

Agency: Department of Health and Social Services**Project Title:****Project Type:** Other

Girdwood Health Clinic Services Expansion

State Funding Requested: \$537,389
One-Time Need**House District:** Anchorage Areawide (16-32)**Brief Project Description:**

Girdwood Health Clinic, Inc. requests funds to support the first year of operation for the Girdwood Medical Clinic expansion and establishment of a new satellite medical clinic in Hope, AK. These dollars are requested as start-up expansion funds, a one-time request.

Funding Plan:

Total Project Cost:	\$1,227,376
Funding Already Secured:	(\$689,987)
FY2013 State Funding Request:	<u>(\$537,389)</u>
Project Deficit:	\$0

Funding Details:

Girdwood Health Clinic, Inc. has operated in the black for 11 of the past 12 years. (Only year 1 had a deficit). The clinic has collected program service revenues (Medicaid, Medicare, Private Insurance and patient fees) to support its operations in addition to funds raised in the community.

Detailed Project Description and Justification:

The town of Girdwood is known for the renowned Alyeska Resort which is a vacation destination year round. Recently 600 resort employees - most of whom work in low-paying service positions - lost their employer paid health insurance. Simultaneously residents of Girdwood are increasingly without coverage. All of these individuals turn to the Girdwood Health Clinic for their medical care - be it reindeer and buffalo gorings, extracting wayward fishhooks, broken bones from the slopes and all manner of more routine, preventive and urgent care for people of all ages.

This project requests funds to support the start-up of expansion at the Girdwood Health Clinic and the start-up of a small satellite clinic in Hope, so that we can provide more health care visits for Alyeska Resort employees, permanent and seasonal residents of the Girdwood, Indian, Bird, Sunrise and Hope communities, and the many tourists who visit us.

These funds will make it possible for the two clinics to provide more than 1,100 additional medical visits in the first year and 25% more in the second year. A clinic - like ours - that provides care on a sliding fee scale and which fully discounts charges for people living below 100% of poverty, must find methods to appropriately secure revenue to support the cost of these discounted services. That is why we are in the process of applying for Federally Qualified Health Center Look-Alike status which enables us to receive enhanced Medicaid reimbursements. These enhanced payments and additional program service and foundation support will make the expanded clinic and new site fully sustainable in Year 2.

The Girdwood and new Hope Clinics are the only health care providers in the area. Driving from Hope to Anchorage and even from Girdwood to Anchorage is not an appropriate option for people who are sick, injured, frail or elderly. Getting care locally provides these patients with timely care, faster reduction of pain and promotes better health outcomes.

**\$400,000
Approved**

It is clear right now, that the very people who have the greatest need for health care have the greatest difficulty getting it. We respectfully requests that the legislature join with us to make sure that the most vulnerable among us get the health care they need.

Project Timeline:

The project will commence on notice of award and will be completed within 14 months of this notification.

Entity Responsible for the Ongoing Operation and Maintenance of this Project:

Kerry Dorius

Grant Recipient Contact Information:

Name: Kerry Dorius, Nurse Practitioner
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Has this project been through a public review process at the local level and is it a community priority? ☒ Yes ☐ No

Girdwood Health Clinic, Inc. - Supplemental Documents

Table of Contents

Supplemental Narrative (Attachment 1)

Table of Contents	Page 1
Introduction	2 - 6
Project Summary	
History of Girdwood Health Clinic, Inc.	
Girdwood Health Clinic, Inc. Today	
Girdwood and Hope	6 - 9
Description	
Service Area Map	
Area Residents & Their Health Needs	9 - 13
Girdwood & Hope Health Clinics - A Response to Need	13 - 19
Project Description	
Staffing Profile	
Community Feedback	
Project Outcomes	
The Value of Local Health Care	
Biographical Sketches of the Board & Key Staff	19 - 22
Line-Item Budget (Attachment 2)	1 - 3
Description of Equipment (Attachment 3)	1 - 3
Letters of Support (Attachment 4)	1 - 9

INTRODUCTION

Summary Girdwood Health Clinic, Inc. (GHCI) is requesting a one-time legislative allocation for start-up funds to support the expansion of the Girdwood Health Clinic and to establish a small satellite clinic in Hope. The \$537,389 requested will make it possible for the clinics to provide over 1,100 additional health care visits in the first year of expansion.¹ Local health services received from the same providers over time, gives individuals and families the best opportunities for good health. High quality affordable health care is also a key element to positive health outcomes. The dollars requested will enable the clinics to have the first year of expansion costs paid, while Girdwood Health Clinic, Inc. (GHCI) secures Federally Qualified Health Care Look-Alike status. This designation will make it possible for GHCI to receive enhanced Medicaid reimbursement, which will make the clinics financially sustainable. This will assure that the Girdwood and Hope Clinics will be around for generations to come; providing critically needed primary care and urgent health care for permanent and seasonal residents of the Turnagain Armin area; the thousand service workers at Alyeska Resort and in Girdwood; and, for tourists that come to the Resort as their vacation destination year-round.



Location Girdwood is located 38 miles south of Anchorage. Hope is an 86 mile drive to Anchorage. In both cases the road to this urban hub is congested with tourists' cars, recreational vehicles and 18-wheelers in the summer. And, the roads are icy, dark and prone to unexpected closures during the Alaska Winter. Imagine what those drives are like when the passenger or driver is injured and in intense pain, is sick, a frail elderly individual or a parent that has to take to the road with a carload of sick kids. A local clinic just plain makes sense.

The Girdwood Health Clinic is situated in the middle of the community. The 2,425 square foot clinic is well known, easily accessible and is immediately adjacent to the village post office and 100 feet from the town's only food market. The Clinic is highly

¹ **\$71,128 of this cost is one-time only equipment purchases.**

visible. It is also on the local shuttle, which allows low-income people without other forms of transportation to ride to and from their medical appointments.

The Hope Health Clinic is located in the heart of the village within walking distance of the small grocery/hardware and sundries store and the library. As a satellite of the Girdwood Health Clinic, the Hope site will be small but will have all of the equipment and materials to provide area residents with a broad spectrum of care.

The most important item in the Hope clinic will be an AFHCAN telemedicine cart. This technology is used in many rural Alaska villages. An on call nurse or EMT will be trained to operate this simple system to be the eyes and ears for the provider located in Girdwood. The Nurse Practitioner located in Girdwood will be able to interview the patient with a video camera, listen to their heart and lungs with a digital stethoscope, examine skin and body parts with a camera, look in ears and throat with a digital otoscope and obtain a 12 lead heart tracing or ECG with this cost effective equipment. This technology allows the provider to virtually see and hear a patient in Hope on computer screen in Girdwood.

History The GHCI's history includes approximately two years of operation as a part of Providence Health Systems from 1998 through 1999. The clinic closed in November of that year because it was losing money. In January of 2000, Kerry Dorius, a licensed and experienced Nurse Practitioner (NP) who had worked as a provider for Providence Health Systems reopened the Girdwood Clinic as her own business. For the last 12 years, Ms. Dorius has served as the Clinic's Executive Director, Medical Director and its only health practitioner. After just one year of operation under her management, the clinic became financially stable and able to pay her and her employees.

In pure Alaskan style, when it reopened people received their care in the reception area surrounded by piles of boxes because the exam rooms had not been completed yet. The NP would exam the patient and then dig around in boxes to find the right gauze or medicine. That same year, winter avalanches cut-off the road connections and electrical power to Girdwood for nearly six days. The NP stitched one patients' cut hand by the light of a Coleman lantern and spent the week living in the clinic. In cases like this – continuing today - despite the number of miles from Anchorage – Girdwood Clinic practices frontier medicine at its finest.

After the initial establishment of Kerry's private Girdwood Clinic Inc. the clinic did well and was financially stable until January 2010 when Alyeska Resort - the largest employer in Girdwood - abruptly dropped health insurance benefits for its 600

employees; effectively leaving one-third of the community uninsured. Later that year the Resort signed an agreement with a large group practice of medical specialists in Anchorage to send patients injured on the mountain directly to the specialist's Anchorage clinic bypassing the local clinic. The agreement had the potential to decrease the clinic's revenue by 25% at a time when the percentage of local uninsured had radically increased. This dramatically increased the imperative to provide affordable health care.

Everyone in town relies on GHCI to provide care. As much as the Clinic has been Kerry's, the community recognizes that it is a tremendous community asset. As such, in October of 2010 a group of Girdwood citizens concerned about the future of local health care banded together and formed a Board of Directors with the intention to begin a nonprofit clinic. They asked Kerry Dorius to be their advisor. The goal of this Board was, and continues to be, to maintain the local clinic that would serve everyone in the Girdwood, Bird, Sunrise, Hope and Portage area regardless of their ability to pay. The dedicated and hard-working Board of nine users held three fundraisers in a year, prepared a Health Resource Service Administration² (HRSA) planning grant (to expand the Girdwood site and add a satellite site in Hope). The Board and Kerry Dorius formed a non-profit corporation (GHCI) with the State of Alaska and began its efforts to gain 501(c)(3) status. The Board of Directors reinforces the need to continue providing services on a sliding fee basis, based on income and family size. (This schedule coincides with the annually revised federal poverty levels.) On December 22nd 2011, GHCI purchased the clinic, preparing for Kerry's eventual retirement.



Current Status In 2011, Girdwood Health Clinic Inc., with Kerry Dorius as a single clinician, provided approximately 1,800 medical visits for the 2,000 area residents and visitors providing a volume of care that meets the federal productivity standard for Nurse Practitioners. She is able to accomplish this even without the medical support that the federal standard takes into consideration when establishing the productivity measure. Her patient numbers also exceed the federal standard of 1,500 patients per provider. In addition Kerry continues to provide after-hours call.

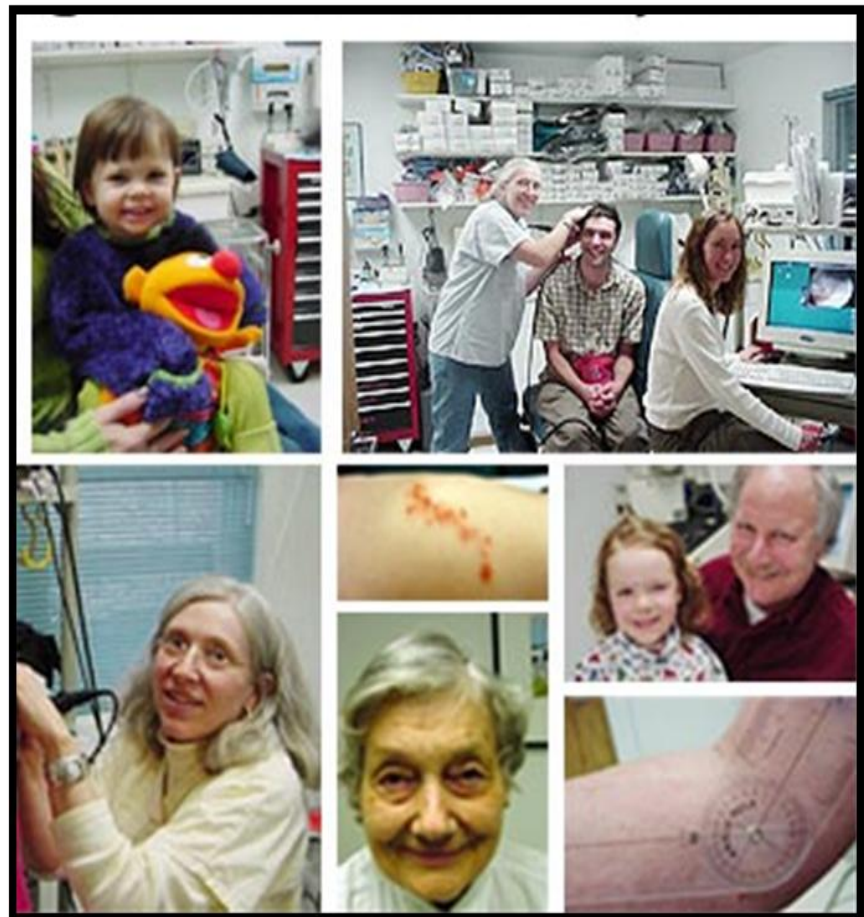
² HRSA is a division of the federal Department of Health and Human Services. HRSA's Bureau of Primary Health Care can support the planning of community-based health care. For some planning grant recipients, application as a Federally Qualified Health Center Look-Alike Clinic or "full" Community Health Center (CHC) can be submitted. Look-Alike Clinic status is not a competitive process, however the CHC designation is.

Fortunately, now Kerry has Jill Veatch, the Chief Operations Officer to help perform all the necessary roles and responsibilities that go along with medical clinic operations including:

- Accounting and finance;
- Human resources;
- Information technology;
- Patient records;
- Assisting one another;
- Conducting fundraisers;
- Advocating for the health needs of the Turnagain Arm communities;
- Developing partnerships with local social services, churches, civic and community organizations; and
- Collaborating with other health care practitioners in the region. This includes Providence Medical Center (and Hospital) in Anchorage and the Anchorage Neighborhood Health Center (ANHC). ANHC provides dental care and behavioral health services for Girdwood Health Clinic's patients and will provide these same services for patients of the Hope Clinic.

Not surprisingly with all there is to do, work hours far surpass a normal 40 hour work week. The hours are given freely by both staff because the Girdwood Health Clinic has always been a labor of love for their community.

The expansion of services and clinical



support at Girdwood Health Clinic and the development of a satellite in Hope will begin to ease the burden of responsibility for Kerry and Jill.

With the support and encouragement from the passionate and dedicated Board of Directors of GHCI Kerry Dorius remains strong in her personal commitment to the Clinic and is committed to guiding the new clinic through the start-up phase until it is truly sustainable.

Girdwood and Hope

Girdwood It's easy to hear about a community known for its year-round destination Resort and think that residents of the area are likely to be pretty well off because they live in a place where people love to come for the great snow sports in the winter and for hiking and relaxing during the beautiful summer months. For a selected group of folks this is undoubtedly true. But, the majority of residents and seasonal workers



in the area either work directly for the resort in lower paying service positions or for businesses that exist to serve the Resort, its employees and their tourists. It's similar to a fishing town. Some commercial fishing companies make a lot of money, but the fish processors, packers and cannery workers receive low-pay and work long hours. These relatively unskilled workers are willing to make concessions for the companies they work for knowing there are limited jobs in the area and that there are many people who would gladly take their position.

Everyone is welcome at the Girdwood Health Clinic, which sits in the middle of the town. The GHCI has treated everything from reindeer attacks and buffalo goings to the more common injuries such as sprains, strains and broken bones from Resort skiers or snowboarders; extracting wayward fish hooks; and the mundane health needs that require antibiotics; stitching up a little boy's knee (again) after another bike fall; reassuring young mothers that the stuffy nose, flaking scalp, smaller appetite on some days and excessive crying are all perfectly normal things that babies do. There is nothing to worry about.

The Clinic sees some of the elderly in the area often enough that the patients schedule visits “at my regular time.” And as much as their health problems are addressed the elderly often want to stop and have a chat with their “doctor” about the birth of a their new great-grandson or to share some details of an upcoming family wedding. The Clinic has provided this comfort and care for residents and visitors to Girdwood, each and every day, for the past dozen years. Kerry is passionate about improving the health of her community. She has strong connections to the community and is committed to the long-term sustainment of the Girdwood and Hope Clinics.

Hope Hope is a small village 56 miles away from Girdwood. The community is a close knit one, truly a place where everybody knows everybody. Hope was founded many



years ago as a mining camp. The simple wooden cabins were built for people just coming through the area on the way up to gold mining and on their way back. Many of these cabins are still there. Some residents have fortified the walls of these cabins and renovated their interiors so only the worn wooden planks are reminiscent of the Gold Rush.

Two to three years ago, the owners of the little Hope grocery store sold it because it wasn't making the money they'd hoped for. That left the villagers without a place to get groceries locally. The resourceful residents temporarily used a system that anyone who drove to Anchorage for groceries or errands would take orders from the other residents and pick it all up on each trip. People took turns. When someone ran out of something, neighbors would share theirs. That's just the way it is in Hope.

Many of the Hope citizens have been long-time patients at the Girdwood Health Clinic because in 2006 to 2007, GHCI owner Kerry Dorius held half day clinics in the teachers' quarters above the library in the original town school house. But those days are gone. Kerry was unable sustain the Hope clinic without support back in Girdwood. Hope has only 4 ETT (Emergency Trauma Technicians. They do the best they can until higher level EMS care can arrive from Cooper Landing or Moose Pass further down on the Kenai Peninsula

One of Hope's long-time residents, a 1960's and 70's activist, advocates for the goods and services needed in Hope. Ultimately, she bought the grocery store and is still running it today. She has also been a long-time, strong supporter of having a local health clinic for Hope residents and others in the surrounding area.



It's not practical for people who are sick or hurt to drive for almost two hours to get family doctor care (when the roads are clear). Because that drive is required when going to Anchorage, some people only go when they have an emergency (by EMS ambulance), a scheduled specialists appointment or planned hospital stay. People often skip preventive care and provide their own treatment for

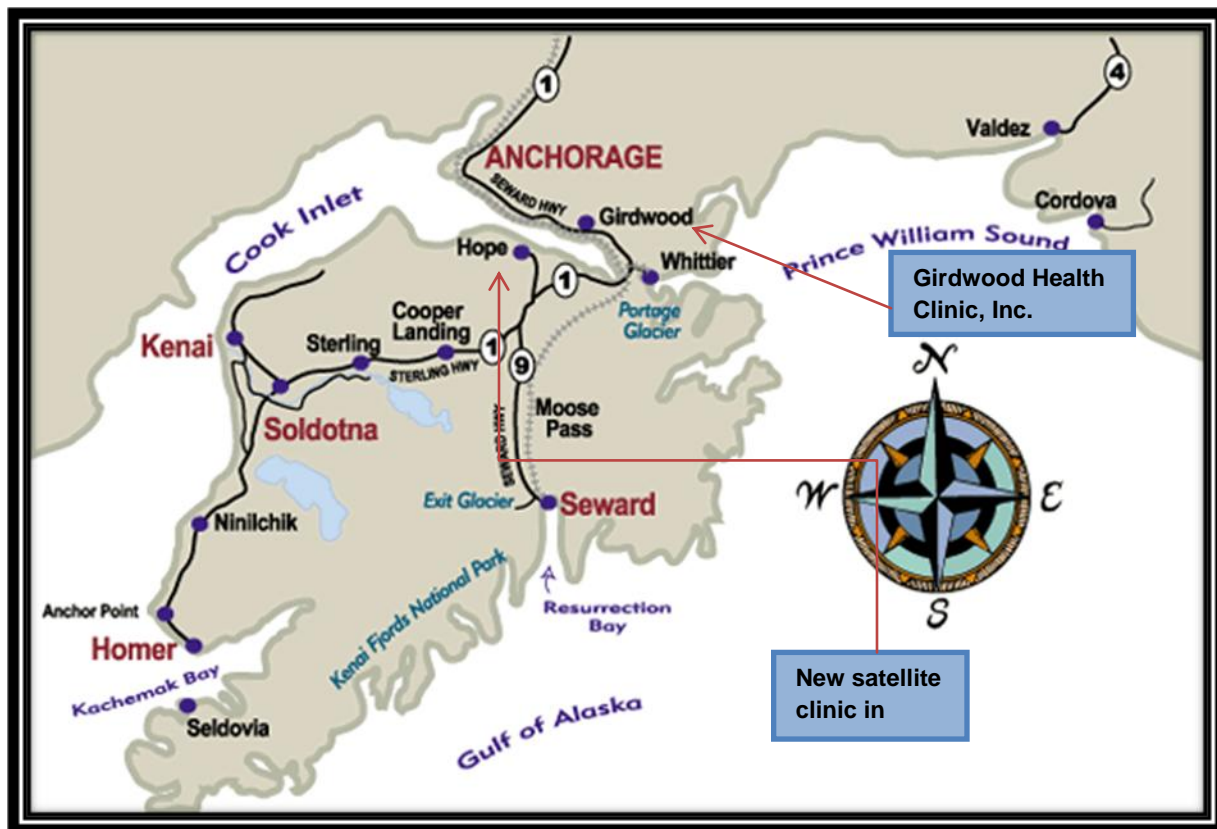
acute illness and injuries. For example, why drive in when you've got an infection in a cut. They simply soak it in hot water and Epsom salt, perhaps consult with a neighbor or two and then get on with their day. Sometimes this works just fine but at other times the results can be dire.

Another characteristic of both of these areas is the challenge presented by weather. Hope has been on generator power for two months after a heavy snowfall knocked down a power line to the small town. An electrical repairman sent to fix the line fell into a deep ravine and laid there for one and a half hours until an EMS unit could come from Moose Pass 50 miles away to rescue him. Recently the Seward Highway between Girdwood and Anchorage was closed for more than 24 hours due to snow avalanche danger and extremely dangerous road conditions. That meant that Girdwood Health Clinic was the only medical facility that could treat any injured or ill person in Girdwood or on the Seward Highway between Anchorage and Seward or Soldotna. This typically happens several times every winter. In the summer the road is also closed for between four to six hours whenever there is a fatality on the highway. This has occurred four times in the past year. There was also a year when the highway between Anchorage and the Kenai Peninsula was closed by avalanches north and south of Girdwood for almost six days. There is no alternative route to Anchorage much to the surprise of visitors to the area.



Girdwood needs expanded services to care for more people, provide more services and to be open for a sixth day a week; and Hope needs to get local health care services out to the residents of this warm and personable community, and for those who live in the community of Sunshine on the outskirts of Hope.

SERVICE AREA MAP



Distance between Girdwood & Hope, Optimal Travel Time = 56.25 miles, 1 hour 6 minutes.
Distance between Girdwood & Anchorage, Optimal Travel Time = 37.65 miles, 43 minutes.
Distance between Hope & Anchorage, Optimal Travel Time = 85.78 miles, 1 hour 39 minutes.

AREA RESIDENTS & THEIR HEALTH NEEDS

Description of Residents The service area for the organization includes Girdwood and the small communities of Indian, Bird, Portage, Sunshine and Hope and individuals and families that live outside these places along the Seward Highway.

Permanent residents of the area including resort employees and their average number of tourists is roughly 2,000. Seasonal residents who have vacation homes in the area are not included in this count even though their homes comprise 58% of Girdwood's "unoccupied" housing. This highlights the fact that the area is dominated by the Alyeska Resort.

The characteristics of people living in Girdwood, Indian, Bird, Portage, Sunshine and Hope are substantially different from people living in Anchorage or living throughout the State. Turnagain Arm residents are demographically more rural in nature. This means several things:

- There are far fewer children than communities across the State - 35% less;
- There are fewer elderly than other locations across Alaska – 27% fewer; and
- There are 23% more adults between the ages of 20 and 64 in the Turnagain Arm area when compared to the state-wide population.
- The locations served by the GHCI, like many rural locations, are far less racially diverse than urban areas and total Alaska residents. Specifically, in the Clinic area, 3% of the population is made up of racial minorities compared to 6% and 14% in Anchorage and Alaska respectively. Linked to racial distribution, 15% of the Girdwood (and larger area) residents speak a language other than English at home. Typically, however, these residents have a working knowledge of English, so interpreters are not necessary.
- One of the most divergent characteristics of these three geographic areas is the educational attainment. In GHCI's communities, the rate of people who complete high school is approximately 18% lower than Anchorage or the State, while interestingly the percent of people with bachelor's degrees or higher is only slightly lower than Anchorage. It is plausible that the higher rate of college graduates in the local area reflects migration to Girdwood to take advantage of the year-round Alyeska Resort. It is, after all, the State's largest resort and it has the most challenging ski runs in winter and is a natural wonder in the summer.
- The median incomes of residents in Girdwood and Hope are strikingly lower than those living in Anchorage and Alaska, with target area communities having a median income of \$59,000, compared with \$72,000 in Anchorage and \$67,000 state-wide. The rate of poverty in Turnagain Arm is 9.2%. Strongly linked with income is the rate of those without health insurance. That percentage is sure to be substantially higher in those persons living in poverty.

These characteristics are important because community demographics influence the services that are made available, shed light on what the most commonly needed services will be, and demographics hint at the types of program income that are most likely to support clinical operations. For example, the high rate of adults age 64 would

suggest that there will be injuries to treat, contraception to provide, women's health exams and referrals out for prenatal care/labor and delivery. (Once the babies are born they become clinic patients as well.) For the population 40 and over, injuries still occur, but the most common services are adult physicals, cancer screening, the diagnosis and treatment of chronic illnesses (diabetes, hypertension, cardiovascular disease, high cholesterol, depression and respiratory conditions such as asthma or COPD).

The overwhelmingly Caucasian and English speaking population infers that the Clinic does not require quite the same type of linguistic and cultural appropriateness that is critical when serving an extremely diverse population with dozens of languages and dialects. This clinic does not have to take extra measures to assure that the clinic interior reflects its diverse population or that employees reflect the patient population.

There is a fairly substantial Filipino population that works as housekeepers at Alyeska Resort Hotel. This ethnic population uses the clinic frequently due to their statistically high rates of diabetes and hypertension.

The population of Hope has a high rate of elderly patients receiving Medicare (17%), which suggests that on the whole, the income generated from the population will be significantly lower than if the population either had the personal resources to pay full fee or if the population had private insurance.

In all, a community that leans toward low-paying resort jobs and other service industries, fewer uninsured people (Girdwood) and a village full of retired individuals who have been under-utilizers of health care (Hope) requires that the Girdwood and Hope Health Clinics must have the financial wherewithal to sustain itself, while serving a population with intensive needs.

Description of Residents Health Needs - NOTE: It is easy to get small area demographics for these communities through the U.S. Census Bureau report "preparer." Getting health statistics on this small area basis, however, is not. This is because the counts of any specific condition or lack thereof are too small (statistically) to be reliable and extreme caution would need to be taken in making assumptions from those figures... For this reason, health information for the Anchorage Municipality is reflected below.

3

Chronic illnesses (high cholesterol, hypertension, heart disease, non-gestational diabetes, depression, obesity and asthma) are the most prevalent and contribute to the primary causes of death in the Alaska Municipality. Behavioral Risk Factor Surveillance

³ These data were derived from the "Behavioral Risk Factor Surveillance Survey" (BRFS) three year summary (2007-2009) and the Alaska Health Data Book: 2007, Selected Health Measures, Section II, developed by the Alaska Department of Health.

(at the municipality level) shines a spotlight on the incidence of illness, the prevalence of high risk behaviors and the absence of critical preventive care.

- 87% of respondents drink alcohol;
- 9% indicate that they binge drink (five or more drinks in one night for a man and three or more drinks for a women);
- 3% self-identify as chronic drinkers;
- 39% reported being over-weight and another 30% indicate that they are obese, (100 pounds or more over their recommended weight given their height and age);
- 36% have high cholesterol;
- 2% have had a stroke;
- 7% have non-gestational diabetes;
- Only 39% of the people with diabetes have had basic diabetes services in the past year (two blood sugar readings, a foot care and a retinal eye exam);
- 10% have asthma;
- 3% have heart disease and another 3% have had a heart attack;
- 32% currently smoke, 3% chew tobacco and another 28% used to smoke;
- 25% have high blood pressure (This is an Alaska-wide rate, but it is heavily influenced by the rates for Anchorage, its most populous city.)
- 13% have frequent mental health distress;
- 17% have clinically diagnosed depression;
- For those who have had a Personal Health Questionnaire (PHQ) for depression, 70% do not have identified depression, 8% have mild depression and 22% have moderate to severe depression. This means that in the Anchorage Municipality alone, there are more than 64,000 people suffering with moderate to severe depression.

Each of these conditions can become extremely debilitating. However with appropriate diet, exercise, stress reduction, medications and clinician care, these conditions can absolutely be improved. Those of us who are proactive and follow these healthy habits, reduce our risks significantly.

Healthy lifestyles have a tremendous positive impact on improving and maintaining good health. The sister to healthy lifestyles is consistent receipt of preventive health care. Consider this:

- 40% of those 50+ have not had a sigmoidoscopy or colonoscopy;
- 4% of adult women (18+) have not had a PAP test during the last three years;
- 26% of adults have not had routine dental care;

- 20% of adults have not had any leisure exercise in the past 30 days;
- 12% of women age 40+ have not had a mammogram within the past three years;
- 83% of adults 50+ have not had a blood stool test within the past two years;
- 39% of the participants report that they have either never received dental care or have not had any teeth cleanings in more than a year. (Health Data Book);
- 20% of the third graders participating in the annual Smiles Survey had caries (cavities) that have not been treated; and
- 52% of these third graders had not received sealants to protect their teeth.

The rate of people that delay preventive care or who do not receive it at all, is troubling. The screenings are generally simple and they don't usually take long. Getting them can reassure people that everything looks good, or can direct their provider to take action - arranging other tests or setting up a treatment plans. Unfortunately even treatments that have high success rates are less effective the further the illness has progressed.

That is why meaningful access to high quality affordable and local primary care services is so important. Without it, ironically and painfully, the very population that has the most critical health needs (the low-income uninsured) is also the population that has the most difficulty getting care.

PROJECT DESCRIPTION – A RESPONSE TO NEED

Brief Description - This one-time legislative allocation is respectfully requested to support the first year of expanded services at the Girdwood Health Clinic and the establishment and first year of service for the small satellite clinic in the village of Hope. The current costs of the Girdwood Health Clinic are not included in this request – only the costs that expand services or supplement existing products or services at the site.

The dollars requested in this document will support the expanded operations for a year while Girdwood Health Clinic, Inc. (the organization) secures Federally Qualified Health Center Look-Alike status (meaning that the clinic will operate like a Community Health Center). This will enable the Clinics to get enhanced Medicaid reimbursement. Within a year this funding increase will enable the clinics in Girdwood and Hope to be self-sustaining – just as the current site is, supporting the care of the large number of uninsured and underinsured (Medicare) people. For example, Medicaid currently reimburses at roughly \$100 per “standard” medical visit. With the Medicaid enhancement the reimbursement rate climbs to \$160. For 100 visits this amounts to the

collection of \$6,000 additional dollars. This will have a very positive impact on the organization's bottom line.

The services provided in Girdwood will continue as they have but will add a sixth clinical day (Monday) so that the Clinic will now be open Monday through Saturday for eight hours per day. The services provided in Hope will be structured differently. The new site will have 10 hours of in-clinic RN time per week and 4 hours of Nurse Practitioner time per week (scheduled on a different day than the RN).. For all other hours the Hope Health Clinic will have a triage after- hours RN or local paramedic able to use the AFHCAN cart to connect with a Nurse Practitioner that is on-



call in Girdwood. If there is an emergency need, the local Girdwood EMS will transport the patient by ambulance to Anchorage. In Hope the local RN or paramedic on-call will be called in to care for the patient until Emergency EMS transport can arrive. If there are urgent, but non-life threatening conditions, the triage paramedic will contact the NP on-call who will assess the most appropriate action for the patient on a case-by-case basis. At the NPs discretion, some patients may receive instruction on how to stabilize their condition and manage any pain, i.e. alternating icy or heated compresses, bandaging and elevating and taking over-the-counter pain medications) until the next day that the Clinic is open. People wishing to schedule a routine appointment (like school physicals or follow-up visits) can leave a message at the Clinic and will have their call answered on the next day that the clinic is open.

The expansion costs are laid out in detail in the line-item budget which follows, but in general, the operating expenses include (1) additional staff, (2) taxes and benefits for the existing staff (who don't have any) and for the new hires; (3) equipment to outfit the Hope clinic, (4) generators to keep the lights on during power outages (5) a digital x-ray for the Girdwood clinic. (This digital x-ray takes the place of obsolete x-ray films and makes it possible for clinics not located adjacent to a specialty center or hospital to get

real time readings when the patient is in clinic, so that appropriate treatment can be provided.) (6) after-hours' call services, (7) minor renovations at the Hope site; and (8) and relatively small increases in general operating expenses such as clinical and administrative professional fees; mileage reimbursement, medical and office supplies and other common expenses.

Additional Staffing – Increased clinical and support staff is at the core of this expansion.

Specifically, the staffing will be as follows:

Position Title	Status	Girdwood Clinic/Week	Hope Clinic/Week
Nurse Practitioner 1 Clinical (Kerry)	Existing	20 hours	-----
Nurse Practitioner 1 Administrative (Kerry)	Existing ⁴	8 hours for Girdwood, in Girdwood	2 hours for Hope, in Girdwood
On-Call NP (Kerry)	Existing	-----	10 hours, in Girdwood
Nurse Practitioner 2⁵ Clinical	New	40 hours	-----
Registered Nurse	New	20 hours	10 hours on-site
Medical Assistant	New	40 hours	-----
Administrative Medical Assistant	New	36 hours	4 hours for Hope, in Girdwood
Chief Operations Officer	Existing	36 hours	4 hours for Hope, in Girdwood
On-call RN (Girdwood)	New	-----	10 hours on-site
On-call RN/Paramedic (Hope)	New	-----	40 hours on-site

⁴ Kerry's time will be distributed into clinical time, administrative time and call time. Because she is already a full time staff person, for these purposes the administrative and an call hours are identified as "existing"

⁵ This position could also be filled by a Physician Assistant.

Where there are just 2.00 FTEs currently, the expansion model adds 5.00 FTEs for a total of 7.00 (including the on-call Paramedic in Hope). This expands clinical care by 120 hours per week through the second NP, an RN and a Medical Assistant.

The community stands behind Girdwood Health Clinic - The residents of Girdwood are very supportive of this expansion. In fact, GHCI received 300 letters in support of the Clinic's HRSA planning grant (discussed above) to bring more health care services to more area residents.

Along with their written support, patients and community members have nothing but praise for the work done at the Girdwood Health Clinic.

Following GHCI's diagnosis of a very rare and dangerous condition that no other physician had identified, arrangements were made for no cost brain surgery in Seattle. With the help of a concerned endocrinologist in Anchorage, successful treatment was received by Mike Jackson (29) who later said:

“It is hard to express how grateful I am to Kerry. I now have a better chance to live long enough to achieve my personal goals.... If it hadn't been for her persistence, I would not have gotten further tests and treatment. I would be sitting on a ticking time bomb that ten years from now could've killed me.”

The GHCI has a well-earned reputation in the community. It is demonstrated by the number of service recognition awards given to the Clinic and staff over the years.

There are many, many other stories that recount what the Girdwood Health Clinic has meant to individuals and families in the community - far too many to retell. In all of the stories, however there is a repeated theme, that the Clinic is an absolute necessity and that the staff is extremely dedicated, knowledgeable, highly skilled, experienced and compassionate. This is high praise indeed.

The written and spoken support of the community and the testimony to the Clinic's diagnostic prowess are extremely meaningful measures of the value of the Girdwood Health Clinic and the certain value of the Hope Clinic which will follow (if this proposal is granted). But in these economically difficult times – and for good reason – there must be a measurable demonstration of the project's value. Here they are:

PROJECT OUTCOMES

Measurable Outcomes

Outcome 1: Increase the staff available to provide patient care and support from 2.00 FTEs to 7.00 FTEs, an increase of 205%. More than just increasing the people working at the Clinics, these specifically credentialed individuals will provide the necessary support to enable the Nurse Practitioners to focus directly on their patients.

Outcome 2: Increase clinic hours at the Girdwood Health Clinic from 40 hours Tuesday – Saturday (10:00 – 6:00) by 8 additional hours per week; and add 10 hours of clinical services in Hope and together the clinics are providing an additional 18 additional hours of clinical hours per week, a 45% increase. Over a year, this adds 900 more hours (50 weeks) of health care for these communities. This excludes the hours that are covered by after-hours call.

Outcome 3: Increase administrative, supervisory and clinical director designated hours from 0 to 20 hours per week, or 1,000 hours per year. Administrative time may not seem like it needs to have its own time set-aside, but without it the administrative work gets done during staff evenings and weekends. This puts GHCI on the road toward a reasonable workload for employees.

Outcome 4: Increase the number of health care visits provided through the two clinics from approximately 1,800 in Girdwood to 2,800, and 200 visits in Hope, totaling 3,000 or an increase of 67%.

Outcome 5: Establish a 24/7 consulting nurse triage system with a NP on call as needed for Girdwood Health Clinic and a 24/7 consulting paramedic with a NP on call as needed for the Hope Clinic. This increases consulting nurse services by 128 hours per week in Girdwood and provides the Hope area with 158 hours of consulting hours, which has not been available before. Over the course of a year the consulting nurse and paramedic triage will provide over 14,000 hours of coverage for all of the areas established patients and all other community members and visitors as well.

Outcome 6: Increase the number of “special clinics” provided by the new Nurse and a Nurse Practitioner (for example, immunization clinics, new mother parenting classes, diabetes support, weight loss, etc.), by a minimum of four additional clinics.

Process Outcomes

Outcome 7: Increase the safety of the communities of Girdwood and Hope through the purchase of generators for both sites, and an automated external defibrillator for Hope. Over the course of Year 1, GHCI will tally the number of times that the generators were used.

Outcome 8: Increase the use of technology (AFHAN carts), which have capabilities that overcome many of the challenges that exist when providing care in rural locations that are not near specialty or hospital services. Over the course of Year 1, all new clinical staff will receive training on the use of the AFCHAN cart.

Outcome 9: Prepare, negotiate, modify and complete a successful FQHC Look-Alike application so that GHCI is able to receive enhanced Medicaid reimbursement to sustain the Girdwood and Hope Health Clinics long into the future. A copy of this proposal and the Notice of FQHC Look-Alike Status will be available for review at their completion.



Photos from Hope, AK

The Value of Local Health Care From a strictly economic point of view, the Girdwood and Hope Health Clinics' value would be in the difference between its assets and liabilities on a given date. This is the tangible value of the clinic.

On a broader level, however, there are intangibles too: Such as:

- A long history within the community;
- The evolution of a community-based group of individuals who enthusiastically joined together to become the GHCI Board of Directors

- The appreciation of the entire community for the care that is provided;
- The expression of commitment to the health of the Girdwood community and its neighboring community in Hope;
- Accessible care regardless of ability to pay;
- A history of resourcefulness and frugality;
- Patients that include four generations of family members;
- Assurance that consulting nurse services are available at all hours when the clinics are closed – any day, any time; and
- Healthy babies, preschoolers, school age kids, adolescents, adults and seniors.

If these could be placed on a ledger somehow, the worth of these clinics is well above and beyond any tabulation of financial assets after liabilities.

KEY PERSONNEL BIOGRAPHICAL SKETCHES

Clinton S. (Bud) Dow, Board President

Bud Dow is a retired school teacher who moved to Girdwood five years ago. He is an active volunteer within the National Ski Patrol (NSP) since 1982. He is presently a NSP Instructor for Outdoor Emergency Care, Instructor Trainer in Toboggan Handling and a CPR Coordinator for the South Central Alyeska Region/NSP. Bud is currently working as a patroller at Alyeska Ski Resort. He is a GHCI patient. (Expertise – Emergency Medicine)

Mary Jo Thill, Board Vice President

Mary Jo Thill is a 21 year resident of Girdwood. She has held numerous employment positions including working as Administrative Assistant in the Office of the Governor, Alaska Department of Labor and Legislative Affairs Agency; has served as Legislative Aide to Senators Frank Fergusson, Willie Hensley and John Birkley. Mary Jo has also been a business owner and Executive Producer for Gaff Rigged Productions, a national award winning documentary film and video

production company. Gaff Rigged Productions also performed legislative consulting and advocacy services for a range of Alaskan clients. Mary Jo is an active community volunteer participating with many groups and events. (Expertise – Legislative Affairs)

Thomas J. O'Malley, Board Secretary/Treasurer

Tommy O'Malley is a 25 year resident of Girdwood. He is a retired school teacher currently working at the Hotel Alyeska (ski resort and ski area) and he continues to be an instructor at the Four Valleys Community School. Tommy has volunteered in innumerable community events and has received awards for emergency teaching and community involvement, for his work on the Marlow Pavilion built in Girdwood for his Four Valleys Community School Volunteer of the Year; and was a recipient of the Lions Club Appreciation Award. (Expertise- Four Valleys Community School)

Steve Bartholomew, Member at Large

Steve Bartholomew has been an employee of Alyeska Resort, the largest employer in Girdwood, since 1985. Steve currently manages the ski, snowboard and bike shops. Mr. Bartholomew is married with one daughter and has been a resident of Girdwood for the past 24 years. Steve and his family use the Girdwood Health Clinic. Steve is a volunteer Fire Fighter and medic working with the Girdwood Valley Fire Department. He holds the position of Fire Prevention Officer. Steve was recently voted "Fire Fighter of the Year" by his peers. (Expertise – Emergency Medicine)

Kathy Trautner, Member at Large

Kathy Trautner was raised in Fairbanks, but moved to Girdwood 31 years ago. After working as a Registered Nurse at Providence Hospital for nearly 30 years, Kathy retired in 2006. During her tenure at Providence Kathy was involved with patient and staff education. Kathy was a nursing supervisor for 10 years and continues to be involved in nursing, volunteering at Alaska Health Fairs. She is also active in the International Association of Lions and is the current president of the local "Turnagain Arms Lions Club." Kathy also volunteers at annual fundraisers

for many Girdwood non-profit organizations. (Expertise- Health Education & Fundraising)

Eugene Bjornstad, Member at Large

Eugene Bjornstad has lived in Girdwood for 16 years. He was the General Manager of Chugach Electric Association for 20 years, until his retirement in 2001. Prior to working for the Electric Association Gene served in the United States Air Force with duties that included engineering, aerial transport, high altitude reconnaissance and combat operations. Gene is past president of the Girdwood Rotary Club, Anchorage Hillside Rotary, Alaska Airman's Association and past treasurer for Chapter 42 Experimental Aircraft Association. Gene "came out of retirement" and requested to join the Girdwood Health Clinic's Board of Directors to support the Clinic's mission to create and maintain a viable and sustainable health clinic in the Girdwood and Turnagain Arm areas. (Expertise - Business)

Michelle Cospers, Board of Directors, Member at Large

Michelle has lived in Girdwood and worked in the lift operations department at Alyeska Resort for 10 years. As someone who uses the clinic, Michelle became involved with the Girdwood Health Clinic (GHCI) Board to support the continuation of health services in the Turnagain Arm area. She hopes to use photography and social networking skills to promote GHCI. Michelle enjoys skiing with her husband and six year old son. (Expertise - Networking)

Karl F. Erickson, RN, EMT, Board of Directors, Member at Large

Karl has lived in Girdwood since 1999. He is on the Board of Directors of the Kenai Mountains-Turnagain Arm Corridor Communities Association. He is an RN, as well as an EMT Instructor. He works full-time at the Girdwood Fire Department as a Health & Safety Officer, Treasurer, Trainer (EMS & Fire), & Lt. and with Fairweather LLC as a remote-site Medic & Occupational Health Provider. Karl uses the Girdwood Health Clinic as his primary healthcare provider. (Expertise - Medicine)

Amanda Snitzer, Board of Directors, Member at Large

Amanda Snitzer graduated from the University of Alaska, Anchorage in 2005 with a nursing degree. Her initial post-graduate position was with Providence Health System. Subsequently she became the Girdwood School Nurse (2007). As the

school nurse she intimately understands the importance of local, accessible healthcare for the population, and especially the children. Amanda is married and has one daughter. She has been a resident and user of the Girdwood Health Clinic for eight years. Amanda believes that a universally accessible clinic in Girdwood is essential to quality of life, safety and health of the population. (Expertise – Pediatric Medicine)

Kerry Dorius, RN, ANP, FNP, MSN, Executive Director, and Medical Director, Girdwood Health Clinic.

Kerry is the heart and soul of the GHCI. She earned her Bachelor's Degree in Science in Nursing, cum laude from the University of Alaska, Anchorage and received her Masters of Science Nursing Specialty, Family Nurse Practitioner from the same University. Kerry has served as Manager and Nurse Practitioner for the Providence Girdwood Medical clinic from June 1998 to November 1999. In 2000 Kerry established the Girdwood Clinic as a private practice, serving as an Advanced Nurse Practitioner. When GHCI Inc. was established with its Board of Directors, Kerry took on the numerous roles that she still works in today. She has spearheaded the effort to get GHCI 501(c)(3) status and under the direction of the Board will manage and coordinate all Legislative Allocation funding. Kerry is and has been certified as a Family Nurse Practitioner, Advanced Cardiac Life Support Instructor, Pediatric Advanced Life Support Instructor, Certified Critical Care Registered Nurse, Flight Escort (Alaska State certification). Kerry has participated in a number of different community services, has provided professional presentations and has received many Service and Honor awards.

Jill Veatch, Chief Operations Officer

Jill Veatch serves a vital role at the GHCI responsible for day-to-day operations including administrative duties, reception to greet patients and to schedule appointments, coordinate medical record preparation and storage, billing, filing and other duties as requested by the Nurse Practitioner. Prior to working at GHCI, she worked at Alyeska Resort as IT Manager/Trainer, Accounting Manager, Project Manager and Assistant to the Managing Director. Her skills have allowed the clinic to become increasingly more organized and functional. Jill is an advocate for fundraising and led the GHCI team in the Alaska Visitors Industry Charity Walk in 2011.

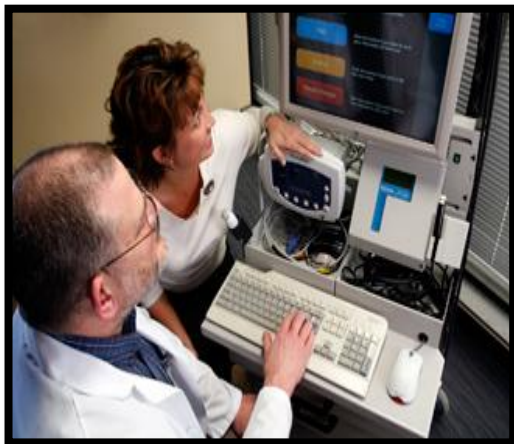
MAJOR EQUIPMENT DESCRIPTIONS & COSTS – Attachment 3

An **AFHCAN Telemedicine Cart**, as stated on their blog, is a computerized system which serves three essential and innovative functions:

First, the Cart is able to capture patient information using electronic forms and integrated biomedical diagnostic tools (such as a digital camera, ECG, spirometer, stethoscope, vital signs monitor, video conferencing, video otoscopes for ENT and a scanner). The cart is also able to track patient demographics, medical histories and medications lists. Entry of information includes the keying in of data, but more often information is entered through a touch screen;

Second, the AFHCAN Telemedicine Cart is able to capture information from external imaging devices such as microscopes, ultrasound and surgical scopes, and;

Finally, and of particular value to the Hope Clinic, the cart is able to forward information to other clinicians at the GHCI, at the Anchorage Providence Medical Center for specialty care or to other major medical centers, such as the University of Washington Hospital and Medical Center and its many research departments, for consultation. Telemedicine is a vital asset for clinics which do not have immediate access to specialists. It is all the more important for Hope because its remote location would otherwise have required most patients to make a one and a half hour drive to Anchorage, and then back

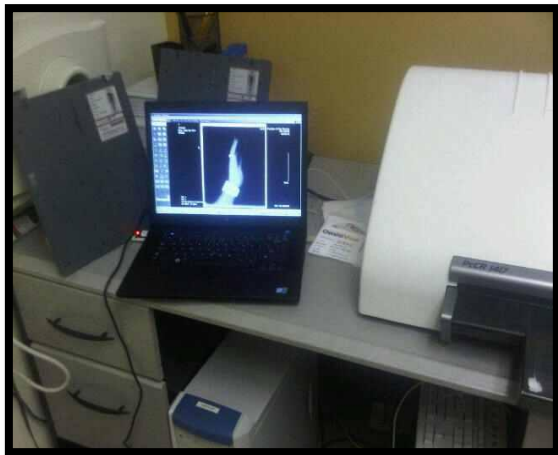


home. This is an enormous benefit for the elderly or for patients that are too ill or injured to travel safely and comfortably. This equipment will allow trained personnel to connect the injured or ill patient directly to a highly skilled clinician back in Girdwood saving substantial revenue and improving patient care.

Training on the use of the AFHCAN Telemedicine Cart is available through the vendor however the current Nurse Practitioner has used a similar system in the past and gave a presentation on the value of rural telemedicine at the Winter Cities Conference held in Anchorage in 2004. She will assist in training and providing support for all new staff.

Cost: \$38,233

Digital Image X-rays are a form of x-ray imaging in which the x-ray sensor plates are digitized and are used in place of traditional films. This is a very important piece of



equipment. It is essential in rural areas to speed-up and improve patient care. The advantage of using the x-ray imaging is that:

(1) Better patient care is provided because the image is sent electronically to specialists in Anchorage or other locations and is immediately interpreted while the patient is still in the clinic. This dramatically improves the patient experience.

Also, it uses much less radiation than conventional x-ray - again better for the

patient. It is more efficient because it doesn't require the development process;

(2) It saves the cost of film development; (3) Traditional x-ray films must be transported to Anchorage to be read and are frequently lost or misplaced as the radiologists prefer to deal with reading the digital images on their computers. (4) Electronic storage of images requires a hard drive instead of large space consuming file cabinets.

Cost: \$208,000. This cost will be paid through private funding from local and regional health focused foundations.

An **automated external defibrillator** (AED) is a movable electronic device that is able to diagnose a potentially deadly heart attack and can treat the patient through defibrillation, which stops the arrhythmia that allows the heart to return to an improved rhythm. This life-saving defibrillator is specifically for lay persons, providing simple spoken and visual commands.



Without an accessible AED, the heart attack can lead to irreversible brain damage and death. After approximately five minutes without defibrillation irreversible brain/tissue damage can begin. Conventional thinking is that for every minute that a person goes without successful defibrillation the chance of survival decreases by 7%. Survival after three minutes without treatment reduces survivability by 10% in each successive minute.

The first moments following a heart attack are critical to keeping the patient alive. Having an AED readily accessible is all the more important if emergency medical services are not immediately available.

Cost: \$2,895

Two **high grade generators** will prevent any disruption of medical care in the event of a power outage. The generators are expensive but will keep the clinic operational. (There is an average of five power outages in Alaska each year that last one and a half hours or more.)

As mentioned earlier, Hope has been without electricity for two months and in Girdwood power outages have required emergency surgical procedures to be completed by lantern light.

Cost: \$20,000 (including installation, excluding the enclosure cost necessary for the Girdwood Health Clinic site)



Total Cost of Equipment (All Fund Sources): **\$279,128**

**Hope Inc.
Hope Village Council
P.O. Box 101
Hope, Ak. 99605
January 31, 2012**

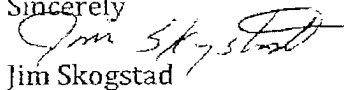
To: Bud Dow
Board President
Girdwood Health Clinic

RE: Supporting Girdwood Health Clinic, Inc. request for a one time Legislative Grant

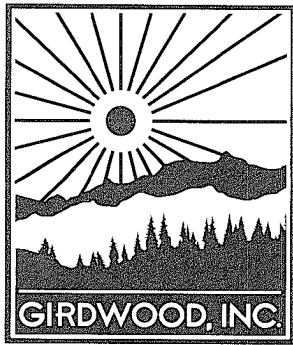
As president of Hope Inc., the village council for both Hope and Sunrise, I am writing to thank you for your efforts to establish a small satellite clinic in Hope that will serve our community. I understand that this will only be possible by receiving a one time grant from our State Legislature to expand the Girdwood Health Clinic (GHCI), with the Hope Clinic being included in that expansion.

Because of the remote location of Hope and Sunrise, the options for health care for our residents is somewhat limited, especially for those of lesser financial means. The plan by GHCI to expand it's service, which includes Hope, should go a long way towards providing sustainable and affordable health care for many residents in our community. Our community has been working on establishing a health clinic for several years. The plan offered by GHCI to include Hope and Sunrise in its expansion, meets the goals we have been working towards. Our community supports GHCI in its expansion efforts and would hope our State Legislature approve the grant request.

Sincerely



Jim Skogstad
President Hope Inc. / Hope Village Council



January 28, 2012

To Whom It May Concern:

The mission statement for Girdwood Inc. states that our organization was established “for educational and charitable purposes to facilitate the public service needs of the Girdwood Valley, and to pursue other educational and charitable purposes that will foster the economic health and vitality of the region and it’s inhabitants”. The new non-profit organization, the Girdwood Health Clinic, certainly is in alignment with our mission.

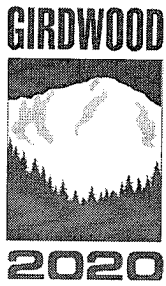
Girdwood Inc. fully supports the funding request to the State of Alaska (CAPSIS) Appropriations. The requested funds; for provider care and staffing needs including training, medical supplies, medical equipment upgrades and essential medical equipment to include telemedicine with expansion to Hope are essential to the health and vitality of the region and it’s inhabitants. Because the Girdwood Health Clinic is committed to improving access to healthcare in the Girdwood area regardless of ability to pay based on a discounted sliding scale fee, the Girdwood Inc. Board fully supports the Clinic’s funding request. Thank you for your consideration.

With Warm Regards,

Dale Goodwin

A handwritten signature in cursive script that reads "Dale Goodwin".

Board President



**P.O. Box 1102
Girdwood, Alaska 99587
www.girdwood2020.org**

Executive Committee

Larry Cash, Cochair
Diana Stone Livingston, Cochair
Hank Hosford, Secretary
Carl Propes, Treasurer

Gary Bucy
Randall Call
Larry Daniels
Jeff Demain
Bryan Epley
Jessica Graham
Bob Gross
Di Hiebner
Lana Johnson
Lynn Johnson
Philip Livingston
Sarah Faulkner-Mattingley
David McVeigh
Dave Parish
Sherron Perry
John Rense
Dave Stratton
Ethan Tyler
Dave Wilson
Jim Barnett, Honorary Member
Per Bjorn-Roli, Honorary Member
Chris von Imhof, Honorary Member

January 23, 2012

To Whom It May Concern:

A recent vote of the board of directors of Girdwood 2020 confirmed the board's continued support for the Girdwood Health Clinic, Inc. and that organization's efforts to insure access to health care for all in the Girdwood area.

Please consider providing all financial support possible for this organization.

Thank you.

A handwritten signature in black ink that reads "Diana Stone Livingston". The signature is fluid and cursive, with the first name "Diana" being the most prominent.

Diana Stone Livingston
Cochair





Girdwood Volunteer Fire Department

P.O. Box 915 Girdwood, Alaska 99587 Phone 783-2511 Fax 783-3122 E-Mail fire@girdwoodfire.com
A non-profit corporation Tax ID 92-0164627

1-23-2012

To whom it may concern,

The Girdwood Clinic is a vital link in providing both routine and emergency healthcare in our community. This letter is in support of a State appropriation to support the Girdwood Clinic's effort in delivering quality health care for the residents of Girdwood, Hope, Portage, Whittier and all travelers in the area. It is also intended to function as a vital medical resource in the event of an earthquake, pandemic, or other regional disaster in the area.

As the Girdwood Fire Chief I can attest to the good work that has been done so far by the Girdwood Clinic. I, in the past have fully supported their efforts and will continue to support this so very important endeavor.

The Girdwood Clinic is the only health care facility in our area and needs financial support to replace and update facilities and equipment, expand patient programs and services, and provide training and education so staff can keep abreast of the latest medical developments. Should an earthquake or other disaster occur, there would be a high probability that Girdwood, because of its isolation, would be removed from any or all assistance from Anchorage. Additional help would be days or weeks away

The populations of Girdwood and the Turnagain Arm area are amongst the fastest growing in the State of Alaska. In addition, the rapid growth of the tourism industry in our area is creating an unprecedented demand for health services that private funding alone cannot hope to keep up with. With the help of the State of Alaska, The Girdwood Clinic will be able to provide lifesaving and specialized services to the Girdwood community and the surrounding area that were previously only available 50 miles away in Anchorage hospitals.

With respect to the demographics of the area there is a great need for community health programs. This includes Medicare and Medicaid, adult medical care, infant health care, child development enhancement, mental health services, school readiness preparation, child abuse and neglect prevention and the ever present trauma care that comes with a rural Alaskan lifestyle.

William Chadwick
Girdwood Fire Chief



United States
Department of
Agriculture

Forest
Service

Glacier
Ranger
District

P.O. Box 129
Forest Station Road
Girdwood, AK 99587

File Code: 1500

Date: January 13, 2012

Girdwood Health Clinic, Inc.
131 Lindbald Avenue
PO Box 1130
Girdwood, AK 99587

The U.S. Forest Service is writing in support of your efforts to obtain financial support to sustain health care options for Girdwood and the surrounding communities. Professional health care is important not only for our staff members at the Glacier Ranger District, but also for the hundreds of thousands of annual visitors to the Chugach National Forest.

Our staff members and their families have utilized the services at Girdwood Clinic since its inception. As a major employer in our area, over thirty Forest Service families depend upon local health care service. Our needs have ranged from treating routine family illnesses to providing critical first care after workplace accidents. Each one of these families has their own personal story about the quality of care that has been provided—from the professional early detection of serious illnesses to compassionate first aide. Truly, availability of health care is cited as an important consideration in recruiting and retaining professionals at our ranger district.

Our seasonal employees approximately double this year round workforce and they also depend on this care. Unfortunately, we are unable to offer health care insurance to many of these seasonal employees. We are extremely thankful that the Girdwood Clinic is able to address the needs of our seasonal employees who lack health care insurance and many other seasonal workers in our community. Additional financial support is critical in order to sustain this outreach to those most in need.

In addition to our permanent and seasonal staff, the surrounding Chugach National Forest draws hundreds of thousands of annual visitors to our communities. For example, the Begich Boggs Visitor Center in Portage Valley sees 250,000 visitors during the summer. An equal number visit our trails, cabins, campgrounds and other recreation facilities. Fortunately, for those visiting the forest and who have immediate care needs, the Girdwood Clinic is available. We truly hope that health care services continue to be available-- for these visitors, our employees and our community.

Sincerely,

TIM CHARNON
Glacier District Ranger





January 20, 2012

Mailing Address ☐
P.O. Box 201849
Anchorage, AK 99520

Fairview Center ☐
1217 E. 10th Avenue
(907) 257-4686 *appointments*
(907) 257-4644 *fax*

Fairview Dental Clinic ☐
1217 E. 10th Avenue
(907) 257-4661 *appointments*
(907) 257-4694 *fax*

Administrative Office ☐
903 W. Northern Lights, #218
(907) 792-6500 *billing*
(907) 792-6538 *phone*
(907) 792-6526 *fax*

www.anhc.org

To Whom It May Concern:

The Anchorage Neighborhood Health Center (ANHC) would like to take this opportunity to support the efforts of the Girdwood Health Clinic (GHC) to organize as a nonprofit healthcare organization and to serve a population with particular access issues, including a lack of insurance coverage, distance, isolation, and other barriers to care.

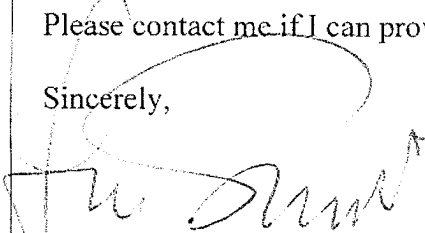
Girdwood is quite a distance from the nearest available clinic. ANHC, in Anchorage, is 38 miles north of Girdwood. Soldota, on the Kenai Peninsula is 110 miles southwest, while Seward is 90 miles south. The Seward highway which connects all these communities is subject to road closures from avalanches and accidents which strand residents either in Girdwood, with no access to care, or in Anchorage or further south on the Peninsula with no way to return home.

Last year, Girdwood's major employer dropped its health care plan, affecting 400 local residents of this small community.

ANHC has worked with GHC since 2005 to improve health care access to the rural communities south of Anchorage, including Girdwood. More recently, as GHC has accelerated its plans, we have discussed how we might serve to serve as a referral for dental care through our dental clinic, as well help guide referrals to other specialty services in Anchorage for GHC patients. We are also currently assisting GHC with training, policies, and procedures for nonprofit clinic operations.

Please contact me if I can provide additional information on this.

Sincerely,


Len Stewart
Executive Director



January 17, 2012

To Whom It May Concern,

ADMINISTRATION

230 E. Marydale Avenue, Suite 3
Soldotna, Alaska 99669
tel 907/260-7300, fx 907/260-7301

ASPEN DENTAL CENTER

395 Main Street Loop
Kenai, Alaska 99611
tel 907/283-7759, fx 907/283-4883

COTTONWOOD HEALTH CENTER

BEHAVIORAL HEALTH

230 E. Marydale Avenue, Suite 2
Soldotna, Alaska 99669
tel 907/260-3691, fx 907/260-3697

COTTONWOOD HEALTH CENTER

MEDICAL

230 E. Marydale Avenue, Suite 1
Soldotna, Alaska 99669
tel 907/262-3119, fx 907/260-7320

FORGET-ME-NOT CENTER

905 Cook Avenue, Suite B
Kenai, Alaska 99611
tel 907/283-7294 fx 907/283-1638

www.pchsak.org

As the Interim Executive Director and Director of Finance for Peninsula Community Health Services of Alaska (PCHS), it is with much enthusiasm that I write this letter of support for Girdwood Health Clinic. The staff and board of directors of Girdwood Health Clinic have worked so diligently over the past many years to overcome barriers to health care, while providing high quality healthcare to the local residents and visitors alike. At PCHS, we understand the struggles that ensue when addressing the healthcare needs of the community and the history of the Girdwood Health Clinic can be used as a demonstration to such conditions.

PCHS has acted and will continue to act as a resource for assistance in helping Girdwood's efforts. This effort began in 2004, when the community pushed forward to establish a nonprofit clinic. Girdwood's efforts did not stop there, as in 2005 the Denali Commission awarded them a grant that allowed for the purchase of the Girdwood Post Office, which is currently the clinic location. This support from the Denali Commission further demonstrates the collaborative efforts of many who have provided time and effort to the cause of addressing the medical needs of the people. The need for addressing the issues is apparent, as barriers to quality healthcare are evident.

The community of Girdwood is situated in a geographical location that adversely impacts access to healthcare by locals and various visitors that travel through Alaska. Identified as the only clinic between Anchorage and the communities of Soldotna and Seward on the Kenai Peninsula, Girdwood's location creates an isolated point for those so desperately in need of healthcare. This location is often times plagued with road closures as avalanches affecting the Seward Highway often result in road closures; thus, resulting in limited to no access to outside healthcare in any direction.

With all of this being said, PCHS would like to commend the Girdwood Health Clinic for its efforts to provide medical care to those in need. We would also like to extend our support for future endeavors, as the need for the healthcare services provided in Girdwood are imperative to the success of the community members and visitors of the area. If you have any questions, please feel free to contact me personally.

Sincerely,

Shaun Keef
Interim Executive Director and Director of Finance
Peninsula Community Health Services of Alaska
230 E. Marydale Ave, Suite 3
Soldotna, AK 99669
907-260-7311
skeef@pchsak.org

January 11, 2012

To Whom It May Concern:

On behalf of the Alaska Wildlife Conservation Center (AWCC), I support the Girdwood Health Clinic, Inc., a nonprofit community health center.

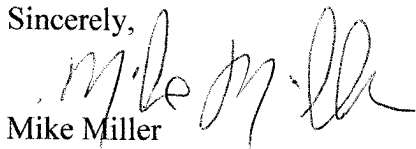
AWCC is located at Mile 79 Seward Hwy, about 10 miles south of Girdwood. On numerous occasions, we have sent employees and visitors, in need of medical attention, to the Girdwood Clinic. From a laceration incurred by an office employee to a traumatic bison goring of an AWCC Board Member and volunteer, we were lucky the Girdwood Clinic was there.

Even though employees have the right to take time off when accidents occur, many of our employees would not take the time to drive to Anchorage for help. With our animal care supplies, I have had employees request other AWCC staff to put in stitches, or clean out wounds to save them the trip to Anchorage. We always call the Girdwood Clinic first and with Carrie's dedication to making herself available to help at any time, our staff has received the proper care they needed. With the convenience of the Girdwood Clinic, they are able to receive medical care and return to work.

AWCC receives over 200,000 visitors annually. Occasionally, a visitor will feel ill or injure themselves while at AWCC. Many times they are part of a tour group and do not have personal transportation available. What are their options for medical care? An expensive trip in an ambulance that would also take an emergency vehicle away from their service area? Or cope with the illness until medical care is more convenient. I have seen an elderly visitor on a tour bus with chronic diarrhea that had gone on for days. He was extremely pale and had grown so weak he couldn't walk any longer. He did not want to inconvenience the 45 other passengers on the bus so he endured his pain and compromised his own health. The Girdwood Clinic provides care for ill out of town visitors such as these.

I urge you to support the Girdwood Health Clinic, Inc. to begin the process of becoming a sustainable local health care center.

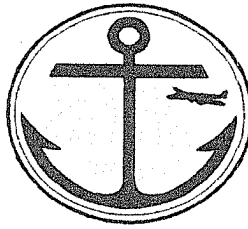
Sincerely,



Mike Miller

AWCC Founder/Executive Director
(907)301-7942 cell

Municipality of Anchorage



PO Box 390
Girdwood, Alaska 99587
<http://www.muni.org/gbos>

Dan Sullivan, Mayor

GIRDWOOD VALLEY SERVICE AREA BOARD OF SUPERVISORS

Erin Eker, Karen Zaccaro, Co-Chairman
David Chadwick, Janice Crocker, Tommy O'Malley

February 5, 2012

Dear Girdwood Health Clinic,

We received your letter requesting acknowledgement of support for the new non profit clinic from the Girdwood Board of Supervisors. The request was brought up and approved at our meeting as New business.

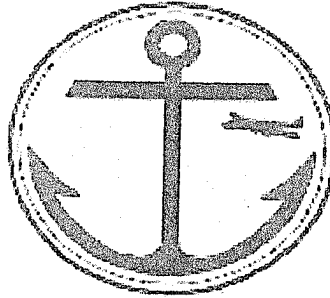
Our procedures require that before we take official action, the issue has to appear before us as Old business. This will happen at our regularly scheduled meeting on February 20, 2012.

Sincerely,

A handwritten signature in dark ink, appearing to read "T. O'Malley". The signature is stylized with a large, sweeping "T" and a long, horizontal flourish extending to the right.

Tommy O'Malley
Girdwood Board of Supervisors

Municipality
of
Anchorage



P.O. Box 390
Girdwood, Alaska 99587
<http://www.muni.org/gbos>

Dan Sullivan, Mayor

GIRDWOOD VALLEY SERVICE AREA BOARD OF
SUPERVISORS

Erin Eker/Karen Zaccaro Co-Chairman
David Chadwick, Janice Crocker, Tommy O'Malley

February 21, 2012

To the Alaska State Legislators,

On February 20, 2012 the Girdwood Board of Supervisors voted unanimously in favor of writing this letter of non-objection in support of the Girdwood Health Clinic.

The Girdwood Health clinic is seeking a State of Alaska appropriation request to help sustain health care in our community. The Girdwood Health Clinic cares for patients regardless of their ability to pay. As a community board we are well aware of the critical need for medical care in our geographically isolated community. For example, the next nearest medical facility is a long 45 miles away when your child is sick or injured.

We understand that the not for profit Girdwood Health Clinic will use the State grant to extend the hours of clinic operation and to expand staffing. We urge you to support their funding request which is so necessary for the continued health and wellbeing in our community.

Thank you for considering the request from the Girdwood Health Clinic.

Sincerely,

A handwritten signature in dark ink, appearing to read "T. O'Malley". The signature is written in a cursive, flowing style with a long, sweeping underline that extends to the right.

Tommy O'Malley
Girdwood Board of Supervisors

LINE-ITEM BUDGET for 2013, Attachment 2

REVENUE	GIRDWOOD EXISTING CLINIC (Year 1) (Secured)	EXPANSION (Girdwood & Hope) (Year 1) (Requested)	TOTAL PROJECT COST (Year 1)
Program Service Revenue			
Medicaid (10%)	18,720	12,480	31,200
Medicare (15%)	18,630	12,075	30,705
Private Insurance (55%)	158,400	93,280	251,680
Self-Pay (20%)	48,600	29,970	78,570
Total Program Service Revenue	244,350	147,805	392,155
Community Contributions			
Fundraising	74,832	-	74,832
Total Community Contributions	74,832	-	74,832
Legislative Allocation			
CAP SIS	-	537,389	537,389
Total Legislative Allocation	-	537,389	537,389
Corporate & Family Foundations			
Foundations	218,000	-	218,000
Total Corporate & Family Foundations	218,000	-	218,000
City of Hope	-	5,000	5,000
Total In-Kind Support	-	5,000	5,000
TOTAL REVENUE	537,182	690,194	1,227,376
EXPENSE	GIRDWOOD EXISTING CLINIC (Secured)	EXPANSION (Girdwood & Hope) (Requested)	TOTAL PROJECT COSTG
PERSONNEL			
Salaries & Wages			
Nurse Practitioner, CEO, Med Dir, 1.00 FTE, \$	104,000	73,507	177,507
Chief Operations Officer, 1.00, FTE \$	47,840	33,160	81,000
Nurse Practitioner (New), 1.00 FTE \$	-	93,808	93,808
Registered Nurse (New), 1.00 FTE, \$	-	55,120	55,120
Medical Assistant (New), 1.00 FTE, \$	-	31,387	31,387
Administrative Assistant (New), 1.00 FTE, \$	-	35,901	35,901
On Call, Paramedic/RN (Hope) .75 FTE, \$	-	18,200	18,200
Total Salaries & Wages	151,840	341,083	492,923

Taxes & Benefits			
FICA/Medicare & Unemployment (9%)	-	30,697	30,697
Health Insurance (\$6,669 per FTE)	-	45,016	45,016
Retirement Contribution (5% of salary/wages)	-	17,054	17,054
ADD, Life & LTD (\$831 per FTE)	-	5,609	5,609
Total Taxes & Benefits	-	98,376	98,376
TOTAL PERSONNEL	151,840	439,459	591,299
PROFESSIONAL FEES			
Clinical			
Paramedic Triage	-	9,360	9,360
Paramedic/RN, On Call		7,800	7,800
Paramedic/RN, Call Out		10,400	10,400
Locums Provider	16,000	20,000	36,000
Lab - out sourced	15,000	18,750	33,750
Cardiography Reading	605	756	1,361
	31,605	67,066	98,671
Non-Clinical			
Electronic Billing	38,500	3,850	42,350
Information Technology (software licensing, maintenance & technical support)	6,300	700	7,000
Delivery/Courier	8,800	9,680	18,480
	53,600	14,230	67,830
Total Professional Fees	85,205	81,296	166,501
Construction/Renovations			
Hope Interior Renovation	-	20,000	20,000
Generator (Enclosure, Girdwood)	-	5,000	5,000
	-	25,000	25,000
Equipment			
Automatic External Defibrillators (Qty 1, Hope)	-	2,895	2,895
Generators (Qty 1, Hope & Girdwood 1) & Installation	-	20,000	20,000
AFHCAN Cart (Qty 1, Hope)	-	48,233	48,233
Digital X-Ray (Qty 1, Girdwood)	208,000	-	208,000
Total Equipment	208,000	71,128	279,128
Travel			
Mileage (\$.56 x 2 people x 100 mls x 50 wks for Hope)	1,332	5,600	6,932
Travel for Staff (flight/accomodations/per diem)	1,000	1,000	2,000
Travel for the Board	3,000	-	3,000
Travel for Employment Candidates (flight/ accomodations/per diem)	-	2,000	2,000
Total Travel	5,332	8,600	13,932

Supplies			
Medical	27,000	2,090	29,090
Lab & minor equipment for Hope	3,220	7,080	10,300
Pharmacy	11,000	-	11,000
Office	1,650	250	1,900
Computer	800	150	950
Board (meeting costs & education materials)	4,200	-	4,200
Charting	800	800	1,600
Total Supplies	48,670	10,370	59,040
Other Expenses			
Call Set-up	-	5,300	5,300
Rent & Utilities	-	24,000	24,000
Professional Journals, reference books, etc.	1,500	1,500	3,000
Printing & Duplicating	475	100	575
Professional and Business Licenses	500	650	1,150
Postage	475	100	575
Hazardous Waste Removal	200	50	250
Facility Repairs & Maintenance	1,250	1,000	2,250
Equipment Repairs & Maintenance	6,300	150	6,450
Recycling	460	40	500
Snow Removal	3,250	3,000	6,250
Janitorial	-	1,000	1,000
Utilities (electricity/gas/garbage/waster/sewer)	5,850	-	5,850
Organization Membership Dues	3,325	-	3,325
Insurance - General Liability/workers compenstion	1,200	600	1,800
Insurance - Malpractice (currently self-paid)	-	3,700	3,700
Telephone/Cell Phone	4,800	4,800	9,600
Conference & Training Fees (Staff)	3,000	3,000	6,000
Marketing	1,200	3,000	4,200
Fundraising	1,500	-	1,500
Recruitment/Retention (Background checks)	-	1,850	1,850
Advertising Positions	-	500	500
Bank Fees, Credit Card Fees, Interest	2,850	-	2,850
Total Other Expenses	38,135	54,340	92,475
TOTAL OPERATING EXPENSES	537,182	690,194	1,227,376
Deficit/Excess	\$0	\$0	\$0