



Institute of Social and Economic Research



UNIVERSITY of ALASKA ANCHORAGE

Rural Telemedicine and Telehealth: The Alaskan Experience

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Alaska: Context

- Largest state: 1,481,346 sq. km.
 - Population: >710,000
 - Lowest population density:
 - < .5 persons per sq. km.
 - Half population in Anchorage
-
- Alaska natives: 14.8% of population
 - 6 major linguistic/cultural groups, 226 tribes
 - 2/3 live in more than 200 villages
 - Very limited road system
 - Many villages accessible only by boat or bush plane





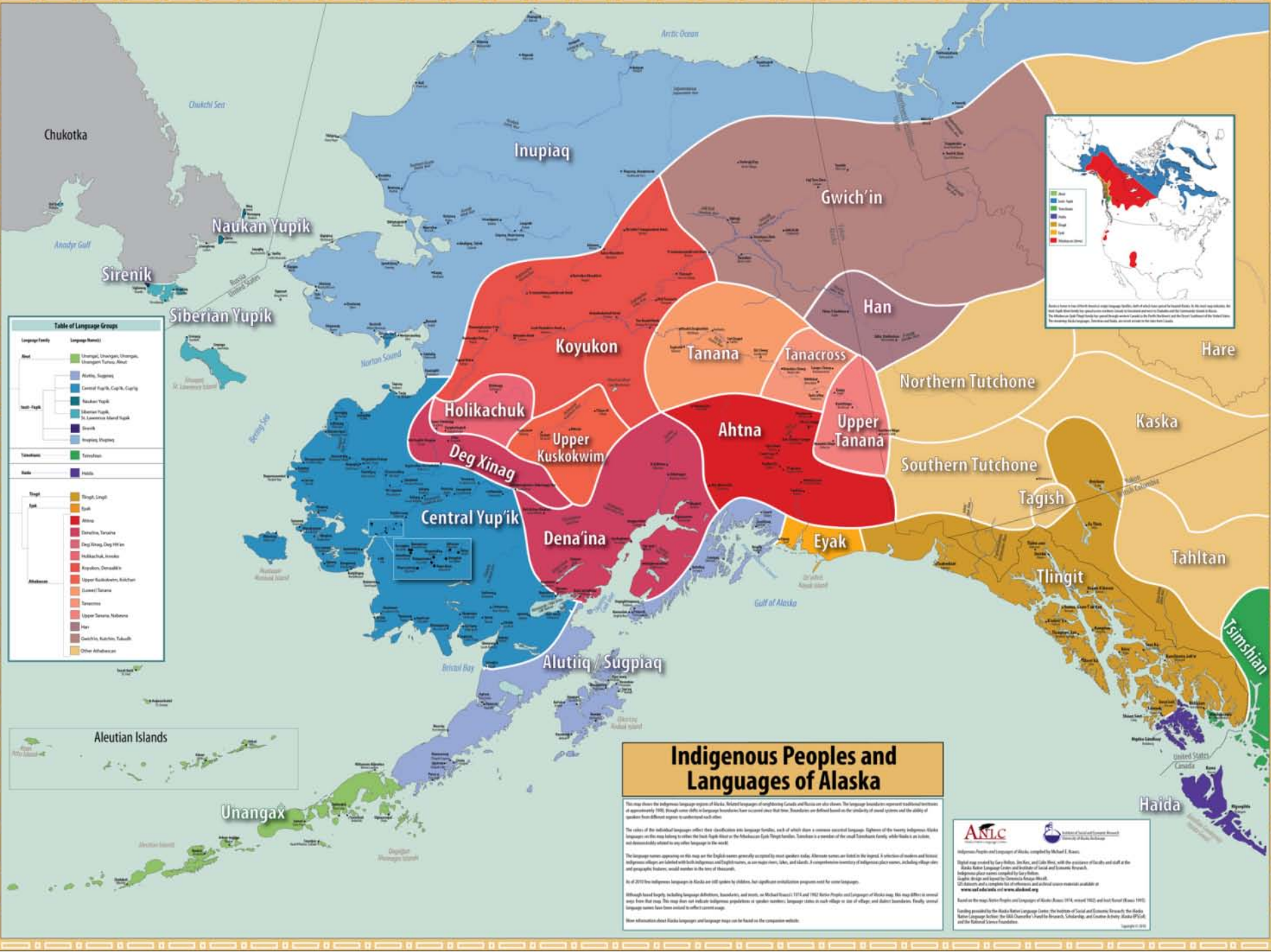


Table of Language Groups	
Language Family	Language Name(s)
Eskimo-Aleut	Unangai, Unangan, Unangan, Unangan Tutchone, Aleut
	Aleut, Sugpiaq
	Central Yup'ik, Copik, Copik
	Naukan Yupik, Siberian Yupik, Thulemiut Island Yupik
Athabaskan	Sitka
	Na-Dene, Haida
Na-Dene	Na-Dene
	Na-Dene
Eskimo-Aleut	Unangai, Unangan, Unangan, Unangan Tutchone, Aleut
	Aleut, Sugpiaq
Athabaskan	Sitka
	Na-Dene, Haida
Na-Dene	Na-Dene
	Na-Dene

Indigenous Peoples and Languages of Alaska

This map shows the Indigenous language regions of Alaska. Related languages of neighboring Canada and Russia are also shown. The language boundaries represent traditional territories of approximately 1900. Though some differences in language boundaries have occurred since that time, boundaries are defined based on the similarity of sound systems and the ability of speakers from different regions to understand each other.

The values of the individual languages reflect their classification into language families, each of which share a common ancestral language. Evidence of the twenty Indigenous Alaska languages on this map belong to either the Eskimo-Aleut or the Athabaskan language families. Tutchone is a member of the small Tutchone family, while Haida is an isolate, and Na-Dene is related to many other languages in the world.

The language names appearing on this map are the English names generally accepted by most speakers today. Alternate names are listed in the legend. A selection of modern and historic Indigenous names are listed with both Indigenous and English names, in the legend. Some, like, and, and, and, are common names of Indigenous place names, including village and geographic features, would number in the tens of thousands.

In 2015 the Indigenous languages in Alaska are still spoken by children, but significant revitalization programs exist for some languages.

Although listed largely including language definitions, boundaries, and more, as Michael Krauss' 1974 and 1982 Native Peoples and Languages of Alaska map, this map differs in several ways from that map. This map does not indicate Indigenous populations or speaker numbers, language status in each village or site of village, and dialect boundaries. Finally, several language names have been added to reflect current usage.

More information about Alaska languages and language maps can be found on the companion website:



Indigenous Peoples and Languages of Alaska, compiled by Michael J. Krauss

Digital map created by Gary Holley, Jennifer, and John Rose, with the assistance of faculty and staff at the Alaska Native Language Center and Institute of Social and Community Research.

Indigenous place names compiled by Gary Holley.

Map design and layout by University of Alaska Fairbanks.

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Based on the map: Native Peoples and Languages of Alaska (Krauss 1974, revised 1982) and John Rose (Krauss 1982).

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Language of Alaska

Alaska Native Claims Settlement Act (ANCSA)



- No treaties or reservations
- ANCSA became law in 1971
- Settled land claims before construction of oil pipeline
- Received 44 million acres and \$962.5 million
- 13 Native Corporations
 - Nonprofit affiliates administer health services
- Also more than 200 village corporations

Alaska: Challenges in Rural Education and Health Care Delivery

- **Shortage of professionals**
 - teachers, physicians
- **Distance from specialized expertise**
 - medical specialists
 - teachers of specialized and advanced subjects
- **Problems exacerbated by poverty and isolation**
- **Lowest population density in U.S.**
 - Only 4 communities over 10,000
 - Isolated villages and small towns
 - More than 200 villages
 - Many villages accessible only by boat or bush plane
 - Most of village population is native American

ALASKA'S PHYSICIANS

- Shortage of physicians
- Distance from specialized expertise
 - medical specialists
- Problems exacerbated by poverty and isolation
- 49% of all physicians in Alaska are primary care physicians
 - U.S. average is 28%
- Alaska is 48th of states in “doctors to residents” ratio
 - **65% are located in Anchorage**
 - Shortages in many specialties
- ▶ 59% of the state's residents are in medically underserved areas.



Historically, Alaskan health care has incorporated a public health mission and primary care focus, and is less reliant on specialty acute care than other parts of the country.

Early Telemedicine...

“We went from house to house taking care of the sick... Our tools consisted of a thermometer, a stethoscope, and a blood pressure cuff.... We had no phones... but used the school’s [HF] radio to report [on] our patients. There was no nonsense about confidentiality.”

-- Health aide Paula Ayunerak



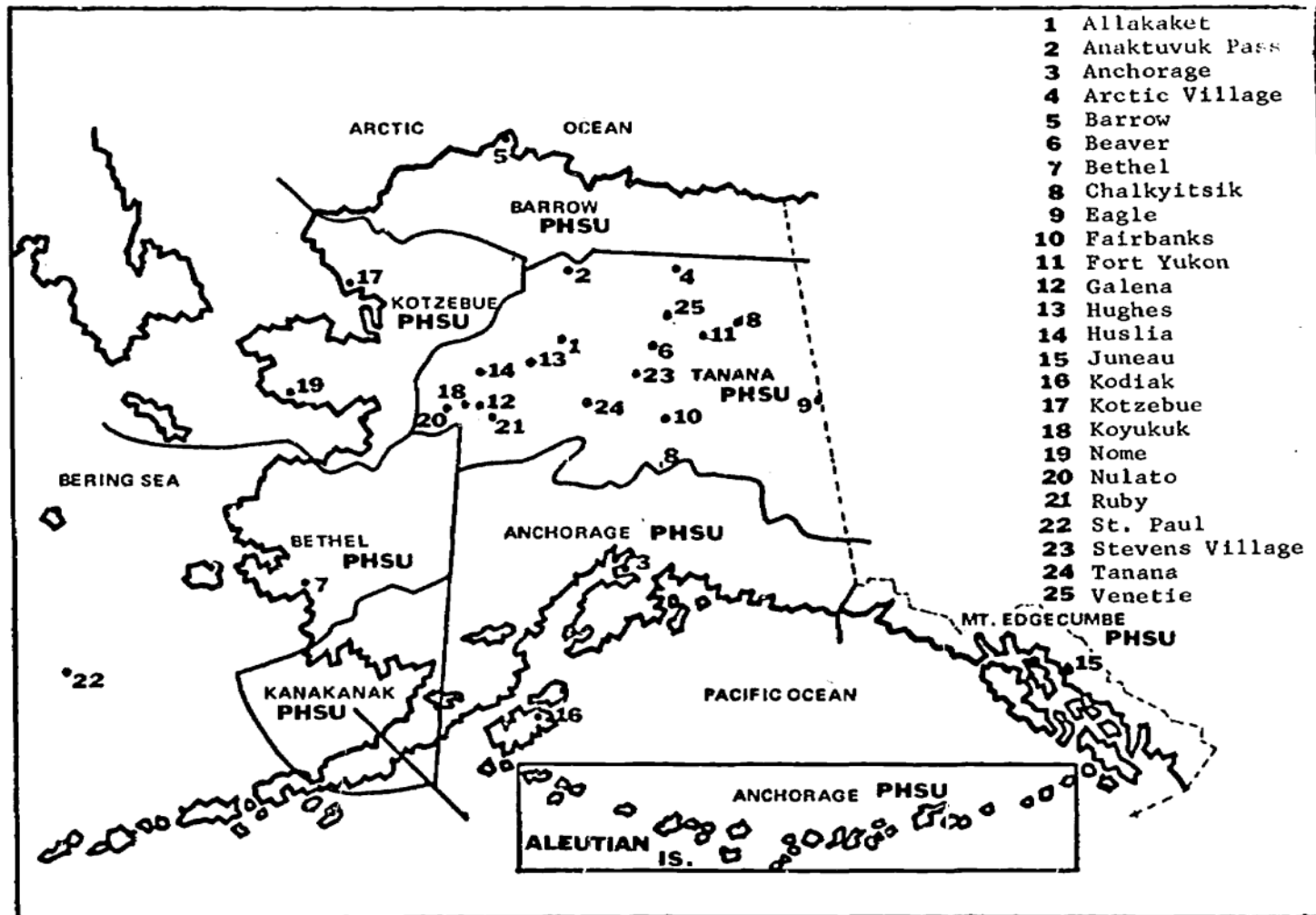
Early Experiments: NASA ATS-1 Satellite Single Channel Voice Network



**1971-1976: led to satellite
communications for all rural clinics
and reliable communications for
all villages**



ALASKA LOCATIONS WITH ATS-1 GROUND STATIONS



PHSU = Public Health Service Unit

Days of Communication for Village Clinics

	Before Satellite 1970-71	After Satellite 1971-72	After Satellite 1972-73
Satellite Villages	51.7 (14%)*	270.2 (74%)	310 (85.0%)
HF Radio Villages	44.0 (12%)	24.3 (7%)	N/A
* Of possible contact days			

Number of Episodes Treated with Doctor's Advice

	Before Satellite 1970-71	After Satellite 1971-72
Satellite Villages	47.1	184.6
HF Radio Villages	24.7	15.0

From “Bush Telegraph” to Broadband

- Early days: communication by HF radio
- Since 1980s, all permanent communities of at least 25 people have telephone service
- >95% of households have telephones
- Broadband in Anchorage and large towns
- Rural/remote service typically 768 kbps
- Remote service by satellite:
 - Generally reliable, but latency, high cost



Satellite Facilities



Alaska Fiber Optic System



Community Access in Rural Alaska:

At the post office, at the store,
or under a tree...



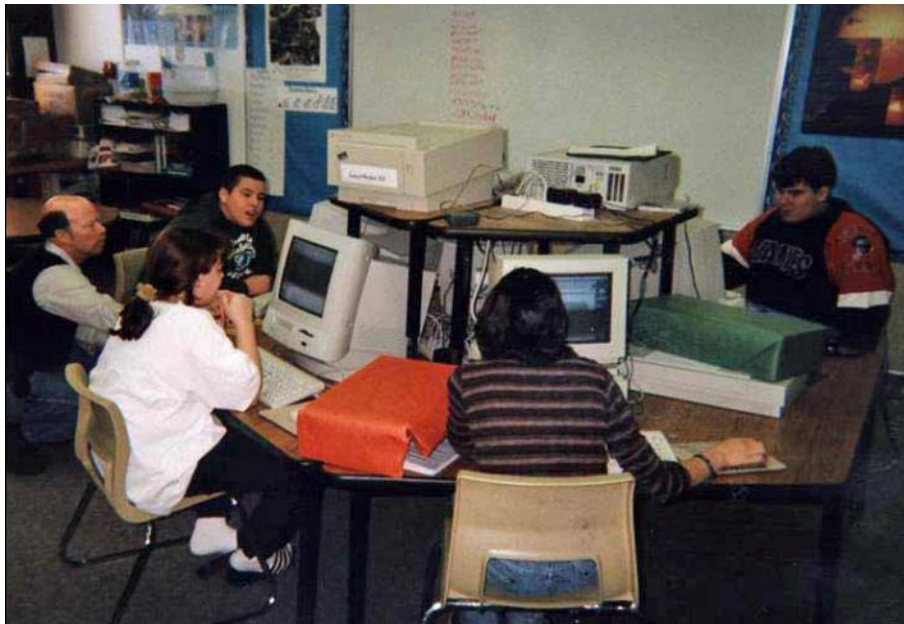
Internet Access in Rural Alaska Schools

Village schools must offer K-12 if at least 10 students

Lack of specialized teachers

Use of Internet for homework, course content, online classes

Schools with E-rate as anchor tenants



Telemedicine in Alaska Today: The AFHCAN Network

AFHCAN Telehealth System:

253 sites; 70 member organizations

- Village clinics: Native health aides
- Public Health clinics
- Regional hospitals
- Military installations, Coast Guard, Veterans Administration

Covers more than 212,000 beneficiaries

- About 40% of Alaska population
- Majority are in Alaska native villages
- Supported by USF Rural Health Care Program
Alaska receives the largest amount of any State: \$29m in 2009

See www.afhcan.org



Design Evolution

- Base Cart include:
 - Metal Frame
 - Isolated Power System
 - CPU and LCD Touchscreen
 - Expansion Ports for USB, RS232, Video In/Out, External Display
- Currently Supported Peripherals include:
 - Video Otoscope
 - Digital Camera
 - Scanner
 - Video Conferencing
 - ECG
 - Spirometer
 - Tympanometer
 - Audiometer
 - Dental Camera
 - Vital Signs Monitor
 - Stethoscope

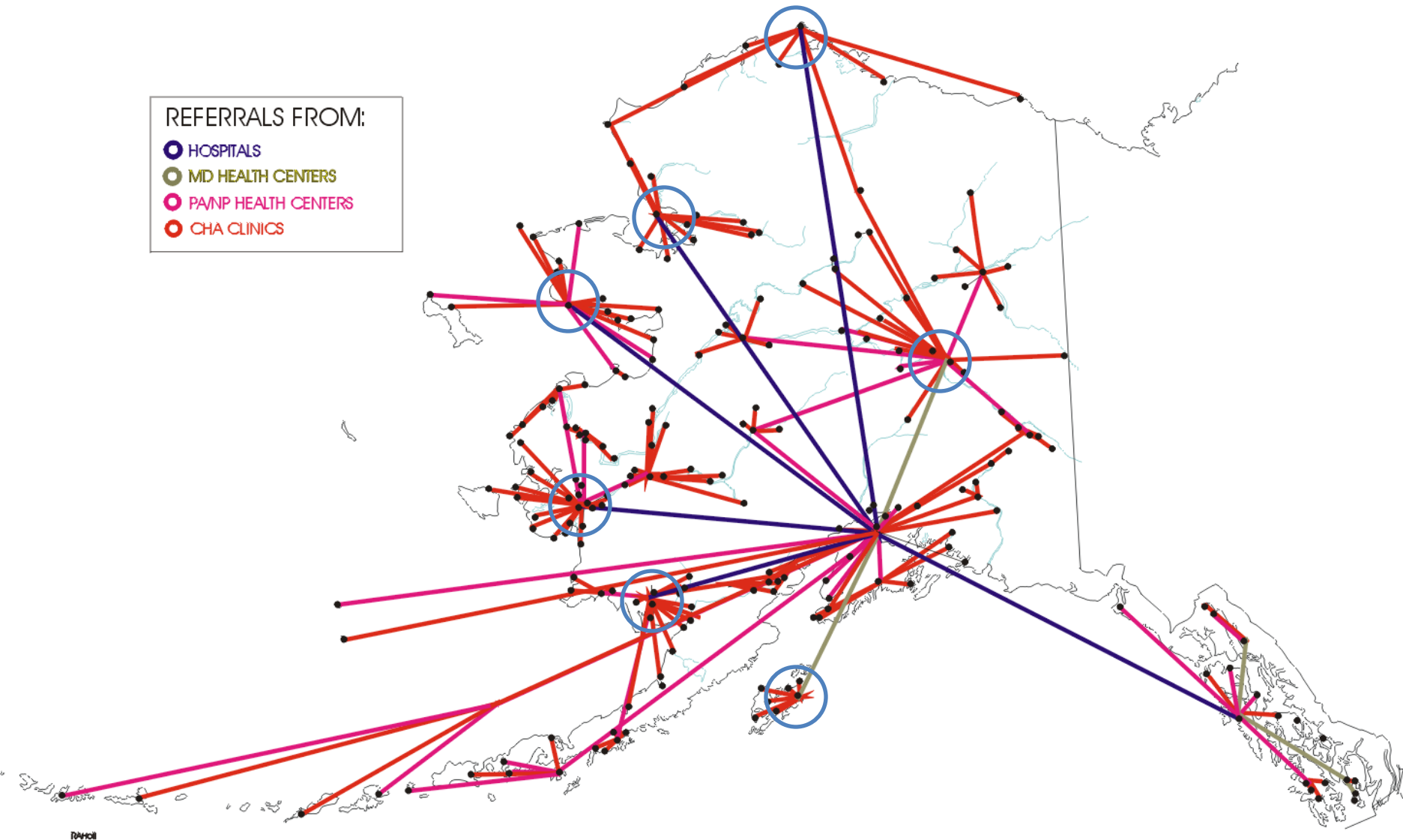


THE ALASKA NATIVE HEALTH CARE SYSTEM

Typical Referral Patterns

REFERRALS FROM:

- HOSPITALS
- MD HEALTH CENTERS
- PAINP HEALTH CENTERS
- CHA CLINICS

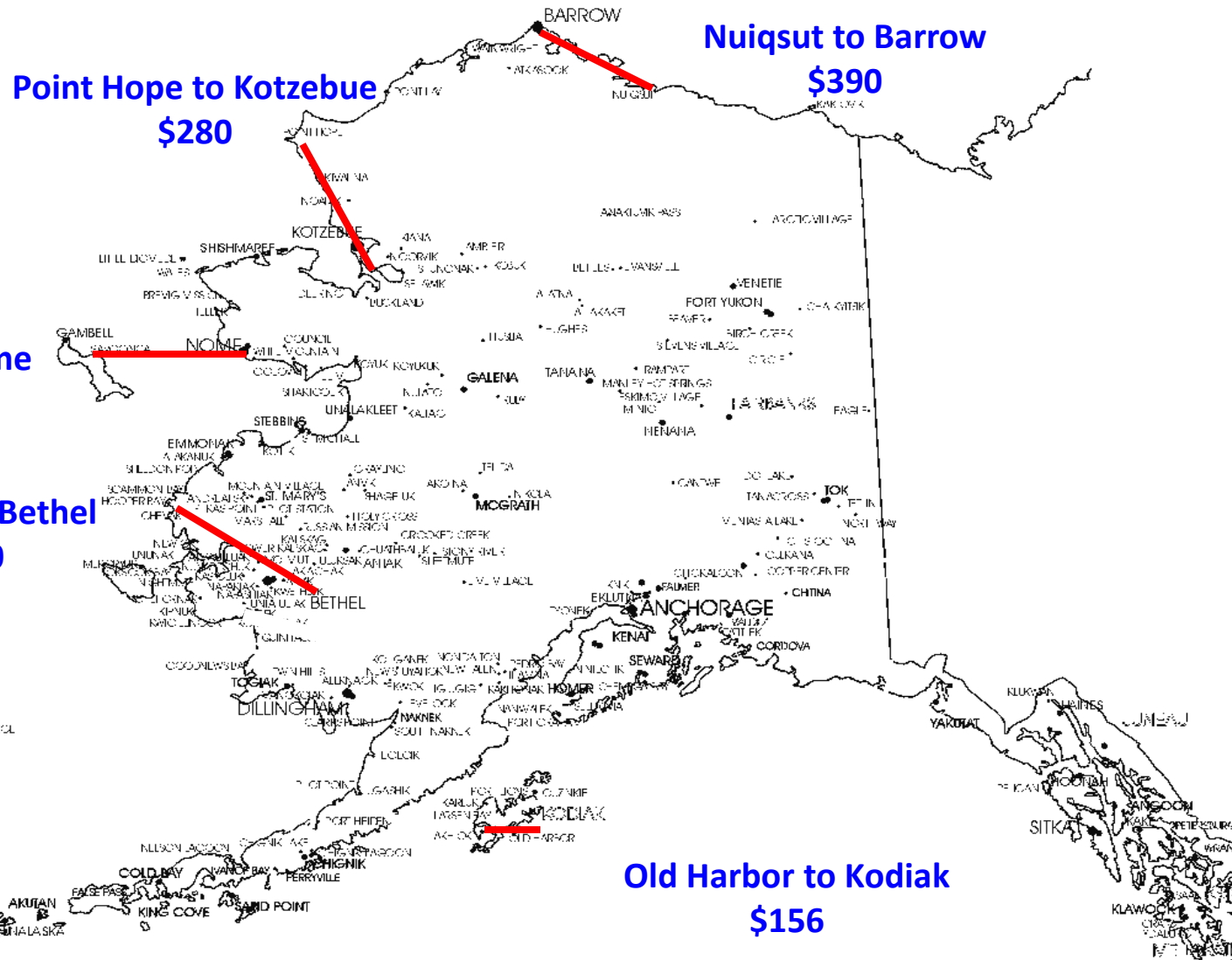


THE ALASKA NATIVE HEALTH CARE SYSTEM

Location Names and Service Level

- HOSPITALS
- MD HEALTH CENTERS
- PA/NP HEALTH CENTERS
- CHA CLINICS

Bold Face Names indicate that a higher level of Contract Health Care is available in that town.

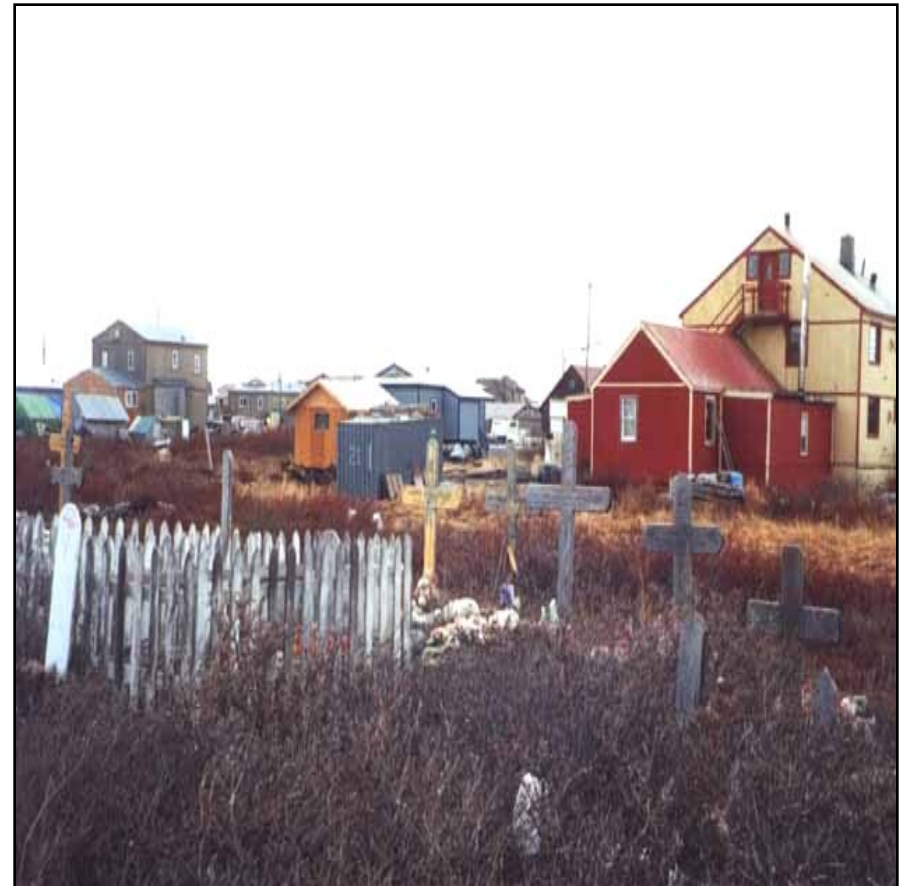


Kotzebue, Alaska:

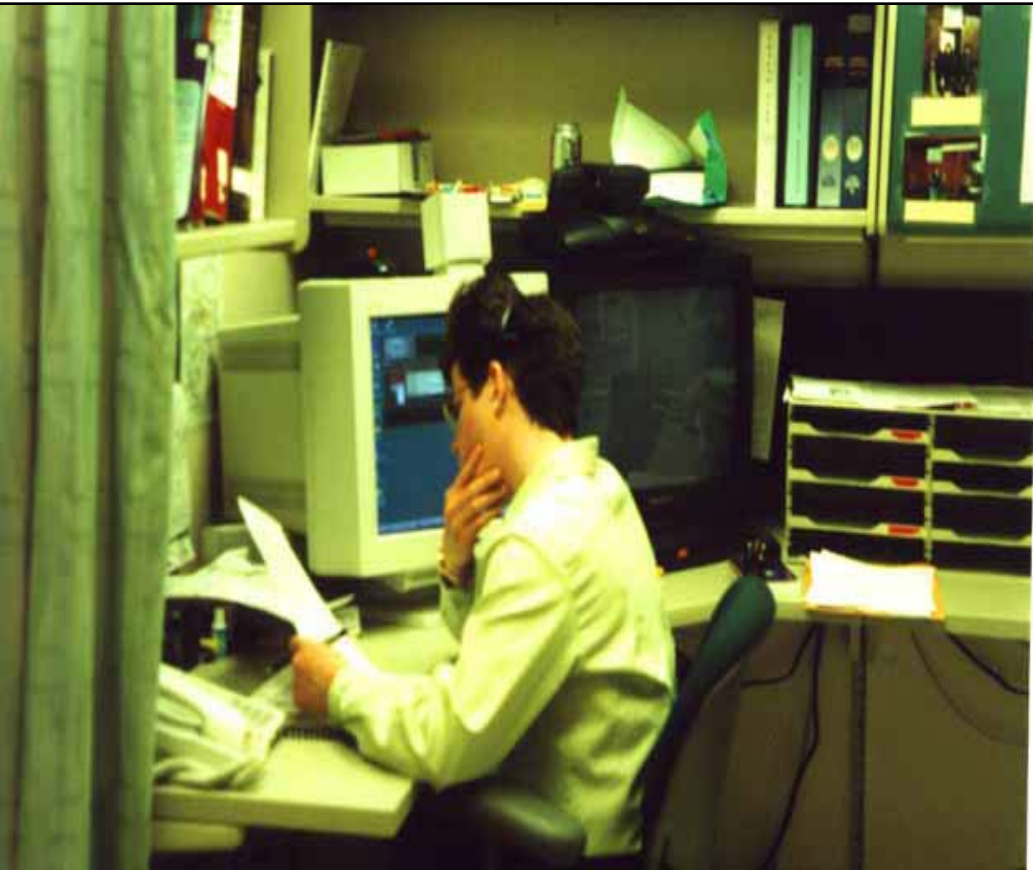
Inupiat community on the Bering Sea...



- Has regional hospital
- Serves Inupiat villages in NW Alaska



Telemedicine facilities for consultation between Alaskan regional hospital in Kotzebue and village clinics...



Telehealth: Emergency Delivery

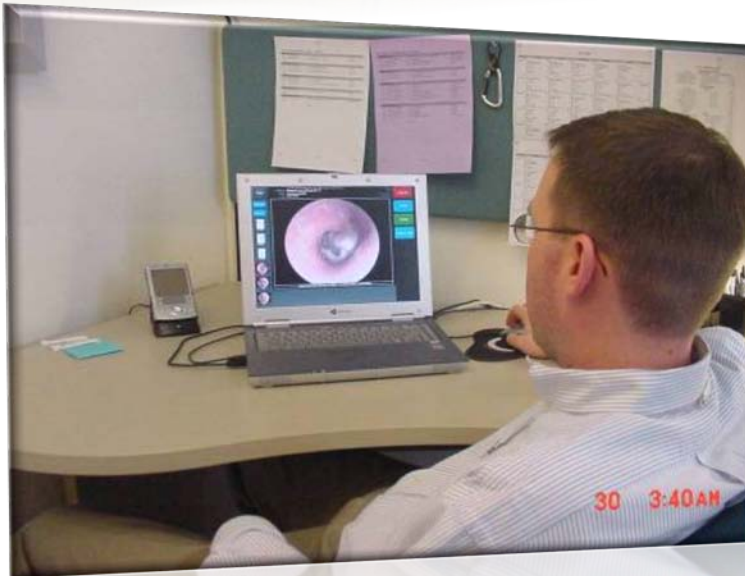
- A woman in Alaska's Northwest Arctic Borough goes into labor, hundreds of miles away from the nearest doctor
- Doctors 200 miles away, in the town of Kotzebue, guided the village's health practitioner through the delivery using live, two-way video and voice technologies
- Now more than half of doctors' contact with patients is through telemedicine and thousands of "tele-consultations" occur in the region each year



Case originated...



Case received...Alaska Native Medical Center, Anchorage



Telemedicine in Wales: Inupiat Village on the Bering Sea



- Closest mainland settlement to Siberia
- Part of Norton Sound Health District (Bering Straits Native Corporation)
- Regional Hospital in Nome



Wales: Clinic and Telemedicine Facilities

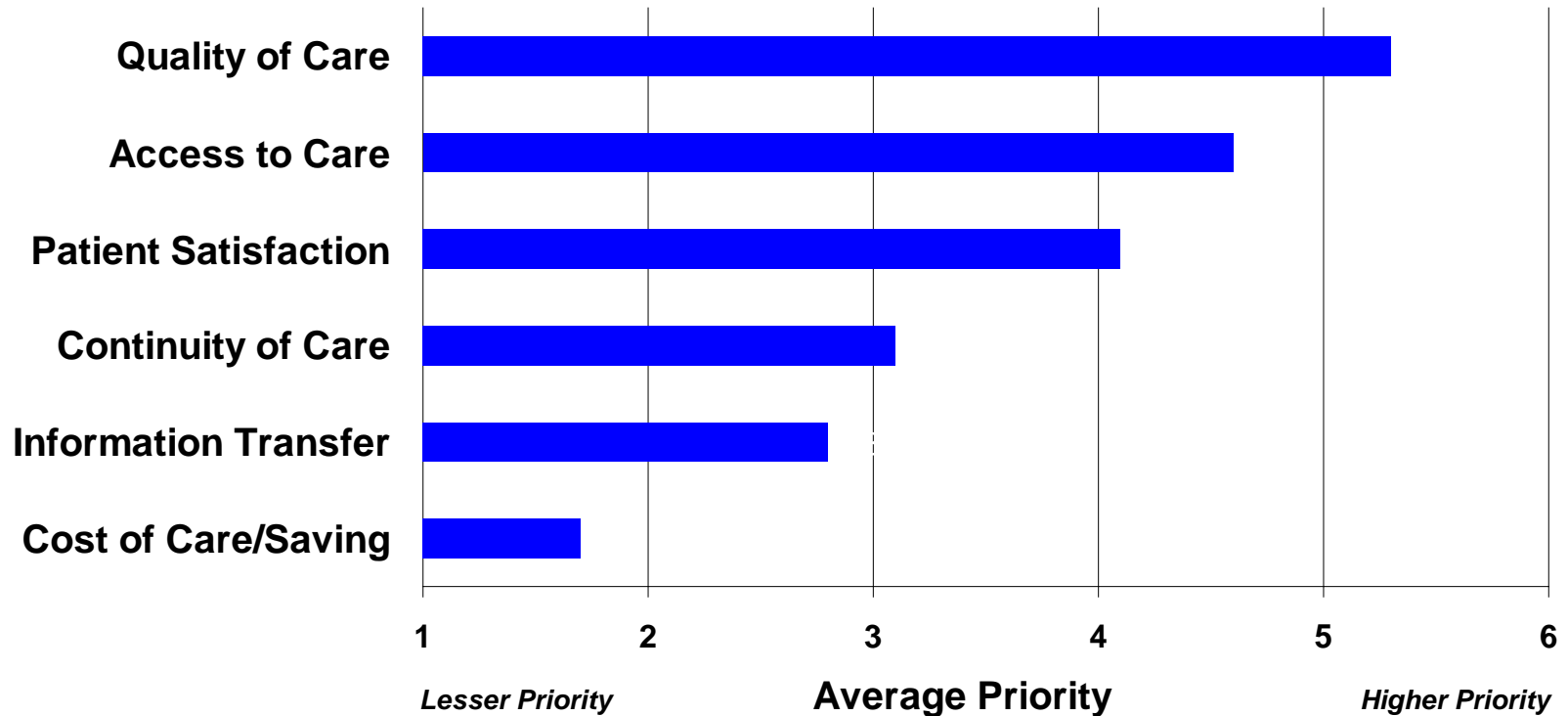


Village Health Aides using Telemedicine Facilities



What are your key organizational goals for telehealth applications?

GOALS FOR TELEMEDICINE



Store & Forward vs Real-Time Telehealth

Store & Forward

- Asynchronous Interaction
- Documents & Images
- Electronic Medical Records
- Patient Education

Real-Time

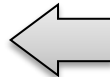
- Face-to-Face Interaction
- Immediate Feedback

Remote consultation

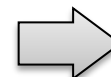


Clinical specialties for telemedicine

- Radiology
- Dermatology
- Pathology
- Oncology
- Ophthalmology
- Dental



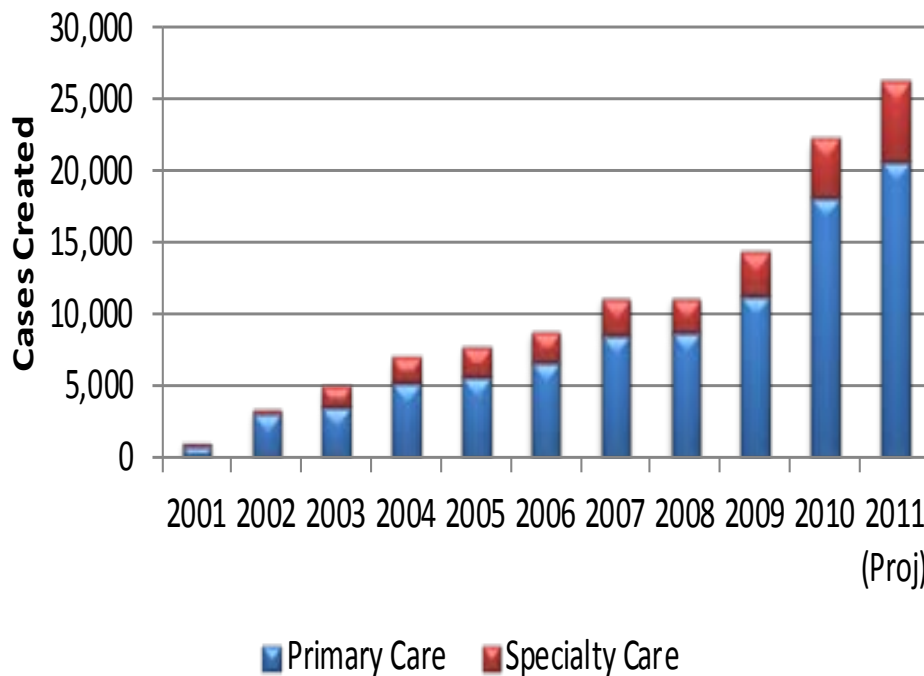
- Cardiology
- ENT
- GI
- Pulmonary
- Rheumatology



- Psychology/ Psychiatry
- Neurology
- Speech therapy
- Physical therapy

AFHCAN Telehealth

Cases Created per Year (by Role)



- **10 year Operational History**
 - 22,000 cases in 2010

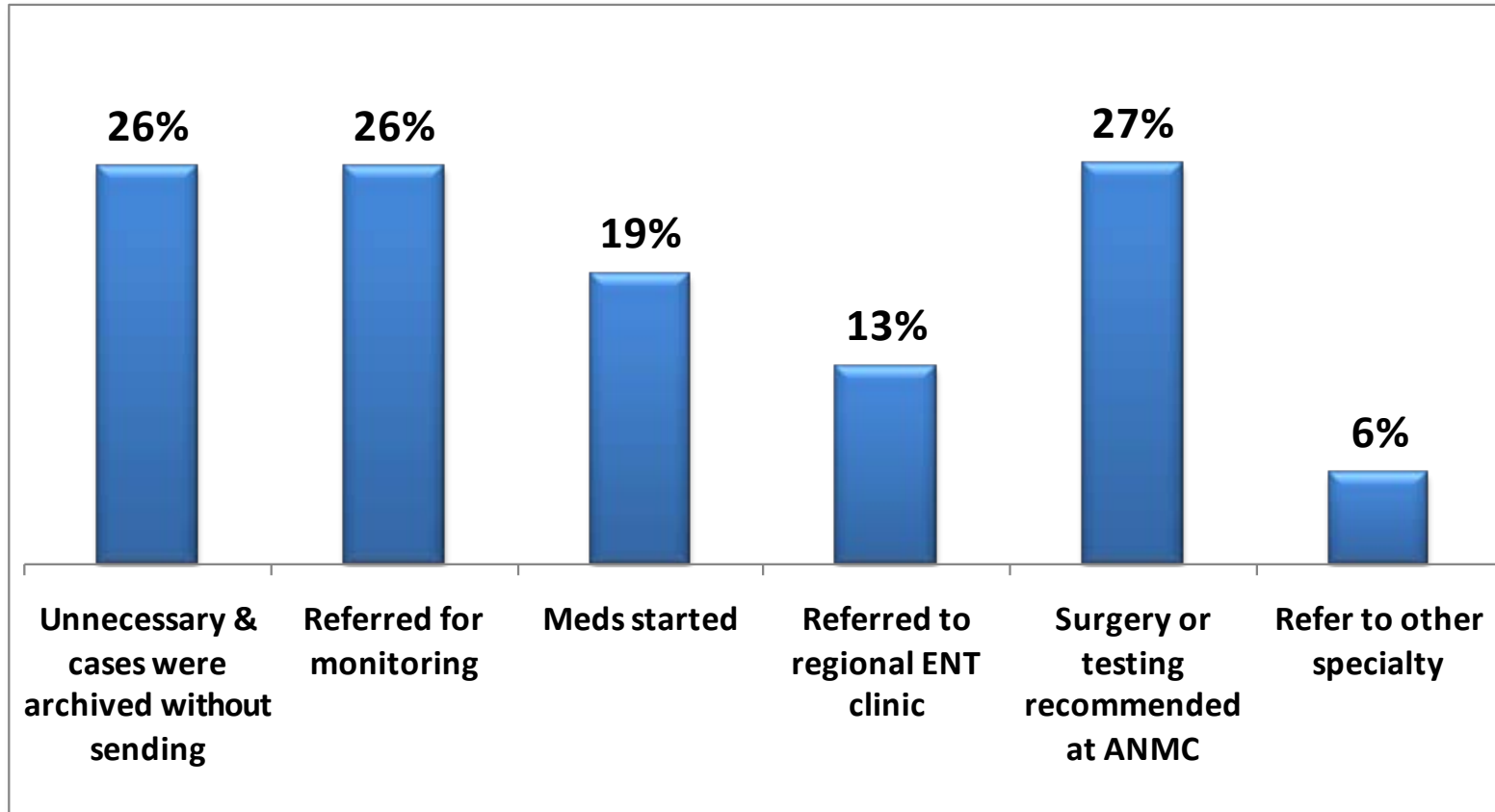
- **Whole Telehealth Solution**
 - Design → Manufacturing → Deployment → Installation → Training → Support → Marketing

**Data from AFHCAN,
Director Stewart Ferguson, Ph.D.**

Note1: 1,987 patients

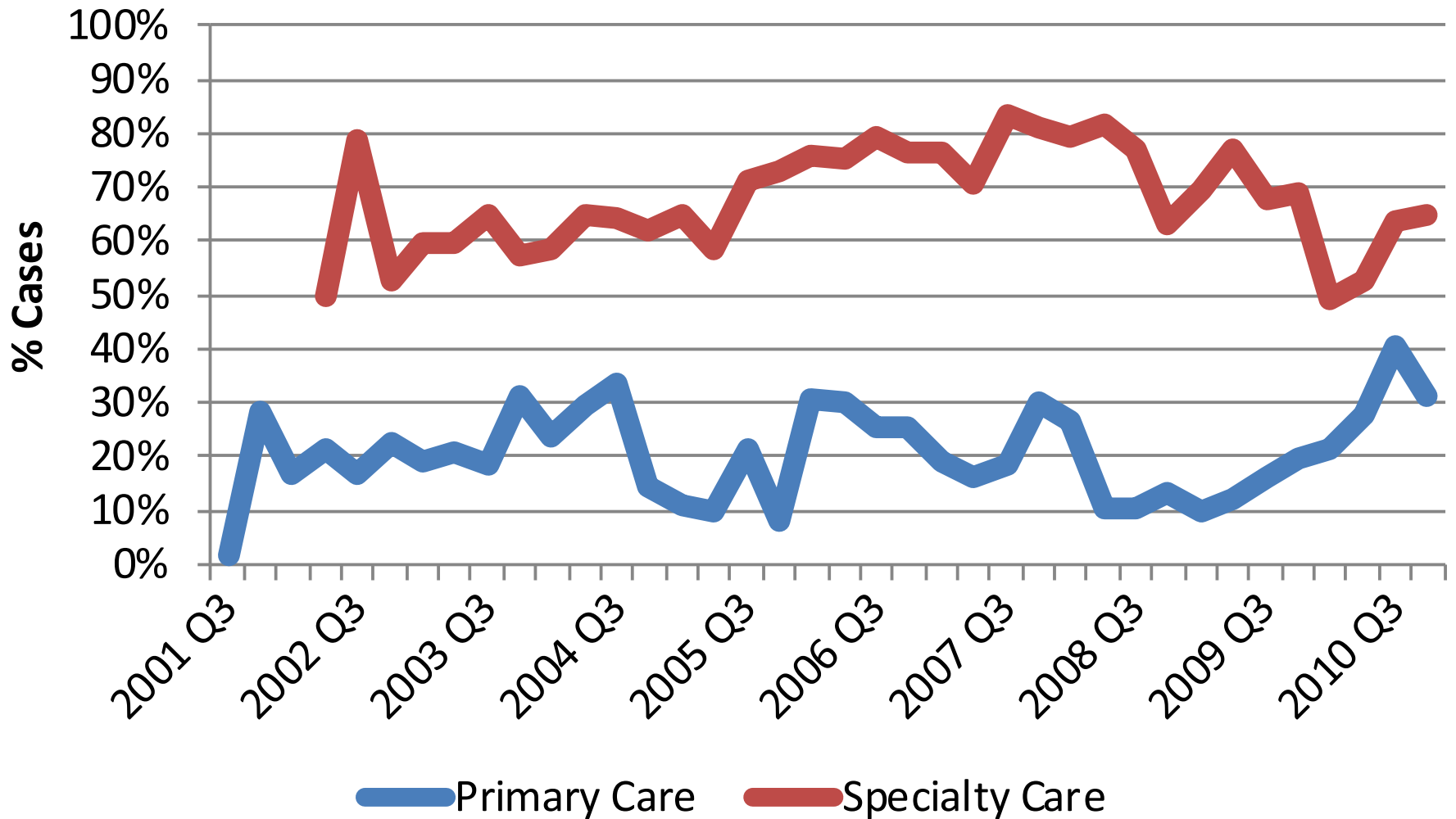
Note2: Percentages may not add to 100% due to multiple outcomes per case.

Outcomes

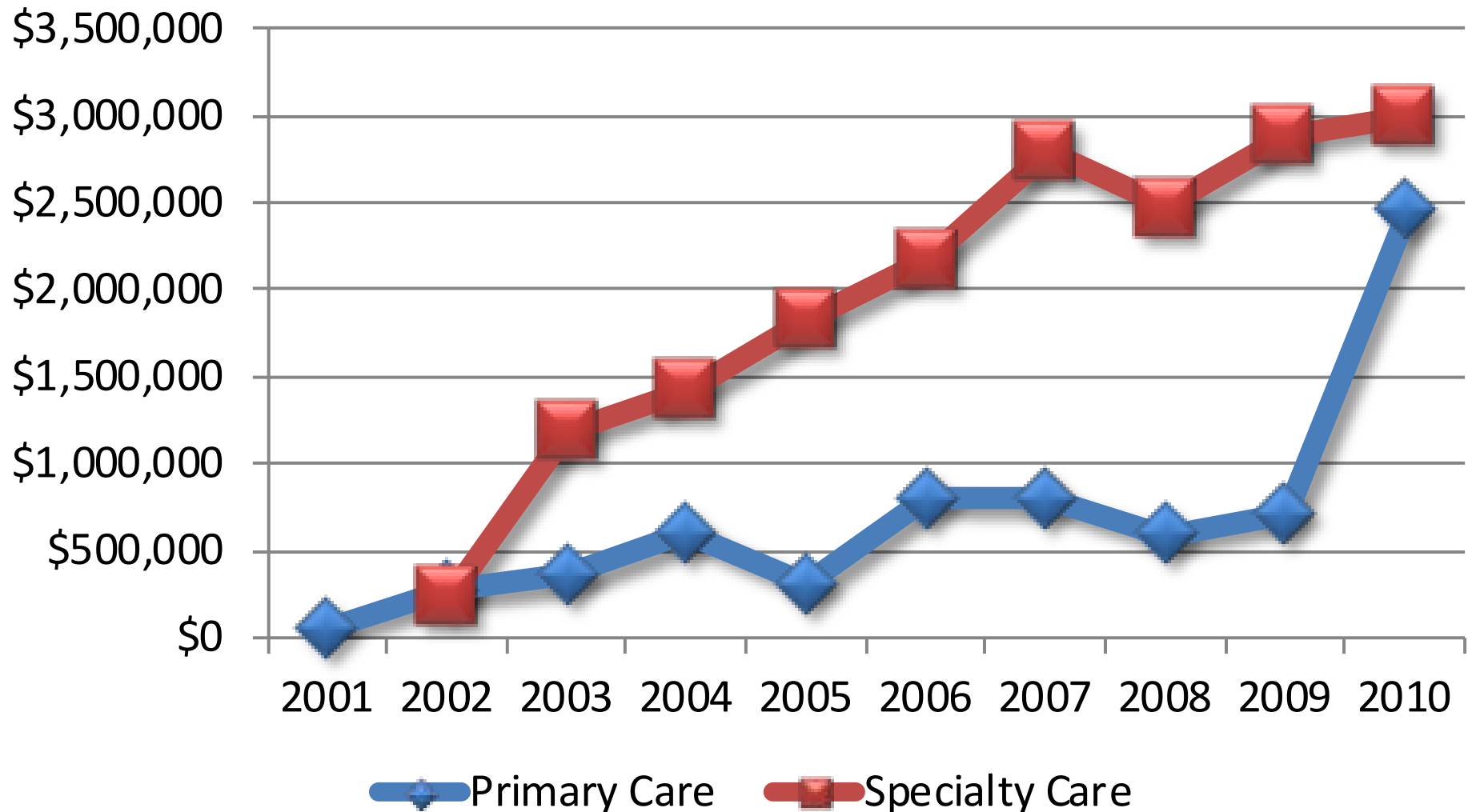


About 72% of the patients seen needed something done (meds, surgery, ongoing monitoring) and 26% needed to be screened out.

Travel PREVENTED (by Case Role)



Annual Travel Savings (by Case Role)



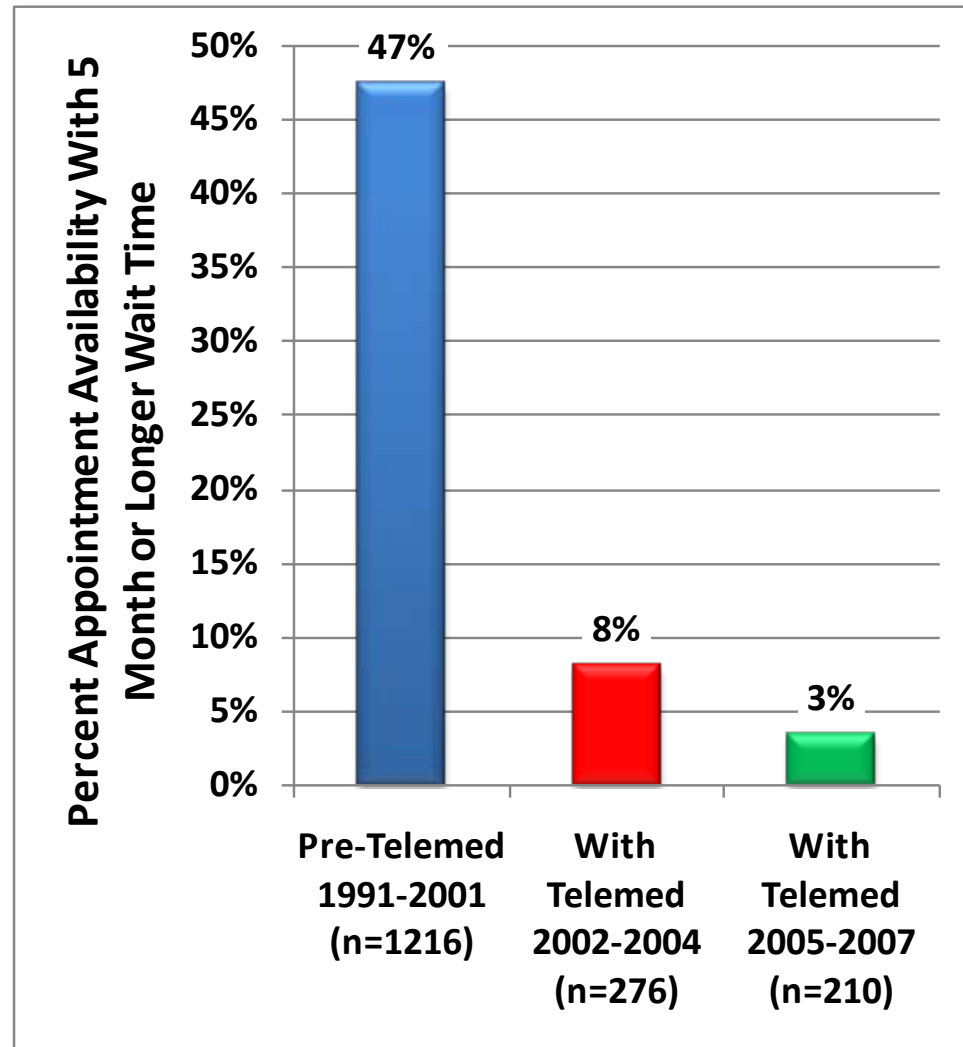
Medicaid Study: 2003-2009

Decreased Travel = Cost Savings

	Quantity	Cost
Claims Paid by Medicaid	4,482	(\$269,894)
Telemedicine Prevented Travel	3,662	\$3,116,034
Notes: <ul style="list-style-type: none"> • Travel is saved for 75% of all patients. • Assume all patients under 18 need an escort • Travel costs based on 1 week advance fares 		
Net Savings Realized by Medicaid		\$2,846,140

Note: For every \$1 spent by Medicaid on reimbursement, \$10.54 is saved on travel costs.

Telehealth Impact on Extended Waiting Times (> 4 months)

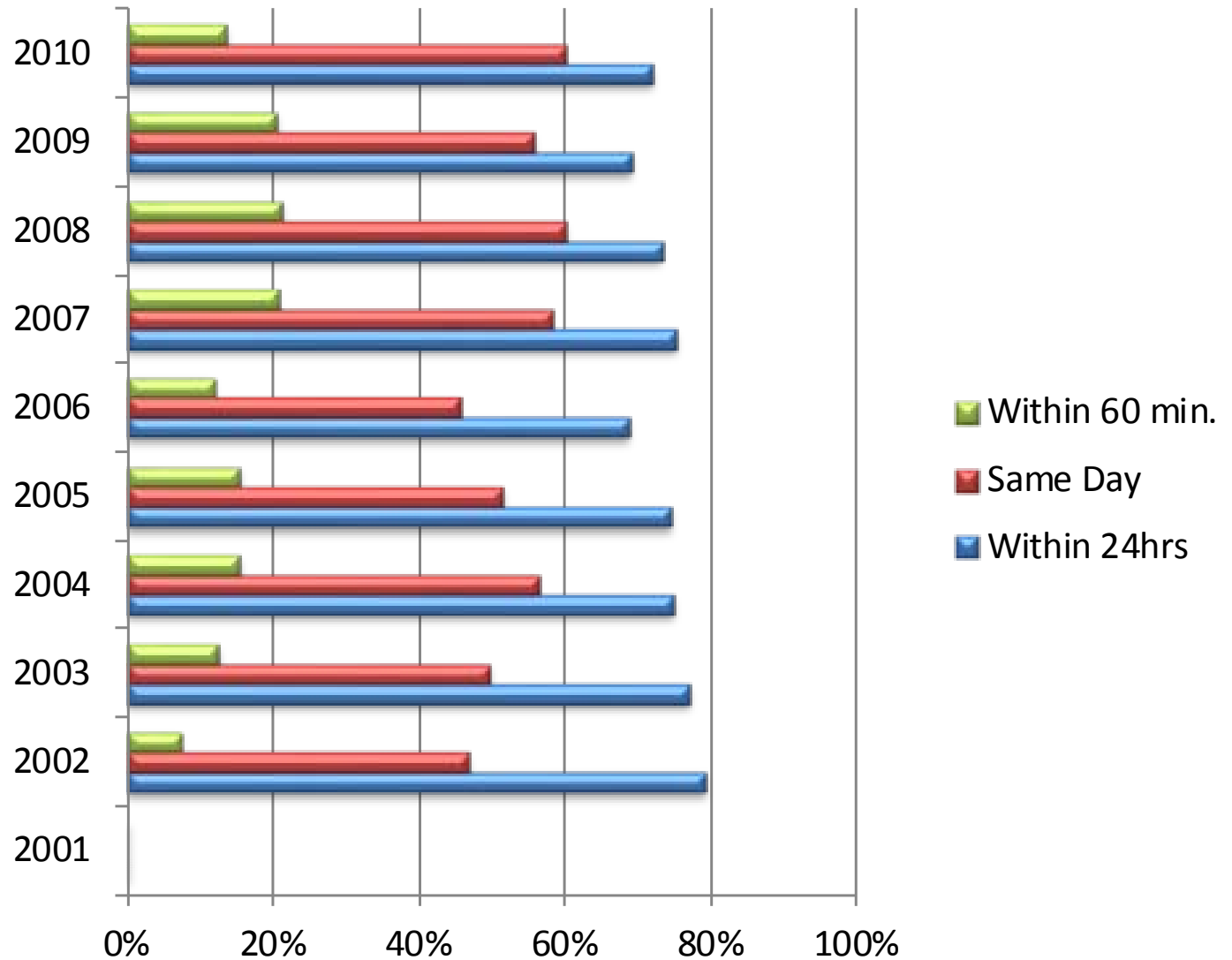


20% of all specialty consultations are turned around in 60 minutes.

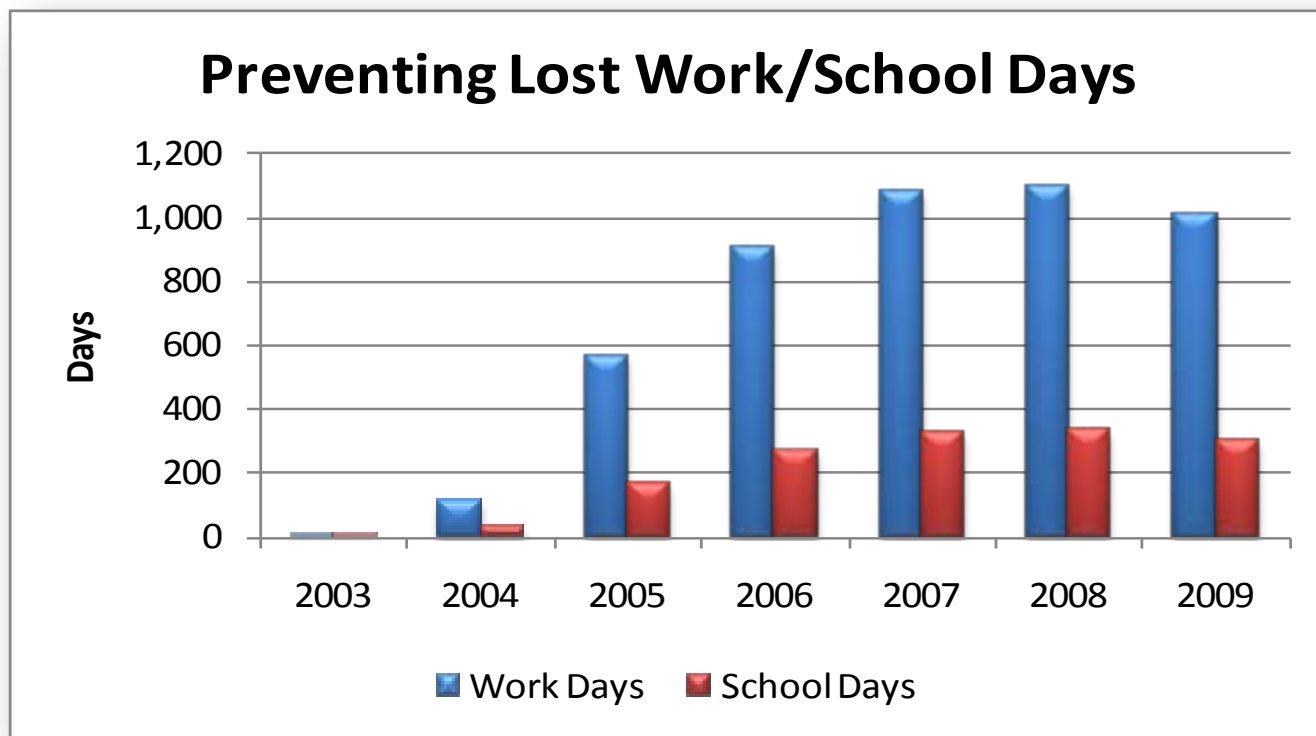
50%-60% are turned around in the same day.

70%-80% are turned around within 24 hours.

ANMC Turnaround Time



Lost Work Days and School Days



Since 2003, telehealth prevented an estimated 4,777 lost days at work, and a total of 1,444 lost days at school for the patients in this study.

Diabetic Retinopathy

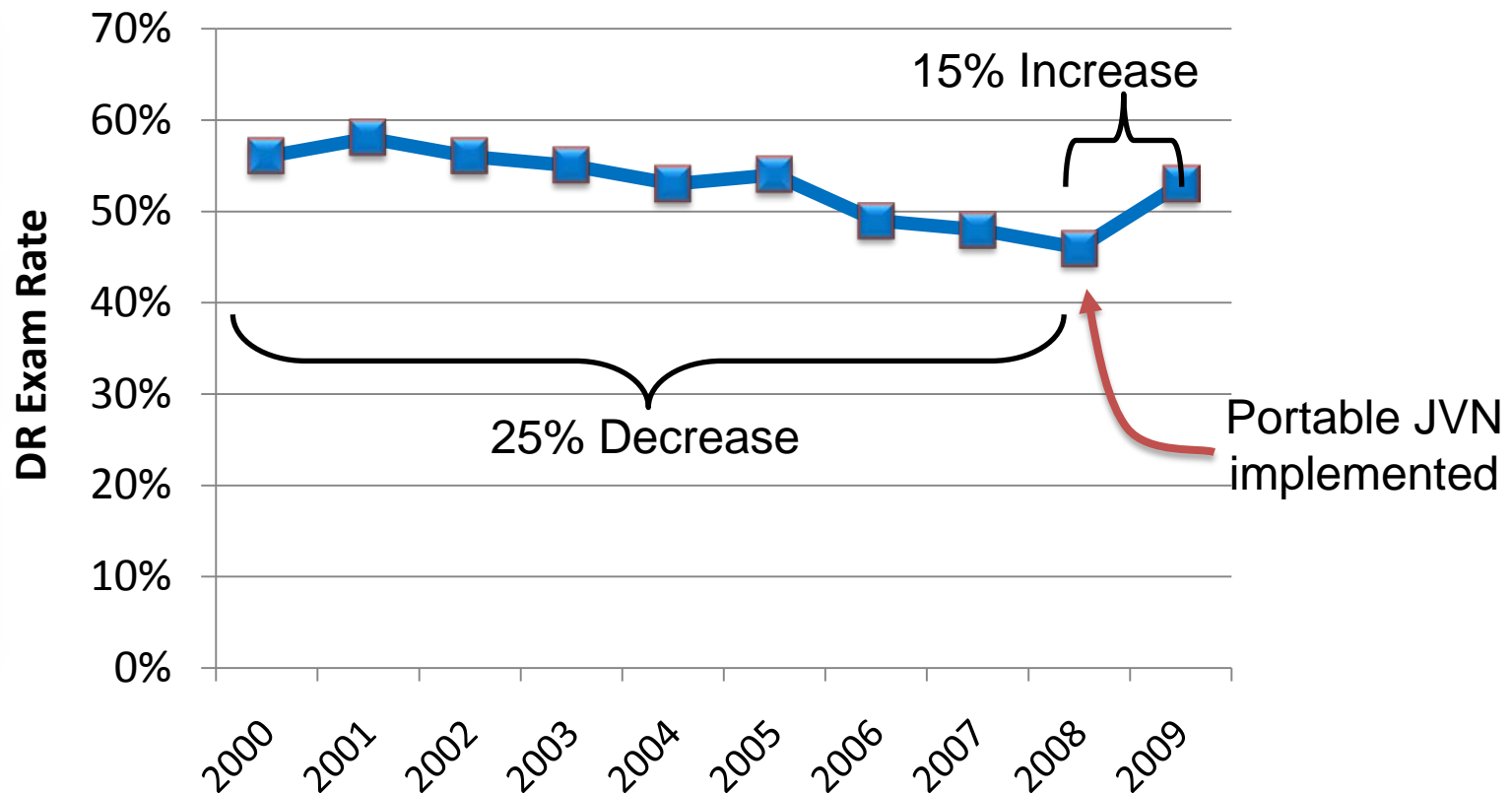


- **Diabetic Retinopathy is the leading cause of new blindness among adults**
- **Blindness due to diabetes can be eliminated by timely diagnosis and treatment**
- **~ 4% of AI/AN's with DM need laser treatment to prevent vision loss**

Joslin Vision Network (JVN)

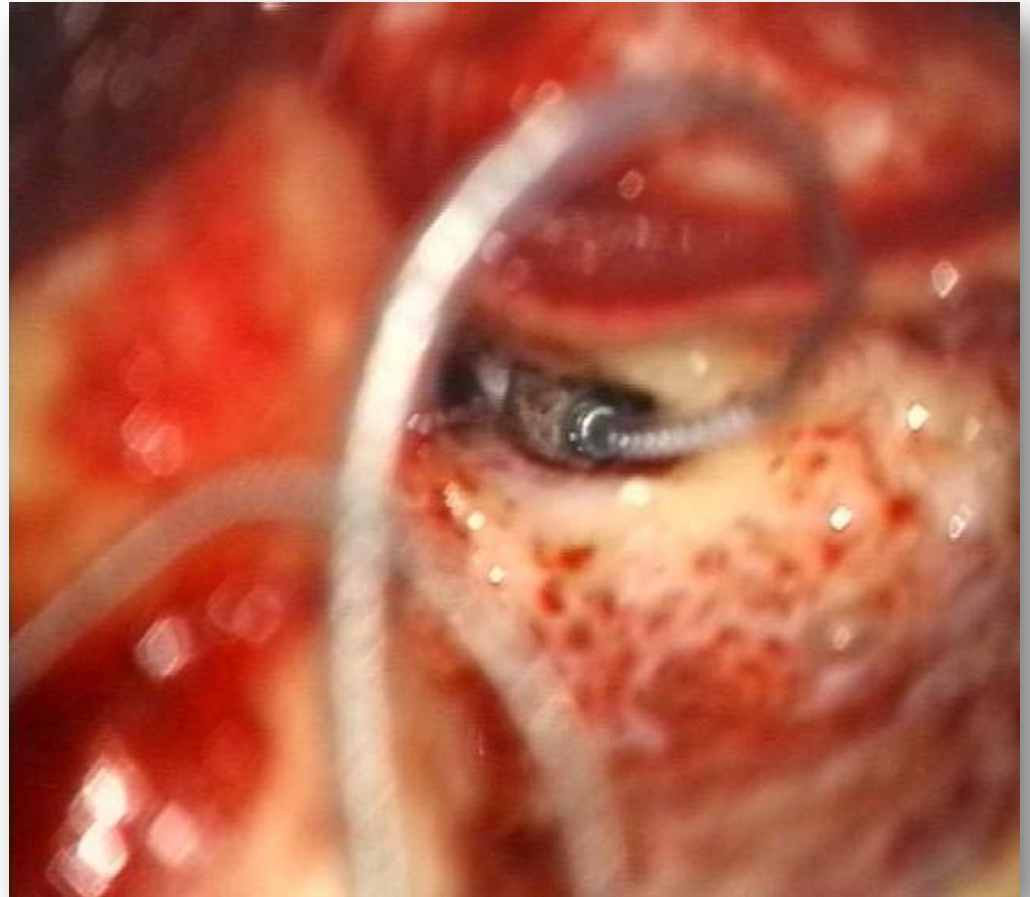
Portable JVN Pilot

Deployment of the IHS-JVN in Alaska using a portable platform reversed a seven year decline in exam rates



Cochlear Implants...

- Now implants can be done in Alaska with follow-up speech therapy using telehealth facilities in communities
- Previously, patient and family had to relocate to Seattle for a year for child to get necessary speech therapy



Lessons from AFHCAN

Design for Success:

- **KNOW THE NEEDS** of your users (those who will use the system) and customers (those who will pay for the system).
- **Plan for turnover → “Keep it Simple”**
- **Expect dynamic requirements → “Make it Scalable”**

-- Stewart Ferguson, Director, AFHCAN

Lessons from Alaska Telemedicine

- **Reliable communication between health aides and physicians can improve timeliness and accuracy of patient diagnosis and treatment**
- **Telemedicine consults can reduce the need for transferring patients from their communities, although some serious conditions that might have been overlooked may require patient transfer**
- **Patients may be able to return to their communities sooner if they can be monitored by a health aide with consultation when required**
- **Telemedicine must address priority health problems to be cost/effective**
- **Communication with patients in hospital is important for family members in villages**
- **Administrative communication is also valuable for rural health care delivery**

Lessons Learned...

- **Conference circuit (shared audio channel) is valuable for continuing education**
- **Structured continuing medical education and patient education require commitment of time, plus resources for organization and content**
- **Computerized patient records can improve efficiency and accuracy of patient-tracking, especially where patients appear at multiple locations**
- **Operational system planning needs to reflect user needs (e.g. on-demand access, shared audio channel, high reliability)**
- **Planning for sustainability post experimental phase is critical**
- **Health care system can be “anchor tenant” for village communications**
- **Creative approaches to network design, operations, and maintenance can significantly reduce costs of rural communications for telemedicine and other services**



THANK YOU

For more information:

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