

Integrated Care Teams

Karen McIntire, VP of Workforce

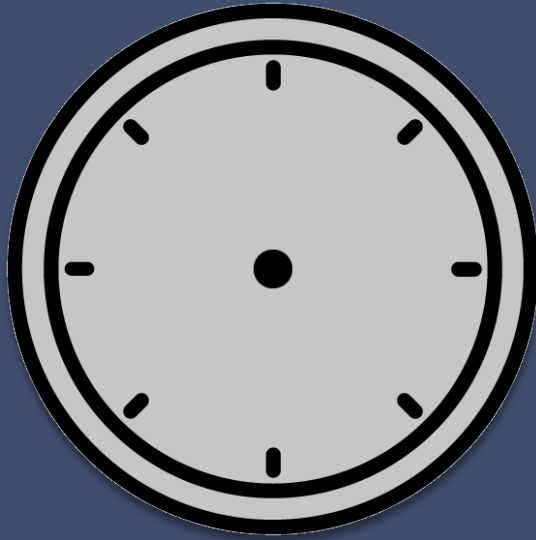
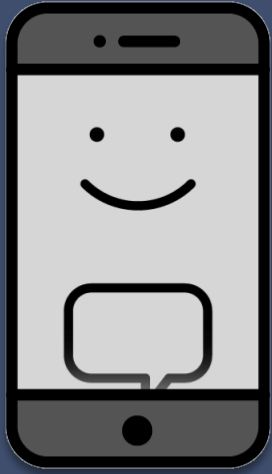
Melissa Merrick, EVP of Primary Care

Southcentral
Foundation

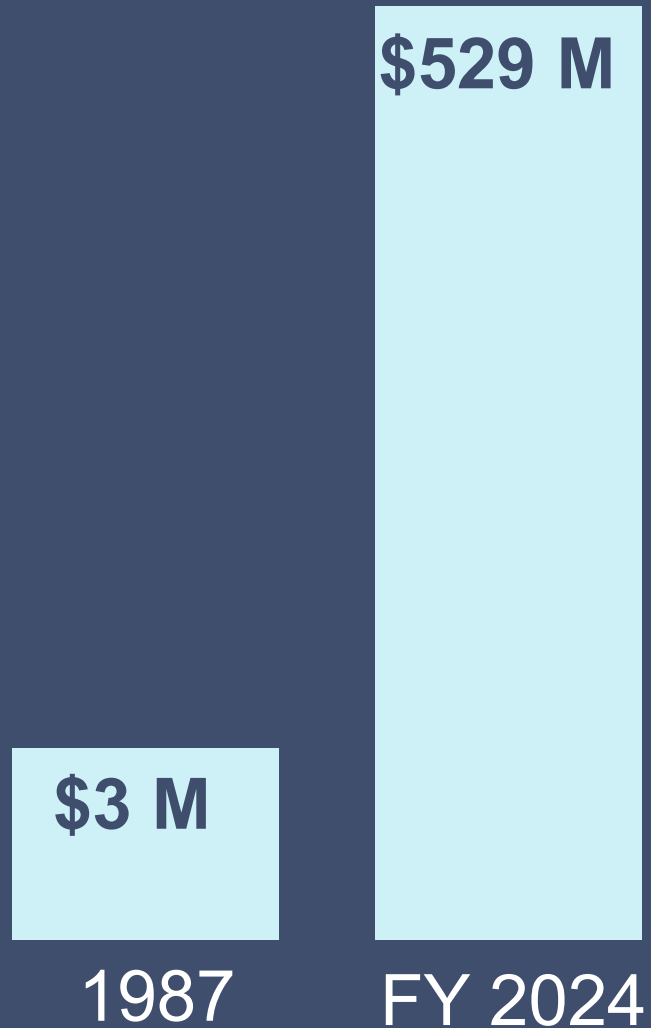


Alaska Native People Shaping Health Care

Housekeeping



SCF Fast Facts



- Incorporated in 1982
- Employees
 - 1987: 24 staff
 - 2024: 2600
- Programs
 - 2005: 51
 - 2024: 95
- Serving 70,000 Customer-owners
 - 2000: 14,856
 - 2024: 70,000

Check In: Takeaways and Questions

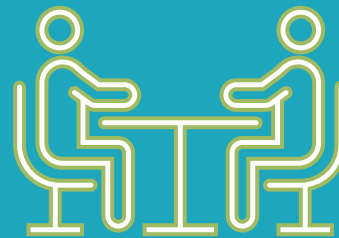
Check in with your Learning Circle:

- Introduce yourself
- What are your takeaways from yesterday's workshop?
- What questions do you have— either about yesterday's session or for today?

Objectives

- 1 Describe how SCF uses integrated care teams to manage workflow and customer-owner panels
- 2 Describe the tools integrated care team members use to ensure effective team communication
- 3 Review health and performance indicators for integrated care teams

We Changed Everything



Access - Visibility
Build Trust –
Transparency



Customer-Owner
Centered
Systems approach
Team Based

Customer-Ownership

Operational Principles

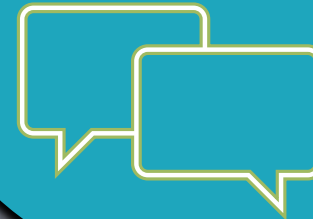
- R** Relationships between customer-owners, family and provider must be fostered and supported
- E** Emphasis on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness)
- L** Locations convenient for customer-owners with minimal stops to get all their needs addressed
- A** Access optimized and waiting times limited
- T** Together with the customer-owner as an active partner
- I** Intentional whole-system design to maximize coordination and minimize duplication
- O** Outcome and process measures continuously evaluated and improved
- N** Not complicated but simple and easy to use
- S** Services financially sustainable and viable
- H** Hub of the system is the family
- I** Interests of customer-owners drive the system to determine what we do and how we do it
- P** Population-Based system and services
- S** Services and systems build on the strengths of Alaska Native cultures



Operational
Principles -
RELATIONSHIPS

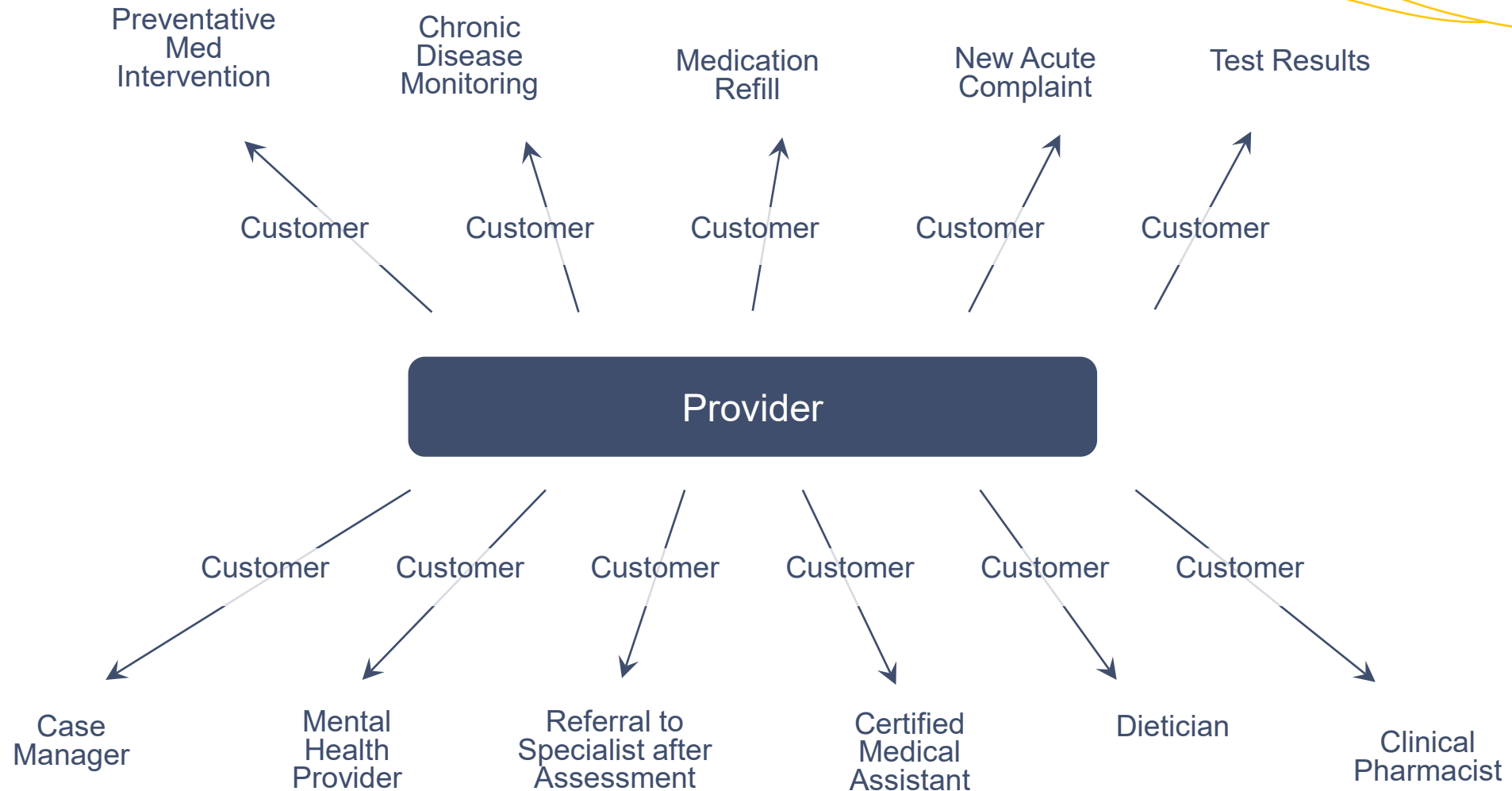
Core Concepts

- W** Work together in relationship to learn and grow
- E** Encourage understanding
- L** Listen with an open mind
- L** Laugh and enjoy humor throughout the day
- N** Notice the dignity and value of ourselves and others
- E** Engage others with compassion
- S** Share our stories and our hearts
- S** Strive to honor and respect ourselves and others

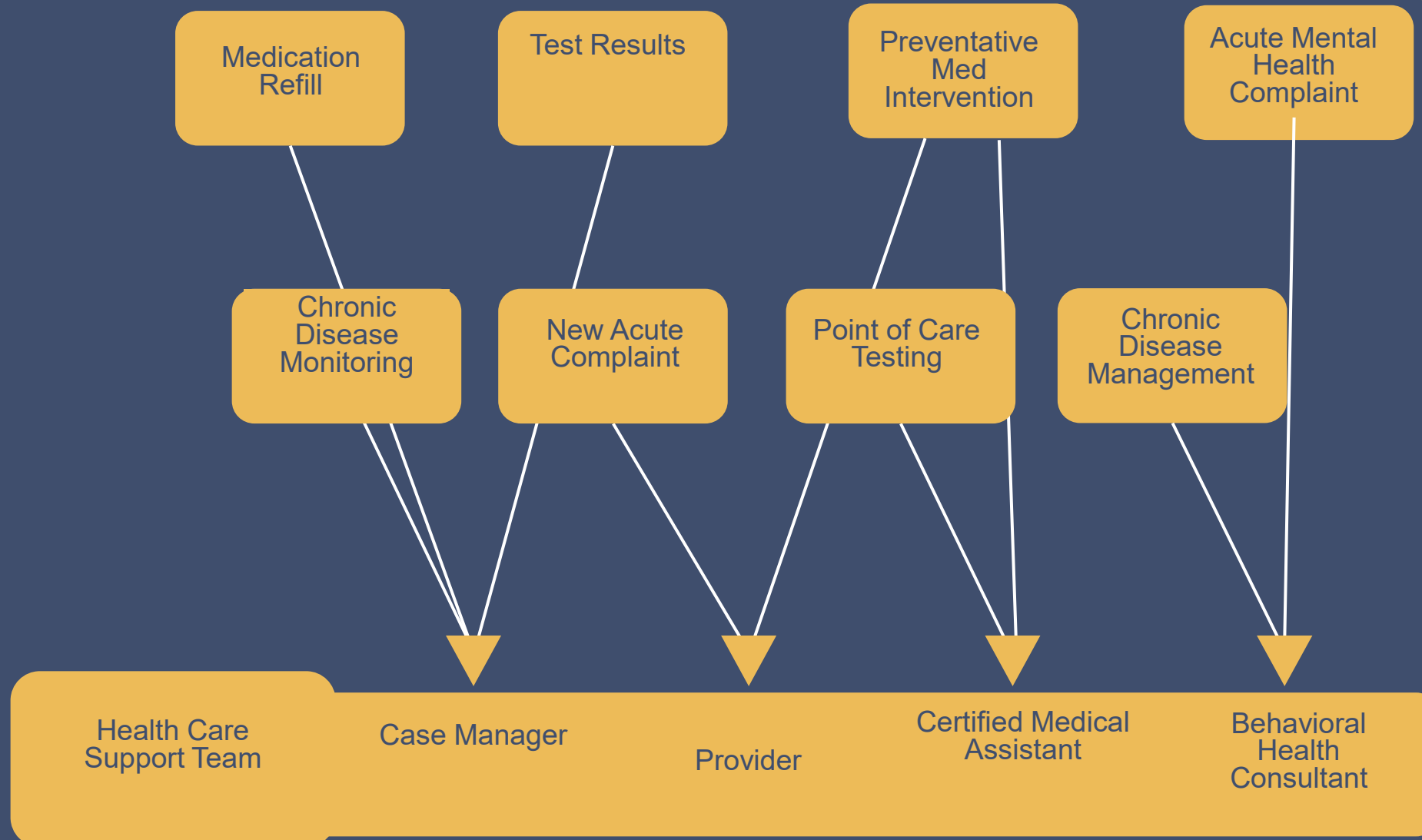


Core Concepts -
WELLNESS
Communication
– difficult
conversations

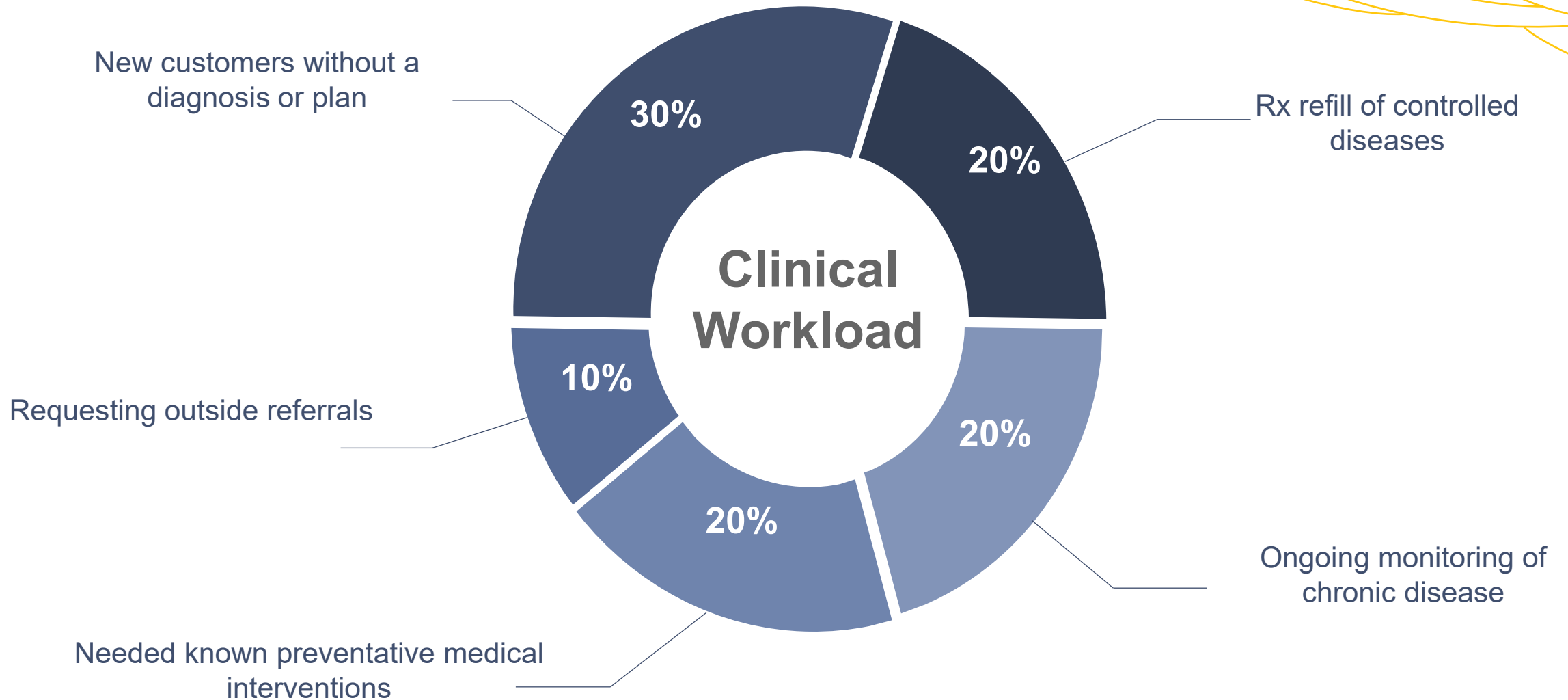
Traditional Workflow



Parallel Workflow Redesign



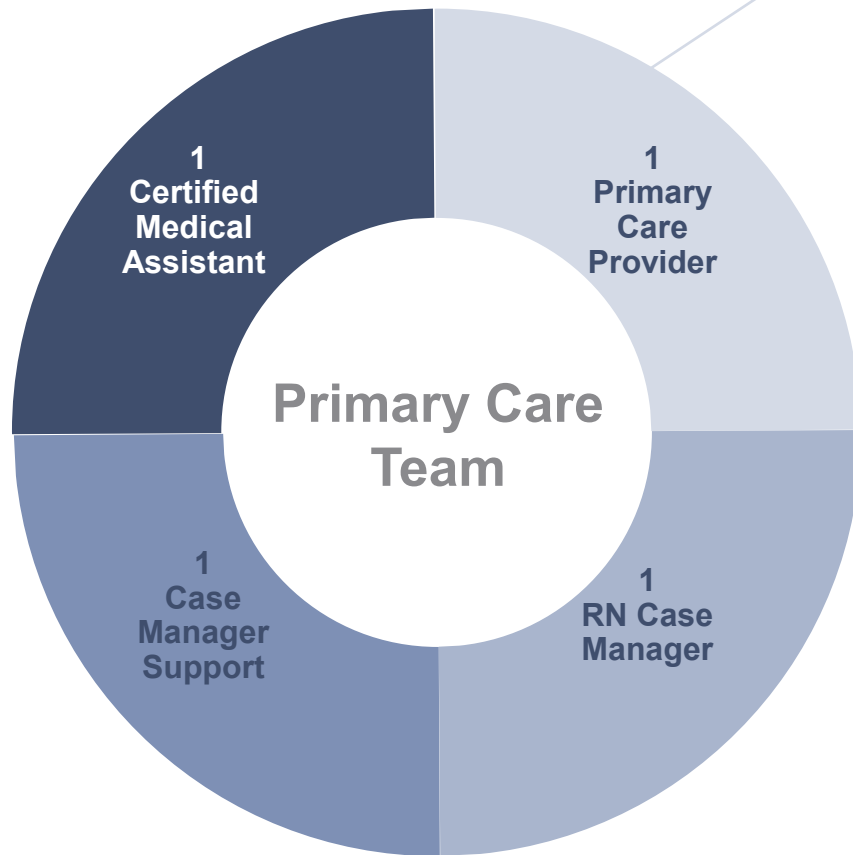
Clinical Workload Prior to System Redesign



Continuity

- Empanelled customer-owners:
 - Ensures continuity of care
 - Builds relationships
 - Creates trust between customer and team
 - Progress/healthy outcomes
 - Open access to integrated care team
 - Email, phone, talking rooms

Care Team Ratios



1,100-1,400 Empaneled Customer-Owners

Integrated Care Clinic Team

2 Behavioral Health Consultants

1 Pharmacist

1 Registered Dietitian

1 Certified Nurse Midwife

2 Coverage Physician Assistants/Nurse Practitioners

**6
Primary
Care
Teams**

Check-In: Your Ideal Primary Care System

Individually, think of 3 words that describe your current Primary Care System.

Check-In: Your Ideal Primary Care System

Individually, think of 3 words that describe your current Primary Care System.

Draw or describe the Primary Care System that would be ideal for your community.

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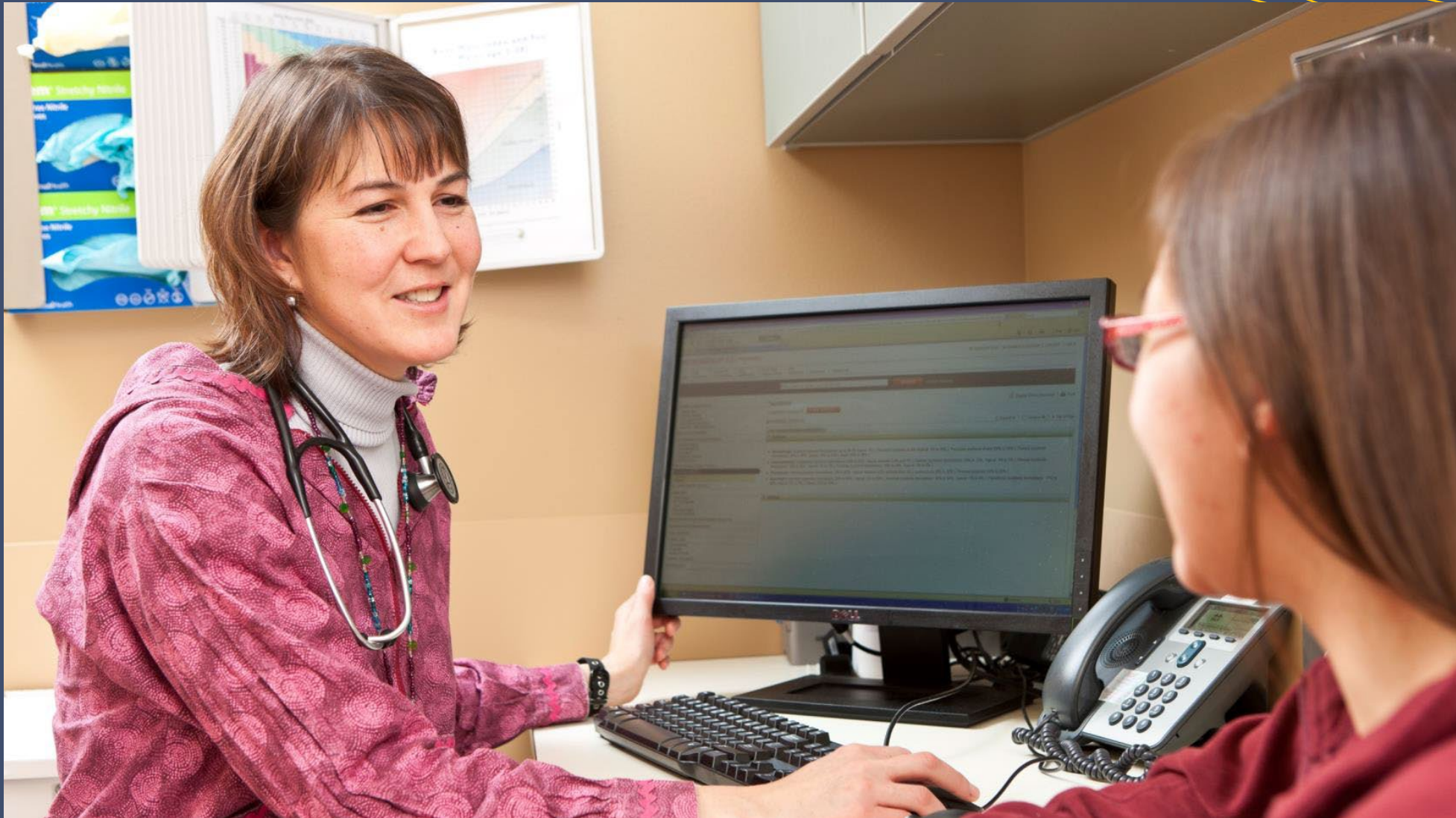
Share your ideal systems with the people in your Learning Circle.



Integrated Care Teams



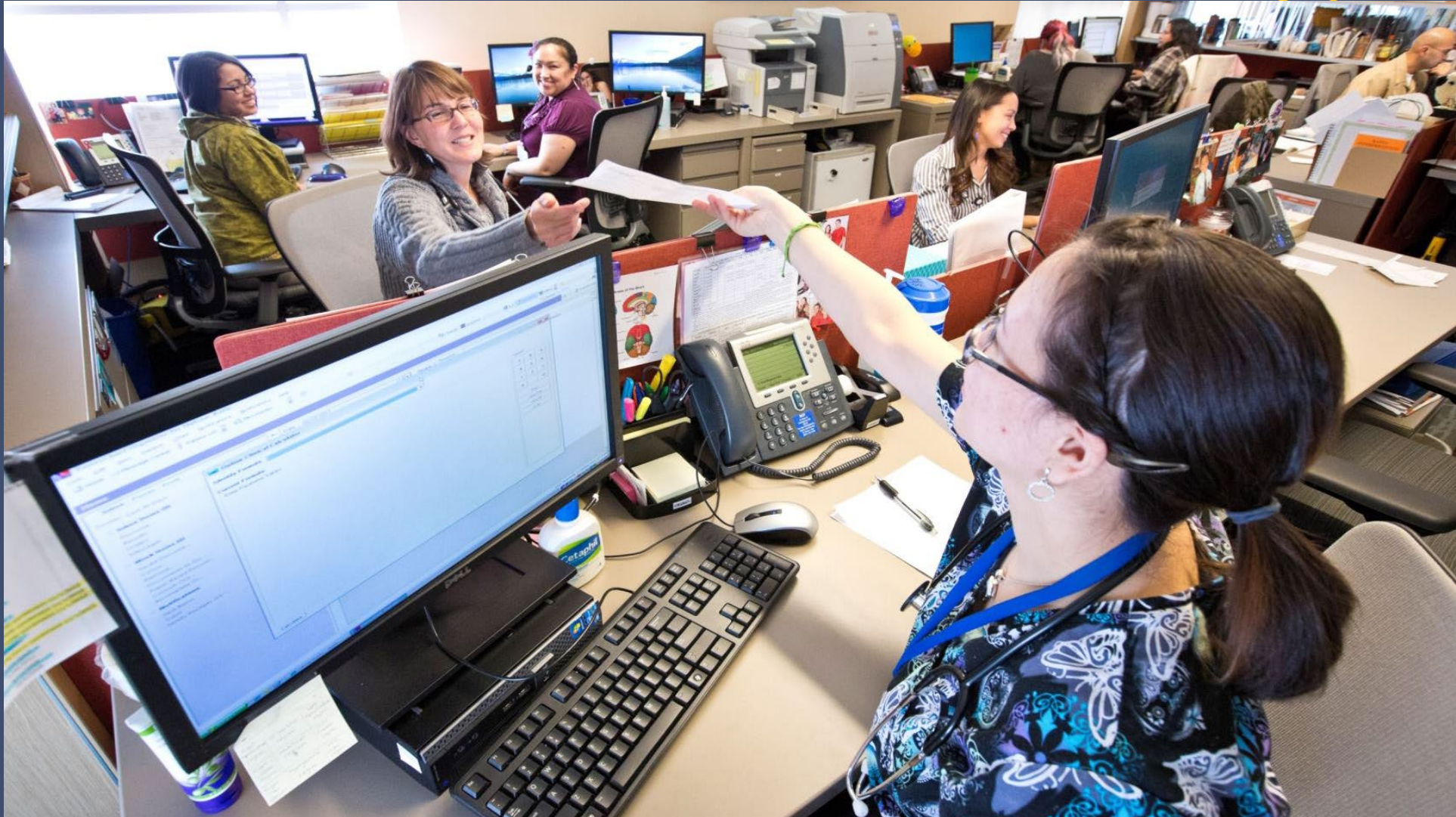
Provider



The Primary Care Team: Provider

- Responsible for initial assessment and diagnosis
- Responsible for in-clinic visits
- Adjusts treatment plans for known diagnosis where goals are not being met
- Helps set focus for team on priority work areas
- Sets plan for follow-up for known diagnosis where treatment is stable

RN Case Manager



RN Case Manager

- Population-based panel management
- Chronic disease manager
- Preventive disease manager
- The RN's work is extraneous to the physical visit:
 - Customer-owner education
 - Labs/radiology reports
 - Medication refills
 - Huddles
 - Follow-up visit requests

Traditional Case Manager

- Historically Assigned by Diagnosis and referred out as appropriate:
 - Diabetes Mellitus
 - Cancer
 - Cardiology
 - Orthopedics
 - Geriatrics
 - Behavioral Health

Whole-Person Case Management

- Nuka system of care for customer-owners throughout their lifespan
- Whole-person care:
 - Physical
 - Mental
 - Emotional
 - Spiritual

Case Management Support (CMS)



Case Management Support (CMS)

- Building relationships
- CMS is main point of contact between customer-owners and the ICT
- Schedules customer-owners
- Coordinate with RN Case Manager to ensure good panel management
- Message/attach documents in electronic health record
- Various other duties

Certified Medical Assistant (CMA)



Certified Medical Assistant (CMA)

- Customer-owner check-in (V/S, screenings, procedure and room setup)
- Immunizations/Venipuncture
- Medication administration
- Manage daily schedule
- Preventive screenings (depression, tobacco, etc.)

Dietitian



Dietitian

- Consults with customer-owners during or after their physical visits to the clinic (for acute or chronic conditions)
- Phone consultations for those customer-owners unable to come in to the clinic
- Consults with the team for ongoing customer-owner conditions
- Support of various programs and classes

Pharmacists



Integrated Pharmacist

- Consultation and education to care team on evidenced based cost-effective medication use
- Pre/post & joint visits with ICT members and those customer-owners who have complex medication needs
- Population based panel management with goal to improve medication use for chronic complex conditions
 - Act as physician extenders to fully utilize unique skill set to manage medications for customer-owners with chronic stable conditions
 - Free up time for physicians to focus on those more critically ill in need of physician-based care
- Support of various programs and classes
- Liaison: PCC Provider Mtg, P&T, NCM/PCP Orientation etc.

Midwifery



Integrated Midwife

- Went from having 2 midwives to 9 in Primary Care
- RN case manager does a new prenatal intake with customer around 7 weeks gestation
- We schedule customer-owners with the midwives on their floor
- Six week post-partum exams can be done by midwives or PCP
- Midwives can help with birth control options as needed

Behavioral Health Consultant



Behavioral Health Consultant (BHC)

- Consultation/education to providers, case managers
- Joint visits and care conferences with the team
- Provides educational materials and workbooks to customer-owners
- Screening, assessment, brief intervention, education and follow-up/monitoring
- Consultation with specialists, referral for longer term therapeutic interventions

Manager/Supervisor



Manager/Supervisor

- Managers/supervisors are operational and not clinically trained
- All staff in the clinic report to the manager/supervisors
- Partners with the medical director & RN CM specialist to address any clinical questions that arise
- Addresses customer-owner concerns
- Manages the budget for their department
- Completes HR functions
 - Performance improvement plans & corrective actions
 - Completes annual plans
 - Establishes initiatives & work plans
 - Delivers performance evaluations to staff & commission core staff

Check-In: Team Dynamics

In your Learning Circles, discuss your primary care functioning.

- What resources do you have?
- Which resources are you needing?
- What are the barriers you are facing?
- Return to your drawing/description of the ideal Primary Care System— would you make any changes now? What action can you take?



Questions?

BREAK

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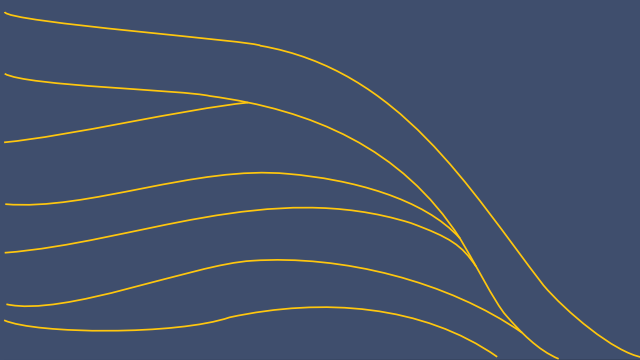


Energizer: Silent Lineup

Without speaking, form a continuous line that includes every participant.

Put yourselves in order according to where your birthday falls in the calendar year (i.e., if you're born on January 1, you're at the head of the line!).

SCF Operations and Logistics



Objectives

- 1 Examine SCF's operational best practices that support the Nuka System of Care
- 2 Explain the dynamics of operational and clinical relationships
- 3 Discuss the application of data, approaches, and tools utilized to implement systemwide change

Structure

**Director of Operations
Nurse Director
QI/QA Medical Director**

Triad

Pairing of clinical and non-clinical leaders occurs at the Director and clinic level

**Administrator
&
Medical Director Service
Line**

Operational Leaders/Managers

Focus on staffing, budget, policy and regulatory functions, and strategic input

**Clinic Manager
&
Clinic Medical Director**

Clinical Leaders/Directors

Focus on clinical practice and procedures, mentoring ICTs and strategic input

Co-Location

Operations staff and clinical leadership should be in the same physical spaces for which they are responsible



Accessibility

- Any clinical employee, not just management or providers, should be able to provide feedback on the way the clinic is operating
 - Clear, direct pathways for providing input to operations
 - Any employee has direct access to leadership and management



Visibility

Not only the responsibility of clinical employees to come to operations with concerns – operation staff and clinical leadership should be visible in the clinics, proactively consulting with employees, providers, and management about the way the clinic is running



Application

- Career ladders
- Coaching and mentoring
 - Coaching: well-developed/less-developed
 - Lean into resistance
 - Core Concepts communication tools
- Frequent check-ins, huddles, and leadership rounds
- Performance conversations
 - Expectations, accountability and owning your OFIs
- System changes
 - Improvement model – READI: small to large
 - Outcome customer-owner focused

Appointment Types & Duration Guide

Appointment Types & Duration Guide

All in-clinic appointments with positive screen must be triaged by an Provider/RN before scheduling

PCP = Primary Care Provider TC = Team Coverage SC = Support Clinic ASC = Alternate Support Clinic BHC = Behavioral Health Consultant

GUIDELINES

> If concern is on the **IMMEDIATE CONTACT LIST**, locate a CM to speak to C-O.
> For all unlisted appointment types or concerns, contact support team (supervisor, CMS, other admin support, etc.)

IMMEDIATE CONTACT LIST

• Monday-Friday: Contact CM
• PE & Saturday Clinic: Contact Provider

** If approved to scheduled per CM/Provider, note in the comments "Triageed by CM"

> Abnormal bleeding
> Assault/rape
> Heart attack
> Stroke
> Seizure
> Chest pain
> Shortness of breath
> Weakness
> Numbness
> Paralysis
> Vision loss
> C-O states going through alcohol/substance withdrawal or withdrawal-related symptoms
> Infant less than 90 days with fever, fussy, inconsolable, difficulty feeding
> Pregnant C-O with:
> Abdominal pain
> Vaginal bleeding
**If Saturday, warm transfer to OB triage at x4124

MESSAGES SENT UNDER HIGH IMPORTANCE

> Appointments that require triage that are not listed on IMMEDIATE CONTACT LIST
> Same day Support Clinic appointments that need orders
> Plan B appointments (time sensitive)

SUICIDAL C-O - PAGE BHC IN CLINIC

** If after hours or Saturday clinic, follow guidelines in the ANPCC After Hours/Saturday Clinic Contacts document

	Appointment Description	Sched. w/	Duration	Phone	VTC	In-clinic
WELLNESS	Annual Exam/PAP/CBE	PCP or TC	30			x
	Flu shot	SC or ASC	30			
	Hospital discharge for newborns**	PCP or TC	45			x
	Immunization updates (0-5 years old)	SC or ASC	30			x
	Immunization updates (6+ years old)	SC or ASC	30			x
	Medical/Work Clearance	PCP or TC	15	x	x	x
	Physicals (Commissioned Corp)	PCP or TC	45			x
	Physicals (DOT) - waiver until June 30th					
	1 st appointment DOT labs**	SC	30			x
	2 nd appointment DOT physical**	PCP or TC	45			x
	Physicals (Detox)	PCP or TC	30			x
	PT/INR (Anticoagulation Check)	SC or ASC	30			x
	TB PPD placement	SC or ASC	30			x
	TB PPD reading (48-72 hours after placement)	SC or ASC	30			x
ILLNESS & INJURY	Visit to Dietician	Dietician	30	x	x	x
	Visit to Integrated Pharmacist	Pharmacist	30	x	x	x
	Well Baby - Weight & Bill/Feeding Support** (Any appointment for newborn 2-4 days after discharge) *AVOID BOOKING AFTER 3PM **MUST BE SEEN - OVB IF NEEDED **NEVER BOOK IN SUPPORT CLINIC	PCP or TC	45			x
	Well Baby - 2 weeks, 1 year, 4 year (only if they are due)	PCP or TC	45	x	x	x
	Well Baby - all other (2 months, 6 months, 2 year, etc.)	PCP or TC	30	x	x	x
	Wellness Care Plan	BHC	45	x	x	x
	WIC - weight check/finger prick	SC	30			x
	Breast concerns (lump, mass, etc.)	PCP or TC	15	x		x
	Cough/cold/ear pain	PCP or TC	15	x	x	x
	Dressing Change	PCP or TC	15			x
	F/V Results (radiology/labs/etc.)	PCP or TC	15	x	x	x
	F/V Hospitalization/Discharge (ER/API/Northstar)	PCP or TC	30	x	x	x
	Hospital discharge for inpatient	PCP or TC	30	x	x	x
	Pain due to injury (i.e. fall, accident (motor vehicle, etc.))	PCP or TC	30	x	x	x
REPRODUCTIVE HEALTH	Pre-Op/Post-Op Physical (Dental, Surgery)	PCP or TC	30			x
	Sick baby (3 mo. - 2 yrs old - vomiting, diarrhea, fever, etc.)	PCP or TC	30			x
	Skin infection/abscess	PCP or TC	30	x	x	x
	Skin rash	PCP or TC	15	x	x	x
	UTI/Bladder infection	PCP or TC	15	x	x	x
	Wart Removal	PCP or TC	15			x
	Birth Control/Depo Consultation (<18 y/o - 30 minute appt)	PCP or TC	15	x	x	x
	EPT/Pregnancy Test	PCP or TC	30			x
	IUD insertion**	PCP or TC	45			x
	IUD removal	PCP or TC	30			x
	Nexplanon insertion	PCP or TC	30			x
	Nexplanon removal**	PCP or TC	45			x
	Plan B (can also be dispensed at Pharmacy)	PCP or TC	15	x	x	x
	Pelvic Exam (abnormal vaginal discharge)	PCP or TC	30			x
BEHAVIORAL HEALTH	STD check - male/female with symptoms	PCP or TC	30			x
	STD check - male/female without symptoms	SC or ASC	30			
	Vasectomy/Fertility	PCP or TC	30	x	x	x
	ADD/ADHD Evaluation	BHC and PCP	30	x	x	x
	Cognitive/Memory Assessment	PCP	30	x	x	x
	Consult (anxiety, depression, substance abuse, etc.)	BHC	15	x	x	x
	Med requests	BHC and PCP	30	x	x	x
	Request for evaluation/letter/referral/service	BHC	30	x	x	x
	Positive COVID triage (PUI) in-clinic visit	PCP or TC	45			x
	Undisclosed reason (make note C-O preferred not to provide reason)	PCP or TC	30	x	x	x
MISC.						

Last updated 07-28-20

Call Cabinet User Guide

Call Cabinet is used as a tool for SCF employees to monitor customer service quality and aid in training new employees. Access to this system, which will determine an individual's access in Call Cabinet:

- An **Agent Role** will have a Restricted User setting, with only their own extension assigned to them. This role is used for recordings.
 - There is overlap in the definition of "Agent" in Call Cabinet: The easiest way to describe this role is someone who is logging in and has the role of "Agent," versus the "Agent" that is the Cisco Phone (name, extension, and number assigned by Call Manager by IT).
- The **Advanced User** role will be a Restricted User, in the sense that at defined **Group** will be assigned to them for their department. The Advanced User will typically be a department supervisor. An Advanced User will have access to the Call Details Page, Reporting functionality and Analytics features.
- A **Super Admin User** Role grants access to the entirety of the settings in Atmos and is the highest role in the system. Supervisors identified by Administrators/Managers, and they will be responsible for managing configuration within the system.

Best Practices: Case Management Support (C-M)

Customer Care & Relationships

I. Scheduling

- CMS asks the following:
 - Double verifiers
 - Reason for visit?
 - What types of symptoms are you having? (Chest pain, fever, cough, etc.)
 - How long have you had these symptoms?
 - Have you been seen for this before?
 - Yes - consult RNCM to check provider's plan
 - Add Covid screening to scheduling comments for scheduled within 5 days.
 - Verify address and phone number
 - If a C-O leaves a voicemail, that message should be returned possible within 30 minutes of receiving during your work:
- Schedule C-Os appropriately according to [Appointment Types and Duration Guide](#)
 - Prioritize C-O's appointments based on medical need (does C-O need/want to be seen today?)
 - RNCM to triage for concerns listed on "Immediate Contact List."

Did staff use a polite greeting?

Enter hint

Enter section

Yes

100

No

0

Scheduling an Appointment

Purple = Administrative Support and CMS scripting

Green = CMS Only scripting

Greeting

Good morning/afternoon, thank you for calling Primary Care. This is (your name). How may I help you?

C-O Identifier

I can help you with that. Can I get your full name and your DOB or chart number please? C-O provides two identifiers.

What is the best phone number where we can reach you today, if necessary? Enter number into scheduling comments.

Screening for Purpose of Visit

I can certainly help you schedule an appointment. May I ask what the reason for visit is? Enter into "reason for exam" field.

Use the following questions to gather additional information and add in scheduling comment:

What is the duration of the problem?

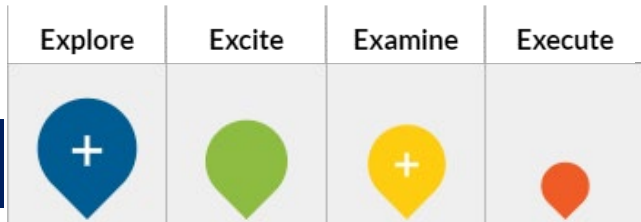
How many days, weeks, or months have you been experiencing the problem, symptom, or injury?

Set Up for Success

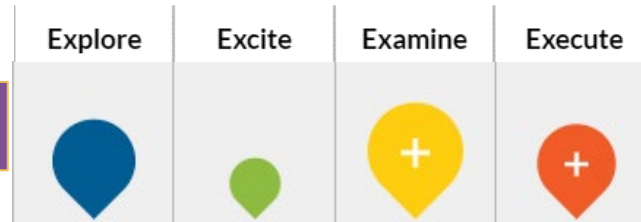
- Recruiting, hiring, onboarding
- Core Concepts
 - Communication tools and techniques
 - “The shape you’re in”
- Motivational Interviewing, Case Management Support Training, Coaching, Foundations of Management
- Organizational alignment and partnerships
- Characters, Drivers, Risks (CDR) Assessment
- Optimization for newly formed teams or as requested
- Team dynamics

Team Graph

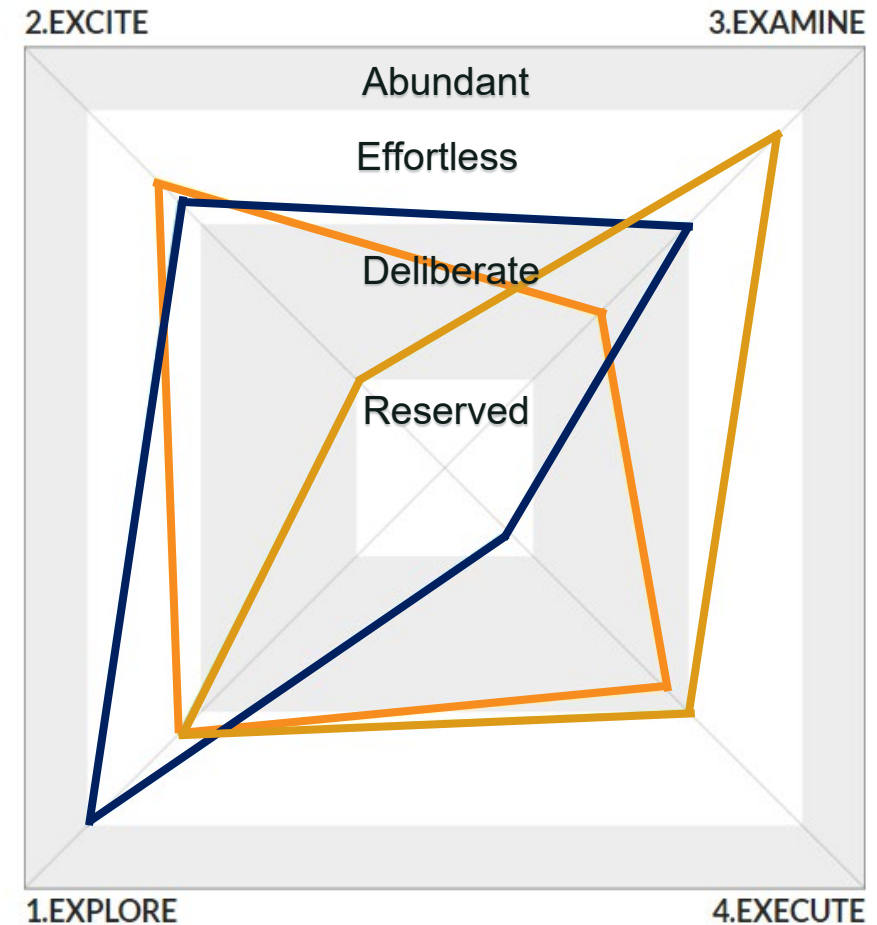
Person A



Person B



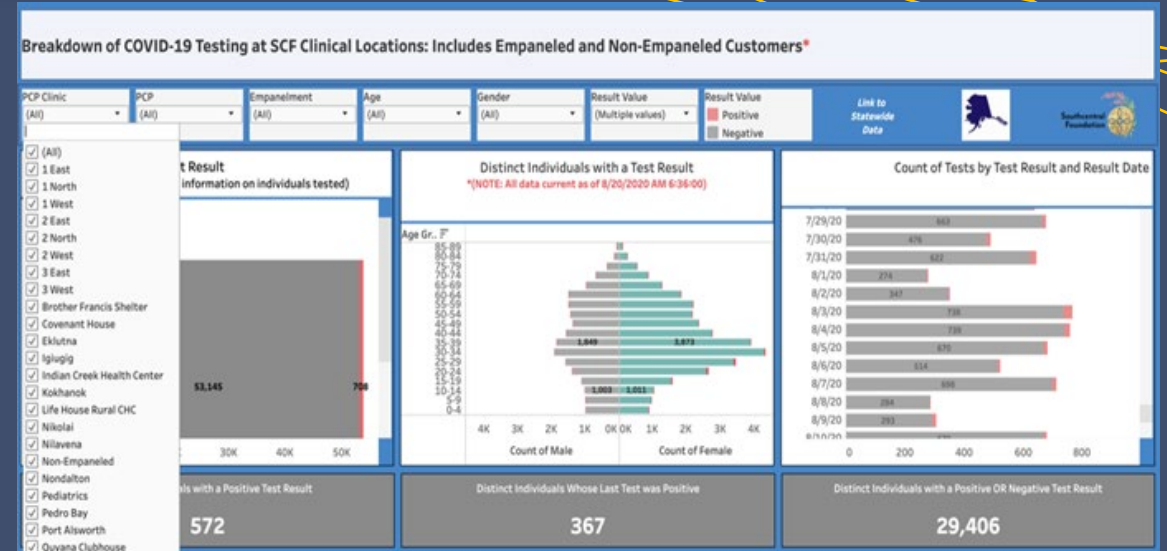
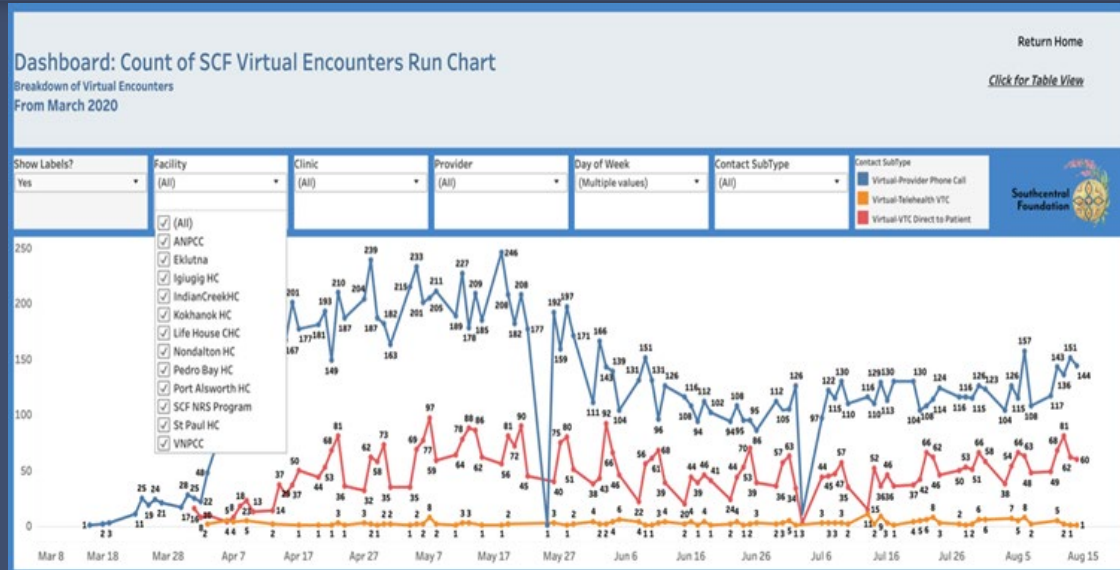
Person C



Data Management



Information to Knowledge



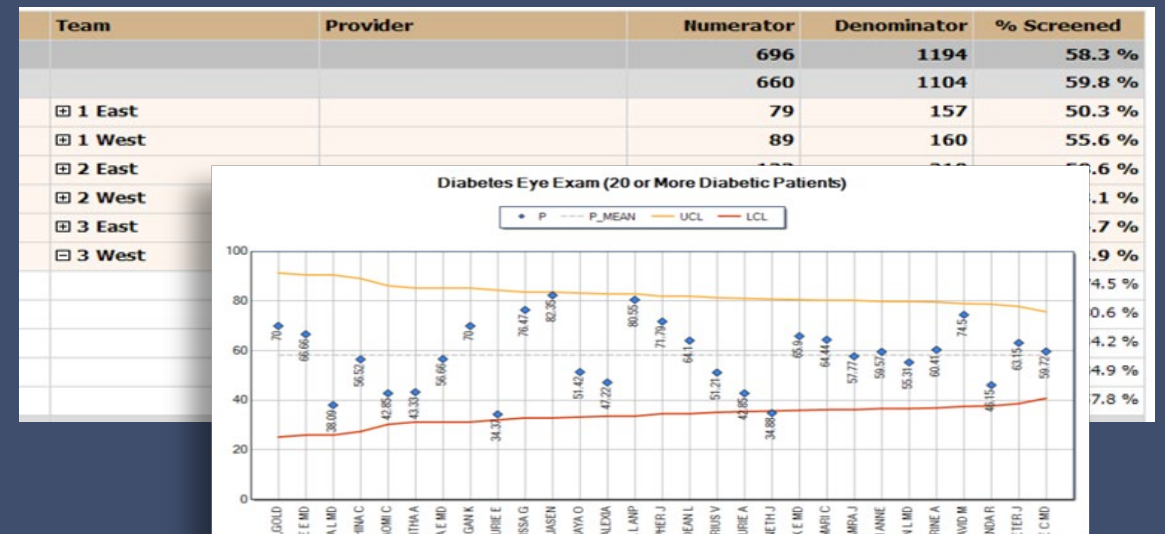
SCF Team Dashboard
Data as of: 9/19/2020
[Link to Historical Scores](#)

PROVIDER: Hartman, Daniel MD
Customers in Panel: 973
HEDIS Percentile Benchmarks

HEDIS Measure Name	Provider Score	Below 50th %	50th %	Data Mail Goal	90th % or above	Measure Denominator	SCF Score
Screening - Breast Cancer	67.6	< 59.02	59.02	65.51	70.29	74	61.6
Screening - Cervical Cancer	67.1	< 60.10	60.10	65.96	70.56	140	68.6
Screening - Colorectal Cancer	72.1	< 63.34	63.34	70.21	74.70	219	69.1
Condition Management - Diabetes Annual HbA1c	91.3	< 87.83	87.83	90.48	92.70	46	88.1
Condition Management - Pediatric Diabetes Annual		< 87.83	87.83	90.48	92.70	0	83.8
Condition Management - Diabetes Poor Control	19.6	> 38.08	38.08	33.09	29.68	46	26.4
Condition Management - Diabetes LDL < 100 mg/dL	43.5	< 33.94	33.94	40.39	45.59	46	48.1
Condition Management - Controlling Hypertension	67.3	< 58.64	58.64	65.78	71.04	168	60.2
Condition Management - CVD LDL Screening	76.5	< 81.45	81.45	84.91	87.84	17	76.4
Condition Management - CVD Control < 100 mg/dL	64.7	< 41.36	41.36	47.50	53.04	17	53.5
Adolescent Immunization	100	< 79.81	79.81	85.64	88.08	6	73.7

Non-HEDIS Measure Name

Non-HEDIS Measure Name	Provider Score	SCF Goal	Measure	SCF Score
Screening - SBIRT	69.5	75	154	67.90
Screening - Depression	77.3	75	154	74.40
Screening - ASQ Less Than 1 yr	100	75	6	85.10
Screening - ASQ Less Than 2 yr	100	75	4	79.60
Screening - ASQ Less Than 3 yr	50	75	8	71.50
Screening - Pediatric BMI	95.2	82.63	62	85.00
Prevention - CDC Immunization Combo 2	85.7	74.6	7	83.70
Operations - Provider/Patient Match Rate	69.77	60	43	68.82



Information to Knowledge

Dashboard: Count of SCF Virtual Encounters Run Chart

Breakdown of Virtual Encounters
From March 2020

[Return Home](#)

[Click for Table View](#)

Show Labels?

Yes

Facility

(All)

Clinic

(All)

Provider

(All)

Day of Week

(Multiple values)

Contact SubType

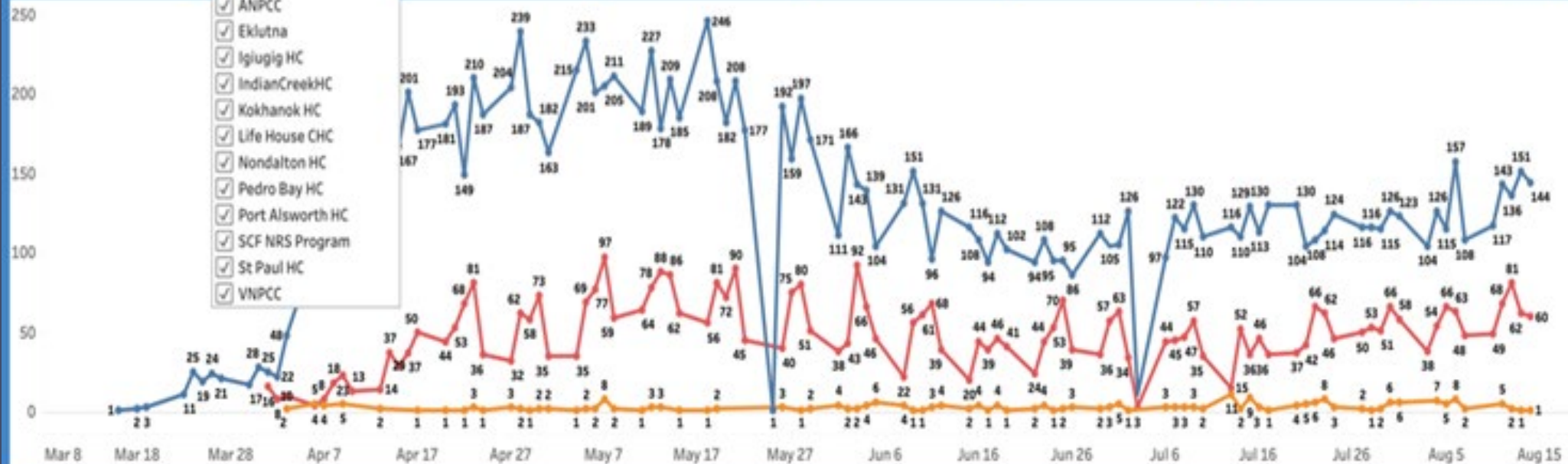
(All)

Contact SubType

Virtual-Provider Phone Call

Virtual-Telehealth VTC

Virtual-VTC Direct to Patient



A top-down view of approximately 15 hands of various skin tones and ages reaching towards the center of a light-colored, circular surface. The hands are adorned with various accessories including rings, bracelets, and patterned sleeves. The entire image is overlaid with a semi-transparent blue grid pattern. The word "Questions?" is centered in a large, white, sans-serif font.

Questions?

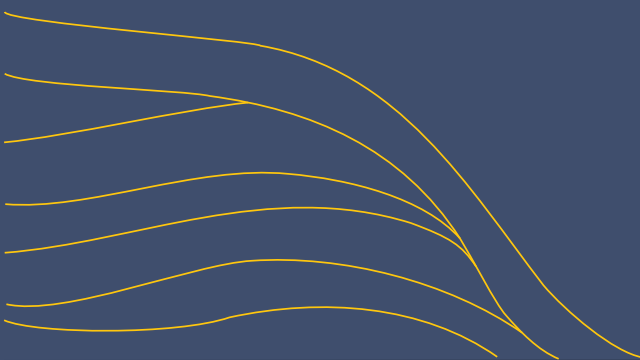
Energizer: Lineup

Form a continuous line that includes every participant.

Put yourselves in order according to how far away you live from this venue.

This time you may speak aloud!

Rural and Remote Care



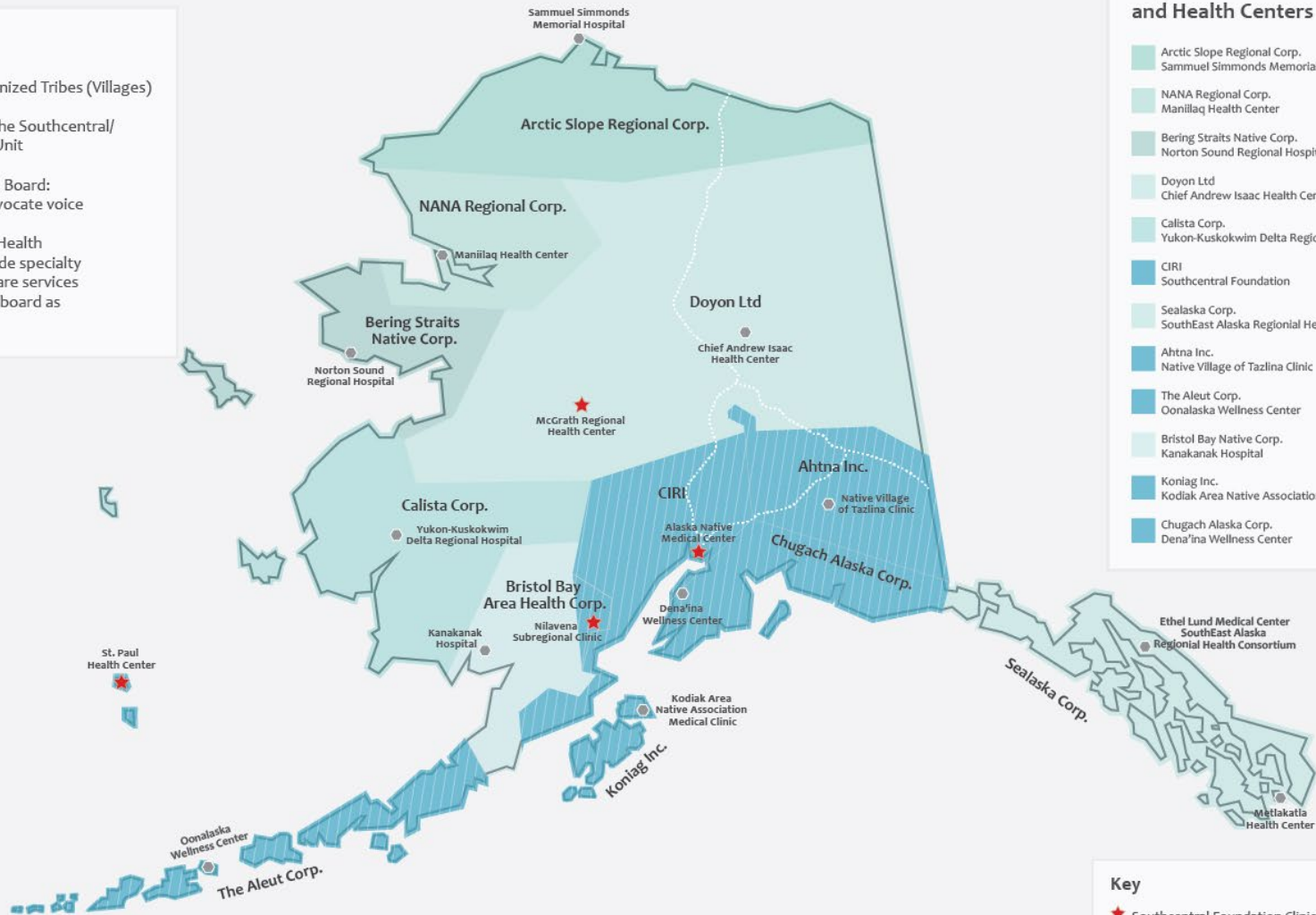
Objectives

- 1 Explore SCF's strategy in delivering care to customer-owners in rural communities
- 2 Examine the role of SCF's rural community health care program
- 3 Summarize how SCF uses innovative methods to provide real-time care in remote areas

Alaska Health System

Facts

- 229 Federally Recognized Tribes (Villages)
- Over 60 Villages in the Southcentral/Anchorage Service Unit
- Alaska Native Health Board: Statewide health advocate voice
- Alaska Native Tribal Health Consortium: Statewide specialty and tertiary health care services Regionals seated on board as governance



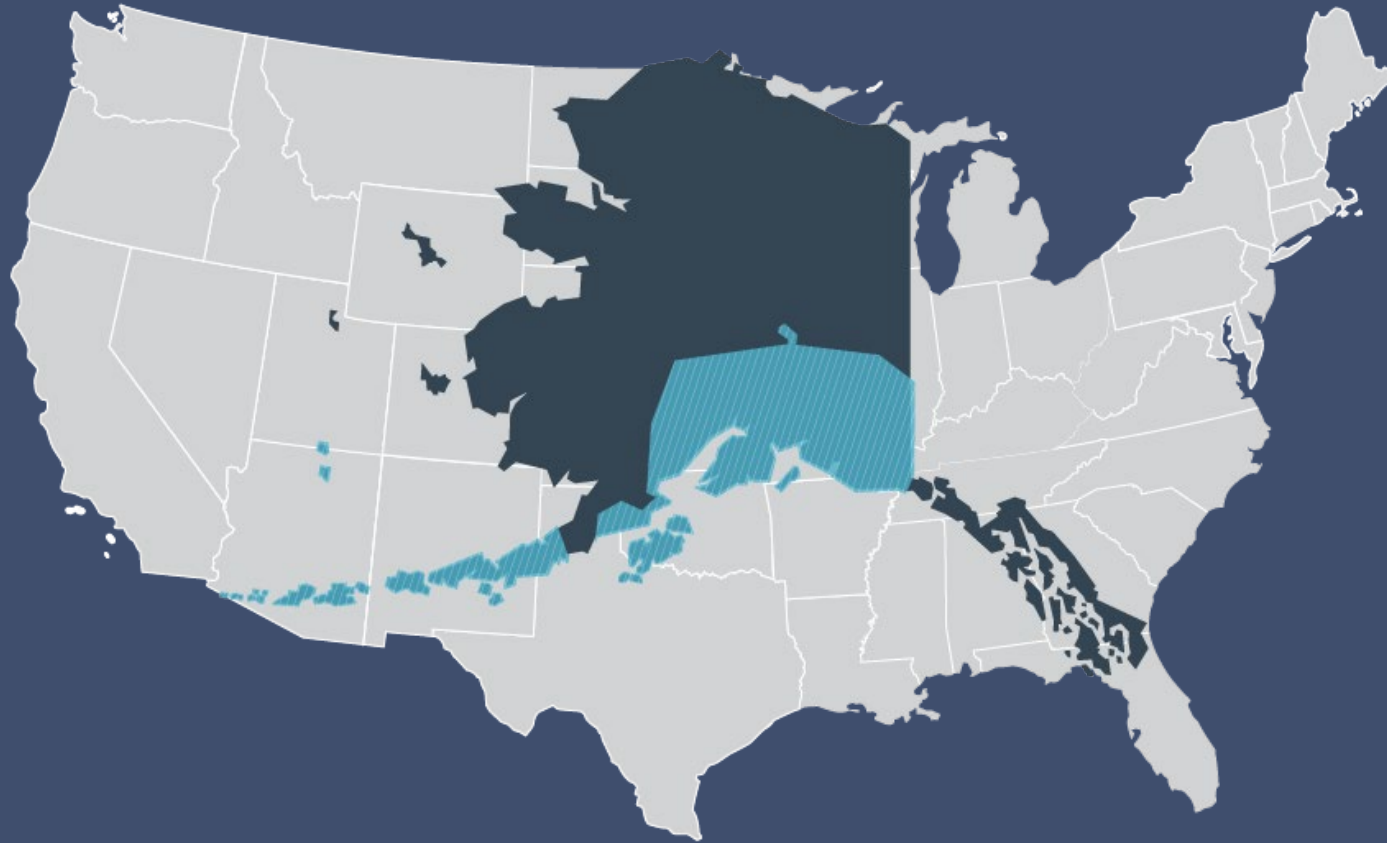
Regional Native Corporations and Health Centers

- Arctic Slope Regional Corp.
Samuel Simmonds Memorial Hospital
- NANA Regional Corp.
Maniilaq Health Center
- Bering Straits Native Corp.
Norton Sound Regional Hospital
- Doyon Ltd
Chief Andrew Isaac Health Center
- Calista Corp.
Yukon-Kuskokwim Delta Regional Hospital
- CIRI
Southcentral Foundation
- Sealaska Corp.
SouthEast Alaska Regional Health Consortium
- Ahtna Inc.
Native Village of Tazlina Clinic
- The Aleut Corp.
Oonulaska Wellness Center
- Bristol Bay Native Corp.
Kanakanak Hospital
- Koniag Inc.
Kodiak Area Native Association Medical Clinic
- Chugach Alaska Corp.
Dena'ina Wellness Center

Key

- ★ Southcentral Foundation Clinics
- Southcentral Foundation/Anchorage Service Unit
- Regional Health Hub

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



Alaska Is Larger Than Texas, California And Montana Combined

Rural Alaska Transportation



Life in the Village



Accessibility to urban communities is limited

High cost of living

Harsh weather conditions

Lack of infrastructure

Clean water - “Washeterias”

Meeting the Challenges

There are two kinds of health care settings in rural Alaska

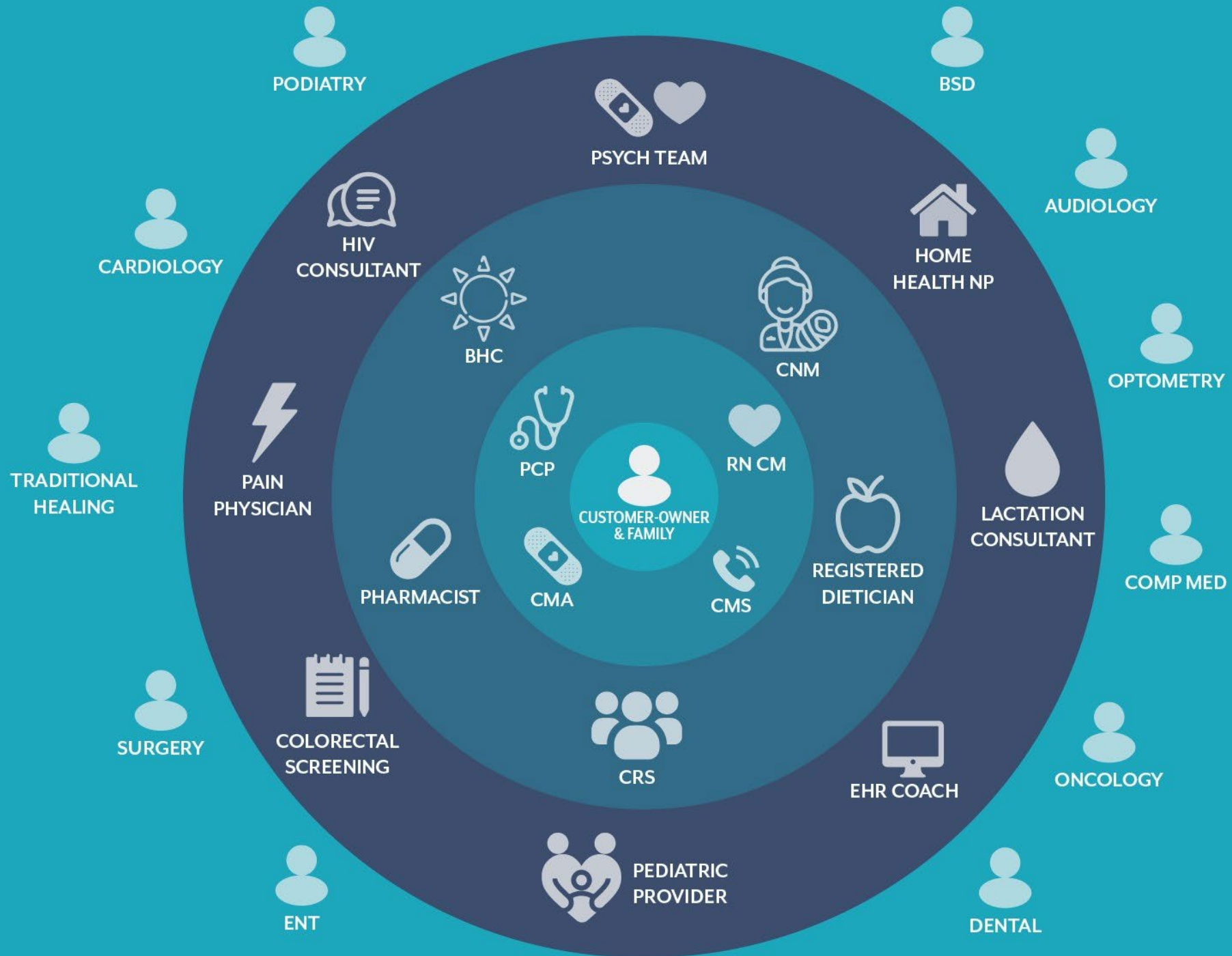
- Village clinic
- Community health center

Access to care is limited

- Medivac options often take 24 hours but can take up to 72 hours (worst case scenario)



**Medical Culture Replaced by
Relationship, Shared Responsibility,
Customer-Ownership, Story, &
Complex Adaptive System**



Infrastructure that Supported Telehealth

- Customer-Ownership, relationship-based, shared responsibility
- Core Concepts – moving to Inquiry rather than advocacy only
- Full integration of behaviorists, case managers, pharmacists, case management support
- More specialist co-location and integration - teach
- 70% virtual platform in primary care
- Customer focused
- Workforce development investment

Provider Village Coverage

SCF primary care providers cover villages and support our Rural Alaska Service Unit

Different needs

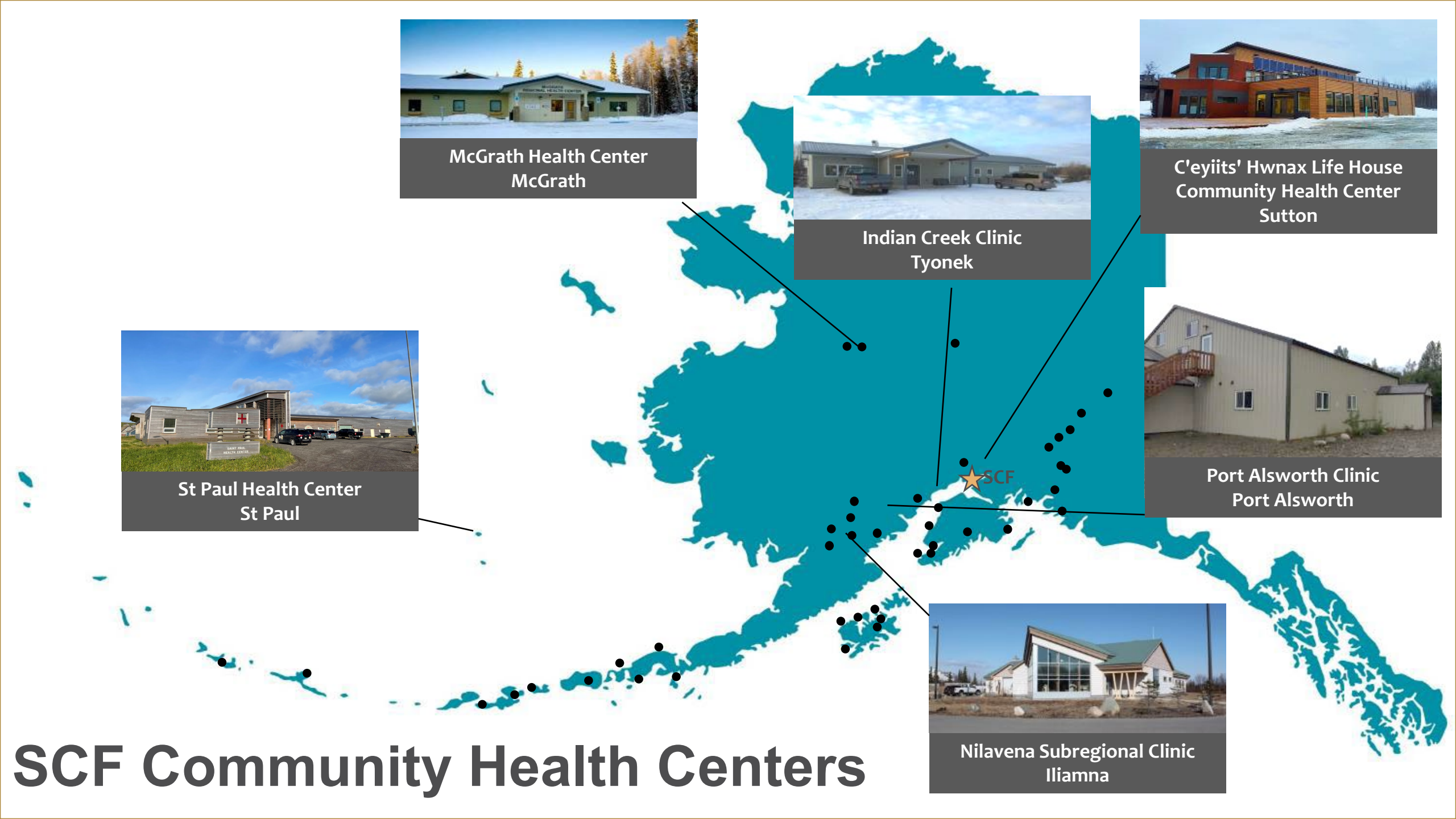
- All villages with clinics require minimum of 2 provider trips per year
- Some villages have Community Health Aide Practitioners who work with providers in Anchorage

Provider Village Trips





SCF Community Health Centers



McGrath Regional Health Center





Nilavena Regional Health Center



St. Paul Health Clinic



Tyonek Health Clinic

Teleradiology

- Each “hub” clinic in the rural areas is equipped with X-ray capability.
- Our department trains remote staff to operate the equipment and send the images into ANMC to be read.



Telepharmacy



Remote Site Lab



Dental Field Program

- 25 Remote Alaskan Villages
- 240 +/- Days of Field Travel per Year Total
- 36 Scheduled Field Trips with Dentists, DHATs and RDH
- Travel Challenges
 - Heavy Gear 3-6 100lb trunks
 - Inclement Weather
 - Portable Dental Equipment



Dental Field Program Communities



Dental Clinic - Portable Equipment



Dental Health Aide Therapists



Rural Behavioral Health Staff

Rural Behavioral Health staffing includes:

- Rural Clinician
- Behavioral Health Case Manager
- Behavioral Health Aide
- Psychiatric Med Provider
- Clinical Supervisor

Rural Staffing

- Crisis Pay
- Coverage
- Scheduling
- Other Benefits

Lessons Learned

- Providing care with limited technology is a challenge
- Working to ensure continuity of care in rural areas helps build relationships
- Consistent staff is critical for those relationships
- Be creative with solutions



Questions?

Qaġaasakung

Aleut

Quyanaa

Alutiiq

Quyanaq

Inupiaq

AwA'ahdah

Eyak

Mahsi'

Gwich'in Athabascan

Igamsiqanaghalek

Siberian Yupik

Háw'aa

Haida

Quyana

Yup'ik

T'oyaxsm

Tsimshian

Gunálchéesh

Tlingit

Tsin'aen

Ahtna Athabascan

Chin'an

Dena'ina Athabascan

Thank you!