

***The Alaska FESC Consortium
Year Two, Third Interim Report to ORHP***

Report Period: May 1 through August 31, 2006

PROJECT INFORMATION

Title of Project	Staff Person	Contact Information
Frontier Extended Stay Clinic Cooperative Agreement	Patricia Atkinson	Phone: 907-966-8662 Patricia.Atkinson@searhc.org

SECTION 1: PROJECT OVERVIEW

Grantee will provide an overview of the project including specified research area, key activities, goals, and objectives.

The purpose of the Cooperative Agreement is to demonstrate the effectiveness and appropriateness of the Frontier Extended Stay Clinic (FESC) model in Alaska and Washington. The project is designed to provide appropriate oversight and infrastructure to ensure that FESC patients receive high quality services consistent with their medical conditions. A detailed evaluation process has been developed to document the effects of the FESC demonstration.

In frontier areas of the country, weather, darkness, and distance can prevent patients who experience severe injury or illness from obtaining immediate transport to an acute care hospital. For residents in some of those communities, providers offer observation services traditionally associated with acute care inpatient hospitals until the patient can be transferred or is no longer in need of transport. Provision of these services requires additional staffing, equipment, and facility capacity. However, extended stay services are not currently reimbursed by Medicare, Medicaid or other third-party payers. For several years, officials in the State of Alaska and several State Offices of Rural Health, Primary Care Offices, and Primary Care Associations have explored the development of a new provider type that would enable reimbursement of these services. The Frontier Extended Stay Clinic (FESC) model is a result of those discussions.

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) acknowledged the work of FESC supporters by authorizing the Centers for Medicare and Medicaid Services (CMS) to conduct a demonstration program in which FESCs would be treated as Medicare providers. In a separate recognition of the extended care services provided by some frontier clinics, an additional demonstration program to be administered by the Health Resources and Services Administration (HRSA) Office of

Rural Health Policy (ORHP) was established by the Consolidated Appropriations Act of 2004. This demonstration began funding the work of the Alaska FESC Consortium in FY04. A separate appropriation and subsequent Cooperative Agreement with ORHP in FY05 has allowed the Alaska FESC Consortium to continue its work with a second Cooperative Agreement, with an expanded scope of services and an additional demonstration site in Friday Harbor, Washington.

The lead agency for the Alaska FESC Consortium is the SouthEast Alaska Regional Health Consortium, or SEARHC, with the main office located in Sitka, Alaska. Demonstration sites are currently located at clinics in Klawock, Unalaska, and Glennallen in Alaska, and Friday Harbor, Washington. Members of the consortium have created and signed a memorandum of agreement outlining roles and responsibilities to complete the project.

The Alaska FESC Consortium consists of the following organizations:

SouthEast Alaska Regional Health Consortium (SEARHC) – SEARHC is a non-profit, Native-administered health consortium serving health care needs of Tlingit, Haida, Tsimshian and other Native and rural residents of Southeast Alaska in 18 communities. The Alicia Roberts Medical Center in Klawock, on Prince of Wales Island, is the FESC demonstration site for SEARHC.

Iliuliuk Family and Health Services, Inc.(IFHS) – IFHS is a Community Health Center that provides primary, urgent and emergent care to residents of the City of Unalaska, the transient processor population that resides in Unalaska seven months a year, the fishing fleets of the Bering Sea, and residents of other islands in the Aleutian Chain.

Cross Road Medical Center (CRMC) – Cross Road Medical Center is a faith-based Community Health Center which serves the Cooper River Basin. It is located on the road system and is 190 miles from Anchorage.

Inter Island Medical Center (IIMC) – Inter Island Medical Center, located in Friday Harbor, Washington, is a Rural Health Clinic providing all of the medical care to the residents and visitors of San Juan Island.

Native Village of Eyak (NVE) – The Native Village of Eyak provides outpatient medical services to the Native residents of Cordova at the Ilanka Clinic, located in the Cordova Community Medical Center, a critical access hospital. NVE is an observer site, not participating in the actual demonstration of the FESC model.

Alaska Center for Rural Health, UAA (ACRH) – The Alaska Center for Rural Health is Alaska's Area Health Education Center. It is located within the School of Nursing at the University of Alaska Anchorage. Their mission is to help strengthen systems to deliver comprehensive and culturally relevant health care to rural Alaskans. ACRH is the evaluator for the project.

In addition to the Alaska FESC Consortium members listed above, the success of the project is dependent upon two other entities:

The Cecil G. Sheps Center for Health Services Research, located within the University of North Carolina at Chapel Hill, is providing technical assistance to the Alaska Center for Rural Health for the evaluation.

The Alaska Office of Rural Health/State of Alaska Office of Health Planning and Systems Development has offered consistent support and involvement in this project.

There are two overarching goals which describe the purpose of the Alaska FESC Consortium:

1. Demonstrate the effectiveness and appropriateness of the FESC provider type and service in Alaska;
2. Ensure that FESC patients receive high quality services consistent with their medical conditions.

The objectives of the Alaska FESC Consortium are outlined in the Work Plan in the next section.

SECTION 2: WORK PLAN

Grantee will document progress in relation to its goals, objectives, and activities in the application and determine if progress to date is within stated expectations.

Objective 1: Manage the Cooperative Agreement and all associated activities.

The SouthEast Alaska Regional Health Consortium is the lead agency and manager for all activities funded by the Cooperative Agreement. Patricia Atkinson is the half-time employee designated by SEARHC to manage the agreement. Activities under this objective are detailed below:

Activity A. Maintain the Steering Committee consisting of an executive level administrator and clinical representative from each Consortium site.

Members of the Steering Committee include:

Mark Gorman, Vice President of Community Health Services, SEARHC
David Vastola, M.D., Medical Director of Community Health Services, SEARHC
Sonia Handforth-Kome, Administrator, Iliuliuk Family and Health Services, Inc.
Donna Detweiler, R.N., Iliuliuk Family and Health Services, Inc.
Bruce Cain, Executive Director, Native Village of Eyak
Marilyn Eaton, P.A., Native Village of Eyak, Ilanka Clinic
Andre Hines, Administrator, Cross Road Medical Center
Melodye Gilbert, P.A., Cross Road Medical Center
Beth Williams-Geiger, Administrator, Inter Island Medical Center, Friday Harbor, WA
Emily Hallock, EMT and Office Assistant, Friday Harbor, WA

Beth Landon, UAA Alaska Center for Rural Health

Invited guests at all Steering Committee meetings include:

Pat Carr, Department of Health and Social Services, State of Alaska

Noel Rea, Department of Health and Social Services, State of Alaska

Shelby Larsen, Department of Health and Social Services, State of Alaska

Jack Nielsen, Department of Health and Social Services, State of Alaska

Randall Burns, Alaska State Hospital and Nursing Home Association

During this reporting period, the Steering Committee met by teleconference on May 16, June 20, and July 18. The Steering Committee met together in person for two days in Anchorage on August 7 & 8, 2006. They were joined by Tom Ricketts from the Cecil G. Sheps Center for Health Services Research, and by Carrie Cochran from the Office of Rural Health Policy.

Activity B: Invite representatives from Alaska State Hospital and Nursing Home Association (ASHNHA) and the Alaska Small Hospital Performance Improvement Network (ASHPIN) to participate in Steering Committee meetings.

ASHPIN is a division of ASHNHA. The Executive Director of ASHNHA has designated the Director of the Alaska Small Hospital Improvement Network to represent both ASHNHA and ASHPIN at FESC meetings. That designee, Randall Burns, has participated actively in Steering Committee meetings and other communications with the Steering Committee.

Activity C: Establish subcontracts with each member of the Consortium and other significant subcontractors.

Subcontract agreements have been established and signed by all members of the Alaska FESC Consortium. In addition, a subcontract for maintenance of the FESC website has been established, and a subcontract with Sheps Center for Health Services Research has also been signed.

Activity D: Develop and sign a Business Associate Agreement to meet the requirements of the HIPAA Final Privacy Rule.

A Business Associate Agreement was drafted and signed by all members of the Alaska FESC Consortium, UNC Sheps Center, and the State of Alaska DHSS.

Activity E: Provide information as requested by the Office of Rural Health Policy.

Requests for information from the ORHP have been processed and responded to in a timely manner.

Activity F: Manage communications amongst Consortium members.

Telephone, face to face, and e-mail communications between members have been encouraged and facilitated as needed.

Objective 2: Facilitate and manage the Provider Workgroup established to address concerns of providers from potential FESC sites throughout the state.

The Provider Workgroup was continued from Year One, with appropriate changes in membership. The rationale behind the Provider Workgroup is that providers need to have an active role in developing protocols for FESC services to ensure acceptance of services and the ability to implement at a variety of sites in Alaska. The goals of the Provider Workgroup include the following:

- Create FESC Vision
- Define Minimum Standards
- Guide Evaluation Process
- Discuss Quality of Care
- Describe Scope of Practice
- Identify Hazards/Risks/Criticisms

An additional activity was given to the Provider Workgroup by the Steering Committee. A group of providers was formed and first met in February 2006 to review all recorded outcome logs for patients that changed from “monitoring and observation” to “unavoidables”. This group is called the Provider Review Committee. Policies and procedures for conducting the meeting were developed, to protect confidentiality and provide exemption from discoverability. A Pledge of Confidentiality was signed by all participants. The meetings have been established to meet quarterly as a means to evaluate treatment and to improve patient care through improved systems performance. During this period, the Provider Review Committee met on May 17. Thirty-three cases were reviewed from three clinic sites. Clarification on the definition of mon-obs was obtained.

Activity A: Maintain Provider Workgroup with up to four providers from each site and other representatives.

The Provider Workgroup is composed of the following individuals:

Donna Detweiler, R.N., Iliuliuk Family and Health Services (Unalaska)
Jessica Ambrose, P.A., Iliuliuk Family and Health Services (Unalaska)
Juvy Magalong, X-Ray/Lab Technician, Iliuliuk Family and Health Services (Unalaska)
Marilyn Eaton, P.A., Native Village of Eyak (Cordova)
Matt Dinon, D.O., SEARHC (Klawock)
Melodye Gilbert, P.A., Cross Road Medical Center (Glennallen)
David Vastola, M.D., Medical Director, SEARHC (Sitka)
Cynthia Marsh, R.N. Inter Island Medical Center (Friday Harbor)
Emily Hallock, EMT, Inter Island Medical Center (Friday Harbor)
Noel Rea, Office of the Commissioner, DHSS (Anchorage)

Activity B: Facilitate communications between providers within the Consortium.

The providers correspond with each other often. The program coordinator is available to facilitate communications if needed.

Activity C: Review all proposed regulations, both state and federal; offer comments in most effective format.

Solicitation of comments for state and federal regulations did not occur during this reporting period.

Objective 3: Implement and test FESC protocols by continuing to provide high quality FESC services at the current demonstration sites, and augment the demonstration by adding another demonstration site.

Activity A: Demonstrate the FESC model for a period sufficient to assess viability and sustainability of the FESC model.

All of the sites (Klawock, Unalaska, Friday Harbor, and Glennallen) are already providing FESC services, which was a primary impetus for applying for the grant. They are all experienced providers of FESC services. Facility, staff, and equipment upgrades are essentially complete for official demonstration of the FESC model. The evaluation of the model began at three sites in March 2005. The evaluation will officially continue until March 14, 2007.

Inter Island Medical Center received a contract to complete a sprinkler system retrofit with grant funding from the FESC project. They are negotiating with contractors for the work.

Activity B: Expand the demonstration of the model to a new service area: Friday Harbor, Washington.

Inter Island Medical Center joined the Alaska FESC Consortium for year two activities. They participated in the Steering Committee meeting in Klawock in early September, and hosted a Steering Committee meeting in Friday Harbor in December. Their inclusion in the second year has been extremely beneficial to the project, as they bring a different perspective and service model to the group.

Activity C: Maintain staff, equipment, and facility to provide high-quality FESC services.

Each of the sites has committed to providing optimal FESC services. Staffing vacancies are filled as quickly as possible, needed equipment has been purchased, and the facilities are maintained.

Inter Island Medical Center completed work on a lab interface with mainland rural acute care hospitals for electronic medical records real time download of lab results into their practice software.

Cross Road Medical Center has not yet replaced their physician. They are staffed by one physician's assistant. They continue to recruit. They used FESC funding to purchase an infant warmer, geriatric chair, POC blood glucose monitoring system and supplies, bariatric shower and wheel chair, thermoangel IV fluid warmer, and cardiac analyzer and supplies.

Iliuliuk FHS was short staffed over June and July due to vacations, maternity leave for one nurse, and one nurse leaving due to her husband being relocated. This made providing FESC services more challenging, but they had fewer overnight FESC patients during this period. 52 outcome logs were submitted for this period.

Alicia Roberts Medical Center was fully staffed with providers throughout the summer, although they have been unable to fill the nurse positions. Over one weekend, an elderly patient was successfully monitored and observed for 49 hours. This service was greatly appreciated by the patient and her family.

The Alicia Roberts Medical Center was granted accreditation through the Accreditation Association for Ambulatory Health Care (AAAHC) in May. The AAAHC accreditation process examined the overnight stay facilities and had certain quality standards that had to be met.

Activity D: Provide in-kind services, staff, space, and equipment as needed.

Each of the sites is maintaining their staff, equipment, and facility adequately. However, Cross Road Medical Center in particular has experienced staffing vacancies, in spite of recruitment efforts.

Activity E: Participate in program evaluation activities approved by the Steering Committee.

Each of the demonstration sites are fully participating in program evaluation activities, detailed in Objective 4.

Objective 4: Continue program evaluation activities.

Activity A: Add Friday Harbor's Inter Island Medical Center as a FESC demonstration site.

As reported in the last two period reports, Friday Harbor has been successfully integrated into the project.

Activity B: Conduct mid-term and final qualitative interviews at FESC sites.

Because of ongoing contact with providers through the web-based evaluation activities, the considerable expense involved, and the time taken from providers' patient care responsibilities for interviews, it was decided not to conduct mid-term interviews at the

FESC sites. Final interviews were conducted at CRMC and ARMC during the project period. Eight interviews were conducted at each site. The interviews were analyzed by clinic, and summarized. Those summaries were compared to the Year 1 findings at the August Steering Committee meeting.

Activity C: Continue data collection on FESC services provided, clinical outcomes, and costs.

Data from each FESC encounter is being collected in a clinic-customized version of the Outcome Log. Each site enters the data into a web-based database. The unit of analysis is the patient encounter. Data collected includes quantity of FESC services provided, the duration of services, FESC effect on staff schedules, the array of services, and how extended stay status impacted quality of care issues.

Activity D: Present monthly reports on progress of the evaluation to the Steering Committee.

ACRH presents reports at each Steering Committee teleconference meeting. An analysis of the first twelve months of data was presented for review at the meeting in Anchorage in August.

Activity E: Provide intermittent analyses when requested by the Steering Committee, Program manager, or ORHP.

ACHR has been very responsive to any requests for data or analysis when requested. The Steering Committee has been very pleased with the quality of the data collection and reporting.

Activity F: Complete six month and twelve month reports.

ACRH reported on the first twelve months of data collection in August. They have cleaned and analyzed the data, organized it into a draft report for review and comment by the Steering Committee, and are actively developing individual site reports that reflect twelve months of data for the communities.

Activity G: Pursue publication and presentation opportunities.

ACRH, Sheps Center, and SEARHC will collaborate on publication and presentation opportunities when the project nears completion. At this time, we are focused on data collection and project management.

Objective 5: Additional activities that support the development of FESC.

Activity A: Maintain a dialogue and cooperative working relationship with the State Office of Rural Health.

The State Office of Rural Health has actively participated in all Steering Committee meetings, and is frequently contacted outside of the meetings for additional strategizing to support the development of FESC. The development of FESC licensing regulations has been closely monitored. The State Medicaid Office and Office of Rate Review have also been involved in the development of payment methodologies, modeled on the CMS demonstration. The State Office also maintains the Alaska FESC Workgroup, in which the Alaska FESC Consortium participates.

Activity B: Represent the Alaska FESC Consortium at various state and national meetings and workgroups.

Two members of the Steering Committee are on the Board of Directors of the Alaska Primary Care Association, which deals with FESC issues as part of its mission to see that healthcare is available to all Alaskans.

A poster presentation was made to the National Rural Health Conference in Reno in May.

The Steering Committee representative from Friday Harbor has actively promoted the concept at Northwest Regional meetings such as the Washington Public Hospital District's Administrators Retreat, monthly meetings with the San Juan County Public Health Director and Compass Mental Health Administrator, and other meetings.

A presentation to the Medicaid Task Force at Alaska Native Tribal Health Consortium was made on July 18, 2006.

SEARHC personnel made a presentation to the Deputy Secretary of Health and Human Services (Alex Azar), the director of Indian Health Services (Dr. Charles Grimm), the deputy director of CMS (Leslie Norwalk), and other dignitaries on August 11.

Activity C: Facilitate communication with partner agencies.

No communication difficulties or shortcomings have been noted.

Activity D: Maintain Alaska FESC Consortium website.

Updates to the Alaska FESC Consortium website, www.alaskafesc.org, are made regularly. The website was first launched in January 2005. A major update was made at the beginning of 2006 to reflect the new Cooperative Agreement. SEARHC maintains a contractual agreement with a vendor to maintain the website.

Consortium members, HRSA, and other agencies provide links to the Alaska FESC Consortium website. The HRSA link appears to generate the most referrals from outside. From January through April 2006, 349 unique visitors accessed the website, for a total of 476 visits.

Activity E: Invite additional observer sites, or send technical assistance team to potential FESC sites.

Conversations with YKHC and EAT have been initiated, particularly to encourage them to apply for the CMS demonstration.

SECTION 3: SIGNIFICANT CHANGES

Grantee will address any major changes in goals, objectives, methodology, budget, and staffing.

Vacancies at two of the sites in key provider positions has increased pressure on the existing providers, but has not impacted the ability to provide extended stay services. Staffing vacancies have resulted in some minor shifting of money within the budget.

In late April, ACRH lost the lead staff person for the FESC evaluation. A person was hired to oversee data collection, cleaning and analysis. ACRH anticipates hiring the lead research person for the FESC evaluation in late September.

SECTION 4: CONCERNS/BARRIERS

Grantee will address any concerns or barriers that have arisen and report if adequate steps have been identified to address the anticipated barriers.

Vacancies at the Alaskan demonstration sites are being aggressively recruited.

SECTION 5: NEXT PERIOD ACTIVITIES

Grantee will identify continuing and new activities that will occur during the next period.

The demonstration and evaluation activities will proceed as expected. A request for an extension of the project period has been submitted and approved.

The CMS demonstration is anticipated to be announced in the next reporting period, and most of the Alaska FESC Consortium sites plan to apply.

The State of Alaska should release their final regulations during the next period.

Inter Island Medical Center will install their sprinkler system. They continue to investigate the feasibility of facility replacement.

Sheps and ACRH will continue to provide evaluation services. It is expected that the evaluation will be continued for a period of two years, so it will not stop in March as previously planned, but will continue through March 2007.

The Sheps group will continue to support the ACRH and will assist in the development of reports and summaries that will emerge from the project. The project anticipates developing a more detailed evaluation tracking system based on a program or project logic model.

An additional site will be added under the new Cooperative Agreement, and a telepharmacy project will begin at the Alicia Roberts Medical Center.