Alaska Native Tribal Health Consortium
ANNUAL REPORT 2010
leaders in life care
Achieving Excellence
Treat with respect &
Health & Wellness
Native Self-Determination
Compassion
Integrity
# Table of Contents

- Message from our Leaders .......... 1
- Board of Directors .......... 3
- Inspiring Good Health .......... 4
- Alaska’s Tribal Health Timeline .......... 5
- Our History .......... 6
- Division of Community Health Services .......... 7
- Care at the Community Level .......... 8
- Alaska Native Medical Center .......... 9
- Superior Care for Trauma Patients .......... 10
- Advancements in Medical Technology .......... 11
- The Technological Forefront .......... 12
- Division of Environmental Health and Engineering .......... 13
- Collaborating on Healthy Communities .......... 14
- Consortium Business Support Services .......... 15
- Growing Our Own .......... 16
- Financial Summary .......... 17
- Photo Credits .......... 19
Greetings,

As one of the nearly 2,000 people that make up the Alaska Native Tribal Health Consortium team, I’m proud to deliver this report on our activities over the past year.

In 2010 we’ve moved closer to our vision that Alaska Natives become the healthiest people in the world. This year, researchers published a report showing we’ve wiped out an entire disease — hepatitis A — in Alaska. Our programs helped lead to a 68 percent decrease in drownings, and smoking prevention and cessation programs resulted in a 30 percent decrease in teen smoking since 1995.

The recent passage of the Indian Health Care Improvement Reauthorization and Extension Act enhances ANTHC’s potential, especially in rural Alaska. It comes at an opportune time as the health challenges we confront, like methamphetamine use and suicide, have yet to be overcome. Our award-winning Behavioral Health and Rural Services department is well positioned to meet these critical needs.

Looking ahead, we are excited by the opportunity to improve and expand the exemplary services we provide — superior trauma care, clean water and sanitation systems, advanced telemedicine technologies and so much more. We’re asking you, our customer-owners, to use your Medicaid, Medicare and private insurance to preserve and strengthen the tribal health system. Working together, we’ll make each year better than the last.

Sincerely,

Andy Teuber
Chair and President

Chair and President Andy Teuber addresses delegates at the Alaska Federation of Natives.
Dear Friends,

A dozen years into our existence, we’ve become accustomed to making great strides in the face of huge challenges. In fact, we’ve begun to excel at it.

We want ANTHC to be its best so Alaska Natives can be their best. We’re focusing on outreach to develop a “continuum of care” that ensures a patient’s experience goes smoothly from the village level to the regional hospital to the Alaska Native Medical Center and back. And we are beginning our journey to make electronic medical records part of a safer, more efficient health care system. We know that only by being at the top of our game will we be able to achieve our ambitious goals.

We are committed to the better health of Alaska Natives, no matter what it takes or how far we have to go. Health disparities between Alaska Natives and non-Natives in the U.S. are striking — 30 percent more cancer, twice as many unintentional injuries, twice as many infant deaths, and almost four times as many suicides. Our population continues to grow and health care costs continue to rise, making it tougher to address these and other issues as swiftly as they deserve to be addressed.

We are improving all the time, but we still need help. We appreciate your support in the effort to bring better health to Alaska Native people. Thank you, as always.

Sincerely,

Don Kashevaroff
Chief Executive Officer
OUR BOARD OF DIRECTORS

Managed and operated by its customers, who are represented by 15 Alaska Native leaders from around the state, ANTHC provides statewide services in specialty medical care; construction of water, sanitation and health facilities; community health and research; information technology and professional recruiting. As a member of the Alaska Native Health Board, ANTHC works closely with the National Indian Health Board to address Alaska Native and American Indian health issues.

First row: Andy Teuber, Chair and President, Kodiak Area Native Association; Evelyn Beeter, Vice Chair, Unaffiliated Tribes; Emily Hughes, Secretary, Norton Sound Health Corporation; Charles Clement, Treasurer, Southcentral Foundation; Mike Zacharof, Aleutian Pribilof Islands Association. Second row: Bernice Kaigelak, Arctic Slope Native Association; H. Sally Smith, Bristol Bay Area Health Corporation; Robert Henrichs, Chugachmiut; Charlene Nollner, Copper River Native Association; Louie Commack, Maniilaq Association. Third row: Paul Brendible, Metlakatla Indian Community; Lincoln A. Bean Sr., SouthEast Alaska Regional Health Consortium; Andrew Jimmie, Tanana Chiefs Conference; Chief Gary Harrison, Unaffiliated Tribes; Ray Alstrom, Yukon-Kuskokwim Health Corporation.
In 2010, the Healthy Alaska Natives Foundation distributed more than $150,000 to fund mobile dental and ultrasound equipment, cancer care support, prevention outreach for methamphetamine use and suicide, and much more.

This year, ANTHC welcomed Carrie Irwin Brown as Director of its charitable arm, the Healthy Alaska Natives Foundation. HANF addresses a variety of health issues. To sustain and inspire a healthy Alaska Native community, efforts and funding focus on three key initiatives: health care improvements, wellness and prevention, and healthy village environments.

The Foundation offers sincere and abundant thanks to the donors who make it all possible. In the Founders’ Circle ($10,000 and above): Anchorage and Valley Radiation Therapy Centers; GCI ConnectMD; Neeser Construction, Inc.; Providence Health and Services Alaska; and Southcentral Foundation. In the Visionaries Council (between $5,000 and $10,000): Alaska Seafood Marketing Institute; ARAMARK; Cerner Corporation; Davis Constructors and Engineers, Inc.; Doyon, Limited; Kodiak Area Native Association; Landye Bennett Blumstein, LLP; Tatitlek Corporation; and Wells Fargo Bank Alaska. For a full donor listing and to learn more about HANF, please visit www.inspiringgoodhealth.org.
ALASKA’S TRIBAL HEALTH TIMELINE

In the 1800s and early 1900s, infectious diseases such as influenza, smallpox, and tuberculosis caused deadly epidemics among Alaska Natives. As late as 1950, Alaska Natives had a life expectancy of just 47 years.

In 1953, the Indian Health Service opened the Anchorage Medical Center of the Alaska Native Service (ANS only existed for one year; the facility was renamed the Alaska Native Medical Center) in downtown Anchorage. It served as a TB sanitarium until the epidemic ceased, then became an acute, specialty and outpatient medical center. IHS operated the state’s six hospitals and community health program until the 1980s, when Alaska transitioned to a Community Health Aide system.

The Indian Self-Determination and Education Assistance Act of 1976 facilitated the transfer of health programs from federal to Native ownership over 25 years. Regional Health Organizations developed throughout Alaska. In 1994, self-governance legislation provided for perpetual compact agreements between the U.S. Department of Health and Human Services and tribal programs.

Over time, the health gap between Alaska Natives and non-Natives has narrowed — but it hasn’t closed. Alaska Native people continue to experience high mortality rates from cancer, heart disease, unintentional injuries, suicide, infectious diseases, chronic liver disease and diabetes.
Our History

1997
IHS opens the new Alaska Native Medical Center in Anchorage
ANTHC incorporates as a not-for-profit organization

1998
Contract with IHS transfers statewide services to ANTHC and expands to include the Division of Environmental Health and Engineering

1999
ANTHC and Southcentral Foundation assume joint management of ANMC
ANTHC becomes largest tribal self-governance organization in the U.S.
ANMC earns certification as Alaska’s only Level II Trauma Center
AFHCAN telehealth project launches

2002
ANTHC begins training village-based Dental Health Aide Therapists

2006
ANTHC establishes tobacco-free campus

2007
ANTHC completes groundbreaking study showing children in communities with in-home water service have far fewer respiratory diseases and skin infections
ANTHC launches Healthy Alaska Natives Foundation

2008
ANTHC begins work on the Alaska e-Health Network, an electronic health records system

2009
American Nurses Credentialing Center redesignates ANMC with Magnet® status
ANMC receives full re-accreditation from the Joint Commission
ANTHC establishes Center for Climate and Health
DIVISION OF COMMUNITY HEALTH SERVICES

DCHS monitors and improves Alaska Native health through research, training health aides and providing education for prevention. They study trends and develop solutions for priority health problems.

DCHS in 2010

The Department of Behavioral Health and Rural Services steadily grew its tribally focused Behavioral Health Aide program. So far, 31 BHAs are certified; the program received the “Outstanding Rural Health Program” award at the Alaska Rural Health Conference.

In addition to methamphetamine and suicide prevention campaigns, DCHS has provided Applied Suicide Intervention Skills Training — an internationally recognized best practice in suicide intervention — to 563 people.

Six graduates received certificates of completion from the Dental Health Aide Therapy training program.

A study by ANTHC researchers and partners showed how Alaska’s hepatitis A vaccination program has virtually eliminated the disease statewide — and reduced rates among Alaska Natives from among the highest in the U.S. to the lowest.

The Wellness and Prevention Department began creating an action-oriented curriculum to address childhood obesity.

With its partners, the Center for Climate and Health published Alaska’s first Climate Change Health Assessment Report, documenting effects on food and water security and public safety in Point Hope.
The Community Health Aide Program, or CHAP, is a network of hundreds of local providers in more than 170 rural Alaska villages. Community Health Aides and Community Health Aide Practitioners are selected by their communities to receive training, and they are a vital link in Alaska’s health care delivery system.

Based on the program’s success, two additional community-based health care models fall under the CHAP umbrella: Dental Health Aide Therapists (DHAT), and Behavioral Health Aides (BHA). DHATs and BHAs aren’t replacement dentists or psychiatrists, just as CHAs aren’t replacement doctors — yet they represent the same system of safety-net services in the community. Both of these specializations are steadily gaining positive recognition for their innovative approach to care and prevention in places it may not otherwise be available.
ANMC is ANTHC’s largest division: a state-of-the-art, 150-bed facility providing comprehensive services to Alaska Natives and American Indians. Jointly managed with Southcentral Foundation, it includes the Anchorage Native Primary Care Center.

ANMC in 2010

ANMC received the Commitment to Quality Award from Mountain-Pacific Quality Health.

Reaccreditations

- Level II Trauma Center, by the American College of Surgeons
- Mammography Program and Ultrasound sections, by the American College of Radiology
- Cardiology’s Echo and Vascular Lab, by the Intersocietal Commission for the Accreditation of Vascular Laboratories and the Intersocietal Commission for the Accreditation of Echocardiography Laboratories
- The Continuing Medical Education program, by the American Medical Association

The Indian Health Service designated ANMC as a comprehensive and fully integrated center for diabetes education and treatment.

ANMC made strides in building a regional cancer center including an additional oncologist, design and preliminary construction of additional space, formulation of research trials in partnership with the Mayo Clinic, a refined Palliative Care program and more.

Internal Medicine initiated a Hospitalist program. The six new physician specialists in hospital inpatient care bring better health to ANMC patients by ensuring all their care is coordinated.
This year, the Alaska Native Medical Center was reverified as a Level II Trauma Center. In Alaska, only ANMC is designated at this level — the highest possible for comprehensive trauma care in the state. Trauma is the leading cause of death and disability in Alaska Natives of all ages, and the leading cause of death for all Alaskans younger than 44.

Trauma mortality goes down approximately 15 to 25 percent when a trauma system is in place and functioning. “We are very proud of our recent reverification of a Level II Trauma Center,” says Dr. Frank Sacco, the Director of trauma service at ANMC, and the chair of the Alaska Trauma Systems Review Committee. “Independent outside experts reviewed our care and the outcomes of our patients during the reverification visit and concluded that we are providing excellent care for our patients.”
ADVANCEMENTS IN MEDICAL TECHNOLOGY

ANTHC selected Cerner for its Electronic Health Record system and began the massive undertaking of moving from a hard copy to an electronic record platform.

ANTHC supports one of the largest telemedicine networks in the world — about 20,000 telehealth cases were created in 2010, a 25 percent increase from last year. Among the growing number of systems worldwide, AFHCAN equipped three major Indian Health Service medical centers with telehealth systems that allow providers to care for and consult with patients in outlying areas.

ANMC is establishing a telecardiology program to counsel and check on rural patients. Urology began using AFHCAN for clinic consults.

ANMC’s Imaging Services is upgrading its CT scanner and replacing the MRI with a state-of-the-art 1.5 Tesla MRI.

With funds raised at the Healthy Alaska Natives Foundation’s annual Raven’s Ball, the Ear, Nose and Throat Clinic obtained a mobile ultrasound unit — described as the “stethoscope of the future” by the American College of Surgeons — that transforms ENT services for ANMC patients.

A new quality monitoring system allows physicians to track and compare nationwide patient outcomes. Now ANMC can display data demonstrating how its physicians, surgeons, specialty clinics and hospital care compare favorably with the best in the country.
Never content to follow the leader, ANTHC sets standards for high-quality care. AFHCAN models innovative leadership by remaining a worldwide authority in telemedicine: the AFHCAN cart, a mobile workstation that lets providers electronically capture patient information and forward it elsewhere for review and consultation, vastly improves access to care in rural areas.

In 2010, AFHCAN released new software bringing support for, among other things, Electronic Health Records. The move toward “EHR” allows electronic prescribing of medications, reminders for health screening and immunizations, user-friendly patient records and links to provider resources. Alaska is building a Health Information Exchange system — with the goal of connecting all clinical providers statewide — making patients’ medical records available wherever they are seen through a secure electronic highway called the Alaska eHealth Network.
DIVISION OF ENVIRONMENTAL HEALTH AND ENGINEERING

DEHE’s role is to provide lasting solutions to promote healthy communities. The division provides planning, design, construction and operations support of sustainable public health infrastructure.

DEHE in 2010

In partnership with the University of Montana, DEHE was awarded a $1 million grant to work with rural high school students on improving air quality in their communities.

DEHE built health clinics in 8 communities and completed 24 sanitation construction projects in 17 communities.

Researchers partnered with the Centers for Disease Control and Prevention to publish a paper showing an association between the lack of in-home water supply and the incidence of Invasive Pneumococcal Disease in Alaska Native children.

DEHE exceeded targets for the fiscal year by producing 25 plan sets with a construction value of approximately $53 million.

Goodnews Bay has finally come from honey buckets to fully piped water and sewer infrastructure — a tremendous achievement featuring 17 separately funded projects completed over 12 years at a cost of approximately $18 million.

A fire in the City of Klawock’s water treatment plant rendered the community’s water undrinkable. Staff from DEHE and the SouthEast Alaska Regional Health Consortium responded swiftly, mobilizing construction and engineering support to bring the plant back online and producing potable water within 48 hours.
The Alaska Rural Utility Collaborative, or ARUC, is steadily earning international recognition as a leader in collaborative management of water and sewer systems. Part of ANTHC’s Division of Environmental Health and Engineering, ARUC provides water and sewer services, operations training and employment for rural Alaskans.

The economies of scale created when multiple communities enroll in the program — 22 and counting — ensure more Alaska Natives have access to the clean water and sanitation systems that keep communities healthy.
CBSS is home to a wide range of departments essential to ANTHC’s success. The division’s goal is to make things easier for those who work with and for ANTHC.

CBSS in 2010

Marketing and Communications initiated a statewide campaign to debunk myths about the tribal health system and encourage customer-owners to use third-party payer sources for medical care received within the Alaska Tribal Health System.

The Business Resource Center tripled its third party revenue collection, and reduced Medicaid denials to zero.

Legal and Intergovernmental Affairs supported the successful passage of the Indian Health Care Improvement Reauthorization and Extension Act, which permanently reauthorizes Indian health programs and enhances ANTHC’s ability to improve and expand health care services in rural Alaska.

The Regional Supply Service Center issued and sold more than $6 million in health supplies.

Purchasing and Contracting awarded 1,364 contracts totaling nearly $114 million, including construction of the new Healthy Communities Building in Anchorage, new equipment and renovation of critical areas in the Alaska Native Medical Center, and an Electronic Health Records system.

Health Information Technology efficiently installed a quality improvement tool that helps improve ANTHC’s strategic decision-making and clinical performance.
LEAD, or Leadership Excellence through Advancement and Determination, is ANTHC’s program that helps Alaska Native and American Indian employees develop leadership excellence, knowledge and skills. Its objective is to build capacity for Native health professional development for employment in the Alaska Tribal Health System.

During the year-long program, participants complete various requirements including leadership development trainings, reading, mentoring, volunteering, job shadows and a completion project. “This directly contributes to the ANTHC core value Native self-determination,” said Wendy Perrell, Director of Learning and Employee Development. So far, 39 employees have graduated from the LEAD program and gone on to chair boards, direct telemedicine projects and manage research programs, among other great things.

LEAD participants take the skills they obtain in the workforce development program and apply them to the Alaska Native health field. To date, 39 employees have completed the curriculum.
### Financial Summary

#### 2010 Expenditures (in millions)

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<td>Sanitation and Facility Projects</td>
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<tr>
<td>Statewide Warehouse</td>
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<td>Grant Activity/Statewide Support</td>
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<td>Community Health Services</td>
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<td>Environmental Health and Engineering</td>
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Total 404.2

#### 2010 Revenue (in millions)

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Total 428

#### Total Revenues 2006-2010 (in millions)

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This Financial Summary is preliminary as of October 31, 2010, and is subject to a formal audit for the 2010 fiscal year.
Thank you to the ANTHC employees who contributed their photographs to this year’s annual report.
Providing the highest quality health service in partnership with our people and the Alaska Tribal Health System.