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June 14, 2011

President Ed Thomas
Central Council Tlingit and Haida Indian Tribes of Alaska
320 West Willoughby Avenue, Suite 300
Juneau, AK 99801-1726

Dear President Thomas,

Gunal.chéesh, Háw'aa, Ndoyk'shn, thank you for providing us with copies of the 76th Annual Tribal Assembly health related resolutions. On behalf of the SouthEast Alaska Regional Health Consortium (SEARHC,) we express our deep appreciation for the opportunity to present a health update to the Tribal Assembly delegates, receive feedback, and answer questions during the session.

We carefully reviewed and considered the resolutions adopted by the 76th Annual Tribal Assembly. The resolutions are listed below along with our response and update.

Travel, Housing, and Referrals

Resolution TA 11-12: "SEARHC Patients Sent to Alaska Native Medical Center"

Resolution TA 11-26: "Request SEARHC to Revise Travel Policy"

Resolution TA 11-53: "Wasted Days and Wasted Nights"

SEARHC travel works to make housing arrangements for elders, urgent/emergent patients and their escorts who are traveling to the Alaska Native Medical Center (ANMC) when the Quyana House or alternate housing is unavailable. When the Quyana House is at capacity, SEARHC patients will be housed in an Anchorage hotel designated by the ANMC, with taxi vouchers and a food allowance of \$25/day each for patients/escort. We recently received commitment from the Alaska Native Tribal Health Consortium (ANTHC) CEO Don Kashevarof, that our patients with scheduled appointments will be housed at either the Quyana House or a local hotel. We are heartened by this commitment and believe that it will greatly improve our patients' experience at the ANMC.

SEARHC provides housing in Juneau for elderly, terminally ill, diagnosed with a chronic condition, or disabled patient/escort that have a long layover when traveling to/from Sitka for medical appointments. Our referral care coordinators in each site will work to request needed housing arrangements. SEARHC began to house patients traveling from Prince of Wales to

*Monday, June 20, 2011 emailed to EVT, MK, AH, BME
EVT: 2011 Resolutions - Response Letter (June 14)*

Anchorage that travel through Ketchikan. This service is provided on a case-by-case basis depending on the medical condition of the patient.

SEARHC patient travel makes every effort to coordinate the patient and escort travel arrangements to best coincide with their medical appointment(s). If we can travel patient/escort in one day for their appointment(s,) we attempt to do so to avoid worries about housing and ground transportation or missing excessive time from work and family. Patients usually travel the day before if they have morning appointments. If patients have medical appointments that run late into the afternoon at ANMC, SEARHC travel makes arrangements for them to return home the next day.

Cancer Prevention and Treatment

Resolution TA 11-37: “Oncology as a Priority Service”

Resolution TA 11-17: “Continued Support for Oncology Services on Prince of Wales Island”

Cancer is the leading cause of death in Southeast Alaska Natives and remains a high priority for SEARHC. The three primary areas of focus are prevention, screening and diagnosis, treatment, and survivorship.

Cancer Prevention

It is estimated that approximately 40 percent of all cancers are preventable through behavioral lifestyle changes. Tobacco is the single greatest identified factor in cancer causation. Diet and exercise can also impact cancer risk. Specific areas of focus at SEARHC include:

- Given its importance as the leading risk factor in the development of many types of cancer, SEARHC has a number of programs aimed at smoking prevention and cessation. Smoking prevention efforts focus around patient and community education and public policy. Cessation activities include both counseling and pharmacologic interventions. The programs work closely with primary care providers to encourage referrals and utilization of services.
- Through programs in the Women’s Health and Health Promotion departments, SEARHC is increasingly promoting the use of traditional foods. A healthy diet revolving around traditional foods has been shown to decrease the risk for a number of chronic diseases, including cancers. The exercise provided through the gathering and processing of these foods provides further health benefits.
- Primary care efforts include immunization for hepatitis B and human papillomavirus (HPV) which are associated with liver and cervical cancer respectively.

Cancer Screening and Diagnosis

Breast and colorectal cancer (CRC) are two of the most common cancers in our patients. There are effective screening tests for both of these forms of cancer. The goals of screening are to find precancerous lesions or early cancers which are more likely to be cured with treatment. The

success of this approach is seen in the incidence of cervical cancer which has been dramatically reduced through access to Papanicolaou (“Pap”) testing.

- SEARHC offers mammography services in most of its communities. This service is provided directly in Sitka and Juneau. Through a collaborative effort with Bartlett Regional Hospital, SEARHC offers mobile mammography services in all rural communities where this service is feasible. An important recent development has been the implementation of digital mammography at the Ethel Lund Medical Center in Juneau. This will allow Juneau patients to have diagnostic mammograms in their own community rather than traveling to Sitka. Breast ultrasound, another important diagnostic service, has also been added in Juneau. Ultrasound guided breast biopsies can be done at Mt. Edgecumbe Hospital (MEH).
- With the addition of a second surgeon at MEH, SEARHC has significantly increased its capacity to perform colonoscopies. This is the widely accepted standard of care for colorectal cancer screening. SEARHC is also in the final planning stages for the development of a colonoscopy program on Prince of Wales Island. This will be an itinerant program using surgical and anesthesia staff from MEH.
- SEARHC operates two highly effective screening and monitoring programs. A colorectal program was recently added to the longstanding Breast and Cervical Health (BCH) program. Both programs are run out of Women’s Health. Through these programs, patient screening is closely monitored. Patients who are due for screening tests are notified by letter or phone. Abnormal test results are documented and the patient is tracked closely to ensure adequate follow-up and treatment.
- Community and patient education are a critical component in promoting the utilization of cancer screening services. This is an ongoing activity of both the CRC and BCH programs. In April of 2011, the SEARHC CRC program sponsored a multi-community visit by “Nolan the colon.” Nolan is a large, inflatable colon which people can walk through to learn more about colorectal cancer and screening. In several communities, the visit was coordinated with an educational session by SEARHC staff.
- SEARHC offers state of the art imaging equipment at MEH including a new computerized axial tomography (CAT) and magnetic resonance imaging (MRI) scanners. In the state tribal health system, only ANMC exceeds SEARHC capacity in this area. Advanced imaging is an important tool in the diagnosis of many types of cancers.

Cancer Treatment

Cancer treatment is a complex, multidisciplinary patient care service. Many treatments and procedures necessary to manage some types of cancers cannot be performed at SEARHC. Some cancer care procedures are best performed at larger centers which do them more frequently. It is well documented that patients have better results in this setting. Much of the cancer care delivered to SEARHC patients is provided through the Alaska Native Medical Center. This is

done in close collaboration with the SEARHC clinics and MEH. Where feasible, SEARHC is trying to move as much cancer care as possible to the regional and local levels.

- SEARHC is unique amongst the regional health consortiums in that it is the only one with a surgical program. Two full-time surgeons are on staff at MEH. Surgeries performed in the facility provide diagnostic and treatment of some cancers. Newer, less invasive techniques such as laparoscopic surgeries are available to SEARHC patients.
- All non-surgical cancer treatments including chemotherapy and radiation therapy are coordinated through the oncology department at ANMC. Radiation therapy is not available in the region and must be done in Anchorage. Some types of chemotherapy can be provided at MEH. This has been very limited to date due to the strict regulations around the administration of chemotherapeutics to ensure patient and staff safety. A new pharmacy hood is being installed at MEH which will allow expansion of the chemotherapy which can be provided at the facility.
- SEARHC participated in a regionwide consultation sponsored by the Alaska State Hospital and Nursing Home Association (ASHNA) to explore the feasibility of a regional cancer center in Southeast Alaska. The report of this survey is pending.

Cancer Survivorship

Thankfully, many more patients are surviving their cancers due to advances in treatment. While not all cancers are curable, many patients are living longer with their cancers. Cancer survivors often have many physical, mental, and emotional issues around their disease and its treatment. While larger communities have cancer support groups, these have been difficult to establish and maintain in smaller communities.

In May of 2011, SEARHC hosted a men's cancer retreat on Prince of Wales Island. This event focused on the unique needs of men dealing with the effects of prostate cancer and its treatment. Follow-up from this event will include the following:

- Exploration of the use of SEARHC's telecommunications network to facilitate support groups in rural communities.
- The development of survivors as peer counselors who can discuss cancer care issues with newly diagnosed patients.
- Southeast specific patient videos focusing on issues around cancer and survivorship.

Oncology on POW

Cancer continues to be the leading health care concern expressed by patients and community leaders on POW. Although services have been greatly augmented on POW over the past decade, SEARHC is further expanding its infrastructure to support our patients with care as close to home as possible. There have been a number of focused cancer care initiatives on POW:

- In 2010 SEARHC hosted a cancer care forum in Klawock which included oncology staff from ANMC and an epidemiologist from ANTHC

- The “super-colon” tour included one week and four communities on POW.
- In May of 2011, SEARHC hosted a men’s cancer retreat on POW.
- This summer, SEARHC will initiate a pilot program which will allow colonoscopies to be performed at ARMC.
- Staff has entered into discussions with ANMC oncology to pilot oncology outreach clinics to POW. This would decrease the need for some patients to travel to Anchorage for these services.
- Future planning includes the possibility of limited chemotherapy through ARMC. This would have to be provided within the strict regulatory environment for the provision of these services.

Staffing to Meet Increasing Needs

Resolution TA 11-21: “Request SEARHC to Increase Staff at Alicia Roberts Medical Center”

In May of 2000, SEARHC became the only provider of afterhours care on Prince of Wales Island. The Alicia Roberts Medical Center (ARMC) became responsible for the provision of these services for the island’s major population centers in Craig and Klawock. Emergency care was consolidated at ARMC for the island’s entire population of approximately 4,000 residents. These changes in the Prince of Wales healthcare delivery system led to a series of events that established ARMC as a community health center under HRSA’s 330 program. This program provided additional funding to ARMC while requiring open access.

Since open access was established at ARMC, non-beneficiaries have made up approximately 25 percent of the clinic’s visits. Over the past decade, ARMC staffing increased from three to seven primary care providers to accommodate the increase in both beneficiary and non-beneficiary patients. The larger patient base has allowed the development of additional clinic services including physical therapy, extended stay services, dental hygiene, itinerant ultrasound clinics, and a moderate complexity laboratory. This summer, SEARHC will add optometry and colonoscopy services at ARMC.

Careful analysis of clinic staffing and patient volumes led to the addition of a fourth physician in December of 2010. We continue to monitor access to primary care visits on a monthly basis and access to primary care visits remains good at this time.

While the current number of primary care providers at ARMC is appropriate for the population served, there is inadequate support of the primary care practice. Increasing the number of nursing, medical assistant, and referral coordination positions at the clinic is one of the highest priority objectives for the Community Health Care Services division of SEARHC that oversees all the SEARHC clinics on Prince of Wales, including ARMC.

Traditional Health

Resolution TA 11-29: “Recognition of Tribal Healers/Doctors”

SEARHC directly provides some traditional Native healing practices, primarily through our behavioral health services. These include sweat lodge, healing blanket ceremonies, drumming, talking circles and crafting medicine bags. In addition, SEARHC partners with a number of tribal and community organizations to provide a wide range of traditional activities. These have included making devils club ointment, traditional food camps, fish and herring egg distribution, storytelling, deer skinning, berry picking, and seaweed gathering. SEARHC has also partnered with local communities to sponsor inspirational speakers like Gene Tagaban.

SEARHC has long recognized that embracing and implementing tribal healers within the existing medical care programs would be beneficial to our patients. The challenge in doing so is multi-faceted and complex, with some of the challenges listed below.

- There are currently no formal or tribal education paths to provide education and/or certification for this type of position. In Southeast Alaska, the decision as to who would appoint/accredit/certify/train a southeast traditional tribal healer is an issue where we would need to collaborate with a broad base of tribes and tribal members.
- Our leadership sought to embrace and implement tribal healers at SEARHC and could not find consensus within the tribal communities regarding who would designate tribal healers.
- Our medical staff is not aware of any traditional healers who practice traditional Tlingit/Haida/Tsimpshian healing practices.
- We acknowledge that the Southcentral Foundation (SCF) has tribal doctors as positions within their organization, however, the positions remain unfilled.

I want to thank you again for providing me with the opportunity to respond to the health-related resolutions approved by the Tlingit and Haida Tribal Assembly. If you have any questions or concerns, please don't hesitate to contact me.

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Roald Helgesen
President & CEO

pc: SEARHC Board of Directors