



# ALASKA

## RURAL HEALTH TRANSFORMATION



Recap: RHTP Impacts Spark Technology and Innovation, Session 2, May 15, 2026

## Welcome & Opening Remarks

Heidi Hedberg, Commissioner of the Alaska Department of Health, opened the second IMPACT Series session focused on technology and innovation in health care delivery across Alaska.

She emphasized that technology is not the end-all solution, but rather a critical tool to help transform how care is delivered, especially in rural and underserved communities. The goal of the session was to explore what is already working in Alaska, examine successful models from other states, and foster collaboration among health care leaders.

## Purpose of the IMPACT Series

Dr. Anne Zink provided an overview of where this session fits within the larger IMPACT Series.

The series is designed to connect communities, providers, and organizations across Alaska to help create Alaskan solutions for Alaskan challenges. While the Department of Health cannot directly connect every provider and organization statewide, these sessions are intended to create those opportunities for collaboration.

This webinar focused specifically on “Sparking Technology” as part of Goal 3, which addresses workforce development and health care transformation. Dr. Zink reminded attendees that this was not technical assistance for the Letter of Interest (LOI) process, but rather a space for shared learning, expert insight, and partnership building.

## Current State of Telehealth in Alaska

Dr. Lisa Rabinowitz provided a snapshot of telehealth across Alaska and highlighted both progress and ongoing challenges.

### Key Telehealth Data

- About half of telehealth services in Alaska are paid for by Medicaid
- Behavioral and mental health services make up the majority of telehealth utilization
- Telehealth reimbursements reached approximately \$72 million in 2024
- Licensing barriers continue to create challenges for providers
- Tribal and non-tribal systems experience disparities in telehealth access and reimbursement

Telehealth has become especially valuable for behavioral health services, where patients often prefer remote access for privacy and convenience. However, integrating telehealth effectively into clinic workflows remains a major focus.

## Healthy Connect Alaska and Data Exchange

The Alaska Health Information Exchange, known as healthEconnect Alaska, was highlighted as a major tool for improving patient care coordination.

Established in 2009, the exchange helps providers share important clinical information as patients move between facilities, regions, and even out of state.

### Current Reach

- 15 regional hospitals are connected
- Ambulatory practices, laboratories, and behavioral health systems are participating
- Seven hospitals were sharing full clinical data as of 2025

Improving access to complete patient information helps reduce duplication, improves continuity of care, and supports better patient outcomes.

## Tribal Health Leadership in Telehealth

Tribal health systems were recognized as national leaders in telehealth innovation.

The Alaska Federal Health Care Access Network (AFHCAN), established in 1999, created a strong telehealth foundation long before COVID-19 accelerated virtual care nationwide.

## **AFHCAN Impact**

- Connects more than 200 sites across Alaska
- Supports rural access to specialty care
- Serves as a national model for telehealth delivery

This long-standing investment demonstrates how Alaska identified the need early and built systems specifically designed for rural and remote communities.

## **Infrastructure and Broadband Challenges**

One of the most significant barriers discussed was Alaska's broadband limitations.

Although Health Transformation Project (HTP) funds cannot be used for broadband construction or internet services, participants acknowledged that reliable internet access remains foundational for telehealth success.

### **Key Challenges**

- One in three broadband serviceable locations in Alaska is classified as unserved
- Alaska ranks 49th among states for broadband access
- Internet costs are significantly higher than the Lower 48
- Power outages and generator failures can disrupt connectivity

Participants discussed the need for backup systems, hybrid models, and creative solutions to ensure telehealth can function reliably in rural settings.

## **Technology Requires More Than Equipment**

Dr. Rabinowitz emphasized that successful telehealth implementation depends on much more than simply purchasing technology.

Providers and patients both need training, support, and workflows that allow technology to fit naturally into care delivery.

## Ongoing Needs

- Provider and patient training
- Technical assistance for small and rural clinics
- Workflow development and support
- Sustainable staffing and payment models
- Flexibility to adapt as technology evolves rapidly

Technology must support providers rather than create additional administrative burden.

## Guest Speaker Spotlight: Phil Hofstetter

Phil Hofstetter, CEO of Petersburg Medical Center, shared his extensive experience implementing telehealth systems across rural Alaska.

As both an audiologist and hospital administrator, he offered valuable insight into what makes telehealth successful.

He explained that his experience with asynchronous telehealth in Northwest Alaska showed how technology can dramatically improve specialty care access when implemented correctly.

### Audiology Success Model

Using the AFHCAN system:

- Patients were seen locally by an audiologist
- Diagnostic images and hearing tests were uploaded
- Ear, Nose, Throat (ENT) specialists in Anchorage reviewed cases asynchronously
- Care plans were returned within 24 hours

This reduced wait times from months to days and greatly improved patient access without requiring travel.

Phil emphasized that telehealth works best when it builds on existing care relationships rather than replacing them.

## Interoperability and Administrative Burden

One of the strongest themes of the discussion was frustration with interoperability.

Phil explained that many technology solutions promise seamless integration, but in practice, providers are often forced to log into multiple disconnected systems.

### Common Problems

- Duplicate documentation
- Multiple system logins
- Incomplete transfer of patient information
- Increased HIPAA and security concerns
- Added administrative burden for front-line staff

He stressed that interoperability is foundational and that true transformation depends on making systems work together safely and efficiently.

## Breakout Session Themes

Participants then moved into breakout discussions to identify challenges and share ideas from their own communities.

These conversations focused heavily on practical barriers, patient-centered solutions, and opportunities for collaboration.

### Key Discussion Topics

- Broadband costs and backup connectivity solutions
- Challenges for elderly, dementia, and intellectual and developmental disability (IDD) populations using technology
- Behavioral health telehealth and patient privacy
- Cultural sensitivity for remote behavioral health providers
- Remote monitoring for senior care and housing assessments
- Using older, reliable technology instead of constantly chasing new tools
- Reducing silos and connecting law enforcement, paramedicine, and support services
- Administrative burden and how technology can reduce paperwork for clinicians

A major takeaway was that not every solution requires new technology, sometimes better use of existing tools can have the greatest impact.

## Final Reflections

Dr. Zink highlighted that technology should always be grounded in real patient needs and provider realities.

Participants discussed how technology can support hospitals, clinics, scheduling, transportation, benefits access, and many other systems beyond direct clinical care.

There was also strong discussion around trust, many attendees expressed skepticism about promises of interoperability and stressed the need for practical, proven solutions.

Most importantly, meaningful connections were made between providers, administrators, and technology experts who plan to continue conversations beyond the webinar.

## Closing Remarks

Commissioner Hedberg closed the session by reinforcing the purpose of the IMPACT Series: creating real impact through collaboration, thoughtful innovation, and patient-centered solutions.

She reminded participants that technology should support both patients and providers, while always keeping care quality and access at the center of decision-making.

The second round of IMPACT Series sessions has now concluded, and future sessions will resume after a summer break.

## Important Updates

- Future IMPACT Series dates will be posted on the program website
- QR code registration remains available for updates
- LOI status emails from Alaska Community Foundation (ACF) are expected by the end of May

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

*\*This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$272,174,855.72 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.*

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