Eastern Aleutian Tribes: Bold Vision for a Brave People

It takes a brave and determined people to settle on the Eastern Aleutian Islands, the archipelago that stretches northwest in an arc from the Alaskan peninsula. Bordered on one side by the Pacific Ocean and the other by the Bering Sea, the islands are accessible only by fishing boat, seasonal ferry, or small plane. Winter is long and harsh. Fog surrounds these volcanic islands more than 150 days a year, and gale force winds are not uncommon. In these conditions, trees don't grow more than 10 feet high, but the Unangan (Aleut) people have lived here for thousands of years. About half of the permanent population of these islands claims Unangan descent.

The sea provides food and livelihood to these Native people and to itinerant workers who come to the area at the height of the fishing season. Overharvesting has made fishing a less reliable source of income. More than a third of the population lives below 200 percent of the federal poverty line. As incomes decline, rates of disease and illness, especially diabetes and obesity, rise.

Eastern Aleutian Tribes (EAT) was formed in 1991 by six Unangan tribes to serve the health care needs of residents in seven communities dotted among the islands: Adak, Akutan, Cold Bay, False Pass, King Cove Nelson Lagoon, and Sand Point. An eighth community, Whittier, located on the western edge of Prince William Sound, joined the coalition in 1999. Designated health professional shortage and medically underserved areas, these communities lie hundreds of miles from most health facilities. Adak, the farthest community, lies more than 1,200 miles from the closest hospital in Anchorage.

None of the communities has more than 1,000 permanent residents, but populations swell during fishing season. Sand Point has the largest population, swinging from 953 during the winter to more than 1,500 in the summer months. King Cove's base grows from 800 to 1,200. Akutan, with a Native population of only 76, houses the largest seafood processing plant in North America. More than 1,000 additional workers add to Akutan's ranks during the summer months. The other towns have fewer than 100 residents each. Staff at eight EAT sites provide nearly 9,400 patient visits per year: 3,091 at King Cove, 4,094 at Sand Point, and 2,200 split among the other six sites.

It takes an innovative health care organization to meet the needs of these remote communities. Luckily, EAT is just that. The organization's determination is evidenced in the organization's bold vision statement: "Eastern Aleutian Tribes have the healthiest people in the nation."

Since joining the IPC Collaborative, EAT has instituted many changes that have brought it closer to that visionary goal.

Community-Based Care

From its beginning, EAT's philosophy has been to provide care through permanent staff who live and work in the community. A combination of midlevel providers (nurses and physician assistants), along with community health aide practitioners, gives basic health care. The two larger clinics—King Cove and Sand Point—also have behavioral health clinicians and behavioral health aides on staff, and these staffs also serve the smaller, outlying communities.

Unfortunately, these dedicated providers can't meet every health care need in the community. Patients often need to travel to Anchorage to the Alaskan Native Medical Center for specialty care. This presents problems for patients and for providers.

"Our patients have told us that the last thing they want to do is to get on a plane for three or four hours to fly into Anchorage," says Tara Ferguson, director of quality improvement for EAT. Most trips require at least an overnight stay. Even though EAT pays for the travel expenses and the Medical Center provides housing, the trip still takes patients away from their jobs and their families.

From the provider's perspective, there were coordination issues. "Once our patients left us for specialty care, we didn't have any part of their experience there," Ferguson explains. Scheduling, coordination among providers, and transportation all presented challenges.

Appointments made months in advance often get canceled at the last minute because of weather. Other times, patients arrive for an appointment only to find they needed additional tests before the doctor could make a diagnosis. "If you live in Anchorage, it's okay to come back tomorrow to get something else done," says Michael Christensen, executive director for EAT. "But, if you live 1,000 miles away, there's no way."

Opportunity for Innovation

Until the advent of IPC, this situation posed a challenge. After IPC, it became an opportunity for innovation. "One of the benefits of being a part of an IPC program is that it changes the way people think about problems, processes, and improvement," says Christensen. Instead of saying "this is how we've always done it," Christensen says staff started asking, "Why can't we…?"

That new way of thinking ushered in new solutions. One of the most innovative is the Health Ferry, a traveling health fair that has run for the last three summers. During the warmer months, the Alaska Marine Highway runs a ferry that travels from Homer on the mainland to five of the eight communities served by EAT. It takes between seven and eight days to make the entire route, and the ferry stays at each port for 2–14 hours. EAT rents space on the ferry and signs on its staff and volunteers from partner programs to bring health information, screenings, and other services to the communities. While at port, they roll the health fair equipment off the ferry and set it up at a nearby building. The ferry may arrive at some ports at 6:00 a.m. or 8:00 p.m. No matter what the time, the whole town shows up. In one community, attendance equaled 110 percent of the population. At another, the entire student body of the local elementary school showed up—all 11 school children.

"We do the typical health fair screenings, as well as, information and education," says Christensen. One year, the displays included "Nolan the Colon," a huge, inflatable colon that staff used to teach about colon cancer and the importance of regular colon cancer screenings. This was part of an effort to bring colon cancer screening rates up in the EAT communities.

According to Ferguson, patients were especially reluctant to travel to Anchorage for colonoscopy. "They didn't see the importance of it," Ferguson explains. Through the health fairs and other patient education provided in the communities, patients now realize the importance of screening. EAT has also made it easier for patients to get screened. Instead of sending patients to Anchorage for colonoscopy, a nurse endoscopist now travels to the communities to perform sigmoidoscopies. If those tests indicate a problem, patients then travel to Anchorage for follow-up care.

"It does save on the travel costs," admits Ferguson. "But, more importantly, a higher percentage of our patients are getting the recommended care." Colorectal screening rates are up more than 250 percent and now surpass the statewide rate.

As part of the Health Ferry floating health fair in June 2011, a giant, inflatable colon helped educate residents about colon cancer and the importance of regular screening. One patient credits his tour of the exhibit with convincing him to get screened; the procedure discovered an early cancer, and the patient received treatment before the disease progressed to a more dangerous stage.

Other solutions have been inspired by this kind of can-do thinking. Using a portable dental chair or one that is stored at the community clinic, traveling dentists and dental aides deliver regular oral health care to the EAT communities. Through an arrangement with the Breast Cancer Detection Center of Alaska, mammographers also travel to the communities with a portable unit to bring that important screening to women. Optometrists bring eye care to patients, and specially trained health aides perform diabetic retinopathy screenings and send the images electronically to the Phoenix Indian Medical Center in Arizona for interpretation.

When patients must still travel to Anchorage for specialty care, another innovation helps staff coordinate the process. EAT has instituted a "patient navigator" system, in which a nurse case manager works with patients and providers to ensure that any testing that can be done ahead is performed before the patient travels. The patient navigator also ensures that patients get to their appointments and that their time in Anchorage is used effectively.

Tools for Change

IPC has given EAT the tools to come up with these solutions. Methods such as process mapping and PDSAs (Plan, Do, Study, Act) encourage staff to analyze problems and brainstorm solutions. "People are thinking way outside the box because they're encouraged to do PDSAs," Christensen explains. "If somebody has a problem, it isn't a problem; you just get a PDSA form and figure it out."

EAT recently instituted an e-mail address where patients and staff can send in ideas and concerns. One employee wrote in with a concern about the quality of the drinking water at the clinics. Employees didn't like the taste of the water and were consequently choosing other, less healthy beverages. Working through the PDSA process, EAT staff came up with a solution: water filtration systems were installed at all of the clinics. Now, the staff has plenty of clean, fresh-tasting water. According to Christensen, this solution served as a turning point for the organization. Once staff saw that raising concerns led to real change, they felt encouraged to make more suggestions.

In another case, a staff member raised a concern that she might be missing important information during the process of registering patients. She felt a checklist would help. When Ferguson received the message, she went to the person in charge of that area and raised the concern. "Now, remember, the culture is changed," Ferguson explains. "It's a safe environment to suggest change." So, instead of responding defensively, the director responded positively, and the staff started analyzing the patient registration process.

Ferguson used another IPC tool to address the patient registraiton challenge: process mapping. All staffers responsible for patient registration gathered with a roll of paper and sticky notes and mapped out the process: in this case, what happens when a patient calls, what information is collected, and how different departments use each piece of that

information. “We walk through all the processes and write down the steps,” Ferguson says. “Each gap or each area that needs improvement we capture on an action plan, and then we figure out how we’re going to correct it.”

EAT found out through IPC about a technology program to encourage more effective self-monitoring among patients with diabetes. A device in the patient’s home helps monitor and record blood sugar, blood pressure, and oxygenation. The results are sent to the provider, letting him or her know right away if levels fall below optimum.

EAT staff have formed a Wellness Committee to encourage coworkers and patients to take a more active role in their health. In March 2010, they organized an IdidaWalk in Cold Bay. Residents, their dogs, and their costumed children walked the one-mile route and received information on the benefits of exercise.

EAT has used process mapping to analyze procedures in many departments, from payroll to patient care. At any one time, EAT may conduct as many as 28 different action plans and PDSAs.

Empowerment to the Patients

The feeling of empowerment has rubbed off on the patients, too. Encouraged by the care team approach, which clearly involves the patient in his or her own health care, 70 percent of EAT patients have set a self-management goal, such as losing weight, increasing exercise, or improving nutrition.

“We’ve had some amazing turnarounds where patients [who used the device] could begin to self-manage,” says Christensen. One patient who had a record of frequent medevacs was able to get a handle on his condition and stabilize to the point where he didn’t need emergency care so frequently. All this adds up to better patient care…and better experiences for patients and for staff. “Our key indicators of health have improved,” says Christensen. Patient and staff satisfaction have both risen significantly. Thanks to IPC and the determination of the EAT staff, Christensen adds, “We really are getting closer day-by-day to that vision of having the healthiest people in the nation.”