

# All Alaska Pediatric Partnership

Standing together for Alaska's Kids and Families

**Date:** October 2, 2009

**To:** Alaska Pediatric Project – Steering Committee Members

**From:** AAPP Executive Team: Stephanie Birch, DH&SS and AAPP chair; Jon Lyon, MD and KSA Project Chair; Matt Hirschfeld, MD, SCF; Dick Mandsager, MD, PAMC

**Subject:** Alaska Pediatric Subspecialty Distribution Plan

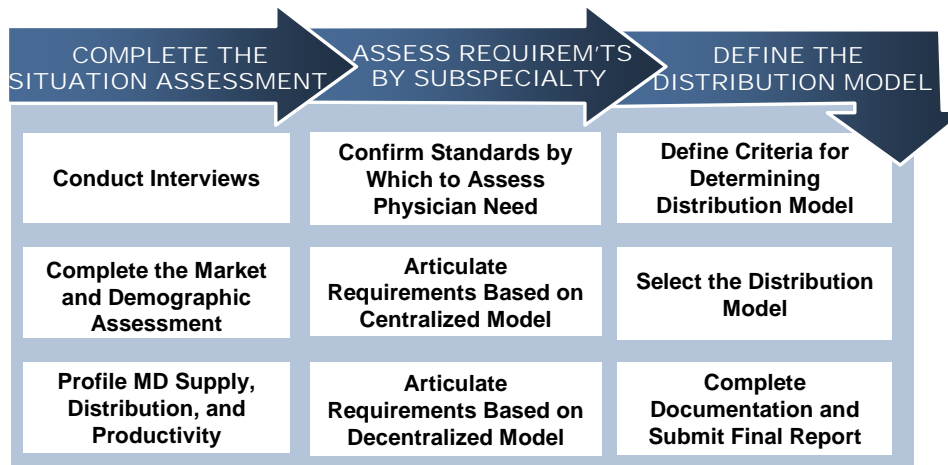
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We are pleased to announce that the All Alaska Pediatric Partnership (AAPP) in collaboration with the Alaska Mental Health Trust Authority (AMHTA) and other affiliates has officially commenced the pediatric subspecialty distribution planning process. The purpose of this plan is to develop and adopt a distribution strategy that provides the optimal balance of access to care for Alaska’s children with an environment that is attractive to new providers, identifies the best use of outside specialists and primary care providers, and ensures volumes necessary to maintain skill sets and provide high quality, safe care. To assist in this process, we have engaged the services of Kurt Salmon Associates (KSA), a worldwide healthcare consulting firm with experience in children’s healthcare, rural/frontier markets, physician development, and strategic planning in complex environments.

With this memo, we would like to provide you with an introduction to the process and invite you to participate.

**Project Approach**

Over the balance of the fall and early winter, we will discuss and develop a distribution plan for pediatric services through three major planning steps: Step (1) Situation Assessment, Step (2) Pediatric Subspecialty Models and Requirements and Step (3) Preferred Distribution Model



The goal of Step 1 is to develop a strategic understanding of the needs for pediatric subspecialty services through a detailed situational assessment addressing the demography, distribution, and health status of children across the state, as well as the current supply and productivity of pediatric subspecialists. This is necessary in order to ensure that the subspecialty plan matches the needs of the community, and aligns with the current distribution of providers.

The goal of Step 2 is to introduce models of care delivery ranging from a complete centralized model to a decentralized model. During this step it will be important to adequately, objectively, and appropriately document the pediatric subspecialty needs by model and establish parameters within which judgments can be made and trade-offs with respect to patient access and provider efficiency can be well-understood.

The final step, Step 3, involves the development of a preferred distribution model. It is likely that the preferred model will include elements of both the centralized and decentralized models.

### **Expected Outcomes and Benefits**

- ¶ The planning timeframe will focus on a 5 + year perspective.
- ¶ The primary goal is to be able to provide complex quality care as close to home as possible. For example, currently many Alaskan children with special needs and their families need to leave Alaska for extended periods of time for their care. In addition, it is common for children in Alaskan communities to have to travel to Anchorage for initial evaluation or for follow-up of their special needs.
- ¶ An additional goal is to be sure to provide a timely response to urgent specialized care, i.e., “a medical safety net for our children and their families”. For example, many children with complex specialized illnesses are fragile and can have extremely rapid onset of complications requiring urgent specialized care. Travel long distances within Alaska and especially outside Alaska poses additional risk and potential poor outcomes.
- ¶ We expect that this shared vision will assist recruitment and retention of needed specialized health care providers.
- ¶ We expect that this shared vision will assist in understanding the financial challenges and facilitate financial strategies. For example, it is assumed that state or philanthropic support will always be required to realize complex quality care as close to home and to provide “a medical safety net for our children and their families”. It is hoped that articulating a consensus opinion and a blueprint will help others with financial resources to understand the need and to themselves join as financial partners of the shared vision.

### **Participation and Communication**

To ensure the planning process and its outcomes are transparent and informed by the full range of stakeholders this process is being structured to include a high level of interaction and dialogue. Participation will occur through the following forums:

- ¶ A Steering Committee responsible for overseeing and guiding the development of the distribution plan. The role of this committee is to provide specific expertise and

knowledge, participate in the discussion of key issues, and adopt and package the recommended plan.

- ¶ An Executive Team that will function as the coordinating body for the project. The role of this team is to assist KSA with day-to-day activities and review documents and analyses prior to the steering committee meetings.
- ¶ A round of stakeholder interviews – encompassing a broad range of constituencies – to provide input into the issues and opportunities around the delivery of pediatric subspecialty care, mental health, and dental health in Alaska (details follow).
- ¶ A few *ad-hoc* groups may also be required to address specific topics in more detail such as mental health.

### **Interviews**

During the month of November, representatives from KSA consisting of Mark Wietecha, Shelley Oberlin and Laura Rehfeld will be in Anchorage and other areas of Alaska to meet with various stakeholders to discuss the current challenges and future opportunities regarding the delivery of pediatric subspecialty care in Alaska. Interviews will last between 45 to 60 minutes, in which they will ask a variety of questions designed to understand the qualitative components of our health care market. While the interviews are intended to be freeform and flexible, we have included a brief list of example questions that may be used to help guide the discussion.

- ¶ How are pediatric needs in Alaska currently met? What is working well, and what is not working well?
- ¶ What are the greatest health concerns for Alaska’s children? Which geographies are in particular need of specific subspecialties?
- ¶ Who is referred for subspecialty care? Which services are referred outside of the state and why?
- ¶ What new services or subspecialties are not currently available in Alaska that should be provided? What are the major gaps by region? Are any subspecialty services that should not be provided in Alaska (i.e., should always be referred out of state)?
- ¶ Under what conditions is it appropriate to rely on adult specialists to serve the pediatric population? Are there certain specialties and/or certain sparsely populated geographies where this might be a reasonable model?
- ¶ Are there supporting strategies (such as telemedicine) that should be integrated into the subspecialty plan?
- ¶ How much outreach activity is reasonable to expect from physician practices? Which subspecialties benefit from greater concentration/centralization? In which specialties is greater access preferred?

## Project Timeline

Alaska Pediatric Subspecialty Distribution Plan	September				October				November				December				January				February							
	7	14	21	28	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	1	8	15	22			
<b>Step 1</b> Situation Assessment																												
1.1 Project Organization	█																											
1.2 Data Gathering	█				█																							
1.3 Schedule and Conduct Stakeholder Interviews					█				█				█															
1.4 Market and Demographic Assessment - Findings	█				█				█				█															
<b>Step 2</b> Assess Requirements by Specialty																												
1.2 Assess Physician Need - Methodology									█				█															
2.2 Articulate Requirements based on Centralized Model									█				█															
2.3 Articulate Requirements based on Decentralized Model									█				█															
2.4 Discuss Preliminary Findings													█				█											
<b>Step 3</b> Define the Distribution Model																												
3.1 Develop Criteria/Guiding Principles for Distribution Model																	█				█							
3.2 Identify Preferred Model																	█				█							
3.3 Complete Final Report																					█							
<b>Interactions</b>																												
Steering Committee Meetings (in person/conference calls )									Week of 11/2 or 11/30				X				X											
Stakeholder Interviews									Week of 11/2 or 11/30																			
Planning Team (Bi-weekly Conference Calls - TBD)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Over the next few weeks representatives from AAPP or KSA will be contacting you to confirm your availability for a Steering Committee meeting and an interview with KSA. Thank you in advance for your support of this important initiative.

Best regards.