



ALASKA

RURAL HEALTH TRANSFORMATION



Recap: RHTP Impacts Health Care Access, Session 2, May 14, 2026

Overview

Tricia Franklin, Program Coordinator with the Rural Health Transformation Program, welcomed participants and introduced the session focused on improving health care access across Alaska. Participants were reminded that:

- Sessions are recorded for those unable to attend
- The purpose is to support collaboration and participation
- Breakout discussions allow communities to share local challenges and solutions

Session Purpose and Goals

Dr. Anne Zink opened by emphasizing that these sessions are intended to be a coordination forum rather than a technical assistance or grant application discussion.

The goal is to help participants work together, share ideas, and identify practical solutions that improve health outcomes across Alaska. This specific session focused on increasing access to specialty care and improving health care access for rural, remote, and frontier communities.

She encouraged participants to think about how their organizations are working upstream, whether through mobile care teams, specialty service expansion, telehealth, prevention, or other innovations, to improve health care access across the state.

Dr. Zink also reminded attendees that this work supports Goal One of the five-year Rural Health Transformation Initiative: promoting lifelong health and well-being for rural, remote, and frontier Alaskans.

Statewide Health Care Access Data Overview

Dr. Lisa Rabinowitz presented statewide data on specialty care access across Alaska. She explained that Alaska remains below the national average for physicians overall, particularly in specialty care fields. However, much of the state's health care system relies heavily on strong primary care providers, advanced practice clinicians, physician assistants, and nurse practitioners.

Alaska performs better than national averages in dental care access, which is important because dental health directly impacts overall health outcomes.

Significant shortages remain in areas such as:

- Pediatrics
- Psychiatry (adult and pediatric)
- OBGYN
- Internal medicine subspecialties
- Surgical care
- Pediatric neurology
- Rheumatology

She also noted that Alaska has limited intermediate care facilities, which creates challenges for patients needing care transitions between hospital and home settings.

There are no acute dialysis centers off the road system, creating major barriers for patients managing chronic kidney disease. Additionally, the state has only one NICU and one standalone psychiatric hospital.

Some services, such as organ transplants and burn center care, require patients to leave the state. While that may be appropriate, the focus should be on ensuring patients can access specialty care strategically and efficiently when needed.

Transportation and Geographic Barriers

One of the most significant challenges discussed was the burden of travel.

The average Alaskan travels approximately 150 miles to access care. For many patients, especially those in rural communities, this means leaving behind family support systems, arranging transportation, and navigating major financial and logistical barriers.

A quarter of Alaskans reported that location and access delayed or prevented care altogether. At least half reported long wait times and delays for appointments.

Even when specialty care technically exists in-state, long wait times, such as eight to twelve months for pediatric psychiatry, still create major barriers.

The group emphasized that improving access is not only about increasing providers but also reducing the burden of getting patients to the care they need.

Cardiology Access and Prevention Example

Dr. Zink introduced Dr. Linda Ireland, a cardiologist with extensive experience delivering specialty care across Alaska.

Dr. Ireland shared how she developed a statewide CPR education initiative through the American College of Cardiology. She explained that Alaska remains one of the few states without mandated CPR education in high schools. As part of a leadership initiative, her team decided to focus on community cardiovascular prevention and youth CPR education.

They partnered with local Boys and Girls Clubs in Anchorage and Mat-Su to pilot CPR training for children ages 6–12, using fun, engaging approaches built around superheroes and animals. The program was highly successful and generated strong enthusiasm.

After receiving positive local feedback, securing grant funding, and using the American College of Cardiology Health Equity Heat Map, they identified communities with high social vulnerability and high cardiovascular risk. Kotzebue stood out due to transportation and housing challenges.

The expanded model included CPR training for youth during the day and community cardiovascular education for adults in the evenings. They partnered with:

- Boys and Girls Clubs
- Community centers
- Local hospitals
- Local physicians
- Alaska Native Medical Center (ANMC)

They also distributed blood pressure cuffs and AED education materials.

Dr. Ireland stressed that the most difficult part was not the clinical work, it was building trusted local relationships, ensuring cultural relevance, and identifying the right local leadership before arriving.

This relationship-building work ultimately supported legislative advocacy for Senate Bill 20, helping advance CPR education efforts statewide.

Telehealth and Remote Specialty Care

Dr. Ireland also discussed how telemedicine has transformed specialty care access, especially since COVID.

She explained that one major benefit of the pandemic was broader acceptance and reimbursement for telehealth. Cardiology patients who previously would have needed expensive return travel to Anchorage can now complete follow-up visits remotely.

Her team regularly uses:

- Telemedicine follow-up visits
- Remote heart monitors for arrhythmia evaluation
- Remote cardiac monitoring tools
- Emerging remote echo technology

Patients in remote communities have embraced telemedicine because it reduces travel costs, housing challenges, and time away from family.

One major limitation remains internet access and patients' ability to log in successfully. In some cases, patients are encouraged to use community centers where internet access and local assistance are available.

Dr. Ireland noted that reimbursement is currently not the main barrier. The larger concerns include long-term stability. Health systems need confidence that telehealth reimbursement will remain permanent before making larger infrastructure investments.

Recruitment and Workforce Challenges

Workforce shortages were identified as one of the biggest barriers to specialty care access.

Dr. Rabinowitz asked about recruitment challenges for specialty providers, especially cardiologists.

Dr. Ireland explained that recruitment is difficult nationwide, and Alaska faces additional perception barriers. Many providers from the Lower 48 still have misconceptions about life in Alaska and hesitate to relocate.

She emphasized that once providers visit and experience Alaska, they are often much more likely to stay.

Important recruitment factors include:

- Time off for travel to visit family
- Strong support for spouses and families
- Competitive scheduling flexibility
- Strong use of advanced practice providers and team-based care models

She also highlighted the importance of advanced practice providers (such as nurse practitioners, advanced nurse practitioners, and physician assistants) working in dyad relationships with physicians, both in hospitals and clinics, to improve care delivery and strengthen specialty access.

Breakout Discussion Themes

Participants then divided into breakout groups to discuss how funding could best improve specialty care access.

Group One: Recruitment, Transportation, and Right-Sized Care

Dr. Zink's group focused heavily on provider recruitment and patient transportation barriers.

Participants discussed how difficult it can be for patients to travel into regional hubs even when specialty care exists. Housing, escorts, hotel flexibility, and paid leave all affect whether patients actually receive care.

The group also explored early intervention opportunities in schools and prevention strategies for conditions such as asthma, allergies, dermatology needs, psychiatry, and cardiovascular disease.

A major takeaway was that Alaska should not aim simply to match national averages for provider ratios. Instead, the goal should be designing the right mix of primary care, specialty care, telehealth, and prevention that best serves Alaskans.

The focus should be outcomes that benefit Alaskans, not meeting national benchmarks.

Group Two: Training, Subspecialty Support, and Rural Infrastructure

Dr. Rabinowitz's group focused on how to strengthen expertise across entire care teams.

Participants discussed expanding specialty knowledge among:

- APPs
- Medical assistants
- EMS and paramedicine teams
- Therapists
- Community-based providers

The group explored hybrid training models, online learning, and stronger telehealth consultation between rural providers and subspecialists.

Prince of Wales and Kotzebue were discussed as examples of communities where specialty care exists, but major logistical barriers remain in reaching smaller surrounding communities.

There was also discussion around compact licensing and whether expanding licensure flexibility could help improve access to specialists, therapists, and mental health providers.

Participants emphasized the importance of helping patients remain safely in their communities as long as clinically appropriate.

Closing Remarks

Dr. Zink closed by challenging participants to think about what success should actually look like.

Rather than asking how Alaska can reach national averages, she asked how the state should define the right metrics for success, metrics that reflect what is best for Alaskans, not simply what is average elsewhere.

Tricia Franklin thanked participants for their engagement and encouraged them to attend upcoming sessions on Strengthening Workforce and Spark Technology.

She closed by directing attendees to the Rural Health Transformation Program website for additional information. RHTP represents a long-term opportunity to strengthen health care 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