Heart disease. The risk of as kidney failure, stroke and health complications, such have a higher risk of serious unfortunately, diabetics he or she has the disease. Of those with diabetes, one out of four does not know means one out of every 11 Americans has diabetes. Of those with diabetes, one out of four does not know he or she has the disease. Unfortunately, diabetics have a higher risk of serious health complications, such as kidney failure, stroke and heart disease. The risk of premature death for diabetics is 50 percent higher than for those without the disease. Diabetes is a disease that affects not only the quality of life of patients, but also health care expenditures for all. In 2007, the cost of health care due to diabetes in the United States was $174 billion. In 2030, this number is projected to reach $860 billion. Unfortunately, the number of people with diabetes continues to increase, therefore as more people become diagnosed with diabetes, the cost of care will continue to increase. How does diabetes impact Alaska? About 37,000 residents — or 7 percent of Alaskans — have diabetes. The areas seeing the most diabetes cases follow, from highest to lowest: Anchorage, the Mat-Su Borough, Fairbanks, and Kenai. one way to help your patients and decrease diabetes in Alaska is by using preventive and management resources already available in your community. The American Diabetes Association (ADA) recommends diabetes self-management education (DSME) because it has been shown to improve health outcomes for diabetics and results in significant health care cost savings for the patient longterm. DSME helps patients improve glycemic control and gain knowledge about...
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April and May Happenings

Class of 2015 UAA School of Nursing—Juneau!

May brought Spring and happy graduates. The AAS graduates above are: front row from left, Justine Muench faculty, Kirsten Elstad, Elizabeth McKay, Allison Kane, Jenny Farley, Wynette Hanna. Back row from left; Troy Sharp, Anne Nelson, Lena Logan, Elli Braaten.

May Maythorne Marijuana Forum Great Fun

The AKPNO Wednesday night CE Forum on May 6 was headlined by Dianne Maythorne, ANP who spoke on medical marijuana. The discussion was brisk and information timely. Brownies (plain) and cookies were served. In September the Chair of the Alaska Board of Nursing, Denise Valentine, ANP will be speaking on BON Critical Issues.

(We are sorry to report that on June 1 the house Dianne lived in burnt to the ground with a loss of many of her four-legged friends. She and her husband Nick were unhurt and are rebuilding their lives.)

APRN Bill Sweeps Through Senate

SB 53, the Senate bill sponsored by Senator Cathy Giessel that will bring all four advanced practice nursing specialties in Alaska under the title Advanced Practice Registered Nurse (APRN) was passed out of the Senate in April and went to the House. The APRN Alliance thanks all those nurses who testified and wrote letters of support. For an update, come to the APRN Alliance meeting September 12, 11am at Providence Hospital, the Aspen room by the cafeteria. Pictured from left are Advanced Practice Nurses Sarah Bilak-Larson, Nan McGrath, Rachael Carlson, Senator Cathy Giessel and Laura Sarcone.

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Contact Erin Leigle in Human Resources at (406) 283-7168 or e-mail eleigle@cabinetpeaks.org EOE
School Gardens Fight Obesity in Juneau

by Autumn Muse, BSN, PHN
Juneau Public Health Center

Childhood obesity is a major issue in the United States. The National Center for Health Statistics claims that, “Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years.” (1) Two major obstacles facing parents of youth are the accessibility of various fruits, vegetables and other healthy foods to children; and the knowledge and desire for children to choose those foods when provided with the opportunity.

School gardens are being introduced as an innovative new solution to help tackle challenges presented by the lack of knowledge and accessibility surrounding fruits and vegetables. These gardens are springing up nation-wide and becoming a more popular inclusion in the curriculum for schools and their students. Research has shown that school gardens can have a positive impact on children’s food choices by improving their preference of vegetables and fruits and increasing their nutritional knowledge.

As part of the Partnerships for a Healthier Juneau’s community health improvement activities, the Juneau Public Health Center – in partnership with the Association for the Education of Young Children (AEYC), University of Alaska Fairbanks (UAF) and Southeast Master Gardeners Association – applied for and received a grant from the Alaska Nurses Foundation to aid in the implementation of several such childcare-facility gardens located in Juneau, Alaska. The grant covers a three year period and reimburses expenses like materials for garden boxes, the purchase of tools and water hoses, and the purchase of various other supplies that aid in the planting of the vegetables. The grant also covers supplies for “Harvest Nights,” a time for the kids to get together and enjoy the “fruits” of their labor. After hearing about the program, The Home Depot generously donated lumber for the raised beds and potting soil to fill them.

Today, this grant provided four childcare facilities in Juneau the ability to build on-site educational gardens. As part of the joint effort, each childcare facility was provided with access to the Gardening Support Network and UAF Cooperative Extension, as well as helping hands during the summer months to build plant boxes, and plant kale, lettuce and carrot seeds.

The culmination of the hard work occurred last fall when a Juneau Public Health Nurse, AEYC members, and members of Southeast Master Gardeners Association met with teachers, parents and children to enjoy the “fruits” of their labor.

To continue the Partnerships for a Healthier Juneau website to allow community members to learn more about the organization and what is being done in Juneau to help make a healthier community.

While obesity is a prevalent disease with serious consequences, it can be mitigated by teaching our progeny early about a healthy lifestyle. Fortunately, innovative ways to do so are being thought up and put in to practice. School gardens not only teach children the nutritional value of fruits and vegetables but also provide children with that knowledge and desire to try the vegetables they grow and to take those vegetables and turn them in to their own smoothies.

This program will be able to continue for the next two years helping provide garden supplies, soil, seeds and educational experiences about eating fruits and vegetables. For the winter months, hydroponic plant grow kits were provided. There are plans to use some of the grant money to provide vegetable gardening educational opportunities with the Summer School Lunch Program; provide children that visit the Juneau Public Health Center with soil, lettuce seeds and a cup to grow their own lettuce at home, and to continue the Partnerships for a Healthier Juneau website to allow community members to learn more about the organization and what is being done in Juneau to help make a healthier community.

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The American Association of Nurse Practitioners Announces Fellows for 2015

Dianne Tarrant, FNP, APRN-C was inducted as a Fellow of the AANP on June 11th at the national American Association of Nurse Practitioner Conference in New Orleans, Louisiana. The Fellows of the American Association of Nurse Practitioners (FAANP) program was established in 2000 to recognize nurse practitioner leaders who have made outstanding contributions to healthcare through NP education, policy, clinical practice, or research. Ms. Tarrant was one of seventy tapped for membership because of her outstanding contributions to practice and education.

Ms. Tarrant has owned a family practice clinic for 20 years, employing NPs and precepting FNP students. She is a tenured associate professor at the University of Alaska Anchorage, coordinating the FNP Program since 2008 and has been integral to developing the DNP program. She has published widely on chronic hepatitis B.

Dianne actively participates in state and national professional organizations, is past president of the Alaska Nurse Practitioner Association and served as Alaska State Representative to AANP. She frequently flies to Juneau, advocating for NPs and involving students in political activism. She received AANP’s 2013 Alaska Nurse Practitioner Advocate Award for her energy and enthusiasm for the profession that has acted as a catalyst in getting student FNPs as well as practicing FNPs involved professionally.

Nancy Sanders, PhD, RN Executive Administrator, BON Retiring

Nancy Sanders will be retiring this month (July) after over eight years with the Board. Sanders graduated with her bachelor’s degree from the University of Oregon School of Nursing in 1969. Four months later she began her nursing education career by teaching nursing for two years as a Peace Corps Volunteer in St. Lucia, British West Indies. When Nancy returned from the Peace Corps, she relocated to Alaska and was the clinic coordinator at a family planning clinic in Juneau. She was also a public health nurse for the Municipality of Anchorage, and for the State of Alaska in Bethel, AK.

In 1981, Nancy earned her master’s degree in Community Health Care Systems and Cross Cultural Nursing from the University of Washington School of Nursing. She started phase two of her nursing education career in 1982 at the University of Alaska Anchorage School of Nursing. She taught there for 22 years and retired in 2004. During that time, she earned her PhD in Nursing from Wayne State University in Detroit, Michigan. Her dissertation was a study of the relationship of spirituality and health among the Yup’ik of Southwestern Alaska.

In November 2006, Nancy became the Executive Administrator for the Alaska Board of Nursing. Her responsibilities included being the staff person for the Board of Nursing and implementing the Board’s duties and powers. These included licensure of nurses and nurse aides, approval of nursing education programs, scope of practice advisory opinions, and discipline of nurses and nurse aides.

Denise Valentine, Chair of the BON says, “Nancy’s passion has been that nurses be adequately trained and continue with competency. She has been uncompromising in this standard as she completely was given to the mission of the Board which is to protect the public.”
The exercise scenario of events occurred over a 3 day period, in March, and involved simulated heavy rainfall initiating rock slides, damaging the South Peninsula Hospital making the road to Homer impassable. As part of the exercise South Peninsula Hospital requested assistance from the Alaska Department of Health and Social Services, Health Emergency Response Operations. This exercise tested hospital, city, borough and state emergency operation plans for mass casualty/mass fatality response, and in-state patient movement.

Participants in the exercise included South Peninsula Hospital, City of Homer, Homer Volunteer Fire Department, Kachemak Emergency Service, Anchor Point Fire and EMS, Kenai Peninsula Borough, Central Peninsula Hospital, Homer Fire and Rescue, Alaska Department of Health and Social Services, Section of Emergency Programs, Alaska Department of Military and Veterans Affairs/Alaskan Command, US Army, Alaska National Guard, Charlie Company/1-52 Aviation Regiment (FT Wainwright), Alaskan Command, US Army-ALASKA, Alaska Native Tribal Health Consortium, Emergency Management Services-Southern Region, State of Alaska-Department of Transportation.

The Alaska National Guard 1st 207th Aviation Bravo and Echo Companies provided direct support of the medical surge by transporting the Alaska Department of Health and Social Services personnel and equipment from Anchorage to Homer. Utilizing Blackhawk helicopters and 5 ton trucks, Alaska National Guard delivered the personnel and equipment in an expeditious manner, and then provided comprehensive support to the exercise throughout the event to include, supporting mass fatality efforts, set up the base of operations, support to the medical surge tent, security and, in conjunction with Alaskan Command, set up information management as well as interoperable and integrated communications. These efforts supported the exercise scenario by providing the ability to provide lifesaving and life sustaining services to the City of Homer, enhanced the capability of the Homer Security Command to provide the final dignity and respect for our fallen, and increased the capability of the State Aeromedical Stage Facility, Charlie Company 1/52 Aviation Regiment moved patients from Homer and Soldovia to Central Peninsula Hospital in emergency response to the exercise scenario of events. In need and taught Air Ground Integration class to EMS and DHSS personnel.

You can do without technical Staging Facility (SASF) prepares patients for air transport. Based on the federal model, the SASF ensures patients are not in immediate need of care and will not decompensate during movement to a higher level of care. Any equipment the patient is using (ventilators, IVs, etc.) will be exchanged for aircraft worthy equipment, if required. Due to the geographic size of the state of Alaska, air movement will often be the preferred method of transport, like the amount of time ground transportation will take.

The mass fatality event is a significant part of the exercise. The disaster that occurred in Homer will have caused fatalities, and our ability to provide the final dignity and respect for our brother and sister Alaskans is an important duty all Alaskans share.

DHSS EOC exercised mission and volunteer deployment with Alaska Respond. Three Alaska Respond volunteers were deployed to support the SASF. These three volunteers have been working in the State while not knowing their educational background or whether they have a criminal history. There are also issues of who Board would investigate unprofessional conduct by a nurse, Alaska or the state where the person is licensed. The Board decided that single state licensure will be maintained for the time being. The Board is interested in hearing your opinion about joining or not joining the Nurse Licensure Compact.

Rock and a Hard Place Homer Disaster Exercise 2015

Sad news was presented at the April meeting. Board member Erin Evans, RN, MSN announced her resignation from the Board effective June 1st. She and her family are moving out of state this summer. Erin has served on the Board for 5 years, 2 of those years as secretary and one year as vice chair. Her level of expertise as a bedside nurse and part time educator provided valuable information for the Board. She will be greatly missed! Nurses interested in applying for a seat on the Board of Nursing can apply through the Governor’s office. The online address is http://gov.alaska.gov/Walker/services/boards-commissions.html

During our meeting in April, Dr. Nancy Sanders announced her intentions to retire this summer as the Executive Administrator of the Board of Nursing. Dr. Sanders has served as the Executive Administrator for 8 years. The members of the Board have been greatly appreciative of her knowledge, integrity, professionalism, and diplomacy. She has been a valuable asset to the Board. She will be greatly missed!

The Division of Commerce, Community and Economic Development (DCCED) will be recruiting for a replacement for the Executive Administrator. The recruitment information will be on Workplace Alaska at http://doa.alaska.gov/dop/workplace/

The Board was able to complete a regulation project that will be submitted for a 30 day public comment period in the near future. You will be able to access these proposed regulation changes on the website (www.nursing.alaska.gov). The items up for change include, repealing the list of injectable medications an ANP can delegate to a certified medical assistant, requiring clinical hours of practice for ANPs in order to renew their authorization, establishing the regulations for a “retired status,” clarifying continuing competency Professional Activities requirements, and other minor changes that make major problems for the Board staff.

There have been several inquiries regarding whether Alaska is interested in becoming a “compact state,” meaning an RN or LPN would have the ability to hold a current unencumbered license in Alaska and be able to practice in another compact state without applying for licensure in that state. The Board carefully considered the advantages and disadvantages of this type of licensure. Advantages include the ability for nurses to come to Alaska and begin work immediately. Disadvantages include changing the statute to mirror the other states’ statute (a state’s rights issue), loss of revenue to run the Board since the Board operates on your licensure fees, and allowing nurses to practice in the State while not knowing their educational background or whether they have a criminal history. There are also issues of which Board would investigate unprofessional conduct by a nurse, Alaska or the state where the person is licensed. The Board decided that single state licensure will be maintained for the time being. The Board is interested in hearing your opinion about joining or not joining the Nurse Licensure Compact.

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Hepatitis C: Prevalence, Treatment and Screening

Recommendations

by Jordin Thompson, RN, SFNP

Hepatitis C virus (HCV) causes significant morbidity and mortality in the United States (Campos-Outcalt, 2012) and has been declared a global health problem by the World Health Organization (WHO) (2012). Approximately 1-3% of adults living in the United States are currently living with a chronic HCV infection; between 8,000 and 10,000 deaths per year in the United States alone are attributed to HCV infection (Nelson, Oston, & Smith, 2014). It is hypothesized that the primary cause of cirrhosis and hepatocellular carcinoma globally and the most common cause of liver transplantation in the United States (Lok et al., 2012). It is estimated that 50% of cirrhosis, end-stage liver disease, and hepatocellular carcinoma is the result of an HCV infection (Olson & Jacobson, 2011). It is also the leading indication for liver transplantation (Lok et al., 2012).

HCV is of particular concern in Alaska. During 2014, 5.5% of Alaskans tested positive for HCV. This is a rate of newly reported HCV infections in Alaska was 133.8 cases per 100,000 population. Rates were highest in the Gulf Coast, Anchorage/Mat-Su, and Southeast regions (State of Alaska Epidemiology, 2013).

From 1999-2007 the number of HCV related deaths increased by 50%. While deaths from HCV have been increasing, the numbers of new infections have decreased over the last several decades. This is due to the increased testing in blood safety and infection control measures.

The rising morbidity from HCV reflects the chronic nature of the disease, with high rates of disease progression once infection is established. The distribution of the disease. Approximately 81% of those infected were born between 1945 and 1965, in a group commonly known as the baby boomer generation. Most individuals were infected during these decades and are now developing cirrhosis and hepatocellular carcinoma (Lok, Smith, & Weinbaum, 2012). Overall prevalence may be even higher, but the looming increase in mortality among the baby boomer generation is of significant concern.

Screening

Unfortunately, from 2000 to 2007, only 4.31% of the population was screened for HCV, among those screened, 5.5% were found to be infected. The CDC recommends that all adults born between 1945 and 1965 receive a one-time screening test regardless of risk factors. Despite recent advances in HCV treatment and care, it is estimated that between 50% (Tran, 2012) and 75% (Ward, Valdiserri, & Koh, 2012) of chronically infected individuals are unaware of their status because they have never undergone testing. As a consequence of these low levels of detection, in combination with the high prevalence of HCV in the baby boomer generation, the Centers for Disease Control (CDC) (2012) put forth new recommendations regarding screening for HCV. In addition to screening all high risk and symptomatic patients, the CDC recommends that all adults born between 1945 and 1965 receive a one-time screening test regardless of risk factors.

In addition to screening all high risk and symptomatic patients, the CDC recommends that all adults born between 1945 and 1965 receive a one-time screening test regardless of risk factors. The CDC presentation on birth cohort screening, U.S. Preventative Services Task Force (USPSTF) released a recommendation in June 2013 that mirrors that of the CDC (USPSTF, 2013).

Figure 1

Figure 1 Recommended Testing Sequence for Identifying Current HCV Infection (CDC, 2012).

Recommendations for the identification of possible chronic liver disease and potential risks to screening all high risk and symptomatic patients. In the case of a positive test a more detailed evaluation should be done to diagnose the presence of an HCV infection and evaluate the patient for chronic liver disease. The availability of new treatment options means that all adults born between 1945 and 1965 should be screened regardless of risk factors. This will provide either a quantitative viral load or a qualitative evaluation for presence or absence of the virus. If the HCV RNA is negative, then the patient is among the 25% of those who were infected but cleared the virus without medical intervention. These patients do not need any further testing or treatment. If the nucleic acid test is positive, the patient is chronically infected with HCV. This test will also determine with what genotype the patient is infected. This is demonstrated in figure 1.

Table 1

Table 1: Recommended Testing Sequence for Identifying Current HCV Infection (CDC, 2012).

<table>
<thead>
<tr>
<th>HCV Antibody test performed</th>
<th>HCV RNA/ genotype test performed</th>
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<tr>
<td>negative</td>
<td>negative</td>
</tr>
<tr>
<td>positive</td>
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| no further action needed | SVR = sustained virological response. SVR rates for genotype 2 are approximately 95%, and 65-80% for genotype 3 (University of Washington, 2015). However in 2014, new all-oral drugs were approved by the FDA: [1] ledipasvir-sofosbuvir, [2] simeprevir plus sofosbuvir, and [3] omibavir, plus an approved protease inhibitor (AAASD/ IDSA/IAS-USA, 2015). Current guidelines for treatment with these medications are jointly set by the American Association for the Study of Liver Diseases (AASLD), Infectious Diseases Society of American (IDSA), and the International Antiviral Society-USA (IAS-USA). These new all-oral regimens are highly effective and are associated with high rates of sustained virological response (SVR). SVR = sustained virological response. SVR is especially important now. By promoting awareness of and adherence to HCV screening guidelines, nurse practitioners can positively influence outcomes. By routinely screening and referring patients with HCV for treatment, nurse practitioners can reduce the prevalence of liver fibrosis, cirrhosis, hepatocellular carcinoma, and liver transplants (Lok et al., 2012). Treatment is often the hands of experts, but the path to cure starts now. By promoting awareness of and adherence to HCV screening guidelines, nurse practitioners can positively influence outcomes. By routinely screening and referring patients with HCV for treatment, nurse practitioners can reduce the prevalence of liver fibrosis, cirrhosis, hepatocellular carcinoma, and liver transplants (Lok et al., 2012). Treatment is often the hands of experts, but the path to cure starts now. By promoting awareness of and adherence to HCV screening guidelines, nurse practitioners can positively influence outcomes. By routinely screening and referring patients with HCV for treatment, nurse practitioners can reduce the prevalence of liver fibrosis, cirrhosis, hepatocellular carcinoma, and liver transplants (Lok et al., 2012).

Summary

Recommendations for birth cohort screening were implemented to reduce morbidity and mortality (AASLD/IDSA/IAS-USA, 2015). Recommendations for the identification of possible chronic liver disease and potential risks to screening all high risk and symptomatic patients. This treatment is available for HCV, but can only be offered to those patients who have been tested. Given recent advancements in treatment, screening and referring patients with HCV for treatment, nurse practitioners can reduce the prevalence of liver fibrosis, cirrhosis, hepatocellular carcinoma, and liver transplants (Lok et al., 2012). Treatment is often the hands of experts, but the path to cure starts now. By promoting awareness of and adherence to HCV screening guidelines, nurse practitioners can positively influence outcomes. By routinely screening and referring patients with HCV for treatment, nurse practitioners can reduce the prevalence of liver fibrosis, cirrhosis, hepatocellular carcinoma, and liver transplants (Lok et al., 2012). Treatment is often the hands of experts, but the path to cure starts now. By promoting awareness of and adherence to HCV screening guidelines, nurse practitioners can positively influence outcomes. By routinely screening and referring patients with HCV for treatment, nurse practitioners can reduce the prevalence of liver fibrosis, cirrhosis, hepatocellular carcinoma, and liver transplants (Lok et al., 2012). Treatment is often the hands of experts, but the path to cure starts now. By promoting awareness of and adherence to HCV screening guidelines, nurse practitioners can positively influence outcomes. By routinely screening and referring patients with HCV for treatment, nurse practitioners can reduce the prevalence of liver fibrosis, cirrhosis, hepatocellular carcinoma, and liver transplants (Lok et al., 2012).

References


Hepatitis C continued on page

Image 276x231 to 515x600
Doctor of Nursing Practice Program Opens Doors

The University of Alaska Anchorage, School of Nursing is pleased to announce the start-up of the Doctor of Nursing Practice Degree (DNP). The DNP is a clinical doctorate that places primary emphasis upon advanced professional nursing practice, theory, research, leadership roles in advancing health care delivery systems and application of research into practice. In fall 2015 we will begin with a Post Master’s DNP. This program is for Family and Psychiatric-Mental Health Nurse Practitioners who wish to expand their knowledge and skills to be able to better interpret research, apply best practices and incorporate clinical knowledge to influence health care policy.

In 2016 we will begin a post BSN to DNP option. The inaugural Post MS DNP class will begin in fall 2015. Course work will include four semesters of classes and clinical experiences totaling approximately 35 credit hours. Those interested should contact Dr. Lisa Jackson (ljackson2@uaa.alaska.edu) for more information.


Jordin Thompson and her son Paxton.

Author Information: My name is Jordin Thompson and I graduated with a BSN from UAA in 2009 and from the Family Nurse Practitioner program at UAA in May. Prior to graduate school, I worked at Internal Medicine Associates as an RN, where I gained experience and interest in the treatment of Hepatitis C. I am a 13 year resident of Eagle River and now share a home with my sweet son, Paxton (2), my supportive husband, Jacob, and our energetic dog, Bud.

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Congratulations Graduates 2015

Special honors were bestowed on these graduates:

Directors Award
Awarded to the student with the highest GPA

BS – Amber L. Reichardt
AAS – Tabatha A. Durand, LPN
AAS – Evrinette R. Sexton
AAS – Travis J. Marsh, LPN
AAS – Taylor R. Barnes

Spirit of Nursing Award
Awarded by faculty vote for the student whom they feel demonstrates the spirit of caring, science, love of learning, and compassion.

BS – Amber L. Reichardt
AAS – Jessica L. Countryman - Kenai
AAS – Lori L. Bennett

Evidence-Based Practice Award
The Evidence-Based Practice Award was established by the Alaska Professional Nurses Organization in 2011 to recognize a nursing student who integrates research-based evidence and clinical experience to achieve excellence in nursing practice.

MS – Lindsey N. Leder
BS – Amber L. Michael
AAS – Marsha A. Bailey
AAS – Faith A. Freel - Fairbanks

Peek Award
Awarded to the student with the highest GPA

BS – Amber L. Michael
AAS – Jessica C. Grinnell, LPN

Associate Anchorage

Nicole G. Moore
Kayla J. Murphy
Krist J. Nadon
Claire E. Palmatter
Leanne R. Pizzuti
Molly C. Quinlan
Morgan E. Ramsh"eth
Amber L. Reichardt
Julia L. Riopelle
Maureen Rose
Katherine G. Rulapaul
Kale M. Rusenstrom
Sarah E. Sullivan
Tandia V. Turner
Tamara R. Van Diest
Jacqueline A. Van Driessche

BS to RN

Theodore W. Eyraud, RN
Brenda S. Murphy, RN

Associate Anchorage

Marsha A. Bailey
Taylor R. Barnes
Katie L. Baumgartner
Lori L. Bennett
Laura A. Bleicher
Erica Dittmar
Nichole R. Doyka
Tabatha A. Durand, LPN
Jessica C. Grinnell, LPN

James B. Hampton
Jessica A. Harmon
Tara L. Hopkins
Dylan V. Kelley
Hayley B. Liston
Travis J. Marsh, LPN
Britney A. Murphy
Kayla M. Olson, LPN
Jordan L. Otto
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Robert J. Schaefer
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Elli R. Braaten
Kirsten A. Elstad
Jenny M. Farley
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Lena S. Logan
Elizabeth D. McKay
Anne E. Nelson
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Shannon D. Biamonte
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Historically, the concept of the medical home was first introduced in 1967 by the American Academy of Pediatrics (AAP) and was intended to serve as a central zone for storage of medical records for children with special needs. Although it has changed immensely, the AAP has sustained its paradigm throughout four decades and now describes the medical home as “a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.” The PCMH is being recognized as a valuable tool for chronic conditions and grant funding for states because of health care reform laws which allow states a Medicaid option for children with special needs. Although most research articles regard the medical home concept (PCMH) will be transformative in the future of healthcare.

In Alaska, the Alaska Primary Care Association (APCA) is energetically promoting the conversion of Community Health Centers in Alaska to Patient-Centered Medical Homes in order to lower costs, increase efficiency, and ensure quality outcomes for Alaskans. A chief goal for APCA this year is to acquire financial support to convert Community Health Centers in Alaska to Patient-Centered Medical Homes. The U.S. Department of Health and Human Services (DHSS) joined APCA in this as well as other endeavors aimed at attaining healthcare coverage for all Alaskans. Implementation of electronic data management technologies and reimbursement modifications, specifically Medicaid reform, will serve to accomplish this vision.

The implementation of the PCMH model of care has changed through the zealous efforts of the AAP, APCA, DHSS, NCQA, through programs and policies, and other national and state organizations. The PCMH will provide patients a central home base to meet their healthcare needs through a team of skilled health professionals who coordinate services between specialists, labs, hospitals, and pharmacies while lowering healthcare costs and increasing quality of care. Nurses and other healthcare professionals are encouraged to join in the effort by spreading the word in their own practices.

Anyone who would like to learn more about Patient-Centered Medical Homes can go to www.MedicalHomeForAll.com, www.medicalhomeimprovement.org, or www.alaskapca.org.

[Editors Note: according to Alaska Primary Care Association website sources, there are currently Patient-Centered Medical Homes in Alaska. Further information as well as contact specialists are available at http://www.alaskapca.org/page?page=PCMH]

References

Author Information: Originally from North Carolina, Celeste has lived in Valdez, Alaska for the last 7 years. She is a Registered Nurse and works for Providence Valdez Medical Center. She is enrolled at the University of Alaska Anchorage in the MSN degree program in the Family Nurse Practitioner specialty track. Her article is a project of UAA’s graduate Health Policy Course.
Severe Shortage continued from page 1

outpatient services for those with mental illness, together with a shortage of outpatient behavioral and substance abuse services. “He attributes this issue to multiple factors: the patient did not have an existing outpatient provider prior to hospitalization, the majority of outpatient providers are unable to accept Medicaid due to the low reimbursement rates and the cumbersome, time-consuming paperwork required to bill, many community providers are not able to treat the individual complexities of the particular patient, occasionally, the patient on discharge has been kicked out of his/her village or from his provider, the patient lives in a remote area that services are not available there.

Alexander explained that not only is there a shortage of outpatient services, but there is difficulty in filling positions. He currently has two positions within the hospital that have been vacant for several months and has, if any, qualified and interested candidates. To address this particular issue, Dr. Alexander has been working with the SHARP program to attract and maintain providers within his hospital (Alexander, M. 2015).

Alaska Psychiatric Institute

Alaska Psychiatric Institute (API) is an eighty-bed acute psychiatric state facility. This is the largest psychiatric hospital in the state and serves the entire State of Alaska. When the facility is full and unable to take more patients, the ill are sent to Bartlett in Juneau, or to Fairbanks. API is almost always full and has a continual flux of patients admitted and discharged. (Alexander, 2015) In 2014, Alaska Psychiatric Institute (API) had a total of 1,594 admissions. Six hundred twenty-five (39.21%) of those admissions were patients admitted for the first time, and ninety-six (60.79%) patients who had previous admissions to API. Out of 1,594 admissions, 1,569 (98.43%) were involuntary. Involuntary admissions include exparte1, forensic, Community Treatment Order (CTO), and court transfer patients (Kring, 2015).

The current Director of Psychiatry at API, Michael Alexander, MD, when asked if he believed there was an outpatient shortage and why, said “absolutely.” He explained that, from his perspective, the amount of services available are not enough to meet the need. He explained that about “50%-60% of patients upon discharge have difficulty setting up appointments with outpatient providers.” He attributes this issue to multiple factors:

- the patient did not have an existing outpatient provider prior to hospitalization;
- the majority of outpatient providers are unable to accept Medicaid due to the low reimbursement rates and the cumbersome, time-consuming paperwork required to bill;
- many community providers are not able to treat the individual complexities of the particular patient;
- occasionally, the patient on discharge has been kicked out of his/her village or from his provider;
- the patient lives in a remote area that services are not available there.

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behavioral health, and geriatric services. The services include therapy, medication management, assessment, grief counseling, support groups, and day treatments. In an interview, Mr. Jenkins explained that there was a time when ACMHS had no constraints on who could have services. However, due to finances, ACMHS is now only able to accept patients with Severe Mental Illness (SMI). ACMHS accepts only those with SMI, and primarily only those being discharged from API or DOC (Jenkins, 2015).

Ms. Sato, the office manager at ACMHS, reported that she even gets calls at 3:00-5:00 a.m. looking for services. She explained that if referrals come from API or DOC, or if the patient is in acute status and has SMI, she will complete a screening interview. As it currently stands, ACMHS is at capacity for patients. She explained that recently she has been taking referrals from other hospitals in the state, but that the need has been full. She has sent those patients elsewhere throughout the state (Sato, 2015).

According to Jenkins, there is grant funding at ACMHS to help with patients without insurance. However, grants funds are not enough to support the needs of the mental health community. Mr. Jenkins talked about various programs with SMI with API. Provider shortage. He explained that currently, and for a couple years now, the number of people being added to the waiting list is much higher than the number of patients being able to fill the current positions that are needed. If a job search is done, there are many postings for psychiatric/mental health providers in the Anchorage area.

Mr. Jenkins talked about various programs within the community that have been established to meet the growing need of our mentally ill population, such as The Workforce Initiative: The Trust Training Cooperative Initiative; The Health Aides Program created by Alaska Native Tribal Health Consortium; Tele Behavioral Health; The MHPAEA; Housing First; Assertive Community Treatment (ACT) program; Educational program offered by University of Alaska Anchorage; SHARP programs, and The Affordable Care Act (ACA). All of these programs were created to meet the needs of the growing mental health community. Mr. Jenkins also stated that there are currently, and for a couple years now, the number of people being added to the waiting list is much higher than the number of patients being able to fill the current positions that are needed. If a job search is done, there are many postings for psychiatric/mental health providers in the Anchorage area.

Even with these patients, Mr. Jenkins still has a significant number of patients. When asked to explain, Mr. Jenkins simply asked me a question. “Look at the increased rate of patients who are coming in to API and Providence Psychiatric Emergency Room (PPER) for the first time….why do you think that is?” I thought for a moment and replied “Well, it is probably not just due to the fact that they are not getting the treatment they need in the community.” He agreed and went further by explaining that any patient, no matter their health issue or mental health issue, tends to have few emergency room visits and fewer hospitalizations if they are getting the treatment they need in the community.

**Community Providers**

Martha Herriott, Ph.D. ANP has been in private practice for the past 25 years, and in Anchorage since 2005. When asked if there is a shortage of mental health services, she said, “Yes.” She identified a couple of issues that may contribute to the lack of mental health services, but focused mainly on one. She explained that in the early years of her practice she would accept a patient without insurance, but times have changed. She explained that she had to stop limiting Medicaid/Medicare patients because the reimbursement is so low. She explained that the process so time consuming that she would be unable to maintain a private practice. She further explained that she had believed that the ACA would help in providing insurance to younger people so that they could afford mental health treatment. She continued by saying that the ACA plans provide great catastrophic coverage. However, the deductible is so high that these people are still not coming in for mental health treatment, but access the emergency rooms instead.

Dr. Herriott further identified that there are specific populations that have even fewer services available to them. The geriatric population is in great need of services. Their mental and physical health has greater complexities due to their age, yet the Medicare reimbursement rate for mental health services is quite low. Although a geriatric patient is unable to accept patients with Medicare, she wants to give back to the community and has a couple pro-bono, or sliding scale patients, and she is trying to work with other providers to see what she sees is this population group. She explained that due to the Mental Health Parity Act, providers are not required to treat patients the way they want to. She is concerned that mental health treatment should be covered. She explained that she does not believe that is actually the case.

> **Primary care providers are doing the bulk of psychiatry.**

Dr. Herriott identified specifically those with Severe Mental Illness coming out of API or DOC as a population that is in need of more mental health services. She explained that she often provides consultation to Primary Care Providers (PCPs) when they are treating patients with complex mental health issues. Because Medicaid reimbursement is so low for mental health services, she explained that she is being inundated with patients with mental health issues. Dr. Herriott explained that this is another way she can give back to the community and believes that she is an advocate for patients. She believes that the “PCPs are doing the bulk of psychiatry.” (Herriott, M. 2013)

David Samsun, MD, believes that there is a shortage of mental health outpatient services and attributes this shortage to two main factors. Samsun, who is currently in private practice but who worked as locum at Anchorage Psychiatric Institute, and at Anchorage Community Mental Health Services, believes the main factor is the low reimbursement rates for mental health services to insurance companies, specifically Medicaid & Medicare. He explained that there is a “critical shortage to treat Medicaid and Medicare patients.” Those who are on the ACA have deductibles that are so high that they are still not able to preventatively address issues of mental health. These people are “unable to afford an initial intake for mental health treatment, and this is not good for prevention.”

He went on to say that providers in psychiatric specialties are lacking. He explained that he believes that child psychiatry providers are few in this area, and pediatric experts are needed to address the mental health needs of children.

Linda Lancaster, MN, CS, Psychiatric Advanced Nurse Practitioner, is another clinician in private practice, who has worked as an ANP in Alaska since 1991. She says, “Getting mental health services to all has always been a problem that is only growing worse.” Like Dr. Herriott, she wants to be able to give back to the community, but due to Medicaid and Medicare reimbursement, is unable to accept those insurances. Ms. Lancaster does what she can by providing sliding scale fees, and works to address the complexities of billing Medicare/Medicaid and how not only is the rate low, but the time it takes to bill is enormous, thereby causing the reimbursement to be even lower.

Lancaster talked about the new ACA plans that people have accepted. She believes that because of the ACA, people are able to have mental health treatment, but with the same number of providers, a backlog results. She explained that even with the ACA plans, the co-pays are more than the actual intake evaluation, and often patients are still not obtaining mental health treatment. Ms. Lancaster identified one more issue that contributes to the mental health service shortage, and that is that there are not enough providers available to meet the need. She talked about what many psychiatric or mental health providers are doing to help address the mental health shortage is to address reimbursement rates and billing processes for those with Medicare and Medicaid.

**Solutions and Challenges**

Much has been done to address the mentally ill, homeless, incarcerations, emergency room visits, and psychiatric hospitalizations by creating laws/policies to improve access, availability, provide

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treatment, and increase the number of providers available.

To address access regarding finances and insurance, The Mental Health Parity and Addiction Equity Act (MHPAEA), an amendment to the Public Health Service Act, went into law in 2008 to ensure that mental health treatment would be covered by insurance. It required that mental health service dollars have the same limits as medical/surgical benefits. However, insurance coverage is offered by group health insurance. It also ensures that the co-pays for mental health services also be comparable to medical/surgical services (Fact Sheet, 2010). The Affordable Care Act (ACA) was created to provide low cost health insurance to those who are uninsured. Grant funding is also available for qualified agencies to provide mental health treatment.

The Community Health Aide Training & Supervision Program (CHATS) was created to provide health care services in rural areas throughout Alaska. Community Health Aides in rural Alaska provide primary care, and undergo training and are sent out to those unreachable areas to provide necessary treatment. Tele-behavioral Health is also able to provide medical and mental health services in rural Alaska. There are several agencies that provide mental health services through Tele-behavioral health such as ACAC, Bridges, and API.

To address access service and availability to those who are homeless with SMI, a program called “Housing First” model was implemented. This program focuses on housing to these individuals regardless of their sobriety or current engagement in treatment. The program engages the individual by providing health care and comprehensive case management following with the work toward mental health stability. ACCHS has adopted this “Housing First” model and comprehensive case management team called ACT has also been created in our community through grant funding. The ACT team grant has been given to Choices to address homelessness and those who are being discharged from API and DOC. ACCHS also has an existing comprehensive IDP program for those who are being discharged from DOC API.

To address the provider shortage, educational programs and the SHARP programs were developed. The SHARP program provides an educational program in psychology/mental health and psychiatric ANPs to increase the number of providers available in the community, while SHARP gives the providers and allows the Alaska community. SHARP programs were developed to address shortages within certain health professions by providing monetary incentive to mental health professionals who provide direct patient care. SHARP recruits and retains these professionals by providing loan repayment and or providing direct monetary incentive for the same job of the health professional (tier 1 or tier 2) and the need for the position (regular or hard to fill), the monetary incentive provided ranges from $20,000- $47,000 a year for a three year contract for full time employment. (SHARP, 2015)

Summary

Through discussions with various mental health providers including private practice, community, and in-patient psychiatric care there is a common theme of a shortage of mental health services. From the provider’s perspective, there is a shortage, and it is the result of three problems:

- Funding – the lack of insurance or low reimbursement from insurance. Grant funding is available through the state, but it is not enough to support the need. Reimbursement rates for Medicaid and Medicare are not enough. According to providers in private practice, they are unable to accept Medicare/Medicare due to the low reimbursement and time needed for prior authorization and billing. The Affordable Care Act has increased the number of those with insurance, however, in some of the providers, the deductibles are so high that mental health treatment is not sought out until it becomes an emergency.
- Access – Alaska is a large state with only 735,601 residences. Anchorage, houses 40% of those residences and 2/3 of the rest of the remote areas of Alaska that have limited, if any, access to mental health services. Providers are at times not willing or able to go to the most remote areas. Tele-behavioral health and health aides must go to the people in their environment.
- We, as a community, are working hard and have responded to the needs of the mentally ill, and access and availability have improved. However, the evidence is in and it is not enough. We have an increasing number of the mentally ill on our streets, in our jails, and in new patient admissions in API and PPPER. Our current available funding, insurance reimbursement, and service availability is simply not enough to address the current need. The number of new patient admissions to API, PPPER visits, homeless, and incarcerations will continue to rise if we as a community do not stand up to increase the amount of funding, address insurance reimbursement, and increase the number of providers available.

References


Jenkins, J. CEO Anchorage Mental Health Services (2015, April 9). Outpatient Mental Health Service Shortage Interview: Anchorage Mental Health Services Personal interview.

Herriot, M. PhD, Psychiatric Advanced Nurse Practitioner: Private Practice. (2015, April 11). Outpatient Mental Health Service Shortage interview: Private Practice. [Personal interview].


Amanda Alexander is a social worker and a psychiatric RN working toward her Psychiatric APRN. She has worked in the behavioral health field for 15 years and moved to Alaska last October. The author would like to thank all of the health care professionals who gave their time in interviews for this paper.

Editors note: This is a project of UAA’s graduate Health Policy Course. See page 10 for more information.
diabetes and nutrition. The cost savings for Alaskans is also significant. A recent study indicated a 21.7 percent reduction in annual Medicaid spending for beneficiaries who attended at least one DSME class. This means that if all diabetic beneficiaries attended one DSME class, Alaska could have almost $36 million less in Medicaid costs (2014).

DSME is a workshop taught by trained professionals in Alaska who teach diabetics and/ or their supportive peers about diabetes, its complications, and the tasks necessary to keep it controlled. It takes about 1-3 hours once a week for six weeks, and it is taught in a group setting. There are different types of curricula offered in Alaska, including the DEEP and the Stanford curricula. Both are recognized and approved by the ADA.

Diabetic patients taking self-management workshops will learn the following: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems such as depression, anger, fear and frustration; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating 4) appropriate use of medication; and 5) working more effectively with health care providers. Diabetic patients will make weekly action plans, share experiences, and help each other solve problems they are facing in creating and carrying out their self-management program.6 You can find a certified DSME program near you by going to http://professional.diabetes.org/erp_zip_search.aspx or visiting http://dhss.alaska.gov/dph/chronic/pages/diabetes/default.aspx.

There are other programs available for your chronic disease patients. The abundance of abbreviations used in program names, however, make it difficult for providers to keep track of the availability of programs and their benefits. Other programs, such as Diabetes Self-Management Training, Diabetes Self-Management Program, and the Chronic Disease Self-Management Program also known as “Living Well Alaska,” are also available. These programs primarily differ in content and reimbursement. Please see the table included in this article for specific information. This information is placed here to provide education about the resources we have available for Medicare beneficiaries. If you have more questions about a particular program, or if you have a diabetes self-management education program that is not recognized by the ADA, do not hesitate to contact me to help you achieve ADA recognition. Remember, DSME can make a difference in a diabetic patient’s life. Attending one class can lead newly diagnosed diabetes patients to change behavior.6,7,8

### Complementary Programs to Support Self-Management for People with Diabetes

**General Diabetes Self-Management Education/Training (DSME/T)**

Stanford’s Diabetes Self-Management Program (DSMP)
Stanford’s Chronic Disease Self-Management Program (CDSM)

<table>
<thead>
<tr>
<th>DSME/T</th>
<th>DSMP</th>
<th>CDSMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific to diabetes</td>
<td>Specific to diabetes</td>
<td>Addresses all chronic conditions</td>
</tr>
</tbody>
</table>

- **Participants all have diabetes; family members welcome**
- **Participants all have diabetes; family and others who assist can attend**
- **Participants have a variety of chronic conditions; family and others who assist can attend**

<table>
<thead>
<tr>
<th>Focuses on knowledge/skills</th>
<th>Focuses on action planning/problem-solving</th>
<th>Focuses on action planning problem-solving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two lay leaders (at least one with diabetes)</td>
<td>Two lay leaders (at least one who has a chronic condition)</td>
<td>Two lay leaders (at least one who has a chronic condition)</td>
</tr>
</tbody>
</table>

- **Focuses on medical management of the disease**
- **Focuses on management of lifestyle behaviors & emotional management**
- **Focuses on management of lifestyle behaviors & emotional management**

<table>
<thead>
<tr>
<th>Content areas:</th>
<th>Content areas:</th>
<th>Content areas:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes disease process &amp; treatment options</td>
<td>The same as DSME except no content for preconception/pregnancy</td>
<td>Techniques to deal with problems such as fatigue, pain, difficult emotions, physical activity, appropriate use of medications.</td>
</tr>
<tr>
<td>Incorporating nutrition management, physical activity &amp; utilizing medications</td>
<td></td>
<td>Communicating effectively with family, friends, and health professionals.</td>
</tr>
<tr>
<td>Monitoring blood glucose &amp; using results to improve control</td>
<td></td>
<td>Healthy eating, weight management, and decision making.</td>
</tr>
<tr>
<td>Preventing, detecting &amp; treating acute &amp; chronic complications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal setting and problem solving</td>
<td></td>
<td></td>
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<tr>
<td>Integrating psychosocial adjustment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preconception care and management during pregnancy (if applicable)</td>
<td></td>
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</tr>
</tbody>
</table>

Currently there are no uniform outcome measures for ADA recognized DSME programs. Uniform content/processes allow for quality assurance data aggregation across programs in different geographic areas. Reduced A1C demonstrated.

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**Medical Care in Diabetes.** *Journal of Clinical and Applied Research and Education.* 38 (51):514-580.


5. Garber AJ. (2012). Obesity and type 2 diabetes: which patients are at risk? *Diabetes, Obesity and Metabolism; 14* (5):399-408.

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The Alaska Nurses Foundation seeks proposals for its 2015 grants. Do you have a small project that needs a bit of funding to become reality? Perhaps you need just a bit of money to complete your research project? Or you’re involved in planning a conference and need some help covering speaker expenses. Or there is an intriguing continuing education opportunity that you’d like to pursue? If this is you, consider applying for a small grant from the Alaska Nurses Foundation. Two broad categories of grant are available – Public Health Nursing Grants and General Nursing Grants. Applications can be found at www.aknpo.org click on the Grants & Scholarships page. Applications are due by August 1, 2015; successful applicants will be notified in December 2015. Contact Tina DeLapp at tdelapp@ak.net or Sharyl Toscano at setoscano@usa.alaska.edu with questions.

Hospice Volunteers Needed

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National Guidelines/ Resources/Websites

Updated Immunization Schedules, tools and downloads at: www.cdc.gov/vaccines/schedules/healthproviders

Guidelines address when newborns are ready for hospital discharge. Guidelines from the American Academy of Pediatrics say there can be wide variation in newborn infants’ readiness to be released from the hospital and multiple issues for health care professionals to consider. The report, published in the journal Pediatrics, also lists criteria to determine when mothers are ready to care for their babies and themselves at home, (source ANA smartbrief 4/29/15)

Alaska Guidelines/ Resources/Websites

Homer Chronic Disease Self-Management Workshops Available

South Peninsula Hospital Training Center now provides a 6-week series of workshops for people with ongoing health conditions or their family members. The workshops include setting goals, understanding and handling symptoms, eating well and staying active and collaborating with the health care team. They are led by RNs trained in guiding Living Well Alaska workshops. The series cost is $10.00 and no referral is needed.

For information on upcoming dates or to register, call Bonita at South Peninsula Hospital 907-235-0285

The Alaska Immunization Program has a newly designed website. Go to http://www.epi.hss.state.ak.us/id/iz/default.htm

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Up and Coming Event Calendar

Alaska State Board of Nursing – Upcoming Meetings

July 8-10, 2015 agenda deadline Anchorage June 17, 2015


January 20-22, 2016 agenda deadline Anchorage December 30, 2015

The Alaska Board of Nursing has a list-serve that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered, and other topics of interest to nurses, employers and the public. To sign up for this free service, go to www.nursing.alaska.gov Choose the “Subscribe to Listserv” hyperlink on the homepage below the Board of Nursing Listserv Heading.

Inquiries regarding meetings and appearing on the agenda can be directed to: Nancy Sanders, PhD RN, Executive Administrator Alaska State Board of Nursing 550 West 7th Ave, Ste 1500, Anchorage, AK 99501 Ph: 907-269-8161, fax 907-269-8196, email nancy.sanders@alaska.gov

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HALE BOREALIS FORUM 2015 October 1-4, 2015 Hilton Hotel, Anchorage Alaskan Partnerships Securing and Providing Health and Medical Care Before, During and After a Disaster Agenda and Registration Coming www.akrespond.alaska.gov

Honor Society of Nursing, Sigma Theta Tau International November 7-11, 2015 Las Vegas, Nevada Aria Resort and Casino www.nursingsociety.org

South Peninsula Hospital Training Center now provides a 6-week series of workshops for people with ongoing health conditions or their family members. The workshops include setting goals, understanding and handling symptoms, eating well and staying active and collaborating with the health care team. They are led by RNs trained in guiding Living Well Alaska workshops. The series cost is $10.00 and no referral is needed.

For information on upcoming dates or to register, call Bonita at South Peninsula Hospital 907-235-0285

The Alaska Immunization Program has a newly designed website. Go to http://www.epi.hss.state.ak.us/id/iz/default.htm

Mat-Su Pre-Diabetes Classes Offered Every Other Month

Pre-diabetes Classes Pre-diabetes classes are offered every other month in Mat-Su. You can greatly lower your risk of developing Type 2 Diabetes by adopting healthy lifestyle changes.

This class is taught by a Dietitian and no physician referral is needed.

1. Cost: this class is offered free of charge as a service to the Mat-Su community.
2. Contact: to register for a class, please call: (907) 861-6687.

Register for Alaska Public Health Alerts at www.epi.alaska.gov/registration

Up and Coming Event Calendar

Alaska State Board of Nursing – Upcoming Meetings

July 8-10, 2015 agenda deadline Anchorage June 17, 2015


January 20-22, 2016 agenda deadline Anchorage December 30, 2015

The Alaska Board of Nursing has a list-serve that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered, and other topics of interest to nurses, employers and the public. To sign up for this free service, go to www.nursing.alaska.gov Choose the “Subscribe to Listserv” hyperlink on the homepage below the Board of Nursing Listserv Heading.

Inquiries regarding meetings and appearing on the agenda can be directed to: Nancy Sanders, PhD RN, Executive Administrator Alaska State Board of Nursing 550 West 7th Ave, Ste 1500, Anchorage, AK 99501 Ph: 907-269-8161, fax 907-269-8196, email nancy.sanders@alaska.gov

To attend by audio conference call 907-269-8161 for access number.

Continuing Education

ANT continuing education. Rather than typing in all those hyperlinks, you can also go to aknpo.org and download the latest pdf issue of the ANT and just click on any hyperlinks in the newsletter you are interested in.

AKNPO Wednesday Night CE Forum 6:15-7:15 pm BP Energy Center 1 contact hour per session updated information at www.aknpo.org

September 2, 2015 – Board of Nursing Update: Critical Issues

Denise Valentine, ANP, BON chair $0.00 members, $10.00 non-members payable online or at the door

Sponsored by AKNPO and State of Alaska Division of Public Health

Upon completion of the learning activity you will be awarded 1 contact hour. You must attend the entire session to receive contact hours.

Alaska Division of Public Health is an approved provider of continuing education by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

There is no conflict of interest for anyone involved in planning or presenting this learning.

10th Annual Asthma and Allergy Conference September 11-12 Alyeska Resort in Girdwood http://conference.aafaalaska.com or email aafaAlaska@gci.net

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Live the Alaskan Dream at Mat-Su Regional Medical Center, named as one of 150 Great Places to Work in Healthcare!

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- Surgical Services
- Obstetrics
- Emergency

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