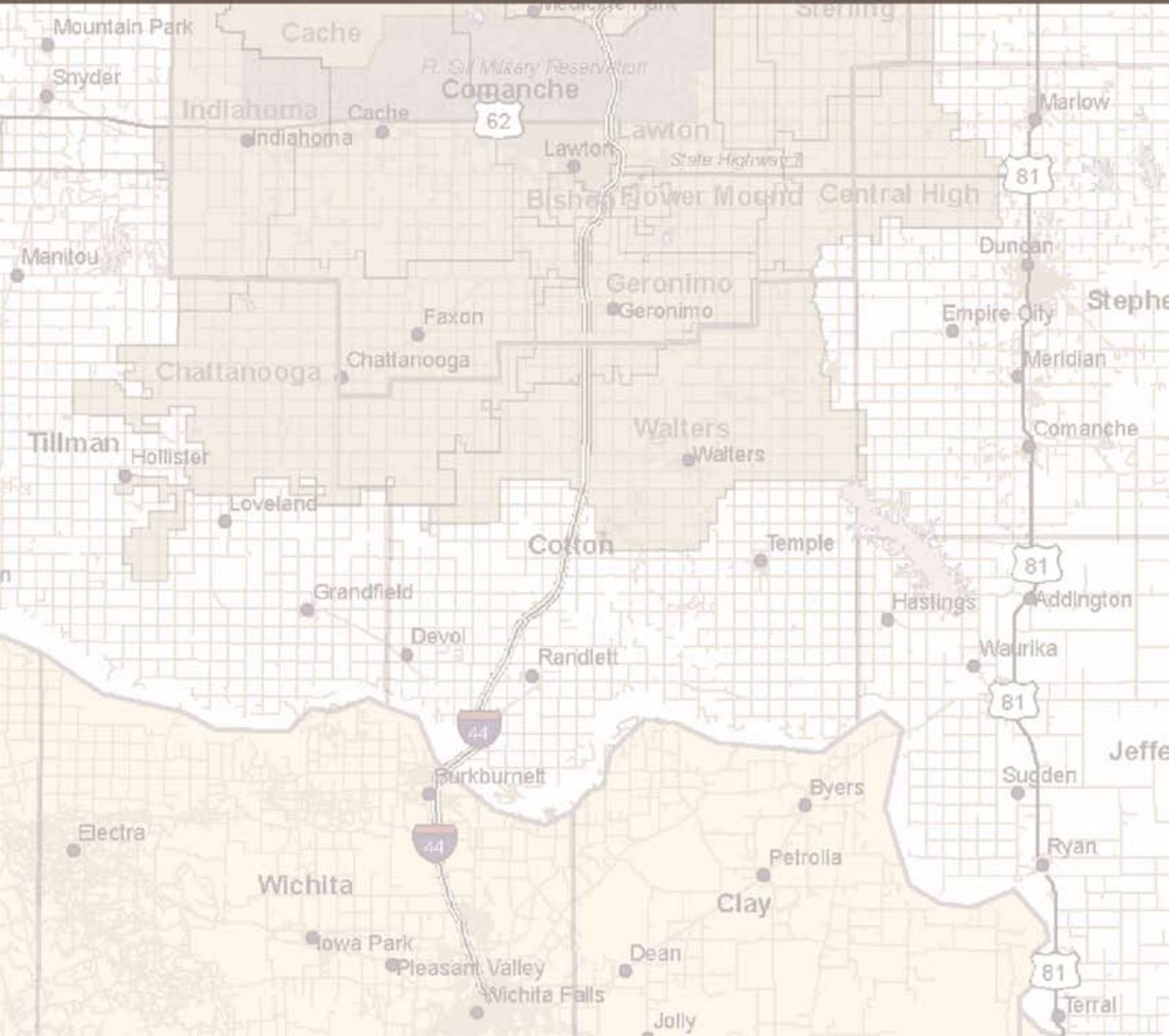


CHAPTER 12 HEALTHCARE





CHAPTER 12

Introduction

The importance of adequate health care facilities and capabilities for new residents of the Lawton/Fort Sill region can not be underestimated. Availability, capability and affordability of health care providers and services are critical concerns for new military families, as well as the new employers and employees that will enter the Lawton marketplace as direct or indirect impacts of BRAC growth. As documented in previous sections of this report, the Lawton/Fort Sill area is forecasted to grow by approximately ten (10%) percent over the period 2007-2012 as a direct result of the Department of Defense's implementation of the Base Realignment and Closure (BRAC) Plan. This chapter will assess capacities and capabilities of regional and local medical and behavioral health system and facilities to handle the anticipated growth through use of both Department of Defense (DoD), Army, and private sector sources.

Executive Summary of Overall Findings

The healthcare infrastructure in the Lawton/Fort Sill area is generally robust and has the unique ability to adapt to the changing healthcare needs of its population base. Reynolds Army Community Hospital (RACH) serves the Fort Sill population and it is a dynamic facility with a progressive, forward leaning command staff who closely monitor and adjust resources to meet the healthcare needs of the Army population. Recent expansions and facility improvements (i.e. new OB/GYN birthing unit and beds) enables RACH to meet the projected needs of it's military population.

On the private sector side, Comanche County Memorial Hospital (CCMH), and Southwestern Medical Center (SWMC) both have seasoned executive staffs who have solid histories of providing services in changing healthcare environments. Because of the competitive nature of both CCMH and SWMC, the Lawton/Fort Sill area is in a position to better accommodate any increase in population related to the BRAC realignment than many other areas in the country. Their recent expansions and established network of care providers (i.e. teleradiology) provide the necessary capacity and availability of critical care services to meet forecasted demand.

The anticipated regional population growth of 10 percent over the next five to six years, and the "multiplier" population growth associated with BRAC of another 13,000 persons by 2020, will not likely strain the current health care infrastructure as it exists today. While the current shortfall of primary care physicians are a concern for healthcare leaders, this will not tend to become more acute with the estimated population expansion due to current and future physician recruiting efforts of both Commanche Memorial and Southwestern Medical Center. Inpatient beds at both facilities have periodically reached capacity which resulted in a need to divert at various times. However, this is not expected to be an issue going forward as planned services grow over the next few years. Inpatient mental health services are currently in short supply in the area. However, SWMC is currently working to establish an inpatient mental health program which includes inpatient acute mental health beds, thus increasing overall capacity.

Background

Definition of Study Area

For the purposes of assessing health care infrastructure and services, this study initially focused on the Comanche County population base (as defined previously as the “primary impact area”) as the primary market of healthcare users. Our research indicated, however, that the smaller population areas, just beyond the county borders (i.e. Walters, Cyril, Apache, etc.), should also be examined and included in the scope of research. For study purposes, the primary impact area, and to a lesser degree the secondary impact areas, are considered easy commuting distances and represent likely locations for new residents affected by the BRAC transformation at Fort Sill and thus, these areas will likely contain the overwhelming majority of new residents that will demand healthcare services. This study area is, hereafter, referred to as Lawton/Fort Sill.

While there are other surrounding population centers, such as the cities of Altus, Duncan, Burkburnett, and Wichita Falls, they are served primarily by their local health care systems. Altus, Duncan and Wichita Falls have adequate medical centers that serve their population base, and combined with an average 50 mile driving distance to Lawton/Fort Sill, they are not considered to have significant impact on the overall capacity, reach and availability variables evaluated in our study.

Methodology

Collecting, compiling, and analyzing health care data within a community has always required the cooperation and assistance of local and regional healthcare organizations, and the highly competitive healthcare marketplace of Lawton/Fort Sill placed a greater premium on this cooperation. Over the course of several months, the Team collected information from personal interviews, telephone interviews, clearinghouse data, and public data bases. Acquiring and vetting reliable data from these sources allowed the team to assess the current conditions and projected future short term net effects of healthcare delivery in the Lawton/Fort Sill area.

Relationship to Other Plans / Studies

The analysis of the healthcare capacity and capabilities in Lawton/Fort Sill starts with an understanding and acknowledgement of the future population and employment growth anticipated in the area. As such, the population and employment data and forecasts supplied by our Team via the REMI economic forecasting model (see Chapters 3 and 4 of this report) formed the basis for our growth projections. In addition, several national and state databases and studies/reports were used as background data in our analysis and development of the proper healthcare metrics (see box).

Key Resources Utilized in Research

- REMI (Regional Economic Models, Inc.) economic and population forecasts for the Lawton/Fort Sill area 2007-2020 as developed by Great Plains Technology Center & RKG Associates
- American Hospital Association, Annual Hospital Metrics
- State of Oklahoma, Department of Health, 2007 Oklahoma Cooperative Annual Hospital Survey



New Outpatient Center in Lawton

Key Factors Influencing Healthcare Services

Population

According to the REMI forecasts, the current Lawton/Fort Sill population is about 115,000 with the percent of male and female at 52% and 48% respectively. The age breakout of the population shows that 17%, or about 19,549 persons, are under the age of 16 years old; and, about 17,794 people between the ages 25 and 34 years old comprising 18% of the population. The remaining 65% of the population is 35 years and older.

Population Characteristics for Lawton/Fort Sill - 2007		
	2007	% of Total
TOTAL	114,884	100.0
SEX DISTRIBUTION		
Male	59,510	51.8
Female	55,374	48.2
AGE DISTRIBUTION		
Under 5	9,076	7.9
5 to 9 Years	8,961	7.8
10 to 14 Years	8,501	7.4
15 to 19 Years	10,110	8.8
20 to 24 Years	11,144	9.7
25 to 34 Years	17,807	15.5
35 to 44 Years	17,462	15.2
45 to 50 Years	12,293	10.7
55 to 59 Years	4,480	3.9
60 to 65	3,791	3.3
65 to 74 Years	6,434	5.6
75 to 84 Years	3,561	3.1
85 and Older	1,264	1.1
MEDIAN AGE CHARACTERISTICS		
18 Years and Older	82,946	72.2
---18 yrs & up Male	43,196	37.6
---18 yrs & up Female	39,750	34.6
21 Years and Older	8,295	65.8
62 Years and Older	13,327	11.6
65 Years and Older	11,259	9.8
---65 yrs & up Male	4,595	4.0
---65 yrs & up Female	6,663	5.8

Sources: U.S. Bureau of Census, REMI, JCB

Figure 12-1: 2007 Population Characteristics for Lawton/Fort Sill

It is expected that these key populations will increase by 11 percent by the end of 2012. The general working population base, those age 25 to 64 years of age will increase by an estimated 7238 persons, with an overall estimated 2012 population at 129819. The population is not expected to grow outside normal demographic patterns which would require abnormal healthcare resourcing to any single age population group. See Figure 12-2 for these population forecasts by age.

Population Forecast for Lawton/Fort Sill 2007-2012				
	2007	% of Total	2012	% of Total
TOTAL POPULATION	114,884	100.0	128,542	100.0
AGE DISTRIBUTION				
Under 15 Years Old	26,538	23.1%	29,988	23.2%
15 Years to 24	21,254	18.5%	24,017	18.4%
25 Years to 64	55,834	48.6%	63,092	48.4%
Over 64	11,259	9.8%	12,722	10.0%

Sources: U.S. Bureau of Census, REMI, JCB

Figure 12-2: Population Forecast 2007-2012



Cancer Center at Southwestern Medical Center

Bed Supply

According to our review of state records and research of local healthcare institutions, there are approximately 571 licensed beds in the Lawton Fort/Sill area (see Figure 12-3 on next few pages for listing of statewide and Lawton/Fort Sill area hospital statistics). The combined hospital network of Comanche County Memorial Hospital, Southwestern Medical Center and Reynolds Army Community Hospital staff out 444 of the 571 licensed beds, or approximately 78% of their total bed supply. This research confirmed the antedoctal evidence uncovered during our interviews with local healthcare leaders, namely that there is excess bed capacity in the local network to handle future admissions and inpatient days growth if sufficient labor resources are available to admit and treat new patients.

In addition, based on the population and growth projections presented in the REMI model, the number of admissions at Comanche County Memorial Hospital, Southwestern Medical Center and Reynolds Army Community Hospital combined could grow approximately ten percent by the end of 2011, to an estimated 20,123 combined admissions, a significant increase over the 2007 combined reported admissions of 17,808. Furthermore, the admissions growth would translate into a projected growth in the inpatient days in these hospitals. The total estimated population growth of 10.38 percent (per the REMI model) would increase the total inpatient days from 91,338 total inpatient days (in 2007) to over 100,000 total combined patient days by the year 2012. Figure 12-4 (below) provides a summary examination of the current status of healthcare facilities and the projected admissions and inpatient days growth through 2012.

Admissions and Inpatient Days Forecasts Lawton/Fort Sill Healthcare Network 2007-2012							
Lawton/Fort Sill Hospitals	Licensed beds	Staffed beds	Admissions 2007	Admissions 2012 Projected	Inpatient days 2007	Inpatient days 2012 Projected	ALOS
Reynolds Army Community Hospital	89	46	2,587	2,923	5,855	6,616	2.2632
Comanche County Memorial Hospital	283	232	10,344	11,689	50,087	56,598	4.8421
Southwestern Medical Center	199	166	4,877	5,511	35,396	39,997	7.2577
TOTALS	571	444	17,808	20,123	91,338	103,212	

Figure 12-4: Admission and Inpatient Days Forecast 2007-2012

SWMC and CCMH are both continuing to meet the changing healthcare needs as evidenced by recent expansions to both healthcare facilities. While neither organization is planning significant expansions in the overall number of beds (CCMH is preparing to add 12 more staffed beds in early 2009), both have expanded and improved a number of services. Both SWMC and CCMH opened wound care centers with five hyper-baric oxygen chambers between them. Both hospitals expanded their outpatient services with CCMH completing its "Outpatient Center" on the main campus providing Pre-op services, outpatient radiology, and surgical services with many of their new physicians offices. SWMC has expanded with the completion of a 30,000 square foot medical office building. The new facility allows the expansion of Operating Room (OR) facilities, Same Day Surgery and Intensive Care services. Their Same Day Surgery will be expanded to include renovation of each room for privacy and confidentiality, including hard walls on three sides and a sliding glass entrance. Additionally, the Recovery Room will double in size from the current five bay capacities to a total of ten bays, including a single isolation room. Also their Pharmacy and Respiratory services have expanded.



SWMC also expanded its oncology center to include Elekta IMRT (Intensity Modulated Radiation Therapy) equipment, which is the most advanced cancer treatment currently available. In addition to the IMRT, they also added a GE Lightspeed CT simulator, IMRT treatment planning software from Phillips ADAC, and IMPAC radiation therapy software solution. Likewise, CCMH has developed a joint venture with Jackson County Memorial Hospital in Altus, and Duncan Regional Hospital in Duncan Oklahoma in the construction of the Cancer Centers of Southwest Oklahoma. CCMH will complete construction of its center in 2010.

Both CCMH and SWMC have invested millions of dollars in construction and program service development to provide the widest range of healthcare services. Currently the only services that these two facilities do not provide locally are Organ Transplantation, Neonatal Intensive Care services, and inpatient burn care. As a regional health care draw area, Lawton/Fort Sill has a strong record of adapting to the health care needs of the surrounding populations.



Hospital Expansion in Lawton

Oklahoma Hospital Inpatient Statistics - FY 2007					
Hospital	Licensed beds	Staffed beds	Admissions	Inpatient days	ALOS
Arbuckle Memorial Hospital	25	25	575	4,699	8.17
Atoka Memorial Hospital	25	25	432	1,464	3.39
Bailey Medical Center	73	73	1,176	3,191	2.71
Beaver County Memorial Hosp. & Nursing Home	24	15	154	461	2.99
Bone and Joint Hospital	102	11	1,072	2,770	2.58
Bristow Medical Center	30	17	514	1,684	3.28
Brookhaven Hospital	40	40	736	12,572	17.08
Carl Albert Comm. Mental Health Ctr.	15	15	712	3,882	5.45
Carnegie Tri-County Municipal Hospital	21	19	581	2158	3.71
Choctaw Nation Hlth Svcs Authority	37	37	1,663	5,083	3.06
Cimarron Memorial Hospital and Nursing Home	25	25	188	1,040	5.53
Claremore Indian Hospital	50	46	1,543	6,266	4.06
Claremore Regional Hospital	81	71	3,795	15,373	4.05
Cleveland Area Hospital	14	14	230	1,350	5.87
Comanche County Memorial Hospital	283	220	10,344	50,087	4.84
Community Hospital	49	49	1,814	5,423	2.99
Continuous Care Centers of Bartlesville	16	16	171	4,807	28.11
Continuous Care Centers of OK	46	46	452	14,267	31.56
Cordell Memorial Hospital	25	25	363	1,171	3.23
Craig General Hospital	62	47	2,143	10,514	4.91
Creek Nation Community Hospital	25	18	386	1,242	3.22
Cushing Regional Hospital	95	88	3,736	16,011	4.29
Deaconess Hospital	313	273	10,957	61,069	5.57
Drumright Regional Hospital	15	15	640	3,634	5.68
Duncan Regional Hospital	155	108	4,906	21,734	4.43
Eastern Oklahoma Medical Center	84	84	2,866	10,186	3.55
Edmond Medical Center	94	92	3,494	18,165	5.20
Edmond Specialty Hospital	37	37	271	7,134	26.32
Elkview General Hospital	50	38	1,369	5,493	4.01
Fairfax Memorial Hospital	15	15	281	1,451	5.16
Fairview Regional Medical Center	25	25	517	1,985	3.84
George Nigh Rehabilitation Institute	26	26	295	4,609	15.62
Grady Memorial Hospital	99	55	2,700	9,406	3.48
Great Plains Regional Medical Center	76	71	3,281	12,354	3.77
Griffin Memorial Hospital	182	132	2,436	55,884	22.94
Harmon Memorial Hospital	31	22	1,019	3,032	2.98
Harper County Community Hospital	25	16	274	877	3.20
Haskell County Healthcare System	40	30	1,057	4,533	4.29
Healdton Municipal Hospital	22	22	342	1,967	5.75
Hillcrest Medical Center	511	511	20,975	100,039	4.77
Hillcrest Specialty Hospital	100	84	715	20,125	28.15

Data Source: 2007 Oklahoma Cooperative Annual Hospital Survey

Figure 12-3: Oklahoma Hospital Inpatient Statistics



Oklahoma Hospital Inpatient Statistics - FY 2007

Hospital	Licensed beds	Staffed beds	Admissions	Inpatient days	ALOS
Holdenville General Hospital	25	25	622	2,198	3.53
INTEGRIS Baptist Medical Center	605	570	23,276	152,125	6.54
INTEGRIS Baptist Regional Health Ctr.	117	117	4,483	17,152	3.83
INTEGRIS Bass Baptist Health Center	183	151	5,364	38,911	7.25
INTEGRIS Bass Pavilion	24	24	205	5,343	26.06
INTEGRIS Canadian Valley Regional Hospital	44	44	2,683	8,779	3.27
INTEGRIS Clinton Regional Hospital	64	49	1,576	5,822	3.69
INTEGRIS Grove General Hospital	68	50	3,323	9,332	2.81
INTEGRIS Marshall County Medical Center	25	21	1,052	3,298	3.13
INTEGRIS Mayes County Medical Center	52	39	1,432	4,055	2.83
INTEGRIS Seminole Medical Center	32	32	603	1,700	2.82
INTEGRIS Southwest Medical Center	406	358	14,412	81,016	5.62
Jack C. Montgomery VA Medical Center	88	88	4,441	23,085	5.20
Jackson County Memorial Hospital	156	85	5,608	19,700	3.51
Jane Phillips Medical Center	144	137	6,663	29,190	4.38
Jane Phillips Nowata Health Center	25	15	283	1,800	6.36
JD McCarty Center for Children	36	36	198	12,072	60.97
Jefferson County Hospital	25	25	279	1,525	5.47
Johnston Memorial Hospital	25	21	524	9,516	18.16
Kindred Hospital - Oklahoma City	93	93	769	20,696	26.91
Kingfisher Regional Hospital	25	25	1,378	5,311	3.85
Lakeside Women's Hospital	23	23	1,535	3,543	2.31
Lane Frost Health and Rehabilitation Center	60	30	285	7,850	27.54
Latimer County General Hospital	33	24	774	2,164	2.80
Laureate Psychiatric Clinic and Hosp.	75	75	3,633	22,714	6.25
Lawton Indian Hospital	27	26	560	2,029	3.62
Lindsay Municipal Hospital	26	26	989	6,037	6.10
Logan Medical Center	25	25	872	3,910	4.48
Mary Hurley Hospital	20	20	649	3,287	5.06
McAlester Regional Health Center	197	163	6,410	33,875	5.28
McBride Clinic Orthopedic Hospital, LLC	78	78	2,820	8,655	3.07
McCurtain Memorial Hospital	111	71	2,512	8,864	3.53
MeadowBrook Specialty Hospital of Tulsa	60	60	476	11,927	25.06
Medical Center of Southeastern OK	120	120	8,296	31,265	3.77
Memorial Hospital & Physician Group	37	55	752	13,079	17.39
Memorial Hospital of Stilwell	50	30	2,070	5,570	2.69
Memorial Hospital of Texas County	47	19	1,703	4,726	2.78

Data Source: 2007 Oklahoma Cooperative Annual Hospital Survey

Figure 12-3: Oklahoma Hospital Inpatient Statistics (continued)



Oklahoma Hospital Inpatient Statistics - FY 2007					
Hospital	Licensed beds	Staffed beds	Admissions	Inpatient days	ALOS
Oklahoma Heart Hospital	78	78	9,195	19,559	2.13
Oklahoma NeuroSpecialty Center	18	18	71	2,634	37.10
Oklahoma State University Medical Center	345	345	11,509	70,588	6.13
Oklahoma Surgical Hospital	41	41	2,505	5,729	2.29
Oklmulgee Memorial Hospital, Inc.	66	66	1,616	6,465	4.00
Orthopedic Hospital	8	8	998	228	0.23
OU Medical Center	697	587	26,451	155,722	5.89
Parkside Comm. Psychiatric Services & Hospital	40	52	1,586	16,194	10.21
Parkview Hospital	48	48	1,403	5,103	3.64
Pauls Valley General Hospital	48	50	1,806	8,335	4.62
Pawhuska Hospital, Inc.	25	25	168	1,181	7.03
Perry Memorial Hospital	26	26	756	3,988	5.28
Ponca City Medical Center	140	85	3,906	14,565	3.73
Prague Municipal Hospital	25	19	298	1,246	4.18
Purcell Municipal Hospital	39	30	1,451	5,630	3.88
Reynolds Army Community Hospital	89	46	2,587	5,855	2.26
Roger Mills Memorial Hospital	15	15	110	500	4.55
Rolling Hills Hospital	40	40	974	13,539	13.90
Saint Francis Hospital	840	652	38,747	189,108	4.88
Saint Francis Hospital South	96	74	2,408	14,558	6.05
Sayre Memorial Hospital	46	35	929	4,565	4.91
Seiling Municipal Hospital	18	18	312	1,491	4.78
Select Specialty Hospital - Oklahoma City	72	72	751	21,197	28.23
Select Specialty Hospital - Tulsa	30	30	291	7,338	25.22
Sequoyah Memorial Hospital & Home Care	41	26	914	3,096	3.39
Share Medical Center	37	20	634	1,951	3.08
SouthCrest Hospital	180	148	9,759	37,555	3.85
Southwestern Medical Center	199	166	4,877	35,396	7.26
St. Anthony Hospital	601	499	17,548	133,506	7.61
St. John Medical Center	703	560	30,195	152,108	5.04
St. John Owasso	36	24	2,110	2,254	1.07
St. John Sapulpa	25	25	1,493	5,015	3.36
St. Mary's Regional Medical Center	245	176	6,735	37,569	5.58
Stillwater Medical Center	119	87	4,789	18,841	3.93
Stroud Regional Medical Center	25	25	578	2,253	3.90
Surgical Hospital of Oklahoma	12	12	356	788	2.21
Tahlequah City Hospital	82	78	3,766	17,743	4.71
Tulsa Spine & Specialty Hospital	21	21	1,678	4,332	2.58
Unity Health Center	178	160	5,209	19,480	3.74
Valir Rehabilitation Hospital	81	81	940	11,756	12.51
Valley View Regional Hospital	136	131	5,244	22,422	4.28
Veterans Affairs Medical Center	222	205	6,719	58,516	8.71
Wagoner Community Hospital	100	100	2,017	11,400	5.65
Watonga Municipal Hospital	25	22	490	1,536	3.13
Weatherford Regional Hospital	25	25	1,074	2,735	2.55
Willow Crest Hospital, Inc.	50	75	434	25,209	58.09
Woodward Regional Hospital	87	68	2,207	10,155	4.60
Totals	14,163	12,180	590,896	2,679,023	

Data Source: 2007 Oklahoma Cooperative Annual Hospital Survey

Figure 12-3: Oklahoma Hospital Inpatient Statistics (continued)



Figure 12-5 provides a summary review of the critical metrics regarding the local hospitals' utilization rates and their capacity to handle future growth. As indicated in this figure, with a current total of 444 staffed inpatient beds between Comanche, Southwestern and Reynolds hospitals, the combined average daily census is estimated at 250 occupied inpatient beds. Based on this census, there are, on average, 194 inpatient beds in surplus or about 44% average excess capacity. Using current staffed and licensed bed data and factoring in the estimated growth by 2011, the anticipated average daily census could achieve 276 patients per day. The average staffed occupancy rate would increase to 62% or almost 285 total beds, and the license occupancy would increase to 50% or about 290 total beds. However, an eleven percent (11%) increase in patient days has only a minor effect on their occupancy rates and still provides a 38% average bed surplus in staffed beds and a 50% licensed bed surplus given no major change in the current 444 staffed beds.

Healthcare Network Capacity and Utilization Comparisons/Forecasts State, Region and Lawton/Fort Sill				
Healthcare Index/Metric	State of Oklahoma (current)	Southwest OK Region (current)	Lawton/Fort Sill (current)	Lawton/Fort Sill (2012 projected)
Total Licensed Beds	14,163	882	571	571
Total Staffed Beds	12,180	625	444	456
Total Patient Days	2,679,023	132,772	91,338	103,212
Total Admissions	590,896	28,322	17,808	20,123
Average Staffed Bed Occupancy	7,340	364	250	283
Average Staffed Bed Occupancy %	60%	58%	56.4%	62.0%
Average Licensed Bed Occupancy %	52%	41%	43.8%	49.5%
Average Staffed Bed Surplus	4,872	263	194	173
Average Licensed Bed Surplus	6,798	520	321	288
Average Staffed Bed Surplus %	40%	42%	43.6%	38.0%
Average Licensed Bed Surplus %	48%	59%	56.2%	50.5%
NOTE: "Southwest OK Region" = Duncan Regional Hospital, Jackson County Memorial Hospital, Comanche County Memorial Hospital, Southwestern Medical Center, and Reynolds Army Community Hospital				
Sources: 2007 Oklahoma Cooperative Annual Hospital Survey, REMI, U.S. Bureau of Census and Jacobs Carter Burgess				

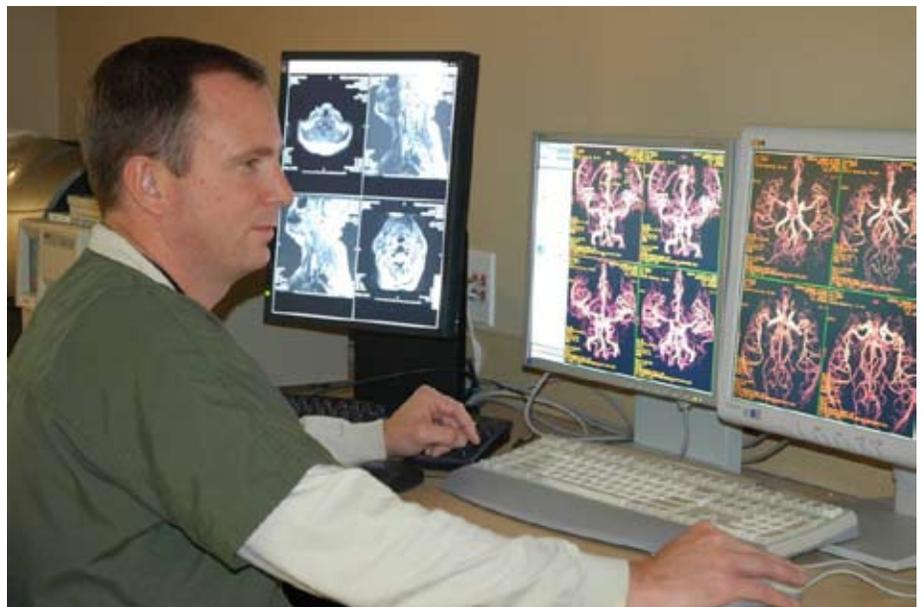
Figure 12-5: Healthcare Network Capacity and Utilization

When comparing the Lawton/Fort Sill area hospitals to healthcare availability and capacity across the state and region, the local network compares favorably. In each of the major indices of bed occupancy and surplus, the local hospitals are within 5% either way of the comparable state and regional figures, indicating that the healthcare providers are keeping pace with state capacity and availability trends. Lawton/Fort Sill is not disadvantaged from a bed supply standpoint when compared to the region and statewide averages.

Based on our interviews with hospital administrators, Comanche County Memorial and Southwestern Medical Center both report periodic seasonal diversion of patients for lack of appropriate beds. Diversion status for these two facilities is typically only a few days and easily managed utilizing a wide range of service options. While this estimate does not control for seasonal admission fluctuations peak/divert times, it suggests that Lawton/Fort Sill has a reasonable capacity to accommodate a 10 to 15 percent increase in population growth without adversely impacting the current service or bed complements. While CCMH and SWMC would increase their staffing to accommodate the proposed population growth, both CCMH and SWMC administrations indicated they would not need to increase their total number of licensed beds.



Finally, the bed days and ALOS for the Lawton/Fort Sill area is confounded by the presence and close proximity of the PHS Indian Hospital located on the east side of Lawton. The data for this hospital is not included in our overall analysis of the capacity and availability of the Lawton/Fort Sill area network but is important to mention because it has a positive impact on the healthcare delivery system of the area. The PHS Indian Hospital in Lawton is the regional facility that provides services to the Native American population in southwestern Oklahoma. This facility adds an additional 27 beds and numerous outpatient services to the local healthcare delivery network. There are seventeen (17) physicians of various specialties on staff at this facility. Some of these physicians work part time in the greater Lawton community and provide services to the local hospitals and hence add to the availability services in the study area. However, based on the fact that eligible native Americans are the first and only priority of this facility, and it is anticipated that only a very small number of the estimated BRAC migrants would be eligible for IHS healthcare services, and that Native American demographic utilization in the Lawton/Fort Sill area has been and is forecasted to be fairly stable and will not increase use of non-PHS Indian Hospital services outside of historic trends, this facility and its users are not included in our analysis. While it is true that many Native Americans living in Lawton/Fort Sill often use local services while using the PHS Indian Hospital, based on our conversations with local hospital administrators, these patients are factored into the overall demand for services by the local healthcare market. This facility is critical to meeting the needs of this unique market segment, and based on research, the PHS Indian Hospital will continue to adequately meet the current and projected needs of this population. Their impact on the Lawton/Fort Sill network is minimal, and consequently, for the purposes of our analysis, the PHS Indian Hospital data is omitted.



MRI Imaging in Lawton

Physician Supply

Active practicing physicians are the primary metric and underpinning of any healthcare delivery system because of the heavy regulation, licensure and privileging requirements associated with their work and the delivery of their critical services. An adequate supply of physicians in a variety of specialties is important to meet any current or future demand in services.

One of the primary factors influencing the proper makeup and quantity of qualified physicians in the Lawton/Fort Sill healthcare system is the nature and adequacy of the local hospitals' facilities and practice areas. Figure 12-6 (on the next page) provides a summary listing of the medical specialties and services offered by the local hospitals. The recent expansions and improvements at each of these hospitals (i.e. Outpatient Center at CCMH, proposed OB/Gyn Unit at RACH, and the Regional Cancer Center at SWMC, etc.) have had the effect of attracting a number of qualified physicians specializing in those areas of critical importance to this healthcare market. Furthermore, as these hospitals have improved facilities and services, their "reach" into the larger, regional marketplace has improved. Our research clearly indicated that the competitive nature of the local market and the probability of new BRAC-related growth has prompted and enabled the healthcare system to increase both the size and specialization of its physician supply.

The proper available physician supply does not necessarily equal the number of actual physicians in an area or region. The "adequate" physician supply may be achieved by creating access to resources that may be regional assets rather than local assets. The local area supply of physicians, not including the PHS Indian Hospital, generally remains at about 210 physicians in various specialties. Figure 12-7 indicates the number and types of specialties practiced by local doctors.

A review of this data by area healthcare providers indicated that the numbers presented in the 2007 Hospital survey may not reflect recent additions / deletions from this practicing physicians list. The most recent data from the hospitals suggests that additional physicians are available in several categories, thus increasing the overall capacity of the healthcare network.

Physicians with Active Privileges (by specialty and number)	
Specialties	Physicians
Internal Medicine	18
Family Practice	73
Pediatrics	16
OB/GYN	17
Anesthesia	8
Cardiology	4
Dermatology	2
ENT	3
Gastroenterology	2
Hospitalist	5
Infectious Disease	1
Nephrology	4
Neurology	3
Neurosurgery	3
Orthopedics	9
Pathology	2
Plastic Surgery	1
Psychiatry	1
Pulmonology	1
Radiation Oncology	1
Radiology	21
Rehabilitation	2
Surgery	10
Urology	3
TOTALS	210
Sources: 2007 Oklahoma Cooperative Annual Hospital Survey, local hospitals	

Figure 12-7: Physicians with Active Privileges



Comanche County Memorial Hospital
AM/PM Clinic - Urgent Care
Ambulance
Anesthesia Care
Cancer Center
Cardiac Catheterization
Cardiac Rehab
Cardiovascular Care Center
Cardiovascular Surgery
Chaplain/Pastoral Care
Critical Care
CT Scanner
Diabetes Education
Diagnostic Imaging Services
Dialysis Services
Dietary Services
Driving Simulator
Electrocardiography
Emergency Services - with Fast Track
Family Services
Foundation
Geropsychiatry (Silver Linings)
GI Lab
Gift Shoppe
Guest Relations
Gynecology and Obstetrics
Heart Services
Home Health Care
Hospital Education
Industrial Rehabilitation
Inpatient Medical
Inpatient Surgical
Intensive Care
Labor & Delivery
Laboratory
Lawton Medi-Equip
Mammography-digital
McMahon/Tomlinson Nursing Center
Medical School Affiliations
MRI - ACR accredited
Neurological Services

Comanche County Memorial Hospital
Neurosurgical Services
Nuclear Imaging
Nursery - Level II
Nursing School Affiliations
Nutritional Services
Obstetrics
Occupational Health
Occupational Therapy
Oncology Services
Orthopedic Services
P.I.C.C. Line Program
Pain Management
Patient Education
Pediatrics (Starlight)
Pharmacy Services - with full automation
Physical Therapy
Poison Control
Post Anesthesia Care
Post-Partum
Radiation Oncology
Radiology
Rehabilitation Inpatient
Rehabilitation Therapy
Respiratory Therapy
Rural clinics
Same Day Surgicare
Skilled Nursing Facility
Sleep Studies Laboratory
Speech-Language Pathology
Sports Medicine
Staff Development
Surgery
Ultrasound
Volunteers
Women's Imaging Services
Wound Care

Figure 12-6: Specialties and Services at Local Healthcare Institutions



Southwestern Medical Center
Angiography
Birthing/LDR/LDRP
Cardiac Cathodic Lab
Cardiac ICU
Cardiology
CAT
Colon/Rectal
Dermatology
Diabetes
Diagnostic Imaging
Emergency Services
ENT
Enterology/Endoscopy
Fast-track Minor Emergency
Geriatric Services
Gynecology
Gynecology/Oncology
Hip Transplant
Incontinence
Laboratory Services
Long Term Care
Mammography
Medical Intensive Care Unit
Medical School Affiliation
Medical Resonance Imaging (MRI)
Neurology
Neurosurgery
Neuroscience Center
Nuclear Medicine
Nursery
Nutritional Services Inpatient
Nutritional Services Outpatient
Obstetrics/Gynecology
Psychiatric Child/Adolescent Services
Psychiatry Geriatric
Regional Cancer Center
Sleep Disorders
Wound Care

Reynolds Army Community Hospital
Audiology
Chiropractics
Dermatology
General Surgery
Neurology
Obstetrics/Gynecology
Occupational Therapy
Optometry
Orthopedics
Otolaryngology
Physical Therapy
Podiatry
Sleep disorders
Urology
Behavioral Health
Substance Abuse
Social Work
Radiology
Laboratory Services

Comanche County Health Department
Adult Health Services
Child First
Communicable Diseases
Dental Education
Consumer Health
Family Planning
Immunizations
Maternity
School Health
WIC
Women’s Health Services

Figure 12-6: Specialties and Services at Local Healthcare Institutions (continued)



In addition to this supply of doctors, the Lawton/Fort Sill healthcare market, like so many other areas of the country, has expanded their procedures and practices in the provision of healthcare services to include the work of allied health professionals. Figure 12-8 indicates the number and nature of these professionals who fill key specialty physician, adjunct and critical shortage positions. The local institutions have increased the utilization of these professionals, particularly in times of acute labor shortages due to recent departures of staff turnover.

Allied Health Professionals (by specialty and number)		
Specialties	PA	CRNA/ARNP
Internal Medicine	17	3
Family Practice	3	3
Pediatrics	-	1
OB/GYN	-	2
Anesthesia	-	9
Cardiology	3	-
ENT	3	1
Psychiatry	-	1
SUBTOTALS	26	20
	TOTAL	46

Sources: 2007 Oklahoma Cooperative Annual Hospital Survey, local hospitals, Jacobs Carter Burgess

Figure 12-8: Allied Health Professionals

Finally, Figure 12-9 provides a summary review of the overall supply of physicians and certified healthcare professionals in the area. The total physician supply of 210 physicians is approximately 1.83 physicians per 1000 persons for the area. By incorporating the Allied Health positions into the overall mix of healthcare providers, the professional physician healthcare supply increases to 256 professionals or 2.23 professionals and physicians per 1000 population.

Available Health Professionals (state compared to Lawton/Fort Sill)			
Characteristic	State of Oklahoma	Lawton/Fort Sill (2007)	Lawton/Fort Sill (2012 projected)
Total Population	3,579,212	114,884	128,542
Physicians (per 1000 persons)	2.50	1.83	1.62
Allied Health Professionals (per 1000 persons)	NA	0.40	0.35
Total Health Professionals (per 1000 persons)	NA	2.23	1.97

Sources: Oklahoma State Board of Licensure and Supervision - 2007 report, local hospitals, Jacobs Carter Burgess

Figure 12-9: Available Health Professionals

Furthermore, Figure 12-9 estimates how this physician “density” ratio will change as the BRAC growth occurs by 2012. Assuming no net increase in the overall supply of healthcare professionals, the supply falls to approximately 2 healthcare professionals per 1000 persons in the area, or 25% less than the statewide average. The Oklahoma State Board of Medical Licensure and Supervision reports that there are 8963 licensed physicians in the state of Oklahoma, or 2.50 physicians per 1000 population.

This number is invariably skewed compared to the number of available physicians providing services in the area because many physicians are licensed in the State of Oklahoma but not specifically reported in the Comanche County numbers by the state. There are a greater number of physicians providing services in Lawton/Fort Sill than there are physicians. While there are no metrics available as to the number of traveling physicians, allied health, and skilled nurses, the number appears to be meritorious of further exploration.

The American Medical Association reported in 2004 there were 2.97 practicing physicians per 1000 population in the United States, likewise, the American Hospital Association reported that in 2005 there were 2.7 practicing physicians per 1000 population. While Lawton/Fort Sill has fewer physicians per 1000 population, the access to healthcare of its citizens is greater in the Lawton/Fort Sill this area than in large metropolitan areas. Research suggests that the discrepancy in physician distributions may have more to do with an oversupply in large metropolitan areas rather than a shortage in rural regional areas such as Lawton/Fort Sill. The state of Oklahoma does not recognize the Lawton/Fort Sill area as underserved for its Manpower Training Commission, which provides funding to recruit physicians to areas identified as underserved. Recruiting efforts for new physicians has remained consistent and strong in the last few years. The area has further benefited in physician recruiting efforts due to the physicians that stay in Lawton after leaving the military service. Several of the local civilian physicians, came to the area through service at RACH and then decided to stay.



Tri-Care Coverage

There are 25 Primary Care Managers in the Lawton/Fort Sill area and 137 Physicians accepting Tri-Care insurance, not including Reynolds Army Community Hospital. Of the 23 Primary Care Managers, 12 (or 48%) are accepting “New” patients to their practices. Three of those Primary Care Managers are Pediatricians. Approximately 92% of all the physicians in the Lawton/Fort Sill area, not including RACH physicians accept Tri-Care. In examining the total population of physicians who accept Tri-Care including RACH physicians, the total percent is increased to 96%. Our findings indicate that the major healthcare institutions require new and existing physicians to accept Tri-Care, thus our conclusion is that Tri-Care is one of the dominant insurance providers in the area as evidenced by the saturation in the Lawton/Fort Sill market.

Access to TRICARE Physicians Lawton Fort Sill area	
Tri-Care Physician List	# of Providers
Primary Care Managers MD/DO	21
Pediatrics	4
Internal Medicine	6
Family Practice	19
Cardiology	5
Radiology	2
Gastroenterology	1
Surgery	9
Hematology	1
Nephrology	3
Neurological Surgery	4
Neurology	5
Nuclear Medicine	1
Nurse Practitioner	7
OB/GYN	9
Oncology	2
Ophthalmology	5
Optometrist	10
Orthopedic Surgery	6
ENT	5
Pediatric Cardiology	1
Physiatry	2
Pulmonary Disease	1
Radiation Oncology	4
Thoracic Surgery	3
Urology	3
Total	139

Source: Local providers, TRICARE

Figure 12-10: Tri-Care Providers

Dental Services

The supply of active dentists in the Lawton/Fort Sill area is fairly strong and will tend to become more robust as the community grows. Currently, there are 42 active dental professionals in the Lawton/Fort Sill area, not including those working on Fort Sill. Of these 42 offices, all are fully staffed dental practices available to the general public. Fort Sill has 25 dentists which staff out three dental offices. Currently, there are five newly authorized dentist positions to be filled in anticipation of the expanding dental service on the post. Fort Sill is expanding its dental services in the next few years where the Allen Dental clinic is scheduled for renovation in 2009 and a new dental clinic is expected to begin construction in 2010. Currently, there are no deficiencies in the types of dental services provided, all dental services are available to the soldiers and family members. Any service that is not directly provided at Fort Sill is referred to the civilian dental providers in Lawton. The Fort Sill dental services actively coordinates referrals to community dentists when the do not provide those services directly. No services have been identified as delayed or denied indefinitely due to the lack of a specialist on post. Given the expansion of dental facilities on Fort Sill, we anticipate more robust dental services provided to soldiers and families in the future. Given the projected increase in civilian population in the community, we anticipate this will have minimal impact on the civilian dental services.

Active Practicing Dentists (by specialty and number)		
Specialty	Lawton area	Fort Sill
Endodontist	2	1
Orthodontist	3	
Pediatric Dentist	2	
Periotist	1	2
Oral Surgeon	6	
General Dentistry	28	20
Prosthodontist		2
Total	42	25

Sources: Fort Sill, local dental providers

Figure 12-11: Active Practicing Dentists



Mental Health Services

The Lawton/Fort Sill area has a wide variety of mental health services available to the general public as well as soldiers and their families. These services include Acute Psychiatric Services, Community Mental Health, Inpatient and Outpatient Drug/Alcohol and Substance Abuse, Marriage and Family Counseling, Social Work Services, Family Advocacy, Family Mental Health Services, and Chaplin and Pastoral Care Services. These services are provided throughout the Lawton/Fort Sill area by a variety of organizations.

Our research indicates that there is a surplus of service providers in the Lawton/Fort Sill area to handle the current population, and it is expected that an increase in the projected population will not create a service deficit for outpatient mental health services. Currently, there is sharp competition among outpatient mental health service providers to market and capture this potential patient population.

A review of the broader spectrum of potential patient demand indicates that a potential issue with outpatient services to the uninsured or lower socioeconomic status patients may arise. Given the estimated population growth of ten to thirteen thousand people, this total number will likely be very small, with the net effect impacting the not-for-profit social service agencies to a small degree. In discussing the estimated growth of this population, two of the not-for-profit Executive Directors estimated that they would not likely see any noticeable change in services to the non-insured and non-public aid population. They did expect to see some minor growth in the public aid sector for the low income population; however, that increase can be easily absorbed in the current out patient services provided in the community.

While any outpatient mental health service can be found in the immediate area, Acute Inpatient Mental Health beds are currently in short supply. The current protocol for Acute Inpatient Mental Health services is for the area hospitals to admit patients temporarily until transfer to a more acceptable facility is arranged, or in the alternative, admit, stabilize and then refer the patients to an outpatient setting. Currently, the Lawton/Fort Sill area does not have an Inpatient Acute Mental Health

facility. Both SWMC and CCMH have Geriatric Psychiatric Services and other similar services, but neither facility has designated or dedicated Inpatient Acute Care Mental Health beds.

The nearest facility providing these types of beds is Red River Hospital ("Red River") in Wichita Falls Texas. Currently, Red River is the regional referral facility for Acute Care Mental Health Services in the area. Red River is in the process of being sold and there is no confirmed information of how the sale will affect the services, mission or focus of the facility. However, in interviews with Red River officials and discussing Red River's pending sale, administrators do not expect the services or its mission to change significantly.

SWMC is currently in the process of developing an General Adult Inpatient Behavioral Health program unit in its behavioral health facility. SWMC's administration indicated they expected 10 to 12 bed unit opening tentatively in 2009 or early 2010. Due to the project being in such early stages, the exact nature and extent of their final service complement is uncertain, but SWMC has confirmed that they expect to receive signed contracts from dual board certified Adult Psychiatrists which will support the planned program.

Finally, access to mental health services for service members and their families is primarily through Reynolds Army Community Hospital or an affiliated agent of the hospital such as RACH's Outreach Program with most being walk-ins or referrals. Value Option, a mental health/social service network available to soldiers and their families, provides access to about 42 Psychiatrists, Psychologists and Social Workers in the community without a referral. These professionals are provided outside of the services available at Fort Sill. We estimate that, given the Army's current operational tempo and the estimated growth of the post, there will be an increase use of the available mental health services. The RACH Command and Army Community Services Administrators estimate an increase in mental health utilization over the next several years, and are currently assessing and coordinating services to meet their anticipated projections.



Assessment/Gap Analysis

With the arrival of additional military personnel to Lawton/Fort Sill, mental and behavioral health volumes will be affected. While the Army seeks to meet the health care needs of its soldiers at Fort Sill, officials at Reynolds Army Community Hospital acknowledge a need to use the local civilian hospitals to deliver comprehensive services. It is important to the army that the private sector continue to offer care to military personnel; however, requests for specific information on the quantity and type of health care services that Fort Sill is currently referring to community providers or the quantity and type of health care services provided by community providers to persons covered by TRI-CARE, the insurance providers for military personnel and dependants have not yielded any results for the report. However the command staff at Reynolds Army Hospital are in constant contact with local healthcare providers and have ongoing dialogue with the local civilian hospital leadership.

The current regional supply of 210 physicians with active admitting privileges between Comanche County Memorial Hospital, Southwestern Medical Center and Reynolds Army results in a density of 1.83 physicians per 1000 population, The current physician supply of all physicians in the county, not including Reynolds Army is 1.50 per 1000 persons, which is lower than both the state and national rates of 2.49 and 2.08 respectively. No metrics are available for county, state and national physician supply for physicians with active admitting privileges. While the estimated gross physician shortage in the region is estimated to be .25 to .58 per 1000 persons, or 28 to 66 physicians, the actual shortages are determined by specific needs and requirements of the service complements at the two civilian regional hospitals. The most severe shortages are forecasted to occur in those highly specialized service lines that are the most difficult positions for hospitals to fill (e.g., obstetrics and gynecology, cardiology, and psychiatry). Regional solutions to recruit physicians to Lawton/Fort Sill area will require leaders to adopt new strategies such as working together through a regional health organization.

Recommendations

The overall health care infrastructure of the region satisfies existing needs and, the increase in population in the Lawton/Fort Sill area will not significantly challenge the ability of local providers to meet future demand. The principal recommendations for the health care network in the Lawton/Fort Sill area include:

1. Local Hospitals and key healthcare providers in conjunction with Reynolds Army Medical Center should **establish a Lawton/Fort Sill Area Healthcare Council**. This committee should consist of representatives from local hospitals, the military post, mental and behavioral health centers, private practitioners, and county public health departments. Its purposes should be the following areas:
 - a) Collecting and disseminating regional health care data (inventory of services, utilization data, benchmark data against other localities);
 - b) Identifying areas and opportunities for collaboration in recruiting physicians, nurses, and other health care workers to the Lawton/Fort Sill area;
 - c) Establish a formalized discussion forum between Reynolds Army Medical Center and the local hospitals to ensure that adequate health care resources are available to military personnel and their families.
 - d) Facilitate discussion with key healthcare service providers to including mental and behavioral health services, to ensure mental health delivery systems in the community can keep up with prospective demand and any potential abnormal influx of mental health patients.
 - e) Local hospitals and key executive leaders should encourage physicians to participate in TRI-CARE to better serve the Lawton/Fort Sill area.
 - f) Health care services provided by Reynolds Army Community Hospital and community health care providers should be coordinated and predictable. This organized Health Care Council group can also serve as the coordination organization to ensure seamless patient care across military civilian lines.



Lawton Fort Sill Growth Management Plan Implementation Checklist Subject: Medical and Mental Health Services				Responsibilities		Timing	Estimated Cost	Potential Funding Sources
		Primary	Secondary					
Issue: Lack of comprehensive and consistent coordination among local healthcare providers lessens the overall effectiveness of the healthcare system in the region.								
Recommendation: Establish regional Healthcare Council to foster collaboration and coordination among providers to ensure that strategies are in place to address current and future healthcare needs.								
Action 1	Establish regional/area healthcare organization consisting of non-profit and for-profit agencies/organizations that are key contributors in the delivery of healthcare services in the region.	CITY	CO, CCMH, SWMC, FORT	Mid	\$20,000 initial, \$10,000 per year	LOCAL, LHCP		
Action 1.1	Conduct initial marketing/notification of area healthcare organizations to encourage member organization participation							
Action 1.2	Establish and identify key healthcare partner/member organizations to serve in leadership roles (this is a critical step due to the competitive nature of the local marketplace, leaders must be able to build trust and alliances among members to ensure that full and open participation is secured and no competitive advantages or disadvantages are associated with membership in the Committee)							
Action 1.3	Ensure Fort Sill and Reynolds Army Hospital are represented in regional/area health care organization and included in leadership structure							
Action 2	Develop a "healthcare information portal" for the region that provides key data/metrics related to local healthcare providers for new residents in the area	CITY	CO, CCMH, SWMC, FORT	Mid	\$25,000 initial, \$5,000 per year	LOCAL, OEA, LHCP		
Action 2.1	Establish a comprehensive listing of service providers, specialties, insurance coverages, etc for newcomers to the area (particularly Fort Sill employees, soldiers)							
Action 2.2	Establish and determine performance and informational data requirements, collection, methods and reporting procedures for member organizations that will permit an outsider's evaluation of particular providers according to key industry milestones or metrics (i.e. wait times, certifications, affiliations, insurance coverages, satisfaction or quality scores, pricing, etc.)							
Action 2.3	Develop a regional healthcare website as a means to distribute, share and evaluate information regarding the local healthcare system							
Action 3	Develop a "Performance Monitoring Plan" for the region that establishes critical performance measures for the system and monitors these indices to ensure that the healthcare network is continually improving their overall effectiveness for the region	CITY	CO, CCMH, SWMC, FORT, RACH	Long	\$10,000 initial, \$7,500 per year	LOCAL, OEA, LHCP		
Action 3.1	Establish key and critical service shortages and data/metrics requirements for monitoring (similar to those developed in the "information portal")							
Action 3.2	Establish and determine data requirements, collection, methods and reporting procedures for participating organizations and agencies							
Action 3.3	Establish formal information sharing between Reynolds Army Hospital and local health care provider organizations (including mental health professionals) to ensure that local network is supporting the healthcare needs of the soldiers and their families with particular attention to the needs of combat veterans							

Legend / Key

Implementation Partners / Agencies
 CITY - Local municipal government
 CO - County governments
 FORT - Fort Sill
 CCMH - Comanche County Memorial Hospital
 SWMC - Southwestern Medical Center
 RACH - Reynolds Army Community Hospital
 CoC - Local chambers of Commerce
 OEA - Office of Economic Adjustment
 LHCP - Local Healthcare Providers

Timing
 Near - 2008 - 2009
 Mid - 2010 - 2011
 Long - 2012+

Funding Sources
 LOCAL - bond/general revenues from local governments
 STATE - State revenue source
 OEA - Office of Economic Adjustment
 LHCP - Local Healthcare Providers



Lawton Fort Sill Growth Management Plan Implementation Checklist Subject: Medical and Mental Health Services					Responsibilities	Timing	Estimated Cost	Potential Funding Sources
Action	Description	Primary	Secondary					
Action 4	Develop an overall recruitment and retention strategy for the region for healthcare providers	CITY	LHCP	Long	\$10,000 per year	LHCP, LOCAL		
Action 4.1	Ensure that recruiting of specialty physicians, nurses and Allied Health Professionals are included in the strategic planning and data metrics of the Area Health group							
Action 4.2	Compile marketing materials for the Lawton/Fort Sill area and distribute to professional associations and specialty healthcare provider organizations							
Action 4.3	Compile professional recruiting resources such as professional recruiters, trade magazines, trade and professional schools to have one unified recruiting database to draw from.							
Action 4.4	Identify local interested healthcare career candidates who are likely to stay in the community and facilitate career coordination with trade and professional schools							
Action 4.5	Contact high schools, trade schools, professional schools, and local healthcare professionals to identify local candidates for healthcare careers							
Action 4.6	Identify various sources of educational assistance and professional educational funding for prospective educational candidates.							
Action 4.7	Identify interim related work opportunities for prospective healthcare career candidates in the community							
Action 5	Work with Tricare policy makers to adjust TRI-CARE rates to competitive levels for the state and Lawton/Fort Sill area	CITY	FORT, LHCP	Long	\$40,000	OEA, LOCAL		
Action 1.1	Conduct in-depth study on reimbursement and covered services in Lawton/Fort Sill area and the impact of these coverages and reimbursements have on access to and effectiveness of the overall system for the region's users.							

Legend / Key

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Funding Sources

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