

Alaska Native Tribal Health Consortium · 2005 Annual Report

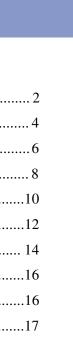


Alaska Natives are the healthiest people in the world

MISSION:

Providing the highest quality
health services in partnership with
our people and the Alaska Tribal
Health System

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Achieving excellence
Native self-determination
Treat with respect and integrity
Health and wellness
Compassion



Pictured on the cover of this annual report is Roberta Webb, an Office Specialist in the In-patient Pediatrics department at Alaska Native Medical Center in Anchorage. A Yup'ik Eskimo, Webb is from Aleknagik, a village in the Bristol Bay region. She is taking part in a new program the Alaska Native Tribal Health Consortium (ANTHC) created to develop staff for leadership excellence. Webb says she applied for the program because of the opportunity for "personal and career growth and development to help my fellow Alaska Native people."

Webb's aspirations are just one example of the ways ANTHC employees work to achieve our MISSION through close adherence to our VALUES, and ultimately the realization of our VISION – Alaska Natives are the healthiest people in the world.

This annual report provides other examples and information about ANTHC accomplishments during Fiscal Year 2005 (October 1, 2004–September 30, 2005, or FY05).

PARTNERSHIPS

The Alaska Native Tribal Health Consortium is part of the Alaska Tribal Health System, in which tribes and tribal organizations are working together to achieve excellence and promote Native self-determination, health, and wellness. Our participation reflects our mission: Providing the highest quality health services in partnership with our people and the Alaska Tribal Health System.

In 2004, tribes and tribal health organizations signed a Memorandum of Understanding to define and enhance the ways we can cooperate and coordinate health services for Alaska Natives. The goal is to ensure that all Alaska Natives have access to a comprehensive, integrated, tribally managed health care delivery system for the improvement of the health and well-being of Alaska Native people.

In partnership with the Alaska Native Health Board, tribes and tribal health organizations have formed statewide committees and task forces to assure continued coordination among tribal health programs. New programs and delivery systems continue to be developed on a program-by-program and statewide basis.



Signatories to the Alaska Tribal Health System Memorandum of Understanding, Back row (left to right): Maria Coleman, Native Village of Eklutna; Alvenia Cottingham, Hoonah Indian Association; H. Sally Smith, Bristol Bay Area Health Corporation; Ken Brewer, SouthEast Alaska Regional Health Consortium; Emily Hughes, Norton Sound Health Corporation; Andrew Jimmie, Tanana Chiefs Conference; Boris Merculief, Aleutian/Pribilof Islands Association. Middle Row (left to right): Victor Wellington, Sr., Metlakatla Indian Community; Eileen Ewan, Copper River Native Association; Stephanie Rainwater-Sande, Ketchikan Indian Corporation; Eben Hopson, Jr., Arctic Slope Native Association; Diane Kochendorfer, Chitina Traditional Council; Gene Peltola, Yukon-Kuskokwim Health Corporation; Ivan Encelewski, Ninilchik Traditional Council; Larry Evanoff, Chugachmiut; John Boone, Valdez Native Tribe. Front row (left to right) Rosie Choquette, Knik Tribal Council; Beverly McCord, Native Village of Tyonek; Beverly Bremner, Yakutat Tingit Tribe; Georgia Kashevarof, St. George Traditional Council; Don Kashevaroff, Alaska Native Tribal Health Consortium and Seldovia Village Tribe; Christina Westlake, Maniilaq Association; Anna Huntington-Kriska, Council of Athabascan Tribal Governments; Jana Turvey, Kodiak Area Native Association; Della Trumble, Eastern Aleutian Tribe, Inc. (Not pictured, Fred Christiansen, Kodiak Area Native Association).



"ANMC offers me the opportunity to deliver specialty care in a modern, one-of-a-kind Native facility.

It's rewarding to learn about Alaska Native cultures through my patients and to work with a professional medical staff whose highest priority is patient care."

Bryan Wachter, MD

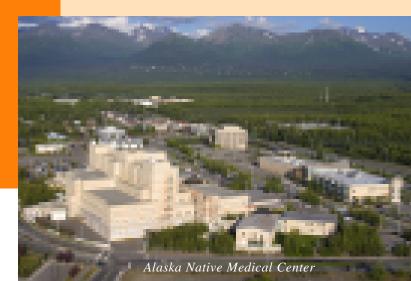
Dr. Bryan Wachter joined the staff at the Alaska Native Medical Center (ANMC) in 2002 after completing his residency training in Ear, Nose, and Throat (ENT) Surgery at Loyola University Medical Center in Chicago, Illinois. While in residency training, Wachter had the opportunity to learn about the Alaska Tribal Health System, and meet ENT staff when he worked for several months at ANMC.

ANMC is one of the world's leading providers of telemedicine services. Each year in just the ENT department, ANMC provides telemedicine consultations to nearly 1,500 rural patients. This amounts to a 10% increase in patients served by the ENT department, without an increase in staffing or overhead costs.

"With telemedicine, patients have better access to care," says Wachter, an ENT Board Certified Specialist. "It has greatly improved the delivery of ear, nose, and throat care for our patients in remote regions of Alaska. Through telemedicine, I responded to a consult of a patient with a perforated ear drum

In FY05 Alaska Native Medical Center provided:

- 379,778 clinic visits
- 5,518 inpatient admissions
- 1,315 infant deliveries
- 11,006 surgical procedures



and was able to expedite her evaluation so that she was scheduled for reconstructive surgery within a week. Without telemedicine, that patient may have faced the challenges of travel in rural Alaska and waited months before a formal ENT evaluation and consideration of surgery."

Telehealth activity that began within the ENT department has now expanded to include 17 departments within ANMC. In fact, mid-level providers and physicians at more than 200 locations throughout Alaska consult with ANMC specialists. This innovative service brings huge benefits to Alaska Native and American Indian patients throughout Alaska.

The Alaska Native Tribal Health Consortium and Southcentral Foundation jointly own and manage the Alaska Native Medical Center under the terms of Public Law 105-83. These parent organizations have established a Joint Operating Board to ensure unified operation of health services provided by the Medical Center.

Alaska Native Medical Center

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Division of Environmental Health and Engineering

Virginia Washington, a Norton Sound Health Corporation executive committee member, knows how important it is to have safe drinking water. She's from St. Michael, a village on the Norton Sound in northwest Alaska. The village was hit with an outbreak of hepatitis in the mid-1980s, an epidemic that has been linked to inadequate sanitation services. A number of people became ill.

ANTHC responded by plumbing the City facilities to provide safe drinking water and completing the washeteria. ANTHC also worked cooperatively with the Denali Commission and the Norton Sound Health Corporation to manage the construction of a much-needed new clinic, including a trauma room and dental facilities. Washington wants others to know that ANTHC provides quality work and that she is "honored to have worked with them for my family, community, and region."

ANTHC is committed to responding directly to the environmental health needs of Alaska Native communities and their health facilities. These services range from supplying safe drinking water for village residents to providing modern health facilities and equipment, as well as teaching children the importance of lifejacket use on rural Alaskan rivers.

"ANTHC is a tribally driven organization stretching from my own home to the national level," says Washington. She values having the access to bring sanitation concerns to a broader audience.

ANTHC has made great progress in providing lasting solutions to promote healthy communities in rural Alaska but there are still many sanitation needs to be met. With the support of local leaders such as Virginia Washington, and other tribal health organizations, ANTHC will continue to support healthy Alaska Native communities.

Through Division of Environmental Health and Engineering efforts:

- Eight hundred and five homes in 33 communities received improved water and sewer services.
- Construction was completed on 16 health facility projects with ANTHC management of local construction crews in 59 communities.
- The Statewide Utility Association increased its community utility customers by 32 to a total of 209 and has 12 communities participating in the billing program.
- An assessment tool was developed to determine how tribal health pharmacies can best prevent occupational exposure to hazardous drugs was developed.





"Knowledge is key, so it is important for my community to have someone on hand to further enhance their knowledge of health-related issues; also someone they know to turn to with problems, questions or concerns. It means a lot for me to be a part of that."

 Chrystal Moon
 Community Health Aide in the village of Tyonek Division of Community Health Services:

- Provided nine Basic Health Aide Training sessions for 50 students
- Supported three meetings of the CHAP Certification Board
- Processed 291 applications for 46 initial CHAP certifications (including four Dental Health Aide Therapists), 70 upgrades, and 175 renewal applications
- Developed standards for Level One Behavioral Health Aides
- Increased enrollment in the Education and Research Towards Health (EARTH) study to 2,568

Division of Community Health Services

Community Health Aides Chrystal Moon and Priscilla Miller recently completed training at the Consortium's Community Health Aide/Practitioner (CHAP) training center. Chrystal Moon, Athabascan, of Tyonek, says "The Community Health Services program and working for the Native Village of Tyonek, give me the means to fulfill most of my goals in my career life – giving back to my community, helping others, working hands-on with people – and the ability to do

something I really enjoy and call it a job. DCHS provided the training and the village hired me."

Priscilla Miller, Aleut, of King Cove, said "I think my community will greatly benefit from this training because of all of the information I have learned and can pass on to patients and their families and loved ones about how prevention, early detection, and a healthy lifestyle can improve and prevent a lot of problems we see in small communities."

"It set a great foundation for being a health care provider in King Cove," said Miller, "which plays a big role in being the first health care provider in a patient's chain of health care; whether the patient's problem will resolve with you or they will have to go on to Anchorage to see a doctor or specialist."

Diabetes, hepatitis, Native health research, immunization, traditional foods monitoring, and HIV/AIDS are just a few of the programs of the Division of Community Health Services (DCHS),

which monitors and improves the health of Alaska Natives by conducting research on important health issues, and by providing education for prevention. DCHS staff monitors trends in deaths and illness, and develops comprehensive regional and community-based solutions for priority health problems. DCHS provides technical assistance to communities and tribal health programs, and develops partnerships with other agencies for these purposes.



"Using telemedicine really helps take care of patients in rural clinics.

The quality of the pictures is really good and I can easily diagnose rashes and other health-related problems. I really think it is a lifesaver for people in the villages."

-Alan R. Thorne, MD

In one year DIT supports more than

- 10,000 store and forward telemedicine encounters
- 20,000 telepharmacy encounters
- 40,000 teleradiology encounters
- 1,000,000 patient care encounters

Alan R. Thorne, KANA Clinical Director, is a Doctor of Osteopathy, Board Certified in Family Practice, with 23 years experience in primary care. During his years of work in West Virginia, Montana, Texas, and Alaska, he's seen many improvements in medicine. These include the use of specially designed computer software and carts, and satellites for telemedicine. "This not only helps cut down on travel from the villages to Kodiak, but also travel into Anchorage when a patient is referred to see a specialist," says Thorne. "Besides all that, it saves literally days when getting back to the patient with a diagnosis and treatment plan."

To consult with a specialist at Alaska Native Medical Center in Anchorage, Dr. Alan Thorne transmits an image of Dylan Capjohn's ear via telemedicine while Madelyn Brown looks on. To make all of this work, Kodiak Area Native Association is supported by ANTHC's Division of Information Technology (DIT), which provides a wide range of state-wide services in healthcare information and healthcare technology support. DIT services include telehealth, teleradiology, telepharmacy, electronic health records, multi-facility integration (in which the records of a patient seen in one site are transmitted to and available at another hospital), videoconferencing, and data analysis. In addition, the Wide Area Network typically saves rural health facilities more than \$4,000 a month in phone charges, as the computer network re-routes voice traffic over the same network that carries data.

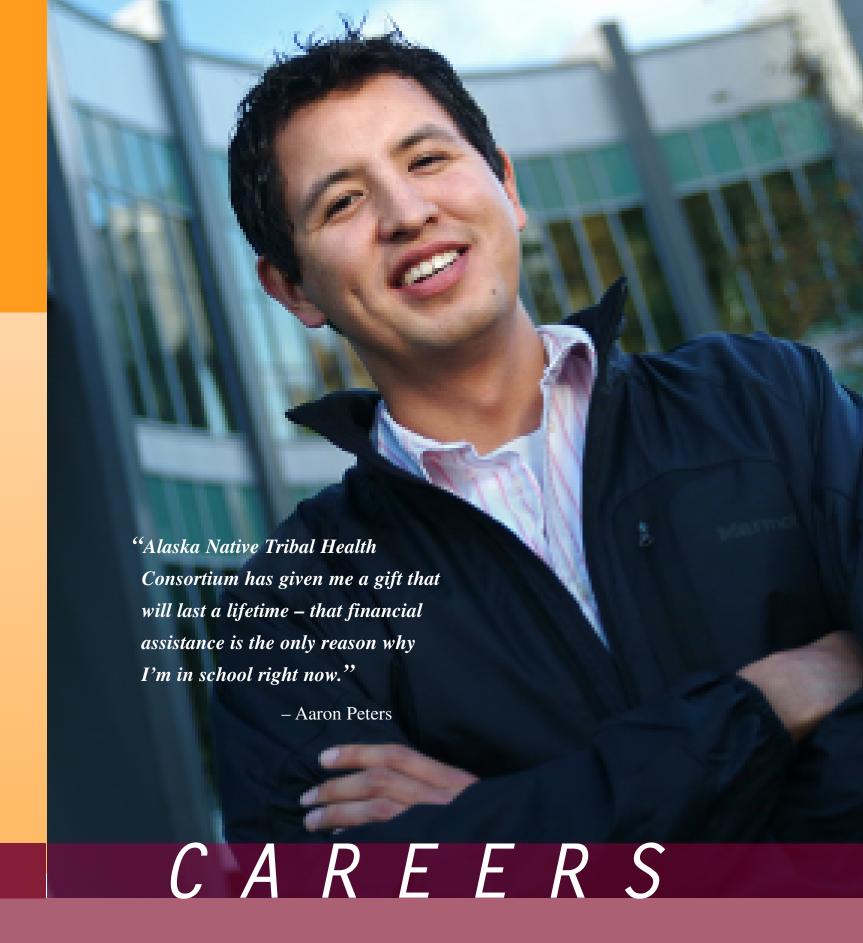
Division of Information/Technology

Aaron Peters, Koyukon Athabascan, of the village of Ruby in Interior Alaska, is a recipient of ANTHC undergraduate scholarships. Aaron is in his junior year at University of Alaska Anchorage, where he has double majors in Nursing and Psychology. He plans to later pursue a Masters degree in Public Health.

ANTHC has recognized the need for more positive Alaska
Native role models like Aaron Peters and continues to create and
support Native development programs. Alaska has few
professional development opportunities. Scholarships and other
financial assistance are difficult to obtain. The ANTHC Human
Resources (HR) Division provides oversight of scholarship,
internship and other educational programs in support of
Native development, recruitment and retention strategies.

HR has also developed Leadership, Excellence, through Advancement and Determination (LEAD), a two-year program to build capacity for Native health professional development for employment within the Alaska Tribal Health System. This year, ANTHC selected the first 15 employees to take part in LEAD.

- In FY05 ANTHC employed about 1,800 people, 43% of them Alaska Native or American Indian
- ANTHC awarded internships to 14 Alaska Natives
- ANTHC awarded \$65,000 in scholarships to 13 Alaska Natives and American Indians pursuing health careers



Division of Human Resources

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BOARD OF DIRECTORS







Don Kashevaroff (Chairman and President) Unaffiliated Tribes

H. Sally Smith (Vice Chairman) Bristol Bay Area Health Corporation

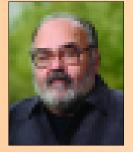
Emily Hughes (Secretary) Norton Sound Health Corporation













Mike Zacharof Aleutian/Pribilof Islands Association

Robert Henrichs Chugachmiut

Veronica Nicholas Copper River Native Association

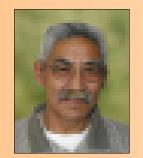




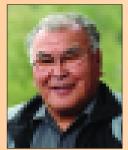








Maniilaq Association





Herman Kignak Arctic Slope Native Association

Andrew Jimmie Tanana Chiefs Conference

Lincoln A. Bean, Sr. SouthEast Alaska Regional Health Consortium



The Tlingit and Haida Dancers of Anchorage perform at the grand

opening of the new Consortium office building. Board Chairman





In FY05 the Board of Directors undertook the challenge of developing a new five-year strategic plan for the organization, updating the vision, mission, and values, and identifying key objectives to achieve by the year 2010. Board members held their annual off-site meeting in the village of Minto in interior Alaska in June 2005. Board accomplishments included a major updating of the Consortium's human resource policies, identifying and supporting federal legislative priorities, and setting a goal for a tobacco-free Alaska Native Health Campus by mid-2006.

The Board also created an Alaska Native Elders Health Advisory Committee to address the needs of the growing number of Native elders, and to oversee the development of a long-term care needs assessment. Other committees of the Board continued to address priorities in the areas of sanitation facilities and health facilities, reviewing health research activities and publications, and leadership development initiatives.

Board members participate in annual continuing education programs to stay current in health legislation, policy, and program operations. ANTHC Board members are active in both statewide and national health initiatives, with representation on the Alaska Native Health Board, the National Indian Health Board, and the Indian Health Service Tribal Self-Governance Advisory Committee.

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Financial Summary

2005	Revenue	(in	mil	lions)

115.3
91.4
61.3
19.1
18.4
7.3
2.6
0.9
316.3

This Financial Summary is preliminary as of 11/8/05 and is subject to a formal audit for FY 2005

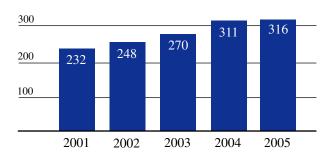
2005 Expenditures (in millions)

1. Alaska Native Medical Center	170.6
2. Sanitation Projects	61.3
3. Other*	20.8
4. Community Health	17.3
5. Environmental Health & Engineering	16.2
6. Administration	12.6
7. Information Technology	7.5
8. Pass-through Awards	6.8
Total	313.1

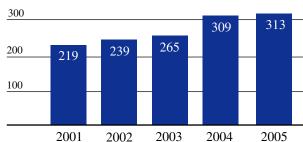
^{*}Regional Supply Service Center-\$19M

Five year comparison (in millions)

Revenue



Expenditures



Administration

ANTHC administrative staff are responsible for overall management of the organization, including providing administrative support for the Board of Directors, strategic planning, legal and risk management services, financial management support, procurement and contracting, networking within the Alaska Tribal Health System, public communications, grants development, and facilities planning and management.

In FY2005 the ANTHC administration completed and moved into the new five-story Consortium Office Building on the Alaska Native Health Campus, along with Community Health Services, Information Technology, Human Resources, and the Alaska Native Medical Center Business Office.

Administration staff supported the Board's development of the 2006-2010 Strategic Plan, developing a set of key performance measurement indicators for executive and Board review.

Significant progress was made in developing a statewide Alaska Native health services and facilities master plan, identifying all of the facilities that need to be developed between 2006 and 2015 in support of Native health services programs.

Administrative staff coordinated the transfer of several health promotion/prevention programs from the Alaska Native Health Board to ANTHC management in 2005.

Photography: Kraig Haver, Jeff Schultz (AlaskaStock), an Pennington, Michael Dinneen and David Freeman.

The Alaska Native Tribal Health Consortium was formed in December 1997 to manage statewide health services for Alaska Natives. All Alaska Natives, through their tribal governments and through their regional nonprofit organizations, own the Consortium. It is one of 22 co-signers of the Alaska Tribal Health Compact, a self-governance agreement with the Indian Health Service.

The Consortium employs approximately 1,800 people and had an operating budget of \$325 million in fiscal year 2005 (October 1, 2004, to September 30, 2005). It is based on the Alaska Native Health Campus on Tudor Road in Anchorage.



Future Directions

With federal health services funding becoming more restricted, ANTHC will endeavor to maintain its health service programs at current levels in the coming years through greater efficiencies and improving partnerships.

ANTHC will strive to address the key objectives of our new strategic plan, including completion of the statewide Alaska Native health facilities plan, updating of the Alaska Native Health Campus development plan, development of electronic health records systems, community emergency preparedness planning, improving revenue

management capacity, enhancing Alaska Native health provider training, and expanding health research.

Through a comprehensive array of health services, including quality medical care services, support for regional and tribal community health initiatives, and building critically needed health and sanitation facilities, ANTHC believes that Alaska Natives will realize our vision of being the healthiest people in the world.











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