



STATE OF ALASKA

Day 2: Rural Health Transformation Program (RHTP) in Alaska Convening Recap

Overview of the Day

Day Two of the Rural Health Transformation Program (RHTP) convening shifted from program orientation to forward-looking discussion and audience engagement. The day combined leadership perspectives, national expertise, applied policy discussion, and facilitated breakout sessions aligned to the program's three core goals.

Welcome and Opening Remarks

The day opened with remarks from Commissioner Heidi Hedberg, Governor Mike Dunleavy, and a video welcome from Dr. Mehmet Oz, currently serving as the Administrator of the Centers for Medicare and Medicaid Services (CMS) which is administering the grant program. They all reinforced the significance of the RHTP as a historic investment in Alaska's health system. Speakers emphasized the opportunity to rethink how care is delivered across Alaska and the importance of collaboration across state agencies, Tribal partners, providers, and private-sector innovators. The remarks set a clear tone: the RHTP is intended to drive lasting, system-level change rather than incremental improvements.

The Future of Healthcare: Fireside Chat

A moderated fireside chat brought together Commissioner Hedberg with Dr. Ken Bahk of Neurogen Biomarking and Dr. David Rhew of Microsoft. The discussion explored how emerging technologies, data integration, and clinical innovation can improve health outcomes while reducing burden on patients and providers. Panelists discussed the role of artificial intelligence, biomarker-driven care, and digital health tools in supporting earlier intervention, personalized care, and more efficient health systems.

Throughout the conversation, speakers underscored the importance of designing technology solutions that work in rural and resource-limited settings, noting that innovation must be adaptable, secure, and supportive of, not disruptive to, clinical workflows. The discussion reinforced that technology investments under RHTP should be practical, scalable, and aligned with real-world care delivery in Alaska.

Ready, Set, Go: The Work Ahead

Following the fireside chat, Department of Health leadership and partners outlined what implementation of the RHTP will look like in practice. Commissioner Hedberg, Deputy Commissioner Emily Ricci, Betsy Wood, and Monique Martin of the Alaska Native Tribal Health Consortium walked participants through the phased approach to funding, expectations for collaboration, and the importance of readiness.

Speakers emphasized that successful projects will be those that demonstrate clear alignment with RHTP goals, strong partnerships, and a realistic path to sustainability. The session reinforced that the Department views itself as a convener and partner, committed to transparency, technical assistance, and ongoing communication as the program moves forward.

Lunch Presentation: IT Systems and Technology Innovation

During lunch, participants heard a focused presentation on the role of IT systems and technology modernization in health transformation. The presentation highlighted the need for interoperable systems, data sharing, cybersecurity, and infrastructure that supports both clinical care and administrative efficiency. The discussion reinforced how technology investments can reduce duplication, improve coordination, and strengthen accountability across Alaska's health system.

Breakout Sessions: Deep Dive into RHTP Goals

The afternoon was dedicated to facilitated breakout sessions organized around the three RHTP goals:

- **Goal 1:** Promote Lifelong Health and Wellbeing for Rural, Remote, and Frontier Alaskans
- **Goal 2:** Build Sustainable, Outcomes-Driven Health Systems
- **Goal 3:** Drive Workforce and Technology Innovation

Participants engaged in two rounds of breakout discussions, allowing for deeper exploration of challenges, opportunities, and potential project concepts within each goal area. Discussions focused on identifying gaps, sharing regional perspectives, and considering how RHTP investments could support coordination, workforce stability, prevention, and improved access to care.

Facilitators captured common themes and ideas to inform future planning, guidance, and funding priorities. The sessions emphasized cross-sector collaboration and the value of leveraging existing strengths within communities and regions.

Vendor Hall and Networking

The day concluded with the Vendor Hall, which provided space for informal networking and exploration of tools, services, and solutions relevant to the project. Participants had the opportunity to connect directly with vendors, partners, and peers, reinforcing the collaborative spirit of the convening and supporting relationship-building across sectors.

Key Takeaways from Day Two

- The RHTP represents a rare opportunity to align innovation, technology, and policy to improve health outcomes
- Successful transformation will depend on strong partnerships, readiness, and sustainability planning
- Technology and data are critical enablers, but solutions must be grounded in Alaska's unique geography and care delivery realities
- Ongoing engagement and collaboration will shape how the RHTP is implemented and refined over time

Media Highlights: Selected Quotes

The following quotes are pulled directly from webinar remarks and lightly edited for clarity. They are provided for media use and accurately reflect the speakers' intent and statements.

Dr. Mehmet Oz, Administrator of the Centers for Medicare and Medicaid Services (CMS)

- "Alaska is often called the Last Frontier, but with it comes to the Rural Health Transformation Program, Alaska has definitely been first. In support, in enthusiasm, and in implementation."
- "Alaska is already way out in front. It was the first state to issue an RFI. It was the first state to have a convening. Alaska has been continuing to push us, at CMS, to get the funding out the door. It's yours now; you have it. The last frontier is first in this program (RHTP)."

Heidi Hedberg, Commissioner, Alaska Department of Health

- "I hope you walk away with a very clear understanding of what the Rural Health Transformation Program is, and what it is not. We are not business as usual. We're going to change the way we deliver health care and we're going to focus on sustainability. So at the end of the runway, at the end of 5 years, the investments that we have made now are going to be lasting and that our future children and our future leaders are going to look back at this time and look at this room and say, you were the catalyst to help us make these changes."

Governor Mike Dunleavy

- "So, I think there's incredible opportunities, such as this little wearable device, which is going to open up a whole new world, not just for your doc, but for you, because it provides feedback. A lot of times we're passive patients. We go into a hospital, we get treated by a doctor, we're treated by a hospital, and we wait for them to tell us what's wrong with us. This is the beginning, in my opinion, of a new partnership between the patient, the doctor, and others, which is a conversation that's going to happen almost instantaneously, because some of these new wearables are going to be able to read so much of what's happening to your biology, to your sleep rhythms, to your heart rhythms."

Dr. Ken Bahk, Neurogen Biomarking

- “Alaska is ahead of the game. And from that from that understanding that comes alignment of incentives. alignment of incentives allows you to figure out what the plan is for the technology to catalyze and scale that. You're in a great, great position.”

Dr. David Rhew, Microsoft

- “You can also use AI on a routine eye exam. And this is something that's remarkable because we've all had a routine eye exam. And when I'm not talking about, you know, going to see an ophthalmologist, I'm just saying if you want to get a pair of glasses, there's a machine that captures that image. It typically just sits on the machine. Well, now those images can be brought to the cloud, with the coordinated efforts of providers and others where then the images are analyzed using AI. These are people that didn't come in because they were concerned about their diabetes. They came in for something else. But when we found them, we brought them to care and in all likelihood, we prevented vision loss and hopefully heart attacks and strokes. But the problem is by the time they present themselves, it's too late or on that slippery slope. But if we can get them before this happens, before they have these (negative) outcomes, I call them ticking time bombs because these people don't realize that they have something that will likely cause devastating consequences, and we have to diffuse them. We have to identify and diffuse them. And technology can do that. So, let's think creatively about not only AI solving our problems today, but also how it augments care, improves lives, and improves lives for individuals that don't even realize that they have conditions.”