/SURG INCLUDES PEDIATRIC AND PSYCHIATRIC  
 ICU AND CCU BEDS ARE COMBINED. "OTHER" BEDS ARE BURN UNIT  
 ISOLATION.  
 CORDOVA: MED/SURG BEDS INCLUDE PEDIATRIC BEDS.  
 FAIRBANKS: BURN CARE INCLUDED IN ICU AND SURGICAL BEDS.  
 MT. EDGE CUMBE: "OTHER" BEDS REPORTED ARE FOR ALCOHOL THERAPY.  
 ADAK: MED/SURG BEDS INCLUDE OB BEDS.  
 KOTZEBUE: NEUROPSYCHIATRIC INCLUDED IN MED/SURG.

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HEALTH SERVICE AREA	ACUTE CARE FACILITY	ACUTE CARE FACILITIES HOSPITAL UTILIZATION BY SERVICE: MEDICAL-SURGICAL AND OTHER							
		MEDICAL SURGICAL PATIENT DAYS	MEDICAL SURGICAL DISCH	MEDICAL SURGICAL ALOS	MEDICAL SURGICAL OCCUPANCY RATE	OTHER PATIENT DAYS	OTHER DISCH	OTHER ALOS	OTHER OCCUPANCY RATE
<b>S. E. HSA</b>									
	BARTLETT MEMORIAL	7606	1507	5.05	.43	285	61	4.67	0.0
	KETCHIKAN GENERAL	6752	1839	3.67	.53	0	0	0.0	0.0
	MT. EDGE CUMBE-PHS	7251	763	9.50	.45	3265	112	29.15	.75
	PETERSBURG GENERAL	664	197	3.37	.17	0	0	0.0	0.0
	SITKA COMMUNITY	3110	849	3.66	.39	0	0	0.0	0.0
	WRANGELL GENERAL	558	169	3.30	0.0	126	0	0.0	.04
		25941	5324	4.87	.39	3676	173	21.25	.39
<b>S. C. HSA</b>									
	AK NATIVE MED-PHS	29525	2882	10.24	.70	0	0	0.0	0.0
	BRISTOL BAY-PHS	1385	395	3.51	.22	0	0	0.0	0.0
	CENTRAL PENINSULA	4908	1066	4.60	.64	0	0	0.0	0.0
	CORDOVA COMMUNITY	1847	287	3.65	.29	0	0	0.0	0.0
	ELMHENDORF USAF	16950	2885	5.88	.91	0	0	0.0	0.0
	FAITH HOSPITAL	726	301	2.41	.50	0	0	0.0	0.0
	HUMANA HOSP AK	24360	0	0.0	.51	7453	0	0.0	.97
	KODIAK ISLAND	3881	964	4.03	.63	0	0	0.0	0.0
	NAVAL REG. MED-ADAK	1222	448	2.73	.26	0	0	0.0	0.0
	NORTON SOUND	2938	768	3.83	.54	0	0	0.0	0.0
	PROVIDENCE	54609	8899	6.14	.94	2360	179	13.18	.59
	SEWARD GENERAL	1383	274	5.05	.15	0	0	0.0	0.0
	SOUTH PENINSULA	2314	0	0.0	.91	0	0	0.0	0.0
	USCG DISP-KODIAK	0	0	0.0	0.0	0	0	0.0	0.0
	VALDEZ COMMUNITY	623	229	2.72	.11	0	0	0.0	0.0
	VALLEY HOSPITAL	2480	619	4.01	.52	266	72	3.69	0.0
	YUKON-KUSKOKWIM-PHS	4256	947	4.49	.47	0	0	0.0	0.0
		152607	20964	7.28	.52	10079	251	40.16	.78
<b>N. HSA</b>									
	FAIRBANKS MEMORIAL	30778	5030	6.12	.91	0	0	0.0	0.0
	BARROW-PHS	1248	390	3.20	.34	0	0	0.0	0.0
	KOTZEBUE-PHS	1992	488	4.08	.39	0	0	0.0	0.0
	TANANA-PHS	0	0	0.0	0.0	0	0	0.0	0.0
	BASSETT ARMY COMM.	0	0	0.0	0.0	0	0	0.0	0.0
		34018	5908	5.76	.55	0	0	M	M
<b>TOTAL</b>									
		212566	32196	6.60	.50	13755	424	32.44	.59

BARTLETT: "OTHER" REPORTED IS BURN UNIT ISOLATION.  
 MT EDGE CUMBE: "OTHER" REPORTED IS ALCOHOL TREATMENT.  
 CORDOVA: "MED/SURG" INCLUDES PEDIATRIC.  
 ADAK: "MED/SURG" INCLUDES OB.  
 FAIRBANKS: BURN CARE INCLUDED IN ICU AND SURGICAL.  
 KOTZEBUE: "MED/SURG" INCLUDES NEUROPSYCHIATRIC.

METHOD OF CALCULATION:  
 AVERAGE LENGTH OF STAY = PATIENT DAYS (BY TYPE OF SERVICE)/TOTAL ADMISSIONS OR DISCHARGES (BY TYPE OF SERVICE).

OCCUPANCY RATE = TOTAL PATIENT DAYS/(TOTAL LICENSED OR SET UP BEDS X 365).

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## ACUTE CARE FACILITIES HOSPITAL UTILIZATION BY SERVICE: OBSTETRICS AND NURSERY

HEALTH SERVICE AREA	ACUTE CARE FACILITY	OBSTETRICS PATIENT DAYS	OBSTETRICS DISCH	OBSTETRICS ALOS	OBSTETRIC OCCUPANCY RATE	NURSERY PATIENT DAYS	NURSERY DISCH	NURSERY ALOS	NURSERY OCCUPANCY RATE
<b>S.E.HSA</b>									
	BARTLETT MEMORIAL	1435	510	2.81	.56	1184	446	2.65	.41
	KETCHIKAN GENERAL	865	0	0.0	.34	683	369	1.85	.31
	MT.EDGECLUMBE-PHS	932	129	7.22	.32	199	94	2.12	0.0
	PETERSBURG GENERAL	121	69	1.75	.17	98	66	1.48	.07
	SITKA COMMUNITY	0	0	0.0	0.0	252	119	2.12	.17
	WRANGELL GENERAL	121	63	1.92	0.0	120	53	2.26	.11
		3474	771	4.51	.35	2536	1147	2.21	.21
<b>S.C.HSA</b>									
	AK NATIVE MED-PHS	2570	646	3.98	.59	1739	663	2.62	.40
	BRISTOL BAY-PHS	369	127	2.91	.25	187	75	2.49	.07
	CENTRAL PENINSULA	939	448	2.10	.64	809	420	1.93	.37
	CORDOVA COMMUNITY	0	0	0.0	0.0	132	55	2.40	.09
	ELMENDORF USAF	4015	1374	2.92	1.38	3000	899	3.34	.27
	FAITH HOSPITAL	146	62	2.35	.40	114	52	2.19	.31
	HUMANA HOSP AK	4840	0	0.0	.88	4838	0	0.0	.49
	KODIAK ISLAND	481	251	1.92	.33	439	229	1.92	.24
	NAVAL REG.MED-ADAK	0	0	0.0	0.0	305	102	2.99	.21
	NORTON SOUND	0	0	0.0	0.0	382	155	2.46	.26
	PROVIDENCE	5773	2130	2.71	.61	10017	2158	4.64	.72
	SEWARD GENERAL	108	62	1.74	.07	97	54	1.80	.07
	SOUTH PENINSULA	409	0	0.0	.28	358	0	0.0	.25
	USCG DISP-KODIAK	0	0	0.0	0.0	0	0	0.0	0.0
	VALDEZ COMMUNITY	0	0	0.0	0.0	130	59	2.20	.07
	VALLEY HOSPITAL	671	319	2.10	.46	589	323	1.82	.40
	YUKON-KUSKOKWIM-PHS	1448	481	3.01	.57	1122	408	2.75	.44
		21769	5900	3.69	.54	24258	5652	4.29	.29
<b>N.HSA</b>									
	FAIRBANKS MEMORIAL	6057	2082	2.91	1.38	4545	1451	3.13	.59
	BARROW-PHS	316	116	2.72	.22	227	92	2.47	.16
	KOTZEBUE-PHS	341	138	2.47	.13	220	110	2.00	.08
	TANANA-PHS	0	0	0.0	0.0	0	0	0.0	0.0
	BASSETT ARMY COMM.	0	0	0.0	0.0	0	0	0.0	0.0
		6714	2336	2.87	.58	4992	1653	3.02	.27
<b>TOTAL</b>									
		31957	9007	3.55	.50	31786	8452	3.76	.27

CORDOVA: ONLY LABOR BEDS USED EXCLUSIVELY FOR OB  
PATIENTS ARE INCLUDED

## 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

### ACUTE CARE FACILITIES HOSPITAL UTILIZATION BY SERVICE: INTENSIVE CARE, AND INTENSIVE CORONARY

HEALTH SERVICE AREA	ACUTE CARE FACILITY	ICU PATIENT DAYS	ICU DISCH	ICU ALOS	ICU OCCUPANCY RATE	CARDIAC PATIENT DAYS	CARDIAC DISCH	CARDIAC ALOS	CARDIAC OCCUPANCY RATE
<b>S. E. HSA</b>									
	BARTLETT MEMORIAL	373	100	3.73	.13	469	106	4.42	0.0
	KETCHIKAN GENERAL	252	0	0.0	.17	0	0	0.0	0.0
	MT. EDGECEMBE-PHS	0	0	0.0	0.0	0	0	0.0	0.0
	PETERSBURG GENERAL	0	0	0.0	0.0	0	0	0.0	0.0
	SITKA COMMUNITY	105	13	8.08	.14	0	0	0.0	0.0
	WRANGELL GENERAL	0	0	0.0	0.0	0	0	0.0	0.0
		730	113	6.46	.15	469	106	4.42	M
<b>S. C. HSA</b>									
	AK NATIVE MED-PHS	931	180	5.17	.28	0	0	0.0	0.0
	BRISTOL BAY-PHS	0	0	0.0	0.0	0	0	0.0	0.0
	CENTRAL PENINSULA	364	127	2.87	.50	0	0	0.0	0.0
	CORDOVA COMMUNITY	0	0	0.0	0.0	0	0	0.0	0.0
	ELMENDORF USAF	1211	105	11.5	.33	0	0	0.0	0.0
	FAITH HOSPITAL	0	0	0.0	0.0	0	0	0.0	0.0
	HUMANA HOSP AK	3225	0	0.0	.49	0	0	0.0	0.0
	KODIAK ISLAND	245	100	2.45	.34	0	0	0.0	0.0
	NAVAL REG. MED-ADAK	0	0	0.0	0.0	0	0	0.0	0.0
	NORTON SOUND	0	0	0.0	0.0	0	0	0.0	0.0
	PROVIDENCE	2860	116	24.7	.78	2764	287	9.63	.76
	SEWARD GENERAL	82	40	2.05	.22	0	0	0.0	0.0
	SOUTH PENINSULA	203	0	0.0	.28	0	0	0.0	0.0
	USCG DISP-KODIAK	0	0	0.0	0.0	0	0	0.0	0.0
	VALDEZ COMMUNITY	0	0	0.0	0.0	0	0	0.0	0.0
	VALLEY HOSPITAL	0	0	0.0	0.0	124	39	3.18	.17
	YUKON-KUSKOKWIM-PHS	0	0	0.0	0.0	0	0	0.0	0.0
		9121	668	13.7	.40	2888	326	8.86	.46
<b>N. HSA</b>									
	FAIRBANKS MEMORIAL	2000	376	5.32	.39	0	0	0.0	0.0
	BARRON-PHS	0	0	0.0	0.0	0	0	0.0	0.0
	KOTZEBUE-PHS	0	0	0.0	0.0	0	0	0.0	0.0
	TANANA-PHS	0	0	0.0	0.0	0	0	0.0	0.0
	BASSETT ARMY COMM.	0	0	0.0	0.0	0	0	0.0	0.0
		2000	376	5.32	.39	0	0	M	M
<b>TOTAL</b>									
		11851	1157	10.2	.34	3357	432	7.77	.46

BARTLETT, KETCHIKAN, CORDOVA, VALLEY: ICU AND CCU ARE COMBINED.  
KETCHIKAN: ICU PATIENT DAYS ARE TAKEN FROM 7-1-82 TO 12-31-82. ICU DISCHARGE RECORDS ARE NOT KEPT.  
CORDOVA: INTENSIVE CARE INCLUDED IN MED/BURG.  
PROVIDENCE: ALOS FOR ICU AND CCU IS INFLATED BECAUSE TRANSFERS OF THE UNITS ARE NOT RECORDED AS DISCHARGES.

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HEALTH SERVICE AREA	ACUTE CARE FACILITY	ACUTE CARE FACILITIES HOSPITAL UTILIZATION BY SERVICE PEDIATRICS, AND PSYCHIATRIC										
		PEDIATRICS PATIENT DAYS	PEDIATRICS DISCH	PEDIATRICS ALOS	PEDIATRICS OCCUPANCY RATE	PSYCHIATRIC PATIENT DAYS	PSYCHIATRIC DISCH	PSYCHIATRIC ALOS	PSYCHIATRIC OCCUPANCY RATE	PSYCHIATRIC DISCH	PSYCHIATRIC ALOS	PSYCHIATRIC OCCUPANCY RATE
S. E. HSA	BARTLETT MEMORIAL	1123	414	2.71	0.0	140	44	3.18	0.0	0.0	0.0	
	KETCHIKAN GENERAL	0	0	0.0	0.0	0	0	0.0	0.0	0.0	0.0	
	MT. EDGECLIFFE-PHS	616	167	3.69	.28	0	0	0.0	0.0	0.0	0.0	
	PETERSBURG GENERAL	46	18	2.56	0.0	0	0	0.0	0.0	0.0	0.0	
	SITKA COMMUNITY	0	0	0.0	0.0	0	0	0.0	0.0	0.0	0.0	
	WRANGELL GENERAL	57	10	5.70	0.0	0	0	0.0	0.0	0.0	0.0	
		1842	609	3.02	.28	140	44	3.18			M	
	S. C. HSA	AK NATIVE MED-PHS	5310	787	6.75	.43	0	0	0.0	0.0	0.0	0.0
		BRISTOL BAY-PHS	347	100	3.47	.14	321	92	3.49	0.0	0.0	0.0
		CENTRAL PENINSULA	685	262	2.61	.63	0	0	0.0	0.0	0.0	0.0
CORDOVA COMMUNITY		0	0	0.0	0.0	1940	255	7.61	0.0	0.0	.53	
ELMENDORF USAF		1193	352	3.39	.20	0	0	0.0	0.0	0.0	0.0	
FAITH HOSPITAL		114	52	2.19	.31	0	0	0.0	0.0	0.0	0.0	
HUMANA HOSP AK		2306	0	0.0	.45	0	0	0.0	0.0	0.0	0.0	
KODIAK ISLAND		243	102	2.38	.33	0	0	0.0	0.0	0.0	0.0	
NAVAL REG. MED-ADAK		45	66	.68	.06	0	0	0.0	0.0	0.0	0.0	
NORTON SOUND		0	0	0.0	0.0	0	0	0.0	0.0	0.0	0.0	
PROVIDENCE		4003	1053	3.80	.61	3383	266	11.76	0.0	0.0	.61	
SEWARD GENERAL		0	8	2.63	.03	0	0	0.0	0.0	0.0	0.0	
SOUTH PENINSULA		0	0	0.0	0.0	0	0	0.0	0.0	0.0	0.0	
USCG DISP-KODIAK		0	0	0.0	0.0	0	0	0.0	0.0	0.0	0.0	
VALDEZ COMMUNITY		0	0	0.0	0.0	0	0	0.0	0.0	0.0	0.0	
VALLEY HOSPITAL		148	66	2.24	0.0	0	0	0.0	0.0	0.0	0.0	
YUKON-KUSKOKHIM-PHS		1632	460	3.55	.25	0	0	0.0	0.0	0.0	0.0	
		16047	3308	4.85	.31	5624	633	8.88			.57	
N. HSA	FAIRBANKS MEMORIAL	3531	1048	3.37	.64	0	0	0.0	0.0	0.0	0.0	
	BARRON-PHS	347	94	3.69	.32	0	0	0.0	0.0	0.0	0.0	
	KOTZEBUE-PHS	641	155	4.14	.18	0	0	0.0	0.0	0.0	0.0	
	TANANA-PHS	0	0	0.0	0.0	0	0	0.0	0.0	0.0	0.0	
	BASSETT ARMY COMM.	0	0	0.0	0.0	0	0	0.0	0.0	0.0	0.0	
	4519	1297	3.48	.38	0	0				M		
TOTAL	22408	5214	4.30	.32	5764	677	8.51			.57		

COMBINED. KETCHIKAN: ADULT AND PEDIATRIC STATISTICS ARE CORDOVA: PEDIATRIC UTILIZATION INCLUDED WITH MED/BURG.

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES INVENTORY OF SERVICES PROVIDED: DIAGNOSTIC, SUPPORT AND ANCILLARY SERVICES

TYPE OF SERVICE	SPECIFIC SERVICE	B	K	M	P	S	W	A	B	C	C	E	F	H	K	A	H	P	S	S	U	V	V	Y	F	B	K	T	B	
		A	R	T	C	E	R	A	R	T	O	L	I	U	D	D	O	R	O	S	O	V	A	L	L	F	A	R	R	O
		T	H	D	E	R	A	G	E	L	O	P	V	O	H	A	K	N	H	D	E	P	K	O	D	I	B	A	N	
		L	E	K	E	B	L	L	L	A	N	R	O	A	I	V	N	C	E	N	P	O	D	I	A	K	K	U	S	
		T	A	N	R	G																								
<b>DIAGNOSTIC</b>																														
	AUDIOLOGY			X	X			X			X	X			X	X									X	X				
	NUCLEAR MED. E.E.G.	X	X									X	X		X	X		X							X					
	HISTOPATHOLOGY	X		X			X				X	X			X			X							X					
	MAMMOGRAPHY	X	X		X						X	X	X	X				X							X					
	ULTRASOUND	X	X		X	X	X			X	X	X	X	X	X			X	X					X		X				
	CAT SCANNER												X					X							X					
<b>SUPPORT</b>																														
	AUXILIARY	X	X		X		X	X	X	X	X			X	X	X		X	X	X					X	X				
	BLOOD BANK	X	X	X	X	X	X	X	X	X		X	X	X	X	X		X	X				X	X	X	X	X			
	ORGAN BANK																													
	PHYS. RESIDENCY																													
	PHARMACY, F.T.	X	X	X				X	X		X		X		X		X								X	X		X		
	PHARMACY, P.T.				X	X	X		X	X		X		X		X		X	X					X	X	X	X			
	SOCIAL SERVICES		X	X				X	X		X	X		X	X		X								X	X	X	X		
	VOLUNTEER SERV.				X			X		X	X		X	X		X		X	X						X					
<b>ANCILLARY</b>																														
	FAMILY PLANNING							X	X		X	X													X	X				
	GENETIC COUNSEL																													
	HOME CARE																													
	MORGUE	X	X		X	X	X	X		X	X		X	X	X		X						X	X	X	X	X			
	PARAMEDIC TRAIN				X				X	X		X		X		X		X						X	X	X				
	SELF CARE UNIT																													
	PSYCHIATRIC C&E							X	X									X												

"X" INDICATES SERVICE WAS REPORTED; BLANK INDICATES SERVICE WAS NOT REPORTED; "-" INDICATES THAT NO SERVICE DATA WERE REPORTED.

BARTLETT: "OBSTETRIC UNIT" INCLUDES A BIRTHING ROOM. A CON IS BEING PREPARED FOR A CAT SCANNER.  
 BARTLETT, BARROW: "BLOOD BANK" IS A WALKING BLOOD BANK.  
 BARTLETT, KETCHIKAN: "SURGICAL SUITE" HAS THREE ROOMS.  
 KETCHIKAN: OCCUP. THERAPY THROUGH CONSULTANT SERVICES ONLY.  
 MT. EDGECLUMBE: "SURGICAL SUITE" HAS TWO ROOMS. "MORGUE" HAS FOUR REFRIGERATED STORAGE UNITS.  
 PETERSBURG, SITKA, WRANGELL, BRISTOL BAY, CENTRAL PENINSULA, CORDOVA, FAITH, ADAK, SOUTH PENINSULA, VALLEY, AND KOTZEBUE: "SURGICAL SUITE" HAS ONE ROOM.  
 SITKA, VALDEZ, BARROW: "MORGUE" HAS TWO REFRIG. STORAGE UNITS.  
 ELMENDORF: "SURGICAL SUITE" HAS FOUR ROOMS. "MORGUE" HAS SIX REFRIGERATED STORAGE UNITS.  
 FAITH: "OTHER" INCLUDES A PHARMACY AND PHYSICAL THERAPY DIRECTED BY PHYSICIANS, AND DIAGNOSTIC X-RAYS.  
 ADAK: "ULTRASOUND" AVAILABLE WITHIN THREE MONTHS.  
 PROVIDENCE: "SURGICAL SUITE" HAS NINE ROOMS. "MORGUE" HAS THREE REFRIGERATED STORAGE UNITS. "OTHER" INCLUDES CARDIAC CATHETERIZATION LABORATORY, AND DIGITAL FLUOROSCOPY.  
 VALDEZ: "BLOOD BANK" IS A WALKING BLOOD BANK FOR EMERGENCY SITUATIONS ONLY.  
 BASSETT: "MORGUE" HAS EIGHT REFRIGERATED STORAGE UNITS.



# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES INVENTORY OF SERVICES PROVIDED: THERAPEUTIC SERVICES

TYPE OF SERVICE	SPECIFIC SERVICE	BARTLETT	KETCHIKAN	HEDGEWATER	PETERSBURG	SITKA	WRANGELL	ANNECIS	BRISTOL BAY	CENTRAL PENINSULA	CORDOVA	FAITH	ADAK	SOUTH PENINSULA	VALLEY	KOTZEBUE	SURGICAL SUITE	REFRIG. STORAGE	MORGUE	OTHER	PHARMACY	PHYSICAL THERAPY	DIAGNOSTIC X-RAYS	ULTRASOUND	EMERGENCY	
GEN.-SPEC.	ABORTION, INP.	X		X	X	X		X																		
	ABORTION, OUTP.	X				X		X																		
	ALCOHOL, DETOX		X	X	X			X																		
	BURN CARE UNIT																									
	CARDIAC INTENS.	X			X			X																		
	EMERG. ROOM	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	INTENSIVE CARE	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	LONG TERM CARE	X	X	X		X		X																		
	OPEN HEART SURG																									
	ORGANIZED OUTP.		X			X	X		X	X			X	X												
	OUTP. SURGERY	X											X	X	X											
	PODIATRY					X	X						X	X												
	RENAL DIAL, INP												X													
	RENAL DIAL, OUTP												X													
	SURGICAL SUITE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	SURG. RECOV. ROOM	X	X	X		X		X					X	X	X											
	T.B. UNIT																									
	DRUG ABUSE							X		X																
INF.-CHILD	BIRTHING CENTER							X					X	X												
	OBSTETRIC UNIT	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	PEDIATRIC DEPT.				X	X	X						X	X												
	PREMATURE NURS.					X							X													

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 VALDEZ: "BLOOD BANK" IS A WALKING BLOOD BANK FOR EMERGENCY SITUATIONS ONLY.  
 BASSETT: "MORGUE" HAS EIGHT REFRIGERATED STORAGE UNITS.

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES: N. HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	FAIRBANKS MEMORIAL	BARROW PHS	KOTZEBUE PHS	TANANA PHS	BASSETT ARMY	TOTAL N. HSA
<b>ADMINISTRATORS</b>							
	ADMINISTRATORS	11.0	2.0	2.0	0.0	6.0	21.0
		11.0	2.0	2.0	0.0	6.0	21.0
<b>PHYSICIANS</b>							
	G.P.	0.0	3.0	4.0	0.0	18.0	25.0
	ANESTHESIOLOGY	0.0	0.0	0.0	0.0	0.0	0.0
	SURGEONS	0.0	0.0	0.0	0.0	2.0	2.0
	EMERGENCY MEDICINE	0.0	0.0	0.0	0.0	0.0	0.0
	OB-GYN	0.0	0.0	0.0	0.0	2.0	2.0
	PEDIATRICS	0.0	0.0	0.0	0.0	3.0	3.0
	PATHOLOGY	0.0	0.0	0.0	0.0	1.0	1.0
	RADIOLOGY	0.0	0.0	0.0	0.0	2.0	2.0
	FAMILY PRACTICE	0.0	1.0	0.0	0.0	4.0	5.0
		0.0	4.0	4.0	0.0	32.0	40.0
<b>DENTISTS</b>							
	DENTISTS	0.0	0.0	2.0	0.0	7.0	9.0
		0.0	0.0	2.0	0.0	7.0	9.0
<b>NURSE PR.-PHYS.ASS'T</b>							
	NURSE PR.-PHYS.ASS'T	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0
<b>NURSING SERVICES</b>							
	REGISTERED NURSES	191.5	0.0	15.0	0.0	0.0	206.5
	LPN-VOCATIONAL NURSE	25.6	0.0	4.0	0.0	0.0	29.6
	NURS.AIDES-ORDERLIES	84.0	1.0	0.0	0.0	0.0	85.0
<b>PHARMACISTS, LICENSED</b>							
	PHARMACISTS, LICENSED	6.0	1.0	2.0	0.0	2.0	11.0
		6.0	1.0	2.0	0.0	2.0	11.0
<b>DIETARY SERVICES</b>							
	FOOD SERVICE SUPERV.	3.0	0.0	1.0	0.0	2.0	6.0
	DIETICIANS&DIET.TECH	7.1	0.0	1.0	0.0	0.0	8.1
		10.1	0.0	2.0	0.0	2.0	14.1

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES: N. HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	FAIRBANKS MEMORIAL	BARROW PHS	KOTZEBUE PHS	TANANA PHS	BASSETT ARMY	TOTAL N. HSA
<b>TECHNICIANS</b>							
	LAB TECHNICIANS	19.2	1.0	1.0	0.0	0.0	21.2
	X-RAY TECHNICIANS	12.7	0.0	1.0	0.0	0.0	13.7
	OTHER TECHNICIANS	0.0	1.0	0.0	0.0	0.0	1.0
		31.9	2.0	2.0	0.0	0.0	35.9
<b>MEDICAL RECORDS</b>							
	RRA	1.0	1.0	1.0	0.0	0.0	3.0
	ART	2.0	0.0	0.0	0.0	1.0	3.0
		3.0	1.0	1.0	0.0	1.0	6.0
<b>THERAPEUTIC SERVICES</b>							
	OCCUPATIONAL THER.	2.1	0.0	0.0	0.0	0.0	2.1
	OCCUP.THERAPY ASS'T	0.0	0.0	0.0	0.0	0.0	0.0
	SPEECH PATH.-AUDIOL.	0.0	0.0	0.0	0.0	1.0	1.0
	PHYSICAL THERAPISTS	3.0	0.0	0.0	0.0	1.0	4.0
	PHYS.THERAPY ASS'T	2.5	0.0	0.0	0.0	2.0	4.5
	RECREATIONAL THER.	0.0	0.0	0.0	0.0	0.0	0.0
	MED. SOCIAL WORKERS	1.0	0.0	1.0	0.0	1.0	3.0
		8.6	0.0	1.0	0.0	5.0	14.6
<b>OTHER PROF-TECH.</b>							
	OTHER PROF-TECH	2.0	17.0	0.0	0.0	274.0	293.0
		2.0	17.0	0.0	0.0	274.0	293.0
<b>NON-HEALTH PROF-TECH</b>							
	NON-HEALTH PROF-TECH	181.1	0.0	0.0	0.0	0.0	181.1
		181.1	0.0	0.0	0.0	0.0	181.1
<b>TOTAL</b>							
		554.8	28.0	35.0	0.0	329.0	946.8

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES: SC HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE TYPE	EMPLOYEE TYPE	ANNIC PHS	BRISTOL BAY	CENTRAL PHS	CORDOVA PENIN	ELMEN-DORF	FAITH HOSP.	HUMANA HOSP AK	KODIAK ISLAND	NAVAL REG. MED. ADAK	TOTAL SC HSA
<b>ADMINISTRATORS</b>											
	ADMINISTRATORS	7.0	1.0	1.0	1.0	8.0	2.0	0.0	0.0	1.0	21.0
		7.0	1.0	1.0	1.0	8.0	2.0	0.0	0.0	1.0	21.0
<b>PHYSICIANS</b>											
	G.P.	51.0	5.0	0.0	3.0	0.0	2.0	0.0	0.0	0.0	61.0
	ANESTHESIOLOGY	1.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	3.0
	SURGEONS	5.0	0.0	0.0	0.0	3.0	1.0	0.0	0.0	1.0	10.0
	EMERGENCY MEDICINE	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0
	OB-GYN	3.0	0.0	0.0	2.0	3.0	0.0	0.0	0.0	1.0	9.0
	PEDIATRICS	5.0	0.0	0.0	0.0	5.5	0.0	0.0	0.0	1.0	11.5
	PATHOLOGY	2.0	0.0	2.0	2.0	2.0	0.0	0.0	1.0	0.0	9.0
	RADIOLOGY	2.0	0.0	1.0	1.0	3.0	0.0	0.0	1.0	0.0	8.0
	FAMILY PRACTICE	24.0	0.0	0.0	0.0	23.0	0.0	0.0	0.0	0.0	47.0
		103	5.0	3.0	9.0	40.5	3.0	0.0	2.0	3.0	168.5
<b>DENTISTS</b>											
	DENTISTS	10.0	4.0	0.0	0.0	27.0	0.0	0.0	0.0	3.0	44.0
		10.0	4.0	0.0	0.0	27.0	0.0	0.0	0.0	3.0	44.0
<b>NURSE PR.-PHYS.ASS'T</b>											
	NURSE PR.-PHYS.ASS'T	2.0	2.0	0.0	0.0	15.0	0.0	0.0	0.0	0.0	19.0
		2.0	2.0	0.0	0.0	15.0	0.0	0.0	0.0	0.0	19.0
<b>NURSING SERVICES</b>											
	REGISTERED NURSES	122	24.0	26.2	6.0	69.0	8.0	0.0	27.0	8.0	290.2
	LPN-VOCATIONAL NURSE	57.0	0.0	7.8	2.0	0.0	2.0	0.0	8.0	0.0	76.8
	NURS.AIDES-ORDERLIES	16.0	1.0	7.0	6.0	113.0	0.0	0.0	25.0	5.0	173.0
		195	25.0	41.0	14.0	182.0	10.0	0.0	60.0	13.0	540.0
<b>PHARMACISTS, LICENSED</b>											
	PHARMACISTS, LICENSED	10.0	1.0	1.0	1.0	2.0	0.0	0.0	1.0	1.0	17.0
		10.0	1.0	1.0	1.0	2.0	0.0	0.0	1.0	1.0	17.0
<b>DIETARY SERVICES</b>											
	FOOD SERVICE SUPERV.	1.0	2.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	6.0
	DIETICIANS&DIET.TECH	2.0	0.0	1.0	1.0	19.0	0.0	0.0	1.0	0.0	24.0
		3.0	2.0	2.0	1.0	19.0	0.0	0.0	2.0	1.0	30.0

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES: SC HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE TYPE	EMPLOYEE TYPE	ANMC BRISTOL		CENTRAL PHOENIX	CORDOVA	ELMEN-DORF	FAITH HOSP.	HUMANAK HOSP.	KODIAK ISLAND	NAVAL REG. MED. ADAK	TOTAL SC HSA	
		PHS BAY	PHS PENIN									
<b>TECHNICIANS</b>												
	LAB TECHNICIANS	27.0	2.0	6.4	2.0	20.0	1.0	0.0	4.0	2.0	64.4	
	X-RAY TECHNICIANS	14.0	3.0	3.0	1.0	15.0	0.0	0.0	2.0	1.0	39.0	
	OTHER TECHNICIANS	0.0	0.0	2.0	1.0	10.0	0.0	0.0	0.0	2.0	15.0	
		41.0	5.0	11.4	4.0	45.0	1.0	0.0	6.0	5.0	118.4	
<b>MEDICAL RECORDS</b>												
	RRA	2.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	4.0	
	ART	0.0	2.0	1.0	1.0	5.0	0.0	0.0	1.0	0.0	10.0	
		2.0	2.0	1.0	1.0	6.0	1.0	0.0	1.0	0.0	14.0	
<b>THERAPEUTIC SERVICES</b>												
	OCCUPATIONAL THER.	0.0	0.0	.3	0.0	1.0	0.0	0.0	0.0	0.0	1.3	
	OCCUP.THERAPY ASS'T	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	2.0	
	SPEECH PATH.-AUDIOL.	2.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	2.0	5.0	
	PHYSICAL THERAPISTS	3.0	0.0	1.7	1.0	2.0	0.0	0.0	1.0	0.0	8.7	
	PHYS.THERAPY ASS'T	1.0	0.0	1.9	0.0	4.0	0.0	0.0	0.0	0.0	6.9	
	RECREATIONAL THER.	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	
	MED. SOCIAL WORKERS	4.0	2.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	8.0	
		11.0	2.0	3.9	1.0	12.0	0.0	0.0	1.0	2.0	32.9	
<b>OTHER PROF-TECH.</b>												
	OTHER PROF-TECH	157	40.0	48.6	0.0	269.0	8.0	0.0	0.0	18.0	540.6	
		157	40.0	48.6	0.0	269.0	8.0	0.0	0.0	18.0	540.6	
<b>NON-HEALTH PROF-TECH</b>												
	NON-HEALTH PROF-TECH	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	3.0	
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	3.0	
<b>TOTAL</b>												
		541	89.0	112.9	32.0	625.5	25.0	0.0	73.0	50.0	1548.4	

ANMC: "FAMILY PRACTICE" REPORTED AS OTHER PHYS.  
CORDOVA: REPORTED 6 CONSULTING CONTRACT SURGEONS.  
ELMENDORF: "FAMILY PRACTICE" REPORTED AS DERM, NEUROL, INT MED,  
FAMILY PRACTICE, ENT, OPTH, UROL, PSYCH. "OTHER TECHNICIAN"  
REPORTED AS CARDIO-PUL, PHARMACY.  
ADAK: "OTHER TECHNICIAN" REPORTED AS OPERATING ROOM TECH.

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES: SC HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	NORTON SOUND	PROVI-DENCE	SEWARD GENERAL	SOUTH PENIN	USCG KODIAK	VALDEZ COMMUN	VALLEY HOSP.	YUKON KUSK. PHS	TOTAL SC HSA
ADMINISTRATORS	ADMINISTRATORS	1.0	6.0	1.0	2.0	0.0	1.0	3.0	2.0	16.0
		1.0	6.0	1.0	2.0	0.0	1.0	3.0	2.0	16.0
PHYSICIANS	G. P.	4.0	0.0	0.0	0.0	0.0	0.0	0.0	14.0	18.0
	ANESTHESIOLOGY	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SURGEONS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	EMERGENCY MEDICINE	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.0	8.0
	OB-GYN	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	PEDIATRICS	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	2.0
	PATHOLOGY	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0
	RADIOLOGY	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0
	FAMILY PRACTICE	0.0	0.0	0.0	0.0	0.0	0.0	5.0	1.0	6.0
			4.0	0.0	0.0	0.0	0.0	2.0	13.0	17.0
DENTISTS	DENTISTS	2.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	7.0
		2.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	7.0
NURSE PR.-PHYS.ASS'T	NURSE PR.-PHYS.ASS'T	1.5	0.0	0.0	0.0	0.0	0.0	0.0	1.0	2.5
		1.5	0.0	0.0	0.0	0.0	0.0	0.0	1.0	2.5
NURSING SERVICES	REGISTERED NURSES	11.0	290.3	7.0	15.0	0.0	5.0	28.0	24.0	380.3
	LPH-VOCATIONAL NURSE	2.0	86.9	1.0	7.0	0.0	.5	3.0	3.0	103.4
	NURS.AIDES-ORDERLIES	4.0	18.3	4.0	4.0	0.0	4.2	10.0	14.0	58.5
		17.0	395.5	12.0	26.0	0.0	9.7	41.0	41.0	542.2
PHARMACISTS,LICENSED	PHARMACISTS,LICENSED	2.0	7.2	1.0	1.0	0.0	1.0	1.0	5.0	18.2
		2.0	7.2	1.0	1.0	0.0	1.0	1.0	5.0	18.2
DIETARY SERVICES	FOOD SERVICE SUPERV.	1.0	3.1	1.0	1.0	0.0	0.0	0.0	1.0	7.1
	DIETICIANS&DIET.TECH	1.0	11.2	1.0	4.0	0.0	0.0	6.0	1.0	24.2
		2.0	14.3	2.0	5.0	0.0	0.0	6.0	2.0	31.3

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES: SC HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	NORTON SOUND	PROVI-DENCE	SEWARD GENERAL	SOUTH PENIN	USCG KODIAK	VALDEZ COMMUN	VALLEY HOSP.	YUKON KUSK. PHS	TOTAL SC HSA
<b>TECHNICIANS</b>										
	LAB TECHNICIANS	3.0	16.4	2.0	4.0	0.0	1.2	5.0	7.0	38.8
	X-RAY TECHNICIANS	2.0	15.1	2.0	1.0	0.0	1.2	6.0	4.0	33.3
	OTHER TECHNICIANS	0.0	44.6	0.0	0.0	0.0	0.0	0.0	0.0	44.6
		5.0	76.3	4.0	5.0	0.0	2.4	13.0	11.0	116.7
<b>MEDICAL RECORDS</b>										
	RRA	0.0	1.0	0.0	1.0	0.0	0.0	0.0	1.0	3.0
	ART	4.0	2.0	1.0	0.0	0.0	0.0	1.0	9.0	17.0
		4.0	3.0	1.0	1.0	0.0	0.0	1.0	10.0	20.0
<b>THERAPEUTIC SERVICES</b>										
	OCCUPATIONAL THER.	0.0	2.6	0.0	1.0	0.0	0.0	0.0	0.0	3.6
	OCCUP.THERAPY ASS'T	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SPEECH PATH.-AUDIOL.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0
	PHYSICAL THERAPISTS	0.0	1.9	1.0	1.0	0.0	0.0	1.0	1.0	5.9
	PHYS.THERAPY ASS'T	1.0	5.8	1.0	0.0	0.0	0.0	0.0	0.0	7.8
	RECREATIONAL THER.	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0
	MED. SOCIAL WORKERS	0.0	4.8	0.0	0.0	0.0	0.0	0.0	1.0	5.8
		1.0	15.1	2.0	3.0	0.0	0.0	1.0	3.0	25.1
<b>OTHER PROF-TECH.</b>										
	OTHER PROF-TECH	26.0	130.5	18.0	28.0	0.0	0.0	21.0	0.0	223.5
		26.0	130.5	18.0	28.0	0.0	0.0	21.0	0.0	223.5
<b>NON-HEALTH PROF-TECH</b>										
	NON-HEALTH PROF-TECH	0.0	413.9	0.0	0.0	0.0	5.8	0.0	0.0	419.7
		0.0	413.9	0.0	0.0	0.0	5.8	0.0	0.0	419.7
<b>TOTAL</b>										
		65.3	1061.8	41.0	71.0	0.0	21.9	100.0	97.0	1458.2

NORTON SOUND: REPORTED 1 CONSULTING CONTRACT PHYS THERAPIST, 1 CONSULTING CONTRACT RRA. "ART" REPORTED ARE NON-CERTIFIED.  
 PROVIDENCE: "OTHER TECHNICIAN" REPORTED AS 19.6 RADIOLOGY AND 24 LABORATORY AND INCLUDES ALL OTHER SPECIALTY POSITIONS IN RADIOLOGY/CANCER THERAPY AND THE LABORATORY.  
 YUKON-KUSKOKWIM: "FAMILY PRACTICE" REPORTED AS INTERNIST.

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES: SE HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	BARTLETT MEMORIAL	KETCHIKAN GENERAL	MT. EDGECLUMBE	PETERSBURG GENERAL	SITKA COMMUNITY	WRANGELL GENERAL	TOTAL SE HSA
<b>ADMINISTRATORS</b>								
	ADMINISTRATORS	0.0	2.0	3.0	1.0	1.0	1.0	8.0
		0.0	2.0	3.0	1.0	1.0	1.0	8.0
<b>PHYSICIANS</b>								
	G.P.	0.0	0.0	7.0	0.0	0.0	0.0	7.0
	ANESTHESIOLOGY	0.0	1.0	0.0	0.0	0.0	0.0	1.0
	SURGEONS	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	EMERGENCY MEDICINE	0.0	13.0	0.0	0.0	0.0	0.0	13.0
	OB-GYN	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	PEDIATRICS	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	PATHOLOGY	0.0	4.0	0.0	1.0	1.0	1.0	7.0
	RADIOLOGY	0.0	2.0	0.0	1.0	1.0	1.0	5.0
	FAMILY PRACTICE	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	20.0	7.0	2.0	2.0	2.0	33.0
<b>DENTISTS</b>								
	DENTISTS	0.0	0.0	3.0	1.0	0.0	0.0	4.0
		0.0	0.0	3.0	1.0	0.0	0.0	4.0
<b>NURSE PR.-PHYS.ASS'T</b>								
	NURSE PR.-PHYS.ASS'T	0.0	0.0	2.0	0.0	0.0	0.0	2.0
		0.0	0.0	2.0	0.0	0.0	0.0	2.0
<b>NURSING SERVICES</b>								
	REGISTERED NURSES	0.0	39.6	34.5	12.0	20.0	9.0	115.1
	LPN-VOCATIONAL NURSE	0.0	7.8	6.0	0.0	5.0	2.0	20.8
	NURS.AIDES-ORDERLIES	0.0	24.8	6.0	8.0	5.0	8.0	51.8
		0.0	72.2	46.5	20.0	30.0	19.0	187.7
<b>PHARMACISTS,LICENSED</b>								
	PHARMACISTS,LICENSED	0.0	2.0	3.0	1.0	1.0	1.0	8.0
		0.0	2.0	3.0	1.0	1.0	1.0	8.0
<b>DIETARY SERVICES</b>								
	FOOD SERVICE SUPERV.	0.0	1.0	1.0	1.0	1.0	1.0	5.0
	DIETICIANS&DIET.TECH	0.0	1.0	1.0	1.0	1.0	1.0	5.0
		0.0	2.0	2.0	2.0	2.0	2.0	10.0

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ACUTE CARE FACILITIES: SE HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	BARTLETT KETCHIKAN MT. MEMORIAL GENERAL		PETERSBURG GENERAL		SITKA COMMUNITY	WRANGELL GENERAL	TOTAL SE HSA
<b>TECHNICIANS</b>								
	LAB TECHNICIANS	0.0	5.8	5.0	1.8	4.0	1.0	17.6
	X-RAY TECHNICIANS	0.0	5.2	1.0	1.7	2.0	1.0	10.9
	OTHER TECHNICIANS	0.0	10.0	0.0	0.0	0.0	0.0	10.0
		0.0	21.0	6.0	3.5	6.0	2.0	38.5
<b>MEDICAL RECORDS</b>								
	RRA	0.0	1.0	0.0	0.0	0.0	0.0	1.0
	ART	0.0	0.0	1.0	1.0	1.0	1.0	4.0
		0.0	1.0	1.0	1.0	1.0	1.0	5.0
<b>THERAPEUTIC SERVICES</b>								
	OCCUPATIONAL THER.	0.0	0.0	0.0	0.0	0.0	1.0	1.0
	OCCUP.THERAPY ASS'T	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	SPEECH PATH.-AUDIOL.	0.0	0.0	0.0	1.0	0.0	1.0	2.0
	PHYSICAL THERAPISTS	0.0	2.8	1.0	0.0	1.0	0.0	4.8
	PHYS.THERAPY ASS'T	0.0	1.6	1.0	0.0	0.0	0.0	2.6
	RECREATIONAL THER.	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	MED. SOCIAL WORKERS	0.0	0.0	1.0	0.0	0.0	0.0	1.0
		0.0	4.4	3.0	1.0	1.0	2.0	11.4
<b>OTHER PROF-TECH.</b>								
	OTHER PROF-TECH	0.0	58.9	70.0	0.0	3.0	14.0	145.9
		0.0	58.9	70.0	0.0	3.0	14.0	145.9
<b>NON-HEALTH PROF-TECH</b>								
	NON-HEALTH PROF-TECH	0.0	0.0	0.0	9.0	26.0	0.0	35.0
		0.0	0.0	0.0	9.0	26.0	0.0	35.0
<b>TOTAL</b>								
		0.0	183.5	146.5	41.5	73.0	44.0	488.5

KETCHIKAN: "OTHER TECHNICIAN" REPORTED AS 2 RESPIRATORY THERAPISTS, AND 8 CENTRAL SUPPLY TECHNICIANS.  
PETERSBURG: REPORTED 3.5 TECHNICIANS PROVIDE X-RAY AND LABORATORY SERVICES; ALSO EMPLOYEES ARE SHARED WITH THE LONG-TERM CARE FACILITY.

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

ALASKA PSYCHIATRIC INSTITUTE BED DISTRIBUTION BY SERVICE									
HEALTH SERVICE AREA	FACILITY	TOTAL BEDS SET UP	INTENSIVE CARE UNIT	CARDIAC INTENSIVE UNIT	PSYCHI-ATRIC	OBSTET-RICS	PEDI-ATRICS	GENERAL MEDICAL SURGICAL	OTHER
S.C.HSA	A.P.I.	177	0	0	188	0	0	0	0
		177	0	0	188	0	0	0	0
TOTAL		177	0	0	188	0	0	0	0

ALASKA PSYCHIATRIC INSTITUTE BED COMPLEMENT					
HEALTH SERVICE AREA	FACILITY	TOTAL LICENSED BEDS	TOTAL BEDS SET UP	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
S.C.HSA	A.P.I.	188	177	0	0
		188	177	0	0
TOTAL		188	177	0	0



# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## ALASKA PSYCHIATRIC INSTITUTE TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	ALASKA PSYCHIATRIC INSTITUTE
<b>ADMINISTRATORS</b>		
	ADMINISTRATORS	2.0
TOTAL		2.0
<b>PHYSICIANS</b>		
	G.P.	0.0
	ANESTHESIOLOGY	0.0
	SURGEONS	0.0
	EMERGENCY MEDICINE	0.0
	OB-GYN	0.0
	PEDIATRICS	0.0
	PATHOLOGY	0.0
	RADIOLOGY	0.0
	FAMILY PRACTICE	8.0
TOTAL		8.0
<b>DENTISTS</b>		
	DENTISTS	1.0
TOTAL		1.0
<b>NURSE PR.-PHYS.ASS'T</b>		
	NURSE PR.-PHYS.ASS'T	0.0
TOTAL		0.0
<b>NURSING SERVICES</b>		
	REGISTERED NURSES	49.0
	LPN-VOCATIONAL NURSE	20.0
	NURS.AIDES-ORDERLIES	86.0
TOTAL		155.0
<b>PHARMACISTS, LICENSED</b>		
	PHARMACISTS, LICENSED	1.0
TOTAL		1.0
<b>DIETARY SERVICES</b>		
	FOOD SERVICE SUPERV.	1.0
	DIETICIANS&DIET.TECH	.5
TOTAL		1.5
<b>TECHNICIANS</b>		
	LAB TECHNICIANS	0.0
	X-RAY TECHNICIANS	1.0
	OTHER TECHNICIANS	0.0
TOTAL		1.0

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

ALASKA PSYCHIATRIC INSTITUTE  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

<b>MEDICAL RECORDS</b>		
	RRA	0.0
	ART	1.0
<b>TOTAL</b>		<b>1.0</b>
<b>THERAPEUTIC SERVICES</b>		
	OCCUPATIONAL THER.	0.0
	OCCUP.THERAPY ASS'T	1.0
	SPEECH PATH.-AUDIOL.	0.0
	PHYSICAL THERAPISTS	0.0
	PHYS.THERAPY ASS'T	0.0
	RECREATIONAL THER.	5.0
	MED. SOCIAL WORKERS	0.0
<b>TOTAL</b>		<b>6.0</b>
<b>OTHER PROF-TECH.</b>		
	OTHER PROF-TECH	110.0
<b>TOTAL</b>		<b>110.0</b>
<b>NON-HEALTH PROF-TECH</b>		
	NON-HEALTH PROF-TECH	0.0
<b>TOTAL</b>		<b>0.0</b>
<b>TOTAL</b>	<b>TOTAL</b>	<b>286.5</b>

8 PHYSICIANS IDENTIFIED AS FAMILY PRACTICE INCLUDE  
7 PSYCHIATRISTS AND 1 GENERAL MEDICINE.

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

**JUNEAU REGIONAL REHABILITATION HOSPITAL  
BED DISTRIBUTION BY SERVICE**

HEALTH SERVICE AREA	FACILITY	TOTAL BEDS SET UP	INTENSIVE CARE UNIT	CARDIAC INTENSIVE UNIT	PSYCHI-ATRIC	OBSTET-RICS	PEDI-ATRICS	GENERAL MEDICAL SURGICAL	OTHER
S.E.HSA	JUNEAU REGIO	15	0	0	0	0	0	0	15
		15	0	0	0	0	0	0	15
TOTAL		15	0	0	0	0	0	0	15

**JUNEAU REGIONAL REHABILITATION HOSPITAL  
BED COMPLEMENT**

HEALTH SERVICE AREA	FACILITY	TOTAL LICENSED BEDS	TOTAL BEDS SET UP	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
S.E.HSA	JUNEAU REGI	15	15	0	0
		15	15	0	0
TOTAL		15	15	0	0



1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

JUNEAU REGIONAL REHABILITATION HOSPITAL  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	JUNEAU REGIONAL REHAB. HOSP
<b>ADMINISTRATORS</b>		
	ADMINISTRATORS	1.0
<b>TOTAL</b>		1.0
<b>PHYSICIANS</b>		
	G. P.	1.0
	ANESTHESIOLOGY	0.0
	SURGEONS	0.0
	EMERGENCY MEDICINE	0.0
	OB-GYN	0.0
	PEDIATRICS	0.0
	PATHOLOGY	0.0
	RADIOLOGY	0.0
	FAMILY PRACTICE	0.0
<b>TOTAL</b>		1.0
<b>DENTISTS</b>		
	DENTISTS	0.0
<b>TOTAL</b>		0.0
<b>NURSE PR.-PHYS.ASS'T</b>		
	NURSE PR.-PHYS.ASS'T	0.0
<b>TOTAL</b>		0.0
<b>NURSING SERVICES</b>		
	REGISTERED NURSES	8.0
	LPN-VOCATIONAL NURSE	0.0
	NURS.AIDES-ORDERLIES	5.0
<b>TOTAL</b>		13.0
<b>PHARMACISTS, LICENSED</b>		
	PHARMACISTS, LICENSED	1.0
<b>TOTAL</b>		1.0
<b>DIETARY SERVICES</b>		
	FOOD SERVICE SUPERV.	1.0
	DIETICIANS&DIET.TECH	1.0
<b>TOTAL</b>		2.0
<b>TECHNICIANS</b>		
	LAB TECHNICIANS	0.0
	X-RAY TECHNICIANS	0.0
	OTHER TECHNICIANS	0.0
<b>TOTAL</b>		0.0

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

JUNEAU REGIONAL REHABILITATION HOSPITAL  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	JUNEAU REGIONAL REHAB. HOSP
<b>MEDICAL RECORDS</b>		
	RRA	1.0
	ART	0.0
<b>TOTAL</b>		<b>1.0</b>
<b>THERAPEUTIC SERVICES</b>		
	OCCUPATIONAL THER.	0.0
	OCCUP.THERAPY ASS'T	0.0
	SPEECH PATH.-AUDIOL.	0.0
	PHYSICAL THERAPISTS	0.0
	PHYS.THERAPY ASS'T	0.0
	RECREATIONAL THER.	0.0
	MED. SOCIAL WORKERS	0.0
<b>TOTAL</b>		<b>0.0</b>
<b>OTHER PROF-TECH.</b>		
	OTHER PROF-TECH	5.0
<b>TOTAL</b>		<b>5.0</b>
<b>NON-HEALTH PROF-TECH</b>		
	NON-HEALTH PROF-TECH	9.0
<b>TOTAL</b>		<b>9.0</b>
<b>TOTAL</b>	<b>TOTAL</b>	<b>33.0</b>

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES  
LICENSED BEDS BY TYPE OF BED,  
AND BY MEDICARE-MEDICAID CERTIFIED BEDS

HEALTH SERVICE AREA	LONGTERM FACILITIES	TOTAL LICENSED BEDS	SKILLED NURSING	INTER-MEDIATE CARE	SKILLED/ INTER-MEDIATE	RESIDENTIAL	OTHER	MEDICARE CERTIFIED	MEDICAID CERTIFIED
S. E. HSA	ISLAND VIEW MANOR	46	0	0	46	0	0	0	46
	KETCHIKAN PIONEERS'	30	30	0	0	19	2	0	0
	MT. EDGECLUMBE-PHS	8	0	0	0	0	0	0	0
	PETERSBURG GENERAL	12	0	0	12	0	12	0	0
	SITKA PIONEERS'	50	50	0	0	100	0	0	0
	ST. ANN'S	42	0	0	42	0	0	4	42
	WRANGELL GENERAL	14	0	0	14	0	0	0	0
		202	80	0	114	119	14	10	88
S. C. HSA	ANCHORAGE PIONEERS'	95	0	0	95	0	0	0	0
	CORDOVA COMMUNITY	8	0	0	8	0	0	2	8
	FOREST PARK	10	0	0	10	0	0	0	10
	HARBORVIEW	96	0	96	0	0	0	0	0
	HOPE PARK	10	0	0	0	0	0	0	10
	KODIAK ISLAND	19	0	19	0	0	0	0	19
	NAKOVIA	216	0	0	216	0	0	216	0
	NORTON SOUND	6	0	6	0	0	0	6	0
	OCEAN PARK	10	0	0	0	0	0	0	10
	PALMER PIONEERS'	55	0	0	55	40	0	0	0
	SOUTH PENINSULA	4	0	0	4	0	0	0	4
	VALLEY HOSPITAL	4	0	4	0	0	0	0	4
	WESLEYAN NURSING	64	0	0	64	0	0	0	64
			597	0	125	442	40	0	224
N. HSA	CAREAGE NORTH	101	0	0	101	0	0	0	101
	FAIRBANKS PIONEERS'	54	54	0	0	65	0	0	0
		155	54	0	101	65	0	0	101
TOTAL		954	134	125	657	224	14	234	540

NOTE THAT PIONEER HOMES RESIDENTIAL CARE BEDS ARE NOT SUBJECT TO LICENSING. IN THIS TABLE RESIDENTIAL BEDS FOR THOSE FACILITIES ARE INDICATED, HOWEVER, THEY ARE NOT INCLUDED IN TOTAL LICENSED BEDS.  
KETCHIKAN: "OTHER" REPORTED AS 1 OBSERVATION BED, AND 1 ISOLATION BED.  
PETERSBURG: "OTHER" BEDS ARE MDCR-BNF  
ANCHORAGE: REPORTED 140 UNLICENSED RESIDENTIAL BEDS.

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HEALTH SERVICE AREA	LONGTERM FACILITIES	LONG-TERM CARE FACILITIES BEDS SET UP BY TYPE OF BED, AND BY MEDICARE-MEDICAID CERTIFIED BEDS							MEDI-CARE CERTIFIED BEDS	MEDI-CALD CERTIFIED BEDS	
		TOTAL BEDS SET UP	SKILLED NURSING	INTER-MEDIATE CARE	SKILLED/INTER-MEDIATE	RESI-DENTIAL	OTHER	MEDI-CARE CERTIFIED BEDS			
S. E. HSA	ISLAND VIEW MANOR	46	0	0	46	0	0	0	0	46	
	KETCHIKAN PIONEERS*	49	28	0	0	19	2	0	0	0	
	MT. EDGECUMBE-PHS	8	0	0	0	0	0	0	0	0	
	PETERSBURG GENERAL	12	0	0	12	0	12	0	0	0	
	SITKA PIONEERS*	150	50	0	0	100	0	0	0	0	
	ST. ANN'S	42	0	0	42	0	0	0	0	42	
	WRANGELL GENERAL	14	0	0	14	0	0	0	0	0	
		321	78	0	114	119	14	10	88		
	S. C. HSA	ANCHORAGE PIONEERS*	232	0	0	94	138	0	0	0	0
		CORDOVA COMMUNITY	8	0	0	8	0	0	0	0	8
FOREST PARK		10	0	0	0	0	0	0	0	10	
HARBORVIEW		96	0	96	0	0	0	0	0	0	
HOPE PARK		10	0	0	0	0	0	0	0	10	
KODIAK ISLAND		19	0	19	0	0	0	0	0	19	
NAKOTIA		216	0	0	216	0	0	0	0	216	
NORTON SOUND		6	0	0	0	0	0	0	0	0	
OCEAN PARK		10	0	0	0	0	0	0	0	10	
PALMER PIONEERS*		55	0	0	55	40	0	0	0	0	
SOUTH PENINSULA		4	0	0	0	0	0	0	0	4	
VALLEY HOSPITAL		4	0	4	0	0	0	0	0	4	
WESLEYAN NURSING		64	0	0	64	0	0	0	0	64	
		734	0	119	437	178	0	0	345		
N. HSA		CAREAGE NORTH	101	0	0	101	0	0	0	0	101
	FAIRBANKS PIONEERS*	54	54	0	0	65	0	0	0	0	
		155	54	0	101	65	0	0	101		
TOTAL	1210	132	119	652	362	14	10	534			

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES  
PATIENT DAYS BY TYPE OF CARE,  
AND BY MEDICARE-MEDICAID CERTIFIED BEDS

HEALTH SERVICE AREA	LONGTERM FACILITY	TOTAL PATIENT DAYS	SKILLED NURSING	INTER-MEDIATE CARE	SKILLED/ INTER-MEDIATE	RESIDENTIAL	OTHER CARE	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS	
S. E. HSA	ISLAND VIEW MANOR	13260	0	0	13260	0	0	295	12964	
	KETCHIKAN PIONEERS'	13971	7673	0	0	6298	0	0	0	
	MT. EDGEcumBE-PHS	1076	0	0	0	0	0	0	0	
	PETERSBURG GENERAL	4138	0	0	4127	0	11	0	0	
	SITKA PIONEERS'	43435	0	0	0	0	0	0	0	
	ST. ANN'S	13527	1832	11695	0	0	0	0	12582	
	WRANGELL GENERAL	5045	10	5035	0	0	0	0	0	
		94452	9515	16730	17387	6298	11	295	25546	
	S. C. HSA	ANCHORAGE PIONEERS'	61720	0	0	11350	50370	0	0	0
		CORDOVA COMMUNITY	2461	0	0	2461	0	0	0	1572
FOREST PARK		3604	0	0	0	0	0	0	3604	
HARBORVIEW		31831	0	31831	0	0	0	0	0	
HOPE PARK		3564	0	0	0	0	0	0	3564	
KODIAK ISLAND		6033	0	6033	0	0	268	0	5765	
NAKOYA		68195	0	0	68195	0	0	0	68195	
NORTON SOUND		1712	0	1712	0	0	0	0	0	
OCEAN PARK		3647	0	0	0	0	0	0	3647	
PALMER PIONEERS'		35175	0	0	35175	0	0	0	0	
SOUTH PENINSULA		1415	0	0	1415	0	0	0	1415	
VALLEY HOSPITAL		1204	0	1204	0	0	0	0	1155	
WESLEYAN NURSING		23340	0	0	23340	0	0	0	23340	
		243901	0	40780	141936	50370	268	0	112257	
N. HSA		CAREAGE NORTH	29652	0	0	29652	0	0	0	101
		FAIRBANKS PIONEERS'	18980	18980	0	0	0	0	0	0
			48632	18980	0	29652	0	0	0	101
TOTAL		386985	28495	57510	188975	56668	279	295	137904	

FAIRBANKS: TOTAL PATIENT DAYS DO NOT INCLUDE RESIDENTIAL CARE.

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES  
PATIENT ADMISSIONS BY TYPE OF CARE  
AND BY MEDICARE-MEDICAID CERTIFIED BEDS

HEALTH SERVICE AREA	LONGTERM FACILITY	TOTAL NO. OF ADMISSIONS	SKILLED NURSING	INTER-MEDIATE CARE	SKILLED/INTER-MEDIATE	RESIDENTIAL	OTHER CARE	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
S. E. HSA	ISLAND VIEW MANOR	24	0	0	17	0	0	7	17
	KETCHIKAN PIONEERS*	51	37	0	0	14	0	0	0
	MT. EDGECUMBE-PHS	4	0	0	0	0	0	0	0
	PETERSBURG GENERAL	4	0	3	0	0	1	0	0
	SITKA PIONEERS*	33	9	0	0	24	0	0	0
	ST. ANN'S	47	0	0	43	0	0	0	28
	WRANGELL GENERAL	14	0	0	14	0	0	0	0
		177	46	3	74	38	1	7	45
S. C. HSA	ANCHORAGE PIONEERS*	58	0	0	39	19	0	0	0
	CORDOVA COMMUNITY	5	0	0	5	0	0	0	2
	FOREST PARK	0	0	0	0	0	0	0	0
	HARBORVIEW	6	0	6	0	0	0	0	0
	HOPE PARK	0	0	0	0	0	0	0	0
	KODIAK ISLAND	24	0	24	0	0	0	0	0
	NAKOYA	274	0	0	274	0	0	0	274
	NORTON SOUND	12	0	0	0	0	0	0	0
	OCEAN PARK	0	0	0	0	0	0	0	0
	PALMER PIONEERS*	30	0	0	0	0	0	0	0
	SOUTH PENINSULA	1	0	1	1	0	0	0	0
	VALLEY HOSPITAL	7	0	7	0	0	0	0	5
	WESLEYAN NURSING	57	0	0	57	0	0	0	57
			474	0	38	376	19	0	0
N. HSA	CAREAGE NORTH	155	0	0	155	0	0	0	101
	FAIRBANKS PIONEERS*	40	12	0	0	38	0	0	0
		195	12	0	155	38	0	0	101
TOTAL		846	58	41	605	95	1	7	484

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LONG-TERM CARE FACILITIES  
INVENTORY OF SERVICES PROVIDED:  
SUPPORT AND ANCILLARY

TYPE OF SERVICE	SPECIFIC SERVICE	I	K	H	P	S	S	H	A	C	F	H	H	K	N	O	P	S	V	M	C	F	
		S	E	T	E	T	R	N	O	O	A	D	O	K	A	N	O	C	A	O	L	S	A
		L	A	C	E	E	K	A	N	H	D	E	B	E	I	O	T	A	M	H	E	R	E
		N	H	D	R	A	N	G	O	D	O	S	D	P	A	K	I	N	R	E	Y	L	E
		D	I	G	S	B	S	L	A	A	V	A	P	K	I	A	P	P	P	A	N	E	A
		V	A	K	E	U	S	L	A	A	V	A	P	K	I	A	P	P	A	N	E	A	N
		I	N	R	G			L	E	A	R	E	K	S			A	R	I	O	N		
		E																					
		W	P							P	K												
SUPPORT	PHARMACY, F.T.	X		X												X						X	
	PHARMACY, P.T.		X					X	X	X	X	X	X	X	X		X	X		X	X		X
	PHYSICIAN RES.																						
	SOCIAL SERVICES	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X		X	X	X
	VOLUNTEER SERV.	X			X	X	X		X	X	X	X	X	X	X		X	X	X		X	X	
ANCILLARY	HOME CARE								X		X		X			X	X						
	PSYCHIATRIC C&E	X					X	X	X	X					X	X		X		X	X		
	SELF CARE UNIT	X							X							X		X				X	

ISLAND VIEW MANOR: PSYCHIATRIC C&E AVAILABLE THROUGH CONSULTANT PSYCHIATRIST FROM GATEWAY MENTAL HEALTH.  
KETCHIKAN: "OTHER" REPORTED AS A RECREATIONAL THERAPIST.  
PETERSBURG: "HOME CARE" REPORTED AS A PUBLIC HEALTH NURSE.  
ANCHORAGE: UNDER "PHARMACY, P.T." REPORTED THAT SPACE, FACILITIES, AND UTILITIES PROVIDED FOR A PRIVATE LICENSED PHARMACIST TO PROVIDE PHARMACY SERVICES TO HOUSE STAFF AND RESIDENTS ON A COMMERCIAL BASIS.  
FOREST PARK, HOPE PARK, OCEAN PARK: "OTHER" REPORTED AS RECREATION THERAPIST, DIETICIAN, NURSING STAFF.  
FAIRBANKS: "OTHER" REPORTED AS RECREATIONAL THERAPY. PHYSICIAN INDICATED IS ON CONTRACT, NOT IN RESIDENCE.

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## LONG-TERM CARE FACILITIES INVENTORY OF SERVICES PROVIDED: THERAPEUTIC SERVICES

TYPE OF SERVICE	SPECIFIC SERVICE	I	K	M	P	S	S	W	A	C	F	H	H	K	N	N	O	P	S	V	H	C	F
		S	L	A	N	D	V	A	K	E	R	N	O	R	R	P	E	I	A	O	T	A	N
REHABILITATION	AUDIOLOGY		X	X	X						X	X	X			X	X		X			X	
	DENTAL	X	X	X	X		X		X		X				X	X			X		X	X	
	INHALATION THER.	X	X											X	X	X			X				
	OCCUPATION THER.	X			X		X	X			X	X	X					X		X		X	X
	PHYSICAL THERAPY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	REHABILITATION, INP.								X						X								
	SPEECH THERAPY	X				X	X		X		X	X	X					X		X		X	X
GEN.-SPEC.	PODIATRY		X				X		X						X			X					X
PSYCHIATRIC	CLINICAL PSYCH.	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X

ISLAND VIEW MANOR: "CLINICAL PSYCH" WORKS THROUGH MENTAL HEALTH PSYCHIATRIST. "DENTAL" IS CHIEF OF DENTISTRY, AND PATIENT ALSO HAS CHOICE OF OWN DENTIST.  
 KETCHIKAN: "DENTAL", "AUDIOLOGY", "PODIATRY", "PSYCH C&E", EXIST BY MEMORANDUM OF AGREEMENT.  
 MT. EDGE CUMBE SHARES SERVICES WITH ACUTE CARE.  
 PETERSBURG: AUDIOLOGIST VISITS HOSPITAL TWICE PER YEAR.  
 ANCHORAGE: ARRANGEMENTS HAVE BEEN MADE WITH PRACTITIONERS TO PROVIDE SERVICES IN-HOUSE FOR SPEECH THERAPY, PODIATRY, AND PSYCHIATRIC C&E.  
 VALLEY: "CLINICAL PSYCH" IS AVAILABLE THROUGH PRIVATE CONTRACT.

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## LONG-TERM CARE FACILITIES: N HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	CARE-AGE NORTH	FAIR-BANKS PIO.	TOTAL N. HSA
<b>ADMINISTRATORS</b>				
	ADMINISTRATORS	1.0	2.0	3.0
		1.0	2.0	3.0
<b>PHYSICIANS</b>				
	PHYSICIANS	1.0	1.0	2.0
		1.0	1.0	2.0
<b>PSYCHIATRISTS</b>				
	PSYCHIATRISTS	0.0	0.0	0.0
		0.0	0.0	0.0
<b>GERONTOLOGISTS</b>				
	GERONTOLOGISTS	0.0	0.0	0.0
		0.0	0.0	0.0
<b>DENTISTS</b>				
	DENTISTS	1.0	0.0	1.0
		1.0	0.0	1.0
<b>NURSE PR-PHYS.ASS'T</b>				
	NURSE PR-PHYS.ASS'T	0.0	0.0	0.0
		0.0	0.0	0.0
<b>NURSING SERVICES</b>				
	REGISTERED NURSES	6.0	7.0	13.0
	LPN-VOCATIONAL NURSE	7.6	4.0	11.6
	NURS.AIDES-ORDERLIES	27.0	14.5	42.3
		41.4	25.5	66.9
<b>PHARMACISTS, LICENSED</b>				
	PHARMACISTS, LICENSED	1.0	1.0	2.0
		1.0	1.0	2.0
<b>DIETARY SERVICES</b>				
	FOOD SERVICE SUPERV.	1.0	1.0	2.0
	DIETICIAN-DIET.TECH.	1.0	1.0	2.0
		2.0	2.0	4.0

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## LONG-TERM CARE FACILITIES: N HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	CARE-AGE NORTH	FAIR-BANKS FIG.	TOTAL N. HSA
<b>TECHNICIANS</b>				
	LAB TECHNICIANS	0.0	0.0	0.0
	X-RAY TECHNICIANS	0.0	0.0	0.0
	OTHER TECHNICIANS	0.0	0.0	0.0
		0.0	0.0	0.0
<b>MEDICAL RECORDS</b>				
	RRA	0.0	0.0	0.0
	ART	1.0	0.0	1.0
		1.0	0.0	1.0
<b>THERAPEUTIC SERVICES</b>				
	OCCUPATIONAL THER.	1.0	0.0	1.0
	OCCUP.THERAPY ASS'T	1.5	0.0	1.5
	SPEECH PATH.-AUDIOL.	1.0	0.0	1.0
	PHYSICAL THERAPIST	1.0	1.0	2.0
	PHYS.THERAPY ASS'T	2.0	1.0	3.0
	RECREATIONAL THER.	2.0	1.0	3.0
	MED. SOCIAL WORKER	1.0	1.0	2.0
		9.5	4.0	13.5
<b>OTHER PROF-TECH</b>				
	OTHER PROF-TECH	0.0	0.0	0.0
		0.0	0.0	0.0
<b>NON-HEALTH PROF-TECH</b>				
	NON-HEALTH PROF-TECH	21.7	47.0	68.7
		21.7	47.0	68.7
<b>TOTAL</b>				
		79.6	82.5	162.1

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES: SC HSA  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	ANCH. PION- EERS	COR- DOVA	FOREST PARK	HARBOR VIEW	HOPE PARK	KODIAK	NAKOYA	TOTAL SC HSA
<b>ADMINISTRATORS</b>								
	2.0	1.0	1.0	2.0	1.0	1.0	2.0	20.0
	2.0	1.0	1.0	2.0	1.0	1.0	2.0	20.0
<b>PHYSICIANS</b>								
	1.3	3.0	.3	3.0	.3	0.0	1.0	14.2
	1.3	3.0	.3	3.0	.3	0.0	1.0	14.2
<b>PSYCHIATRISTS</b>								
	0.0	1.0	0.0	0.0	0.0	0.0	0.0	2.0
	0.0	1.0	0.0	0.0	0.0	0.0	0.0	2.0
<b>GERONTOLOGISTS</b>								
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>DENTISTS</b>								
	0.0	1.0	0.0	1.0	0.0	0.0	1.0	6.0
	0.0	1.0	0.0	1.0	0.0	0.0	1.0	6.0
<b>NURSE PR-PHYS.ASS'T</b>								
	0.0	0.0	0.0	0.0	0.0	1.0	0.0	2.5
	0.0	0.0	0.0	0.0	0.0	1.0	0.0	2.5
<b>NURSING SERVICES</b>								
REGISTERED NURSES	16.0	5.0	1.0	12.0	1.0	1.0	16.0	120.0
LPN-VOCATIONAL NURSE	14.0	2.0	2.9	4.0	2.9	6.5	50.0	70.7
NURS.AIDES-ORDERLIES	36.0	6.0	0.0	63.0	0.0	7.7	75.0	246.7

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES: SC HSA									
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE									
EMPLOYEE GROUP	EMPLOYEE TYPE	ANCH. PION- EERS	COR- DOVA	FOREST PARK	HARBOR VIEW	HOPE PARK	KODIAK	NAKOYA	TOTAL SC HSA
<b>PHARMACISTS, LICENSED</b>									
		66.0	13.0	3.9	79.0	3.9	13.2	111.0	437.4
<b>PHARMACISTS, LICENSED</b>									
		0.0	1.0	.3	1.0	.3	.5	1.0	10.4
<b>DIETARY SERVICES</b>									
		0.0	1.0	.3	1.0	.3	.5	1.0	10.4
<b>DIETARY SERVICES</b>									
		1.0	0.0	1.0	1.0	1.0	1.0	1.0	12.0
		1.2	1.0	.3	1.0	.3	0.0	5.0	20.1
<b>DIETARY SERVICES</b>									
		2.2	1.0	1.3	2.0	1.3	1.0	6.0	32.1
<b>TECHNICIANS</b>									
		0.0	2.0	0.0	0.0	0.0	2.0	1.0	18.0
		0.0	1.0	0.0	0.0	0.0	1.5	1.0	15.5
		0.0	0.0	9.5	0.0	9.5	0.0	1.0	29.5
<b>TECHNICIANS</b>									
		0.0	3.0	9.5	0.0	9.5	3.5	3.0	63.0
<b>MEDICAL RECORDS</b>									
		0.0	0.0	0.0	1.0	0.0	1.0	0.0	3.0
		0.0	0.0	0.0	0.0	0.0	0.0	1.0	7.0
<b>MEDICAL RECORDS</b>									
		0.0	0.0	0.0	1.0	0.0	1.0	1.0	10.0
<b>THERAPEUTIC SERVICES</b>									
		0.0	0.0	.6	1.0	.6	0.0	2.0	7.6
		0.0	0.0	.3	1.0	.3	0.0	1.0	3.9
		.1	0.0	.3	1.0	.3	0.0	1.0	4.0
		1.0	1.0	.3	1.0	.3	1.0	1.0	9.9
		3.0	0.0	0.0	1.0	0.0	0.0	3.0	9.0
		1.0	0.0	.3	2.0	.3	1.0	1.0	8.9
		.5	1.0	.3	0.0	.3	0.0	3.0	7.4

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES: SC HSA  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	ANCH. PION-EERS	COR-DOVA	FOREST PARK	HARDOR VIEH	HOPE PARK	KODIAK	NAKOYIA	TOTAL SC HSA
		5.6	2.0	2.1	7.0	2.1	2.0	12.0	50.9
OTHER PROF-TECH		5.0	2.0	.3	1.0	.3	0.0	10.0	39.9
		5.0	2.0	.3	1.0	.3	0.0	10.0	39.9
NON-HEALTH PROF-TECH		70.0	75.0	.4	50.0	.4	11.0	58.0	376.2
		70.0	75.0	.4	50.0	.4	11.0	58.0	376.2
TOTAL		152.1	103.0	19.1	147.0	19.1	36.2	206.0	1064.6

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

## LONG-TERM CARE FACILITIES: SC HSA TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	NORTON SOUND	OCEAN PARK	PALMER	SOUTH PENIN	VALLEY	MES-LEYAN	TOTAL SC HSA
ADMINISTRATORS	ADMINISTRATORS	1.0	1.0	2.0	2.0	3.0	1.0	20.0
		1.0	1.0	2.0	2.0	3.0	1.0	20.0
PHYSICIANS	PHYSICIANS	4.0	.3	1.0	0.0	0.0	0.0	14.2
		4.0	.3	1.0	0.0	0.0	0.0	14.2
PSYCHIATRISTS	PSYCHIATRISTS	0.0	0.0	0.0	0.0	0.0	1.0	2.0
		0.0	0.0	0.0	0.0	0.0	1.0	2.0
GERONTOLOGISTS	GERONTOLOGISTS	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0
DENTISTS	DENTISTS	2.0	0.0	0.0	0.0	0.0	1.0	6.0
		2.0	0.0	0.0	0.0	0.0	1.0	6.0
NURSE PR-PHYS.ASS'T	NURSE PR-PHYS.ASS'T	1.5	0.0	0.0	0.0	0.0	0.0	2.5
		1.5	0.0	0.0	0.0	0.0	0.0	2.5
NURSING SERVICES	REGISTERED NURSES	11.0	1.0	7.0	15.0	29.0	6.0	120.0
	LPN-VOCATIONAL NURSE	2.0	1.4	3.0	7.0	3.0	4.0	70.7
	NURS.AIDES-ORDERLIES	4.0	0.0	19.0	4.0	10.0	22.0	246.7

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES: SC HSA  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	MORTON SOUND	OCEAN PARK	PALMER	SOUTH PENIN	VALLEY	MES-LEYAN	TOTAL SC HSA
PHARMACISTS, LICENSED		17.0	2.4	29.0	26.0	41.0	32.0	437.4
	PHARMACISTS, LICENSED	2.0	.3	1.0	1.0	1.0	1.0	10.4
		2.0	.3	1.0	1.0	1.0	1.0	10.4
DIETARY SERVICES								
	FOOD SERVICE SUPERV. DIETICIAN-DIET. TECH.	1.0	1.0	1.0	1.0	1.0	1.0	12.0
		1.0	.3	1.0	4.0	5.0	0.0	20.1
		2.0	1.3	2.0	5.0	6.0	1.0	32.1
TECHNICIANS								
	LAB TECHNICIANS	3.0	0.0	0.0	4.0	5.0	1.0	19.0
	X-RAY TECHNICIANS	2.0	0.0	0.0	1.0	8.0	1.0	15.5
	OTHER TECHNICIANS	0.0	9.5	0.0	0.0	0.0	0.0	29.5
		5.0	9.5	0.0	5.0	13.0	2.0	63.0
MEDICAL RECORDS								
	RRA	0.0	0.0	0.0	1.0	0.0	0.0	3.0
	ART	4.0	0.0	0.0	0.0	1.0	1.0	7.0
		4.0	0.0	0.0	1.0	1.0	1.0	10.0
THERAPEUTIC SERVICES								
	OCCUPATIONAL THER.	0.0	.6	0.0	1.0	0.0	0.0	7.8
	OCCUP. THERAPY ASS'T	0.0	.3	0.0	0.0	0.0	0.0	3.9
	SPEECH PATH.-AUDIOL.	0.0	.3	0.0	0.0	0.0	1.0	4.0
	PHYSICAL THERAPIST	0.0	.3	1.0	1.0	1.0	1.0	9.9
	PHYS. THERAPY ASS'T	1.0	0.0	1.0	0.0	0.0	0.0	9.0
	RECREATIONAL THER.	0.0	.3	1.0	1.0	0.0	1.0	6.9
	HEB. SOCIAL WORKER	0.0	.3	1.0	0.0	0.0	1.0	7.4
		1.0	2.1	4.0	3.0	1.0	7.0	50.9

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES: SC HSA  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	NORTON SOUND	OCEAN PARK	PALMER	SOUTH PENIN	VALLEY	MES-LEYAN	TOTAL SC HSA
OTHER PROF-TECH								
	OTHER PROF-TECH	0.0	.3	0.0	0.0	20.0	1.0	39.9
		0.0	.3	0.0	0.0	20.0	1.0	39.9
NON-HEALTH PROF-TECH								
	NON-HEALTH PROF-TECH	26.0	.4	37.0	28.0	0.0	20.0	376.2
		26.0	.4	37.0	28.0	0.0	20.0	376.2
TOTAL		65.5	17.6	76.0	71.0	86.0	68.0	1064.6

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES: SE HSA  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	ISLAND VIEW MAHAR	KETCH. PLO-NEERS	MT. EDGE-CUTBE	PETERS BURG	SITKA PLO-NEERS	ST. ANNS	MRAN-GELL	TOTAL SE HSA
ADMINISTRATORS		0.0	2.0	0.0	1.0	2.0	2.0	1.0	8.0
		0.0	2.0	0.0	1.0	2.0	2.0	1.0	8.0
PHYSICIANS		0.0	1.0	0.0	2.0	1.0	1.0	0.0	5.0
		0.0	1.0	0.0	2.0	1.0	1.0	0.0	5.0
PSYCHIATRISTS		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
GERONTOLOGISTS		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DENTISTS		0.0	1.0	0.0	0.0	0.0	1.0	0.0	2.0
		0.0	1.0	0.0	0.0	0.0	1.0	0.0	2.0
NURSE PR-PHYS-ASS'T		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NURSING SERVICES		1.0	7.0	0.0	12.0	8.0	4.0	9.0	41.0
	REGISTERED NURSES	1.0	7.0	0.0	12.0	8.0	4.0	9.0	41.0
	LPN-VOCATIONAL NURSE	6.8	4.0	0.0	0.0	5.0	3.0	2.0	20.8
	NURS.AIDES-ORDERLIES	17.2	12.0	0.0	7.0	21.0	17.0	8.0	82.2

# 1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES: SE HSA  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	ISLAND VIEW MANOR	KETCH. PIONEERS	HT. EDGE-CUPIDE	PETERS BURS	STKA PIONEERS	ST. ARMS	HRM-CELL	TOTAL SE HSA
PHARMACISTS, LICENSED	PHARMACISTS, LICENSED	25.0	23.0	0.0	19.0	34.0	24.0	12.0	144.0
		0.0	1.0	0.0	1.0	1.0	0.0	1.0	4.0
		0.0	1.0	0.0	1.0	1.0	0.0	1.0	4.0
DIETARY SERVICES	FOOD SERVICE SUPERV. DIETICIAN-DIET. TECH.	0.0	1.0	0.0	1.0	1.0	1.0	1.0	5.0
		0.0	2.0	0.0	2.0	2.0	2.0	2.0	10.0
TECHNICIANS	LAB TECHNICIANS X-RAY TECHNICIANS OTHER TECHNICIANS	0.0 0.0 0.0	1.0 1.0 1.0	0.0 0.0 0.0	1.7 1.8 0.0	1.0 0.0 0.0	0.0 0.0 0.0	1.0 1.0 0.0	4.7 3.6 1.0
		0.0	3.0	0.0	3.5	1.0	0.0	2.0	9.5
MEDICAL RECORDS	RRA ART	0.0 0.0	0.0 1.0	0.0 0.0	0.0 1.0	1.0 0.0	1.0 0.0	0.0 1.0	2.0 3.0
		0.0	1.0	0.0	1.0	1.0	1.0	1.0	5.0
THERAPEUTIC SERVICES	OCCUPATIONAL THER. SPEECH PATH.-AUDIOL. PHYSICAL THERAPIST PHYS.THERAPY ASS'T RECREATIONAL THER. MED. SOCIAL WORKER	1.0 0.0 0.0 0.0 1.0 1.0	0.0 1.0 1.0 0.0 1.0 1.0	0.0 0.0 0.0 0.0 0.0 0.0	1.0 0.0 0.0 0.0 0.0 1.0	0.0 1.0 1.0 1.0 1.0 1.0	1.0 1.0 1.0 1.0 1.0 0.0	1.0 0.0 0.0 0.0 0.0 0.0	4.0 0.0 3.0 4.0 2.0 4.0

1983 ANNUAL HOSPITAL SURVEY FOR CALENDAR YEAR 1982

LONG-TERM CARE FACILITIES: SE HSA  
TOTAL EMPLOYEES (IN-HOUSE & CONTRACT) BY TYPE

EMPLOYEE GROUP	EMPLOYEE TYPE	ISLAND VIEW MAJOR	KETCH. PLO-HEERS	MT. EDGE-CUMBE	PETERS BURG	SITKA PLO-HEERS	ST. ANNS	MAN-CELL	TOTAL SE HSA
OTHER PROF-TECH	OTHER PROF-TECH	3.0	4.0	0.0	2.0	5.0	5.0	2.0	21.0
		.8	0.0	0.0	0.0	0.0	0.0	0.0	.8
		.8	0.0	0.0	0.0	0.0	0.0	0.0	.8
NON-HEALTH PROF-TECH	NON-HEALTH PROF-TECH	0.0	26.0	0.0	9.0	49.0	16.0	16.0	114.0
		0.0	26.0	0.0	9.0	49.0	16.0	16.0	114.0
TOTAL		28.8	64.0	0.0	40.5	96.0	52.0	42.0	323.3

## FUNDING PRIORITIES - CERTIFICATE OF NEED

Because Certificate of Need and other reviews provide one of the principal mechanisms for addressing the issue of facility needs by influencing the flow of resources into the health system, standards and criteria based upon the SHP and the HSP are vitally important to assuring that the desired policy directions are reinforced. There is also federal expectation that the National Guidelines will be reflected in review criteria to be adopted by both HSAs and SHPDAs governing review activities under Certificate of Need, the review of new institutional health services, and other mandated reviews.

The Certificate of Need (C/N) Program in Alaska is statutorily codified in Sections 31--111 of AS 18.07 with implementing regulations in 7 AAC 07 of the Alaska Administrative Code. The program is guided also by provisions of federal laws and regulations contained in Title XV of the Public Health Service Act and in Subpart E of 42 CFR 123 as conditions of an annual grant received by the Alaska Department of Health and Social Services from U.S. Public Health Service.

In brief, the Alaska program covers an expenditure of \$1,000,000 or more for construction of a health care facility, the alteration of the bed capacity of a health care facility, or the addition or elimination of a category of health services provided by a health care facility. "Construction" is defined to include remodeling or expansion, and the lease or purchase of equipment. These activities are restricted unless authorized by a Certificate of Need issued by the Department of Health and Social Services. The State Health Plan is the standard against which the applications will be reviewed.

A Certificate of Need is issued upon satisfaction that:

1. A reasonable need has been demonstrated
2. The costs and benefits appear reasonable
3. The applicant proposed to maintain an acceptable level in quality of care and,
4. No less expensive alternative of equal or otherwise acceptable quality of care exists, or is expected to exist within the community to be served, and
5. Other criteria pertinent to the specific activity proposed in the C/N application have been met.

The review upon which such a determination is made takes place within a process of application, public notice, possible public hearings, and a series of reviews by any affected health systems agency and the Department of Health and Social Services.

During Fiscal Year 1983, the Division of Planning, Policy and Program Evaluation as the State Health Planning and Development Agency (SHPDA) completed the review of thirteen Certificate of Need applications involving projects with a total estimated capital cost of \$128,892,000. Following each certificate of need review, the SHPDA makes written findings and recommendations which are forwarded to the Commissioner of Health and Social Services for final action on the application. The findings and recommendations of the SHPDA are public documents which are available from the SHPDA.

In addition to the thirteen reviews completed during FY 1983, the SHPDA has received two applications which are still under review. A total of fourteen letters of intent for new projects were received by SHPDA during FY 83. A number of these letters of intent are anticipated to result in certificate of need applications.

#### Certificate of Need Reviews Completed

Providence Hospital, Anchorage; purchase and install replacement hospital incinerator.

Humana Hospital Alaska, Anchorage; purchase and install CT full body scanner to replace CT head scanner.

Advanced Health Systems, Anchorage; construct new free-standing Raleigh Hills alcoholism treatment hospital.

Charter Medical Corporation; construct new free-standing psychiatric and substance abuse hospital.

Providence Hospital, Anchorage; purchase and install replacement CT full body scanner.

Providence Hospital, Anchorage; purchase and install new digital fluorography system.

Providence Hospital, Anchorage; purchase and install new hospital information system.

Humana Hospital Alaska, Anchorage; renovation and expansion of emergency department.

Harborview Developmental Center, Valdez; conduct emergency repairs for life safety code, mechanical and roof.

Surgery Center, Inc., Anchorage; construct new free-standing ambulatory surgery center to replace current facility.

Certificate of Need Reviews Completed - (continued)

Providence Hospital, Anchorage; construct new 160 bed patient tower, including shelled-in space, increase occupational licensure of acute care beds by 37 beds, establish 16 bed inpatient rehabilitation program, expand ancillary departments.

Humana Hospital, Anchorage; construction of new patient tower adjacent to existing hospital including shelled-in space, increase occupational licensure of acute care beds by 23 beds, establish 16 bed inpatient rehabilitation program, expand ancillary departments.

Providence Hospital, Anchorage; purchase of new cardio-vascular imaging system.

Pending Certificate of Need Applications

Valdez Community Hospital, Valdez; addition of intermediate care and skilled nursing services, designation of 4 beds as "swing beds".

Juneau Regional Rehabilitation Hospital, Juneau; construction of new wing and addition of 7 alcoholism treatment beds.

Proposed Projects; Letters of Intent Received

Bartlett Hospital, Juneau; construction of new patient tower, increase in acute care beds

Pennisula Addition Center, Inc., Soldotna; establishment of new free-standing 12 to 24 bed substance abuse treatment facility.

Humana Hospital Alaska, Anchorage; purchase of digital fluorography system.

Bartlett Hospital, Juneau; purchase of CT scanner.

Anchorage Community Mental Health, Anchorage; establishment of a residential transitional facility.

Humana Hospital Alaska, Anchorage; purchase of hospital data processing system.

Providence Hospital, Anchorage; construction of employee child care center.

Providence Hospital, Anchorage; purchase of Nakoyia Health Care Center by Sisters of Providence, Inc., Seattle.

Proposed Projects; Letters of Intent Received -(continued)

Fairbanks Memorial Hospital, Fairbanks; purchase of Careage North long-term care facility by Greater Fairbanks Hospital Foundation.

Fairbanks Native Association, Fairbanks; construction of alcoholism treatment facility.

Alaska Kidney Center, Anchorage; purchase and installation of 3 additional kidney dialysis stations.

American Medical International; purchase of assets of Advanced Health Systems, Inc., and certificate for Anchorage Raleigh Hills Hospital

Horizon Medical Corp.; proposed purchase of corporate ownership of Advanced Health Systems, Inc.

Rivendell Corporation, Tennessee; construction of a new 50 bed child and adolescent inpatient psychiatric hospital near Anchorage.

Fairbanks Memorial Hospital, Fairbanks; purchase of replacement gamma camera.

Kodiak Island Borough Hospital, Kodiak; construction of new 36 bed hospital to replace existing facility.

SUMMARY BY STATUS OF  
CURRENT AND PROPOSED ALASKAN HEALTH FACILITY PROJECTS  
SUBJECT TO CERTIFICATE OF NEED/SEC. 1122 APPROVAL  
FY 1983

CERTIFICATE OF NEED STATUS	HEALTH FACILITY	PROJECT DESCRIPTION	ESTIMATED COST
Certificate of Need Reviews Completed	Providence Hospital, Anchorage	New incinerator	\$ 200,000
	Humana Hospital, Anchorage	CT full body scanner	\$ 848,000
	Advanced Health Systems, Anchorage	Construct Raleigh Hills alcoholism treatment hospital	\$ 3,700,000
	Charter Medical Corporation, Anchorage	Construct psychiatric and substance abuse hospital	\$ 12,248,000
	Providence Hospital, Anchorage	Replacement CT full body scanner	\$ 832,000
	Providence Hospital, Anchorage	New digital fluorography system	\$ 256,000
	Providence Hospital, Anchorage	New hospital information system	\$ 2,698,000
	Humana Hospital, Anchorage	Renovate and expand emergency department	\$ 1,012,200
	Harborview Dev'l Center, Valdez	Life safety code, roof and mechanical repairs	\$ 3,826,000
	Surgery Center, Inc, Anchorage	Replace existing ambulatory surgery center	\$ 2,698,000
	Providence Hospital, Anchorage	Construct 160 bed patient tower; increase licensed acute care beds by 37, establish 16 bed IP rehab program, expand ancillary departments	\$ 79,754,000
	Humana Hospital, Anchorage	Construct new patient tower, increased licensed acute care beds by 23, establish 16 bed IP rehab program, expand ancillary departments	\$ 20,000,000
	Providence Hospital, Anchorage	New cardio-vascular imaging system	\$ 820,000

- continued -  
SUMMARY BY STATUS OF  
CURRENT AND PROPOSED ALASKAN HEALTH FACILITY PROJECTS  
SUBJECT TO CERTIFICATE OF NEED/SEC. 1122 APPROVAL  
FY 1983

CERTIFICATE OF NEED STATUS	HEALTH FACILITY	PROJECT DESCRIPTION	ESTIMATED COST
Pending Certificate of Need Applications	Valdez Community Hospital, Valdez	Add intermediate care and skilled nursing services, designate 4 beds as "swing beds"	\$ - 0 -
	Juneau Regional Rehabilitation Hospital, Juneau	Construct new wing and add 7 alcoholism treatment beds	\$ 265,000
Proposed Projects Letter of Intent Received	Bartlett Hospital Juneau	New patient tower; increase in acute care beds	\$ 20,000,000
	Penninsula Addiction Center Inc., Soldotna	New free-standing 12 to 24 bed substance abuse treatment facility	\$ (unknown)
	Humana Hospital Alaska, Anchorage	Purchase digital fluorography system	\$ 250,000
	Bartlett Hospital, Juneau	Purchase CT scanner	\$ 235,000
	Anchorage Community Mental Health, Anchorage	Residential transitional facility	\$ n.a.
	Humana Hospital, Anchorage	Purchase hospital data processing services	\$ n.a.
	Providence Hospital, Anchorage	Construct employee child care center	\$ 1,400,000
	Providence Hospital, Anchorage	Purchase of Nakoyia Health Care Center by Sisters of Providence, Inc., Seattle	\$ n.a.
	Fairbanks Memorial Hospital, Fairbanks	Purchase of Careage North Long Term Care Facility by Greater Fairbanks Hospital Foundation	\$ n.a.
Alaska Kidney Center, Anchorage	Install 3 additional kidney dialysis stations	\$ 34,000	

- continued -

SUMMARY BY STATUS OF  
CURRENT AND PROPOSED ALASKAN HEALTH FACILITY PROJECTS  
SUBJECT TO CERTIFICATE OF NEED/SEC. 1122 APPROVAL  
FY 1983

CERTIFICATE OF NEED STATUS	HEALTH FACILITY	PROJECT DESCRIPTION	ESTIMATED COST
-continued- Proposed Projects Letter of Intent Received	American Medical Inter- nation, Anchorage	Purchase of assets of Advanced Health Systems, Inc. and certificate for Anchorage Raleigh Hills Hospital	\$ n.a.
	Horizon Medical Corp.	Purchase of corporate ownership of Advanced Health Systems, Inc. (Opinion requested of Dept. of Law)	\$ n.a.
	Rivendell Corporation, Tennessee	Construction of 50 bed child and adolescent inpatient psychiatric hospital near Anchorage	\$ 9,000,000
	Fairbanks Memorial Hospital, Fairbanks	Purchase replacement gamma camera	\$ 190,000
	Kodiak Island Borough Hospital, Kodiak	Construct 36 bed hospital to replace existing facility	\$ n.a.

PROJECTED BED NEEDS

This section addresses various methods for projecting alcohol treatment and psychiatric acute care beds. This is a new section and will be useful in developing criteria for the Certificate of Need process.

## ALCOHOLISM BED NEED PROJECTION

Beds used for the treatment of alcoholism include not only those reserved for acute care, but also those used in other components of a comprehensive alcoholism service program. The process for projecting the alcoholism bed need is essentially a multiple step procedure. These steps are carried out as follows:

1. Determine the number of problem drinkers aged 20 and above for the service area.
  - A. Three methods of determining problem drinkers were used.
    - A1. The first involved multiplying the total state population by 6% based upon a method developed by the State of Oregon, which provides an average of several methods for determining problem drinkers. This method is considered a low estimation due to Alaska's younger population and higher per capita consumption rate.
    - A2. The Marden formula is considered to be most valid by those in the alcoholism field and is based upon retrospective study of risk for males and females in distinct age groups. This method is the one utilized by the SOADA for the purpose of the Annual State Plan and Budget.
    - A3. The actual SOADA client count reflects the total number of unduplicated clients seen in programs during a calendar year. This number is also considered low as programs are still in the process of increasing outreach capability under recently expanded funding levels.
2. The percentage of problem drinkers as established above, who will seek or be referred to treatment is then determined. We have selected 31% as being appropriate for Alaska due to the high number of court referrals and the young median age of those seeking treatment. This number who will utilize treatment is the group for which service projections are made.
3. A "Data Based Technique For Projecting Alcoholism Service Needs" was utilized. This model, developed by the Alpha Center for Health Planning, projects service level needs based on data supplied by forty three NIAAA comprehensive treatment programs. The model compares the number of people making contact with the system with the number actually using particular levels of service. From this study percentages were developed for projecting bed needs for a given target population.

A1. The target population number derived in 2 is then multiplied against each of the service need percentages for the absolute bed need. This figure is then divided by the desired occupancy ratio for the real bed need.

A2. To illustrate this process the following example incorporates each of the steps described:

Statewide Problem Drinkers As Determined Using Marden Technique	% who will seek or be referred to treatment .31	Ratio for Medical detox treatment. .0014	Desired occupancy rate .9
30639	9498	13.3 Absolute bed need	14.77 Real bed need

4. The final step in the process is to divide the number of existing beds by the projected number of real beds. If the resultant ratio is less than 1.0 there is established need. If ratio is greater than 1.0 the need is met.

For Alaska the treatment services have been identified as five components:

Medical Detoxification - Short term treatment, usually less than 10 days, during which medication (i.e., prescription drugs) is used to restore physiological functioning after its upset by toxic agents, such as alcohol.

Social Detoxification - non-medical treatment in a warm atmosphere to restore functioning after it is upset by toxic agents such as alcohol, by means of rest and fluids.

Inpatient Hospital Care - Counseling and social adjustment services provided to persons who are in the recovery steps from alcohol abuse. The intensity of services and the reliance on psychiatric intervention can vary.

Intermediate Care - designed to facilitate the rehabilitation of the alcoholic person by placing him in an organized therapeutic environment in which he may receive diagnostic services, counseling, vocational rehabilitation and/or work therapy while benefiting from the support which a full or partial residential setting can provide.

Long Term Care - 24 hour care other than that previously defined provided in group homes or boarding homes for alcoholic persons. Such care is usually needed by deteriorated patients unable to maintain a minimum level of social functioning.

The evaluation of bed need should not be directed at any of the components separately as there is some carryover between components in the treatment delivery system. For planning purposes the detoxification and inpatient services should be considered as a group with the group need ratio given more weight than individual ratios. Intermediate and long term services are more loosely related and the degree to which they are evaluated either independently or grouped must be done on a situational basis.

Projected Need for Alcoholism Treatment Beds  
 Using 31% as the number of Estimated Problem Drinkers who  
 will seek or be referred to treatment at .90% occupancy rate

	STATEWIDE				ANCHORAGE			
	AK Pop (400,100 x 6%) x 31% 7500	AK Marden 30,639 9498	SOADA Actual Clients AK 9009	Existing Beds Alaska	Anch Pop (173,017 x 6%) 3218	Anch Marden 14,900 4622	SOADA Actual Clients Anch 2176	Anch Existing Beds
Alcohol Treatment Services								
Projected Need Med Detox Need Ratio(NR) .0014	11.66 .42	14.77 .33	14 .36	5	5.00 0	7.19 0	3.38 0	0
Projected Need Social Detox .0127	105.83 .44	134.02 .37	127 .33	42	45.40 .59	65.72 .77	30.71 .78	24
Projected Need In Patient .0072	60.00 .72	75.98 .57	72 .60	43	25.74 .82	36.98 .57	17.41 1.21	21
Projected Need Subtotal	177.49 .51	244.77 .37	213 .42	90	76.14 .59	109.89 .41	52.72 .85	45
Projected Need Intermediate Care .0133	110.83 1.71	140.35 1.35	133 1.43	190	47.55 2.57	68.30 1.79	32.16 3.79	122
Projected Need Long Term Care .01496	124.66 .83	157.87 .66	149.6 .70	104	53.49 .22	76.83 .16	36.17 .33	12
Projected Need Total	412.98 .93	522.99 .73	495.6 .77	384	177.18 .89	254.52 .62	119.83 1.32	158

If Ratio < 1.0 there is established need.  
 If Ratio > 1.0 need is met or system over built.

NORTHERN AND SOUTH CENTRAL REGIONS							SOUTHEAST		
Alcohol Treatment Services	(352,854 x 6%) x 31% 6563	SOADA Clients 7542	Marden 26962 8358	Existing Beds	47,246 x 6% x 31% 879	SOADA Clients 1467	Marden 3677 1139	Existing Beds	
Med Detox .0014	10.21 0	11.73 0	13.0 0	0	1.37 3.67	2.28 2.19	1.77 2.82	5	
Projected Need Social Detox .0127	92.61 .37	106.43 .32	117.94 .29	34	12.40 .65	20.70 .39	16.07 .50	8	
Projected Need In Patient .0072	52.50 .40	60.34 .35	66.86 .31	21	7.03 3.13	11.74 1.88	9.11 2.41	22	
Projected Need Subtotal	155.32 .35	178.50 .31	195.33 .28	55	20.80 1.68	34.72 1.01	26.95 1.30	35	
Projected Need Intermediate Care .0133	96.99 1.59	111.45 1.38	123.51 1.25	154	12.99 2.77	21.66 1.66	16.83 2.14	36	
Projected Need Long Term Care .01496	109.09 .55	125.36 .48	138.93 .43	60	14.61 3.01	24.38 1.80	18.93 2.32	44	
Total Projected Need NR	361.40 .74	415.31 .65	457.77 .59	269	48.40 2.38	80.78 1.42	62.71 1.63	115	

## PSYCHIATRIC ACUTE CARE BED PROJECTIONS

In reviewing the literature for projecting psychiatric acute care beds, it was the general consensus that not only was material scarce, but also that "there was no one best method for determining the psychiatric bed needs of an area." (Study of Methods Used in Planning Psychiatric Bed Needs by Kenneth E. Burns, August 1978.) The formulas illustrated on the following pages do, however, represent an application of the Alaska "numbers" to formulas which have been used by other states. The Statewide Health Coordinating Council supports future work in the refinement of projections for Alaska's needs.

In assessing the formulas the following facts may assist in making a determination of their most useful application to Alaska.

Based upon data from the National Institute of Mental Health (most recent data is 1975) it is estimated that 32 million, or 15% of the total population has or has had a mental disorder. In 1975, 6.7 million persons received specialty mental health services. Based on these figures, in Alaska it can be estimated that 15% of 402,000 or 60,300 persons need treatment, but that only 3% or 12,060 persons will actually seek services. In applying the national statistics to in-patient and out-patient services, it is found that 21% seek in-patient/hospital care, while 79% receive out-patient care (Community Mental Health Centers). When applied to the Alaska population, it can be expected that 2533 persons will seek hospital care (21% of 12,060) and 9527 persons will seek Community Mental Health Center care.

Figures provided by the Division of Mental Health show that in 1980 actual admissions for Alaska Psychiatric Institute were 1023 and admissions for the Community Mental Health Centers were 3490. This total of 4513 represents one percent of the population figure 402,000.

Equally interesting is the comparison of hospital use rates found nationally and those at the Alaska Psychiatric Institute:

<u>NIMH (National)</u>		<u>API Bed Use Rates</u>	
1970	3.3/1000	1970	1.4/1000
1975	3.2/1000	1975	1.6/1000
1978	2.7/1000	1978	2.3/1000
		1981	2.7/1000

The first two (Connecticut and Illinois) of the five formulas presented in the following tables for projecting psychiatric bed needs were referenced in the appendix of the report cited in the first paragraph of this section.

The Connecticut formula is a fixed ratio formula that was determined by examining the utilization rates of inpatient and outpatient psychiatric services throughout that state.

The Illinois formula utilizes a present-centered planning approach that incorporates the existing average length of stay and the number of admissions per thousand population and applies them to a projected population at either the statewide, regional, or local level in order to determine the required number of acute care psychiatric beds. In the original report the Illinois formula was shown with the projected beds being multiplied by the desired occupancy rate. This was felt to be a typographical error as the projected beds would normally be divided by the desired occupancy.

Somewhat similar to Alaska, Oregon has developed a population based levels of care system which defines the type and amount of health services that should normally be found within a particular community or region. These levels of care have been broken down into primary, secondary, and tertiary care with psychiatric and other specialties being provided at only the secondary and tertiary levels. Since the Anchorage/South Central Region and the State as a whole are the only geographical entities which meet the 200,000 population criterion for tertiary care both were separately examined in the table. It should be noted that the Oregon formula does not specifically allocate a particular portion of beds for psychiatric care at the tertiary level and that the 10% figure used in the table conservatively approximates the current proportion of acute care psychiatric beds to general acute care beds throughout the State.

The Hill-Burton formula and its many variations has been recommended by the Federal government as a suitable method of determining both general medical-surgical and psychiatric beds in a particular service area; however, these recommendations have been tempered with the warning that the application of any current utilization approach in determining bed needs may not identify unmet needs in cases where services are not adequate or where the population may leave the service area to receive treatment elsewhere.

The Massachusetts formula, much like that in Connecticut, is a fixed ratio and is meant to be viewed as a statewide standard. It is based upon an estimation of the existing supply of acute psychiatric beds in general hospitals, private psychiatric facilities, and community mental health centers and does not include beds in state or federal (VA) facilities. It should also be noted that this formula applies to adult (15 years of age and older) beds and that state facilities were not included because of the deinstitutionalization program in which a 2:1 tradeoff would be allowed giving one bed to the community for every two removed from the State's system.

VARIOUS METHODS OF PROJECTING  
ACUTE-CARE PSYCHIATRIC BED NEEDS FOR ALASKA

	CONNECTICUT	ILLINOIS	OREGON	HILL-BURTON FORMULA	MASSACHUSETTS	EXISTING BEDS <sup>4</sup> (LICENSED)
	1 bed/1000 Pop.	LOS x Admission Rate x Pop / 365 = #beds required #beds + desired occupancy = actual beds needed (LOS = 36 days) <sup>5</sup> (Adm. Rate = 2.7/1000 Pop.) <sup>5</sup>	Levels of Care Concept Based on State & Regional Population (3.5 to 4.5 beds/1000 Pop. x 10%) Anchorage & So. Central Regions Statewide	$\frac{\text{Proj. Pop.} \times \text{Current Pat. Days}}{\text{Desired Occupancy Rate}} + 10 = \# \text{ Beds Needed}$  (Annual Patient Days = 32,523) <sup>5</sup>	.44 beds/1000 Pop	API Anch./ SCR State
Current Bed Needs (Based on 1980 Pop. of 401,351) <sup>1</sup>	402	107 + 90% = 119	76-97 141-181	109	177	164 176 198
Projected Bed Needs to 1925 (Based on Projected Pop. of 463,388) <sup>2</sup>	463	123 + 90% = 137	88-113 162-209	124	204	
Projected Bed Needs to 1950 (Based on Projected Pop. of 511,970) <sup>2</sup>	512	135 + 90% = 150	98-126 179-230	136	225	

Source: Alaska Department of Health and Social Services, Division of Health Planning and Development, and Division of Mental Health and Developmental Disabilities, May 1982.

- Note:
- 1 Source-U.S. Dept of Commerce, Bureau of the Census, Publication PC80-1-A3, November 1981.
  - 2 Source-Projections prepared by Alaska's three health systems agencies and have been incorporated into the Preliminary State Health Plan, 1982.
  - 3 Anchorage & So. Central Region include: the Municipality of Anchorage; the MatSu Borough; the Kenai Peninsula Borough; and the City of Seward. Population figures used for this region were: 1980 - 216,065; 1985 - 250,500; and 1990 - 280,800.
  - 4 The count of existing acute-care psychiatric beds presented above, includes all beds at API except the 24 beds in the Denali Treatment Unit (locked long-term). Total existing acute-care psychiatric beds by facility are as follows: API - 164; Providence Hosp. - 11; Bristol Area Hosp. - 1; South Peninsula Hosp. - 1; Fairbanks Memorial Hosp. - 11.
  - 5 In computing the Illinois and Hill-Burton formulas the utilization data that was used for Alaska was based only on API utilization data and did not reflect utilization of beds at other facilities. It should also be noted that the Annual Patient Days figure used in the Hill-Burton Formula was reduced by the 9,707 patient days accumulated in the Denali Treatment Unit at API.

VARIOUS METHODS OF PROJECTING  
ACUTE-CARE PSYCHIATRIC BED NEEDS FOR ALASKA

	CONNECTICUT	ILLINOIS	OREGON	HILL-BURTON FORMULA	MASSACHUSETTS	EXISTING BEDS <sup>4</sup> (LICENSED)
	1 bed/1000 Pop.	LOS x Admission Rate x Pop /365 = #beds required #beds ÷ desired occupancy = actual beds needed (LOS = 36 days) <sup>5</sup> (Adm. Rate = 2.7/1000 Pop.) <sup>5</sup>	Levels of Care Concept Based on State & Regional Population (3.5 to 4.5 beds/1000 Pop. x 10%)  Anchorage & So. Central Region <sup>2</sup> 3.5 x 216 x .1 = 76 4.5 x 216 x .1 = 97  Statewide 3.5 x 402 x .1 = 141 4.5 x 402 x .1 = 181	Proj. Pop/Current Pop x Ann. Pat. Days/365 + 10 = # Beds Desired Occupancy Rate (90%)  (Annual Patient Days = 32,523) <sup>5</sup>	.44 beds/1000 Pop	API Anch./ SCR State
Current Bed Needs (Based on 1980 Pop. of 401,851) <sup>1</sup>	402 36 x 2.7 x 365 = 107 107 ÷ 90% = 119	402 3.5 x 251 x .1 = 88 4.5 x 251 x .1 = 113	401,851 x 32,523 401,851 x 365 .90 + 10 = 109	401,851 x 32,523 401,851 x 365 .90 + 10 = 124	.44 x 402 = 177	176 188
Projected Bed Needs to 1925 (Based on Projected Pop. of 453,388) <sup>2</sup>	463 36 x 2.7 x 365 = 123 123 ÷ 90% = 137	463 3.5 x 281 x .1 = 98 4.5 x 281 x .1 = 126	463,388 x 32,523 463,388 x 365 .90 + 10 = 136	463,388 x 32,523 463,388 x 365 .90 + 10 = 124	.44 x 463 = 204	
Projected Bed Needs to 1930 (Based on Projected Pop. of 511,970) <sup>2</sup>	512 36 x 2.7 x 365 = 135 135 ÷ 90% = 150	512 3.5 x 281 x .1 = 98 4.5 x 281 x .1 = 126	511,970 x 32,523 511,970 x 365 .90 + 10 = 136	511,970 x 32,523 511,970 x 365 .90 + 10 = 136	.44 x 512 = 225	

Source: Alaska Department of Health and Social Services, Division of Health Planning and Development, and Division of Mental Health and Developmental Disabilities, May 1982.

Note:

- 1 Source-U.S. Dept of Commerce, Bureau of the Census, Publication PC80-1-A3, November 1981.
- 2 Source-Projections prepared by Alaska's three Health Systems Agencies and have been incorporated into the Preliminary State Health Plan 4, 1982.
- 3 Anchorage & So. Central Region include: the Municipality of Anchorage; the MatSu Borough; the Kenai Peninsula Borough; and the City of Seward. Population figures used for this region were: 1980 - 216,065; 1985 - 250,500; and 1990 - 280,800.
- 4 The count of existing acute-care psychiatric beds presented above, includes all beds at API except the 24 beds in the Denali Treatment Unit (Locked Long-Term). Total existing acute-care psychiatric beds by facility are as follows: API - 164; Providence Hosp. - 11; Bristol Area Hosp. - 1; South Peninsula Hosp. - 1; Fairbanks Memorial Hosp. - 11.
- 5 In computing the Illinois and Hill-Burton formulas the utilization data that was used for Alaska was based only on API utilization data and did not reflect utilization of beds at other facilities. It should also be noted that the Annual Patient Days figure used in the Hill-Burton Formula was reduced by the 9,707 patient days accumulated in the Denali Treatment Unit at API.

PART III  
OTHER SERVICES

## EMERGENCY MEDICAL SERVICES

The purpose of the Emergency Medical Services program in Alaska is to reduce both the human suffering and the economic loss to society that result from premature death and disability due to accidents and sudden illness. It accomplishes this by providing assistance on a regional basis to develop a systems approach to emergency medical care. The systems approach is based on the assumption that a life-threatening incident, be it a fractured skull or a heart attack, requires the mobilization of a large array of personnel, hardware and facilities in a short time span. It further assumes that it is not feasible to have the entire range of services, i.e., neurosurgeon or cardiac care unit, within 10 minutes of every place in the state. However, by organizing the services that are feasible to have within 10 minutes of most places where people live, a major impact can be made on death and disability.

Alaska has unusual characteristics that affect the delivery of EMS and the manner in which a systems approach can be pursued. The uniqueness of conditions requires unique approaches, especially when cost effectiveness is taken into account. National standards in terms of such things as response times, vehicle placement, and staffing patterns of emergency facilities cannot feasibly be met in most of the state. However, optimal use of many existing resources can be achieved to make significant systems improvements.

In the SHP, the following EMS concepts have been incorporated, particularly in the Levels of Care and the Objectives and Actions steps.

### A. Basic Life Support

- (1) Basic Life Support System means a system which provides for the arrangement of personnel, facilities, and equipment for the effective and definite delivery of basic life support services in an appropriate geographical area under emergency conditions.
- (2) Basic Life Support Services means the ability to arrest and stabilize life-threatening physiological and psychological conditions without the use of drugs or invasive medical procedures.

### B. Advanced Life Support

- (1) Advanced Life Support System means a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of advanced life support services in an appropriate geographical area under emergency conditions.

- (2) Advanced Life Support Services means the capability to arrest and stabilize life-threatening physiological and psychological conditions using appropriate noninvasive and invasive medical procedures. AS 18.03.090(7) defines the invasive medical procedures of advanced life support as "emergency care techniques provided under the written and oral orders of a physician which includes, but are not limited to electric cardiac defibrillations, administration of antirhythmic agents, intravenous therapy, intramuscular therapy, or use of endotracheal intubation devices".

The American Medical Association Commission on Emergency Medical Services in June 1981 established "Provisional Guidelines for the Optimal Categorization of Hospital Emergency Capabilities." This categorization system defines a facility's emergency care capabilities for specific critically ill patient groups, namely:

- Acute Medical Emergencies
- Behavioral (Psychiatric) Emergencies
- Burn Emergencies
- Cardiac Emergencies
- Neonatal, Perinatal and Pediatric Emergencies
- Poisoning/Drug Emergencies
- Spinal Cord Emergencies
- Trauma

Through categorizing hospitals according to this system, the answers to such questions as "Can Hospital 'A' effectively manage this patient, and if so, how effectively?" are more easily obtained.

The guidelines outline optimal criteria as "Essential" and "Desirable" for a hospital to be categorized at one of three levels\* for each respective critical care area. Level I denotes the greatest capability with Levels II and III representing progressively less capability with in that specific area. An implied fourth level, not tabulated, represents a large number of institutions that operate emergency rooms but offer no capability of care for that specific patient group beyond basic resuscitation and transfer. The vast majority of patients are and will continue to be appropriately treated in Level II or III hospitals; a small number of patients will require access to Level I hospitals for specialized care.

The Commission states that, "The criteria contained in the Guidelines should be viewed as optimal criteria to be used as an optional resource by those involved in hospital categorization and should not be interpreted by legislative or regulatory bodies as mandatory standards. While a

\*Please note, levels as used in this discussion should not be confused with those Levels used in the SHP Levels of Care.

commitment to achieve these optimal criteria is important, it is equally important to recognize existing local resources and capabilities to meet these criteria."

In light of these new Guidelines, the state and regional EMS coordinating agencies will be assisting hospitals to categorize their service capabilities during 1982-83.

For Alaska, certain highly specialized services may never be available in the state, yet provision of certain basic services will be minimum goals for all hospitals in the state. In between the two extremes, designation of particular hospitals as preferred regional centers, based on their critical care capabilities, will facilitate development of patient treatment protocols and transfer protocols between institutions, to assure the optimum treatment possible utilizing available facilities.

Ambulance Services: With the exception of the eight military based and operated ambulance services, within the State of Alaska there are currently 67 ambulance services. Forty are based along the central highway system. The remainder of the services are based in Southeastern Alaska and other population centers with small segments of highways, but not connected to a central highway system linking them to other cities. There are two private air ambulance services and two military air ambulance services available to the public. However, most medevacs and patient transfers depend upon private air taxis and air carriers.

All ambulance services are capable of administering at least basic life support and patient transportation, but the extent of the provided services varies tremendously. The capabilities of each service vary from sophisticated Mobile Intensive Care Units (MICUs) to vans and "suburbans" staffed by volunteer rescue squads trained as EMTs. Three levels of EMT training are recognized in addition to paramedic training. In addition, most isolated villages now have Community Health Aides and Village Public Safety Officers trained as EMTs who provide initial emergency care and transport within the village and arrange for air medevacs to more definitive medical care when appropriate.

The Division of State Health Planning and Development and the Section of Emergency Medical Services continues their mutual planning activities. The Alaska EMS Goals-A Guide for Planning Alaska's Emergency Medical Services System reflects this coordination. This document builds upon the Levels of Care concept and presents emergency medical services appropriate for each level. At the November 1981 SHCC meeting, the Council approved the EMS Goals for incorporation as part of the preliminary State Health Plan.

## BEHAVIORAL HEALTH SERVICES

Alaska's extreme climatic and geographic characteristics have a significant impact on the health of the population and the organization of the health care system, as does lifestyle. Many communities are far from available urban services. The physical and cultural diversity within Alaska demands a broad-scoped health system, based on a policy of decentralized services. The harsh climate and terrain contribute to the incidence of accidental injuries and death. The arctic winter and darkness influence the behavioral health of the population. There is evidence that the level of mental illness in Alaska is high. The current suicide rate for Native Alaskans is 3.7 times the rate for the United States.

The isolation of communities in combination with the long winter seems to encourage the consumption of alcohol in great quantities. Alcohol consumption by Alaskans creates many problems. The consumption of alcohol contributes significantly to the number of accidents, child abuse incidents, and violent crimes in the State. The Coast Guard estimates that 80% of the boating fatalities are a consequence of intoxication. Measures such as alcohol education, restricted advertising of alcoholic beverages, and restricted open hours on liquor establishments could be initiated to reduce consumption of alcohol. All facets of cultural differences, social and economic upheaval, geographic and climatic effects must be considered in developing care and treatment systems in this vast State.

Mental Health Services: The State Division of Mental Health and Developmental Disabilities operates an inpatient psychiatric facility, the Alaska Psychiatric Institute, and one regional mental health clinic in Juneau. Providence Hospital and Fairbanks Memorial Hospital provide inpatient psychiatric care.

Alaska Psychiatric Institute: Alaska Psychiatric Institute, located in Anchorage, is Alaska's only hospital specifically designated for inpatient care and treatment of the mentally ill. Built in 1962, it currently maintains 171 staffed beds for the acutely mentally ill. The Joint Commission on the Accreditation of Hospitals has awarded full accreditation to this facility. Hospital care is available to persons who are mentally ill, a danger to themselves or others, or in need of 24-hour intensive psychiatric treatment. Admission may be voluntary. Involuntary admissions are by a court order. Patients may be of any age, sex or nationality, without regard to their Alaska community of residence. Complete physical health assessment is available including dental services, medical laboratory, x-ray, central medical, and sterile supply. A full-time psychiatric and medical staff provide 24-hour care. Training and consultation services are also provided to community agencies. In addition, the hospital offers diagnostic and evaluation services for related disabilities, serves as a teaching and training center for health care disciplines, and provides a setting for research in mental health

care. The hospital operates nine functional units: an admission unit; a psychiatric security unit; a children's unit; an adolescent unit; an open unit and a closed unit for chronically mentally ill patients; a closed unit for highly disabled patients; a secure treatment program; and a pre-discharge unit.

In recent years, API has increased the number of admissions but shortened the period of hospitalization before discharge. In Fiscal Year 1973, there were 507 admissions, with an average stay of 75.1 days. By Fiscal Year 1980, admissions rose to 1030, with an average length of hospitalization of only about 35 days.

With increased State population, API has met the need for inpatient treatment by providing more intense treatment over a shorter term and referring patients to outpatient treatment in the community for follow-up services.

In FY 83, the Alaska Psychiatric Institute will be undergoing several major changes. It is anticipated that the census increase which began in FY 80 will continue to fill the Institute. In addition, the Alaska Psychiatric Institute will house a new unit for criminally committed mentally ill and/or court committed patients, called the Secure Treatment Program (STP). These patients were formerly sent to the Atascadero State Hospital in California but must now be cared for within the State. With the closure of Atascadero for Alaska's criminally committed mentally ill, the Division attempted to find placement elsewhere. Since no other alternative was found, API will have to provide more secure services on a long-term basis to patients who are potentially more dangerous than any ever treated at the API. FY 82 should also mark the beginning of computerization of hospital routines. The Division received, in the FY 82 capital budget, funds to begin computerization of the hospital accounting system. The API FY 83 capital budget requests funds to continue this effort. It should be noted that presently all administrative operations are carried out by hand and that the hospital does not even have an IBM CRT which would give its daily authorization balances and other accounting and payroll information.

The Division of Mental Health and Developmental Disabilities provided grant funds to 24 community-operated mental health centers during FY 1981. Figures 5-5 lists the mental health planning districts in Alaska and the programs which serve these districts. Figure 5-4 lists the services that were available from these mental health centers. These centers were surveyed in 1981 and will again be surveyed for a more complete and accurate accounting of services provided. Between the outpatient services offered by the community mental health services and inpatient services offered at Alaska Psychiatric Institute is a range of services which includes community-based hospitalization, transitional care, day treatment, and long-term residential care. A transitional care facility to provide diversion from API is currently

**COMMUNITY OPERATED MENTAL HEALTH CENTERS  
FISCAL YEAR 1981**

**Figure 5-4**

HSA LEVEL OF CARE COMMUNITY	PROGRAM/GRANTEE	Services											
		Emerg. Hosp. or Inpatient	Outpatient	24-Hr. Emerg.	Day Care & Partial Hosp.	Cons.-Educ.	Children's	Elderly	Follow-up Care	Assistance to Courts	Transitional Halfway Care	Alcohol	Drug Abuse
601-111 SC HSA LEVEL I Copper Center	Copper River Native Association Alcohol Drug Abuse Program		X	X		X	X		X	X		X	X
	LEVEL II Aniak	Kuskokwim Native Assoc. M.H. Program		X	X		X	X	X	X		X	X
LEVEL III	Bethel	Yukon-Kuskokwim Health Corp. Dept of MH	X	X	X		X		X	X			
	Cordova	Cordova Community Services	X	X	X		X	X	X	X		X	X
	Dillingham	Bristol Bay Region Human Services Prog.	X	X	X		X		X	X			
	Homer	So. Peninsula Community Services	X	X	X		X	X	X	X			
	Kenai	Central Peninsula M.H. Center	X	X	X		X	X	X	X			
	Kodiak	Kodiak/Aleutian M.H. Center	X	X	X	X	X	X	X	X			
	Nome	Norton Sound Health Corp. Family Services Dept.	X	X	X		X	X	X	X		X	X
	Seward	Seward Council on Alcoholism & Community Services	X	X	X		X	X	X	X		X	X

HSA LEVEL OF CARE COMMUNITY	PROGRAM/GRANTEE	Services											
		Emerg. Hosp. or Inpatient	Outpatient	24-Hr. Emerg.	Day Care & Partial Hosp.	Cons.-Educ.	Children's	Elderly	Follow-up Care	Assistance to Courts	Transitional Halfway Care	Alcohol	Drug Abuse
111-111 SC HSA LEVEL III (Cont.) Valdez	Valdez Community M.H. Center	X	X	X		X	X	X	X	X		X	
	LEVEL IV Anchorage	Anchorage Community M.H. Center	X	X	X	X	X	X	X	X			

Source: State of Alaska, Dept. of Health & Social Services, Div. of Mental Health & Developmental Disabilities, 1981.

COMMUNITY OPERATED MENTAL HEALTH CENTERS  
FISCAL YEAR 1981

Figure 5-4 Continued

HSA	LEVEL OF CARE	COMMUNITY	PROGRAM/GRANTEE	Services											
				Emerg. Hosp. or Inpatient	Outpatient	24-hr. Emerg. Day Care & Partial Hosp.	Cons.-Educ.	Children's	Elderly	Follow-up Care Assistance to Courts	Transitional Halfway Care	Alcohol	Drug Abuse		
801-111	NO HSA LEVEL II	Ft. Yukon	Ft. Yukon Behavioral Health Services		X			X			X				X
		Galena	Yukon-Koyukuk Mental Health Services		X			X			X				X
		McGrath	Psychological Services Center		X			X			X	X			X
		Tanana	Yukon-Tanana Mental Health Program	X	X			X			X				X
		Tok	Tok Community Mental Health Center		X			X			X	X			
	LEVEL III	Barrow	North Slope Borough Mental Health Prog.	X	X			X			X	X			
		Kotzebue	Northwest Alaska M/A Alcoholism Center					(NEW PROGRAM)							
	LEVEL IV	Fairbanks	Fairbanks Community Mental Health Center	X	X	X	X	X	X	X	X	X			
111-111	SE HSA LEVEL II	Haines	Haines Mental Health Center												(NEW PROGRAM)
	LEVEL III	Juneau	Juneau Mental Health Center	X	X	X		X			X	X			
		Ketchikan	Gateway Community Mental Health Center	X	X	X	X	X	X	X	X	X	X	X	X
		Talkeetna	Bureau of Mental Health Office		X	X		X			X	X			

Source: State of Alaska, Dept. of Health & Social Services, Div. of Mental Health & Developmental Disabilities, 1981.

Figure 5-5

PLANNING DISTRICTS/CATCHMENT AREA SERVICES AND PROVIDERS

FY 1982

PLANNING DISTRICT	PROGRAM NAME	PROGRAM PROVIDER
Alaska Native Village of	no program	no program
Aniak	Kuskokwim Community Mental Health Program	Kuskokwim Native Association
Anchorage	Anchorage Community Mental Health Center	Dept. of Health and Environmental Protection
Barrow	North Slope Borough Mental Health Program	North Slope Borough
Bethel	Yukon-Kuskowkim Health Corp.	Yukon-Kuskowkim Health Corporation
Copper River	Copper River Mental Health Program	Copper River Native Association
Cordova	Cordova Hospital	City of Cordova
Dillingham	Bristol Bay Area Health Corporation	Bristol Bay Area Health Corporation
Fairbanks	Tanana Chiefs Mental Health Program	Tanana Chiefs Conference, Inc.
Upper Yukon	Upper Yukon Behavioral Health Services	Upper Yukon Behavioral Health Services
Fairbanks	Fairbanks Community Mental Health Center	Presbyterian Hospitality House
Galena	Yukon-Koyukuk Mental Health Services Program	City of Galena
Haines	Haines Mental Health Center	City of Haines
Homer	South Peninsula Community Services	South Peninsula Mental Health Assn., Inc.
Kenai	Central Peninsula Mental Health Center	Central Peninsula Mental Health Assn.
Ketchikan	Gateway Community Mental Health Center	City of Ketchikan
Kodiak	Kodiak Aleutian Mental Health Center	Kodiak Island Borough
Kotzebue	Maniilaq Mental Health Center	Maniilaq Association
McGrath	McGrath-Anvik Community, & Family Services	McGrath-Anvik Educational & Mental Health Association, Inc.
Nome	Norton Sound Family Services	Norton Sound Corporation
Seward	Seward Council on Alcoholism & Community Services	Seward Council on Alcoholism and Community Services
Sitka	Baranof Mental Health Clinic	Alaska Crippled Children & Adults Assn.
Tok	Tok Health Center	Tok Area Mental Health Board
Valdez	Valdez Mental Health Center	City of Valdez
Juneau	Juneau Mental Health Clinic	State Operated
Wasilla	Mat-Su Community Consultation Center	Anchorage Community Mental Health Services, Inc.

Source: State of Alaska, Dept. of Health and Social Services,  
Div. of Mental Health & Developmental Disabilities,  
1982

being developed on a demonstration basis in Anchorage. Some mental health centers offer day treatment programs for the client who needs more than periodic therapy, and many local hospitals offer inpatient services to appropriate clients. However, many parts of this continuum of care have not yet been developed.

Alaska's new commitment bill places an emphasis on treatment as close as possible to home and use of the least restrictive alternative form of treatment. One way the statute allows this is through the designation of local hospitals to serve as evaluation and treatment facilities. In many communities the hospital, medical practitioners and mental health staff are now working together to evaluate the client in the community. The designation of hospitals as treatment facilities remains to be accomplished. API will continue to provide inpatient services to all Alaskans. It is also intended that API will offer specialized services through treatment programs for criminally committed patients, and through other specialized programs as needed.

In addition to government funded or operated mental health services, there are an unknown, but significant, number of private practitioners directly serving patients in a private setting on a fee for service basis. Both Level IV communities and several Level III communities are known to offer mental health services in these private settings.

Developmental Disabilities Services: The Division of Mental Health and Developmental Disabilities is responsible for making services available to developmentally disabled Alaskans and their families. The Division administers a program of community support services through contracts with private local organizations and operates the Harborview Developmental Center. The latter is a residential facility for the substantially developmentally disabled. It serves as a back-up for the operation of community programs.

There are an estimated 800 handicapped and mentally retarded persons in Alaska who cannot live independently or be reasonably cared for by their families alone or in their home communities. Harborview currently serves the most severely handicapped of that group. Programming is directed toward preparing the individual for return to the family or the community.

Community developmental disabilities programs help integrate substantially developmentally disabled persons into community life. These services include respite care for the families of developmentally disabled persons, vocational training, specialized foster home services, group home programs and other non-institutional services. A list of the community programs under contract with the Division is provided on the following pages.

## DEVELOPMENTAL DISABILITIES CONTRACTS AND SERVICES

### CLIENT PROGRAM MANAGEMENT SERVICES

Client Program Manager: Mr. Lee Killgore  
Address: Division of Mental Health & DD  
Frontier Building, 3601 C Street  
Pouch 6333  
Anchorage, Alaska 99502-0333  
Phone: 561-4247

Provides assistance to clients and families in arranging appropriate services, approves admissions of clients into programs listed below and monitors individual program plans and progress of clients.

### PADD, INC.

Director: Mr. David Maltman  
Address: 325 E. 3rd. Ave., 2nd Floor  
Anchorage, Alaska 99501  
Phone: 274-3658

Provides protection and advocacy services to developmentally disabled persons, statewide.

### ST. JUDE CENTER, INC.

Director: Mrs. Joan Jordan  
Address: 3272 Hospital Drive  
Juneau, Alaska 99801  
Phone: 586-2624

Provides 24-hour respite care services for families of developmentally disabled children in the Juneau area.

### CENTRAL PENINSULA MENTAL HEALTH CENTER

Director: Paul E. Turner, Ph. D.  
Address: P. O. Box 4683  
Kenai, Alaska 99611  
Phone: 283-7501

Provides 24-hour in-home respite care program for families of developmentally disabled persons in the Kenai-Soldotna area.

### KAPPS, INC.

Director: Ms. Joanna De Santo  
Address: P. O. Box 6280  
Ketchikan, Alaska 99901  
Phone: 225-2914

Provides 24-hour in-home respite care program for families of developmentally disabled persons in the Ketchikan area.

### PACS, INC.

Coordinator: Mrs. Mary Wright  
Address: Box 4512  
Mt. Edgecombe, Alaska 99835  
Phone: 747-8733

Provides 24-hour respite care program for families of developmentally disabled children in the Sitka area.

### EMPLOYMENT & TRAINING CENTER OF ALASKA

Director: Mr. Clyde Farrington  
Address: 2330 Nichols Street  
Anchorage, Alaska 99504  
Phone: 279-6617

Provides training and employment for substantially impaired developmentally disabled adults to increase vocational potential and productivity in remunerative work settings.

### KODIAK ALEUTIAN MENTAL HEALTH CENTER

Director: Dr. Pamela Baglein  
Address: P. O. Box 712  
Kodiak, Alaska 99616  
Phone: 486-5742

Provides living arrangements and independent living skills for up to 15 adults and 24-hour in-home respite services for families of developmentally disabled persons.

FAIRBANKS REHABILITATION ASSOCIATION

Director: Mr. Bill Repicci  
Address: 805 Airport Road  
Fairbanks, Alaska 99701  
Phone: 456-8901

Provides living arrangements for adults and children, including independent living skills training, specialized family care, and home support services. Also provides vocational skills training for substantially developmentally disabled adults and 24-hour in-home and out-of-home respite care for families of developmentally disabled persons.

BETHEL SOCIAL SERVICES, INC.

Director: Ms. Loreen M. Foster  
Address: Box 271  
Bethel, Alaska 99559  
Phone: 543-2840

Provides independent living skills training, including management of leisure time training to developmentally disabled adults in the Yukon-Kuskokwim area.

REACH, INC.

Acting Director: Mr. Jerry Hekkel  
Address: P. O. Box 1266  
Juneau, Alaska 99802  
Phone: 586-2360

Provides residential support, independent living skills training, and vocational skills training to developmentally disabled adults in the Juneau area.

GATEWAY OPPORTUNITY CENTER, INC.

Administrative Officer: Ms. Carle Brown  
Address: P. O. Box 7262  
Ketchikan, Alaska 99901  
Phone: 225-9641

Provides residential support and independent living skills training to developmentally disabled adults in the Ketchikan area.

HOPE COTTAGES, INC.

Director: Mr. Stephen Lesko  
Address: 2805 Bering Street  
Anchorage, Alaska 99504  
Phone: 274-1581

Provides a wide range of community-based living accommodations and independent living skills training for substantially developmentally disabled children and adults, including specialized family care and special services to emotionally disturbed, developmentally disabled clients.

SATELLITE HOME PROGRAM

Coordinator: Mr. Fred Robrecht  
Address: 3401 East 42nd Avenue  
Anchorage, Alaska 99504  
Phone: 561-1133

Provides specialized family-based living accommodations and independent living skills training for severely impaired developmentally disabled persons.

CHILD, INC.

Coordinator: Ms. Marianne Annerud  
Address: 704 West 10th Street  
Juneau, Alaska 99801  
Phone: 586-3206

Provides living arrangements and training services for substantially developmentally disabled children in the Juneau area.

ADULT LEARNING PROGRAMS OF ALASKA, INC.

Coordinator: Ms. Carolyn Ehringhaus  
Address: P. O. Box 81510  
Fairbanks, Alaska 99708  
Phone: 479-4274

Provides educational and training services to developmentally disabled adults in the Fairbanks area.

JARC (Juneau Association for Retarded Citizens, Inc.)

Address: P. O. Box 1495  
Juneau, Alaska 99802

Provides summer programs of social development and leisure time training for developmentally disabled persons in the Juneau area.

STATE FACILITY

HARBORVIEW DEVELOPMENTAL CENTER

Superintendent: Mr. Patrick Londo  
Address: P. O. Box 487  
Valdez, Alaska 99686  
Phone: 835-4344

This State operated program provides training and development services in a protective living environment for severely retarded, developmentally disabled persons. These institutional services are provided as a back-up to the development and maintenance of community services.

## ALCOHOL AND DRUG ABUSE PROGRAMS

Public drunkenness has not been a criminal offense in Alaska since the Uniform Alcoholism and Intoxification Treatment Act (AS 47.37) was passed in 1972. This Act also requires that alcoholics and intoxicated persons be afforded a continuum of treatment, the first step in which is often of an emergency nature requiring medical attention. In many of Alaska's smaller and remote communities, medical attention and facilities are not available for the intoxicated person, though such alcoholism treatment facilities are available in most larger communities. The comprehensive system includes an extensive referral system in rural Alaska for both alcohol and drug problems. This system does not provide any services directly, but grants funds to local entities which deliver services according to locally developed plans.

The State Office of Alcoholism is the mechanism through which these services are being offered in accordance with the Office's mandate that the community's problem with alcohol be addressed at the community level with assistance, guidance and sufficient standardization by the State Office to ensure comprehensiveness and quality of care. The state Office operates the programs in accordance with AS 47.37 and evaluates in accordance with provisions of this legislation and other appropriate measures.

Following is a listing of the State Office of Alcoholism and Drug Abuse (SOADA) funded Alcoholism, Drug Abuse and combined Alcoholism/Drug Abuse programs along with a categorization of available services. Using an epidemiology model SOADA has classified programs according to intervention levels which are defined as follows:

**Primary Prevention:** includes activities designed to alter societal conditions and address the needs of potential substance abusers before abuse begins and its negative consequences occur. Thus, primary prevention, as the term is used in this section, refers to strategies which address the problem of substance abuse before the identifiable development of the problem.

**Secondary Prevention:** includes early intervention activities designed to address problems of substance abuse early in their development and before addiction or other severe consequences occur.

**Tertiary Prevention:** includes treatment and rehabilitation services, focused upon the smaller numbers of people already experiencing the negative consequences of alcohol and/or other drug abuse.

## Education and Prevention Services

Education and prevention services include the dissemination of relevant information aimed at increasing the awareness, receptivity and sensitivity of the community to alcohol and drug abuse problems. These services also stimulate social action to increase the services provided for people with drug and alcohol associated problems. Activities designed to alter societal conditions and to address the needs of potential alcohol and drug abusers before the abuse begins are also encouraged.

### Youth Alternative Programs

- Sitka
- Petersburg
- Ketchikan
- Kotzebue
- Anchorage
- Fairbanks
- Juneau
- TCC Regional

### Special Projects in Education & Prevention

- Community action workshops in prevention in 10 Native Corporation regions.
- Alcohol/Drug education kits used in all 13 Adult Basic Education sites.
- Art therapy at eight community services sites.
- Documentary films of villages with alcohol problems.
- Data collection on alcohol problems in selected communities.
- Alcohol Awareness Week.
- Youth projects in community programs statewide.
- Here's Looking at You, K-12 alcohol and drug curriculum to 300 schools
- Alaska Legal Services local option election technical assistance

## Intervention Services

The projects listed below are designed to address problems of alcohol and other drug abuse early in their development and before addiction or other serious consequences occur. Included in this listing are projects that provide intervention services to clients needing institutional care.

### Employees Assistance Programs

- Department of Health & Social Services in Juneau & Anchorage
- Department of Transportation in Anchorage, Kenai, Kodiak

### Student Assist Program

- Homer Schools North Star Project
- Fairbanks Schools

### Public Inebriate Programs

- Anchorage
- Fairbanks

### Alcohol Safety Action Program (Drunk Drivers)

- |             |              |
|-------------|--------------|
| - Anchorage | - Kotzebue   |
| - Fairbanks | - Dillingham |
| - Juneau    | - Bethel     |
| - Ketchikan | - Nome       |
| - Kenai     | - Tok        |
| - Kodiak    | - Barrow     |
| - Mat-Su    | - Petersburg |

## Urban Services

Combinations of outreach, public education, outpatient diagnosis and treatment, and aftercare are available in all large urban areas of the State. These same services are also found in all rural hub centers and through those programs to the surrounding villages.

### Anchorage

- Inpatient (Alcoholism and Drug Abuse) 100 Beds
- Emergency Services/ Detoxification 22 Beds
- Outpatient (Alcoholism and Drug Abuse)
- Special Services (e.g. special women's treatment center; prison counselors)
- Methadone Maintenance/Detox and Drug Free Counseling
- Intermediate Care 20 Beds

### Ketchikan

- Intermediate care 8 Beds
- Outpatient
- Emergency/Detoxification Services

### Kodiak

- Intermediate care 12 Beds
- Outpatient
- Emergency/Detoxification Services

### Sitka

- Inpatient (PHS Hospital) 16 Beds
- Emergency Services/ Detoxification
- Intermediate care 12 Beds
- Outpatient (Alcoholism and Drug Abuse)

### Wasilla

Long term care 48 Beds

### Fairbanks

- Inpatient 20 Beds
- Emergency Services/ Detoxification 10 Beds
- Intermediate Care 21 Beds
- Outpatient (Alcoholism and Drug Abuse)
- Methadone Maintenance/Detox and Drug Free Counseling

### Juneau

- Inpatient 15 Beds
- Emergency Services/ Detoxification
- Intermediate Care 21 Beds
- Outpatient (Alcoholism and Drug Abuse)

### Bethel

- Emergency Services/ Detoxification 8 Beds
- Intermediate Care 8 Beds
- Outpatient
- Rural Village Counselors

### Nome

- Emergency Services/ Detoxification
- Intermediate Care 12 Beds
- Outpatient
- Rural Village Counselors

### Kotzebue

- Emergency Services/ Detoxification
- Intermediate Care 8 Beds
- Outpatient
- Rural Village Counselors

## Rural Services

Each community listed below has at least one full time alcohol/drug abuse worker. Many of these grantees offer services in areas surrounding their specific locations and some of these programs have letters of agreement with Regional Center programs for services not provided by them.

### Subregional/Rural Hub Centers/Village Programs

- Norton Sound (Nome)
- Mauneluk (Kotzebue)
- Bristol Bay Area Health Corporation
- Mat-Su Council on Alcoholism
- Seward
- Cook Inlet Council on Alcoholism
- Cook Inlet Native Association
- Copper River Native Association
- McGrath
- Petersburg
- Wrangell
- Upper Tanana Council on Alcoholism
- Cordova
- Yakutat
- South Kachemak
- North Slope (Barrow)
- Rural Cap/I.H.S. (Village Counselors-Illiamna, Aleutian-Pribilof Islands, St. Paul)
- Ft. Yukon/TCC
- Valdez
- Kuskokwim N. A. (Aniak)
- Minto
- Galena
- SEARHC
- Haines
- Klukwan
- Hoonah
- Angoon
- Hydaburg
- Craig/Klawock
- Kake
- Yukon-Kuskokwim HC (Bethel)
- Mountain Village
- Hooper Bay
- Mekoryuk
- Toksook Bay
- Nunapitchuk
- Napaskiak
- Akiachak
- Akiak
- Quinhagak
- Togiak
- Manokotak
- Koliganek
- New Stuyahok
- Levelock
- King Salmon
- Nondalton
- Newhalen
- Port Heiden
- Chevak

## Training And Research Projects

The projects listed below are FY 82 services funded from SOADA's grants component. Co-training of allied service providers and inter-agency grants have been available through coordination with the Village Public Safety Officer program, Community Health Representative and Health Aide programs, the Family Violence program, and other service providers.

### Regional Training Offices - Counselor Certification & Coordination

- Fairbanks
- Bethel
- Sitka

### Training Courses - Counselor Certification

- Basic level, Native Students statewide
- Basic and advanced levels, statewide
- Portfolio development training, statewide

### Special Training Projects - Statewide

- Annual Summer School
- Justice Treatment Interface
- Alaska Native Training Institute
- Alcohol/Drug Abuse Prevention Symposium

### Special Research Projects

- Statewide needs assessment survey of Drug Abuse problems
- Legal research and technical assistance on rural alcohol issues

## Evaluation Projects

The SOADA's administration component provides funds for the following projects, except for the school education and media evaluations, which are subcontracted from the grants component of the SOADA budget.

### Evaluation - Contracted Services

- Management Information System development - automated client and program activity tracking system; operational in October of 1982.
- Follow-up study of alcohol treatment program clients to determine outcomes of treatment services in Anchorage, Fairbanks, and Juneau; scheduled to be completed in fall of 1983.
- Development of a set of community indicators to measure the status of a community's health with respect to alcohol/drug abuse, and impacts of preventative efforts; project currently being revised.
- Ongoing evaluation of "Here's Looking at You" school education program; takes pre and post tests of knowledge, behaviors, and other variables.
- Ongoing outcome study of the Alcohol Safety Action Program (ASAP) which follows rearrest rates for problem drinking and non-problem drinking ASAP clients.

Other alcohol resources in the state include:

- Alaska Air Command, Social Actions Alcohol Programs
- Providence Hospital, Anchorage
- U.S. Public Health Service Hospitals: Dillingham, Kotzebue, Mt. Edgecumbe and Tanana
- Elmendorf Air Force Hospital
- Fairbanks Rescue Mission, Fairbanks
- Kodiak Island Hospital, Kodiak
- Alaska Hospital Chemical Dependency Unit, Anchorage

The current very serious alcohol abuse problems in Alaska do not appear to be the result of failure of institutional programs, but an unwillingness of the social system to regulate the behavior either of the alcohol distribution industry or of the alcohol consumer. It seems reasonably possible that such regulation will be necessary before there is notable change in the seriousness of the problems confronting the state. In addition, as an alternative to treatment and rehabilitation programs, a system of basic care and nourishment for chronic alcoholics should be considered. Resources should be directed to an earlier stage in the alcohol cycle to target those individuals who are in the primary phases of alcohol dependency, to develop primary prevention programs and to ensure effective use of resources through evaluation and accountability measurements. Traditional programs for treatment and rehabilitation such as AA should still be available to those who wish to avail themselves of the programs. The emphasis in terms of finances and energies should be directed towards programs which address:

1. A recognition that a population of chronic alcohol abusers exists; efforts need to be directed toward the reduction of the social and medical costs associated with that population, rather than solely the eradication of such abuse;
2. Reducing the impact of alcoholism on the alcoholic and the social system;
3. Support for prevention of activities such as those contained in the Governor's Alcohol package presented to the 10th legislature.
4. Continued improvement of utilization of early intervention services.
5. Adoption of statewide performance and budgetary criteria to evaluate the existing alcohol programs.

To avoid further multiplicity of agencies dealing with alcohol problems, e.g. RurALCAP, AA, ANHS, ANCADA, it should be incumbent on state and local agencies, private organizations and the beverage industry

to cooperatively establish primary goals and objectives and thereafter to promote the greatest amount of interaction and coordination to assure achievement of these goals and objectives. We endorse the integration of agencies and programs dealing with behavioral health problems.

## HOSPICE SERVICES

The term Hospice was used in earlier times to denote a kind of inn or shelter for travelers and wayfarers. In 1967 the word was reborn, with a poetic twist in meaning, when the English physician/social worker Dr. Cicely Saunders opened the St. Christopher's Hospice, a residential care center for the dying. The fundamental concept was to replace the generally negative attitude and context of dying and death (anxiety, pain, depression, unfamiliar institutional atmosphere, aloof and uniformed attendants) with a more positive setting. In the hospice, the emphasis is on the relief of pain and a concerned and affectionate guidance through the states of a natural aspect of life: dying. Hospice-oriented care is introduced when cure is no longer considered likely. The environment is homelike where friends and children come and go with few restrictions. Residents are encouraged to deal with the "unfinished business" of their lives and thereby minimize the grief and guilt experienced by both the dying and the living who remain behind.

The hospice concept is also extended to "outpatient" services where the patient is attended to by "care teams" in the surrounding of his/her own home. Care teams would be available on a 24-hour basis and would consist of 3 to 5 volunteers under the supervision of a nurse and/or physician as appropriate.

The first hospice to open in the United States was Connecticut's New Haven Hospice. Home care service began in 1974 and an inpatient facility opened in 1979. Since that time facilities have been opening in cities all across the U.S.: in New York, in Tucson, two in Seattle.

In Juneau, the growing interest in the hospice concept culminated in the incorporation, in 1980, of Hospice of Juneau, a private nonprofit organization. From the corporation's Articles of Incorporation, the overall purpose of the organization is "to establish a hospice program to improve the quality of life of the terminally ill by providing professional guidance and warm, loving, supportive help to the dying person and his/her family, and to keep intact the dignity, integrity and personal choices of the dying person. The overall goals of Hospice of Juneau are to

- A. develop hospice home-care services for people experiencing terminal illness and their families in the Juneau community.
- B. continue to train volunteers in the concepts and practice of hospice care-giving.
- C. continue on local, regional and statewide levels the education and promotion of hospice-care concepts with health care providers and consumers.
- D. provide consultation and educational support to regional Southeast Alaska communities in the direct care of people with terminal illnesses and their families.

Hospice of Juneau received \$6,062 from the Office on Aging for a volunteer training project during FY 1981 and it was completed by June 30, 1981. For FY 1982, Hospice of Juneau received a grant for \$37,000.

Residents of Anchorage are also active in the hospice movement. Anchorage Hospice began in 1978 with a small core of interested people, who initially gathered materials from other hospices throughout the country. Anchorage Hospice was incorporated under the laws of the State of Alaska in 1980 as a nonprofit organization. It is a member of the National Hospice Organization and Hospice of the Northwest. The corporation is governed by a Board of Directors composed of individuals representing existing health care organizations or having specific knowledge and skills deemed important in the development of a hospice program in the Anchorage community. Activities of Anchorage Hospice are implemented through the volunteer participation of many individuals, both from the Board and from a formal volunteer group. In the fall of 1980, Hospice of Anchorage successfully applied for funds to support an education/awareness program in the community. The target audience was both the professional (particularly physicians, nurses and mental health workers) community and the community at large (with special emphasis on the elderly). The grant period for the above application was December 1, 1980 through November 30, 1981. That application had three major goals:

- A. an increased awareness among medical care professionals of hospice services
- B. an increase in skill level among medical care professionals in caring for dying patients and their families
- C. an increased awareness of hospice services among community residents and community service agencies.

In the long run, it can be said that every individual in Anchorage would benefit from the message the "hospice" concept can deliver. On an annual basis, at least 100 individuals in Anchorage experience terminal illness due to cancer, and many others, to a variety of other chronic and debilitating diseases. In order to realize the highest quality of remaining life for patients and to prevent unnecessary stress on those around those patients, hospice services can play a critical role. The primary population group affected by impending death is the elderly. It is to this group that most of the community education is directed. In December 1981, the agency received a \$10,085 grant from the State to initiate community education and awareness. The major part of that grant budget was committed to obtaining material and human resources for those presentations and seminars. A part-time educational coordinator helped in the administrative aspects of the program. Anchorage Hospice received a grant of \$12,950 from December 1, 1981 - June 30, 1982.

It is hoped that linkages will be established amongst the developing hospice programs in Alaska to facilitate their provision of services to the broadest possible population base.

PART IV

HEALTH MANPOWER

Health manpower is a term which refers collectively to those people employed in the provision of health services, whether as individual practitioners or employees of health institutions and programs. Health manpower resources are a major determinant of the appropriateness of the health care being delivered. There are three primary concerns in the evaluation of health manpower as applied to a given area: the supply of health manpower (how many?), the distribution of health manpower (where are they?), and the fit between the population's health needs and the professional's health skills (what is needed?).

For the State Health Plan, health manpower data is obtained through professional associations, the State Occupational Licensing Agency, the Annual Hospital Survey and agencies with the Department of Health and Social Services. Because state licensing is not required for federal or military practitioners, the manpower statistics may not accurately reflect the total number of professionals actively practicing in Alaska. Figures 5-6 through Fig. 5-14 present a summary of Alaska's health manpower distribution. In addition to distribution, recruitment and retention of qualified health professionals can be a major problem in Alaska, especially in the more rural areas of the state. It has been suggested that part of the solution might be to increase the incentives and educational opportunities available to local talent. Once trained in a health profession, a local resident might be more likely to remain than a person whose previous residency has been outside the state.

Figure 5-6

HEALTH MANPOWER ALASKA

1	Physicians		Dentists		Physician Extenders		Community Health Aides		Nurses		2		2		2		2		2	
	Oct. 1981	1981	1981	1981	Physician Assistant	Nurse Practitioners	March 1981	Dec. 1981	Dec. 1981	Dec. 1981	Sept. 1981	Aug. 1982	April 1981	June 1981	June 1981	June 1981	April 1981	April 1981	Aug. 1981	
1	669	292	64	378	887	3084	186	44	93	88	61	66								
2	73	34	12	20	108	489	34	4	15	8	10	12								
3	21	9	6	7	33	112	13	1	3	1	1	4								
4	3	0	0	3	8	49	3	0	2	1	0	0								
5	4	3	0	0	30	84	6	0	3	1	1	3								
6	14	6	1	0	37	224	12	3	7	5	5	5								
7	34	14	5	10	37	224	12	3	7	5	5	5								
8	473	202	45	257	637	2142	120	23	62	61	36	41								
9	9	5	1	2	14	90	4	0	1	1	0	2								
10	2	0	0	0	4	23	1	0	0	1	0	0								
11	37	16	7	7	76	271	22	4	9	15	3	1								
12	388	162	35	0	490	1562	87	17	46	39	31	32								
13	14	5	2	12	22	63	3	0	3	4	0	0								
14	3	0	2	0	7	21	0	0	0	0	0	0								
15	3	2	1	66	10	24	0	0	0	0	0	1								
16	14	8	3	111	9	53	0	1	0	0	0	0								
17	3	4	1	40	5	35	3	0	0	0	0	0								
18	123	56	36	101	887	473	32	5	16	19	15	2								
19	5	3	0	21	3	11	1	0	0	0	0	0								
20	4	2	6	12	1	10	0	0	0	0	1	0								
21	4	5	13	68	14	44	0	0	0	0	0	0								
22	110	46	17	0	124	408	31	4	16	17	12	11								

Note: 1) This data reflects the physician listing from the Alaska State Medical Association, 1982 Medical Directory, (including all specialists and military physicians, retired physicians).  
 2) Licensed manpower: These figures reflect the numbers licensed, not necessarily the numbers practicing.

Source: Alaska State Medical Association, 1981, Alaska Dental Society, 1981, Northern Alaska Health Resources Assn., 1981, Division of Occupational Licensing, Alaska State Department of Commerce.

Figure 5-7

Physician Distribution in Alaska  
October 1980

HSA/Level of Care/Community	U.S. PHS	MILITARY	PRIVATE PRACTICE & OTHER	TOTAL
<u>Southeast</u>				
<u>Level II</u>				
Haines			2	2
<u>Level III</u>				
Juneau	4		28	32
Ketchikan	4	1	15	20
Petersburg			2	2
Sitka	8		6	14
Wrangell			2	2
<u>Southcentral</u>				
<u>Level I</u>				
Port Lions			1	1
<u>Level II</u>				
Seldovia			1	1
St. Paul Island	1			1
<u>Level III</u>				
Adak		1		1
Anchor Point			1	1
Bethel	15			15
Cordova			3	3
Dillingham-Kanakanak	3		1	4
Glenallen			2	2
Homer			4	4
Kenai			1	1
Kodiak		5	7	12
Nome			8	8
Palmer			5	5
Seward			1	1
Soldotna			9	9
Valdez			3	3
Wasilla			4	4
<u>Level IV</u>				
Anchorage	54	43	268	365
(Eagle River)			2	2
<u>Northern</u>				
<u>Level II</u>				
Tanana	2			2
<u>Level III</u>				
Barrow	3			3
Kotzebue	4			4
<u>Level IV</u>				
Fairbanks	4	23	74	101
TOTAL STATEWIDE	98	73	450	625

Source: Alaska State Medical Association, 1981/SC

PRIVATE PHYSICIAN SPECIALIST DISTRIBUTION  
ALASKA

Figure 5-8

OCTOBER 1980

SPECIALTY	OCTOBER 1980				STATE TOTAL
	SOUTHEAST HSA	SOUTHCENTRAL HSA	NORTHERN HSA		
Family Practice	20	83	11	114	
Internal Medicine	5	47	9	62	
Pediatrics	4	21	6	31	
Obstetrics/Gynecology	1	17	8	26	
Anesthesiology	1	12	2	15	
Cardio-Vascular & Thoracic Surgery	--	1	--	1	
Dermatology	--	4	1	5	
Doctor of Osteopathy	--	7	--	7	
Emergency Medicine	1	9	--	10	
General Surgery	7	22	3	32	
Industrial Medicine	--	--	2	2	
Neurological Surgery	--	4	--	4	
Neurology	--	2	1	3	
Ophthalmology	2	13	4	19	
Orthopedic Surgery	2	21	10	33	
Otolaryngology	1	9	4	(15)*	
Pathology	--	7	3	10	
Physical Medicine & Rehabilitation	--	3	--	3	
Plastic & Reconstructive Surgery	1	2	2	5	
Psychiatry	1	15	3	19	
Radiology	2	11	3	16	
Urology	--	2	1	3	

\*Two Southcentral Otolaryngologists are also practicing Ophthalmologists. They are included in both categories in this table.

Source: Alaska State Medical Association, 1981 Medical Directory, October, 1980./SC

Figure 5-9

PRIVATE PRACTICE PHYSICIANS  
RATIO OF RESIDENTS TO SPECIALIST\*

October, 1980 Alaska - U.S. 1978

SPECIALTY	SOUTHEAST RATIO	SOUTHCENTRAL RATIO	NORTHERN RATIO	STATE RATIO	U.S RATIO
Family Practice	2181:1	2386:1	4170:1	2522:1	4,109:1
Internal Medicine	8722:1	4213:1	5096:1	4637:1	3645:1
Pediatrics	10903:1	9428:1	7645:1	9273:1	9,416:1
Obstetrics/Gynecology	43610:1	11647:1	5734:1	11057:1	9,416:1
Anesthesiology	43610:1	16500:1	22934:1	19165:1	16,142:1
CardioVascular & Thoracic Surgery	-----	197997:1	-----	287475:1	113,000:1
Dermatology	-----	49499:1	45868:1	57495:1	45,200:1
Doctor of Osteopathy	-----	28285:1	-----	41068:1	-----
Emergency Medicine	43610:1	22000:1	-----	28748:1	-----
General Surgery	6230:1	9000:1	15289:1	8984:1	7,063:1
Industrial Medicine	-----	-----	-----	143738:1	-----
Neurological Surgery	-----	49499:1	-----	71869:1	75,333:1
Neurology	-----	98999:1	45868:1	95825:1	-----
Ophthalmology	21805:1	15231:1	11467:1	15130:1	18,834:1
Orthopedic Surgery	21805:1	9428:1	4587:1	8711:1	17,385:1
Otolaryngology	43610:1	22000:1	11467:1	19165:1	37,667:1
Pathology	-----	28285:1	15289:1	28748:1	17,385:1
Physical Medicine & Rehabilitation	-----	65999:1	-----	95825:1	113,000:1
Plastic & Reconstructive Surgery	43610:1	98999:1	22934:1	57495:1	75,333:1
Psychiatry	43610:1	13200:1	15289:1	15130:1	9,040:1
Radiology	21805:1	18000:1	15289:1	17967:1	12,556:1
Urology	-----	98999:1	45868:1	95825:1	32,285:1

Sources: 1981 Medical Directory Alaska State Medical Association  
Health, United States, 1980, DHHS, Public Health Service, Office of Health  
Research Statistics and Technology/SC

\*This table only includes private practice physicians. PHS or Military physician specialists are not included. Residents are defined as civilian non native population plus crossover of the active military/dependent population calculated for each HSA by SHPDA from data gathered from the 1981 Annual Survey of hospitals

Figure 5-10

GEOGRAPHIC DISTRIBUTION OF DENTISTS JUNE, 1981

TOWNS	PRIVATE PRACTICE	PHS	MILITARY	NIICS	CLOSED PANEL*	TOTAL
<u>SOUTHEAST</u>						
<u>Level II</u>						
Haines	1	--	--	--	--	1
Skagway	1	--	--	--	--	1
<u>Level III</u>						
Juneau	10	2	--	--	--	12
Ketchikan	7	2	--	--	--	9
Petersburg	2	--	--	--	--	2
Sitka	5	3	--	--	--	8
Wrangell	1	--	--	--	--	1
<u>SOUTHCENTRAL</u>						
<u>Level I</u>						
St. Mary's	1	--	--	--	--	1
<u>Level III</u>						
Bethel	2	5	--	--	--	7
Cordova	1	--	--	--	--	1
Kanakanak-Dillingham	--	2	--	--	--	2
Homer	3	--	--	--	--	3
Kenai	3	--	--	--	--	3
Kodiak	4	--	1	--	--	5
Nome	2	2	--	--	--	4
Palmer	2	--	--	--	--	2
Seward	2	--	--	--	--	2
Soldotna	4	--	--	--	--	4
Valdez	2	--	--	--	--	2
Wasilla	4	--	--	--	--	4
<u>Level IV</u>						
Anchorage	96	12	40	--	10	158
-(Eagle River)	4	--	--	--	--	4
<u>NORTHERN</u>						
<u>Level I</u>						
North Pole	1	--	--	--	--	1
<u>Level II</u>						
Delta	1	--	--	--	--	1
-(Ft. Greely)	--	--	3	--	--	3
Galena	--	--	--	1	--	1
<u>Level III</u>						
Barrow	--	2	--	--	--	2
Kotzebue	1	2	--	--	--	3
Fairbanks	22	4	16	--	3	45
TOTAL STATEWIDE	182	36	60	1	13	292

Source: Alaska State Dental Society, 1981/SC

\*Note: closed panel refers to a group practice mode of HMO

Figure 5-11

REGIONAL EMS-TRAINED MANPOWER INVENTORY & PROJECTIONS  
FOR ALASKA, 1978

MANPOWER CATEGORY	INTERIOR		MAUNELUK		SOUTHERN*		SOUTHEAST		STATE**	
	1978	1981	1978	1981	1978	1981	1978	1981	1978	1981
FIRST AID	2,590		185	65						
CPR	1,192	12,500	30		12,000	20,000				
ADV. FIRST AID	221		60	100	940	940				
EMT-I	120	130	6	12	460	3,269 <sup>***</sup>	150	320	736	3731
EMT-II	59	103	4	13	169	338				
EMT-III						10				
PARAMEDICS	8	8		0	36	36		0	44	44
ER NURSES	4	10			75	75				
CRIT. CARE NURSES	15	27			95	115				
ER PHYSICIANS	9	16	0		5	19	0			
CHA/EMTS		28	14	26		124	18	20	32	198
ALT. CHA/EMTS		28		26		105		20		179
EMS MED. DIR.S	1	1	1	1	5	5	1	1	8	8
EMS COORDS.	1	1	1	1	4	9	1	1	7	12

\* Includes Bristol Bay, Yukon-Kuskokwim, Norton Sound Sub-Regions  
 \*\* Does not include North Slope Borough, pop. 9,569  
 \*\*\*Includes CIA's and Alternates

Source: Emergency Medical Services in Alaska, FY 1980

Figure 5-12

BREAKDOWN OF COMMUNITY MENTAL HEALTH CENTER STAFF  
DISCIPLINE, AS OF APRIL 27, 1981

Northern, HSA

DISCIPLINES OF CENTER STAFF	REGULAR STAFF		CONTRACT OR CONSULTING		TRAINEES RESIDENTS OR INTERNS	REGULARLY SCHEDULED VOLUNTEERS	TOTAL BY PROFESSIONS
	FULL TIME 35 HOURS OR MORE	PART TIME LESS THAN 35 HOURS	FULL TIME 35 HOURS OR MORE	PART TIME LESS THAN 35 HOURS			
PSYCHIATRISTS				2			2
OTHER PHYSICIANS					1		1
PSYCHOLOGISTS Ph.D., M.A. &	5	2					7
PSYCHOLOGISTS above	3						3
OTHER PSYCHOLOGISTS		1					1
SOCIAL WORKERS M.S.W.	6						6
OTHER SOCIAL WORKERS							
REGISTERED NURSES							
LICENSED PRACTICAL OR VOCATIONAL NURSES							
MENTAL HEALTH PROFESSIONAL-B.A. Above	1	1					2
MENTAL HEALTH WORKER LESS THAN B.A. LEVEL	3				1		4
ADMINISTRATIVE AND OTHER NON-HEALTH STF		6					6
ALL OTHER STAFF	7	2					9
TOTAL OF ALL STAFF	25	12		2	2		41

Figure 5-13

BREAKDOWN OF COMMUNITY MENTAL HEALTH CENTER STAFF

DISCIPLINE, AS OF APRIL 27, 1981

Southcentral HSA

DISCIPLINES OF CENTER STAFF	REGULAR STAFF		CONTRACT OR CONSULTING		TRAINees RESIDENTS OR INTERNS	REGULARLY SCHEDULED VOLUNTEERS	TOTAL BY PROFESSIONS
	FULL TIME 35 HOURS OR MORE	PART TIME LESS THAN 35 HOURS	FULL TIME 35 HOURS OR MORE	PART TIME LESS THAN 35 HOURS			
PSYCHIATRISTS	1	1		7			9
OTHER PHYSICIANS				5			5
PSYCHOLOGISTS Ph.D. & M.A.	9			1			10
PSYCHOLOGISTS above	13	3					16
OTHER PSYCHOLOGISTS	2						2
SOCIAL WORKERS M.S.W.	7	1		2			10
OTHER SOCIAL WORKERS							
REGISTERED NURSES	2						2
LICENSED PRACTICAL OR VOCATIONAL NURSES	1						1
MENTAL HEALTH PROFESSIONAL-B.A. & above	2						2
MENTAL HEALTH WORKER LESS THAN B.A. LEVEL	20	7				10	37
ADMINISTRATIVE AND OTHER NON-HEALTH STF	21	10		1			32
ALL OTHER STAFF	17	5				3	25
TOTAL OF ALL STAFF	95	27		16		13	151

Figure 5-14

BREAKDOWN OF COMMUNITY MENTAL HEALTH CENTER STAFF

DISCIPLINE, AS OF APRIL 27, 1981

Southeast HSA

DISCIPLINES OF CENTER STAFF	REGULAR STAFF		CONTRACT OR CONSULTING		TRAINEES RESIDENTS OR INTERNS	REGULARLY SCHEDULED VOLUNTEERS	TOTAL BY PROFESSIONS
	FULL TIME 35 HOURS OR MORE	PART TIME LESS THAN 35 HOURS	FULL TIME 35 HOURS OR MORE	PART TIME LESS THAN 35 HOURS			
PSYCHIATRISTS	1			4			5
OTHER PHYSICIANS							
PSYCHOLOGISTS Ph.D., M.A. &	2	1			1		4
PSYCHOLOGISTS above	4			2			6
OTHER PSYCHOLOGISTS							
SOCIAL WORKERS M.S.W.	4						4
OTHER SOCIAL WORKERS	1						1
REGISTERED NURSES	1						1
LICENCED PRACTICAL OR VOCATIONAL NURSES							
MENTAL HEALTH PROFESSIONAL-B.A. & above							
MENTAL HEALTH WORKER LESS THAN B.A. LEVEL	2				1		3
ADMINISTRATIVE AND OTHER NON-HEALTH STF	7	2					9
ALL OTHER STAFF	9						9
TOTAL OF ALL STAFF	31	3		6	2		42

Source: State of Alaska, Dept. of Health and Social Services, Division of Mental Health and Developmental Disabilities, 1981



Figure 5-16

DESIGNATED HEALTH MANPOWER SHORTAGE AREAS,  
BY DEGREE\* OF SHORTAGE BY TYPE, ALASKA  
CENSUS DIVISIONS, 1981

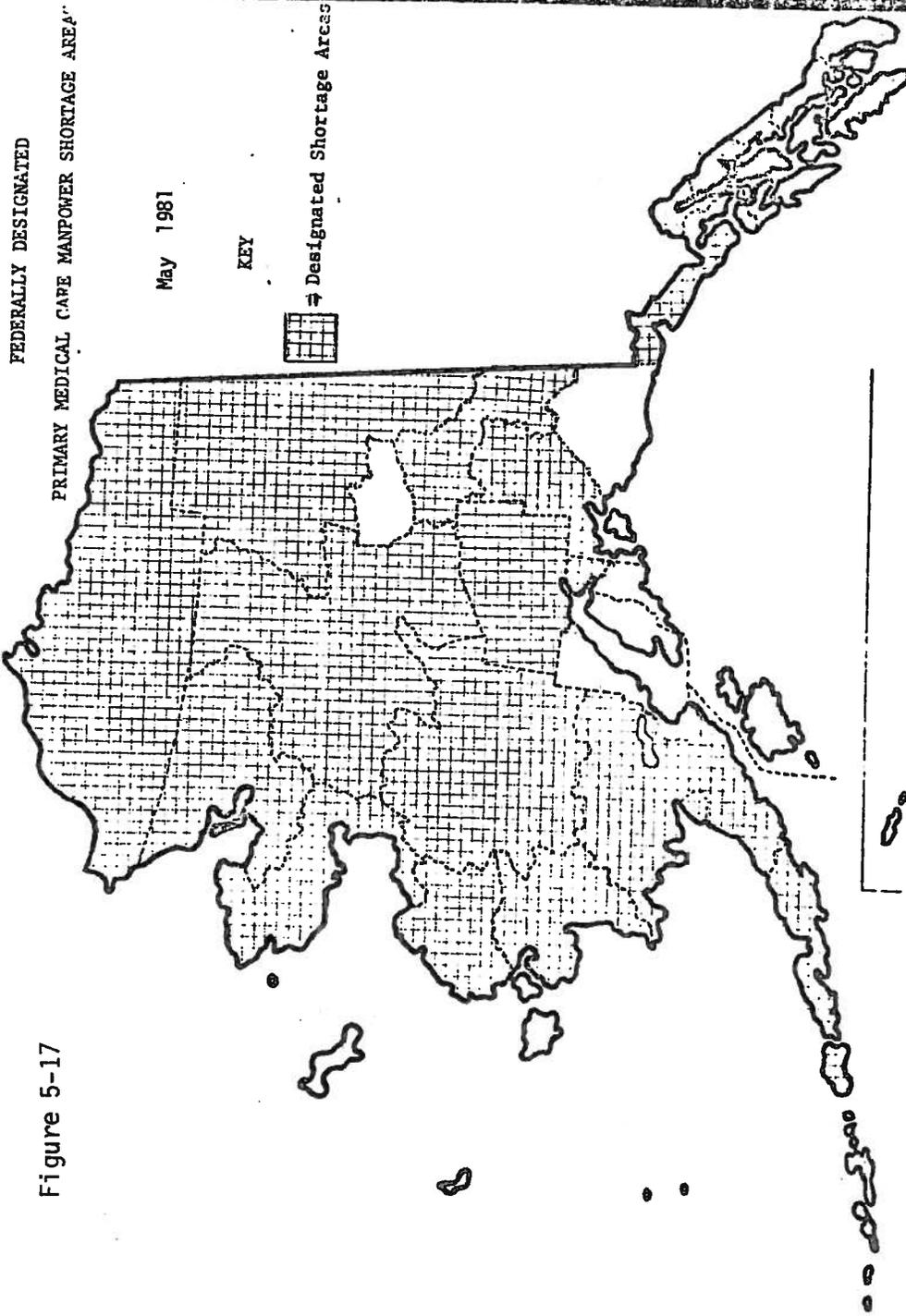
DEGREE* OF SHORTAGE BY TYPE			
Census Division	Primary Care	Dental	Psychiatric
Aleutian Islands	1	1	-
Anchorage (medically indigent)	4	-	-
Angoon	4	1	-
Barrow	1	1	-
Bethel	1	3	-
Bristol Bay	3	1	-
Juneau	4	-	-
Kobuk	1	3	-
Kuskokwim	1	1	-
Matanuska-Susitna	4	-	-
Nome	1	4	-
Outer Ketchikan	1	1	-
Prince of Wales	1	1	-
Skagway-Yakutat	4	1	-
Southeast Fairbanks	1	1	-
Upper Yukon	1	1	-
Valdez-Chitina-Whittier	2	1	-
Wade Hampton	1	1	-
Yukon Koyukuk	1	1	-
Other: Tanana Chiefs Conference	-	-	1

\*Degree: "1" equals area of greatest need; "4" equals area of least severe need.

SOURCE: Federal Register. Vol. 46, No. 89, May 8, 1981./NO

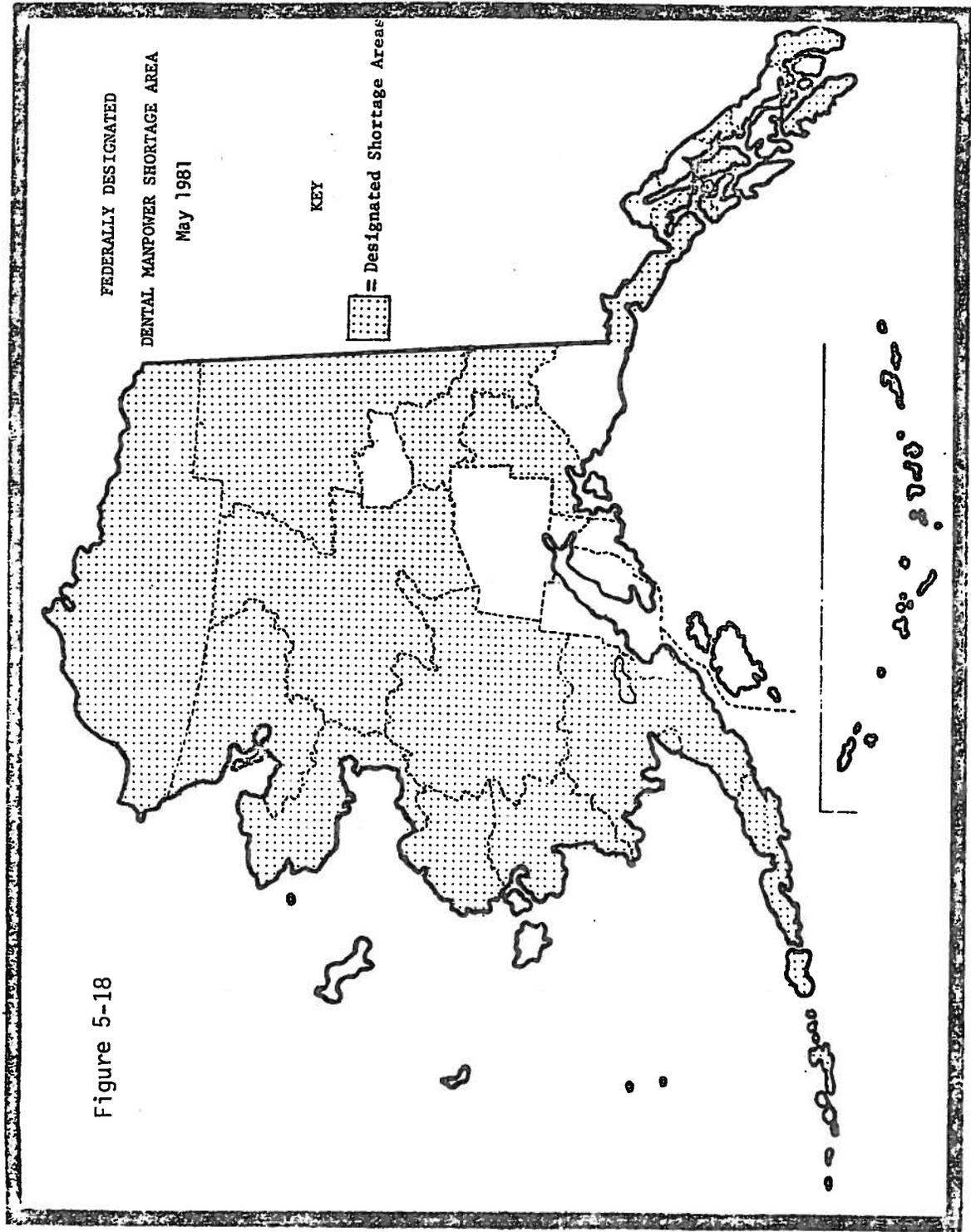
Note: The location of the Census Districts are depicted on the map shown in Figure 5-13.

Figure 5-17



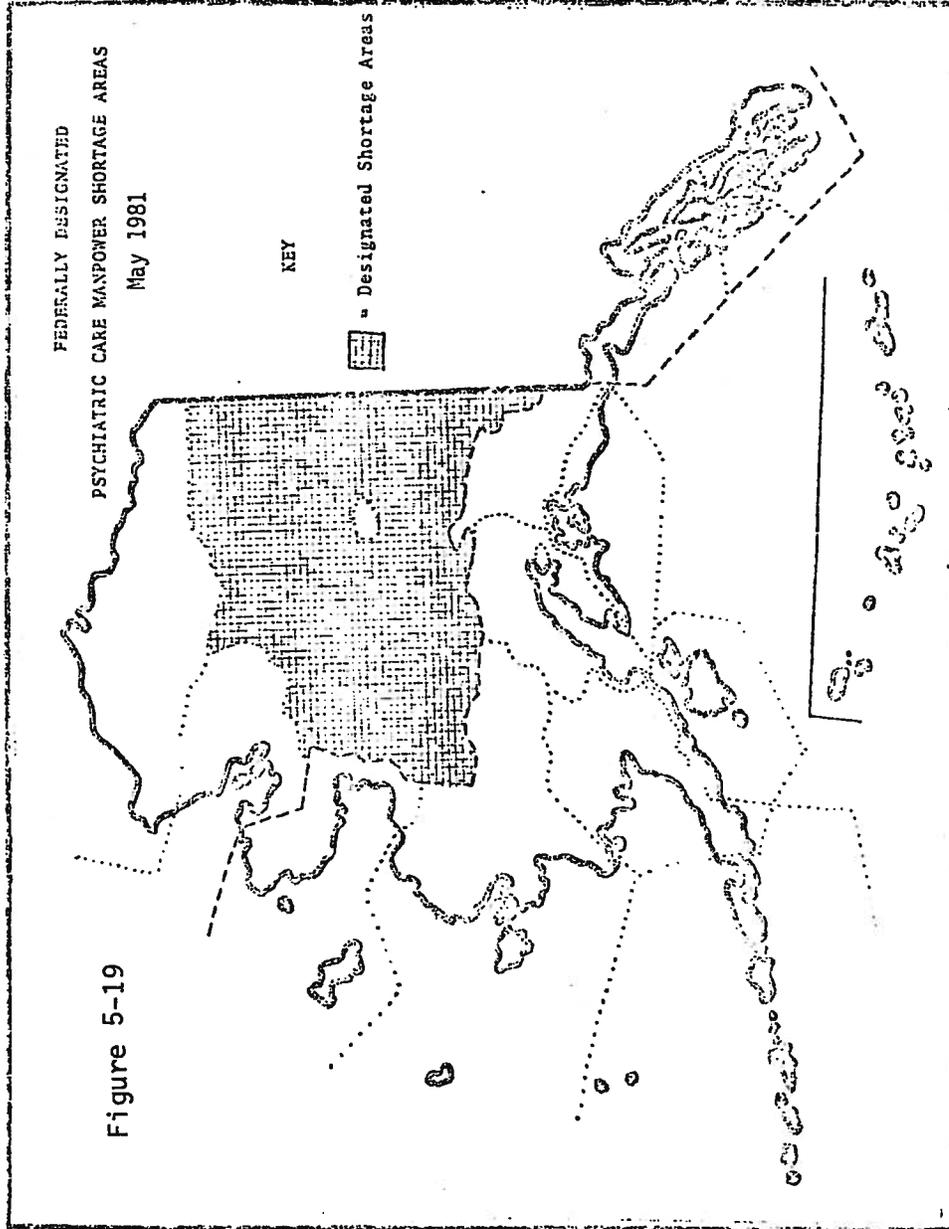
Source: Bureau of Health Professions, Health Resources Administration, U.S. DHHS, May 1981

Figure 5-18



Source: Bureau of Health Professions, Health Resources Administration, U.S. DHHS, May 1981

Figure 5-19



Source: Bureau of Health Professions, Health Resources Administration, U.S. DHHS, May 1981

## Specific Manpower Activities

Mental Health: The Division of Mental Health and Developmental Disabilities has initiated a 3-year program in Mental Health Manpower Development. This program is designed specifically to address issues of recruitment, utilization, retention and training of manpower to meet the mental health staffing needs of the state. The primary goal of the program is to increase and maintain the capacity of the state mental health system to have the right persons available for the right jobs at the right time. In order to be able to accomplish this goal, linkages with university training programs, both in and out of state, are being forged; description of present personnel requirements in the mental health system is being generated; factors which contribute to excessive turnover rates in professional staff are being investigated; and activities to increase job satisfaction for both professional and non-professional personnel are being implemented. In addition, research into the proper utilization of various kinds of professional and non-professional staff is being conducted in hopes that recruitment and training, as well as job descriptions, will be more reflective of Alaska's mental health service needs and germane to the varying conditions under which mental health services are offered.

Health Manpower Shortage Areas: Health Manpower Shortage Areas (HSMA) for primary medical care and dental care as determined by the Federal Bureau of Health Professions are presented in Figures 5-16 through 5-19. Over half of Alaska's Census Divisions have been determined by the federal criteria to be lacking sufficient primary medical and dental care. One aspect of the federally determined shortage areas is that federal health manpower is not considered. Estimates of adequacy of health manpower which omit federal manpower can be extremely misleading when applied to areas which have high levels of federal manpower.

National Health Service Corps: The federally funded National Health Service Corps was established in 1970 under P.L. 92-623 to place health practitioners in areas with critical health manpower shortages. In 1981, due to a reduction of federal support for the NHSC, ten primary health care programs and clinics that primarily served rural populations were threatened with termination. Legislation was introduced and passed to protect the health care sites and the grants to the sites of Cold Bay, Craig, Galena, Mt. Village, McGrath, and Unalakleet were awarded in 1981. For FY 1983, an estimated \$660,000 has been requested from the State to replace these lost federal revenues.

The Alaska Analysis and Planning Project for Nursing Requirements and Resources: The Alaska Analysis and Planning Project for Nursing Requirements and Resources was sponsored by the University of Alaska at Anchorage and the Alaska Nurses' Association. Project activity was initiated in March, 1981 and completed in August, 1981.

The purpose of the project was three-fold: 1) to project the number of personnel required in specific services, positions, and work setting at specific educational levels, 2) to project the availability of nurses at

these educational levels, and 3) to recommend steps for rectifying the disparity between the projected requirements and resources. The target year for which the projections were made is 1986.

The purpose was accomplished through implementation of the State Model for projecting nursing personnel requirements and resources. This model was developed by the Western Interstate Commission for Higher Education (WICHE) under contract to the Division of Nursing, Department of Health, Education, and Welfare. A major component of this model is a panel of expert consultants. The projections are based on the assumptions, estimates and criteria provided by this group.

The Alaska Advisory Panel consisting of thirty-four members and substitutes was established according to the guidelines in the State Model. Participants included representatives from three major categories, i.e., nursing professionals, post-secondary educators and health planners as well as a physician and a consumer. These individuals represented all of the major health care delivery systems in Alaska and both rural and urban areas.

The Panel's tasks included a review of data regarding Alaska's population, the health status and needs of this population, health goals, health services and facilities in Alaska, current staffing patterns and criteria, and current personnel resources. Based on this review and the Panel members' experience, judgement and perspectives, health goals were established and assumptions made which defined a health strategy. Based on this strategy, the Panel provided staffing and educational criteria leading to the requirements projections. The resources projections were based on current resources and calculated by a method which accounts for net resource increase and attrition over the period to the target year. Quantitative procedures regarding the requirements and resources projections were contracted to WICHE.

The Panel's final task was to review the differences between the requirements and resources projections. Steps could then be recommended for rectifying the disparity between the two. Results of the comparison of these projections indicated an oversupply of licensed practical nurses (LPNs) and of registered nurses (RNs) prepared at the associate degree/diploma level. Resource deficits were indicated for registered nurses prepared at the baccalaureate, master's, and doctoral levels. The most important recommendation made by the Panel was that no more than two levels of preparation for nurses are needed and that the associate degree provides the appropriate technical level of preparation. The Panel also emphasized that the Alaska legislature should appropriate the funding necessary for implementation of the recommendations.

In addressing the oversupplies, the Panel recommended elimination of the LPN program by 1986, maintenance of associate degree admissions at the present level until baccalaureate graduations increase and a continued policy of no diploma programs in Alaska. The Panels' recommendations regard-

ing the deficits included active recruitment of nurses with doctoral degrees, increased admissions to and expansion of the nursing master's program and increased enrollment of 50 percent in the baccalaureate program by 1986. Recommendations covering many other topics were also established. The above paragraphs are a part of the final report published in August, 1981.<sup>1</sup> Related objectives, also from the report, will be found in the Manpower section, Chapter 7.

Footnotes for Chapter 5

PART IV: MANPOWER

<sup>1</sup>Alaska Analysis and Planning Project For Nursing Requirements And Resources, Final Report. University of Alaska at Anchorage and Alaska Nurses' Association, August, 1981.

<sup>2</sup>Planning For Graduate Medical Education, An Institutional Effort. John D. Chase, M.D. and Roger A. Rosenblatt, M.D., University of Washington Medicine, Volume 8, Number 1.

<sup>3</sup>Testimony presented by Wayne Myers, M.D., to the Senate Finance Committee, February 19, 1982.

## PART V

### HEALTH CARE FINANCING

The rapid growth in medical care prices and expenditures is of increasing concern at the national and state level. Various factors contribute to the increasing cost of medical care including: increasing demand for health services; an expansion of government financing; new methods of financing, including a steady growth of health insurance and other third party payers; scientific and technological advances, including advanced medical equipment and high costs of financing. Third party payers now cover more than two-thirds of the total personal health care expenditures and more than nine-tenths of hospital expenditures nationally. The decrease in direct payment for health care and payment for that care through third-party reimbursement may well have some effect on increases in consumer demand for health care services.

The cost of providing medical and behavioral health treatment or rehabilitation in response to ailments that could be prevented is also an important health care cost issue. Perhaps the most effective component of a cost containment approach is the early prevention of disease and the promotion of a healthy environment and lifestyle. Unfortunately, information regarding the cost of 'preventable' illnesses or estimates of the amount of health dollars saved through promotion efforts is not currently available.

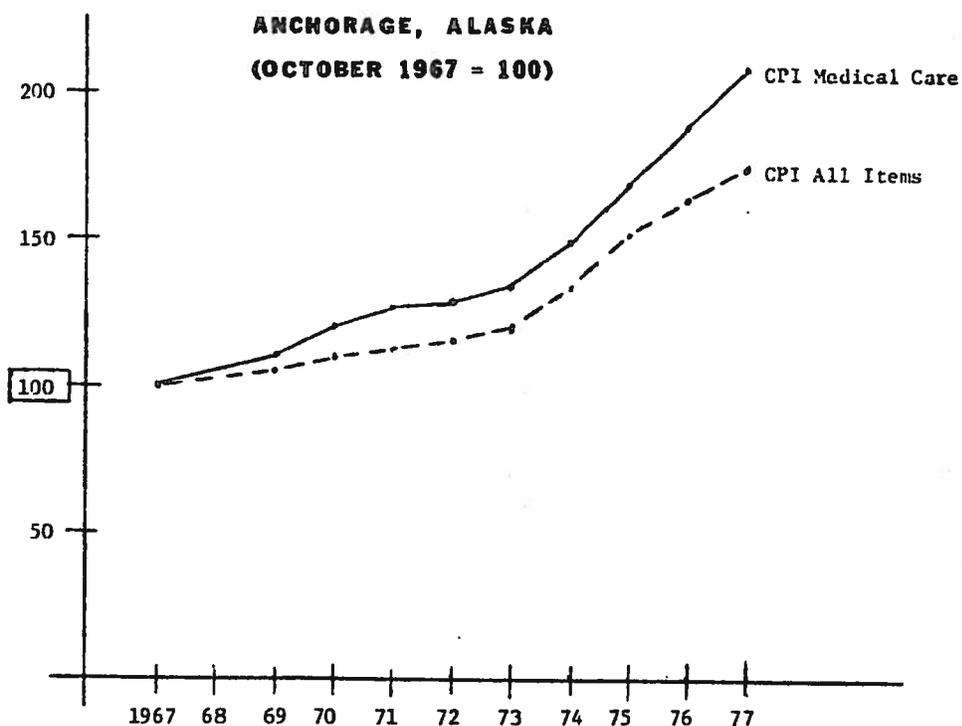
Consumer Price Index (CPI) As a summary indicator, the medical care component of the Anchorage consumer price index reflected a 214% increase between 1967 and 1981 while the index of all items in the economy rose 146%. By comparison, the U.S. average CPI for medical care rose by 192% for the same period. While the Anchorage consumer price index annual increase for all items combined has been consistently lower than the U.S. average since 1967, the Anchorage CPI for medical care has been higher than the U.S. average since 1975.

Participation in the "Voluntary Effort" program initiated nationwide by hospitals in 1978 has helped to bring the rise in medical care costs more closely comparable to the combined CPI. During the period since 1978, the CPI for medical care in Anchorage increased 37%, which closely compares with the 31% increase experienced in the CPI for all items and with the 34% increase in the national CPI for medical care.

Figure 5-20

**CONSUMER PRICE INDEX  
ANNUAL AVERAGE 1967-1977**

**ANCHORAGE, ALASKA  
(OCTOBER 1967 = 100)**



Source: U.S. Department of Labor, Bureau of Labor Statistics, Monthly Labor Review, August, 1978; News, January, 1978; and unpublished data, 1976.

Figure 5-21

**CONSUMER PRICE INDEX  
ANNUAL AVERAGE 1976-1977**

**U.S. & ALASKA  
(October 1967 = 100)**

YEAR	CPI <u>ALL ITEMS</u>		CPI <u>MEDICAL CARE</u>	
	Anchorage, Alaska	U.S.	Anchorage, Alaska	U.S.
1967	100.0	100.0	100.0	100.0
1968	N/A	104.2	N/A	106.1
1969	105.9	109.8	111.5	113.4
1970	109.6	116.3	121.5	120.6
1971	112.9	121.3	126.7	128.4
1972	115.9	125.3	129.2	132.5
1973	120.8	133.1	134.4	137.7
1974	133.9	147.7	149.5	150.5
1975	152.3	161.2	168.9	168.6
1976	164.1	170.5	189.4	184.7
1977	175.0	181.5	208.8	202.4

Source: U.S. Department of Labor, Bureau of Labor Statistics, Monthly Labor Review, August, 1978; News, January 1978, and unpublished data, 1976.

A comprehensive effort to develop a statewide profile of health expenditures in Alaska undertaken by the State Health Planning and Development Agency and the Health Systems Agencies of Alaska reveals the significant differences in health care financing in Alaska as compared nationally. Among the highlights of this study are the statistics, illustrated in Figures 5-22 and 5-23 which show that the Alaska per capita expenditure for health care in 1979 (\$1018.80) is 27% above the national per capita figure of \$802.82. Not unexpectedly, we find marked differences in government expenditures with government in Alaska spending almost nine times the national per capita funding level. Reflective of the youthful character of Alaska's population, the per capita expenditures for long term care are lower than the national figure. Although the costs for inpatient care in Alaska are higher than nationally, Alaska resident utilization is lower, thus resulting in lower total expenditures. Outpatient expenditures, on the other hand, for physicians, dentists and other health professional services are higher than nationally.

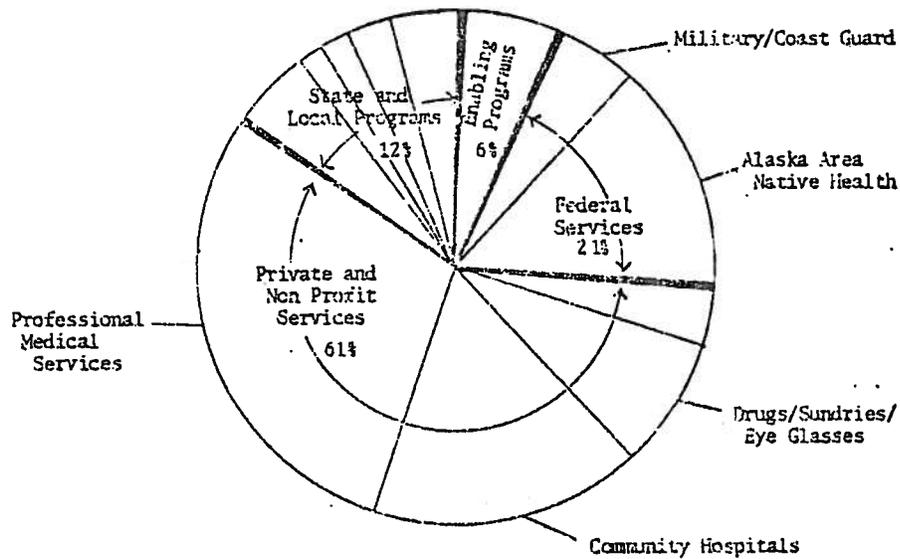
Figure 5-22

PER CAPITA EXPENDITURES FOR GENERAL HEALTH SERVICES  
U.S./ALASKA COMPARISON  
1978

	Alaska	U.S. 1/
Hospital Health	<u>\$266.22</u>	<u>\$339.94</u>
Hospital LTC and Acute (77,721.4)		
AANHS Hospital Care (38,036.7)		
Military Hospital Care (4,453.3)		
Long Term Care Facilities	<u>\$ 36.58</u>	<u>\$ 67.59</u>
Free-standing Facilities (9,349.1)		
Pioneers' Homes Nursing Care (5,797.7)		
Physicians' Services (excludes AANHS, Military, State)	<u>\$191.78</u>	<u>\$166.47</u>
Dentists' Services	<u>\$ 81.26</u>	<u>\$ 53.31</u>
Other Health Professionals	<u>\$ 42.58</u>	<u>\$ 18.29</u>
Drugs and Drug Sundries	<u>\$ 68.91</u>	<u>\$ 68.91</u>
Eye Glasses	<u>\$ 17.58</u>	<u>\$ 17.58</u>
Other Health Services	<u>\$ 10.93</u>	<u>\$ 20.56</u>
Government Public Health Activities	<u>\$238.12</u>	<u>\$ 23.68</u>
State and Local (excluding Pioneers Home) (44,198.2)		
AANHS excluding hospital (25,701.5)		
Military excluding Hospital (19,156.7)		
Expense for Prepayment and Administration All enabling programs (25,258.1)	<u>\$ 64.64</u>	<u>\$ 32.38</u>
TOTAL	<u>\$1,018.90</u>	<u>\$802.91</u>

1/ Health Care Financing Review Summer, 1980

Figure 5-23 Alaska Health Care Expenditures, 1978



Source: Paying for Health Care in Alaska, Lynn Chase, Janice Cole, 1981

## State Government:

The Alaska State Division of Public Health includes the Sections of Nursing, Communicable Disease Control, Laboratories, Family Health, and Emergency Medical Services. The Director's Office includes over-all administration and the Health Education Unit. Actual expenditures for the Division of Public Health in FY 1981 totaled \$14,706,000 of which 87% was from the state general fund.

The Division of Mental Health and Developmental Disabilities administers a regional mental health clinic in Juneau and funds community mental health clinics throughout the state. The Division also administers the Harborview (developmental disabilities) and Alaska Psychiatric Institute inpatient facilities.

The Alaska Psychiatric Institute is a fully accredited hospital for inpatient care of the mentally ill. The hospital, located in Anchorage, provides services to residents throughout the state. The Harborview Developmental Center, located in Valdez, is an intermediate care residential facility for the developmentally disabled (ICF-MR) serving the entire state.

The actual expenditures for the Alaska Psychiatric Institute totaled \$9,532,000 during FY 1981. The 150 bed facility (beds currently in use) averaged an 82% occupancy during FY 1978 and an average length of stay of 46.2 days. The total patient days of care provided by the facility was 44,906 for 972 admissions. The total expenditure for Harborview during FY 1981 was \$5,907,000. The average daily census was 105 in FY 1978.

The FY 1981 budget for 17 community and regional mental health centers totaled \$4,424,000 from state mental health grant awards. Admissions to community/regional mental health programs totaled 3,121 in FY 1978.

The total FY 1981 expense for drug abuse and alcohol programs is reflected in Figure 5-24. The budget for 27 alcohol programs totaled \$15,994,000 for FY 1981.

Social services programs and expenditures are addressed in this section because many of the major health status problems in the state are related to behavioral and social problems. These funds are not included in the total of health expenditures when comparisons are made with national expenditures.

Foster care and institutional care are provided for child protection, including child abuse and neglect. The Division of Social Services also purchases day care and homemaker services.

Actual expenditures for FY 81 have been collected wherever possible for the health expenditure profile as reflected in Figure 5-24. The State Operating Budget for FY 80 proposed by the Free Conference Committee for the same health components appears in Figure 5-25.

DEPARTMENT OF HEALTH & SOCIAL SERVICES  
HEALTH EXPENDITURE PROFILE  
SOURCE OF FUNDS AND EXPENDITURES BY REGION  
(in thousands of dollars)  
FY 81

Figure 5-24

PROGRAM CATEGORY	TOTAL EXPENDITURES FY 81	% Change FY 78	A. SOURCE OF FUNDS				B. EXPENDITURES BY REGION			
			State Funds	Federal Funds	Local Funds	Reimbursement	SE	SC	NO	Statewide Services
<b>Child and Family Health</b>										
Family Planning	-0-	-100.0								
Maternal Child Health	629	+216	134	495			75	81	121	352
Handicapped Children	1,393	+3.6	1,143	250			260	561	277	295
Communicative Disorders	563	-4.6	499	114			114	266	130	53
Child Development Services	312	+57.4	228	84			9	247	7	49
Nutrition	795	+125.4	80	715			104	342	231	118
Administration	154	+39.2	139	15						154
Special Education Grants	578	+425	319			259	69	232	254	23
<b>TOTAL</b>	<b>4,424</b>	<b>+34.6</b>	<b>2,492</b>	<b>1,673</b>		<b>259</b>	<b>631</b>	<b>1,729</b>	<b>1,020</b>	<b>1,044</b>
<b>Nursing</b>										
Field Nursing	4,778	+32.6	4,102	343		333	1,047	2,148	1,479	104
Home Health Service	224	+396	221	3			117		77	30
Early Screening	366	+158.3				366	26	138	46	156
Administration	850	+28.6	790			60	174	208	245	226
<b>TOTAL</b>	<b>6,218</b>	<b>+39.7</b>	<b>5,113</b>	<b>346</b>		<b>759</b>	<b>1,364</b>	<b>2,494</b>	<b>1,847</b>	<b>513</b>
<b>Communicable Disease</b>										
T.B. Control	629	+18.9	586	43			12	413	48	156
V.D. Control	307	+89.5	163	144			2	164	79	62
Immunization	156	+66.0	46	110			1	67		88
Epidemiology	340	+79.9	340				3	68		270
Environmental Health	362	-66.3	361			1	17	21	49	275
<b>TOTAL</b>	<b>1,794</b>	<b>+42.8</b>	<b>1,496</b>	<b>297</b>		<b>1</b>	<b>35</b>	<b>732</b>	<b>176</b>	<b>851</b>
<b>Laboratories</b>										
Regional Labs	1,482	+28.7	1,421	23	38		376	570	511	25
Administration	126	+19.7	126							126
<b>TOTAL</b>	<b>1,608</b>	<b>+28.0</b>	<b>1,547</b>	<b>23</b>	<b>38</b>		<b>376</b>	<b>570</b>	<b>511</b>	<b>151</b>
<b>Public Health Administration</b>										
Health Education	259	+75.1	128	131			1	10		248
Administration	1,022	+119.0	1,022				136	128	179	579
Grant to GAAB	989	+64.8	989					989		
<b>TOTAL</b>	<b>2,270</b>	<b>+86.9</b>	<b>2,139</b>	<b>131</b>			<b>137</b>	<b>1,127</b>	<b>179</b>	<b>827</b>
<b>Social Services</b>										
Homemaker	1,733	+87.6	433	1,300			116	904	505	208
Foster Care	3,031	+44.3	2,569	462			194	1,636	1,102	99
Institutional Care	8,939	+112.0	8,434	505			695	5,256	2,744	244
Day Care	263	+114.3	263				54	187	21	1
Regional Offices	6,743	+67.6	1,939	4,804			554	4,233	1,956	
Central Office	1,019	+31.0	1,006			13				1,019
Staff Development	375	+19.2	154	221						375
<b>TOTAL</b>	<b>22,103</b>	<b>+77.1</b>	<b>14,798</b>	<b>7,292</b>		<b>13</b>	<b>1,613</b>	<b>12,216</b>	<b>6,328</b>	<b>1,946</b>
<b>Alcoholism and Drug Abuse</b>										
Drug Abuse	1,181	-9.2	788	393			242	570	149	220
Alcohol Abuse	12,817	+160.6	12,519	298			1,534	6,102	1,734	3,447
Alcohol/Drug Admin.	1,996	+201.1	1,716	280						1,996
<b>TOTAL</b>	<b>15,994</b>	<b>+132.4</b>	<b>15,023</b>	<b>971</b>			<b>1,776</b>	<b>6,672</b>	<b>1,883</b>	<b>5,663</b>
<b>Mental Health and Developmental Disabilities</b>										
Harborview	5,907	+33.6	3,149	2,668		90		5,907		
D.O. Family Support	1,561	+3000.2	1,561				263	1,014	284	
D.O. Residential	2,035	+27.9	1,905			180	179	1,647	259	
Council for Handicapped	320	+43.1	45	248		27				320
Alaska Psychiatric Institute	9,532	+49.4	9,426			106		9,532		
Community Mental Health Clinics	339	-91.0	339				339			
Regional Community Mental Health	4,035	+600.4	4,081			4	797	2,136	1,152	
Central Office Admin.	607	-2.9	607							607
Forensic Services	149	-18.0	149							149
Demonstration Grants	112	+51.2	112							112
Contract I.R.		-100.0								
Mental Health		-100.0								
<b>TOTAL</b>	<b>24,647</b>	<b>+33.9</b>	<b>21,374</b>	<b>2,916</b>		<b>497</b>	<b>1,572</b>	<b>20,236</b>	<b>1,695</b>	<b>1,198</b>
<b>Aging Services</b>										
	5,843	+135.9	844	3,999		1,000	1,642	1,305	2,427	373
<b>TOTAL</b>	<b>84,951</b>	<b>+64.2</b>	<b>64,826</b>	<b>17,141</b>	<b>38</b>	<b>2,439</b>	<b>9,152</b>	<b>47,171</b>	<b>16,066</b>	<b>12,556</b>

Source: State of Alaska, Department of Health and Social Services, Fiscal Section, 1981.

Figure 5-25

FREE CONFERENCE COMMITTEE OPERATING BUDGET  
FISCAL YEAR 1980 - SELECTED COMPONENTS

PROGRAM CATEGORY	FY 1980 FCC OPERATING BUDGET	FY 1980 FCC OPERATING BUDGET
<b>Child and Family Health</b>		
Family Planning	-	
Maternal Child Health	461.2	
Handicapped Children	1547.1	
Communicative Disorders	481.3	
Child Development		
Services	262.5	
Nutrition	470.5	
Administration	117.4	
Special Ed Grants	344.8	
<b>TOTAL</b>	<b>3684.8</b>	
<b>Nursing</b>		
Field Nursing	4153.1	
Home Health Service	51.7	
Early Screening	230.9	
Administration	724.8	
<b>TOTAL</b>	<b>5160.5</b>	
<b>Communicable Disease</b>		
T.B. Control	652.0	
V.D. Control	230.2	
Immunization	241.1	
Epidemiology	305.1	
<b>TOTAL</b>	<b>1428.4</b>	
<b>Environmental Health TOTAL</b>	<b>1290.0</b>	
<b>Laboratories</b>		
Regional Lab:	1429.8	
Administration	117.6	
<b>TOTAL</b>	<b>1547.4</b>	
<b>Public Health Adminis-</b>		
<b>tration</b>		
Health Education	153.5	
Administration	839.4	
Grant to GAAB	700.0	
<b>TOTAL</b>	<b>1692.9</b>	
		<b>Social Services</b>
		Homemaker Services
		1150.0
		Foster Care
		3088.1
		Institutional Care
		4898.8
		Day Care
		214.4
		Regional Offices
		5912.5
		Central Office
		806.6
		Staff Development
		360.4
		<b>TOTAL</b>
		<b>16430.8*</b>
		<b>State Office of Alcohol-</b>
		<b>ism and Drug Abuse</b>
		Drug Abuse
		1085.3**
		Alcohol Abuse
		2739.3**
		Alcohol/Drug Admin.
		779.8
		<b>TOTAL</b>
		<b>4604.4</b>
		<b>Mental Health and</b>
		<b>Developmental Disabilities</b>
		Harborview
		5566.8
		D.D. Family Support
		1192.8
		D.D. Residential
		1930.2
		Council for Handicapped
		150.0
		Alaska Psychiatric
		Institute
		7708.5
		Community Mental Health
		Clinics
		2652.0**
		Regional Community Mental
		Health
		440.5**
		Demonstration Grants
		221.2
		Regional Administration
		87.8
		Central Office Admin.
		556.8
		Advisory Board
		15.9
		Contract Forensic Services
		271.7
		<b>TOTAL</b>
		<b>20794.2</b>
		<b>Office on Aging</b>
		Grants to programs
		5208.7
		Title IX
		Administration
		765.0
		<b>TOTAL</b>
		<b>5973.7</b>
		<b>Pioneers Homes</b>
		Pioneers Homes
		10655.0
		Central Office
		145.4
		<b>TOTAL</b>
		<b>10800.4</b>

\* Social Services total excludes youth services and adult supportive services

\*\* State Operating Budgets for local alcoholism, drug abuse, or mental health programs can not be compared with the actual expenditures for the programs during FY78 in the previous figure. Local contributions, direct federal funds and reimbursement income are not included in the State Operating Budget.

### Hospital Expenses:

The cost of general acute care hospital services is of particular concern because of the rate of increase in hospital costs as well as the fact that a large part of the total health care costs are for hospital care. Hospital service charges comprise nearly 50% of the total health care dollar of the U.S. consumer price index. Among hospital services, the most substantial increases were for semi-private room charges and operating room charges. The cost of a semi-private room rose 211% between 1969 and 1976 nationally, and physician's fees rose 92%. This compares to an increase in the entire CPI of 71%.

Certainly the occupancy rate, the length of hospital stay of the patients, and the size of the hospital are important considerations in relation to hospital costs. Hospitals have fixed costs which occur whether the hospital is full or empty. The average percent occupancy for private and local government hospitals in Alaska is 59.5% (1978), considerably lower than the 73.6% (1977) nationally. Moreover, the length of stay is brief at approximately 4.8 days in 1978 for acute care beds only and 5.5 days for acute and long term care beds in acute care hospitals in Alaska, compared to 7.6 days nationwide (acute and long term care beds in acute care hospitals 1977).

Total expenditures for Alaska hospitals for FY 1980 are indicated in Figure 5-26. A breakdown of the cost of care reflects an average of:

\$425 per patient day for intensive care

\$114 per newborn day for newborn care

\$424 per patient day for acute inpatient care  
(excluding newborn and intensive care)

\$104 per patient day for long term care within  
acute care hospitals

\$77 per outpatient visit for outpatient care  
within hospitals.

Figure 5-26

HOSPITAL EXPENSES  
ALASKA NON-FEDERAL ACUTE CARE HOSPITALS  
1980

(Total allowable expenses under principles of reimbursement for provider cost)

	Acute Care Patient Days	Routine Expenses	Ancillary Inpatient Expenses	Total Acute Care Expenses (Excluding IC & New-born)	Acute Care Expenses per Patient Day	Intensive Care Expenses	Newborn Expenses	Long Term Care Expenses	Outpatient Ancillary Expenses	Total Expenses
<b>SOUTHEAST</b>										
Ketchikan	6509	1,266,397	1,058,758	2,325,155	357.22	-----	121,524	1,340,030	661,839	4,448,548
Petersburg	1001	180,113	85,079	265,192	264.93	-----	8,514	519,760	135,038	728,504
Wrangell	1065	199,758	111,673	311,431	292.42	-----	15,269	404,931	156,507	888,138
Sitka	3789	821,644	363,934	1,185,628	312.91	384.47	21,673	-----	213,815	1,442,262
Bartlett	10799	2,142,256	1,598,179	3,720,435	344.52	310.07	89,208	-----	900,133	5,205,890
<b>SOUTHCENTRAL</b>										
Cordova	1252	339,239	99,075	438,314	350.09	-----	8,053	221,593	127,575	795,535
Valdez	816	216,809	224,285	441,094	540.56	-----	7,476	-----	299,047	747,617
Seward	1205	435,455	192,224	627,679	520.90	-----	11,780	-----	187,540	826,959
Faith	607	176,492	57,582	234,074	380.62	-----	8,330	-----	246,589	488,993
Central Peninsula	4361	908,171	571,934	1,500,105	343.98	279.14	36,016	-----	297,942	1,890,401
South Peninsula	2319	565,667	400,742	966,409	350.09	285.07	11,922	156,992	251,068	1,118,031
Valley	3139	565,057	482,602	1,047,659	333.76	156.81	47,565	102,758	391,858	1,613,431
AK Hosp. & Med. Center /2	26558	8,312,118	6,055,374	14,367,492	540.99	1,042.64	441,603	-----	5,675,909	20,225,172
Providence	55565	11,129,065	13,828,891	24,967,906	449.35	562.03	503,195	-----	4,665,758	35,923,563
Kodiak Island	3818	799,692	587,331	1,387,013	363.28	184.46	41,610	663,916	273,970	2,402,669
Norton Sound	5221	980,343	787,219	1,767,562	548.76	-----	71,048	241,957	505,178	2,583,745
<b>NORTHERN</b>										
Fairbanks Memorial	35900	6,852,835	6,284,884	13,137,719	365.95	617.59	458,378	-----	1,490,301	16,013,401
Total Expenses	-----	35,911,111	32,779,756	68,690,867	-----	9,108,799	1,903,164	3,451,937	14,478,107	97,632,879
EXPENSES PER PATIENT DAY OR OUTPATIENT VISIT	-----	-----	-----	-----	424.22	425.01	114.16	104.42	76.68 /3	-----
1/ Costs allocation based on charges, full cost report not submitted 2/ 12/31/79 cost report used, 12/31/80 not available. Hospital based physician fees paid are excluded 3/ Average excludes Petersburg, Bartlett, Cordova, Providence, and Norton Sound, numbers of occasions of service not reported.										

The current charges for a semi-private room in Alaska are identified in Figure 5-27. These figures reflect the daily room rate only and do not include the cost of other personal medical or health services.

Figure 5-27

ALASKA COMMUNITY HOSPITAL  
ROOM RATES &  
MOST RECENT REVISION DATE  
JUNE, 1981

HEALTH SERVICE AREA	SEMI-PRIVATE RATE	REVISION DATE
<u>Southeast Alaska</u>		
Bartlett Memorial, Juneau	235.00	03/25/81
Ketchikan General	210.00	01/01/81
Petersburg General	228.00	07/01/81
Sitka Community	190.00	07/01/80
Wrangell General	190.00	11/01/81
<u>Southcentral Alaska</u>		
Alaska Hospital & Medical Center	220.00	10/29/80
Central Peninsula, Soldotna	195.00	07/01/79
Cordova Community	195.00	05/01/81
Faith Hospital, Glennallen	100.00	02/01/80
Kodiak Island	215.00	02/01/81
Norton Sound Regional Hospital, Nome	342.00	05/01/81
Providence, Anchorage	210.00	03/01/81
Seward General	190.00	12/01/79
South Peninsula Hospital, Homer	190.00	03/01/78
Valdez Community	210.00	02/10/81
Valley Hospital, Palmer	185.00	01/20/81
<u>Northern Alaska</u>		
Fairbanks Memorial	185.00	03/01/81

Source: Blue Cross of Washington and Alaska/SC

The following table identifies the daily rates for skilled nursing facilities and intermediate care facilities currently applied for Medicaid payments in Alaska. The majority of the Medicaid payments are for SNF, ICF, and ICF/MR. (See Figure 5-28 below.)

Figure 5-28  
Nursing Home Facilities  
Daily Rates  
June 30, 1981

	Current Rate	
	ICF	SNF
<u>Southeast Alaska</u>		
Ketchikan L.T.C.	-87.76-	
Petersburg L.T.C.	88.33	103.51
St. Ann's (Juneau)	-126.56-	
Wrangell Hospital L.T.C.	-84.73-	
<u>South Central Alaska</u>		
Cordova L.T.C.	-135.68-	
Nakoyia (Anchorage)	-110.98-	
Norton Sound Hospital L.T.C. (Nome)	120.00	
South Peninsula Hospital L.T.C. (Homer)	108.00	120.00
Valley Hospital L.T.C. (Palmer)	104.85	
Wesleyan (Seward)	70.92	
Kodiak Hospital L.T.C.	156.00	
<u>Northern Alaska</u>		
Careage North (Fairbanks)	84.50	93.00

Source: South Central Health Planning & Development, Inc., 1981

### Private Clinics:

The SHPDA and HSAs have worked with the Alaska Department of Revenue to collect data on the gross receipts of private health service organizations/businesses in Alaska. The data in the following chart reflects an estimate of the total revenue received by private health service businesses in Alaska. These figures do not include businesses/practitioners located in other states which provide itinerant services in Alaska.

Figure 5-29

ESTIMATE OF REVENUE FOR PRIVATE AMBULATORY CARE  
CALENDAR YEAR 1978

	<u>Southeast</u>	<u>Southcentral</u>	<u>Northern</u>	<u>Total Statewide</u>
Physicians	\$5,899.1	\$49,728.9	\$23,770.7	\$79,398.7
Dentists	3,401.8	23,781.2	6,460.3	33,643.3
Optometrists	1,176.7*	3,009.4	1,029.7*	5,215.8
Chiropractors	472.5*	3,661.5*	354.3*	4,488.3
Laboratories	127.2*	2,797.9*	254.4*	3,179.5
Other	531.9*	3,722.9*	531.8*	4,786.6
TOTAL	\$11,609.2	\$86,701.9	\$32,401.2	\$130,712.2

\*Derived from the state total.

Note: Statistics prepared from the gross business receipt forms filed with the Alaska State Department of Revenue.

### Comparative Reimbursement Rate for Medical Care:

The 1978 prevailing charges for medical procedures used by Medicare for Alaska are identified in Figure 5-30. This prevailing charge data represents the maximum amounts upon which reimbursement is based within the Medicare Part B program. The prevailing charge for an initial comprehensive office visit was \$67.90 in Alaska, 95% above the Washington state average charge. The prevailing charge for an initial comprehensive hospital visit was \$67.90 in Alaska compared to \$40.00, \$46.00 and \$44.52 in the other states in this region.

The proportion to which Alaska rates exceed those of Washington (for example) vary considerably between types of procedure/service. The prevailing charge for a blood transfusion in Alaska exceeded the Washington state average by 115%. The charge applied in Alaska for a complete blood count was 62% higher and the charge for a PAP test was 35% higher. The hernia repair charge averaged \$274.64 in Washington state compared to \$420.00 in Alaska and the Alaska charge for a hysterectomy was \$840.00 compared to Washington's average charge of \$582.25.

**COMPARATIVE REIMBURSEMENT RATES**  
**PREVAILING CHARGES FOR MEDICAL PROCEDURES --MEDICARE**

Figure 5-30

	1978							
	Alaska		Idaho **		Oregon **		Washington **	
	G.P.	Spec.	G.P.	Spec.	G.P.	Spec.	G.P.	Spec.
Initial Limited Office Visit	29.30	21.70	13.60	15.50	12.84	13.28	12.92	14.07
Initial Comp Office Visit	67.90	67.90	47.50	51.75	44.56	48.87	34.78	48.63
Minimal Office Visit	10.00	11.60	5.95	6.60	6.16	6.10	6.15	6.23
Routine Brief Office Visit	16.30	16.30	8.20	10.50	9.70	11.02	9.82	11.07
Routine Brief Home Visit	27.10	20.00	15.60	20.20	18.71	18.76	17.00	19.83
Initial Brief Hospital Visit	40.70	40.70	25.55	36.95	20.30	20.30	26.98	35.10
Initial Comp Hospital Visit	67.90	70.00	40.00	47.50	46.60	51.46	44.52	48.00
Routine Brief Hospital Visit	16.00	16.30	8.20	10.10	9.70	12.62	10.88	14.73
Biopsy Skin	36.00*	33.30*	22.55	23.00	24.92	23.26	23.02	25.10
Radical Mastectomy	840.00*	777.00*	475.10	508.50	551.63*	610.66	668.05	612.03*
Reduction of Fracture	960.00*	816.00*	651.60	651.60	611.20	724.50	552.40*	637.97*
Arthroscopy	24.00*	20.40*	11.00	14.25	17.09	19.72	19.70*	21.93*
Needle Puncture of Bursa	24.00*	22.20*	14.25	17.70	17.52	18.66	19.22	17.65
Bronchoscopy	180.00*	166.50*	129.35	129.00	123.14*	126.42	135.75*	142.80*
Thoracentesis	36.00*	33.30*	44.20	23.30	27.42	28.42	24.34*	33.30*
Catheterization	420.00*	441.00*	175.00	175.00	271.98*	263.94*	379.50*	305.53*
Insertion of Pacemaker	1200.00*	1260.00*	645.00*	685.00*	732.00*	880.00*	857.00*	845.00*
Blood Transfusion	24.00*	22.20*	10.00	10.00	15.61*	17.12*	11.15*	11.15*
Colectomy	960.00*	858.00*	610.90	644.80	639.50*	656.26	655.18*	723.67
Appendectomy	480.00*	444.00*	286.10	310.95	313.30*	331.82	379.75	354.93*
Sigmoidoscopy	36.00	36.00	23.10	23.80	23.05	24.70	23.70	26.50
Hemorrhoidectomy	360.00*	333.00*	229.70	223.05	239.64*	256.10	275.75	261.83*
Cholecystectomy	720.00*	666.00*	469.55	469.55	471.61*	519.26	470.44*	529.37
Repair Hernia	420.00*	389.50*	244.35	270.75	263.53	309.25	274.62*	325.80
Cystoscopy	60.00*	61.00*	40.00	40.00	40.00*	55.30	45.35	41.90
Dilation of Urethra	36.00*	36.60*	17.00	12.00	20.76*	20.30	21.22*	20.97
Prostatectomy	960.00*	976.00*	655.50	610.45	624.20*	632.38	710.00*	684.07*
Electrosection of Prostate	1009.60	977.00	543.00	543.00	631.40*	640.18	720.00*	724.00
Hysterectomy	840.00*	903.00*	543.00	543.00	556.48*	583.30	582.25*	606.37
Extraction of Lens	1009.60	1000.00	543.00	593.90	540.80*	659.90	716.00*	656.10
X-Ray Chest	24.00	21.70	14.30	13.80	15.43	15.46	20.62	17.67
X-Ray Spine	43.90	43.90	26.00	26.05	24.06	25.08	25.30*	30.93
X-Ray Hip	42.00	40.70	22.55	28.00	23.46	24.22	26.41*	25.53
X-Ray Stomach	76.00	65.20	43.55	44.70	47.04*	48.58	49.83*	53.27
X-Ray Colon	65.20	59.00	33.75	48.00	44.65	45.12	43.30*	52.87
Cobalt	34.80*	33.00*	20.00	15.00	22.36*	27.61*	24.50	26.83*
Radiotherapy	46.40*	44.00*	20.20*	33.60*	29.84*	15.00	36.00*	33.60*
Hemoglobin	5.00	5.00	3.25	3.00	3.66	3.57	3.42	3.70
White Cell Count	5.50	4.40	3.50	4.00	3.53	3.44	3.80	3.20
Complete Blood Count	15.60	15.50	8.35	9.00	9.74	9.72	9.28	8.67
Cholesterol Blood Count	15.00	15.00	6.30	7.25	8.30	8.25	9.10	7.30
Hematocrit	5.00	5.00	4.25	4.00	3.30	3.49	4.12	3.17
Prothrombin	10.00	10.90	6.75	7.75	6.91	6.46	7.64	6.83
Sedimentation Rate	8.00	8.30	3.90	4.00	5.17	4.63	5.12	4.50
Blood Sugar	12.75	13.60	6.50	6.75	7.76	7.50	8.25	7.17
Bun Urea Nitrogen	12.50	14.50	6.75	6.50	7.00	7.42	8.32	6.57
PAP Test	12.00	9.00	10.00	9.75	9.10	8.55	8.88	9.10
Urinalysis	7.75	7.75	4.18	4.50	4.90	4.98	4.52	4.57
Electrocardiogram	40.00	34.00	20.20	21.50	21.66	21.92	23.98	27.17
Electroencephalogram	160.10*	89.60	59.15	57.70	57.10	50.23	65.00*	52.40*

\*Charge computed using a relative value scale (relative value being based on actual charge data).

\*\*State average.

Source: Medicare Bureau, Health Care Financing Administration, Health Care Statistics, Office of Prevailing Charges, 1978.

### Alaska Area Native Health Service:

The Alaska Area Native Health Service (AANHS) provides health care to Alaska Natives and their dependents. Primary care to the villages is provided through the community health aides and itinerant physicians. Inpatient care and outpatient care are provided at the AANHS-IHS hospitals: Mt. Edgecumbe Hospital (82 beds); Alaska Native Medical Center, Anchorage (170 beds); Kanakanak Hospital (29 beds); Bethel Hospital (42 beds); Kotzebue Hospital (40 beds); and the Barrow Hospital (14 beds). Outpatient care is also provided at AANHS health centers. Additional health services are available to program eligibles through contracts with private physicians, hospitals and other health entities. Contractual services are limited by budgetary constraints.

The Bureau of the Census estimates that the Alaska Native population totaled 64,047 in 1980. Information is not available regarding the number of Alaska Natives who are also covered under some type of third party health program. However, according to the 1980 Census there were 2,880 Alaska Natives over the age of 65 and eligible for Medicare and in September 1980 5,286 Alaska Natives were receiving Public Assistance payments and therefore were eligible for Medicaid.

Alaska Area Native Health Service is also a major source of funding for the Regional Health Corporations.

The following page reflects the AANHS budget for FY 1981.

Figure 5-31

ALASKA AREA NATIVE HEALTH SERVICE FY 1981 BUDGET

ACTIVITY	TOTAL ALLOWANCE	%	IHS PROGRAM	TRIBAL PROGRAMS AND SUPPLEMENTS
<b>HOSPITAL AND AMBULATORY CLINICS</b>				
Operations	46,341,296	49.1	43,237,500	3,103,796
Maintenance/Repair	2,689,800	2.8	2,559,976	129,824
Satellite Communication	871,500	0.9	834,500	37,000
Village Built Clinics	1,237,000	1.3		1,237,000
Accident Prevention	372,769	0.4	17,600	355,169
Emergency Medical Ser.	1,779,935	1.9	122,265	1,657,767
Mental Health	387,087	0.4		387,087
Community Health Aide	5,105,145	5.4	414,268	4,690,877
Tribal Training	1,513,444	1.6		1,513,444
Health Boards	366,921	0.4		366,921
Tribal Contract health		3.3		
Dental	86,227			86,227
Other	3,044,653			3,044,653
Misc Programs & Support	2,145,419	2.3		2,145,419
<b>OTHER CLINICAL SERVICES</b>				
Dental Program	2,238,800	2.4	2,090,989	147,811
Mental Health Program	559,400	0.6	551,340	8,060
Alcoholism Program	639,600	0.7		639,600
<b>CONTRACT HEALTH</b>				
Equity Health Care	11,267,000	11.9	11,267,000	1,567,195
	608,000	0.6	116,272	491,728
<i>Subtotal Clinical Services</i>	<u>81,253,996</u>	86.0	<u>59,644,515</u>	<u>21,609,481</u>
<b>PREVENTIVE HEALTH</b>				
Sanitation	3,458,500	3.7	3,392,380	67,120
P.H. Nursing	524,100	0.6	449,400	74,700
Health Education	158,800	0.2	130,000	28,800
Community Health Rep.	2,242,300	2.4		2,242,300
<i>Subtotal Preventive Health</i>	<u>6,383,700</u>	6.8	<u>3,390,780</u>	<u>2,412,920</u>
<b>INDIAN HEALTH MANPOWER</b>	<u>36,000</u>	0.0	<u>36,000</u>	
<b>TRIBAL MANAGEMENT</b>	<u>153,000</u>	0.1		<u>153,000</u>
<b>PROGRAM MANAGEMENT</b>	<u>6,619,200</u>	7.0	<u>6,619,200</u>	
<b>TOTAL</b>	<u>94,445,896</u>	100.0	<u>70,270,495</u>	<u>24,175,401</u>

Note: IHS Program = programs directly administered by AANHS;  
Tribal Programs and Supplement = programs provided by regional health entities through contracts with AANHS

Source: AANHS, 1981/SC

## Employment And Wages:

The following Figure represents the average monthly wages in the medical industry in Alaska. The principal sources of non-agricultural employment and payroll data are the quarterly reports of employers subject to the state unemployment law and corresponding quarterly reports of federal agencies. The wage figures include all non-agricultural wage and salary employment. Unfortunately, the information is not specific to type of occupation, such as clerical, service, or professional employee. Establishments included in the health services classification include: offices of physicians, dentists, and other health practitioners; nursing and personal care facilities; hospitals; medical and dental laboratories; outpatient care facilities; and other health and allied services.

Figure 5-32

Data on Wages and Employment in the Medical  
Industry, Alaska, 1970-1980\*

Year	Average Monthly Wage	Average Monthly Employment
1970	607	2174
1971	666	2559
1972	790	3004
1973	812	3345
1974	894	3840
1975	1019	4330
1976	1216	5015
1977	1369	5265
1978	1443	5502
1979	1520	5734
1980	1727 <sup>1</sup>	5826 <sup>1</sup>
% Change 1970-1980	285%	268%

\*Standard Industrial Classification - Major Group 80: Health Services

Note: Private hospitals only. <sup>1</sup> Estimated 80:4

Source: Department of Labor, Research and Analysis, 1981

Active Military; Dependents and Retirees; Alaska Veterans:

Military hospitals and clinics are located on major military bases in Alaska in order to provide health services to the resident military population through the Uniformed Services Health Benefits Program (USHBP). Inpatient health care is available for the military population at the following facilities: Elmendorf USAF Hospital, Anchorage (125 beds); Kodiak US Coast Guard Dispensary (25 beds); Navy Medical Center, Bremerton-Adak (15 beds); and Bassett Army Hospital, Fairbanks (85 beds). The Alaska Department of Labor estimates that the active military population totaled 24,984 in 1977.

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) is a supplementary health insurance plan that covers military retirees and dependents. The reimbursement ranges from 75% to 80% on specified medical care. The number of military dependents and retirees in Alaska was estimated at 55,000 in 1975.

Alaskan Veterans with an honorable discharge are eligible for medical benefits for service connected health problems and for other health care that is authorized in advance by the Veterans Administration. Of the 54,000 veterans in Alaska, it is estimated that only 5-10% (2,700-5,400 Alaskans) utilize the V.A. medical benefits.

Revenue Sharing:

The Alaska Revenue Sharing program is administered by the Department of Community and Regional Affairs. Revenue sharing entitlements for health care totaled \$13.2 million for FY 81. The amount of financial support is determined based upon the rates identified in the table below.

Figure 5-33

FY 82 RATES USED TO COMPUTE GRANT ENTITLEMENTS UNDER THE STATE AID TO LOCAL GOVERNMENTS <u>MUNICIPAL SERVICES REVENUE SHARING PROGRAM</u>		
<u>Municipal Services</u>	<u>Rates</u>	
Hospitals	\$250,000 per hospital* \$75,000 per hospital** \$1,000 per bed ***	
Health Facilities	\$8,000 per facility \$2,000 per bed	
Construction Aid	\$2,500/bed or 5% of construction cost (whichever is greater) annually; total not to exceed 25%	
*Over 10 beds	**Under 10 beds	***75+ beds

FY 81 GRANT ENTITLEMENTS BY CLASSIFICATION OF MUNICIPAL SERVICES		
	<u>Applicants Participating</u>	<u>Approved Entitlements</u>
Hospitals	14	\$4,028,346
Health Facilities	86	\$2,454,677
Construction Aid Matching Funds	4	\$6,706,388
		<u>\$13,189,411</u>

Figure 5-34

STATE AID TO LOCAL GOVERNMENTS

REVENUE SHARING

FY 1981

Boroughs and Unified Municipalities	Hospital Entitlement	Health Facilities Entitlement	Hospital Construction Aid
Anchorage	\$463,885	\$668,405	\$5,483,870
Bristol Bay	-	\$38,414	-
Fairbanks	-	-	-
Haines	-	-	-
Juneau	\$231,942	\$159,576	\$33,217
Kenai	\$499,324	-	-
Ketchikan	-	-	-
Kodiak	\$249,662	\$125,830	-
Matanuska-Susitna	-	-	-
North Slope	-	\$82,700	-
Sitka	<u>\$240,640</u>	<u>\$32,727</u>	-
Total Funding for Boroughs and Unified Municipalities	\$1,685,453	\$1,127,652	<u>\$5,517,087</u>

First/Second Class Cities by HSA	Hospital Entitlement	Health Facilities Entitlement	Hospital Construction Aid
<b>NORTHERN HSA</b>			
Ambler	-	\$10,337	-
Anvik	-	\$10,337	-
Deering	-	\$10,337	-
Delta Junction	-	\$8,600	-
Fairbanks	\$268,751	\$165,551	\$1,181,859
Galena	-	\$10,337	-
Holy Cross	-	\$10,337	-
Huslia	-	\$10,337	-
Kiana	-	\$10,337	-
Koyukuk	-	\$10,337	-
McGrath	-	\$10,337	-
Noorvik	-	\$10,337	-
Nulato	-	\$10,337	-
Shungnak	-	\$10,337	-
TOTAL	\$268,751	\$298,195	\$1,181,859

Figure 5-34 Continued

First/Second Class Cities by HSA	Hospital Entitlement	Health Entitlement	Hospital Construction Aid
<b>SOUTHCENTRAL HSA</b>			
Akiachak	-	\$9,964	-
Akiak	-	\$9,964	-
Akolmiut	-	\$19,928	-
Alakanuk	-	\$9,964	-
Aleknagik	-	\$9,603	-
Aniak	-	\$20,675	-
Atmautluak	-	\$9,964	-
Bethel	-	\$132,026	-
Brevig Mission	-	\$10,337	-
Chefornak	-	\$9,964	-
Chevak	-	\$9,964	-
Chuathbaluk	-	\$10,337	-
Clarks Point	-	\$9,603	-
Cordova	\$268,751	\$25,800	-
Elim	-	\$10,338	-
Emmonak	-	\$9,964	-
Fortuna Ledge	-	\$9,964	-
Golovin	-	\$10,337	-
Homer	-	\$15,978	-
Kenai	-	\$15,978	-
King Cove	-	\$9,603	-
Kotlik	-	\$9,964	-
Koyuk	-	\$10,337	-
Lower Kalskag	-	\$10,337	-
Manokotak	-	\$9,603	-
Mekoyuk	-	\$9,964	-
Mountain Village	-	\$9,964	-
Napakia	-	\$9,964	-
Napaskiak	-	\$9,964	-
Newhalen	-	\$9,603	-
New Stuyahok	-	\$9,603	-
Newtok	-	\$9,964	-
Nightmute	-	\$9,964	-
Nome	\$323,049	\$51,682	-
Nondalton	-	\$9,603	-
Palmer	\$240,640	-	-
Port Heiden	-	\$9,603	-
Quinhagak	-	\$9,964	-
St. Marys	-	\$9,964	-
Saint Michael	-	\$10,337	-
Sand Point	-	\$9,603	-
Savoonga	-	\$10,337	-
Seldovia	-	\$7,989	-
Seward	\$249,662	\$143,805	-

Figure 5-34  
(Continued)

First/Second Class Cities by HSA	Hospital Entitlement	Health Entitlement	Hospital Construction Aid
Shaktoolik	-	\$10,337	-
Sheldon Point	-	\$9,964	-
Soldotna	-	-	-
Stebbins	-	\$10,337	-
Teller	-	\$10,337	-
Togiak	-	\$9,603	-
Toksook Bay	-	\$9,964	-
Tuluksak	-	\$9,964	-
Tununak	-	\$9,964	-
Unalakleet	-	\$10,337	-
Unalaska	-	\$9,603	-
Valdez	\$278,818	\$8,922	-
Wasilla	-	\$15,400	-
White Mountain	-	\$9,603	-
<b>Total</b>	<b>\$1,360,920</b>	<b>\$906,708</b>	<b>-0-</b>
<b>SOUTHEAST HSA</b>			
Kasaan	-	\$7,422	-
Ketchikan	\$231,942	\$37,110	\$40,659
Klawock	-	\$7,422	-
Pelican	-	\$7,989	-
Petersburg	\$240,640	\$23,101	-
Skagway	-	\$7,989	-
Tenakee Springs	-	\$7,700	-
Wrangell	\$240,640	\$15,400	-
Yakutat	-	\$7,989	-
<b>TOTAL</b>	<b>\$713,222</b>	<b>\$122,122</b>	<b>\$40,659</b>
<b>TOTAL FY 1981 Municipal Revenue Sharing Entitlements</b>	<b>\$4,028,222</b>	<b>\$2,454,677</b>	<b>\$6,706,388</b>

Source: Division of Local Government Assistance, Alaska Dept. of Community and Regional Affairs, unpublished data, 1982

### Third-Party Health Coverage:

A third-party payer includes any organization, public or private, that pays or insures health or medical expenses on behalf of beneficiaries or recipients (e.g. Blue Cross and Shield, commercial insurance companies, Medicare and Medicaid). The individual generally pays a premium for such coverage in all private and some public programs. The organization then pays bills on his behalf; such payments are called third party payments and are distinguished by the separation between the individual receiving the service (the first party), the individual or institution providing it (the second party) and the organization paying for it (the third party).

It is difficult to identify the extent of third party coverage for Alaskans, both to identify those that may not be protected by any program or those that may not have coverage adequate to fulfill their needs. Perhaps the most appropriate method of identifying those Alaskans without coverage or without adequate coverage are from surveys and studies of individuals regarding health coverage and from a search of hospital and other health care billings that were paid "out of pocket" by the individual.

The Battelle Corporation, in its Alaska Comprehensive Health Care Financing Study, estimates that about 29,000 non-Natives in Alaska are not covered by a private or public insurance plan. (Public insurance includes Medicaid and GRM, which covers about 15,000 non-Natives who do not have private insurance.) All Natives have some coverage through the Alaska Area Native Health Service, though the gaps in AANHS are well documented. The Battelle findings are significantly lower than earlier surveys of third party coverage amongst the non-Native, non-military population of Alaska. These earlier estimates assumed that between 56,000 to 71,000 Alaskans lacked any third party coverage.

A detailed search of hospital bills and other major medical bills that were paid "out of pocket" by the individual may result in significant information regarding not only those without coverage but also those finding that their coverage was not adequate to fulfill their needs. A general indication of the number of discharges from hospitals that result in payment by the individual can be obtained by information collected in the annual hospital survey. The percent of hospital bills paid by the individual varied considerably from one hospital to another. The Alaska Hospital and South Peninsula Hospital reported the highest percentages: 26% of the discharges making "out of pocket" payments. Further screening of this type of information is necessary.

Figure 5-35

DISCHARGES BY PRIMARY SOURCE OF PAYMENT

CY 1978

(Percent of all Discharges)

HOSPITAL	Workmen's Compensation											
	Medicare	Medicaid	CHAMPUS	IHS	Blue Cross	Other Commercial Insurance Co.	Prepaid Group Health Plan	Medical Foundation	Private Pay	No Charge	Other	
<b>SOUTHEAST</b>												
Ketchikan General	4	10	6	2	21	13	32	-	-	6	-	6
Petersburg General	- not available -											
Wrangell General	-	13	4	-	-	-	-	-	-	-	-	83**
PHS-ASH Mt. Edgecumbe	- not available											
Sitka Community	7	9	3	-	-	43	22	-	-	9	-	5
Bartlett Memorial**	2	9	3	10	17	27	22	-	-	10	-	-
<b>SOUTHCENTRAL</b>												
Cordova Community	- not available -											
Valdez Community	- not available -											
Seward General	-	49	26	-	24	-	-	-	-	-	-	-
Faith	2	9	5	1	25	12	24	0	0	22	-	-
Central Peninsula	-	4	5	-	-	19	-	-	-	17	-	55***
South Peninsula	3	13	8	-	18	12	19	-	-	26	<1	-
Valley	1	10	13	-	-	13	35	-	-	25	-	4
Alaska Hospital and Medical Center	4	2	8	<1	-	11	25	24	-	26	-	-
Providence***	6	8	7	2	<1	15	39	-	-	7	2	13
PHS-ANI Alaska Native Medical Center	- not available -											
USAF Hospital, Elmendorf	- not available -											
Kodiak Island**	54	6	7	-	20	4	-	-	8	<1	-	1
Naval Regional Medical Center, Bremerton-Adak	- not available -											
PHS-ANI Kakanak	-	-	-	-	100	-	-	-	-	-	-	-
PHS-ANI Bethel**	- not available -											
Norton Sound Regional	2	6	11	1	65	11	4	0	0	1	0	0
<b>NORTHERN</b>												
PHS-ANI Kotzebue	- not available -											
PHS-ANI Barrow**	- not available -											
Fairbanks Memorial	1	9	10	1	10	14	29	-	-	25	1	-
PHS-ANI Tanana**	- not available -											
Bassett Army	- not available -											

\*\*Includes all sources of payment except Medicare and Medicaid.

\*\*\*Includes Workmen's Comp., CHAMPUS, Other Commercial Ins., Prepaid Group Health Plan, Medical Foundation and Other.

\*Workmen's Compensation and Other.

\*\*Reporting period is as follows: Bartlett Memorial: FY 1978; Kodiak Island: May 15 - Dec. 31, 1978; PHS-ASH Bethel, Barrow, and Tanana: FY 1977.

\*\*\*Providence Hospital includes both outpatient and inpatient data.

Source: Office of Information Systems, Alaska Dept. of Health & Social Services, 1979 Annual Hospital Questionnaire, AANIS, IHS, U.S. DIEM, Leading Health Problems of the Alaska Natives, FY 1977.

If the estimates of Alaskans protected by each type of third party coverage or non-fee services are added together, the total comes to 458,305 or more than the current estimate of the resident population (411,211 in 1977). This highlights the fact that there is considerable double coverage within the state such as individuals and their dependents covered by Blue Cross who are also eligible for the CHAMPUS program, Alaska Natives eligible for services by Alaska Area Native Health Services who are also covered by private health insurance, and families with more than one member subscribing to coverage that protects all dependents.

This is certainly NOT to say that all Alaskans are protected by some type of health coverage. Unfortunately, information regarding the number of persons covered by each program will not produce an estimate of who is without coverage. To accomplish this it would be necessary to identify all those with more than one type of coverage (both subscribers/enrollees and dependents).

ESTIMATED ALASKAN POPULATION  
PROTECTED BY SPECIFIC HEALTH COVERAGE PROGRAMS

Private Health Insurance & Blue Cross	263,000
Teamster Employee Welfare Trust/Alaska Health Plan	25,200
Alaska Area Indian Health Services	
Alaska Natives	65,857
CHAMPUS & USHBP	
Active Military	24,984
Military Dependents & Retirees	55,000
Medicare Enrollees	9,818
Medicaid Participants (Not all eligibles)	11,815
General Relief Medical Program Participants	2,631
Catastrophic Relief Health Insurance Program	*
Veterans Administration	**

\*Catastrophic Health Insurance Program is available to all Alaskans meeting criteria identified later in this chapter.

\*\*The V.A. pays for health care that is related to prior military service.

Compensation provided by both governmental and private third party reimbursement programs is often inconsistent with effective and economical health promotion. For example, prescribed nutritional counseling is not compensable by third party carriers in Alaska. Such services can prevent hospitalization and their availability is vital to a self-care, preventive health concept of health delivery.

Private Health Insurance: The major source of third party coverage is through private health insurance and the Blue Cross Plan. Although Blue Cross is considered a hospital/medical service corporation rather than a health insurance company, it is included in these discussions and in the data from the National Health Insurance Institute.

There is considerable variation in the services covered by different types of health insurance policies. Types of coverage include hospital expense, surgical expense, regular medical expense and major medical expense.

The National Health Insurance Institute estimates that 263,000 Alaskans under 65 years of age were covered by some type of health insurance as of December 31, 1976. The number by type of coverage is indicated below.

Figure 5-36

PRIVATE HEALTH INSURANCE AND BLUE CROSS

NUMBER OF PERSONS IN ALASKA UNDER AGE 65 PROTECTED BY HOSPITAL  
SURGICAL, REGULAR MEDICAL AND MAJOR MEDICAL EXPENSE COVERAGE

December 31, 1976

Hospital Expense	263,000
Surgical Expense	246,000
Regular Medical Expense	248,000
Major Medical Expense	146,000

Note: The data refer to the net total of people protected, i.e. duplication among persons protected by more than one kind of insuring organization or more than one insurance company policy providing the same type of coverage has been eliminated. The estimated distribution by states reflects coverage by residence rather than employment. "Major Medical Expense" data refer to people covered by insurance companies only.

Sources: Health Insurance Association of America, Blue Cross Association, National Association of Blue Shield Plans, and the U.S. Department of Health, Education and Welfare.

The total dollar figure in premiums written for Alaskans was over \$99 million during 1980. The amount of premiums written compared to losses incurred are summarized below. The total dollar figures of direct premiums written during 1980 by the twenty leading vendors in Alaska are identified in the following Figure 5-37. These figures are accessed through the individual insurance companies' annual reports and aggregated by the Division of Insurance.

Figure 5-37

Total Accident and Health Insurance Financial

Data for Alaska, 1980

Total	Preiums Earned (in thousands of \$)	Losses Incurred (in thousands of \$)
Blue Cross	43,075	42,396
Other Groups	49,482	35,952
Credit	1,525	816
All Other	5,542	2,311

Figure 5-38

Health Insurance Premiums Written in Alaska, 1980

Top 20 Vendors	Premiums Earned (in thousands of \$)
Blue Cross of Washington & Alaska	43,075
Aetna Life Ins. Co.	12,802
Travelers Ins. Co	4,732
Equitable Life Assur. Soc. of the U.S.	3,272
Metropolitan Life Ins. Co.	3,173
Great West Life Assur. Co.	2,902
United Benefit Life Ins. Co	2,795
Residential Ins. Co.	2,579
New York Life Ins. Co.	2,035
Occidental Life Ins. Co.	1,879
Connecticut General Life Ins. Co.	1,593
Penn. Mutual Life Ins. Co.	1,005
Mutual of Omaha Ins. Co.	981
First Farwest Life Ins. Co.	833
Combined Ins. Co. of America	800
Security Benefit Life Ins. Co.	798
Pacific Mutual Life Ins. Co.	768
Hartford Accident & Indemnity Co.	718
Union Labor Life Ins. Co.	698
Mutual Life Ins. Co.	693
<b>TOTAL PREMIUMS</b>	<b>88,131</b>

Source: Dept of Commerce & Economic Development, Division of Insurance,  
Annual Report for 1981

Medicare: Medicare is a health insurance program administered by the federal government for the aged (Title 18 of the Social Security Act of 1965). Medicare coverage was extended in 1974 to also include disabled persons and persons with chronic kidney disease. Part A, Medicare coverage provides insurance for hospital care, post-hospital extended care and home health benefits. Part B, available on a voluntary basis with the payment of monthly premiums, provides medical insurance that covers not only care by physicians but also hospital outpatient services, physical therapy, diagnostic x-rays, ambulance services, etc.

By 1972, more than 95% of the U.S. population aged 65 and older was covered by Part A of Medicare. However, because of Medicare's deductibles and co-insurance provisions, and because of gaps in Medicare coverage, more than half of the Americans over 65 are buying private insurance to supplement Medicare. Medicare paid less than 35% of the total health bill to those over 65 during 1975.

Medicare expenditures for Alaska totaled over \$7 million in 1976. Total Medicare expenditures rose by 54.9% between 1974 and 1976 for Alaska compared to 46.5% nationally. The Hospital Insurance Component (Part A) rose by 54.7% in Alaska and 45.1% nationally. The Supplementary Medical Insurance component (Part B) rose by a full 55.3% for Alaska compared to 50.1% nationally. During 1976, 9,818 Alaskans were enrolled in the Medicare program; including 8,653 persons age 65 and over, 1,165 disability beneficiaries, and 31 individuals with chronic kidney disease.

Figure 5-39

MEDICARE ENROLLMENT (JULY 1) AND REIMBURSEMENT FOR HOSPITAL AND MEDICAL INSURANCE  
ALASKA & U.S. CY 1976

Hospital and/or medical insurance				Hospital insurance			Supplementary medical insurance		
Number of persons enrolled	Amount reimbursed	Monthly average	Number of persons enrolled	Amount reimbursed	Monthly average	Number of persons enrolled	Amount reimbursed	Monthly average	
9818	\$ 7,161,870	\$ 60.75	9750	\$ 4,915,506	\$ 42.01	8185	\$ 2,246,364	\$ 22.87	
		\$ 58.10			\$ 42.79			\$ 16.38	
8653	\$ 5,668,674	\$ 54.59	8585	\$ 4,101,190	\$ 39.81	7174	\$ 1,567,484	\$ 18.21	
		\$ 56.80			\$ 42.42			\$ 15.41	
1165	\$ 1,493,196	\$ 106.81	1165	\$ 814,316	\$ 58.25	1011	\$ 678,880	\$ 55.96	
		\$ 70.82			\$ 46.39			\$ 26.44	
31	\$ 651,374	\$ 1,751.01	31	\$ 189,239	\$ 508.71	30	\$ 462,135	\$ 1,283.71	
		\$ 1,108.33			\$ 305.28			\$ 830.96	

All persons enrolled

Alaska  
U.S.

Persons age 65+

Alaska  
U.S.

Disability Beneficiaries

Alaska  
U.S.

Chronic Peral Disease

Alaska  
U.S.

Medicaid and General Relief Medical: Persons eligible for the cash assistance payments (public assistance) under the categorical assistance programs (Old Age Assistance, Aid to the Blind, Aid to the Disabled, and Aid to Families with Dependent Children) are eligible for Medicaid coverage of health care costs. Additional eligibility criteria for Medicaid exists for persons in nursing facilities and children in foster care for juvenile care situations. Medicaid is a state administered medical assistance program funded by both federal and state sources.

General Relief Medical coverage is available for persons having no prior medical care resources and who meet financial eligibility requirements for the assistance programs listed above but do not meet other qualifications for Medicaid coverage (under 65, both parents in the home are physically able to work, not blind or disabled under federal definition). General Relief Medical (GRM) provides coverage for some medical services and supplies not covered under Medicaid such as prescription drugs, prosthetic devices and medical equipment. GRM is administered by the state and totally state funded.

During calendar year 1980 an average of 4,450 persons per month received Medicaid services in Alaska and 843 persons per month received services under the General Relief Medical program. The total funds expended and the services covered are identified in Figures 5-41, and 5-42.

Medicaid expenditures have grown tremendously as a result of population growth, inflation, increased availability of services, rising cost of services and increased utilization of federal revenues for medical programs. The following figures show that Medicaid expenditures grew over 300% between 1973 and 1977.

Figure 5-40

<u>FISCAL YEAR</u>	<u>MEDICAID EXPENDITURES</u>	<u>GR MED EXPENDITURES</u>	<u>ADMINISTRATION AND SUPPORT</u>
1973	\$ 4,447,219	\$ 3,675,277	\$ 481,890
1974	7,876,759	2,607,112	631,129
1975	9,309,702	2,358,080	722,778
1976	14,328,201	2,881,213	1,085,086
1977	18,608,568	3,743,128	1,253,002
1978 1/	25,915,719	6,213,100	1,346,800
1979 2/	38,811,695	6,769,100	1,423,950

1/ Projected expenditures

2/ Total of budget request including supplemental requests--includes \$6,422,300 for Indian Health Care Improvement Act billings by ANHS; this is 100% federal funds.

SOURCE: Medicaid Annual Status Report FY 77, State of Alaska, Dept Health and Social Services, Division of Public Assistance.

Figure 5-41

Medicaid Statistics, FY 80, CY 80

Services	FY 80 Expenditures		CY 80 Average Monthly Statistics		
	\$	%	Payments	Recipients	Expenditures Per Claimant
<b>Hospital</b>					
Inpatient	4,391,472.93	17.3	474,964.00	139	3,653.57
Outpatient	907,511.79	3.6	90,328.00	507	178.16
IHS Inpatient	1,183,098.80	4.7	N/A	---	---
IHS Outpatient	283,384.75	1.1	N/A	---	---
<b>Long Term Care</b>					
SNF	2,610,807.23	10.3	192,218	61	3,151
ICF	9,722,839.68	38.3	897,603	359	2,500
ICF/MR	1,405,227.20	5.5	125,697	30	4,190
<b>Psychiatric Care</b>					
Inpatient	N/A	---	565,740	112	5,051
Ambulatory	117,518.70	.5	N/A	---	---
Physician Services	2,313,501.70	9.1	326,554.00	2,480	131.68
Home Health Care	13,423.73	.05	1,029	2	514.50
Family Planning Svces	27,607.83	.1	2,987	34	87.85
EPSDT Svces	870,590.11	3.4	17,773	179	99.29
Transportation	290,989.51	.8	N/A	---	---
Lab Test X rays	56,301.84	.2	9,412	141	66.75
Speech-Lang Therapy	3,850.39	.02	N/A	---	---
Optometric Svces	201,032.50	.8	N/A	---	---
Dental Care	771,107.20	3.0	67,463	415	162.56
Physical/Occ Therapy	24,536.71	.1	N/A	---	---
Prosthetic Devices/ Medical Supplies	37,097.92	.2	N/A	---	---
Drugs	NC	---	---	---	---
OTHER	101,675.21	.4	N/A	---	---
<b>TOTAL</b>	<b>25,374,460.94</b>	<b>99.47</b>	<b>2,771,768</b>	<b>4,450</b>	<b>622.87</b>

\*Note: NA-Information not available  
 NC-Service not covered by program

Sources: Financial Operations Sect., Div. of Admin. Services, DHSS, Prior Year Authorization Balances; Period 7/01/79 thru 6/30/81.

Medical Programs Sect., Div. of Public Assistance, DHSS, Monthly Statistical Report on Medicaid, HCFA 120 forms, for 1/80 - 12/80.

Div. of Public Assistance, DHSS, Medicaid Annual Report FY 80-81.

Div. of Public Assistance, DHSS, Census data for Alaskan Long Term Care Facilities, 1/80 - 8/81.

Figure 5-42

GR Med Statistics, FY 80, CY 80

Services	FY 80 Expenditures		CY 80 Average Monthly Statistics		
	\$	%	Payments	Recipients	Expenditures Per Claimant
<b>Hospital</b>					
Inpatient	2,756,320.24	47.0	265,325.00	67	3,960.07
Outpatient	435,740.64	7.4	27,790.00	88	315.80
IHS Inpatient	NC	---	---	---	---
IHS Outpatient	NC	---	---	---	---
<b>Long Term Care</b>					
SNF	85,477.57	1.5	N/A	---	---
ICF	118,504.77	2.0	N/A	---	---
ICF/MR	NC	---	---	---	---
<b>Psychiatric Care</b>					
Inpatient	NC	---	---	---	---
Ambulatory	NC	---	---	---	---
Physician Services	1,108,798.45	18.9	132,857	412	322.47
Home Health Care	NC	---	---	---	---
Family Planning Svces	50,739.04	.9	4,194	11	381.27
EPSDT Svces	NC	---	35	.25	140.00
Transportation	58,156.55	1.0	N/A	---	---
Lab Test X rays	24,089.46	.4	2,605	33	78.94
Speech-Lang Therapy	NC	---	---	---	---
Optometric Svces	81,206.38	1.4	N/A	---	---
Dental Care	343,642.77	5.9	31,892	208	153.33
Physical/Occ Therapy	7,038.75	.1	N/A	---	---
Prosthetic Devices/ Medical Supplies	49,807.88	.8	N/A	---	---
Drugs	732,994.11	12.5	12,691	232	54.70
OTHER	32,151.37	.5	N/A	---	---
TOTAL	5,870,312.67	100.3	445,497	843.25	528.31

\*Note: NA-Information not available  
NC-Service not covered by program

Sources: Financial Operations Sect., Div. of Admin. Services, DHSS, Prior Year Authorization Balances; Period 7/01/79 thru 6/30/81.

Medical Programs Sect., Div. of Public Assistance, DHSS, Monthly Statistical Report on Gr-Med Care, HCFA 120 forms, for 1/80 - 12/80.

Div. of Public Assistance, DHSS, Unpublished data: FY 81 Delta Dental Contract Expenditures.

Catastrophic Illness Coverage: The State of Alaska initiated the Catastrophic Illness Program in July 1976 to assist individuals who have suffered an illness that results in high medical expenses. The program applies to medical bills related to catastrophic illnesses of more than \$1,000 in a period not to exceed 12 months after all sources of third party payment has been exhausted. An applicant must be a resident of the State of Alaska at the time of the application and must have been a resident at the time of the catastrophic illness.

The Catastrophic Illness Committee, which administers the Program, determines the eligibility of applications and the amount of medical assistance to be awarded. The committee applies a formula for determining the amount of payment based upon family income and assets, and the amount of medical expenses incurred. The total budget for the Catastrophic Illness Program for FY 1981 was \$977,300. The number of applications for catastrophic illness coverage which can be approved is therefore restricted by the appropriate budget. However, in the four year period FY 1977 through FY 1980, the increase applications has been followed by a corresponding increase in approvals. Of the 169 applications processed in FY 1980 90 or 53.2% were approved.

Violent Crime Compensation: "Alaska Statute 18.67, establishing a Violent Crimes Compensation Board, was adopted by the State Legislature in 1972. Its purpose was to alleviate the financial hardships caused by crime related medical expenses or loss of income sustained by innocent victims of violent crimes in Alaska. Additionally, it provides for the payment of pecuniary loss to dependents of deceased victims to mitigate the loss of a loved one." The maximum award allowable per victim per incident is \$25,000; except in the case of the death of a victim who has numerous eligible dependents, for which the maximum allowable is \$40,000. The growth in the awareness of Violent Crimes Compensation has resulted in an increase in the number of applications received. The following chart documents the applications received and awards granted since 1973.

Figure 5-43

APPLICATIONS AND AWARDS						
	FY73	FY74	FY75	FY76	FY77	FY78
Applications Received	15	50	71	68	93	100
Applications Heard	-0-	37	51	82	81	99
Total Amount Awards Granted	-0-	36,025.60	125,266.20	272,948.29	120,968.07	285,572.63*
Pending Claims At End Of FY	13	38	44	8	28	33

\*The Legislature approved a supplemental appropriation of \$75,000.00 for awards for FY78. \$94,379.30 of the FY78 award money was spent on prior year claims.

Administrative costs for Violent Crimes Compensation for FY 78 were as follows:

Staff salaries (2 persons) and benefits	\$57,315.37
Travel includes board member travel and per diem	5,195.44
Attorney fees, office expenses, equipment, etc	11,372.97
<b>Total Costs</b>	<b>\$73,883.78</b>

Summary:

The acquisition of cost data, the analysis of the cost of health care and the identification of cost containment alternatives will continue to be major efforts for the SHPDA and the Alaska HSAs during the coming year. The SHCC recognizes the importance and significance of cost information for health planning under P.L. 93-641 and strongly supports the efforts of the planning agencies to collect such information and develop cost containment goals.