

Healthcare Cordova Needs Assessment

Focus Group Research Report
Executive Summary

By



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HEALTHCARE NEEDS ASSESSMENT IN CORDOVA

There is Good Healthcare in Cordova

Participants in both groups believe Alaska in general is doing fine when it comes to quality healthcare. Further, most agree that Cordova itself has good basic medical care and great facilities.

Cordova needs more

There are several areas needing improvement. Key issues that come up include lack of stability in providers, inconsistent care across facilities, and need for more specialized care in the area. Many attribute most of the issues with local healthcare here in Cordova to lack of solid and sound organization of resources.

People want quality over quantity

Quality of medical care available will always take precedence over quantity. If their medical needs are taken care of in a high quality, appropriate manner, residents of Cordova are satisfied with local healthcare.

Consistency in Physicians is Paramount to Cordovans

Numerous participants emphasize they want more stability in providers, more consistency in doctors they go to for care. They want to develop long-term relationships with providers who become well-versed in their medical history and can be trusted. They want to feel secure that their doctors will be there for them.

It is challenging to keep good physicians here

There is chronic turnover in doctors and medical staff in Cordova. It happens at both clinics so residents feel they cannot get the consistency they need anywhere here.

Why the excessive turnover of doctors?

While most are painfully aware that Cordova has an excessive turnover of doctors, quite a few participants are unsure 'why' this is the case. Turnover in local doctors is sending patients and their money out of Cordova and into Anchorage, and most of the people do not really even understand why.

Politics prominently come into play

Participants see hints of political reasons for physician turnover in Cordova. Whether it is City council or facility administration, a lot of residents believe physicians are leaving because of politics. Politics can include someone complaining about services or personalities not getting along.

Traveling Physicians Cost Cordova

Both groups actually do see the negative monetary effects of having physicians come and go from the area, rather than make Cordova home.

Money is going out of Cordova

Traveling doctors are not adding economic value to Cordova by buying homes in the area and spending money in the community. A few participants worry about the cost of constant coming and going of medical providers—whether it is costs to the community or costs to the doctors and nurses themselves. Constant turnover in medical providers essentially prohibits physicians from becoming part of the community kinship, whereby citizens wish to band together for common goals.

Cordovan money is going to Anchorage

Residents of Cordova are spending their money elsewhere, instead of keeping it local, and it costs a lot to travel to get quality healthcare. The subsidy required for the hospital could go down if more residents stayed local for medical care and kept their dollars in the community.

There are missed opportunities in Cordova

Many realize that it is not feasible to have specialists in Cordova full time. The community is simply not large enough to support that type of healthcare. However, many believe that having rotating specialists who visit on a regular basis, like monthly or quarterly is an acceptable idea that would be met with huge success. It's a compromise to keep healthcare dollars in Cordova, and it's been proven to work effectively in the past.

Conflict among Two Healthcare Entities

It is common knowledge that there are two major players in healthcare in Cordova: Cordova Community Medical Center (CCMC) through the City and Ilanka Community Health Center (ICHC) through the Native Village of Eyak. Many participants agree that simply having two major players in such a small geographic area leads to conflict.

The entities lack a common structure

Because each facility is operated by a separate entity, there is no consistent organizational structure. There is no common responsible administrator over both of them, and the policies, procedures, and goals of each entity remain uniquely different. With the two medical entities separate, politics always come into play and there are chronic issues with competition between them.

There are different types of funding

Because CCMC and ICHC are funded in very different ways and the parameters associated with each vary greatly, it is no wonder that there is conflict of interest between the two entities.

Locals are confused about which clinic to go to

Many participants did not realize that they could go to Ilanka for medical care. Based on feedback from both groups, there is widespread confusion among natives and City residents as to which clinic they are allowed to visit and which clinic will accept Alaskan Natives vs. Non-Native residents living in Cordova.

They Must Work Together

Both groups agree that it is imperative that the Native Village of Eyak and the City take what the two clinics have and work together toward one common goal. However, past experience shows that cooperation is not possible under the current structures and managements.

It is Important to Keep Healthcare in Cordova

Participants realize that healthcare could go away if subsidies do not continue. Those who did not realize this are a bit shocked that it is a possibility. Regardless, all residents realize that there needs to be healthcare in Cordova – it would not be good if it just went away. Whatever the ramifications are, they must be dealt with to keep healthcare local.

Cordova does not want to lose the Coast Guard

Participants realize that if the hospital goes away, the Coast Guard will have to leave, and this represents a significant impact on population and commerce. Once participants realize that the City might ultimately be devastated with loss of the Coast Guard, the thought of losing the City hospital becomes horrifying. It becomes even more paramount and urgent to find a way to make things work better than they currently are.

STRATEGIC ALTERNATIVES – FUNDING / STRUCTURAL OPTIONS

It is Critical to Educate the People of Cordova

From the blue summary chart of the three main structural alternatives for Cordova Health Services, a key theme in discussions of really implementing one of the strategic alternatives was that the people of Cordova need to be educated in depth on both the current status and the proposed changes to local healthcare entities.

Option A: Improve within Existing Structure

Both groups agree that Option A is not viable for all the reasons discussed prior to this point. Option A1, which is operational improvements to achieve cost savings and an increased reimbursement is considered a non-option and was not discussed much further.

Option A2 – Shared Services. Option A2, which is shared services to reduce duplication, got a lot more commentary, but is still not considered a viable option.

Option B: Restructure Existing Entities

Not very many participants understand how the federal funding works. However, because of that, they realize that it is a complicated situation that would not be solved by maintaining existing entities. The key issue with regard to Option B is the lack of clear definition as to who is ultimately in charge. Without someone accountable for both facilities, the numerous issues with the current situation in Cordova will not be fixed.

Option B1 – Consolidate ICHC and CCMC. Most did not realize consolidation can only go one way because of federal stipulations. When they find out that consolidation is only allowable if the Native Village of Eyak is ultimately the parent of both entities, most strongly believe Option B1 is not worthy of consideration.

Option B2 – Frontier Extended Stay Clinic. Both groups got into discussions about the possibility of establishing a new designation for the hospital as a Frontier Extended Stay Clinic. However, as soon as the cat was out of the bag that Cordova would lose the Coast Guard under this scenario, option B2 was no longer viable.

Option C: Bring in a New Entity / Third Party

The fact that both groups came to the conclusion that neither Option A nor Option B could work creates an automatic openness to Option C. Option C is the only option that seems new, different, and actually logical. One of the key attractions to Option C is that the third party might be better equipped to come in, analyze the situation, use their expertise, and actually get both entities to work together.

Pertinent third-party experience is key

Based on what they have seen in the past, participants emphasize the importance of bringing in a third party that has expertise in this field. Some even bring up Providence specifically when discussing the caliber of third party healthcare organization necessary to successfully implement Option C.

There are key aspects to consider

Bringing in a third party to run the healthcare entities open up the issues of what happens to current subsidies. The ultimate goal of the third party must be to stay profitable and provide the patients with the absolute best possible medical care. Fortunately, a new third party will have a fresh look from outside would take out long-standing political issues and personality conflicts.

People know about the success stories in Valdez and Kodiak

Several participants know about Valdez and Kodiak examples with Providence stepping in and successfully managing the local healthcare.

Option C1 – New Provider to Manage ICHC and CCMC

Both groups spontaneously suggested an organization like Providence would be a good fit as the new provider to manage both healthcare centers. Some raised concerns about how the Native Village of Eyak not agreeing to the third party option, based on the legalities of their federal funding stipulations.

Option C2 – New Provider to Manage CCMC Only

Option C2 brings up good questions from participants, reiterating the importance of educating Cordova and then thoroughly researching actual implementation prior to initiating change.

GOOD THINGS ABOUT LIVING IN CORDOVA

Cordova is a good place to raise a family

Because of high quality schooling, recreational options, and the secluded nature of Cordova, many participants were proud to say that this is a great place to settle down and raise a family. Participants from both groups rave about the quality of people in Cordova, who tend to be more laid back and easygoing. Even though most residents have above average education, intelligence, and cultural value, there is not a sense of pretentiousness around. The secluded nature and small-town feel of Cordova creates a strong sense of community.

The outdoor life is indescribable

Even besides the fact that commercial fishing is the engine of the community, the beautiful scenery and plentiful outdoor life opportunities make Cordova an aesthetically amazing place. For outdoors-oriented people, this community is a dream come true.

There is pride in the long-term care facility

People in the first group like to brag about the success of the long-term care facility, reporting that it is thriving with all the beds full and nearing four-star status.