For Public Release: Alaska's Draft Preliminary Rural Health Transformation Program (RHTP) Initiatives 10/27/25

In accordance with the Centers for Medicare and Medicaid Services (CMS) Notice of Funding Opportunity (NOFO) CMS-RHT-26-001: Rural Health Transformation Program, Alaska will apply for Rural Health Transformation Program (RHTP) funding. Established earlier this year through the passage of H.R. 1, the RHTP provides $50 billion in funding over five years to improve rural health care across all fifty states. This landmark investment creates a unique opportunity for Alaska, where the vast majority of communities are rural or frontier, and Alaskan community members and health care providers face significant geographic and operational challenges.

*This document outlines **Alaska's six draft, preliminary RHTP initiatives**, including for each a description and list of potential uses of funds. These initiatives were informed by stakeholder feedback previously gathered by the State. Note that this is a preliminary document; the listed uses of funds are illustrative, not exhaustive, subject to CMS approval, and may change.*

The intent of these initiatives is to strengthen community-led and regionally designed health care systems that give Alaskans access to a full continuum of care as close to home as possible, with measurable improvements in health outcomes. Recognizing that Alaska's regions and organizations vary in size, capacity, and readiness, these initiatives are designed to be flexible, phased, and voluntary, allowing each community and provider to engage at a pace and scale that aligns with their local priorities and resources. The department recognizes that every organization, community, and region are at different stages of development and may have different needs. Ultimately, these initiatives aim to create a pathway tailored to Alaska's diverse communities and regions to enable local innovation, stronger partnerships, long-term sustainability, and a healthier state.

#1) Healthy Beginnings

Description:

The *Healthy Beginnings* initiative invests in **maternal and child health** as a cornerstone of Alaska's rural health system and the foundation for healthy families, addressing challenges that are especially severe in rural areas. Many families live in communities off the state's road system and, in order to access maternity care, must contend with persistent shortages of local providers, vast distances to travel to providers, and unreliable multi-modal transportation. As a result, pregnant women must often travel from their communities well before delivery, placing emotional, financial, and logistical strain on families. After childbirth, mothers and infants face isolation and limited support while navigating critical early stage needs such as lactation, infant nutrition, early intervention, and continuity of care. Beyond infancy, the initiative continues to **support children's early growth and development**, expanding access to programs that help kids thrive throughout childhood. These strategies prioritize programs that keep children, mothers, and families healthy and connected within their communities.

The initiative focuses on three critical pillars:

a. Expanding access to **prenatal and postpartum care** delivered closer to home or in community settings

b. Strengthening **family-centered infant care** during the first year through integrated care home visits, lactation support, and developmental programming

c. Enhancing rural, remote and frontier access to **early intervention and infant learning, in-school programs, and after-school activities** that promote healthy, active lifestyles.

Potential Use of Funds:

- **Expand technology-enabled maternal care infrastructure:** Develop and implement cloud-based maternal health information platforms that leverage proven telehealth and remote monitoring technology, enabling providers to coordinate care using patient data, consult virtually with specialists, and support high-risk pregnancies. Invest in remote fetal monitoring devices, interoperable electronic medical records, coordinated case management systems, and consumer-facing mobile apps for appointment scheduling and patient education. Provide technical assistance and training for clinics in rural communities to maximize the use of new technologies and improve outcomes and patient experience. (*Key Intersection with Initiative #6 Spark Technology and Innovation)*
- **Modernize rural maternal care facilities and staffing models:** Fund targeted capital improvements, subject to federal limitations, for maternal care facilities including but not limited to labor, delivery, and birthing centers and clinics to achieve high-quality care. Eligible renovations could include converting space into or updating existing labor and delivery suites, installing or enhancing telehealth and fetal monitoring equipment, converting underused patient rooms into family-friendly maternity spaces, and retrofitting entryways and bathrooms for accessibility. These renovations promote the availability of safe, patient-centered care close to home and could include multi-use or mobile spaces to support itinerant health workers or other related needs. Test new staffing and payment models that support specialized standby readiness and other essential maternal care services in low-volume, high-acuity settings. (*Key Intersection with Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*
- **Strengthen rural maternal health and early childhood development workforce:** Fund and implement comprehensive programs that recruit, train, expand, and retain this workforce to serve in rural, remote and frontier communities. Programs should strengthen and develop skills related, but not limited to, prenatal care, labor and delivery and postpartum care, maternal behavioral health, and developmental screenings for infants and toddlers to ensure providers are practicing at the top of their license and with integrated care at the center. Trainings should encompass remote consultation and monitoring technologies, virtual and in-person training, simulation-based skill-building, and rotations in higher-volume settings to maintain clinical competencies suited for rural, remote and frontier Alaskan practice. Programs should test

innovative, evidence-based, and outcomes-driven approaches in remote areas including, for example, peer support for pregnant women and other strategic provider partnerships. (*Key Intersection with Initiative #5 Strengthen Workforce)*

- **Enhance maternal and child health home visiting programs:** Provide funding to establish or expand evidence-based prenatal and postpartum home visiting programs delivered locally in-person and via telehealth services that build on Alaska's existing health clinic infrastructure. Integrated teams made up of clinical and non-clinical health and community workers will partner with clinics to provide a bundle of culturally appropriate, family-centered integrated care services. Services will include, for example, lactation consultation and support for breastfeeding, screening for prenatal and postpartum depression, maternal and infant nutrition support, education on safe sleep practices, screening for key infant and early childhood developmental milestones and other health risks and early intervention for families, infants, and toddlers who experience developmental delays. This program will also support the enhancement and expansion of Tribal maternal health programs.
- **Build healthy habits for youth:** Support school districts, home-schooling programs, and community organizations to launch and grow programs that build a foundation of lifelong health that address the root causes of disease and are prevention-focused by increasing physical activity (e.g., Presidential Fitness Test), providing nutritional education, and strengthening mental health resilience. Prioritize communities where access to such programming is limited. Modify space to allow efficient, dual-purpose use for extracurricular recreation and wellness activities, including itinerant programming. Fund evidence-based mental and behavioral health supports, including family engagement practices, to build resilience and positive social connections, core drivers of better long-term health outcomes. (*Key Intersection with Initiative #3 Healthy Communities)*
- **Provide technical assistance to support *Healthy Beginnings* projects:** Offer technical assistance and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact on maternal and child health and early childhood development.

#2) Health Care Access

Description:

The *Health Care Access* initiative is designed to expand and sustain access to essential health services across both road-connected and off-road communities in Alaska, where geography, severe weather, and workforce shortages often significantly limit access to timely, comprehensive care. Alaska's rural, remote, and frontier communities need innovative care models that integrate coordinated preventative care, behavioral health, specialty care and long-term services through strategic provider partnerships and interoperable systems. By enhancing Alaska's current system of care, this initiative will create a more reliable, resilient, and community-centered system that maximizes care close to home and supports specialized care from high-quality providers.

The initiative strengthens the population health clinical infrastructure and focuses on five critical pillars:

a. Expanding access to primary, behavioral and oral health care and integrated systems

b. Improving access to specialty care through telehealth, remote care monitoring, and mobile specialist teams

c. Strengthening the capacity and sustainability of hospitals to ensure 24/7 access to urgent and emergency services, labor and delivery maternity care, and trauma care adapted for rural, remote and frontier realities

d. Supporting seniors and people with intellectual and developmental disabilities with accessing high-quality aging-in-place and home and community-based services

e. Supporting healing and transitions with post-acute and recovery care at home or in the community

Potential Use of Funds:

- **Improve primary care access by investing in workforce and facility improvements:** Provide funds to recruit, train, and retain a multidisciplinary workforce with the aim of right-sizing the primary care system, including Community Health Aides/Practitioners (CHA/Ps), to deliver high-quality integrated primary care and long-term disease management. Support targeted renovations and IT software, hardware and equipment upgrades at existing clinics and health centers to improve operability of systems and extend service hours, telehealth capability, and outreach programming. *(Key Intersections with Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*
- **Increase access to the full spectrum of behavioral health services:** Provide funds to support evidence-based workforce development, recruitment, and training programs that measurably grow the behavioral health workforce. Invest in telehealth capabilities and facility renovations to expand availability of and increase timely access to culturally appropriate behavioral health services for youth and adults

including but not limited to: community behavioral health, crisis services, acute inpatient care, partial hospitalization programs, EmPATH units,[5] respite and long-term supports, and substance use disorder services in hospitals, rural, remote and frontier health clinics, and health and wellness centers. Build out expansion of integrated care delivered through Certified Community Behavioral Health Clinics or other care models. *(Key Intersections with Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*

- **Deploy mobile dental clinics and expand access to remote and frontier health options:** Fund the start-up and deployment of mobile dental clinics equipped to provide preventive and basic restorative dental care in partnership with local community organizations and schools. Expand access to primary and specialty dental services through investment in dental staffing, recruitment, retention and training programs and upgrading existing facilities and equipment to support contemporary dental practices with the adoption of advanced technology. This initiative will also support the enhancement and expansion of existing Dental Health Aide Therapist (DHAT) programs. *(Key Intersections with Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*
- **Increase access to high-quality, specialized services:** Ensure that specialized care is available as close to home as possible through targeted investments in facility renovations, technology and strategic staffing models that expand access to specialized services by extending the reach of specialists. This may include facility upgrades and virtual programs to support time-sensitive events, modern care practices, and new consumer-facing digital health tools, including remote-monitoring technologies, as well as upgrading to new and AI-enabled point of care diagnostic and radiologic equipment. Address key staffing gaps that limit regional specialist care availability. Implement or expand itinerant specialty clinics and pilot service delivery options in remote and frontier communities. *(Key Intersections with Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*
- **Build out care homes and multidisciplinary teams to develop and sustain innovative complex care models:** Fund facility renovations, population health IT infrastructure improvements and payment incentive mechanisms to test innovative care models serving individuals with cooccurring complex needs, such as intellectual and developmental disabilities, traumatic brain injury, autism spectrum disorder, severe and persistent mental illness, serious medical conditions, and dementia to measurably improve access to high-quality care. Support coordinated care delivery that integrates medical, behavioral, and long-term services that result in improved access, better care coordination, and improved quality of life. *(Key Intersections with Initiative #4: Pay for Value – Fiscal Sustainability, Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*
- **Strengthen Tribally led Traditional Healing in care delivery:** Support and expand existing Indigenous Traditional Healing practices within the Tribal health system (including home visits where appropriate), mentorship for traditional healers, and orientation/education for clinic staff and providers to foster culturally appropriate, holistic care.
- **Enhance statewide pharmacy capacity and reach to expand access:** Fund efforts to establish and expand access to pharmacy services including, but not limited to medication management, adherence support, substance use treatment assistance, and disease-specific counseling. Support pharmacist training and licensure to implement test and treat programs, expanding access to point-of-care testing and

diagnostic services. Create and test alternative payment models that reimburse pharmacists for these clinical services, incentivizing expanded chronic care roles and improving care continuity outside traditional clinical settings to ensure they are working at the top of their license. Test or expand innovative, technology-driven prescription delivery methods, including but not limited to remote prescription dispensing machines, portable prescription boxes, and the use of Unmanned Aerial Vehicles. This program will also support the enhancement and expansion of existing Tribal pharmacist networks. *(Key Intersections with Initiative #4 Pay for Value – Fiscal Sustainability, Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*

- **Pilot technology-enabled care models to serve rural and frontier residents with intellectual and developmental disabilities (IDD):** Develop and expand evidence-based targeted care coordination and delivery programs for rural Alaskans with IDD that recruit and train interdisciplinary clinical and non-clinical community and health workers, including Direct Support Professionals, to help individuals and their families connect with IDD specialists, navigate rural health care systems, access health services, and connect to other IDD support programs. This will establish regional partnerships with local providers and Tribal Health Organizations to deliver culturally appropriate, integrated care tailored to community needs and will leverage technologies that support coordinated care across providers and provision of care via telehealth to measurably improve access to care and health outcomes. *(Key Intersections with Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*
- **Drive transformation of the statewide Emergency Medical Services (EMS) and trauma care systems:** Support the establishment and sustainability of EMS services in underserved, rural, remote, and frontier communities, by upgrading and expanding access to specialized equipment to improve patient assessment, triage, and transport. Fund evidence-based workforce development and training programs and technologies that support providers to implement best practice protocols and interventions, such as treat-in-place, community paramedicine, mobile integrated health care, and alternate destination transport. Strengthen providers' financial stability by training agencies in accurate billing and piloting alternative payment models that support both existing and newly developed EMS systems. (*Key Intersection with Initiative #4 Pay for Value: Fiscal Sustainability, Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*
- **Bolster home and community senior supports:** Fund outcomes-driven programs that support seniors living in rural, remote, and frontier Alaskan communities healthy and independent where they live, including those that offer education on fall prevention, specialized nutrition supports, oral health, and social engagement to improve well-being and delay intensive care needs. Fund the expansion of programs that offer home safety assessments and execution of home modifications that support aging-in-place. In alignment with RHTP requirements, these funds will not duplicate or supplant services already covered by Medicaid, but will expand access for individuals who cannot receive them through Medicaid.
- **Expand home and community-based residential service options and skilled nursing facilities and enhance post-acute care transition programs:** Expand assisted living, adult host home, and regional skilled nursing facility (SNF) capacity through funding for: renovations,

equipment, and telehealth upgrades; workforce training programs; partnership-building activities between regional health systems and local clinics. Fund programs that offer post-discharge home visits to improve recovery outcomes, reduce barriers to discharge, and reduce hospital readmissions. Home visits may include assisting patients with remote monitoring set-up and participation in telehealth visits, medication reconciliation, environmental modifications, and coordinating transportation to or in-home physical therapy. *(Key Intersections with Initiative #5 Strengthen Workforce and Initiative #6 Spark Technology and Innovation)*

- **Build transportation networks to connect people to care:** Identify transportation barriers that limit access to health care, employment, and social supports, and invest in planning and start-up activities necessary to build sustainable mobility networks. Support partnerships with local transit agencies, community organizations, and Tribal entities to design flexible, community-driven solutions that health systems and payers can later integrate and reimburse for ongoing operation.
- **Conduct a comprehensive provider gap analysis to guide resource allocation and improve rural health access:** Fund a systematic assessment of health care provider availability, distribution, and service capacity across Alaska, mapping access points and analyzing provider-to-population ratios by care type to identify access gaps and workforce shortages. Across regions, support collaboration with and among tribal organizations, local hospitals, clinics and primary care providers and other community leaders to ensure accurate, culturally informed findings, and use the resulting data to prioritize services for strategic investments and expanded rural workforce development programs in regions, and future workforce recruitment and retention program planning.
- **Provide technical assistance to support *Health Care Access* projects:** Offer technical assistance and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact on improving access to high-quality care that promotes long-term, lifelong health and well-being across Alaska's rural and most remote frontier communities.

#3) Healthy Communities

Description:

Building healthier communities in Alaska requires targeted solutions for the unique challenges faced by rural, remote, and frontier areas, including geographic isolation and workforce shortages that limit timely access to care and contribute to unmanaged chronic disease and poor health outcomes. The *Healthy Communities* initiative addresses these acute needs by investing in preventive care and tackling the root causes of poor health.

The initiative focuses on three critical pillars:

a. Enhancing access to **locally tailored preventive and primary care services** that identify and manage chronic conditions early, reduce avoidable hospitalizations, and improve long-term health outcomes. Efforts will focus on integrating evidence-based preventive screenings, chronic disease management programs, and coordinated care models designed to meet the unique needs of the state.

b. Expanding the use of **consumer-facing digital tools, population health management systems, and community-based workforce capacity** to enhance outreach, preventive care, self-sufficiency, and coordination across communities.

c. Promoting **healthy lifestyles by increasing culturally appropriate, community-based education and awareness programs** specifically designed to meet the unique needs of rural, remote, and frontier populations including education and tools to support nutrition, physical activity, and chronic disease prevention.

Potential Use of Funds:

- **Deploy consumer-facing digital tools for chronic disease self-management:** Support use of mobile apps, wearable devices, and patient portals that empower individuals with chronic conditions to track symptoms, access educational resources, and communicate directly with care teams for timely support and medication adjustments. (*Key Intersection with Initiative #6 Spark Technology & Infrastructure)*
- **Build data infrastructure to support population health clinical infrastructure management:** Invest in and expand existing interoperable data systems and analytics platforms that aggregate clinical, behavioral, and health-related needs information. Enable care teams, health care providers, and health systems to identify high-risk patients, monitor outcomes in real-time, and tailor interventions for more effective, proactive chronic disease management at the community level. (*Key Intersection with Initiative #6 Spark Technology & Infrastructure)*

- **Launch integrated primary and preventive care units:** Deploy or expand mobile clinics, community paramedicine programs, and unmanned health kiosks to deliver routine screenings, immunizations, chronic disease monitoring, and preventive health products in community settings, schools, and homes. Foster local and regional strategic partnerships with university health programs to use these units as interprofessional training sites for integrated care delivery in remote and frontier areas. Support mobile Medication Assisted Treatment teams to address opioid and alcohol use disorders to reduce overdose rates.
- **Fund evidence-based, outcomes-driven community health programs:** Implement and expand scalable, evidence-based initiatives that deliver health education, increase health literacy, and promote sustained behavior change to prevent and manage chronic disease such as (a) the *National Diabetes Prevention Program* (b) Alaska's *Fresh Start* program that supports Alaskans to improve weight management, blood pressure control, and tobacco cessation, among other health improvement goals, through digitally enabled, coach-supported interventions. Establish or expand Health Aide Academies to expand Tribal outreach and implementation of such programs.
- **Establish wellness centers to promote community health and lifestyle changes:** Invest in infrastructure renovations and equipment in existing workplace facilities, schools, or community centers to offer dedicated space and resources to facilitate physical activity, support local food production and healthy eating initiatives, provide nutrition education and cooking classes focused on nutritious diets, and host other wellness programing. Modify space to allow dual-purpose use for extracurricular recreation and wellness activities, including itinerant programming.
- **Develop community-led regional health care delivery plans:** Fund data collection, stakeholder engagement, and strategic planning activities to enable local innovation and operations coordination, coordinate the buildout of new services, ensure sustainability of existing core and new service lines, and align resources to most effectively meet regional and statewide health needs.
- **Improve home environments to support health:** Fund essential home modifications and innovative solutions that ensure access to clean water and sanitation in remote and off-grid homes. Investments will reduce infectious disease, improve population health, and avoid higher-acuity care. (*Key Intersection with Initiative #6 Spark Technology & Infrastructure)*
- **Provide technical assistance to support *Healthy Communities* projects:** Offer technical assistance and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact on community-level interventions that support preventive care, chronic disease management, healthier lifestyles and tackling the root causes of poor health.

#4) Pay for Value: Fiscal Sustainability

Description:

Traditional volume-based reimbursement models are financially unsustainable for rural providers, whose low patient volume, high fixed costs, and geographic isolation lead to financial strain and limit their ability to generate sufficient revenue under fee-for-service systems. Building long-term financial stability of rural providers requires a transition to payment models that empower providers and incentivize health care organizations, especially rural providers, to invest in innovative care models to improve coordination among primary and behavioral care providers, strengthen chronic disease management, and maintain access to essential acute care services. This initiative will create payment mechanisms incentivizing providers to reduce health care costs, improve quality of care and shift care to lower cost settings. Recognizing that providers are at various stages of readiness and face unique challenges, participation in this initiative is voluntary and supported through flexible approaches with careful consideration of the unique reimbursement structure of ATHS.

The initiative focuses on five critical pillars:

1. Developing and piloting value-based primary care models that allow primary care providers to select among innovative payment approaches, including, but not limited to, those with one-sided risk, two-sided risk, and capitated arrangements.
2. Developing alternative payment models of care and incentives for hospitals to support financial stability, sustain essential services, support community health, and reward high-quality coordinated care.
3. Evaluating participation in the Center for Medicare & Medicaid Innovation (CMMI) All-Payer Health Equity Approaches (AHEAD) Model, a multi-payer total cost of care payment model that promotes rural hospital stability, improves health outcomes, and lowers overall costs through increased investment in primary care.
4. Creating innovative care models to support regional care coordination demonstrations such as accountable care organization-like entities.
5. Investing in the resources necessary to sustain value-based care and deliver high-quality services across Alaska, including but not limited to data systems, care coordination tools, and workforce supports.

Potential Use of Funds:

- **Deliver technical assistance for successful value-based care participation:** Provide targeted support for providers and practices to build or expand core competencies required for participation in value-based care arrangements, including support for contract evaluation and negotiation, implementation planning, change management, performance benchmarking, patient attribution, and financial modeling. Specific targeted support will be provided to primary care providers to ensure they can effectively participate in value-based care arrangements, including technical assistance to simplify administrative and billing processes. Deliver a customized accelerator program for rural health providers to build partnership and information sharing.
- **Support value-based care and alternative payment model infrastructure:** Invest funding in IT infrastructure, staffing and equipment to build or expand providers capacity to participate and succeed in value-based payment arrangements, including implementation of modern, interoperable data infrastructure, training to utilize population health analytics platforms, design of team-based care workflows, and integration of physical, behavioral, and social care services. (*Key Intersection with Initiative #6 Spark Technology & Infrastructure)*
- **Establish alternative payment methodologies for prevention and chronic disease management:** Design, test, and scale new payment models for high-value services such as primary and preventive care, care coordination for dually-eligible populations, maternal health, behavioral health, oral health, specialty care, and chronic disease management, offering payment incentives to providers for collaboration, actionable quality metric submission and measurable improvements in patient outcomes. Examples include but are not limited to capitated payment and shared savings programs (one- and two-sided risk arrangements). This could also include expanded Tribal case management or other care management and coordination models.
- **Establish innovative care models to support regional care coordination:** Design, test, and scale regional value-based care arrangements with primary care providers, alternative payment models for participating hospitals, and accountable care organization-like demonstration projects. Providers will be incentivized to reduce overall health care costs and improve quality of care.
- **Establish alternative payment methodologies for hospitals:** Design, test, and scale new payment models offering incentives to hospitals for collaboration, actionable quality metric submission, and measurable improvements in patient outcomes. Models may include voluntary multi-payer, prospective capitated payments that are risk adjusted for key population or other characteristics and vary by participating payer.
- **Explore participation in CMMI's AHEAD model:** If feasible, incentivize and support providers' voluntary participation in the CMMI AHEAD payment model. Fund uses may support up-front costs for planning and financial modeling, risk assessments, new partnerships and measurement and reporting requirements.

- **Improve care for dually-eligible Alaskans:** Enhance care coordination for dual-eligibles by establishing Multisector Plans for Aging to build a shared vision across providers, stakeholders, payers, and Tribal health partners to evaluate integrated care payment models, and invest in Community Care Hub pilot programs to connect seniors to community-based services, particularly in rural, remote, and frontier regions.
- **Launch transitional planning grants to support adoption of value-based payment arrangements and alternative payment models**: Offer a time-limited financial transition mechanism to offset potential financial losses for providers participating in early-stage value-based payment arrangements. The program would serve as a financial bridge, allowing essential community providers to innovate in care delivery while maintaining solvency and service access as they build out the resources, data capacity, and care management systems needed to succeed under value-based models. This initiative will reduce short-term financial risk, promote innovation in care delivery, and encourage broader participation in value-based arrangements.
- **Provide technical assistance to support *Pay for Value: Fiscal Sustainability* projects:** Offer technical assistance and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact on transitions to payment models that empower providers and incentivize health care organizations to provide care in innovative ways that improve health outcomes and lower costs.

#5) Strengthen Workforce

Description:

The *Strengthen Workforce* initiative is designed to build a robust and resilient health care workforce focused on three important areas:

a. **Build rural workforce pipelines and recruitment pathways**: Develop "grow-our-own" strategies that cultivate local talent through high school–to-career programs, certification and graduate pathways, and strengthened rural internships, rotations, and residencies, particularly in primary care and family medicine. Offer targeted signing and retention bonuses tied to five-year service commitments for high-need provider types focusing on remote and frontier communities.

b. **Strengthen retention and provider supports:** Enhance retention through structured mentoring, Continuing Medical Education opportunities, and incentive programs linked to long-term service commitments. Provide wraparound supports (including housing placement coordination, time-limited housing assistance, and child care partnerships) to help rural providers build lasting connections in their communities.

c. **Expand training and certification for clinical and community providers:** Implement flexible, virtual and in-person training programs to address health care gaps across rural Alaska. Focus on both clinical specialists and non-clinical professionals, including, but not limited to, Community and Behavioral Health Aides/Practitioners, Dental Health Aide Therapists, peer support specialists, community health workers, developmental specialists, EMTs, paramedics, community paramedicine providers, rehabilitation therapists, midwives, doulas, direct care workers, and long-term service providers.

Potential Use of Funds:

- **Create "grow our own" high school to certification programs:** Fund the development of online and in-person local training programs for high school students or recent graduates pursuing health care careers such as certification as paramedics, nursing assistants, medical coders/billers, behavioral health technicians, community health workers, Community Health Aides/Practitioners, Behavioral Health Aides/Practitioners, pharmacy technicians, and Dental Health Aide Therapists, among others. Training opportunities would include stipends, distance learning options so students can stay in their communities, and career coaching.
- **Create reskill or upskill programs for adults who may not have considered health care careers:** Programs will offer flexible, accessible training pathways that help new- or mid-career adults (e.g., ages 25-40) transition into high-demand health care roles such as direct care workers, family caregivers, and community care practitioners.
- **Fund or expand training academies and workforce development programs:** Create sustainable career pathways to increase the number of community health workers, Community Health Aides/Practitioners, Behavioral Health Aides/Practitioners, and Dental Health Aide Therapists, direct care workers, family caregivers, home health aides, peer behavioral health specialists, care coordinators, developmental specialists, rehabilitation therapists, care navigators, doulas, Emergency Medical Technicians, paramedics, mobile integrated health teams and other needed non-clinical health and community workers.
- **Support development and expansion of residency programs:** Develop and expand residency programs in Alaska including primary care and high demand rural specialties. Support the development of residency and internship programs in community outpatient settings in rural, remote, and frontier communities. Explore fellowships, rotations, and stipends to increase the number of providers accepting medical residents. Leverage simulation-based skill-building, and rotations in higher-volume settings to maintain clinical competencies suited for rural Alaskan practice.

- **Implement recruitment and retention strategies:** Provide funding for technical assistance and grants to implement recruiting and retention strategies within and outside of Alaska. Efforts will be targeted to meet community needs and gaps in care with an emphasis on remote and frontier communities.
- **Offer structured incentives to certain providers who commit to serving in a rural community:** Fund structured incentives for high-need providers (such as physicians, nurses, dentists, midwives, pharmacists, behavioral health professionals and other clinical and non-clinical community and health professionals) through upfront bonuses tied to five-year service commitments with incentives weighted towards later years and repayment requirements if the obligation is not fulfilled. To further support provider stability in rural communities, provide housing placement coordination with local partners and time-limited housing and child care stipends.
- **Expand Scope of Practice:** Invest in training, resources, and collaborative models to increase clinical competencies that support providers and pharmacists in practicing at the top of their licensure.
- **Launch housing placement resources for health care providers and students:** Fund an integrated housing program that promotes strategies to increase housing placement and support for health care providers and students completing clinical rotations in rural, remote, and frontier areas and provides technical assistance and resources to communities with significant housing shortages.
- **Provide child care supports to enhance provider retention:** Support the creation of onsite, or near-site child care centers or partnership agreements with local child care providers. These child care supports are designed to address a primary barrier to recruitment and long-term retention in remote communities.
- **Provide technical assistance to support *Strengthen Workforce* projects:** Offer technical assistance and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and developing effective recruitment and training programs to ensure sustained impact.

#6) Spark Technology & Innovation

Description:

This initiative harnesses data and technology-enabled solutions to ensure rural, remote, and frontier health care providers can deliver secure, efficient, and high-quality care. By developing reliable, interoperable, and data-driven tools, it establishes a foundation for robust, community-based, patient-centered care, reaching even the state's most remote communities. These coordinated investments will empower Alaska's remote and frontier providers with innovative digital health tools that facilitate increased access, coordinated care delivery, and population health management.

The *Spark Technology and Innovation* initiative focuses on four critical pillars:

a. Expanding the use of **consumer-facing wearables and digital health devices** paired with comprehensive provider training and ongoing technical assistance.

b. Increasing use of **telehealth, AI and cybersecurity** by improving providers' IT systems and remote monitoring capacity.

c. Facilitating **provider data sharing and systems interoperability** by upgrading electronic health records, supporting participation in statewide and national health information exchanges, and supporting clinical workforce training and workflow redesign to leverage these capabilities.

d. Testing new delivery modalities using emerging technology (unmanned aerial systems, unmanned kiosks, etc.)

Potential Use of Funds:

- **Deploy consumer-facing digital tools:** Invest in the development of mobile apps, remote monitoring devices, and patient portals that support symptom tracking and management, direct communication with care teams for timely support, medication adjustments, and access to personalized health education materials for individuals. Investments will focus on people with chronic conditions, behavioral health and substance use disorders, pregnant women, and patients at risk of falls or other harms. Provide technical assistance to train and support providers and support staff in the use of digital solutions. (*Key Intersection with Initiative #2 Health Care Access)*
- **Empower providers' use of AI tools for care delivery:** Provide start-up funding for training and technical assistance for a wide range of clinical providers and support staff to leverage or expand AI-powered documentation and workflow tools. Ensure interoperability with existing and developing regional and statewide data systems and support upgrades or updates as necessary.

- **Develop community-based system navigation applications:** Invest in community-based applications that connect rural and frontier community members with nearby clinical and social services, in-person supports, provide scheduling assistance, care navigation, care coordination, and digital support.
- **Invest in standards-based platforms that integrate and store patient health data in the single statewide health information exchange (HIE):** Expand HIE platforms to rural, remote and frontier providers to integrate patient health data from remote monitoring devices and other clinical data systems, enabling real-time monitoring, provider/patient alerts, and seamless exchange to inform care delivery and improve health outcomes.
- **Create telehealth-enabled specialty care access programs:** Invest in, expand, and update telehealth infrastructure supported by reliable internet access and hospital and clinic IT upgrades. Develop protocols that connect rural and frontier primary care sites with specialty providers such as cardiologists, endocrinologists, oncologists, psychiatrists and OB/GYN providers. Provide training and technical assistance to educate and support rural providers and specialist teams to maintain best practices, create common workflows and build collaboration.
- **Evaluate and pilot emerging health technologies to strengthen health care delivery in remote communities.** This effort will assess the viability of unmanned aerial systems (e.g., drones), remote pharmacy dispensing units, portable diagnostic tools, or other emerging technologies in expanding access to essential health services. Where feasible, pilot projects will be implemented to test operational performance, cost-effectiveness, and community impact, with the goal of identifying scalable solutions that improve care access and continuity of care in remote, often roadless, settings.
- **Integrate advanced analytics across multi-payer health and data systems:** Apply and expand technology-enabled tools that draw from Medicaid, commercial, and public health data to strengthen analytics, improve program integrity, enhance care coordination, and support informed clinical decision-making. Uses may include modeling to detect fraud, waste, and abuse; identify critical incidents; conduct advanced claims and utilization analyses; and perform population-level risk stratification to guide care management and resource allocation.
- **Build health IT infrastructure to support value-based care and population health analytics:** Provide targeted investments in interoperable electronic health record systems, shared data infrastructure, and tools that enable providers to routinely measure, report, and act on clinical and functional outcomes will strengthen value-based payment readiness. These systems will allow for integrated tracking across service types (medical, behavioral, and social) supporting equitable performance measurement and improved population health outcomes. (*Key Intersection with Initiative #4 Pay for Value)*

- **Launch rural and frontier health infrastructure fund:** Leverage public-private partnerships to stack resources and address the acute lack of adequate health care facilities in rural, remote, and frontier Alaska. RHTP funds will be leveraged for pre-development costs, renovations within existing spaces, and one-time start-up costs for new facilities, while private partner organization funds will *separately* fund new construction needs, major expansion capital projects, and long-term financing sustainability. Projects that will be considered include renovating or modifying multi-use or mobile spaces to address temporary or itinerant staffing needs. Infrastructure funding is subject to restrictions outlined in the RHTP notice of funding opportunity.
- **Launch rural technology catalyst fund:** Establish a competitive grant or procurement program intended to encourage the adoption of emerging health technology innovation focused on rural populations that improve quality, expand access, and reduce cost of care. Funds will prioritize scalable solutions with plans for long-term sustainability.
- **Provide technical assistance to support *Spark Technology and Innovation* projects:** Offer technical assistance and training to help eligible entities develop strong funding applications and successfully implement funded projects. Support may include guidance on application development, financial analysis, project planning, data collection, reporting, and performance improvement to ensure sustained impact from investments in innovative tools and systems that facilitate increased access, coordinated care delivery and population health management.