

*Health Planning and Systems Development*

# August 2006 • Dear Reader



Karleen K. Jackson

As you read through this first annual report of the Health Planning and Systems Development Unit, you will quickly appreciate how integral its work is to the mission of the Department of Health and Social Services, “to promote and protect the health and well-being of Alaskans.”

Health Planning and Systems Development plays a lead role in health care planning and resource development throughout Alaska, and its small staff of 15 also create and nurture a system of collaboration among its numerous partners.

The Unit’s scope touches nearly every part of our state. From acting as a liaison between federal, state and private organizations in the area of rural telehealth services to working with individual communities to build sustainable health systems, Health Planning and Systems Development is a major player.

One of the Unit’s most vital services is workforce development, helping underserved communities recruit and retain health care professionals. Anyone who has ever traveled to Alaska’s remote villages can appreciate the lasting impact of this endeavor.

Please join me in congratulating the Health Planning and Systems Development staff for their dedication. The Unit’s daily work furthering its mission — assuring access to quality health care services — makes a significant difference in the lives of Alaskans.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karleen K. Jackson".

Karleen K. Jackson, Ph.D., Commissioner

Alaska Department of Health and Social Services



Patricia Carr

The Health Planning and Systems Development Unit is located in the Department of Health and Social Services Office of the Commissioner. To further the department’s goal of promoting and protecting the health and well-being of Alaskans, the Unit works to maximize federal funding, streamline services, strengthen service capabilities, and reduce duplication of services. One example of streamlining services accomplished this year was the promulgation of new Certificate of Need regulations. This was an intensive effort that included an extensive public process.

Activities to further the Department’s goal “to promote and protect the health and well-being of Alaskans” include ongoing work with communities and organizations to build capacity among health systems and assure access to quality health care services. The Unit’s partnerships with the Alaska Primary Care Association, the Alaska State Hospital and Nursing Home Association, the

Alaska Small Hospital Performance Improvement Network, the University of Alaska, the Denali Commission, the Alaska Native Tribal Health Consortium, and other tribal partners have been vital to our success. We continue to enjoy close and successful collaboration with the Health Resources and Services Administration, our primary federal partner. Our sincere thanks to the many talented people who work with us to improve health systems in Alaska.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Carr".

Patricia Carr, MPH, Director

Health Planning and Systems Development Unit

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# Who We Are and What We Do

**T**he Health Planning and Systems Development Unit is located within the Office of the Commissioner of Health and Social Services. The Unit's primary goal is to work with communities and organizations to ensure access to quality health care services. This is accomplished by coordinating programs that strengthen health care access with a focus on rural areas and underserved populations. The Unit also conducts statewide health planning to help sustain an organized and efficient health care delivery system.

The Unit houses a variety of different programs. To highlight just a few of its many roles: as the State Office of Rural Health, it strengthens Alaska's rural health infrastructure; as the Alaska Primary Care Office, it helps communities address issues related to access to care; as Alaska's Rural Hospital Flexibility Program, it helps sustain rural hospitals; through the Certificate of Need program, it promotes responsive health facility and service development while preventing duplicative development of facilities or services.

The Unit's work focuses on improving the health of Alaskans in four key areas: **health care delivery; workforce development; health care financing and reimbursement strategies; and facility planning.** Many Alaska agencies are also working hard to tackle these issues. While the Unit plays a supportive role, other organizations have direct responsibility for specific areas. The Unit's internal and external partnerships are vital to furthering these goals.



Girls share time together at the totem park in Klawock, Prince of Wales Island, in Southeastern Alaska.

Fifteen full-time staff members in two locations — Juneau and Anchorage — are working hard to coordinate and implement the work plans and functions of these programs, as well as handle both routine and ad hoc projects related to the issues of health care access, affordability, systems, performance, and unmet needs.

## Health care delivery

The Unit supports health care systems across Alaska in delivering effective and appropriate health care services. This is accomplished in a variety of ways — through health planning and data management, strengthening networks, disseminating information, and providing one-on-one technical assistance to hospitals and community health centers.

# Who We Are and What We Do

## Workforce development

Through workforce development programs, the Unit promotes access to primary care for all Alaskans, with an emphasis on underserved areas. The Unit works closely with the Health Resources and Services Administration's Bureau of Health Professions, Division of National Health Service Corps and the Division of Scholarships and Loan Repayments to link Alaska communities and clinicians. The Unit also supports national objectives by administering various incentive programs to clinicians and underserved communities and conducting workforce research.

## Health care financing and reimbursement strategies

With the cost of health care on the rise, the Unit encourages strategies that strengthen the financial health of the state's hospitals, clinics, Emergency Medical Services systems, and other safety net providers. The Certificate of Need Program encourages cost containment by limiting development of duplicative and unnecessary projects. The Certificate of Need program further assists in the development of continuum of care by limiting the growth of higher level, more intensive, and more costly care, and encouraging the growth of alternatives such as assisted living for seniors or lower levels of residential behavioral health care for youth.

## Facility planning

Health facility infrastructure development is a critical facet of quality care delivery. The State of Alaska has a vested interest in new health care construction projects

and equipment purchases to ensure that Alaskans are adequately served. With the large amount expended annually by the state on Medicaid, the Health Planning and Systems Development Unit promotes responsive health facility and service development, rational health planning, and health care cost containment. The Denali Commission is an important program partner with the state and the Unit in health facility planning and development. The Certificate of Need program assists local and regional planning efforts by assuring that state policies, statewide interconnections and national trends are taken into account in local planning and development of programs.



The False Pass Clinic is located on the Aleutian Chain. Many chain residents travel between islands on an Alaska State ferry, seen in the background to the left of the clinic.

# Year in Review

## Supporting Systems for Better Health Care Services Delivery

The Health Planning and Systems Development Unit supports health care systems across Alaska in delivering effective and appropriate health care services. This is accomplished in a variety of ways — through health planning and data management, strengthening networks, disseminating information, and providing one-on-one technical assistance to hospitals and community health centers.

In 2006, the Unit's **Rural Hospital Flexibility Program** facilitated the conversion of Samuel Simmonds Hospital in Barrow to critical access hospital status. The application is currently awaiting federal approval. Ketchikan General Hospital and South Peninsula Hospital are also working towards achieving critical access designation. Additionally, three Alaska hospitals (Seward, Petersburg, and South Peninsula) received Performance Improvement Assessments and related technical assistance.

The Unit provided **technical assistance to rural hospitals, Community Health Centers, and other safety net providers** by providing training opportunities, funding state/regional conference attendance, and intensive on-site technical support. These measures



The Dahl Memorial Clinic in Skagway is located in picturesque Southeastern Alaska, and is accessible only by water or air. A new building is being planned.

kept the most fragile health systems functioning through a challenging year.

***Moving Forward: Comprehensive Integrated Mental Health Plan*** was published in April, 2006. This five-year plan provides a way to assess the effects of the service system on the health, safety, economic security and quality of life of Alaska Mental Health Trust beneficiaries — those whose lives have been impacted by mental illness, alcoholism, developmental disabilities and dementias. *Moving Forward* brings together the planning work of the Department of Health and Social Services, the Alaska Mental Health Trust Authority, the Alaska Mental Health Board, the Governor's Council on Disabilities and Special Education, the Advisory Board on Alcoholism and Drug Abuse, the Alaska Commission on Aging, and other key stakeholders. For more information and updated research related to the plan, go to <http://hss.state.ak.us/commissioner/Healthplanning/movingforward>.

The Unit published a ***Directory of Alaska Health Care Sites*** in February 2006.

This directory lists primary care clinics, hospitals, nursing homes and public health centers in Alaska, by community, with indices by facility name and by management to help users locate related sites. To download this document, go to <http://www.hss.state.ak.us/directoryhealthcare>.

# Year in Review

## *Impact Through Collaboration — Health Care Services Delivery*

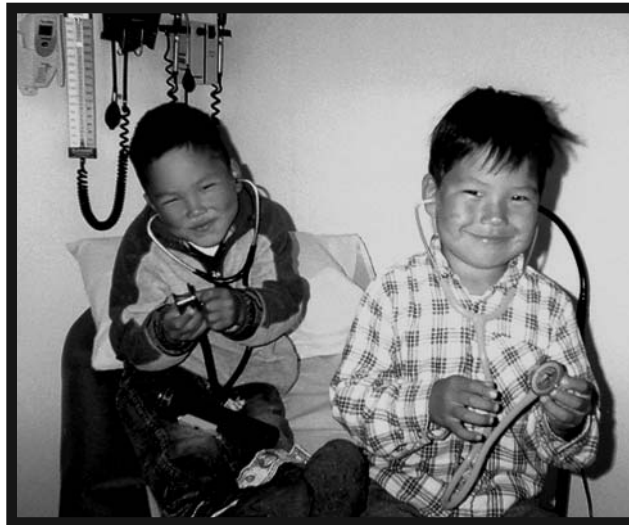
In 2006, the Unit's

### **Small Rural Hospital Improvement Grant**

**Program** provided a state grant to the Alaska State Hospital and Nursing Home Association for distribution to 11 hospitals in the Alaska State Hospital Performance Improvement Network, and seven sites outside of the

network. This fund helps hospitals pay for costs related to the implementation of prospective payment systems, comply with provisions of the Health Insurance Portability and Accountability Act of 1996, and reduce medical errors and support quality improvement. A major initiative for the Alaska State Hospital Performance Improvement Network has been the development of teleradiology with some of their member hospitals.

The Unit continues to work as a liaison between the Department of Health and Social Services and federal, state, and private organizations advocating for the **development and sustainability of telehealth** services throughout Alaska. The Unit has been engaged in coordinating efforts to strengthen statewide health information exchange initiatives and partnerships, and in providing technical assistance to communities. The Unit's telehealth liaison assisted the Alaska Telehealth Advisory Council in developing the Alaska Regional Health



Anthony Mark Shangin and Tom Nick Guy Tcherivanoff visit the Anesia Kudrun Clinic in Akutan on the Aleutian Chain.

Information Organization, and in securing an award from the Agency for Healthcare Research and Quality/Research Triangle Institute for assessing privacy and security issues and business practices associated with health information exchange. The Unit also participated in the Alaska Electronic Health Record Alliance, a newly established group

of physicians dedicated to promoting and assisting small physician practices in electronic health records adoption. The Unit also partners with the Alaska Psychiatric Institute in an ongoing effort to enlarge availability of telepsychiatric services throughout the state.

Unit staff co-chaired the planning and participated as speakers in the biannual 2006 **Alaska Rural Health Conference**. The conference was a resounding success, with approximately 250 health care professionals attending the three-day conference.

2006 was an exciting year for the **Anchorage Access to Health Care Coalition**, an independent coalition of organizations, agencies and individuals who care for the medically underserved in the Municipality of Anchorage. The Unit was a major player in the development of this coalition and provided funding for the further development and operation of Anchorage Project Access.

# Year in Review



Four-wheeler all terrain vehicles line up at the Alaska Marine Highway terminal in Cold Bay, on the Aleutian Chain. Cold Bay is accessible by air and water.

Project Access is a volunteer network of physicians providing medical care to low-income and uninsured individuals in the Anchorage area. The network began seeing patients in January 2006. For more information, see [www.anchorageprojectaccess.org](http://www.anchorageprojectaccess.org).

The Unit's commitment to strengthen networks among Alaska health care organizations is evidenced in many ways. The Unit participated in chronic disease and homelessness policy academies, and successfully compiled displays and presentations on key topics at multiple conferences. The Homelessness Ends in Alaska policy academy resulted in a report titled *Healthcare Access for the Homeless in Alaska*. Unit staff also participated on the Disparities in Tobacco Use Strategic Planning Workgroup. A strategic planning document aimed at reducing and/or eliminating these disparities and their consequences will be completed by spring 2007.

## Improving Access to Care through Workforce Development

Through workforce development programs, the Health Planning and Systems Development Unit promotes access to primary care for all Alaskans, with an emphasis on underserved areas. The Unit works closely with the Health Resources and Services Administration's Bureau of Health Professions, Division of National Health Service Corps and the Division of Scholarships and Loan Repayments to link Alaska communities and clinicians. The Unit also supports national objectives by administering various incentive programs to clinicians and underserved communities and conducting workforce research.

Providing rotation opportunities is an integral factor in recruitment and retention of health workers for Alaska's many rural, village and underserved communities.

**National Health Service Corps** Scholars are new physicians, dentists, nurses and other health professionals who received scholarships through the program in exchange for a three- to four-year obligatory placement in a rural community. In 2006, there were 10 National Health Service Corps scholars working throughout the state in nine locations. Separately, the National Health Service Corps Loan Repayment Program forgives student loans in exchange for work in a rural location. Twenty-one health care workers, including those in behavioral health, had the support of this program in 2006, working in 13 locations throughout the state.



# Year in Review

The **National Health Service Corps Student/Resident Experiences and Rotations in Community Health: Alaskan Exposure Program** is an internship program for students and residents pursuing primary care, dental and behavioral health professions. The Unit placed 38 Exposure Program students in 26 communities in 2006. A new pilot project was designed in partnership with the University of Washington School of Dentistry which placed first-year dental students in rural and remote areas and plans to place the same students in the same location their last year of school. Financial assistance was shared with 10 communities to help with housing of the Alaska Exposure students and residents.

The State Office of Rural Health grant supported Alaska's participation in the National Rural Recruitment and Retention Network, also called **3RNet**, which provides a recruitment service Web site. This online tool is a no-cost way for rural and remote clinics to post open positions. As of June 2006, 77 Alaska health care positions were posted on this site.

Supporting the primary care needs of Alaskans, three **J-1 Visa Waiver** physicians have been placed in 2006. J-1 physicians, also known as Foreign Medical Graduates or International Medical Graduates, are non-U.S. resident physicians who have sought and received a J-1 exchange

visa, allowing them to become educated in the United States and practice in a needed area of the state.

The Unit's **Community Health Aide Training and Supervision Grant Program** funds 16 Community Health Aide/Practitioner Programs for the training and supervision of Community Health Aides/Practitioners who provide primary health care services in 149 rural communities throughout the state. In 2006, state grants totaling \$1.7 million were awarded, allowing approximately 394 health aides to attend four-week session trainings at Community Health Aide/Practitioner Program Training Centers in Anchorage, Bethel, Nome

and Sitka, and regional Emergency Trauma Technician/Emergency Medical Technician trainings and continuing medical education classes. Unit staff also served on the Community Health Aide Certification Board and participated in the Community Health Aide Program Director's Association throughout 2006.

Most Alaska health care facilities serving underserved

populations depend on designation as a **Health Professional Shortage Area** to obtain the benefits of National Health Service Corps scholarship and loan repayment programs, which help recruit staff for their facilities.



National Health Service Corps: *Alaskan Exposure* student Amy Hayes works with patients at Dahl Memorial Clinic in Skagway, Alaska.

# Year in Review

Medically Underserved Area or Medically Underserved Population designations are needed for communities to apply for funding for establishing a community health center. Many federal programs use the shortage designations to determine eligibility or preference for program funding. The Unit conducts research to support these shortage designations, and submits the requests for designations. Geographic Health Professional Shortage Area designation results in the opportunity for a 10 percent bonus payment for primary care physicians through Medicare. In 2006, 25 Health Professional Shortage Areas were updated, one new designation was approved, and two areas were determined no longer to be “underserved” according to the Health Professional Shortage Area criteria.



National Health Service Corps: *Alaskan Exposure* student David DeVitre and Dr. Weaver prepare for a medical procedure at the Camai Community Health Center in Naknek, Alaska.

2005 and August 2006. The report will be available for download at <http://www.hss.state.ak.us/commissioner/PhysicianSupply.htm>.

The Unit funded the University of Alaska in a study titled *Status of Recruitment Resources and Strategies II 2005-2006* examining the costs and strategies to recruit physicians, nurses,

midlevel practitioners, dental providers, and behavioral health providers. The study included all rural Alaska health care facilities and some urban facilities, and was led by a statewide advisory group that provided guidance throughout the process. The report is available for download at <http://www.hss.state.ak.us/commissioner/Healthplanning/publications>.

## *Impact Through Collaboration — Workforce Development*

The Unit provided staff support for the **Physician Supply Task Force** to study the factors affecting physician supply in Alaska, and to make recommendations for securing an adequate supply over the next two decades. The Task Force, appointed by University of Alaska President Mark Hamilton and Department of Health and Social Services Commissioner Karleen Jackson, met between December

# Year in Review

## Supporting Strategies for Health Care Financing and Reimbursement

With the cost of health care on the rise, the Health Planning and Systems Development Unit encourages strategies that strengthen the financial health of the state's hospitals, clinics, Emergency Medical Systems and other safety net providers. The Certificate of Need program encourages cost containment by limiting development of duplicative and unnecessary projects. The program assists in the development of continuum of care by limiting the growth of higher level, more intensive, and more costly care and encouraging the growth of alternatives such as assisted living for seniors or lower levels of residential behavioral health care for youth. More information on the Certificate of Need program is provided in the Supporting Facility Planning section.

The need to provide extended stay services is an unavoidable reality for all remote frontier areas of Alaska, where weather, terrain, and distance can prevent patient transport to an acute care hospital. However, extended stay services are not currently reimbursed by Medicare, Medicaid or other third-party payers. The Health Resources and Services Administration funded the Unit to explore policy issues, and propose licensing and survey procedures for **Frontier**

**Extended Stay Clinics.** The Unit completed draft licensing regulations for public comment, which closed on April 3, 2006. Edits were made to the draft based on comments received and the licensing regulations were submitted to the Department of Law for final review on May 30, 2006. Following their review, the regulations will go to the Lieutenant Governor for signature. Additionally, the Unit received a grant from the Health Resources and Services Administration to develop draft Medicaid reimbursement methodologies for potential Frontier Extended Stay Clinic sites. This work is expected to be completed by June 2007.

Effective Sept. 1, 2005, the Unit was a successful grantee for the Health Resources and Services Administration's **State Planning Grant**. This grant is provided to fund research to examine the issue related to lack of affordable health insurance. The grant will support an extensive data collection effort in order to develop a comprehensive understanding of the scope of this problem and identify potential strategies to correct it.

### *The State Planning Grant will examine the issue related to lack of affordable insurance.*

A household survey was implemented to obtain detailed data on household members' health care coverage. An employer survey will be funded to learn more about the availability and usage of employee health benefits. Focus groups with groups at risk of being uninsured, and key informant interviews with employers, insurers, and advocates for the uninsured

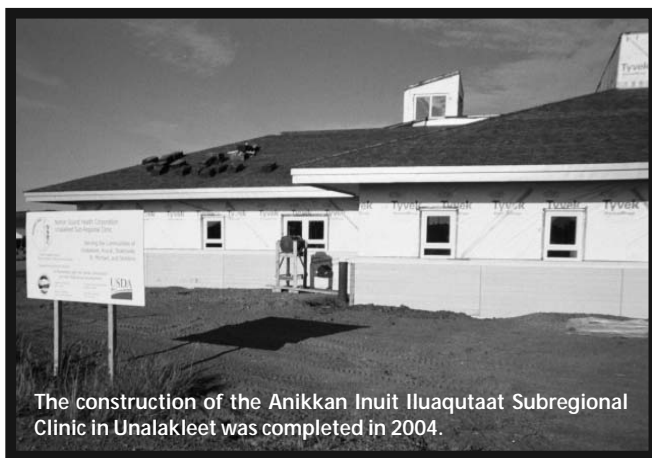
# Year in Review

are planned. Statewide forums on needs and potential solutions are included in the grant-supported activities.

The Unit facilitated a **Medicare Cost Report Training** for Alaska health facilities in August 2005. Over 40 participants attended this four-day training for hospitals, Rural Health Clinics, and Federally Qualified Health Centers.

## *Impact Through Collaboration — Health Care Financing*

Separate from the licensing and reimbursement efforts described above, the Health Resources and Services Administration initiated a demonstration program led by the SouthEast Alaska Regional Health Consortium to demonstrate the viability of the **Frontier Extended Stay Clinic** as a new model of health delivery. Unit staff continued to support this effort in 2006 through participation in steering committee meetings.



The construction of the Anikkan Inuit Iluuqutaat Subregional Clinic in Unalakleet was completed in 2004.

## Supporting Facility Planning

Health facility infrastructure development is a critical facet of quality care delivery. The State of Alaska has a vested interest in new health care construction projects and equipment purchases to ensure that Alaskans are adequately served. With the large amount expended annually by the state on Medicaid, the Health Planning and Systems Development Unit promotes responsive health facility and service development, rational health planning, and health care cost containment. The Denali Commission is an important program partner with the state and the Unit in health facility planning and development. The Certificate of Need program assists local and regional planning efforts by assuring that state policies, statewide interconnections and national trends are taken into account in local planning and development of programs.

The **Certificate of Need Program** is a review process used to ensure that new and expanded services are of the highest quality, accessible, and provided in the most cost-effective manner. The Certificate of Need program also seeks to provide a means for public involvement in the development of health services. In 2006, the Unit received a total of 16 Certificate of Need applications. Four applications were approved, four were denied, four were withdrawn and four were in the process of being reviewed. One application that was denied is in the process of appeal. Two applications that were denied submitted additional information and one was approved.

# Year in Review

Approved projects include a 60-bed residential psychiatric treatment center in Anchorage; a 44-bed residential psychiatric treatment center in Fairbanks; a 60-bed long-term acute care hospital in Anchorage; and expansion of the hospital emergency room in Fairbanks.

In addition to the regular activity in fiscal year 2006, the Certificate of Need program finished a revamping of regulations, application packet and review standards (developed with significant public comments); updated the Certificate of Need Web site; and developed a health care data system to be used both in the development of applications and the review process. .

## *Impact Through Collaboration — Facility Planning*

The Unit continued working in partnership with the **Denali Commission's Health Facility Program** to review business plan applications for new health facilities, and provide technical assistance to primary care clinic and rural hospital applicants. The Unit led the effort in the modification of the primary care business plan template

to develop the new behavioral health facility application.

Unit staff worked with the Division of Behavioral Health on statewide and regional needs assessment methodology to support the Department's Bring The Kids Home initiative. The progress of this initiative was demonstrated through data presented in the Comprehensive Integrated Mental Health Plan, which will be updated each year by the Unit. To view the plan, go to <http://hss.state.ak.us/commissioner/Healthplanning/movingforward>.

Although federal funds for new Community Health Centers have been very limited this year, Unit staff worked with a dozen communities on approaches to community-based planning to improve local facilities and services. Analysis of the uniform data sets submitted by existing community health centers is enabling the Unit to evaluate the impact of the Health Resources and Services Administration's community health center funding on access to care measures in the state.

## Sources of Financial Support

### **State of Alaska**

- State General Fund
- Medicaid Support for Telehealth Liaison
- University of Alaska (Physician Supply Task Force)

### **Health Resources and Services Administration:**

#### **Office Rural Health Policy**

- Frontier Extended Stay Clinic
- Rural Hospital Flexibility Grant
- Small Hospital Improvement Program
- State Office of Rural Health

### **Health Resources and Services Administration:**

#### **Bureau of Health Professions**

- National Health Service Corps Student/Resident Experiences and Rotations in Community Health: Alaskan Exposure
- Primary Care Office

### **Health Resources and Services Administration:**

#### **Healthcare Systems Bureau**

- State Health Planning Grant

### **Other**

- Alaska Mental Health Trust Authority
- Certificate of Need Program Fees

# Future Direction

**F**iscal year 2006 brought many new developments for the Health Planning and Systems Development Unit. The work completed in fiscal year 2006 will be publicized and disseminated in fiscal year 2007. This will include the Physician Supply Task Force Report; the Comprehensive Integrated Mental Health Plan updates; the Status of Recruitment Resources and Strategies II Report; and database of service utilization compiled by the Certificate of Need program.

Data collection on the scope of the uninsured population and discussions of recommendations for the State Planning Grant will be underway in 2007. To download the Unit's publications, go to

<http://www.hss.state.ak.us/commissioner/Healthplanning/publications>.

It is anticipated that 2007 will bring advancements in the area of health care financing. The Centers for Medicaid and Medicare Services announced its demonstration project for Medicare reimbursement of Frontier Extended Stay Clinic services on Aug. 25, 2006. Additionally, the Unit received Health Resources and Services Administration funding to develop draft Medicaid reimbursement methodologies for potential Frontier Extended Stay Clinic sites. It is also expected that State Frontier Extended Stay Clinic licensure regulations will be finalized in the near future. The Unit will continue to

work to leverage resources for Alaska agencies and assist organizations to maximize their own revenue sources through grants, technical assistance and reimbursement opportunities.

In May 2007, Alaska will be welcoming representatives from all over rural America to the state, as the National Rural Health Association hosts its annual conference in Anchorage. Unit staff have been working alongside partner agencies to plan day trips to rural Alaska

communities for conference participants.

The world of health care has become increasingly aware of care as a full continuum, ranging from prevention to acute care. The Unit is also mindful

that a robust health care system begins with a strong commitment to prevention.

The importance of the health care sector to the economy of communities is another reason to ensure these systems are viable. In the midst of the challenges presented by Alaska's vastness, geographical barriers, and a complex, multifaceted health system, the Unit continues to address the problems of health care workforce shortage, guide the process of sustainable facility development, and find solutions for financing health care. The task is large, but new and innovative strategies are being pursued with optimism. The people of the Alaska deserve the very best possible health care system.

*The world of health care has become increasingly aware of care as a full continuum, ranging from prevention to acute care.*

# Health Planning and Systems Development Staff

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LEFT: Juneau staff, from left, Pat Carr, David Pierce, Alice Rarig, Karena Perry, Brenda Knapp, Mark Millard, Jean Findley, Richard Bloomquist, Stephanie Walden and Nancy Barros.



RIGHT: Pat Carr, left front, is shown with the Anchorage staff. To Carr's left are Mariko Selle, Joyce Hughes, Marti Thornton, in front row. In back, left to right, are George Ives and Noel Rea.

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