

# Rethinking the Business of Health

by Christine Graef



*Customer/owners Esther Grosdidier and Dylan Coppock, mother and son*

**S**outhcentral Foundation (SCF), based in Anchorage, serves about 55,000 indigenous people within 150,000 square miles of Alaska. A decade ago, SCF operated under Indian Health Service with outcomes determined by physician limitations within the system. Patients waited weeks for an appointment. Different providers were seen each time, causing dissatisfaction between patients and doctors.

After Congress found that “prolonged federal domination of Indian service programs has served to retard rather than enhance the progress of Indian people and their communities,” the Indian Self-Determination and Education Assistance Act was passed in 1975.

The government recognized that if the people receiving services were involved in the decision-making process or owned the entities that delivered the services, there would be a greater potential for improving their health statistics, according to statements by Katherine Gottlieb, Aleut/Filipino, president/CEO of SCF; Ileen Sylvester, Athabascan/Aleut/Yupik, vice-president of executive and tribal services; and Dr. Eby, vice president of medical services.

SCF took the first step in redesigning health care by defining the business to be about “human beings” who are customers and owners of their health choices, not just patients. After assembling proven best practices from around the world, in 1987 they began contracting services from the federal government. By 1999, they had created the Nuka Model of Care.

## Nuka Model of Care

The Nuka Model is built upon four key pillars:

1. Everything SCF customers define as needs, goals and values become the system’s focus. The doctor and care team provide expertise, explain options and make recommendations. But the customer is in control and makes decisions, providing a true degree of empowerment.

2. SCF has developed integrated care teams built upon the medical home model. Customers select the doctor, be it a family physician, pediatrician or internist. Each team has a doctor with one or two medical assistants, a full-time nurse who focuses on care coordination, and an administrative assistant who provides case management support. Additionally, the team concept has been extended by assigning specialists and ancillary providers to each primary care team.

3. SCF has virtually eliminated the barriers of time by offering same-day access. Teams handle what they can over the phone. If a visit is needed, the customer can be scheduled for that same day to meet with any member of the team, based upon the customer’s needs. This eliminates bottlenecks by shifting work to where it’s most appropriately done, which also creates cost efficiency.

4. Every new employee goes through a three and one-half day orientation to review SCF processes, phi-



Anchorage Native Primary Care Center (ANPCC) front entrance where many of SCF’s services are located

losophy, and Alaska Native people and cultures. The care teams receive regular feedback, including data on how each team is performing in dozens of clinical measures. Physicians’ salaries are based on their team’s overall performance.

More than 1,350 employees and an operating budget in excess of \$153 million annually provide a broad spectrum of health care, including primary medical, dental and behavioral health, traditional healing, and home-based services and education. SCF, accredited by the Joint Commission on the Accreditation of Healthcare Organization, also jointly owns and manages the Alaska Native Medical Center (ANMC) with the Alaska

Tribal Health Consortium. ANMC includes a 150-bed hospital and was awarded with Magnet status twice by the American Nurses Credentialing Center. “Southcentral Foundation’s Nuka Model of Care is the result of a partnership with the Alaska Native community,” said SCF Chief Operating Officer Chuck Clement, Tsimshian/Athabascan. “With the incredible improvements and successes, we’re learning a village can lead a nation.” ❖

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