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
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.
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

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Customer Ownership
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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- 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)
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- 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

**Work** together in relationship to learn and grow

**Encourage** understanding

**Listen** with an open mind

**Laugh** and enjoy humor throughout the day

**Notice** the dignity and value of ourselves and others

**Engage** others with compassion

**Share** our stories and our hearts

**Strive** 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.
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

- Preventive Med Intervention
- Chronic Disease Monitoring
- Medication Refill
- New Acute Complaint
- Test Results

Provider

- Customer
- Customer
- Customer
- Customer
- Customer

- Healthcare Support Team
- Case Manager
- Mental Health Provider
- Referral to Specialist after Assessment
- Certified Medical Assistant
- Dietician
- Clinical Pharmacist

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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
Empanelment

SCF Customer Growth (# Empanelled)

- FY 1999: 18,216
- FY 2010: 60,663
- Sep 11: 61,424
Anchorage Area Patients

Visits to ER/Urgent Care Per 1000

Year
Number of Visits
Day per 1000 Night per 1000
Better

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Anchorage Area Patients

Admits per 1000

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

Tobacco Screening at Visit

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Behavioral Health Integration

PRIME MD: Annual Depression Screen 18+

Better

%  

100  50  0

16.8  17.1  34.7  40.9  39.2

Jun  Dec  Jun  Dec  Jun

2009 2010 2011

SCF SCF Target (60%)
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:
Erica Srisaneha
Southcentral Foundation
907-729-8608
esrisaneha@scf.cc
Or log onto our website at www.scf.cc/nuka

SCF Nuka Conference – June 18-22 in Alaska
Thank You!

Qağaasakung  Aleut
Quyanaq      Inupiaq
‘Awa'ahdah   Eyak

Mahsi’       Gwich’in Athabascan
Igamsiqanaghhalek  Siberian Yupik
Háw'aa       Haida

Quyana       Yup’ik
Way Dankoo   Tsimshian
Gunalchéesh  Tlingit

Tsin'aen     Ahtna Athabascan
Quyanaaa     Alutiiq
Chin’an      Dena’ina Athabascan