STATEMENT OF
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BEFORE THE
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Good morning Vice Chair and Members of the Committee. My name is Valerie Davidson, Senior Director of Legal and Intergovernmental Affairs for the Alaska Native Tribal Health Consortium (ANTHC). I send the regrets of Mr. Don Kashevaroff, Chair and President and Mr. Paul Sherry, CEO, who are unable to attend the hearing today due to an unavoidable scheduling conflict. Quyana (thank you) for the opportunity to testify today about access to, and delivery of, health care services to Alaska Native veterans, many of whom live in small rural Alaska villages. We appreciate this Committee's efforts to address this very important issue on behalf of Alaska Native veterans and their families and other veterans who live in rural Alaska.

Introduction

Every veteran, regardless of race or geographic location who needs medical care (including primary and behavioral health care) should have access to culturally appropriate care. In Alaska, the main barriers to local access to care are the lack of VA infrastructure in rural communities, the lack of funding to support the already existing rural health system, and the lack of systems providing meaningful medical information between health systems.

Recommendations

Rather than build additional VA health infrastructure in rural Alaska, it makes more sense to use our limited federal resources wisely to complement the existing system of culturally relevant services that are available through the Alaska Tribal Health System.

The most effective and efficient way to extend the VA's capacity to provide health care to veterans who live in rural Alaska, is by enhancing the existing tribal health system's capacity to provide care for those veterans. Specifically, we recommend two things:

(1) the creation of a VA clinical encounter rate to reimburse IHS (including tribally operated) facilities that provide care to veterans and their families. The clinical encounter rate should be flexible enough to extend to behavioral health and telemedicine encounter rates. Since tribal providers are often the only health care services available in local communities, we should ensure that non-Native veterans can also access care there. The precedent for such extensions of care for contracted community-based services has already been established by the VA in other locations in the lower 48 states.

(2) We also recommend that the VA be authorized to participate meaningfully in the health information exchange being developed with other Alaska health providers to share medical information for more efficient delivery of services.

We recommend that these initiatives be funded through an increase in the VA appropriation.

In order to put these recommendations into context, we'd like to highlight our current collaborations with the VA as well as provide a brief introduction to the Alaska Tribal Health System and our network of health care providers throughout Alaska that would make these recommendations possible.

Current Collaborations

The ANTHC is a proud partner in the Alaska Federal Health Care Partnership (AFHCP), a collaborative mechanism to more effectively provide services to our various federal beneficiaries. Together with the VA, the IHS, the U.S. Army, the U.S. Air Force and the U.S.

Coast Guard, we have been able to undertake the AFHCAN telemedicine project, a teleradiology project, a home telehealth monitoring initiative, a behavioral health project, and have participated in outreach efforts throughout rural Alaska. In the interest of time, we will defer to Mr. Spector's testimony regarding the specifics of the collaborations. These collaborations demonstrate how we can extend services to our federal beneficiaries when we pool our resources together.

At ANTHC, our vision is that Alaska Natives are the healthiest people in the world. Our mission is to provide the highest quality health services in partnership with our people and the Alaska Tribal Health System. This mission is similar to the expressed missions of both the IHS and the VA in their Memorandum of Understanding ("MOU"), signed in February 2003. The IHS mission is to "raise the physical, mental and spiritual health of American Indian and Alaska Natives to the highest level." *MOU between the VA/VHA & HHS/IHS*. The VA mission is to "care for him who shall have borne the battle and his widow and orphan" by putting quality first, providing easy access to medical expertise, knowledge, and care, enhancing, preserving, and restoring patient function, exceeding the expectation of patients, maximizing resources on behalf of veterans, and building healthy communities. *MOU.* All three entities want to provide the best and highest quality access and service to their beneficiaries.

The MOU between the IHS and the VA demonstrates the willingness of these two federal agencies to work together to form a more cohesive and comprehensive approach to serving their mutual beneficiaries, American Indian and Alaska Native (AI/AN) veterans. Here in Alaska, the Alaska Tribal Health System (ATHS) is an integral and vital partner for enhancing both agencies' ability to achieve their respective missions. On behalf of the Alaska Native Tribal Health Consortium, I offer the following recommendation in order for all three systems to

achieve success in providing the best possible health care to our mutual beneficiaries, Alaska Native veterans.

Opportunities for Additional Collaboration

Despite our current collaborative efforts, we can all agree that more work needs to be done to ensure that AI/AN veterans have meaningful and culturally appropriate access to health care in the communities they live in, whether that be in Anchorage, the largest city in Alaska, or St. Paul, a small rural Alaska Native community that is a $900 roundtrip airplane ticket away from the nearest VA Hospital in Anchorage.

The Alaska Native Tribal Health Consortium recognizes that creating additional VA health care capacity in rural Alaska where it does not currently exist is a very expensive proposition. However, there is another alternative. We believe that the VA can extend its capacity to provide health care to veterans and their families in Alaska Native communities by enhancing the tribal health system's ability to provide that care. Currently there are 216 tribal health care facilities in rural Alaska villages and hub communities. By increasing the capacity of the tribal health care systems that already exist in many rural Alaska Native villages the VA will not have to reinvent the wheel in remote and expensive rural Alaska while trying to achieve its mission and goals.

As recommended previously, our specific recommendation for additional collaboration is to create a VA clinical encounter rate, flexible enough to include behavioral health and telemedicine, to reimburse IHS facilities that provide care to veterans and authorization for the VA to participate meaningfully in the health information exchange that allows Alaska health providers to share medical information for more efficient delivery of services. We recommend

these activities be funded through an increase in the VA appropriation. It is important to note that the precedent for such extensions of care for community based services has already been established by the VA through the VA's Community Based Outpatient Clinic Program.

Introduction to the Alaska Tribal Health System

In order to appreciate and understand the context from which these recommendations to enhance culturally appropriate care in rural Alaska arise, a brief introduction to the Alaska Tribal Health System may help.

The Alaska Tribal Health System is a voluntary affiliation of over 30 Alaska tribes and tribal health organizations that provides services to Alaska Natives and American Indians (AI/AN). Each tribe or tribal health organization is autonomous and serves a specific geographic area. The Alaska Tribal Health System is a health care system that serves over 130,000 Alaska Natives, the majority of which live in rural Alaska.

The level of health care services available at each site depends upon the location and size of the village. In most rural communities the local tribal health organization is the *only* health care provider for Alaska Natives and non-Natives alike.

In the 180 small village health centers throughout rural Alaska, health care is provided by 550 Community Health Aides/Practitioners, 125 Behavioral Health Aides, 20 Dental Health Aides, 12 Dental Health Aide Therapists, and 100 home health and/or personal care attendants. Approximately one-half of the patient encounters occur at the local village level.

For additional services, patients are referred to one of approximately 25 subregional clinics, surrounded by a cluster of villages where care is typically provided by mid-level providers. Most of the subregional clinics also have dental operatories for traveling dentists or

Dental Health Aide Therapists in the regions that are fortunate to have them. Some regions have also deployed a variety of behavioral health professionals at both the village health centers and at the subregional clinics. Four multi-physician health centers are located in Fairbanks, Anchorage, Juneau and Kodiak.

Care that cannot be provided at the small village health centers, subregional clinics or multi-physician health centers is provided by referral to six (6) regional hospitals located in the hub communities of Bethel, Nome, Kotzebue, Barrow, Dillingham, and Sitka. These are the only hospitals available to these communities and the region, except for Sitka. Finally, the Alaska Native Medical Center, co-managed by the Alaska Native Tribal Health Consortium and Southcentral Foundation, is the statewide tertiary hospital for all American Indians and Alaska Natives in Alaska.

In short, the Alaska Tribal Health System is a health care system that already exists serving rural Alaska. The telemedicine network available in many communities also extends local community care by networking local health care providers with providers at other locations.

Access to Culturally Appropriate Care

Some Alaska Native veterans report that the current picture of health care for Alaska Native veterans is complicated and almost inaccessible for many rural Alaska Native veterans. Transportation to VA clinics is extremely expensive and a financial barrier many veterans are unable to hurdle. Quite simply, the $400 to $1,000 plane ticket to the VA health center in Anchorage or to the VA Community Based Outpatient Clinics in Fairbanks or Kenai is out of reach of the typical Alaska Native veteran. If the Alaska Native veteran does not fall into the correct priority level or percentage of disability or income requirements, the VA cannot pay for

his travel to any of the three VA health care facilities located in urban centers of Alaska. Besides the three VA facilities in Fairbanks, Kenai, and Anchorage, the VA does not have any other facility in the rural villages or regional communities of Alaska. This is a prohibitive financial obstacle to the Alaska veterans that live outside of the urban centers in which these three facilities are located.

When a veteran cannot get necessary and timely treatment of medical, mental, or behavioral issues, the entire community is impacted. If a veteran cannot get help within his or her own community, how much harder will it be for him or her to be treated successfully and in a culturally relevant manner?

In addition to local access, one of the tenets of our health care system is our ability to provide culturally appropriate care where the entire family can be seen and be involved in the care. We know from our own experience that culturally-based care combined with family involvement is often the most effective way of treating our patients. At its most basic, Alaska Natives are more likely to seek health care in a setting in which they feel comfortable.

Impact of Primary Care and its Relationship to Behavioral Health

Access to primary health care is important beyond just basic medical care, but is a critical link in mental health care since a majority of behavioral health issues are diagnosed by their primary care providers. By increasing the capacity of the ATHS to provide health care services to Alaska veterans in rural communities where the infrastructure and personnel already exist, Alaska veterans will experience an increase in both medical and mental health care via the extensive ATHS and telemedicine network. Furthermore, when veterans can access health care in their home communities, their families and communities also benefit. Potential mental health

issues that may take a while to surface, such as Post Traumatic Stress Disorder (PTSD), one of the most common diagnosed health issues facing recently returning veterans of Operation Enduring Freedom and Operation Iraqi Freedom, have a better chance of being caught early by the people who best know the veteran and can offer more immediate access to culturally-appropriate services within the context of their own homes, villages, and tribes. Additionally, building capacity in the already existing ATHS will not only increase access to and provision of health care for Alaska veterans in rural communities, but will help to provide healthcare to the veteran as a whole person and not just to the service-connected disability associated with military service. The veteran, his family, and community can be treated in the ATHS, thereby helping the VA to achieve its mission and goals with Alaska veterans.

A recent multi-national study undertook an examination of the rates of contact with primary care and mental health care professionals by individuals before they died by suicide. The study found that "only one-third of suicide decedents had contact with mental health services within the year of their deaths, while over 75% had contact with primary care providers." *Contact with Mental Health and Primary Care Providers Before Suicide, Luoma et al., American Journal of Psychiatry, 159:6, June, 2002.* Many of these patients had been seen for vague and non-specific complaints that with proper screening would have likely resulted in a referral to a behavioral health professional.

With regard to veterans, a recent study of 100,000 veterans who separated from active duty between 2001 and 2005, who sought care from VA medical facilities, found that the most common combination of diagnoses was post-traumatic stress disorder and depression. "In addition, young soldiers were three times more likely as those over 40 to be diagnosed with PTSD and/or other mental health disorders. [A]lmost all of these mental health issues were

identified during primary care visits, not with mental health professionals." *Source: http://www.mentalhealth.va.gov.*

What this tells us is that our primary health care professionals can expect to see behavioral health issues while they are treating returning veterans. We need to ensure that during their primary care visits, the primary providers are screening for behavioral health issues. We also know from our own experience that mental health issues often go hand in hand with substance and/or alcohol abuse issues, as patients attempt to self-medicate. At this time, the ATHS has a limited number of alcohol treatment and substance abuse treatment facilities available. The number of treatment slots available does not keep up with demand. The typical wait list is anywhere from two to six months.

Some regions are already providing these behavioral health screening services for Alaska Native patients during primary care visits. For example, in 2005, the Yukon-Kuskokwim Health Corporation restructured its care delivery by building on the strengths of the medical and behavioral health systems through integration of services and adopting a "one-stop shopping" model. The YKHC model includes (1) Behavioral Health Aides co-located in most village clinics; (2) the Subregional Clinic which incorporates a BH Core Team consisting of a masters-level clinician who supervises the BHAs in the surrounding villages; (3) coordinated services in Bethel with the inclusion of a Nurse Practitioner in the Behavioral Health Department, Emergency Clinicians on-call for the hospital and a full-time Masters clinician in the hospital outpatient clinic; and (5) Behavioral Health Clinical staff teaching the modules on mental health and substance abuse to the village Community Health Aides/Practitioners. In YKHC's experience, this new model improved patient and provider satisfaction, maximized scarce resources and improved health status of Alaska Natives in the region.

We expect that one of the significant impacts in our communities and our health care system is the impact on the families of our veterans. The transition of the departure, the absence and the return of soldiers goes far beyond the soldier, but extends to the entire family and community. We know this to be true for all veterans, but for Alaska Native veterans, the additional cultural differences complicate these transitions. These challenges in adjustment may be difficult for providers outside of the Alaska Tribal Health System to comprehend, appreciate and incorporate into treatment.

Unfortunately, the VA does not typically extend health care to the family. Yet, we can expect that families will be tremendously impacted. The Alaska Tribal Health System is expecting an increase in the demand for care for the families of veterans. Since we know that the VA does not provide care for the families, we expect the Alaska Tribal Health System to feel the impact in both the quantity and cost of providing that care.

Under-funded Indian Health System

The Alaska Tribal Health System stands ready to assist in the care of our veterans. Unfortunately, our resources are limited because the Indian health system is consistently and persistently under-funded. Worse yet, this minimal level of funding has remained flat or actually lost ground to population growth and medical inflation, including mandatory pay cost increases (arising from the annual Pay Act passed by Congress each year); the budget for Indian health care is losing pace. The Northwest Portland Area Indian Health Board (NPAIHB), which takes a leadership role in analyzing the funding for Indian health programs, estimated that it would take an increase of $480 million nationally to maintain current services in FY 2008. *NPAIHB*

POLICY BRIEF, President's FY 2008 IHS Budget Request, NPAIHB, February 9, 2007, p. 3 (found at www.npaihb.org/images/policy_docs/IHS/).

Since the Alaska Tribal Health System is only funded at approximately 58% of the level of need, we simply cannot absorb the additional cost of providing services to veterans and their families without compensation to offset our costs. Although the VA's medical budget increased by 40 percent in real (inflation-adjusted) terms from 1999 to 2004, we know that the VA's resources are insufficient to meet the current needs of veterans. Thus, additional appropriations for both the VA and the IHS are necessary along with payment authority to enhance the tribal health system's capacity to provide care to veterans in our communities.

Conclusion

At the end of the day, as health care systems and providers, we have to ask ourselves if we are providing the best care that we can to the people we are obligated to care for. The ATHS and the VA have mutual beneficiaries, separate appropriations, distinctly different budgets, and similar missions. At this time, the ATHS is under-funded, but provides service to all AIANs, be they veterans or not, in many of Alaska's rural villages and regional hubs. The VA has increasing enrollment of eligible veterans nationwide and limited capacity and facilities within Alaska, especially in the rural areas. A marriage of access and service between the VA and already existing ATHS on behalf of Alaska veterans seems most appropriate based on these circumstances. By continuing to increase VA appropriations and creating a VA clinical encounter rate to reimburse IHS facilities that provide care to veterans, as discussed previously, Alaska veterans can be assured of meaningful, culturally-appropriate access to health care. Together the VA and the ATHS, along with the IHS and our other federal partners, can

accomplish this shared mission, and our mutual beneficiaries, Alaska Native veterans, will be the better for it.

In closing, we thank the Committee again for your efforts to address this critical issue on behalf of Alaska veterans and their families who live in rural Alaska.