

Maniilaq Association



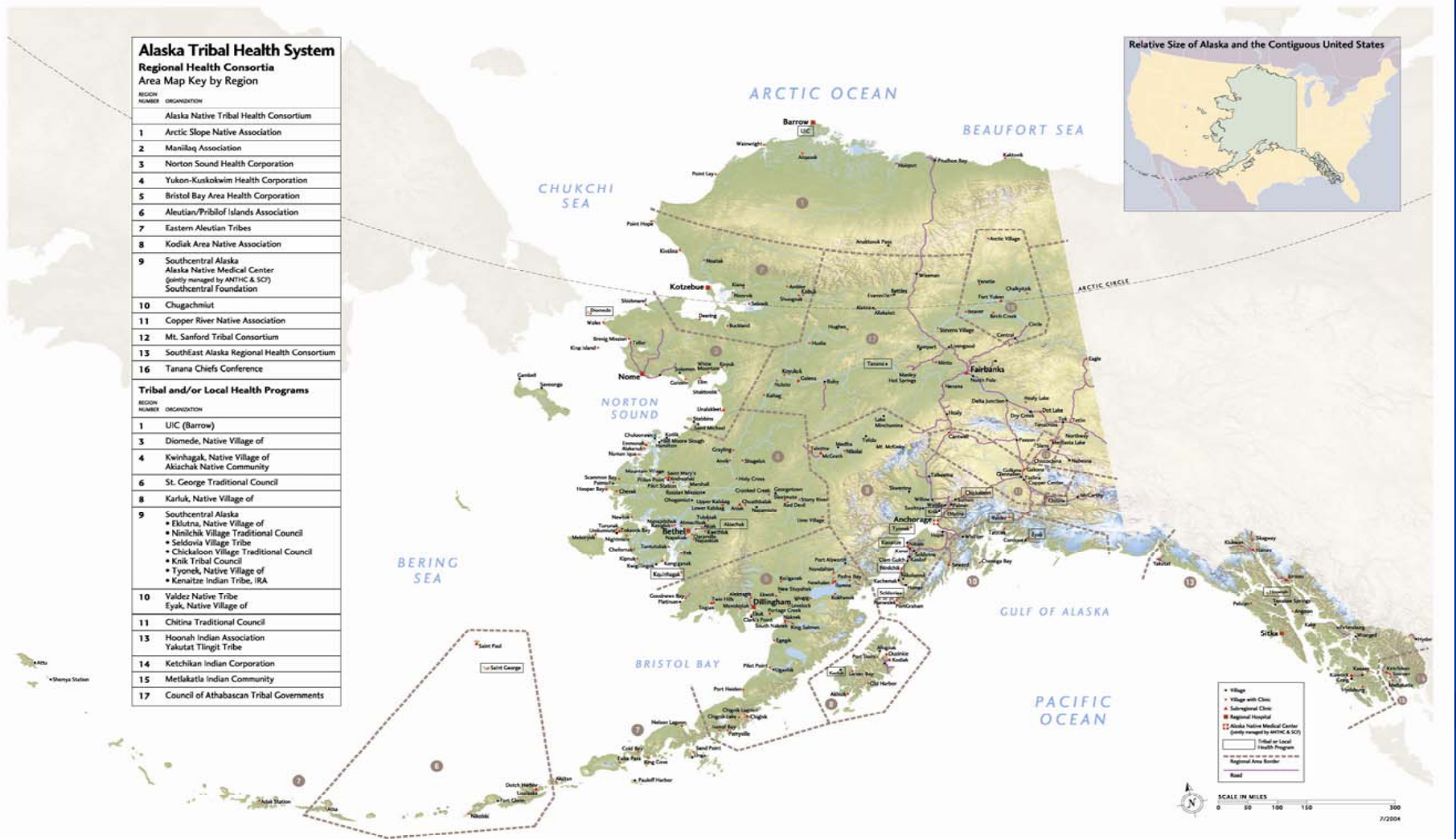
Challenges and Strategies

Alaska Tribal Health System Regional Health Consortia Area Map Key by Region

REGION NUMBER	ORGANIZATION
	Alaska Native Tribal Health Consortium
1	Arctic Slope Native Association
2	Maniilaq Association
3	Norton Sound Health Corporation
4	Yukon-Kuskokwim Health Corporation
5	Bristol Bay Area Health Corporation
6	Aleutian/Pribilof Islands Association
7	Eastern Aleutian Tribes
8	Kodiak Area Native Association
9	Southcentral Alaska Alaska Native Medical Center (jointly managed by ANTHC & SCA) Southcentral Foundation
10	Chugachmiut
11	Copper River Native Association
12	Mt. Sanford Tribal Consortium
13	SouthEast Alaska Regional Health Consortium
16	Tanana Chiefs Conference

Tribal and/or Local Health Programs

REGION NUMBER	ORGANIZATION
1	UIC (Barrow)
3	Diomedes, Native Village of
4	Kwiinagak, Native Village of Akiachak Native Community
6	St. George Traditional Council
8	Karluk, Native Village of
9	Southcentral Alaska • Eklutna, Native Village of • Ninilchik Village Traditional Council • Seldovia Village Tribe • Chickaloon Village Traditional Council • Knik Tribal Council • Tyonek, Native Village of • Kenaitze Indian Tribe, IRA
10	Valdez Native Tribe Eyak, Native Village of
11	Chitina Traditional Council
13	Hoonah Indian Association Yakutat Tlingit Tribe
14	Ketchikan Indian Corporation
15	Metlakatla Indian Community
17	Council of Athabaskan Tribal Governments



Relative Size of Alaska and the Contiguous United States



SCALE IN MILES
0 50 100 150 200

7/2004

Qiniglugu Sivunikraq

Our Vision

- Maniilaq is seen as the premier model for creating successful, healthy communities through the planning, development and strengthening of village-based services supported by accountable, strong tribal self-governance.

Trends

Service Trends

2002 through 2006 patient visits increased by:

- Inpatients: 583 to 1211 107% increase
- Outpatients: 12,118 to 16,415 35% increase
- Emergency: 3321 to 7833 136% increase
- CHAP: 25,363 to 38,970 54% increase

Trends cont.

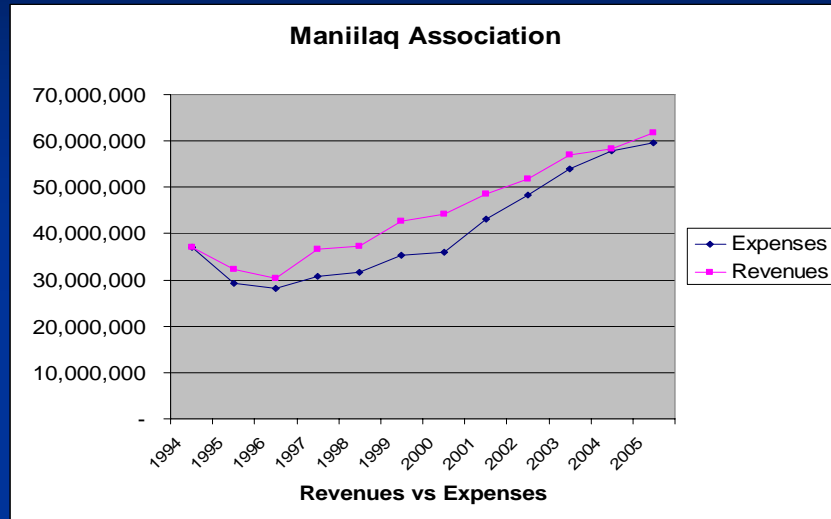
Finance

Revenue sources 2003 through 2006:

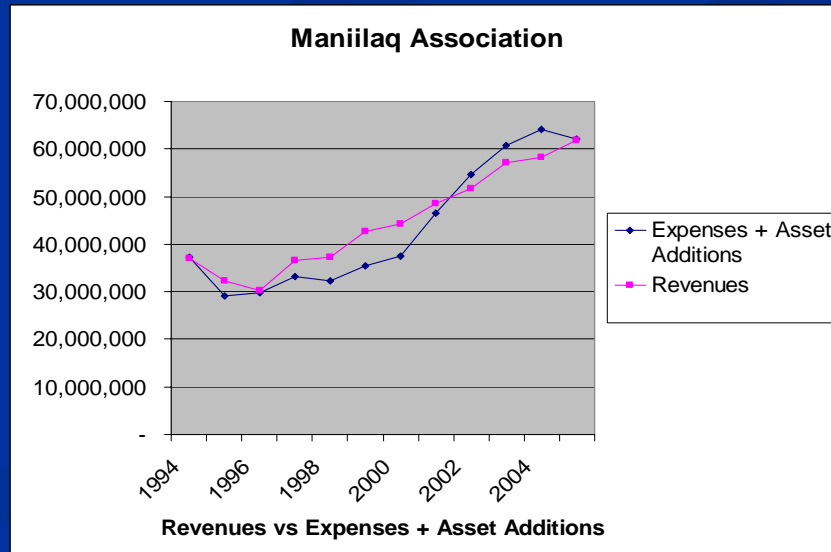
- Contract/Grant \$45.6 M to \$46.7 M
3% increase
- Patient Revenue \$8.0 M to \$16 M
100% increase

Trends cont.

Revenues vs. Expenses



Revenues vs. Expenses + Asset Additions



Challenge - Access to Care

According to a regional survey conducted in 2005;

- 25% of the respondents identified travel as a factor that prevented access to health care for their family.
- 20% of the respondents identified finances as a factor that prevented them or their family from receiving health care.

Access to Care cont.

- Solution: Provide the highest level of care possible at the village clinic through village based providers ie. CHAP, NP, DHAT, RHSP, VHE, PCA and itinerant providers.

Challenge – Continuity of Care

Continuity of care is essential for improved quality of patient care.

Continuity of care relies on:

- Continuum of programs / services
- Stable, trained staff
- Communication between levels of care
- Patient education

Continuity of Care cont.

Solutions:

- Improve staff recruitment/retention
- Define and develop program continuums
- Improve case management/communications
- Educate patients

Challenge - Escalating Health Care Cost

- Permanent staff vs. Temporary duty staff
- Rising fuel costs
- Rising pharmaceutical costs
- Medical inflation

Escalating Health Care Costs cont.

Solutions:

- Improve recruitment for health care professionals
- Revenue cycle improvements
- Better screening and assistance to increase participation in Medicaid/Medicare



Maniilaq Health Center