Alaska Tribal Health System

Oregon Chapter ACP Meeting

Nov 13, 2021

Donna Galbreath, MD
Senior Medical Director Quality Assurance
Southcentral Foundation

Molly Southworth, MD, MPH, MACP
Endocrinologist, retired, Alaska Tribal Health System
Clinical Professor of Medicine, University of Washington School of Medicine
Affiliate Professor of Medical Education, University of Alaska Anchorage/ WWAMI
Regent, American College of Physicians

ALASKA NATIVE MEDICAL CENTER

ACP American College of Physicians℠ Leading Internal Medicine, Improving Lives

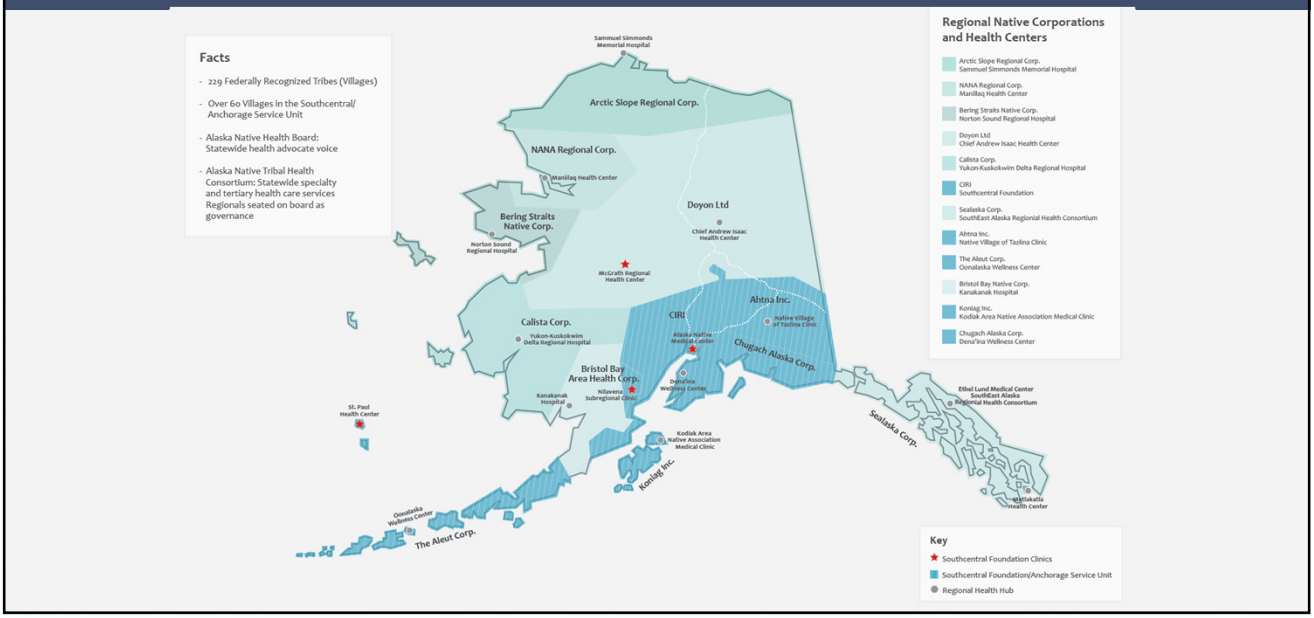
1

Objectives

- Understand how the Alaska Tribal Health System (ATHS) works
  - Southcentral Foundation (SCF) Primary Care Example
    - Two-time winner of the Malcolm Baldrige Quality Award
  - Consider Case Examples demonstrating this work
    - Note that team approach is key
- Consider whether the ATHS might serve as a model system for the US
  - Primary Care right in home community
    - Team Structure provides supervision & clinical judgement
  - Evaluation at progressive levels, specialists etc, as directed by team leader

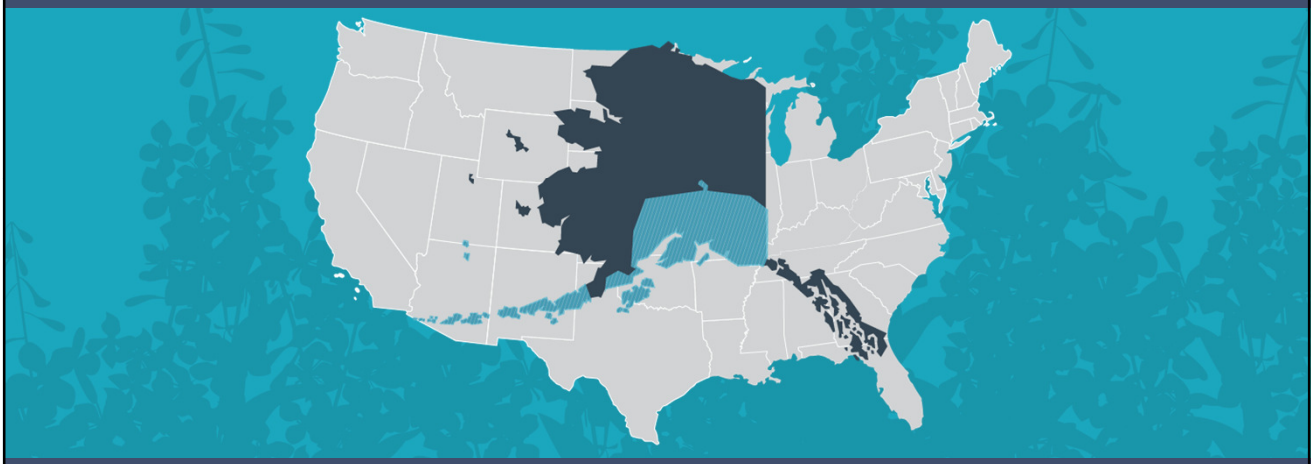
2

Alaska Health System



3

591,000 Square Miles
1,530,682 Square Kilometers

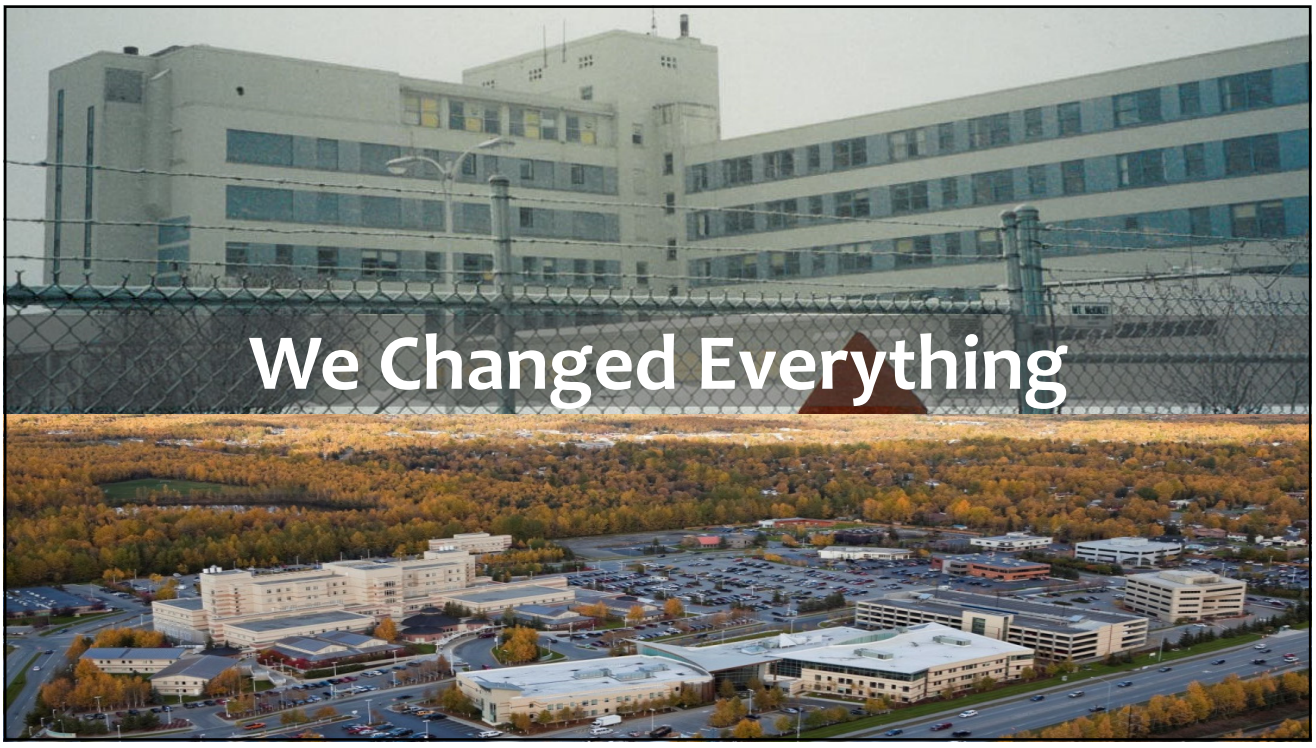


Alaska Is Larger Than Texas, California And Montana Combined

4


Alaska Native people chose
to assume responsibility

5


We Changed Everything

6

Medical Culture Replaced by Relationship, Shared Responsibility, Customer-Ownership, Story, & Complex Adaptive System based on Alaska Native culture and values

7

Rural Communities

8

Life in the Village

- Accessibility to urban communities is limited
- High cost of living
- Harsh weather conditions
- Lack of infrastructure
- Clean water - “Washeterias”

9

How do you get to work?

10

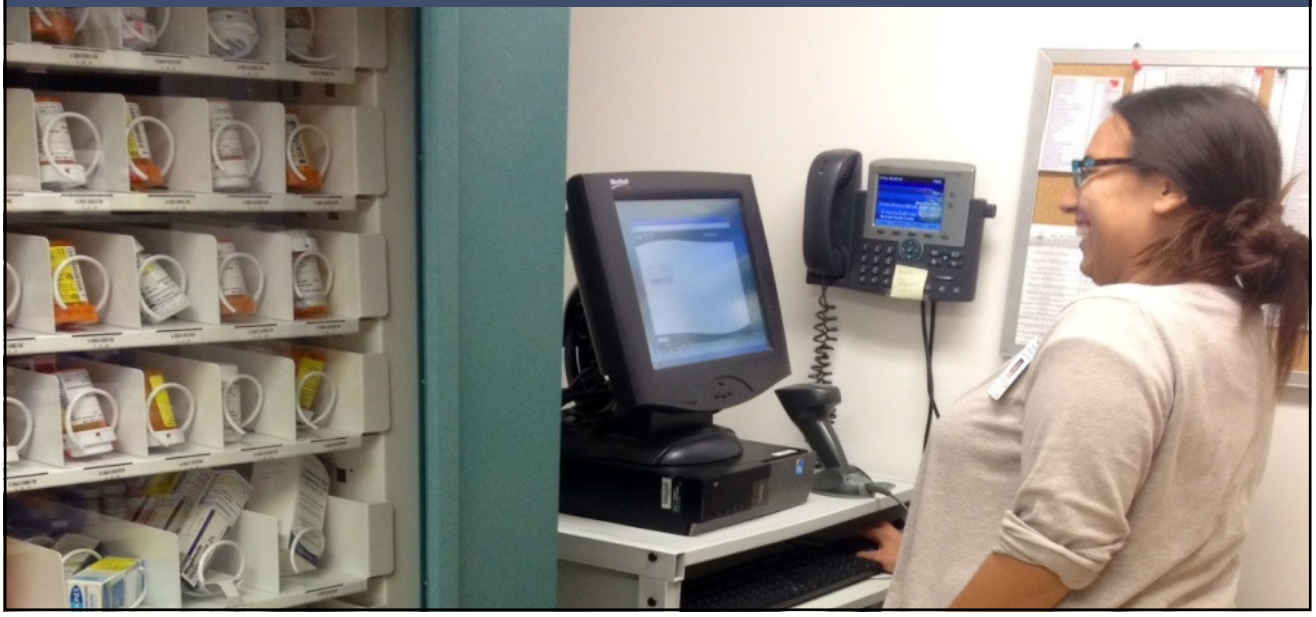
Rural Alaska Transportation

11

Alternative Modes of Transportation

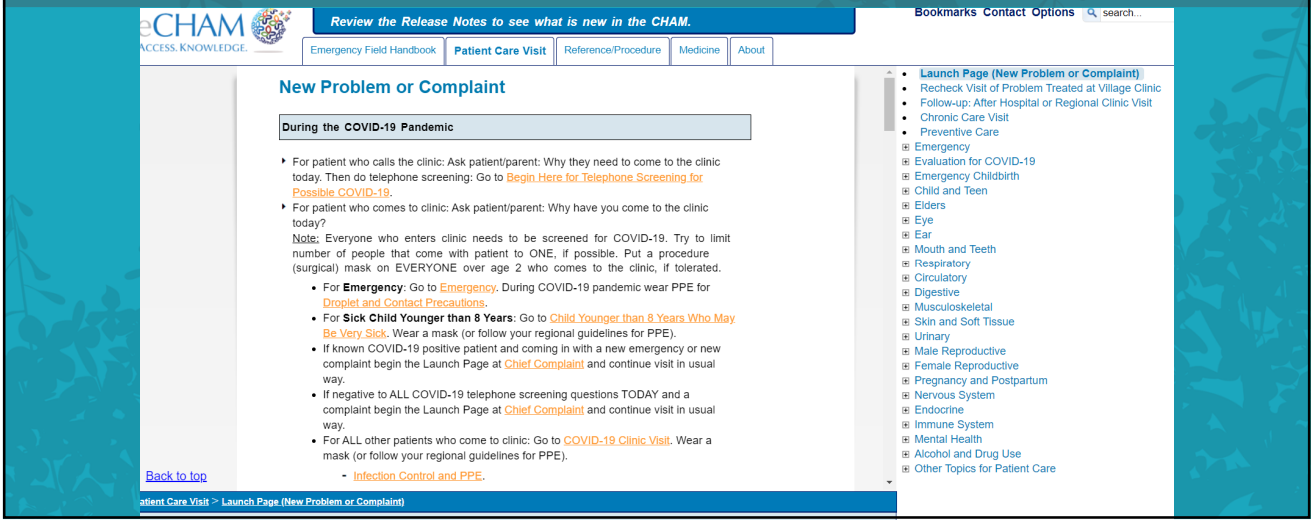
12

Community Health Aide Program



13

Community Health Aide Manual



14

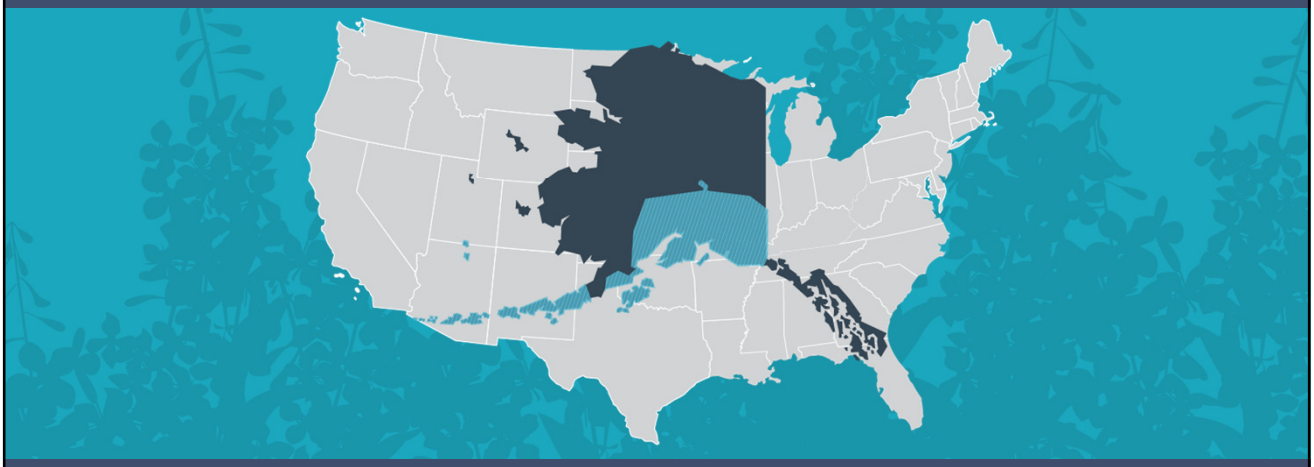
Clinician Village Coverage

- SCF primary care clinicians cover villages and support our Rural Alaska Service Unit
- Different needs
  - All villages with clinics require minimum of 2 clinician trips per year
  - Villages that have Community Health Aide Practitioners work with medical clinicians in Anchorage

15

16

591,000 Square Miles
1,530,682 Square Kilometers



Alaska Is Larger Than Texas, California And Montana Combined

17

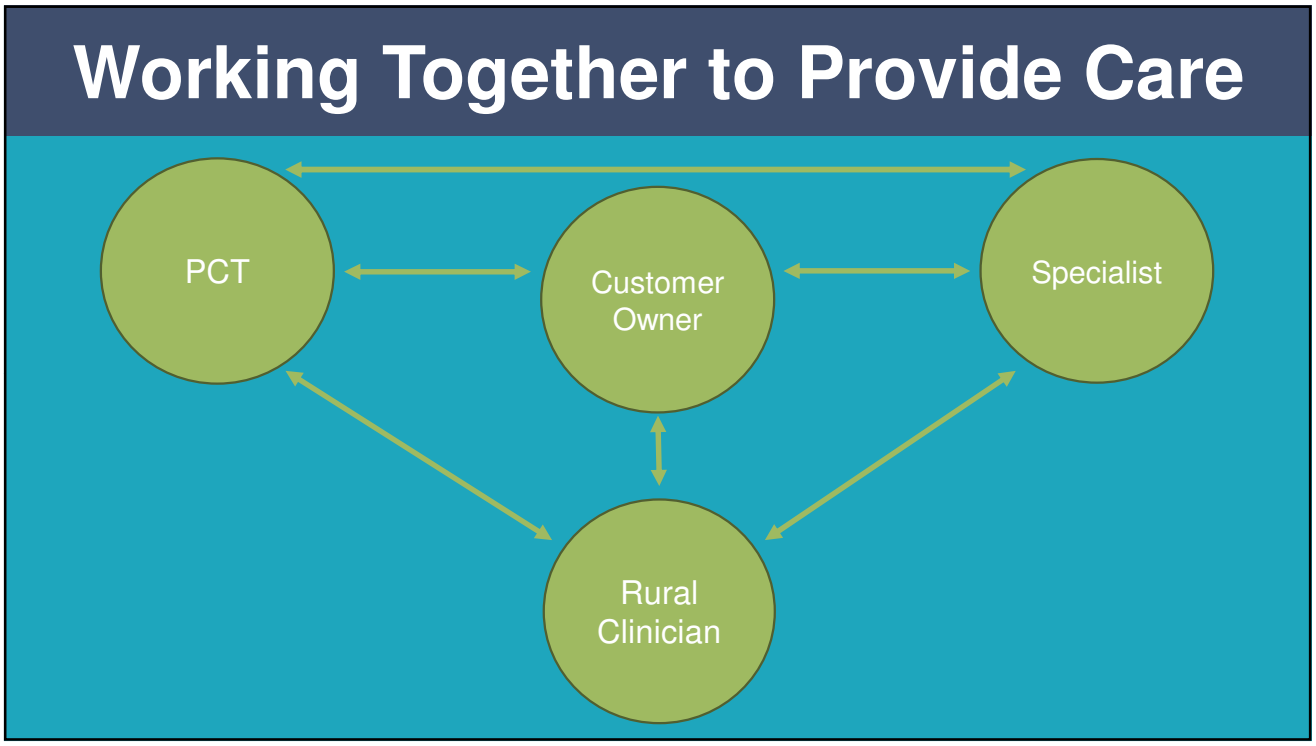
Provider Village Trips

- Scheduling
- Services
  - Provider referral
- CHAP working relationship
- Team approach for rural care

18


Colorectal Cancer Screener
Coverage NP/PA
Integrated Pharmacist
Behavioral Health Consultant
Dietician
Community Resource Specialist
Certified Medical Assistant
Certified Nurse Midwife
Primary Care Clinician
RN Case Manager
Case Management Support
Integrated Care Teams

19


Working Together to Provide Care
PCT
Customer Owner
Specialist
Rural Clinician

20

Cultural Considerations

- Strength Based
- Varying Native cultures
- Native hiring preference
- Subsistence lifestyle
- Historical trauma
- Role of Elders
- Using story as a tool
- Relationships differ (aunts/uncles/cousins)
- Honoring customer – meeting them where they are

21

Case 1

Hyperthyroidism

A Respected Elder in a Village

22

An Elder in a Village with Hyperthyroidism (pre-pandemic)

- 85+ y-o woman in the Yukon Delta Region
  - Lives in a village of approx 600 people
  - Clinic staffed by community health aide
    - Close contact with Regional Center
  - Labs go by plane to Regional Center (weather permitting)
  - Telemedicine visits available between village clinic and ANMC
- Close family members live in the village and in Anchorage
- Referred to endocrinology because of uncontrolled hyperthyroidism, previously diagnosed during hospitalization for other issues

23

Initial Endocrine Consultation

- In-Person Visit in Anchorage, while visiting family
- Findings confirm hyperthyroidism due to Graves disease
  - Consistent Hx and Exam
    - Diffuse Goiter
    - Undetectable TSH
    - Elevated Antibody Levels
- Declines I131 and not a good surgical candidate
- Plan: RX methimazole and monitor closely

24

Follow-Up Endocrine Visits

- Numerous visits required: stabilize TSH, monitor & adjust methimazole
  - Some visits in-person (while visiting family in Anchorage)
    - Labs generally done prior to the visit, arranged by case management team
  - Other visits using telemedicine to clinic in the village
    - Health Aide obtains lab work, sends specimen via plane to Regional Center, obtains results
      - Hopefully all accomplished prior to the visit
      - Frequent challenges: weather, lost specimen, patient missed lab draw, etc
      - VS and some PE done by VHA

25

Course

- Hyperthyroidism generally controlled at home in village, with frequent telemed visits
- Occasional trips to Anchorage to visit family and see endocrine, in person
- The patient recently passed (not d/t COVID), with family at her side

26

Case 2

Adrenal Carcinoma
Citizen of an Island Community

27

50 + y-o man referred to Endocrine

from an island community in SE Alaska (Pre-pandemic)

- Problems
  - Uncontrolled hypertension
  - Massive edema
  - Electrolyte abnormalities
- Exam: Anasarca & abdominal mass
- Imaging-directed bx: adrenocortical CA, widespread metastases

28

Rationale & Management Planning

- Patient understands therapy not likely to be curative
  - Wishes to be home as much as possible
- Has been a leader in the community, mentoring many youth
  - Supportive wife & family
- Phone Consultation with leading expert Dr. William Young at Mayo Clinic
  - Advises on use of ketoconazole and mitotane with lab monitoring

29

Clinical Course

- Capable and caring PA in home community administers most in-person care
- PA calls or texts endocrinologist weekly
  - Gives clinical and laboratory update
- Plan/Meds adjusted after data assessment by endocrinologist

30

Community Outpouring of Support

- A potlatch was held, honoring the patient's life and contributions to the community prior to his passing
  - Note that a potlatch is not just a potluck
  - A traditional ceremony and feast, honoring the life of an important individual
- Patient was able to fully participate and celebrate with his family and community

31

Case 3

Congenital Disabilities

Young Man Requiring Repeated Hospitalizations

32

20 y-o man with multiple congenital disabilities
Referred to Endocrine for Wt Loss & Low TSH (during pandemic)

- Congenital failure of corpus callosum development, Hydrocephalus w VP shunt, Diplegic Cerebral palsy, fetal alcohol effect, developmental delays
- HPI (mainly from adoptive Mom):
  - Resides in Assisted Living Facility
  - Chronic behavioral Issues (head banging, other)
  - Marked recent weight loss
    - Eating poorly….better in hospital
    - Note visitor restrictions during pandemic
  - 15 hospitalizations in past 2.75 years, for intractable constipation
    - Repeated suppositories, enemas, EGDs and colonoscopies
    - Aggressive bowel regimen needed, not always successful

33

Additional Details of Hx
(or as we know: "the devil is in the details")

- ROS includes:
  - Lack of interest in usual activities
  - Poor appetite
  - Severe chronic constipation
  - Recent absence of previous frequent masturbation behavior

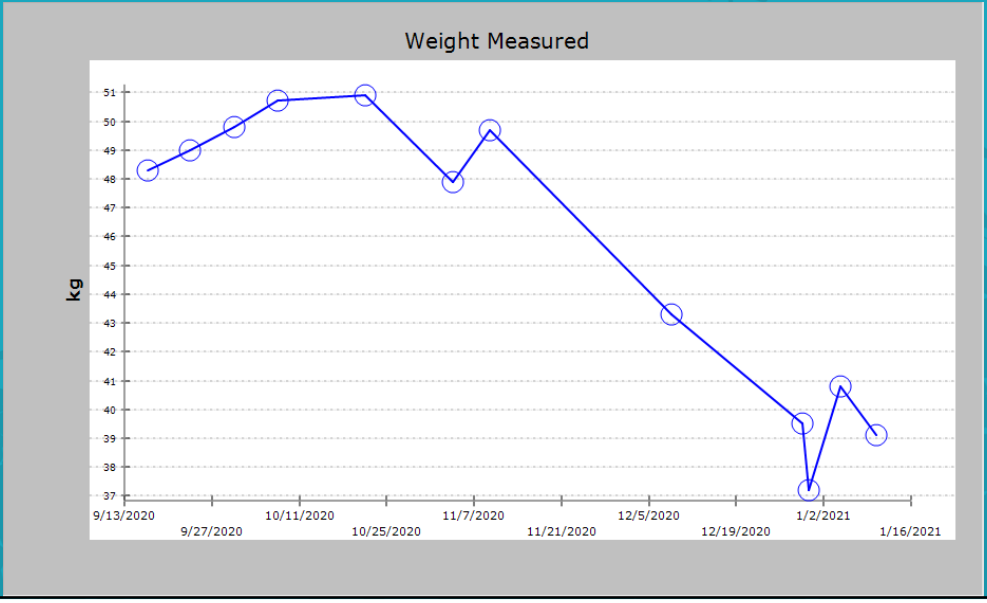
34

Objective Data

- PE: Remarkable for emaciation & pale complexion; Wt 40 kg (nadir 39.3); BMI 15
  - Language development minimal
  - Wheelchair-bound: Generalized U & L extremity spasticity present
  - Listless, not communicative
  - AL Staff friendly, seem supportive
  - Mom extremely concerned, dissatisfied with progress

35

Weight Graph
(a FABULOUS feature of EHRs!)



36

Lab Data

Date	TSH	FT4	Total T3	Free T3	Thyroid Antibodies
11/2018	0.332 (low)	0.90 (low)		2.73	
12/2018	0.297 (low)	1.08			
3/2019	0.735				
5/2019	0.479				
7/2019	0.482	0.92 (low)			
8/2019	1.39				
8/2020	0.197 (low)	0.91 (low)			
12/2020	0.150 (low)	0.93			
"	0.232 (low)	0.69 (low)	81		All nl or low

37

Additional Lab Data

12/2020

ACTH Stimulation Test: wnl

Testosterone total: 246 (low, nl 264-916)
FSH 14.6 (high, nl 2-12) LH 4.7 (nl)

Prolactin: 10 wnl

IGF-1 83: wnl

38

Imaging Studies

- CT neck & submandibular regions: c/w "plunging ranula"
  (pseudo cyst associated with sublingual glands and ducts, extending into neck)
- MRI Pituitary :
  - Pituitary enhances homogeneously
  - Pituitary stalk distortion, uncertain clinical significance
  - Corpus callosum absent
  - Shunt catheter extends from R parietal region into R ventricle; ventricles are decompressed
  - Right subdural effusion present (up to 5 mm thick)
  - Cephalic appearance of skull

39

Clinical Thinking

- Disabled man: developmental midline brain abnormalities
- Declining during pandemic, losing wt, severe chronic constipation, acute depression, nearly moribund
- History suggests social isolation may be a factor
- Labs, imaging and clinical picture suggest:
  - Central hypothyroidism
  - Recent onset hypogonadism of uncertain type
  - Adequate adrenal function
  - Plunging ranula present, unclear whether causing problems
    - Mom wishes for prompt surgical repair by ENT

40

Management Plan after Team Discussion

- Hold off on surgical procedure for now
- Feeding tube
- RX levothyroxine: monitor FT4 & clinical status
- RX IM testosterone: monitor lab & clinical status
- Move to new living facility ASAP
  - Younger male residents for camaraderie & increased ease of visits by Mom
- Weekly in-person visits with primary physician who knows him best
- Ongoing close team collaboration

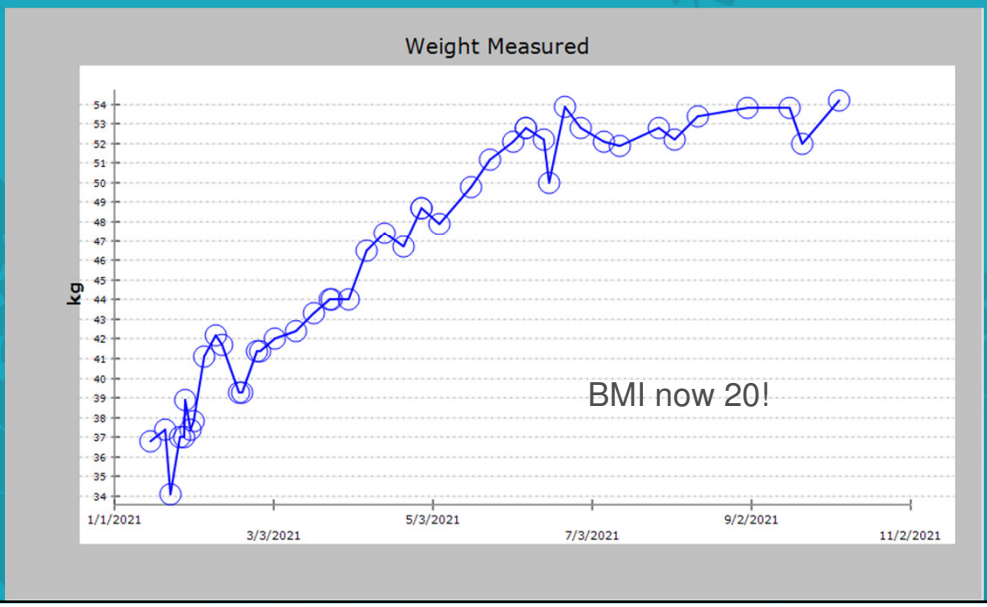
41

Clinical Course

- Likes the new living facility: interacts with young men there!
- Med doses have been appropriately adjusted
- Constipation less severe: no hospitalizations in 9 months
- Tube feeds being tapered gradually
- Jokes with primary physician who now sees him less often
- Ranula not currently a clinical problem

42

Recent Weight Graph



43

Our Conclusions

- Strong Team Collaboration, including Patient/Mom, FP, Endocrine & ENT has resulted in
  - Improved outcome
  - Enhanced patient well-being
  - Decreased hospitalizations
- Big financial and personal WIN for ALL!
- Ongoing team collaboration will be needed
  - Not all questions have been answered, challenges remain

44

Teamwork Makes the Difference!

Primary Care Team

Patient & Family Front & Center

ENT Team

Endocrine Team

45

Could This Model Work Nationwide? Something to Consider...

46

Thank You!

Qaĝaasakung
Aleut

Quyanaa
Alutiiq

Quyanaq
Inupiaq

AwA'ahdah
Eyak

Mahsi'
Gwich'in Athabascan

Igamsiqanaghalek
Siberian Yupik

Háw'aa
Haida

Quyana
Yup'ik

T'oyaxsm
Tsimshian

Gunalchéesh
Tlingit

Tsin'aen
Ahtna Athabascan

Chin'an
Dena'ina Athabascan

47