



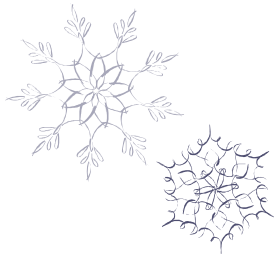
ALEUTIAN CONNECTION

DECEMBER 2006

MERRY CHRISTMAS TO YOUR FAMILY FROM THE EAT STAFF & BOARD OF DIRECTORS

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EASTERN ALEUTIAN TRIBES & ITS CLINICS GO SMOKE FREE!

At the December meeting the EAT board reviewed a resolution sponsored by the Primary Care Team. The board agreed to support its communities and staff by adopting a Tobacco Free Workplace policy. EAT's Primary Care Team have collaborated together in support of this policy and worked diligently to prepare its clinics staff and community to move in this direction both personally and professionally.

The EAT board recognizes the importance of healthy patient

outcomes and wellness. We appreciate their support to move in this direction and the policy was passed unanimously. EAT's Primary Care staff would like to recognize the progressive, proactive insight of its board members. There was touching testimony and discussion with staff.

On another positive note a Volunteer Policy was passed to support local patients and elders in need. The EAT board and staff recognize the importance of nurturing its members in stew-

ardship and development of community resources. If interested contact a clinic representative to become a volunteer. The pride and warmth of helping a neighbor and doing a good deed is a great thing!



Jennie Webster, Dorothy McCallum & Shelly Yatchmeneff

CLINICAL OPERATIONS UPDATE

BY KATHERINE CART, RN, MSN

Quality Improvement

A comprehensive Quality Improvement Plan was implemented in January 2006. Based on the plan, we monitor all health care and services which includes data entry, coding, billing, pharmacy, and patient complaints.

There are peer chart reviews for medical and behavioral providers that are forwarded to the Anchorage office for overview each month.

We have been working with our front desk staff to ensure that health care data, patient registration and lab results are being entered. This data is used for our quality initiatives such as UDS, GPRA, and the cardio-vascular Diabetes collaborate.

This year we have chosen to add a new quality indicator category, obesity, to

include weight and waist measurement. We will provide tape measures to each clinic to accomplish this.

Billing

During this quarter, we worked diligently to improve patient billing. We now have a procedure in place to respond to insurance denials and turn around the requested information in a timely manner. Credit card payment options are up and running in all sites. Many patients are utilizing and appreciate this option.

The Medicaid Flat Rate was increased \$15 from \$319 to \$406.

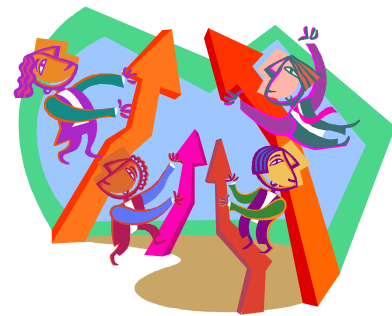
Emergency Preparedness

EAT and our communities continue to work toward an Emergency Preparedness plan that will interface within the

community and continue through to the borough and state level.

Five of our communities received their mass casualty supplies and personal protective equipment from the ASHNHA grant.

There is additional grant funding for satellite phones, which we are also working toward providing to our clinics.



WHAT IS A COMMUNITY HEALTH-AIDE? OR PA AND NP?

BY INGRID CARLSON PA-C

Over the years I have been asked this question many times either working as one or the other, and so I'd like to take a moment to share exactly what each of these practitioners is and how they work together across Alaska's great land caring for many.

The Community Health Aide (CHA) program was developed in the 1950's in response to the tuberculosis epidemic, high infant mortality, and elevated injury rates in rural Alaska. In 1968, the CHA/P program received formal congressional recognition and funding. This long history of cooperation between

state and federal governments and native tribal health organizations has facilitated improved health-care and status in rural Alaska.

The CHA/P program consists of a network of over 600 Community Health Aide/Practitioners (CHA/Ps) in over 170 rural Alaska communities. CHA/Ps work within the guidelines of the most recent *Community Health Aide Manual* (CHAM) (2006), which outlines assessment and treatment standards. There are established referral relationships and protocols which include mid-level providers, physicians and the Alaska Native Medical Center.

CHA/Ps are selected by their communities and receive four training sessions lasting up to one month each, usually away from home and families. Between these sessions a CHA will travel home to work on the new skills and training learned before heading off to another session. CHA/Ps work in their clinics completing skills lists and a practicum. Successful completion of the four sessions, clinical skills preceptorship (skills testing) and examination eventually qualify the CHA as a Community Health Practitioner. This is the highest

(Continued on page 7)

EMPLOYEE SPOTLIGHT: ROBIN GOULD-MEDINA

Name: Robin Gould-Medina

Site: Anchorage, AK

Position: Grant Specialist

Length of time: 9 years, 5 months

Prior residences: King Cove, Anchorage, Nauvoo, Illinois

Family: Newly married: husband, Jose; son, Thrasher

Education: Nauvoo-Colusa High School Diploma, Travel Academy Certificate, Research Associates Certified Grant Specialist

Experience Record: home: King Cove & Anchorage. CEO of 10 year old son since November 14, 1996. King Cove Clinic: Receptionist/Billing July 1, 1997. Anchorage Administration Office: Grant Specialist since January 6, 2000.

Favorite activities: Hockey, hockey & more hockey. Fishing, berry picking & being with my family.

Program participation: Coordinated in EAT region "Operation Arctic Care 2002", a humanitarian mission involving members of all military branches providing health care and veterans services.



Robin Gould-Medina with Thrasher

EMPLOYEE SPOTLIGHT: TARA CARR

Name: Tara Carr

Site: Cold Bay, AK

Position: Community Health Practitioner

Length of time: 3 years, 6 months

Prior residences: Cold Bay, Sand Point, Anchorage

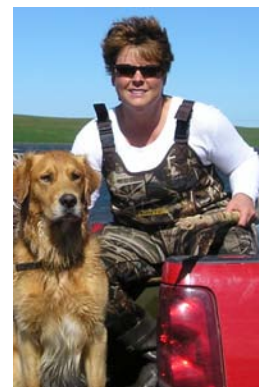
Family: Spouse, Joe; Children: Robert, 23; Matthew, 22; Sarah, 20; Kristina, 16; Jacob, 14

Education: University of Alaska Fairbanks, A.A.S. Community Health

Experience Record: FAA-AWOS/Sand Point as Weather Observer, May 2000; EAT Sand Point Clinic as CHA/P, February 2003; EAT Cold Bay Clinic as CHA/P since May 2004.

Favorite activities: walking, hiking, cross-country skiing, fishing, hunting, berry picking, cooking, crocheting.

Program participation: Physical Activity Leadership Program, Health Fairs, Elder Care, Women's Health, Diabetes Care Team, CVDEM, Community Health Aide Association-Anchorage Service Unit President, Statewide Community Health Aide Association Vice President .



Tara Carr with Sockeye

NELSON LAGOON UPDATE

BY MELINDA JOHNSON, CHP

Nelson Lagoon has had a very busy October. Raelene went to Sand Point for Community Care Technician (CCT) training and will start her classes to the community this month for six weeks. She has been working for EATS since April and is doing a great job, so we want to thank her. Melinda has finished her preceptor ship and is waiting

for her certificate, so congratulations to her. Melinda has also been covering Nelson Lagoon since Senta has been out of town.

Senta has been covering Cold Bay, Adak, and Whittier clinics. She has been on the go since October 6th and will return home on November 17th. It will be great to have her back!

Carpa Orloff has celebrated his 75th birthday on October 27 and is our oldest male elder. Nelson Lagoon has had its first volleyball team since 1996, and we watched the team play at home against Sand Point and King Cove Schools. It has been a great month!

BEHAVIORAL HEALTH UPDATE

BY JAMES NEUMANN & ANTHONY WASHINGTON

Sand Point

The new Sand Point clinic is up and running. The clinic now includes front desk staff, billing, information services, and medical and behavioral health personnel. The integration of the various departments is part of an overall effort on the part of Eastern Aleutian Tribes to provide the best services possible to patients in the community.

During the second week of August, there was a four-day CCT (Community Care Technician) training in the Sand Point clinic conference room. Anna Buterbaugh, the EAT case manager for elder programming, along with Gary Ferguson presented CCTs with information and training to help them implement their new roles in their respective communities. The training was meant to prepare the participants with information to be passed on to others in the community to facilitate care to elders and patients in need of ongoing services.

Recruitment for open mid-level positions in Sand Point continues with the help of Ingrid in the Anchorage office. We had

visits by a newly-graduated ANP and PA for several days. The visitors were given a tour of the community and also were introduced to numerous community members. Although no responses have been received at this time, it is hoped that one of them will fill the open mid-level position in Sand Point.

During the last week of the month, Tara Henry, a forensic nurse, visited Sand Point to certify Susan Williams, NP, as a sexually assault nurse examiner. This certification means that patients who have been sexual assaulted can be examined in the region rather than having to travel to Anchorage for a forensic examination. In addition, Tara Henry was going to provide information regarding Sexual Assault Team Protocols that involve the coordination of efforts by law enforcement, behavioral health, medical, and child protection services. Unfortunately, because of unforeseen events, this part of the process was cancelled and will be undertaken at a later date by televideo.

The clinic staff continues to adapt to the new surroundings and coordination of

services continues to improve. It is hoped that all these efforts provide the community of Sand Point with the best care possible.

King Cove

Tony Washington manages the State Department of Behavioral Health Grant and supervises two clinicians and a behavioral health aide. He works as a clinician and addresses crisis calls in King Cove, Adak, St. George and Cold Bay as well as doing outreach activities.

Brenda Wilson works as a Behavioral Health Aide in King Cove. She is active in outreach activities and serves on several boards throughout the state that address behavioral health issues. She also manages the Rural Human Services Grant, which supports those who enter the Behavioral Health Aide Program.

Sevilla Ingersoll works as a clinician in King Cove. She also assists with crisis interventions and outreach activities in King Cove, Cold Bay, Whittier, St. George and Adak.

CALLING FOR MORE COOKS TO STIR THE ELDER CARE "STEW"

BY ANNA BUTERBAUGH, RN, CASE MANAGER

On September 5, 2006, I was hired as the newest cook participating in the preparation of the Elder Care "Stew" started by chiefs Rosemary Graffius and Dawn Will. New ingredients have been added: a new CCT hired in Sand Point, CCT training, community volunteers, training and respite services for caregivers and families.

The stew pot still needs more flavoring that could be donated by hospice volun-

teers in each community to help make our elders' live as good as possible for as long as possible. If you are able to "sprinkle" some of this flavoring, please e-mail me at annab@eatribes.net or call me at (907) 564-2505.

It is important to keep the Elder Care "stew" pot simmering so that it will be at the right temperature when needed by elders in their community.

Interested in learning more about palliative end of life care in the home?

Contact your local clinic to participate in televideo sessions 1:00 pm on December 8th, 13th, and 20th. Please join us in a discussion on how to provide palliative end of life care for a loved one wishing to die in their own village.



Anna Buterbaugh

INFORMATION & TECHNOLOGY UPDATE

BY LADONNA LINDLEY

Kas Healy Receives Award

Kas Healy, Distance Learning Coordinator for the Eastern Aleutian Tribes, recently received an Indian Health Service National Director's Award in recognition of her contributions to the 2006 edition of the Alaska Community Health Aide/Practitioner Manual. Kas was part of a network of individuals who participated in the CHAM Revision process and were lauded for their outstanding team effort to produce the CHAM, which will be used to improve service delivery to rural Alaska Native residents.

Dr. Viterion Is In

A new doctor recently arrived at the Whittier clinic for a month-long test period. Admittedly, he's a square kind of guy with not much in the way of a bedside manner, but he can certainly provide quick diagnoses and patient reviews. Besides that, you can get in to see him quickly and you don't have to pay for the visit!

The newest addition to telehealth technology, "Dr. Viterion" combines electronic information and telecommunications to provide long distance medical care. It's hoped the Viterion monitors will relieve an overburdened health care system, particularly for a burgeoning elder population, which faces a shrinking workforce of care providers.

The monitors, developed by Viterion TeleHealthcare, are designed for easy use. Voice prompts and help screens guide patients as they take their vital signs. Weight is measured by a scale connected directly to the monitor.

To capture heart sounds, patients hold a small, electronic stethoscope to their chests. The resulting sound byte is transmitted and stored. Blood pressure is taken automatically with a wireless cuff that transmits infrared beams to a sensor on the Viterion unit.

Dr. Viterion was particularly helpful last week when the Whittier clinic was swamped, Cheryl Dalena, CHIS, reported. A patient was concerned about their blood pressure but was unable to get an appointment. Cheryl introduced them to Dr. Viterion who was able to determine if the patient needed to be seen by a practitioner. Whittier users like the independence, Cheryl noted, plus they don't have to pay for clinic visits.

Not only can patients see their results immediately, but clinical data is subsequently transmitted to a secure, HIPAA-compliant address where Pat Hofstatter, nurse practitioner at Whittier, can monitor the information, and if needed, intervene before a crisis occurs.

Five-Year Health Service Plan

Eastern Aleutian Tribes recently published its third Five-Year Health Services Plan.

The 27-page document describes EAT's network of services and details goals for the years 2006-2010.

As Board President Joe Bereskin noted in his introductory remarks, EAT has grown from a handful of dedicated employees and a miniscule budget in 1991 into a corporation with over 100 employees and an operating budget in excess of \$8.5 million.

The goals for the coming years include:

- A. Engage in meaningful and purposeful growth of the organization with balanced enhancement of clinical and management services.
- B. Improve and expand identified health services through village clinics.
- C. Support and enhance emergency services throughout the region.
- D. Provide preventive care services through education and wellness activities.
- E. Identify and develop appropriate information technology and telehealth services to benefit patients by enhancing the quality of services and the patients' health care experience.
- F. Expand and enhance partnerships to promote regional health, social, and economic stability.
- G. Engage in continuous improvement initiatives.
- H. Increase access to effective, sustainable elder care programs.
- I. Invest in EAT staff, providing training, job enrichment, and acknowledgment for dedication to the EAT mission.

EAT continues to examine expanding our services to other tribes and communities interested in the EAT model of service delivery. We continue to work together to provide the highest level of quality health care programs to the people we serve.

The full document is available at:
www.easternaleutiantribes.com



WELLNESS UPDATE

BY DR. GARY FERGUSON, ND

As the wind blows and the snow billows, we see sure signs that winter has descended upon the Aleutians. Staying healthy this time of year can be a challenge for many, as the colds and flu just seem to stick around indefinitely. There is a lot we can do to stay healthy. From washing our hands more frequently, to calling in sick when we've got the snivels and a fever – thereby protecting our co-workers (or family members) from getting our bug. We can stock our pantry with canned chicken soup, nutritious frozen meals, and water so we don't have to rely upon the high sugar snacks/drinks when we don't want to cook – as sugar/sweets can compromise our ability to heal quickly. Having some 'Emergen-C' or Vitamin C around can help during the acute phase of the cold or flu – and speed our return to our daily activities. Staying hydrated is important. Having bottled water around, or investing in a Brita water filter to have better tasting water is a great way to get more in. Start your day with a glass (or two) – to get going on the goal of 6-8 glasses per day. Resting can never be stated highly enough. Winter is a great time to catch up on the Zzz's – getting our 8 hours a night (or 10 hours a night if we are under 18 years of age) is a great way to keep our immune system strong. Avoiding immune system suppressants

such as smoking or chewing is also an important factor in Winter Wellness; we know that those who use tobacco products have more frequent colds and flu, as do those who get exposed to secondhand smoke. Daily physical activity is also an important factor, as this stimulates our natural immune response. Getting out and walking gives us some fresh air and exposure to light which stimulates Vitamin D production, a known immune protector. While you're outside, make sure to bundle up with the right winter clothing to stay warm and footwear with a good grip to avoid falls. After your walks outside (or inside) you can relax and warm up with a cup of tea. In addition to being yummy, tea can also be therapeutic. Ginger, peppermint, chamomile and green tea all have soothing properties when we're not feeling our best (and also can stimulate our immune system to keep it strong). If you have access to a banya, this is also a wonderful way to stay healthy (and feels great when you're ailing). Just make sure that you drink lots of water, and dress appropriately between the house and your steam bath. As we stay healthy and strong this winter, we can't forget one of the most important wellness tips: a good hug. Studies show that those who get their hug quota (touch) get sick less often and also report feeling happier. So get outside and



Dr. Gary Ferguson

enjoy this time of year - don't forget to ask for a hug.

Over the next four months we will have outreach and wellness clinics in King Cove, False Pass, Nelson Lagoon, Adak, Akutan, and Sand Point. Look for flyers, as we'll have a community gathering to talk about preventing diabetes and staying optimally well if you live with diabetes. Many don't realize that our region has had one of the biggest increases in diabetes prevalence in the whole U.S. over the past 10 years. We're also focusing on our 'Got Air?' tobacco prevention and secondhand smoke awareness in our schools and communities – as the use of tobacco is the number one reason why our people die a premature death. Cancer is the number one reason for mortality in our state, and the main reason we get cancer is from using tobacco. So many cancers can be prevented, if we quit using tobacco (or never start).

MEDICARE ASSIST PROGRAM NOMINATES EAT EMPLOYEE

BY PATRICIA HOFFSTATTER, FNP

Cheryl Dalena, CHIS, from Whittier has been chosen as one of the five most dedicated volunteers in the Medicare assist program in Alaska.

She has gone out of her way to get training so she can help elders and others in Whittier and elsewhere (particularly An-

chorage) make sense of the various parts of the Medicare system, especially the new drug benefit programs.

She does individual counseling and has spent time in community centers helping people find their way through this maze. She had already acquired a special com-

puter packed with information to help her do it, and now this honor from the Medicare Assist Program.

We congratulate her, and love her! This community and the greater EAT community is very lucky to have her talents in our corner.

WHAT IS A COMMUNITY HEALTH-AIDE? OR PA AND NP? CONTINUED

BY INGRID CARLSON PA-C

(Continued from page 2)

level of accomplishment recognized statewide.

CHA/Ps are often referred to as the “back-bone” of health-care in rural Alaskan communities. All of these CHA/Ps care for patients in emergencies, preventive, and chronic conditions. They work side by side with mid-level providers, (MLPs) sharing on-call responsibilities and in many communities are often the first responders as well.

EAT is very proud of all of our CHA/Ps and currently we have ten of fourteen CHA/Ps who have completed their practitioner. This is quite a feat! These are: Jenny Kenezuroff (King Cove), Susie Hill (Sand Point), Kathryn Hahne (Adak), Senta Lockett, Melinda Johnson (Nelson Lagoon) Nikki Hoblet (False Pass), Tara Carr (Cold Bay), Lorraine Loyd (Akutan), Dianna McGlashan (St. George), and Linda Mack (itinerate). If you happen to see one of these folks around your community, please share your appreciation for their efforts and dedication to their communities!



Tara Carr, CHP & Sandra Lopez, Pre-Session CHA

In order to support CHA/Ps and the patients in these communities, many health organizations such as EAT have opted to recruit and hire Physician Assistants (PAs) and Nurse Practitioners (NPs) called mid-level providers, who are highly trained practitioners to assist in some of the unique challenges facing rural Alaskan healthcare. Both of these positions are similar in ability, but training models and backgrounds of practitioners may be very different.

For example PAs are non-physician clinicians licensed to practice medicine with a physician’s supervision. This supervision, in most cases, need not be direct or on-site and many PAs practice in remote and underserved areas such as ours within the Eastern Aleutians. PAs can treat patients in 49 of 50 states, prescribe medicine, and most have drug enforcement authorizations (DEAs) allowing them authority to prescribe controlled substances. Their scope of practice and autonomy are only limited by their precepting physician’s comfort level, and the PAs clinical experience allowing PAs to work in any area of medicine, surgery or research. In the 2005 census there were 65,000 PAs in the U.S.

NPs or nurse-practitioners are registered nurses who have completed advanced education and training in the diagnosis and management of common medical conditions, including chronic illnesses. NPs provide a broad range of healthcare services. An NP, like a PA, may serve as a patient’s regular healthcare provider and see patients of all ages. The core philosophy is individualized care. NPs focus of care is on patient conditions as well as effects of

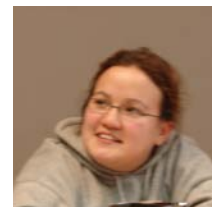
illness on the lives of the patients and their families. NPs make prevention, wellness, and patient education a priority.

Mid-level or higher, this level of provider, both PA and NP, allows for Advanced Life Support skills, additional prescriptive authority, prevention and chronic disease management support to EAT’s communities, patients, and the CHA/Ps. EAT continues to strive to service the region with qualified, caring clinicians at these levels of training and expertise.

Internet sources and links:

CHA/P ANTHC website:
<http://www.akchap.org/>

UAF CHA project website:
<http://uaf-db.uaf.edu/jukeox/pjweb/pjhome.htm>



Nicole Hoblet, CHP



Claire Yanik, CHP



Susan Williams, NP

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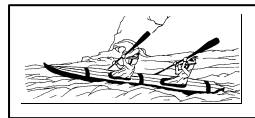
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EASTERN ALEUTIAN TRIBES, INC.

The mission of the Eastern Aleutian Tribes, Inc. is to provide and continually improve quality health care in a dependable manner that ensures that everyone is treated equally with dignity and respect, encouraging the well being of people.

Goals for 2001-2006:

1. Engage in controlled purposeful growth of the corporation with ... support;
2. Improve and expand all services through village clinics;
3. Provide education and awareness on health issues including prevention and preventive care;
4. Enhance, expand, and integrate technologies into health service delivery;
5. Ensure continuous quality improvement of all functions of the corporation.

WORKING TOGETHER TO PROMOTE HEALTHY COMMUNITIES

Preventing the Flu: Get Vaccinated

Cold and flu season is upon us and many people wonder if they should get a flu shot.

Guidelines from the Center for Disease Control and Prevention (CDC) recommend that you do get vaccinated, especially if you fall into any of these categories:

- You are an infant between ages of 6 and 23 months
- You are a woman who will be pregnant during the flu season
- You are 65 or older
- You have chronic illness (heart, lung, kidney, liver disease or diabetes)
- You have asthma
- You have a history of frequently getting the flu
- You are a resident of a long term care facility
- You are a health care professional who provides direct patient care

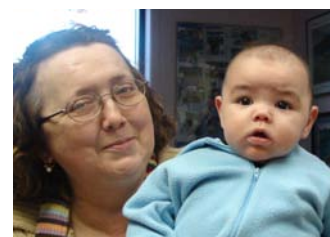
If you are unsure whether you should get vaccinated or not, speak with your health care provider

EAT JOB OPENINGS:

- **Mid Level Providers:**
King Cove, Sand Point, Adak, St. George
- **CHA/P:** Whittier



King Cove, Alaska 1965



Betty Calugan & grandson,
Trenten Lawrence Calugan