

2011 Record of Public Comments Received by the Alaska Health Care Commission

Updated: 12-04-2011 pm

Comments Received During Public Comment Period on Draft Report

Subject	Commenter	Summary of Contents	Form and Date
1 Insurance Market	Dave Donley	Include recommendation that SOA mandate all health insurance and public sector retiree health coverage cover 100% preventative immunizations; or at least cover for all children; or at least cover at the same co-pay as treatment. Notes that PERS/TERS retiree health plan provides no preventative health care coverage. Include recommendation that PERS/TERS retiree health plan cover preventative care and well-baby care.	e-mail; 11/14/2011
2 Workforce	David Kent	Study the financial securities model used by FINRA (Financial Industry Regulatory Authority) which uses a centralized background check system.	e-mail; 11/21/11
3 End-of-Life Care	Donna Meiners	Commission draft has good quality data and analysis. Have worked in Alaska as RN since '79. Pleased to see end-of-life care on list for study in 2012. Works with hospice clients – both young and old. Small investments in hospice services show great returns.	e-mail; 11/26/11
4 End-of-Life Care	Anna Buterbaugh, Eastern Aleutian Tribes	Please support inclusion of end-of-life care in your 2012 report. Eastern Aleutian Tribes has prioritized improving end-of-life care for our rural patients.	e-mail; 11/28/2011
5 End-of-Life Care	Mary Johnsen, Hospice of the Tanana Valley	Pleased to see end-of-life care on the list of priorities for 2012. Hospice care improves quality for patients and contains costs. More Alaskans are opting to live out the end of their lives here – it behooves us to optimize end-of-life options.	e-mail; 11/28/2011
6 Public Health & Prevention	Dr. Peter Nakamura	The State plays a major role in public health and prevention and is an important part of the health care system – should be acknowledged. Agree with focus for future analysis and support. Place a special emphasis on the importance of supporting immunizations.	e-mail; 11/28/2011

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Immunizations	Dr. Jody Butto, on behalf of American Academy of Pediatrics, Alaska Chapter	We have been fortunate in the past to have been able to provide immunizations to all Alaska children with federally funded vaccine. It is time for that state and private payers to collaborate to provide funds necessary to purchase vaccine. Being a "universal" vaccine state allows provides to use standardized vaccine tracking and minimizes administrative costs. Some private practices may elect to drop provision of immunizations if administrative processes are not streamlined and the state program can no longer provide all vaccine.	Letter dated 10/15/2011 transmitted to the commission via e-mail; 11/28/2011
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Immunizations	Dr. Joy Neyhart	Please restore appropriate funding for universal vaccine coverage in Alaska. Loss of funding will have deadly impact on most vulnerable citizens. Alaska already has among lowest vaccination rates in the nation. I personally provided critical medical care for several children infected with pertussis over past few years. At least three infants from Juneau required air transport to peds ICU. Unlike during the similar outbreak in CA, none of the AK infants died. Due to overwhelming success of vaccines I have never had to care for children with many of the vaccine-preventable diseases. One loss of life would not be worth the money saved. Please restore universal vaccine coverage.	e-mail; 11/28/2011
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Immunizations	Jill Johnson	As PA who works with children in shelters, very concerned about loss of funding for vaccines. The need to maintain separate vaccine supplies for different clients may cause some providers to stop supplying vaccine, and loss of funding will further reduce Alaska's vaccination rate. Alaska faces many unusual difficulties protecting our kids from disease – do not add to problems by reducing funds for vaccine.	e-mail; 11/28/2011
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Immunizations	Dr. Sharon Fisher	Strongly endorse commission's recommendation to fully fund immunizations for Alaskans. Losing federal funds will compromise vaccine availability and increase risks to Alaskans who do not have financial access. Vaccination not only reduced illness, but also cost. Strongly believe money should be put toward vaccine funding.	e-mail; 11/29/2011
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Immunizations	Dr. carolyn Brown	No need to tell of importance of vaccines to prevent illness. This issue is clear – pay now or pay later. Higher levels of care and prevention are more costly than primary prevention. Vaccines are cost effective, and science and evidence-based. For the infrastructure for a healthy society, quality of life, cost savings --- support for vaccines is strongly encouraged.	e-mail; 11/29/2011
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12	Immunizations	Dr. Richard Reem	Our state must provide for universal immunization as it is cost effective – the financial burden of treating preventable disease is too great. Please be certain to support state funding for all recommended immunizations.	e-mail; 11/29/2011
13	Immunizations	Dr. Bob Urata	Urge support for continuing SOA support for providing key vaccines to our children. Prevention is key to healthy population and starts with children. Should not allow children to bear cost of CDC funding dilemma. Should also look at system and do better job of meeting higher level of compliance among target populations.	e-mail; 11/29/2011
14	Immunizations	Gina Carpenter	Important for the state to continue to provide vaccine for all Alaskans. Unbalanced to say Alaska placed 49 th – should reflect eradication of Hep A & B, and how state immunization quelled other diseases. Alaska's population is unique and shouldn't be compared to other states. Quinhagak cannot be compared to place in rural USA because of lack of road system and access to supplies. Challenges are extreme in remote parts of state. Vaccinating every child on time every time is a challenge money can buy. It has saved countless lives. Cuts to funding will cost the lives of babies. State system and tribal organizations have been exemplary partners in getting vaccines to children. Cutting funds to one group of children still jeopardizes the other group because they live next to each other. Continuing program for certain children and not other puts all children at risk.	e-mail; 11/30/2011
15	Immunizations	Dr. Anya Maier	As family physician in Juneau, writing in support of commission's recommendation to fund vaccine program.	e-mail; 11/30/2011
16	Immunizations	Dr. William Palmer	Curtailment of prophylactic, preventative medical measures strikes adversely at measures supported today to limit necessity of hospital care and inherent costs. Consider humanitarian thrust of preventing childhood illness. Costs of initiative seem trivial compared to the economics of caring for seriously ill children.	e-mail; 12/01/2011
17	Immunizations	Glenna Tate	Bering Straits region heavily counts on program funding for children's vaccines. Parents could not afford the burden of purchasing vaccines on subsistence lifestyle budget. Cost of other necessities such as fuel, food, diapers, etc. are sky-high in the villages. Outbreaks are frightening – do not want to see children affected by them.	e-mail; 12/01/2011

18 Immunizations	Dr. Mary Ann Jacob	As a pediatrician in solo practice, would not be able to provide vaccine for patients without fully-funded program – cost to the practice would be equivalent to adding full-time employee. Ethically, medical practices should provide vaccines to pediatric patients. Treatment of disease is much more expensive than prevention by vaccination.	e-mail; 12/01/2011
19-20 Workforce	Gretchen Eickmeyer	Pacific Northwest University of Health Sciences, College of Osteopathic Medicine, started training medical students in 2008, and now has 300 enrolled (including 24 Alaskans). The first class will graduate this May, with nearly 70% pursuing primary care disciplines. PNWU-COM was recently accredited to begin 8 primary care residencies in WA and MT. Please recognize PNWU-COM as a primary care workforce resource, and include in development of future residency programs.	e-mail; 12/01/2011
21-22 Immunizations	Dr. Thad Woodard	Encouraged by work of the commission. Strongly support recommendation to support the immunization program. The use of vaccines to prevent illness is one of the great public health success stories in the history of mankind. Anything that decreases access to vaccines will increase overall costs.	e-mail; 12/01/11
23-24 AHCC Goals, Values, and Definitions; Health Care Costs; Workforce; Trauma; Primary Care; Future Study	Dan Meddleton	<p>Re: Health Care Goals - Wellness is missing from commission's list.</p> <p>Re: Value of Personal Engagement – this is key to success, but nowhere is there recognition that the individual has to contribute something financially to his own medical care; those provided “welfare” should contribute something.</p> <p>Re: Health Care Continuum – expanding role of public entitlements need to be addressed; gov't not most effective vehicle for providing for neighbor; caring has been delegated to the gov't and to the recipient looks like a “right”; greater provision for charity works/agencies need to be built into system as they would be far more efficient and effective.</p> <p>Re: 2011 Study – drivers of health care costs are not providers, but expectations of patients; commission should consider how to affect positive action by patients; value-driven section of report is a critical step in this direction.</p> <p>Re: Tabled for future study – malpractice reform – has the 2005 reform effort in Alaska worked?</p> <p>Re: Health Workforce – non-traditional or allied medical care givers can and do have significant impact on cost – what has been the impact of their work in keeping people well; identify best practices</p>	e-mail; 12/02/11

25-32

		<p>in medical model, integrative medicine, and workforce status.</p> <p>Re: Trauma System – Why is Alaska only state without Level II trauma center? Is this reasonable? Should improving it be a priority?</p> <p>Re: Patient-centered primary care – strongly agree with holistic approach and recommendation to integrate BH and PC.</p> <p>Re: 2012 Study Agenda – consider adding the positive role a knowledgeable consumer could have on cost and quality, and having all consumers hold a greater responsibility for participating in “up-front” cost.</p>	
<p>Health Care Costs; LTC; 2012 Study Plans; Workforce; Patient-Center Primary Care; Transparency; Trauma; Immunization; Payment Reform</p>	<p>Karen Perdue, Alaska State Hospital & Nursing Home Association</p>	<p>Re: cost finding comparing spending to wellhead oil value – comparison lacks context, is not understood by public, and is inflammatory.</p> <p>Re: cost finding regarding cost shifting – investments by Medicare and Medicaid are small compared to total gap between payers.</p> <p>Re: cost finding regarding utilization - Do not agree with utilization conclusions of health care actuarial.</p> <p>Re: cost findings regarding hospital operating costs - Do not agree with methodology used by health care actuarial on hospital operating costs.</p> <p>Re: cost findings regarding medical salaries – this is not an accurate reflection of hospital labor costs.</p> <p>Re: cost finding regarding operating margin – do not agree with health care actuarial analysis.</p> <p>Re: Long term care & plans for 2012 study – appreciate description of system and balance; object to plans to study SNF costs; we already know Alaska has the most expensive LTC among comparison states and study would be duplicative and costly; costs are almost entirely Medicaid and Medicare and are publicly available; a study of the cost of all major components of LTC system including community-based would be more useful.</p> <p>Re: Workforce – agree with findings and rec.s</p> <p>Re: Patient-Centered Care – agree</p> <p>Re: Transparency – committed to Hospital Discharge Data system improvement, but resources are limited and inadequate; agree with feasibility study of APCD, which should include federal payers including tribal, and should address data protocols; should have study results before endorsing development of database.</p> <p>Re: Trauma – support implementation of 2010 legislation, however cost considerations may make future designations unattainable; cost should be</p>	<p>Document transmitted via e-mail; 12/02/11</p>

		<p>balanced with quality and efficiency.</p> <p>Re: Immunizations – hospitals do their part to improve immunization rates.</p> <p>Re: Payment Reform – agree with move toward value not volume; agree with phased approach; new data collection efforts must include prior consultation with key health care stakeholders including providers; common purchasing policies by SOA should include upfront consultation with providers.</p>	
33	Behavioral Health	Delisa Culpepper, Alaska Mental Health Trust Authority	<p>Re: Integration recommendation – make sure it's clear that integration should be in most appropriate setting for the client population.</p> <p>e-mail; 12/02/11</p>
34	Workforce	Edward Barrington, Alaska Chiropractic Society	<p>Chiropractors practice in many Alaskans communities and provide valuable services. Could fill gaps in services with little additional education. Chiropractic Society will respond to the licensing board to ensure chiropractors are allowed under the law to perform needed services should the commission indicate these services are needed.</p> <p>e-mail; 12/02/11</p>
35-36	Patient-Centered Primary Care; Immunizations	Mary Sullivan, Alaska Primary Care Association	<p>Pleased commission understands value of PCMH - APCA is committed to successful deployment. Fully endorse Patient-Centered PC recommendations. APCA supports the immunization recommendation as cost saving and for general population health protection. In addition to funding vaccine, SOA should fund statewide public awareness campaign.</p> <p>e-mail; 12/02/11</p>
37-40	Behavioral Health; Payment Reform	J. Kate Burkhart, Alaska Mental Health Board & Advisory Board on Alcoholism and Drug Abuse	<p>Behavioral health is key to good overall health. Commission's work inadequately addresses behavioral health's role in overall health. Final findings and recommendations should clarify the difference between "behavioral health" and "health behaviors" – it is important to not confuse the two. Appreciate behavioral health findings (but correct suicide statistic typo). Strongly support behavioral health and primary care service integration recommendation, but not cursory reference to new payment methodology for behavioral health without specific reference to factors involved or goals of the new methodology. BH system in AK is not designed to address mild to moderate illness and likewise the primary healthcare system is not capable of providing care management for serious mental illness – integrated care solutions are important but must be done right. Plans for integration must include dedicated resources, provider and consumer participation,</p> <p>Letter transmitted via e-mail from Tom Chard; 12/02/11</p>

		and standards. The recommendation to develop new payment methodologies for state-supported behavioral health services does not appear directly related to findings and seems orphaned from payment reform – difficult to support this recommendation without more detail. Generally agree with recommendations on payment reform – work needs to be done to develop payment methodologies to promote cost effective, quality outcomes in integrated care settings – sweeping payment reforms for state behavioral health services were implemented 12/1/11 in DHSS regulations. Commission should continue to encourage targeted discussions with specific system transformation objectives to advance the commission’s work beyond the current scope.		
41-42	End-of-Life Care	Donna Stephens, Hospice of Anchorage	Pleased to see end-of-life care identified as priority for 2012. Learning how improving quality of services and patient choice in health care decisions at end of life can improve patient’s and families’ experience and contain costs. Strongly urge the commission to adopt this as a priority for 2012. Medicalization of death places a burden on the health system. Large percentage of personal savings and public dollars spent in the last year of life. Also can decrease quality of life.	Letter transmitted via e-mail; 12/02/11
43		Jennifer Meyer, Alaska Public Health Association (ALPHA)	ALPHA applauds the work of the commission, and is pleased that the vision emphasizes prevention of illness and injury, as well as strategies related to health care access, cost, and quality. ALPHA fully supports recommendations regarding patient-centered primary care, population-based prevention, and integration of behavioral health services into primary care. Re: Workforce – continue strategy development to consider supply of disciplines beyond physicians; shortages of other disciplines add to increased cost of services. Re: Obesity – place additional emphasis on strategies to combat obesity at the community level to include the evaluation of the built environment and its impact on obesity, such as safe routes to schools and building design; add language to support partnerships between schools, local and state gov’t and other entities. Re: Definitions – include a definition of population-based prevention and practice.	Letter transmitted via e-mail from Sarah Hargrave; 12/02/11

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Behavioral Health; Fraud, Waste & Abuse	Bonnie Nelson	Mental health care reforms are needed in Alaska. There is an urgent need for more informed choice for drug-free alternatives for treatment and housing, better legal assistance, and pro-choice legal education for attorneys and judges. 2011 Report ignores fraud, abuse and neglect regarding prescriptions and administration of psych drugs. Our state is not following evidence-based practices or honoring patient choice, and we need an investigation to identify where there is fraud, waste and abuse within mental health programs, and need non-drug alternative mental health treatment and housing. Commission should make reform of coercive mental health system and ending psychiatric drugging of children a priority for 2012. <i>Many links and attachment included – see e-mail forwarded 12/04/11.</i>	e-mail; 12/02/11
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Erickson, Deborah L (HSS)

From: David Donley [dd1@gci.net]
Sent: Monday, November 14, 2011 1:05 PM
To: Erickson, Deborah L (HSS)
Cc: Millett, Charisse E D (LAA); Turner, Jeff (LAA)
Subject: HB 29

Ms. Erickson

In response for your request for comments regarding The Alaska Health Care Commission's draft findings and recommendations for 2011, I request that the Draft Recommendation on Page 27 regarding immunizations include the following language:

The Alaska Health Care Commission recommends the State of Alaska mandate that all health insurance **and public sector retiree health coverage** one hundred percent cover preventative immunizations to protect Alaskans from serious preventable diseases and their complications.

In the alternative this coverage should at least be provided to all children under 18 years of age. Additionally in the alternative this coverage should at least be provided at **the same coverage expense percentage** as other non-preventative treatment.

As you know the problem is that retirees in the PERS/TERS system have essentially **NO PREVENTATIVE HEALTH CARE COVERAGE**. This means **NO COVERAGE FOR IMMUNIZATIONS. ZERO**.

Additionally

I repeat my previous request that the recommendation be added that public employee PERS/TERS retiree health coverage include preventative care and "well baby" care as provided in HB 29 by Rep. Millette.

Dave Donley
561-8234

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Erickson, Deborah L (HSS)

From: KentAntiqu@aol.com
Sent: Sunday, November 20, 2011 6:12 AM
To: Erickson, Deborah L (HSS)
Subject: AHCC suggestion

With the problems of cost, delay and superfluous repetition with background checks for healthcare workers, maybe the Commission should study the Securities licensure model used by FINRA where checks are done centrally, and where accreditation/licensure as well as discharge/disciplinary histories are made available permissibly, to prospective employers. The costs are funded by a portion of licensure fees. It would be fairly easy to implement state-wide.

David Kent
(828) 736-3141
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"Even if you do learn to speak correct English,
whom are you going to speak it to?"
Clarence Darrow

Erickson, Deborah L (HSS)

From: Meiners [mmeiners@gci.net]
Sent: Saturday, November 26, 2011 1:21 PM
To: Erickson, Deborah L (HSS)
Subject: A Public Comment for AK Health Care commission draft

Hi Deborah,

I read thru all the Commission draft and am quite pleased at the quality of data and analysis.

I have worked as an Alaskan RN since 1979 and now work for Hospice of Anchorage.

I am certified in Medical-Surgical nursing and Hospice and Palliative Care nursing.

My comment is that I am so pleased to find End of Life Care in the Strategies under Consideration for Study in 2012.

End of life care is an area of healthcare where the Alaska Commission's definition of "Health" becomes a reality and where "Healing is restoration of wholeness and unity of body, mind and spirit."

I am working with clients young and old, with and without medical insurance, with a range of diseases that will affect care for months to years.

Their numbers are surely to skyrocket with the aging of "baby-boomers."

For each Alaskan facing end of life, there are so many unrecognized caregivers who are struggling to provide around the clock services.

Our agency administers a grant that provides hours of respite or chore services and we have seen this small investment show great return.

Also, our agency is unique in it's services as there are virtually no providers of hospice care that are not Medicare provider agencies.

There is a great need for more variety in care provision and coordination for people facing end of life.

I support and applaud any investigation in End of Life Care for all Alaskans as a strategy for the Alaska Health Care Commission.

Thank you for accepting my comments,

Donna Meiners, BSN, RN-C, CHPCN

8141 Alatna Ave

Anchorage, Ak. 99507

(907) 929-2219

Erickson, Deborah L (HSS)

From: Anna Buterbaugh [annab@EATribes.net]
Sent: Monday, November 28, 2011 7:49 AM
To: Erickson, Deborah L (HSS)
Subject: Inclusion of End-of-Life Care Support for 2012

Good morning Ms. Erickson,

I am writing to you to please support the inclusion of the end-of-life care support in your 2012 report. At Eastern Aleutian Tribes, we have prioritized improving our services for end-of-life care for our rural patients who want to be home with their family and community.

I ask that the Alaska Health Care Commission look at end-of-life care as a priority and support this much needed health care.

Thank you for your time and consideration.

Anna Buterbaugh

Anna Buterbaugh, RN,CMC,CPUR
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Erickson, Deborah L (HSS)

From: Mary Johnsen [director@hospicetv.org]
Sent: Monday, November 28, 2011 12:57 PM
To: Erickson, Deborah L (HSS)
Subject: Public Comment on 2011 Findings: End-of-Life Care

**To: Deborah Erickson, Executive Director
The Alaska Health Care Commission**

Re: PUBLIC COMMENT DRAFT: 2011 Findings & Recommendations

Dear Ms. Erickson,

I am very pleased to see End-of-Life Care on the list of priorities to be studied in 2012. Hospice care has been shown through many studies to BOTH improve quality of outcomes for patients AND contain costs. Yet hospice care is still misunderstood by many people, who think of this option as "giving up." What can we do to help patients and doctors communicate better about the end-of-life? More people are dying more slowly than they did in the past, so how do we navigate this new, longer, end-of-life path? How can we use the interdisciplinary team concept and apply it to cost-effective palliative care options for the chronically ill? Since more Alaskans are opting to live out the end of their lives right here in the frozen north, it behooves us as individuals, and as a community, to try to optimize our end-of-life options.

Thank you very much for your role in helping Alaska plan and coordinate health care policy to benefit the health care of Alaskans, and thank you for giving community members an opportunity to comment on your Draft 2011 Findings and Recommendations.

Have a great day and wonderful holiday season,

Mary Johnsen

*Mary Johnsen
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Erickson, Deborah L (HSS)

From: LPNAKA@aol.com
Sent: Monday, November 28, 2011 10:34 PM
To: Erickson, Deborah L (HSS)
Subject: comments on the strategic health plan

Hi Deb. Just managed to get a copy of the plan and read it this evening. Lots of hard work and thought is evident. Just a couple of comments.

1-At the start I wasn't initially comfortable that public health and prevention were adequately included but got a better sense of comfort as I progressed into the document. In the description of the Health Care System, three systems were described but what was notably missing was the fourth; the state of ak health care system. The state may not be heavily represented in clinical care but has a major role in the public health and prevention roles as it is noted to be an important part of the health care system. The roles of the PHNs, Epistemology program, medical examiner system, MCH, Emergency Medicine, Mental Health services, medicaid services, social services, health education and training, etc. are not only a component of a cri health care system but a significant consumer of the health dollars. The states expenditures should be accounted for in the analysis or it could disappear through ignorance.

2-In the core transformation strategy, the role of the state is more then leadership. It is a partner in health care delivery.

3-Couldn't agree more on the focus of future analysis and support. I would put special emphasis on the immunization services support by the state based on not only the preventable diseases and cost, but based on the wide population target

Keep up the good work. Give Ward my greetings.

Pete Nakamura



American Academy of Pediatrics



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Alaska Chapter

October 15, 2011

To Whom It May Concern:

I am writing on behalf of the pediatricians of Alaska in regards to the anticipated decrease in funding for the state immunization program.

Our state-supplied vaccines are purchased almost entirely with two sources of federal funding. The Vaccines for Children (VFC) Program (an entitlement program) pays for children who meet federal criteria; and funding under Section 317 of the U.S. Public Health Service Act covers the cost for children not VFC-eligible and adult vaccines.

Currently the state immunization program provides vaccines for all of Alaska's children excepting human papilloma virus vaccine (HPV) and meningococcal conjugate vaccine (MCV4); these vaccines are provided only to children who qualify for VFC vaccines. It should also be noted that several childhood vaccines (eg. DTaP, MMR, Varicella, Hep A, Hep B, Polio etc) are required for childcare, preschool, and primary school participation.

In 2008, the federal government notified the State that the State had been "overfunded" with Section 317 funding compared with other states and that Centers for Disease Control would be decreasing the Section 317 funding to the State during 2010 to 2013 from \$4.3 million to \$0.7 million. This staged funding decrease started in 2011:

- In 2011 the State stopped providing any adult vaccine and HPV and MCV4 vaccines for non-VFC-eligible children.
- In 2012, the State Immunization Program will no longer provide the following childhood vaccines to non-VFC eligible children: *influenza, pneumococcal conjugate, rotavirus, and varicella.*
- In 2013, the State Immunization Program will no longer provide any vaccines except for VFC eligible children.

While we have been fortunate in the past to have been able to provide immunizations to all of Alaska's children incurring only administrative costs, it is time for the state and perhaps private payors to collaborate to provide the funding necessary to purchase immunization products for distribution to healthcare providers at a better bulk purchasing rate. Also, because we will once again be a "universal" vaccine state the administrative costs for healthcare providers will be decreased due to standardization of tracking only one source of vaccine products.

Vaccine administration is a very complex process involving purchasing, distribution, storage, administration and documentation. For example in our private practice office we found that these administrative costs went up now that we are required to keep track of "private" and "VFC" stocks of the Meactra and HPV vaccines. Some private offices may elect to drop immunizations completely and refer all patients to the health department for vaccine administration to avoid the paperwork and lost revenue that is (more often than not) incurred when vaccines are not state supported. If these processes can be streamlined and utilize the well established state program there will be a significant cost saving both in actual product and the administrative costs.

Thank you for your careful consideration for this collaboration to improve Vaccine's for Alaska's Children. Vaccinations are a critical element to protecting the health and well-being of our children and our communities.

Sincerely yours

Jody Butto MD FAAP

President Alaska Chapter AAP

Serving Alaska's Children and Families for Over 40 Years

Alaska Chapter Executive Committee

President

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Erickson, Deborah L (HSS)

From: Joy Neyhart [jmneyhart@alaska.net]
Sent: Monday, November 28, 2011 9:11 PM
To: Erickson, Deborah L (HSS)
Cc: Bruce Chandler
Subject: Restore funding for universal Vaccines for Children coverage
Attachments: jmneyhart.vcf

Legislators:

Please restore appropriate funding for universal vaccine coverage for the state of Alaska. Elimination of funding for the VFC program will have a deadly impact on the state's most vulnerable citizens. Alaska already has one of the lowest vaccination rates in the nation and hindering access for infants and children to receive appropriate vaccines will further decrease the vaccination rate. This will lead to outbreaks of vaccine preventable infections, unnecessary morbidity and unnecessary infant and child deaths in Alaska.

I personally provided critical medical care for several children who were infected with Bortadella pertussis (the bacterium that causes whooping cough) within the past few years. During that outbreak, at least three infants from Juneau required air transport to a pediatric intensive care unit due to impending respiratory failure. While none of the infants died, several infants in California were not so fortunate in the last few years and died from respiratory complications due to this vaccine preventable infection. Alaska's Public Health system sent a cache of vaccine to Juneau that year and our outbreak was eventually contained without any deaths. Because of the overwhelming success of vaccines, I have never had to care for an infant or child with polio, diphtheria, tetanus, hepatitis A or B, Haemophilus influenzae B (a bacterium), measles, mumps, rubella, and meningitis due to Neisseria meningitidis. I have also encountered far fewer invasive streptococcus pneumoniae infections (central nervous system infections, pneumonia and systemic infection) than pediatricians were seeing more than 15 years ago. If even one of these vaccine preventable infections makes a comeback, the loss of even one life, not to mention any permanent disability, lost productivity on the part of the parents, or strain on the health care delivery system will not be justified by the savings to the state of Alaska by not providing protection for these preventable deadly infections.

Please work together to implement a system such as that used by the state of Washington to restore universal vaccine coverage for the state of Alaska. Our infants and children deserve nothing less.

Sincerely,

Joy M Neyhart, DO
Fellow of the American Academy of Pediatrics Rainforest Pediatric Care
3268 Hospital Drive, Ste D'
Juneau, Alaska 99801
(907) 463 1210

Erickson, Deborah L (HSS)

From: Jill Johnson [jmjpac@gmail.com]
Sent: Monday, November 28, 2011 10:00 PM
To: Erickson, Deborah L (HSS)
Subject: Please preserve the vaccination capability in Alaska

Hello:

As a clinician who works with children in shelters, I am very concerned about the plan to limit state funding for vaccines. The need to separate vaccines for two different types of clients in 2012 is complicated, and may cause some providers to stop supplying vaccine. And the loss of funding in 2013 for non VFC children will further reduce Alaska's vaccination rate.

Alaska faces many unusual difficulties in getting our kids protected from communicable diseases. Please don't add to these problems by reducing funding for our vaccine program.

Thank you,

Jill Johnson, PAC

Erickson, Deborah L (HSS)

From: Sharon Fisher [fisher.sharone@gmail.com]
Sent: Tuesday, November 29, 2011 10:50 AM
To: Erickson, Deborah L (HSS)
Subject: Vaccine Funding Public Comment

Hi Deborah:

I am writing today to provide my strong endorsement of the Alaska Health Care Commission's recommendation to fully fund immunizations for Alaskans.

I understand that we are losing considerable federal funding that will compromise our vaccine availability, thus increasing health risks to Alaskans who may not have access to and/or financial means for recommended vaccines. Vaccination is a key component to preventative health care and will not only reduce illness, but also cost.

This would be a regressive step in Health Care in our state. I strongly believe that we should be putting our money into vaccine funding.

Thanks,

Sharon Fisher, MD

Erickson, Deborah L (HSS)

From: carolyn V Brown [cvbrown1937@yahoo.com]
Sent: Tuesday, November 29, 2011 5:30 PM
To: Erickson, Deborah L (HSS)
Cc: george brown
Subject: vaccines for Alaskans

Of course I have no need to tell you the importance of vaccines to prevent illnesses.

The issue appears to be quite clear. We can pay now or we can pay later. The key is to inform the decision makers that we are involved with primary prevention with vaccines. If our decision makers need information about primary, secondary, and tertiary prevention - then that becomes our challenge. We can pay now - or we can pay later. Either way, there will be costs. Secondary, tertiary, and quaternary (an autopsy) prevention will not be able to trump primary prevention.

My view is that vaccines are and will be cost effective. Vaccines are science and evidence based. If we are to provide the infrastructure for a healthy society, it is critical to understand the importance of vaccines in the lives of children, adults, and seniors for quality of life and for the "pay now or pay later" conundrum.

I strongly encourage support of vaccines for Alaskans. Please let me know if there are questions.

carolyn V Brown MD MPH
1640 Second Street
Douglas Alaska 99824 USA

907-364-2726
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907-321-0784 cellular

cvbrown1937@yahoo.com

Erickson, Deborah L (HSS)

From: Richard Reem [rreem@mosquionet.com]
Sent: Tuesday, November 29, 2011 5:35 PM
To: Erickson, Deborah L (HSS)
Subject: Immunization program

Easily understood is the federal cut in immunization funding, as infants and children are voteless, unorganized, and have scant resources. Our state on the other hand must provide for universal immunization as it is very cost effective. The financial burden of treating preventable diseases is too great for the state to undertake. Many children in Alaska have state, borough, or city provided health insurance. Treating children with preventable illnesses would be costly. Please be certain to support state funding for all recommended immunizations. Richard Reem, M. D.

Erickson, Deborah L (HSS)

From: Bob and Chris Urata [bcurata@gci.net]
Sent: Tuesday, November 29, 2011 10:27 PM
To: Erickson, Deborah L (HSS)
Subject: Alaska Vaccine Program

Ms Erickson:

This is note to urge support for continuing State of Alaska support for providing key vaccines to our children. Prevention is the key to maintaining a healthy population and it starts with children. I understand that the CDC paid us more than they were supposed to and thus our current dilemma. We should not let our children bear the cost of this. In addition, we should look at our system of vaccinations and find a way to do a better job than previously and try to meet a higher level of compliance among the target populations.

I hope this finds you and your family doing well. The boys must be grown up by now. Mine are starting to "listen" to me as if I know something.

Thanks for your kind attention to the vaccine problem.

Bob Urata MD
Juneau, Alaska

Erickson, Deborah L (HSS)

From: Rob and Gina Carpenter [carpentergr@gmail.com]
Sent: Wednesday, November 30, 2011 8:36 AM
To: Erickson, Deborah L (HSS)
Subject: State Vaccine Funding

Hello Ms. Erickson;

I would like to provide public comment on the states plan for allocation of funds for the state's immunization and vaccine program.

I think it is important for the state to continue to provide vaccine for all of Alaska's population. It is unbalanced to say that Alaska has placed 49th among 50 states for 2 year old immunization rates. What should be reflected is the complete eradication of diseases like Hepatitis B and Hepatitis A in this population. How current state immunization practices have quelled advances of H1N1 influenza, Measles back in the 90's, and reduced infant mortality from HIB meningitis to almost zero. Alaska's population is unique from other states and should not be compared on the same level. People live in places like Quinhagak (recently seen on You Tube singing the Hallelujah Chorus). That can not be compared to a place in rural USA because there is still a road to rural USA which also provides fresh produce and dairy. Compare that to the Quinhagak store seen in the video. Our challenges are extreme in their difference to provide vaccine to all remote parts of the state; vaccinating every child on time, every time is a challenge that money CAN buy. And Alaska has, and it has saved countless lives. Cuts to current funding will cost the lives of babies. Our state system has been exemplary in partnering with tribal (federally supported) organizations to get vaccines to ALL children; all who benefit from immunization. Cutting funds to non-VFC children jeopardizes VFC eligible children because they live next to each other in these remote places. To say the State will vaccinate only certain children puts all children at risk.

I would say more, but I have to go. The weather is getting bad. That, as we know, dictates life in Alaska.

Thank you for sending my comments along.

Sincerely;

Gina Carpenter, RN
Dillingham Alaska

Erickson, Deborah L (HSS)

From: anya maier [anyamaier@gmail.com]
Sent: Wednesday, November 30, 2011 5:39 PM
To: Erickson, Deborah L (HSS)
Subject: fund the immunization and vaccine program

As a family physician practicing in Juneau, I am writing to express my support of the Alaska Health Care Commission's recommendation that the legislature fully fund the immunization and vaccine program.
Anya Maier MD

Erickson, Deborah L (HSS)

From: William Palmer [wmpalmer58@me.com]
Sent: Thursday, December 01, 2011 9:32 AM
To: Erickson, Deborah L (HSS)
Subject: Childhood Vaccination Support

To whom it may concern:

I am writing in response to a local Pediatrician's circulated letter of concern regarding the proposed constriction/restriction of funding for the Vaccination of Children in Alaska.

I am a general surgeon, and as such, am not as familiar with all the details of this issue. But at face value, any curtailment of prophylactic, preventative medical measure deemed by the Pediatric community as necessary for the health of their patient population, strikes adversely at the measures so broadly supported today to limit the necessity of hospital-based medical care and it's inherent cost. Without even addressing the humanitarian thrust of preventing childhood illness, and it's possible life-long consequences, the costs involved in this initiative seem trivial compared to the the economics of care for the seriously, or critically ill among our children.

I hope the powers that be, will seriously reflect on this input, and the doubtless myriad of of sources of input you will receive.

Respectfully,

William M. Palmer M.D.

General Surgery Juneau, Alaska

Erickson, Deborah L (HSS)

From: gstate@nshcorp.org *Glenna Tate*
Sent: Thursday, December 01, 2011 3:48 PM
To: Erickson, Deborah L (HSS)
Cc: Singleton, Rosalyn J. (CDC/OID/NCEZID); Smallenberg, Tania L
Subject: Public comment on funding crisis of the Alaska Vaccine Program

I am writing this letter in reference to the funding crisis of the Alaska Vaccine Program. Here in the Bering Straits Region we heavily count on the program for funding of all our children's vaccines. I know that a lot of parents cannot afford the added burden of purchasing these vaccines for their children. Many of them are barely getting by as it is. I also know that a lot of them would not get their children vaccinated if the cost had to come out of their own pockets. I know all of this from personal experience.

I used to live in a village up North near Kotzebue. There are so very few jobs there that many people go to work outside the village in places such as Red Dog Mine, Kotzebue, Anchorage, and Fairbanks. I know that most of the people would rather stay home with their families. But, this is not possible with the rising costs of fuel, food, clothing, and other necessities such as diapers, laundry soap, etc. The cost of all of these is sky-high in all of the Northwest Alaskan villages. Diapers can cost up to \$40 just for a package of 15 diapers and a 6 pack of tissue paper can cost up to \$10. As for food, there is hardly any in the village. And when there is it has an outrageous price. Thank goodness for subsistence! If that was taken away from them, I don't know what would happen to them. That is their way of life.

As you could tell by this letter, I am a pretty frustrated. It would be an extreme hardship on the people if they had to purchase these vaccines. I know for sure that they would not purchase them and that outbreaks will happen. If they had to choose between putting food on the table and purchasing vaccines, they would definately choose the first option. I would very much hate for this to happen. But if we have further budget cuts this is all I forsee happening. It is a very scary thought to hear the word "outbreak." I don't want to see my children or any children affected by this. Do you???



MARY ANN JACOB, M.D.

2841 DeBarr Rd.
Suite 45
Anchorage, AK 99508

T (907) 274-0274
F (907) 274-7809
jacobmd@mac.com

December 1, 2011

Dear Ms. Erickson,

As a pediatrician in a small, solo practice, I am writing to voice my support for the Alaska Health Care Commission's recommendation that the Alaska legislature fully fund the immunization and vaccine program.

Changes in funding will lead to small practices like my own being unable to provide vaccine for our patients. I have estimated the costs for the first year to be equivalent to hiring another full-time employee. But, even more importantly, ethically, I feel medical practices should try to provide vaccines to their pediatric patients. This is part of the "medical home" model which we are being encouraged to follow, which is associated with better outcomes for children. If patients have to go to another clinic for their vaccines, some of them will forget or "be too busy". The end result will be a less immune set of children, more susceptible to infectious diseases that should be things of the past. The recent pertussis outbreak in California (10,000 case, 10 deaths) stands as a warning for what Alaska could be facing. The treatment of these diseases is much more expensive than their prevention by vaccination. At a time when Alaska is ranked 49th in vaccination rates among the United States, we really cannot afford this short-sighted approach.

Sincerely yours,

Mary Ann Jacob, M.D., F.A.A.P.

Erickson, Deborah L (HSS)

From: Eickmeyer, Gretchen [geickmeyer@pnwu.org]
Sent: Thursday, December 01, 2011 7:42 PM
To: Erickson, Deborah L (HSS)
Subject: Alaska Health Care Commission

Dear Ms. Erickson,

On behalf of Pacific Northwest University of Health Sciences, College of Osteopathic Medicine (PNWU-COM) we appreciate the opportunity to submit written comment on the 2010 – 2014 Strategic Plan Update for Transforming Health Care in Alaska.

After reading through the *Transforming Health Care in Alaska report, particularly Part III: Alaska Health Care System Transformation Strategies, A. Health Care System Foundation, "Health Workforce"*, PNWU-COM respectfully asks for your consideration to be included as part of Alaska's ongoing workforce solution.

Specifically, we ask for consideration to have PNWU-COM medical students recognized as a valued resource to Alaska's primary care workforce pipeline. Secondly, we ask for consideration for PNWU-COM to receive consideration to participate in the collaborative development of future primary care residency programs.

In 2008, PNWU-COM welcomed its inaugural class of 75 medical students. Today, 300 medical students are enrolled; with 24 referring to Alaska as "home." Students are utilizing the newest technology and are being educated by caring, highly-qualified and nationally recognized faculty. In May, 2012, PNWU will graduate its inaugural class—with nearly 70% pursuing primary care disciplines such as family medicine, pediatrics, internal medicine and Ob/Gyn.

Recently, PNWU-COM received accreditation to begin eight (8) new primary care residencies - seven (7) are Washington and one (1) is in Montana. This is vitally important due to a severe shortage of Pacific Northwest primary care residency opportunities, a re-direction of financial resources and policy towards residencies brings a much more superior outcome to the same investment in medical schools. PNWU fourth year students are auditioning for residencies in the Midwest and on the East Coast due to the limited Pacific Northwest opportunities for residencies.

With each rotation our students are fascinated by the healthcare discipline. Many of them change their minds rotation by rotation on where they think they will follow their career path. Spending resources on retention strategies during residencies has proven to be far more effective and far more measurable than during medical school. PNWU is working towards expanding and enhancing this model.

Increasing quality healthcare through collaborations is at the core of all we do and we believe Pacific Northwest University of Health Sciences, College of Osteopathic Medicine (PNWU-COM) can be a valuable resource in training future physicians who will serve people of Alaska.

Many sincere thanks for your consideration.

Gretchen Eickmeyer

Gretchen Eickmeyer, CFRM

Chief Advancement Officer
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Cell: 509-654-0931

EXCEPTIONAL EDUCATION. EXTRAORDINARY IMPACT.

Pacific Northwest University of Health Sciences will educate and train health professionals with osteopathic values and will conduct research to provide quality care to communities of the Pacific Northwest, particularly rural and underserved populations.

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Erickson, Deborah L (HSS)

From: Thad Woodard [twoodard@AKPeds.com]
Sent: Thursday, December 01, 2011 8:42 PM
To: Erickson, Deborah L (HSS)
Subject: Support for vaccine program

Ms Erickson: The efforts of the Alaska Health Commission since its establishment by Governor Palin in 2008 have been greatly welcomed by many Alaskans looking to control access to, as well as the cost and quality of, health care in Alaska. As a pediatrician for 30 years in Anchorage and producer/ host of *Line One: Your Health Connection* on our National Public Radio affiliate KSKA for over 10 years, I have had the opportunity to talk with national experts in health economics, health care delivery, and quality assessment. It is encouraging to see that the reports of the Commission and the recommendations being produced echo those of national experts.

I want to particularly focus on and strongly support the Commission's 2011 Draft recommendation (http://hss.state.ak.us/healthcommission/docs/201111_public_comment_draft.pdf) that "the State of Alaska ensure the state's immunization program is adequately funded and supported, and that health care providers give priority to improving immunization rates in order to protect Alaskans from serious preventable diseases and their complications."

One of the great public health success stories in the history of mankind is the use of vaccines to prevent illness. Few efforts have saved so many lives and prevented so many serious illnesses as vaccines; and this has been done with huge overall cost **savings** to our economy. We are now facing the prospect of rolling back these successes at a time when being cost effective is critical for our economy. Anything that will decrease access to vaccines will increase overall costs. As evidence the following statements are taken from the article "The Value of Vaccination" from *World Economics*, Vol. 6 • No. 3 • July–September 2005 (http://www.sabin.org/files/attachment/value_vaccination_bloom_canning_weston.pdf).

However, immunization does appear to be an important tool for improving survival and strengthening economies. By boosting cognitive abilities, it improves children's prospects of success when reaching working age. And it does so in an extremely cost-beneficial way. Immunization provides a large return on a small investment—higher than most other health interventions, and at least as high as non-health development interventions such as education.

Traditionally, governments and donors have only considered the health impacts of vaccine-preventable illnesses, and their effect on overall welfare has been underestimated. However, new evidence on the importance of health as a driver of economic development and poverty reduction suggests the need for a re-think. Vaccines in particular, as the evidence presented in this paper shows, are an inexpensive and extremely effective means of improving health and overall welfare. Their impacts, moreover, are much greater than previously thought.

Vaccines should be seen not as a cost that swells public health budget requirements, but as an investment with enduring and large-scale impacts. The benefits of a push for increased immunization are likely to heavily outweigh the costs, and policy makers who neglect immunization will be missing a great opportunity for promoting development.

Quite frankly we can't afford to be so pound wise and penny foolish as to not fully support effective vaccination programs.

Thad Woodard, MD
Alaska Center for Pediatrics
1200 Airport Heights Drive Suite 140
Anchorage, Alaska 99508
907.777.1800
www.akpeds.com



Deborah Erickson, Executive Director

Alaska Health Care Commission

3601 C Street, Ste. 902

Anchorage, AK 99503-5923

December 2, 2011

My name is Dan Meddleton. I am a member of the Alaska Mental Health Board and currently serve as its Chairperson. The Board's written comment is being forwarded to you via Ms. Kate Burkhart, the Board's Executive Director. This communication is my own commentary on the work of the Health Care Commission.

I understand the significance and scope of the Commission's charge and applaud what you have accomplished ; the work, its process, and the talent and the energy you all have put into pursuing your stated objectives. In response to your request for written comment, I have the following recommendations:

1. Health Care Goals (at 3.): Wellness is missing from your list. Access, Cost (affordability), Quality, and Prevention are all factors affecting a state of being well but there is a lot more. It is a cultural expectation that one is responsible for ones well being and living a life that promotes it is the desired reality. It is not just "life style change" that I am speaking of; it is a change in community perspective regarding who is responsible for keeping "me" well.
2. Personal Engagement (at 3.): This is the key to success in the work being undertaken by the Commission, but nowhere is there recognition that the individual has to contribute something financially to his own medical care. Those being provided "welfare" should contribute something "even though. ..." . This funding could be a part of what is provided to the Medicaid recipient but putting that consumer in a position of making financial choices for him/her self is really important.
3. Health Care Continuum (at 6.): The expanding role of public entitlements needs to be addressed. Government is not the most cost effective vehicle for providing for our neighbor. Our state was built upon a personal commitment of neighbors supporting neighbors. What has changed is that caring for a growing percentage of our population has been delegated to the government to dispense; and for the recipient it is looking like a "right". Greater provision for charitable works and agencies need to be built into the system. They should be far more efficient and effective than current level of dependence on governmental agencies addressing related personal health needs.

4. B. 2011 Study: Cost of Health Care in Alaska (at 7.): The drivers of health care cost are not the providers, i.e., hospitals and physicians. These are responders. The real drivers are we the people, the patients/clients. The cost of funding responders represent the major cost component of care but it is the expectations of the patient community that are the drivers. How to affect positive action by these drivers is worthy of the Commissions consideration. This compliments the Draft Report (at 21.) re: Value-Driven Health Care Delivery. It goes another step and it is a critical one in my opinion.
5. Tabled for Study in Future Years (at 13.):
Malpractice Reform: What has been the effect of the Tort Reform passed in Alaska in 2005? Has it affected 1) the cost of care generally and 2) how has it affected the practice of defensive medicine? It is important to know if it is working and if not, why not.
6. Health Workforce (at 14.): In the summary of current health workforce recommendations no mention was made of current non-traditional or allied professional medical caregivers, i.e. naturopathic physicians, acupuncturist, nutritionist, chiropractic, etc. These professionals can and do have significant impact on system cost containment i.e., what has been the impact of their work in keeping people well. This is worthy of consideration and follow-up. Identification of "best practices" in the medical model is critical to accomplishing the work of the Commission. So is integrative medicine, and of course its corollary; its workforce status.
7. Alaska's Trauma System (at 23): "Alaska remains the only state in the nation without a Level II or higher designated trauma center serving the general population." Why is this? Is this reasonable? Should improving this be a priority?
8. Patient-Centric Primary Care (at 16.): It is stated that, "a holistic approach to patient care that views the patient as a whole person, acknowledging and understanding behavioral as well as physical health needs, and integrating primary care for behavioral and physical conditions in a common clinical setting. " I strongly agree!
9. Strategies under Consideration for Study in 2012 (at 29.):
In addition to those items stated, please consider the potential impact of 1) the positive role that a knowledgeable consumer could have in affecting the cost and quality of patient care, and 2) all consumers holding a greater responsibility for participating in its "up-front" cost. Having to pay "something" at time of service would really be a help to health care cost containment.

Thank you for the opportunity to provide my comments,

Respectfully,

Dan Meddleton LFACHE



**Comments on the Alaska Health Care Commission 2011 Plan
Alaska State Hospital and Nursing Home Association
December 1, 2011**

Thank you for giving us the opportunity to comment on the draft 2010-2014 Strategic Plan update. Enclosed are some comments on the Strategic Plan 2010-2014: Transforming Health Care in Alaska 2011.

Findings Page 8:

Health care spending in Alaska continues to increase faster than the rate of inflation, and consumes a growing share of Alaska’s wealth. Total spending for health care in Alaska reached \$7.5 billion in 2010, a 40% increase from 2005. At current trends it is projected to double to more than \$14 billion by 2020. Health spending in 2010 was roughly 50% of the value of oil produced at the wellhead that year. By comparison, this measure of health care spending against petroleum industry production (the major driver of Alaska’s economy since statehood) was 6% in 1980, 16% in 1990, 33% in 2000, and is projected to reach between 72-74% by 2020.

ASHNHA Comments:

ASHNHA has expressed a concern about this comparison to the ISER authors and continues to be concerned about using this approach to illustrate the spending of a single industry for the following reasons.

- 1. **The comparison lacks context :**
If all Alaska’s industrial production/spending were added together it would certainly exceed the wellhead value by more than 100% and likely by more than 1000%.

- 2. **The “wellhead value” is not a term well understood by the public:**

The Wellhead value is not a simple proxy for the value of oil that Alaska produces, if that is the intention. In Alaska, the royalty definition of wellhead value (or netback) of oil in the field is the market value *minus* transportation costs incurred between [Pump Station 1](#) and the point of sale. These costs are for the TAPS’ tariff and tanker transport.

The definition of the wellhead value is not consistent. In other states the wellhead, or netback, value may include other deductions beyond just transport. Even in Alaska many people think of wellhead value in relationship to Production Tax Value that allows for deductions for capital and operating costs in addition to transport costs. As a result the term "wellhead value" is unclear.

- 3. **Why wellhead value? There are many other ways to calculate oil value.**
The **actual gross value** of the oil produced in Alaska in 2010 is more accurately \$18.6 billion, compared with the value minus transport \$ 16.4 billion and the **production tax value** \$13.6 billion. Why use the wellhead value?

Here are some “back of the envelope “ calculations:

Bbl/day: 644,000

Bbl/year: 235,060,000

At an average value of: \$79.00 per bbl

Gross Sales: \$18,569,740,000.00 (or \$18.6B)

Wellhead Value (deducting TAPS tariff & Tanker transport costs, which are presumed to be between \$8.00 & \$9.00): \$16,454,200,000.00 (or \$16.5B)

Production Tax Value (deducting Operating, Capital, & Transportation costs, which are presumed to be approximately \$21.00): \$13,633,480,000.00 (or \$13.6B).

4. This is not an apples to apples comparison:

Comparing the wellhead value of oil to the expenditures for health care in Alaska is confusing at best and inflammatory at worst.

- 1) Comparing total expenditures in one industry with partial revenue from oil is confusing.
- 2) Why not highlight total private sector expenditures with health care expenditures and total revenue produced in the state from all sources (not those taxed by Alaska) with health care revenue?
- 3) By contrasting total health care *expenditures* with partial *revenue* from oil coming out of the ground might invite policy makers to believe that health care expenditures are somehow *taking* 47% of state revenues generated from oil. ***In our opinion, this vastly mischaracterizes the issue*** of health care costs being a government only problem.
- 4) If we discuss production/value from some industries and characterize all economic activity in health care as spending or expenditures, is this a fair comparison?

Findings Page 9:

Cost shifting occurs between commercial and public payers.

While the major public payers appear to under-reimburse providers compared to private payers, they provide additional financial support for health care through other mechanisms. For example, Medicare subsidizes physician residency training, Medicare and Medicaid provide Disproportionate Share Hospital (DSH) payments to hospitals that see a high proportion of Medicare and Medicaid patients, and the federal government through the Indian Health Service and Alaska Tribal Health System has funded much of the development of the rural health infrastructure in Alaska.

ASHNHA comments:

While we understand the spirit of the comment we urge caution in making this conclusion since the investments cited above are likely to be diminutive compared to the total gap between the payer sources.

Findings Page 9:

Alaska's health care utilization rates do not appear to be a major driver behind higher premium rates. Utilization of health care services in Alaska is roughly in line with comparison states, and is lower than the nationwide average.

ASHNHA Comments:

We made extensive comments on November 2 regarding this section of the report. The data tables in the report are contradictory and do not warrant, by themselves, the above conclusion. In some tables we are higher in utilization and lower.

The averages are concerning since three comparison states are low and three are high utilizers.

Table 3A.2 shows higher utilization of inpatient days by 21%, ER visits by 15% and office visits by 3%. Only pharmacy was below comparison states.

This information is based on Medicare data. Medicaid patients may have a different utilization profile.

Tables should be viewed as one data point—not enough to conclude utilization across all payers.

Findings Page 10:

Medical prices are driven by two components: 1) operating costs associated with delivering medical services, and 2) profit margins. Following are attributes of medical prices in Alaska's private health care sector:

Operating costs for health care providers are higher in Alaska relative to the comparison states. There is insufficient data available to fully analyze and compare physician practice operating costs, but analysis of publicly available hospital cost reports found Alaska private sector hospital operating costs are 40% higher overall and nearly 80% higher for Alaska's private sector rural hospitals.

ASHNHA comments:

In our November 2 comments we expressed a concern about the methodology regarding the above statement regarding hospital operating costs.

Findings Page 10:

Higher operating costs in Alaska for both hospitals and physician practices are driven by: Medical salaries for health care workers, which are 2% - 10% higher in Alaska (excluding self-employed physicians).

ASHNHA Comments:

There is significant concern that this is not an accurate reflection of the labor costs hospital employers are incurring in salaries. Further, it is understood that benefit costs are not in this number and that is stated, but we run the risk of minimizing the cost of labor in the health care cost equation.

Findings Page 10:

Operating margins for Alaska's private sector hospitals are high, especially for Alaska's urban hospitals which make on average profits approximately three times higher than the average of the comparison states' hospitals and also the national average for all hospitals.

The average profit margin for Alaska's private sector rural hospitals is slightly higher than the comparison states' average.

ASHNHA Comments:

This finding, the narrative in the Milliman report, and the methodology used to do this work is very disappointing.

All Alaska's urban hospitals **do not make** profits approx. three times higher than the average as stated above. The validity of averaging the small sample size of two non-profit and two profit hospitals should be examined and summary statements like this should not be made.

The average methodology and the statement is not generally reflective of the margin of most hospitals in Alaska. In addition the average reader may not understand that *urban* in this context is only Anchorage, Mat Su and Fairbanks.

Fairbanks's margin is below the national and comparison average, and Providence's margin has varied over the last three years cited in the report from below the average, at the average and above the average.

The two profit making hospitals- Alaska Regional and Mat Su have different cost structures and accounting methods. For profit hospitals pay state taxes. This should be acknowledged.

These numbers should not be averaged together and cited in the Commission findings.

Findings: Page 12 - Long Term Care

Alaska policy makers have worked for years to move away from institutional care to a more balanced system emphasizing home and community-based care. Alaska is one of very few states that do not maintain a state facility for the developmentally disabled, and the only state to have no intermediate care facility for individuals with mental retardation. There are currently 15 nursing facilities with 662 licensed nursing home beds. While the senior population has tripled over the last 20 years, the number of nursing home beds has decreased as programs have moved away from institution-based care.

The move away from institutional care led to a substantial increase in Medicaid spending for home and community-based services, which more than quadrupled over the past decade from approximately \$58 million in 2000 to nearly \$280 million in 2010. Alaska Department of Health & Social Services officials cite the growing cost of providing long term care services as one of the most critical issues facing the state’s Medicaid program. The department projects Medicaid spending for all long term care services will increase by 240% over the next decade to \$922 million in 2020.

Issues Prioritized for Study in 2012: Page 13

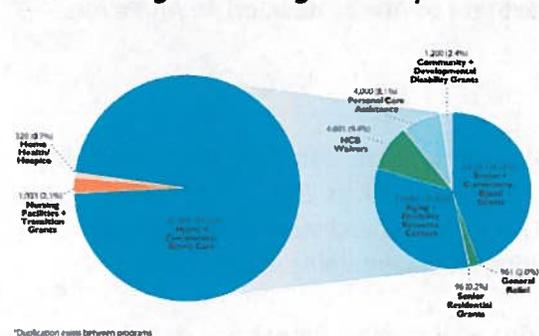
The commission intends to focus on the following areas to continue learning about the current condition of Alaska’s health care system during 2012:

Cost of Skilled Nursing Facility Care and Pharmaceuticals in Alaska: Compare pricing and reimbursement levels across payer types for Skilled Nursing Facility and Pharmaceuticals to the comparison states, and identify drivers of cost differentials.

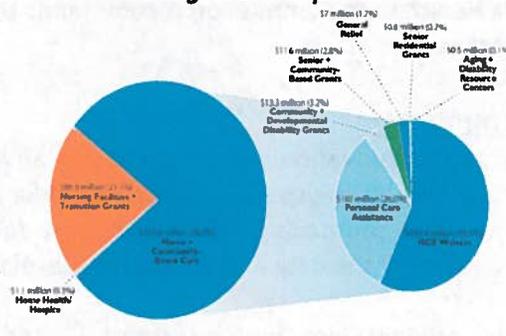
ASHNHA Comments:

We appreciate the description of the system and its balance. The efforts over a long period of time to ensure appropriate use of nursing homes is an important accomplishment of Alaska’s health care system. SNF care now represents 3% of spending in the health care system, 21% of LTC expenditures and 2.1% of LTC clients in Alaska.

State-Managed LTC Program Recipients



State-Managed LTC Expenditures



We do not object to a study of the cost of LTC in Alaska given the Findings above, but we object to a SNF only cost study by the Commission in 2012.

We already know Alaska has the most expensive LTC among the comparison states.

The study of SNF only care is expensive and duplicative since the information is already easily publically available—this information was presented to the Commission during the LTC presentation. In addition the costs are almost entirely Medicaid and Medicare and are easily available across all states.

A study of the cost of all major components of the LTC system including community based would be more useful.

Health Workforce: Page 14

Agree with findings and recommendations

Patient Centric Primary Care: Page 16-19

Agree with the findings and recommendations

Price and Quality Transparency: Page 20

Comments below on the draft recommendations

Draft Recommendations

1. **The Alaska Health Care Commission recommends the State of Alaska encourage full participation in the Hospital Discharge Database by Alaska's hospitals.**

ASHNHA Comments:

We are committed to comprehensive data collection from all Alaska hospitals. ASHNHA administers the Hospital Discharge Database and wishes to improve the collection, data sharing and data analysis. However, resources to devote personnel to this task are extremely limited and are not currently adequate to make improvements.

2. **The Alaska Health Care Commission recommends the State of Alaska develop an All-Payers Claims Database for Alaska.**

ASHNHA Comments:

We agree a feasibility study should be conducted on an All-Payers Claims Database. That feasibility study would likely address the special challenges Alaska presents --such as inclusion of federal payers-including tribal , protocols governing how the data is collected and stored, who governs the collection and use of the data and the cost of developing and maintaining such a system.

This study seems prudent since there is currently limited financial support for existing data collection systems such as the Hospital Discharge Database. In addition, there is significant needed investment in electronic health records and the exchange system and new payer databases such as MMIS. Implementing an all payer system may cost many millions of dollars.

It seems the Commission needs this information prior to fully endorsing the development of this database.

Alaska's Trauma System: Page 23-24

Draft Recommendation

- The Alaska Health Care Commission recommends the State of Alaska support continued implementation of the recommendations contained in the 2008 consultation report by the American College of Surgeons Committee on Trauma, including achievement and maintenance of certification of trauma center status of Alaskan hospitals.

ASHNHA Comments:

We support the implementation of the legislation passed in 2010 and as the narrative reflects, hospitals have responded positively to this legislation. However, given cost considerations some trauma designations may be unattainable in the near future. Cost should be balanced with quality and efficiency.

Draft Recommendation

- The Alaska Health Care Commission recommends the State of Alaska ensure the state's immunization program is adequately funded and supported, and that health care providers give priority to improving immunization rates in order to protect Alaskans from serious preventable diseases and their complications.

ASHNHA Comments:

Hospitals can and should do their part to improve immunization rates, including serious consideration of mandatory vaccination of employees where appropriate.

Payment Reform: Page 22

Draft Recommendations

1. The Alaska Health Care Commission recommends the State of Alaska utilize payment policies for improving the value of health care spending – for driving improved quality, efficiency and outcomes for each health care dollar spent in Alaska – recognizing that:
 - a. Local payment reform solutions are required for Alaska's health care markets
 - b. Payment reform may not result in immediate cost savings, but efforts must begin immediately
 - c. Payment reform is not the magic bullet for health care reform, but is one essential element in transforming Alaska's health care system so that it better serves patients, and delivers better value for payers and purchasers.
2. The Alaska Health Care Commission recommends the State of Alaska take a phased approach to payment reform, revising payment structures to support primary care transformation as a first step in utilizing payment policies for improving value in Alaska's health care system.
3. The Alaska Health Care Commission recommends the State of Alaska develop health data collection and analysis capacity as a tool for quality improvement and payment reform. Data collection, analysis and use decisions should involve clinicians, payers, and patients.

4. The Alaska Health Care Commission recommends the State of Alaska support efforts by state officials responsible for purchasing health care services with public funds to collaborate on the development of common purchasing policies. These collaborative efforts should be used as leverage to drive improved quality, effectiveness, efficiency and cost of care in Alaska's health care system. These efforts should endeavor to engage commercial payers and federal health care programs in alignment of payment policies in a multi-payer approach to minimize the burden on health care providers.

ASHNHA Comments:

We agree with the need to move toward value rather than volume incentives for delivering care and we agree with a phased approach to such activities. As stated, new data collection efforts must include prior consultation with key health care stakeholders including providers. Likewise, common purchasing policies and efforts by state government should include upfront consultation with providers.

Thank you for the opportunity to comment.

Erickson, Deborah L (HSS)

From: Culpepper, Delisa D (DOR)
Sent: Friday, December 02, 2011 12:15 PM
To: Erickson, Deborah L (HSS)
Cc: Emily Ennis; Emily Ennis ('emily@fra-alaska.net')
Subject: Health Care Commission Draft Report

Good job on the draft report. I only have one comment on Page 28 under 7. Population-Based Prevention & Behavioral Health

Draft Recommendations: number one should read something like -

1. Integrate behavioral health services with primary care when appropriate or assure coordination between primary care and higher level behavioral health services.

The concern is that not all behavioral health clients can or should be served in a regular primary care environment – sometimes the primary care needs to be integrated into the behavioral health environment for the seriously mentally ill.

Delisa Culpepper, MPH
Chief Operating Officer
Alaska Mental Health Trust Authority
269-7965

Erickson, Deborah L (HSS)

From: EDWARD J BARRINGTON [dredbarrington@gci.net]
Sent: Friday, December 02, 2011 12:18 PM
To: Erickson, Deborah L (HSS)
Subject: Heath Care Commission

Dear Ms. Erickson,

When the Alaska Health Care Commission was formed by Governor Palin, a chiropractic delegate was solicited, then turned down due to partisan politics. The Alaska Chiropractic Society would have nominated another delegate but was not allowed. Patients who utilize chiropractic benefits in Alaska far outnumber people who utilize some of the services represented on the Commission. I feel that the citizens of the State of Alaska will be denied care which has been shown to be cost effective, by the Commission ignoring the fact that there are chiropractic physicians in many Alaskan cities and villages who are very well educated in health care and who provide valuable service. Chiropractors would need very little additional education, perhaps in bridge programs with the University of Alaska, to fill gaps in service. There are chiropractors who would set aside a philosophical disagreement with vaccinations, for example, to provide them when needed and required by the State. The Alaska Chiropractic Society is looking for a sign from the Commission that certain services are needed and will respond to the licensing board to ensure that qualified chiropractic physicians will be allowed under the law to perform the needed service.

Respectfully,

Edward J. Barrington, D.C.

Chairman, Legislative Committee, Alaska Chiropractic Society

Erickson, Deborah L (HSS)

From: Mary Sullivan [marys@alaskapca.org]
Sent: Friday, December 02, 2011 2:14 PM
To: Erickson, Deborah L (HSS)
Subject: APCA's Comments on HC Recommendations

Dear Ms. Erickson,

Thank you for sharing the draft recommendations report of the Alaska Health Care Commission. The Alaska Primary Care Association represents 143 Community Health Centers (CHCs) and other safety net provider member clinics, along with other members supportive of increasing access to primary care in Alaska. Our organizational members (which includes the CHCs) provide quality comprehensive primary, behavioral health, and oral health care to Alaska's underserved, uninsured and other marginalized populations. Additionally, CHCs and/or tribal CHCs are often the only source of care in rural and frontier Alaska. Our Advocacy and Legislative Affairs Committee met recently to look over and discuss the report. Our comments include the following:

Regarding the Patient Centered Medical Home--

- We are very pleased to see that the Commission understands the value of the Patient Centered Medical Home (PCMH). We are proud that our CHCs have embraced the PCMH model of care and have been actively working to transform their clinics to this model. In fact, as your report outlines, the APCA received \$400,000 from the Alaska State Legislature last session to support this transformation to the PCMH model of care. The APCA and its member clinics are convinced of the value of the PCMH model and are committed to its successful deployment.
- We fully endorse the Commission's recommendations that the State of Alaska recognize the value of a strong patient-centered primary care system. We further support the Commission's recommendation that the State support appropriate reimbursement for primary care services and state policies that promote the central tenet of patient-centered primary care – that it is a model of care based on a continuous healing relationship between the clinical team and the patient.
- The APCA is also supportive of the Commission's recommended strategies and attributes of successful PCMH deployment as outlined in your report. It is absolutely essential that the policy environment and the financial investment (both in terms of up-front capital and proper public and private reimbursement models) support the unique issues and conditions of clinics implementing and operating a PCMH.

Regarding the Alaska Vaccine and Immunizations Program:

- The APCA is also supportive of the Commission's recommendation that the State of Alaska fully fund the Immunizations program. Rated 49th in the Nation for the rate of immunization completion for children ages 19 months to 35 months, Alaska cannot afford to see a decreased investment in vaccine preventable diseases. These preventable diseases can result in serious complications, preventable hospitalizations, and in many cases, death. Lack of immunization on the part of some also poses a threat to the general health of the public. The treatment of these preventable diseases is much more costly than the investment in the vaccines. With decreased funding from the federal government, the State of Alaska must step up to help provide the vaccines that keep our children immune to diseases like pertussis, measles, mumps, chicken pox, and hepatitis A. These diseases should be things of the past, but with decreased funding we are seeing other states and countries experiencing outbreaks of these preventable diseases. The decreased supplemental funding will mean that many smaller practices and clinics will no longer be able to provide the vaccination that they are currently providing. Vaccination is part of the Patient Centered Medical Home model, and part of providing quality health care, and an essential part of achieving positive health outcomes for Alaskans. Also, since many parents are

electively choosing not to vaccinate their children, it should also be noted that funding is needed for statewide public awareness campaigns regarding the importance - and low risk nature- of vaccines.

The APCA applauds and supports the recommendations of the Alaska Health Care Commission to invest in the Patient Centered Medical Home model and the Alaska Vaccine and Immunizations program.

If you have any questions about our support, please feel free to contact Mary Sullivan, APCA State Affairs Coordinator, at Mary@alaskapca.org or at [\(907\)727-8773](tel:9077278773) or Marilyn Kasmar, CEO, at [907.227.4104](tel:9072274104).

Thank you,

Mary Sullivan, MSW
APCA State Affairs Coordinator
Mary@alaskapca.org
[907-727-8773](tel:9077278773) (cell)
Sent from my iPhone

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE
and ALASKA MENTAL HEALTH BOARD

SEAN PARNELL, GOVERNOR
P.O. BOX 110608
431 N. Franklin Street, Suite 200
JUNEAU, ALASKA 99811-0608
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November 30, 2011

Deborah Erickson, Executive Director
Alaska Health Care Commission
3601 C Street, Suite 902
Anchorage, AK 99503

Re: Comment on Alaska Health Care Commission’s Draft 2011 Findings and Recommendations

Dear Ms. Erickson,

The Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse appreciate the opportunity to comment on the Alaska Health Care Commission’s 2011 Report. Since 2009, the Boards have fully participated to the extent possible in the Commission’s process. We have continued to provide support for the developing set of recommendations with the important message that *behavioral health is key to good overall health*.

The Alaska Health Care Commission’s Vision for the Transformation of Alaska’s Health Care System includes the statement “Good health, both physical and behavioral, is essential to all Alaskans’ ability to actively participate in and contribute to their families, schools, places of employment, and communities.” Yet, the Commission’s past work has inadequately addressed behavioral health’s role in overall health.

The Commission’s 2009 report contained very little about behavioral health beyond a few passing references such as:

- “Behavioral health occupations have a somewhat lower vacancy rate overall [compared with primary care, pharmacists, therapist, and certain nurse specialist positions], but made up the highest proportion of vacancies with 1,033 vacant positions in 2007.” (2009 Report at 22.) The 2009 Report included a few other similar statements about workforce needs and availability to support Alaskans’ behavioral health needs.
- “From the individual health care consumer’s perspective their behavioral health and long term care needs cannot be separated from their physical health needs. For that reason alone future health care planning and policy development efforts need to consider these other systems and services, and another important factor necessitating their inclusion is that behavioral health and long term care are significant cost drivers in the increasing cost of health care.” (2009 Report at 51.)

Because it lacked significant consideration of behavioral health's importance in overall health, the Alaska Health Care Commission's 2009 Report fell short of the holistic approach needed to meaningfully transform our system of health promotion and care. The Alaska Health Care Commission points out that this is due in part to the fact that, while other groups are focused on behavioral health and long-term care improvements, no group beyond the Commission is specifically charged with examining the overall health care delivery system. We were encouraged that the Commission concluded:

"Future work must not leave these sectors [behavioral health and long term care] out however. Recent plans, such as the Comprehensive Integrated Mental Health Plan and State Plan for Long Term Care Services, should be reviewed. If this or a future Commission wishes to foster innovation in transforming Alaska's health care system to better support a healthier Alaskan population they will need to coordinate with the behavioral health and long term care planning entities to ensure they are taking an integrated and holistic approach while not duplicating efforts." (2009 Report at 51.)

The law establishing the Alaska Health Care Commission was signed by the Governor on June 21, 2010. New commissioners were appointed and had their first meeting on October 14, 2010. The Commission's 2010 Report included an initial examination of some of the behavioral health system of care's workforce development needs and strategies, highlighted some initiatives to deliver behavioral health care in integrated settings with primary care, and touched upon the utilization of telebehavioral health. While we understood that the Commission had a short period of time to develop a 2010 Report, we were discouraged that the opportunity to develop recommendations for real system transformation based on a holistic approach to health promotion, disease and injury prevention, and effective treatment was lost.

During 2011, the Alaska Health Care Commission heard from policy experts on long term care in Alaska, from the Division of Behavioral Health on how behavioral health disorders affect Alaska's overall health and wellness, and from the Alaska Mental Health Trust Authority on workforce challenges compromising our ability to support the behavioral health and long term care needs of Alaskans. We commend commissioners and staff for this effort to learn more about the behavioral health system and the needs of Alaskans experiencing behavioral health disorders.

The 2011 draft report issued by the Alaska Health Care Commission refers to behavioral health – mostly continuing in the context of patient centered medical homes and integration of behavioral health and primary care – and also begins to include behavioral health more often when defining goals of recommendations. The draft report also includes a section on population-based prevention and behavioral health findings and recommendations. (2011 Draft Report at 28).

We recommend that the Commission clarify in its final findings and recommendations the difference between "behavioral health" and "health behaviors," as the distinction is not clear in the instant iteration. Behavioral health includes the promotion of good mental health and the prevention and treatment of substance abuse and/or mental illness. Healthy behaviors and behavioral risks to health include such things as diet and exercise, engaging in risky activities,

smoking, etc. While there may be underlying behavioral health – mental health and/or substance abuse – problems contributing to an individual’s health behaviors, it is important not to confuse the two.

We appreciate that the Commission’s findings touch on some of the biggest health challenges faced by Alaskans experiencing behavioral health disorders. These include a shorter lifespan for people with mental illness, hospitalization resulting from substance abuse and mental illness, violence, adverse childhood experiences and their lasting impact on long term health, binge alcohol use, and suicide. [We note that the draft report (at 28) indicates that the number of suicides in 2009 was 1140 – this should be corrected to state that the number of suicides in 2009 was 140.¹]

The two recommendations included in the draft report that specifically involve behavioral health focus on integrating behavioral health *with* primary care to improve access and health outcomes, and developing new payment methodologies for state-supported behavioral health services. The Boards strongly support integration of care to offer holistic, person-centered care for Alaskans. We cannot offer the same support to the cursory reference to developing a new methodology for payment for behavioral health service without specific reference to the factors involved in payment reform or the goals of the new methodology.

We stress that the behavioral health system of care in Alaska is not designed to address mild to moderate behavioral health problems, particularly for people with complex medical conditions. The publicly funded behavioral health system is limited to providing services to the most acutely in need. Likewise, the primary healthcare system of care in Alaska is not capable of providing ongoing chronic care management, particularly for people with serious behavioral health disorders. Among other failures, these systemic shortcomings contribute to the shortened lifespan for people with serious mental illness. On average, a man with serious mental illness will die at age 53.² Integrated care – both behavioral health care integrated within primary care settings and primary care within behavioral health care settings – can address both these gaps.

The potential benefits of providing appropriate integrated care include increased access to the care needed and a more holistic approach to achieving recovery. Integrated care solutions can help overcome the stigma that might otherwise prevent an individual from receiving care. It might help identify a problem early enough to increase the odds of a less expensive, quicker, longer-lasting recovery. Integrated care solutions can provide all of these benefits and more, if planned and implemented with due diligence. It could also potentially jeopardize a person’s health and well-being, produce an expectation of care that is unrealistic, and overburden a provider. The Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse have supported the idea of integrated care for several years. However, we are vigilant about ensuring that plans for integration include appropriate dedicated resources, provider and consumer participation, and standards designed to help ensure maximum benefit at minimal cost.

¹ Statewide Suicide Prevention Council. FY2010 Annual Report “Mending the Net: Suicide Prevention in Alaska.” (pg. 6). Available online at: http://www.hss.state.ak.us/suicideprevention/pdfs_sspc/2010SSPCAnnualReport.pdf

² Colton, C.W. and Manderscheid, R.W., Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Preventing Chronic Disease, April 2006.

The second recommendation, to “develop with input from health care providers new payment methodologies for state-supported behavioral health services,” does not appear to be directly related to any of the findings nor is it easily traced back to any of the meeting materials posted on the Commission’s website. (Draft Report at 28.) Further, it appears orphaned from the Payment Reform section. Without more detail, it is difficult to provide support for this specific recommendation.

The Boards generally agree with the findings and recommendations provided in Section 3, Payment Reform. We acknowledge that work needs to be done to develop payment methodologies to promote cost effective, quality outcomes in integrated care settings. Sweeping payment reform has already been initiated through the development of the *Behavioral Health Services Integrated Regulation* implemented December 1, 2011. We commend the Division of Behavioral Health on its incredible effort to ensure that provider and consumer perspectives were included in this process and look forward to continuing reform to help us achieve our objectives.

By statute, the Alaska Health Care Commission has been charged with fostering the development of a statewide plan to address the quality, accessibility, and availability of health care for all citizens of the state. As previous reports have pointed out, groups other than the Commission are currently engaged in similar strategic planning processes. In 2011, the Alaska Health Care Commission invited policy experts to present information to the Commission so that the Commission could then develop informed recommendations. The Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse recommend that the Alaska Health Care Commission continue to encourage targeted discussions with specific system transformation objectives that might advance the work of the Commission beyond the scope of its current process.

As always, the Alaska Mental Health Board and Advisory Board stand as ready partners to help promote an efficient and effective system of healthcare for all Alaskans.

Sincerely,



J. Kate Burkhart
Executive Director

cc: Dan Meddleton, Chair AMHB
Robert Coghill, Chair ABADA
Members, AMHB
Members, ABADA

Hospice of Anchorage

Caring for Families since 1980

December 2, 2011

Comments in response to the

DRAFT 2011 Findings & Recommendations of the Alaska Health Care Commission

End-of-Life Care

We were pleased to learn that the Alaska Health Care Commission has identified end-of-life care as a possible priority for 2012. We believe that learning how improving quality of services and patient choice in health care decisions at the end of life can improve the patient's and patient's family's experience and contain costs is critically important to understanding and improving health care and the health care system for Alaskans . We strongly urge the Commission to adopt End-of-Life care as a priority for study in 2012.

When I got to the hospital, Mom was slipping in and out of a coma. My brother came to meet me at the door to her room, put his arms around me, and together we went to stand by her bed. The doctor came in shortly; he told us Mom could die at any moment. Or, she could live for weeks. "You will have to make some decisions," he said, and left us.

I looked at my brother, hoping he knew what to do. He looked back at me, his eyes filled with confusion. We had no idea how to make good decisions in the middle of our fear and grief. Or even what kind of decisions we would need to make.

Medical advances have made it more difficult to know when someone is 'living with' or 'dying from' his or her chronic illness or advanced age. While life has a steady 100 % mortality rate — like most Americans, most Alaskans prefer not to think about, let alone talk about, death. The "I'll think about that tomorrow" approach by consumers and healthcare providers alike results in an inability to shift discussions from curative treatments to comfort and quality of life. This uncomfortable silence even extends to those diagnosed with a life-limiting illness when death is inevitable. The result is that dying is treated as yet another part of the illness to be battled, or a crisis to be managed, rather than a natural and meaningful part of human life.

This medicalization of expected death combined with the growing costs of health care and the increasing number of people over the age of 65 places a burden on the entire health system. Burdens of health care and its costs "contribute to a large and increasing share of US bankruptcies" (The American Journal of Medicine, June 4, 2009). Nearly one third of terminally ill patients with insurance use up most or all of their savings to cover uninsured medical expenses such as home care (<http://www.thirteen.org/bid/sb-howmuch.html>, retrieved 12/17/2010). Larger and larger percentages of public health care dollars are spent in the last year of life.

<p>Hospice of Anchorage is a 501(c)(3) Non-profit Agency</p>	<p>2612 East Northern Lights Boulevard · Anchorage, AK · 99508-4119 907.561.5322 phone info@hospiceofanchorage.org</p>	<p>907.561.0334 fax www.hospiceofanchorage.org</p>	 <p>United Way United Way of Anchorage</p>
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Our Mission: To help people meet the transition from life through death and to cope with loss and grief.

Page 2

Crisis management through the medicalization of expected death also results in an unacceptably low quality of life and care for many who are dying as well as for their family members. Charles F. vonGunten, MD, a respected palliative care physician, in the February 2011 issue of the Journal of Palliative Medicine went so far as to describe such interference in the normal process of dying as “medical torture ... medical care that causes suffering without benefit”.

What is the cost to Alaskans for the medicalization of death? During the past 30 years, the volunteers, board and staff of Hospice of Anchorage have seen the good, the bad and the ugly. The time is now. The Alaska Commission on Aging (2009) estimated that in the past ten years there has been a 49% growth of the population of those over sixty-five years of age and rapid growth in this age segment is expected to continue. We strongly urge the commission to act now by making End-of-Life care a priority for study in 2012.

Thank you for your time and commitment to improving health care for all Alaskans.

Donna Stephens, RN, MEd, FT

Executive Director

December 1, 2011

To: State of Alaska Health Care Commission

The Alaska Public Health Association (ALPHA) applauds the work of the Alaska Health Care Commission for its effort studying the status of healthcare within the state and the subsequent recommendations in the Transforming Health Care in Alaska 2011 document. The mission of the Alaska Public Health Association is the advancement of the public's health. We work to advance health through partnerships, advocacy, and education about issues that impact health. The Alaska Public Health Association is particularly pleased that the Commission's vision emphasizes prevention of illness and injury, as well as strategies related to health care access, cost, quality and prevention services.

In particular, ALPHA fully supports the recommendations outlining:

- Improving the health care experience of Alaskans through the promotion of patient-centered primary care systems
- Population-based prevention
- Integration of behavioral health services into primary care

The Alaska Public Health Association has the following suggestions for consideration in regards to Workforce Development, Obesity Prevention, and Population-based Prevention:

- Consider further strategies to increase the supply of disciplines beyond physicians, to include other providers of high quality primary care services, such as nurse practitioners and physician's assistants.
- Shortages of other health care disciplines add to the increased cost of services (e.g., ability to attract and retain pharmacists, nurses in multiple specialties including perioperative services). The coordination of efforts to train, recruit, and retain these professionals is important to a successful health care system in Alaska.
- ALPHA is pleased to see the recommendations around obesity prevention. We would also like to see additional emphasis placed on strategies to combat obesity at the community level to include the evaluation of the built environment and its impact on obesity. Studying and improving safe routes to schools, appropriate building design, and the availability of nutritional snacks at vending machines are examples of design elements that impact health.
- Further, the Health Care Commission might consider adding language to support further development of partnerships between schools, private groups, local government, and State government to address the obesity epidemic.
- Finally, in regards to population-based prevention, ALPHA recommends that the Commission consider including a standard definition of population-based prevention to help others understand the types of strategies that are used at a population level. Population-based practice should: include the broad determinants of health; emphasize all levels of prevention (primary, secondary, tertiary); and, include interventions that occur at the family, community and systems level as well as the individual level.

The Alaska Public Health Association looks forward to supporting future work by the Alaska Health Care Commission as it lays the groundwork for Transforming Health Care in Alaska. Thank you for your work to further the health of Alaskans, and for considering the comments of the Alaska Public Health Association.

Sincerely,

The Alaska Public Health Association, Board of Directors
Jennifer Meyer, President

Erickson, Deborah L (HSS)

From: Bonnie Nelson [b.nelson@alaska.com]
Sent: Friday, December 02, 2011 4:31 PM
To: Erickson, Deborah L (HSS)
Cc: Jim Gottstein
Attachments: 111130ABCNewsOnDruggingFosterChildren.pdf; ATT412639.htm;
 111201GAOStatement4SenateHearing.pdf; ATT412640.htm; 111201Ltr2SenBegich.pdf;
 ATT412641.htm; letter to Gov Palin from Jim Gottstein PsychRights.pdf; ATT412642.htm;
 DHSS Ltr to StateMedicaidDirectors 111123.pdf; ATT412643.htm

To: Deborah Erickson and Alaska Health Care Commissioners:

During the breaks of the Alaska Health Care Commission meeting of June 23-24, I personally spoke to most of the commissioners and gave them literature from the Law Project for Psychiatric Rights and requested that they invite Jim Gottstein to present to the Commission addressing the reforms needed in the delivery of Mental Health Care in Alaska. I spoke to most of the commissioners about the urgent need for more informed choice for drug-free alternatives for treatments and housing, the need for better legal assistance for consumers diagnosed with mental illness mission and the need for more and better pro-choice legal education for attorneys and judges.

I am very disappointed that he was not invited to give a presentation to the Commission and as a result I feel your draft 2011 report to the Governor Parnell and the Legislature ignores fraud, abuse and neglect regarding prescriptions and administrations of psychiatric drugs especially in our Foster Care and Nursing/Assisted living facilities, prisons and detention centers, in API as well as out patient care.

At least this tragic epidemic is now before a U.S. Senate subcommittee (the Federal Financial Management, Government Information, Federal Services, and International Security subcommittee) of which our Senator Mark Begich is a member. Here is the link to the video of the December 1st United States Senate subcommittee hearing and the ABC TV coverage of this national scandal involving the psychiatric drugging of foster children scandal. [ABC NEWS November 30, 2011 - Psych Drugs - Kids /](http://abcnews.com/November30/2011/PsychDrugsKids/)
http://hsgac.senate.gov/public/index.cfm?FuseAction=Hearings.Hearing&Hearing_ID=9fc194de-2a7c-4417-8f2b-6b90cadacede

I also selected 4 of the many attempts Jim has made to persuade policy makers to make the needed reforms rather than require expensive litigation, including Jim's letter to Senator Begich yesterday. <http://psychrights.org/> Instead of following Jim's leadership to improve mental health care for our most vulnerable Alaskans, our state has instead spent far more money to benefit the pharmaceutical corporations and health care providers that are not following evidence based best practices or honoring patient choice. We need an investigation to identify where there is fraud, waste and abuse within our Mental Health programs and also we need to invest more money for alternative non-drug alternative mental health treatments and housing so as to save far more money in the long term.

- (1) [United States Department of Health and Human Services letter to state Medicaid Directors regarding psychotropic drugs given to children and youth in foster care, November 23, 2011,](#)
- (2) [December 10, 2004, Letter to Sen. Dyson and Rep. Wilson calling for an investigation into the abuse of Alaska children in state custody by improper administration of psychiatric medications](#)
- (3) [February 4, 2008, letter to Governor Palin,](#) and
- (4) [Letter to U.S. Senator Begich on The Financial And Societal Costs Of Medicating America's Foster Children,](#) December 1, 2011

Additional correspondence between the Law Project for Psychiatric Rights and the State can be found at <http://psychrights.org/states/Alaska/PsychRightsvAlaska.htm#Attempts>

Because of the failure of the state courts to address the situation, Jim is now working on a federal civil rights case against the State of Alaska to end the horrific harm done to foster children in its care through the pervasive practice of using psychotropic drugs to stop unwanted behavior rather than deal with their understandable emotional needs with non-drug alternatives. This could be avoided if the state were to address this problem voluntarily.

Therefore, I urge the Health Care Commission to make reforming the coercive mental health system and ending the massively harmful psychiatric drugging of children their priorities in 2012.

Bonnie Nelson

PsychRights®

Law Project for
Psychiatric Rights, Inc.

December 1, 2011

Senator Mark Begich
United States Senate
111 Russell Senate Office Building
Washington, DC 20510

via Fax (202) 224 - 2354

Re: The Financial And Societal Costs Of Medicating
America's Foster Children

Dear Senator Begich: *Mark*

I would like to arrange a time to speak with you about the following at your earliest convenience.

As you know, I have been raising the alarm about the psychiatric drugging of children and youth on Medicaid for quite some time. In connection with that I have come to realize that most of it is not legally reimbursable. Further investigation has revealed that the Department of Health and Human Services (DHSS), and more particularly, the Centers for Medicare and Medicaid Services (CMS), is failing to enforce Congress's restriction of Medicaid drug coverage to medically accepted indications.

At this morning's hearing of the Subcommittee on Federal Financial Management on "The Financial And Societal Costs Of Medicating America's Foster Children," there was what I would describe as hand-wringing over how to deal with the problem. However, if CMS would enforce Congress's restriction of coverage for outpatient drugs to those that are for a medically accepted indication, the problem would be almost completely solved.

The DHSS representative, Bryan Samuels, testified that it has no authority to do anything but give the states guidance. This is not true. In 42 USC 1396R-8(k)(3), Congress prohibited reimbursement under Medicaid for any outpatient drugs "used for a medical indication which is not a medically accepted indication." 42 USC 1396R-8(k)(6) then provides:

The term "medically accepted indication" means any use for a covered outpatient drug which is approved under the Federal Food, Drug, and Cosmetic Act [21 U.S.C.A. § 301 et seq.], or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in subsection (g)(1)(B)(i) of this section. 42 USC 1396R-8(g)(1)(B)(i), in turn, designates the compendia as:

- (I) American Hospital Formulary Service Drug Information;
- (II) United States Pharmacopeia-Drug Information (or its successor publications); and
- (III) the DRUGDEX Information System.

As succinctly stated by the court in *US ex rel Rost v. Pfizer*, 253 F.R.D. 11, 13-14 (D.Mass. 2008):

Senator Mark Begich
December 1, 2011
Page 2

Medicaid can only pay for drugs that are used for a "medically accepted indication," meaning one that is either approved by the FDA or "supported by citations" in one of three drug compendia, including DRUGDEX. See 42 U.S.C. § 1396r8 (k)(3), (6); 42 U.S.C. § 1396r-8 (g)(1)(B)(I).

The Department of Justice agrees that prescriptions not for a medically accepted indication are not legally reimbursable under Medicaid and has extracted billions of dollars in settlements with drug companies under the False Claims Act for inducing doctors to write prescriptions for psychotropic drugs to children and youth that are not for a medically accepted indication.¹

Such recoveries from drug companies are completely ineffective because the doctors continue to prescribe these uncovered drugs. In the related context of the psychiatric drugging of the elderly in nursing homes, last May, the Inspector General of DHSS acknowledged this:

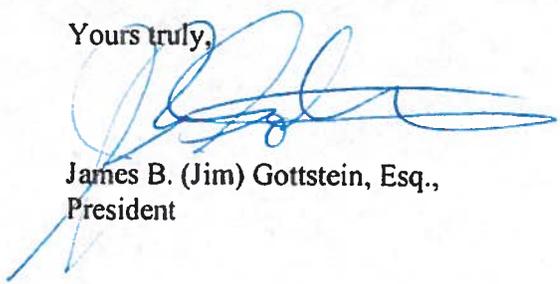
The drug companies have paid billions to resolve these civil and criminal liabilities under federal health and safety laws. But money can't make up for years of corporate campaigns that market drugs with questionable benefits and potentially deadly side effects. . . .

Doctors should base prescribing decisions on their best medical judgments, weighing scientific evidence and an especially careful analysis when they are prescribing drugs for off-label use.²

However, even if certain doctors continue to prescribe these drugs when they are not medically indicated, Medicaid should not continue to pay for them. In his Report, the Inspector General notes that CMS takes the position that it doesn't have the statutory authority to refuse to pay for drugs that Congress directed not be covered. This borders on the absurd.

There is more, which I would like to go over with you at your earliest convenience.

Yours truly,



James B. (Jim) Gottstein, Esq.,
President

¹ I can supply the following documents for this, but didn't want to make this fax too long: September 24, 2010, United States' Statement of Interest in *U.S. ex rel Polansky v. Pfizer, Inc.*, Case 1:04-cv-00704-ERK-ALC, USDC EDNY; September 2, 2009, Department of Justice News Release regarding settlement agreement in *United States of America ex rel Stefan Kruszewski et al., v. Pfizer, Inc.*, Case No. 07-CV-4106, USDC EDPA; Settlement Agreement in *United States ex rel Wetta v. Atrazenaca*, USDC EDPA, Case No. 04-3479, United States Complaint in Intervention and Settlement Agreement and Release in *United States ex rel Gobble v. Forest Laboratories*, USDC Mass, Case No. 03-10395-NMG.

² May 9, 2011, Statement accompanying May, 2011, Inspector General Report, "Medicare Atypical Antipsychotic Drug Claims For Elderly Nursing Home Residents."