

Alaska Native Tribal Health Consortium

4000 Ambassador Drive
Anchorage, Alaska 99508
(907) 729-1900

Organizational Profile 2007



ORGANIZATIONAL PROFILE

P.1 Organizational Description

The Alaska Native Tribal Health Consortium (ANTHC) was formed in December 1997 when statewide health programs and services that were a function of the U.S. government’s Indian Health Service agency were transferred from federal ownership and control to a new set of owner-customers, the Natives of Alaska. Under federal law, all Alaska Natives are simultaneously both the owners and the customers of the Consortium, with their interests represented through their tribal governments and regional nonprofit organizations, whose representatives comprise the ANTHC Board of Directors. The transfer of ownership marked a paradigm shift in thinking about Native health services, as visionary tribal leaders set a bold new direction: a statewide unified Native health system that seeks to achieve the ‘highest health status in the world’ for Alaska Native people.

Today, from a home base in Anchorage, a city of 260,000 in south-central Alaska, ANTHC, America’s largest and most comprehensive Native-owned health services organization, serves 130,682 Alaska Natives statewide, representing 231 federally recognized tribes. ANTHC is at the center of the Alaska Tribal Health System (ATHS), a statewide collaborative network of over 30 different tribally-operated regional hospitals, village-based clinics, and community health programs. Together, we work to promote Native self-determination, quality health services, and wellness. ANTHC’s range of services—provided across Alaska’s vast distances—includes specialty medical care, community health services, and construction of clean water and sanitation facilities, along with a broad range of health system support programs to help our partner organizations successfully serve their communities. Doing so requires organization, cooperation, agility, and a great deal of creative problem-solving. Among our many innovative approaches to the provision and continual improvement of health care services to our people are:

- A statewide telemedicine network ;
- The Alaska Federal Health Care Partnership;
- A one-of-a-kind Dental Health Aide Program;
- Magnet status for our nursing program;
- The Safe Water/Safe Communities Initiative;
- Our Tobacco Free Campus;
- A Native Leadership Development Program
- An ‘Innovation Fund’ to encourage creative thinking for problem-solving.

P.1a Organizational Environment

ANTHC’s service area is substantial—roughly one-fifth the size of the entire lower 48 states—with more than half of Alaska Natives living in small, scattered communities with limited access to basic health services (Figure P.1-1).

ANTHC embodies a broad, diverse and in many ways unique array of health-related services, focused on the achievement of its vision and aligned through an emphasis on personal

Figure P.1.1

THE ALASKA NATIVE HEALTH CARE SYSTEM REFERRAL PATTERN
Same Scale Comparison - Alaska Area to Lower 48 States



responsibility, partnership, unity and quality. This is articulated in the four Strategic Themes that underlie the ANTHC organizational strategy, as shown in Fig. P.1-2.

Figure P.1-2: Strategic Themes and Objectives

Strategic Theme	Overarching Objectives
Working with Our Partners	Develop and enhance collaboration with health and funding agencies
Working with Our People	Promote the use of ANTHC services by Native beneficiaries; Build capacity for Native health professional development
Unified Native Health System	Strengthen the Alaska Tribal Health System (ATHS)
Highest Quality Health Services	Improve clinical outcomes; Reduce rates of preventable disease and illness

P.1a(1) Main health Services and Delivery Mechanisms

In support of its vision to ensure that “Alaska Natives are the healthiest people in the world,” ANTHC continually assesses the needs of Alaska Natives and designs, delivers, coordinates, and aligns health-related services, ranging from small village clinics to large-scale community health improvement projects to the most complex types of specialty medical care (Figure P.1-3).

Direct services are provided through three primary Divisions of the organization: the Alaska Native Medical Center (ANMC), the Division of Environmental Health and Engineering (DEHE), and the Division of Community Health Services (DCHS). Support services are provided internally and externally through Consortium Business and Support Services (CBSS), which includes administration, financial management, human resources management, information technology management, strategic planning and networking, risk management and corporate compliance, procurement, property management, a regional supply service center, public relations and communications, and the management of legal and intergovernmental affairs.

ChartLink Alaska, a statewide Regional Health Information Organization. Partners under contract include NANA Management (food services and housekeeping), a tribally-owned and operated business, and Kelly Services for temporary staff.

P.2 Organizational Challenges
P.2a Competitive Environment

P.2a(1) Competitive Position

ANMC is dedicated to being the hospital of choice for all Alaska Native people. In 2006, it experienced continual significant growth in multiple service areas (Figure P.2-1).

Figure P.2-1: ANMC Growth in 2006

Service	Number	Increase over 2005
Clinic visits	386,938	7,160 (1.89%)
Inpatient admissions	6,454	936 (16.96%)
Newborn deliveries	1,405	88 (6.84%)
Surgical procedures	11,380	374 (3.4%)

While ANMC competes for Native patients with Anchorage hospitals and with other community hospitals elsewhere in the State, we also collaborate with these entities, when appropriate, to provide the highest, timely quality care to our customers. Comparing the other hospitals to ANMC, Providence Alaska Medical Center offers comparable inpatient services; its advantages are cardiac surgery, neonatal ICU, burn unit, dialysis unit, rehab unit, and inpatient psychiatry; but its disadvantages are cost and co-pay for Native patients and the absence of cultural competency. Alaska Regional Hospital also offers comparable inpatient services, with the advantages of cardiac surgery, neonatal ICU, and a rehab unit, with the same disadvantages as Providence. Other community hospitals, outside of Anchorage, along with public and private sector agencies which provide competition for DEHE, HIT and CHS, generally do not offer comparable services, and are disadvantaged due primarily to cost, expertise, and the absence of cultural competency.

P.2a(2) Key Success Factors

Three principal factors account for ANTHC’s success relative to competitors, and these are particularly important for ANMC:

- Cultural competency: ANTHC is customer-owned. The mission, vision, and values reflect Native values and aspirations. Some service providers are Alaska Natives and as such provide a sense of community and trust.
- Reputation: There is a growing recognition of the organization’s capabilities. Specialists are available on site.
- Low to no cost: Alaska Natives are not required to pay for most services provided by ANTHC.
- ‘Cradle to grave care’ for every Alaska Native.
- Broad range of involvement at the community level throughout the state of Alaska.

A change in the environment that may affect the competitive position of ANMC is growth in the urban beneficiary

population in the Anchorage area without a corresponding increase in funding/reimbursement, facilities, or necessary providers.

P.2a(3) Comparative Data Sources

Available sources of health care comparative data include: NRC Picker Group, ORYX, JCAHO, ASHNHA, State DPH, NDCHS, CDC, Indian Health Service, Registries-Tumor., and Morehead Associates. National Health care competitor comparisons are limited because hospitals guard clinical, financial, and operational data, and Alaska has no statewide reporting system. ANTHC also studies Baldrige Award recipients in manufacturing, service, and education to benchmark processes and results.

P.2b Strategic Context

ANTHC’s spectrum of competence embraces both public health and clinical health in their broadest terms, and the challenges are many. We are in business to ensure that Alaska Natives are safe and healthy, in their homes and in their communities, from the time they are born until the end of their lives. Key strategic challenges are in the areas of Alaska Native health status, budget/reimbursement, access to care, workforce development and management, relationship management and infrastructure improvement, as shown in Figure 2.1-4, and link to priority strategic objectives, initiatives and measures. ANTHC’s innovative approach to meeting these challenges is articulated in our four Strategic Themes, which focuses the development of action plans to ensure organizational effectiveness, customer-owner delight, and long-term sustainability.

P.2c Performance Improvement System

The ELT is responsible for assessing improvements to the organization’s planning and performance, endorsing new services, and coordinating the Consortium’s operations overall. In 2004 ANTHC initiated use of the Strategy Mapping method to align organizational strategies and objectives in support of the vision. Four strategic themes emerged that differentiate ANTHC and the value it brings to its tribal customer-owners. These four strategic themes serve as a framework for the overarching objectives most critical to achieving the vision. (Figure P.1-2) Leaders use a Balanced Scorecard (Figure 2.1-4) to maintain a focus on performance improvement and to guide priority-setting. Benchmarking and the Baldrige Criteria for Performance Excellence are tools the ELT uses to guide evaluation and improvement. Through participation in national improvement collaboratives, ANMC has implemented best practices in areas such as medication safety and access to care. In 2003 ANTHC adopted the Nolan Model for Improvement (the PDSA model) as the process improvement method for use by individuals and teams throughout the organization.

network (second largest in the state) and a state-of-the-art Active Directory Security System.

ANMC has 150 beds and the equipment and technologies required for complex care, including diagnostic imaging. The electronic medical record system, RPMS, is tied to Siemens registration, billing and finance systems, and the Softlab laboratory system. ANMC is also linked to its Tribal health care partners via a multi-facility integration system sharing RPMS data among 25 RPMS systems covering 203 sites, utilizing a 235 site store-and-forward telemedicine network designed and built by ANTHC, via a 39 site teleradiology network, and a 23 site telepharmacy network. These services, provided by ANTHC over a statewide WAN, enables ANMC providers to receive digital images, X-rays, encounter data and EKGs from regional hospitals and remote locations, and provide clinical guidelines, consults and approvals to field locations. DEHE has over 200 pieces of heavy construction equipment such as trucks, loaders, backhoes, graders and boats, worth approximately \$5.5M. In addition, a Dental Health Aide training and treatment facility has recently opened near the ANTHC campus, supplementing our on-site CHAP training facilities.

P.1a(5) Legal and Regulatory Environment

ANTHC is subject to a host of accrediting, regulatory, and legal requirements at the federal, state, and local levels, including: American Association of Blood Banks (AABB); American College of Surgeons (ACS); Trauma Center Designation; College of American Pathologists (CAP); the Joint Commission; Americans with Disabilities Act (ADA); Centers for Medicare and Medicaid Services (CMS); Environmental Protection Agency (EPA); Health Insurance Portability and Accountability Act (HIPAA); Occupational Safety and Health Administration (OSHA); and the Department of Health and Human Services (DHHS) compact on annual service provision and funding

P.1b Organizational Relationships

P.1b(1) Organizational Structure and Governance

It takes many people working together to achieve great goals. ANTHC is a consortium of Alaska Native tribal governments and their regional health organizations, operating at the center of the Alaska Tribal Health System. Consortium affiliates are independent, with their own governance structures, financial and administrative operations, and health programs. Each regional health organization has a board made up of representatives from each tribe. These boards in turn elect representatives to serve on ANTHC’s 15-member Board of Directors, to bring local Alaska Native needs and values into a system that reflects a unique customer-owner relationship in setting direction for ANTHC. Board committees include Bylaws/Policy, Finance/Audit, Medical Services Networking, Leadership Planning, Health Research Review, and advisory committees on Alaska Native Health Facilities, Sanitation Facilities, and Alaska Native Elder Health.

The ANTHC CEO reports to the Board of Directors. The CEO and 12 senior leaders representing all components of the business comprise the Executive Leadership Team (ELT). The Board Chair is an ex officio member of the ELT.

P.1b(2) Patients, Other Customers and Stakeholders

ANTHC’s key customers are those eligible to receive its products and services—members of federally recognized tribes, including both active and potential users. Key customers present as individuals or as aggregates of individuals (Figure P.1-6).

Figure P.1-6: Key Customers, Segments, and Requirements

Key Customer	Customer Requirements
130,682 Alaska Native beneficiaries	Access to services Technical superiority Cultural competency
39 Alaska Native tribal health organizations	Specialty support and coordination Information systems support Leveraging tribal partner relationships
231 Alaska Native tribes	Technical superiority and consultation Village-based development & support

P.1b(3) Role of Suppliers and Partners

Key partners are individuals or entities with the same key customers and similar mission, vision, and values, and with whom ANTHC shares a degree of mutual dependence for success. These include the members of the AHTS, the Alaska Native Health Board, Southcentral Foundation (SCF), the Denali Commission, the Indian Health Service (IHS), other state and federal agencies, municipalities, educational institutions and private foundations, and employees of tribal health organizations.

As joint management partners responsible for ANMC, ANTHC and SCF use shared service agreements to outline mutual requirements and expectations in the provision of seamless care. Joint committees for care process design, management, and improvement; a common medical record; and materials issued in both organizations’ names are examples.

P.1b(4) Supplier and Partner Relationships

Key suppliers include Corporate Express (automated system for office supplies and equipment); Alligence Amerisource (medical supplies and pharmaceuticals); Dell for computer equipment; AT&T and ACS for telecommunications services; Microsoft for office and home software; and Arctic Pipe and Supply, LLC (construction materials).

ANTHC partners with the University of Alaska and is an active member of the Alaska Federal Health Care Partnership, which functions to coordinate the provision of health care services among Federal health care providers in Alaska (DOD, VA, Dept.of Homeland Security/Coast Guard, ANTHC). ANTHC is also a member of the Alaska Telehealth Advisory Council, a vendor and provider cooperative, and

P.1a(2) ANTHC Organizational Culture

Cultural competency, Native empowerment, and performance excellence are hallmarks of ANTHC’s organizational culture, and are driven by our Mission, Vision, and Values (Fig.P1-4).

Figure P.1-4: Mission, Vision, and Values

Mission	Providing the highest quality health services in partnership with our people and the Alaska Tribal Health System
Vision	Alaska Natives are the healthiest people in the world.
Core Values	Achieving Excellence Native Self-Determination Treat with Respect and Integrity Health and Wellness Compassion

The transition from a federal Indian Health Service operation to Native ownership has profoundly affected ANTHC’s culture. The beneficiaries of the system are now its customer-owners, and this ‘self-governance’ allows for setting priorities and designing a health care system matched to Native values, needs, and preferences. The result is a unique sensitivity to our customers and a strong sense of unity and commitment throughout the organization. It extends even to the development of facilities, as when architects and designers worked with a Native Culture Design Committee to ensure that the hospital building itself, in scale, shape, color, and use of materials and light, would comfort people from small villages who spend most of their lives outdoors. Crafts and artwork found throughout the facility represent Alaska’s principal main Native cultures—Aleut, Alutiiq (Sugpiaq), Eyak, Tlingit, Haida, Tsimshian, Athabaskan, Inupiaq, Cupik, and Yupik. Attention to our Native cultural heritage has resulted in our hospital becoming a gathering place for Alaska Native people from around the state.

Commitment to Native empowerment is evident in ANTHC’s continual efforts to prepare Alaska Natives for health care careers, as in the LEAD Program (leadership development), as well as in its outreach orientation, exemplified by its telemedicine strategy, which takes the specialist to the village clinic to work directly with the village health aides.

ANTHC culture also emphasizes performance excellence, consistency and a focus on the realization of our vision. This is evident in our achievements, such as ANMC’s Magnet recognition for nursing excellence, the only Native hospital to achieve this distinction, and the only hospital in Alaska. The emphasis on performance is also demonstrated at the highest levels of the organization through the use of Strategy mapping and the Balanced Scorecard methodologies for establishing, deploying and tracking progress toward shared objectives throughout the organization. Evaluation of performance at all levels of the organization is directly linked to the Strategic Objectives identified in our Balanced Scorecard.

P.1a(3) Workforce Profile

Figure P.1-5 profiles the diverse ANTHC workforce of 1867 full- and part-time employees. In addition, we oversee 485 staff through outsource contracts for the provision of food services, housekeeping, and professional support services. These are key workforce partners, which bring our total workforce to 2352.

Figure P.1-5: Employee Profile

Division	Gender		Education		Race-Ethnicity	
	M	F	HS/ GED	2-4 y coll +	Native	Non-Native
ANMC	351	926	541	736	508	769
DEHE	172	53	33	192	90	135
DCHS	21	103	25	99	33	91
CBSS	107	134	140	101	127	114
Non-emp	148	337	---	---	---	---
Total	799	1553	830	1037	758	1109

With nearly 1300 employees, ANMC comprises 68 % of the total ANTHC workforce. The clinical staff includes 377 registered nurses and nurse managers, 167 nursing support staff, and 109 employed physicians, all of whom are board-certified. Community-based physicians and residents in family practice, general surgery, and otorhinolaryngology complete the physician staff. DEHE employs 228 staff, the majority of them engaged in supervisory, managerial, or technical jobs.

The ANTHC Board is committed to fostering Alaska Native employment within the organization. Currently, the workforce overall is comprised of nearly 43% Native employees. Specific measures are in place to track the Native-held professional and management positions on the ANTHC Balanced Scorecard performance report.

Fifty-eight percent of jobs require at least two years of college, and staff with postgraduate professional training, such as physicians, engineers, and health services researchers are found throughout the organization. At ANTHC, Alaska Natives are given preference in hiring whenever possible, a practice allowable under the legislation which created the organization. ANTHC has no collective bargaining units. Contract staff includes the hospital food service, housekeeping, specific clinical staff covering the trauma center and other staff contracted through temporary staffing agencies. ANTHC’s work settings are as diverse as the work force, ranging from office environments to patient care in clinics and at the bedside to on-site outdoor assignments in remote areas of the state.

P.1a(4) Major Facilities Technologies and Equipment

Though operations extend statewide, ANTHC’s operational units are based in Anchorage, on or near a 64-acre campus. The corporation is managed utilizing Kronos human resources and Siemens financial systems. We maintain a 5200-phone

Figure P.1-3: Health Delivery Continuum

Community & Public Health	Primary & Acute Care Support	Tertiary & Specialty Services
<ul style="list-style-type: none"> --Public health facilities construction and maintenance --Tribal utility operations and support --Health promotion & disease Prevention programs --Community and institutional environmental health support --Injury prevention --Health research 	<ul style="list-style-type: none"> Support to ATHS partners at village level: --Community health aide training --Dental health aide training --Behavioral health aide training --Technical assistance --Support for 5 regional tribal hospitals --Primary inpatient services for southcentral Alaska --Telehealth and health information exchange 	<ul style="list-style-type: none"> --Tertiary inpatient care --Specialty medical services --Field specialty clinics --Contractual services --Level II trauma center --Medevac transports
<p>Consortium Business Support Services – ANTHC Executive offices providing Health Information Technology, Health Systems Resources, Strategic Planning and Networking, Legal and Intergovernmental Affairs, and Risk Management and Compliance resources organization-wide and in support of the ATHS.</p>		

Tertiary and Specialty Medical Services are provided statewide, through the Alaska Native Medical Center (ANMC), located in Anchorage. ANMC is jointly managed with Southcentral Foundation (SCF), a Native primary care entity serving the Anchorage area Native population. The ANTHC portion of ANMC services are provided within a 150-bed acute tertiary specialty referral hospital. Beyond the Anchorage service area, ANMC collaborates with Tribal partners that independently operate six rural hospitals and 178 village clinics to provide care through on-site field clinics, consultation and referral planning, and joint patient management via telemedicine technology. Services include medicine (cardiology, internal medicine, oncology, neurology, dermatology, gastroenterology, and pediatrics,); surgery (general surgery, orthopedics, otolaryngology, ophthalmology, urology, and neurosurgery); adult and pediatric intensive care; high-risk OB and perinatology; and the state’s only Level II trauma center, supported by a Native owned and operated air ambulance service. ANMC is also a teaching hospital, and offers postgraduate education in medicine, surgery, and pharmacy. ANMC clinical services are provided exclusively to Alaska Natives and American Indian beneficiaries, except in unusual circumstances.

The Division of Environmental Health and Engineering (DEHE) plans, designs, and builds sanitation facilities, to bring safe water and wastewater disposal improvements to thousands of Native-owned homes in rural communities throughout Alaska, a critical component of the overall health of these communities. Since 2002, over 4,700 Native homes in 160 communities throughout Alaska have been served.

DEHE collaborates with tribal health organizations to train and assist operators and managers of water and sewer systems to ensure ongoing maintenance and regulatory compliance. DEHE also works with tribal partners to establish and maintain health care facilities, including hospitals and remote village health clinics, along with community-based injury prevention programs focused on patient, occupational, and environmental health and safety issues. In 2006, DEHE was awarded \$67 million for sanitation facility projects, \$19.9 million for new health clinic facility projects, and \$4 million for hospital maintenance and improvement projects.

The Division of Community Health Services (DCHS) monitors and supports improvements in the health of Alaska Natives by conducting research on Alaska Native health issues and providing technical assistance and health education to communities and tribal health organizations. Current research topics include traditional food in pregnancy, childhood disabilities, early HIV/AIDS intervention, and the effects of climate change on Alaska Native life and health. DCHS also develops and administers training programs for village-based practitioners in primary care, personal care, dental health, and behavioral health. We have cutting edge programs that continue to draw international attention.

Administrative and operational support is provided across the organization by CBSS, Consortium Business and Support Services. CBSS includes Health Information Technology (HIT), which not only provides a wide range of information technology, equipment, training, support, and coordination internally to ANTHC’s 1800+ employees, but also to Consortium partners throughout Alaska. Statewide projects include store-and-forward video, teleradiology, and telepharmacy telemedicine systems at over 200 locations to enable village health aides to consult with doctors in regional Native hospitals or with specialists at ANMC; sharing of electronic medical records based on the Resource Patient Management System (RPMS) that ensures access to patient information at the point of care throughout the state’s network of health care facilities; and clinical engineering for village clinics around the state.

In addition, within CBSS, Human Resources (HR) is responsible for recruitment and retention, compensation and benefits, and education and training for all of ANTHC. HR also serves our partner tribal health organizations, especially in the area of workforce recruitment, addressing critical shortages in all health care workforce segments.

Operationally, all the above-mentioned elements of the organization are interrelated and aligned to provide services and function across the health delivery continuum. This requires collaboration with one another and with a diverse set of partners throughout the state and beyond.