

Bartlett Regional Hospital

AGENDA

PHYSICIAN RECRUITMENT COMMITTEE

Monday, June 24, 2020; 12:00 p.m.

Bartlett Regional Hospital – Zoom Teleconference

Public may follow the meeting via the following link <https://bartletthospital.zoom.us/j/96595650976>
or call

1-253-215-8782 and enter webinar ID 965 9565 0976

- I. CALL TO ORDER
- II. PUBLIC PARTICIPATION
- III. APPROVAL OF MINUTES – [February 24, 2020](#) (Pg. 2)
- IV. UPDATES
 - A. [Physician Needs Assessment](#) (Pg. 3)
 - [Physician Staffing Report](#) (Pg. 31)
 - [Dr. Peimann Recruitment Meeting Follow-up](#) (Pg. 32)
 - B. OB/GYN Recruitment
 - C. Oncologic Advance Nurse Practitioner
 - D. Urology
 - E. General Surgery
 - F. Psychiatry
- V. COMMENTS
- VI. ADJOURNMENT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartlethospital.org

Minutes

PHYSICIAN RECRUITMENT COMMITTEE MEETING

February 24, 2020 12:15 pm Minutes.

Bartlett Regional Hospital Boardroom

Members Present: Mark Johnson, Chair, Steve Strickler, DO, Lindy Jones, MD, Chuck Bill, CEO, Kathy Callahan, Dir. Physician Services,

Absent: John Raster, MD

Also Present: Iola Young, Dorothy Hernandez, MD, Cate Peimann, MD

Called to Order 12:21 pm

Mark Johnson called the meeting to order. Mr. Johnson asked Members to review the minutes from the August 8, 2019 meeting. A motion to approve was made by Steve Strickler, DO seconded by Lindy Jones, MD and approved.

Group was asked to review the provided draft Community Health Needs Assessment Exhibit 2. Physician Staffing Report. Chuck Bill explained that the report was an attempt to compare the Juneau market to national data for physician/specialty needs and that the hospital seeks input from private practices to determine the best way to understand the expansive scope of the local providers in the absence of specialty care, for example Cardiology.

A discussion ensued to include the specific specialty of geriatric medicine. The only certified geriatrician is Bob Urata, MD but the primary care providers care for this patient population. Lindy Jones extended support from the hospital board in assisting practices to recruit for additional providers or training within practices in this area of community interest.

Cate Peimann and Dorothy Hernandez expressed the need for consideration for recruitment of a full time Neurologist. Recommended that the hospital work with larger markets to provide interim services in the form of monthly onsite or telehealth services for Pulmonology, Rheumatology, Endocrinology and Neurology (if we aren't able to find full time coverage.)

A short discussion about oncology occurred and that there is a meeting scheduled soon to discuss further. Mark Johnson requested that the committee receive feedback to the status of oncology recruitment.

Follow up meeting to be set up in March. Meeting adjourned at 1:10 PM

COMMUNITY HEALTH NEEDS ASSESSMENT

BARTLETT REGIONAL HOSPITAL

2019-2020



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PART A: CHNA

HISTORY OF BARTLETT REGIONAL MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENTS

The Community Health Needs Assessment became a requirement for 501c3 hospitals with the implementation of the Affordable Care Act beginning in 2012. Under the ACA. It was designed to ensure that tax exempt status was going to hospitals that were actually trying to serve their communities in the best way. Government hospitals like Bartlett Regional Hospital (BRH) were exempt from this requirement, as it was only reserved for 501c3 Hospitals.

Many hospitals that are either for profit or are not a 501(c)(3) organization, have seen the benefits of a CHNA and have chosen to conduct a CHNA in order to better understand and serve their community. Bartlett Regional Hospital (BRH) engaged Cycle of Business to:

- ◆ Complete a Community Health Needs Assessment (CHNA) report
- ◆ Provide Bartlett Regional Hospital with a better understanding of the community they serve
- ◆ Provide information needed for BRH to better understand specific health needs and plan for services that will improve the health of the people they serve
- ◆ Integrate results into the BRH strategic plan ensuring completion of the plan.

THE BRH COMMUNITY HEALTH NEEDS ASSESSMENT:

Bartlett Regional Hospital has always tried to stay abreast of the services needed in their community. They have had a belief that understanding the community and making sure you are staffed to meet the needs of that community will always ensure patient loyalty and the best quality healthcare in the community. As a result, over the years, BRH has looked into

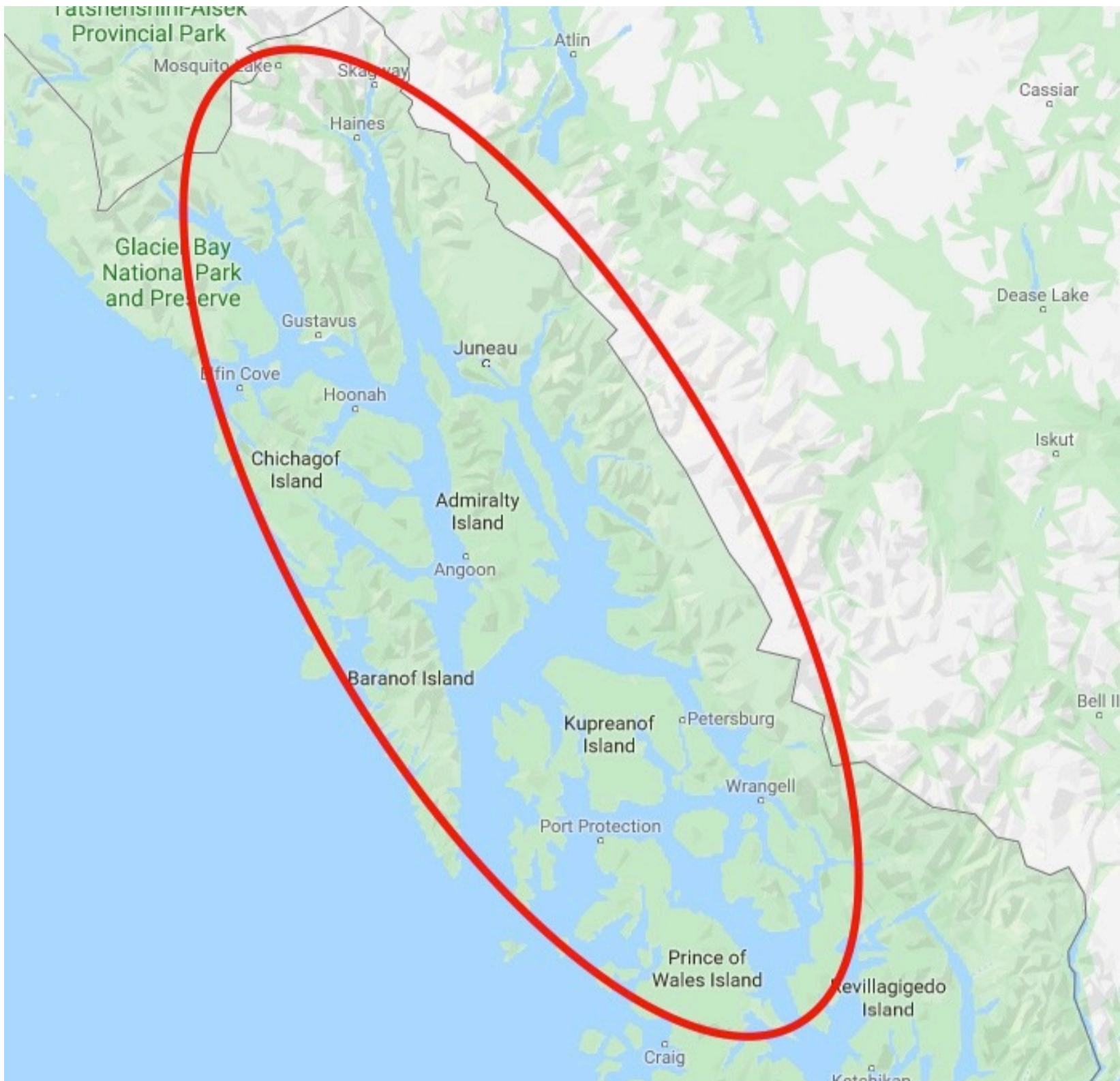
what services people are needing that BRH was not providing. They have analyzed leakage reports and conducted a physician staffing analysis in order to better meet the needs of the community. This year BRH decided to conduct a Community Health Needs Assessment as a final piece to the puzzle. The information derived from all these efforts will be utilized to verify their services meet the needs of the community and they are staffing appropriately so fewer people have to leave the community for their healthcare needs.

SERVICE AREA:

The Primary Service Area for Bartlett Regional Hospital pulls mainly from the residents of the City and Borough of Juneau Alaska. However the Secondary Service Area expands to areas as far north as Skagway and as far south as Wrangle. Because of the remoteness of the cities in Alaska and the difficulty of travel to neighboring cities and hospitals, the people in BRH’s Total Service Area have limited access to the hospital.

Community	Zip Code	Population-2015
Douglas, AK	99824	2,111
Angoon, AK	99820	479
Juneau, AK	99801	29,164
Gustavus, AK	99826	442
Haines, AK	99827	2,602
Hoonah, AK	99829	777
Petersburg, AK	99833	3,202
Skagway, AK	99840	986
Wrangell, AK	99929	2,338
Estimated Potential For Total Service Area Population		42,101

The population of the City and Borough of Juneau is 31,754. This population is made up of just 3 zip codes covering the Cities of Juneau, Angoon and Douglas. There are also surrounding areas between these areas that are included in that Primary Service Area. This secondary service area adds an additional 10,347 to the population served to bring the total to 42,101.



Bartlett Regional Hospital Total Service Area

PROCESSES AND METHODOLOGY

Completion of the BRH Community Health Needs Assessment (CHNA) followed an outline designed by the Center for Rural Health at the University of North Dakota for the North Dakota Critical Access Hospitals. The sections of this CHNA generally follow their suggested methodology but were slightly modified to meet the needs of BRH and requirements of their RFP.

Two meetings were held to complete the CHNA. An initial meeting to discuss the survey as well as a follow-up meeting to discuss the results. The survey was conducted in between meetings to gather appropriate data to make final decisions on which health needs were appropriate to address in this fiscal year.

The first meeting was a general review of health information on a Borough level. After that meeting, Bartlett Regional Hospital reviewed and refined an electronic survey that would be distributed throughout the service area and in local businesses. The survey was further revised in conjunction with Cycle of Business and Bartlett Regional Hospital to ensure the questions asked would help Senior Leadership and the Board decide on the best course of action for the Hospital. Before the survey was distributed to the community special care was taken to ensure the verbiage was inclusive.

A second meeting was held with Senior Leadership to review the information from the survey and prioritize the most important health issues that could and should be addressed given the resources of Bartlett Regional Hospital. Key findings from the survey were looked at to see what needed to be addressed by the hospital and what needed to be given priority.

As the survey was reviewed by the Senior Leadership team, areas of focus and clarification were outlined. The Senior Leadership Team wanted to ensure the CHNA was not only dealing with the opinions of the community, they wanted to make sure they had the data to make appropriate decisions. Finally a revised CHNA was prepared and taken to the Board of Directors for their input and approval.

RESOURCES AND SECONDARY INFORMATION:

The CHNA for Bartlett Regional Hospital Utilized Data From:

County Health Rankings. Since it began in 2010, County Health Rankings ranks the health of nearly every county in the nation and is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program awards grants to local coalitions and partnerships working to improve the health of people in their communities. The information received from this website appears to be from 2016.

Current Census Data. The United States Government conducts a census every few years to gather data on certain demographics in the country. The last census data for Juneau, AK was conducted in 2015.

Survey Conducted Through the Hospital and Community. A survey was designed in conjunction with Cycle of Business and Bartlett Regional Hospital to gather information from the community on the immediate needs of the population.

Broad Interests of the Community Were Considered:

Special care was used to find individuals in the community who could help define the health care needs of the community representing the youth, the elderly, and varied cultures.

The individuals involved in the initial meeting were asked to review the survey and give their input on the needs of the hospital. Additional efforts were made to reach out to the community in general to give input on the survey. A link to the survey was sent out to the major employers in the community. Employers and community members were contacted personally.



Bartlett Regional Hospital has some of the best imaging equipment in the state.

PARAMETERS FOR DATA COLLECTION

COB and BRH used the most recent population and demographic information available to ensure the community needs were being met. This included gathering national statistics of the services area as well as the demographics of the service area. The federal government also tracks certain health statistics across the U.S. by county. This information was compiled to give a good baseline of where certain health needs were being met and areas that needed improvement.

DEMOGRAPHICS:

The demographics for the area were collected through the use of census data and other reports. Unfortunately the latest data was only as recent as the 2015 census. Although exact population and demographic information may vary slightly from that articulated in the CHNA, the outcomes of the CHNA will not be affected by any minor discrepancies.

The population of the Borough of Juneau, AK is estimated for 2015 at approximately 31,754. Due to the fact the additional zip codes from the secondary service area we incorporated into this analysis only make up a small portion of the population served, we will use the demographic data from Juneau to represent the secondary service areas. Therefore, based on what we know from Juneau:

- 67% of the population are between the ages of 18 and 64
- 18% are 60 or older

Age

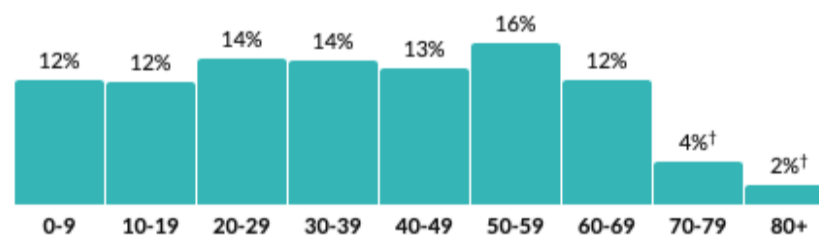
38

Median age

about the same as the figure in the Juneau, AK Micro Area: 38

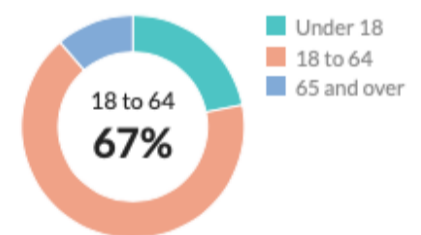
about 10 percent higher than the figure in Alaska: 33.9

Population by age range



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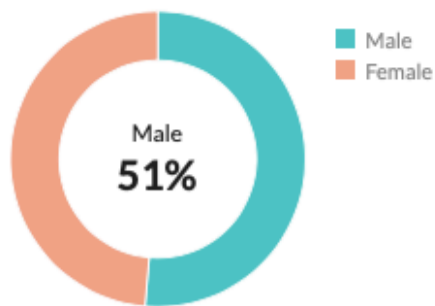
Population by age category



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- 49% of the population identify as women
- 65% are white and 11% are Native Alaskan, 7% are Asian, while 6% regard themselves as Hispanic

Sex



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Race & Ethnicity



* Hispanic includes respondents of any race. Other categories are non-Hispanic.

[Show data / Embed](#)

- 96% of Juneau residents have graduated from high school compared to the Alaska average of 92.4%.
- 40.3% of Juneau residents have a Bachelor’s degree of Higher.
- This is 1.4 times the rate of the rest of Alaska which is only about 29%.

Educational attainment

96%
High school grad or higher

about the same as the rate in the Juneau, AK Micro Area: 96%

a little higher than the rate in Alaska: 92.4%

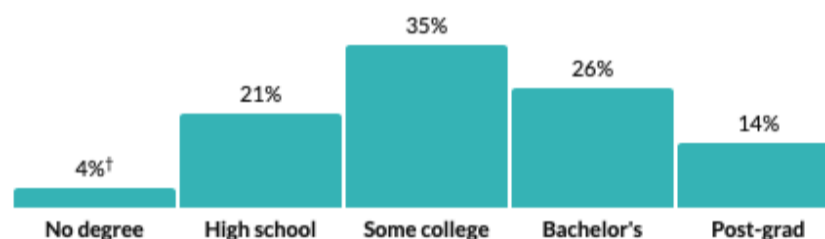
40.3% ±2.1%

(8,998 ±476)
Bachelor's degree or higher

about the same as the rate in the Juneau, AK Micro Area: 40.3% 8,998 (±2.1% / ±476)

about 1.4 times the rate in Alaska: 29% 137,821 (±0.5% / ±2,424)

Population by minimum level of education

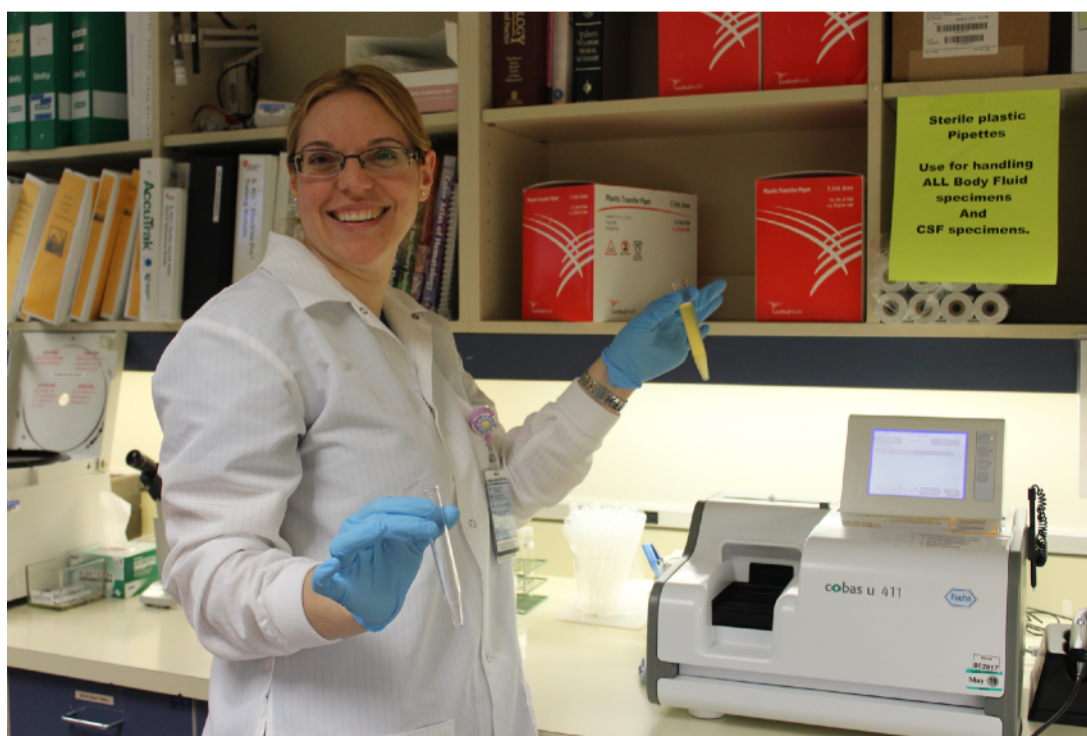


* Universe: Population 25 years and over

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“BRH DOES AN OUTSTANDING JOB PROVIDING ESSENTIAL SERVICES TO THE COMMUNITY OF JUNEAU WITH A LIMITED AMOUNT OF FUNDING”

Survey Participant



Bartlett Regional Hospital offers a full range of laboratory services to the community

- The median household income in the Borough of Juneau is \$90,749 with a per capita income of \$41,904.
- 7.4% of the population live in poverty
- 13% of the population of Juneau Borough live without health insurance. This 13% of uninsured people is 3% less than the state of Alaska which is 16%.

Income

\$41,904

Per capita income

about the same as the amount in the Juneau, AK Micro Area: \$41,904

about 20 percent higher than the amount in Alaska: \$35,065

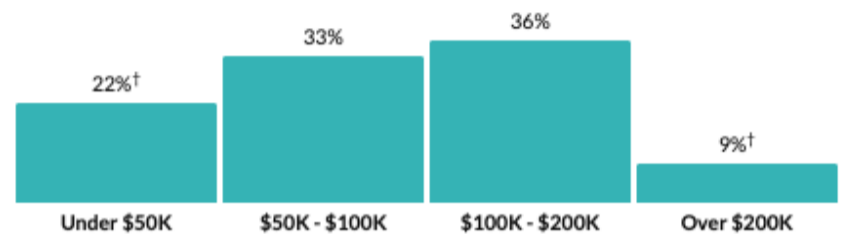
\$90,749

Median household income

about the same as the amount in the Juneau, AK Micro Area: \$90,749

about 20 percent higher than the amount in Alaska: \$76,114

Household income



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Poverty

7.4%

Persons below poverty line

about the same as the rate in the Juneau, AK Micro Area: 7.4% †

about three-quarters of the rate in Alaska: 10.2%

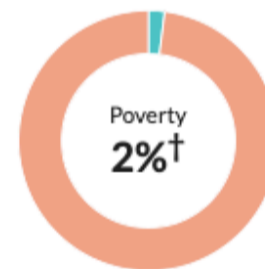
Children (Under 18)



■ Poverty
■ Non-poverty

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Seniors (65 and over)



■ Poverty
■ Non-poverty

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The Borough of Juneau has some areas that are advantageous to the people who live there. 100% of the people report having access to exercise. The 13% of people without insurance is relatively low and they have extremely good ratios of patient to provider for Primary Care, Mental Health, and Dental.

On the other hand Juneau has a fairly high ratio in the following health risk factors:

- Excessive drinking is above top performing counties
- Alcohol impaired driving deaths (Half of all automobile deaths)

According to the County Health Rankings website, in half of all driving accidents where there is at least one fatality, alcohol was a contributing factor.

	Juneau County	Top Performers	Alaska
Adult Smoking	18%	14%	19%
Adult Obesity	29%	26%	30%
Excessive Drinking	22%	13%	19%
Alcohol Impaired Driving Deaths	50%	13%	37%

- STDs including HIV are much higher than we would like to see

	Juneau County	Top Performers	Alaska
HIV per 100,000	69	49	109
Sexually Transmitted Infections per 100,000	494.6	152.8	771.6
Teen Births per 1000	17	14	30

- Drug overdose almost 3 times what we would like to see
- Mammogram Screenings should be higher
- Flu Vaccinations 35% lower than top performers

	Juneau County	Top Performers	Alaska
Life Expectancy	79.5	81	78.5
Premature Death	7,900	5,400	8,200
Mammography Screenings	33%	49%	33%
Flu Vaccinations	34%	52%	32%
Drug Overdose	29	10	18

Premature death is another area of concern. This number is calculated by taking the cumulative number of years people die in the community before reaching their 75th birthday and extrapolating that number for a population of 100,000 residents. For Juneau the equivalent of 7900 years would be lost between the time people die and their 75th birthday if Juneau had a population of 100,000. In the state of Alaska 8,200 years are lost per 100,000, However the CDC would like to see those rates closer to 5,400 per 100,000.

One other point of concern is that drug overdoses in Juneau are almost 3 times the national average and almost 66% more than the State of Alaska. This concerning health factor was supported later with the results of the CHNA survey. Mental and Behavioral Health issues were the most common concern of the respondents in open ended questions.

THE PROCESS

MEETINGS WITH COMMUNITY MEMBERS AND FOCUS GROUPS

Initial meeting:

On October 4 and 5 of 2019 a meeting was held with members of the community who demographically, represented the people of the community. Special care was taken to ensure all people would be represented in the results of the survey. This meant reaching out to large employers as well as special interest groups who would help ensure all demographics were well represented. Discussions took place to review a template of the survey to be distributed, and suggestions were made to ensure the survey would be acceptable to all potential respondents.

The focus group recognized that health care needs may differ between genders, ethnicity, sexual preference and age. The focus group also pointed out that Juneau has a growing LGBTQ+ population and each subset of that group would have unique needs. As a result, the survey was written to be inclusive and ensure that everyone would feel comfortable in responding to the question.

The survey was also written to go beyond the current national data that is readily available. BRH wanted to be able to specifically look at the results needed to meet the service needs of the community. They also wanted to staff the hospital with the appropriate physician mix.



Bartlett Regional Hospital has state of the art 3D Mammogram services

DISTRIBUTION OF SURVEY

After reviewing and revising the CHNA survey, BRH sent a link to the survey out to community members who represented the population at large and specific demographics within the community. The representatives then forwarded that link to their respective communities in order to ensure the population was appropriately represented in the answers of the survey. Additional links to the survey were also placed on the hospital's website and radio interviews were given to make sure the community would

know how to access the survey.

After giving the community 3 weeks to respond to the survey, the responses were gathered and analyzed to be presented to the Senior. Leadership staff.

COMMUNITY ENGAGEMENT

The community was well represented in the initial meeting where the process and a description of their assistance was discussed. Bartlett staff wanted to ensure the broad interests of the community were taken into consideration. The participants gave important insight into what needed to be included in the survey and how to make sure certain specialties were brought to the public to insure what services were most needed.

253 members of the community responded to the survey. Respondents appeared to cover all the demographics of the community. Their feedback covered health needs of the community but also social challenges and suggestions for improving access to care. They were candid in their responses and gave the hospital information that will assist them as they improve on their service to the community. The feedback from this survey will be utilized to develop a strategic plan for the year 2020 and beyond.

THE RESULTS

SURVEY RESULTS

Results of the survey centered around a few key areas.

Utilization: The hospital is currently not being utilized by the community as one would expect. 57% of the respondents said they do not use BRH for their main healthcare. 56% of the respondents had received some of their healthcare from hospitals outside of Juneau in the last 3 years. The reasons for this varied, but dealt mainly with specialties the patient needed. Due to the nature of specialties and what BRH offers, it is possible that some of the respondents could be using BRH for primary care only to be referred outside for specialties that are not available in Juneau.

There were also concerns about insurance coverage as well as the cost to the patient. Alaska has a higher cost of healthcare than other areas in the lower States. This concern showed itself throughout the survey.

Specialties: Recruitment is always difficult in rural hospitals. Due to the remoteness of the area and the limited number of people in the area, it has been difficult to hire and retain specialists. This has made it more important than ever to ensure the specialties provided by a hospital such as Bartlett Regional Hospital are specialties that are supported by the community and ensure the physician is able to have enough business to make it viable.

The Community Health Needs Assessment mentioned several specialties that will need to be explored. Those specialties included, Cardiology, Endocrinology, Nephrology, Neurology, Orthopedics, Oncology among others. Developing a responsible plan for growth in the specialties will take more research beyond the CHNA, however, the information in the CHNA will assist in focusing our attention in the correct areas. BRH will review the results of the survey, comparing them to current hospital data to see how those requested specialties line up with existing physicians as well as needed specialists. Based on the need, the expressed desire to have someone local, and the financial feasibility, BRH will decide on which specialties need to be filled, methods for filling them, and the timeline for doing so.

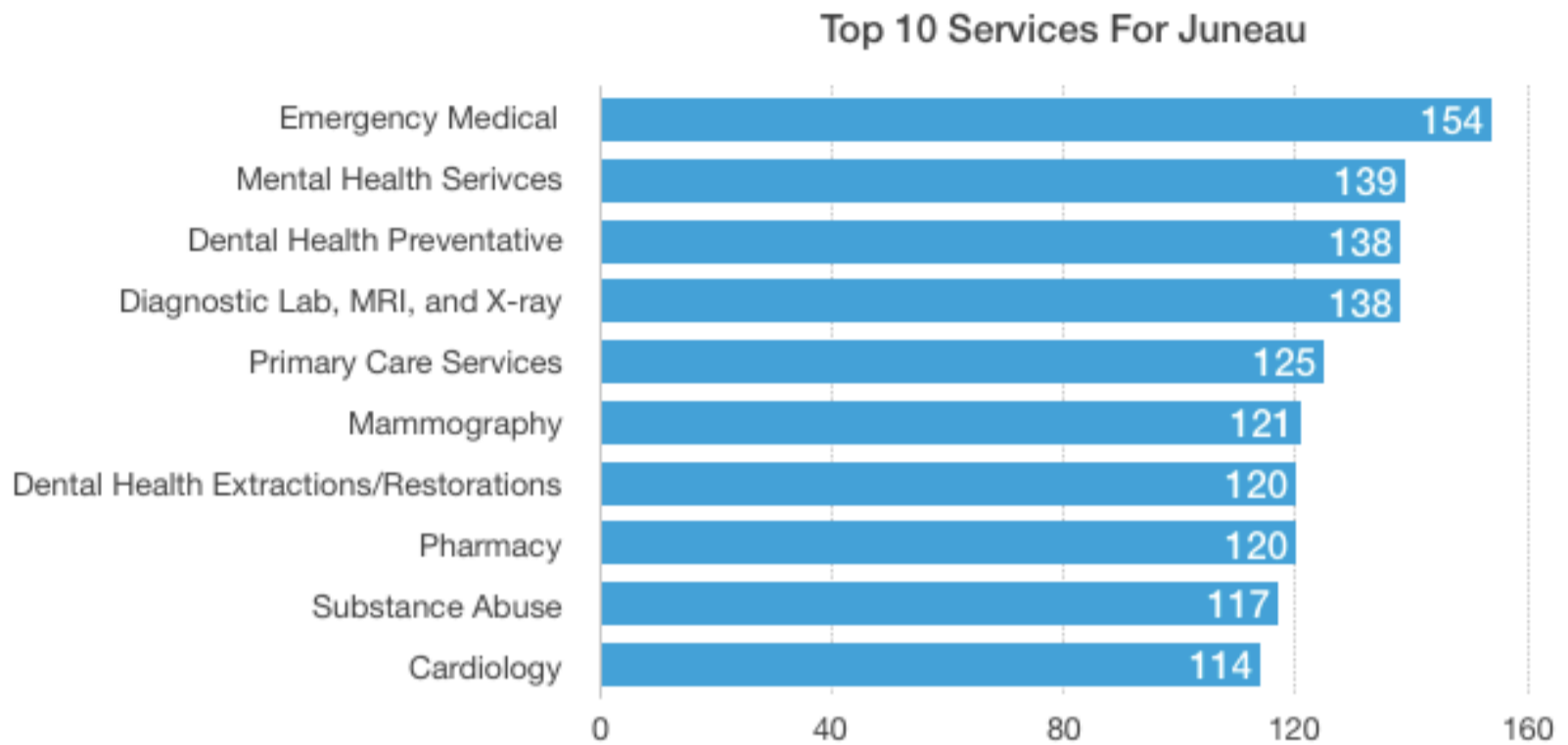
Mental Health: Mental health was referred to more than any other topic in the open ended questions. It appears that Mental and Behavioral health is a concern that affects almost every member of the community. Areas specifically mentioned were mental health among the homeless population, grief counseling, and drug and alcohol addiction. As mentioned above, Juneau faces nearly four times the level of alcohol related driving deaths, nearly three times the level of drug overdoses, and nearly twice the level of excessive drinking as the top performing counties in the nation.

Bartlett already has a robust Mental health program which includes:

1. 16 bed residential substance abuse recovery program
2. Large behavioral outpatient service
3. 12 bed locked adult mental health unit
4. 8 bed crisis intervention center under development with separate beds for Adults and Youth

Additional insights from the survey:

When asked what services the respondent, a member of their family, or a person they know from the community utilized, respondents prioritized the following at the top 10 services. Many of these are already provided by BRH.



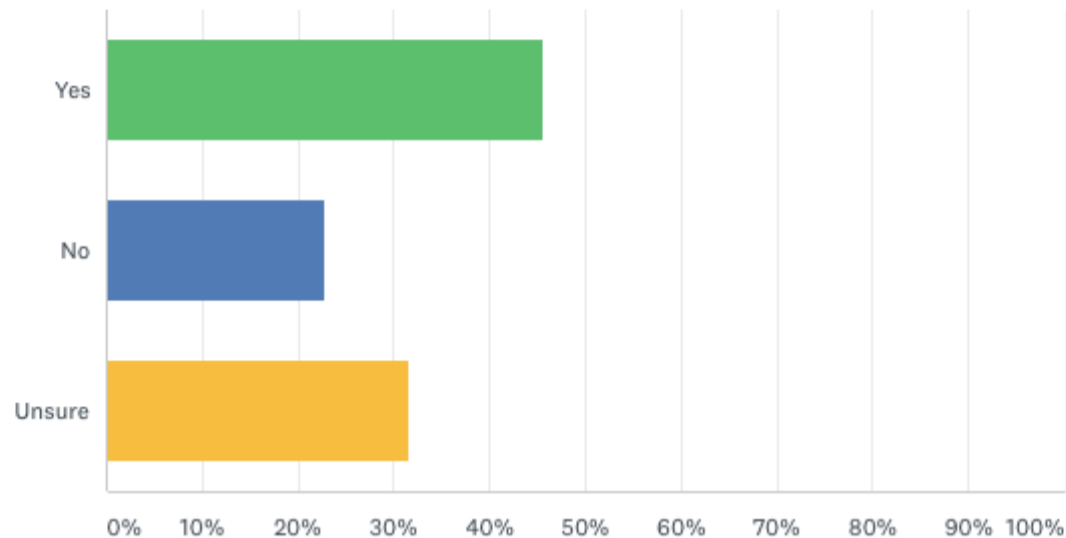
Robotic Surgery:

Robotic surgery is becoming more prevalent in the industry and many newer physicians are being trained to use them for specialty procedures during medical school and their internships. Some rural hospitals are finding they are unable to recruit specialists who are trained and rely on these machines. There are concerns about how patients, as well as physicians, would feel about bringing these services to Juneau.

When asked, “Would you be open to having a robot used for a surgery performed on you or a loved one?” 45% of the respondents said yes, 32% were unsure, and 23% said no.

Would you be open to having a robot used for a surgery performed on you or a loved one?

Answered: 250 Skipped: 3



Supportive Services:

When asked about how people felt about the supportive services BRH provides to their patients, the top five services where BRH was doing well were as follows.

1. Follow-up /Discharge Planning
2. Referral to Other Locations
3. Health Education
4. Help Understanding Recommended Medical Care
5. Care Management

However, there were areas where BRH could improve. These areas include:

1. Bariatric Services
2. Translation
3. Help With Enrollment Services for Medicaid
4. Medical Supplies For In Home Use
5. Transportation

Transportation issues were multifaceted with difficulties coming to Bartlett from surrounding areas because the Governor of Alaska has cut funding for the Ferry. This has made transportation difficult for some people.

The second area of transportation concerns dealt with Air Transport from Juneau to outside hospitals that can better serve certain healthcare needs. Juneau has three separate transportation companies each requiring an annual fee. These companies take shifts to fly people out when needed. Juneau residents are concerned the transporter they have chosen may not be the on duty service when they need it.

Demographic Services:

When looking at areas BRH does well in servicing the health needs of the community, positive results were seen in the following categories:

1. Adults
2. Children
3. Women Of Child Bearing Age
4. People Eligible for Medicare / Seniors
5. Schools

However, there are a few groups where the community felt needs were not being met. Those groups included:

1. Transgender Community
2. People with no insurance
3. The Homeless
4. People with Behavioral Health Needs and Substance Abuse Issues
5. People with minimal insurance

When asked what aspects of healthcare are most important to the community, it was interesting to see the perspective of the people of Juneau. The top five most important areas to the residents revolved mostly around taking charge of their own health. They were:

1. Access to healthy foods
2. Scheduled Appointments
3. Urgent Care
4. Convenient Pharmacy
5. More active care management by your primary care practitioners

Barriers to Using BRH:

When asked if there were barriers to using BRH only 29% of the respondents said there were. The top two reasons they gave were Cost and the availability of Specialist. However, when asked where people had actually received care in the last 24 months, the main reasons for getting care outside of BRH or its clinics were because of lack of specialties at BRH. Cost was the least common answer.

When asked in what areas the people of Juneau would like additional information and learning to help them stay healthy, Addiction Recovery and Substance Abuse took the top two position. They were followed by Depression and Anxiety, Diet and Nutrition, with Smoking/vaping rounding out the top 5.

	HIGHLY APPLICABLE	APPLICABLE	NOT APPLICABLE	TOTAL
Addiction Recovery	56.31% 125	18.02% 40	25.68% 57	222
Substance Abuse	57.34% 125	19.72% 43	22.94% 50	218
Depression or Anxiety	55.36% 124	28.57% 64	16.07% 36	224
Diet/Nutrition	44.59% 99	41.89% 93	13.51% 30	222
Smoking/Vaping	45.41% 99	28.44% 62	26.15% 57	218



Bartlett Medical Oncology Center: Bringing the best cancer treatment to Southeast Alaska.

IMPLEMENTATION PLAN

Senior Leadership reviewed the results of the survey in order to create a structured Implementation plan. During this meeting several areas of concern were identified as areas BRH would like to explore as they prepare for an upcoming strategic planning session. These areas, as well as the physician analysis will be discussed in the upcoming strategic planning session this spring.

Enhance Patient Navigation:

Residents mentioned they would like more help in navigating their healthcare. This included educating the population around what to do when they have a condition and how to work with the BRH, their Insurance Company and what to do once they are released.

Getting the right Physician/Specialist mix:

BRH will be working with the local physician group to review the physician assessment and how those numbers align with the current staffing levels.

Develop a faster way for people to move through the ER:

BRH would like to reduce the time in the ER and become more efficient in dealing with wait times and service there.

Dealing with the 5% cut on medicaid payments:

The State of Alaska has cut 5% in reimbursements from medicaid. This loss can negatively affect the organization's ability to support programs that don't cover their cost.

What to do about state employee cutbacks/less insured people

With cutbacks in government employees, fewer people have insurance. This has had a negative effect on the hospital. BRH is looking into what if anything can be done to prepare for such cutbacks and loss of covered people.

Ferry and Air Evacuation transportation issues.

Transportation can be an issue in remote areas. The government has cut back on the number and frequency of Ferry Transportation to Juneau. In the CHNA survey people from BRH's Secondary Service Area expressed concern they were not able to

get to BRH for services. In addition, survey participants mentioned they would like to see a better solution for Air Evacuation issues. Maybe with a program that covers all carriers.

Partner with state on health plans for employees and retirees

BRH would like to explore with the State what can be done to help employees and retirees keep their health insurance.

Mental Health/Behavioral Health

Even though BRH has a fairly robust Mental Health Program and is building a new facility to assist both adults and teens. They would like to ensure the needs of the community are covered and that the community is aware of what is offered.

REVISIONS TO PHYSICIAN RECOMMENDATIONS

In 2015 BRH hired MJ Philps and Associates to conduct a Hospital Development Plan for Medical Staff and Hospitalists. This report was designed to give a better understanding of the staffing needs at Bartlett Regional Hospital based on population and a number of widely accepted physician to population ratios. This report identified a number of areas where BRH could modify their existing staffing models and better meet the population models.

Cycle of Business took the MJ Philps Study and compared the identified staffing needs to the feedback on the Community Health Needs Assessment Survey. This was done to ensure the recruiting efforts were focused on staffing that met population needs as well as the specific health needs of BRH's primary and secondary service areas.

Recommended physician to population ratios were reviewed based on the same studies used for the Michael Philps Study of 2015. Declining populations also impacted the number of physicians needed at BRH.

These numbers were then matched to survey information as well as data from BRH databases to calculate the correct physician mix. BRH and Cycle of Business also addressed the prioritization of specialty need in an effort to bring in the right services first.

Other options such as Telehealth and Traveling Physicians were also discussed as strategies to meet the current and upcoming needs of the population.

FINAL PRESENTATION TO BOARD

Senior Leadership met to review the information from the CHNA survey. This information outlines the wants and desires of the community. It gave insight into areas the respondents considered were important to the health of the community. However, there were areas of concern that weighed heavily on the community that may not have been as wide spread of a concern as the CHNA survey made them out to be. These false positives were a result of recent government cutbacks coming directly from the Governor's office. Before taking information that may have been disproportionately influenced by recent news stories, the results of the survey were matched against data from the hospital. This allowed BRH to take the most important topics directly to the board for consideration and allowed BRH to focus their energies on the right areas.

The Final presentation to the board will be given after the Senior Leadership team has had a chance to review and create a recommended implementation plan. Additional steps will be taken to convert the more general action plan to more specific actions during the Strategic Planning session planned for Spring of 2020.

PART B: UPDATED PHYSICIAN ANALYSIS

BACKGROUND:

In 2015 Bartlett Regional Hospital contracted with Michael J Philips & Associates to analyze the number of physicians currently working with BRH. The purpose of this study was to ensure the correct level of staffing to handle the healthcare needs of the community. Recommended levels of physicians by specialty were based on ratios of physician per 100,000 residents and then adjusted based on the population of the BRH primary service area.

Cycle of Business has revisited those numbers and that methodology and revised the numbers accordingly. Some specialties BRH is currently offering were not included in the original analysis. COB has added those specialties to the current analysis and included

recommended staffing based on current nationally accepted staffing levels. Adjustments were made in the formulas to scale appropriately. Finally the specialists were given a staffing relevance ranking based on the level of concern stated in the Community Health Needs Assessment. This allows BRH to prioritize the recruiting efforts of staff based, not only on the shortage of physicians but also on the wants of the community.

CONSIDERATIONS:

The levels stated in this survey are based on current levels. In 2015 the projected staffing numbers were based on expected population for the year 2020. During the last 4 years the population of Juneau Borough has not grown according to expected growth rates. In fact, the population has decreased slightly. As a result COB has recommended staffing to current population and not for growth.

When calculating staffing levels this year, several organizations that project physician numbers have adjusted their 2015 calculations for what the appropriate staffing levels should be as of 2019. Those numbers have been modified for 2019 when calculating blended averages. Even though the same companies were used where possible, the recommended numbers of those companies varied slightly. COB also found in some cases there were no updated numbers for certain specialties.

A few points to mention are around Oncology and Geriatrics. These specialties are focused mainly on the elderly. Therefore, the blended averages were also multiplied by the percent of the population most effected to get a better idea of how many physicians to consider. In the case of Juneau, 28% of the population are 60 or older. Once the blended averages were reached, 28% of those numbers were used as the recommended number of physicians needed based on appropriate demographics.

CALCULATING PHYSICIAN STAFFING AVERAGES:

Exhibit 1 is designed to give a blended average of physicians required given the population size of BRHs primary service area. The numbers used were based on the 4 sources used in 2015. For some specialties recommended numbers were not available from the original sources, and therefore COB utilized the numbers available to them from other sources. In those cases the recommended ratio was placed in the Solucient column in Exhibit 1.

An area that needed special consideration was the right staffing levels based on current mix of Family Medicine physicians vs OB/GYN. All national numbers were based on OB/GYN levels. BRH has several Family Medicine physicians that also do OB work. They have only

one physician who specializes in Obstetrics and Gynecology. Current physician levels confirm that BRH has more than enough physicians to fill Family Medicine positions. For the size of the Primary Service Area, between 10.0 and 13.5 Family Medicine physicians are recommended. BRH currently has a total of 19 FTEs in this category. On the other hand, for the population size, 3.5 to 4.7 OB/GYN physicians are recommended. BRH currently has 1 physician who specializes in OB/Gynecological work. Therefore it might make sense to replace retiring Family Medicine physicians with OB/GYNs in order to balance the mix. (See Exhibit 2)

In the case of certain specialties, the numbers of specialists were difficult to find. Also in the case of specialties like Geriatrics and Oncology, the specialty is either exclusively or primarily used by the elderly. The rationale for the numbers presented in these specialties are explained in the appendix.

PHYSICIAN DEFICITS AND OVERAGES:

Bartlett Regional Hospital wanted to see where the community had appropriate resources and where they had deficits. Recommended staff levels were calculated and compared to current FTEs in order to decide where to focus efforts. Information from the CHNA was also reviewed in order to help prioritize areas where the community might have needs waiting to be filled.

A unique characteristic is the population adjustments needed for the tourist months. Juneau is a port on many Alaskan Cruise lines. This leads to the population increasing dramatically over those months. For 6 months out of the year an additional 11,111 people per day are coming to the area. This brings its own set of problems, one of which is staffing for potential illnesses that may occur.

Exhibit 1: Physician Calculations

COB calculated the physician staffing levels based on non-tourist season populations as well as tourist season populations in order to get a better idea of what the levels of staffing should be. They are also reflected in Exhibit 2 above.

NEXT STEPS:

BRH will discuss the staffing levels with the physician groups covering the area, to decide on correct staffing. They will discuss the areas that showed up in the CHNA as levels of

Calculation Of Physical Ratios Blended Averages For Seasonal Changes

	Academy Physicians	GMENAC	AMA	Solucient	Blended Average	By Population of Juneau in off Season	By Population of Juneau in Tourist Season	Off Season Staffing	Tourist Season Staffing
Anesthesiology	7.0	9.1	13.4		9.8	31.754%	42.865%	3.1	4.2
Cardiology	1.0	3.2	7.3	4.2	3.9	31.754%	42.865%	1.2	1.7
Dermatology	2.0	2.9	3.7	3.1	2.9	31.754%	42.865%	0.9	1.3
Emergency Medicine	2.7	5.5	9.3	12.3	7.5	31.754%	42.865%	2.4	3.2
Family Medicine	40	25.2	38.3	22.5	31.5	31.754%	42.865%	10.0	13.5
Family Practice / OB	9.1	9.9	14.7	10.2	11.0	31.754%	42.865%	3.5	4.7
Gastroenterology	2.0	2.7		3.5	2.7	31.754%	42.865%	0.9	1.2
General Surgery	10	9.7	13.9	6	9.9	31.754%	42.865%	3.1	4.2
Geriatrics	Numbers unavailable See Appendix for calculations							3.8	5.1
Gynecology	9.1	9.9	14.7	10.2	11.0	31.754%	42.865%	3.5	4.7
Hospitalist			10	4.0	7.0	31.754%	42.865%	2.2	3.0
Internal Medicine	12.8	28.8		19	20.2	31.754%	42.865%	6.4	8.7
Nephrology		1.1	2.6	0.7	1.5	31.754%	42.865%	0.5	0.6
Neuro Surgery	1	1.1	1.9		1.3	31.754%	42.865%	0.4	0.6
Neurology	1.3	3.4	5.0	1.8	2.9	31.754%	42.865%	0.9	1.2
Oncology	2.5	3.7		1.08	2.4	31.754%	42.865%	0.8	1.0
Ophthalmology	5.0	4.8	6.5	4.7	5.3	31.754%	42.865%	1.7	2.3
Orthopedic Surgery	3.3	6.2	8.6	6.1	6.1	31.754%	42.865%	1.9	2.6
Otolaryngology	2.0	3.3	3.5	2.8	2.9	31.754%	42.865%	0.9	1.2
Pathology	4.1	6.5	6.1		5.6	31.754%	42.865%	1.8	2.4
Pediatrics	7.3	15	18.4	13.9	13.7	31.754%	42.865%	4.3	5.9
Plastic Surgery	2.0	1.1		2.2	1.8	31.754%	42.865%	0.6	0.8
Podiatry				4.9	4.9	31.754%	42.865%	1.6	2.1
Psychiatry	10	23.2	13.6	6.3	13.3	31.754%	42.865%	4.2	5.7
Pulmonologist	1.0	1.5	3.5	1.3	1.8	31.754%	42.865%	0.6	0.8
Radiation Oncology*			1.28		1.3	31.754%	42.865%	0.4	0.5
Radiology	8.0	8.9	11		9.3	31.754%	42.865%	3.0	4.0
Urology	3.3	3.2	3.7	2.9	3.3	31.754%	42.865%	1.0	1.4

concern with the population. They will also look at what specialties they are seeing that are currently being referred outside of the area for services. In deciding on the proper specialty — patient — population ratio, BRH will be able to better meet the demands of the community.

Once the staffing levels are decided, BRH will need to look deeper into the feasibility of certain roles and staffing levels. This will be part of the Strategic Planning sessions planned for spring of 2020.

BRH Medical Staff With Work Adjustments, Consulting And Retirement									
Physician Priority from CHNA	Specialty	BRH Medical Staff FTEs	FTEs with Work Adjustment & Consulting	Physicians Over Age 61	FTEs With Work Adjustment, Consulting & Retirement	Recommended Staffing levels Non Tourist Season	Recommended Staffing levels Tourist Season	Physicians Needed (Non Tourist Season)	Physicians Needed (Tourist Season)
	Anesthesiology	4	3	1	2	3.1	4.2	1.1	2.2
2	Cardiology	0	0.4	0	0.4	1.2	1.7	0.8	1.3
6	Dermatology	0	0.1	0	0.1	0.9	1.3	0.8	1.2
1	Emergency Medicine	11	8.3	2	6.3	2.4	3.2	-3.9	-3.1
	Family Medicine	3	0	0	3	10	13.5	7	10.5
4	Family Medicine / OB	18	17	1	16	3.5	4.7	-12.5	-11.3
	Gastroenterology					0.9	1.2	0.9	1.2
	General Surgery	5	2.3	2	2.3	3.1	4.2	0.8	1.9
	Geriatrics	0	0	0	0	3.8	5.1	3.8	5.1
	Gynecology	1	1		1	3.5	4.7	2.5	3.7
	Hospitalist	8	6.5	0	6.5	2.2	3.0	-4.3	-3.5
	Internal Medicine	4	3	0	3	6.4	8.7	3.4	5.7
	Nephrology	0	0.1	0	0.1	0.5	0.6	0.4	0.5
	Neuro Surgery					0.4	0.6	0.4	0.6
7	Neurology	0	0	0	0	0.9	1.2	0.9	1.2
	Oncology	3	1	2	-1	0.8	1.0	1.8	2.0
	Ophthalmology	0.5	0	0	0.5	1.7	2.3	1.2	1.8
3	Orthopedic Surgery	5	5	0	5	1.9	2.6	-3.1	-2.4
	Otolaryngology	0.2	0.2	0	0.2	0.9	1.2	0.7	1.0
	Pathology	2	1.4	1	0.4	1.8	2.4	1.4	2.0
5	Pediatrics	3	3	0	3	4.3	5.9	1.3	2.9
	Plastic Surgery	0	0	0	0	0.6	0.8	0.6	0.8
	Podiatry	1	0.5	0	0.5	1.6	2.1	1.1	1.6
	Psychiatry	3	3	0	3	4.2	5.7	1.2	2.7
	Pulmonologist	0	0	0	0	0.6	0.8	0.6	0.8
	Radiation Oncology*	1	1	0	1	0.4	0.5	-0.6	-0.5
	Radiology	3	2.4	0	2.4	3.0	4	0.6	1.6
8	Urology	1	0.5	0	0.5	1.0	1.4	0.5	0.9

Exhibit 2: Physician Staffing Report

APPENDIX

Rationale for numbers.

Geriatrics: This was a difficult number to find. None of the reference studies had calculated for geriatrics. COB was able to find a US News and World Report article in which the American Society of Gerontology gave some statistics. These were that about 30 percent of the 65 and older patient population will need a geriatrician and that one geriatrician can care for 700 patients. Given the population of Juneau during tourist season and the off season, COB calculated the needed geriatrician numbers as follows.

Calculation for Gerentologists				
Population of Juneau / Season	Percent of population considered Elderly	Percent of population likely to use a Geriatrician	Number of patients a Geriatrician can handle in a year	Geriatrician FTE
31,754	28%	30%	700	3.8
42,865	28%	30%	700	5.1
Reference	https://health.usnews.com/health-news/patient-advice/articles/2015/04/21/doctor-shortage-who-will-take-care-of-the-elderly			

Radiation Oncology: COB was unable to find credible numbers for Radiation Oncologists as well. Most of the tables had numbers for a category called Hematology/Oncology. This number was used to for the calculation of Medical Oncologists in our study. However, the only numbers available for Radiation Oncologists were based on the Supply of Radiation Oncologists Rather than the Demand for them. COB then calculated what the supply would dictate based on the the percentage of population likely to get cancer and the percentage of cancer patients likely to use radiation for treatments. In just new patients based on 2020 estimates, Juneau would need a .2 FTE increase to the existing demand. This validated an estimate for Radiation Oncologists as a percentage of the supply side as a starting point and then consulting with the existing oncology practice in Juneau to decide on what would be most appropriate.

Radiation Oncology Calculations					
2020 Expected New Cancer Cases in U.S.	Expected 2020 U.S. population	Percentage of population likely to get cancer	Juneau Population	Number of Juneau residents likely to get cancer	Population likely to Use Radiation Oncologist
1,956,916	333,546,000	0.59%	31,754	186.3	54.0
Patients per Radiation Oncologist per year	FTE for Radiation Oncologist for new patients in 2020				
250	0.2				



**CONDUCTED BY
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2019-2020**

From: Catherine Peimann
Sent: Wednesday, March 4, 2020 11:37 AM
To: Charles E. Bill; Mark Johnson; Kathryn A. Callahan
Subject: Physician Recruitment Meeting Follow-up

I appreciated the opportunity to attend the recent Physician Recruitment meeting and discuss how BRH can support our community needs.

As mentioned at the meeting, I feel there is a lack of neurology services available in our area that is significantly impacting patient care, and would encourage the hospital to recruit a full time neurologist or encourage a visiting neurologist to help fill this need.

I also think there are several medical subspecialties that the community could benefit from, the most pressing being pulmonology, rheumatology, and endocrinology. It would not be realistic to try and recruit one of these providers to our community full time, but a visiting specialist would certainly help us provide a higher level of care to Juneau patients.

We also discussed geriatrics, and although many of the primary care providers in the community are currently providing geriatric care, if any of the practices were interested in recruiting a geriatrician I think that would benefit the community greatly. Perhaps BRH could let practices know that they are interested in financially supporting a recruitment effort in the regard.

Another option would be encouraging local primary care providers to seek additional training in these areas. Although fellowships are usually 1-3 years and would require providers to relocate during that time there may be other, shorter programs that would allow local providers to increase their skills in these areas in a way that would benefit the community and the hospital. I'm not sure if the hospital has the ability to financially support this kind of training but if they could it may be worth working with the primary care practices in town.

In regards to oncology services I think there is potential for growth in this area. I would personally favor trying to recruit a full time oncologist who is a good fit for the Juneau community over continuing to provide intermittent services and depending on those providers to be available in between visits. I think a midlevel provider here would help ease the situation but in the long run a full time provider in Juneau would be a better solution.

We briefly discussed the possibility of partnering with SEARHC now that they are advertising some of their specialty services to the general public. I would urge the hospital to use caution in this area and have concerns about the long term effects of SEARHC moving into the open market, especially now that they are providing less inpatient coverage for their patients.

Again, thanks for the opportunity to give my input.

Kate Peimann