



# ALASKA

## RURAL HEALTH TRANSFORMATION



Recap: RHTP Impacts: Health Care Access Kickoff Session,  
March 31, 2026

## Overview

The Alaska Department of Health (DOH) hosted an RHTP Impact Series session focused on Healthcare Access, one of the six core transformation priorities.

Facilitated by Dr. Anne Zink and Dr. Lisa Rabinowitz, the session explored how Alaska can expand, sustain, and redesign access to care across rural, remote, and frontier communities, emphasizing collaboration, innovation, and patient-centered solutions.

## Purpose of the Impact Series

- Build a statewide community of practice
- Encourage cross-sector collaboration
- Generate “big sky” ideas for system transformation
- Support alignment with RHTP funding priorities

**Reminder:** These sessions are for connection, learning, and ideation, not project selection or funding decisions.

## RHTP Context

- Part of a \$50B federal rural health transformation initiative
- Alaska received ~\$272M in Year 1 funding
- Designed as an iterative, multi-year model:
  - Annual reassessment and refinement
  - Emphasis on impact over time
  - Encourages learning, adaptation, and partnership

Goal: Deliver meaningful, measurable improvements in health outcomes for Alaskans within five years.

## Healthcare Access: Core Focus

This initiative aims to ensure Alaskans have access to affordable, timely, and comprehensive care, regardless of geography.

### Key Objective

Expand and sustain essential services across:

- Road-connected communities
- Remote and off-road communities
- Frontier regions with limited infrastructure

## Priority Strategies Identified by the State

- Expand specialty care access
  - Telehealth
  - Remote monitoring
  - Mobile specialist teams
- Strengthening hospital and clinical capacity
  - Emergency, trauma, and urgent care
  - Labor and delivery, maternity services
  - Diagnostics and ancillary services
- Support aging in place and disability services
  - Home and community-based care
- Improve post-acute and recovery care
  - Transitions back to home and community

## Alaska's Strengths

- Strong Tribal health system leadership
- Established telehealth infrastructure

- Unique workforce models:
  - Community Health Aides/Practitioners (CHAP)
  - Behavioral Health Aides
- Innovative rural and remote care delivery systems

## **Key Challenges Identified**

### **1. Geography & Distance**

- Patients travel an average of 150 miles one way for care
- Limited number of hospitals across vast regions
- Weather and transportation delays

### **2. Workforce Shortages**

- Limited providers in rural communities
- Need to:
  - Train locally
  - Retain workforce
  - Support peer and community-based models

### **3. Fragmented Systems**

- Siloed care across:
  - Primary care
  - Behavioral health
  - Tribal, private, and public systems
- Limited care coordination and shared data

### **4. Gaps in Continuity of Care**

- Challenges in:
  - Post-hospital transitions
  - Reentry from incarceration
  - Long-term care and aging services

## 5. Financial Barriers

- Insurance gaps and affordability challenges
- High out-of-pocket costs (e.g., deductibles)
- Access limited even when coverage exists

## Poll Results: Top Priorities

Participants identified highest priorities as:

- Behavioral health and crisis services
- Care coordination
- Transportation to care
- Integration of physical and behavioral health

Key takeaway:

Access challenges are multi-dimensional and require coordinated system solutions.

## Case Study: “Violet” (Behavioral Health Provider)

A provider serving remote Northwest Arctic villages highlighted key barriers:

- Limited local behavioral health services
- Heavy reliance on travel or infrequent visits
- Telehealth limitations
- Fragmented coordination with primary care

## Key Themes from Discussion

### Behavioral Health as a Central Need

- High demand across communities
- Need for:
  - Integration with primary care
  - Expanded tele-behavioral health
  - Community-based delivery models

## Primary Care as the Foundation

- Serves as the **entry point for access**
- Must be supported to:
  - Manage more complex care
  - Coordinate across systems

## Workforce Innovation

- Expand:
  - Peer support models
  - Community-based providers
- Ensure:
  - Training and professional standards
  - Sustainable compensation

## Care Coordination & Integration

- Critical to reduce fragmentation
- Opportunities include:
  - Shared care plans
  - Health Information Exchange (HIE)
  - Cross-system collaboration

## Prevention & Early Intervention

- Reduce need for:
  - Emergency care
  - High-cost interventions
- Expand:
  - Screening
  - School-based services
  - Community prevention programs

## Specialty Access Without Travel

- Use:
  - E-consults

- Tele-specialty care
- Provider-to-provider consultation
- Reduce unnecessary patient travel

## **Community-Based Care Models**

- Mobile and pop-up clinics
- School- and community-centered services
- Home-based care delivery

## **Transitions of Care (“De-escalation”)**

- Focus not just on escalation to higher care, but:
  - Returning patients safely to community
  - Supporting recovery and reintegration

## **Technology as an Enabler**

- Telehealth and remote monitoring
- AI-assisted documentation (e.g., ambient scribes)
- Digital tools to:
  - Reduce provider burden
  - Increase patient access

## **Build on What Already Works**

- Significant innovation already exists across Alaska
- Need to:
  - Map existing programs
  - Share best practices
  - Scale successful models

## **Emerging Ideas & Solutions**

- Peer-supported behavioral health models
- Mobile integrated care teams (EMS and outreach)
- Pop-up specialty clinics (schools, community hubs)
- Provider learning networks and affinity groups

- Expanded pharmacist scope for treatment access
- Shared statewide resource and program database

## **Future State Vision (Violet Scenario)**

- Behavioral health is integrated into primary care
- Routine screening identifies needs early
- Telehealth supports ongoing engagement
- Care is coordinated across providers and systems
- Service delivery in community settings (schools, clinics)
- Shift from crisis response to proactive, whole-person care

## **Key Takeaways**

- Healthcare access is more than geography, it includes:
  - Workforce
  - Coordination
  - Affordability
  - System design
- Behavioral health and care coordination are top priorities
- Primary care is the backbone of access
- Innovation must:
  - Be community-driven
  - Build on existing successes
  - Integrate technology, workforce, and systems

## **What's Next**

- Future sessions will:
  - Dive deeper into priority areas (e.g., behavioral health, care coordination)
  - Highlight real-world models and best practices
- Regional meetings will gather localized input
- Insights will inform:
  - Funding priorities
  - Implementation strategies

## Action Items for Participants

- Identify opportunities to:
  - Expand access in your region
  - Strengthen care coordination
- Build partnerships across:
  - Systems
  - Communities
  - Sectors
- Share existing programs and lessons learned
- Participate in upcoming sessions and regional meetings
- Align ideas with RHTP goals and community needs

RHTP represents a long-term opportunity to strengthen healthcare access, sustainability, workforce capacity, and system performance across rural, remote, and frontier Alaska.

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More information and updates can be found at: [health.alaska.gov/RHTP](https://health.alaska.gov/RHTP)