

Alaska Tribal Health System: Introduction & Lessons Learned

Alaska Native Tribal Health Consortium

November, 2009

Outline

- Alaska Tribal Health System introduction
- Health Initiatives
- Lessons Learned

Indian Health Service

- Provides health care in recognition of government to government relationship between Tribes and the U.S. to members of federally recognized Tribes and their descendents
- 3.3 million American Indians/Alaska Natives (AI/AN) in 561 federally recognized Tribes.

IHS Delivery Models: I/T/U

- **Indian Health Service (IHS) direct provided care**
 - 33 hospitals
 - 59 health centers
 - 50 health stations
- **Tribally delivered care**
 - 15 hospitals
 - 221 health centers
 - 97 health stations
 - 176 Alaska village clinics
 - 9 residential treatment centers
- **Urban Indian Centers**
 - 34 projects provide a variety of health & referral services

Alaska Native health history

- 1900-1970: Health care for Alaska Natives was provided by the U.S. government in recognition of government to government relationship between Tribes and the U.S.
- 1970-1998: Alaska Natives organized health care organizations and assumed ownership of health services that were previously provided by the Indian Health Service under Self-Governance legislation
- 1998-2007-Future: All Alaska Native health care is provided by Alaska Native organizations

Why Tribal Ownership?

- Customer-owned health program
- Local decision-making & flexibility
- Local priority setting and budget allocation
- Integration of primary care around the family
- Culturally-relevant health programs

Alaska Tribal Health System

- Voluntary affiliation of 30 Alaskan tribes and tribal organizations providing health services to Alaska Natives/American Indians (7,000 employees)
- Each is autonomous and serves a specific geographical area

Alaska Tribal Health Compact

- Alaska Native Tribal Health Consortium - 231
- Aleutian Pribilof Is. Assn - 13
- Arctic Slope Native Assn - 8
- Bristol Bay Area HC - 34
- Chugachmiut - 7
- Copper River Native Assn - 5
- Council of Athabascan Tribal Governments - 10
- Eastern Aleutian Tribes
- Native Village of Eklutna
- Kenaitze Indian Tribe
- Ketchikan Indian Community
- Knik Tribal Council
- Kodiak Area Native Assn - 11
- Maniilaq Assn - 12
- Metlakatla Indian Community
- Mount Sanford Tribal Consortium - 2
- Norton Sound Health Corp - 20
- Seldovia Village Tribe
- Southcentral Foundation
- SouthEast Alaska Regional Tribal Health Consortium - 18
- Tanana Chiefs Conference - 42
- Yakutat Tlingit Tribe
- Yukon Kuskokwim Health Corp - 58

Alaska Native Demographics

- **Alaska Natives represent 20% of Alaska's population**
 - 135,000 Alaska Natives
 - projected to be 163,000 by 2015
- **Median age is 23.6 years compared to**
 - 35.3 years for U.S. All Races and
 - 32.4 years for All Alaskans

ATHS Service Population

– Anchorage/Mat-Su valley	45,000	33%
– Rural Southcentral Alaska	12,200	9%
– Arctic Slope (northern coast):	4,300	3%
– Maniilaq (northwest coast):	7,600	6%
– Norton Sound (west coast):	7,400	5%
– Bristol Bay (southwest):	5,300	4%
– Yukon-Kuskokwim (southwest):	24,200	18%
– Southeast Alaska:	16,000	12%
– Interior Alaska:	<u>13,000</u>	<u>10%</u>
TOTAL ALL REGIONS:	135,000	100%

*Alaska Native Health Status**

- **Leading Causes of Death (2004 – 2007):**

- Cancer
- Heart Disease
- Unintentional injuries
- Suicide

- **Leading causes for primary care visits**

- Respiratory conditions
- Behavioral Health
- Nervous System and Sense Organs

- **Leading causes of hospitalization**

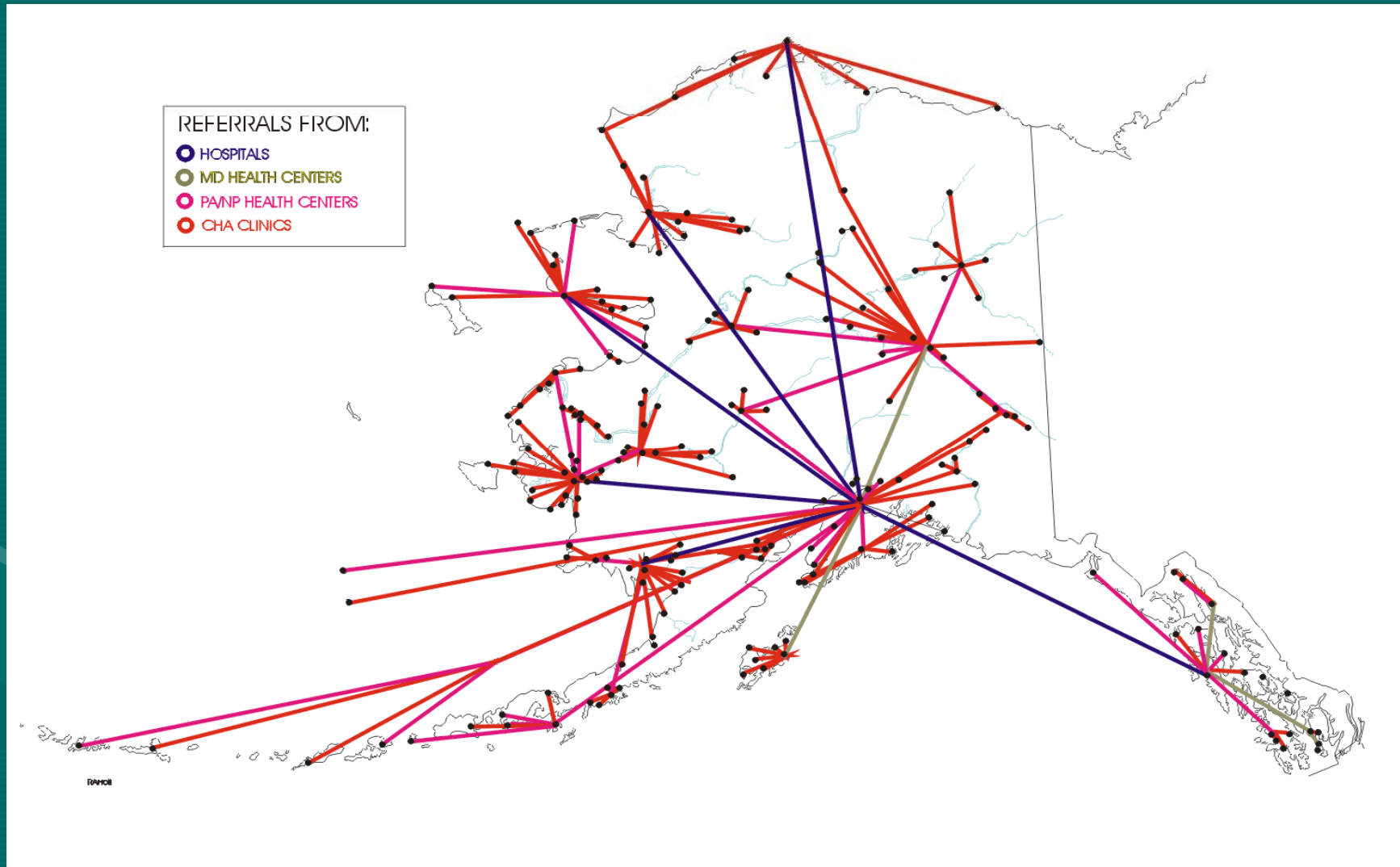
- Deliveries
- Respiratory System diseases
- Accidents and injuries

*Report available at: www.anthc.org/chs/epicenter

Medical Care Service Levels

- 180 small community primary care centers
- 25 subregional mid-level care centers
- 4 multi-physician health centers
- 6 regional hospitals
- Alaska Native Medical Center tertiary care
- Referrals to private medical providers and other states for complex care

Referral Patterns



Village-Based Medical Services

- **180 Small Village Health Centers**
 - ~550 Community Health Aides/Practitioners
 - ~125 Behavioral Health Aides
 - ~20 Dental Health Aides/ 12 Therapists
 - ~100 Home health/personal care attendants
- **Average Alaska village: 350 residents**

Community Health Aide/Practitioners



Old Newtok Clinic Yukon-Kuskokwim Delta



Kiana Village Clinic (NW Alaska)



Subregional Clinics

- **Located in Hub Communities**
- **Serve surrounding small villages**
- **Services**
 - **Mid-level providers**
 - **Modest radiology services**
 - **Modest lab services**
 - **Dental operatories**
 - **Behavioral Health Professionals**

Regional Hospitals

- Arctic Slope Native Association (6; Barrow)
- Bristol Bay Area Health Corporation (32; Dillingham)
- Maniilaq Association (12; Kotzebue)
- Norton Sound Health Corporation (20; Nome)
- SouthEast Alaska Regional Health Consortium
- Yukon Kuskokwim Health Corporation (58; Bethel)

Southcentral Alaska

(“Anchorage Service Unit”)

- Southcentral Foundation provides
 - direct primary care and community health services in Anchorage, the Matanuska-Susitna Valley, the upper Kuskokwim area, and the Iliamna area
 - primary care support for sixteen (16) Native health organizations in rural Southcentral Alaska

Alaska Native Tribal Health Consortium

- Created in 1998 with Congressional authorization
- Provider of statewide health services, supporting all Alaska tribal health organizations and communities
- 1,800 employees
- Provides:
 - Tertiary and specialty medical care,
 - Community health and research,
 - Environmental health & engineering, including water and sanitation facilities construction & management
 - Health information technology services
 - Professional recruitment

Alaska Native Medical Center

- **Jointly managed by ANTHC (statewide) and Southcentral Foundation (regional)**
 - ANTHC provides specialty services
 - SCF provides primary care services
- **Primary hospital services for Alaska Natives from Anchorage and rural Southcentral Alaska**
- **Tertiary/specialty hospital for all regions**

*Alaska Native Medical Center
Anchorage (operated by ANTHC & SCF)*



Alaska Native Medical Center

- 150 beds
- 6,500+ admissions annually
- 1,400+ infants delivered annually
- 385,000 specialty/primary outpatient visits
- 11,000+ surgeries and endoscopies
- 250 medical staff, 700+ nurses
- \$250 M operating budget (ANTHC+SCF)

Residential Treatment Centers

- Southcentral Foundation (Adolescents/Women)
- Cook Inlet Tribal Council (adults)
- Yukon Kuskokwim Health Corporation
(adolescent inhalant/adults)
- Fairbanks Native Association (adult/adolescent)
- Tanana Chiefs Conference (recovery camp)
- Maniilaq (adult recovery camp)
- SEARHC (youth/adult/women)
- Copper River (family/youth recovery camp)

Community Health Services

- Medical system is complemented by ‘wraparound’ community health services programs, provided by tribes and tribal health organizations, and supported by ANTHC:
 - health promotion/disease prevention
 - health research
 - injury prevention
 - food safety monitoring
 - emergency preparedness
 - immunizations

Health Facilities

- Annual federal investment in building, renovating, and maintaining Alaska Native health facilities is estimated at \$55 million
- Nearly 100 primary care clinics have been replaced, another 50+ need replacement
- Long-term care facilities are also needed

Sanitation Facilities Construction

- Statewide funding for all Native community water and sanitation facility projects estimated at \$60 million annually from all sources (State, HUD, EPA, USDA Rural Development, Indian Health Service)
- \$720 million+ unmet need remains: primarily in 40 western Alaska communities

Community Watering Points



“Honeybucket” Haul Systems



Honeybucket
disposal in
Atmautluak

Honeybucket Haul

Why invest in sanitation?

- **Infants in communities without adequate sanitation are:**
 - 11 times more likely to be hospitalized for respiratory infections
 - 5 times more likely to be hospitalized for skin infections

Major Alaska Native Health Initiatives

- *Care coordination* for chronic/high-acuity patients
- *Electronic Health Records* deployment
- *Tribal Long-Term Care* (residential and community-based services development)
- *Alternative health resources* enhancement (Medicaid, Medicare, Denali KidCare, private insurance)
- *Wellness/health promotion* effort

Lessons Learned: Negotiate well

- *Alaska Tribes negotiate as a block*
 - *Tribal Caucus*
 - *Start with tribal caucus to develop strategy*
 - *Open discussion among tribal leadership*
 - *Whenever a proposal is presented by the IHS, it goes to tribal caucus for full discussion*
 - *Alaska Tribal Health Compact applies to all 23 Co-signers, representing 231 federally recognized tribes*
 - *Individual Funding Agreements more specifically describe your service levels / funding*

Fundamental Principles

- *Government to Government Relationship*
- *Respect for all participants*
- *Consensus*
- *Transparency*
 - *Share analyses and information among Co-signers*
- *Unity*
- *Access to Information*
 - *Share funding agreements and open individual Co-Signer negotiations*
- *Uniqueness*
 - *Recognize the sovereignty of each member*

Importance of Documentation

- *Open Items List*

- *Documents the understanding of the parties by date to ensure that everyone understands the state of play and the agreements made.*

- *Financials*

- *Identify all Area Office and Headquarters funds*
- *Determine what is spent on “inherent federal functions”*
- *Work in tribal caucus on allocation methodology to divide funds among Co-Signers*
 - *Active users*
 - *Tribal Size adjustment*

Negotiations Process

- *Two Co-Lead Negotiators manage the negotiation on behalf of the Tribal Caucus*
 - *Co-Lead Negotiators speak on behalf of the Tribal Caucus*
- *Each Co-Signer seated at the table*
 - *Each Co-Signer designates a Lead Negotiator*
 - *Any Co-signer may ask for a Tribal Caucus at any time*
- *Staff available to provide technical assistance and support*
- *Open microphone each day at set time*

Negotiations Process

- *Common items*
 - *Identify these early in the process*
 - *Negotiate these first*
 - *Examples*
 - *Compact Language*
 - *Funding agreement changes due to change in law, regulation or policy*
 - *Funding agreement changes requested by a Co-Signer that may affect others*

Ground Rules

- Establish a schedule and stick to it
- Cell phones on quiet
- Respect each other (no cheap shots)
- Each Co-Signer at the table
- Speak through Co-Lead Negotiators during common negotiations
- Limit acronyms
- Use microphones
- Tribal Caucus open to all tribal representatives (including employees and consultants)
- Documents must be available to all participants
- Workgroups as needed (language, tribal shares; etc.)
- Negotiations closed to press and public
- Final negotiations end with formal comments from each side

Questions?

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ANTHC Vision: “Alaska Natives Are the Healthiest People in the World”

