

# Southcentral Foundation

## The Nuka System of Care

- Matt Hirschfeld
- Tammy Pickett



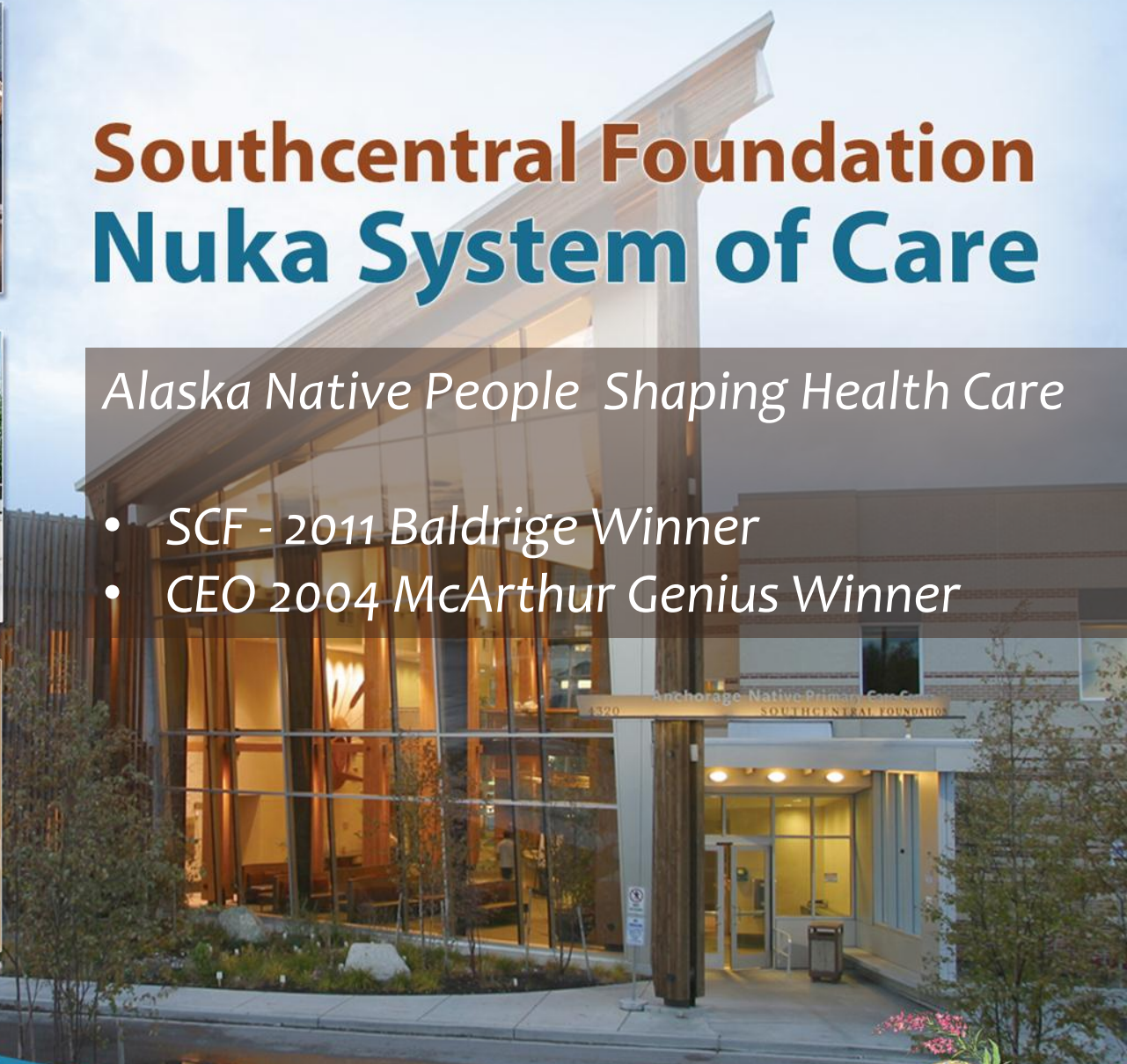


# Southcentral Foundation Nuka System of Care

*Alaska Native People Shaping Health Care*



- SCF - 2011 Baldrige Winner
- CEO 2004 McArthur Genius Winner



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# Katherine Gottlieb, MBA

## President/CEO

*I love working for SCF because I see health care services improved and delivered with the heart of the Alaska Native people. SCF employees strive for the best culturally appropriate quality and effective service there may be offered through this organization.*

Winner – McArthur ‘Genius’ 2004



# SCF Board of Directors



## *Vision Statement*

A Native Community that enjoys physical, mental, emotional, and spiritual wellness.

## *Mission Statement*

Working together with the Native Community to achieve wellness through health and related services

## *Key Points*

### *Shared Responsibility*

We value working together with the individual, the family, and the community.

We strive to honor the dignity of every individual

We see the journey to wellness being traveled in shared responsibility and partnership with those for whom we provide services.

### *Commitment to Quality*

We strive to provide the best services for the Native Community.

We employ fully qualified staff in all positions and we commit ourselves to recruiting and training Native staff to meet this need.

We structure our organization to optimize the skills and contributions of our staff.

### *Family Wellness*

We value the family as the heart of the Native Community.

We work to promote wellness that goes beyond absence of illness and prevention of disease.

We encourage physical, mental, social, spiritual, and economic wellness in the individual, the family, the community, and the world in which we live.

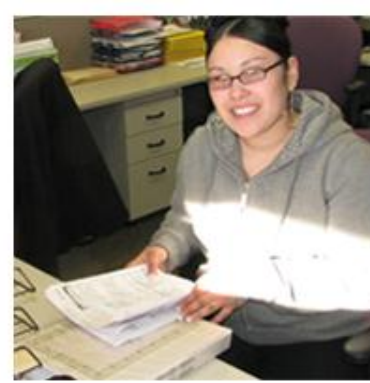
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# Operational Principles

- Relationships** between customer-owner, family and provider must be fostered and supported
- Emphasis** on wellness of the whole person, family and community  
(physical, mental, emotional and spiritual wellness)
- Locations** convenient for customer-owners with minimal stops to get all their needs addressed
- Access** optimized and waiting times limited
- Together** with the customer-owner as an active partner
- Intentional** whole-system design to maximize coordination and minimize duplication
- Outcome** and process measures continuously evaluated and improved
- Not** complicated but simple and easy to use
- Services** financially sustainable and viable
- Hub** of the system is the family
- Interests** of customer-owners drive the system to determine what we do and how we do it
- Population-based** systems and services
- Services** and systems build on the strengths of Alaska Native cultures





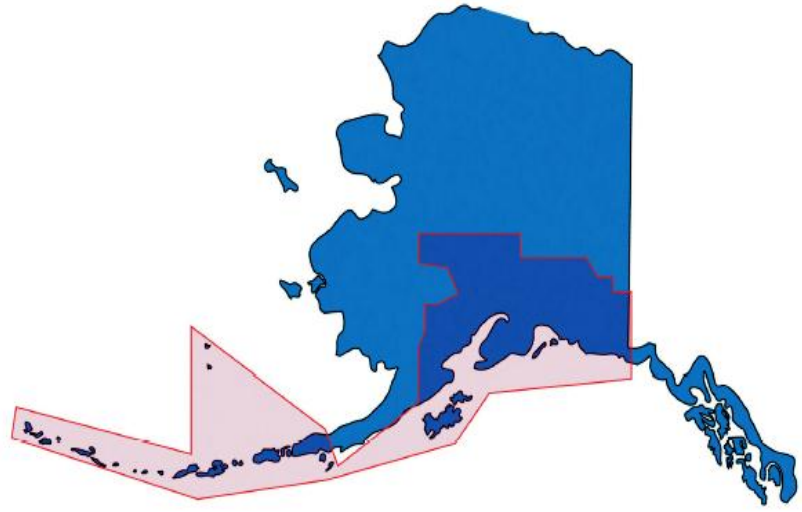
# Customer Ownership



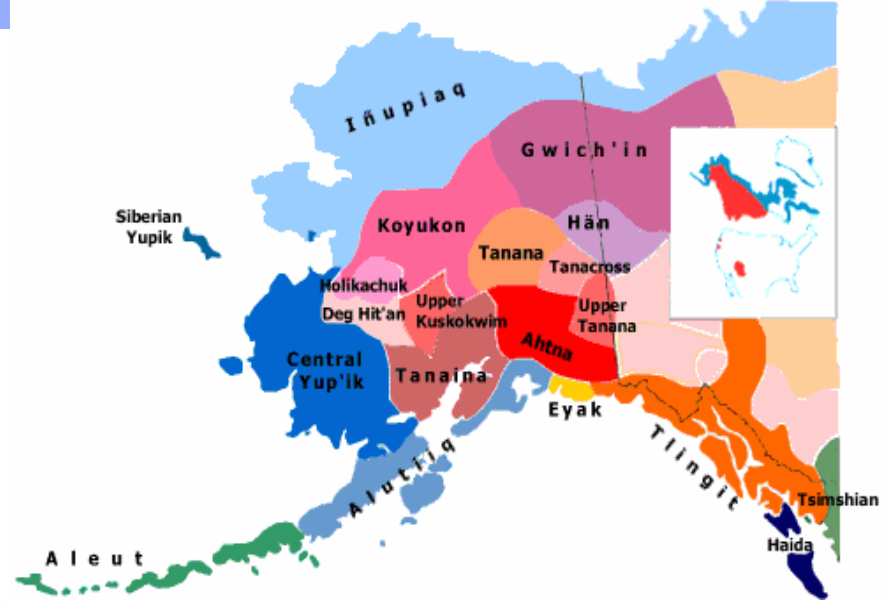
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At 591,000 square miles, Alaska is as wide as the lower 48 states and larger than Texas, California and Montana combined.



Anchorage Service Unit



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# Prepaid Health Care

- Health care for indigenous peoples in the U.S. has been “prepaid” by trust and treaty agreements related to land and resources.
- Indian Self-Determination and Education Assistance Act - 1975
  - The government recognized: “If the people receiving the health service are involved in the decision making processes, better yet, if they own their own health care – programs and services have a potential for enhancement and the people and their health statistics will improve.”



# History



**1982** - SCF established as a 501c(3) nonprofit under the tribal authority of CIRI

**1985** - SCF entered into its first self-management contract (dental and optometry), as authorized by the Indian Self-Determination Act

**1987** - Assumed more of dental and optometry, and added behavioral health

**1994** - Opened the first orthodontic clinic in Alaska for Native children; assumed psychiatric care and family medicine

**1998** - Assumed management of the entire primary care system for the region

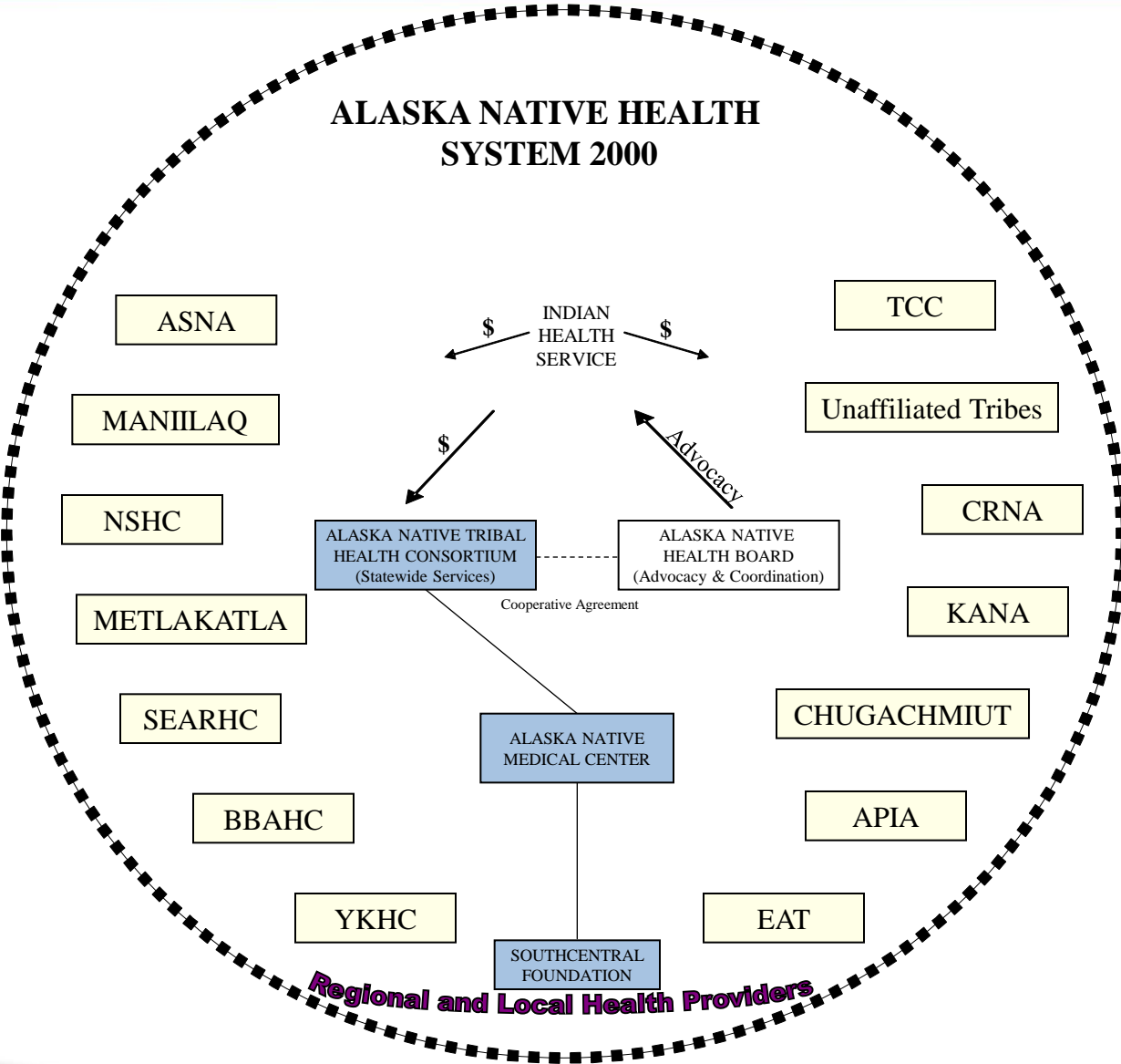
**1999** - Assumed ownership and co-management of services for the Alaska Native Medical Center

**Today** - 58,000 customer-owners; 1,500 employees; 65+ programs

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# ALASKA NATIVE HEALTH SYSTEM 2000



**TRIBAL GOVERNMENTS**



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# Southcentral Foundation

- 30 years of history
- Innovative, relationship based, customer driven systems
- 1,500 staff – 140,000 statewide clients
- 55,000 local clients including 10,000 in over 50 remote villages
- Poorly funded by I.H.S. with minimal increases-2% total/yr – less per capita/yr
- Expanding local population (7%/yr)



# Southcentral Foundation

- Medical Services – Primary Care, Women’s Health, Pediatrics, Optometry
- Dental
- Behavioral Health – clinics, residential treatments, after-care, youth, elders
- Family Wellness Warriors – abuse and neglect treatment and prevention
- Elder Program
- RAISE Program
- Tribal Doctors and Traditional Services
- Chiropractor, massage, acupuncture







# Why listen to our story

- Evidenced-based generational change reducing family violence
- 50% drop in Urgent Care and ER utilization
- 53% drop in Hospital Admissions
- 65% drop in specialist utilization
- 20% drop in primary care utilization
- 75-90%ile on most HEDIS outcomes and quality
- Childhood immunization rate of 93%
- Over 50% of Diabetics with HbA1c below 7%
- Employee Turnover rate less than 12% annualized (very low)
- Customer and staff overall satisfaction over 90%
- In an urban Alaska Native community with huge challenges
- Sustained for over a decade and continually improving
- Very long list of external recognitions – Baldrige Award now





# So, Our Choice to Redesign

- The Alaska Native people were given control of the system and we chose to assume the responsibility to rethink our own health care
  - Total Redesign - Change everything
  - Keep the best of Modern Medicine
  - Change the basis to Alaska Native Values and Wisdom of the Elders
  - Put the Customer-Owner in control at all levels
  - Relationship optimization at core of services and mgt



# Alaska Native Wisdom

- Change in people occurs through long term, personal, trusting, accountable personal relationships
- Learning occurs through real life experiences, stories, modeling, and groups
- Work and learning are done optimally in groups and teams where collaboration and challenge are both valued
- Each person is responsible to play their part in the overall family and community
- The ability to give and receive story well is very key

# Customer Focus (Relationships)

- Elder Council
- Traditional Healing Council
- Personal interaction with employees
- Employee friends and relatives
- Comment cards
- Customer Satisfaction surveys
- SCF internet
- Annual Gathering
- Customer Service Reps
- 24- hour hotline
- Community Gatherings for listening
- Customer-Owner Governing board
- Advisory committees and councils - many
- Focus groups



# Customer-Owner Role/Expectations

- Customer-owner changes for effective relationships
  - Be active not passive
  - Take responsibility for your health
  - Get information about your health
  - Ask questions about advice
  - Ask for options



# Provider Role and Expectations

- Healthcare Provider Changes for effective relationships
  - No longer a hero but a partner
  - Judgment about 'compliance' has no place
  - Replace blaming with understanding
  - Provide options not orders
  - Provide customer with resources, support
  - Make it simple, customer-driven

# Core Concepts

**W**ork together in relationship to learn and grow

**E**ncourage understanding

**L**isten with an open mind

**L**augh and enjoy humor throughout the day

**N**otice the dignity and value of ourselves and others

**E**ngage others with compassion

**S**hare our stories and our hearts

**S**trive to honor and respect ourselves and others



# It's all about Relationships

- It is THE core clinical service that we offer
- It is THE key set of skills we train every person on – Core Concepts
- It is THE way that we manage personnel
- It is THE core priority for how we design services, improve flow, decrease waste, design facilities, measure success, and recognize and reward excellence
- The ability to genuinely connect requires skilled ability to connect in story and walk in trusting, accountable, personal, long-term relationships with barriers removed







# Nice Philosophy – How to Scale?

- Early 1990's – SCF Nuka System of Care informally developed on Fireweed Lane
- Late 1990's – SCF takes ownership of healthcare system with 1000 staff and 10's of thousands of customer-owners
- The Dilemma – how to take the culture developed by informal Alaska Native knowing and rapidly take it to a large scale with many medical professionals



# What we are Taught – Diagnosis, Medications, Procedures

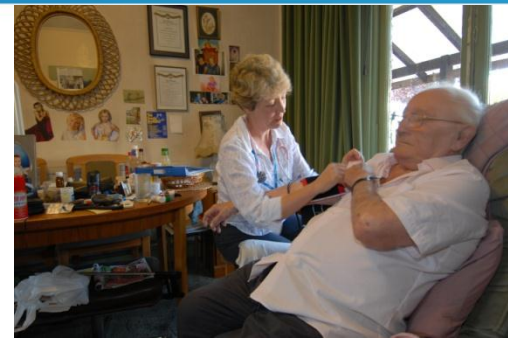
- Medical Care Process – linear, objective
  - Signs and Symptoms – history and PE
  - Leads to Differential Diagnosis
  - Leads to ordering tests for more info
  - Leads to Definitive Diagnosis
  - Results in medications, procedures, and advice
- This is what our work is understood to be, the product of healthcare as we learned it and as we still teach it.



# Reality

- Health is a longitudinal journey
  - Across decades
  - In a social, religious, family context
  - Highly influenced by values, beliefs, habits, and many 'outside' voices.
- Office visits are brief, reactive stop-gaps
- Hospitalizations are brief, intense interruptions
- *MUST fix basic, underlying primary care platform first or nothing else will work well*

# Frank



Frank is a 79 year old widower with Chronic Obstructive Pulmonary Disease (COPD), Heart Failure and Diabetes. He lives alone. Frank is very anxious as he is often very breathless and feels unable to manage. He has phoned the practice of his primary care physician on several occasions requesting a home visit and over the last year he has frequently been taken to the local emergency department, after he has dialled 911. He has been admitted to hospital on 7 occasions in the last year and now keeps a small packed suitcase by his chair.

# Frank's Diagnosis

- COPD
- CHF
- Diabetes
- Frank's Healthcare providers
  - Primary Care, Cardiologist, Pulmonologist, Endocrinologist, Nutritionist, Physical Therapist, Pharmacist, Home Health.

# Realities about Frank

- Frank IS in control
  - Getting and taking meds
  - Using inhalers
  - Eating, sleeping, exercising, socializing
  - Calling 911
- Frank is costing a great deal of money
- Frank is getting worse
- No one 'knows' Frank

# Nuka – a different look at Frank

- Primary Diagnosis
  - Anxiety, Loneliness/isolation, insecurity, confusion, dependency, lack of confidence
- Secondary Diagnosis
  - COPD, CHF, Diabetes
- Primary interventions
  - Personal care coordination, integration of care by PCP team, determination of motivators, behavioral based motivational interventions, consolidation of meds/tx.

# The Integrated Care Team

- PCP – primary care provider-doc, NP/PA
- Nurse Case Manager
- Case Management Support
- Certified Medical Assistants
- Behaviorists
- Dieticians
- Pharmacist (partially implemented)
- Nurse Midwife (partially implemented)
- Coverage NP/PA/CM's
- Co-located Psych (pending)
- Coders, data entry, etc.
- Front Desk

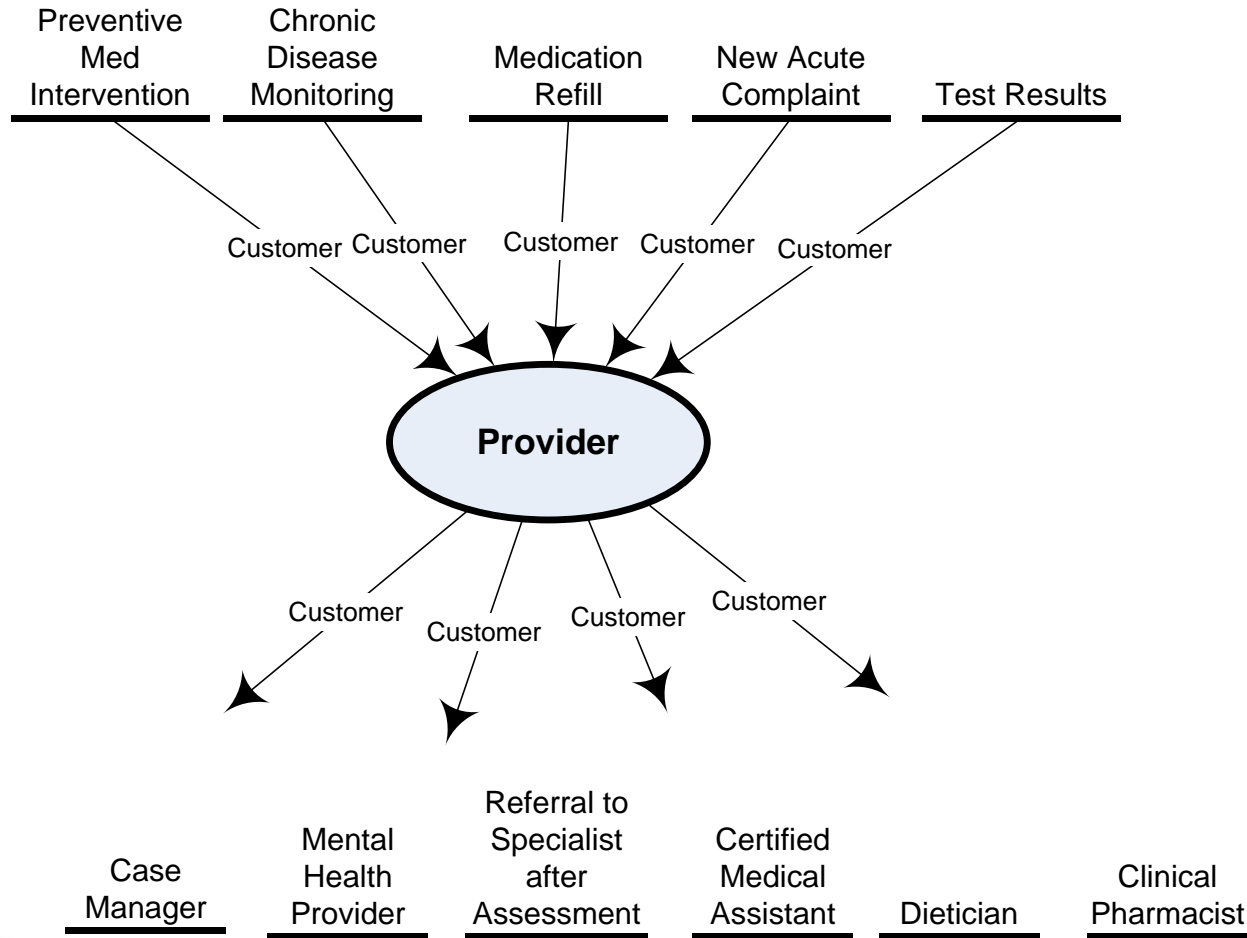


# Some Improvement Specifics

- Advanced Access – appointments when the customer wants – same day primary care
- Max Packing
- Service Agreements
- Behavioral Health Redesign
- Hospitalists in Pediatrics and Internal Medicine
- Bring services to them – BH, Dietician, Pharmacist, Midwife
- Data Mall, Improvement Specialists
- Facility Design

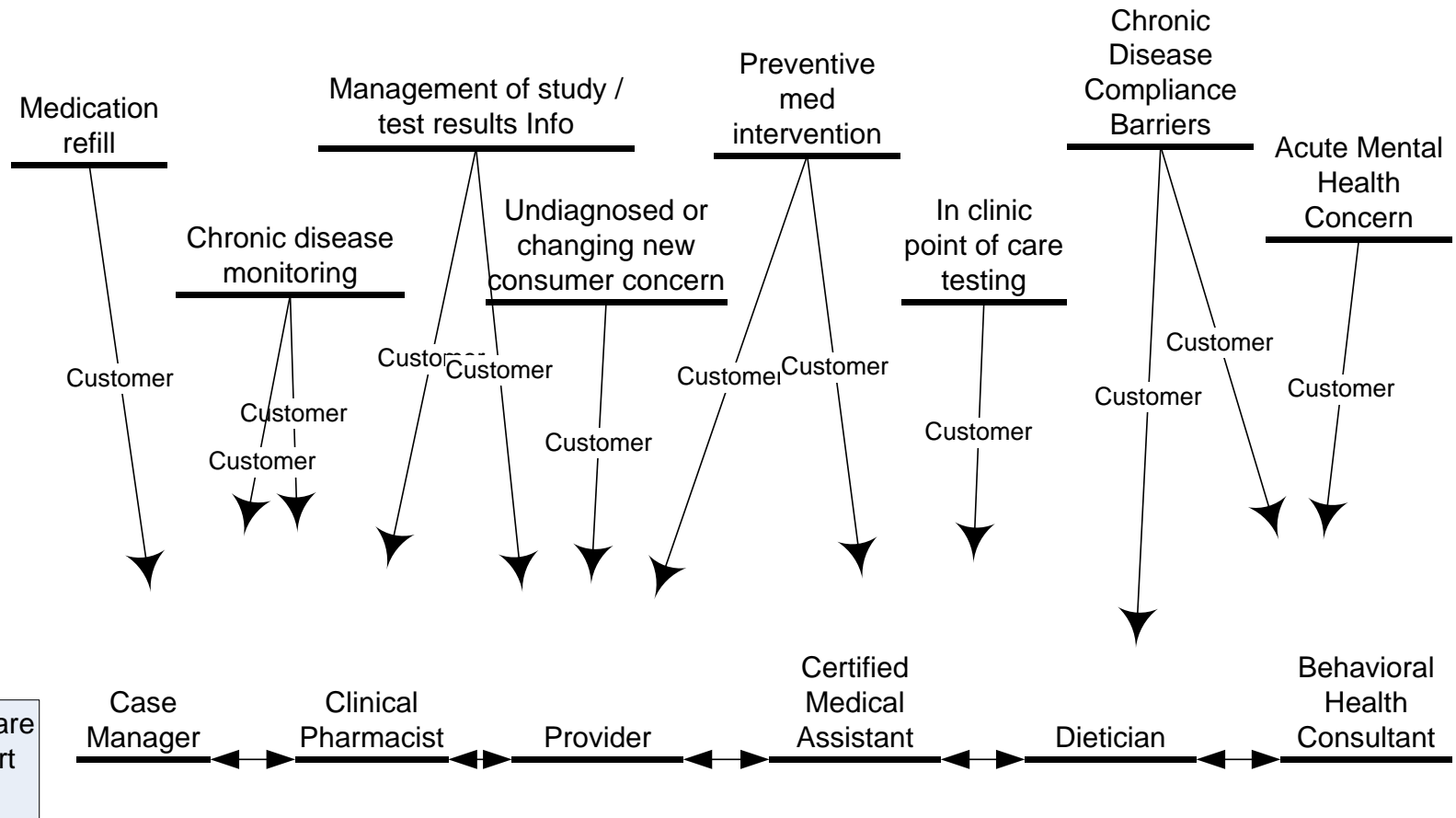


# Traditional Methods of Managing Work Flow



Healthcare  
Support  
Team

# Parallel Work Flow Redesign



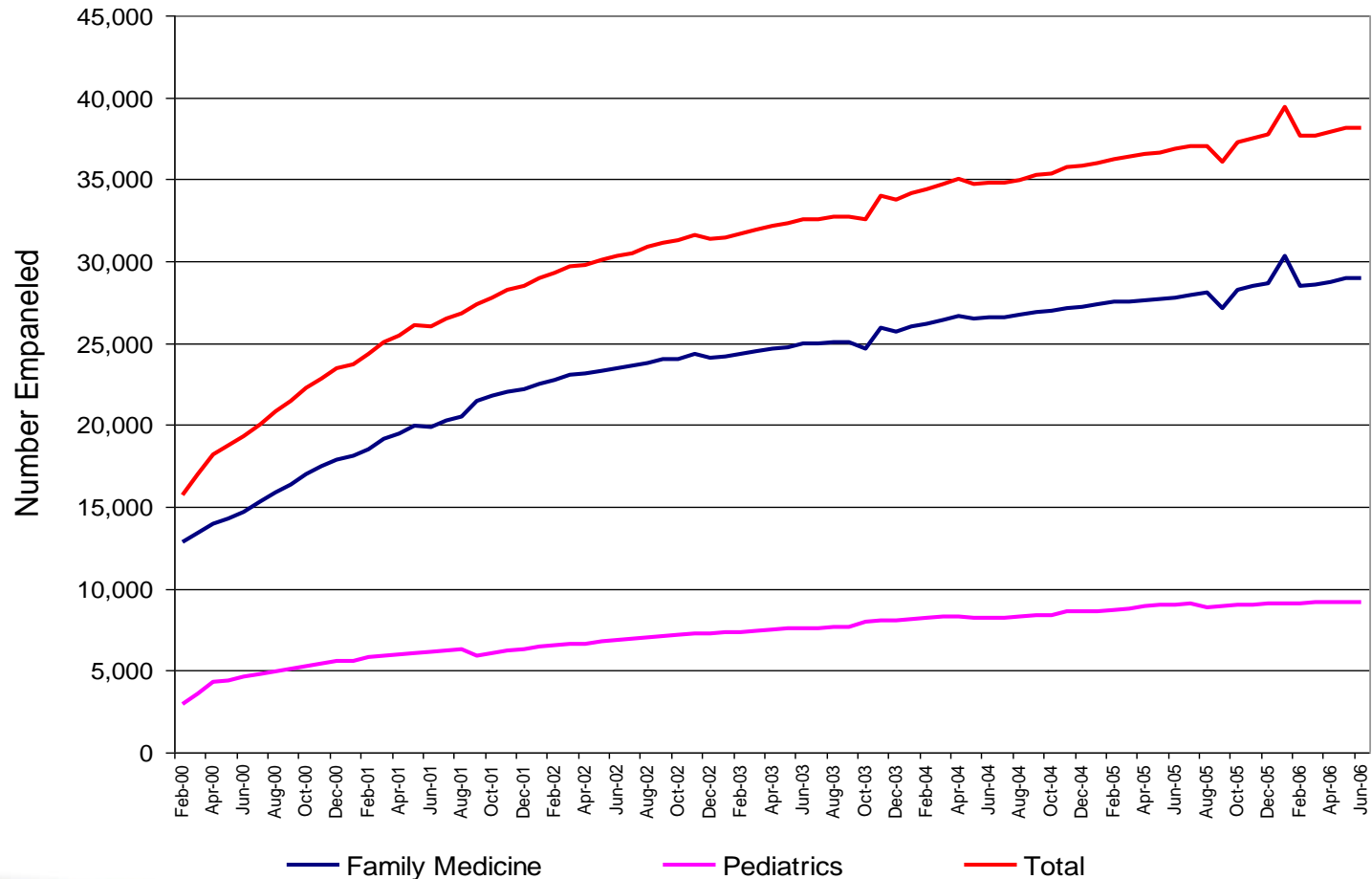
# Mentors - Clinical Mentors

- Extensive training and formal mentor system for front desk, CMA's, others in place for some time already
- Now extending to physicians, nurses, other clinical staff - Partially implemented only at present.
- Commitment to extensive training by outside mentoring systems and experts – deeply incorporated into all of SCF over time.
- One mentor for every three clinical staff





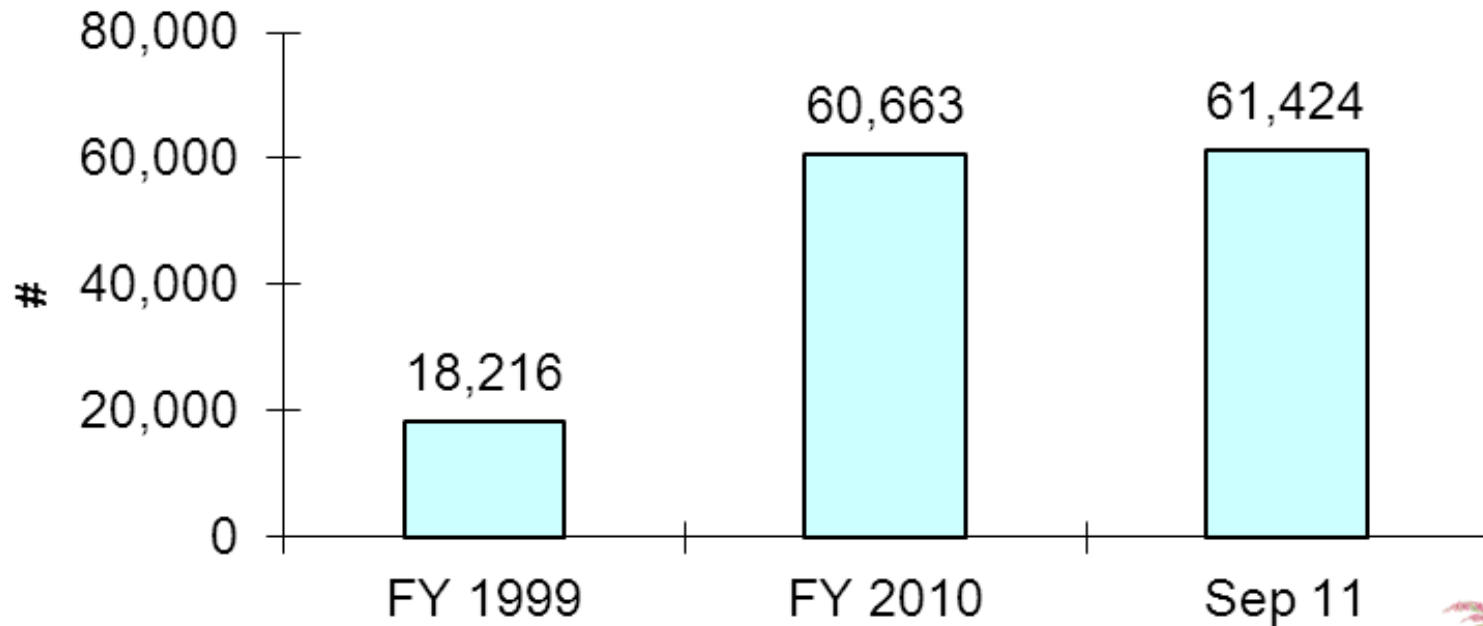
# Primary Care Provider Empanelment Project Patient Enrollment



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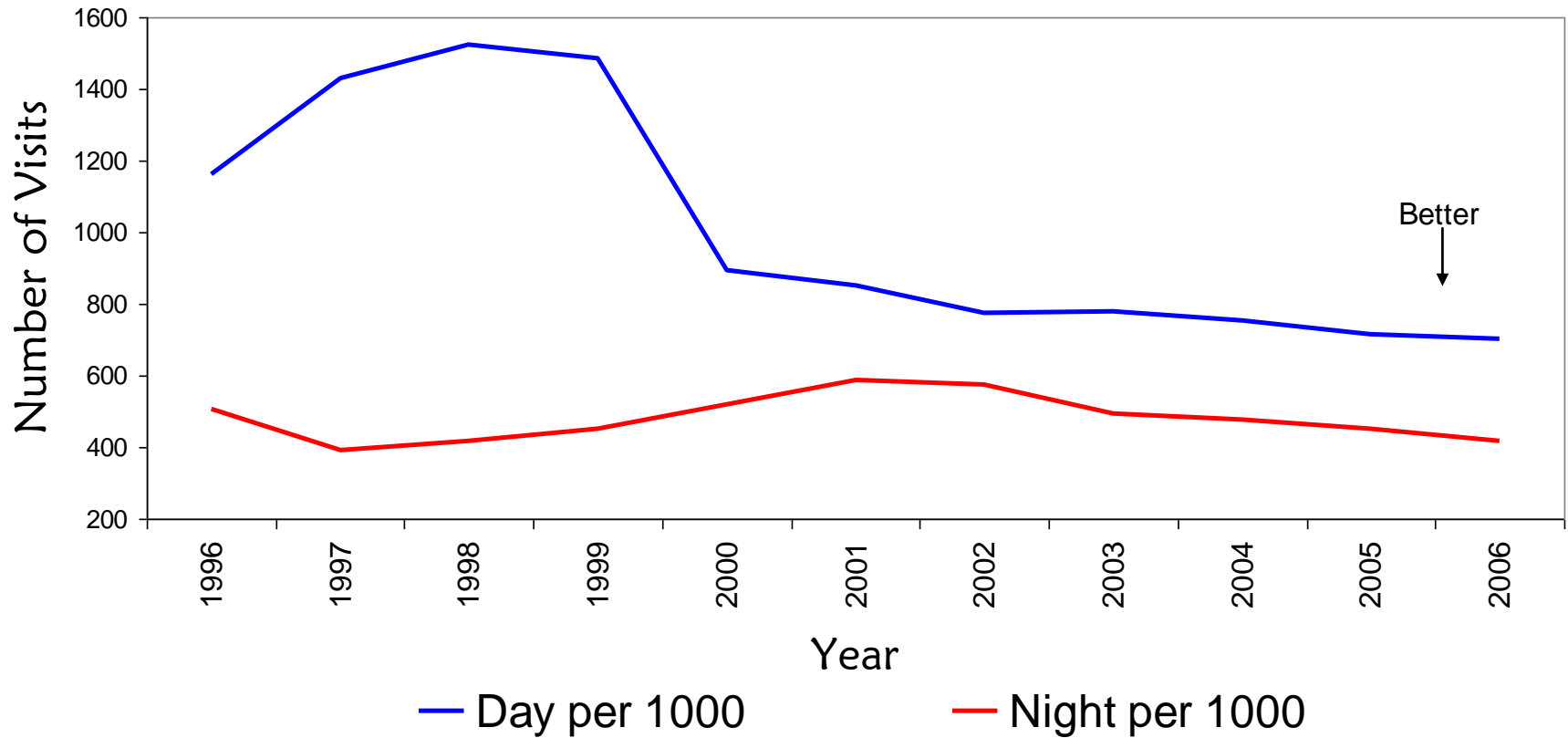
# Empanelment

SCF Customer Growth (# Empanelled)



# Anchorage Area Patients

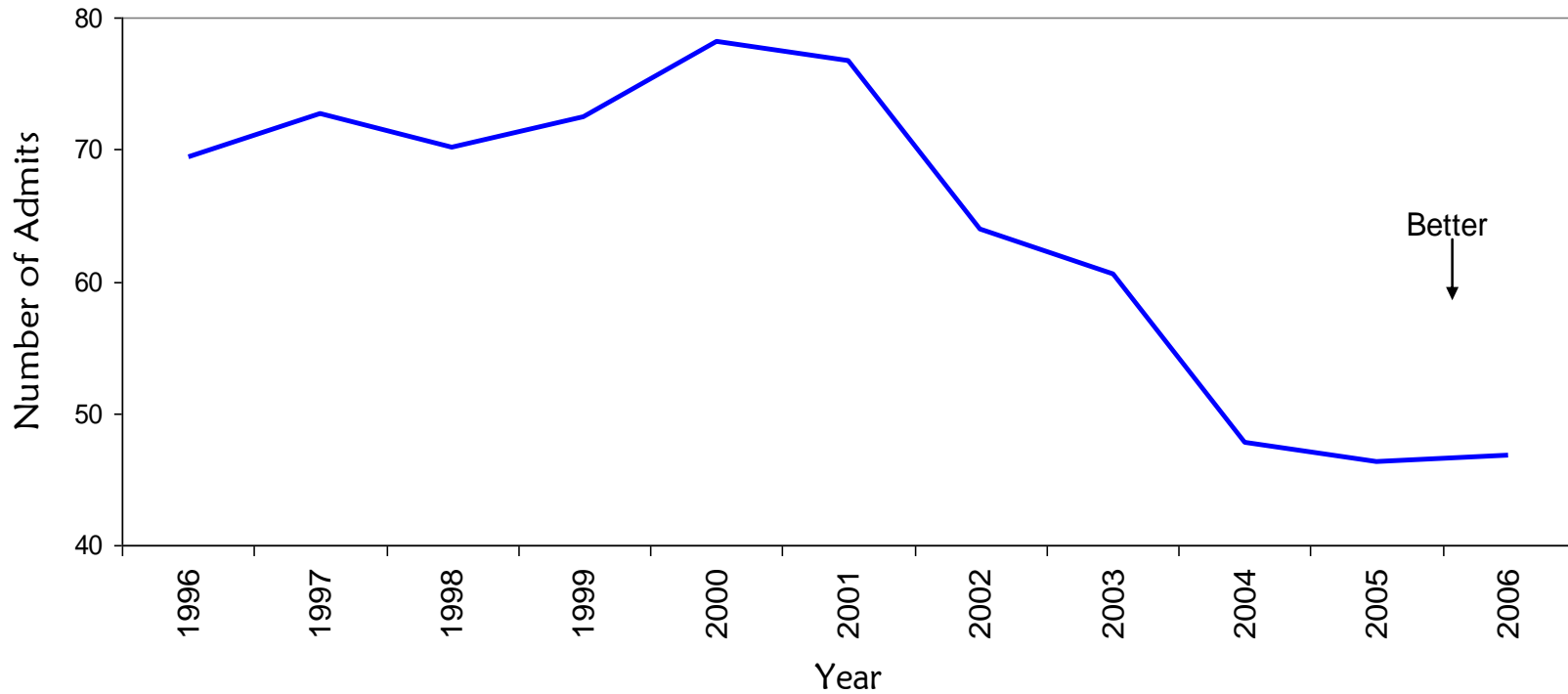
## Visits to ER/Urgent Care Per 1000





# Anchorage Area Patients

## Admits per 1000



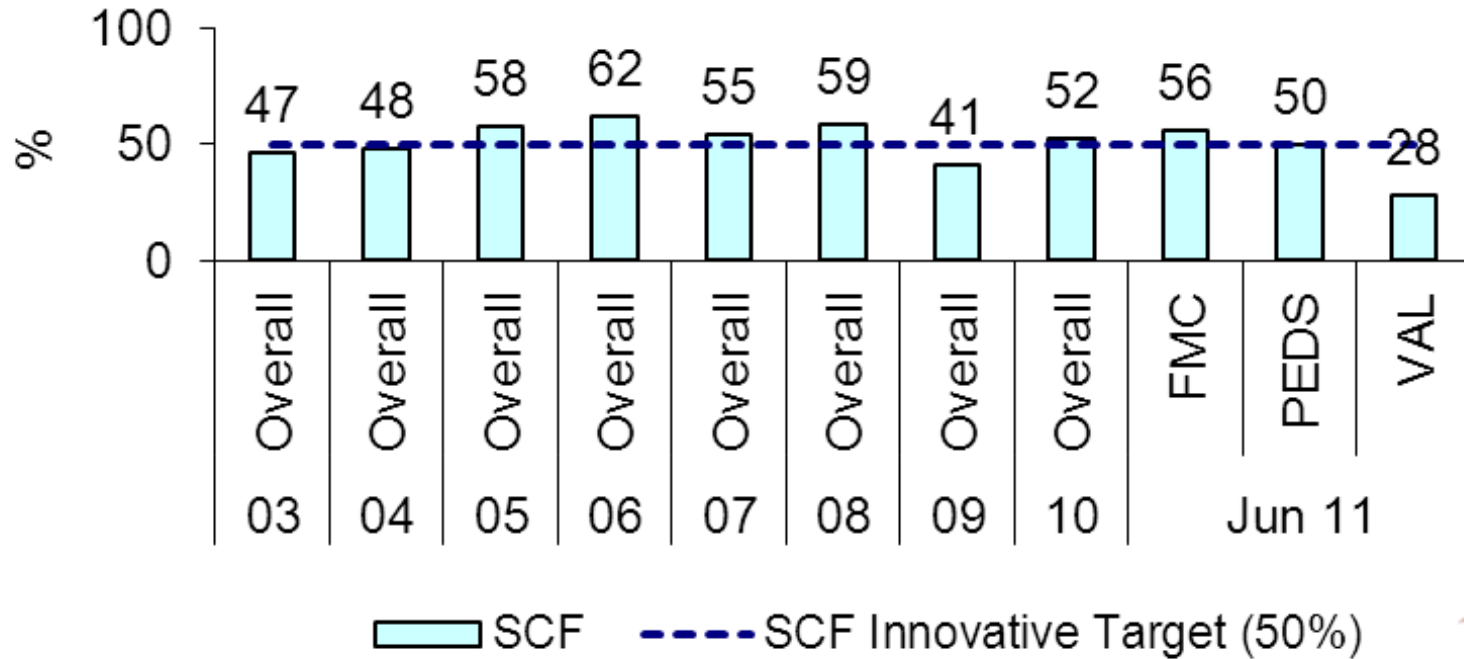
— Admts per 1000

Excludes Newborns and Delivery Moms  
and Length of Stay must be more than 1 day

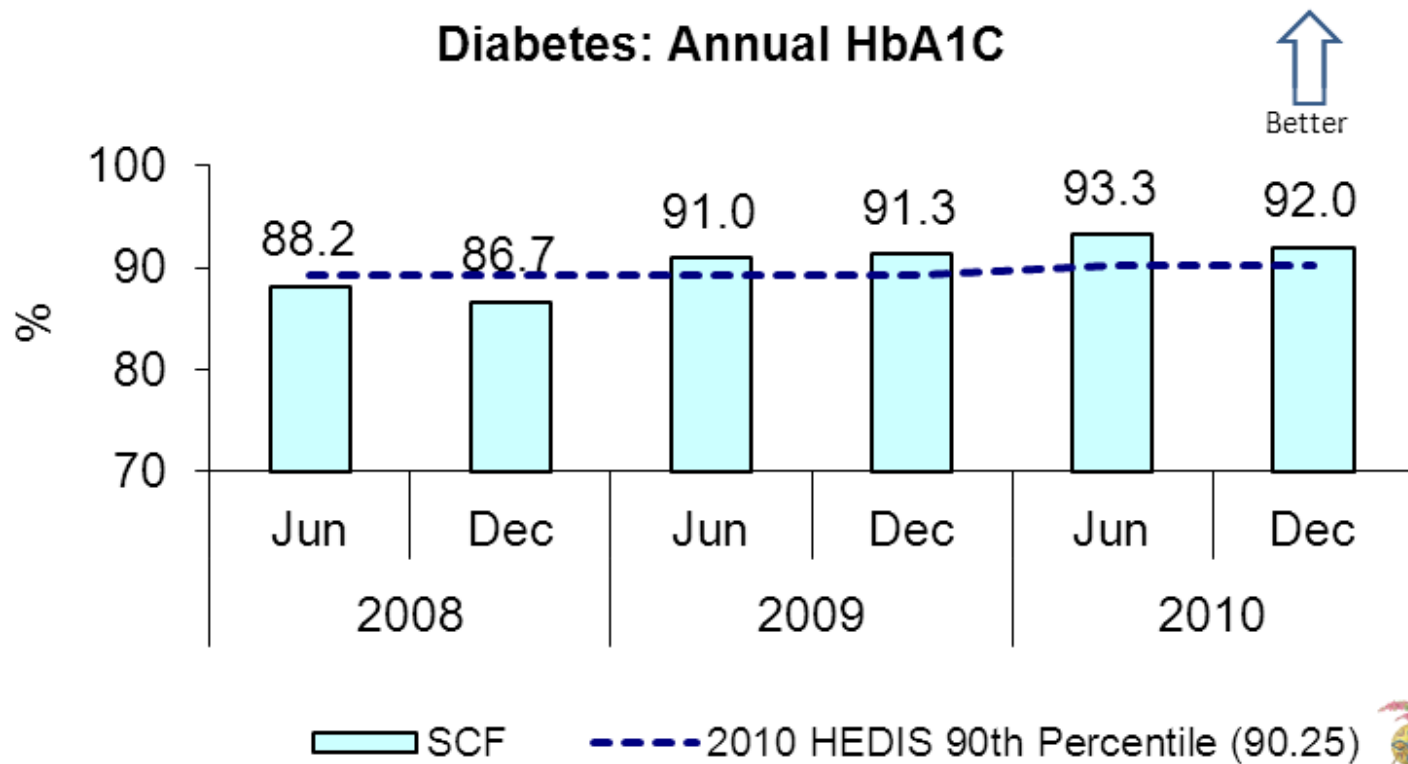


# Access to Care

**% Appointments Available at 0800  
for Whole Day (FMC/PEDS/VAL)**

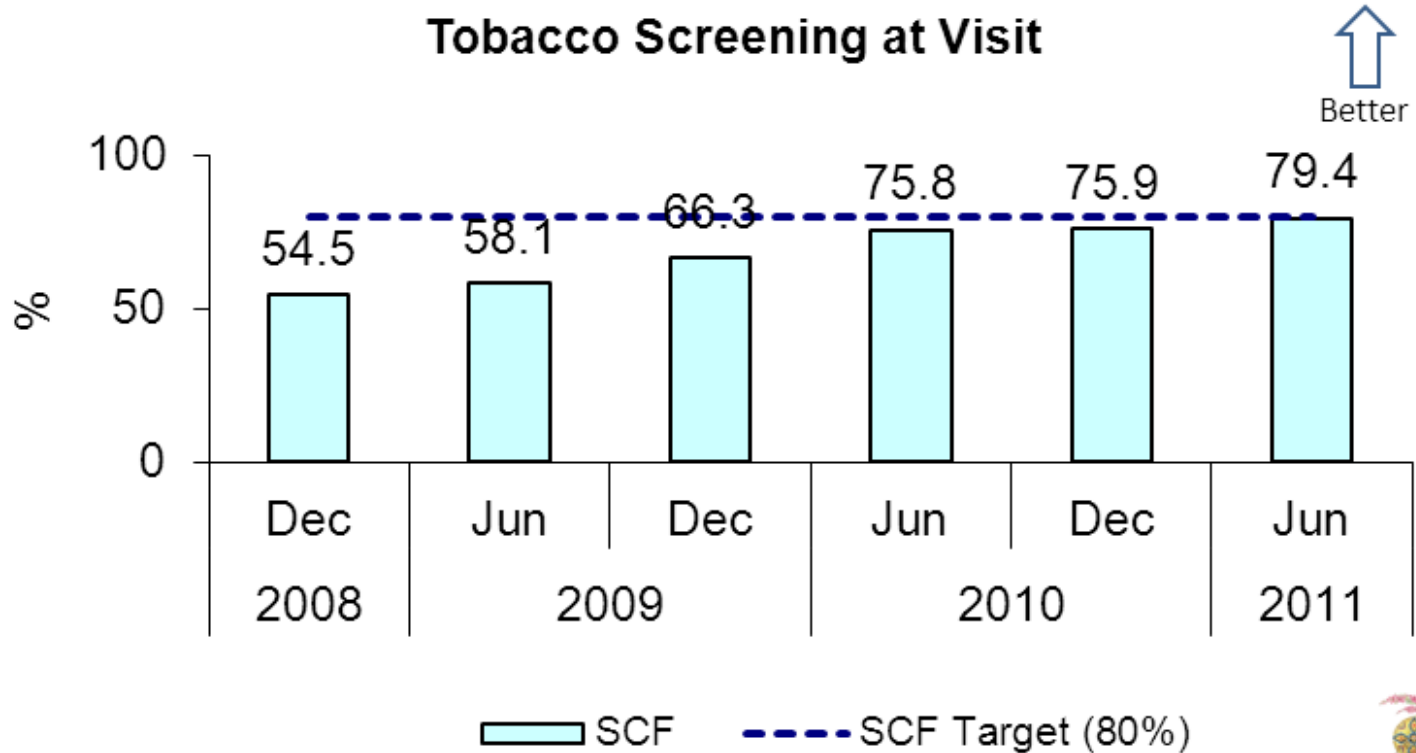


# Condition Management



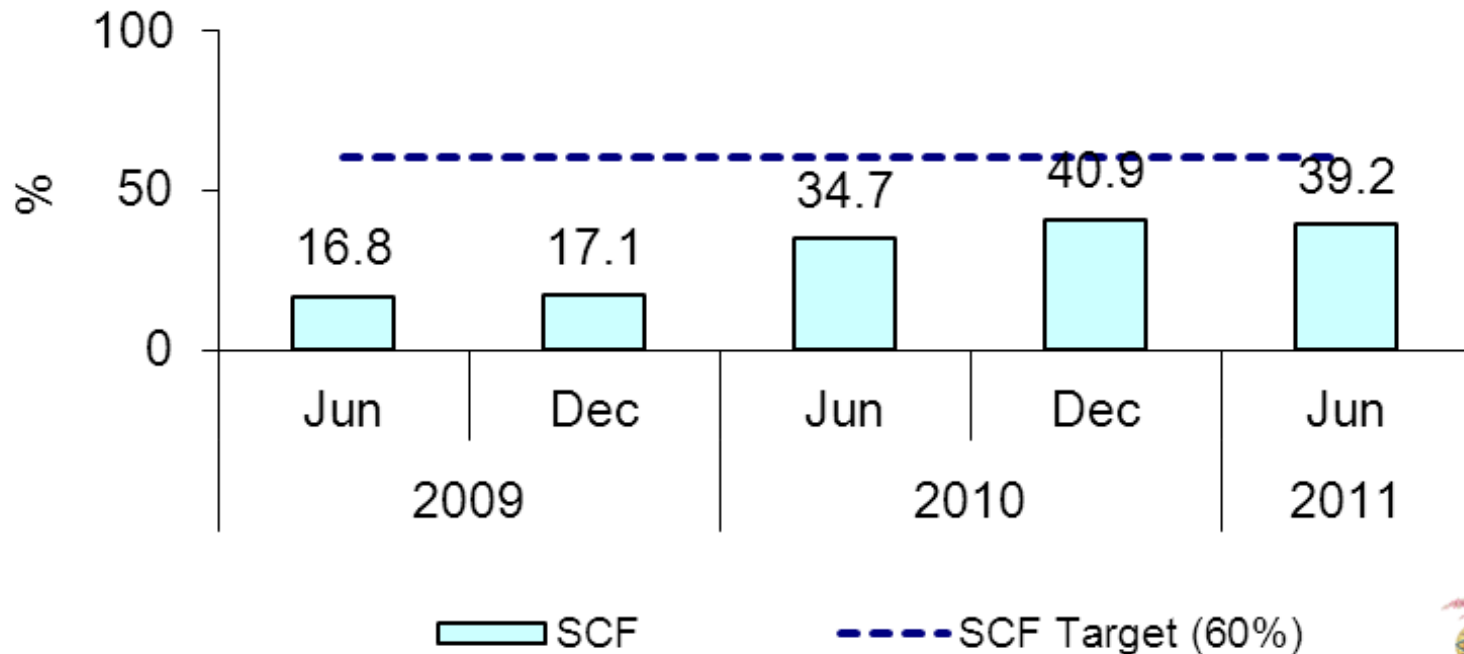
# Prevention

## Tobacco Screening at Visit

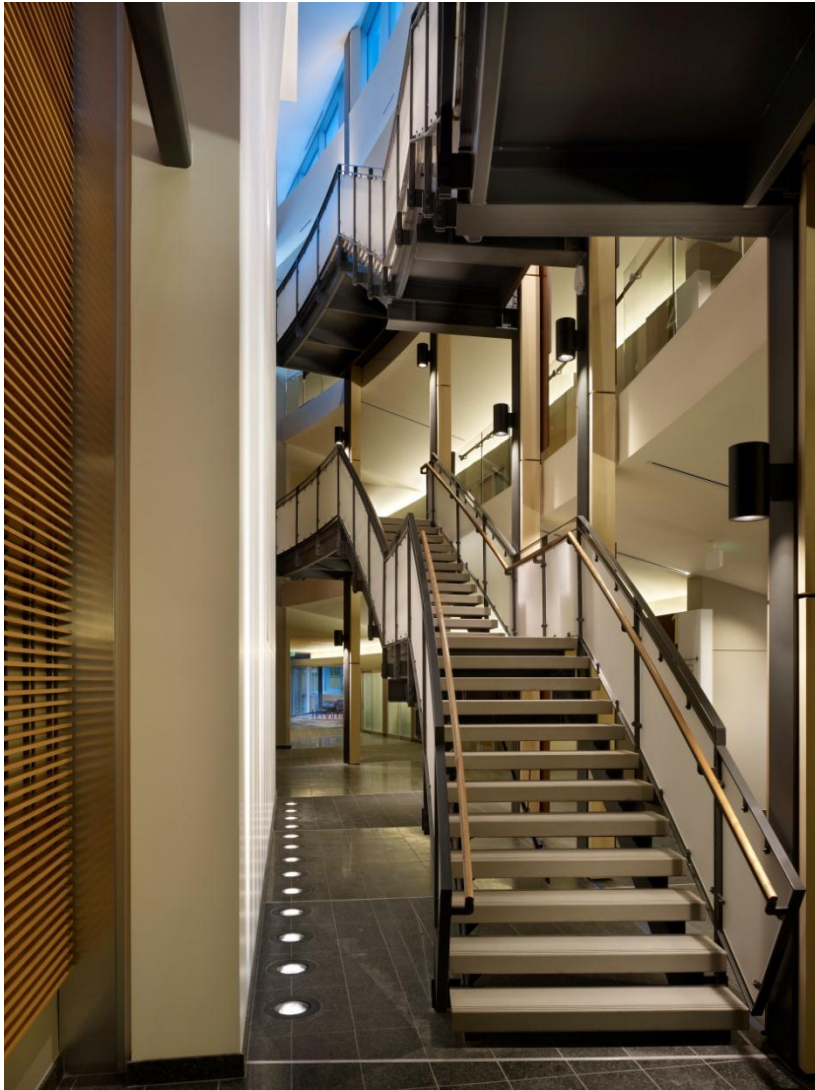


# Behavioral Health Integration

PRIME MD: Annual Depression Screen 18+







# Workforce Development

- Workforce Development
  - Up front training for CMAs and Admin Support
  - Native professional development
  - Hiring Practices – Same Day, behavioral
  - Orientation and Mentoring intentionally
  - Employee Development Center
  - PAP's, Job progressions, career ladders
  - Summer and winter interns
  
- Key – all staff 'expert' in improvement





# Strategic Challenges

- Customer-owners moving to Anchorage
- Customer-owners' expectations
- High cost of living and rising costs
- Recruitment and retention
- Facilities and space
- Sustainability
- Aging population
- Health disparities



# At Risk Populations

- Elderly
- Teens
- Medically Fragile
- Socially Disintegrated
- 5 year gestation – Preconception to 5yo
- HIV, Diabetes, CHF



# Every customer-owner has a right to...

- Coordinated, integrated, safe, optimized basic health care services
- Individuals who know them who they can rely on to answer questions, advise on care issues, and help navigate the system
- Clear, personalized health plans
- Support in achieving health goals and optimizing medical treatments, including coordinating care across boundaries
- All done building upon values and assets of pt.



# In their words...

- Customer-owner – *they give me what I and my team have defined I need when, where, and how I want and need it...in a safe, effective, and optimized way...*
- Customer-owner – *they really know me and care about me*
- Customer-owner – *they listen to me, advise me, and support me on my entire health journey*
- Customer-owner – *my questions and concerns are answered, my care is coordinated, my values and goals are what drive my health plans*



# Questions?

Please contact:

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Or log onto our website at [www.scf.cc/nuka](http://www.scf.cc/nuka)

SCF Nuka Conference – June 18-22 in Alaska



# Thank You!

**Qaġaasakung**  
*Aleut*

**Quyanaq**  
*Inupiaq*

**'Awa'ahdah**  
*Eyak*

**Mahsi'**  
*Gwich'in Athabascan*

**Igamsiqanaghalek**  
*Siberian Yupik*

**Háw'aa**  
*Haida*

**Quyana**  
*Yup'ik*

**Way Dankoo**  
*Tsimshian*

**Gunalchéesh**  
*Tlingit*

**Tsin'aen**  
*Ahtna Athabascan*

**Quyanaa**  
*Alutiiq*

**Chin'an**  
*Dena'ina Athabascan*