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Cover photo by Tiffany Zulkosky

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YKHC administers a comprehensive health care delivery system for 50 rural communities in southwest Alaska.

The system includes community clinics, subregional clinics, a regional hospital, dental services, behavioral health services including substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

YKHC is a Tribal Organization authorized by each of the 58 federally recognized Tribal councils in its service area to negotiate with the Federal Indian Health Service to provide health care services under Title V of the Indian Self-Determination and Education Assistance Act of 1975.

YKHC, along with 22 other Tribal Organizations, is a co-signer to the Alaska Tribal Health Compact, a consortium which secures annual funding agreements with the federal government to provide health care services to Alaska Natives and Native Americans throughout the state.
Elected by the Tribal Councils of each of the 58 federally recognized Tribes in the YKHC service area, the Board of Directors is the chief policy-making body of the corporation, exercising overall control, management and supervision.

Board of Directors

Unit 1
Mary Ayunerak, Aklavik
Michael Hunt, Sr., Kotlik

Unit 2
Geraldine Beans, St. Mary's
James C. Landlord, Mtn. Village

Unit 3
Billy Jean Stewart, Kalskag
Betty Turner, Lower Kalskag

Unit 4
Phillip K. Peter, Sr., Akiachak
Mildred Evan, Akiachak

Unit 5
Stan Hoffman, Sr., Bethel
Gloria Simeon, Bethel
Hugh Snyder, Bethel

Unit 6
Esai Twitchell, Jr., Toksook Bay
Adolph Lewis, Kwigillingok

Unit 7
Gloria Simeon, Bethel
Hugh Snyder, Bethel
Chris Larson, Napaskiak

Unit 8
Vacant, Toksook Bay

Unit 9
Patrick Tall, Chivak
John Uttereyuk, Scammon Bay

Unit 10
Joshua Cleveland, Quinhagak

Unit 11
Marvin Deacon, Grayling

Honorary Board Member
James Charlie, Sr., Toksook Bay

Executive Board
Esai Twitchell, Jr., Chair
Gloria Simeon, 1st Vice Chair
Marvin Deacon, 2nd Vice Chair
Patrick Tall, Secretary
James Landlord, Treasurer
Chris Larson, Supt.-At-Arms
Joshua Cleveland, 1st Additional Member
Michael Hunt, 2nd Additional Member
Dan Winkelman, Ex-Officio
Honorary Member
James Charlie, Sr.

By-Law Committee
Chris Larson
Joshua Cleveland
Adolph Lewis
Stanley Hoffman
Phillip Peter
Esai Twitchell, Jr., Ex-Officio
Dan Winkelman, Ex-Officio

Policy Committee
Geraldine Beans
John Uttereyuk
James Sipary
Patrick Tall
Betty Turner
Esai Twitchell, Jr., Ex-Officio
Dan Winkelman, Ex-Officio

Finance Committee
James Landlord
Phillip Peter
Marvin Deacon
Mary Ayunerak
Joshua Cleveland
Esai Twitchell, Jr., Ex-Officio
Dan Winkelman, Ex-Officio

Board Standing Committees

Human Studies
Gloria Simeon
Adolph Lewis
Geraldine Beans
Michael Hunt
James Sipary
Esai Twitchell, Jr., Ex Officio
J. Klika, J. Dobson, R. Daw, S. Sigmon, T. Nelson

Compensation Committee
Gloria Simeon
James Landlord
Mildred Evan
Betty Turner
Hugh Snyder
Esai Twitchell, Jr., Ex-Officio
Dan Winkelman, Ex-Officio

William Morgan Legend Award
Esai Twitchell, Jr.
Gloria Simeon
Marvin Deacon
Dan Winkelman

Governing Body
Hugh Snyder, Chair
Billy Jean Stewart, Vice Chair
Betty Turner, Secretary
Mildred Evan, Treasurer
Mary Ayunerak, Sergeant-at-Arms
Adolph Lewis, Governing Body Member
Geraldine Beans, Governing Body Member
James Sipary, Governing Body Member
John Uttereyuk, Governing Body Member
Phillip Peter, Governing Body Member
Stanley Hoffman, Governing Body Member
TBA, Unit 8, Seat B, Governing Body Member
Patrick Tall, Executive Board Representative

Board Appointments
ANHB: Marvin Deacon
Gloria Simeon
ANTHC: Esai Twitchell, Jr
1st: Gloria Simeon
2nd Dan Winkelman
LifeMed: Esai Twitchell, Jr
Gloria Simeon
Dan Winkelman

BOARDS AND COMMITTEES

Corporate Compliance/Quality Assurance
Mary Ayunerak
Mildred Evan
Billy Jean Stewart
Stanley Hoffman
Chris Larson
Esai Twitchell, Jr., Ex-Officio
Dan Winkelman, Ex-Officio

Special Committees

Board Branding
Billy Jean Stewart
Hugh Snyder
John Uttereyuk
Michael Hunt
Marvin Deacon
Mildred Evan
Esai Twitchell, Jr., Ex-Officio

LifeMed: Esai Twitchell, Jr
Gloria Simeon
Dan Winkelman
Waqa! Overall, 2016 was another great year for YKHC. Like 2015, we focused our work on improving visibility and engagement, customer experience and financial performance.

Improved Visibility & Engagement

Over the last year, leadership visited 18 villages. Members of the Board of Directors and Senior Leadership Team accompanied the President & CEO on many of those important trips. We heard from many customers, tribes and employees on various operations that need improvement. We will continue to visit numerous villages throughout the upcoming year.

Improved Customer Experience

In 2016 we improved our customer’s experience in several ways.

Last year we embarked on our journey to High Reliability. About 40 employees began learning Lean management concepts that Toyota made famous. We are currently developing more education on Lean and are deploying visual boards that contain key performance metrics throughout the company.

We launched a nurse triage telephone service for our village clinic customers. It operates after clinic hours and helps village customers by directing them to appropriate services. It also has been very helpful to our village staff by appropriately triaging after-hour emergencies.

YKHC led the way by becoming the first rural Alaska health care provider to offer a medication-assisted treatment program for opiate addiction. Recently, a participant told our President & CEO that the program saved his life and he “wouldn’t be alive without it.”

Beginning last month, and after much recruiting efforts, we were able to increase provider staffing in our hospital’s outpatient clinics. This winter, after more than a year of negotiation, on March 29, YKHC signed a Joint Venture Agreement with the IHS, which will more than double YKHC’s existing IHS funding of $75 million per year.

For two years in a row, our hard work was rewarded and we were able to have employee raises. Last month, all eligible employees received a 2 percent raise. For provider positions, where we saw large recruiting and retention issues, we were also able to make additional salary market increases.

In Februray of this year, we also contributed $4.1 million to all eligible employee retirement accounts.

Because of our diligence to increase revenues and have sustainable expenses, we recently made a lump sum payment and paid off our mortgage on Bethel’s Community Health Services Building in the amount of $7+ million.

For numerous reasons we have worked hard to ensure we continue to save money from our operations. One reason is to be able to have employee raises so we can continue to attract new talent while retaining high performing employees. Another reason is the need to save for repayment of the cost of the PJCP. Lastly, with a new U.S. President, federal budget priorities have changed significantly. Next year’s U.S. Department of Health & Human Services budget is proposed to have a 17 percent cut. The IHS’s budget lies within that department. Congress will likely change the President’s budget. Therefore, at the time of the printing of this report, it is unknown what will happen to the IHS budget. Nevertheless, it is likely to remain flat and even more likely to decrease. With such political uncertainty to the IHS budget and anticipated future changes to Medicaid, it is even more important to remain vigilant with our revenues and expenses.

We would like to thank our customers for their business and our hard working employees for all they do each and every day. Quayana.

Respectfully,

Esai Twitchell, Chairman of the Board

Dan Winkelmann, President & CEO

PJCP Milestones

2014: YKHC submitted pre- and final joint venture construction project applications to the IHS.

2015: YKHC was awarded a joint venture construction project, ranked #1 nationally.

The Alaska Legislature unanimously passed Senator Lyman Hoffman’s and former Representative Bob Herring’s bill allowing all regional health organizations access to $205 million of low-interest bonding capacity from the Alaska Municipal Bond Bank Authority. Senate Bill 46 was signed into law by Governor Bill Walker.

Congress passed Senator Lisa Murkowski, Dan Sullivan and Representative Don Young’s bill transferring the hospital and its lands from IHS ownership to YKHC. Senate Bill 230 was signed into law by President Barack Obama.

YKHC secured a $165 million low-interest loan from the U.S. Department of Agriculture (USDA). The largest USDA community facilities loan in its history.

2016: After more than a year of negotiations, on March 29, YKHC signed a Joint Venture Agreement with the IHS, which will more than double YKHC’s annual funding agreement by 2025.

YKHC secured up to $165 million from financial services firm Raymond James for short-term construction financing.

2017: On February 28, JP Morgan Bank in Manhattan sold over $100 million worth of low-interest bonds to global investors.

On March 20, YKHC closed on $102.5 million of bonds through the Alaska Municipal Bond Bank Authority, completing our financing for the PJCP.

Improved Financial Performance

In 2015, with the help of all YKHC employees, together we accomplished a tremendous financial turnaround. Because of our financial turnaround we were able to attract more than enough financing for our PJCP. Regarding our financial performance, 2016 turned out to be even a better year than 2015.

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Esai Twitchell, Chairman of the Board

Dan Winkelmann, President & CEO
Nearly 90 delegates, from villages throughout the YK Delta, participated in the 23rd Tribal Unity Gathering—listening to reports about improvements to YKHC’s healthcare service from the previous year and setting priorities for the upcoming year. Hiring, training, and supporting Health Aides in village clinics was voted high among the priorities identified for action.

The theme for the 2016 Gathering, “Building Wellness Together,” continued throughout the conference as President/CEO Dan Winkelman announced news that the Indian Health Service (IHS) and YKHC signed the final joint venture agreement to move ahead the proposed Dr. Paul John Calricaraq Project (PJCP)—a comprehensive health care improvement project that includes a new primary care clinic and inpatient unit, major hospital renovation, and staff housing. Keynote speaker Jim Nordlund, State Director for the U.S. Dept. of Agriculture Rural Development, described the role of the Alaska office in securing a $165 million loan to help finance the PJCP and invest in the future generations of the YK Delta.

During the first day of the conference, YKHC leadership and program directors reported on new developments and continuing issues being addressed at the Bethel hospital and in village clinics.

MyYKHHealth – Susan Wheeler, Interim Chief Information Officer

Customers were encouraged to sign up for YKH’s internet patient portal, myYKHHealth, where they can access personal information from their medical record, send their health care team secure messages, request refills of medications from the pharmacy, print immunization records, and receive appointment reminders and health messages. A new iPhone app, HealthLife, was also introduced. Use of the portal only requires an email address. Some customers may only have cell phones with texting but not email or other data—a possible reason only 1,700 patients, out of YKHC’s service population, had signed up so far.

Hospital Services – Jim Sweeney, VP Hospital Services

In the months leading up to the 2016 Tribal Gathering, following medical appointments, customers were asked to take a brief survey following an appointment. This information provides administrators instant feedback that helps them improve services and resolve issues quickly. The hospital formerly used an after-visit survey sent out by mail several weeks after a patient’s visit. They were long and very few responses were returned.

Community Health Aide Program – Rahnia Boyer, VP Village Health

Village Health Aides have a difficult job and deserve the support and respect of their communities, but sometimes they are criticized and underappreciated. This leads to burnout and high turnover. A shortage of basic training instructors compounds the problem, making it difficult to keep up with training new Health Aides. These challenges make retention of trained Health Aides very important. Many village clinics are one or two health aides short of budgeted staff. Small gestures of appreciation from the people they care for remind Health Aides why they are there and can make the difference in helping them want to stay.

Healthy People Pillar – Matthew Scott, Community Health & Wellness Director and Dane Lenaker, Dental Director

The Healthy People Pillar (a newer Napartet Pillar in 2016) brings focus to two of the Delta’s biggest public health priorities—reducing prevalence of tobacco use and increasing awareness of dental disease. In the RAVEN electronic health record system, YKHC improved screening of all patients for tobacco use. Accompanied by convenient options for referral to the organization’s prevention program, this has had dramatic results toward meeting a goal of enrolling more people in the program.

Dental Health Aide Therapists in the subregional clinics have taken the lead in making sure infants and children in the villages get dental exams and treatments. YKHC is actively recruiting more dentists to make additional and longer village visits.

Behavioral Health – Raymond Dow, Behavioral Health Administrator

Utilization reviews and outcome evaluations have resulted in the redesign of clinical services, particularly in response to traumatic deaths and incidents. The new alcohol treatment facility has increased capacity and new opportunities for inpatient treatment. Also, an active and culturally appropriate prevention program, outpatient services with stronger regional access, 24/7 crisis response capability and continuing study of the connection between nutrition and mood problems are elements of YKHC’s Behavioral Health service plan.

Day Two: Tribal Gathering Priorities

Every year, delegates at the YKHC Tribal Gathering work in small groups (organized by sub-region) to create a list of health-focused priorities for the upcoming year. In 2016, delegates were asked to consider actionable items YKHC could work on at every level of our four-tiered health care system—within village clinics, subregional clinics, at Bethel hospital and, when referring patients to Anchorage health care partners and beyond.

Once subregional priorities were set and reported out by each unit, conference organizers input the results into a text- and tablet-based polling system. Delegates were asked to vote on their highest priorities per tier, and finally, overall. The following results capture the final top three priority results, as well as context provided during the small group work sessions.

Top 3 Priorities for 2016/2017

1. More Village Health Aides

Ensure there are enough health aides on staff to accommodate a patient’s ability to get an appointment with ease. Improve hiring and long-term retention of health aides and health aide floats, particularly in villages that do not currently have a full-time health aide or when a village’s health aide is asked to float to another village. Continue to provide health aide support and counseling to prevent burnout or after a trauma occurs. Where necessary, develop a process to deliver health care in villages without health aides, to ensure medical needs are met.

2. Village Doctor visits at least two times per year

Improve access to health care by increasing frequency of doctor visits to villages, bringing access directly to patients’ communities. In addition to more doctor and mid-level primary care providers, delegates requested increased visits by dental and eye care providers.

3. Decrease ER wait times

Overall, many unit delegates felt the wait time in the ER was too long. Delegates requested adding triage staff and ER doctors, as a means to shorten wait time.

Qiyua to our delegates, our volunteers, our staff and the Yupiit Piciyariat Cultural Center for contributing to a well-coordinated and successful Tribal Gathering!
2016 Napartet Goals

Patient Centered Excellence

**Goal:** Increase patient satisfaction as measured by “I received excellent care today” by 10% over FY15

Seventeen Health Services departments, including the five sub-regional clinics, conducted patient surveys using electronic tablets immediately following the patients’ visits. The short, 10-question survey takes about a minute to complete and includes questions about making appointments, wait time, courtesy, privacy and quality of care.

The graph shows average improvement over the previous year, exceeding or meeting the 10 percent improvement goal.

The goal team redesigned evaluations from January to May and communicated the new process to employees through the summer. New evaluation tools were deployed via the Kronos employee portal in October.

A presentation about self- and supervisor evaluations was developed and included in new employee orientation and manager training. The intent of the goal was achieved with new employees, new and current managers and all current employees better understanding expectations, responsibilities of the evaluation process, and increased involvement.

This revised process gives each person an avenue to comment on the good and bad aspects of their jobs, to promote communication and clarify goals in each department.

Community & Partner Satisfaction

**Goal:** By September 30, 2016, we will engage with all 58 tribes on the Paul John Calricaraq Project to ensure it represents the region’s cultures and identities.

One of the guiding principles of the Paul John Calricaraq Project is that it represents the region’s culture and identity. The goal endeavors to ensure that all tribes within the region have an opportunity to contribute to the design of the new clinic, hospital renovation and the patient-centered model of care. In order to achieve this, a series of village visits with Board members, senior leadership and the architectural design team took place through 2016.

Outreach was conducted at the annual AVCP convention, YKHC’s Tribal Unity Gathering and other community meetings. An interactive website, an email address, and a phone line were set up to invite comment. Bulletin boards (“talking walls”) were posted in each village clinic and the hospital and CHSB to gather input. Communication about the progress of the project was communicated in a monthly email update sent to all tribal councils.

While every community was offered the opportunity to contribute, the team was able to confirm contributions and comments from 37 communities.

Alaska Native Workforce Development

**Goal:** Twelve middle manager competency-based skills and abilities program graduates by September 30, 2016

The team began with an evaluation of the previous year’s pilot program, following up with a public relations campaign to recruit a cohort of mid-level managers for participation in the program.

Implementing the program included identifying instructors and mentors, determining locations, identifying staff support and securing supplies. Eleven participants took part, all returning positive feedback on learning how to better handle “crucial conversations” with staff and leadership.

The team determined that having before and after tests, with a stronger emphasis on competencies, would improve the training program.

Employee Focus

**Goal:** Develop and deploy a performance management system that provides clear expectations by Sept. 30, 2016.

The Employee Focus goal was adopted in response to employee and manager concern that evaluation questions for non-exempt employees were non-applicable and expectations were not well communicated.

The goal team held a series of employee forums on a variety of topics, including the Paul John Calricaraq Project.

YKHC leadership held a series of employee forums on a variety of topics, including the Paul John Calricaraq Project.

The final survey question, “I feel I received excellent health care today,” is used as an overall indicator of how well customers feel we are doing. Driving the effort to improve the positive response to this question were initiatives to increase staff and customer awareness, completion of more surveys and holding departments accountable for making surveys available to customers.

Some technological issues encountered with the tablets’ network connectivity were addressed. Other issues involved meaningful analysis of the data that was gathered and translating that into service improvements.

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Healthy People

**Dental Goal:** Improve oral health for children ages 0-8 by 10%

Children in the YK Delta have significantly higher rates of dental disease than the national average. In 2015, 86% top front baby teeth were extracted, averaging three per day in the YK Delta.

With Dental Health Aide Therapists in every subregional clinic, providing exams and screenings in nearby villages, both exams and completed treatments were increased beyond the 10 percent goal.

Challenges remain. A shortage of dentists forced a balancing act between providing routine and emergency services in Bethel and village outreach. There are limited housing options for dental health aide therapists in target communities.

**Tobacco Goal:** 50% of individuals referred to the tobacco department will be enrolled into the YKHC tobacco cessation program.

Two positions in Tobacco Prevention were created to handle additional referrals to the program, but only one could be filled.

Many patients who are referred are not ready to commit to enrolling in the program and may only want information. Others are ready to take action and quit right away. Some referrals were being created due to errors within RAVEN, the electronic health record system. These issues were addressed and, in the future, the team expects to see a slight reduction in total referrals but an increase in people actually interested in quitting tobacco.

Among YKHC customers who had initially quit for less than three months, nearly half were still using tobacco at follow-up. However, among those who had quit for three months or longer, less than 5 percent were still using at follow-up and more than 90 percent remained abstinent. Of those who had quit for 1 year or longer, only two percent were still using tobacco at follow-up and nearly 95 percent were continuously abstinent.

**Finance Goal:** Collect $79.0 Million from Third Party Payers

The skilled and accountable workforce within the Finance Division increased the rate of payments received from third party and other payers. The team also demonstrated sustainable financial performance by addressing denials and reducing the number of days between billing and payment. Finance posted $187 million in revenue.

**Goal:** Achieve a 4.5% margin

A 14.8% margin was achieved.
Napartet Strategy

President & CEO Dan Winkelman announced to staff in February 2016, and to customers in March 2016, that YKHC is working toward becoming a high reliability healthcare organization. In order to accomplish this, YKH’s leadership and performance improvement team implemented use of Lean techniques.

The daily use of these techniques, at every level of the organization, is intended to cultivate a culture of problem solving and efficiency that will have long-term gains in performance, quality, and patient safety.

In addition to this new approach to our work, YKHC leadership has established a new structure for corporate goals and goal setting. The intent behind this is to more accurately reflect the priorities set by our Tribes, to focus on more meaningful impacts throughout the organization and region, and to adopt strategies that set us on a long-term trajectory toward success.

As described by our late honorary board member Dr. Paul John, “napartet” is the mast of a boat that led he and his father out to traditional fishing waters. Similarly, at the Yukon-Kuskokwim Health Corporation (YKHC), we have adopted a Napartet Strategy that will set us on the course over the next five to ten years to advance our mission of “Working Together To Achieve Excellent Health.” Our vision is to provide culturally relevant care, resulting in the best health of our people and our communities.

Healthy Community

Emmonak

Early in the morning on November 14, 2016, an old vacuum sewer pump started a fire at the Emmonak wastewater treatment plant just days before three new replacement pumps were to be installed. Local water plant operator Jamie Agwiak initially noticed there was no vacuum at his home around 5:00 a.m. and immediately went to the plant to investigate. He saw the plant was on fire and quickly worked to put it out, with some assistance from a Ridge construction employee working on the pump replacement project.

Initial reports were that the building was unsafe and waiting that long might cause the town’s water and sewer system to freeze. The YKHC Remote Maintenance Workers (RMW) and Emmonak Water Plant operator Bob White, a YKHC electrician, and the Emmonak Water Plant operators consulted with CRW engineering (who had a contract to install new vacuum pumps) and local water plant construction employee working on the pump replacement project.

The YKHC Remote Maintenance Workers (RMW) and Construction teams mobilized to assist Emmonak. Our RMWs consulted with CRW engineering (who had a contract to install new vacuum pumps) and local water plant operators to create a repair plan. YKHC carpenters temporarily braced the roof, making the building safe to work in. YKHC RMW Allan Paukan (pictured) and Bob White, a YKHC electrician, and the Emmonak Water Plant operators then repaired one of the two damaged vacuum pumps and reprogrammed an old VFD to restore service to the entire town. Service was restored to all but 12 homes, and this temporary fix held until the new system was installed in December 2016.
Health People

Community Health & Wellness

Tobacco Prevention

The Tobacco Prevention Department houses two programs with similar, but somewhat different goals: the Tobacco Cessation Counseling Program and the State of Alaska Tobacco Prevention Grant.

The Tobacco Cessation Counseling program helps people who are already addicted to tobacco. In 2016, 491 new patients (or 35% of all patients referred to the program) were enrolled for continual coaching and follow-up. This enrollment rate is above the national average for tobacco cessation programs, which ranges from 18% to 31% nationwide. Due to the organization’s increased focus on tobacco cessation and cancer prevention, the program has grown from one Tobacco Cessation Counselor, to three. This shows the commitment YKHC has to assisting those who want to quit tobacco for good. The counseling staff consists of local, Alaskan Native professionals who are fluent in both Yup’ik and English. The counselors are also Certified Tobacco Treatment Specialists. This certification requires rigorous training covering the health effects of tobacco, tobacco treatment methods, pharmacology and counseling techniques. We are extremely proud of these counselors and the important work they do to help people quit tobacco and, ultimately, live longer and healthier lives.

The Tobacco Prevention Grant Program works on changing policy, supporting tobacco prevention initiatives and offering health education outreach throughout the region. In 2016, the department assisted YKHC leadership in preparing to implement a Tobacco-Free Healthcare Campus Policy. The new policy shows the commitment YKHC has to improving wellness and preventing cancer, the region’s number one cause of death. In addition to this, the Prevention Program made village-based outreach a major focus, completing 21 events in 11 communities, including Russian Mission, Aniak, Bethel, Upper and Lower Kalskag, Chevak, Quinhagak, Crooked Creek, Sleetmute, Akiak, Akiachak, Tidukuk and Emmonak. The department aims to increase these visits in 2017 and expanding existing partnerships with various agencies across the state.

Diabetes Prevention & Control

In 2016, the YKHC’s Diabetes Prevention and Control Department celebrated its 20th year of grant-funded programming. This competitive Indian Health Service grant is known as the “Special Diabetes Program for Indians,” or SDPI. YKHC has consistently been awarded the largest grant in the state of Alaska due to our region’s size and ability to maintain a department capable of delivering both high-quality clinical care and community-based primary prevention. As of the publish date of this report, Congress has yet to appropriate federal funding for SDPI beyond December 2017.

One of many requirements to receive this funding is the completion of the Diabetes Care and Outcomes Annual Audit. This audit looks for trends in the overall health of the diabetes population, then compares YKHC’s results to the rest of the American Indian and Alaska Native populations in the state and nation. YKHC was the first program in the state to conduct an electronic audit of our entire diabetes population using our Electronic Health Record, Raven.

The Diabetes Prevention and Control program also focuses on prevention activities that include orienting customers to a healthier lifestyle, both physically and mentally. One example of the program’s commitment to overall wellness was showcased on August 27 in the village of Emmonak at an event called Energize Emmo. More than 300 community members attended a fun-filled day of healthy activities, ranging from growing ‘micro’ greens (as an example of growing vegetables indoors) to CPR lessons and Hemoglobin A1C measurements.

Partnerships are essential to reaching youth and young adults in the YK Delta. YKHC and Campfire Alaska have partnered together for the past three years to offer health education summer camps, in an effort to increase healthy messages and activities in many of our communities. This year 16 YKHC service area communities were served by Campfire through this partnership and funding provided by Diabetes Prevention. In addition to providing funding for these programs, the Diabetes Prevention program has also offered staff support to these camps to ensure YKHC’s health messages are offered with consistency.

Another impactful partnership has been the participation of local, professional athletes in the department’s outreach to schools and youth. The Diabetes Prevention Program has worked with local K300 and Iditarod mushers Pete Kaiser, Richie Diehl, and Mike Williams, Jr. and local school districts to help youth realize their potential for living a healthy life. Students in three YK Delta school districts were encouraged to write essays about what living healthy means to them after hearing a presentation on how the mushers keep themselves healthy. Upon completion of the essays, these students visited with the mushers again to learn up close and personal what taking care of a dog team entails.

Youth on the basketball court at the Energize Emmonak event.

Community Outreach Specialist Elin McWilliams at the Quinhagak health fair.

By the Numbers: 2016

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Clinical Care</td>
<td>By the numbers: 2016</td>
</tr>
<tr>
<td>Number of Professional Staff</td>
<td>7</td>
</tr>
<tr>
<td>(2 Pharmacists, 2 Registered Nurses, 2 Registered Dieticians, 1 Licensed Practical Nurse)</td>
<td></td>
</tr>
<tr>
<td>Number of patients on the YK Region Diabetes Registry</td>
<td>769</td>
</tr>
<tr>
<td>Number of patients on this registry contacted for care in 2016 (60%)</td>
<td>1,850</td>
</tr>
<tr>
<td>Number of Patient Educational Encounters and In-Person visits conducted in 2016</td>
<td>3</td>
</tr>
<tr>
<td>Number of NEW services added in 2016 (Diabetes Self Management Education Classes, Diabetes Group Visits, Diabetic Shoe Program)</td>
<td>40</td>
</tr>
<tr>
<td>Diabetes Community Outreach</td>
<td>By the numbers: 2016</td>
</tr>
<tr>
<td>21 Communities visited for outreach and prevention</td>
<td>2016</td>
</tr>
<tr>
<td>Community Diabetes Screening Events</td>
<td>12</td>
</tr>
<tr>
<td>School-Based Presentations</td>
<td>12</td>
</tr>
<tr>
<td>Wellness Wednesday Radio Shows Hosted</td>
<td>5</td>
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<tr>
<td>Diabetes Support Groups Hosted</td>
<td>769</td>
</tr>
<tr>
<td>Community Walks/ Zombie Runs Hosted</td>
<td>1,850</td>
</tr>
<tr>
<td>Total number of events</td>
<td>2016</td>
</tr>
</tbody>
</table>

Diabetes Prevention and Control Assistant Melanie “Plucky” Roland and Outreach Specialist Venessa Yazzie.
Yugnun Paivcimaarkat
Report to the People 2016

Care Delivery

Paul John Calricaraq Project

Site preparation for the new primary care clinic and staff housing components of the Paul John Calricaraq Project began in the fall of 2016. The project is also on schedule for renovation of the existing hospital. YKHC began this project by submitting an application to the Indian Health Service in November 2014 to participate in the joint venture program. YKHC was notified in January 2015 that our application ranked number one in the country, leading to the signing of a formal agreement on March 29, 2016. Since then YKHC has been working with contractors and financial institutions to design a project that meets IHS requirements at an affordable cost and has adequate financial commitment to complete the project.

On September 25, 2015, the U.S. Department of Agriculture – Rural Development (USDA RD) approved $165 million in long-term financing to support the project. After the State of Alaska approved the use of the Alaska Municipal Bond Authority (AMBA) to raise funds for regional health organizations, YKHC applied for a $102.5 million loan and received approval from the AMBA board on February 9, 2017. The bonds were sold at a discount on February 22, 2017, and the funds for construction were available to YKHC on March 21, 2017.

The funding from USDA RD and AMBA will be supplemented with some lease financing of equipment and equity from YKHC for approximately $20 million. This completes the financing of the $300 million project.

This major financial accomplishment will provide state of the art facilities to support the best healthcare delivery possible.

YCWH’s New Model of Care

During 2016, and ongoing for the next two years, YKHC is working on designing, testing and implementing a new model of care for our customers. Traditionally, people come to see a provider for a specific problem. The issue is treated and the patient is sent home. While this process meets the need for the particular reason a person was seen for, it does little to proactively address other health concerns a person may have. The new model of care adopts a team-based approach that intends to serve the whole person, instead of one single problem.

The new care teams consist of providers, nurses, care managers, care managers assistants, behavioral health and pharmacy. For continuity of care, these teams are assigned to a specific group of villages. When village trips are scheduled, the providers from that team will travel to the villages in their area. This will help to ensure that a customer will see the same provider whether they receive care in the village or Bethel.

A big change in the new model of care, from our current model, is the reliance on care managers and their assistants, who will become a customer’s contact for care at YKHC. When you make an appointment, the care managers work with you to tailor the visit to your individual needs. They will make sure YKHC knows what you, as the customer, want to achieve from your appointment.

How do we do that? Prior to your appointment the care manager will review your medical history, consult with the provider, and contact you to discuss your visit and determine what you want to accomplish during your exam. If lab tests or radiology is indicated, the care manager will ensure that orders have been placed in advance and advise you of what to expect. Advance notice allows time to have the tests completed and processed prior to the appointment so the results will be ready and available for the provider to review with you. If you have not had a dental or eye exam for some time, the care manager will also coordinate getting these appointments scheduled. They will also check for any chronic illnesses such as hypertension and diabetes to ensure all testing is up to date.

In addition to coordinating appointments, care managers will periodically reach out to patients who require chronic care to see how they are doing and ensure lab tests are kept current.

We believe that this new model of care supports our mission of Working Together to Achieve Excellent Health. As you can imagine, such a fundamental change will not be easy. We are currently working hard with our providers and staff to develop this system so it will be fully operational when we move into the new facility in 2019.

Heroin and Opioid Addiction

In response to the increased presence of heroin in our region, YKHC launched a new program to help those struggling with opioid addiction in November 2016. The new program combines traditional substance abuse treatment options with medications, providing what is known as medication-assisted therapy. People seeking treatment begin by getting an assessment from behavioral health team members (for substance use problems). Using a team-based approach to care, the behavioral health team will then refer an individual to a medical provider (for physical health and medication).

If it is determined that medication-assisted therapy is what would work best for the individual seeking treatment, the medication prescribed by the care team is Suboxone. This is a combination of two medications, buprenorphine and naloxone. This combination of medications prevents the painful withdrawal symptoms while providing a “ceiling” effect for the heroin “high.” The medication is prescribed by doctors with special training and credentials, and is closely monitored by the medical providers, pharmacy, and the behavioral health team. Behavioral health provides a continuum of care based on the initial clinical assessment. This can include a six-week residential treatment at the YK Ayagnirvik Healing Center, followed by intensive outpatient services and Level I outpatient services.

Residential Treatment

This includes a six-week stay at the new YK Ayagnirvik Healing Center. During this time, the individual seeking treatment will take their medication, attend group and receive individual therapy each day. A protective environment can offer stability and space to adjust to being “clean and sober.”

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Level I Outpatient Treatment

One group therapy session per week, plus additional individual counseling as needed. The treatment uses Moral Recognition Therapy and lasts at least 12 sessions. Upon completion, individuals participate in an “alumni group.” The alumni group allows an individual seeking sobriety to stay in touch with their medical and behavioral health providers.

Community Health Aide Program

Nurse Triage Hotline

The Nurse Triage Line was implemented in April 2016 as an after-hours service to village residents with non-emergency medical concerns or questions. It was first rolled out as a pilot project with seven clinics and expanded in October.
Corporate Capability and Culture

Financial Progress

The official audited financial statements for Fiscal Year (FY) 2016 are the best ever, with a $33.1 million operating income. This was a 28 percent increase over the $27.4 million operating income in FY15 and far ahead of the $8 million loss in FY14. The improvements in 2016 are due primarily to a 16 percent increase in patient care revenue and a four percent increase in compact funding from the Indian Health Service (IHS). Fiscal Year 2017 is not on a record-setting pace, but we expect to achieve an operating income of more than $20 million.

To make Medicaid-paid travel more efficient for customers of YKHC, a new program was launched by the Department of Finance. This program, called Compass, began the process of taking over the prior authorization process and scheduling of travel authorized for payment by Medicaid. As of the publication of this report, this is still being implemented, with a greater than anticipated volume. Personnel have been added and additional resources have been provided to support patient care. This contributes to a better work environment and, ultimately, improved patient care.

Telemedicine

New telemedicine carts were tested in four clinics in 2016, followed by a full rollout scheduled for all YKHC's village clinics in 2017. The upgraded units are the product of months of preparation by a team spearheaded by IT staff Lukas Vannas, Susan Wheeler, and Lonnie Holley Jr. The team was also supported by the CHAP Department, CHAP Director, and CHA Training Department Coordinator. CHAP Director Marsha Smith and Health Aide telemedicine Director, and CHA Training Department Coordinator.

Telemedicine carts in 2016. The new carts have full capacity for remote video conferencing with providers using Vidyo software, Otoscope, and video streaming capabilities. Files are saved in multimedia for access by remote providers.

A nurse is always available after clinic closure for any health concerns, including urgent and non-urgent situations. The nurse can answer in-depth questions about prescribed dosages of medications, triage emergency situations, and provide advice to the Health Aide on-call as needed.

The line also decreases stress for hard-working Community Health Aides, who may receive calls after hours for non-emergency questions. In a recent survey, 96 percent of Health Aides said the Nurse Triage Line provided stress relief during on-call hours and that the service was effective in supporting patient care. This contributes to a better work environment and, ultimately, improved patient care.

Compass 2016

After a successful pilot program in 2015, YKHC launched a new telemedicine program in 2016. The program, focused on key competencies of management in alignment with YKHC's strategic plan, aims to offer culturally relevant training for Alaska Native employees who demonstrate leadership skills. A second level of training is developed and focuses on management specific topics, such as effective communication, self-directed learning, networking, coaching employees, and handling difficult situations.

Congratulations to the 11 employees who successfully completed the training and earned their Crissi Conversations certification in 2016:

- Eddie Corp, Compliance and Culture
- Ida Kerkak, Behavioral Health
- Jerilynn Long, Laboratory
- Jim Chialak, Behavioral Health
- Liz Lee, Long Term Care
- Molly Billy, Outpatient Clinic (successfully completed both levels of Compass)
- Denise Cheaney, Payroll
- Molly Boney, Finance
- Kathy Nennenman, McCall Center
- Valerie Thomas, Finance
- Sammiwo Smith, Human Resources (Successfully completed both levels of Compass)

Accomplishments in the following areas brought about positive change in 2016:

Director

In 2016, Vice President of Village Health Rahnia Boyer assumed oversight of YKHC’s Workforce Division, of which Human Resources (HR) is a part. Under her leadership, YKHC brought on a new Human Resources Director, which offered a renewed focus on HR initiatives.

In addition to assessing department management needs, the new Director has been developing on-going management of the Annual Employee Evaluation process, strategic department goals, and enhanced training opportunities for the HR team (to include a nationally recognized, professional certification with emphasis for tribal entities, breathalyzer and drug testing certifications).

Alaska Area Health Education Center (AHEC)

Compass was developed and focuses on management-specific topics, such as effective communication, self-directed learning, networking, coaching employees, and handling difficult situations. A second level of training is developed and focuses on management specific topics, such as effective communication, self-directed learning, networking, coaching employees, and handling difficult situations. A second level of training is developed and focuses on management specific topics, such as effective communication, self-directed learning, networking, coaching employees, and handling difficult situations.

Alaska Area Health Education Center (AHEC) was funded in part by a Healthcare and Resources Administration (HRSA) grant, AHEC promotes job shadowing and clinical rotations for healthcare professionals. The team has recently become fully staffed and, in 2016, worked to establish community-based and academic collaborations to support local students interested in healthcare training programs. These collaborations include the creation of an AHEC Advisory Board comprised of multiple organization representatives including educational, civic, tribal entities, and private business.

Throughout 2016, AHEC placed 165 clinical rotations throughout YKHC, with $100,000 in State funding awarded to the clinical rotation students. Educational assistance for qualified students seeking healthcare-related education from 2012 through 2016 has been paid in full. AHEC also sought to create or support new programs, including: Rural Immersion Institute of the North and Carl Perkins Grant funding for the 2017 Bethel Behavioral Health Camp (scheduled for summer).

Employee Relations

In addition to offering employees and managers assistance in navigating workplace circumstances, the Employee Relations manager began an initiative to update and revise job descriptions. The work began in 2016, and continues in 2017.

Generalist

The Generalist offers support to all aspects of Human Resources. Throughout 2016 this role offered management and assistance in hosting YKHC’s Years of Service luncheons, a celebratory event recognizing 5, 10, 15, 20, and 25+ year work anniversaries of YKHC employees. The Generalist also completed the Centers for Medicare and Medicaid Services (CMS) Long Term Care Audit (HR portion) in December 2016. Zero findings were noted in the audit for the Human Resources-kept records.
Working Together — A Year in Photos

In April 2016, Basic Training Instructor Jesse Gunlik was honored for 35 years of service at YKHC. President & CEO Dan Winkelmann and Board Chair Esa Twitchell present a special certificate of appreciation.

Cinglaq Roland (age 13) and Tyrese Johnson (age 9) participate in the youth round of the watermelon eating contest (sponsored by Diabetes Prevention & Control) during the July 2016 YKHC employee appreciation carnival. Young Tyrese won that round!

Edward Corp, first hired by YKHC in 2012 and a graduate of the organization’s management training program, was recently promoted to serve as Privacy Officer.

During an August visit to Napaskiak, Community Health Practitioner Augusta Williams shows Dr. Vivek Murthy, U.S. Surgeon General, the Community Health Aide Manual used by providers in village clinics.

Dr. Thomas Kalistook, one of YKHC’s newest optometrists, was born and raised in Bethel. He returns to work in the Bethel eye clinic after receiving his degree from Pacific University. Dr. Kalistook is the son of Rita Kalistook, a 26 year veteran of the Community Health Aide Program.

Shailee Nelson (third from left), a member of YKHC’s Senior Leadership Team, brought pizza, snacks, and drinks to nurses in honor of 2016 Nurses Week (recognized in May each year).