

MCDR and Alaska Native Medical Center

ANMC Existing Systems of Care

Trauma

- ▶ Level II Trauma Center
 - Level II Pediatric Trauma
 - OB Trauma protocols
 - Tribal Health Hospital
 - All are trauma certified

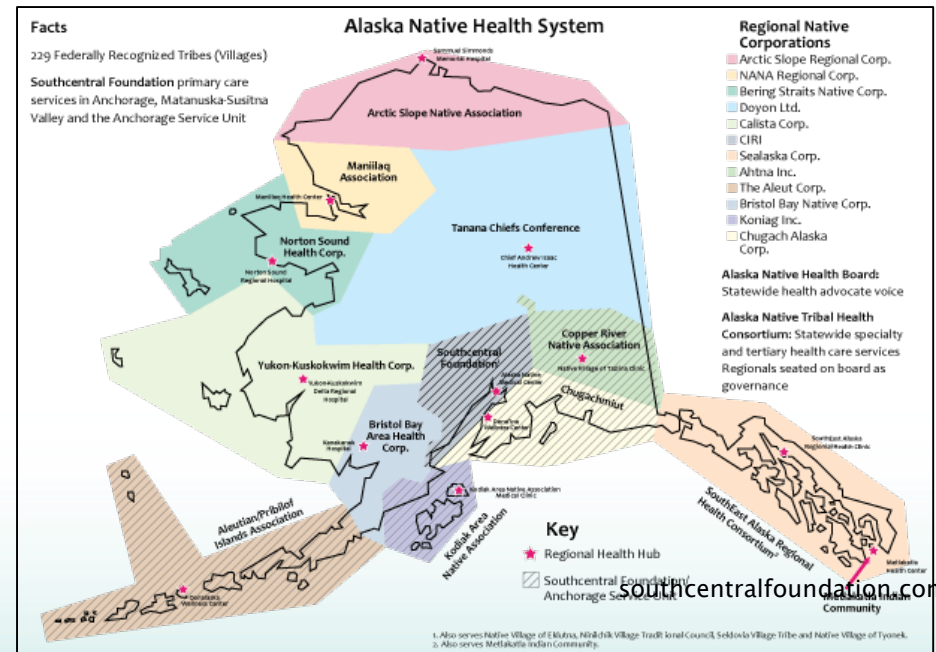
OB & Pediatrics

- ▶ OB
 - MFM
 - OB
 - 24/7 on-call OB + Midwife
 - SCF OB Clinic
 - Field Health Clinics
- ▶ Pediatrics
 - PICU – 24/7 on call
 - Pediatrics
 - 24/7 on-call pediatric hospitalists
 - SCF Peds Team B Clinic
 - Field Health Clinics



Partners in Health—Tribal

- ▶ Regional Tribal Hospitals
- ▶ Village Clinics
- ▶ ANTHC Community Environment & Health
 - Air and Healthy Homes
 - Emergency Preparedness
 - Environmental Health
 - National Tribal Water Center

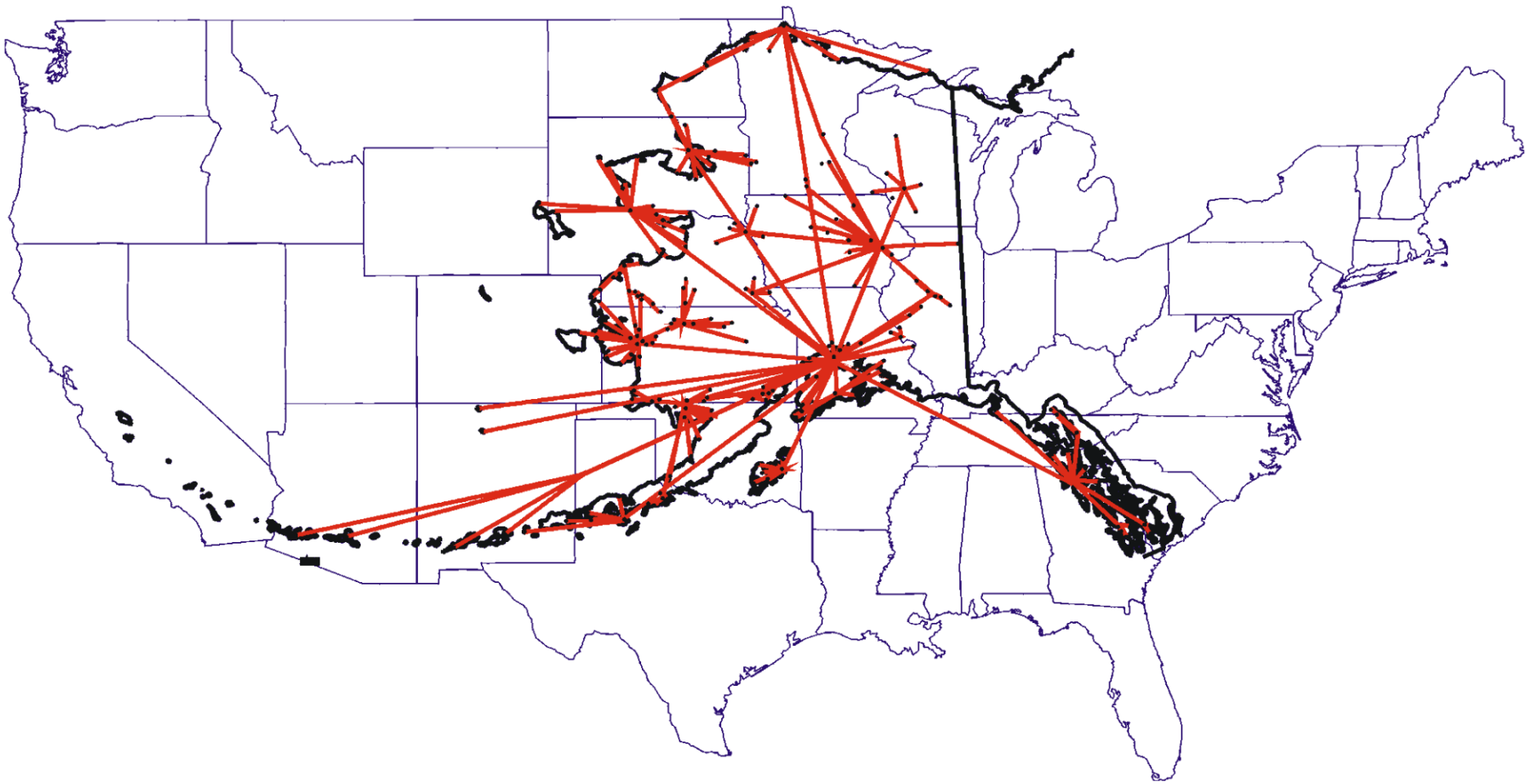


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THE ALASKA NATIVE HEALTH CARE SYSTEM REFERRAL PATTERN

Same Scale Comparison - Alaska Area to Lower 48 States



Partners in Health—Non Tribal

- ▶ Providence Alaska Medical Center
 - PICU
 - NICU
 - MFM
 - Alaska Cares
- ▶ Alaska Pediatric Surgery
- ▶ Local pediatric subspecialists
- ▶ Seattle Children’s Hospital
- ▶ Emergency Medical Services for Children (EMSC)
- ▶ All Alaska Pediatric Partnership/**HelpMeGrow**
- ▶ March of Dimes
- ▶ State of Alaska—WCFH



Risk Factors and Barriers to Health

- ▶ Geographic isolation
- ▶ Historical trauma
- ▶ Poverty
- ▶ Adverse Childhood Experiences
- ▶ Drug/ETOH use
- ▶ Young population
 - Bethel—1/2 are under 18 y/o
- ▶ Variable provider understanding of unique aspects of life in rural Alaska
 - High provider turn-over rate → diminished continuity of care



Climate Change

- ▶ Tough environment to live in
 - Changing natural resources—shore erosion, waning sea ice, change in migration patterns, subsistence fishing restrictions
 - Also, changing environments may contribute to fatalities due to exposure, limited resources, weather delays in transport, etc



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Gaps in Health Care

- ▶ **Rural vs. Urban Alaska**
 - Broadband
- ▶ Mental health services
 - Emergency vs. chronic therapy
- ▶ SLP/PT/OT therapists
- ▶ Access to specialists
- ▶ Follow-up after tertiary care
- ▶ Active case management
- ▶ Access to social programs to address families who are stressed



MCDR Meetings

- ▶ Vastly improved efficiency/timeliness of reviews
- ▶ Using data to address problems
 - Safe sleep review of increased deaths 2012-14
 - 2009 maternal death review at ANMC
 - Multidisciplinary M & M
 - Online OB guidelines/best practices—best in Tribal Health
- ▶ Enthusiastic reviewers from a broad spectrum of agencies
 - Improved representation from Tribal Health
 - **Need more rural representation**
 - Travel vs. video



MCDR Partnership

- ▶ Annual multidisciplinary meeting with updates on progress
 - Annual meeting hopefully attended by Commissioner of Health, WCFH Director, and Chief Medical Officer, etc
- ▶ Significant changes in governmental agencies/policy to address issues seen in MCDR
- ▶ Partnership building to rapidly address issues found during reviews
 - Example: partner with HelpMeGrow to address gaps in services
 - Regional vs. State
 - Break down silos of care



Thank You

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- ▶ Also:
 - Neil Murphy—OB
 - Marah Gotcsik—Peds



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Morning Break

- Take time to meet people and strengthen or form new connections.
- Don't forget the Parking Lots for:
 - Challenges you've faced working between agencies that hinder optimized care.
 - Successes you've experienced working between agencies that supported care.