

THE NUKA SYSTEM OF CARE

Eileen Salinsky, Grantmakers In Health

Southcentral Foundation's Nuka System of Care is a transformative approach to health care delivery that recognizes patients as "customer-owners" who have both a genuine ownership stake in the organization and a meaningful role in decision-making. By reimagining the full continuum of care, the Nuka system is effectively improving access and quality of care for rural and low-income Alaska Native communities.

Based in Anchorage, Alaska, Nuka provides integrated health care services, including medical, dental, behavioral, and support services, to more than 65,000 Alaska Native people. The Nuka System of Care differs from traditional health care services in a wide variety of ways. Key features include:

- a system built for and accountable to patients (known as "customer-owners" within the Nuka system);
- an emphasis on prevention, behavioral health, primary care, and supportive services;
- multidisciplinary care teams with robust communication among team members;
- full redesign of how behavioral health is delivered, including the integration of behavioral health into primary care;
- significant investments in staff training and development to reduce turnover, enhance quality of care, provide opportunities for career advancement, and—perhaps most importantly—ensure commitment to an organizational culture grounded in customer service;
- facility and workflow design that promotes relation-building and improves interactions with (and among) providers; and
- continuous performance monitoring based on sophisticated information technology and data management.

INITIAL VISION AND LEADERSHIP

The Nuka system's transformation of primary care began with several changes in federal policy that expanded the rights and authority of Alaska Native people. The Alaska Native Settlement Act of 1971 granted Alaska Native people clear title to lands they had historically used, offered a financial settlement for the surrender of claims to other lands, and created 12 Alaska Native regional economic development corporations to administer tribal lands and settlement funds. These corporations, including the Cook Inlet Region Incorporated for the Southcentral region, are for-profit organizations that manage their assets to promote the economic and social benefit of Alaska Native people who are registered as corporation stakeholders. Shortly after the Cook Inlet Region Incorporated was established, the Indian Self-determination and Education Assistance Act of 1975 allowed Native tribes to directly deliver public services for their members, and the Indian Healthcare Improvement Act of 1976 substantially increased federal funding for health services for Alaska Native and American Indian people.

In 1982, Cook Inlet Region Incorporated established Southcentral Foundation as a not-for-profit subsidiary under its tribal authority to deliver health and other services to Alaska Native people in the Southcentral region. Over the next 10 years, Southcentral Foundation gradually took over a range of services from the federal Indian Health Service, starting with dentistry, optometry, and community health, followed by a broader range of mental health and preventive services. In 1998, the Southcentral Foundation took over primary care, and pediatric and obstetric services, and then assumed co-ownership of the Alaska Native Medical Center, which delivers secondary and tertiary services to the Alaska Native population across the state.

Southcentral Foundation's Alaska Native leadership saw this realignment of a broad range of health services as a pivotal opportunity to reimagine the full continuum of care. Katherine Gottlieb, who became Executive Director of Southcentral Foundation in 1991 and continues to lead the organization as President and Chief Executive Officer, described an ambition to “rethink the business entirely” and to then “change everything.”

This transformation began by recognizing patients as “customer-owners” who have both a true ownership stake in the organization and a meaningful role in decision-making. In this spirit, Southcentral Foundation launched an extensive community engagement process to learn what the customer-owners really wanted in a redesigned system. Three key messages emerged from these efforts: customer-owners wanted to have long-term, trusting relationships with their primary care provider, they wanted to be treated with respect and dignity, and they wanted to be able to access services when they needed them.

The first phase of the Nuka transformation focused on these customer-owner priorities. Each customer-owner was asked to designate a primary care team as a dedicated provider. Family members were encouraged, but not required, to select the same team. Panels were opened and closed to keep them equivalent in size, with each team serving about 1,200 customer-owners. Southcentral Foundation also worked to improve access to services by changing appointment scheduling procedures. Primary care teams were given approximately 50 percent of their time each day to accommodate appointments when the customer-owner chooses.

GROWTH, ADAPTATION, AND REPLICATION

In the second phase of reimagining services, Southcentral Foundation strengthened its team-based approach to service delivery by developing a multidisciplinary model with general practitioners, nurse case managers, medical assistants, and administrators working together to manage their panels. Each team member is asked to work at the top of their license to maximize efficiency and service capacity. All but the most critical tasks have been delegated to non-providers and the role of registered nurses (RNs) has been shifted to panel management and chronic disease management. Clerical tasks traditionally handled by RNs have been delegated to advanced administrative staff, or case management support staff, and most day-to-day clinic tasks have been delegated to certified medical assistants. Teams worked together closely with protocols established to ensure effective communication among team members and feedback to assess past performance and identify opportunities for improvement.

In the third phase of Nuka's development, Southcentral Foundation worked to integrate providers from other disciplines—including behavioral health consultants, midwives, health educators, dietitians, and pharmacists—into the primary care teams. These providers are now incorporated into the six existing primary care clinics, or rotate through each of the separate clinics, providing rapid consultations to the customer-owners in each panel. Southcentral Foundation has also redesigned the relationship between primary care providers and hospital-based specialty physicians. Specialty providers, such as cardiologists, endocrinologists, and pulmonologists, now spend more time offering consultation to primary care providers, rather than seeing patients directly.

Southcentral Foundation's leadership view the redesign of behavioral health as instrumental to the success of the Nuka System of Care. Based on community feedback, the redesigned behavioral health services improve access to the services, allowing customer-owners to use services when they chose. Services include group learning circles, individual appointments with a psychiatrist or behavioral health clinician, collocated psychiatrists in primary care, same day appointments with a master's level clinician in outpatient behavioral health, the integration of behavioral health consultants into primary care, and improved workflows to ensure timely handoffs between primary care and specialty behavioral health services.

Implementing these changes in the health care system required significant investments of time and money. Southcentral invested heavily in staff training to help employees adapt to their changing roles, ensure a consistent adoption of the Nuka vision, and facilitate the ongoing integration of new staff members. These internal staff training needs, combined with increasing demand from outside organizations seeking to learn

more about the Nuka transformation, led to the creation of the Southcentral Foundation Learning Institute. Launched in 2010, the institute is housed in a 58,845-square-foot building and is dedicated to ensuring the sustainability of the Nuka system at Southcentral Foundation and to sharing these innovative practices with other health systems.

Although private grants represent just 5 percent of Southcentral Foundation's annual income, philanthropic investments have played an important role in Nuka's evolution, particularly in the establishment of the Learning Institute. The institute was established with substantial support from multiple funders:

- The Robert Wood Johnson Foundation awarded Southcentral Foundation \$750,000 in 2013 to develop an organizational infrastructure, business plan, and learning materials for the Learning Institute, in order to facilitate replication of the Nuka approach at other sites across the country.
- The Rasmuson Foundation provided a \$3 million grant in 2014 for construction of a new building to house the Learning Institute, as well as to contribute to the development of curriculum and training programs.
- The Rockefeller Foundation provided \$250,000 in 2014 to support curriculum development.
- The Gordon and Betty Moore Foundation provided \$75,000 in 2014 to explore how the Learning Institute could support the replication of the Nuka system nationally and internationally.
- The M.J. Murdock Charitable Trust made a \$689,000 grant in 2015 to help Southcentral Foundation hire additional staff for the Learning Institute.
- The law firm of Sonosky, Chambers, Sachse, Miller & Munson, LLP, as well as Lloyd and Heather Kendall-Miller, donated a combined \$450,000 toward construction of Southcentral Foundation's wellness and therapy center.

EVIDENCE OF EFFECTIVENESS

Access to and quality of care for Southcentral Foundation's customer-owners has improved dramatically since health services were transformed under the Nuka System of Care.

- Empanelment to primary care providers among the area's Alaska Native and American Indian population has increased from 6,447 in 1999 to 65,661 in 2016. Empanelment now includes areas outside of Anchorage and the Matanuska Valley.
- Before Nuka, the average wait time for a primary care appointment was up to two weeks; Southcentral Foundation now offers same-day access.
- Between 2000 and 2015, hospital emergency department use rates declined by 36 percent and hospital admissions declined by 36 percent.
- Southcentral Foundation exceeds the 90th percentile in several Healthcare Effectiveness Data Information Set (HEDIS) measures (board certification, diabetes LDL <100, diabetes care annual testing, diabetes hba1c control, cardiovascular disease control <100, and HPV vaccine for female adolescents) and performs in the 75th-90th percentile for HEDIS measures in pediatric BMI screening, cervical cancer screening, and breast cancer screening.
- Satisfaction levels are 96 percent among customer-owners and 93 percent among employees.

In recognition of these achievements, Southcentral Foundation received the Malcolm Baldrige National Quality Award in 2011 from the U.S. Commerce Department.

SUSTAINABILITY

Southcentral Foundation benefits from a unique financing structure that may be difficult for non-tribal providers to replicate. Approximately 45 percent of Southcentral Foundation's operating revenue is derived from the federal Indian Health Service through a payment mechanism that functions like a block grant and

is not tied to service volume. Approximately 48 percent of operating revenue is derived from third-party payors, such as Medicare, Medicaid, and (to a limited extent) private insurers, 5 percent is from grants, and 2 percent is from investments and other funding sources. While Southcentral Foundation's ability to rely on a flexible funding source for a substantial proportion of revenue is uncommon, the cost-savings achieved through the Nuka System of Care demonstrate the utility of realigning financing incentives.

REPLICATION CONSIDERATIONS

A system transformation like the one Southcentral Foundation implemented can face considerable challenges. Southcentral Foundation has found that a few things are necessary for such a transformation to succeed. First, an organization's leadership must be prepared to implement large-scale changes to the organization, as opposed to simply tinkering with a few aspects. If high-level leadership of an organization is not fully committed to change, it is extremely unlikely that any reform effort will succeed.

Second, both the organization's customers and employees must be ready for large-scale change. They must be prepared to accept that the way that care is provided and accessed will be different, and that there will be a period of adjustment while both customers and employees learn the characteristics of the new system. Understanding and a willingness to learn is crucial.

Finally, a realignment of priorities across the organization will be necessary. Resources will likely need to be shifted between service areas. For example, Southcentral Foundation found that when resources were shifted to primary care, the need for emergency and specialty care decreased. Organizations must be willing to study all their services and determine where the most effective places to allocate resources are.

A full replication of the Nuka System of Care requires the commitment of an integrated care system offering a broad range of services, such as an Accountable Care Organization. However, absent full integration, primary care providers are still able to replicate discrete aspects of the Nuka system, such as integrated behavioral health services, team-based health care delivery, and data-driven performance management.

TECHNICAL ASSISTANCE

To assist others interested in adopting elements of the Nuka System of Care, Southcentral Foundation offers three levels of support through the Learning Institute.

- **Discover** – Southcentral Foundation provides a variety of opportunities for others to explore the Nuka model, including a conference held each year in Anchorage, speaking engagements by Southcentral Foundation staff throughout the world, a webinar series, and multiday site visits that provide a more in-depth exploration of the Nuka approach. Over 400 people received “Discover” services from the Learning Institute in fiscal year 2016.
- **Learn** – For those seeking a more rigorous understanding of Nuka's vision and operating principles, the Learning Institute offers several structured training programs, including:
 - **Core Concepts Workshop** – An interactive three-day training, during which participants work in small learning circles and acquire methods for productive communication.
 - **Case Management Support Training Program** – A 20-hour onboarding curriculum designed to build the skills that case management support personnel need to be effective, such as Customer Service, Communication, Critical Thinking, Medical Terminology, and Technology.
 - **Quality Management** – A five-day training series geared toward addressing the approach, deployment, learning, and integration of quality improvement as implemented in the Nuka System of Care.
 - **Family Wellness Warriors Initiative (FWWI) Beauty for Ashes** – A five-day, four-night intensive training to educate and train individuals on how to work with those whose lives have been impacted by trauma.

In fiscal year 2016, Southcentral Foundation hosted over 300 participants from over 50 organizations in these training opportunities.

- **Transform** – Southcentral Foundation also provides customized consulting services to health care organizations seeking to transform their delivery systems. These consulting agreements have included adapting Core Concepts training programs to the needs of specific organizations, providing expert support for the implementation of integrated behavioral health care, and offering assistance on workforce development and embracing customer-ownership as a guiding principle in care delivery. Seven organizations contracted with the Learning Institute for these services in fiscal year 2016, and 13 additional organizations have requested consulting services.

INTERVIEW RESPONDENTS

GIH would like to thank the following people for providing information that contributed to this article:

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Marie Stewman, Director of Planning and Grants, Southcentral Foundation

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