



Denali Commission Quarterly Progress Report
Alaska State Hospital and Nursing Home Association
Award 1371

Project Name: Health Program Planning, Design, Implementation and Evaluation

Reporting Period: FFY 16 Quarter 3 April - June 2016

Date Submitted: August 1, 2016

Project Budget Summary

Total Project Cost: \$200,000

Amount of Reimbursement requested current quarter:

1371: \$30,811.54

Total Denali Commission Grant Funds received to date:

1371: \$77,167.75

Narrative Summary of Activities:

The Alaska State Hospital and Nursing Home Association (ASHNHA) has a Denali Commission award for program planning, design, implementation and evaluation of health-related projects throughout rural Alaska. The performance award period is February 22, 2011 through September 30, 2016.

This project has evolved over time as needs related to transformation of the Alaska health care system have changed. ASHNHA is leading two collaborative projects with the funding from Denali Commission.

1. AK Health Reform – Key stakeholder health care policy discussions

Since 2010 ASHNHA has been working to convene rural health care providers and experts under the name AK Health Reform. The original focus of the group was to help health care stakeholders in Alaska understand the impact of the Affordable Care Act in Alaska and to review the anticipated changes in Alaska as a result of changes in federal law and health policy. This effort has proved useful to the stakeholders involved and the work has continued to evolve to address new issues.

AK Health Forum has shifted focus to health care reform in Alaska with a special emphasis on Medicaid reform. The activities during this quarter were centered around support stakeholder engagement in the Medicaid reform process, communicating with the Department of Health and Social Services, and providing input from a provider perspective on the Medicaid Reform bill. SB74 a major health omnibus bill passed and was signed into law by the Governor. The legislation is 55 pages long and continues many different health care reform initiatives and changes to the

existing Medicaid program to reduce costs, increase efficiency, and promote improved access to care.

Stakeholder engagement – regularly scheduled weekly teleconferences occurred with stakeholders. Teleconferences were well attended with updates on departmental, advocacy and legislative activities. Minutes from the teleconferences were disseminated to everyone on the invite list.

DHSS Communication –Representatives of AK Health Reform continued to meet with departmental leadership regarding health reform initiatives and the implementation of SB 74. The department has been supportive of AK Health Reform continuing educational discussions. A webinar series on health reform initiatives in SB74 is being developed for implementation in May-June 2016. AK Health reform members continue to explore opportunities for stakeholder involvement with DHSS to develop the new initiatives.

Medicaid Reform bill – AK Health Reform was called upon to assist in providing a list of potential presenters on a variety of reform topics being considered for inclusion in the reform bill. The list of potential presenters on topics ranging from false claims to managed care were provided to the Senate subcommittee on Medicaid Reform along with providing input/feedback on proposed language for demonstration projects and actuarial analysis.

Health Reform webinar series – The big activity this quarter was a webinar series implemented in May & June. Nine webinars were held over a 5 week period (twice a week from 12-1 pm) to allow time for a deeper dive into all the topics included in SB 74 health reform legislation. Subject matter experts presented on each topic during the 1 hour webinars. The format included an introduction, presentation, and question and answer session.

The webinars were attended by 60-100 participants each session depending on the topic. Included with this report is a list of the topics and a summary of the evaluation results. The feedback was very positive and we believe this has helped get diverse stakeholders on board with understanding coming changes in Alaska associated with health reform.

2. Rural hospital sustainability and transformation

The second collaborative effort is a rural hospital/healthcare sustainability project. ASHNHA is working with the small/rural hospitals to develop an initiative to support sustainability and preparation for the future.

During this quarter, ASHNHA staff traveled to a number of rural communities to provide a presentation on the changing health care landscape to hospital leadership teams and governing body members, physicians, and other community leaders. This presentation has



been designed to highlight changes coming to health care both nationally and in Alaska and communicate an overall message that change is coming even to Alaska. We are seeking to support health care leaders in rural areas to pay attention to what is happening and begin to prepare for the changes. Presentations were provided in Petersburg, Kodiak, Sitka, and for Anchorage insurance underwriters and physicians.

ASHNHA continues to participate in the dialogue on the federal level through the American Hospital Association on rural health care transformation. Alaska is collaborating with other rural/frontier states to explore new models for rural health that will be sustainability over time in the changing health care environment. Washington State, Kansas, Montana and Minnesota are all developing new models for rural communities. The rural sustainability project is looking at these models to determine if they are appropriate for Alaska and if adaption is needed. Policy changes will be required at both the state and federal level.

As part of this effort we have been planning a workshop focused on Clinically Integrated Networks/Accountable Care Organizations for hospitals and physicians. A consultant will come to Juneau to lead the workshop on July 11. The focus is on exploring new models to deliver care.

We are requesting reimbursement of \$30,811.54 for the period April - June 2016.

Facility Certification:

The preparer of this report, by signing below, certifies on behalf of his or her employer, that the information contained herein is accurate and complete to the best of his or her knowledge.

Jeannie Monk
Signature

July 30, 2016
Date

Jeannie Monk, Senior Program Officer
Printed Name and Official Title

MEDICAID REDESIGN: UNBUNDLED AK HEALTH REFORM WEBINAR SERIES



AK Health Reform

ASSESSING FEDERAL, STATE
AND MARKET CHANGES IN
ALASKA HEALTHCARE

AKHealthReform.org

THANK YOU PARTNERS

AARP Alaska
Alaska Behavioral
Health Association
Alaska Mental Health
Trust Authority
Alaska Primary
Care Association
Alaska State Hospital
and Nursing
Home Association
Denali Commission
Mat-Su
Health Foundation
Rasmuson Foundation

THANK YOU FOR FUNDING THIS SERIES

Denali Commission

DATE: Tuesdays & Thursdays, May 24 – June 21, 2016

TIME: 12 - 1 p.m. AKDT

JOIN THE WEBINAR:

<https://ashnha.adobeconnect.com/ak-reform/>

CALL IN NUMBER: 1-800-832-0736

ROOM NUMBER: * 4117317#

ABOUT THE WEBINAR SERIES

As part of AK Health Reform's continued stakeholder engagement efforts, we are in the process of scheduling "Lunch and Learn" webinar sessions to cover the various broad elements of SB74. We'll start with an overview and then move into webinars on false claims/fraud, telemedicine, demonstration projects, primary care/health homes, behavioral health, PDMP/opioid, tribal policy changes and the ER project.

WEBINAR TOPICS

Primary Care
PDMP/Opioid
Behavioral Health
Telemedicine
Demonstration Projects
ER Project
Tribal

QUESTIONS?

Contact sitkapatricia@gmail.com or call 1 (907) 317-0619.

www.AKHealthReform.org

Summary of Survey Responses AK Health Reform Webinars June 2016

In May and June 2016, a series of nine webinars was presented by the AK Health Reform group to explain some of the complexities of the Medicaid Reform legislation (SB74) passed by the legislature and signed into law by Governor Walker in 2016. Invitations were sent to several hundred people directly, and people were encouraged to share the invitation with coworkers and other interested people. Registration was not required. Approximately 100 people attended each of the webinars, which were presented on the AdobeConnect platform. Following the webinar series, a short survey was distributed via SurveyMonkey to evaluate the webinar series. Results of the survey are reported below.

Question 1. Please rate the content of the following webinars:

Answer Options	Excellent	Very Good	Good	Fair	Poor	Did Not Attend	Response Count
SB74 Overview by Commissioner Davidson, Senator Kelly, and Heather Shadduck	12	6	4	0	0	10	32
Primary Care Case Management and Health Homes by Tara Ferguson and Joe Pierle (Missouri)	7	5	4	0	0	16	32
Prescription Drug Monitoring Program and Opioids by Dr. Jay Butler and Dr. Anne Zink	11	7	4	0	0	10	32
Preparing for the Impact of the False Claims Act by Stephen Rose and Barbra Nault of Hall Render	10	10	3	1	0	9	33
Telemedicine by Rebecca Madison and Chuck Kopp	6	6	4	2	2	12	32
Behavioral Health Systems and Medicaid Reform by Randall Burns	8	10	7	0	0	6	31
Promising Demonstration Projects by Elizabeth Ripley, Dr. Anne Zink, and Rick Davis	10	9	3	1	0	7	30
Alaska's ER Project by Becky Hultberg, Dr. Anne Zink, and Connie Beemer	7	13	3	1	0	7	31
New CMS Claiming Policy for 100% FMAP by Jim Roberts	9	7	6	0	0	9	31

Most valuable part of these discussions/other comments:

1. Speakers were very knowledgeable and well prepared to discuss the topics.
2. practical applications and demonstration project discussions were more valuable than review of the bill.
3. Referenced presentations outlining where we are headed.
4. Very informative and I love the fact that you were well organized and able to give us access to material online so that we could go back and listen afterwards to fill in gaps for information missed during the sessions. I frankly wasn't impressed with some of the correlations the presenter for the False Claims session made. They were biased and I would have challenged them had this been a debate. I also found that presentation long. The CMS Claiming Policy presenter, Jim Roberts was a hard person to listen to. His style/presentation went longer than needed. His slides were very concise which helped... These were GREAT sessions!
5. Most valuable: Summary by Heather Shaddock Presentation by Rick Davis
6. I thought they were very well organized and presented.
7. The way you broke down this complex bill into several parts & then had the experts, who also worked on the reform process, speak on the webinar, was super helpful. Thanks for all your work.
8. I liked the format - discreet amount of time. each speaker was well-prepared. presentations were well thought-out and presented clearly. and there was time for questions.
9. I appreciated the deep knowledge the presenters brought to each topic. I appreciated the nice overview of the reform broken into bite sized pieces. Even topics that don't currently touch my field were very interesting.
10. I want to say thanks to all involved for the efforts in keeping providers informed.
11. This was an excellent and timely series of webinars to help everyone better understand the enormity of the Medicaid reform change that is coming. Thanks.
12. Excellent forum for getting the word out about the changes. The only suggestion would be to have a an online discussion forum for attendees and others to continue the dialogue after the presentations asynchronously.
13. Actually stepping through the entire SB74 rather than just the parts in which I am most interested.
14. having the discussion available to listen to.
15. The question and answer sessions allowed for great discussion and opened a forum for the listeners.
16. Knowing they were going on! I missed the first 4 only because I didn't know this series was occurring.

Question 2. Have you downloaded any of the presentations and handouts from AKHealthReform.org or from the webinar?		
Answer Options	Response Percent	Response Count
Yes	90.9%	30
No	9.1%	3
<i>answered question</i>		33
<i>skipped question</i>		1

Q3. Would you say you have a better understanding of Medicaid reform in Alaska as a result of the webinars?

Answer Options	Response Percent	Response Count
Much better	48.5%	16
Somewhat better	39.4%	13
Neutral	9.1%	3
More confused	3.0%	1
Comments		8
<i>answered question</i>		33
<i>skipped question</i>		1

1. Thanks to the team at ASHNHA for putting this together. Even the review elements were valuable in deepening understanding.
2. I watched the SB74 hearings and read the bill at several stages along the process, so was familiar with the topic. These sessions put things into perspective from the perspective of those who were impacted - I found that very helpful. Hearing from each group was informative and I learned some and picked up on a few things I'd missed during session.
3. A public meeting that is captured on line in a location like Juneau or Anchorage
4. I was not able to attend the series due to conflicts with other meetings. However, knowing that the materials is available on line, I will download and review. It seemed like a great idea to hold this series.
5. Unfortunately, the frequency of the programs was such that I could not participate in twice weekly programs.
6. I wish I had time to attend more.
7. I plan to listen/download the sessions I missed - when I have time
8. I followed the whole process and all the hearings pretty closely so I already had a good knowledge of the subjects.

Question 4. How do you think the webinar experience could have been improved?

1. It was well set up with good topics and speakers. The technical side of the webinars also went well.
2. being able to view the panel or speaker may have improved the impact
3. I just needed time to attend. :-)
4. Keep speaker commentary to the topic and NEVER blame people during a presentation - the people you blame may be in the room since these were online sessions.
5. The listing on the circular did not have an actual agenda so when I attended the presentation was not what I had anticipated.
6. the Tele-Health Presentation was terrible, and this is a critical issue for providers. the presenter gave conflicting information and did not answer questions adequately.
7. It was very well done.
8. The times were difficult to remember & to get to a quiet computer to watch & listen was often challenging. Thanks for the e-mail reminders. They were very helpful.
9. add video of the speakers
10. Wish there could have been more interaction (like survey's taken or responses asked of audience). I understand we were way too large to do live and run risk of on hold music
11. Materials ahead of time. Call in / mobile option.
12. Excellent job filled with good detail given the newness of the initiatives.
13. I think it went very well. Having all webinars recorded and posted, along with materials makes the process very user friendly.
14. Display the other attendees and their questions.
15. more time for Q&A at some of the sessions.
16. Some way to have more interactive questions and answers. The 6/21 session was fairly interactive - in other sessions the session just cut off without addressing all the questions, and it was challenging to enter follow up questions that were in any way synchronized with a response.
17. no suggestions
18. Time management was slightly difficult with two webinars per week- though it takes the webinar out of the lunchtime slot, I personally feel it would be easier and more time-effective to block two hours of my day for two presentations rather than an hour over two days.
19. It's always good when presenters are so knowledgeable that they don't have to read their presentation, but can speak to their topic
20. it was fine.

Question 5. Do you have any suggestions for future webinars or other types of information-sharing activities on AK Health Reform topics?

1. I greatly appreciate the availability to access the presentations for anything we may have missed.
2. Maybe have a series of updates in 6 months to find out how things have progressed.
3. similar webinar series on other HC related legislation as thinkgs change. counterpoint content from other states of countries whith better HC - community outcomes, e.g. leading change
4. Updates on implementation of the reforms that include successes and challenges moving them forward.

5. Might be interesting to do a follow up or SB74 check in every year for three years to track/celebrate progress and lessons learned.
6. Regular reminders that information is available for refresher purposes and for those who didn't attend the first time. Six months follow ups recommended.
7. Keep doing what you're doing - minus the few issues noted already. You guys really did a GREAT job pulling off a very informative series of meetings. It went without major technical difficulties too - quite impressive!
8. Actual itinerary so that providers can clear their schedules, I.e. behavioral health.
9. Updates on RFPs and proposed pilot projects such as those discussed during the webinars.
10. Since the legislation was just signed by the Governor yesterday, some periodic updates would be helpful as this will be a dynamic process.
11. I think in the near future a follow up webinar on how SB 74 is working or not would be enlightening & educational.
12. payment reform; ACOs
13. I appreciate the topic specific approach. I would particularly appreciate a follow up webinar on today's topic, Tribal FMAP, when it is closer to implementation and a model agreement is released with time for questions.
14. Updates as specifics are formulated.
15. As the reform begins to take shape, having webinars that dig a little deeper into the details of specific initiatives would be useful.
16. Updates as the regulations are written.
17. Criminal Justice Reinvestment - reentry and reducing recidivism
18. Periodic updates would be excellent - for example a status of the waivers, the ER project, behavioral health restructuring, etc.
19. Recording and posting the webinars was a great idea- will these postings remain online as an archive? I suppose creating an archive is my suggestion!
20. Medicaid reform and its effects on the BH system will continue to have big changes and ripples throughout the health system in Alaska - regular updates on the changes and ensuing ripples would be great.

Question 6. What are the best ways to keep you informed of upcoming policy discussions or learning opportunities about Alaska Health Reform? Check the one that you most prefer:

Answer Options	Response Percent	Response Count
Email	87.5%	28
Facebook	0.0%	0
Twitter	0.0%	0
PSA's	0.0%	0
Articles in print or online media (e.g. newspapers)	3.1%	1
Periodic newsletter (by email)	9.4%	3
Other (please specify)		0
<i>answered question</i>		32
<i>skipped question</i>		2

ASHNHA
1371 Den Comm. - Summary
 April through June 2016

	Apr - Jun 16
Ordinary Income/Expense	
Income	
401 - Grant Income	30,811.54
Total Income	30,811.54
Gross Profit	30,811.54
Expense	
500 - Salary & Waqes	
501 - Wages	8,445.12
502 - Payroll Tax and Benefits	
502-1 - 401k Company	476.76
502-2 - Health, Life & Dental Insurance	318.91
502-4 - ESC Expense	79.81
502-5 - FICA Expense	670.46
502-6 - Futa Expense	9.81
Total 502 - Payroll Tax and Benefits	1,555.75
Total 500 - Salary & Waqes	10,000.87
504 - Professional Services	
504-99 - Contract/Service Agreements	10,700.00
Total 504 - Professional Services	10,700.00
507 - Membership, Dues, & Conferences	1,525.00
508 - Utilities	
508-99 - Telephone/Internet/TeleComm	728.40
Total 508 - Utilities	728.40
512 - Travel Expenses	
512-13 - Travel - Jeanne M	798.04
512-99 - Travel - Consultants and others	7,059.23
Total 512 - Travel Expenses	7,857.27
Total Expense	30,811.54
Net Ordinary Income	0.00
Net Income	0.00