

**Agency: Commerce, Community and Economic Development**

**Grants to Named Recipients (AS 37.05.316)**

**Grant Recipient: Alaska Native Tribal Health Consortium**

**Federal Tax ID: 92-0162721**

**Project Title:**

# Alaska Native Tribal Health Consortium - Electronic Health Information Initiative

**State Funding Requested: \$ 6,500,000**

**House District: Statewide (1-40)**

Future Funding May Be Requested

**Brief Project Description:**

Appropriation would be used to initiate the planning and design of an electronic system for private, secure exchange of health information between providers in Alaska and to help facilitate the conversion from paper to electronic health records by health care providers.

**Funding Plan:**

**Total Cost of Project: \$35,000,000**

	<u>Funding Secured</u>		<u>Other Pending Requests</u>		<u>Anticipated Future Need</u>	
	<i>Amount</i>	<i>FY</i>	<i>Amount</i>	<i>FY</i>	<i>Amount</i>	<i>FY</i>
Federal Funds	\$10,500,000	08				
Other	\$500,000	08	\$2,000,000	09-11	\$15,500,000	09-11
<b>Total</b>	<b>\$11,000,000</b>		<b>\$2,000,000</b>		<b>\$15,500,000</b>	

*Explanation of Other Funds:*  
 \$500,000 - Alaska Federal Health Care Partnership  
 \$2,000,000 - Estimated Private Funding

**Detailed Project Description and Justification:**

The Alaska eHealth Initiative is a combined effort representing a partnership of health organizations working to move Alaska's health care system into the electronic age. An electronic system for private, secure exchange of health information between providers is needed to ensure timely access to essential medical information when patients are seen by different medical providers.

The Alaska Native Tribal Health Consortium (ANTHC) and the Alaska Native Health Board are requesting a state appropriation of \$6.5 million to support the Alaska eHealth Initiative that will focus on the deployment of electronic health records (EHR) and a system for private, secure exchange of health information (HIE) between medical providers, their patients, and the payers.

An FY09 state appropriation of \$500,000 can be used to begin a pilot of the HIE between Providence Hospital, ANTHC, Alaska Regional Health providers, DHSS-Medicaid and select physician practices. The appropriation will provide software used to identify and create standard data sets for transfer between health care providers.

State assistance will help ensure that EHR and HIE become part of the strategy for health care reform in Alaska. HIE is a

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necessary component of this reform and will help stem the rising costs of health care, and the EHR Initiative is a vital step in making health information exchanges a reality in Alaska. Studies from other states show real cost savings for purchasers, providers, and other health care entities, and improved quality of health care.

EHR/HIE deployment brings multiple benefits for Alaskans:

Timely access to secure, clear, appropriate information leading to decreased medical errors and quick response to epidemics and bioterrorism

Better health care for patients, especially in emergencies, through access to more complete medical history, test results, current medications, allergies, etc.

Patient safety gains and decreased costs due to fewer repeated tests.

Reduced administrative costs and paperwork for providers and payers

Recruitment of new medical providers to Alaska through access to advanced medical support systems

More efficient use of resources through better utilization review and planning

State matching funds will attract larger federal grants for EHR and

Healthier Alaskans with fewer lost work days, lower health infrastructure costs and a better quality of life

Despite soaring health care costs and concerns about improving the quality of care, health information is maintained and transmitted in much the same way that it has for over 50 years, resulting in duplication, waste, and health risks. It is time for Alaska's medical records system to catch up with the proactive innovation displayed by the rest of the state when finding solutions for enormous logistical challenges. The technology exists today to create electronic health records that are safe, secure, and provide immediate, meaningful access to personal health care information, no matter where we are in the state.

### **Project Timeline:**

2008 - Planning & Design

2009 - Pilot Project

2010 - Phased implementation

2011 - Broad state participation

### **Entity Responsible for the Ongoing Operation and Maintenance of this Project:**

Alaska Native Tribal Health Consortium

### **Grant Recipient Contact Information:**

Contact Name: Pat Jackson, State Liaison

Phone Number: (907) 523-0363

Address: 4000 Ambassador Drive, Anchorage, AK 99508

Email: pajackson@anthc.org

Total Project Snapshot Report

FY 2009 Capital Budget

TPS Report 50509

Has this project been through a public review process at the local level and is it a community priority?  Yes  No

**Contact Name:** Pat Walker  
**Contact Number:** 4453

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## Alaska eHealth Initiative

**Project Description:** The Alaska eHealth Initiative is a combined effort representing a partnership of health organizations working to move Alaska's health care system into the electronic age. An electronic system for private, secure exchange of health information between providers in our state is needed to ensure timely access to essential medical information when patients are seen by different medical providers. Many Alaskan health care providers are currently working towards conversion of medical records from paper to electronic health records (EHR). The health information exchange (HIE) is the network required to provide the essential electronic link between providers.

The \$6.5 million requested in state capital funds will provide a \$5.0 million state contribution towards deployment of the \$35 million health information exchange system, plus \$1.5 million to support development of electronic health record systems for small private medical practices.

<b>FY 09 State Capital Funding Request:</b>	\$6.5 million, phased over three years
<b>Projected State General Fund Cost Benefit::</b>	\$11.6 million annually (see attached spreadsheet)
<b>Total project cost:</b>	\$35 million for health information exchange, plus \$45 million for electronic health records
<b>Other Funding Sources:</b>	Federal Communications Commission - \$10.4 million Alaska Federal Health Care Partnership - \$500,000 Potential for private funds - \$2.0 million Potential revenues through user fees - \$2.0 million annually
<b>Timeline:</b>	2008 – Planning and Design 2009 – Pilot project 2010 – Phased implementation 2011 – Broad state participation

### Health Benefits for Alaskans:

- Improved patient safety through reduction in medical errors and unnecessary testing
- Reduced costs associated with unnecessary testing and procedures
- Improved patient access to care
- Reduced administrative costs in the health care industry
- Rapid response to public health emergencies

### System security and transparency:

- Based on national standards for privacy and security
- Modeled after projects in 33 states as part of a national security initiative
- Provides complete audit trail for patient control and oversight similar to banking credit system

**Sponsoring organization:** Alaska Native Tribal Health Consortium (ANTHC)

### Partner organizations - Founding partners include:

AARP Alaska	Alaska Federal Health Care Partnership
Alaska Mental Health Trust Authority	Alaska Primary Care Association
ANTHC	Alaska State Hospital and Nursing Home Association
Premera Blue Cross/Blue Shield	Providence Alaska Health Care Systems
State of Alaska – DHSS	

Over 300 health organizations and agencies have agreed to participate in the network.

For more information: Pat Jackson, 523-0363, [pajackson@anthc.org](mailto:pajackson@anthc.org) or, Rebecca Madison, 729-3934, [ramadison@anthc.org](mailto:ramadison@anthc.org)



**Alaska Native  
Tribal Health Consortium**

Administration · 4000 Ambassador Drive · Anchorage, Alaska 99508 · Phone: (907) 729-1900 · Fax: (907) 729-1901 · [www.anthc.org](http://www.anthc.org)

March 7, 2008

The Honorable Bert Stedman  
Alaska State Senate  
State Capitol, Room 516  
Juneau, AK 99801-1182

The Honorable Lyman Hoffman  
Alaska State Senate  
State Capitol, Room 518  
Juneau, AK 99801-1182

Dear Senator Stedman and Senator Hoffman:

Re: Capital Budget Request

The Alaska Native Tribal Health Consortium (ANTHC) is requesting \$6.5 million state capital funding to match federal dollars in our effort to launch a statewide eHealth network on behalf of Alaska's health care system.

We have made substantial progress since we met with you or your staff last year and in February. Our working partnership has come a long way in shaping the design of the project. We have secured \$10.5 million from the Federal Communications Commission, which will pave the way for development of the statewide health information network. In addition, the Alaska Federal Health Care Partnership has agreed to contribute \$500,000. The FCC funding award requires matching funds.

When this project is complete, benefits will be realized in both quality and safety of patient care, and in medical cost savings. Many other states have actively engaged in eHealth network initiatives. The number of health organizations that have agreed to participate in the eHealth network in Alaska has grown to more than 300. ANTHC has agreed to be the sponsoring organization, but the long range plan calls for management and operation of the statewide eHealth network by an independent entity.

Thank you for your consideration of ANTHC's capital budget request. I've attached additional back-up, including a one-page fact sheet. If you have questions or need more information, please contact Pat Jackson, 523-0363, [pajackson@anthc.org](mailto:pajackson@anthc.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Sherry".

Paul Sherry, Chief Executive Officer

Enclosures

**Alaska eHealth Initiative  
Interoperable Statewide Health Information Exchange (HIE)**

**State Medicaid General Fund and Alaska Health Care System Cost Savings Projections**

<b>Annual Medicaid State General Funds</b>	<b>Net Value Percentage</b>	<b>Annual Net Value of HIE*</b>	
\$248,544,000	4.68%	\$11,631,859	based on standard cost benefit model
\$248,544,000	3.69%	\$9,171,274	based on high-cost HIE model
\$248,544,000	5.70%	\$14,167,008	based on low-cost HIE model
<b>Annual AK Health Care Spending</b>			
\$5,294,000,000	4.68%	\$247,759,200	based on standard cost benefit model
\$5,294,000,000	3.69%	\$195,348,600	based on high-cost HIE model
\$5,294,000,000	5.70%	\$301,758,000	based on low-cost HIE model

\* Full Annual Net Value realized beginning 2013

**Assumptions:**

Fully standardized and fully implemented statewide interoperable Health Information Exchange

State Medicaid GF budget based on Gov 09 Request for Medicaid Services Component only

State Medicaid GF budget remains flat

Annual AK Health Care Spending remains flat

Based on national cost benefit model (see Sources):

Cost savings: 5.68% of annual health care expenditures, minus cost: 1% of annual health care expenditures

National cost benefit model calculates projected cost savings based on projected efficiencies in

laboratory testing, imaging procedures, interactions between outpatient providers and pharmacies,

provider to provider connectivity, provider to public health agency connectivity, and provider-payer transactions

**Sources:**

Institute for Social and Economic Research, UA Research Summary No. 6, March 2006

[http://www.iser.uaa.alaska.edu/Publications/researchsumm/RS6\\_06.pdf](http://www.iser.uaa.alaska.edu/Publications/researchsumm/RS6_06.pdf)

Walker, J, et al, The Value of Health Care Information Exchange and Interoperability, Health Affairs, January 2005.

<http://content.healthaffairs.org/cgi/content/full/hlthaff.w5.10/DC1>

**Alaska**

**Electronic**

**Health**

**Record**

**Initiative**

## Alaska Electronic Health Record (EHR) Initiative

**What:** A pilot project to expand the use of electronic health records by Alaska's medical providers, and to establish a statewide electronic health record exchange network designed to support all of Alaska's health care delivery systems

**Why:**

- a) to ensure timely access to essential medical information when patients are seen by different medical care providers for urgent care, referrals, or public health emergencies
- b) to ensure that patient and provider records are maintained and exchanged in a secure manner
- c) to improve patient safety by reducing medical errors
- d) to reduce health care administrative costs through records simplification, reduction in duplicative testing, and improved care management
- e) to facilitate recruitment of new medical providers through enhancing the practice environment
- f) to secure state matching funds for larger federal grant funding for EHR deployment in Alaska

**When:** Initial pilot project: August 2007-December 2008

**Who:** Alaska Native Tribal Health Consortium: project management

**Support:**

- a) Alaska EHR Alliance (clinician deployment)
- b) Alaska State Hospital and Nursing Homes Association
- c) Alaska Federal Health Care Partnership
- d) Alaska Primary Care Association
- e) Alaska Department of Health and Social Services
- f) Alaska Health Care Roundtable
- g) Alaska State Medical Association
- h) Alaska Association of Retired Persons Premiera/Blue-Cross of Alaska

**Where:** Project management at ANTHC offices in Anchorage

**How much:** \$6.5 million for 12-month pilot project; includes:  
~ \$1.59M for EHR deployment to 50 clinical practices  
~ \$4.9M for health information exchange development

\$15 million pending request from Federal Communications Commission requires State matching funds

## Alaska Electronic Health Record (EHR) Initiative

### Why is there a need for an Alaska EHR Initiative?

Alaska, like the rest of the United States, faces challenges in addressing increasing health care costs, improving access to medical care, and ensuring quality. Alaska's significant advantage is that we have a history of collaboration across agency boundaries and an ability to meet enormous logistical challenges. With this advantage we can do more to meet the challenges of improving health care for Alaskans.

Healthcare providers need to know quickly if drug interactions will help or harm patients. Chronically ill patients and their providers need to know what tests have already been done by other providers. The State of Alaska, health providers, and patients need to know their medical information is secure. Documentation of care needs to be easier and faster to complete. All objectives can be accomplished more reliably and efficiently with electronic health records (EHR).

### Who is requesting this initiative?

A coalition of the major health care provider associations, insurance providers, and business interests has been collaborating to develop this Alaska EHR Initiative with the assistance of the Alaska Department of Health and Social Services. The *Alaska EHR Alliance* is focused on deploying electronic health records in Alaska's physician community. *Alaska ChartLink* represents a broad cross-section of entities focusing on creating a Health Information Exchange Infrastructure to serve all Alaskans served by various health systems.

These parties have recommended that the Alaska Native Tribal Health Consortium act as the interim project manager to develop and deploy the pilot projects. ANTHC has previously served in a similar capacity in developing AFHCAN, Alaska's premier telehealth system. In the future Alaska ChartLink will be formally created to sustain the statewide health information exchange system on a long-term basis. Alaska ChartLink and the Alaska EHR Alliance have developed business plans which identify a strategy for implementation and long term sustainability utilizing a fee for service strategy.

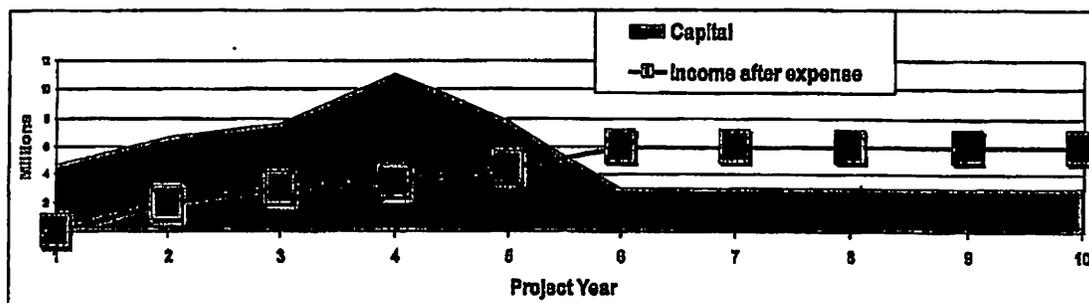
### What is the substance of the Legislative Request?

Alaska needs a public-private partnership to address Health Information Exchange issues in a responsible, equitable fashion for all Alaskans. This initial funding will provide a pilot project to implement electronic health record systems in 50 clinician practices and provide a health information exchange infrastructure with related hospitals.

State funds will also leverage significant federal grants and foundation funds. Efforts are underway to secure additional financing from the FCC's Rural Health Pilot Program, from the Rasmuson Foundation, and from the health care partners. Preliminary work has already been done to form a strategic planning group made up of medical personnel from across Alaska. An outcome of the pilot project will be a self-sustaining statewide system of shared medical records. See complete budget on page 4.

<b>CAPITAL REQUIREMENTS</b>	<b>Pilot (Year 1)</b>	<b>Full Project (Year 2-6)</b>
Clinician Office EHR Adoption (Alaska EHR Alliance)	1,590,000	18,000,000
<ul style="list-style-type: none"> <li>• Vendor selection</li> <li>• Pilot clinic selection</li> <li>• Project management &amp; evaluation</li> <li>• Model Implementation guidelines</li> <li>• Funding support for EHR purchase</li> </ul>		
Health Information Exchange (Alaska ChartLink)	4,910,000	15,000,000
<ul style="list-style-type: none"> <li>• Infrastructure (Hardware/Software/Telecom)</li> <li>• Personal Health Record for all Alaskans</li> <li>• Security and Privacy</li> </ul>		
<b>TOTALS</b>	<b>\$6,500,00</b>	<b>\$33,000,000</b>

## Alaska Electronic Health Record (EHR) Initiative



### Current Participants 2005-2007

#### EHR Alliance Board of Directors:

**Ben Tisdale**, Community member  
**Chuck Borg**, Community member  
**Jerome List**, MD, ENT, Private Practice  
**Jim Jordan**, Executive Director Alaska State Medical Association  
**Larry Carr**, Community Member  
**Lori O'Banion**, Aetna  
**Lynn Hornbein**, MD, Family Practice, Summit Family Practice  
**Michael Haugen**, Executive Director, Alaska Physicians & Surgeons  
**Richard Anschuetz**, MD Cardiologist, Alaska Heart Institute  
**Richard Neubauer**, MD Internal Medicine, Private Practice  
**Tom Nighswander**, MD Family Practice

*Linda Boochever, Executive Director, Alaska EHR Alliance*

#### Alaska ChartLink Steering Committee:

**Alex Malter**, MD, Medical Director, Medicaid, State of Alaska, Department of Health and Social Services  
**Alex Spector**, Director, VA and Chair, Alaska Federal Health Care Partnership  
**Duane Heyman**, Executive Director, Alaska Health Care Roundtable  
**Eric Wall**, MD, MPH, Medical Director, Premera Blue Cross/Blue Shield  
**Garth Hamblin**, CFO, Bartlett Regional Hospital  
**Greg Polston**, MD, Advanced Medical Centers of Alaska  
**Jay Butler**, Director, Division of Public Health, State of Alaska, Department of Health and Social Services  
**Jeff Jessee**, Executive Director, Alaska Mental Health Trust Authority, State of Alaska, Department of Health and Social Services  
**Joel Gilbertson**, Regional Director, Strategic Development and Administration, Providence Alaska Health Care Systems  
**Karleen Jackson**, Commissioner, State of Alaska, Department of Health and Social Services  
**Marilyn Walsh-Kasmar**, Executive Director, Alaska Primary Care Association  
**Pat Luby**, AARP, Alaska State Office, Advocacy Director  
**Paul Sherry**, CEO, Alaska Native Tribal Health Consortium  
**Richard Mandsager**, MD, MPH, Executive Director, The Children's Hospital at Providence  
**Rod Betit**, President, Alaska State Hospital and Nursing Home Association  
**Tom Nighswander**, MD, Family Practice, Alaska Telehealth Advisory Council Facilitator

*Rebecca Madison, Director, Alaska ChartLink*

## Alaska Electronic Health Record (EHR) Initiative

### What are the potential savings for Alaska?

The US spends over \$2.2 trillion annually on health care. In 2006, the GAO commissioned a study to identify potential savings associated with the use of electronic health records and health information exchange. Results showed a range of savings from \$8.5 billion to \$37.6 billion. The table below applies similar formulas to the Alaska health care expenditures.

<b>Health Care Spending and Potential Savings</b>		
	AK	Nation
Spending (annual)	\$5,300,000,000	\$2,200,000,000,000
Savings (annual)	\$20,477,273	\$8,500,000,000
% Savings	0.386%	0.386%
Per Capita	\$7,970	\$5,711
<b>Other Cost Savings:</b>		
Total Cost of Medical Errors	\$90,581,818	\$37,600,000,000

It is anticipated that the sustainability of this network will be based on a subscription fee of \$20 annually per subscriber. In order to ensure cost neutrality to the existing payer system, the fee would be contingent upon cost savings. No fee would be assessed without direct computation of the savings.

### What are other states doing?

A majority of states are taking critical steps to drive improvements in the quality, safety, and efficiency of healthcare through information technology. State legislatures are increasingly recognizing the importance of health information exchange in driving health and healthcare improvements. Thirty-eight state legislatures introduced 127 bills in 2005 and 2006 which specifically focused on health information exchange. Ten executive orders were issued by U.S. governors across the nation calling for the development of strategies, plans, and recommendations for using HIT and health information exchange to improve health and healthcare. Fifteen bills were introduced in eleven states which called for the incorporation of financing strategies into newly-legislated state health technology plans. Twenty-seven bills were introduced in sixteen states during the same time period, which call for the authorization or appropriation of funding for health information exchange related activities. Twelve such bills passed in nine states and became law.

Clearly, leaders within nearly every state across America are now recognizing the importance of HIT in addressing growing healthcare challenges. And recognition is turning into action with over one-half of the states in the United States in the planning or implementation stage related to HIT adoption and health information exchange. A number of best practices are beginning to emerge related to organization and governance, supporting practice transformation and quality, identifying value and creating sustainable models for health information exchange, addressing technical implementation issues, and assuring the privacy and security of information."

### **State Appropriations for electronic health records and health information exchange:**

#### **2007**

Arizona - \$1.0M  
 Hawaii - \$3.5M  
 New Mexico - \$5.9M  
 Wisconsin - \$30M

#### **2006**

Idaho - \$200,000  
 Massachusetts - \$43 M  
 Michigan - \$30.5 M  
 Vermont - \$700,000  
 Virginia - \$1.35M

# Alaska Electronic Health Record (EHR) Initiative

## Proposed Alaska EHR Initiative

### State Capital Budget

	<u>Year 1</u>
<b><u>EHR Pilot</u></b>	
EHR Hardware/Software/Implementation	
1. 50 Providers	1,000,000
2. Vendor Selection/Project Management	340,000
<b><u>EHR Pilot</u></b>	
3. Project Director	75,000
4. Financial	46,000
5. Legal	5,000
6. Project communications	125,000
<b>Total</b>	<b>1,590,000</b>
<b><u>HIE Pilot</u></b>	
7. Anonymous Resolution	450,000
8. Record Locator Service	500,000
9. Personal Health Record	650,000
10. Interfaces	200,000
11. Security	300,000
12. Backup/Recovery	180,000
13. Data Warehouse	540,000
14. Network Infrastructure	1,150,000
<b><u>HIE Pilot</u></b>	
15. Project Director	125,000
16. Network Engineer	125,000
17. Project Assistant	40,000
18. Benefits	90,000
19.	75,000
20. Legal/consultant services	260,000
21. Project communications	125,000
22. Indirect costs	100,000
<b>TOTAL</b>	<b>4,910,000</b>
<b>TOTAL PILOT PROJECT</b>	<b><u>\$6,500,000</u></b>

## **Alaska Electronic Health Record (EHR) Initiative**

### **EHR Pilot**

The EHR Pilot funds 50 providers (1) with \$20,000 each to defray costs associated with participation in an EHR selection, adoption, and evaluation process which will include installation of the selected EHR systems by the participating providers, and result in three to four selected EHR vendors to be recommended for use statewide in individual provider offices and clinics

Vendor Selection and Project Management (2) includes \$90K for preparation of EHR criteria, management of the RFP process, and selection of the EHR vendors; and \$250K for management of the installation of EHRs in the provider offices, evaluation of the process, and preparation of guidelines for statewide use. All developed materials will be made available to providers statewide to assist in the adoption of EHRs.

### **HIE Pilot**

The HIE Pilot will connect the 50 EHR providers from the EHR pilot and selected existing EHR systems together with at least 4 hospitals (Anchorage, Juneau and Fairbanks) for purposes of exchanging health information. This proposal does not include the development of a new data center. All of the services are expected to be outsourced to "off the shelf" vendors.

Anonymous Resolution (7), Record Locator Service (8) and Personal Health Record (9) includes the hardware, software, implementation and training costs to install and connect each component to the selected locations.

Interface (10) costs include the software and programming necessary to connect existing legacy systems for purposes of health information exchange.

Security (11) costs provide an additional level of security to the user access permissions.

Backup/Recovery (12) provides a disaster recovery plan and service located outside Alaska to ensure optimal operations during disasters.

It is anticipated that not all providers will elect to maintain adequate storage and onsite connectivity due to cost. The Data Warehouse (13) costs provide a mechanism for the storage and retrieval of health information when a provider elects to subscribe to a service.

Network Infrastructure (14) provides telecommunications equipment at all selected locations for optimum connectivity. The ongoing telecommunications line charges will be the responsibility of the participating providers and organizations. This project intends to utilize existing connections whenever possible.

Three staff positions (15, 16, 17) are required to manage and support the project. The Alaska Telehealth Advisory Council has agreed to provide oversight for the project. This volunteer group has a paid facilitator (18).

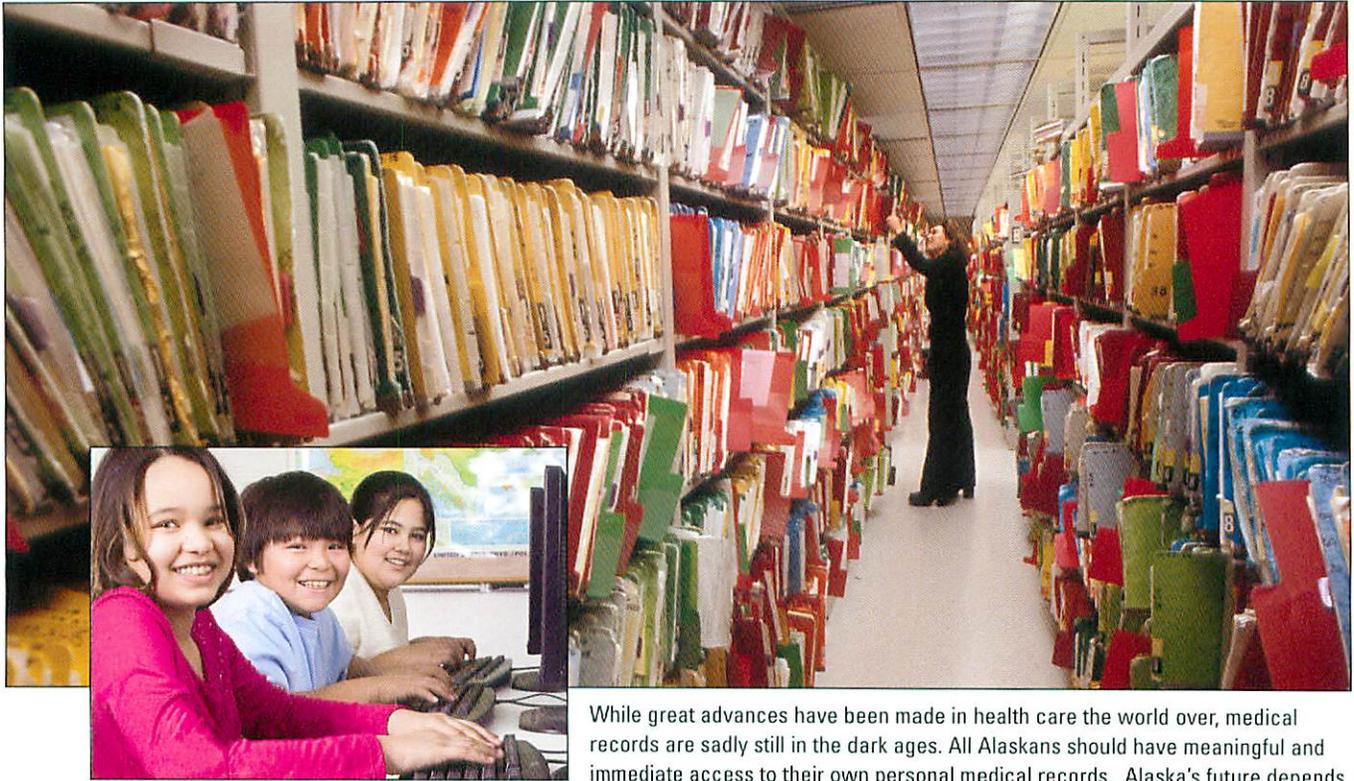
Legal fees (19) are expected for preparing the collaborative documents which will define the health data which can be shared. Included are participation agreements, standards for release of information, standard policies and procedures for data integrity.

### **Joint Communications**

A joint strategy is being developed to ensure that providers, consumers, payers and other health care entities are informed on all aspects of the project. The communications plan includes press releases, newsletters, advertisements, regional conferences and presentations, interactive internet tools focused on selected target audiences (consumers, providers, payers, employers, state and national organizations, and potential funders).

# Alaska Native Health Board

## State Policy Priorities for Fiscal Year 2009



While great advances have been made in health care the world over, medical records are sadly still in the dark ages. All Alaskans should have meaningful and immediate access to their own personal medical records. Alaska's future depends on these children, who are already computer savvy, making better, more informed decisions about their health and lifestyle.

## PRIORITY TWO

### Electronic Health Records save costs, improves healthcare

The ANHB recommends a state appropriation of \$6.5 million to support the Alaska eHealth Initiative that will focus on the deployment of electronic health records (EHR) and a system for private, secure exchange of health information (HIE) between medical providers, their patients, and the payors. State assistance will help ensure that EHR and HIE become part of the strategy for health care reform in Alaska. HIE is a necessary component of this reform and will help stem the rising costs of health care, and the EHR Initiative is a vital step in making health information exchanges a reality in Alaska. Studies from other states show real cost savings for purchasers, providers, and other health care entities, and improved quality of health care.

EHR/HIE deployment brings multiple benefits for Alaskans:

- Timely access to secure, clear, appropriate information leading to decreased medical errors and quick response to epidemics and bioterrorism,
- Better health care for patients, especially in emergencies, through access to more complete medical history, test results, current medications, allergies, etc.,
- Patient safety gains and decreased costs due to fewer repeated tests,

- Reduced administrative costs and paperwork for providers and payors,
- Recruitment of new medical providers to Alaska through access to advanced medical support systems,
- More efficient use of resources through better utilization review and planning,
- State matching funds will attract larger federal grants for EHR, and
- Healthier Alaskans with fewer lost work days, lower health infrastructure costs and a better quality of life.

Despite soaring health care costs and concerns about improving the quality of care, health information is maintained and transmitted in much the same way that it has for over 50 years, resulting in duplication, waste, and health risks. It is time for Alaska's medical records system to catch up with the proactive innovation displayed by the rest of the state when finding solutions for enormous logistical challenges. The technology exists today to create electronic health records that are safe, secure, and provide immediate, meaningful access to personal health care information, no matter where we are in the state.

# ALASKA TRIBAL HEALTH SYSTEM

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The health status of American Indians and Alaska Natives (AI/ANs) is much poorer than that of the average American. Many live in remote communities with little economic base, high unemployment rates and low income levels. These conditions result in a "perfect storm" of health care obstacles: AI/ANs in Alaska travel farther than others to receive health care services with money they don't have, and are much sicker, with more medical issues, than the average person by the time they receive care at a health facility that has fewer resources and higher costs than other facilities in the United States.

## Funding for health has led to improved Alaska Native health status

Despite these obstacles the Alaska Tribal Health System (ATHS) has worked to improve health for Alaska Natives. Rates for diseases, such as tuberculosis, have dropped dramatically with improved access to health care and basic public health measures, like childhood vaccinations and installing water and sewer systems in rural Alaska. Between 1950 and 1997, Alaska Native life expectancy rose from 46 years to 68 years of age (ISER, Status of Alaska Natives Report, 2004).

Still, Alaska Natives continue to suffer from significantly higher rates of suicide, violent injury, and unintentional injury than the general population and face unprecedented rates of cancer, obesity, and diabetes. The ATHS provides a broad range of services, consistently improving health care delivery. However, chronic under-funding, increasing health care costs, and a growing Alaska Native population are hampering much needed progress.

## Funding has not kept pace with need, inflation

The Indian Health Service (IHS) has not received adequate funding for many years. Modest increases have not kept up with inflation, increasing medical costs, or the ever expanding funding gap.

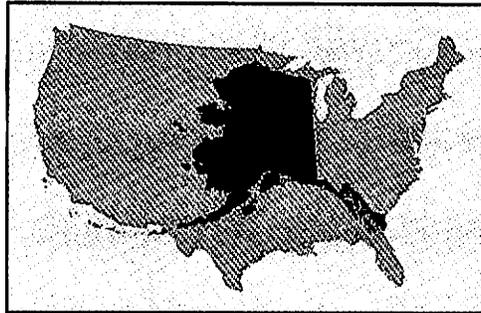
## Overview of the Alaska Tribal Health System

The ATHS is a multifaceted, interdependent healthcare system with sophisticated patterns of referral developed over 40 years by

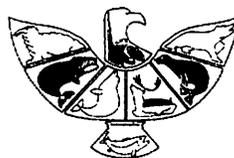
Alaska's 231 federally recognized Tribes. The ATHS strives to provide better health care to our people, half of whom live in remote communities across 586,412 square miles of largely road-less land. Alaska's Tribes and Tribal organizations manage more than 99 percent of IHS programs under the Indian Self-Determination and Education Assistance Act and, since 1994, the Alaska Tribal Health Compact, allowing federal programs to be redesigned to meet the needs in Alaska.

## The Alaska Native Health Board (ANHB)

is the statewide voice of Alaska Native health advocacy, consistently emphasizing the importance of self-determination in healthcare services and encouraging wellness in Native communities through policy change. The ANHB continues a 40 year commitment to ensuring healthier Alaskan Natives. ANHB encourages our federal and state policymakers to join us in finding solutions and funding to help us save lives, improve Alaska Native health, and use resources more efficiently and effectively.



In road-less Alaska, a woman living in Adak must travel to Anchorage to get a mammogram. The flight takes over five hours and is only offered two to three times each week. The trip requires, at a minimum, three days. Like everywhere else in Alaska, frequent weather problems can delay the start or finish of the trip for a week or more, compounding the costs of hotel and food.



## ALASKA NATIVE HEALTH BOARD

4000 Ambassador Drive C-ANHB, Anchorage, Alaska 99508

Phone: 907-562-6006 Fax: 907-729-1901

For further information, please visit our website at [www.alaskatribalhealth.org](http://www.alaskatribalhealth.org) or contact:

Elizabeth Cheney, *Policy Analyst & Planner* · (907) 729-5662 · [Lcheney@anthc.org](mailto:Lcheney@anthc.org)

Lorena Skonberg, *Tribal Liaison* · (907) 729-5663 · [Lskonberg@anthc.org](mailto:Lskonberg@anthc.org)

# ASHPIN – Alaska's Small Hospital Performance Improvement Network

Mail/Office Address: 943 West Sixth Avenue, Suite 120 – Anchorage, AK 99801-2033

Phone: (907) 646-1444 Fax: (907) 646-3964

## **ASHPIN**

### **Participating Hospitals:**

- Central Peninsula General Hospital (Soldotna)
- Cordova Community Medical Center
- Ketchikan General Hospital
- Manillaq Health Center (Kotzebue)
- Mt. Edgecumbe / SEARHC (Sitka)
- Norton Sound Regional Hospital (Nome)
- Petersburg Medical Center
- Providence Kodiak Island Medical Center
- Providence Seward Medical & Care Center
- Providence Valdez Medical Center
- Sitka Community Hospital
- South Peninsula Hospital (Homer)
- Wrangell Medical Center

### **ASHPIN Staff:**

Randall P. Burns  
Network Director  
Email: [randall@ashnha.com](mailto:randall@ashnha.com)

Debbie Silva  
Administrative Assistant  
Email: [debbie@ashnha.com](mailto:debbie@ashnha.com)

March 7, 2008

The Honorable Bert Stedman  
Alaska State Senate  
State Capitol, Room 516  
Juneau, AK 99801-1182

Dear Senator Stedman:

I am writing this letter, in my capacity as Program Coordinator for the Alaska Rural Telehealth Network (ARTN), in support of the Alaska Native Tribal Health Consortium's (ANTHC's) request for funding from the State of Alaska to establish the Alaska eHealth Network (AeHN).

As you are by now aware, the AeHN seeks to create an important, statewide healthcare-related telecommunications system that will benefit Alaskans by accomplishing two critical goals:

- First, the AeHN will support a statewide area health network (SWAHN) that will effectively link together all existing rural and urban telehealth networks in the State while also putting in place the additional network infrastructure required to link together those public and private healthcare providers not already served by an in-state existing network, thereby creating a system that will enable the safe and secure exchange of patient health information from one Alaska healthcare provider to another (whether doctor to doctor, doctor to hospital, physician's assistant to a lab, Advance Nurse Practitioners to a clinic, imaging center to doctor, etc.); and
- Secondly, the AeHN will establish a framework that will guide development of the elements of an electronic health record that will allow every Alaskan to be able to share his or her healthcare information with the in-state provider of his or her choice.

Attached to this letter is a very brief outline of the estimated costs and intended outcomes for the AeHN over the three year implementation period.

*This project is important if for no other reason than the fact that after implementation of similar statewide health information exchange networks in other states, impacted providers, insurers, and patients have experienced significant cost savings through elimination of unnecessary and often duplicate testing; reductions in paperwork; improved administrative processes; and reductions in clerical, billing, and medical errors; not to mention greatly enhanced emergency response capabilities; and, finally, a significant improvement in provider and patient satisfaction with the healthcare system.*

Just as importantly, funding this request will allow Alaska to leverage \$10 million dollars of federal funding through the Rural Health Care Pilot Program opportunity with the FCC.

The Alaska Small Hospital Performance Improvement Network (ASHPIN), a division of the Alaska State Hospital and Nursing Home Association (ASHNHA), received \$1 Million in capital funding from the Alaska Legislature in 2006 to support the creation of the Alaska Rural Telehealth Network (ARTN). The ARTN will by the end of this month be fully implemented and operational and serves nine (9) hospitals and two (2) of Alaska's larger community health clinics.

This network will be directly involved in and impacted by the Alaska eHealth Initiative, as it will further extend the reach of the hospitals and clinics that subscribe to the ARTN, assisting patients in the 11 rural communities in Alaska that are members of the ARTN <sup>1</sup> to acquire an electronic health record and then be able to share their health records with specialists anywhere in Alaska (and no doubt Seattle and other major cities / facilities outside Alaska).

ASHPIN has, since its inception almost 5 years ago now, participated in a number of statewide telehealth projects, while ASHNHA and ASHPIN have, over this past year, participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents.

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<sup>1</sup> From south to north: Unalaska (Iliulik Family & Health Center), Wrangell (Wrangell Medical Center), Petersburg (Petersburg Medical Center), Sitka (Sitka Community Hospital), Cordova (Cordova Community Medical Center), Valdez (Providence Valdez Medical Center), Seward (Providence Seward Medical & Care Center), Soldotna (Central Peninsula Hospital), Homer (South Peninsula Hospital), Kodiak (Providence Kodiak Island Medical Center), Glennallen (Cross Road Medical Center).

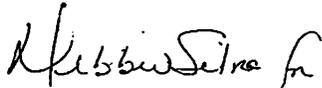
The members of the hospital association feel a deep commitment to improving the health and welfare of the citizens of Alaska while creating efficiencies in the health care system by working cooperatively with others throughout the State. Indeed, that is the specific intent of ASHPIN, which unites thirteen members of ASHNHA (who are also some of Alaska's smallest and most remote hospitals) together for the purpose of collaborating to improve performance in the delivery of quality healthcare.

ASHNHA and ASHPIN most assuredly support this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients. We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Future plans for the Alaska eHealth Network call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Please give a positive consideration to this request for funding to improve the health information infrastructure statewide.

Sincerely,



Randall P. Burns  
Network Director  
&  
ARTN Program Coordinator

Attachment

cc: ASHNHA Board of Directors  
Rebecca Madison



**Alaska Native  
Tribal Health Consortium**

Administration · 4000 Ambassador Drive · Anchorage, Alaska 99508 · Phone: (907) 729-1900 · Fax: (907) 729-1901 · www.anthc.org

September 28, 2007

Honorable Sarah Palin  
Governor of Alaska  
State Capitol Building  
Juneau, AK 99801

Dear Governor Palin:

Re: Alaska Electronic Health Record Initiative

In most health care centers, the health record has not entered the 21<sup>st</sup> century. Despite soaring health care costs and concerns about improving the quality of care, health information is maintained and transmitted between providers in much the same way that it was done 50 years ago, resulting in duplication, waste, and health risk.

Two working groups have been formed and have developed a strategy and business plans for addressing this issue in Alaska. Initial funding has come from federal grants and support from Alaskan hospitals. Alaska Chartlink is focused on the exchange of electronic health information between health service providers and systems while the EHR Alliance is concentrating on assisting small clinical offices to incorporate electronic health records in their practice. This combined effort is called the Alaska EHR Initiative. The Department of Health and Social Services has had representatives active in this discussion.

The Alaska Native Tribal Health Consortium has been identified to serve as project manager until such time as permanent organizations are established. We had an opportunity talk to a number of our legislative leadership last April; we were encouraged to continue and to more actively engage the State of Alaska in the process. I have attached several letters of support that were presented at that time.

As concerned Alaskans and representatives of all areas of the medical community, we request your assistance to ensure that electronic health records and health information exchange become a part of the strategy for health care reform in our state. Specifically, we are writing to ask you to include a budget line item of \$6.5 million in the next fiscal year State budget to support the "Alaska EHR Initiative." This initiative would pilot an electronic health record program and health information exchange involving Medicaid and providers throughout the state.

In your State of the State Address, you discussed finding solutions to the rising costs of health care and you created an "Alaska Health Care Strategies Planning Council" to effectively provide access and help lower the costs of health care. Health information exchange is one component of health care reform that would help in achieving your goals. The Alaska EHR Initiative is a vital step in making health information exchanges a reality in Alaska. It would greatly benefit Alaska and all Alaskans to have this important healthcare improvement project become a priority of yours and of the Health Care Strategies Planning Council. We have had an opportunity to present this proposal at one of their recent meetings.

Studies from other states have shown cost savings for purchasers, providers, and other health care entities when utilizing electronic health records and electronic exchange of health data (for specific savings, see attached report). From these studies, we believe the deployment of electronic health records would have multiple benefits to Alaskans:

- Timely access to secure, clear, appropriate information leading to decreased medical errors and quick response to epidemics and bioterrorism;
- Patient safety gains because of fewer repeated tests and more complete history of medications, allergies, and medical conditions;
- Reduction in administrative and reimbursement related costs due to detection of wasteful, inappropriate, and fraudulent medical services, elimination of paperwork for claim transactions and authorization approval;
- Facilitation of recruitment of new medical providers to Alaska through access to advanced medical support systems; and ultimately
- Healthier Alaskans with fewer lost work days, lower health infrastructure costs and a better quality of life.

The Alaska Telehealth Advisory Council, Alaska ChartLink, and the Alaska EHR Alliance, through the active participation of key health care stakeholders, have made significant progress in deploying telehealth applications and promoting electronic health records and health information exchange. The next step is a pilot project that will be focused on the deployment of electronic health records and a system for private, secure exchange of health information between medical providers, their patients and the payers.

A detailed copy of the proposal is enclosed with the letters of support we obtained when we presented it as a capital project to Senators Lyman Hoffman and Bert Stedman last spring. Thank you in advance for your consideration and assistance in supporting this project.

Sincerely,



Paul Sherry, Chief Executive Officer  
Alaska Native Tribal Health Consortium

cc: Karleen Jackson, Commissioner  
Alaska Department of Health and Social Services

Enclosures



## Alaska Native Tribal Health Consortium

Administration · 4000 Ambassador Drive · Anchorage, Alaska 99508 · Phone: (907) 729-1900 · Fax: (907) 729-1901 · www.anthc.org

March 28, 2007

Senator Lyman Hoffman, Co-Chair  
Senator Bert Stedman, Co-Chair  
Senate Finance Committee  
Alaska State Capitol  
Juneau, AK 99811

Dear Senators Hoffman and Stedman:

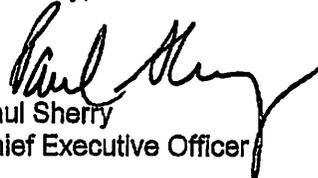
RE: Alaska Electronic Health Record (EHR) Initiative  
FY2008 capital budget project request

The Alaska Native Tribal Health Consortium has provided the infrastructure and management support for the Alaska Telehealth Advisory Council since 1999. The Council, through the active participation of all of the key health and communications entities in the state, has made significant progress in deploying telemedicine services throughout Alaska. Over the past year the Council has developed a new focus in a critical area: the development of electronic health records and a system for private, secure exchange of health information between health providers in our state. We have named this effort the "Alaska EHR Initiative." This initiative has received endorsement from all sectors of the Alaska medical community. The initiative calls for the Alaska Native Tribal Health Consortium to serve as project manager.

We believe that the deployment of Electronic Health Records will have multiple benefits to all Alaska residents: (a) ensuring timely access to secure essential medical information when patients are seen by different medical care providers for urgent care, referrals, or public health emergencies, (b) improving patient safety through reduction in medical errors and unnecessary testing (c) reducing administrative and reimbursement-related costs, and (d) facilitating the recruitment of new medical providers to Alaska. Pilot funding will also provide the matching funding required for a large grant from the Federal Communications Commission focused on rural EHR infrastructure development.

We have developed this initiative with the best information available from the relevant national organizations, building on consultation with other states that are deploying similar systems, and through extensive dialogue among Alaska health care providers. Support from the State of Alaska is the next critical ingredient. We request your inclusion of \$6.5 million in the FY2008 capital budget for the Alaska EHR Initiative.

Sincerely,



Paul Sherry  
Chief Executive Officer

Enclosures: Alaska EHR Initiative Proposal  
Organizational support letters

# Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

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March 23, 2007

Honorable Lyman Hoffman  
State Capitol, Room 518  
Juneau, AK 99801-1182

RE: Alaska EHR Initiative

Dear Senator Hoffman:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

Over the past several years ASMA has been involved in the establishment, installation, and implementation of electronic health records. ASMA along with the Alaska Chapter of the American College of Physicians, and the Alaska Physicians and Surgeons founded the Alaska EHR alliance. Additionally, ASMA participated in the founding of Alaska ChartLink. Alaska ChartLink's primary purpose is to enable the exchange of electronic health records between medical care providers.

ASMA supports the collaborative efforts between Alaska ChartLink and the Alaska EHR alliance, named the Alaska EHR Initiative. The establishment of exchangeable, electronic health records is an essential element in providing continuing quality health care to all Alaskans.

Alaska is comprised of physician practices characterized by solo practitioners or a small number of physicians in a single practice. In such a setting, given the current and continuing financial pressures on such small practices, affordability is a major factor in the implementation of electronic health records. State financial support is critical in order to help these small practices implement electronic health records.

ASMA, as you no doubt are aware, is and has been very involved with developing solutions to Alaska's critical physician shortage. The latest example was the recently passed WWAMI class expansion legislation (HB18). However, as pointed out this was just one step. With the WWAMI expansion, results will not be seen for 7 to 10 years. In the meantime with our existing physician shortage, vigorous recruitment efforts must take place.

Having exchangeable, electronic health records implemented will help in recruiting physicians from other states. We need to work together to achieve the goal of timely, quality care delivered by an adequate number of well trained physicians.

ASMA urges you to support funding for the Alaska EHR Initiative.

Sincerely,



By: Roland Gower, MD, President  
For: The Alaska State Medical Association



March 23, 2007

The Honorable Lyman Hoffman, Co-Chair  
Senate Finance Committee  
Alaska State Capitol, Room 518  
Juneau, Alaska 99801-1182

RE: Electronic Health Records

Dear Co-Chair Hoffman:

AARP Alaska has been collaborating with a group of organizations and medical leaders to determine how we can establish electronic medical record systems in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska and other related health and medical organizations that need to have quick access to accurate records.

AARP is a strong supporter of this effort. We believe electronic medical records will also lead to the more effective use of personal health records to increase consumers' engagement in their health care. The record system can take advantage of technology to facilitate patient education and self-management, permit secure messaging reminders, allow patients to maintain diaries, eg., of pain, symptoms and side effects, and to obtain prescriptions refills, schedule medical appointments online, and track medical test results. Ideally, these personal health records will be connected to the electronic medical record system.

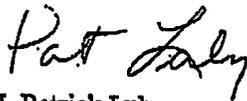
AARP believes that electronic medical records will lead to a reduction in medical errors. This goal in itself is worth pursuing in Alaska. Some proponents of setting up such a system believe such a network could be the biggest advance in medicine since the discovery of penicillin. A network like this in Alaska has the potential to save hundreds, if not thousands, of lives and save millions of dollars by eliminating duplicate tests, shortening hospital stays, and improving care for chronically ill patients.

AARP is impressed with the top health leaders and organizations that are involved in working together to develop a plan for Alaska.

One of the next steps will be to set up an "Alaska EHR Initiative," setting up an independent non-profit organization that will represent the major stakeholders and consumers and operate transparently.

Until this new organization is established, AARP supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization which provides the management and infrastructure support for the projects as it moves forward.

Sincerely,



J. Patrick Luby  
Advocacy Director

CC: Senate President Lyda Green  
House Speaker John Harris



# Alaska EHR Alliance

Affordable, Interoperable, Electronic Health Records

March 14, 2007

Senator Lyman Hoffman  
State Capitol, Room 514  
Juneau AK 99801-1182

Dear Senator Hoffman:

4120 Laurel Street, Suite 206  
Anchorage, AK 99508

Tel 907 561 7705  
Fax 907 561 7704

Executive Director  
Linda Beechever

Board of Directors

Jerome List, MD  
President

Thomas Nighswander, MD  
Vice President

Richard Neubauer, MD  
Secretary-Treasurer

Richard Anschuetz, MD  
Chuck Borg  
Lary Carr

Michael Haugen  
Lynn Hombein, MD

Jim Jordan  
Lori O'Banion

Ben Tisdale  
Stephanie Zidek-Chandler

[www.aehra.org](http://www.aehra.org)

I am writing to support the Alaska EHR Initiative and their funding request to the State to support its pilot program. I am president of the Board of Directors for the Alaska EHR Alliance, a non-profit organization that has developed a plan for assisting healthcare providers throughout Alaska to adopt electronic health records. Our board of directors includes broad representation of physicians, medical associations, insurers, and community members. We have banded together to improve the quality of healthcare in Alaska by increasing efficiency, lowering costs, and improving medical outcomes through interoperable electronic health records.

We are working collaboratively with Alaska ChartLink to provide a complete electronic health information exchange network. The joint effort, named the Alaska EHR Initiative and managed by Alaska Native Tribal Health Consortium, is working to establish electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. This Initiative would connect rural health care networks with urban health care networks to provide a statewide health care network for health information exchange, personal health records, and expanded telehealth capacity. You will be receiving the plan that was developed jointly by our management work group, which calls for a pilot project to be developed and implemented over this next year.

Future plans for the Alaska EHR Initiative call for the development of a non-profit organization to operate and maintain the network, which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, the Alaska EHR Alliance supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization that provides the management and infrastructure support for this project as it moves forward over the next year.

We would very much appreciate your efforts to support this important Initiative.

Sincerely,

Jerome List, MD  
President, Board of Directors  
Alaska EHR Alliance

cc: Senator Lyda Green  
Representative John Harris



426 Main St • Juneau, AK • 99801

Alaska State Hospital and Nursing Home Association

Senator Lyman Hoffman  
State Capitol, Room 514  
Juneau, AK 99801-1182

March 21, 2007

Dear Senator Hoffman,

Over this past year, the *Alaska Hospital & Nursing Home Association (ASHNHA)*, has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. This project, the Alaska EHR Initiative, would connect rural health care networks with urban health care networks to provide a statewide health care network for health information exchange, personal health records, and expanded telehealth capacity.

You will be receiving the business plan that was developed jointly by our management work group which calls for a pilot project to be developed and implemented over this next year. I want to state for the record that *ASHNHA* strongly supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients. We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska. The Alaska EHR initiative will allow my member hospitals to connect critical health care data in a more readily available format to better serve Alaskans no matter where they enter the health care system for care.

Future plans for the Alaska EHR Initiative call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. Until this independent organization is established, *ASHNHA* supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Sincerely,

Rod L. Betit  
President/CEO

cc: Senator Lyda Green  
Representative John Harris

---

*ASHNHA Executive Committee*

John Bringhurst, CEO, Petersburg General Hospital  
Al Parrish, V.P./Chief Executive, Providence Alaska  
James Shill, CEO, North Star Behavioral Health  
Frank Sutton, V.P., SEARHC  
Charlie Franz, CEO, South Peninsula Hospital

Pat Branco, CEO, Ketchikan General Hospital  
Dennis Murray, Administrator, Heritage Place  
Moe Chaudry, CEO, Sitka Community Hospital  
Brian Gilbert, CEO, Wrangell Medical Center  
Rod Betit, President, ASHNEA



March 20, 2007

Senator Lyman Hoffman  
State Capitol, Room 514  
Juneau, AK 99801-1182

Dear Senator Hoffman,

Over this past year, the Alaska Federal Health Care Partnership has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. This project, the Alaska EHR Initiative, would connect rural health care networks with urban health care networks to provide a statewide health care network for health information exchange, personal health records, and expanded telehealth capacity. You will be receiving the plan that was developed jointly by our management work group which calls for a pilot project to be developed and implemented over this next year.

The Alaska Federal Health Care Partnership supports the Alaska EHR initiative. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients. We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Currently the Alaska Federal Health Care Partnership (AFHCP) is deploying a home tele-health monitoring pilot project at six locations across the state to improve the quality of health care, increase access to health care, while reducing the cost. Our home tele-health monitoring project and the Alaska EHR initiative both seem to be initiatives that will empower the patient while simultaneously increasing access to quality health care while reducing the cost of health care. Our home tele-health monitoring initiative will connect patients directly from their home to their health care provider and potentially to the proposed EHR network.

Future plans for the Alaska EHR Initiative call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, AFHCP supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Sincerely,

Samuel C. Johnson III  
Director, Alaska Federal Health Care Partnership

cc: Senator Lyda Green  
Representative John Harris



## **Alaska Health Care Roundtable**

**A Commonwealth North Project**

Senator Lyman Hoffman  
State Capitol, Room 514  
Juneau, AK 99801-1182

Dear Senator Hoffman,

The Roundtable firmly believes establishing electronic health records in Alaska is a key building block for improving Alaskan health care.

The Roundtable supports the plan proposed by the EHR Initiative. It is the logical next step toward improving health care delivery and outcomes throughout Alaska. Indeed, it is hard to imagine substantial progress without it.

Alaska spends \$5.3 billion each year on health care, yet its data technology lags behind every other major industry. Just as Alaska needs roads and other basic infrastructure, it needs medical data infrastructure. For the price of one freeway interchange Alaska can overcome this disadvantage and become a leader in helping its citizens lead healthier, longer lives.

Future plans for the Alaska EHR Initiative call for the development of a non-profit organization which is independent, widely representative of major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until that organization is established, the Roundtable supports continued use of the Alaska Native Tribal Health Consortium for management and infrastructure support.

Sincerely,

*Duane Heyman*  
Executive Director

cc: Senator Lyda Green  
Representative John Harris

**Alaska Health Care Roundtable**  
PMB 588, 1120 E. Huffman Rd. Suite 24  
Anchorage, AK 99515  
[www.alaskaroundtable.org](http://www.alaskaroundtable.org)

907.350.2934 phone  
907.274.7011 fax  
[heyman@alaskaroundtable.org](mailto:heyman@alaskaroundtable.org)

# Alaska Primary Care Association

"...uncompromising in the pursuit of access to primary care for all Alaskans."



March 23, 2007

Senator Lyman Hoffman  
State Capitol, Room 514  
Juneau, AK 99801-1182

Dear Senator Hoffman,

Over this past year, the Alaska Primary Care Association (APCA) has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics (including private and private non-profit clinics), hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. This project, the Alaska EHR Initiative, will connect rural and urban health care networks to provide a statewide health care network for health information exchange, personal health records, and expanded telehealth capacity. You will be receiving the plan that was developed jointly by our management work group which calls for a pilot project to be developed and implemented over this next year.

APCA has a track record of working together with other health care leaders in Alaska to improve health services for the patients served by our members, and we see this plan as a next logical step toward improving health care delivery and outcomes throughout Alaska.

APCA exists so that every Alaskan will have access to basic primary care. We represent primary care clinics around the state, including Alaska's 24 community health centers, which serve 115 communities and 80,000 Alaskans. This initiative will improve the ability of our members to share information about and manage patients as they move in and through the system- at the end of the day resulting in decreased costs, fewer errors and better quality of care.

Future plans for the Alaska EHR Initiative call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We know this is necessary to win and maintain the trust of Alaskans, and makes good business sense as well.

Until the independent organization is established, APCA supports the role of the Alaska Native Tribal Health Consortium to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Thanks in advance for your support of this.

Best Regards,

Marilyn Walsh Kasmar, RNC, MBA  
CEO

cc: Senator Lyda Green; Representative John Harris

Alaska Primary Care Association  
903 W Northern Lights Blvd, Suite 200  
Anchorage, AK 99503

ph. 907-929-2722  
fx. 907-929-2734  
www.alaskapca.org

# The TRUST

The Alaska Mental Health Trust Authority

Senator Lyman Hoffman  
State Capitol, Room 514  
Juneau, AK 99801-1182

March 23, 2007

Dear Senator Hoffman,

Over this past year, the Alaska Mental Health Trust Authority has participated in work groups focused on the establishment of electronic health records in medical offices and an electronic health record exchange network to connect clinics, hospitals, labs, pharmacies, insurers, the State of Alaska, and other medical entities integral to providing optimal health care to our residents. This project, the Alaska EHR Initiative, would connect rural health care networks with urban health care networks to provide a statewide health care network for health information exchange, personal health records, and expanded telehealth capacity. You will be receiving the plan that was developed jointly by our management work group which calls for a pilot project to be developed and implemented over this next year.

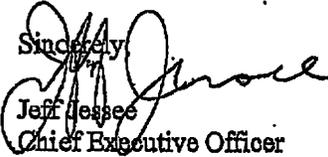
The Trust supports this plan. We have a track record of working together with other health care leaders in Alaska to improve health services for our patients. We see this as a next logical step toward improving health care delivery and outcomes throughout Alaska.

Many Trust beneficiaries find it daunting at best to navigate between the various service providers they need. Often simply the burden of having to repeatedly fill out the same information time after time is a discouragement to seeking out the services they need. The EHR Initiative will help ease this burden and assist our beneficiaries in accessing and maximizing the benefit from these services.

Future plans for the Alaska EHR Initiative call for the development of a non-profit organization which is independent, widely representative of the major stakeholders and consumers, and operates transparently. We feel this is necessary to win and maintain the trust of Alaskans.

Until the independent organization is established, The Trust supports the role of the Alaska Native Tribal Organization to continue to serve as the organization which provides the management and infrastructure support for this project as it moves forward over the next year.

Sincerely,

  
Jeff Jessee

Chief Executive Officer

Alaska Mental Health Trust Authority

cc: Senator Lyda Green

Representative John Harris

