

Alaska Pediatric
Subspecialty Plan
March 23, 2016

Alaska Pediatric Subspecialty Plan

Pediatric Grand Rounds



KURT SALMON ASSOCIATES

Today's Discussion

Introductions

Project overview

Summary of findings

Draft Pediatric subspecialty plan

- Vision and goals
- Strategic themes
- Strategic recommendations

Draft distribution model

Introductions – Kurt Salmon Associates (KSA)

- Global consulting firm since 1935 – consumer products and healthcare
- Dedicated advisors to the not-for-profit provider sector
- Integration of Strategy, Finance, Operations, IT and Facility Planning
- AMCs, Children's Hospitals, Regional and Faith-based systems, Rural and CAHs

Introductions – KSA Pediatric Experience

 The Children's Hospital of Philadelphia



The Children's Hospital



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION



Texas Children's Hospital

SickKids®




Children's Memorial Hospital



Children's Hospital
of Wisconsin

A member of Children's Hospital and Health Center



UCSF Children's Hospital

Introductions – KSA Role and Responsibilities

KSA Roles and Responsibilities

Advise on all aspects of the process

Facilitate discussions

Compile and assess data

Incorporate our experience and observations

Challenge existing patterns and advise on key decisions

Project Overview

Project Objectives

Assess the demand/need for pediatric subspecialty services in Alaska

Identify future pediatric subspecialty needs by model of care delivery
(centralized vs. decentralized)

Develop a distribution plan for the delivery of pediatric subspecialty care in
Alaska over the next 5 to 10 years

Project Sponsors

All Alaska Pediatric Partnership (AAPP)

Alaska State Hospital and Nursing Home Association (ASHNHA)

The Alaska Mental Health Trust Authority (AMHTA)

Project Participation

Goal : To involve a wide sector of the community in dialogue

Steering Committee: 20 individuals, 14 organizations, met 3 times

Stakeholder Interviews: 70+ individuals, 25 organizations, Northstar Behavioral Health

Broad geographic reach

- Anchorage / Mat-Su
- Fairbanks
- Juneau
- Soldotna
- Bethel
- Sitka

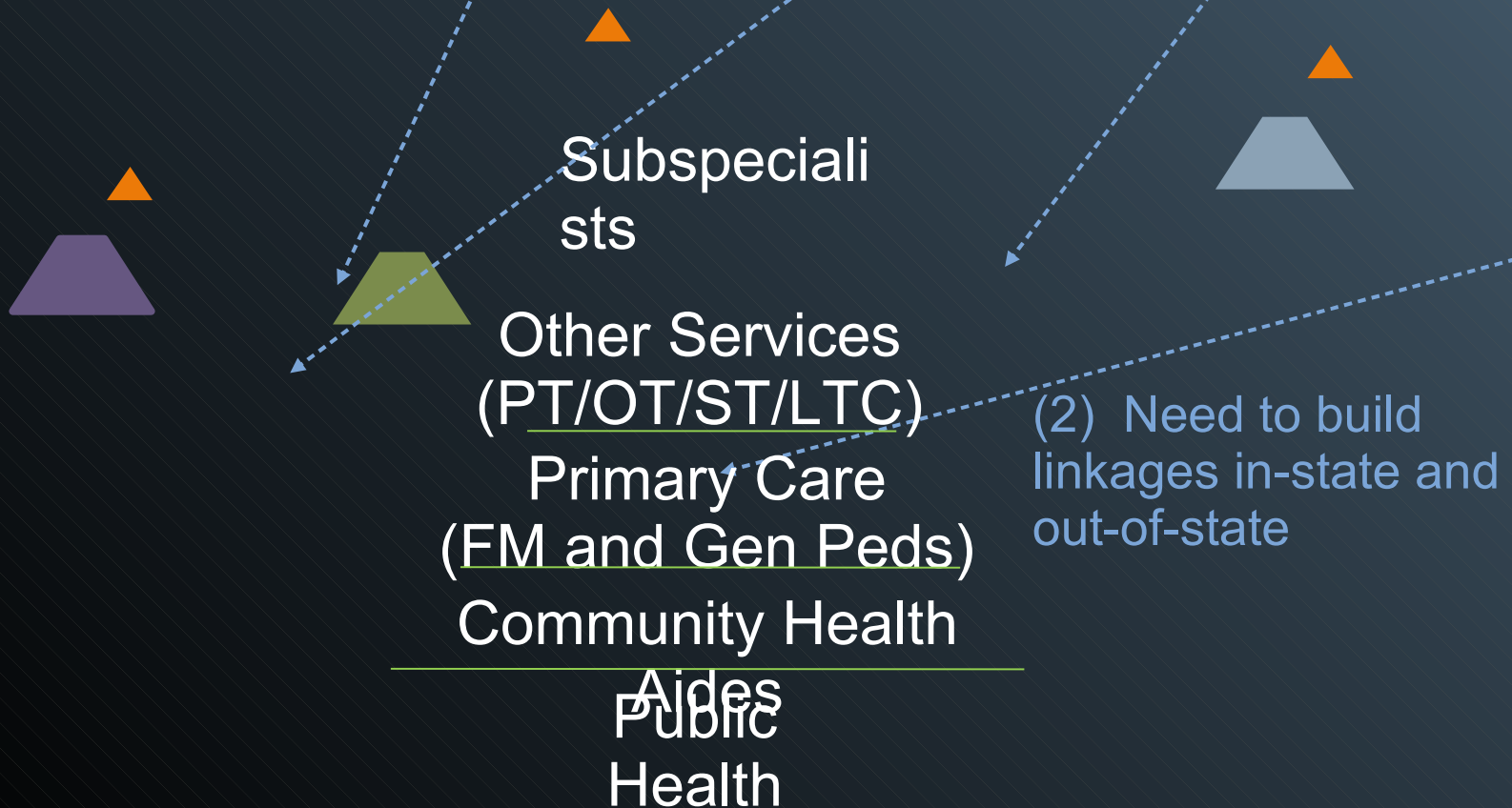
Range of participants

- Subspecialists
- Pediatricians
- Pediatric dentists
- Child psychiatrists
- Hospital leadership
- Representatives from the State

Project Scope and Parameters

Consider subspecialty care as it relates to the full gamut of health care services

(1) Distribution plan focused on subspecialty care



Summary of Findings



KURT SALMON ASSOCIATES

Our Impressions

Current Realities

Implications/Upshots

<p>1. Growing and diversifying pediatric population; but only 200K kids are in Alaska today</p>		<p>Need for full range of subspecialty services, but volumes are insufficient to support</p>
<p>2. Large, difficult to traverse geography limits access to subspecialty care</p>		<p>Reliance on air transport will continue; opportunities to increase outreach and telemedicine capabilities</p>
<p>3. Existing resources are better than expected, but gaps exist</p>		<p>Gaps can be filled; requires coordinated in-</p>
<p>4. Current delivery system is fragmented; no one system can support full range of subspecialists</p>		<p>Col mp</p>
<p>5. Physician sustainability remains a challenge (national shortage, scale, lifestyle, etc.)</p>		<p>Dev eler attra</p>
<p>6. Perception of high-quality, safe care varies by subspecialty</p>		<p>Der ec</p>

What we heard...Interview Findings

1. Thinness in on the ground pediatric subspecialty providers today
 - Access problem regionally and in Anchorage
 - Local providers are overextended; need for education and support
2. Fragmented systems of care prevent local treatment
 - Focus is on current policies and procedures inhibiting convenient access across systems
3. Financials / incentives for improving care are not aligned
 - Institutionally sponsored subspecialists; local hospitals have minimal incentive to provide more
 - Limited reimbursement for itinerant clinics— kids must travel to receive care
 - No reimbursement for psychiatric day treatment – overuse inpatient beds
 - Cumbersome processes (e.g., admin tasks) create barriers to implementing new and improved models of care
7. Difficulty with recruitment
 - Not about reimbursement, but lifestyle, call coverage and practice patterns

What we heard...Interview Findings

5. General consensus around centralized model and continued reliance on out-of-state providers; disagreement on preferred out-of-state provider
 - Question is “how do we align”?
 - Need agreement among referring MDs to align with one organization; need incentives to do this

Draft Recommendations

Pediatric Distribution Plan



KURT SALMON ASSOCIATES

Vision and Goals

Vision:

An improved pediatric subspecialty environment

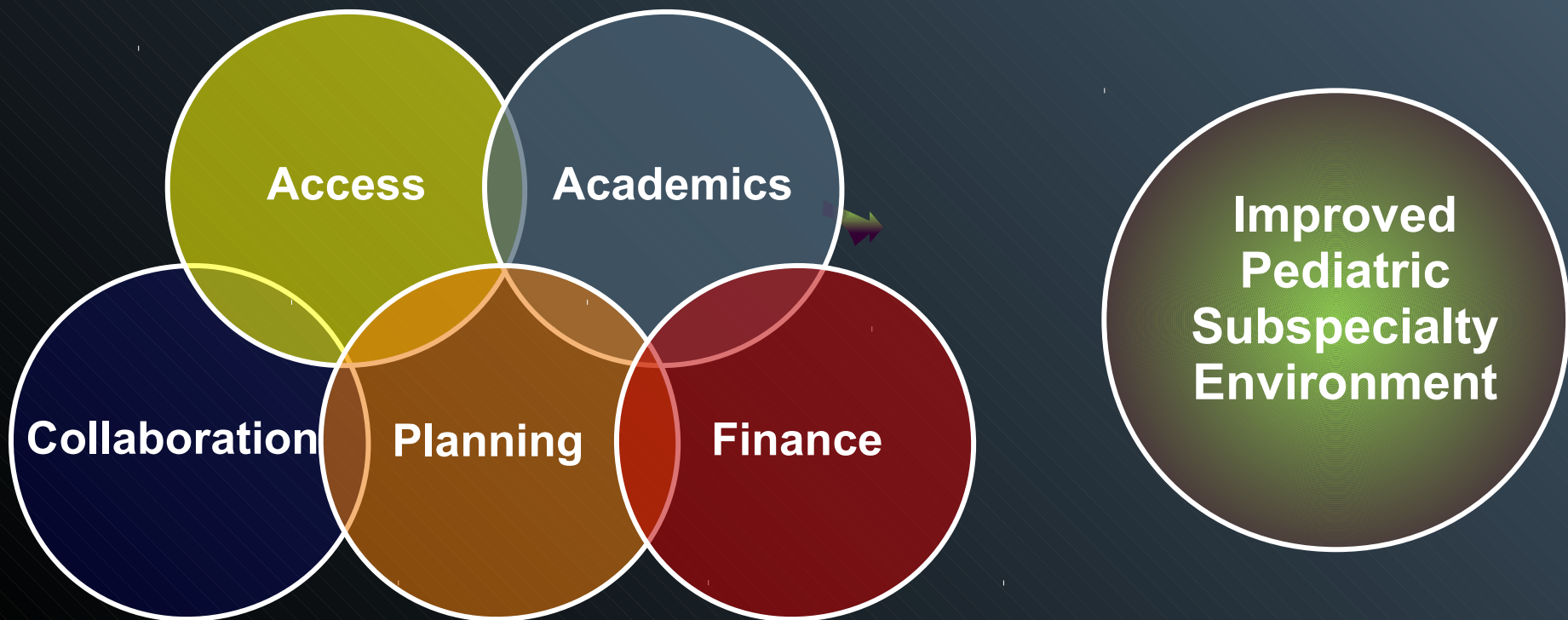
Goals:

- Provide complex, quality care as close to home as possible
- Maximize the use of subspecialty services between and across the systems of care in place today
- Improve access and continuity of care
- Preserve a strong respect for all institutions and individuals – patients, families and providers
- Advance a model(s) that is financially viable and sustainable over the long-term

Strategic Themes

Opportunity to create a comprehensive and cohesive “Pediatric Subspecialty Provider Community”

Strategic Themes to reach the Vision




Macro Themes

Three macro themes drive top 5 out of 12 strategic recommendations and are the critical path to advancing the plan



Access

Develop and adopt a distribution plan that improves access to pediatric subspecialists



Collaboration

Increase coordination and collaboration among providers and systems



Finance

Improve the current financial environment

Top 5 Strategic Recommendations

1. Increase the number of providers and distribution of pediatric subspecialty care in Alaska

- **Rationale:** Need to improve access and quality of pediatric subspecialty care

Use distribution model to prioritize recruitment targets

Collaborate on provider recruitment initiatives across institutions

Build capabilities to complement primary care/medical home with care/ case management for children

Top 5 Strategic Recommendations

2. Build an infrastructure to extend subspecialists at satellite clinics

- **Rationale:** Need to ensure continuity of care without providers on the ground

Enhance depth of telemedicine capabilities

Establish a physician consult line/referral access by phone

Use EMRs to provide continuity of care – identify potential interface solutions to link different systems

Increase training of extenders to enhance local knowledge

- › Anchors need to be care aides/social workers/licensed nurses
- › Need to create a system of care/care team
- › Sponsor a more disease-based care model

Provide ongoing training (CME) for pediatricians on topics of interest

Top 5 Strategic Recommendations

3. Create a pool of pediatric subspecialty-focused NP/PA providers to augment access to physicians

- **Rationale:** Given the historical difficulty with recruiting multiple subspecialists, recruitment and use of NP/PA providers will help improve access to care and coverage for subspecialists limited to 1-2 on the ground

Actively recruit NP/PAs to work in tandem with physicians – seek strong relationship connection

Encourage and support NP/PA/physician pairing to develop subspecialty capabilities

Seek and support learning opportunities for NP/PAs – specialty conferences, interaction with other specialty resources

Top 5 Strategic Recommendations

4. Define a stronger culture of shared accountability and action

- **Rationale:** Need to create a more collaborative environment , ensuring that each institution retains a financial position that allows continued investment in people, programs, technology and facilities

Increase transparency and communication around pediatric subspecialty services

Formalize participation between ANMC, TCHAP and broader constituencies

- › Credentialing at multiple hospitals

Top 5 Strategic Recommendations

5. Advocate for increased state and federal sponsorship

- **Rationale:** Need some breaks economically – need to increase overall funding support beyond hospital margins

Re-evaluate and modify Medicaid professional fee schedules for pediatric subspecialists (rates, outreach, telemedicine, etc.)

Create a special budget allocation at the State level for those specifically identified in the manpower plan as high priority for the State

Define and develop a business case for securing funds for infrastructure requirements (e.g., telemedicine, electronic interface between EMRs, physician consult phone lines, etc.)

Conduct a cost/benefit analysis, highlighting benefits of providing care in Alaska vs. out-of-state

Additional Strategic Recommendations

6. Commission a Pediatric Distribution Plan Oversight Committee

- **Rationale:** Need a dedicated body that will act on behalf of all institutions and be responsible for prioritizing and coordinating implementation of the distribution plan

Identify individuals to participate on the committee

Continue to engage individuals across the state and across specialties

8. Establish a Statewide Access Center

Rationale: Need to improve communication and coordination of care delivery

Develop a coordinated and comprehensive approach to outreach (e.g., locations, forms, data/times by specialty)

Comprehensive tracking of patients (inpatient/outpatient, location, air/ground transport)

Strategic Recommendations

8. Deliberately manage future relationships with out-of-state providers

Rationale: Need to provide right care in right place at the right time

- Send RFP to children’s hospitals to identify best opportunity for long-term relationships; this may vary by specialty
- Establish standards of care rotations, transport, initial out-of-state visits, case management and follow up

9. Develop a more impactful, broad-based approach to raise money

- **Rationale:** Need to create a forum for pediatric fundraising that all institutions can be a part of with a goal of moving beyond the children’s miracle network

Collaborate with/reorganize existing foundations

Sponsors access center

Provides support for research initiatives

Provides grants, gifts to provider community

Additional Strategic Recommendations

10. Establish a pediatric-focused Research Institute

- **Rationale:** Need to provide a venue to retain/attract physicians and advance scientific discovery focused on improving the health of children

Explore opportunities with UofA and other major universities/AMCs

Support local physicians (grant writing, stipends, research study coordinator, facilities)

11. Create a stronger academic culture within the pediatric healthcare environment

- **Rationale:** need to attract and retain talent and philanthropy to a more shared cause

Explore residency and fellowship expansion initiatives

Create a standard level of expectations among the various institutions as to the resident and fellow experience/role

Strengthen relationships and communication with WWAMI and UofA

Additional Strategic Recommendations

12. Expand involvement of the pediatric community with current healthcare initiatives and maximize use of in-state resources

Rationale: Need to reset expectations and reshape the delivery of pediatric subspecialty care

- Understand current workforce initiatives and ensure they include the long-term goals for delivering pediatric subspecialty care
- Routinely communicate and involve others in the implementation of the plan through pediatric grand rounds
- Create a forum for soliciting suggestions/feedback on implementation (e.g., several individuals in state have experience from other institutions and could assist in advancing the recommendations).

Draft Distribution Model



KURT SALMON ASSOCIATES

Areas of Focus

(Without burden of history and politics...you will need)

1. Fundamental Subspecialties – “Provide well”
 - NICU III, PICU, Anesthesia
 - General surgery, orthopedics, ENT
 - Cardiology, ID, GI, neurology, pulmonary, oncology
2. Comprehensive Subspecialties – “Provide for”
 - Cardiac surgery, neurosurgery, transplant
 - Hem-onc (major), genetics
 - Structural relationship with 2-3 layers, etc.
3. Basic Safety Net
 - 1 trauma, several ERs
4. Neonatal support for OB
 - Several with varying levels by delivery site (NICU)

Approach

Determining “Provide Well” And “Provide For”

Summary of Physician Needs Assessment

- By 2020, ~140 to 180 pediatric subspecialty providers will be needed in the State
 - › Existing gaps are widened by approximately 10% growth in population over next five years
 - › Select specialties will continue to rely on providers that treat adults and children

Pediatric Subspecialty Group	2009 Physicians that treat children $P + A = T$	Draft Planning Target 2020
Medical Specialties	$25 + 15 = 40$	47-68
Surgical Specialties	$5 + 19 = 24$	19-30
Neonatology/Perinatology	$7 + 2 = 9$	15-16
Dentistry (Pediatric)	$21 + 0 = 21$	21-23
Hospital-Based Physicians	$26 + 2 = 28$	36-46
Total	$84 + 38 = 122$	138-183

P = Providers that provide care to children, A = Providers that provide care to adults and children, T = total number of Providers; Details to follow and in Appendix

Physician Needs – Proposed In-State Prioritization

Proposed prioritization for strategic investment and recruitment

0 to 3 Years

- Child Psychiatry
- Endocrinology
- Neonatology/Perinatology
- Neurodevelopmental
- Pediatric Gastroenterology
- Pediatric Pulmonary

3 to 7 Years

- Adolescent Medicine
- Dermatology**
- Pediatric General Surgery
- Pediatric Hospitalists
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Radiology
- Pediatric Urology

7 to 10+ Years

- Allergy
- ENT
- Ophthalmology
- Orthopedics/Sports Med**
- Pediatric Anesthesia
- Pediatric Cardiology
- Pediatric Intensivists
- Pediatric Medical Oncology
- Plastic Surgery/Oral Maxillofacial**

** Likely provided by a physician that treats patients of all age

Criteria for Distribution

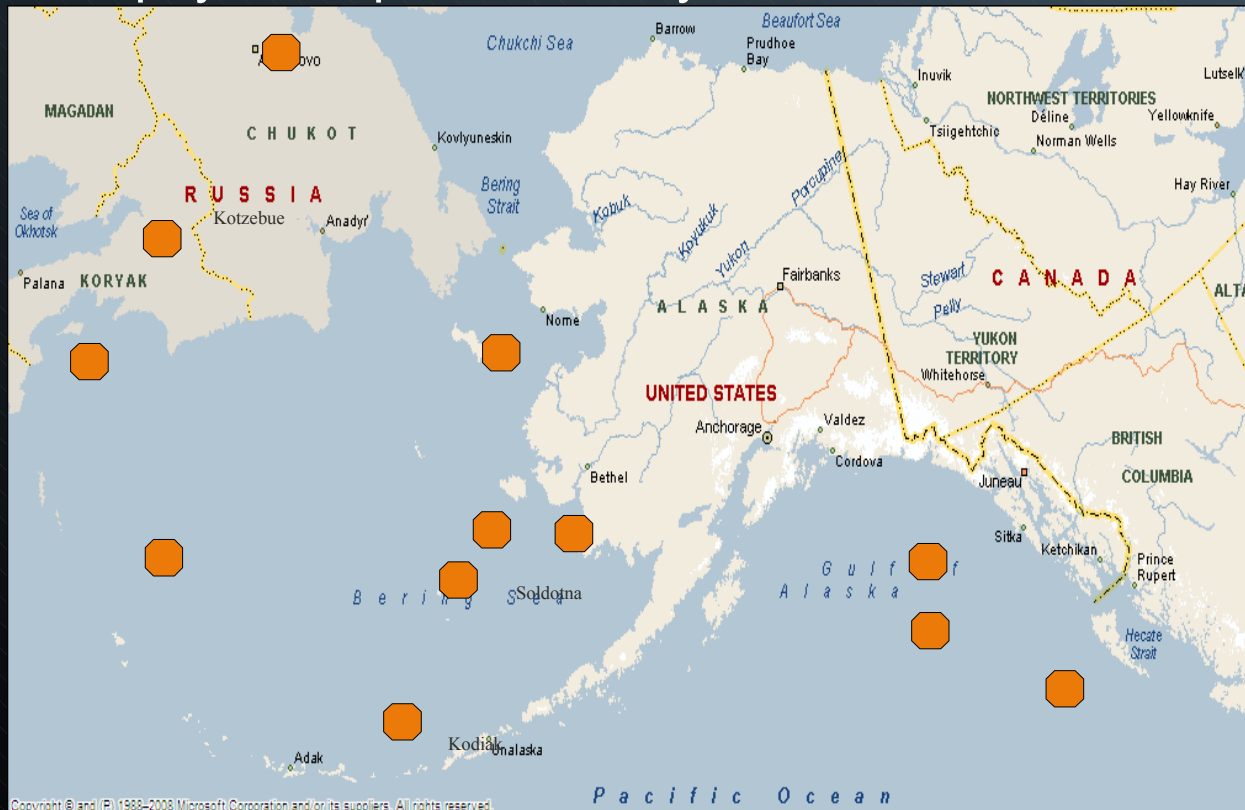
Centralized		Decentralized		
Aspect	“Provide For” Out-of-State Physicians	“Provide Well” In-State Physicians		
		Centralized	Centralized with Outreach	Potential for Decentralization
<i>Example Specialties</i>	<i>Burn/Trauma, Neurosurgery, Transplant</i>	<i>GI, Neonatology, Oncology</i>	<i>Cardiology, Neurology</i>	<i>Behavioral Health, Dental</i>
Minimum # of Phys to support	<1 physician	< 3 physicians	3-5 physicians	Chance of more than 5 physicians
Degree of Dedicated, Capital-intensive Resources	Very large capital investment for fully-dedicated resources	Large capital investments that supports few sites in the state	Some dedicated resources but can be portable or duplicated	Minimal dedicated resources or highly-portable equipment
Level of multidisciplinary care available onsite	Requires multiple subspecialists or resources in one location to provide care		Minimal cross-specialty consultation, may be separate visits	Minimal/no cross-specialty consultation, may be provider-to-provider
Degree of Recruitment Difficulty	Very difficult – national shortage	Very challenging to recruit to AK	Challenging but realistic to recruit critical mass	Reasonable to recruit needed physicians

Summary of Primary Sites of Care

12 locations across the State with full-time or outreach clinics by specialty based on need and provider availability

Goal is to establish consistent clinic/outreach access

Independent physician practices may maintain other sites as desired



Future Distribution of Subspecialty Services

“Provide For” Out-of-State Physicians, Some Outreach Clinics in Alaska	“Provide Well” In-State Physicians		
	Centralized	Centralized with Outreach	Potential Decentralization
Behavioral Health – Very Specialized Care	Pediatric Hospitalists, Intensivists, Radiologists, Anesthesiologists	Allergy/Immunology**	Child Psychiatry
Cardiac Surgery**	Adolescent Medicine	Pediatric Cardiology	Pediatric Dentistry
Interventional Cardiology and Electrophysiology	Dermatology**	Endocrinology**	
Genetics *	Pediatric Gastroenterology	ENT**	
Neurosurgery**	Pediatric General Surgery	Ophthalmology**	
Surgical Oncology	Neonatology/Perinatology		
Inpatient Rehabilitation	Pediatric Nephrology		
Rheumatology *	Neurodevelopmental		
Spine Surgery	Pediatric Neurology		
Transplant**	Pediatric Medical Oncology		
Vascular Surgery**	Plastic Surgery/Oral Maxillofacial**		
	Pediatric Pulmonary		
	Orthopedics/Sports Medicine**		
	Pediatric Urology		

* Out-of-state care with outreach clinics in Alaska

** Likely provided by a physician that treats patients of all age

Note: Planning assumes a portion of care for specialties in the “Provide For” Out-of-State physicians will continue to be provided in Alaska based on local physicians’ comfort level with treating children.

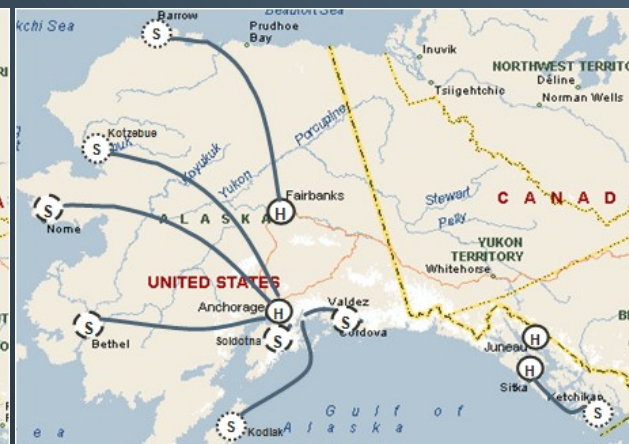
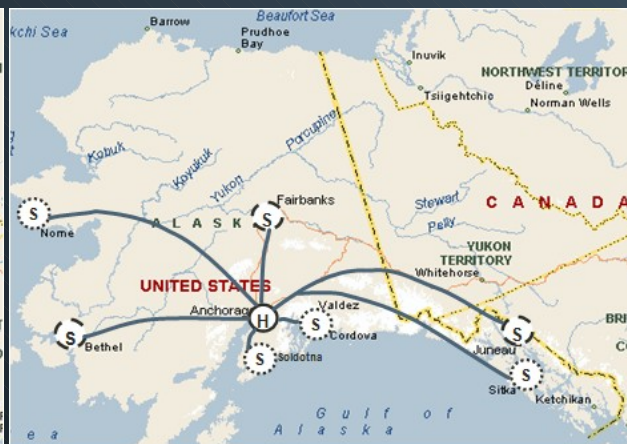
Draft Distribution Model

Summary of locations and type of model by Subspecialty

Centralized

Centralized with Outreach

Potential for Decentralization



- Hospital-based specialties
- Adolescent Medicine
- Dermatology**
- Pediatric Gastroenterology
- Pediatric General Surgery
- Neonatology/Perinatology
- Pediatric Nephrology
- Neurodevelopmental
- Pediatric Neurology
- Pediatric Medical Oncology
- Plastic Surgery/Oral Maxillofacial**
- Pediatric Pulmonary
- Orthopedics/Sports Medicine**
- Pediatric Urology

- Allergy/Immunology**
- Pediatric Cardiology
- Endocrinology**
- ENT**
- Ophthalmology**

- Child Psychiatry
- Pediatric Dentistry

Key

Site Level	Symbol	Definition
Hub		Full-time, permanent subspecialty providers
Satellite 1		Regional access point
Satellite 2		Sub regional access point

Draft Distribution Model

Summary of Hospital-Based Services

Safety Net & Hospital-based Care



Maintain Basic Safety Net:

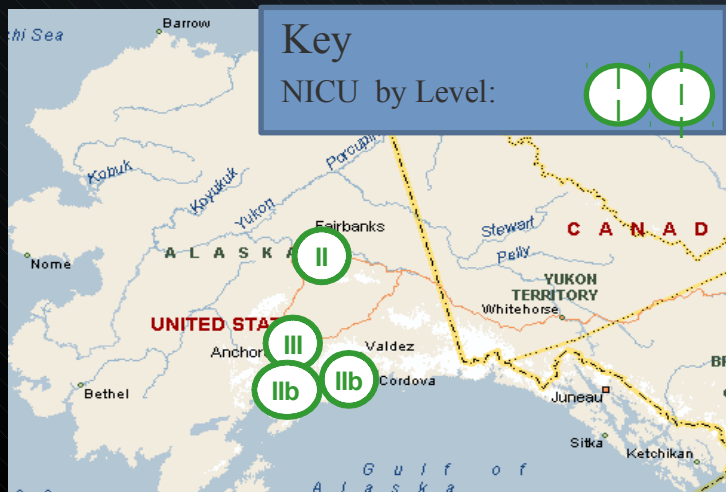
Level I to Harborview in Seattle

Opportunity to recruit an in-state pediatric emergency physician

Current NICUs support major OB delivery programs (700+ deliveries per year)

Volumes do not support additional NICUs in State

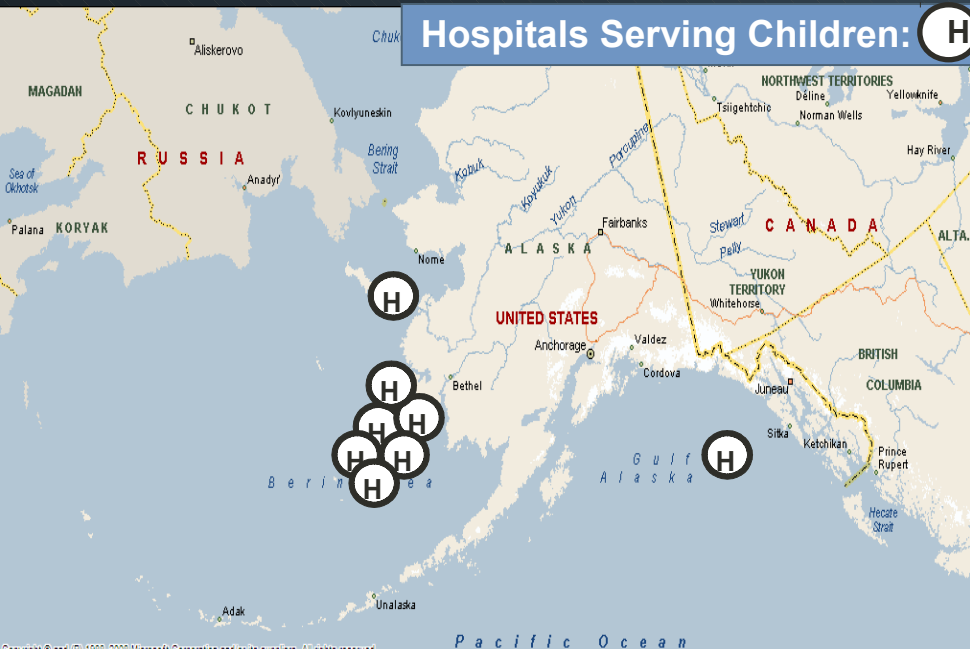
Neonatal Intensive Care



Draft Distribution Model

Summary of Hospital-Based Services (Continued)

Hospitals Serving Children:



- 96% of pediatric census is at 8 of the 24 hospitals in AK; 90% in Anchorage
- 22-26 Hospitalists distributed at sites
- 10-12 Intensivists needed to support PICUs
- Opportunity to explore cross-coverage model at two PICU sites

Hospitals Caring for Children (Above 3 ADC)	PICU
Alaska Native Medical Center	X
Alaska Regional Hospital, Fairbanks Memorial Hospital, Bartlett Regional Hospital, Mat-Su Regional Hospital, Elmendorf AFB Hospital, Central Peninsula Hospital	
The Children's Hospital at Providence Alaska Medical Center	X

Next Steps

Incorporate feedback and finalize plan

Communicate plan to a broader audience

Execute Plan

- Define accountabilities (role of major hospitals, AAPP, the State)
- Develop implementation timeline
- Identify work groups and prioritize action items

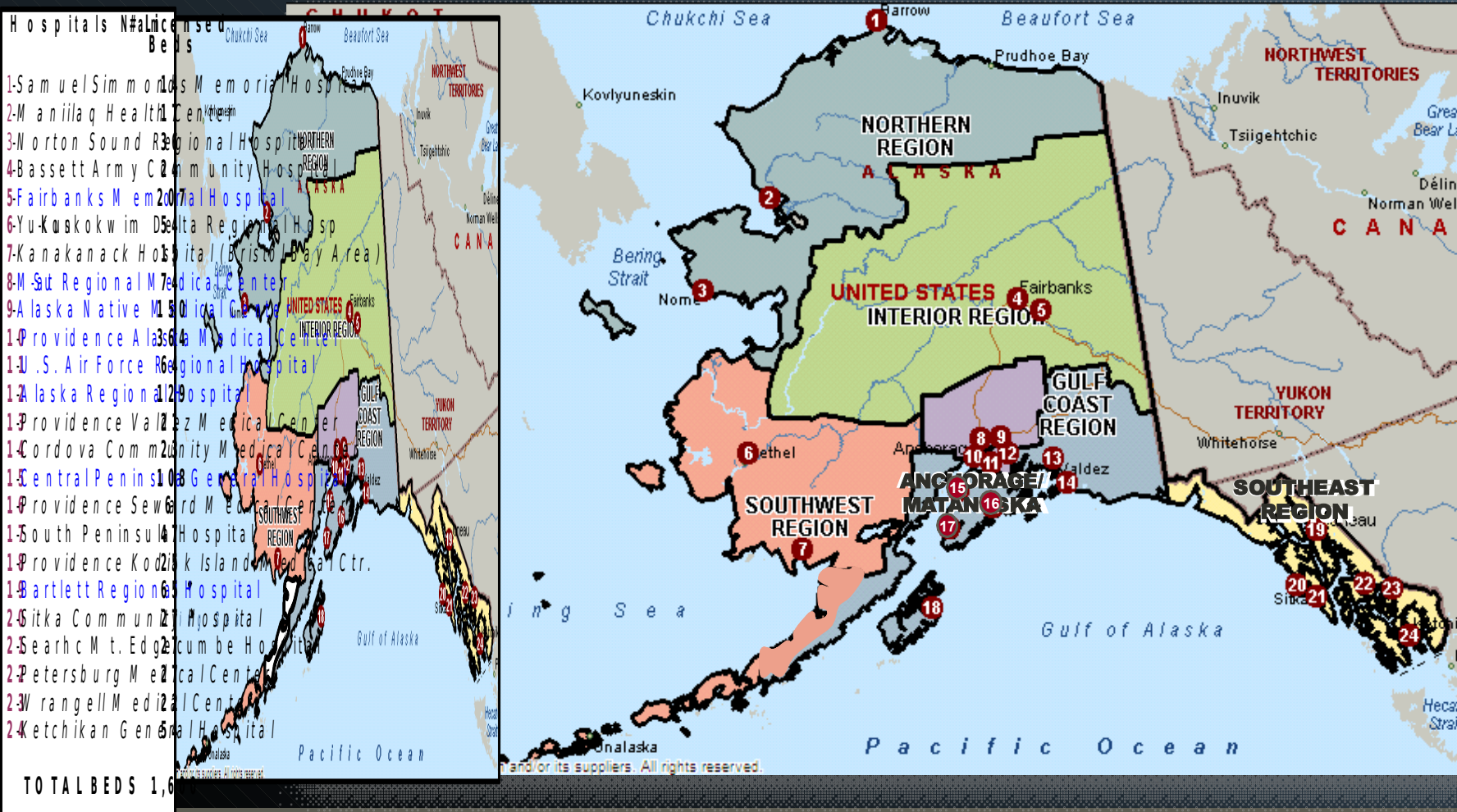
Appendix



KURT SALMON ASSOCIATES

Health Care Resources Available Today

In 2009, there were 24 hospitals in Alaska; 8 providing pediatric services; 13 designated as Critical Access Hospitals



Existing Supply – What you have today...

- There are 247 physicians providing pediatric care in Alaska today – 125 primary care, 122 subspecialists, 17 visiting specialists
 - › 38 of the 122 subspecialists also treat adults

Specialties	Alaska Total	Visiting Specialists
Primary Care	125	
Medical Specialties	40	13
Surgical Specialties	24	4
Neonatology/Perinatology	9	
Dentistry (Pediatric)	21	
Hospital-Based Subspecialties	28	
Subtotal Pediatric Subspecialists	122	17
Total	247	17

Existing Pediatric Subspecialists – By Region

Specialties	Anchorage/ Mat-SU	Gulf Coast	Interior	Northern	Southeast	Southwest	Alaska Total	Visiting DR's
Primary Care	68	14	20	1	16	6	125	
Medical Specialties	28	9			3		40	13
Adolescent Medicine	1						1	
Allergy/Immunology	4						4	
Cardiology	4						4	
Dermatology		1					1	
Endocrinology	1						1	4
Gastroenterology								1
Genetics	3						3	4
Hematology/Oncology	2						2	1
Neurology	1						1	1
Neurodevelopmental	1						1	1
Psychiatry	9	8			3		20	
Pulmonology	1						1	
Rehabilitation								
Rheumatology								1
Sports Medicine	1						1	

Existing Pediatric Subspecialists – By Region

Specialties	Anchorage/ Mat-Su	Gulf Coast	Interior	Northern	Southeast	Southwest	Alaska Total	Visiting DR's
Surgical Specialties	16	8					24	4
Cardiac and Vascular Surgery								
ENT	3	1					4	
General Surgery	2	2					4	
Nephrology	1						1	2
Neurosurgery								
Ophthalmology	2	1					3	
Orthopedic Surgery	1	3					4	1
Plastic Surgery/OMF	4						4	
Urology	3	1					4	1
Neonatology/Perinatology	9						9	
Dentistry	16		3		1	1	21	
Hospital-Based Specialties	26		1		1		28	
Anesthesiology	4						4	
Emergency Medicine								
Hospitalist	10				1		11	
Intensivist	9						9	
Radiology	3		1				4	
Total	163	31	24	1	21	7	247	17

NICU Level and Births for Major Hospitals

Hospital	2008 Total Births	NICU
Providence Alaska Medical Center	2,714	Level II and III
Alaska Native Medical Center	1,493	Level IIb
Fairbanks Memorial Hospital	1,168	Level II
Elmendorf AFB Hospital	808	
Alaska Regional Medical Center	807	Level IIb
Bassett Army Community Hospital	772	
Mat-Su Regional Hospital	712	
Bartlett Regional Hospital	380	
Central Peninsula Hospital	379	

Mark Wietecha	Senior Partner and KSA's Chairman Clients include 2/3 of U.S. News Honor Roll and top Children's hospitals
Shelley Oberlin	Manager, Strategy Expertise, focus areas – AMC's, Children's Hospitals and hospitals in rural markets
Laura Rehfeld	Manager, Strategy Expertise, focus areas – Children's Hospitals and Women's and Children's service line planning

Organizations / Institutions

Alaska Native Medical Center (ANMC)

Alaska Native Tribal Health Consortium (ANTHC)

Alaska Regional Hospital (ARH)

Alaska State Hospital and Nursing Home Association (ASHNHA)

American Academy of Pediatric Dentistry, Alaska (AAPD)

Bartlett Regional Hospital (BRH)

Central Peninsula Hospital (CPH)

Elmendorf Air Force Base / 3rd Medical Group (EAFB/3MDOS)

Fairbanks Memorial Hospital (FMH)

Glacier Pediatrics

La Touche Pediatrics

Mat-Su Regional Medical Center (MSRMC)

Municipality of Anchorage Department of Health and Human Services (MOA)

North Star Behavioral Health (NSBH)

Providence Alaska Medical Center (PAMC)

Ptarmigan Pediatrics

South Central Foundation (SCF)

South East Alaska Regional Health Consortium (SEARHC)

State of Alaska Department of Health and Social Services (DH&SS)

State of Alaska – Alaska Psychiatric Institute (API)

Tanana Valley Clinic (TVC)

The Children's Hospital at Providence (TCHAP)

University of Alaska (UA)

Yukon-Kuskokwim Health Corporation (YKHC)

Steering Committee Members

Steering Committee (20 Members)

- Rod Betit, CEO (*ASHNHA*)
- Stephanie Birch (*DH&SS*)
- Amy Dressel MD (*Comm. Ped*)
- Gena Edmiston, RN (*FMH*)
- Paula Fair, RN (*ARH*)
- Matt Hirschfeld, MD (*ANMC*)
- Jon Lyon, MD (*Comm. Ped*) *Chair*
- Dick Mandsager, MD (*PAMC*)
- Beth Medford, MD (*TVC*)
- Michelle Myers, DO (*ANMC*)
- Phil Neuberger, MD (*North Star*)
- Laura Peterson, MD (*Comm. Ped*)
- Andie Posey, RN (*CPH*)
- Amy Schumacher, MD (*ANMC*)
- Katy Sheridan MD (*Comm. FP*)
- Pat Smith, RN (*MSRMC*)
- Emily Stevens, RN (*MSRMC*)
- Debra Taylor, RN (*ARH*)
- Chris Tofteberg (*MOA DH&HS*)
- Lauren Wolf, MD (*EAFB/3MDOS*)
- Brad Whistler, DDS (*DH&SS*)



Interviewees

Anchorage

- Stephanie Birch (*DH&SS, AAPP Chairperson*)
- Dave Bromalaski, MD (*TCHAP, Surgeon*)
- Bruce Chandler, MD (*MOA, Chief Medical Officer*)
- BJ Coopers, MD (*TCHAP, Intensive Care*)
- Roy Davis, MD (*PAMC, CMO**)
- Jeff Demain, MD (*PAMC, Pediatric Allergy, Immunology*)
- Doug Eby, MD (*VP, Medical Services SCF**)
- Mike Engel, MD (*ANMC, Intensivist*)
- Paula Fair, RN (*ARH, Women's Children's Medical Oncology Manager*)
- Greg Ford, MD (*TCHAP Surgeon*)
- Paul Friedrichs, MD (*EAFB, 3MDOS, Commander**)
- George Gilson, MD (*ANMC, Perinatologist*)
- Calle Gongalez, MD (*ANMC, Pediatric Intensivist*)
- Matt Hirshfeld, MD (*ANMC, Hospitalist*)

(con't.)

- Jack Jacobs, MD (*TCHAP, Neonatologist*)
- Stephen Jolley, MD (*TCHAP, Surgeon*)
- Lily Lou, MD (*TCHAP, Neonatologist*)
- Jon Lyon, MD (*La Touche Pediatrician*)
- Dick Mandsager, MD (*PAMC, CEO*)
- Stephanie Monahan (*PAMC, Providence Foundation**)
- Michelle Myers, DO (*ANMC*)
- Alan Pratt, MD (*TCHAP, Gastroenterology*)
- Laura Schultz, MD (*TCHAP, Hematology, Oncology*)
- Amy Schumacher, MD (*ANMC*)
- Scott Wellman, MD (*TCHAP, Cardiologist*)
- Lauren Wolf, MD (*EAFB, 3MDOS*)

**Administrator or practitioner not peds focus)*

Interviewees

Fairbanks

- Haley Anthes, RN (*FMH, Peds Unit Coordinator*)
- Sheryl Barnett, RN (*FMH, IT*)
- Marv Bergeson, MD (*TVC*)
- Gena Edmiston, RN (*FMH, CNO*)
- Alena Keller, RN (*FMH, Peds/Med Surg Manager*)
- Susan McLane, RN (*FMH, Women's Children's Director*)
- Beth Medford, MD (*TVC*)
- Michelle Nace, MD (*TVC*)
- Karen Perdue (*UA, VP Statewide Health Programs**)
- Mike Powers, CEO (*FMH**)
- James Shill, CEO (*TVC**)

Bethel

- Jane McClure, MD (*YKHC*)
- Cindi Mondesir, MD (*YKHC*)

**Administrator or practitioner not peds focus)*

Soldotna

- Andie Posey, RN (*CNO, CPH*)

Juneau

- Mary Ellen Arvold, PNP (*Glacier Pediatrics*)
- Liz Bishop, RN (*BRH, Med/Surg Manager*)
- Rod Betit, CEO (*ASHNHA**)
- Amy Dressel, MD (*Glacier Pediatrics*)
- Billy Gardner, RN (*BRH, Med/Surg Director*)
- Monica Gross, MD (*Glacier Pediatrics*)
- Lisa Peterson, RN (*BRH, Peds Supervisor*)
- Marna Swarntz, MD (*SEARHC*)

Mat-SU

- Bruce Hess, DO (*Ptarmigan Pediatrics*)
- Laura Peterson, MD (*Ptarmigan Pediatrics*)
- Pat Smith, RN (*MSRMC, Family Birthing Center Director*)
- Emily Stevens, RN (*MSRMC, Med/Surg Director*)
- Michael Zielaskiewicz, RN (*CNO, MSRMC*)

Interviewees

Dental Specific Interview

- Jim Case, DDS (*Private Practice*)
- James Singleton, DDS (*ANMC, Associate Director, Internship Program*)
- Brad Whistler, DDS (*State Dental Officer, DH&SS*)

Behavioral Health Specific Interview

- Ron Alder (*Director, API*)
- Arom Evans, MD (*NSBH*)
- Teri Keklak (*Health Policy/Behavioral Health Manager, DH&SS**)
- Tina Lee, MD (*SEARHC*)
- Andy Mayo, CEO (*NSBH**)
- Phillip Neuberger, MD (*NSBH*)
- David Robinson, MD (*Private Practice*)
- Mark Stauffer, MD (*BRH*)

**Administrator or practitioner not peds focus*

