



## **Improved Care Of Alaska Natives through Open Access and Funding Diversification – The Haines Health Center**

Over the past decade, SEARHC has made a concerted effort to augment services in its rural and frontier communities. This initiative has been largely driven by a strong customer preference to receive health care in the communities in which they live. Access to SEARHC's regional hubs in Sitka and Juneau is challenging. Most of the 18 communities served by the Consortium are scattered throughout the island archipelago which comprises most of Southeast Alaska. Serving small, geographically isolated groups of patients is challenging from many perspectives beyond access. A major factor is the absence of economies of scale in service delivery. The well documented gaps in Indian Health Service funding of tribal entities mandate that any new services are self sustaining. Third party revenue generation is limited by a small population base with high rates of uninsured and underinsured patients. SEARHC has successfully augmented service delivery in the Lynn Canal and Prince of Wales sub-regions through funding diversification and an open clinic access model. Both of these opportunities arose through the unforeseen failure of other health care providers in these regions.

In November of 1998, SEARHC was notified by the Lynn Canal Medical Center (LCMC) that the non-profit health care provider was on the verge of financial collapse. The clinic, located in Haines, served approximately 2500 residents living in Haines, Klukwan, and along the Haines Highway up to the Canadian border. Approximately 20% of users were Native beneficiaries of SEARHC services. At the time, SEARHC provided no direct care in Haines and contracted with LCMC and a local dentist to address beneficiary health care needs. Health care access and service quality were sub-optimal under this model. The community proposed to SEARHC that the Consortium operate the existing health clinic under an open access model. Absent this, SEARHC would have to develop a new tribal access point to meet beneficiary health care needs. After careful analysis, SEARHC elected to assume management of LCMC. This was based on the assumption that the economy of scale realized in serving a larger patient population would allow improved primary care access and service expansion.

In 1999, SEARHC successfully secured section 330 Community Health Center funding which served as the cornerstone of the primary care expansion in Haines. Operation of an open access clinic enabled SEARHC to pursue a number of funding streams which further diversified the revenues supporting service expansion. Within a decade, SEARHC had more than quadrupled the staffing and operating budget of the Haines Health Center. Approximately 70% of the clinic's four million dollar operating budget is derived from funding streams mandating open access and third party collections associated with non-beneficiary patients.

The Haines Health Center now offers a robust primary care program including physician and midlevel care. Staffing also includes a dentist and dental hygienist, licensed behavioral clinician, pharmacist, and physical therapist. Ancillary services include teleradiology and a moderate complexity laboratory. In addition to outpatient care, the clinic offers a rich array of prevention and screening programs supported through HRSA, CDC, and other funding sources. In 2004, SEARHC was the lead agency in grant award from HRSA's Office of Rural Health Policy piloting the development of Frontier Extended Stay Clinic (FESC) services. The service delivery model provides hospital equivalent overnight care to patients in frontier regions without hospital access.



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The FESC model is recognized by CMS and the Haines Health Center is now certified as one of four FESC clinics in the country. With its broad range of services, SEARHC's Haines facility is one of the most advanced health clinics in frontier America. The Consortium has reproduced this model on Prince of Wales Island through expansion of its existing health clinics and the development of a new Community Health Center access point. The Alicia Roberts Medical Center in Klawock is also a designated FESC clinic and offers a wide variety of services under an open access model. The clinic was honored with the Outstanding Rural Health Organization Award for the state of Alaska in 2010. SEARHC's health care program on Prince of Wales has expanded from \$1.1 million in 1999 to \$6 million in 2011. More than one third of the revenues supporting program operations are associated with open access.

By elevating the level of health care for entire communities, SEARHC is meeting its mission to provide the highest quality health care services to Native beneficiary patients in the region. In addition to service expansion, benefits of open access include family and community centered care. This model will be increasingly important as the country's health care focus shifts to wellness and disease prevention.

**Requests to the Delegation:**

- Support of increased Community Health Center and other funding sources aimed at community centered care.
- Funding and other support in the continued development of the FESC model.