

Positioning Gerald Champion Regional Medical Center For The Future

A Quantitative Study Conducted For

April 2011



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Project Overview

Background and Objectives

Gerald Champion Regional Medical Center (GCRMC) is a shared military and civilian acute care hospital facility serving the Alamogordo, New Mexico, area and the Holloman Air Force Base.

GCRMC was faced with the challenge of developing and implementing a comprehensive community health needs assessment in order to comply with the recently enacted Patient Protection and Affordable Care Act (PPACA).

This requires tax-exempt hospitals, such as Gerald Champion Regional Medical Center (GCRMC) to conduct a community health needs assessment at least once every three years.

The assessment includes input from persons representing the broad interests of the community served by the facility, including those with special knowledge or expertise in elements of public health.

Saurage Research serves as GCRMC's research partner. Our objectives were to:

- Develop and implement a needs assessment in the community
- Identify the most critical need of network partners to ensure their viability
- Identify potential collaborating network partners in the community
- Identify placed-based initiatives that focus on targeting resources to leverage investments



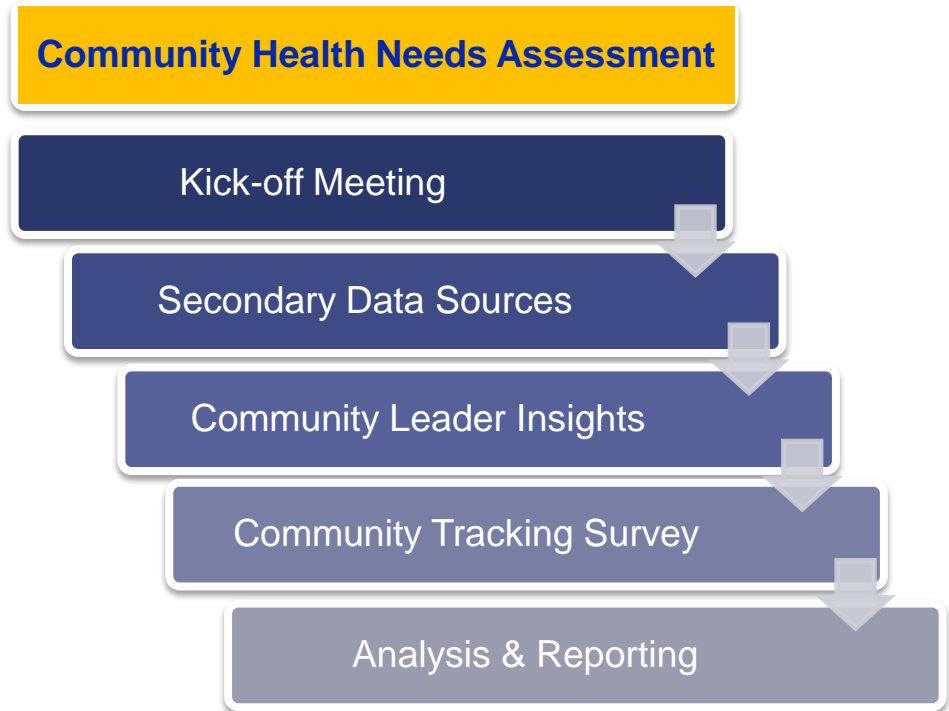
Approach to Gathering Information

Methodology

To meet project objectives, Saurage Research implemented two strategies to gather input from the local community:

- First, a series of focus groups, round table discussions and individual interviews with community members and experts in public health was conducted to gain an in-depth understanding of healthcare priorities and issues impacting the local area.
- Secondly, a telephone survey was conducted with local residents to validate and quantify the focus group findings as well as track previous community survey findings.

Finally, a variety of existing (secondary) data sources were consulted to complement the research and as an additional benchmark against which to compare local findings.



Primary Research – Methodology Details

- Community leader insights
 - Discussions, IDIs and groups
 - Conducted February 8 – 9, 2011
 - 25 participants
- Tracking survey of residents
 - 16 minutes in length
 - Conducted January 22 to February 2, 2011
 - 7,500+ contacts
 - 76% incidence rate



Community Leader Insights

A Dozen Issues to Address

Lack of adequate funding

Child care and development

Lack of adequate medical resources and treatment

Teen pregnancy

Mental health services

Education program opportunities

Substance abuse

Homeless and indigent care

Transportation

Overcoming language barriers

Services for the disabled

Increasing inter-agency cooperation

Lack of Adequate Funding



COMMENTS

- Program, staff and budget cuts
- State, county and community all having to cut
- State closed group homes
- No state funding for nursing programs
- Otero County Health Council has a great booklet...but people don't provide the services in that booklet...they don't have adequate funding. In the past two years, state budgets have been cut to nil.

QUOTES

- Funding is a tremendous barrier. We are very, very good at maximizing every single dollar we have and being very responsible for the funds we do get.
- There are lots of very good nonprofits in our community, but there is a limited pool of funding.
- There is an extraordinary need and very few resources.
- Biggest problems in the county are teen pregnancy, drugs, and child neglect/abuse.
- Everything we do is from grants.

Child Care and Development (cont.)



COMMENTS

- Dealing with birth defects and chronic illnesses (asthma, epilepsy, autism, obesity, bipolar, schizophrenia, ADHD)
- Resiliency skills and coping mechanisms
- School case workers and nurses
- Limited pediatricians and no specialists
- Eye testing, care and glasses
- Hearing testing, care and aids
- Health and fitness
- Good eating and nutrition
- Neglected, abused and mistreated children
- Perceived inaction of Child Protective Services
- Increased school supervision and programs for kids
- Vaccinations

- Prevention programs for young through teen
- Alcohol, tobacco and drug education
- Crisis facility for juveniles
- Very limited teen activities available
- Substance abuse and mental health for youth
- Lack daycare and after school supervised activities
- Need more services and education for at risk parents
- Children being over-medicated



QUOTES

- Need family advocacy center for violence prevention
- Want this to be a place where parents are involved and invested in...together with community involvement and support
- 30% of teenage girls report wanting to hurt themselves.
- Kids get ignored once in the school system. What community collaboration there is stops there.
- Need after school supervision and programs for kids.

Lack of Adequate Medical Resources (cont.)



COMMENTS

- Pediatric pulmonologist
- School based health center
- More Medicaid providers
- Therapist for schools/Health Center
- No children specialists
- Expanded home care and respite care services/funding
- Doctors/dentists who will treat developmentally disabled
- Screening opportunities
- ER overcrowding, wait times and doctor shortages
- No walk-in/urgent care clinic open nights and weekends
- Few specialists in town...long wait times for ones here
- No specialist in pain management
- Shortage of pediatricians, OB and heart doctors
- Hard to find primary care physician...all are full
- Shortage of experienced pharmacists to counsel
- Crisis facility for juveniles
- Wait times to see doctors even with appointments
- No local psychiatrist or psychiatric services
- No gerontologist
- Some doctors won't accept Medicare and others refuse some insurances...many won't take TRICARE
- Need consistent mental health psychologist

Lack of Adequate Medical Resources



QUOTES

- Everyone should have the ability to go into a clinic and get affordable care when you are sick or your child is sick.
- There is an inability to get proper care without insurance and some are only for adults regardless of coverage.
- Emergency services are horrible...you would almost rather die...and a lot of people would rather go to Rio Dosa than actually have an experience here.
- Lacking good primary care doctors...and even the ones that aren't good are packed.
- School systems hurt in the recruiting of physicians.
- Need proactive and preventative medicine
- Need help with prevention...we just put out fires.
- Wish the hospital had its own home care agency, long-term care facility and transportation service.
- There is a tremendous lack of health care for adults and unhealthy adults are less receptive to being able to care for their child.
- Perception is that one may not have their children well educated here...and as a result have a challenging time getting physicians in our community.
- There are limited pediatricians and no specialists for children...only GPs
- Need affordable or free fitness options and a facility with equipment designed to help individuals with disabilities

Teen Pregnancy



COMMENTS

- Parenting skills and education for teens and adults
- Daycare

Mental Health Services



COMMENTS

- For students and teachers
- Infants through college
- For developmentally disabled
- Need consistent mental health psychologist

QUOTES

- Mental health has counseling centers, but nothing in-patient.

Education Programs



COMMENTS

- Don't push education and prevention
- Education Center
- What is available and how to find it
- Parenting skills and education for teens and adults
- Resiliency skills
- Coping mechanisms
- Cooking
- Vegetable gardening
- Nutrition and healthy eating
- Comprehensive sex education
- Coping with and caring for long-term illnesses (diabetes, heart, high blood pressure, obesity, etc.)
- Prevention schooling
- Dealing with alcohol, tobacco and drugs

- Health, fitness and wellness
- Dealing with diabetes
- Infection control

QUOTES

- Education is always #1 in solving problems and expanding consciousness in finding resources and people working together.
- People don't know how to look for resources. The resources are there if you look, but a lot of people don't know how to look and everything is online now.
- Have been here a year and not a lot of knowledge coming to me about the resources that are available here in town.



Substance Abuse



COMMENTS

- Awareness, admission, education and care
- Need counseling support for parents
- Drug related resources outside business hours
- Alcohol and drug abuse
- No self-admitting halfway houses
- Increasing level of violence and gangs
- Across the population from children to seniors

QUOTES

- There is far more substance abuse than people know about, want to admit or are willing to talk about.
- Feel like there is a tendency to minimize the significant amount of drug use by youth in our community. Folks tend to want to look the other way.
- Among our youth we estimate less than 10% NOT using illegal drugs.

Homelessness & Indigent Care



COMMENTS

- Adults and kids
- Need food and shelter
- Dealing with huge homeless and transient population
- No insurance and no money to pay

QUOTES

- Indigent services has 3 year waiting list
- You have a variety of risk factors when you're living in poverty. Access to child care, access to medical services, access to specialized services, advocacy, one of the issues of poverty is the parents who, there is issues of depression, apathy, transportation is a major barrier. The ability to access services, medical and otherwise can be a real barrier when you have no money for gas and no public transportation



COMMENTS

- Homeless, indigent and those without money for cab
- Seniors
- Disabled
- Medicaid won't pay

Overcoming Language Barriers



COMMENTS

- Spanish and German
- Dealing with automatic voice response systems
- Includes hearing and speech disabilities as well

QUOTES

- There is a real need for certified interpreters...the hospital is not in compliance with Federal laws here.



COMMENTS

- Services/treatment for onset dementia among DD
- Fitness options and training
- Doctors/dentists who will treat developmentally disabled
- Preventative health and wellness care and education
- No PT, OT or SOP

Increasing Inter-agency Cooperation



COMMENTS

- Better service awareness
- Timely referrals
- Need general champion to spearhead coalition
- There is no health leader
- Inconsistent services available

QUOTES

- New Mexico talks about being progressive, but I've found it one of the poorest, least informed, least conscious and least provided for states I have ever been in. And this is one of the poorest areas I've ever been in in my life. My wish here would be a coordination of services.
- Hospital doesn't collaborate or participate. It's not in the community...it's walled in...don't participate and don't reach out
- Need more cooperation between agencies and better awareness of services.

Consumer Feedback



COMMENTS

- Things better than used to be
- Lots to compliment
- Need business development and recruiting
- Need community care and cleanup

QUOTES

- We don't publicize and brag about the good things.
- Need to really get to bragging on ourselves.



Community Tracking Survey

Executive Summary



HOSPITAL UTILIZATION

- Overall, hospital utilization has significantly decreased over the past 3 years—reaching an all-time low since inception of this tracking study.
- Compared to 2008, use of GCRMC has decreased significantly among females.
- Satisfaction with most area hospitals has fluctuated over the past 3 years. GCRMC remains consistent, but still near the bottom of the performance list.
- Compared to 2008 (45%), number of emergency visits to GCRMC have significantly increased (57%).
- Additionally, there has been a significant increase in the number of respondents reporting unreasonable waits in local emergency rooms.
- However, satisfaction with the GCRMC emergency rooms has increased in all areas, particularly with regard to hospitalist performance.
- Further, 76% of the people familiar with GCRMC would choose this facility for emergency treatment.
- Overall preference for care from GCRMC has significantly increased over the past 3 years.

FAMILIARITY

- Top-of-mind familiarity with GCRMC has notably increased since the 2008 measurement.
- Only 7% of respondents are unfamiliar with GCRMC, which represents a decrease in lack of familiarity compared to the 2008 assessment.

SERVICE LINE POSITIONING

- GCRMC continues to show the greatest leadership in areas of generalized care.
- However, when it comes to more critical care, GCRMC market share really tapers off, as respondents think more of Memorial MC and Mountainview RMC.
- Regardless, GCRMC leadership has strengthened in every service line since the 2008 measurement.



Executive Summary



HOSPITAL EVALUATION

- The most important hospital selection factors remain professional nursing, emergency room excellence, physician quality, and employees who show concern for patients.
- GCRMC performance in all key hospital selection factors has either improved or remained constant over the past 3 years—with the exception of women's healthcare.
- Among preferred facilities in the area, Mountainview RMC and Memorial MC show the highest scores in several categories, while GCRMC and Lincoln County MC show some of the lowest.
- Key areas of improvement for GCRMC include emergency room excellence, employees who show concern for patients, and overall reputation of the facility.
- GCRMC continues to outperform all other area facilities in convenient location.
- Compared to other facilities, 49% of Alamogordo residents believe care is better elsewhere.

PHYSICIAN RELATIONSHIP

- Compared to 2008 (38%), fewer respondents are using PCPs from elsewhere (25%).
- There has been an increase in use of internists with a commensurate decrease in use of general and family practitioners.
- 79% of Alamogordo residents have physicians who recommend GCRMC.
- 60% of respondents believe there are not enough physicians in the area.
- However, people in Alamogordo are less likely than those who live elsewhere to believe there are not enough physicians in the area.

Sample Distribution

	2007		2011	
	Household Distribution		Actual Observations	
	(N)	(%)	(N)	(%)
88310 Alamogordo	35,607	67.1	278	69.5
88330 Holloman Air	2,076	3.9	16	4.0
88345 Ruidoso	8,899	16.8	56	14.0
88337 La Luz	1,615	3.0	8	2.0
88340 Mescalero	1,233	2.3	10	2.5
88352 Tularosa	2,864	5.4	23	5.8
88339 Mayhill	21	0.1	2	.5
88317 Cloudcroft	749	1.4	7	1.8
Total	53,064	100.0	400	100.0

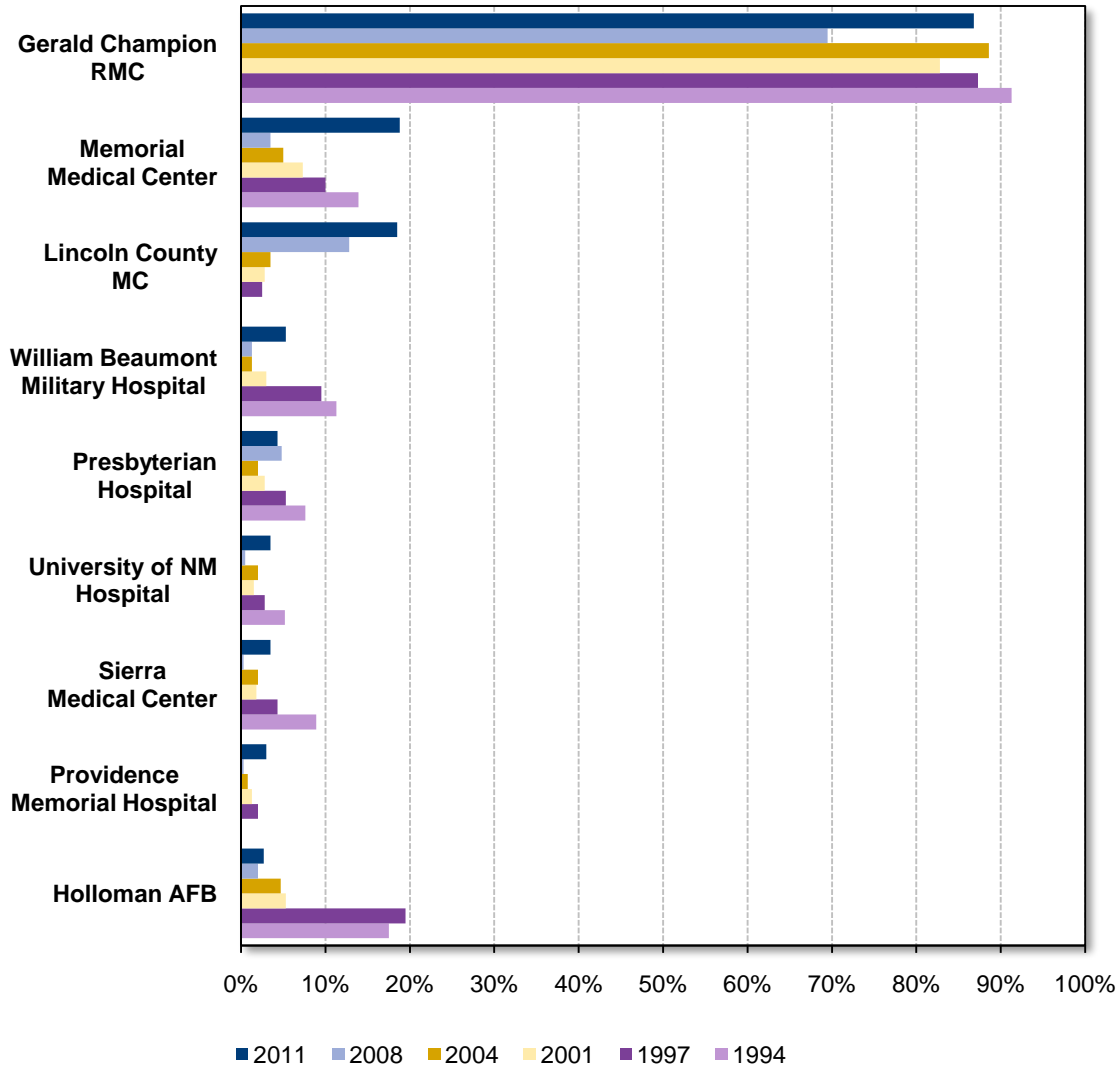


Community Tracking Survey

Familiarity

Familiarity – Top of Mind Awareness

Q1 When you think of general hospitals in your area, which hospital comes to mind?



KEY FINDINGS

- Overall awareness of hospitals in the community has significantly increased over the past 3 years.
- Top-of-mind familiarity with GCRMC has notably increased since the 2008 measurement.
- Awareness of Memorial Medical Center has also increased commensurately, moving it up to second place behind GCRMC.
- Familiarity with GCRMC is strongest in Alamogordo and Tularosa.
- Areas least familiar with GCRMC include Ruidoso and Mescalero—where respondents are much more likely to cite Lincoln County MC without prompting.

Familiarity – Top of Mind Awareness

Q1 When you think of general hospitals in your area, which hospital comes to mind?

FAMILY TYPE

- Families with kids are more likely than those without to show unprompted awareness of Lincoln County MC.
- Off all family types, seniors are the least likely to cite Lincoln County MC without prompting.

INSURANCE

- Those using Champus/Tri-Care Military insurance are more likely than those with other coverage to show top-of-mind familiarity with GCRMC.
- Those using traditional insurance or Medicaid are more likely to cite Lincoln County MC.

SOCIO-ECONOMICS

- As level of education increases, likelihood of mentioning Lincoln County MC also increases—while likelihood of mentioning GCRMC decreases.
- Those working in management, sales or business ownership are much more likely to cite Lincoln County MC than they are to cite GCRMC.
- Of the people who cite Lincoln MC without prompting, 39% earn more than \$50,000 in household income.
- Of all ethnicities, African-Americans are most likely to show top-of-mind awareness of GCRMC, while American Indians are least likely.

GEOGRAPHY

- People who have lived in the area less than 6 years or more than 20 years are more likely than those with tenures in between to cite GCRMC without prompting.
- Those living in the area between 6 and 20 years are more apt to mention Lincoln MC.
- Nearly all (92%) of the people who are unfamiliar with GCRMC live in Ruidoso.

AGE & GENDER

- While respondents over the age of 49 years are more likely to cite GCRMC, those who are younger are more likely to cite Lincoln County MC.

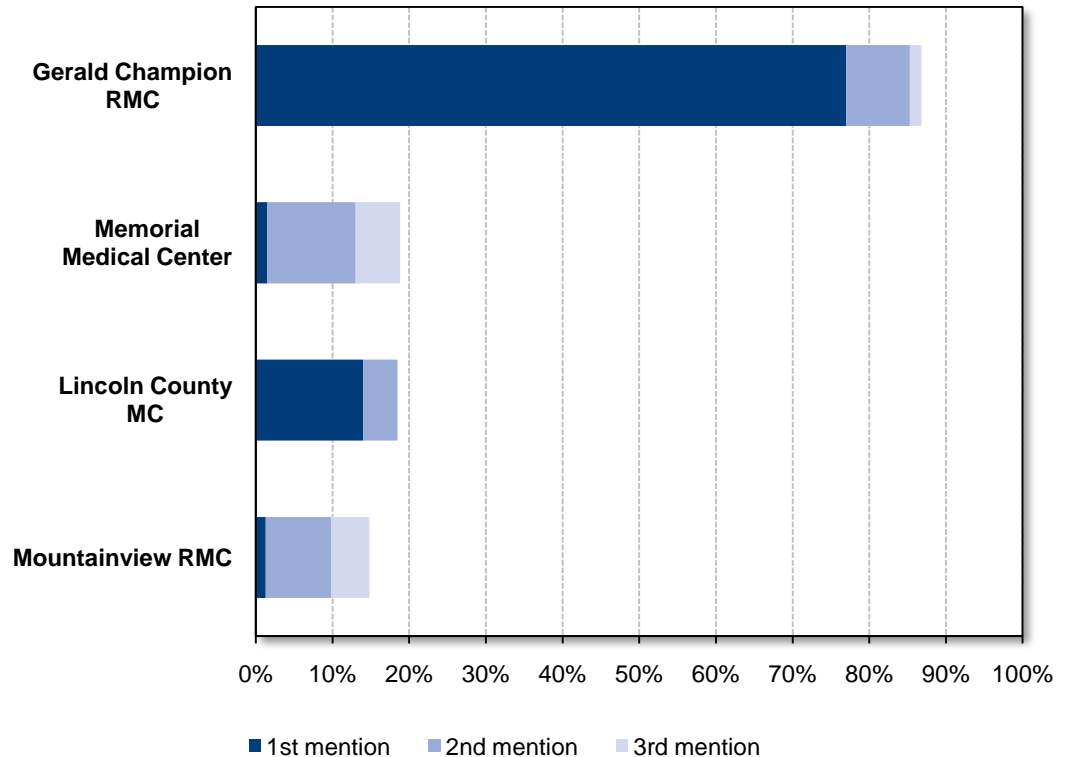
Familiarity – Familiarity by Mention

Q1 When you think of general hospitals in your area, which hospital comes to mind?



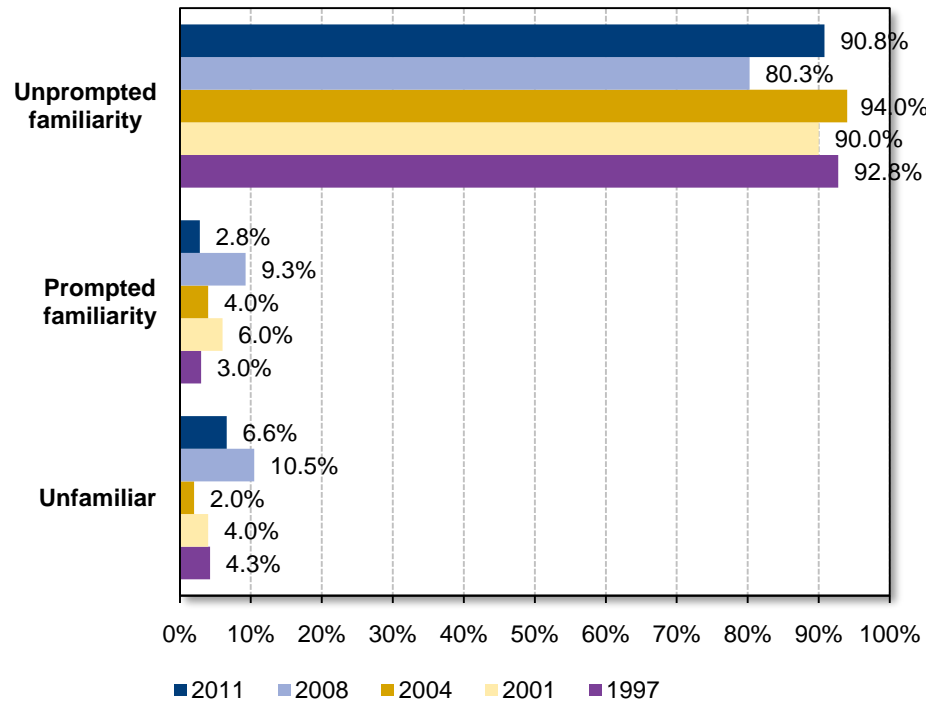
KEY FINDINGS

- Familiarity with GCRMS and Lincoln County MC tends to show on first mention of area medical facilities.
- However, awareness of Memorial Medical Center or Mountainview RMC tends to come out on second or third mention.



Familiarity – Types of Familiarity by Year

Q20 Are you familiar with Gerald Champion Regional Medical Center?



KEY FINDINGS

- Top-of-mind recall with GCRMC has increased significantly since 2008, as many respondents no longer have to be prompted to cite this facility.
- Only 7% of respondents are unfamiliar with GCRMC, which represents a decrease in lack of familiarity compared to the 2008 assessment.

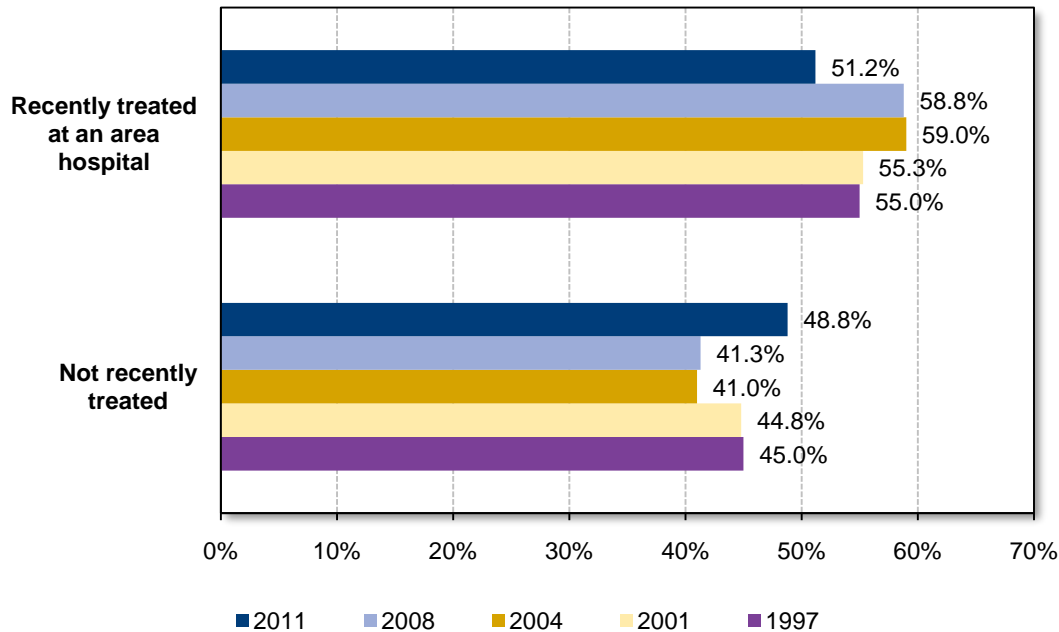


Community Tracking Survey

Hospital Utilization

Utilization – Treated at Hospital in Last Year

Q6 Have you or has any member of your family been treated at an area hospital in the last year?



KEY FINDINGS

- Overall, hospital utilization has significantly decreased over the past 3 years—reaching an all-time low since inception of this tracking study.
- Recent treatment from an area hospital correlates with increased awareness of GCRMC.

Utilization – Treated at Hospital in Last Year

FAMILY TYPE

- People with kids are more likely than those without to cite recent care from an area hospital.
- Young families and full families are more likely than other types to have recently been to a hospital.
- As family size increases, so does likelihood of recent treatment from an area hospital.

AGE & GENDER

- Respondents over 65 are less likely than those who are younger to have recently visited an area hospital.

INSURANCE

- People using traditional insurance are less likely than those using other coverage to say they have recently been to the hospital.

GEOGRAPHY

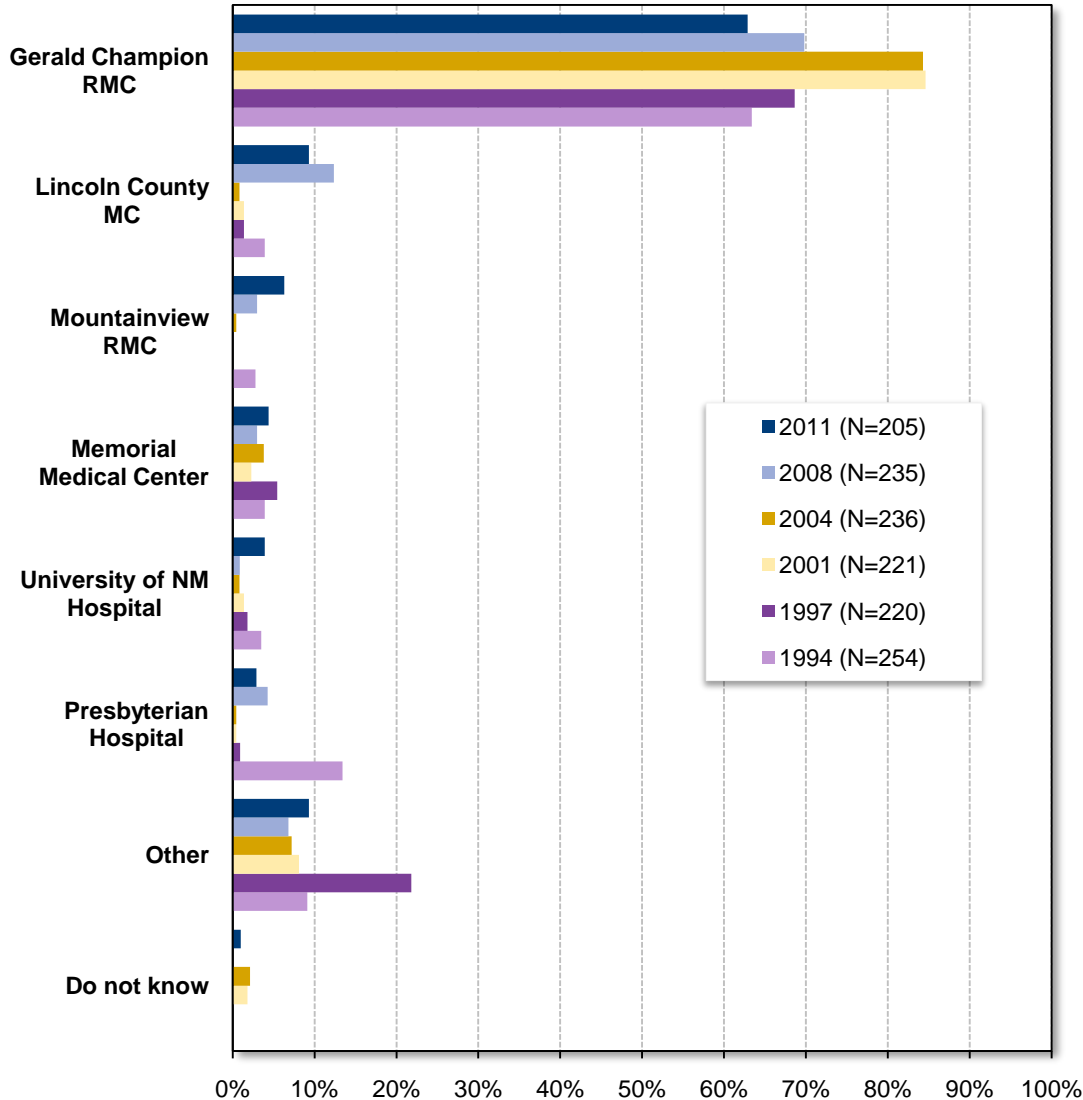
- Recent treatment at an area hospital is most likely in Mescalero, Holloman AFB, and La Luz areas.

SOCIO-ECONOMICS

- Families most likely to cite recent hospital care earn \$40,000 to \$49,999 in annual household income.
- American Indians and Asians are more likely than those of other ethnicities to have recently visited a hospital.

Utilization – Primary Hospital

Q7 What hospital?



KEY FINDINGS

- Utilization of GCRMC has decreased over the past 3 years.
- 68% of those with unprompted awareness of GCRMC recently chose this facility for care.
- Compared to 2008, use of GCRMC has decreased significantly among females only.
- Choice of GCRMC has decreased most among those who are 18 to 34 years and those who are 60 to 64 years.
- Decreased use of GCRMC is strongest among starter families and empty-nesters; however, usage of GCRMC has increased among full families.
- Use of GCRMC has decreased more among Hispanics and American Indians than among any other ethnic groups.
- There has been a significant decrease in use of GCRMC among residents who have been in the area more than 15 years.

Utilization – Primary Hospital

FAMILY TYPE

- People with kids are more likely to cite care from GCRMC than they are to cite care from Memorial MC or Mountainview RMC.
- Family types most likely to cite recent care from GCRMC are young families and full families.
- Empty-nesters and seniors are more likely to cite care from Memorial MC or Mountainview RMC.
- As family size increases, so does likelihood of recently visiting GCRMC.

INSURANCE

- Of all insurance types, those on Medicare are least likely to cite recent visitation of GCRMC.
- Conversely, those on Medicare are much more likely to have been to Memorial MC or Mountainview RMC.

SOCIO-ECONOMICS

- Of all education levels, those with 4-year degrees are most likely to cite recent care from GCRMC.
- Managers, salespeople, and business owners are less likely than those in other professions to say they recently had care from GCRMC.
- 86% of recently hospitalized African-Americans chose GCRMC.
- Conversely, Anglos are more likely to cite Mountainview RMC for recent medical care.

GEOGRAPHY

- People most likely to cite recent care from GCRMC live in La Luz, Holloman AFB, or Alamogordo.
- Those least likely to have visited GCRMC live in Ruidoso.
- As tenure to the area increases, likelihood of recently visiting GCRMC decreases.
- However, likelihood of visiting Memorial MC or Mountainview RMC increases with tenure to the area.

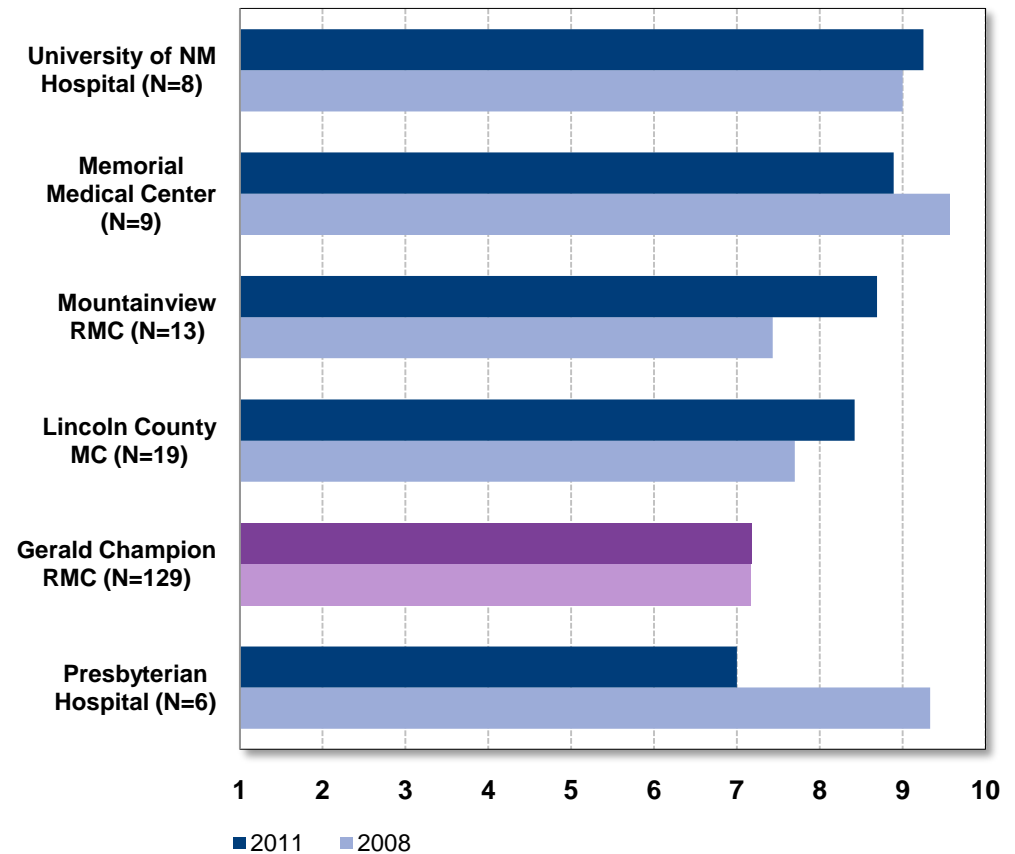
Utilization – Satisfaction with Primary Hospital

Q9 Using a scale of 1 to 10, describe your level of satisfaction with the care received at this hospital.



KEY FINDINGS

- While satisfaction with most area hospitals has fluctuated over the past 3 years, GCRMC satisfaction remains consistent.
- Satisfaction with GCRMC is highest in Cloudcroft and La Luz.
- Level of satisfaction with GCRMC tends to increase with age.
- Those with kids tend to be less satisfied with GCRMC than those without kids.
- Homes with 4 or more people tend to be less satisfied with GCRMC than those with fewer people.
- Hispanics are much less satisfied with GCRMC than are respondents of other ethnicities.



1 = Extremely dissatisfied
10 = Extremely satisfied



Utilization – Satisfaction with Primary Hospital

FAMILY TYPE

- Compared to those without, families with children are much less satisfied with area hospitals.
- As family type progresses from starter families through seniors, satisfaction with hospital visits tends to increase.
- Families with exactly 4 members reports significantly lower satisfaction than families of other sizes.

INSURANCE

- Medicare subscribers report more satisfaction with area hospitals than do those using other types of coverage.

AGE & GENDER

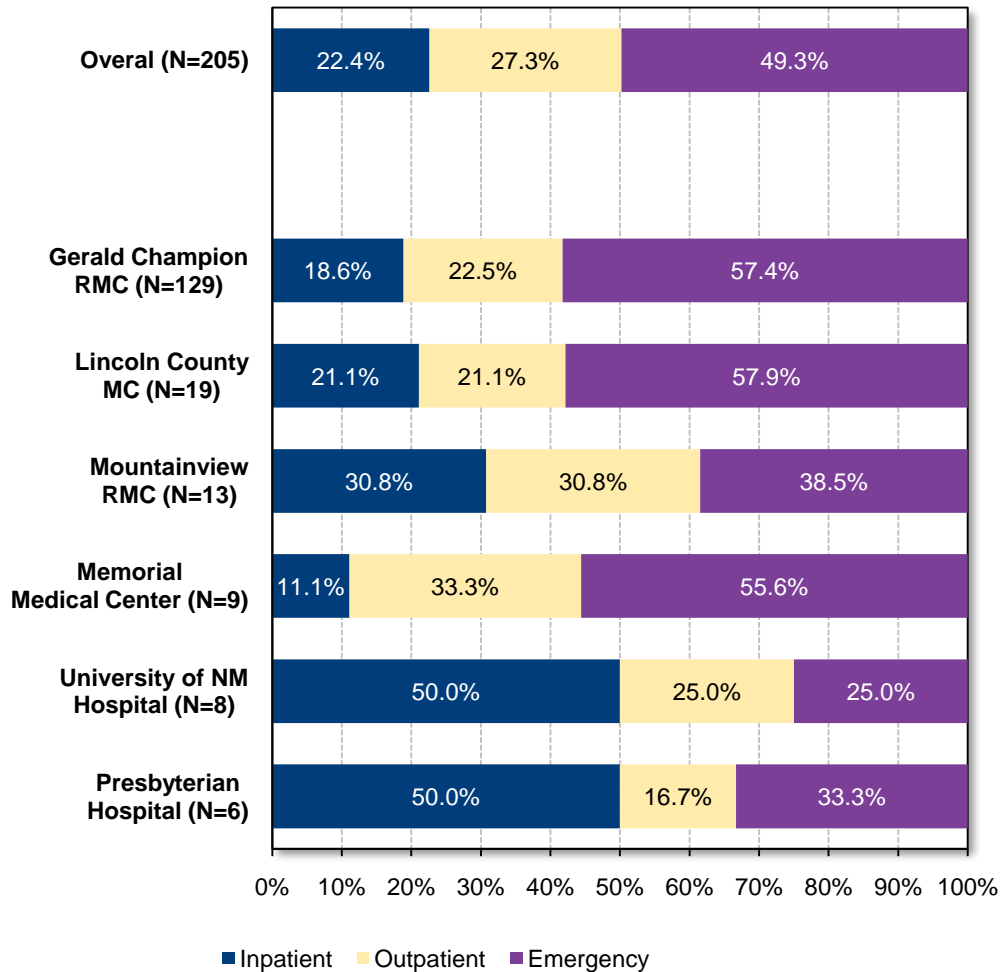
- Satisfaction with area hospital visits tends to increase with age.

SOCIO-ECONOMICS

- Those reporting the lowest satisfaction with area hospitals work in technical, management, or sales positions.
- Families earning \$40,000 to \$49,999 tend to be more satisfied with hospitals than those in other income brackets.

Utilization – Nature of Visit by Primary Hospital

Q8a Was the nature of this visit inpatient, outpatient, or emergency related?

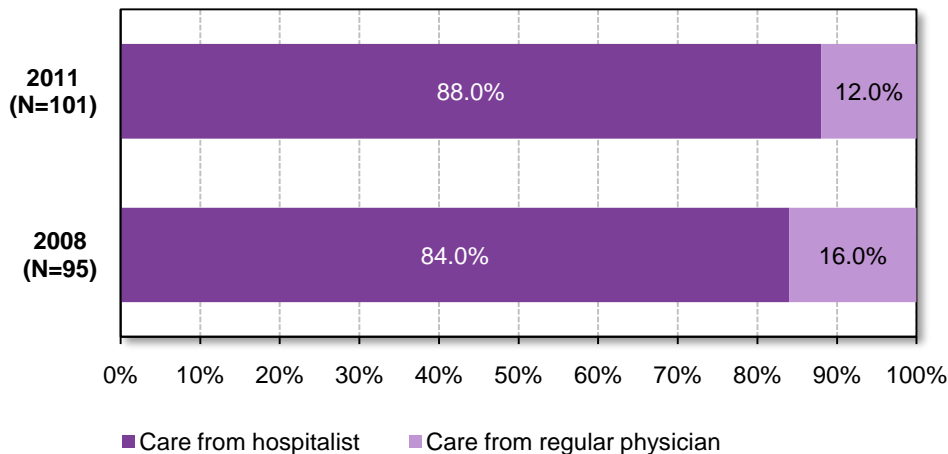
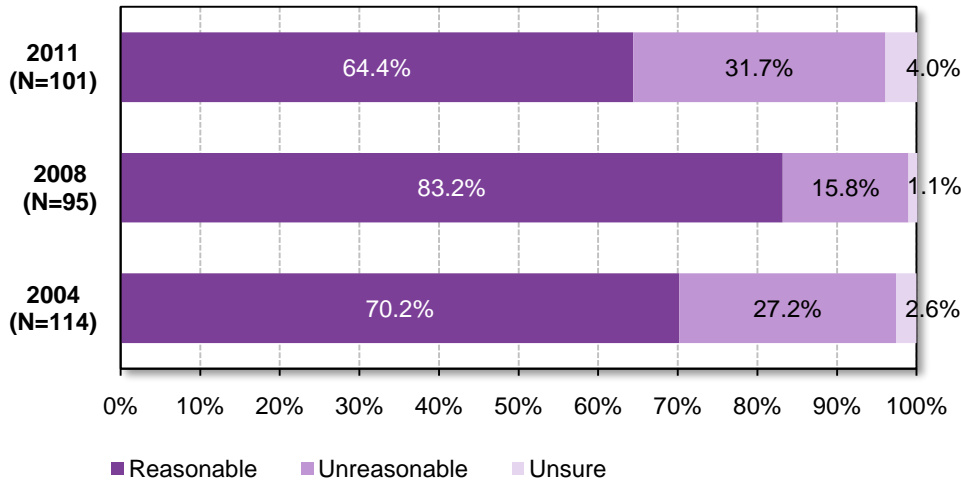


KEY FINDINGS

- The top 3 hospitals in the area show more than half of their patients as emergency cases.
- Compared to 2008 (45%), number of emergency visits to GCRMC have significantly increased (57%).
- While the same is true for Memorial MC, emergency visits have actually decreased for Mountainview RMC.
- For Presbyterian, inpatient visits have increased, while outpatient visits have decreased.
- Families with kids are more likely than those without to cite recent trips to the emergency room.
- People with college degrees are less likely than those without to have recently visited the emergency room.
- Inpatient visits are more likely among respondents under the age of 35 years.
- Males are more likely than females to cite recent outpatient care.
- Females are more likely than males to cite recent trips to the emergency room.

Utilization – Performance of Emergency Rooms

Q8b Was the wait time reasonable or unreasonable?
 Q8g Did you receive care and treatment from the hospitalist on staff?



KEY FINDINGS

- Compared to 2008, there has been a significant increase in the number of respondents reporting unreasonable waits in local emergency rooms.
- People with kids are much more likely than those without to said emergency room wait times were unreasonable.
- Young families and full families are more likely than other types to have experienced unreasonable ER wait times.
- More than half (53%) of homes with 4 or more members recently experienced long wait times in the emergency room.
- Those most likely to report unreasonable emergency room wait times earn more than \$50,000 per year.
- Of all ethnic groups, Anglos are the least likely to report unreasonable emergency room wait times.
- As age increases, likelihood of unreasonable emergency room wait times tends to decrease.
- While Medicaid patients are the most likely to report long emergency wait lines, Medicare patients are the least likely.

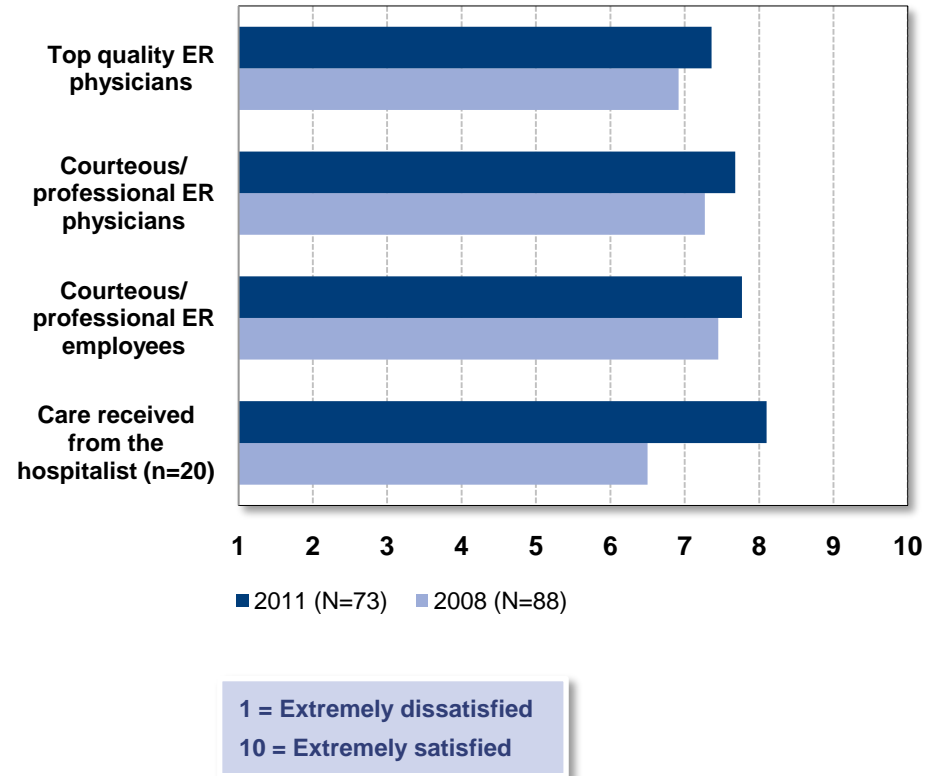
Utilization – Performance of GCRMC Emergency Room

Q8c-8f On a scale of 1 to 10, how would you rate the performance of the emergency room at Gerald Champion on the following issues?
 Q8h Describe your level of satisfaction with the care received from the hospitalist.



KEY FINDINGS

- Satisfaction with the GCRMC emergency rooms has increased in all areas, particularly with regard to hospitalist performance.
- Satisfaction with these GCRMC urgent care parameters tends to increase with age.
- Males tend to show more satisfaction than females toward urgent care hospitalists.
- Compared to those without, people with kids tend to be much less satisfied with the GCRMC emergency room.
- Anglos show much higher satisfaction with all aspects of the GCRMC emergency room compared to respondents of other ethnic backgrounds.



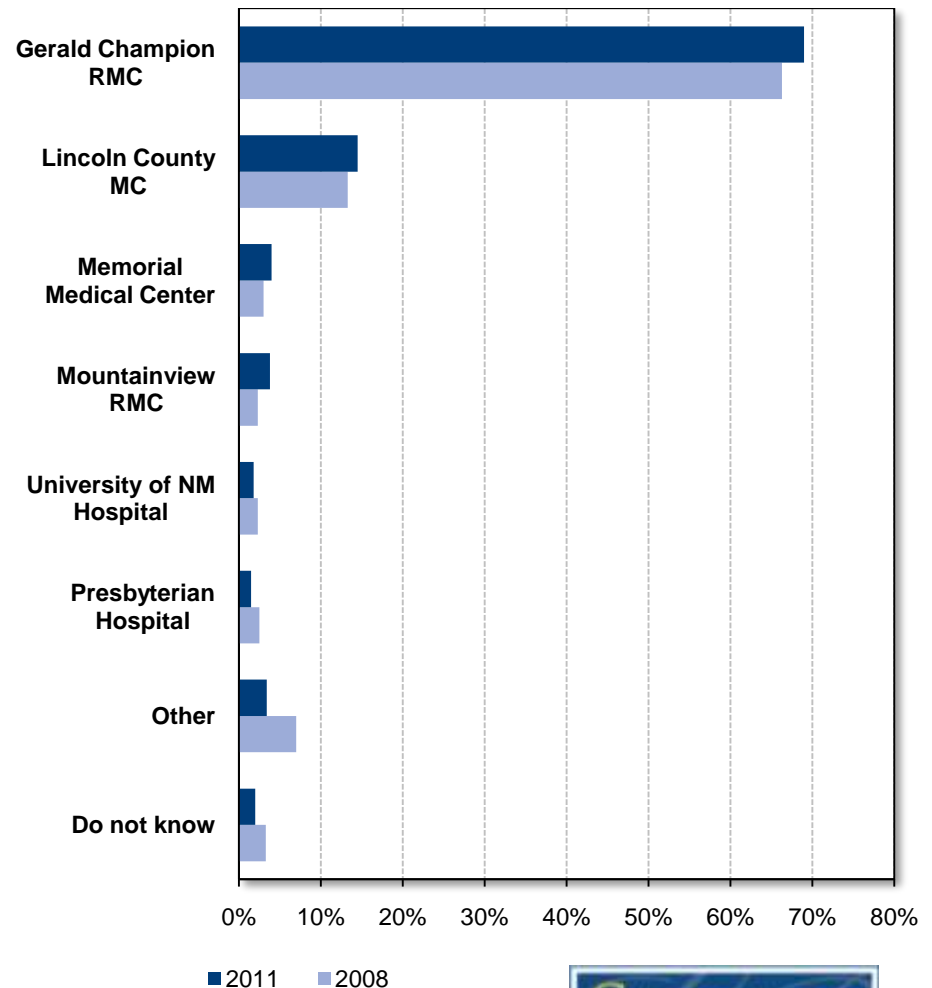
Utilization – Preferred Hospital for Emergency Care

Q4a If you needed emergency care, to which hospital would you go?



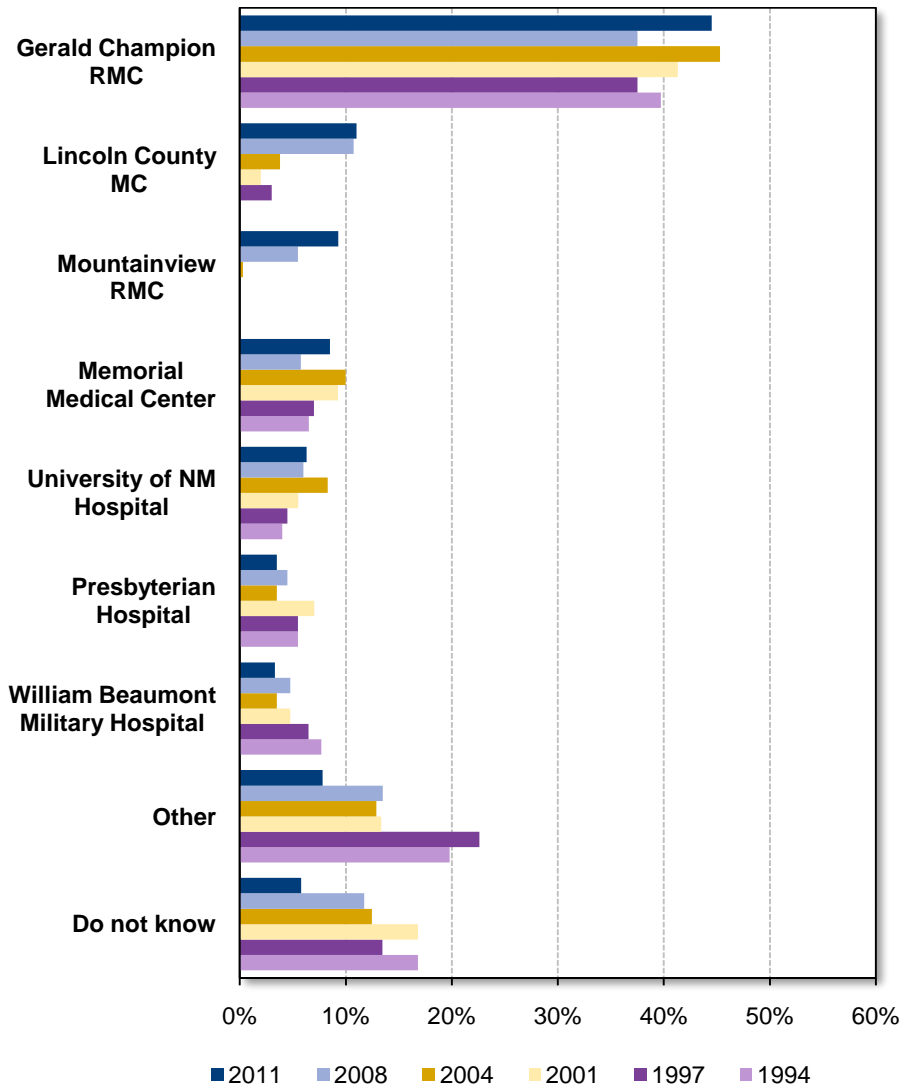
KEY FINDINGS

- 76% of the people familiar with GCRMC would choose this facility for emergency treatment.
- People most likely to prefer GCRMC for urgent care live in La Luz, Holloman AFB, or Alamogordo.
- Respondents between the ages of 35 and 64 years are less likely than those of other ages to prefer the GCRMC emergency room.
- Those who are 35 to 49 years are more likely to prefer Lincoln County MC, while those who are 50 to 64 years tend to prefer Memorial MC or Mountainview RMC.
- Subscribers to Champus/Tri-Care Military insurance or Medicare are more likely than those using other coverage to prefer urgent care from GCRMC.
- As level of education increases, likelihood of preferring GCRMC for emergency care decreases.
- Compared to those in other professions, managers, salespeople, and business owners are least likely to prefer GCRMC for emergency care.
- People who are new to the area are more likely than long-time residents to choose GCRMC for urgent care.
- Those most likely to choose GCRMC for emergency treatment earn less than \$20,000.



Utilization – Preferred Hospital

Q5 In which hospital would you prefer to be a patient?



KEY FINDINGS

- Preference for care from GCRMC has significantly increased over the past 3 years.
- 49% of the people who are familiar with GCRMC actually prefer care from that facility.
- 49% of Alamogordo residents prefer GCRMC—as this area is more likely to prefer Mountainview RMC or Memorial MC.
- Men are more likely than women to prefer GCRMC.
- Compared to those in other age groups, respondents who are 35 to 49 years of age are less likely to prefer GCRMC.
- People with kids are more likely than those without to prefer care from Memorial MC or Lincoln County MC.
- Compared to those with other education levels, people with 4-year college degrees are most likely to prefer care from GCRMC.
- As tenure to the area increases, preference for GCRMC tends to decrease. Those who have lived in the area longest, tend to prefer University of NM Hospital, Memorial MC, or Mountainview RMC.
- As income increases, preference for GCRMC tends to decrease.
- Anglos are more likely than any other ethnic group to prefer care from GCRMC. Further, over the past 3 years, preference for GCRMC has significantly decreased among African-Americans.

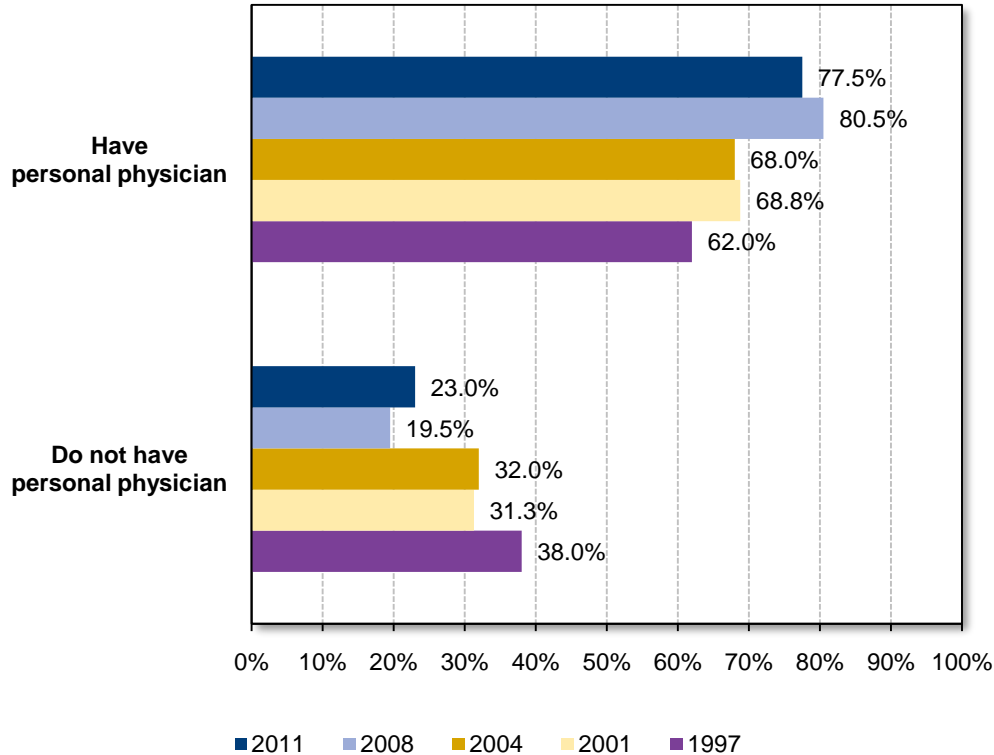


Community Tracking Survey

Physician Relationship

Physician Relationship – Physician Utilization

Q10 Do you have a personal or family physician?



KEY FINDINGS

- Physician utilization is highest in La Luz, Ruidoso, and Alamogordo.
- As age increases, so does likelihood of physician utilization. Further, 80% of all seniors have personal physicians.
- Families with children are not as likely as those without to cite use of personal physicians. In fact, those with more than 4 members are much less likely to have personal or family physicians.
- As household income increases, physician utilization tends to also increase.
- Compared to those of other ethnicities, Hispanics are more likely to cite use of personal physicians.

Physician Relationship – GCRMC Physician Names

Q11 Who is it?

Ferial Abood	7.5	George Laws	1.0
Kay Banikarim	7.5	Angela Riegel	1.0
Sungho Jun	6.2	Frank Bryant	0.6
Nasser Alqassem	4.9	Sara Hanumandla	0.6
Chandi Bankston	3.9	Sylvia Montoya	0.6
Dan Moezzi	3.9	Allan Paul	0.6
John Jones	3.6	Greg Richardson	0.6
Brent Aday	3.2	Ruthven Sampath	0.6
Sandra Grummert	2.6	Douglas Dodson	0.3
Gary Anireddy	2.3	Jeremy Harwood	0.3
Shauna Paylor	2.3	Norman Lindley	0.3
Jagdev Singh	2.3	Fatma Midani	0.3
Christiane George	1.6	John Paul Simmons	0.3
Robin J. Fowler	1.3	Larry Starr	0.3
Thomas Hanson	1.3	Diane Vanhorne	0.3
Jonathan Kevan	1.3	Betty Walton	0.3
Do not know	10.7	PCP from elsewhere	25.3

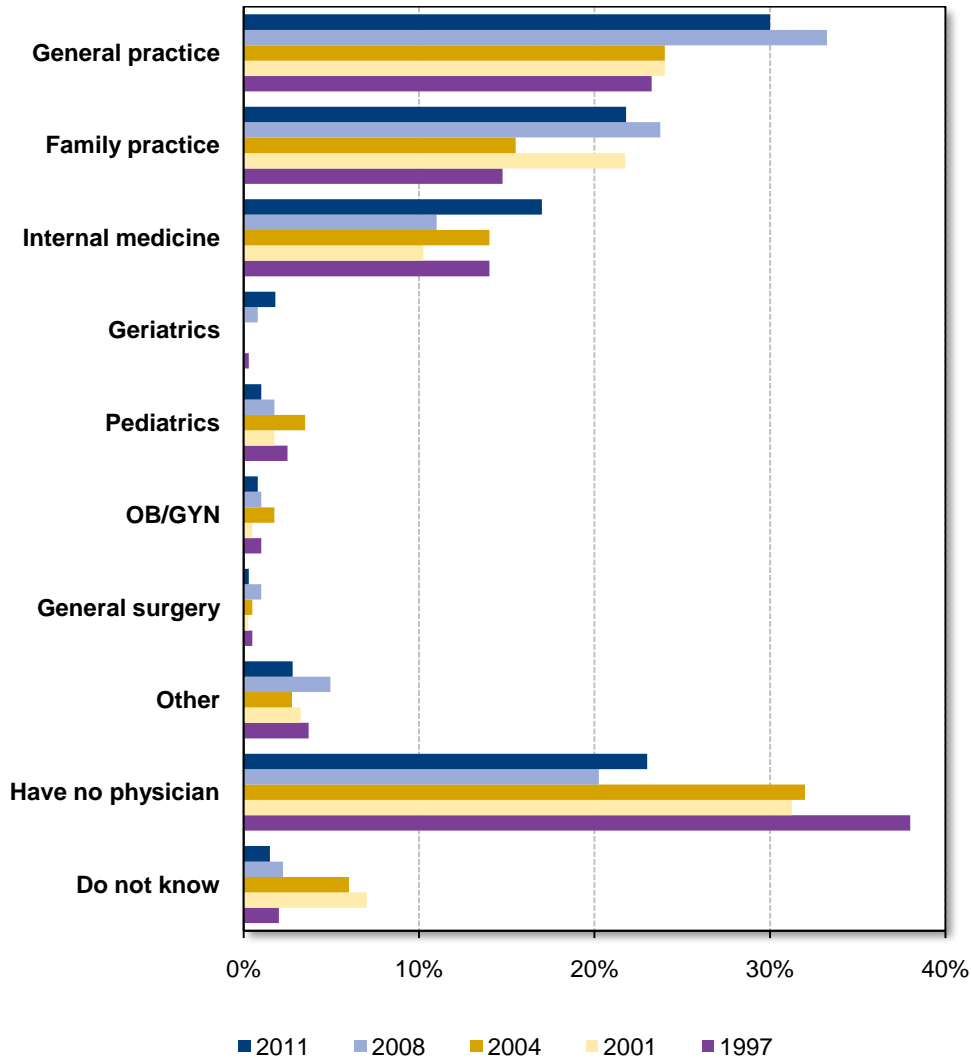


KEY FINDINGS

- Compared to 2008 (38%), fewer respondents are using PCPs from elsewhere (25%).
- Over the past 3 years, citations for Ferial Abood and Kay Bankarim have nearly doubled.
- Conversely, use of John Jones and Dan Moezzi has started to decline.

Physician Relationship – Primary Care Physician Specialty

Q12 What is this physician's specialty?



KEY FINDINGS

- There has been an increase in use of internists with a commensurate decrease in use of general and family practitioners.
- Men are more likely than women to use general practitioners, while women are more likely to use internists.
- Those under the age of 50 years tend to use family practitioners, while those over the age of 65 years tend to use internists.
- Family practitioners are more common among respondents with children, while those without children more likely use general practitioners or internists.

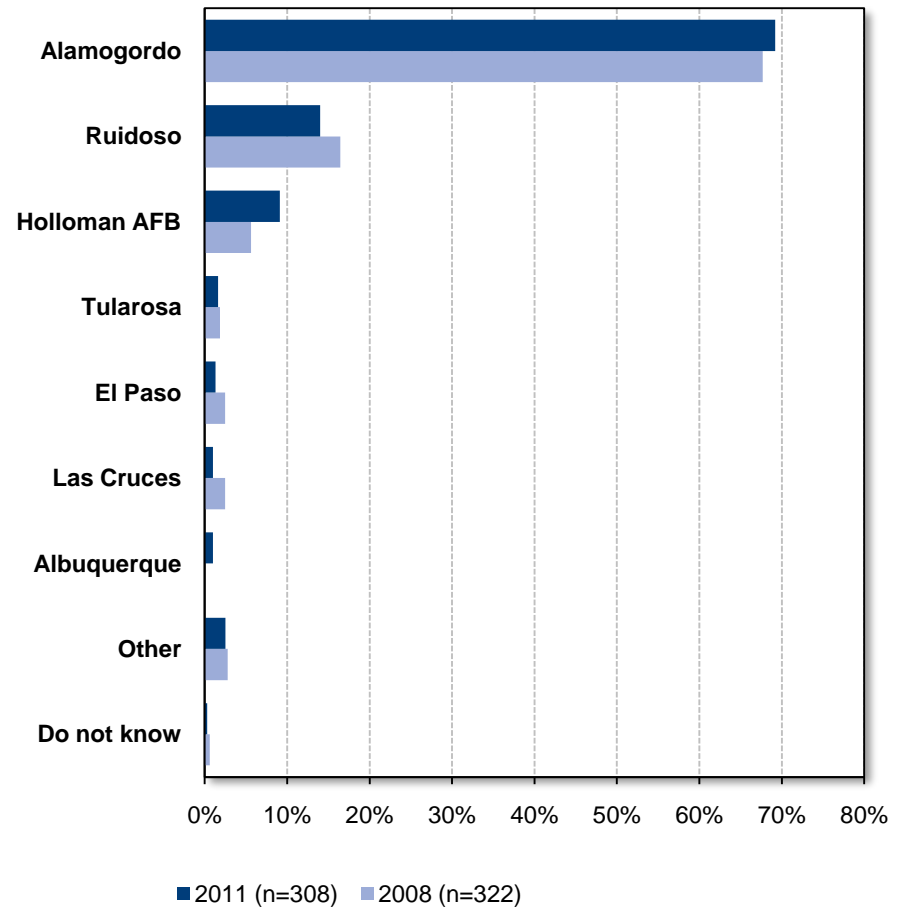
Physician Relationship – Physician Office Location

Q12x Where is this physician's office located?



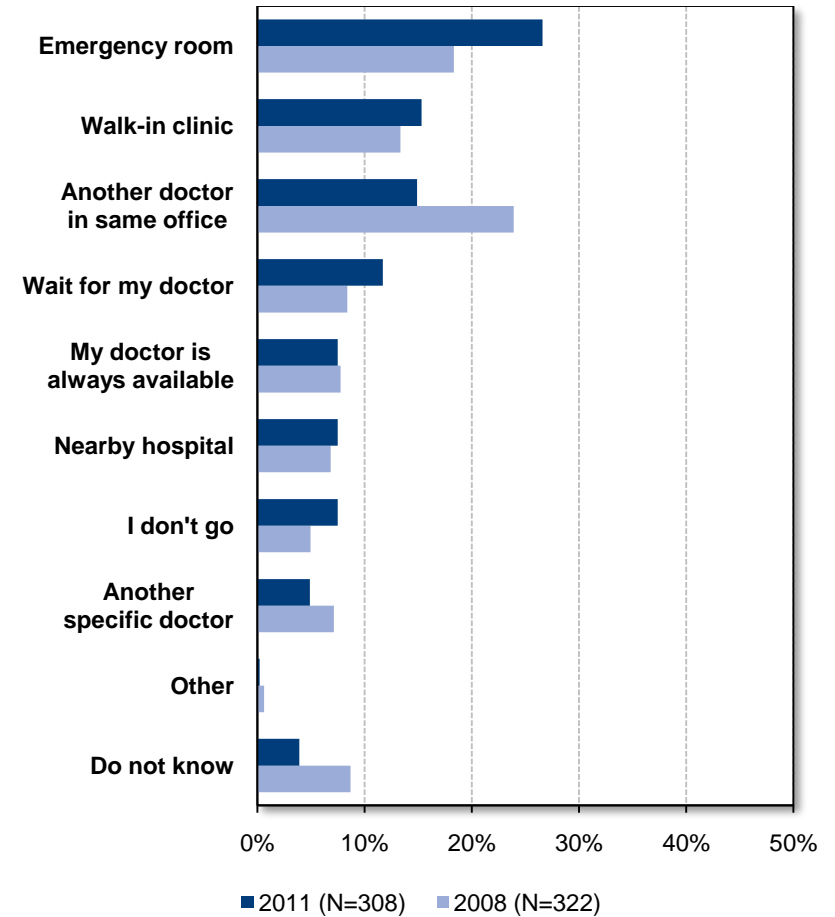
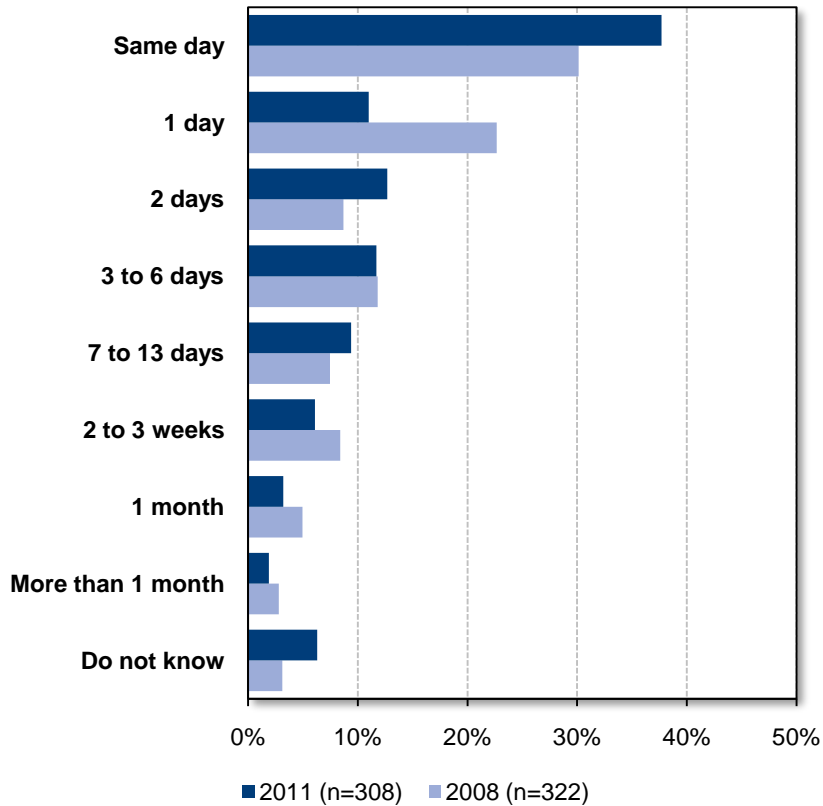
KEY FINDINGS

- People over the age of 65 years are more likely than those who are younger to have physicians in Alamogordo.
- Families with children are most likely to have physicians at Holloman AFB, while those without children are most likely to have physicians in Alamogordo.
- Seniors are more likely than any other family type to have physicians in Alamogordo.
- People most likely to have physicians in Alamogordo utilize HMO insurance.
- As family size increases, likelihood of having a physician in Alamogordo tends to decrease.
- Executives and professionals are more likely than those in other lines of work to have physicians in Alamogordo.
- Increased tenure to the area correlates with increased likelihood of having Alamogordo doctors.
- Those more likely to have physicians in Alamogordo earn less than \$20,000 per year.
- Compared to other ethnic groups, Hispanics are more likely to have Alamogordo physicians.



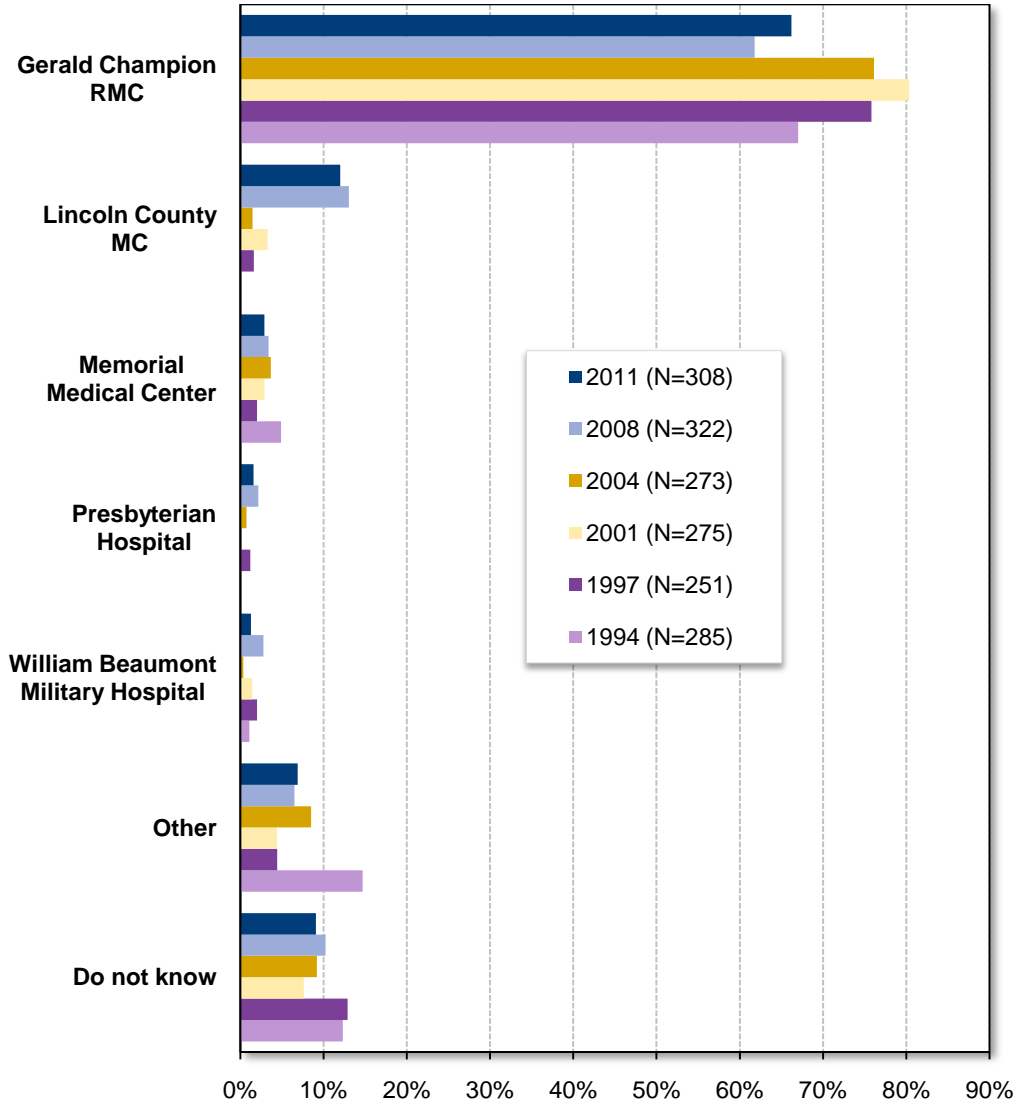
Physician Relationship – Physician Availability

Q12y How many days do you usually have to wait to see this physician? / Q12z If this physician is not available, where do you usually go?



Physician Relationship – Hospital Doctor Recommends

Q13 Please tell me which hospital your doctor usually recommends?



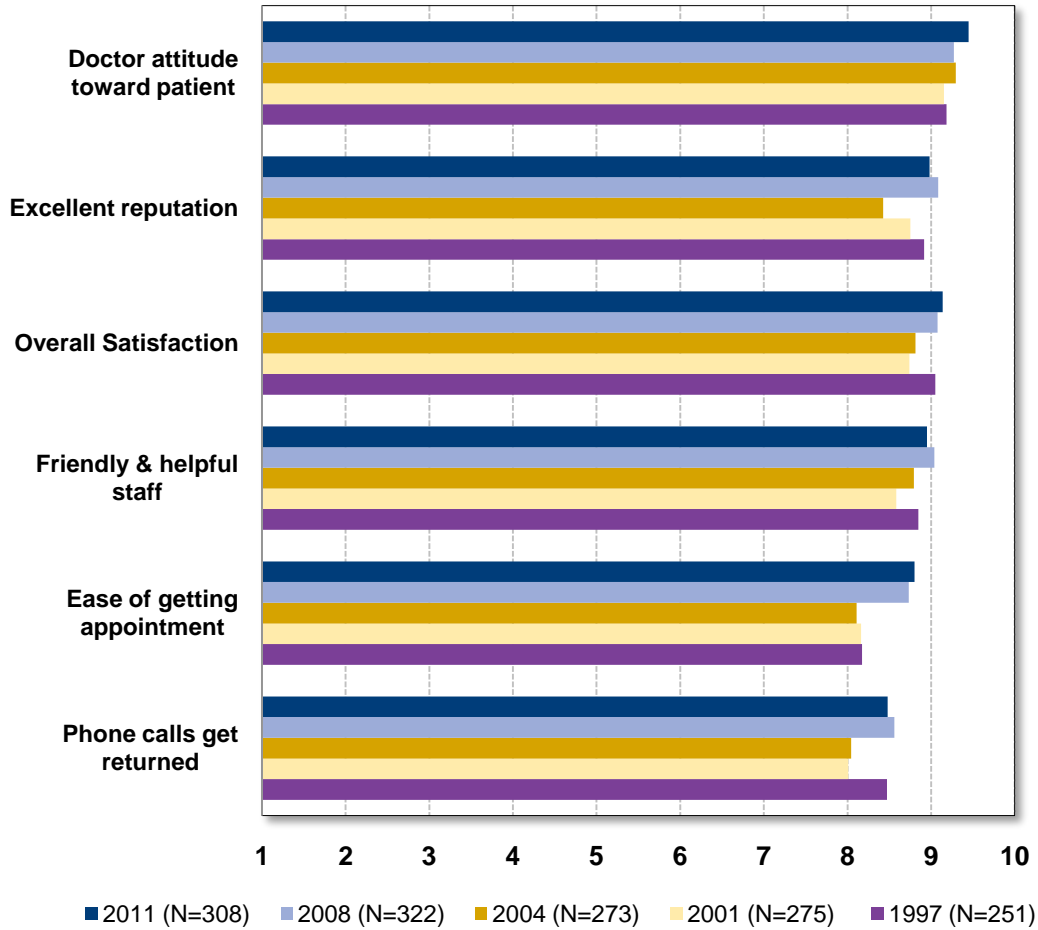
KEY FINDINGS

- 79% of Alamogordo residents have physicians who recommend GCRMC.
- As age increases, so does likelihood of physician recommendation for GCRMC.
- Those using HMO or Medicare insurance are more likely than those using other coverage to have doctors who recommend GCRMC.
- As tenure to the area increases, physician recommendations for GCRMC also tend to increase.

Physician Relationship – Physician Performance

Q14 On a scale of 1 to 10, how would you rate the performance of your physician on the following issues?

Q15 Describe your overall level of satisfaction with this physician.



1 = Very poor performance
10 = Excellent performance



Physician Relationship – Physician Performance

AGE & GENDER

- Men are more satisfied than women in how promptly their physicians return phone calls.
- As age increases, physician performance scores tend to increase for reputation of quality and ease of getting appointments.

INSURANCE

- Those using Champus/Tri-Care Military insurance tend to be least satisfied with ease of getting an appointment.
- Medicare subscribers tend to be most satisfied with friendly and helpful staff.

FAMILY TYPE

- In nearly every category, respondents with children give significantly lower ratings that do those without children.
- In fact, as family size increases, performance scores tend to decrease in ease of getting an appointment and getting phone calls returned.
- Of all family types, young families tend to give the lowest physician ratings in most categories.

GEOGRAPHY

- Across nearly every category, physician satisfaction is lower on Holloman AFB than it is in surrounding cities.

SOCIO-ECONOMICS

- Compared to those in other positions, blue collar workers tend to give the highest physician performance scores in most all categories.
- American Indians tend to show the least satisfaction across all physician performance areas.

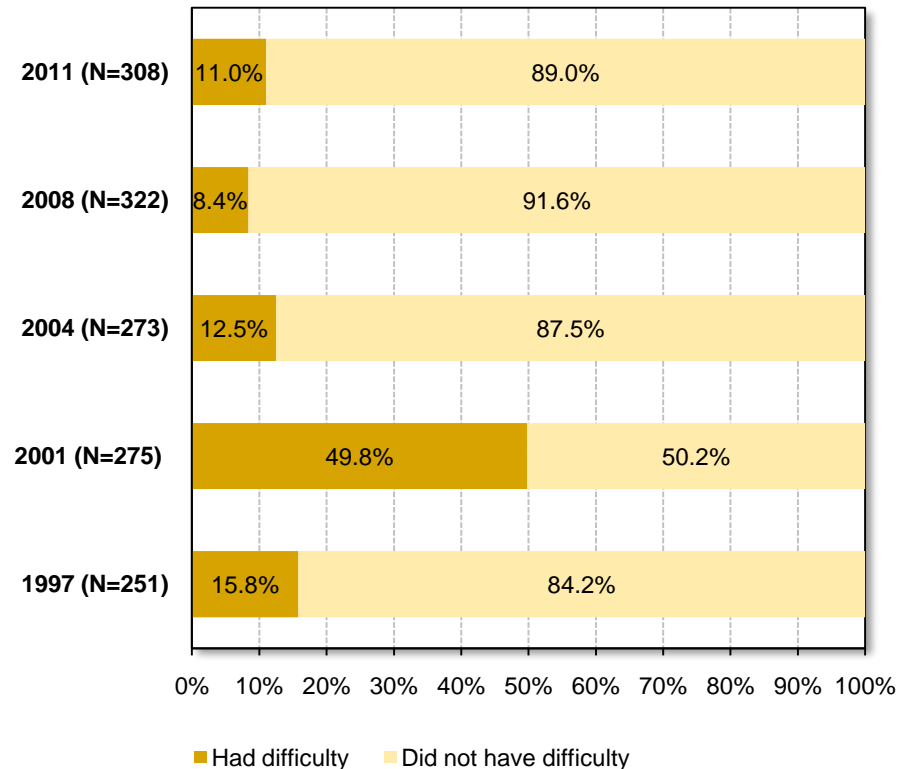
Physician Relationship – Difficulty Getting Appointments

Q16 Have you or a member of your family had difficulty getting an appointment with your family doctor in the past two years?



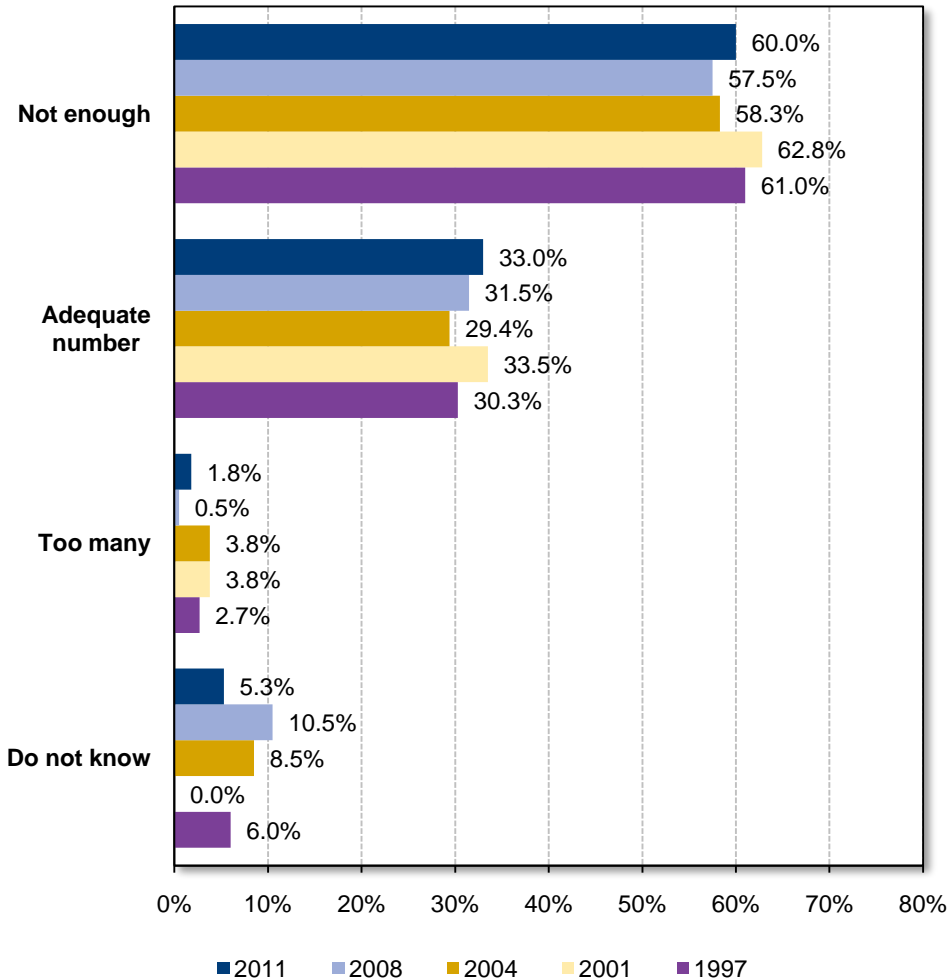
KEY FINDINGS

- As age decreases, likelihood of difficulty getting doctor appointments tends to increase.
- Compared to those with kids, people without tend to have less difficulty setting appointments.
- Of all family types, young families and full families are most likely to have difficult setting doctor appointments.
- Almost half (47%) of the respondents who had difficulty getting a doctor appointment subscribe to Champus/Tri-Care military insurance.



Physician Relationship – Physician Coverage in the Area

Q17a Would you say there are too many, an adequate number, or not enough doctors in this area?

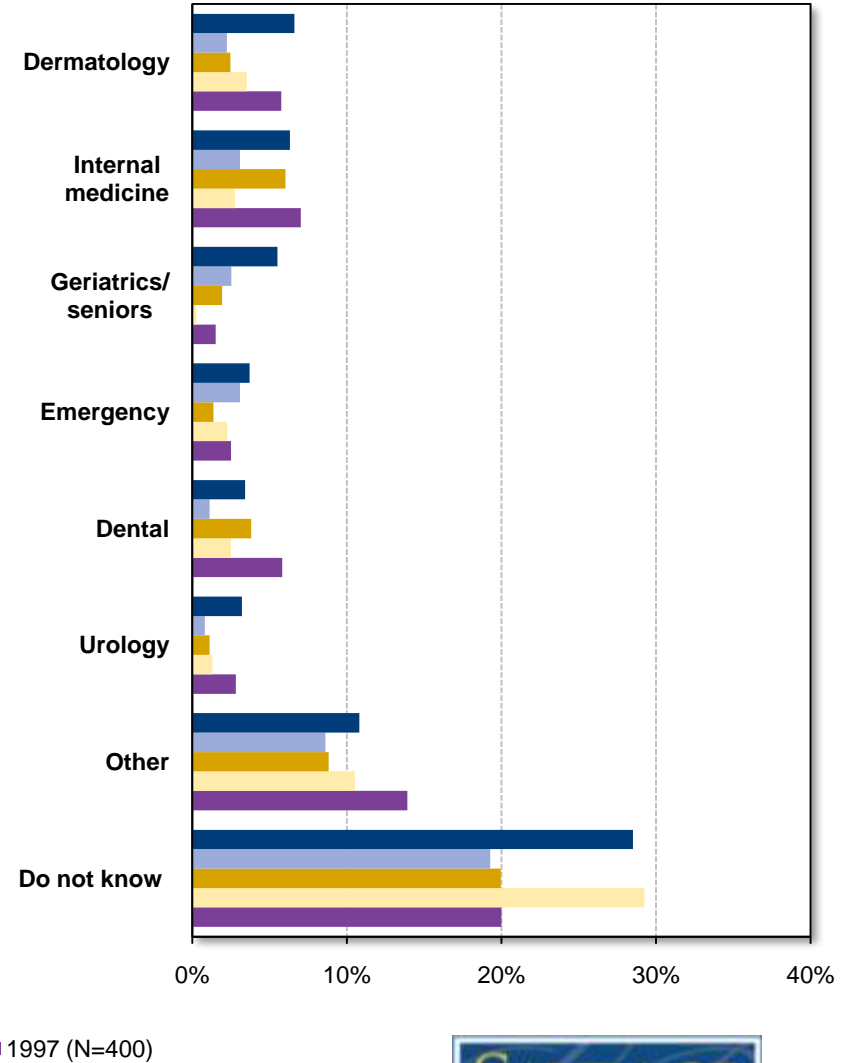
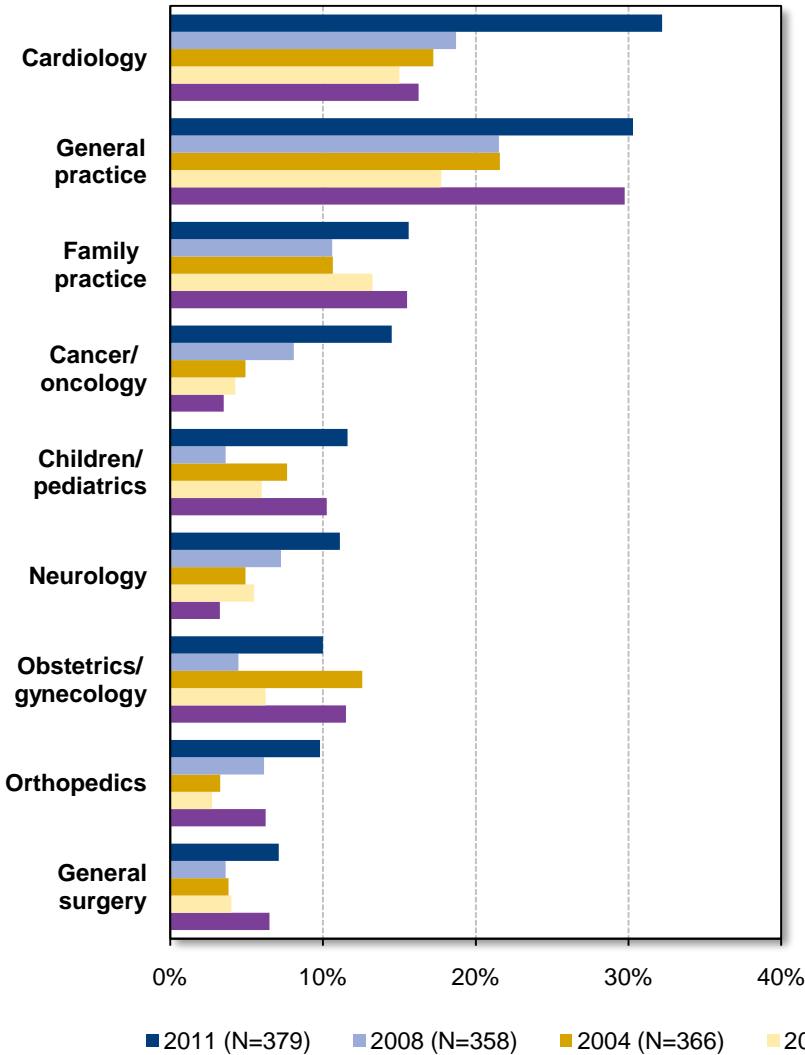


KEY FINDINGS

- People in Alamogordo are less likely than those who live elsewhere to believe there are not enough physicians in the area.
- In fact, 100% of those who perceive too many doctors live in Alamogordo.
- As age increases, respondents become less likely to believe there are not enough doctors.
- People with kids are more likely than those without to believe there are not enough physicians in the area.
- Compared to those using other coverage, respondents who have HMOs are the most likely to cite physician shortages.
- Those most likely to believe there are not enough doctors have 4-year college degrees.
- Those who have lived in the area longest are not as likely to perceive physician shortages.
- People earning more than \$50,000 per year are the most likely to think there are too many doctors.
- Compared to other ethnicities, African-Americans and American Indians are most likely to cite shortages.

Physician Relationship – Type of Doctor Needed Most

Q17b What type of doctor is most needed in your area?

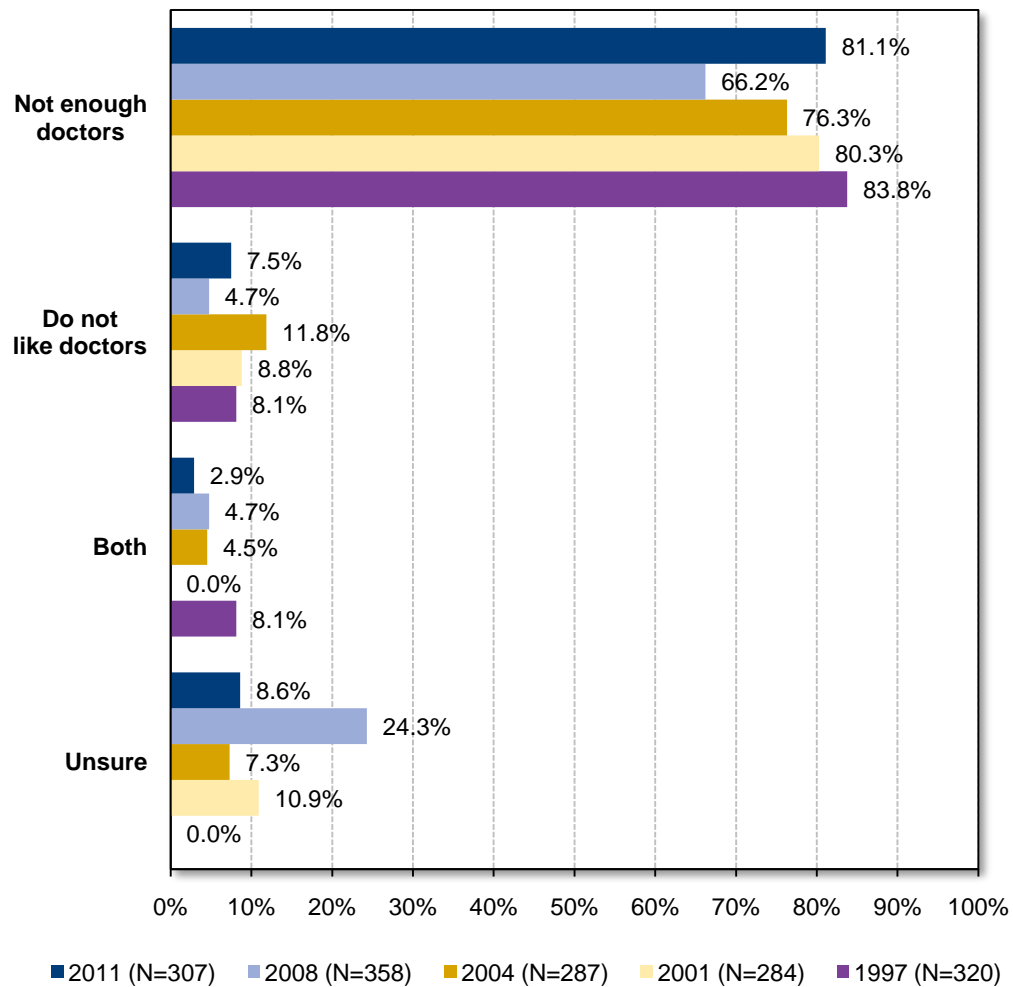


Note: Data measured across 3 mentions in 2011, while measured across 1 mention in prior years.



Physician Relationship – Reason for Physician Need

Q18 Would you say there are not enough physicians in your area, or do you not like the doctors here who handle that particular field?

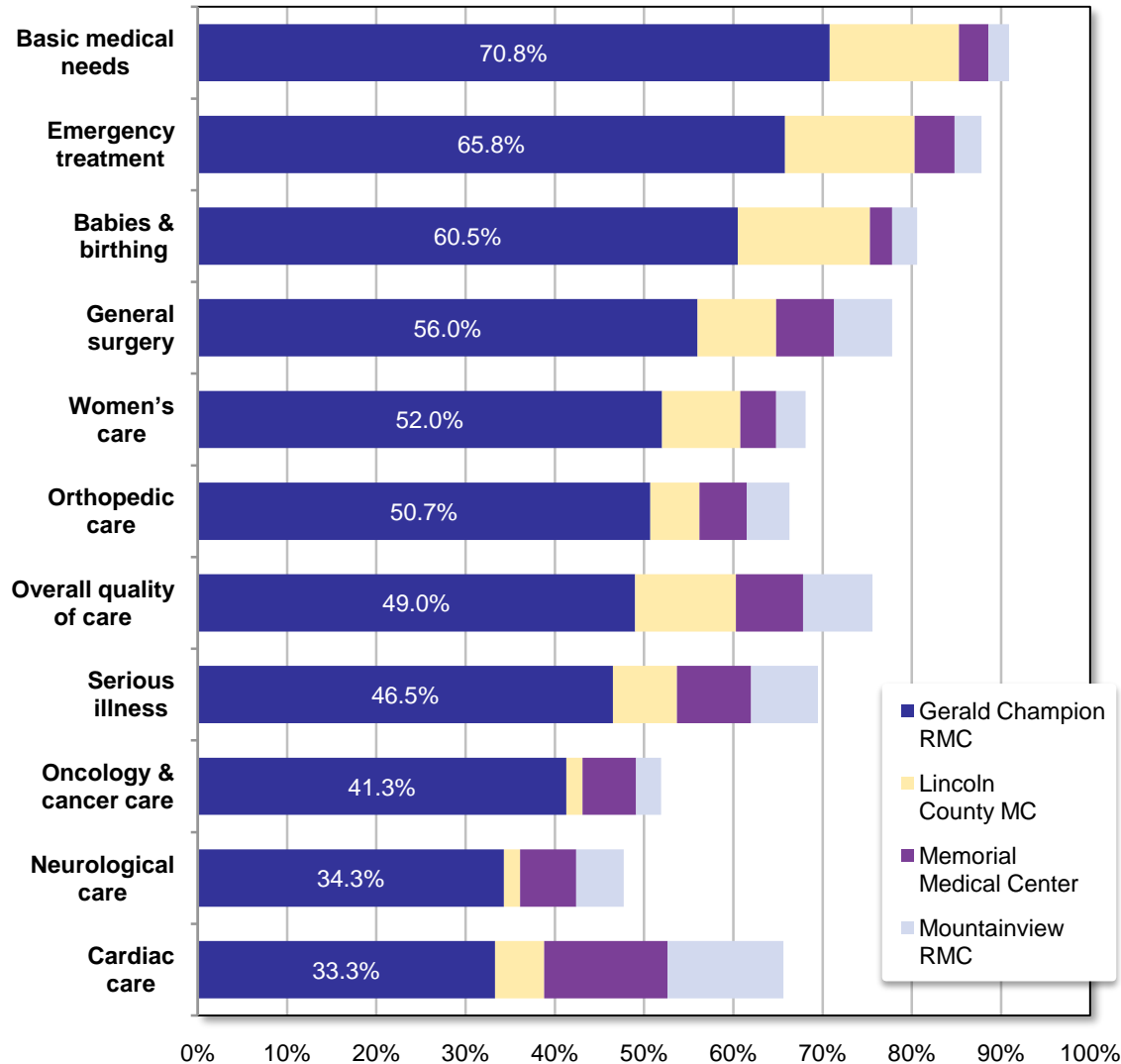




Community Tracking Survey

Service Line Positioning

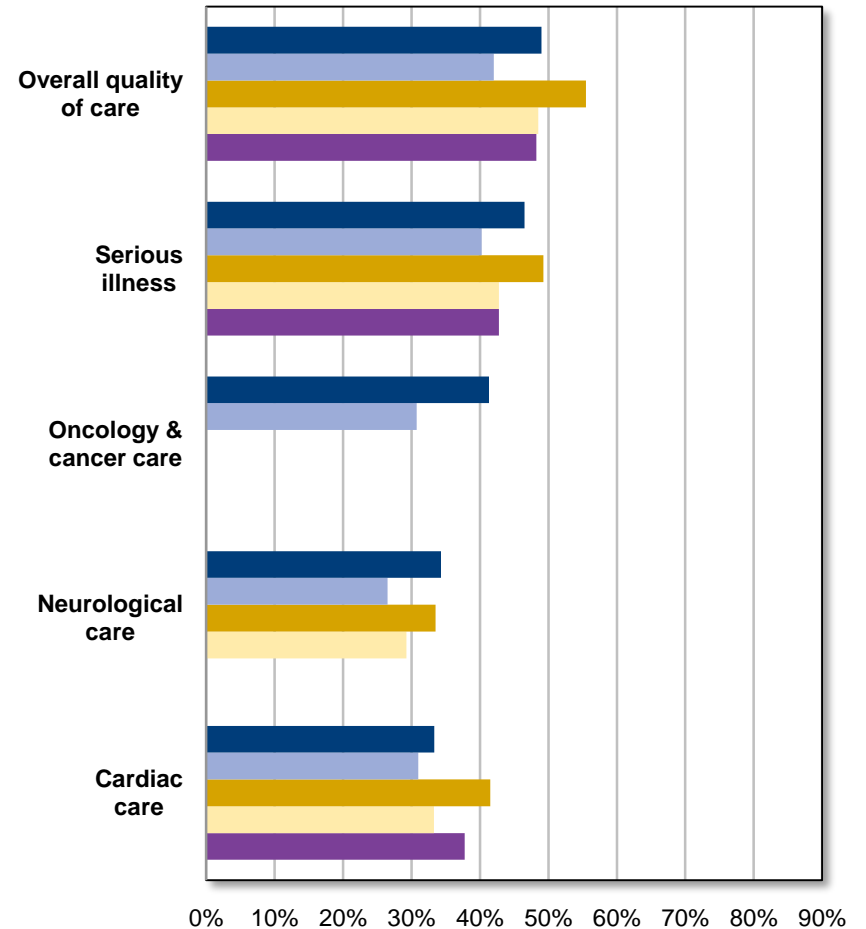
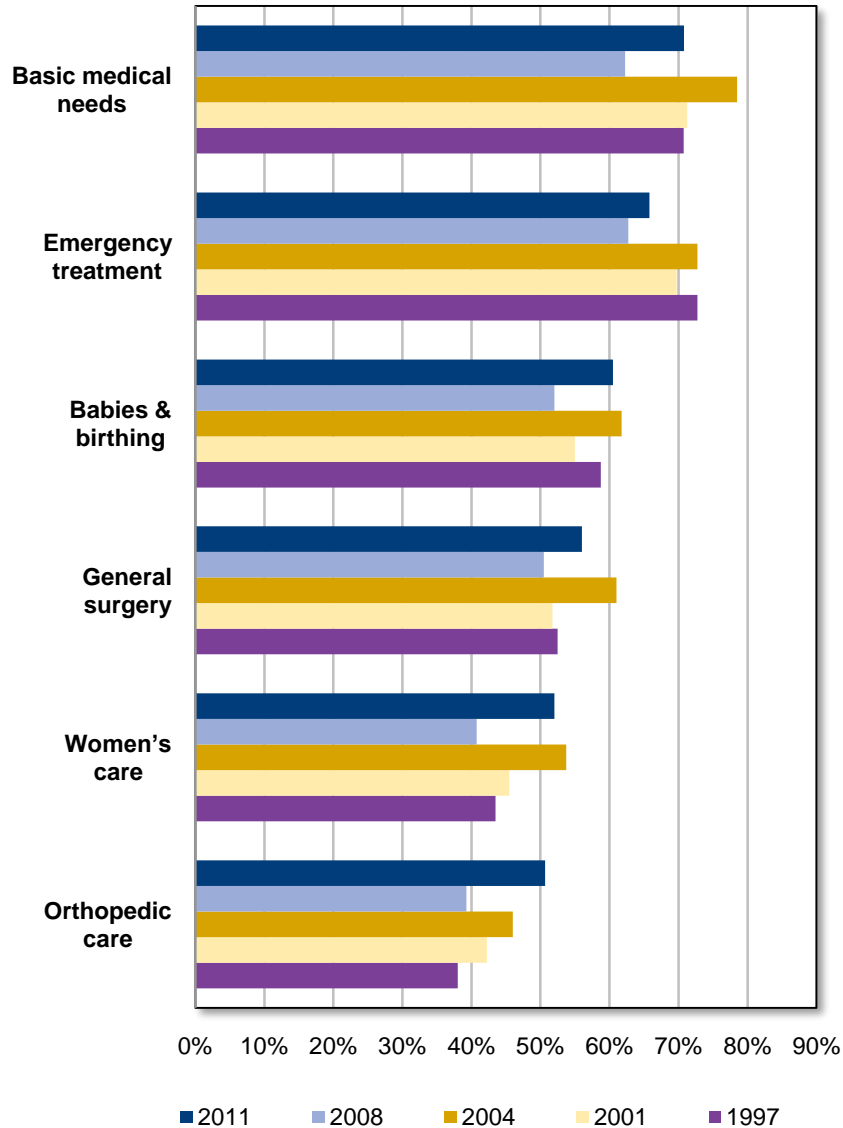
Positioning by Year – Overview of Market Share



KEY FINDINGS

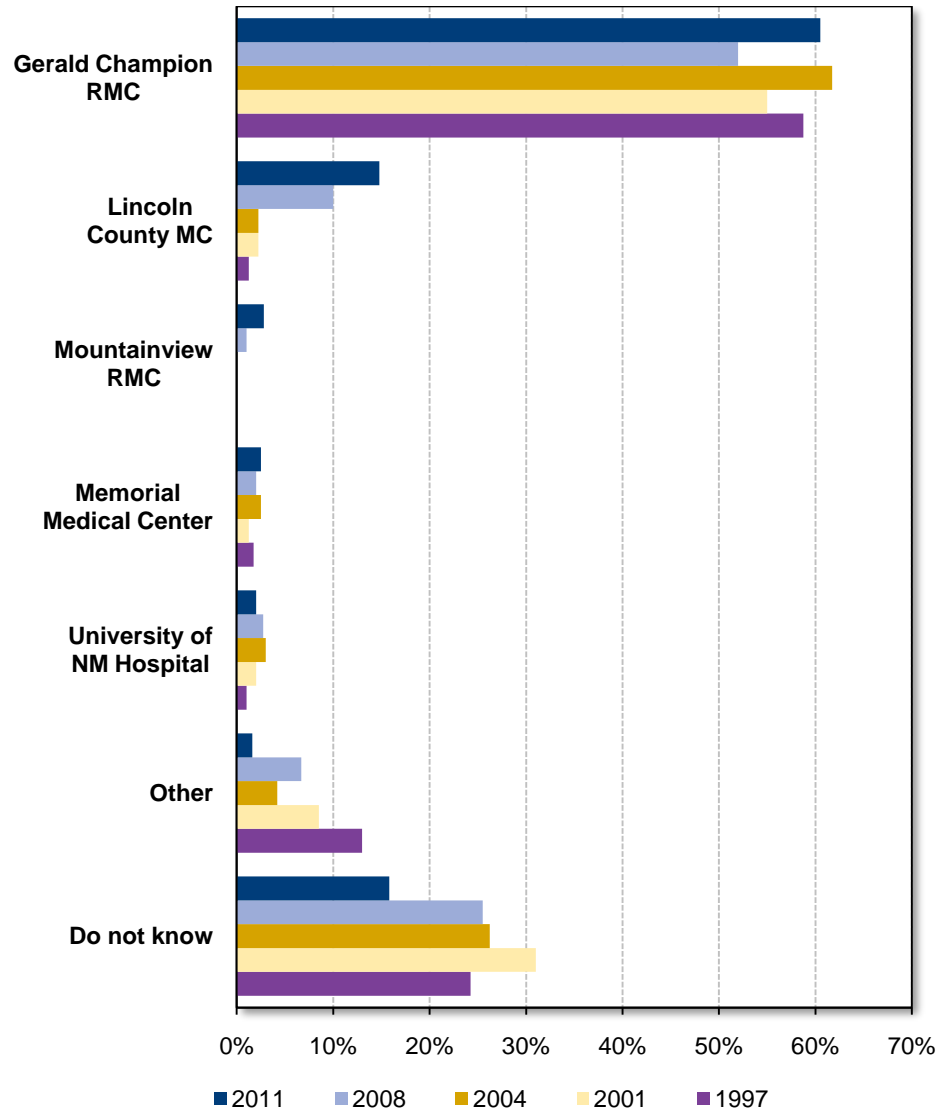
- GCRM continues to show the greatest leadership in areas of general care.
- However, when it comes to more critical care, GCMC market share really tapers off, as respondents think more of Memorial MC and Mountainview RMC.
- Regardless, GCRM leadership positions have strengthened in every service line since the 2008 measurement.

Positioning by Year – Changes in GCRMC Market Share



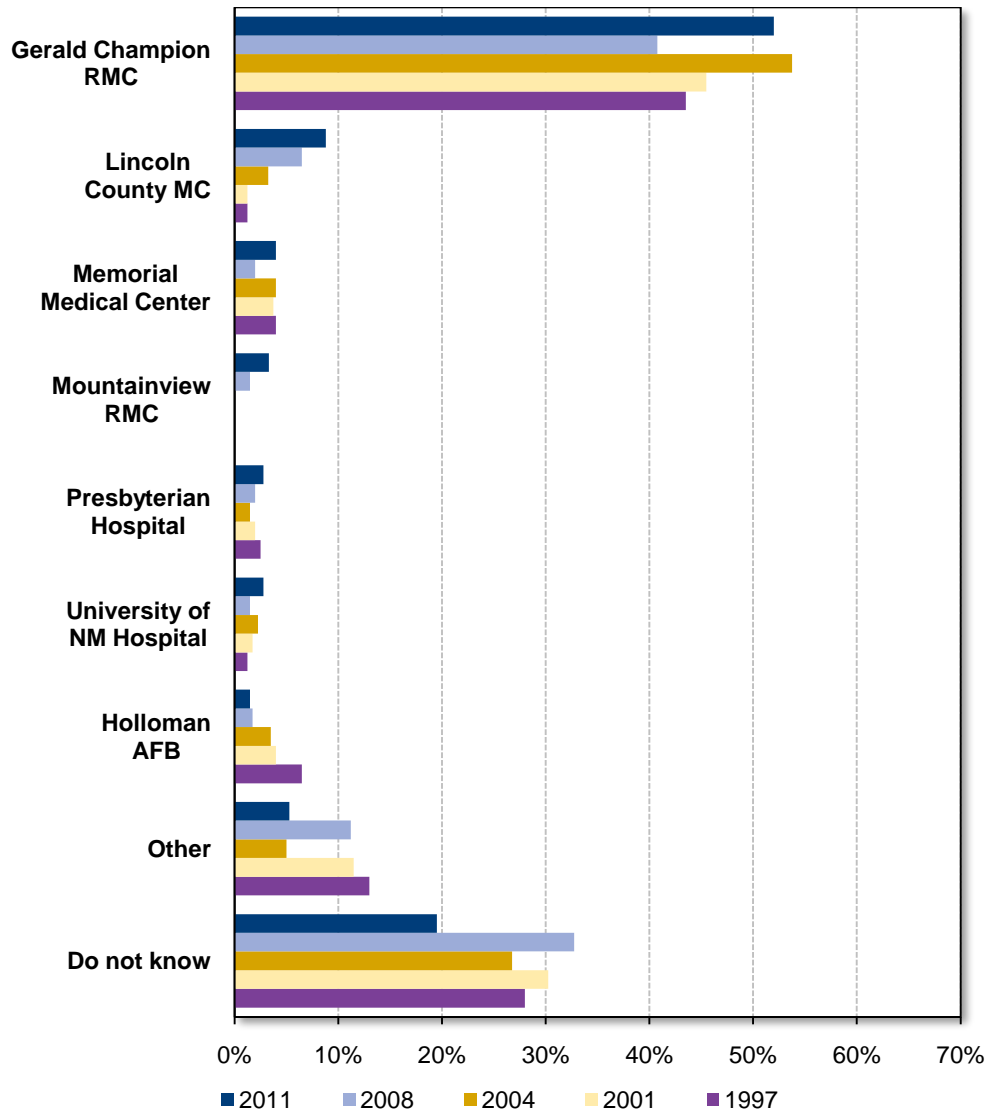
Positioning by Year – Best for Babies and Birthing

Q2 Which hospital or medical facility in your area is best for babies and birthing?



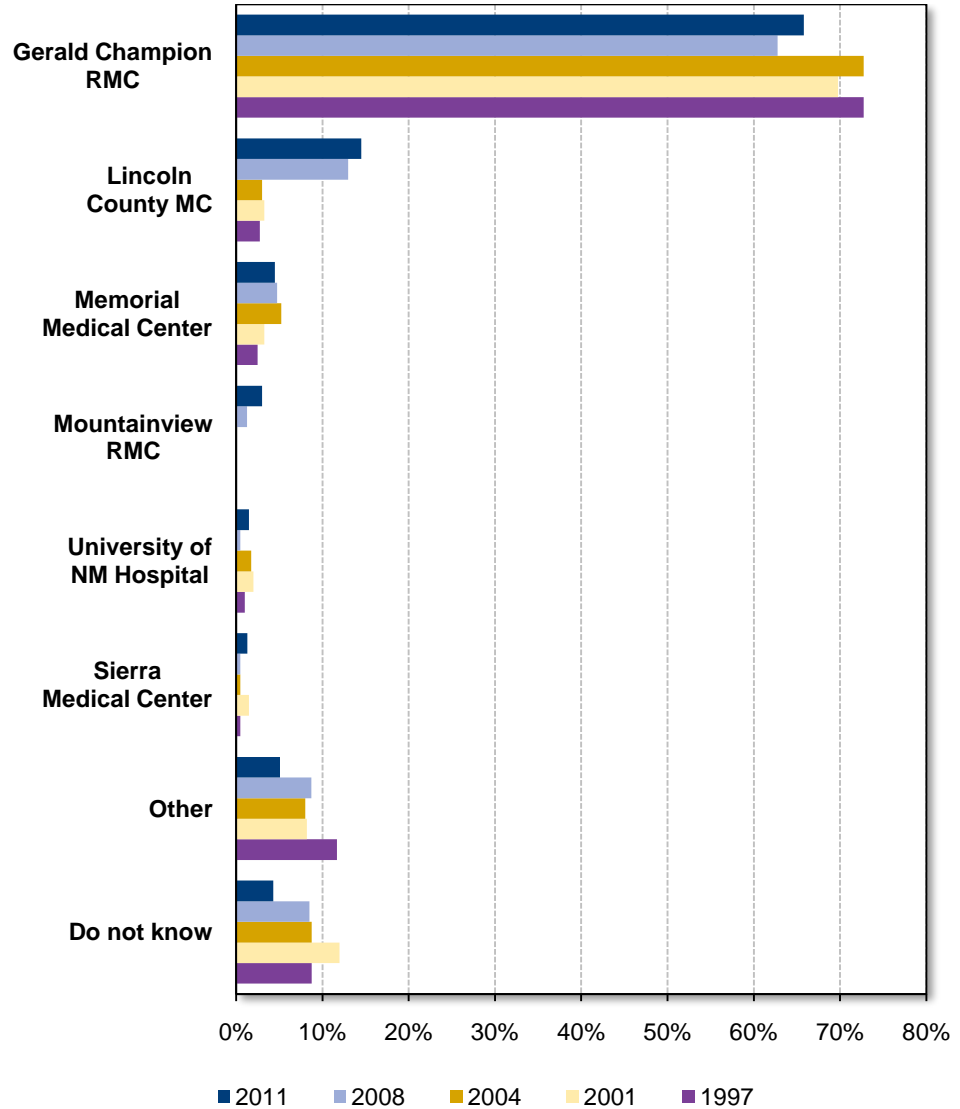
Positioning by Year – Best for Women’s Care

Q2 Which hospital or medical facility in your area is best for women’s care not including obstetrics?



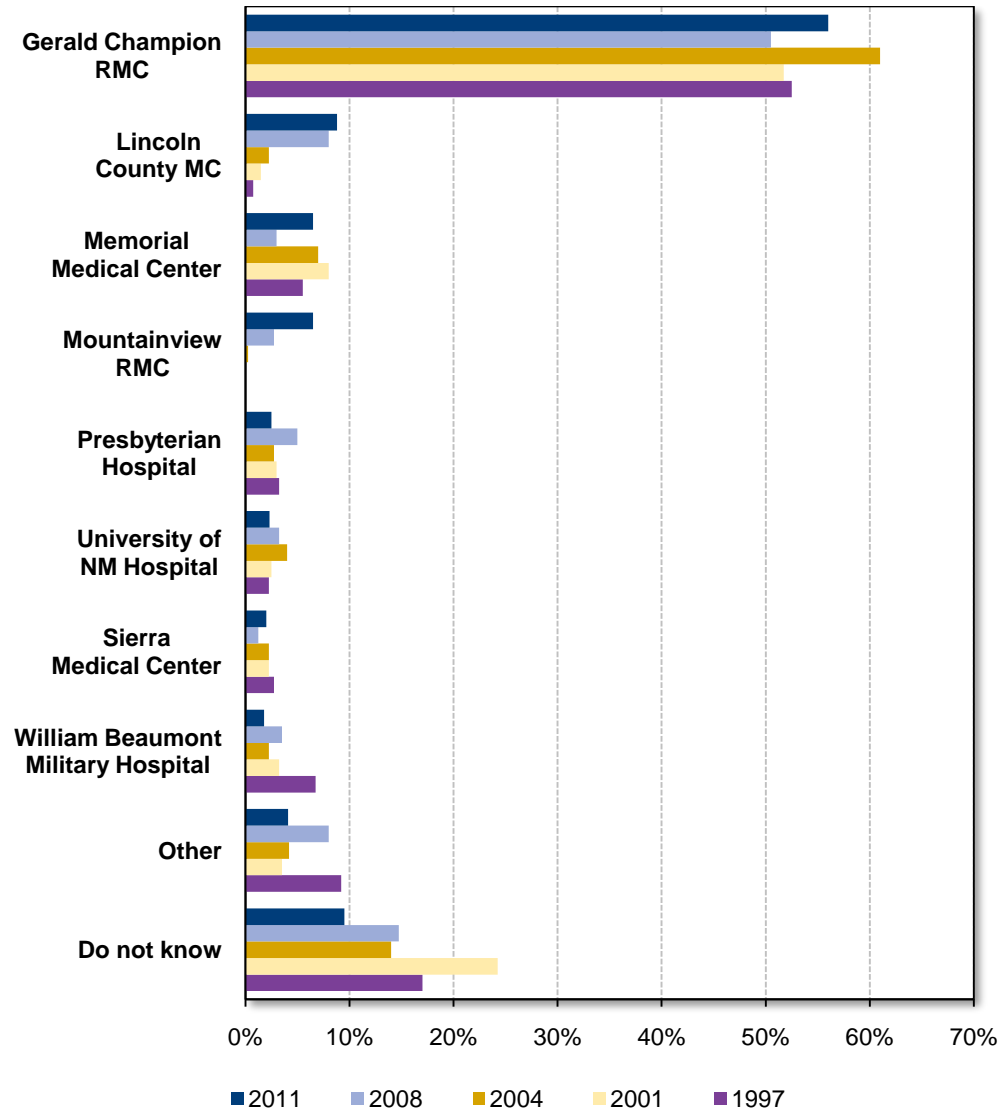
Positioning by Year – Best for Emergency Treatment

Q2 Which hospital or medical facility in your area is best for emergency treatment?



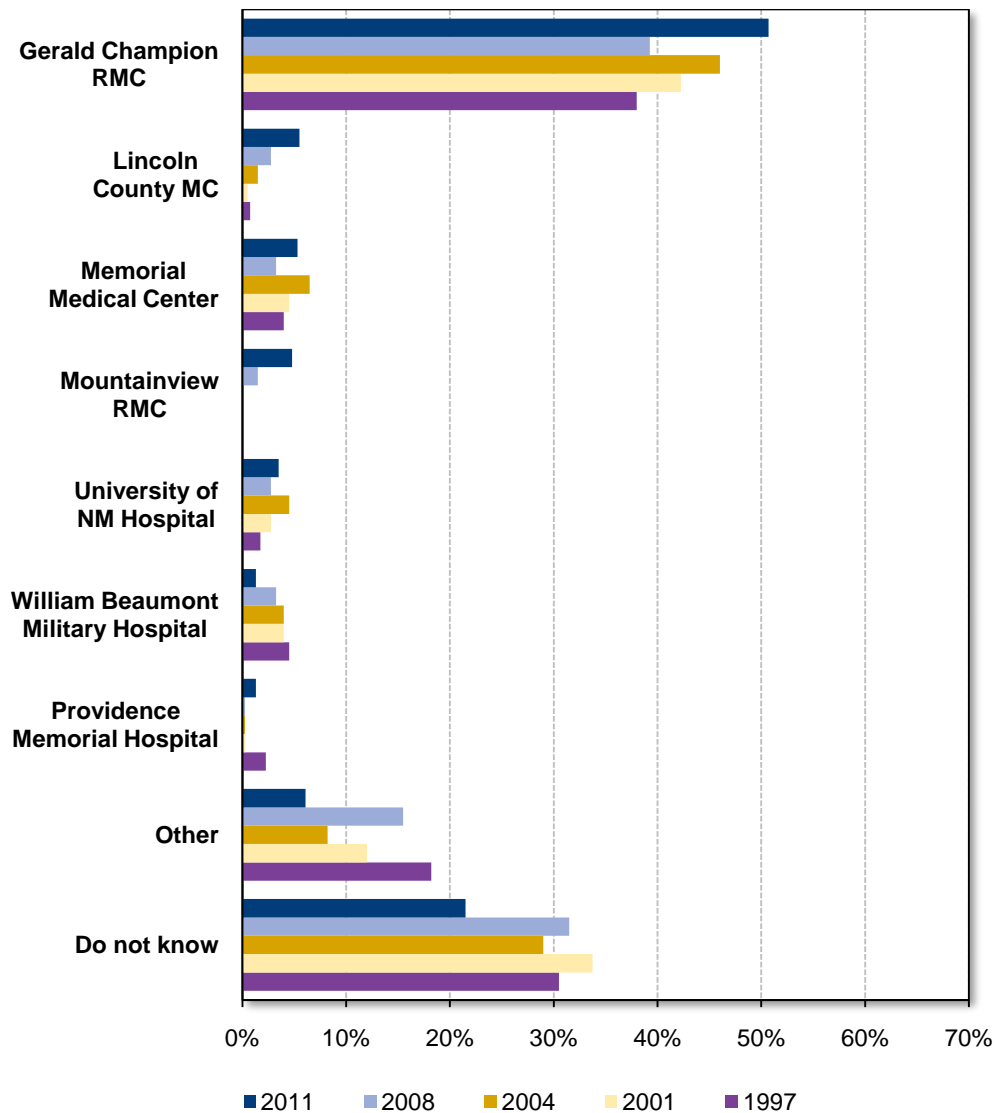
Positioning by Year – Best for General Surgery

Q2 Which hospital or medical facility in your area is best for general surgery?



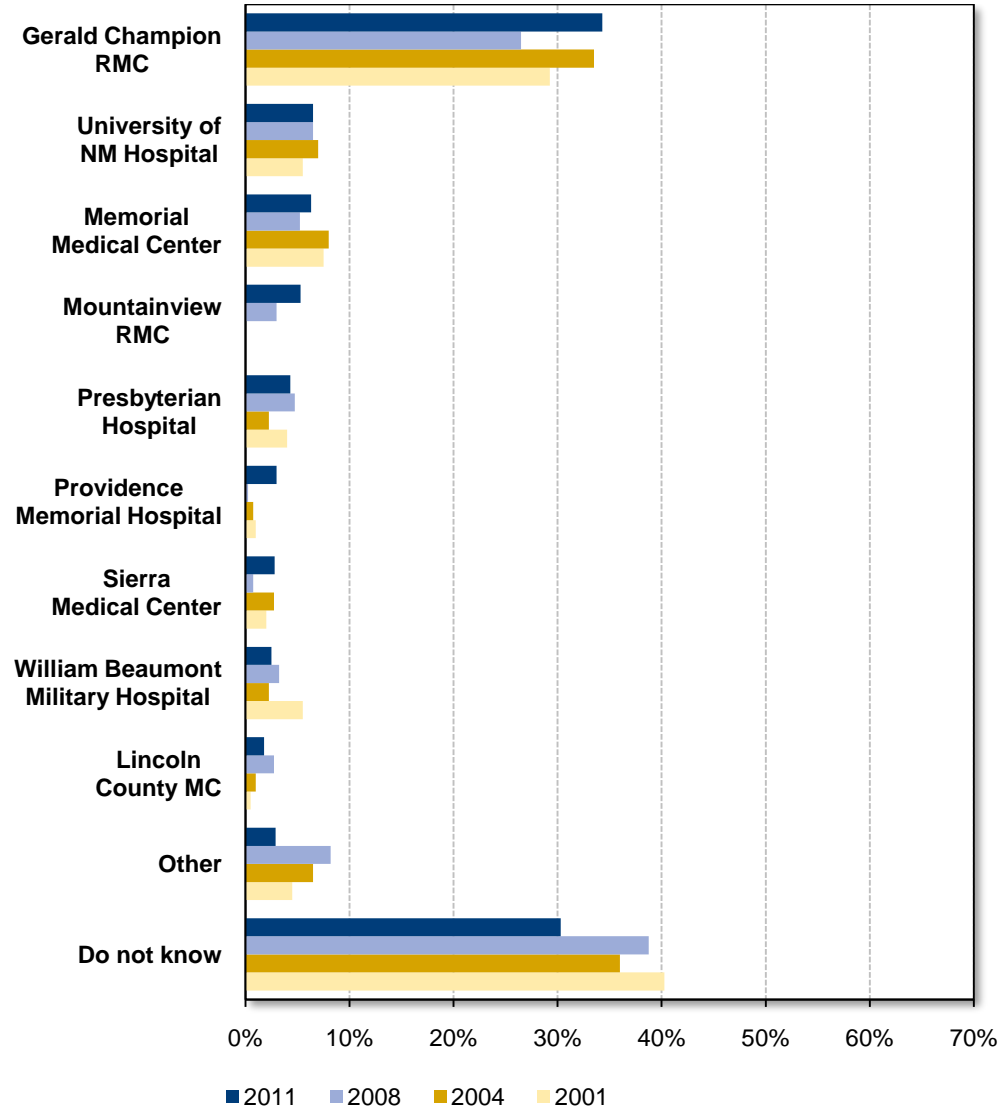
Positioning by Year – Best for Orthopedics

Q2 Which hospital or medical facility in your area is best for orthopedic care?



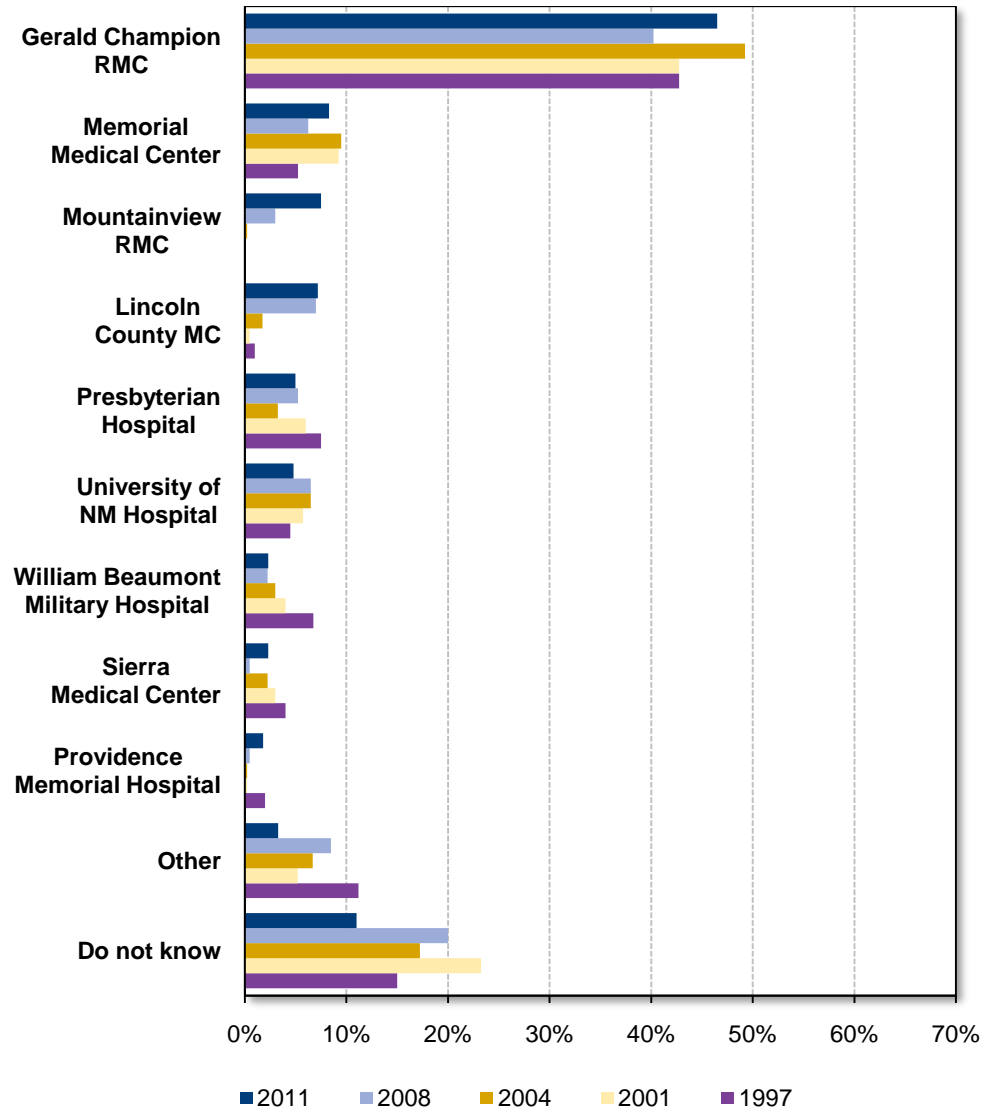
Positioning by Year – Best for Neurological Care

Q2 Which hospital or medical facility in your area is best for neurological care?



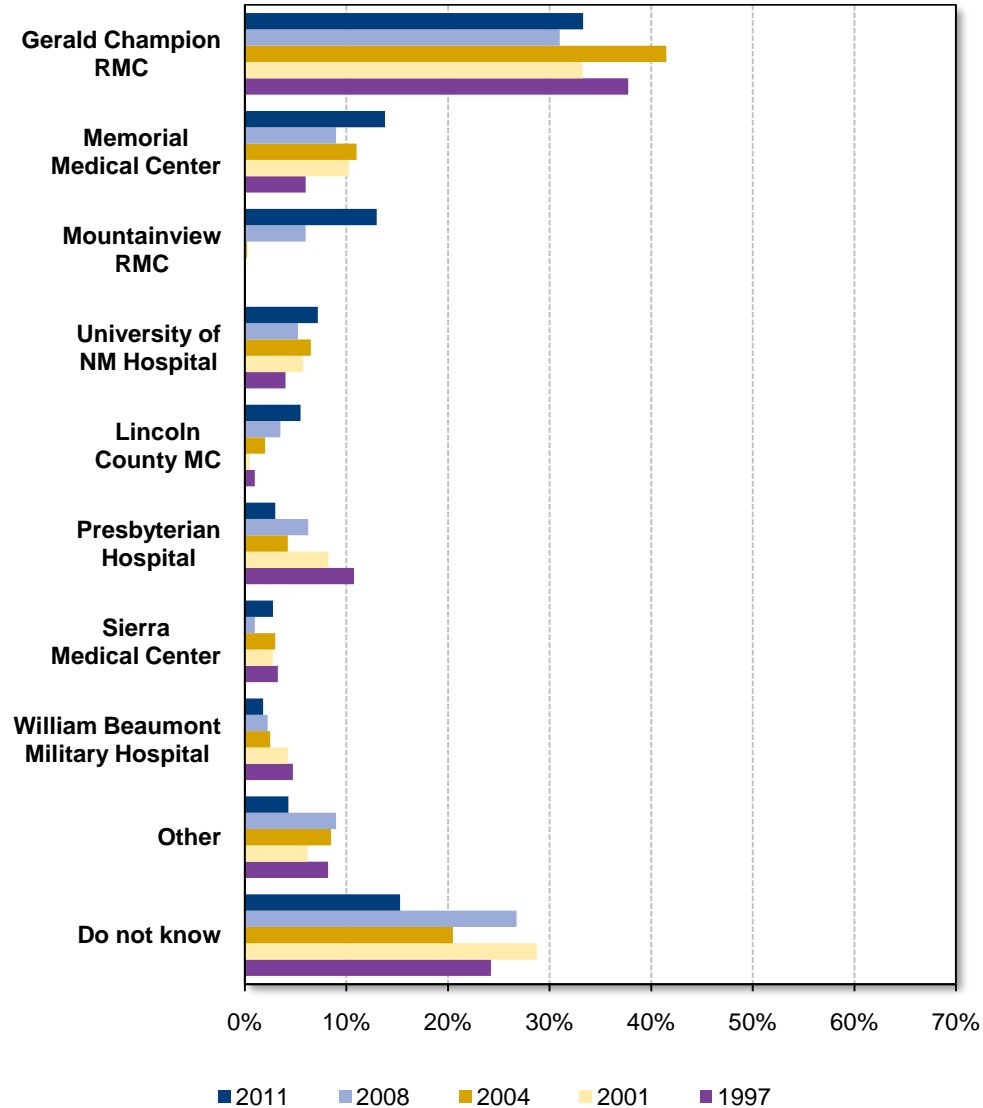
Positioning by Year – Best for Serious Illness

Q2 Which hospital or medical facility in your area is best for serious illness?



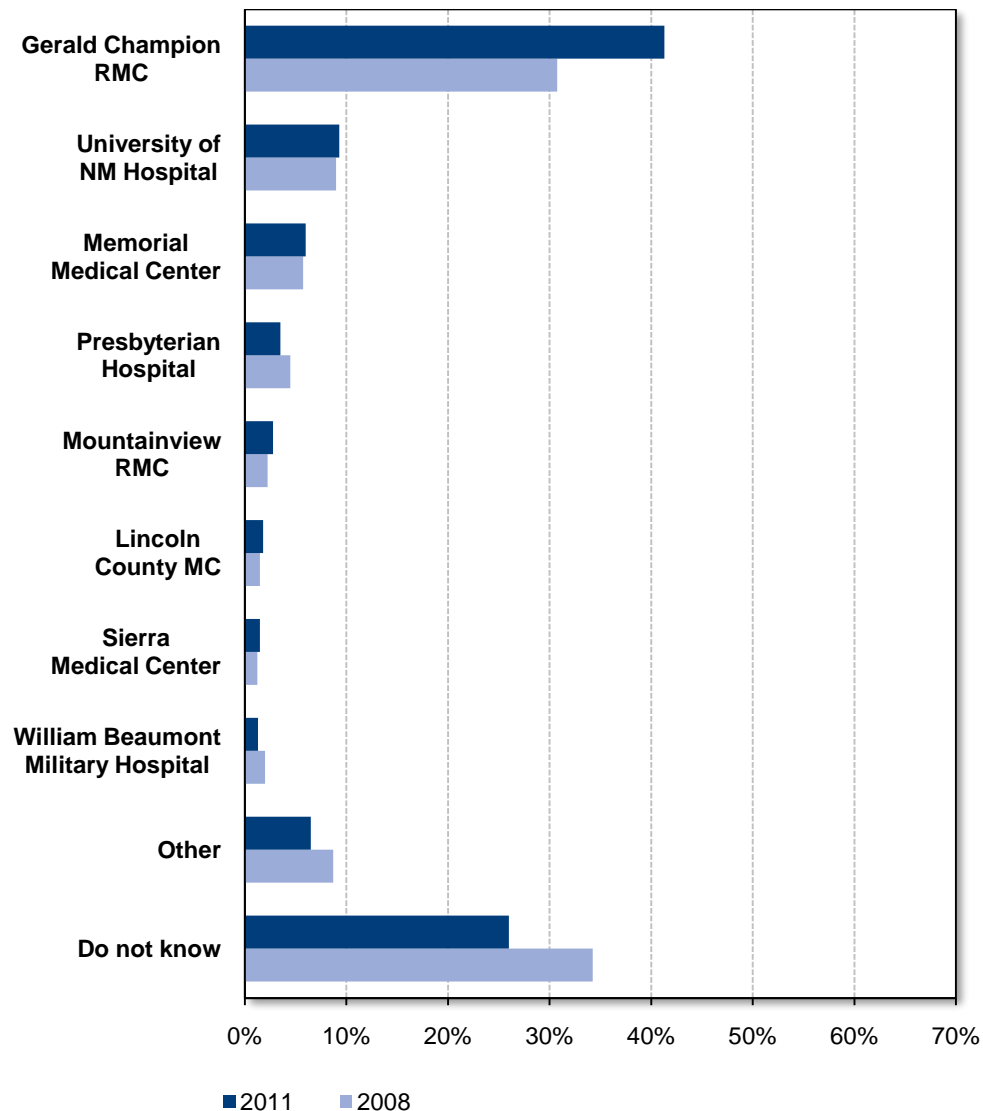
Positioning by Year – Best for Cardiac Care

Q2 Which hospital or medical facility in your area is best for cardiac care?



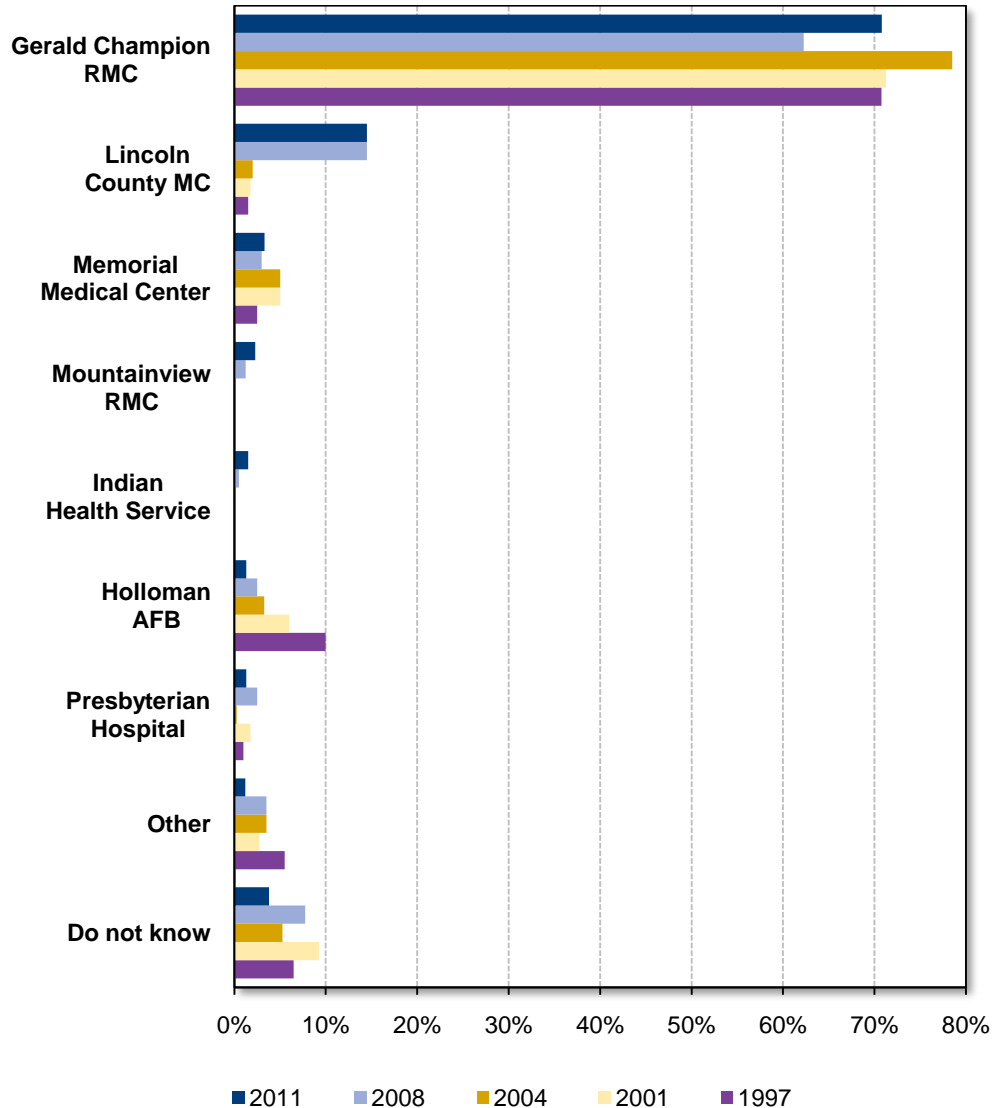
Positioning by Year – Best for Oncology

Q2 Which hospital or medical facility in your area is best for oncology and cancer care?



Positioning by Year – Best for Basic Medical Needs

Q3 Which hospital is best at taking care of the basic medical needs of your community?



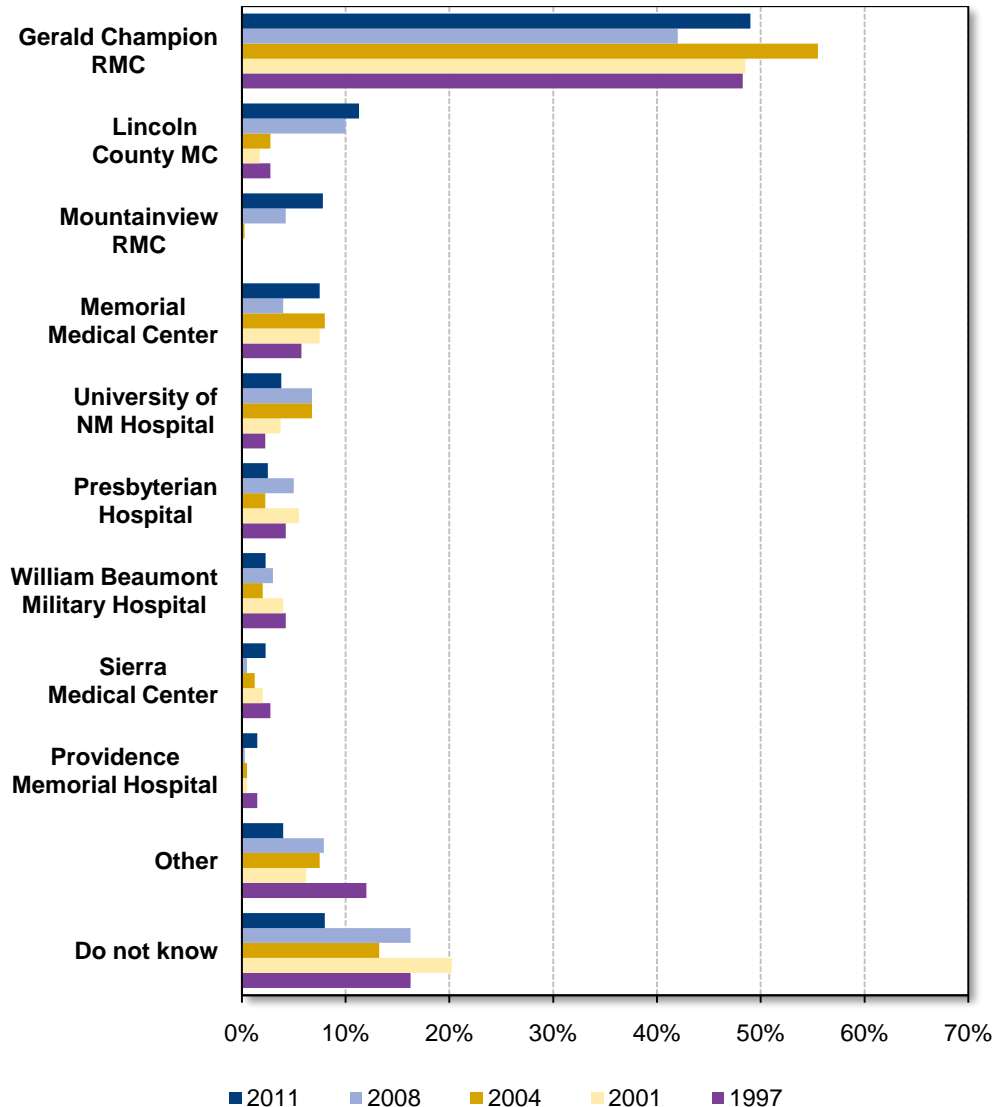
KEY FINDINGS

- 84% of Alamogordo residents believe GCRM is best for taking care of basic medical needs.
- Compared to those in other age groups, people between the ages of 35 and 49 years are less likely to cite GCRM as best for basic medical care.
- Seniors are more likely than any other family type to cite GCRM as best at caring for basic medical needs.
- Of all types of insured, those using Medicare or Champus/Tri-Care Military insurance are more likely to believe GCRM is best for basic medical care.
- Those who have lived in the area longest are most likely to cite GCRM as the best source for basic medical care.
- Those most likely to believe GCRM is the best for basic medical needs earn between \$10,000 and \$20,000 per year.
- 100% of African-Americans believe GCRM is best at taking care of the basic medical needs of the community.



Positioning by Year – Best for Overall Quality of Care

Q4 Which hospital or medical facility in your area is best for overall quality of care?



KEY FINDINGS

- Only half (55%) of Alamogordo residents believe GCRMC has the best overall quality of care.
- Instead, respondents in this area are more likely to cite Memorial MC or Mountainview RMC for the best quality of care.
- Compared to those who are other ages, people between the ages of 35 to 64 years are least likely to believe GCRMC has the best overall quality.
- Seniors are more likely than any other family type to cite GCRMC as best for overall quality of care.
- Those on Medicare or Champus/Tri-Care Military insurance are more likely than those with other coverage to believe GCRMC is best for overall quality of care.
- People with 4-year college degrees are more likely than those with other levels of education to believe GCRMC has the best overall quality.
- Those in technical work are more likely than those in other professions to cite GCRMC as having the best overall quality of care.

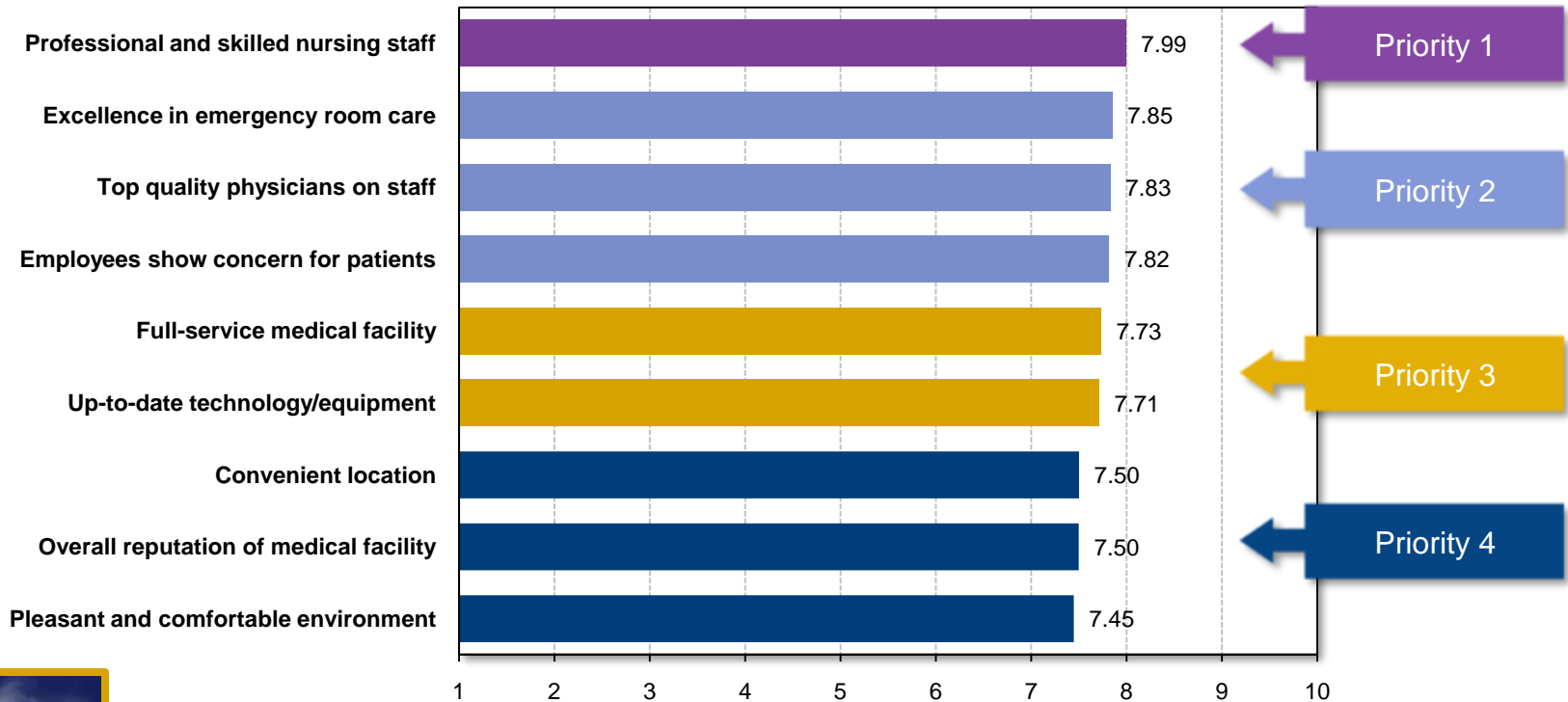


Community Tracking Survey

Competitive Evaluation of Hospitals

Evaluation – Importance of Hospital Selection Factors

x9 For each item I read, please tell me how important it is in a hospital where you or your family might receive treatment.



KEY FINDINGS

- As age increases, importance of physician quality tends to decrease.
- Compared to women, men tend to find nearly every selection factor more important.

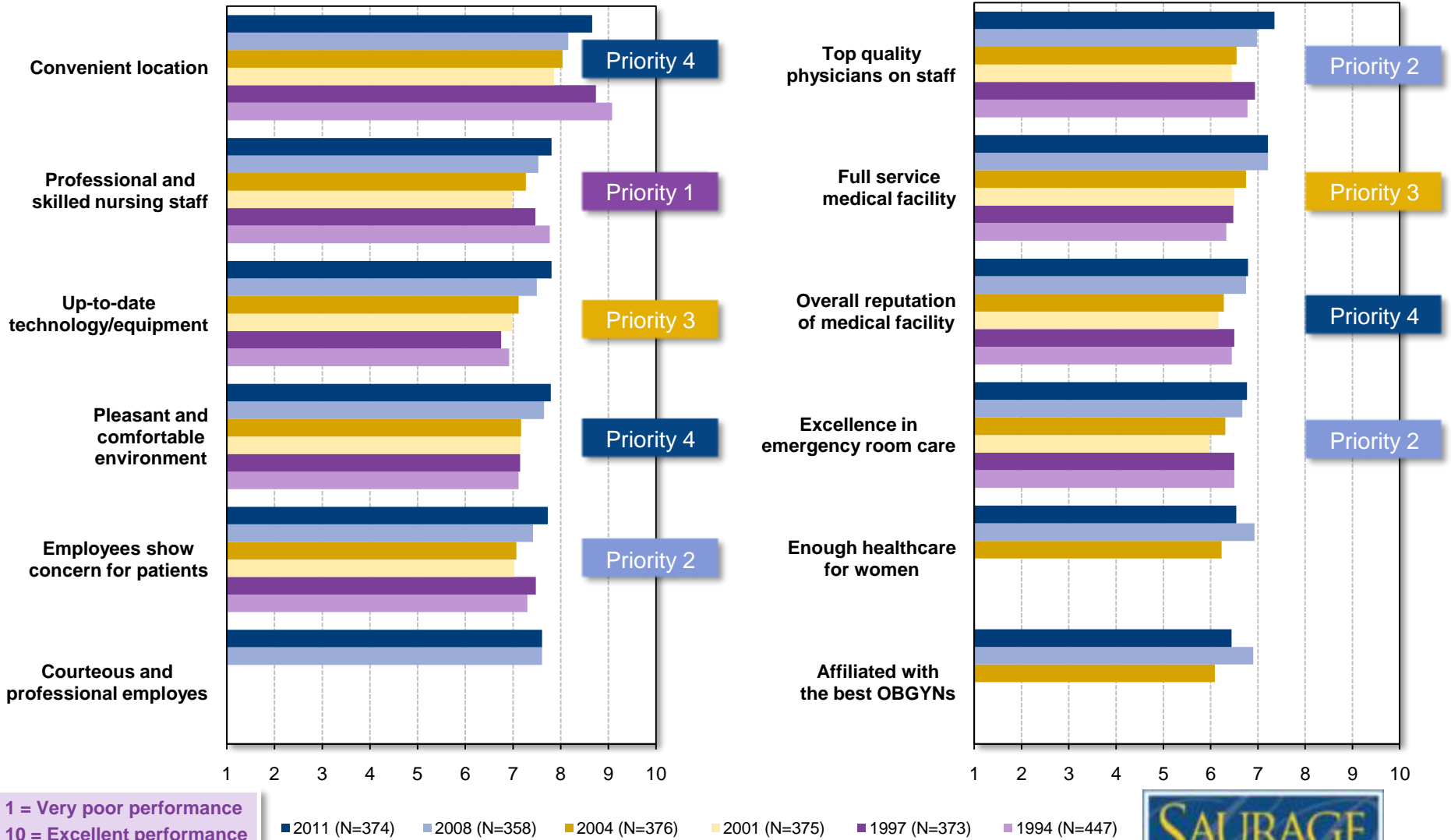
- People with kids tend to place more importance on quality of physicians and emergency room excellence.
- Compared to other family types, starter families place more importance on technology, physician quality, skilled nursing, having a full line of services, and emergency excellence.

1 = Not at all important
10 = Extremely important



Evaluation – Overall Performance for GCRMC

Q21 On each of the following attributes, please rate Gerald Champion Regional Medical Center.



Evaluation – Overall Performance for GCRMC

AGE & GENDER

- People who are under the age of 35 years give GCRMC lower ratings in many categories, including convenient location, skilled nursing, concerned employees, and friendly environment.
- Compared to men, women give much lower ratings to GCRMC for emergency room excellence.

SOCIO-ECONOMICS

- Ratings for GCRMC overall reputation tend to increase with level of education.
- Overall reputation for GCRMC is greatest among executives professionals, and retirees.

FAMILY TYPE

- Compared to those without, people with kids give GCRMC lower ratings on convenient location and comfortable environment.
- For convenient location, young families give GCRMC lower ratings than do other types of families.
- Of all family types, starter families give GCRMC the lowest ratings in overall reputation, emergency excellence, comfortable environment, women's care, and insurance affiliations.

GEOGRAPHY

- Compared to those from elsewhere, the people of Alamogordo give lower ratings to GCRMC in many categories, including advanced technology, physician quality, nursing skill, comfortable environment, emergency care and overall reputation.

INSURANCE

- Compared to those with other coverage, respondents with traditional or HMO insurance give lower ratings for GCRMC quality of physicians, emergency room excellence, comfortable environment, courteous employees, and overall reputation.

Evaluation – Preferred Hospital Performance

Q19 Now I would like you to rate the performance of an area hospital (preferred hospital)...

	Gerald Champion RMC (n = 132)	Lincoln County MC (n = 41)	Mountainview RMC (n = 37)	Memorial Medical Center (n = 34)
Professional & skilled nursing	8.76	•8.70	9.00	◆9.39
Excellence in ER care	•8.10	8.53	8.74	◆9.36
Top quality physicians on staff	8.56	•8.26	9.00	◆9.45
Employees show concern	•8.75	8.80	9.03	◆9.21
Full-service medical facility	8.35	•7.88	9.22	◆9.38
Up-to-date technology	8.75	•8.21	◆9.42	9.33
Convenient location	◆9.18	8.65	•6.14	6.21
Overall reputation of facility	•8.14	8.54	◆9.43	9.12
Pleasant & comfortable environment	8.77	•8.60	◆9.24	9.16
Composite Scores	8.58	8.48	8.92	9.18
1 = Very poor performance 10 = Excellent performance	•Lowest score this item ◆Highest score this item		Lowest score this hospital Highest score this hospital	



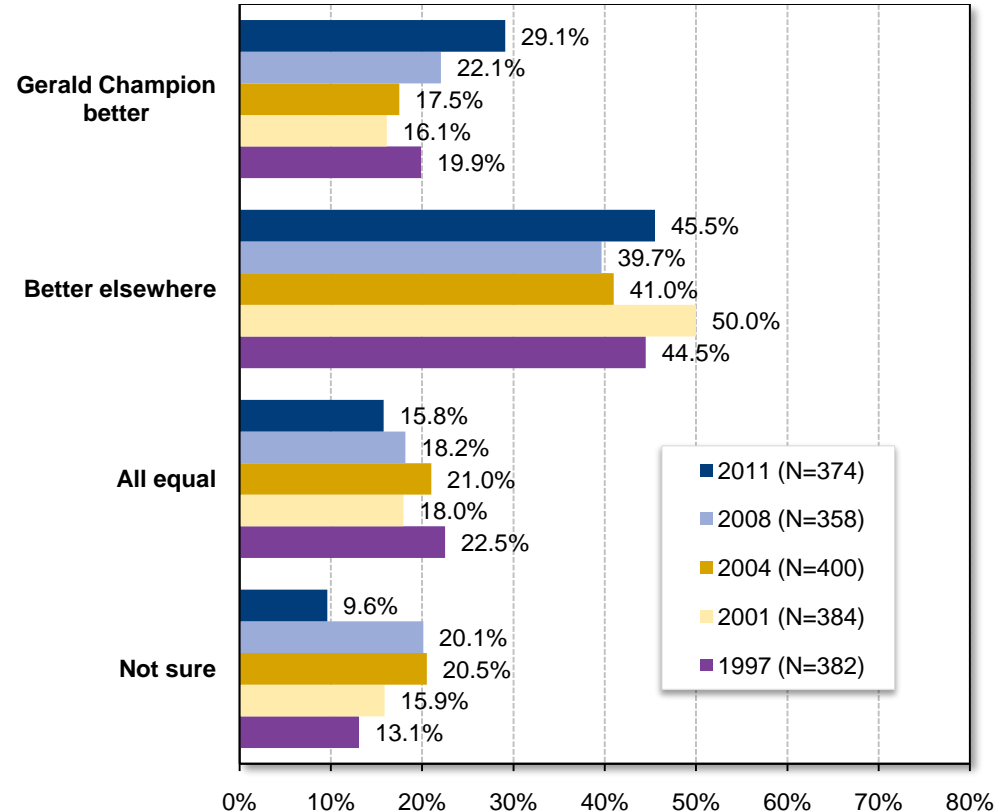
Evaluation – Comparative Quality of Care

Q31 Would you say medical care and services from Gerald Champion Regional Medical Center are better/worse overall than treatment available elsewhere?



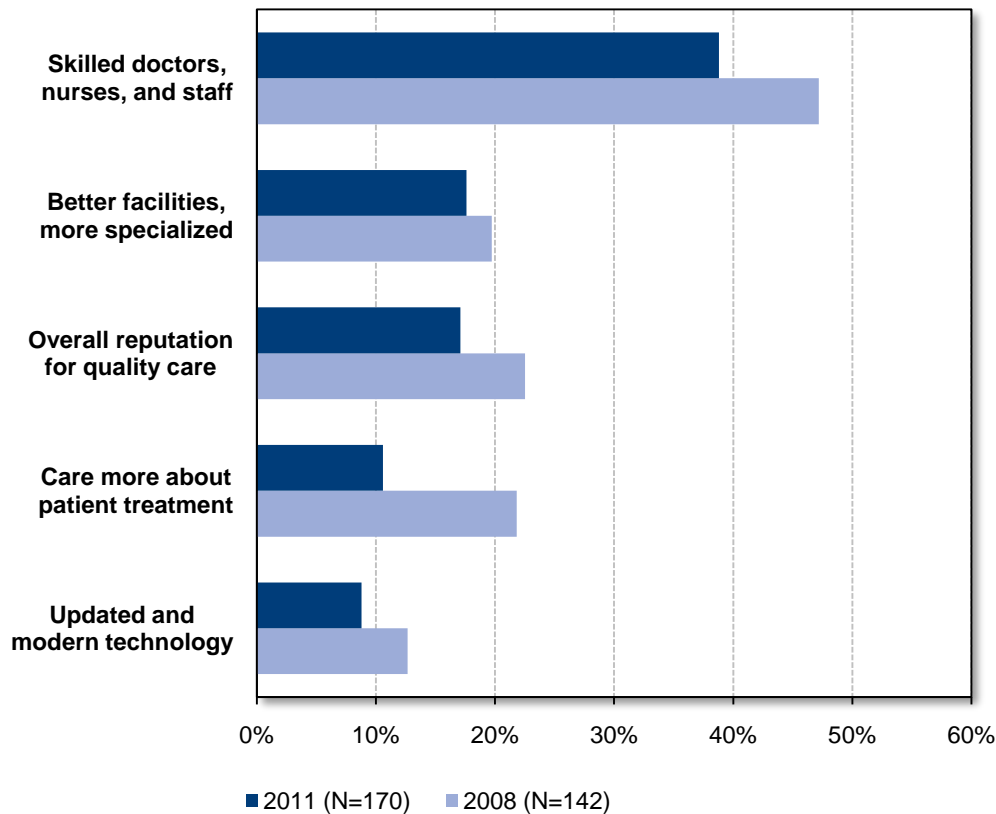
KEY FINDINGS

- 49% of Alamogordo residents believe care is better elsewhere.
- However, 47% of Ruidoso residents believe care is better at GCRMC.
- Young families are more likely than any other family type to believe GCRMC is better.
- People using HMO insurance are more likely than those using other types of coverage to believe care is better elsewhere.
- Executives and professionals are more likely than any other type of worker to believe care from GCRMC is better.



Evaluation – Why Services are Better Elsewhere

Q32 Why are they better elsewhere?



KEY FINDINGS

- Respondents continue to perceive skill level of doctors and nurses the number one reason GCRMC is inferior .
- However, concern that GCRMC facilities are not as specialized as others in the area has moved into the second spot.

Note: Data measured across 1 mention in 2011, while measured across 3 mentions in 2008.



Health Outcomes Data

Selected Demographic and Health Metrics of Otero County

Population Growth in Otero County

Area	2000	2009	Growth (%)
Otero County, NM	62,231	63,201	1.6%
New Mexico	1,820,813	2,009,671	10.4%
United States	282,171,957	307,006,550	8.8%

Source: U.S. Census Bureau Population Estimates Program, 2009 data



KEY FINDINGS

- Population growth in Otero County in the last decade was slower than NM & the US.

Male/Female Composition in Otero County

Area	Females	Males
Otero County, NM	31,436 (49.7%)	31,765 (50.3%)
New Mexico	1,015,036 (50.5%)	994,635 (49.5%)
United States	155,557,060 (50.7%)	151,449,490 (49.3%)

Source: U.S. Census Bureau Population Estimates Program, 2009 data



KEY FINDINGS

- Otero County has slightly more males than females
- Otero County has an inverted gender ratio compared to the rest of New Mexico and the United States.

Age-Group Demographics in Otero County

Age Group	Otero County, NM	New Mexico	United States
Under 5 Years Old	4,190 (6.6%)	151,988 (7.6%)	21,299,656 (6.9%)
5 to 13 Years Old	7,173 (11.3%)	247,417 (12.3%)	36,487,082 (11.9%)
Age 14 to 17	3,581 (5.7%)	110,833 (5.5%)	16,761,477 (5.5%)
Age 18-24	7,509 (11.9%)	202,276 (10.1%)	30,412,035 (9.9%)
Age 25 to 44	16,135 (25.5%)	523,059 (26.0%)	83,096,278 (27.1%)
Age 45 to 64	15,464 (24.5%)	512,756 (25.5%)	79,379,432 (25.9%)
Age 65 and Over	9,149 (14.5%)	261,342 (13.0%)	39,570,590 (12.9%)

Source: U.S. Census Bureau Population Estimates Program, 2009 data



KEY FINDINGS

- Otero County has more residents 18-24 and 65+ than NM or USA.
- Otero County has fewer residents 5-13 and 45-64 than NM or USA

Stage of Life Demographics in Otero County

Area	Children (<18)	Working Age (18-64)	Seniors (65+)
Otero County, NM	14,944 (23.6%)	39,108 (61.9%)	9,149 (14.5%)
New Mexico	510,238 (25.4%)	1,238,091 (61.6%)	261,342 (13.0%)
United States	74,548,215 (24.3%)	192,887,745 (62.8%)	39,570,590 (12.9%)

Source: U.S. Census Bureau Population Estimates Program, 2009 data



KEY FINDINGS

- Population Otero County shows a larger percentage of the population in the Senior category (65+).

Selected Causes of Death, 2007-2009

Cause of Death	Otero County	New Mexico	United States
Heart Disease	293.4	203.8	190.9
Diabetes	47.5	32.6	21.8
Alcohol-Related Disease	38.3	52.9	28.1
Injury	23.0	29.0	16.2
Drug-Induced	19.7	22.8	12.7
Female Breast Cancer	26.0	22.1	25.0
Unintentional Injury	40.6	62.3	N/A
Stroke (2005-2009)	35.9	38.2	42.2

Deaths per 1,000

Data Sources:

Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico

New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.

U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics.



KEY FINDINGS

- Otero County has a much higher rate of Heart Disease and Diabetes than NM or USA
- Otero County has a much lower rate of unintentional injury than NM

Lifestyle Metrics by % of Population

Lifestyle Metric	Otero County	New Mexico	United States
Adult Smoking Prevalence, '06-'08	21.2%	20.1%	19.8%
Youth Smoking Prevalence, '09	22.7%	24.0%	19.5%
Adult Obesity, '06-'08	27.8%	25.7%	26.7%
Youth Obesity, '01-'09	12.1%	13.5%	12.0%
Adult Physical Activity, '05 & '07	51.2%	53.3%	49.5%
Youth Physical Activity, '07	48.7%	43.6%	34.7%
Adult 5+ Fruits/Veggies, '05 & '07	22.5%	22.4%	24.4%
Youth 5+ Fruits/Veggies, '03-'09	18.3%	20.9%	22.3%



KEY FINDINGS

- Otero County has a higher rate of youth physical activity than NM and much higher than the USA
- Otero County has a somewhat lower rate of youths who eat 5+ daily servings of fruits/vegetables than NM and USA
- Otero County has a lower rate of youth smoking than NM, but higher than USA
- Otero County has a somewhat higher incidence of adult smoking and obesity than NM or USA

Data Sources:

Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department.



Health Care Metrics by % of Population

Health Care Metric	Otero County	New Mexico	United States
Lack Health Insurance Coverage, '07	33.2%	26.7%	17.1%
Influenza Immunization in 65+, '05-'09	66.4%	68.7%	70.1%
Prenatal Care in 1st Trimester, '05-'07	74.2%	70.5%	83.2%
Medicaid Enrollment, '09	16.0%	22.5%	N/A
Low Birthweight Birth Rates, '06-'08	9.8%	8.4%	N/A



KEY FINDINGS

- Otero County has about 1/3 of residents lacking health insurance, which is considerably higher than NM and USA
- Otero County has a higher rate of 1st trimester prenatal care than NM, but much lower than USA
- Otero County has a lower rate of Medicaid enrollment than NM

Data Sources:

U.S. Census Bureau, Small Area Health Insurance Estimates

Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

Birth Certificate Data, Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.

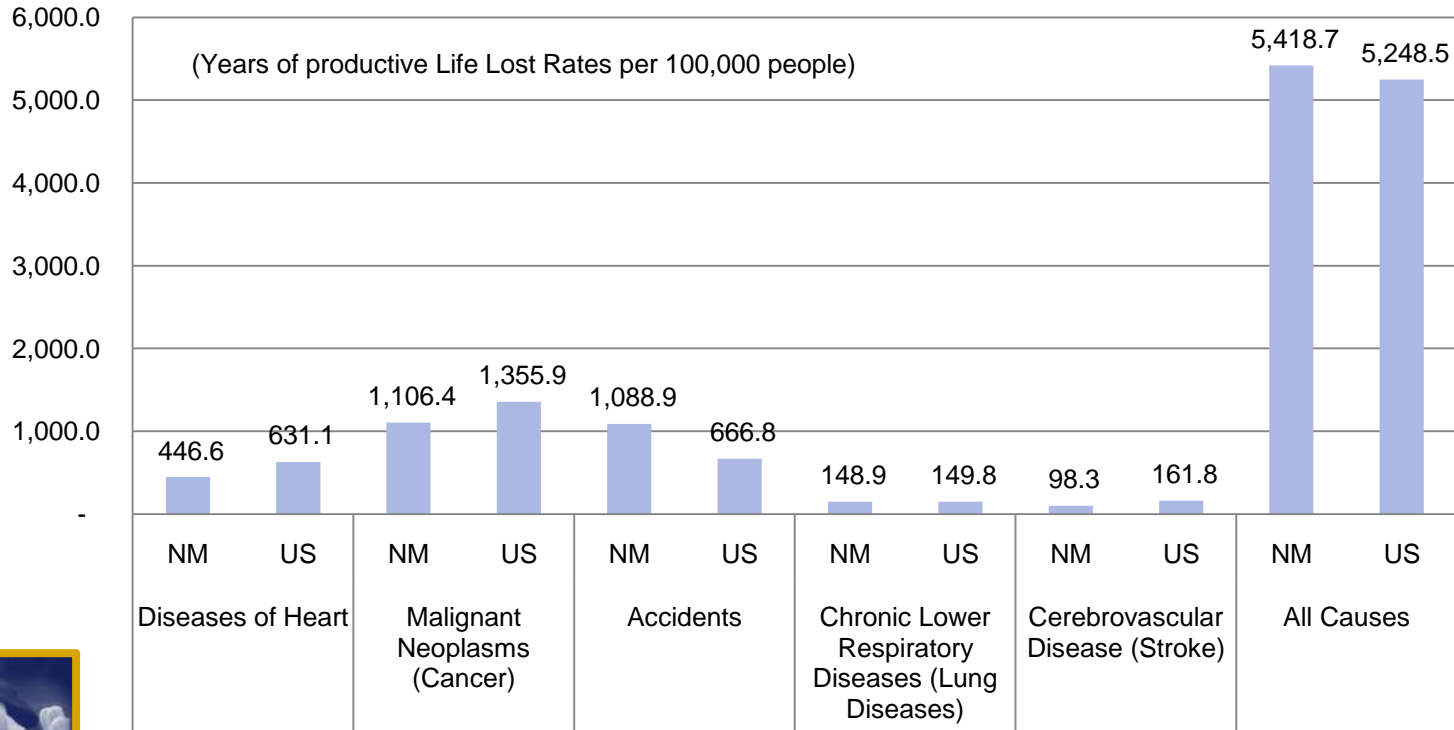
Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico.

New Mexico Human Services Department, Income Support Division, Benefit Delivery and Data Reporting Bureau, Monthly Statistical Report

U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics.



Female YPLL Rates for Deaths before Age 75, 2006



KEY FINDINGS

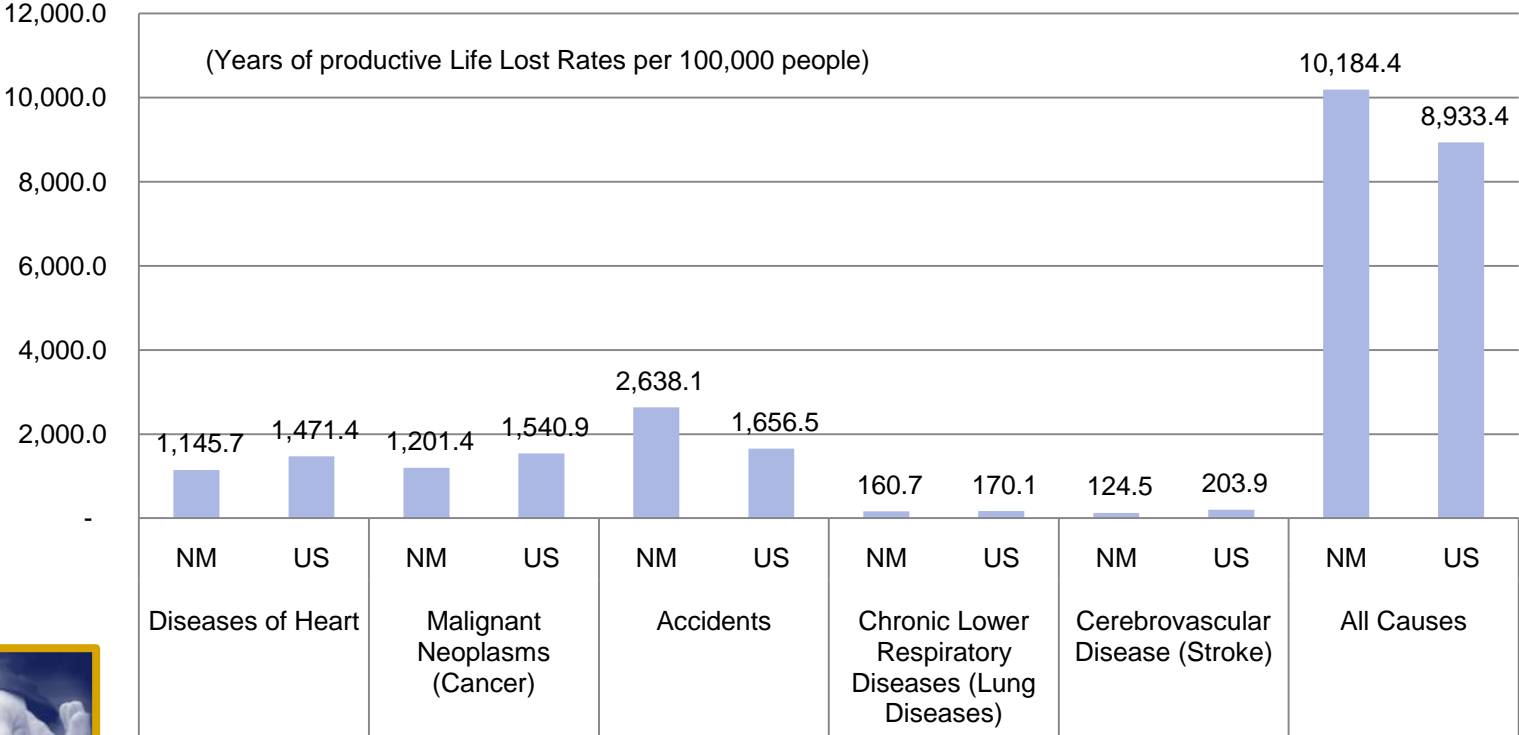
- Overall, NM has lower rates of death by disease than the USA, but higher rate of accidental death

Data Sources:

Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico.
 New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. Web-based Injury Statistics Query and Reporting System (WISQARS) Data Source: National Center for Health Statistics System for numbers of deaths. Census Bureau for population estimates.



Male YPLL Rates for Deaths before Age 75, 2006



KEY FINDINGS

- Overall, NM has lower rates of death by disease than the USA, but higher rate of accidental death

Data Sources:

Population Source: Bureau of Business and Economic Research (BBER) Population Estimates, University of New Mexico.
 New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. Web-based Injury Statistics Query and Reporting System (WISQARS) Data Source: National Center for Health Statistics System for numbers of deaths. Census Bureau for population estimates.





Summary and Implications

Making a Difference



- Overall preference for care from GCRMC and unprompted recall have significantly increased over the past 3 years.
- GCRMC leadership has strengthened in every service line since the 2008 measurement, with greatest leadership in areas of generalized care.
- Health needs suggest an increased focus on cardiology and diabetes care
GCRMC's heart care service line faces threats from Mountainview and Memorial
 - Positioning as best for overall quality of care and serious illness show increasing encroachment by Mountainview, Memorial and Lincoln County
- Community health challenges reveal some opportunities:
 - Focus on strategic infrastructure to foster prevention-based approaches, wellness education, inter-agency collaboration
 - Acknowledge and address impact of poverty, substance abuse, teen pregnancy on family nucleic integrity
 - Offer education programming on how to manage / reduce obesity, improve nutrition, reduce or eliminate smoking propensities
 - Expand opportunities for youth-targeted sporting / physical activities