



# *Southcentral Foundation's Nuka System of Care*

Daniel Hartman, Medical Director

[scfnuka.com](http://scfnuka.com)



*Alaska Native People Shaping Health Care*

# Strong Foundation

## Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness

## Mission

Working together with the Native Community to achieve wellness through health and related services

## Goals

### Shared Responsibility

Ensure systems and services that are respectful and culturally appropriate  
· Achieve excellence in customer-owner satisfaction · Increase community awareness of SCF's services and programs

### Commitment to Quality

Improve work environments and employee development systems with an emphasis on Alaska Native employees · Ensure continuous improvements of systems and processes · Increase the number of Alaskan Native employees in all job categories

### Family Wellness

Reduce the rate of domestic violence, child abuse and neglect · Reduce the rate of and improve the management of cancer · Reduce the incidence of suicide · Reduce the rate of obesity · Reduce the rate of substance abuse · Reduce the rate of and improve the management of diabetes · Improve oral health · Reduce the rate of and improve the management of cardiovascular disease

### Operational Excellence

Improve the management of expenses · Improve utilization of information technology and data support systems and services · Improve SCF systems for third party revenue generation and collection

## Customer-Ownership

## Operational Principles

- R** Relationships between customer-owners, family and provider must be fostered and supported
- E** Emphasis on wellness of the whole person, family and community (physical, mental, emotional and spiritual wellness)
- L** Locations convenient for customer-owners with minimal stops to get all their needs addressed
- A** Access optimized and waiting times limited
- T** Together with the customer-owner as an active partner
- I** Intentional whole-system design to maximize coordination and minimize duplication
- O** Outcome and process measures continuously evaluated and improved
- N** Not complicated but simple and easy to use
- S** Services financially sustainable and viable
- H** Hub of the system is the family
- I** Interests of customer-owners drive the system to determine what we do and how we do it
- P** Population-Based system and services
- S** Services and systems build on the strengths of Alaska Native cultures

## Core Concepts

- W** Work together in relationship to learn and grow
- E** Encourage understanding
- L** Listen with an open mind
- L** Laugh and enjoy humor throughout the day
- N** Notice the dignity and value of ourselves and others
- E** Engage others with compassion
- S** Share our stories and our hearts
- S** Strive to honor and respect ourselves and others



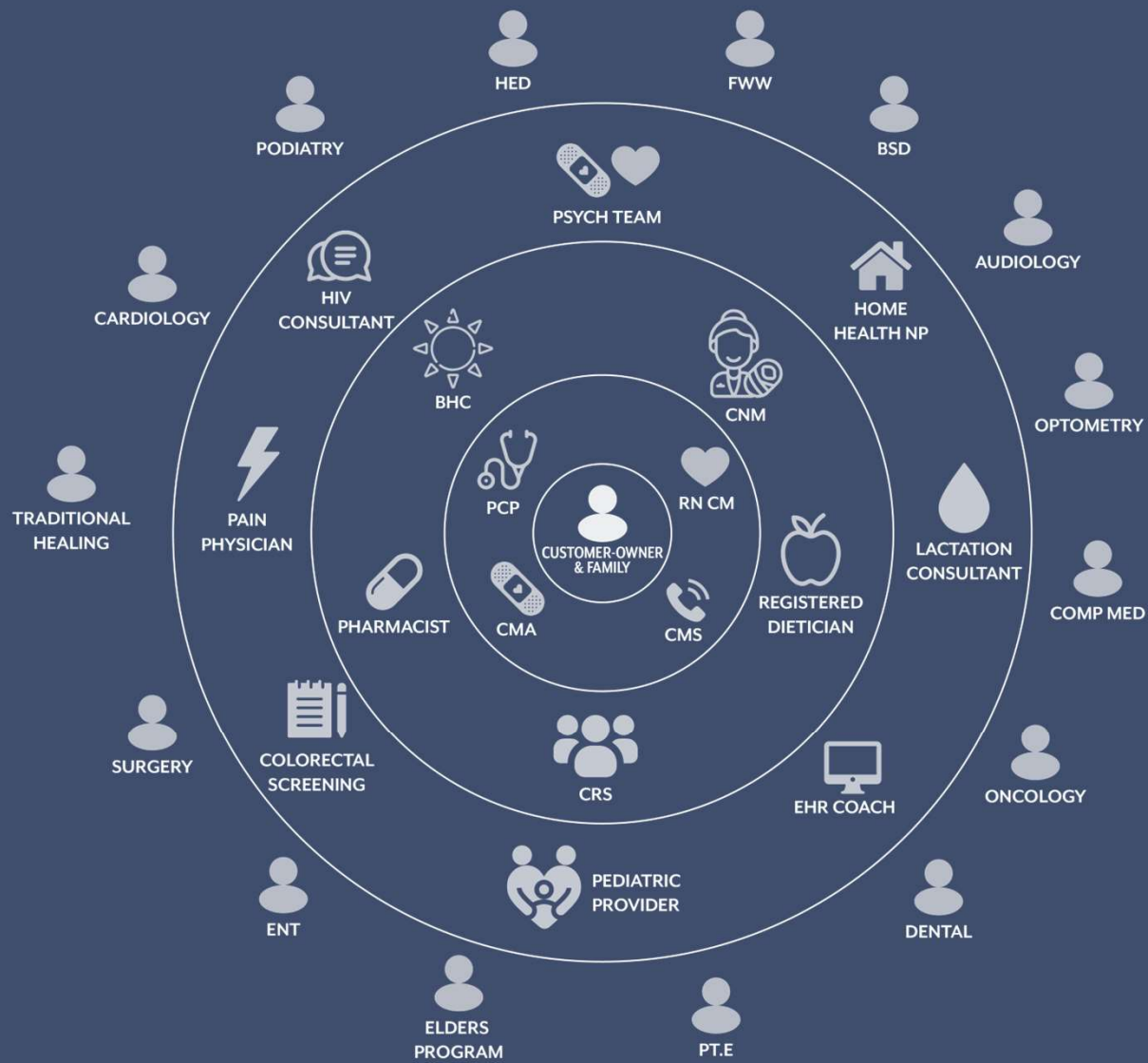
# **Medical Culture Replaced by Relationship**

**Shared Responsibility  
Customer-Ownership  
Family Wellness**

# Child and Adolescent Health

- Completely dependent on the family (or found family), environments, culture, surroundings
- Biggest determinant of health – Self Confidence – affected by pride, honor, dignity
- Need to be ‘seen’, ‘heard’, respected
- Need trust, partnering, influence – Relationship
- Pediatricians/Pediatric Case Managers, integrated into all ages primary care (at same 1:1 ratio), total 13% of provider teams





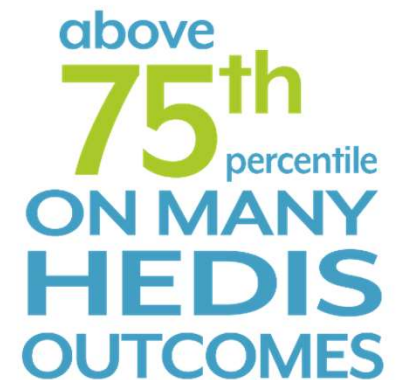
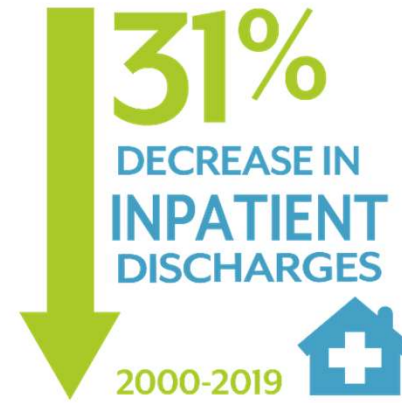
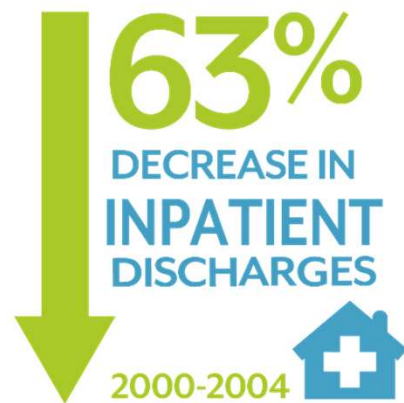
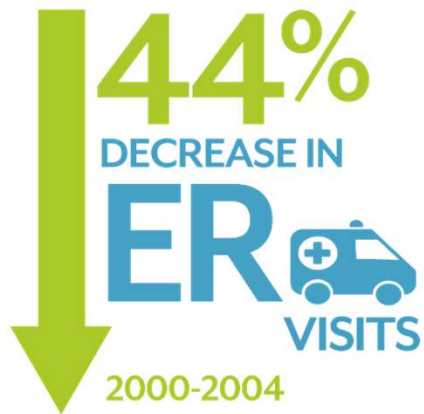
# The Context That Made it Possible

- Self-determination (IDSEAA, 1975)
- Community will, and leadership from the community
- Focus on the customer-owner, in nearly every step
- Time to Share Story, build Relationship (trust, purpose, support, self-care)
- Teams – non-physician, top-of-skills, on-going training (intensity of need/experience)
- Evidence base: IHI and Baldrige

# Population Scale in All-Ages Primary Care

- Same Day Access – when, where, and how persons want it for 23 years (40% virtual)
- Teams focus as much on persons that are not in the clinic as those that are
- Specialty is brought to Primary Care – Behaviorists, Psych, SUD, Pain, Peds, Pharm, Midwives, Social Work, PT.
- Pediatric projects assume multigenerational and life course perspective, as health and developmental stages are linked
- Resource allocation is efficient and equitable because the system is owned by the community
- Care need not be centered on a visit, or on the provider – we are decreasing office visits and decreasing physician centrality overall

# Why listen to our story





**Qaġaasakung**

*Aleut*

**Quyanaa**

*Alutiiq*

**Quyanaq**

*Inupiaq*

**AwA'ahdah**

*Eyak*

**Mahsi'**

*Gwich'in Athabascan*

**Igamsiqanaghalek**

*Siberian Yupik*

**Háw'aa**

*Haida*

**Quyana**

*Yup'ik*

**T'oyaxsm**

*Tsimshian*

**Gunalchéesh**

*Tlingit*

**Tsin'aen**

*Ahtna Athabascan*

**Chin'an**

*Dena'ina Athabascan*

**Thank you!**