



Denali Commission
510 L Street, Suite 410
Anchorage, AK 99501

907.271.1414 *tel*
907.271.1415 *fax*
888.480.4321 *toll free*
www.denali.gov

January 31, 2006

Paul Morrison, P.E. CHFM
Health Facilities Manager
Alaska Native Tribal Health Consortium
Division of Environmental Health & Engineering
Health Facilities Engineering
1901 Bragaw St., Suite 200
Anchorage, AK 99508-3440

Dear Mr. Morrison:

RE: Addendum No. "G" to Project 0071-DC-2002-I24

This letter is written in accordance to the Financial Assistance Award for the project referenced above. This is the seventh such Addendum letter issued by the Commission, but it is expected that this format will be used in future correspondence to clarify and further describe the scope of work previously funded through the award.

The following is offered: the Commission directs the Alaska Native Tribal Health Consortium (ANTHC) to issue a contract to one of its term contractors to conduct a regional health assessment, to include both space and facility master planning and service gap analysis, in Wrangell, AK per the detail below and the attached Scope of Work:

Community: Project Scope:	Commission Project Funding Amount	Cost Share Match Amount	ANTHC Management Fee	Total Commission Funding
Wrangell Regional Health Assessment	\$100,000	N/A - Planning	\$8,000	\$108,000
TOTAL APPROVED COMMISSION FUNDING: \$108,000				

The conceptual planning funds (\$108,000) shall be taken from the pool of funds identified in the award conditions of award 0071-DC-2002-I24 for a, "statewide conceptual planning pool," and identified as project DEN.I24.CP, and added to the Wrangell Regional Health Assessment project, CP-059.

Sincerely,

In Concurrence,



Tessa L.D. Rinner, MPA
Health Facilities Program Manager



Krag Johnsen
Chief of Staff

Attachment

File: Chronological file
0071-DC-2002-I24/Agreements
Small Clinic File/Wrangell/Correspondence

CC: Rick Boyce/Dan Reitz ANTHC (via e-mail)
Joey Ausel/Michelle O'Leary, Denali Commission (via e-mail)

Consultant Scope of Work
Wrangell Regional Service Delivery and Health Facility Plan
Wrangell, AK

January 2006

1. INTRODUCTION:

The Alaska Native Tribal Health Consortium (ANTHC) requires the services of an Health Care Planning Consultant (Consultant) to complete all aspects of a Service Delivery and Health Facility Space Plan for the Wrangell, Alaska Region based on provider surveys, space analysis and facility assessment(s). The Consultant shall provide a complete report as described below.

The ANTHC Division of Environmental Health and Engineering (DEHE) is the administrative, technical and engineering representative for this project. All direction, communications, submittals, and transmissions of information, including changes and modification requests of any kind shall occur between the ANTHC and the Consultant's Project Manager.

2. PROPOSAL:

The Consultant shall provide a detailed proposal delineating each specific task, the hours required per employee per task and the cost of labor and expense associated with each task. All of the sub consultants working for the Consultant, if any, shall follow the Consultant's format in preparing their respective fee proposals. The sub consultants shall modify the tasks as required corresponding to their specific scopes of work. The Consultants shall attach the sub consultant's fee proposals for reference.

3. BACKGROUND:

Wrangell is a small community (population ~2,000) located in Southeast Alaska. The community of Wrangell has several providers and facilities engaged with provision of health care services, specifically, primary care services (including behavioral health and dental services) as detailed below:

- Wrangell Medical Center (Critical Access Hospital) – Brian Gilbert, Administrator
- Alaska Island Community Services – AICS (330 Community Health Center) - Mark Walker, ED
- Alaska Department of Health and Social Services (Public Health Nursing) – POC to be determined
- Local private providers (believed to be 1 dentist, 1 pharmacist and 1 chiropractor)
- Southeast Alaska Regional Health Consortium (SEARHC) – Frank Sutton, and Mark Gorman
- Communities located on the north-end of Prince of Wales (POW) island, included in the population AICS used to receive 330 CHC designation:
 - Point Baker, Port Protection, Coffman Cove, Whale Pass, Naukati and Edna Bay
 - These communities, with the exception of Coffman Cove, are all <100 in population and are eligible for 1500 SF primary care clinics (Coffman Cove is eligible for 2580 SF clinic)

- Ketchikan General Hospital and Ketchikan community physicians (specialists) who provide patient services to Wrangell Medical Center and its primary care clinic on a scheduled (itinerant) and as-needed basis
- Wrangell Community Association (Wrangell Tribal entity) – Lavina Brock, Vice Chair
- Other Providers as identified during initial interview with community (i.e., Bartlett Regional Hospital, etc.)

Representatives from the State of Alaska, DHSS, Office of the Commissioner (Noel Rea and Mark Millard), the Alaska State Hospital and Nursing Home Association (ASHNHA, Randall Burns) and the Alaska office of the United States Department of Agriculture – Rural Development (USDA-RD) (Gene Kane and Merlaine Cruise) may be engaged to some degree in the discussions as well.

Both the hospital and 330 community health center have needs for facility and/or service expansion.

4. SCOPE:

The Consultant will develop a regional plan for the community of Wrangell and, to the degree they may utilize services in Wrangell, the community identified above on the north-end of POW Island. The plan shall:

- a. Contain an evaluation of existing space including determination of new construction vs. repair/renovation (R&R) (to be performed by ANTHC);
- b. Address additional primary care and hospital service needs for the community;
- c. Address facility and space master planning to include documentation of proposed square footage, by provider and facility, and;
- d. Contain an evaluation of services/facilities to ensure they are not redundant.

5. TASKS & REQUIREMENTS:

The Commission recognizes that regional and/or community health planning is a tool for improving health care access, and has developed a systematic approach to develop such strategies. Facility space that meets identified health service requirements by community or region, but is also sustainable is paramount. Achieving this mix of sustainable, “right sized” facilities requires varying levels of health services and space planning analysis by providers and firms versed in space planning and health service needs.

The Commission expects that a community/regional health strategy developed through consensus will identify improvements to both service delivery systems and associated facility improvements. The following steps are offered for the development of the community/regional health strategy. The Consultant shall:

- a. Describe existing service delivery model, by provider, and community including: staffing patterns, funding, existing facilities, and planned expansion (service and facility) (Method of data collection: Denali Commission Provider Survey Document)
- b. Identify gaps in services provided locally/regionally
- c. Identify proposed, sustainable, expanded services that minimize duplication.

- d. Develop a regional health strategy that translates proposed service needs into facility needs, and prioritize health facility development based on a consensus of provider organizations within the region/community.
- e. Develop individual organizational proposals, based on the prioritized findings articulated in four above. Evaluation of proposed improvements and space expansion with Commission, and other funders' policies should also be considered.
- f. Participate in an initial meeting in Wrangell with ANTHC and the Commission to
 1. Receive historic provider/service/facility details and community information;
 2. Explain the process and timeline to the participants, and
 3. Coordinate the disbursement and completion of the Commission's provider survey referenced above to all identified providers.
- g. Document relevant Commission policies and primary care funding eligibility requirements.
- h. Review the completed provider surveys, in correlation with the facility assessment that ANTHC will conduct for the hospital and AICS facilities
- i. Participate in regional planning meetings in Wrangell that:
 1. Summarize the results of the surveys,
 2. Identify and discuss service and facility gaps, and
 3. Discuss the framework for a methodology to conduct space planning and prioritization of facility needs
- j. Based on the initial and planning meetings the Consultant shall identify architectural and health service space programs – to include evaluation of hospital and primary care equipment enhancement for the following:
 1. Primary care space in the community including behavioral health and dental, and include the criteria used for the proposed square footage and costs.
 2. Additional hospital space, and include the criteria used for the proposed square footage and costs.
- k. The Consultant shall circulate a copy of the draft assessment report to all parties, and facilities a meeting to review and discuss the report in Wrangell. Comments arising from this meeting shall be incorporated into the final assessment report.

6. DELIVERABLES:

A. ANTHC

1. Facility Survey Report for Wrangell Medical Center with deficiency costs and R&R costs.
2. Facility Survey Report for Alaska Island Community Services with deficiency costs and R&R costs.

B. Consultant

1. Schedule of activities (Coordinate with ANTHC on the delivery of the facility survey reports).
2. Completed surveys for all providers identified
3. Electronic version of the draft assessment report delivered to ANTHC or posted on a web server available to the participants. The electronic version shall include the entire report in one Adobe Acrobat PDF file plus the work product files in their native format (MS Word, Excel, Power Point etc.)

4. Twenty (20) spiral or comb bound color copies of the final assessment report and electronic copies of the report in Adobe Acrobat PDF format on a CD distributed to the participants. The facility survey reports and provider surveys shall be included in appendices to the report.

7. Schedule:

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|-----------------|-------------------------|
| a. June 1, 2006 | Draft Assessment Report |
| b. July 1, 2006 | Final Assessment Report |