

MAXIMIZING ACCESS

State Capitol, Juneau Host Site

March 5, 2008

Alaska is a large state with a widely dispersed population. Ensuring that Alaskans across the state have access to high-quality health care is essential for maintaining our public health. The challenge is great in health services that help the underinsured, uninsured and rural Alaska. Many health organizations have capitalized on advances in technology, making use of available tools such as the telephone and tapping into state-of-the-art communications networks with the Alaska Tribal Health Consortium's Alaska Federal Health Care Access Network (AFHCAN) telemedicine cart. The March Health Caucus heard testimony from four health professionals on ways that Alaska's modern health care system is using technology to strengthen Alaskan health.

Presenters:

Chris Patricoski, MD FAAFP,
Clinical Director of Telehealth,
AFHCAN, Alaska Native Tribal
Health Consortium

**Chris Urata, UAA Assistant
Professor of Nursing**

**Marianne Stillner, Department
Head of the Health Sciences
Program at UAS in Juneau**

**Michele Brown, President and
CEO of United Way of
Anchorage**



Telemedicine in Alaska

Chris Patricoski, MD FAAFP

75% of Alaskan communities do not connect by road to a hospital. Alaska ranks 48th in the nation in terms of doctor-to-residents ratio. With this large segment of the population cut off from a relatively small corps of doctors, many rural Alaskan health professionals have increasingly come to rely on telemedicine. The Alaska Federal Health Care Access Network (AFHCAN) is a telehealth system composed of 248 sites [See map on page 15 of site locations.] across the state. A total of 43 federal beneficiary organizations participate in the network, including native and tribal groups, veteran and the military providers, and the State of Alaska.

There are three typical types of telemedicine: teleradiology, videoconferencing, and store-and-forward electric consultation. The most widely used in Alaska is store-and-forward, which has the advantage of low-bandwidth requirements and flexible response, as doctors can perform consultations to stored requests on their own schedule. Store-and-forward has been specifically designed to enhance primary care access. Videoconferencing capacity is in the process of being dramatically expanded, with the current 100 endpoints planned to increase to more than 400.

In order to accomplish these tasks in remote areas of Alaska, Alaska Native Tribal Health Consortium's AFHCAN has designed and deployed sophisticated telehealth packages across the state. The challenges of Alaska put us on the cutting edge for

distance-delivery tools; AFCHAN telehealth carts have been in operation for 8 years and are consistently being refined. The US Coast Guard has embraced this technology perfected in Alaska as a tool for its ships the world over. Across Alaska, more than 300 AFHCAN carts have been deployed to over 200 sites.

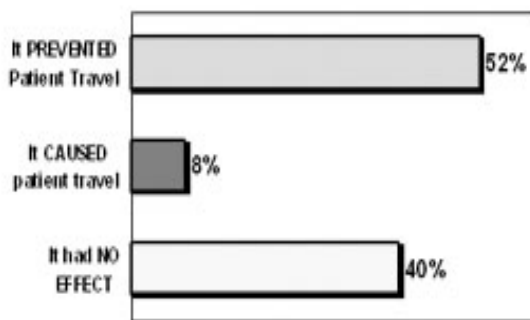
Telehealth in Action

Telehealth consultation is primarily used when a remote health care provider is uncertain about diagnosis, treatment, or possible complications in a patient’s case. The system allows providers to tap into a statewide network of medical professionals. The quality of service is greatly increased while allowing many patients to stay in their home community with families and support systems available. Costs to the health system and the individual are greatly reduced with this service.

With telemedicine practices, surgery has become much less of an expensive ordeal for villagers. Simple procedures can be accomplished without the patient having to leave the community. Telehealth post-surgical monitoring and follow-up can continue and this means that when travel is necessary, they can return home much earlier.

“Initially, we anticipated a savings on travel in 5-10% of our cases. But physicians report that telehealth saves travel more than 40% of the time. Extrapolated to 10,000 annual cases, this results in travel savings exceeding \$1 million and likely much more.”

With these substantial benefits and savings, AFHCAN is consistently pushing the limits of telemedicine. Highly portable platforms are the next generation, which will allow providers to capture data in the homes of patients



AFHCAN telehealth works to curb costs.

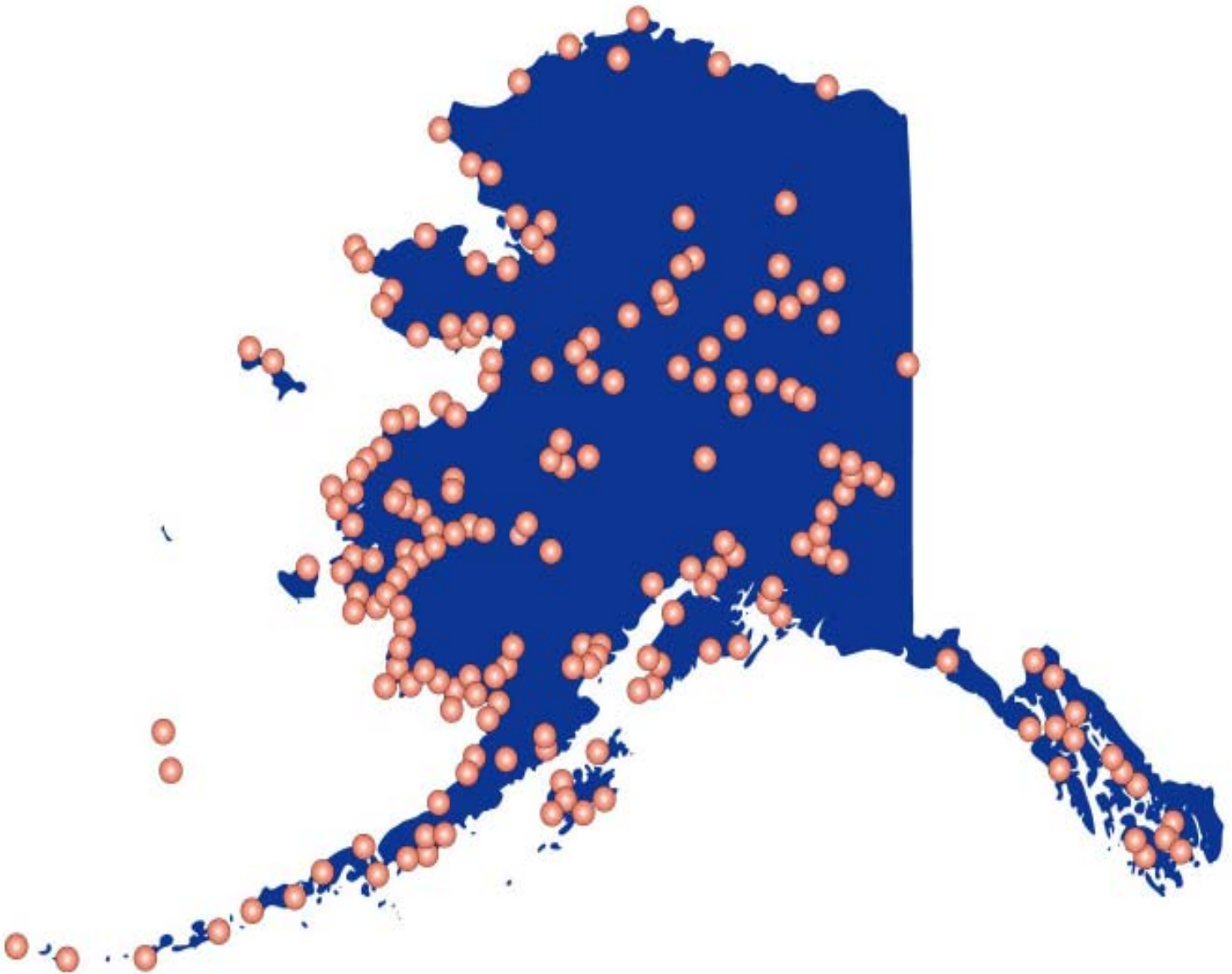
“Telehealth referrals are, if anything, more accurate in predicting both the time spent in surgery and also the procedure. Statistically, it was found that telehealth is no different than an in-person exam in predicting the procedure and operating time.”

Ear disease symptoms account for 10-15% of Alaskan village encounters. When telehealth was first implemented, Ear, Nose and Throat (ENT) Specialty Clinics were backlogged 12-15 months. Within two years, telehealth had eliminated backlog and created open slots.

AFHCAN Sites Across Alaska



The Alaska Federal Health Care Access Network (AFHCAN) is a telehealth system composed of 248 sites with over 300 telemedicine carts.



Distance Health Training Through Technology

Marianne Stillner, Department Head of the Health Sciences Program at UAS in Juneau told the Health Caucus forum about the UAS Community Wellness Advocacy (CWA) program partners with Southeast Alaska Rural Health Center. They train community members employed by tribal health groups across the state. Many community events are also arranged and designed to promote injury prevention practices. Sitka is responsible for distance delivery in Southeast Alaska. CWA students complete an on-location core course training session and then return to their communities. Over the course of the program, the students receive continued instruction via audio teleconferencing and real-time interactive Eluminate Live.

Another successful program has been the Certified Nurse Aide. By means of distance delivered training, rural communities statewide have gained personal care providers. The program also uses local clinical sites, making local arrangements in health facilities for student training.

Chris Urata, UAA Assistant Professor of Nursing

The University of Alaska system offers three levels of nurse training statewide: Associates of Applied Science (AAS), Access to RN to BSN program, and a Masters degree in Nursing. In the 1990's groups in Alaska recognized that we would be facing a nursing shortage. The two year AAS Nurse training program has incorporated a dynamic distance learning program, allowing twelve sites across Alaska to participate.

“Once they get their RN then they can access the RN to BSN program...that’s available statewide as well...also you can get your Master’s Degree in Nursing with distance education.”

Training is accomplished by weekly polycom videoconference classes and internet applications such as Blackboard discussion.

“Just from Juneau alone we’ve graduated 17 nurses...we’ve more than doubled the number of nurses in the state with this program,” said Chris Urata.

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-Chris Urata



By means of distance delivered training, rural communities statewide have gained personal care providers



Students meet in different communities, linked by a computer, or in a clinic -- by a telemedicine cart screen. They can keep their training current in the same timeline as those at the University.

.Michele Brown, President and CEO of United Way of Anchorage introduced an expanding and needed program, saying, “Far too many Alaskans go without necessary services because they just don’t know how to get that help.”

Just as calling 911 is a reflex for emergency services and 4-1-1 provides directory support, Alaska 2-1-1 has been developed to connect people to community health and social service resources. Citizens in need of help can now call 2-1-1 during office hours to connect with information and referral specialists able to quickly put them in contact with the appropriate organization for addressing their issues. This streamlines the vast and confusing number of organizations into one referral network. It also functions as a reliable resource for public officials, where they may refer constituents.

Michelle Brown explained that they get an incredible amount of information from analyzing the data collected. That data is shared with those who call. In addition, the results of data analysis helps them track needs, identify gaps, improve service delivery, and spot emerging trends. For funders, that’s extremely important because that knowledge drives collaboration for better services. Facilitating funding leverage helps build a strong foundation and can make sure the resulting financing is allocated properly. In addition, what they learn is an excellent planning tool for everyone involved with 2-1-1. This number can also be called in the evenings, weekends and holidays and the caller can leave a message. The call will be returned with help on the range of services offered. The course of 2-1-1 hours of operation will increase as program growth and use continues.

In disasters, 2-1-1 can take much of the burden off 9-1-1, allowing police and fire resources to be devoted to life and death situations. The Anchorage 2-1-1 call center is located in the Anchorage City Emergency Operations Center, situating it for a role in disaster response.



“Far too many Alaskans go without necessary services because they just don’t know how to get that help.” - Michele Brown

