

THE MUKLUK TELEGRAPH

AFN Special Edition

The Voice of the Alaska Native Tribal Health Consortium

ANMC services improve despite budget pinch



ANTHC Staff Report

Throughout 2004, an increasing patient workload and higher operating expenses required the Alaska Native Medical Center to make administrative changes to reduce costs while not affecting the quality of medical care for our patients.

In August 2004, the hospital had to temporarily reduce certain patient assistance services for two months. These included ground transportation in Anchorage and meals at the Quayana House. These services were restored October 1 by action of the Alaska Native Tribal Health Consortium Board.

However, the trends ANMC experienced in 2004 will continue in 2005, requiring tribal leaders to look for new ways to solve the long-term financial challenges.

With more patients seeking medical services and the standards of medical care increasing, costs at the Medical Center are increasing. ANMC must handle significant growth in areas such as medical personnel, medical and surgical supplies, pharmaceuticals, and contract

What kind of challenges are there?

Providing quality, accessible, cost-effective and culturally appropriate hospital care in our unique environment is a tremendous challenge. Our hospitals face numerous financial, operational and facilities challenges. Alaska's remoteness, high cost of living (especially in isolated rural communities), and issues related to the supply and retention of health care professionals add to this challenge. Add to this the complexity of chronic disease,

the aging population, and shifting demographics, which all influence our delivery system. Finally, the uncertainty of hospital reimbursement threatens the sustainability of our hospitals.

The first step is understanding

It is vital that we understand our hospital system and its interdependent

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What you can do to help the hospital excel financially

Help your health care provider collect revenue from Medicare, Medicaid and private insurance companies

The Alaska Tribal Health System is made up of dozens of tribal health organizations and thousands of care providers. All face the same challenge: Congress does not allocate enough money to Indian Health Service (HIS) to cover the full cost of

providing health care to everyone who is eligible for care. All the tribal health organizations depend on revenues from private insurance, Medicare and Medicaid to improve services. In fact, those revenues now make up half of the budget of some tribal health organizations. Those "third-party" revenues go directly

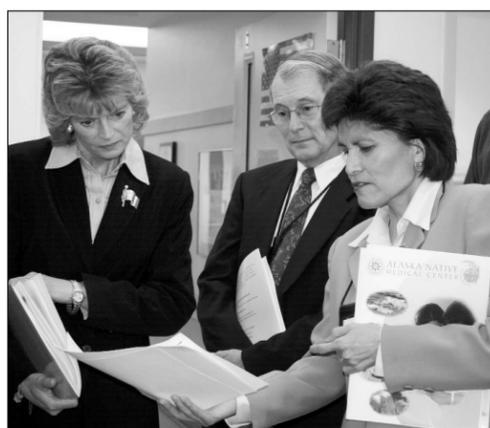
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Alaska's US senators visit medical center

ANTHC Staff Report

US Senators Ted Stevens and Lisa Murkowski recently honored the Alaska Native Medical Center with visits on two separate occasions. Stevens came on September 25 and Murkowski on October 15. The two met with leadership from ANMC, Alaska Native Tribal Health Consortium, and Southcentral Foundation. (See details on each visit in related stories on Page 8).

"I know that in the last two years Senator Lisa Murkowski has been advocating for a much needed 10% increase in the Indian Health Service budget," said Don Kashevaroff, ANTHC president and chairman. "I am hopeful that her visit here will give her more information in order to convince her colleagues in Congress to increase the budget."



Senator Lisa Murkowski, left, and Dr. Dave Snyder, ANMC Chief Operating Officer, look on as ANMC Administrator Dee Hutchison explains a document.

"It's very helpful to have our representatives see the problems first-hand," said

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Senator Ted Stevens, center, examines some documents as Dee Hutchison, ANMC Administrator, left, and Dr. Dave Snyder, ANMC Chief Operating Officer, look on.

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VOX

The Voice of the People

Selma Oskolkoff-Simon
Administrative Assistant

Why is attending the AFN Convention important to people from rural communities?

It gives you a chance to hear updates, like what is happening in the other communities. There is so much that you never read in the newspapers or see on the news.



Dolly Yatchmeneff
(Nome)



James Murrin
(Hooper Bay)

It is important to put forth your ideas and concerns to the group attending AFN. You can also learn from each other.

I think it is important for people to be heard. I also enjoy meeting new people.



Ruth A. (Missy) Stein
(Point Hope)



Rebecca Anderson
(Sitka)

It's important to hear what is going on. It allows you to stay informed on the issues and hear what is going on in the other communities.



Gilkey is new chief executive physician

Doctor brings impressive list of credentials, achievements and honors

By ANTHC Staff

With a long list of credentials, achievements, and honors distinguishing his resume, Dr. Edward Gilkey joins Alaska Native Medical Center as the new chief physician executive.

Gilkey replaces Dr. Kevin Stange, who retired from the post last year to serve as chief of surgery, and Dr. Richard Brodsky, who volunteered to serve as acting chief until a replacement for Stange could be found.

"Dr. Gilkey brings a unique set of skills to ANMC, ranging from strategic planning and provider improvement to resource allocation," said Dave Snyder, MD, chief operations officer. "He'll be a great asset."

Before joining ANMC, Gilkey was vice president and regional medical director at Great-West

"Dr. Gilkey brings a unique set of skills to ANMC, ranging from strategic planning and provider improvement to resource allocation. He'll be a great asset."

— Dave Snyder, MD,
ANMC chief
operations officer

Healthcare-East Region in New Jersey. He has extensive experience in medical management, affordable quality health care, and cost containment. He also worked in clinical family practice for 11 years and is board certified in family prac-

tice, medical management, and quality assurance and utilization review.

Gilkey's academic achievements include a Masters in Business Administration from Temple University in Pennsylvania; family practice residency at Overlook Hospital in Summit, New Jersey; a medical degree from SUNY-Downstate Medical Center in New York; and a master's in biology from St. John's University in New York. He has earned many honors for high grades and achievements in his educational and professional career.

As Gilkey moved into his new position, ANMC Administrator Dee Hutchison expressed her appreciation to Brodsky for his willingness to step forward to fill the vacancy until Gilkey's arrival.

Brodsky returns to his post as Emergency Department chief.



ANMC hires its first-ever podiatrist

Foot doctor's first mission is to focus on people with diabetes

ANMC Staff Report

Alaska Native Medical Center is pleased to announce it has hired its first full-time staff podiatrist, Charles C. Edwards, DPM (Doctor of Podiatric Medicine). His first assignment is to focus on the needs of people with diabetes. He will then become more active within the Department of Orthopedic Surgery where he can treat the wide variety of conditions that affect the feet.

"I am thrilled to be a part of ANMC, and hope to be a useful member of the medical team in providing the highest care possible for those who suffer from foot problems," Edwards said. "Of utmost concern is the growing population of Alaska Natives with diabetes. It is important to remember that, of all the serious conditions that diabetes

can cause, those conditions that affect the feet are considered the most preventable. My first priority is to care for and prevent foot complications in those patients with diabetes."

Edwards is now seeing patients who have diabetes in the Physical Therapy Department. It is recommended that anyone with diabetes get a foot examination at least once a year if healthy, and more often if they are already experiencing complications from the disease.

Edwards was raised in Salt Lake City, Utah, where he earned his bachelor's degree in Spanish and pre-medicine at the University of Utah. During that time he also spent several years in Guatemala and Spain. Edwards earned his doctor of podiatric medicine (DPM) degree from Temple University School of Podiatric Medicine in Philadelphia. He remained in Philadelphia to complete a four-year surgical residency in foot, ankle and diabetic limb care surgery at University of Pennsylvania's Presbyterian Medical Center.

He joins ANMC after working for a year at Alliance Foot and Ankle, the largest podiatry group in Alaska. He and his wife Tiffinie enjoy the company of three Himalayan cats, Abigail, Benson and Winston.

Podiatrists are graduates of four-year podiatric medical schools. After graduating with the DPM degree, some then specialize in podiatric surgery by completing residencies ranging from one to four years. They treat foot conditions such as bunions, hammertoes, ingrown toenails, heel spurs, and neuromas (swelling of a nerve near the toes due to compression or trauma). Diabetic limb care has become an increasingly important aspect of podiatric surgery. Edwards is board-eligible in foot and ankle surgery, and has had extensive training in diabetic limb care. The Alaska Native Tribal Health Consortium Diabetes Program is funding Edwards' position at ANMC, using a federal grant.



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THE MUKLUK TELEGRAPH

The Voice of the Alaska Native Tribal Health Consortium

The Mukluk Telegraph is the official newsletter of the Alaska Native Tribal Health Consortium. It is published bi-monthly and distributed to patients, employees and associates of ANTHC statewide.

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Letters to the Editor

All readers of the Mukluk Telegraph are welcome to comment on subjects covered in the newsletter. Your opinions may be shared with other readers in the following issues of the Mukluk. Responses will be edited for length and good taste. We will attempt to publish all opinions. If you have questions about sending in letters, please don't hesitate to call Selma Oskolkoff-Simon at 907-729-1900.



Get appointments faster now at ANMC

Streamlining will provide easier access to care than most other health systems in the United States

ANMC Staff Report

All of us at the Alaska Native Medical Center (ANMC) are working hard to cut the time between when you call for an appointment and when you actually have that appointment. For instance, at the Anchorage Native Primary Care Center of ANMC, which is run by Southcentral Foundation, you can already usually get same-day appointments if you call in the morning. Now patients will have better access to specialty and elective surgery care, too, as a result of the Advanced Specialty Access Project.

Specialty Access: Some medical care terms defined

What is primary care?

The care a patient receives upon first contact with the health care system. This may be care from a community health aide, nurse, physician assistant or primary care physician. A primary care physician is one who is capable of handling a variety of health-related problems, and who can refer the patient to specialists as needed.

What is specialty care?

Care provided by a physician who has received additional focused training in a specific field such as surgery, neurology, cardiology, rheumatology, dermatology, oncology, orthopedics or ophthalmology.

What is tertiary care?

Tertiary (third level) care is that which requires specialized skills, technology and support services. Tertiary care is reserved for complex, rare, or severe diseases that involve multiple organ systems or require care involving sophisticated technology and treatment skills. Examples include coronary artery bypass grafts, brain surgery and adult and newborn critical care in intensive care units.

What is elective surgery?

At ANMC this is defined as surgery that would be beneficial but can be done at the convenience of the patient. This is in contrast to emergency surgery, which must be done immediately to save the life of the patient or to prevent significant disability that will likely result if the surgery is delayed.



At specialty services, managed by the Alaska Native Tribal Health Consortium (ANTHC), the goals of Advanced Specialty Access are to provide appointments within one day to patients referred for specialty care and to offer the opportunity to receive an elective surgical procedure within five days. Work is in progress to reduce the wait in the clinic and the time required for a visit as well.

Visiting the hospital longer than necessary can be emotionally stressful for the patient and family. Patients move through various activities during a typical stay. Those activities include registration, imaging, laboratory tests, medical procedures and patient education from the care-giver. By improving the efficiency of those systems, ANMC expects to be able to reduce the time from clinic check-in to checkout by 30 percent. Doing things more efficiently saves costs as well. This helps ANMC serve more patients with the resources that are available to the Medical Center.

The hospital departments that took part in Advanced Specialty Access this year are Orthopedics, General Surgery, Urology, Internal Medicine, Oncology, Radiology, Surgical Support Services, Central Supply and ENT (Ear, Nose and Throat). We have been working with a consultant who is an expert in helping health care systems become more efficient and patient-centered. This has enabled us to make much progress.

We are well on our way to achiev-

ing our goals. Patients will notice that it takes much less time to get appointments in our specialty clinics and to get imaging tests arranged. We used to have large backlogs of patients waiting to have elective surgery. These are now gone in most areas. For patients who want to have their surgery sooner rather than later, this allows them to get it scheduled soon after it is decided that it is needed.

ANMC has established agreements on referrals between primary care departments and specialty services. We recently refined these agreements to help ensure that patients are fully evaluated before they are referred to specialists, and to ensure that they are seen promptly when specialty care is needed. We have developed referral and treatment guidelines to help with this project. These efforts reduce unnecessary visits and wasted time for our patients. All of these improvements are being shared with other members of the Alaska Tribal Health System so that the same innovations will benefit Alaska Native patients wherever they live.

All of this is part of the on-going effort at Alaska Native Medical Center to provide the highest quality health care for our customers and owners, Alaska Natives. Please contact Leatha Mercurieff, Public Relations Manager, at (907) 729-1967, if you have any questions or comments about the ANMC Advanced Specialty Access Project, or our services in general.



Hal Froehle, SKW, Bobby Winterhalder, ANTHC, and Tim Fenton, SKW, accept a copy of the NTP for the new Mental Health Facility. Bobby Winterhalder is the project manager assigned to BBAHC. He just completed the paving of the grounds in July of this year.

Dillingham facility moves forward

A new \$3 million mental health facility for Bristol Bay Area Health Corp. (BBAHC) in Dillingham came closer to reality with the signing of a "notice to proceed" (NTP) by Robert Clark, hospital CEO, Oct. 15 at Alaska Native Tribal Health Consortium in Anchorage. The project is made possible by grants and awards from numerous organizations.

Construction on the project was

scheduled to start Monday, Oct. 18, 2004, and to be completed by December 2005. The successful contractor is SKW/Eskimos Inc., which will build the 6,600 square-foot facility on the hospital grounds. The project was designed around 1997 and is greatly needed in Dillingham as the existing facility is leased in the downtown area and requires a great deal of maintenance.



STATEWIDE

News and notes

New Angoon clinic dedicated in July

More than 100 Angoon residents were on hand at the dedication of the SouthEast Alaska Regional Health Consortium (SEARHC) Angoon Health Center in July. The new clinic is three times larger than the current facility, and has twice as many exam rooms and emergency room beds.

"Upgrading our rural community clinics has been one of our highest priorities," said SEARHC President and CEO Ken Brewer.

"If you could only see how crowded we've been," said Angoon Health Center Clinic Administrator Jackie Barnes. According to Barnes, the new clinic will allow staff to offer faster, better service due to better patient flow and other efficiencies.

The clinic will offer primary and emergency medical care to roughly 505 Angoon residents, including about 223 school-age children. The new facility was built with support of the City of Angoon, Angoon Community Association, Kootznoowoo Corporation, Inc. and funding agencies including the US Department of Agriculture, Denali Commission and Seattle-based Paul G. Allen Charitable Foundation.

Angoon is a Tlingit community located on Admiralty Island, about 55 miles southwest of Juneau and 41 miles northeast of Sitka. The island is accessible only by boat or float plane.

World's only long-range medevac jet lands in Alaska

The latest tool in the world for saving lives arrived in Alaska in September — a specially equipped Lear 36A jet aircraft, dedicated for long range transport of critically ill patients. The only one of its kind equipped for worldwide operations and medical evacuation (medevac) services, the specialized jet has a range of 3,000 statute miles and a flight time of up to 6.5 hours without needing to refuel.

Aeromed International, a division of Yukon-Kuskokwim Health Corp. added the jet to its fleet to perform non-stop medevac missions to and from metropolitan medical centers throughout Alaska, the Lower 48 and Hawaii.

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DEHE interns gain experience

By DEHE Staff

Ten engineering and environmental health interns recently wrapped up summer internships with Alaska Native Tribal Health Consortium's Division of Environmental Health and Engineering (DEHE), gaining valuable experience while working with staff on current projects. The program began May 17, lasted 12 weeks, and included travel to remote Alaska villages and Native regional health organizations.

The interns worked with professionally certified mechanical, civil and environmental engineers. Engineering interns assisted with design work, data gathering, surveying and construction inspection. Environmental health interns assisted in injury prevention awareness, industrial hygiene evaluation, food protection, environmental disease investigation, and water and sewer system surveys.

The internship program is ideal for Alaska Native or American Indian students looking for a career opportunity in the engineering or environmental health fields. Through DEHE's intern program, several former interns have been placed in entry-level engineering positions upon graduation.

The internship experience gives students confidence in their field prior to graduation. Intern Michele Yatchmeneff's primary reason for applying for this internship was, "to learn the skills I cannot learn in school to become a better civil engineer." This practical experience gave her those skills.

The 2004 group came from a variety of learning institutions and hometowns. Below is a list of interns, including the degrees they are pursuing, and their internship focus:

- **Josh Chaney** (Kodiak)
Bachelor of Science, Civil Engineering, University of Alaska Fairbanks
Josh worked on engineering projects in the southern region of Alaska.
- **Richard David** (Tanana)
Bachelor of Science, Civil Engineering, University of Alaska Fairbanks
Richard worked on engineering projects in the interior region of Alaska.
- **Kris Hadden** (Anchorage)
Bachelor of Science, Civil Engineering, University of Alaska Anchorage



Ten engineering students spent the summer working as interns at DEHE and gaining valuable experience. They are, from left, Richard David, Shawn Takak, Michele Yatchmeneff, Lynelle Philemenoff, Peggy Paulus, David Tallman, Patricia Paddock, Kris Hadden, Anthony Kiana and Josh Chaney.

Kris worked for the Department of Sustained Operations.

- **Anthony Kiana** (Anchorage)
Bachelor of Science, Civil Engineering, University of Alaska Anchorage
Anthony worked on engineering projects in the Scattered Sites section.
- **Patricia Paddock** (Tuba City, Arizona)
Bachelor of Science, Mechanical Engineering, Northern Arizona University
Patricia worked on health facility projects in the southern region of Alaska.
- **Peggy Paulus** (St. Paul, Minnesota)
Bachelor of Science, Civil Engineering, University of Alaska Anchorage
Peggy worked on engineering projects in the western region of Alaska.
- **Lynelle Philemonoff** (Anchorage)
Bachelor of Science, Civil Engineering, University of Alaska Anchorage
Lynelle worked on engineering projects with the health facilities unit.
- **Shawn Takak** (Anchorage)
Bachelor of Science, Mechanical Engineering,

University of Alaska Fairbanks
Shawn worked on health facility projects in the northwest region of Alaska.

• **David Tallman** (Tuba City, Arizona)
Bachelor of Science, Mechanical Engineering at Northern Arizona University
David worked on health facility projects in the northwest region of Alaska.

• **Michele Yatchmeneff** (Anchorage)
Bachelor of Science, Civil Engineering, University of Alaska Anchorage
Michelle worked on engineering projects in the northwest region of Alaska.

In partnership with the people it serves, DEHE works to make a difference, every day, in the lives of Alaska Natives and other rural residents. These interns will have a direct impact on improving life in rural Alaska.

"I feel this experience will allow me to complete my lifelong goal, which is to give back to the Natives of Alaska," said intern Kris Hadden.

To learn more about DEHE's summer internship program, please contact Jennifer John, DEHE Training Coordinator, at (907) 729-3549.



AISES expects 2,000 at confab, seeks support

The American Indian Science & Engineering Society (AISES) is hosting its 26th Annual Conference and Career Fair Nov. 11-13 in Anchorage. The conference attracts over 2,000 students and professionals and corporate, tribal, government and academic entities.

AISES is still looking for local support in the following areas:

Sponsorship

Various levels and events are available for sponsorship. To learn more about these opportunities, please view <http://aises.org/events/2004/>. You also can contact Cristy Davies, (505) 765-1052, ext. 108, or cristy@aises.org, or Tracey Mueller, (907) 786-1074, or tracey@uaa.alaska.edu.

Volunteers

Approximately 230 volunteers are needed to ensure the success of the 2004 AISES Conference. If your organization wishes to provide volunteers or you know of anyone interested, please have them contact

Stephanie Dobson, (907) 265-1561 or Stephanie.L.Dobson@ConocoPhillips.com. For more information or to register online, please view www.aises.org/events/conf/volunteer/.

Career Fair

The Career Fair for 2004 AISES Conference participants is Friday, Nov. 12, at the Egan Civic & Convention Center. If you are interested in obtaining a booth, please view <http://aises.org/events/2004/> or contact Cristy Davies (505) 765-1052, ext. 108, or cristy@aises.org.

Prizes and gifts

This is an excellent way to promote your organization. Gifts will be given to promote student participation in activities. To donate gifts or ask questions, please contact Rhode Maija, (907) 562-2000, or mrhode@dowl.com.

AISES thanks you for your support and looks forward to your involvement.



Caribou Soup

Ingredients

1 lb caribou
1 T. oil, for browning meat
8 C. water or stock
3 bay leaves
1/2 tsp caraway seeds
2 cloves
1 Tbsp worcestershire sauce
4 small potatoes, quartered
1 carrot, peeled and sliced
1 parsnip: peeled and diced
1/2 C. turnip, peeled and diced
1/2 C. cabbage, shredded
2 celery ribs, chopped
2 medium Bell peppers, chopped
1/2 cup green peas

Directions

Trim the meat from the bones and cube in coarse dice. Simmer the bones in water or stock with the bay

See Soup on Page 5



Elders want to be at home, not in one

By Kay Branch
Elder/Rural Health Services Planner,
ANTHC

Like Elders anywhere, Alaska Native Elders all say they would prefer to be in their own home throughout their lives. Stories about friends and relatives who had to go to nursing homes don't describe a happy time. They may say, "He quit living," "She died before she was dead," or "He came home in a box," — all common expressions of what happens once someone goes to a nursing home.

The lack of services that would allow Elders to stay home is being addressed throughout Indian Country. The Alaska Native Tribal Health Consortium's (ANTHC) Statewide Elder Needs Assessment, funded by a grant from Indian Health Service, is beginning this work by studying needs across the Alaska Tribal Health System (ATHS).

Searching out service gaps

The job is to identify services offered by the regional tribal health corporations, the tribally run tertiary (specialty referral) care hospital, and state services funded through grants and Medicaid. The goal is to identify any gaps in these services in different areas of the state, program models that are working well, and changes that might allow these programs to better fit Elders' needs. The overarching goal is to ensure that Alaska Elders will be able to stay in their own home or community, if that is what they want, with needed services available throughout their lives.

Project staff also is studying the primary illnesses and disabilities in Elders to identify how ATHS can develop services that are culturally appropriate and as close to home as possible.

Elders advise project teams

ANTHC is working on the project collaboratively with the new National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders at the University of Alaska Anchorage. The Resource Center is holding regional Elders' conferences giving Elders the opportunity to express their wishes and



Elders from the Arctic Slope region enjoy lunch during a meeting held in Barrow. They were asked to express their wishes and expectations for services and care consistent with traditional heritages, values, and customs. Photo by Janell Smith

expectations for services and care that are consistent with traditional community heritages, values and customs. ANTHC and the National Resource Center receive advice and project direction from the Alaska Native Elder Health Advisory Group. First convened in June 2004, the group consists of Elders nominated by regional health corporations around the state and confirmed by the ANTHC board. For the analysis portion of the project, data is being collected from a variety of secondary sources, such as the US Census, the Resource and Patient Management System (RPMS), state Medicaid records, diabetes and cancer registries, and local or regional needs assessment documents when available. Components include:

- demographic data
- health status
- behavioral health issues
- the number and location of Alaska Natives in nursing and assisted living homes
- the use of Medicaid services such as waivers, personal care, and prescription drugs

Primary data is being collected through telephone surveys with providers, the National Resource Center's regional discussions with Elders, and information collected by various tribes using the University of North Dakota National Resource Center's Elder needs assessment tool.

Early findings show growing need

Preliminary findings indicate Alaska, as elsewhere, is experiencing growth in the Elder population that is expected to continue over the next 20 years. In 2003, there were 277 Alaska Native residents in nursing homes (most in urban locations, far from home); 327 people receiving home and community based services under Medicaid waivers (nearly 100 of these were in distant assisted living homes); and 635 people receiving personal care services (PCS) through Medicaid. Although some PCS clients are not Elders, the total Alaska Native 65+ population accounts for about 20 percent. Indications are that the actual need for these services is much higher. After the final data analysis, we should have a better picture.

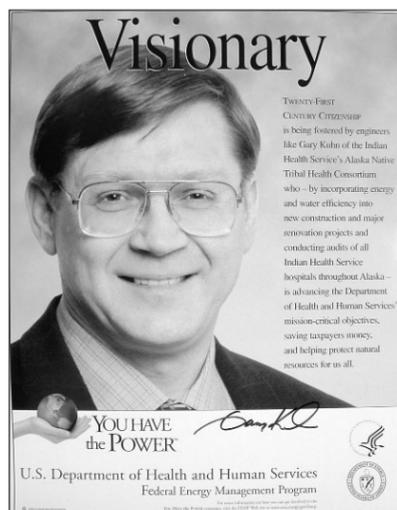
Final project reports will address Elders' preferences for long-term care services, current and potential resources for meeting the Elder health and long-term care needs, and culturally relevant best practices. The reports will be used for local and regional planning to address gaps in services from a statewide perspective and to develop a better communication system to allow Elders a seamless transition between Anchorage, their regional hospital, and home. Descriptions of current and potential service delivery models should be useful to other organizations serving American Indian Elders.



Poster salutes DEHE engineer

The Federal Energy Management Program (FEMP) recently recognized Gary Kuhn, a health facilities engineer with Alaska Native Tribal Health Consortium Division of Environmental Health and Engineering (DEHE), for his contributions to Native health service hospitals throughout Alaska.

As stated in a poster bearing Kuhn's photo, "Twenty-first century citizenship is being fostered by engineers like Gary Kuhn ... by incorporating energy and water efficiency into new construction and major renovation projects."



ANTHC congratulates Kuhn for receiving the FEMP tribute.

Soup

Continued from Page 4

leaves and cloves for about 2 hours. Remove the bones and strain the stock. Return the broth to the pot.

In a skillet brown the meat in a little oil or bacon fat. Add to the pot. Add the remaining ingredients except the peas and simmer 1/2 hr or more. Add the peas minutes before serving.

This soup is best re-heated the second day.

Makes 8 servings.

From the Recipe Ideas Web site at www.recipe-ideas.co.uk



News

Continued from Page 3

"In an emergency, time is everything," said Brooks Wall, director of Aeromed International. "The extended range this jet provides will definitely help us accomplish our mission of saving lives. We are thrilled to be able to offer this technology here in Alaska where it's really needed."

In addition, Alaska's strategic location will enable the Anchorage-based Lear 36A to be immediately available for worldwide operations.

"Anchorage is an excellent departure point for extracting patients from Russian oil fields, and is also a central jumping-off point for the entire Pacific Rim, South Pacific and Northern Europe," said Wall. "With this new aircraft, we now provide the most comprehensive medevac services on this side of the world."

Aeromed also has two Lear 35As and one Cessna Citation II in its fixed-wing fleet. Each of Aeromed's jets is staffed with a certified flight nurse and a flight paramedic delivering the critical care treatment necessary to stabilize the patient during transport to the receiving hospital.

Aeromed International is the largest fixed-wing air ambulance provider in Alaska. The company has been in operation since 1997. Aeromed performs over 1,500 missions each year and has earned a reputation throughout the state for delivering dependable critical care transport service that saves lives. Aeromed provides unrivaled response time, state-of-the-art technology and highly trained and experienced medical flight teams to ensure that an expert level of patient care is delivered during all phases of every transport.

From a Yukon Kuskokwim Health Corp. Public Relations press release.

SEARHC pharmacies add latest medications

Patients of the SouthEast Alaska Tribal Health Consortium (SEARHC) can now get prescriptions filled for new, improved medications for diabetes and several other common medical conditions at their local SEARHC pharmacy. The increased access to medications is a result of a stepped-up effort by SEARHC to expand the medication selection, or "formulary," available at its pharmacies.

Over the past year, SEARHC clinics added several of the most

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Flu vaccine shortage adds new twist

ANTHC Staff Report

Flu season comes with a new twist this year—a shortage of flu vaccine and the need for all of us to find new ways to protect our families and ourselves against a possible outbreak in our communities. Unless we are in a high-risk category that is eligible for a flu shot, our only other options are good health practices or a vaccine called FluMist.

How did this shortage happen? Each year, a new flu vaccine is produced to protect against the new strains of flu that can develop, and it takes almost a full year to get the job done. This year, one of the only two manufacturers that produce vaccine for the United States had contamination problems, and their license to distribute the vaccine in our country was suspended. This left the US with only about half of the expected supply and no time to produce more.

To ensure that the highest risk people get the vaccine, the Centers for Disease Control and Prevention has developed a list of priority groups eligible for vaccination:

- All children 6-23 months old (because they are at high risk for hospitalization)
- Adults 65 years and older
- Persons 2-64 years old who have underlying chronic medical conditions
- All women who will be pregnant during the influenza season
- Residents of nursing homes and long-term care facilities

- Children 6 months-18 years old who are on chronic aspirin treatment
- Health care workers who are involved in direct patient care
- Out-of-home caregivers and household contacts of children less than 6 months old

Tribal hospitals and clinics around Alaska are working with the State Immunization Program to distribute vaccine as fairly as possible, while looking for other possible vaccine sources. One option, the new nasal live vaccine called FluMist is recommended only for healthy persons, 5-49 years old, and is already in short supply. Some people who want flu vaccine may not be able to receive it this year.

If you can't get a shot or FluMist, what else can you do to prevent the flu? Here are some common sense recommendations:

- Avoid contact with people who are sick.
- Stay home when you are sick.
- Cover your nose and mouth with a tissue when coughing or sneezing.
- Wash your hands often.
- Avoid touching your eyes, nose and mouth.

General good health habits, such as eating right and getting plenty of rest and exercise make sense, too.

If you are in a high-risk group and haven't received a shot, contact your health care provider right away before the available vaccine supply is gone.



Statewide

Continued from Page 5

commonly needed, new medications, which patients were previously required to purchase on their own at outside pharmacies.

"We made these improvements based on input from our patients," said Bob Young, director of professional services at Mt. Edgecumbe Hospital.

Medications added in the past year include those used for the treatment of osteoporosis, poor circulation, diabetes, migraine headache, high cholesterol, attention deficit disorder and prostate problems.

SEARHC has also improved patient access to medications by establishing a "uniform formulary" at all of its medical facilities, said Young. This means that all SEARHC pharmacies are now carrying the same selection of medications.

From the Web site of the SouthEast Alaska Regional Health Consortium, searhc.org



New Consortium office building nears completion

Structure will free up clinical space, save on office leases

Alaska Native Tribal Health Consortium is building new offices on the Alaska Native health campus on Tudor Road in Anchorage. The new building will provide immediate benefits as well as long-term economic benefits. For instance, it will allow several ANTHC programs now scattered among several buildings to be located closer together, enhancing efficiency.

More importantly, it will free up clinical space for health care providers to treat patients at Alaska Native Medical Center. Clinical space is expensive to build, as much as three times the cost of office space. ANTHC is postponing the cost



of building new clinical space by moving non-clinical activities outside the hospital building. These essential administrative functions include executive offices, human resources, and finance, and information technology.

For tax reasons, it is much less expensive for ANTHC to build and own office space than to lease it. ANTHC is giving its customer-owners a good value by maximizing the

For tax reasons, it is much less expensive for ANTHC to build and own office space than to lease it.

amount of ANMC clinical space that is used for clinical purposes, and by maximizing the amount of office space that it owns rather than leases.

The new Alaska Native Tribal Health Consortium (ANTHC) offices will be in a five-story 65,000 square foot office building located on the Alaska Native Health Campus. The construction project nears completion, on schedule and on budget. Employees will begin moving into the facility in November.



ANTHC receives \$1.6 million for palliative care training

ANTHC Staff Report

The National Cancer Institute (NCI) awarded a \$1.6 million, five-year grant to the Alaska Native Tribal Health Consortium (ANTHC) to develop a statewide, palliative care education program for health care providers of Alaska Natives. The program will be designed for all health care providers, including village-based, regional hospital, and Alaska Native Medical Center (ANMC) health care providers. NCI is part of the National Institutes of Health.

Palliative care is the active total care of the body, mind and spirit of the patient and family. The purpose of palliative care is to prevent or lessen the severity of pain and other symptoms, and to achieve the best quality of life for people suffering or dying from a long-term disease. Comfort is the goal of palliative care.

Comfort is also the goal for those patients still receiving potentially curative therapy.

"We are very pleased to have received this grant," said Paul Sherry, ANTHC chief executive officer. "Alaska Natives wish to remain as close to home as possible when they are seriously ill from diseases such as cancer. Now we'll be able to provide the training to health care providers statewide to help them remain closer to home."

Dr. Anne Lanier is principal investigator and Dr. Greg Marino is co-principal investigator for the grant. Christine DeCourtney, ANTHC Cancer Program Planning and Development Manager, will oversee the grant.

Part of the funding will be used for an annual symposium that will include national and international experts in palliative care. The first symposium will be held in spring 2005.

In summer 2004, ANTHC received a short-term grant to complete a survey on knowledge and need for palliative care, and the perceived need for training. The grant deadlines required quick turnaround, yet more than 500 health care providers responded, representing every region. Survey results indicated that the biggest unmet need of patients was access to hospice and palliative care and the ability to go home with support (56 percent); 71 percent indicated they have provided care to an Alaska Native in the past year who needed palliative care; and 73 percent indicated they had not had palliative care training. (Community Health Aide/Practitioners were not included in the survey due to the need to distribute it during subsistence season. They will have the opportunity to complete a survey as one of the first steps in implementing the grant.)



Telehealth expands health care opportunities

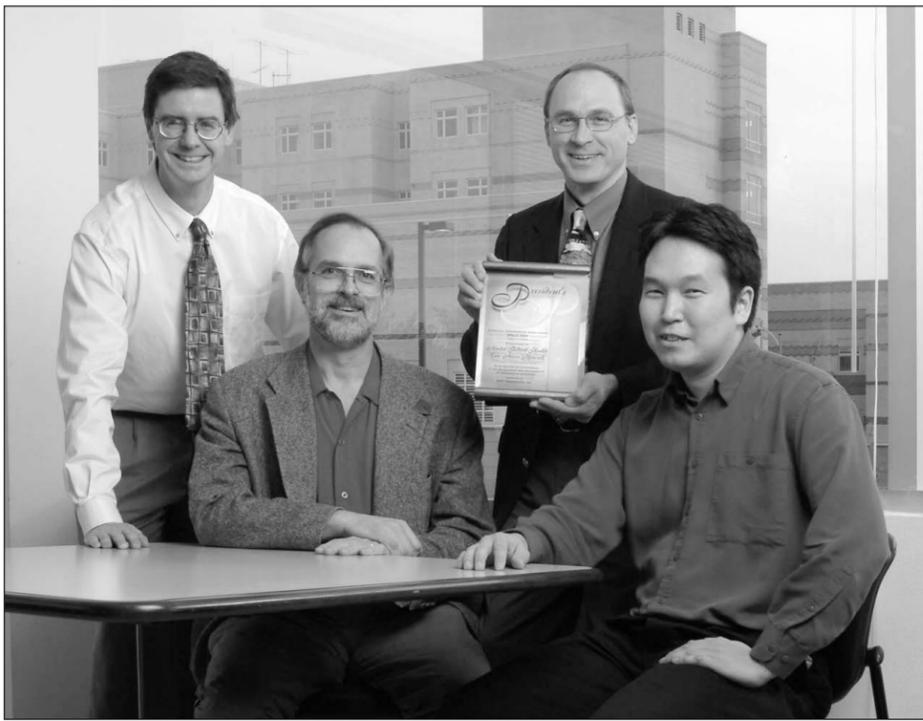
The use of telemedicine, or telehealth, in Alaska grew significantly over the 12-month period ending September 2004. The Alaska Federal Health Care Network (AFHCAN) reports that more than 9,000 clinical cases were created, a 50 percent increase over the previous 12 months. The true number of telehealth cases was likely larger as these numbers do not include teleradiology and live video conferencing cases.

More than 19,000 telehealth cases have been created since the inception of the AFHCAN project, which is managed within in the Division of Information Technology of the Alaska Native Tribal Health Consortium (ANTHC). More than 700 health providers have participated in the network, which provides a wide range of medical services from primary care to a host of clinical specialties, and saves patient travel for approximately 37 percent of the cases.

AFHCAN has strengthened its training and support services to meet growing statewide usage and needs. It now offers professional support services on a 24/7 basis and continues to expand clinical training both within Anchorage and at customer sites.

AFHCAN continues to improve its core products — telehealth "carts" and software — with major upgrades available to all sites in 2005. An 18-month project to redesign the software will be completed this year, offering dramatic performance improvements for all providers, but

See Telehealth on Page 7



The Alaska Federal Health Care Network (AFHCAN) was recently named the winner of the American Telemedicine Association's 2004 President's Award for the Advancement of Telemedicine. Pictured here with the award are (front row, from left): Richard Hall, Director of Information/Technology, and Darren Coolidge, Senior Software Architect. Back row, from left): Stewart Ferguson, AFHCAN Director, and Chris Patricoski, Clinical Director.

Photo by Kraig Haver

Telehealth

Continued from Page 6

especially village clinics relying on satellite connectivity. Funding also has been obtained to begin the development of an interface to other telehealth systems, which will lead to a standard interface to hospital information and billing systems.

Sites using the AFHCAN system also will see deployment in 2005 of new clinical peripherals — such as tympanometers, spirometers, colposcopes, vital sign monitors, dental cameras and home health peripherals — thanks to funding from the US Department of Agriculture and support of the Alaska Federal Health Care Partnership.

Telemedicine has played a key role

in the delivery of health care services to rural Alaska for many years.

Continuous advances in technology and improvements in the statewide communications infrastructure will lead to new opportunities for improving services. The AFHCAN Project has provided equipment, services and support for the past six years to help local medical staff consult with physicians and specialists in Anchorage and elsewhere. Nearly 300 AFHCAN Cart or Advanced Telehealth Workstations have been placed in 240 locations throughout Alaska.

AFHCAN was recently named the winner of the American Telemedicine Association's 2004 President's Award for the Advancement of Telemedicine. For more information about AFHCAN, call (888) 449-4435 or visit www.afhcan.org.



A few telehealth definitions ...

Clinical – medical treatment or observation

Clinical cases – records of medical treatments

Clinical peripherals – piece of equipment added to the telemedicine cart to diagnose a patient (e.g., the otoscope is a peripheral that detects ear infections).

Colposcopes – used for women's health exams

Communications infrastructure – fiber optic cable, satellites and other underlying equipment and technology needed for communications systems to function

Dental camera – takes digital pictures of teeth

Deployment – installation

Health providers – anyone who provides health care assistance, including Certified Community Health Aides, nurses and doctors

Home health peripherals – equipment for used by health providers for in-home health care services (e.g., blood pressure cuff)

Live video conferencing – use of tel-

evision (video) to hold long-distance conferences

Spirometers – measures volume of air from the lungs, may be used with asthma patients

Telehealth – use of communication systems to deliver health care information long distance

Telehealth "carts" – equipment used to obtain long-distance diagnoses and medical treatment information. Telehealth carts are used in most of the clinics and hospitals in Alaska.

Software – a computer program or application, like Microsoft Word

Telemedicine – use of communication systems to deliver medical treatment information long distance

Teleradiology – the process of using telecommunications systems to send radiological information, like X-rays, long distance

Tympanometers – equipment used to see if there is fluid in the middle ear

Vital sign monitors – measures blood pressure, pulse, oxygen saturation and temperature



Gottlieb nets 'genius award'

Katherine Gottlieb, MBA, Southcentral Foundation's (SCF) president/CEO, became the first Alaska Native recipient of the MacArthur Fellows Program Award, also known as the "genius award." She was among 23 recipients of this award announced Sept. 27, 2004, by the John D. and Catherine T.



Gottlieb

MacArthur Foundation. Gottlieb received the announcement while in Washington, D.C., for a national health care conference at the opening reception of the new National Museum of the American Indian. During the reception, U.S. Secretary of State Colin Powell and his wife, Alma Powell, announced Gottlieb's fellowship. Following the announcement, Gottlieb presented at a plenary session in Washington, D.C., where she was honored with an ovation from health care leaders representing organizations throughout the country.

"It is an unbelievable award!" Gottlieb said. "I cannot thank everyone enough for all the years of support, nor can I thank all those who supported the selection. I was overwhelmed with tears when they called. I thank God for His blessings."

The MacArthur Fellows Program has been featured in the New York Times, the Washington Post, USA Today, MSNBC, many national TV news programs, and the Anchorage Daily News highlighting the importance of this award to Gottlieb as she continues to celebrate her achievement.

The MacArthur Fellows Program awards unrestricted fellowships to talented individuals who have shown extraordinary originality and dedication in their creative pursuits and a marked capacity for self-direction. The MacArthur Fellows Program is intended to encourage people of outstanding talent to pursue their own creative, intellectual and professional inclinations. The Foundation awards fellowships directly to individuals. Recipients may be writers, scientists, artists, social scientists, humanists, teachers, entrepreneurs, or those in other fields, with or without institutional affiliations. The fellowship is intended to be an investment in a person's originality, insight and potential. The purpose of the MacArthur Fellows Program is to enable recipients to exercise their own creative instincts for the benefit of human society.

These awards most often recognize those who have gone well outside of "the box" to achieve impressive individual changes in spite of the system rather than transform the system itself.

"What Katherine has done is to lead change by questioning basic assumptions," said Dr. Doug Eby, vice president of Southcentral Foundation's Medical Services Division. "When presented with a 'box' of 'that's just how we do it,' her usual approach is not just to push the boundaries of that 'box,' but rather to question why it is a box to start with and why we cannot just explode the thing and do what the customer/owner really wants."

Gottlieb has never understood why the entire Alaska Native community cannot have the very best, Eby points out. "She expects the services to be world class, immediately available, and Native in their orientation. She expects facilities in which we provide services to be culturally based showplaces that begin the process of lifting up pride, confidence and well-being just by walking into them. She does not understand why the system and the people in the system should provide anything less than the very best every single time."

One unidentified patient summed up the feelings of many: "Congratulations. We are very proud of you. We're so happy for you. The services are wonderful and this hospital is beautiful. We are so lucky to have services here."

Gottlieb was honored for her exceptional creativity and innovative accomplishments that have built SCF into a quality-driven, patient-centered organization tailored to the health care needs of Alaska Natives. Starting her SCF career in 1987, Gottlieb became president and CEO in 1991. Under her leadership, SCF has become a leader among the nation's health care organizations, winning national recognition for innovations such as its same-day health care appointment system. Several of its unique and creative programs draw upon the Alaska Native culture to help address health care challenges such as substance abuse, women's health issues and family wellness.

James Segura, SCF board chairman said, "In my opinion, Katherine Gottlieb is well deserving of this award. Katherine is a very determined individual. If she thinks she has a good idea, she just doesn't give up on it. She has worked extremely hard over the years to make Southcentral Foundation a national leader in health care, and we are very proud of her."

Gottlieb is the daughter of an Aleut mother and a Filipino father, the mother of six children and the grandmother of 18 grandchildren. She holds a bachelor of arts and a master's in business administration. She serves on numerous boards, including the Alaska Native Heritage Center, and has been active at the national level in Native American policy issues.





Budget

Continued from Page 1

health requirements. The cost increases are as much as 10 percent per year.

While ANMC's revenues from Medicaid, Medicare, private insurance and grants have generally kept up with costs, funding from the Indian Health Service, which makes up half of ANMC's budget, is increasing only 1-2 percent each year.

Unless Indian Health Service appropriations are increased, ANMC will continue to face difficult challenges in maintaining the range and quality of services it provides.

To provide quality care, it won't be enough to simply maintain or keep up with increased costs. It will require increased revenues for essentials such as facility additions and equipment replacement.

ANMC is seeking guidance from tribal leaders and beneficiaries on how best to face these challenges. Alaska Natives have overcome such challenges before in creating our outstanding health system. Together we can persevere and achieve continuing success.



Murkowski addresses challenges

Senator Lisa Murkowski took time out of her busy schedule on October 15 to visit ANMC and talk about the challenges facing it and other Alaska tribal health facilities. She reiterated her strong support for Alaska tribal health programs, noting her efforts to increase the Indian Health Service budget by 10 percent; reauthorize the Indian Health Care Improvement Act; increase contract support cost funding for Alaska tribal health programs; and increase Community Health Aide funding.

Tribal leaders provided her an overview similar to the one given to Senator Ted Stevens, emphasizing that better Indian Health Service funding is needed to narrow the Alaska Native health disparities gap and achieve ANTHC's vision of "a unified Native health system, working with our people, achieving the highest health status in the world."



Challenges

Continued from Page 1

nature. Such understanding will lead to system-wide opportunities that can increase the access quality of our Alaska Tribal Health System (ATHS) hospital system as well as realize efficiencies. This will contribute to financial stability and ensure continued access to quality hospital services for our beneficiaries.

To accomplish this, Alaska Native Tribal Health Consortium (ANTHC) will collaborate with the Alaska Native Health Board (ANHB) to coordinate a Hospital Services Assessment Team (HSAT), with representation from throughout ATHS. Its aim is "to assess the current and future trends in hospital-related service and requirement in the Alaska Tribal Health System, and make recommendations for strategies, improvements and changes to the tribal health directors."

Help

Continued from Page 1

into improving services for everyone, including those of us who have alternative resources. Tribal health organizations can access those revenues only with the help of our patients. If you are an Alaska Native or American Indian and have private health insurance, Medicare or Medicaid, please notify and provide proof to your health care provider so they can obtain reimbursement. Revenue from third-party payers is used to supplement IHS funding for operation of hospitals and clinics, and to buy medical equipment, patient medicines and medical supplies needed to provide

We need to identify opportunities.

HSAT will look at information about levels of use, which will be used to describe the current system of hospital care and to identify opportunities for improvement. It will then make recommendations to tribal leadership on potential areas of improvement. All the participants in ATHS will gain from taking a close, hard look at the way we provide hospital services and identifying opportunities for improvement.

ATHS is a network of 39 individual tribally owned and managed health organizations, working together under a signed memorandum of understanding of shared goals and objectives. They are focusing on issues such as developing standards on drugs we all agree are good for patient care, making sure our computer systems can work together, and improving the way we handle medical evacuations.



patient services.

Keep appointments or cancel early

Keeping your appointments is important. In our tradition, we honor the gift, share what is given, and do not waste. Yet at some health facilities, as many as one-third of the patients do not keep their appointments for health care and surgery, or cancel so late that others cannot use the time. If you cannot use your appointment, or change your mind about coming, please call immediately so that others may benefit from the gift of time.

If you have questions, please call 729-1967 or e-mail us at lnmerculieff@anmc.org.



Stevens hears major health care concerns

ANTHC, ANMC, and SCF leaders brought major concerns to the attention of Senator Ted Stevens during his visit to ANMC on September 25. These include:

- The difficulty of maintaining current levels of service when healthcare costs are rising by 8-10% per year, but Indian Health Service funding is rising by only 1-2% per year;
- The challenge of expanding services to keep pace with the fast-growing Alaska Native population and our increasing rates of chronic diseases;
- The challenge of meeting the health service needs arising from

the Alaska Native population shift from rural areas to urban areas.

Stevens asked tough questions about efficiency and cost control. ANMC leaders assured him that a number of steps had been taken to improve efficiency and control costs. These include increased use of generic drugs; increased use of cost-saving technology; and an improved same-day appointment system at the Anchorage Native Primary Care Center. The same-day appointment system has resulted in improved patient access while reducing inpatient admissions and costs.



Senators

Continued from Page 1

Paul Sherry, ANTHC chief executive officer. "It's one thing for them to read that we have outgrown our facili-

ties, and quite another to see the patients lined up to receive care from staff working in overcrowded offices."

Alaska tribal health leaders noted that it was a great honor to host Alaska's two Senators.



CALENDAR

Events & celebrations

October

25-26 — Palliative Care Conference, 5:30 – 8:30 pm, ANMC Conf Rm 2 (Info Casie Williams 907-729-2936 cwilliams@anmc.org)

25-30 — AFN Convention, Egan Center, Anchorage

28 — ANTHC Health Research Review Committee, 1 – 5 pm, Room 242, Inuit Bldg

November

1-2 — Alaska Native Tribal Health Consortium Board Meeting 9 am – 5 pm, ULB Boardroom

2 — Employee Health Fair, 8:30 – 11:30 am, DEHE Building, Onoko & Yukon Rooms

2 — SCF Executive Committee meeting, 10 am – 2 pm

2-3 — Clinical Directors Meeting, 9 am – 5 pm, PCC Kingfisher Rm

3 — A-MSNC, 1 – 4:30 pm, PCC Ptarmigan Room

3 — Alaska Area Specimen Bank meeting, CDC Building Conference Room, 9 am – 3:30 pm

3 — Injury Prevention Workshop, 9 am-4 pm, Yukon Rm, DEHE Bldg

3-4 — ANTHC Sanitation Facilities Advisory Committee Nov 3 – 12:45 to 5 pm, ULB Boardroom Nov 4 – 8 am – noon, Yukon Room, DEHE Bldg

3-6 — 29th Alaska EMS Symposium, Egan Convention Center, Anchorage (Doreen Risley 465-8633, www.chems.alaska.gov/EMS/symposium.htm)

4 — Medical Services Networking Committee, 10 am-4 pm, ULB Boardroom

5 — ANTHC Employee Health Fair, 8-11 am, ANMC Conf Rm 2 Blood draws from 7-11 am and 5-7 pm

8-12 — Tribal Self Governance Fall Conference, Seattle

11 — Veterans Day – ANTHC OFFICES CLOSED

11-13 — American Indian Science and Engineering Society National Conference, Egan Convention Center, Anchorage (Info: www.aises.org)

2-14 — Native Village of Eyak's 11th Annual Sobriety Celebration, Cordova (Info: Belen Cook, belen@nveyak.org 907-424-7738)

15-17 — BBAHC Executive Committee meeting, Dillingham (Info jlivermont@bbahc.org)

15-17 — Alaska Prevention & Treatment Symposium Bridging Prevention & Intervention: Systems of Care. Alaska Hotel Captain Cook (www.akeela.org)

December

8-10 — "The Prevention & Treatment of Diabetes among Alaska Natives: Working Together in the Last Frontier." Dec. 8-10, 2004, Anchorage Hilton, Anchorage. Contact: Joan Hastie, 907-729-1125, jhastie@anmc.org

