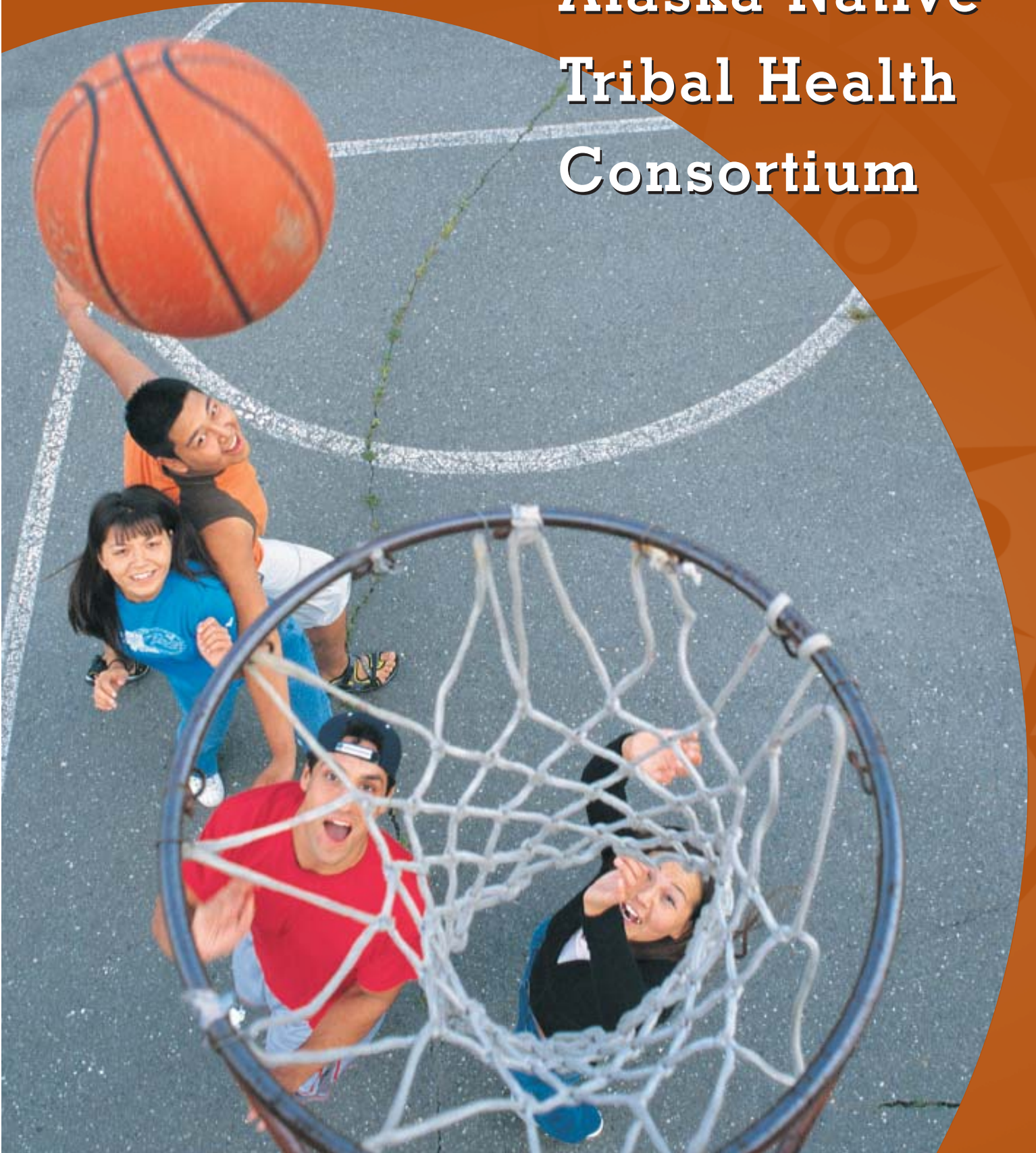


2002 ANNUAL REPORT

Alaska Native Tribal Health Consortium



The Alaska Native Tribal Health Consortium

The Alaska Native Tribal Health Consortium was formed in December 1997 to manage health services for Alaska Natives throughout the state. All Alaska Natives, through their tribal governments and through their regional nonprofit organizations, own the Consortium. It is one of 20 co-signers of the Alaska Tribal Health Compact, a self-governance agreement with the Indian Health Service.

The Consortium employs approximately 1,500 people and had an operating budget of \$260 million in fiscal year 2002 (October 1, 2001, to September 30, 2002). It is based on the Alaska Native Health Campus on Tudor Road in Anchorage.

Mission

To provide the highest quality health services for all Alaska Natives

Vision

A unified Native health system, working with our people, achieving the highest health status in the world

Core Values

Self-determination

Always learning and improving

Relations based on trust

Respect for cultural diversity

Care and compassion

Honesty and integrity

Wellness in body, mind and spirit

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Our youth: Our future health

The Alaska Native Tribal Health Consortium (ANTHC) exists to provide all Alaska Natives the highest quality health services possible. We work to accomplish our purpose through a variety of means.

In addition to providing medical care, ANTHC develops groundbreaking technology that connects remote areas to healthcare specialists. It provides research and training for prevention and for future healthcare professionals. The Consortium provides the money and expertise to build new clinics, and water and sanitation facilities in dozens of Alaska communities.

ANTHC is a relatively young organization, but it offers programs and services that were part of the Indian Health Service in Alaska for many years. In the past year, the Consortium has been combining these with new services and programs to better serve the needs of our customer-owners: the tribes of Alaska. The changes have already brought new efficiencies, greater accountability and better services.

The next step in the true ownership of our health care system is to prepare our young people for the health careers of the future. Find out more about our internship and scholarship programs throughout this report, and on the inside of the back cover.

This 2002 Annual Report is a summary of some of the many accomplishments and changes that occurred throughout the year, and identifies our goals for the coming year.

With your encouragement and support, the Alaska Native Tribal Health Consortium will continue to work toward improving the range of services we provide to all Alaska Natives.

On the Cover: College and high school students Ashley Lawrence (Inupiaq), Ricky Lind Jr (Yup'ik), Charles Tice (Aleut) and Sharon Mojin (Yup'ik) play basketball at the 2002 Alaska Native Tribal Health Consortium's Internship Program annual picnic. The Consortium's Internship and Scholarship programs are helping Alaska Natives learn about and obtain training in health careers.



Letter from the Chairman and President



To all Alaska Natives:

In 2002, the Alaska Native Tribal Health Consortium completed five years of operations. It has been an exciting year. We have worked to expand services, to improve quality health care and to provide better customer service.

The health of all Alaska Natives is our primary concern. The Consortium has worked hard to develop a variety of programs that will enhance the lives of Natives by improving our services and offering educational materials to help Alaskans make healthy choices and enjoy healthier lives.

This year, more of you looked to the Alaska Native Medical Center as your provider of choice. To better meet your needs, ANMC made several additions to service, including a new Pediatric Intensive Care Unit to provide specialized care for our children. The medical center added a new operating room to allow for more procedures and to reduce waiting periods. It added a financial management system that will help us collect more insurance revenues.

Our Division of Environmental Health and Engineering worked to build water and sanitation projects, and new health care clinics in rural communities. It continues to promote safety and environmental health.

Our employees accomplished much more throughout the year, and there is more yet to come. I encourage all of our young people, our future employees, to consider a career in health care and take full advantage of the scholarship and internship opportunities that ANTHC provides. A career in health care offers the personal satisfaction of helping an entire community lead healthier lives. It allows you to connect with your culture and allows your culture to grow beyond the community. Throughout this report, you will see just a few examples of the young people who have participated in our scholarship and internship programs. Their bright faces and encouraging remarks show the promise of this valuable service.

I am honored to continue to be a part of these challenging and successful times. If you have a question or concern, please don't hesitate to let me know. It is our privilege to serve you: our customers, our owners.

Sincerely,

A handwritten signature in black ink that reads "Don Kashevaroff". The signature is fluid and cursive, with a long, sweeping underline.

Don Kashevaroff

Letter from the Chief Executive Officer

To all Alaska Natives:

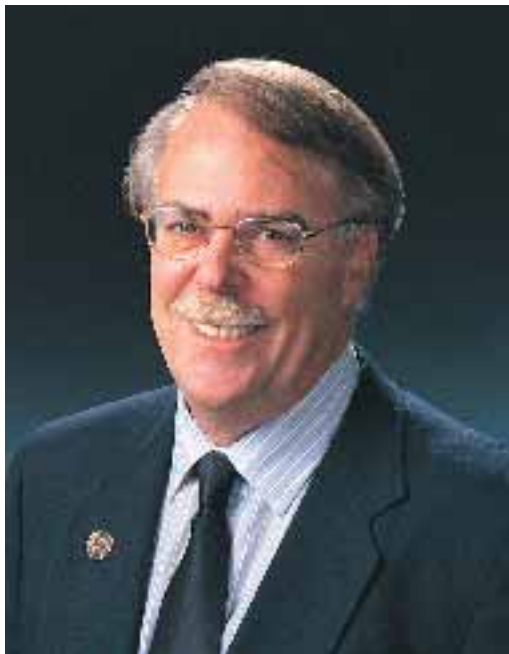
On behalf of the Alaska Native Tribal Health Consortium administration and staff, I am pleased to present you with this year's Annual Report. Here, you will see some of the many accomplishments and changes that have taken place at the Consortium throughout the year.

During the past months, we have continued to focus on providing our customers with better health services and offering more options for care. We have strengthened our partnerships with local, state and federal agencies to build more clinics in villages throughout Alaska. We have worked to connect remote communities through the advanced technology of telemedicine.

One of our more notable goals is to increase the number of Alaska Natives in the healthcare field. Nearly \$4 million was raised to provide training for village counselors, dental health aides and personal care attendants.

As you look through the pages of this Annual Report, you may notice that ANTHC has reorganized its division structure this year. Services previously offered by the former Division of Tribal Support Services have been reassigned to other ANTHC divisions. The change will prove to be more efficient and will improve the quality of our services to all Alaska Natives.

This year, our Division of Information/Technology completed a project that put 235 telemedicine workstations in village clinics and hospitals across the state. The division will continue to improve the usage of this invaluable technology.



We have continued a strong focus on research. Community Health Services has obtained millions of dollars for several such projects. CHS also initiated a new program to ensure coordinated care for Native people with HIV and AIDS.

We at the Consortium work for you; this is your organization. We want to hear from you how we are doing and how we can improve services from the Consortium and throughout the state.

Sincerely,

A handwritten signature in black ink that reads "Paul Sherry". The signature is written in a cursive, flowing style.

Paul Sherry

Alaska Native Medical Center



"My past three summers of working at ANTHC have been a wonderful learning experience. I was able to work in my area of interest, see firsthand how it is to work in a hospital atmosphere, network with professionals, attend hospital-wide meetings and learn valuable job skills. I met new people not only from all over Alaska, but also from the Lower 48."

— Sheila Vogt, Aleut

The Alaska Native Medical Center (ANMC) is a Native place where long-time friends and families can rejoice, mourn the loss of loved ones, or simply sit and socialize. It is also a place for healing and learning—where advanced technology meets human caring.

ANMC is also special in another way. It is managed and operated by the very people who use it—the Alaska Native people. The Alaska Native Tribal Health Consortium (ANTHC) and Southcentral Foundation (SCF) jointly manage ANMC. The two parent corporations have established a Joint Operating Board (JOB) to ensure the highest quality of medical care, culturally sensitive services, fiscal responsibility and customer satisfaction.

In the spirit of our mission and commitment to the Alaska Native people, ANTHC and SCF have joined efforts to set the expectation for excellence, and to pursue that excellence at all levels of performance across organizational lines. We are dedicated to being the hospital of choice for all Alaska Native people.

ANMC continues to enjoy significant growth in the number of patients who choose the Medical Center for care for



Above, the hospital is a place for gathering as well as healing. At right, Southcentral Foundation's Dr. Jennifer Edwards gives Caitlin Stewman a checkup at the Alaska Native Medical Center Primary Care Center.



themselves and their families. We are proud and honored by our patients' commitment to ANMC. In the year 2002, ANMC provided more than 360,800 clinic visits (8.6% increase); 7,800 inpatient admissions (18% increase); 1,367 newborn deliveries (14% increase); and more than 9,440 surgical procedures (11% increase).

ANMC has made significant strides in all areas of operation and clinical services over the past year. ANMC is in the early stages of applying the Baldrige National Quality Program standards into its daily operation. This nationally



ANMC is the only facility in Alaska certified as a level two trauma center, with staff and equipment ready – around the clock – to care for people with life-threatening injuries. Above, Dr. Patti Paris, an emergency room physician at the Alaska Native Medical Center, examines Jennifer Sweeny.

recognized program provides a framework to embed and integrate quality at all levels of the organization. It will guide us as we align resources, priorities and staff performance with top national quality standards. Staff at the two tribal parent organizations, as well as ANMC senior executives, have been participating in learning sessions about the Baldrige National Quality Program.

ANMC, in consultation with nationally recognized clinical efficiency experts, is working to improve patient access to medical and surgical services. ANMC primary care services have led the way over the past several years with impressive success. The first specialty groups to undergo the redesign to patient-centered services are the Ear, Nose and Throat Clinic (ENT), Orthopedic Clinic, Operating Rooms Suite and Day Surgery. ENT staff charted the path for patient-centered care.

Increased access to care promises greater customer satisfaction, fewer emergencies and more preventive care measures, such as mammograms and Pap tests. ENT has begun to see favorable outcomes from increased access for its patients. Next year, the efficiency experts will work with other specialty clinics and clinical support services to redesign systems that better meet the needs of the people we serve.

ANMC collaborated with physicians and nurses from other Native health facilities to develop uniform clinical best practice standards based on the review of scientific studies and professional judgment. These standards are designed to improve patient clinical outcomes. The teams focused on patients suffering heart attacks, community-acquired pneumonia, infants with fevers and gastric diseases. These regional teams are now monitoring their efforts to ensure that the standards are applied to their patients. The ANMC Clinical Core Business Groups have targeted additional clinical improvements in other areas. These include a maternal-child plan for

pediatric/neonatal intensive care, statewide follow-up care protocols for cancer patients, a chronic pain management program and statewide trauma response monitoring.

The Corporate Compliance and Risk Management program worked as part of a statewide task force to ensure that all tribal entities comply with the new federal healthcare privacy laws of the Health Insurance Portability and

Accountability Act, or HIPAA. Corporate Compliance staff helped the entire organization understand HIPAA requirements. Those requirements include redesigned or new monitoring and reporting systems, policies and procedures, and employee education programs for corporate compliance. The staff also has provided medical risk management education to Community Health Aides/Practitioners.

ANMC, in consultation with the National Research Corporation, has begun conducting new patient satisfaction surveys. The survey will measure patient satisfaction with ANMC services, and assess the aspects of care most important to the patients. The survey has been sent to a variety of patients who have received care at ANMC, asking them about their experiences. They are asked about their physical comfort during care, and ease of access to services. The survey asks about provision of emotional support, respectful treatment and staff sensitivity to cultural needs. The survey outcomes will help ANMC staff target areas for improvement.

The ANMC Pharmacy Practice Residency Program received accreditation by the American Society of Health Systems Pharmacists. This accreditation recognizes the ANMC for meeting national standards for pharmacy training programs.



The American Society of Health Systems Pharmacists has certified the ANMC Pharmacy Practice Residency Program as meeting national standards for pharmacy training programs. This year's resident, Eric Skan of Ketchikan, works in the Alaska Native Medical Center pharmacy.

That recognition will help the hospital and other Native health facilities in the state attract and retain qualified pharmacists.

The pharmacy also developed a program to provide pharmacists to Native health facilities around the state on a temporary basis. The program is designed to support itself financially. Pharmacy Services offers an on-site Pharmacy Technician training program for Alaska Natives. This year's

resident (pictured at left) is a Tlingit from Ketchikan. After completing the course, technicians can apply for national certification. Five Alaska Native employees have become technicians through this program.

ANMC third-party revenue cash flow issues, along with patient volume increases, have tested our financial resilience. Converting to a new billing and financial software package has resulted in cash flow disruptions that forced us to re-examine the way we

collect and bill for third-party revenues. Tremendous efforts are underway to redesign the way we work. The goal is to better collect patient demographic and insurance information, determine eligibility for services and to identify revenue sources. Due to staff efforts to continue major system changes, and the sharing of insurance and financial information by our valued customers, ANMC has collected more revenue than ever before. ANMC expects to continue its financial growth, provide excellent medical services, be culturally sensitive and competent, and provide outstanding customer service.

Our journey promises to be full of challenges, but we are committed to providing outstanding health services in Native ways, in partnership with the entire Native health system of Alaska.

Division of Environmental Health and Engineering



"I really enjoyed working as an intern at DEHE and would highly recommend it to others. It was a wonderful opportunity to work with people from other cultures and to travel around the state. It was very rewarding to design sewer and water systems for Native people."

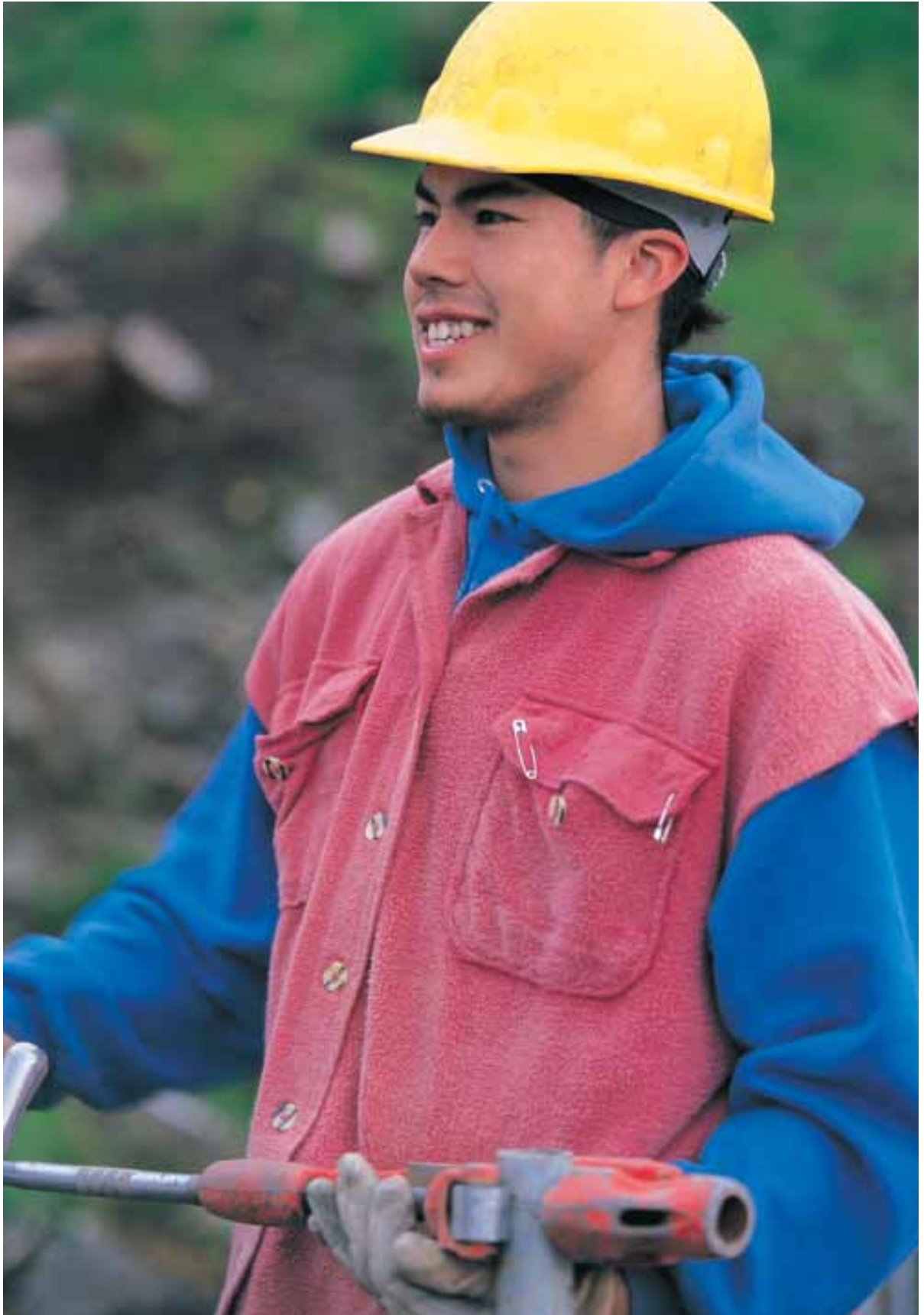
—Julie Stoneking, Aleut

Many Alaska villages continue to need adequate sources of water that are safe to drink and facilities that can safely dispose of their wastewater. The Division of Environmental Health and Engineering (DEHE) is working to enrich the lives of all Alaska Natives with these needs. As DEHE works in partnership with Native communities and other organizations on the local, state and federal levels, Alaska Natives are leading healthier, safer lives.

The Division plans, designs and constructs sanitation facilities, bringing safe water and wastewater disposal improvements to thousands of Native-owned homes each year. In 2002, 3,660 Native homes were served with improved facilities. This year, DEHE worked to provide sanitation facilities improvements totaling \$50.9 million in 92 communities. Season highlights included the completion of a seven-mile-long water pipeline in Kake, an aboveground piped-water and wastewater system in Chevak, and a water treatment plant in Kiana. Crews worked directly with local governments, and employed local labor and Consortium tradespeople on all of our construction projects.



Right: Sebastian Demas helped build the 150,000-gallon water supply tank, above, in the village of Nanwalek, across Katchemak Bay from Homer. The tank helps ensure a reliable source of clean, safe water, which is fundamental to good health.





The Division's Injury Prevention Program seeks to reduce the number of severe injuries affecting Alaska Natives. To achieve this, the program works together with regional health organizations to develop comprehensive, community-based injury prevention projects that include technical assistance, injury prevention training and funding for injury prevention activities.

DEHE also provides technical assistance to tribal health organizations, community healthcare and other institutional managers concerning patient safety, occupational safety and health, environmental and radiological health issues. Ultimately this assistance helps the managers maintain Joint Commission of Accreditation of Healthcare Organizations (JCAHO) accreditation and comply with Occupational Safety and Health

DEHE also works with villages and their tribal health organizations to build and maintain hospitals and clinics serving the more than 220 Alaska Native tribes throughout the state. In 2002, DEHE administered 36 maintenance and improvement projects totaling \$7.1 million for health care facilities managed by 11 tribal health organizations.

In addition, through a partnership with the Denali Commission, DEHE manages a program that plans, designs, builds and renovates health clinics. This year, the Division received \$14.8 million in project awards for clinic design, construction and renovation. Clinic projects were completed in 12 communities and started in 44 others, with active construction occurring in St. Michael, Elim and Stebbins during the 2002 season.



The Akutan clinic, pictured above, is a good example of the way the Consortium partners with other organizations to build much-needed health facilities in rural Alaska. The community of Akutan constructed the clinic with management expertise from the Consortium and funding through the Denali Commission. Above left, Frank Ulroan takes readings of the four water distribution loops that supply the village of Chevak with clean water.

Administration (OSHA) and Environmental Protection Agency (EPA) regulations. These results have a direct impact on the quality of patient care, quality of life, recruitment and funding.

DEHE provides funding to tribal health organizations to train rural Alaskans to operate and maintain water and sewer systems. While building utility systems is important, maintaining them is equally so. Unfortunately, many of Alaska's villages face tremendous challenges, including the lack of easy access, small populations and high turnover rates in utility operators. Meanwhile, federal regulations for utility operations become increasingly complicated.



The Division of Environmental Health and Engineering recently developed new programs to help overcome some of these difficult issues and, ultimately, to help sustain the facilities rural Alaskans have worked to build. For example, the division operates the Alaska Utility Supply Center. The center continues to offer village operators a single source for materials and equipment for utility systems, saving operation downtime. Because the program can buy in bulk, villages also save money when purchasing equipment. There are currently 115 active community accounts.



The Consortium works to reduce the number of injuries and deaths among Alaska Natives from drowning, vehicular crashes, fire, hypothermia, dog-bites and gunshots. Above, Angoon IRA President Walter Jack, Sr. gets ready to go boating by putting on his life jacket. At left, summer interns Katie Noonan and Matt Albright check for lead-based paint on a house in Nome.

Division of Community Health Services



"The ANTHC internship opened many doors for me. I was able to gain hands-on information about the different research done in Alaska and the influence it has in bettering the health of Native people. I am very fortunate to have been able to work with the nurses in Labor and Delivery, that experience further reinforced my decision to be a midwife. The internship is a great opportunity for those interested in going into the medical/health field."

—Shawna Martinez, Navajo

The Division of Community Health Services (CHS) monitors and improves the health of Alaska Natives by conducting research on important health issues, and by providing education for prevention.

The division's staff monitors trends in deaths and illness, and develops comprehensive regional- and community-based solutions for priority health problems. CHS provides technical assistance to communities and tribal health programs, and develops partnerships with other agencies for these purposes.

In the past year, the division worked to expand and develop the Alaska Native Traditional Food Safety program. This program monitors heavy metal and industrial pollutant levels in the tissue of mothers and newborn infants. Monitoring was expanded to include the communities of the Eastern Aleutian Tribes and Aleutian/Pribilof Islands Association, and to Aleuts living in the Russian Aleutian Islands and Kamchatka Peninsula. These metals and pollutants are found in western foods as well as in subsistence foods. The monitoring project is made possible through partnerships with the Environmental

Helen Peters, RN, and Gordon Upicksoun prepare for a blood draw to test the effects of a pneumococcal vaccine. The vaccine fights a bacteria that causes serious blood infections, meningitis and pneumonia. A new infant vaccine has shown a 90% decrease in the pneumococcal disease covered by the vaccine.



Protection Agency, the Centers for Disease Control and Prevention and the State of Alaska.

The division is in its second year of a nearly \$3 million grant from the National Institutes of Health. Seven new areas are being investigated in this Native American Research Center for Health project. These include: childhood disabilities, traditional food in pregnancy, helicobacter pylori infection, pneumococcal infection, telemedicine, traditional food and Hepatitis B. Projects will take two to four years to complete, and will lead to better understanding about important health issues for Alaska Natives.

The Health Services Resources Administration awarded \$1.75 million over 3 1/2 years to begin an early AIDS/HIV intervention program. Awarded under the Ryan White Care Act, ANTHC is the first Native American recipient. Early intervention clinics are held at Alaska Native Medical Center, with 83 people on the active patient list. Staff visited sites across Alaska for regional patient care, education presentations and chart reviews. They presented other training and education sessions in various statewide locations and at medical conferences to encourage HIV recognition and screening efforts.

Community Health Services also authored a portion of the federal Arctic Monitoring and Assessment Report for 2002, which reported on the pollution levels in various media—such as the air, foods, people and wildlife—in the Arctic. It also authored part of the Arctic Climate Impact Assessment, which looks at the impact of climate change on the residents of the Arctic.

A newly added staff position has taken on the job of working to help Alaska Natives return to their communities after serving time in the state's correctional facilities. This outreach and prevention service attempts to help the re-entry process by offering ways to reconnect to culture. The prison outreach program offers cultural enrichment activities, as well as support services (contacts for job placement services or housing) and educational materials.



Laboratory researchers are testing pollution levels in samples from Alaska Native mothers and in umbilical cords. Above, Karen Miernyk, a microbiologist working with the Division of Community Health Services, tests blood samples.

The division worked to provide training opportunities for the first group of Consortium-sponsored dental health aides and created similar opportunities for the training of the first dental mid-level practitioners in the United States. Those who took part in those programs now have the opportunity to practice in villages, conducting minor examinations, cleanings and education for good dental health.

Funding also was received to develop training for behavioral health aides in the coming year.

Division of Information/Technology



"I would rate this internship a 10 because it was a great learning experience, and a great way to get hands-on experience. It helped determine if that field was what I really wanted. The most memorable part was getting to attend the board meeting, for it allowed me to witness that that is a job I don't want."

—Sam Aikins, Aleut

A boy in Chignik Bay has a tube in his eardrum to equalize pressure and it's bothering him. Does he have to be sent to see a doctor in Dillingham or to see an Ear, Nose and Throat specialist in Anchorage? Not anymore.

Today, he can walk into the local clinic, where the Community Health Aide/Practitioner (CHA/P) will take a close-up digital image of the child's inner ear. That image is automatically transmitted to Dillingham or Anchorage, where an ENT doctor can examine it and, within minutes, advise the CHA/P on a course of treatment.

The Alaska Native Tribal Health Consortium AFHCAN Project Office (APO) has worked toward just that outcome for the last four years. It has worked to design and build equipment and software to allow CHA/Ps and other health care providers in Alaska to provide digital images for consultation. The project, called the Alaska Federal Health Care Access Network (AFHCAN), is sponsored by the Alaska Federal Health Care Partnership. The four-year project to provide AFHCAN workstations, or carts, to 235 Alaska health care sites was completed in 2002.

The carts are supplied with a digital otoscope to look inside ears, an EKG to measure heart activity, a digital camera and a scanner. Cases, which are made up of multiple images, are sent over a network to the Alaska Native Medical Center or to other care providers in the partnership. The project recently received a \$500,000 grant from the U.S. Department of

At ANMC's Ear, Nose and Throat Clinic, Dr. Mary Totten and Adrianna Stein, Administrative Support, demonstrate how a telemedicine workstation is used to send digital images from rural sites to physicians or specialists.



Agriculture to develop new attachments to add to the carts. The project has also received a \$500,000 grant for the University of Alaska to evaluate telemedicine in the state.

If and when this boy does go to Anchorage again—or to a Public Health Nurse or to another Alaska Native health facility—does the Health Aide have to fax a copy of old encounter forms so that provider will know the patient’s history? Not today.

Most of these facilities use the Resource and Patient Management System (RPMS) as an electronic medical record. Last year, RPMS staff in Data and Site Support (DSS) upgraded five major RPMS modules, replaced five computers and set up six new sites.

The child’s information is sent to facilities where he has a record through an RPMS module called Multi-Facility Integration (MFI). This year, MFI staff added the ability to send laboratory results, medications and newborn immunizations to other facilities.

When any of the CHA/P’s equipment breaks, it is covered under a contract with the Alaska Clinical Engineering Services (ACES). ACES provides clinical engineering for \$44 million worth of equipment at 70 sites around the state. The engineers were involved in AFHCAN cart construction and installation, and nine facility replacement or renovation projects. They created a help desk system to be used in three divisions of the Consortium, and a new step-down unit at the Alaska Native Medical Center. They also installed teleradiology equipment at seven sites.

Alaska Native health corporations depend on continued funding from the Indian Health Service (IHS) and IHS depends on clear and accurate information to determine the level of funding. Health Statistics staff recently completed a project with the Indian Health Service to provide more accurate information about the number of Alaska Native patient visits to



The Consortium provides clinical engineering services for \$44 million worth of equipment at 70 sites around Alaska. Above: Medical Equipment Supervisor Burt Hanna repairs an infusion pump used to administer intravenous fluids.

health care facilities in the state during the last three years, as well as end-of-the-year workload summaries at those facilities.

The Division of Information/Technology (DIT) was created in July 2002 from other ANTHC divisions to provide a wide range of DIT coordination and services to the Consortium and to Alaska Native health facilities. The four DIT departments (APO, DSS, ACES and Health Statistics) provide a wide range of information technology equipment, training, support and coordination throughout Alaska.

Division of Human Resources

In June 2002, the Consortium reorganized, consolidating all human resources services into a unified operation. The Division of Human Resources incorporated a number of human resources services, which previously fell under the Division of Tribal Support Services.



Human Resources staff work to recruit and retain highly qualified individuals to work in the Alaska Native health system. Above: Cindy Hamlin, Recruiter, and Melanie Ramoth, Administrative Support, review handouts on Alaska Native health care careers that they will distribute at a job fair.

Human Resources supports about 1,500 Consortium employees. In 2002, the division hired 395 new employees, and developed a new employee orientation program. Three new positions were added to the division to focus on physician and engineer recruitment, employee orientation, and on compensation and benefits. A Web site is being developed to facilitate recruitment efforts for tribal facilities in Alaska and the Pacific Northwest.

In September, ANTHC selected a new system for employee performance management, which will replace the Consortium's pass/fail system with an automated competency-based point system. The new process promises a fair and reasonable approach, as will the ongoing development and refinement of a market-based wage and salary program. This proposed program allows for consistency and equity to promote recruitment and retention of a qualified and skilled workforce. A Human Resource Information System was identified and purchased after extensive research and consideration. The Lawson Human Resource Information System was selected to support HR/Payroll data management that will provide unified reports that support management decisions.

The Employee Development program provides scholarship and internship opportunities for Alaska Natives interested in health careers. This year, 23 students each received \$5,000 scholarships from ANTHC. This program also assists with the Indian Health Service Scholarship program; 32 out of the 74 Alaska students who applied were awarded scholarships.



The Consortium seeks workers committed to providing quality customer service in a variety of trades and professions. Clinton Nelson is a pharmacy technician at ANMC.

Administration

Alaska Native Tribal Health Consortium administrators have worked throughout 2002 to ensure your organization runs as smoothly and efficiently as possible.

Working in the administration offices are the Chief Executive Officer, finance and administration (including procurement), general counsel, public communications, strategic planning and development, health systems networking, and health services development.

Administrative staff provide organizational management and systems support for the Consortium's divisions. ANTHC is a fairly young organization—only five years old—and the administration continually looks at the various aspects of its operations to see what is working well and which areas need improvement.

We have made several changes this year to enrich the services to our customers and to run a more efficient organization. The Consortium created a Core Management Team to assess and improve the organization's performance, to plan and initiate new services, and to coordinate the Consortium's overall services. The administration also reorganized the Consortium's divisions to improve their services.

A Health Services Development position was added to analyze our operations and to help the Consortium in implementing its strategic plan. ANTHC also added a grant writer/coordinator, which already has resulted in a sizable increase in non-Indian Health Service funding to be used for research, training and technical assistance.

ANTHC bought 14 acres of property around the current campus so it can be prepared for future expansions. The administration staff spent time this year reaching out to develop partnerships and relationships with others in the health-care industry. In coordination with the Alaska Native Health



Board, the Consortium completed the 2002-2010 Statewide Alaska Native Health Plan. The plan identifies goals and objectives for the Native health care industry to achieve healthier lives for our people.

Administrators represented the Alaska Native health community in the Alaska Federal Health Care Partnership, an inter-agency network that includes the Indian Health Service, the Veterans Administration, the U.S. Coast Guard and the Department of Defense. The Partnership's goal is to share services and staff among agencies, saving money that can eventually be invested in more equipment and staff.

The Consortium sponsored the first statewide Native summit on the role of the Health Insurance Portability and Accountability Act, better known as HIPAA.

Administrators also worked to form a new health strategy collaboration called ARCHES—the Alaska Rural Community Health Economic Solutions—with the Rasmuson Foundation, the Denali Commission, the University of Alaska, the Alaska Native Health Board and the Alaska Mental Health Trust Authority.

Board of Directors



FRONT ROW, left to right: Don Kashevaroff (ANTHC Board Chairman and President), *Unaffiliated Tribes*; Evelyn Beeter, *Unaffiliated Tribes*; H. Sally Smith (ANTHC Board Vice Chair), *Bristol Bay Area Health Corporation*; Mike Zacharof, *Aleutian/Pribilof Islands Association*; Eileen L. Ewan (ANTHC Board Secretary), *Copper River Native Association*.

MIDDLE ROW, left to right: Emily Hughes, *Norton Sound Health Corporation*; Eben Hopson, Jr., *Arctic Slope Native Association*; Frieda R. Damus, *Metlakatla Indian Community*; Rita Stevens (ANTHC Board Treasurer), *Kodiak Area Native Association*.

BACK ROW, left to right: Ileen Sylvester, alternate to Katherine Gottlieb, *Southcentral Foundation*; Andrew Jimmie, *Tanana Chiefs Conference*; Lincoln A. Bean, Sr., *SouthEast Alaska Regional Health Consortium*; Fritz George, *Yukon-Kuskokwim Health Corporation*.
Not pictured: Guy Adams, *Maniilaq Association*, Robert Henrichs, *Chugachmiut*.

During 2002 the ANTHC Board of Directors:

- Updated its five-year strategic plan, including its statements of mission, vision and values;
- Undertook a detailed review of the methodology for distribution of funding for health facilities maintenance and improvement;
- Created a Leadership Planning Committee to address issues of organizational leadership, compensation and succession planning;
- Created a Health Research Review Committee to review Native health research proposals, policies and reports;
- Approved funding for acquisition of property on the Alaska Native Health Campus and for facilities improvements at the Alaska Native Medical Center;
- Held its fall 2002 Board meeting in Metlakatla, in conjunction with the groundbreaking for the community's new health clinic.



Financial Summary

2002 Revenue (in millions)

1. Indian Health Service (IHS) Compact	100.8
2. Medicare, Medicaid, Insurance	62.4
3. Sanitation Construction Projects	62.0
4. Grants Activity	11.6
5. Facility Maintenance and Improvement	8.7
6. Interest	2.8
Total	248.3

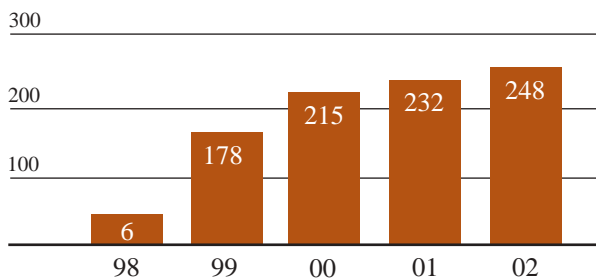
This Financial Summary is preliminary as of 11/1/02 and is subject to a formal audit for FY 2002

2002 Expenditures (in millions)

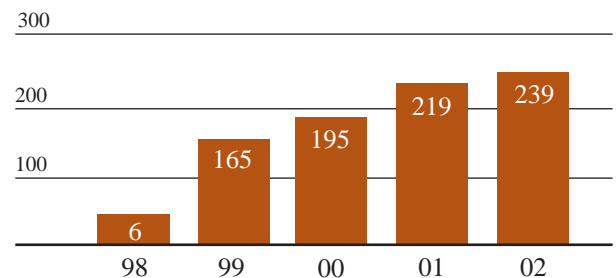
1. Alaska Native Medical Center	129.7
2. Sanitation Projects	58.3
3. Grant Activity	11.6
4. Facility Maintenance Improvements	6.3
5. Environmental Health and Engineering	8.8
6. Administration	7.9
7. Pass-through Awards	5.0
8. Tribal Support Services	5.5
9. Sanitation Projects Committed Funds	3.7
10. Community Health	2.2
Total	239.0

Five year comparison (in millions)

Revenue



Expenditures



Future Directions

In the coming year, the Consortium will have a series of opportunities and challenges, including:

- Updating the master facilities plan for the Alaska Native Health Campus in Anchorage;
- Completing several new facilities improvement projects at the Alaska Native Medical Center;
- Starting a new service line offering sales, training and support for our telemedicine workstations to other health providers world-wide;
- Conducting formal evaluations of ANTHC services by our affiliated tribal health provider agencies;
- Implementing the new Employee Performance Management System;
- Completing the implementation of our new patient information and financial management system at the Alaska Native Medical Center;
- Adding a new staff position in Community Health Services to improve statewide coordination and support for health promotion and disease prevention efforts;
- Initiating a new statewide study of needs for health care services for Alaska Native elderly and disabled, in support of developing new services to meet these needs over the coming five years;
- Improving ANTHC's systems and procedures for compliance with federal law and regulations in the areas of records privacy, financial management and procurement;
- Preparing for the fall 2003 survey of the Alaska Native Medical Center by the Joint Commission on Accreditation of Health Care Organizations (JCAHO);
- Working collaboratively with the University of Alaska to plan the construction of a new nursing school and health care training facility on the Alaska Native Health Campus.



ANTHC: Helping Alaska Natives Make Healthy Choices in Life and in Careers



During the summer of 2002, Stephanie Myers served as an intern at the Alaska Native Medical Center, as she has for the last three summers. All summer, the 19-year-old Aleut worked with patients and had the opportunity to learn directly from health care professionals. She was paid for her time and was able to gain practical experience toward a degree in nursing. Myers applied for the internship through the Alaska Native Tribal Health Consortium. The Consortium's board of directors wants to double the number of Alaska Natives and American Indians working in the state's health care industry within the next ten years.

Only about 60 percent of the roughly 5,000 people working in the state's Native health care system are Alaska Native. To change those numbers, the Consortium offers thousands of dollars in scholarships and internships for Alaska Natives seeking to enter the health care field.

In its third year, the ANTHC internship program gave 25 high school and college students the chance to work for nine weeks in the hospital's various clinics and support services.

In addition, the Consortium sponsors nine-week internships to a dozen or so Native college students to participate in its Division of Environmental Health and Engineering. The Consortium oversees the Indian Health Service's externship program for engineering students.

There are other opportunities for Alaska Natives wanting to enter health care. The Consortium oversees the Indian Health Service Summer Externship Program and volunteer Job Shadow opportunities for students. The Community Health Aide/Practitioner program trains people to provide primary care in their villages, as well as a similar program for dental aides.

For Myers, as well as many others who have completed internships, the work has provided a connection to her Native culture and to the Native community.

For information about the Alaska Native Tribal Health Consortium's internship or scholarship programs, contact:

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