



Dahl Memorial Clinic Municipality of Skagway

GATEWAY TO THE KLONDIKE

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Skagway Health Needs Assessment Results

Purpose: Dahl Memorial Clinic designed this survey in order to examine and improve services at the clinic. The information collected from this survey will be used in completing the Health Resources and Services Administration (HRSA) Community Health Centers grant. This grant helps Dahl Memorial Clinic increase services while providing financial assistance to our low-income patrons. Information from the survey was also taken into consideration in the development of the clinic's new 5 year strategic plan.

Procedure: On June 9th, 2014 the staff at Dahl Memorial Clinic sent 800 community surveys to box holders in Skagway. Surveys were also available for pick-up at the clinic. Residents were asked to complete the survey and return it by mail or drop-off by July 30, 2014.

Response: Of the 800 surveys sent to box holders, 177 completed surveys were returned for data compilation. This is a 22% rate of return. The following pages are a summary of the responses from those returned surveys.

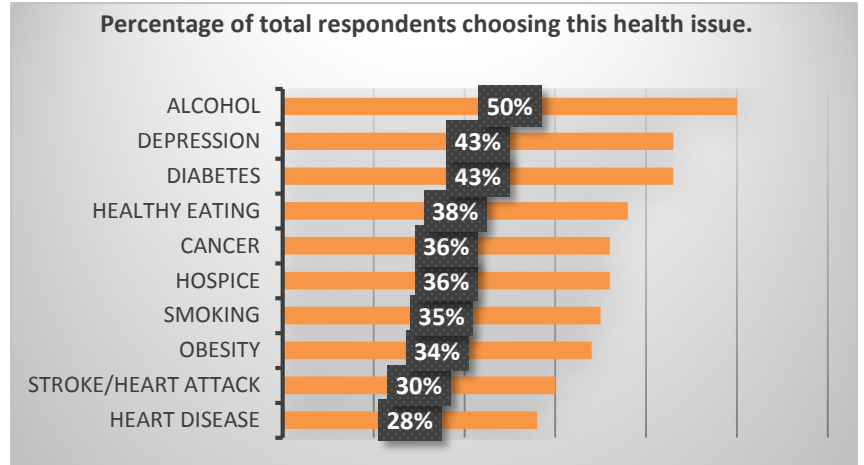
The staff and Board of Directors of Dahl Memorial Clinic thanks the community members of Skagway for their participation in this survey. If anyone would like to further assist the clinic in achieving its long-term goals and improve quality of health care in our community, public participation is welcome at Board of Directors meetings. The Board also extends an invitation to anyone interested in becoming a member of the Board. For more details or if you have any questions, please contact Clinic Executive Director, Shelly O'Boyle at 983-2255.

SKAGWAY HEALTH NEEDS ASSESSMENT SURVEY RESULTS

HEALTHCARE NEEDS

1. The 10 most important health issues that need to be addressed in Skagway so the quality of life could be improved. Ordered according to community responses with 1 being the biggest health issue.

1. Alcohol abuse
2. Depression
3. Diabetes
4. Healthy eating habits
5. Cancer
6. Hospice
7. Smoking
8. Obesity
9. Stroke/Heart attack
10. Heart disease

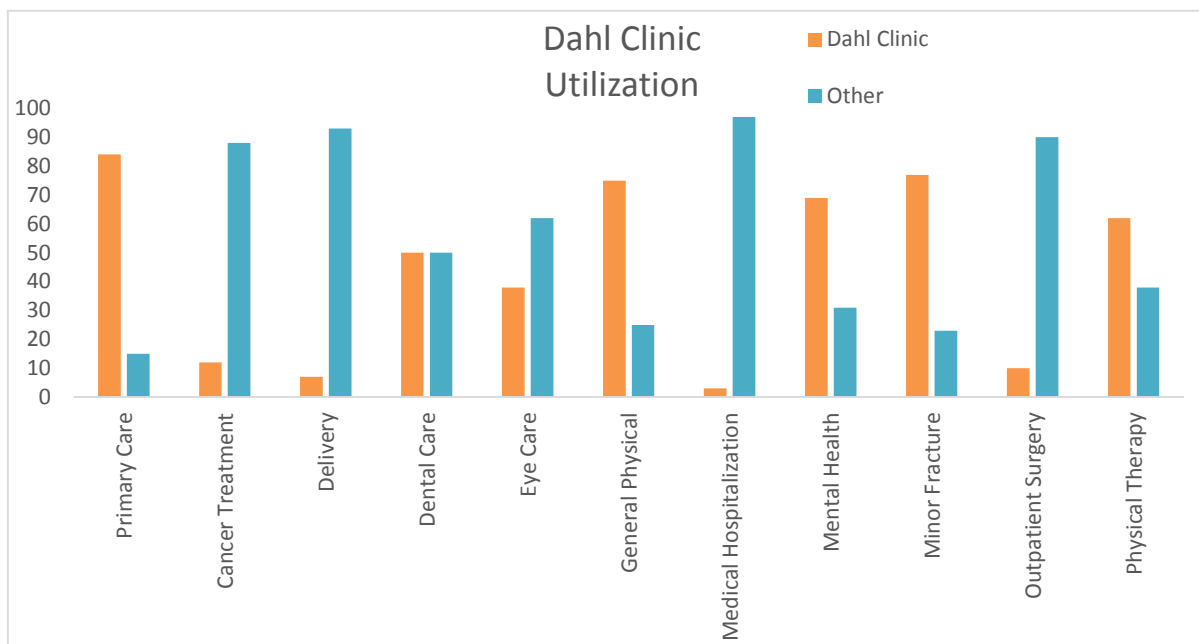


Other issues suggested: Substance abuse, Physical Therapist, Occupational Therapist, air/water quality, good sleep habits, veteran care, respiratory issues from cruise ship exhaust, dentistry, mammogram, pediatric care, physical fitness, chiropractic, massage, low cost health exams, triage for medivac, childbirth, ALS, Vit D deficiency, pharmacy, podiatry, optometry, MRI

HEALTHCARE USE

Community Facilities:

3. Where do respondents initially seek care for each of the following healthcare needs?



	DMC	Whitehorse	Juneau	Other*
Primary Care	84%	1%	4%	10%
Cancer Treatment	12%	3%	13%	73%
Delivery	7%	4%	55%	33%
Dental Care	50%	18%	18%	13%
Eye Care	38%	10%	24%	28%
General Physical Exam	75%	0	10%	15%
Medical Hospitalization	3%	2%	49%	46%
Mental Health Counseling	69%	<1%	15%	16%
Minor Fracture	77%	0	19%	4%
Outpatient Surgery	10%	3%	51%	36%
Physical Therapy	62%	5%	20%	14%
Pregnancy	48%	3%	30%	19%

* Seattle, V. Mason, Mexico, Lower 48

4. When asked whether they have used medical services outside the community, respondents answered,

Yes 88% No 12%

Of those who have obtained medical services outside of Skagway, reasons included,

- 83% Services not supplied locally
- 32% Referred by physician/ provider
- 30% Prefer to see Physician
- 21% Services cheaper elsewhere
- 19% Quality of service better elsewhere
- 20% More privacy at non-local facility
- 11% Gave another reason: No insurance, VA, insurance doesn't cover in Skagway, out of town, no regular dentist, naturopathic)

5. When asked if respondents were aware of the qualifications of Nurse Practitioners, Medical Assistants, and other medical staff, the response was:

81% Yes 19% No

6. When asked if the clinic had adequately informed respondents of the availability of regularly scheduled visiting providers, like family physicians, pediatricians, dentists, eye doctors, and physical therapists, responses were,

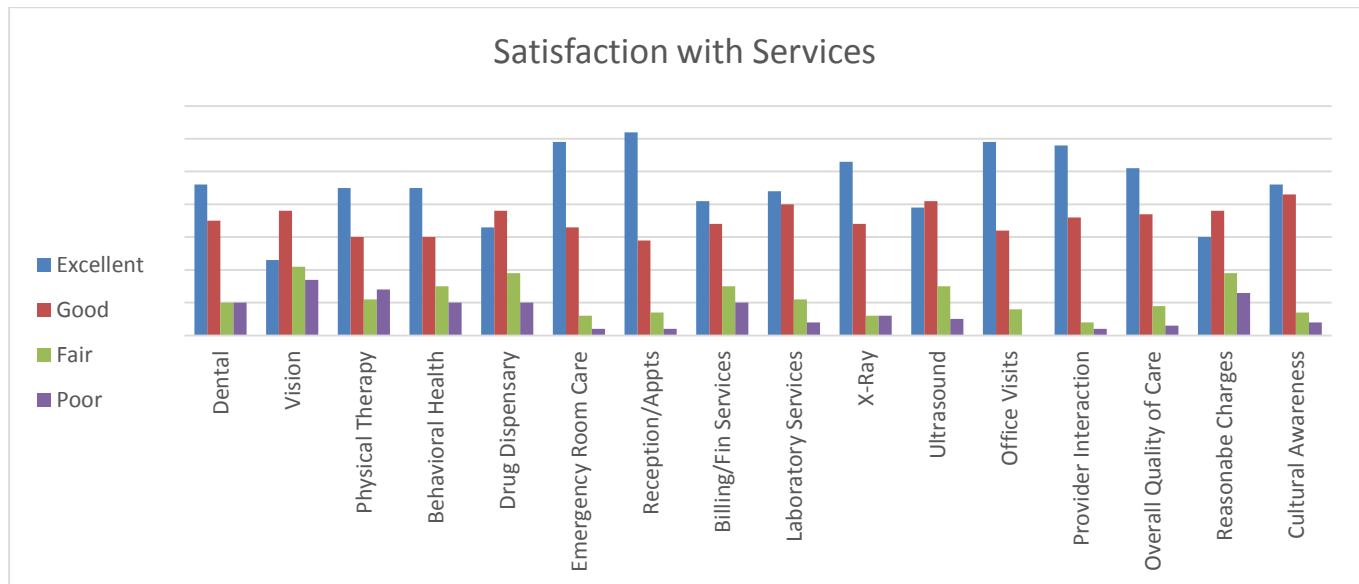
83% Yes 14% No

The top suggestions for improving communication were,

1. Radio
2. Posters
3. Email
4. Mailed flyers
5. Facebook
6. Municipality website

HEALTHCARE AVAILABLE IN THE COMMUNITY

7. Respondents rate satisfaction with the services at Dahl Memorial Clinic as follows:



Service	Excellent	Good	Fair	Poor
Dental	46%	35%	10%	10%
Vision	23%	38%	21%	17%
Physical Therapy	45%	30%	11%	14%
Behavioral Health	45%	30%	15%	10%
Drug Dispensary	33%	38%	19%	10%
Emergency Room Care	59%	33%	6%	2%
Reception/Appointments	62%	29%	7%	2%
Billing/Financial Services	41%	34%	15%	10%
Laboratory Services	44%	40%	11%	4%
X-Ray	53%	34%	6%	6%
Ultrasound	39%	41%	15%	5%
Office Visits	59%	32%	8%	1%
Provider Interaction	58%	36%	4%	2%
Overall Quality of Care	51%	37%	9%	3%
Reasonableness of Charges	30%	38%	19%	13%
Cultural Awareness/Sensitivity	46%	43%	7%	4%

8. In the last year, when asked how many days respondents usually had to wait for an appointment at Dahl Memorial Clinic when care was needed right away the response was,

68% Same Day

18% 1 Day

9% 2 to 3 Days

5% 4 to 7 Days (from comments later in the survey, these respondents were likely referring to dental or vision appointments)

0 More than 7 Days

9. When asked if Dahl Memorial Clinic gave respondents information about what to do if care was needed during evenings, weekends, or holidays, the response was,

78% Yes 22% No

10. When asked how often in the last year that respondents were able to get the care they needed from Dahl Memorial Clinic during evenings, weekends, or holidays, the response was,

77% Always
8% Usually
4% Sometimes
11% Never

11. When asked if in the last year respondents received any reminders from Dahl Memorial Clinic about tests, treatments, or appointments, the response was,

61% Yes 39% No

12. In the last year, of those respondents who started a medication during the year and asked how much the provider talked about the reasons they might want to take the medicine, the response was,

8% Not at all
4% A little
49% Some
39% A lot

And when asked how much the provider talked about the reasons they might not want to take the medicine, the response was

15% Not at all
8% A little
45% Some
31% A lot

13. Of those recipients who talked with a provider about starting or stopping a prescription medicine, did the provider ask them what they thought was best for them?

64% Yes 35% No

14. When asked if in the last year, recipients saw a specialist for a particular health problem, the response was,

49% Yes 51% No

15. When asked how often did their Dahl Memorial Clinic provider seem informed and up-to-date about the care they got from specialists, the response was,

8% Never
18% Sometimes
28% Usually
46% Always

16. When asked in the last year did anyone at Dahl Memorial Clinic talk with you about specific goals for your health, the response was,

52% Yes 48% No

17. When asked in the last year did anyone at Dahl Memorial Clinic ask you if there are things that make it hard for you to take care of your health, the response was,

26% Yes 74% No

18. When asked in the last year did anyone at Dahl Memorial Clinic ask you if there was a period of time when you felt sad, empty, or depressed, the response was,

24% Yes 76% No

19. When asked in the last year did you and anyone at Dahl Memorial Clinic talk about things in your life that worry you or cause you stress, the response was,

32% Yes 68% No

20. When asked in the last year did you and anyone at Dahl Memorial Clinic talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness, the response was,

30% Yes 70% No

21. When asked if the regular business hours are satisfactory, the response was,

Winter hours: 96% Yes 4% No

Suggestions for changes: Add a few hours on weekends, add Saturday hours, extend weekday evening hours until 6:30.

Summer hours: 98% Yes 2% No

Suggestions: More hours on Saturday and Sunday, until 7pm every weeknight.

22. When asked what options respondents would take advantage of if they were available through Dahl Memorial Clinic's website, responses were,

39% Health Information

38% Staff/Clinic Information

42% Make Appointments

34% View your Prescriptions

45% Pay Bills

38% View Immunization Records

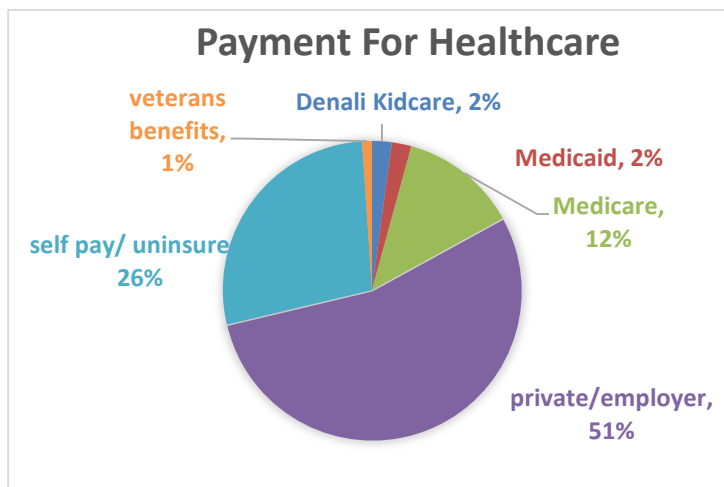
45% Receive Appointment Reminders

47% Ask your Provider a Question

INSURANCE COVERAGE

23. How do respondents and their household pay for healthcare?

2% Have Denali Kidcare
<1% Use Indian Health Services
2% Have Medicaid
12% Have Medicare
51% Have Private or Employer Insurance
26% Are Self Pay/uninsured
1% Have Veterans benefits
4% Other



24. For those respondents without health insurance, they have been without for,

36% 1-5 years
18% 6-10 years
23% 11-20 years
23% Over 20 years

25. For those respondents who do have health insurance, are the following services covered?

Dental	53% Yes	47% No
Vision	43% Yes	57% No
Mental Health	66% Yes	34% No

DENTAL

26. When asked if members of the household had dental check-ups in the past 12 months, respondents answered,

69% Yes 31% No

27. When asked where they go for dental care services, the response was,

41% Skagway with visiting dentist
26% Other (Mexico, Arizona, CA, Seattle, Philippines, Anchorage, WY, WA, MI, Lower 48)
18% Whitehorse
13% Juneau

28. When asked if they were satisfied with the care received at that facility, respondents answered,

96% Yes 4% No

29. When asked if it is easy to get a dental appointment at this facility when an appointment is wanted or needed, the response was,

56% Yes 44% No

30. When respondents were asked if they encounter barriers to receiving dental healthcare services, the response was,

45% Yes 55% No

In regard to barriers to receiving dental care, respondents listed the following (in order of responses)

1. Dental care is too expensive: monthly premium for dental too high or No insurance
2. Availability with visiting provider: hard to get an appointment, visits are inconsistent, demand too high, not in town enough.
3. Hard to leave town and travel is expensive

VISION

31. When asked how often members of the household have their eyes examined, respondents answered,

56% Annually
16% Semi-annually
16% every other year or less frequent
12% Never

32. Respondents receive their vision care in the following locations,

41% Other (Seattle, WA, Anchorage, Walmart, Mexico, MN, CA, Philippines, Anchorage, WY, Lower 48, FL)
29% Skagway visiting optometrist
20% Juneau
9% Whitehorse

33. When respondents were asked if they encounter barriers to receiving vision healthcare services, they responded,

34% Yes 66% No

In regard to barriers to receiving vision care, respondents listed the following (in order of responses)

1. Cost
2. No insurance
3. Availability of visiting providers- not regular, too infrequent
4. Need specialist
5. Must travel, which is expensive

34. When asked how important it is to have vision care in the community, the response was,

63% Very Important
35% Somewhat Important
3% Not Important

BEHAVIORAL HEALTH

35. When asked where do you or members of your household go for behavioral health services, respondents answered,

72% Skagway – Lynn Canal Counseling
23% Other (Seattle, Anchorage, online)
4% Whitehorse
2% Juneau

36. Are respondents satisfied with the care received at this facility?

92% Yes 8% No

37. Is it easy to get a behavioral health appointment at this facility when an appointment is needed/wanted?

91% Yes 9% No

38. Do you encounter barriers to receiving behavioral healthcare services?

16% Yes 84% No

In regard to barriers to receiving behavioral health care, respondents listed the following:

1. Availability
2. Price
3. Poor communication by LCCS
4. Billing delays
5. Privacy/anonymity

HEALTH STATUS INDICATORS

39. When asked how many times per week respondents participate in physical activity and exercise (including manual labor), the response was,

2% None
22% 1-2 Times
34% 3-4 Times
43% Daily

40. When asked if they smoke cigarettes, respondents answered,

11% Yes 89% No

a. Of smokers, the number of cigarettes smoked per day is,

79% less than 1 pack
21% 1 pack or more

b. Of smokers, during the past 12 months have you quit smoking for one day or longer?

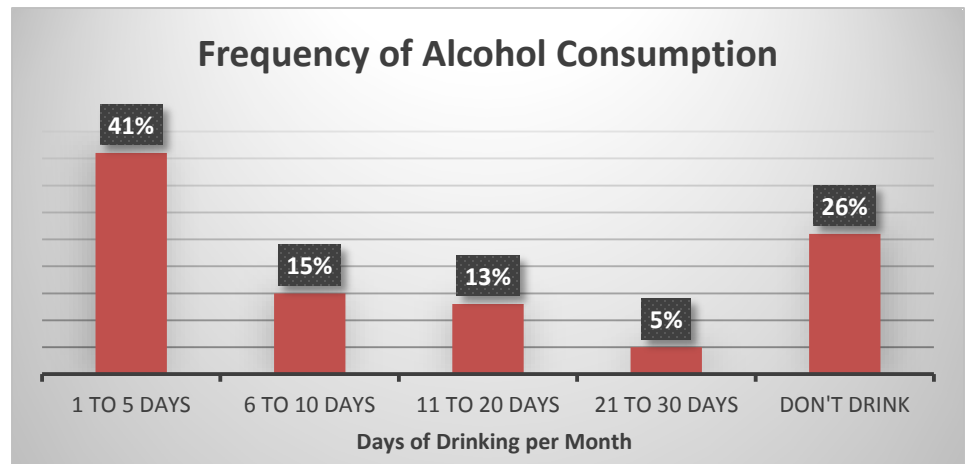
63% Yes 37% No

41. When asked if respondents have ever used or tried any smokeless tobacco products, such as chewing tobacco or snuff, the response was,

9% Chewing Tobacco 4% Snuff

42. During the past month, approximately how many days did respondents drink alcoholic beverages?

41% said 1-5 days
15% said 6-10 days
13% said 11-20 days
5% said 21-30 days
26% stated they don't drink alcoholic beverages



a. On the days respondents drank, how many drinks did they have on average?

77% One or Two drinks
18% Three drinks
1% Four drinks
4% Five or more drinks

b. Considering all types of alcoholic beverages, how many times during the past month did respondents have five (5) or more drinks in one sitting?

69% Never 4% Four
19% One or Two 4% Five or more
5% Three

43. When asked if they have ever had their blood cholesterol checked, the response was

84% Yes 16% No

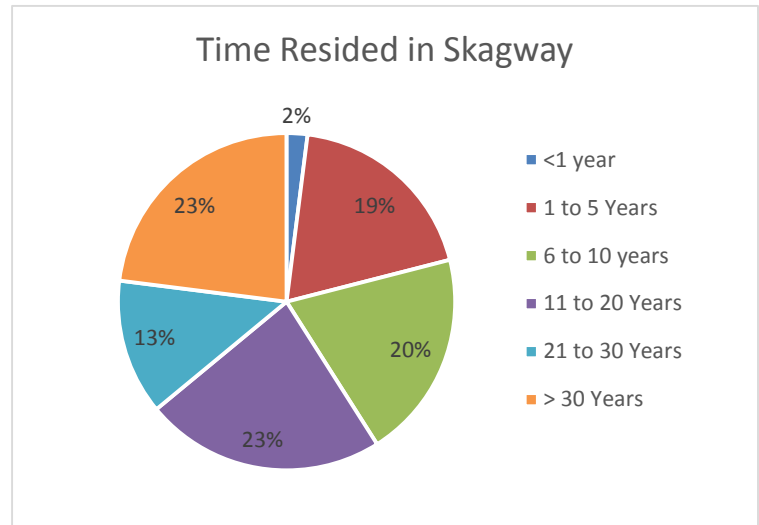
44. When respondents were asked if their healthcare provider advised them to seek care for any of the following in the past ten (10) years, they answered,

Blood Pressure	41% Yes	59% No
Cholesterol Level	32% Yes	68% No
Weight Loss	27% Yes	73% No

DEMOGRAPHICS

45. How long have respondents lived in Skagway?

2% said Less than 1 year
19% said 1 to 5 Years
20% said 6 to 10 years
23% said 11-20 years
13% said 21 to 30 years
23% said Over 30 years



46. Do respondents live year-round in Skagway?

86% Yes 14% No

47. Respondents age:

9% 18-30
21% 31-45
36% 46-60
34% Over 60

48. Gender: 38% Male 62% Female

49. Respondents total annual household income:

21% Less than \$24,999
27% \$25,000 - \$49,999
21% \$50,000 - \$74,999
15% \$75,000 - \$99,999
17% \$100,000 and up

50. How many people live in your household?

29% 1 person
43% 2 people
16% 3 people
12% More than 3 people

51. How many people in your household are Alaskan Natives?

2% have 1 person who is an Alaskan Native
<1% have 2 people who are Alaskan Natives

52. What is your primary language?

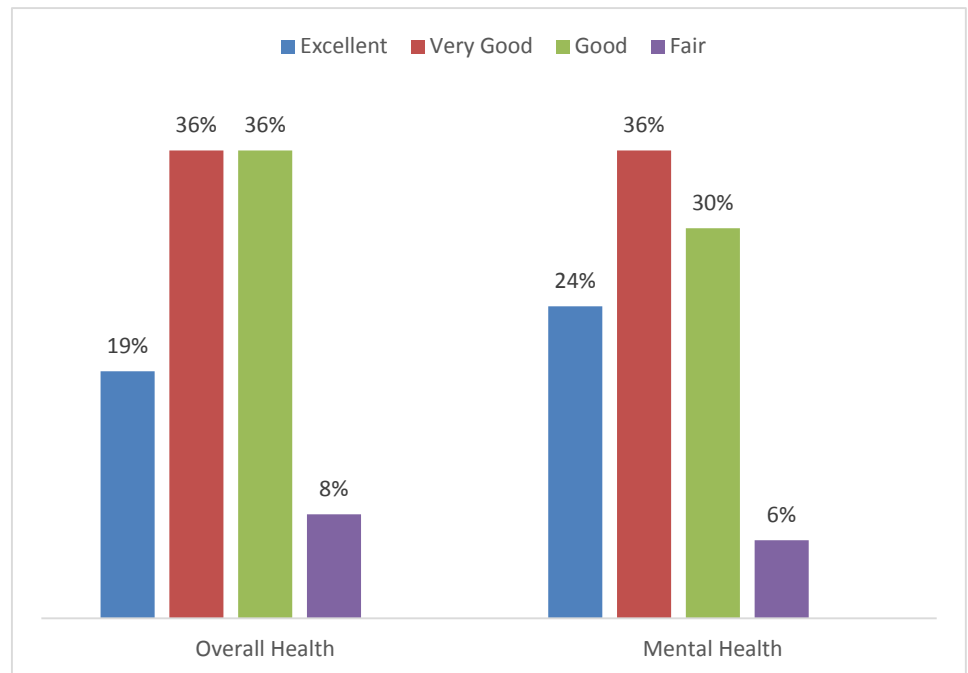
English was listed as primary for all but one respondent whose primary language is Spanish and he stated he is not able to receive healthcare in his primary language.

53. In general, how would you rate your overall health?

19% Excellent
36% Very Good
36% Good
8% Fair
<1% Poor

54. In general, how would you rate your overall mental or emotional health?

24% Excellent
36% Very Good
30% Good
6% Fair
0 Poor



Additional Comments from Community Needs Assessment Surveys

The following comments were received on the surveys and it was our desire to share the comments and to respond to them if possible. We take the views and opinions of the community seriously, and we are continually looking for ways to improve services.

(Black text = comments; Blue text = clinic response)

General Comments

1. It is uncomfortable to go to the clinic when you know everyone who works there. There are things you don't want certain staff to know about you.

There are some things that can't be avoided when you live in a town with such a small population. That said, we at the clinic do our best to minimize discomfort for a patient. As outlined in our privacy notice, clinic staff are bound by HIPAA (Health Insurance Portability and Accountability) to keep patient records and circumstances confidential. We also have a Patient Bill of Rights that states patients have the right to choose their provider. If a patient wishes another medical assistant to check them in, we do our best to accommodate that request given available staff and schedules.

2. How far ahead do you know the schedule for visiting providers? You could put out weekly schedule (present week and forecast in future as known) like the city does for municipal meetings and happenings-Talk to Emily Deach. I would like this.

We currently post a monthly schedule on bulletin boards around town, on Facebook, on the radio, and by email to anyone who requests one. We also post updates and reminders of visiting providers on Facebook and by email periodically throughout the month. As suggested, Emily Deach will begin faxing the calendar monthly to her preset fax list. Furthermore, a website is being developed which will have a current calendar.

It was also suggested in the community needs assessment that DMC should mail out the monthly calendar flyer. A bulk mailer to almost a thousand mailboxes in Skagway averages \$300, so it would cost \$3,600 per year, not including staff time, to achieve a monthly mail-out. Given the challenges the community has faced with the post office—for instance when all mail, including local, was allegedly being sent to Juneau for processing—we cannot guarantee timely receipt. We found that posting flyers as we currently do is more cost effective and timely. If any individuals prefer to have a flyer mailed to them we will be happy to do so, but at this time we can't justify a blanket mail-out to every Skagway mailbox.

3. About a patient portal: we have this service with our doctors in the lower 48 and it is very helpful to save time and visits.

We are hoping to have a patient portal in place within the next year. This will allow patients to access their medical chart, view their prescriptions, make appointments, communicate with their provider, and much more.

4. I think you are wonderful!
5. Thank you for putting on the health fair. It's appreciated.
6. I work 12 hrs a day 6 days a week. Stress builds and therapeutic massage would be very beneficial to myself and my co-workers, as well as all of the seasonal staff. Having an available chiropractor would also be very helpful for occasional and regular necessary adjustments.

We have plans to bring a chiropractor to the clinic on a regular basis. Unfortunately, the few leads we have pursued weren't viable for various reasons. Both leads that were pursued did want to bring a certified massage therapist with them, so we hope that the same is true when we do find an available chiropractor. In

the summer of 2014, a chiropractor did begin offering services in Skagway separate from DMC and we were told he also employed massage therapists.

7. Don't often need clinic services, but when we do, Dahl Memorial is where we start. No complaints about the care provided.
8. Thank you for excellent care and facility.
9. Thank you all for being here and doing all you do so well and with a smile!
10. Very pleased overall with Dahl facility and staff.
11. Skagway is very fortunate to have the staff that we do at the clinic. They are professional, kind, caring and very good at taking care of the whole town. Keep up the good work!!

Comments related to Medical Care

12. I think we are very fortunate to have the good health care providers we do.
13. Our clinic is a state of the art facility. It needs a physician. I suggest focusing on attracting one to be here long term for this community. I also suggest partnering up with Juneau Family Health/Birth Center to have bi-weekly midwife visits.

We have done research and have found that it is quite expensive to employ a physician full-time, and physicians require more dedicated support staff. We generally have one or two physicians at the clinic at least once a quarter. Because their schedules are never completely booked (despite reminders and notices to the public), we have not been able to document that the community need is great enough to warrant the expense. However, we will continue to monitor the federal grant environment and our community's needs as they evolve.

We did have an arrangement with Juneau Family Health/Birth Center to visit monthly, which they did until staffing issues last fall prevented them from coming to Skagway until further notice. The agreement with JFHBC still stands and we hope they can send a midwife regularly to our community again very soon.

14. A doctor on staff would be wonderful.
[See response above.](#)

15. Stroke- Why do you not carry the "golden shot" or "clot-buster" that must be given within 1st hour symptoms??

Dahl Memorial Clinic actually DOES carry this medication (TNKase) and keeps it in stock for emergency purposes, usually for acute onset of heart attacks under the advice and counsel of emergency physicians in Bartlett and/or cardiologists.

Treating **strokes** with "clot-buster" drugs is a little trickier:

Thrombolytics

Thrombolytic (fibrinolytic) drugs help reestablish blood flow to the brain or heart by dissolving the clots, which are blocking the flow. To be effective, thrombolytic therapy should be given as quickly as possible. Most guidelines recommend within 6 hours.

There are basically two types of strokes. One is called an **Ischemic Stroke** and occurs when a clot is causing a blockage in a blood vessel in the brain causing stroke symptoms. That is the type of stroke that the "clot buster" shot is designed for. If the clot can be dissolved before permanent injury occurs from lack of oxygen to that part of the brain, the symptoms can often be reversed.

The other type of stroke is known as a **Hemorrhagic Stroke**. This type of stroke is caused from bleeding in the brain. This is usually much more serious than an Ischemic Stroke and can quickly become life threatening. It would be fatal to give the “clot busting” drug to a patient having a hemorrhagic stroke, as they would bleed profusely into their brain and die very quickly.

Unfortunately, without a CAT scan of the brain there is simply no way to tell with any degree of certainty which type of stroke a patient is having. In order to determine if a patient in Skagway would benefit from receiving the “clot busting” drug, they **MUST** be sent to Juneau (Bartlett) first to get a CAT scan to make sure that they do **NOT** have a hemorrhagic stroke. Bartlett Hospital also has the “clot busting” drug and does give this drug to qualifying stroke patients.

16. Hospice- palliative care needed- adequate pain mgmt. for some injuries/illnesses

Because of our location, lack of resources, lack of consistent need, and federal regulations/requirements, it is not possible for us to have a Medicare recognized hospice/home healthcare program. Our nurse practitioners have, however, done hospice/palliative care for a number of patients in the community over the years. This frequently involves daily home visits, middle of the night visits, and weekend visits in the patient’s home to meet the needs of the patient and the family. This includes pain management for terminal illnesses.

17. We need a visiting cardiologist, podiatrist, and ophthalmologist. We need a visiting public health person to do an annual flu clinic. You charged seniors \$248 to get a flu shot here- even though that’s not out of my pocket, it’s still outrageous!!

There is not enough demonstrable need in town to have a visiting cardiologist or podiatrist. We must focus our resources on helping the greatest number of individuals and we do this through contracts with two visiting dentists, two optometrists, an occupational therapist, a physical therapist, a public health nurse, a family practice physician, a pediatrician, and an ER Physician. For contrast, consider that Bartlett Regional Hospital in Juneau does not have a resident cardiologist. They have a visiting cardiologist who comes about 1-2 days a month.

We do have two different optometrists that see patients in Skagway on a quarterly basis. We have not found an ophthalmologist who is interested in traveling to Skagway.

Each fall, we offer free regular flu vaccines for adults and children provided from the State of Alaska. The public health nurse (PHN) does have flu shots available for adults and children. Our last PHN was transferred to Wrangell in the spring, and the new one is hoping to begin making Skagway visits in February. Our high-dose Senior Flu Shots have a cost of \$35. Medicare requires an office visit to cover any services provided at the clinic. Last year, in order to provide high-dose flu shots with no out of pocket to seniors, the clinic had to charge Medicare for the cost of a visit plus the cost of the vaccine. Without this, each senior would have had to pay \$35 out of pocket for the flu vaccine. This year, Miner’s Gems generously donated funds to cover the cost of the high-dose flu shot for our seniors.

18. Would be nice to have house calls when too sick to drive to clinic or car service to and from.

Home visits are available to those unable to make it to the clinic for care. Speak to one of our nurse practitioners if this is a need for you. As an alternative, Tim Salter provides transportation to the clinic for seniors. He can be reached at 983-3664.

19. Would love to have alternative therapies offered like acupuncture and alternatives to prescription drugs. Just feels like the only answer when you go to clinic are prescriptions.

These are visiting provider services that can be considered in the future if there is enough interest from the community. Our priority at this time is to try to secure the services of a chiropractor. Alternative therapies

have been mentioned to patients that providers thought would benefit from them. Alternative therapies are offered in Juneau and Whitehorse for those willing and/or able to travel. Unfortunately, some alternative therapies such as acupuncture and massage therapy continue to not be covered by insurance.

20. Appointments sometimes seem rushed but great overall and thank you!
21. The medication availability of common needed meds needs to be reassessed. Waiting 4 days for steroid injection when in pain is a long time. The staff is great and tries their best.

The injectable steroid normally carried by the clinic was not available this summer. A substitute was ordered but did not arrive before the clinic ran out of its supply during a time of unexpectedly high demand. Once it arrived patients were contacted as soon as possible. This is something that happens infrequently, but that the staff is working to prevent.

22. I wish the providers had more training in lifestyle changes than simply pushing medicine, but that being said, the level of care (including the considerate workers who are always so very friendly) you feel when you go to Dahl is high. Sure, it's not cutting edge thinking or anything, but the treatment is ok for where we're located.

Lifestyle changes are an accepted way to manage some chronic illnesses in conjunction with medical care and medication, depending on the condition being treated. The providers try to discuss the basics with patients who come in for diagnosis or management of some chronic illnesses that have been shown to be positively affected by lifestyle changes. The providers annually attend conferences and/or participate in online trainings to stay up to date with advances in medical practice.

23. I think that my main apprehension with DMC employees is that I do not know the sources that clinicians get their info from. During visits I am provided some info about health, however I feel less comfortable if I am not also provided the source citation/reference info for medical or health advice. Some clinicians seem to have a medical background in their education, but I do not know which ones have more experience.

Two of our providers have Master of Science degrees in nursing, with a nurse practitioner specialty. Our third provider has an associate degree in nursing and a certificate for the nurse practitioner specialty, and has worked as a nurse practitioner since 1985. All of our nurse practitioners are nationally certified as required by federal law. National certification means certification criteria have been met including education/training on critically evaluating a variety of educational sources, etc. In order to renew their licensure, all providers are required to have a minimum number of current Continuing Medical Education (CME) credits. This helps them to remain current in the medical field. A common source that all health care providers use is www.uptodate.com which is nationally recognized as a reliable source for the most up-to-date information available for patient education and care.

24. Lynne Cameron is wonderful! Couldn't ask for better!
25. Thank you! All medical care is given as if I were a family member!!!
26. Every time that I have entered the clinic for a specific problem, they have turned it into a health examination: need a crown glued temporarily? We need your weight, height, blood pressure, etc. Oh by the way we have the temp cement but I don't know how to use it – Oh – you do? Great! Here's the cement and 2 2X2 gauze: That'll be \$315!! I spent 15 minutes – didn't let them take my vitals and did the work myself... NOT IMPRESSED!

When a patient comes to the clinic for care it is because they need a professional opinion and guidance on a health matter. Our nurse practitioners provide this for every patient no matter how great or small the procedure involved. We obtain basic vitals during every visit as standard procedure for health trending. It is important to obtain a complete health picture no matter what the specific issue because often there are

other relevant factors that we don't want to miss. A patient may present weeks or months later with complaints of weight gain or loss or high blood pressure issues, and vital signs monitoring becomes crucial in such cases to discover the root problem.

27. Too much time is spent in clinic during emergency situations- Medevac situation should be re-thought- no one should have to wait hours to get to the next step of medical healthcare.

There are several factors that come into play when a decision is made to transport a patient to a higher level of care. Most often this involves weather delays and availability of aircraft. Many times we have to care for patients for an extended period of time while waiting for the weather to clear (sometimes even overnight) or waiting for an aircraft to become available. The Federal Aviation Administration forbids anyone but the Coast Guard to fly in and out of Skagway after civil twilight, so if it is dark when a patient comes in and that patient then needs to be flown out, our providers must care for the patient until it is light enough for the medevac plane to fly. The Coast Guard is not always available and will often make the decision NOT to come if they don't feel that the medical situation is a threat to life or limb. They make that decision themselves. Sometimes due to poor weather here, a medevac involves ground transport of a patient to Whitehorse to fly them out of the airport there. Medical decision-making regarding transporting a patient is one of the most difficult things that we do, and we do the best we can with the available resources and information we have at the time.

28. I am not comfortable having untrained "medical ass'ts" taking health notes, interviewing patients- especially male ma's doing these tasks with female patients- and female ma's with male patients. At the very least, medical ass'ts should be cma's.

If a patient expresses preference for a specific medical staff over another, we make every attempt to respect their request. At this time the medical assistant job description does not require CMA certification. Our Medical Assistants have extensive training requirements including phlebotomy training/certification to draw blood and process labs, 12 college credit online training course in Limited Radiography training through the University of Anchorage, and attendance at conferences on immunizations and other medical assistant functions on a regular basis.

29. Tried to talk once about a common medical issue I have been taking care of myself as in researching and applying lifestyle changes that have helped enormously and I felt like the nurse was not paying attention to what I was saying, instead she went straight to a spiel I have heard a million times already and one that provides me zero help. I will not return for help on this issue as the practitioners are uninformed.

Providers are obligated to use well studied, evidence based knowledge when giving information and guidance to patients. This may sometimes be at odds with a patient's beliefs. However, providers do their best to respectfully help patients make the best choices in regards to their health and medical care.

30. I had suicidal thoughts even at one point probably from my medicated anxiety disorder. They knew I was taking meds for it, but never asked how it was working out.

Ultimately, the patient should tell the provider if they are having suicidal thoughts; however, the provider should have also asked. We have just begun to put more emphasis on behavioral health than we have in the past and hopefully a situation like that will not happen again. We have added behavioral health components to our standard procedures to capture a well-rounded view of each patient's circumstances. We also recently added behavioral health to the clinic's scope of services.

31. I have great confidence and appreciation for the high level of professional care I have received at our clinic.

Comments Related to Dental:

32. We need a dentist here who is experienced

We believe Dr. Erickson's experience and track record are excellent. His dedication to his patients is also excellent. He received his doctorate in dentistry in 2004. He was employed by SEARHC Dental in Juneau from 2004 to 2006 serving the communities of Juneau, Hoonah, Yakutat, and Pelican. He began private practice in 2006.

33. We need a pediatric dentist as well.

Our visiting dentist, Dr. Erickson, sees pediatric patients and makes referrals for services he cannot perform in our clinic.

34. Dental appt scheduling: "Very difficult and when on a wait list, they don't make an effort to schedule for a later visit."
35. The dentist who comes to Skagway Clinic is impossible to get appointment with.
36. The dentist is usually booked, so it's sometimes hard to get an appointment.
37. Dental only once a month is not feasible. It should be 3 day/month and always the same three days.
38. Great job. Good dentist- wish he was here more.
39. I think you guys are doing a great job in that I never hear anyone complain about you. Other than the infrequency of dental visits and the lack of available slots. My neighbor said "3 pages of wait lists." If so, unacceptable. The need is greater than the delivery.

Our visiting dentist, Dr. Erickson, comes to Skagway as frequently as possible – generally every other month if travel schedules allow -- while maintaining his own full-time practice in Juneau. When his team visits, they are usually here for 4 days or longer and average 59 visits per trip, or 18 visits per day in Skagway. His predecessor totaled 60 visits over the course of 5 months (one weekend per month) in 2009, so Dr. Erickson maintains a very high volume in comparison. Dr. Erickson and his staff do their best to accommodate Skagway despite the overwhelming response and need. However, we are currently working to find a solution to the unmet dental needs of the community. As much as we would hate to lose Dr. Erickson, a full-time resident dentist is the solution. In that case, our dental suite is far too small to accommodate a full-time dentist, and we have not received news or inquiry of a dentist wishing to set up practice in Skagway.

40. Need to make appointment months in advance. So if you lose a filling shortly before a dentist's visit, might not be able to get an appointment until the following visit.

Dr. Erickson and his staff have a history of helping out patients in emergency situations by squeezing them in where they can. Unfortunately, because there is not a full time dentist in Skagway, it is often necessary to travel to Juneau or to Whitehorse for emergency dental care.

41. Dentist only comes every couple of months. Emergencies require travel/hotel Juneau- very spendy!

There is the option of seeking dental care in Whitehorse. This requires only a day trip if the weather is good, but we have been told that U.S. insurance does not usually cover care in Canada.

42. Dentist did not call for reminder visit when appt was scheduled 3 mos in advance

We requested a re-evaluation of Dr. Erickson's reminder system in order to help patients keep track of their appointments. Their goals are: sending reminder postcards just before cleanings are due, and calling the day before a patient's appointment.

Comments related to Vision Care

43. The Eye Guys want to conduct their own eye examination and mine from Whitehorse is usually current.
44. Eye care is non-existent. I need the clinic to be able to do eye pressure testing. Obviously, my health concerns are age-related. Younger people will perceive other health issues as having a greater priority. What is Skagway's demographic distribution?

We have two visiting optometrists. They both perform tonometry on the tonometer that the clinic owns.

Skagway's demographic distribution can be seen in the census data at <http://quickfacts.census.gov/qfd/states/02/02230.html>. It shows the following in terms of age demographics:

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Skagway Municipality, Alaska

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People QuickFacts	Skagway Municipality	Alaska
Population, 2013 estimate	995	735,132
Population, 2010 (April 1) estimates base	968	710,231
Population, percent change, April 1, 2010 to July 1, 2013	2.8%	3.5%
Population, 2010	968	710,231
Persons under 5 years, percent, 2013	5.2%	7.5%
Persons under 18 years, percent, 2013	12.8%	25.6%
Persons 65 years and over, percent, 2013	10.6%	9.0%
Female persons, percent, 2013	47.2%	47.6%

Comments related to Admin/Billing

45. Out-of-town billing services: statements are confusing. Difficult to understand what charges have been paid by Medicare or BC insurance and what is outstanding.

We continue to work with our billing company to resolve issues and ensure that statements are accurate and timely for our patients. We recognize that it is difficult to make sense of insurance calculations at times and our staff is always willing to assist patients to understand their charges and what their insurance has paid or not paid.

46. Insurance and billing issues are horrendous. Claims are late in being submitted. Services are often coded wrong causing denial of services. Promised return calls from billing are seldom made.

We were also dissatisfied with the performance of our 3rd party billing team and as of this summer, we have a new team who have performed very well for us and we look forward to fewer errors/delays.

47. Offer a six month short-term insurance package for seasonal workers- even if they have out of state residency.

We subsidize the medical care of those who are uninsured/underinsured through the Sliding Fee Scale program. Many seasonal workers qualify for this program. You do not have to be an Alaska resident to qualify for the clinic's Sliding Fee program, but you do have to have verifiable income information per federal rules.

48. Too expensive
49. Your prices are extremely high. And based on the amount of grant money you receive and the admin support you receive from the municipality these high prices are not easily understood. Plus you may

need to have an expert come and take a look at your non-medical staffing. It may be too many people are being employed.

Our prices are set by the board of directors who are all members of the community and patients of the clinic. They utilize a fee analysis guide that is published annually and provides a fee comparison of all similar clinics in our geographic region. Healthcare in Alaska is expensive due to our geographic isolation, lack of providers, and generally less healthy population than other states. Our federal community health center grant funds a sliding fee scale, which enables eligible patients to receive discounted healthcare at the clinic.

We receive minimal administrative support from the municipality and it is mainly for municipal accounting and payroll.

Several full-time administrative positions and two summer positions in the clinic are directly dependent on federal funding; therefore, loss of federal funding could result in the loss of those positions. Federal and state funding carry significant reporting and procedural requirements. Administrative staff are responsible for the majority of administrative tasks associated with running a federally funded clinic including managing the clinic's multiple grant programs, completing required national and state reporting, managing clinic finances and contracts, managing the clinic's visiting provider program, and performing quality improvement.

In the last year administrative staff have been able to apply for and receive several new grants including an ACA Navigator grant, an Outreach and Enrollment grant to assist patients with enrollment/issues with Affordable Care Act insurance and public insurance such as Medicare and Medicaid, a federal expansion grant to increase summer coverage and fund on-site children's dental services, and a behavioral health integration grant. This last grant was significant because it allows us to keep these services in the community, and allows the sliding fee program to cover most behavioral health services.