ASHNHA members and friends,

We’re in a time of increasing uncertainty in health care. As of this writing, efforts to repeal and replace the Affordable Care Act have stalled, but Congress will reconvene in September to consider stabilization of the individual insurance market. Whatever the outcome of this fall’s health policy conversations, pressure on our industry will continue at both the state and federal level. In this environment, ASHNHA has maintained its focus on member priorities, while responding to escalating challenges.

It’s easy to think about what we can’t control. Yet there is much that we can control and that we can continue to do together. We can collaborate on improving patient safety in all our facilities, by sharing data and best practices. We can find innovative ways to meet community needs, through projects like the Anchorage Medical Respite Program and the ASHNHA Emergency Department Coordination Project. We can stand up for patients and advocate for improvements in health care financing and delivery at both the state and federal level. And we can lead the conversation about health care in Alaska.

Whatever the external landscape and whatever challenges we might face, together, we can be a voice for our communities and patients.

Thank you for supporting the work of ASHNHA.

Sincerely,

Dick Mandsager
CEO, Providence Alaska Medical Center

**ASHNHA Mission/Vision**

**Vision:** A unified association providing effective statewide leadership to address health care delivery challenges affecting all Alaskans.

**Mission:** To be the premier provider advocate bringing unity to the health care community in addressing health care issues and to support our members’ goal to improve Alaskans’ health.
ASHNHA Members
ASHNHA is a non-profit trade association established in 1953. Our membership includes 25 hospitals, assisted living facilities, and stand-alone nursing care centers. Some of our acute care hospitals are combined facilities which include nursing home beds. This rich composition of private, federal, state and tribal health care facilities enables ASHNHA to provide a balanced viewpoint on important health policy matters.

29 Type I Members
Licensed hospitals and other institutions, (other than facilities owned and operated by the State or Federal Government), both general and specialty, that provide primarily inpatient care.

Alaska Native Tribal Health Consortium (ANTHC) - Alaska Native Medical Center
Alaska Regional Hospital
Arctic Slope Native Association (ASNA) - Samuel Simmonds Memorial Hospital
Bartlett Regional Hospital
Bristol Bay Area Health Corporation (BBAHC) - Kanakanak Hospital
Central Peninsula Hospital
Cordova Community Medical Center
Denali Center
Fairbanks Memorial Hospital
Heritage Place
Maniilaq Association - Maniilaq Health Center
Mat-Su Regional Medical Center
North Star Behavioral Health
Norton Sound Health Corporation (NSHC) – Norton Sound Regional Hospital
PeaceHealth Ketchikan Medical Center
Petersburg Medical Center
Prestige Care and Rehabilitation Center
Providence Alaska Medical Center
Providence Extended Care
Providence Kodiak Island Medical Center & Chiniak Elder House
Providence Seward Medical and Care Center
Providence Transitional Care Center
Providence Valdez Medical Center
Sitka Community Hospital
Southeast Alaska Regional Health Consortium (SEARHC) – Mt. Edgecumbe Hospital
South Peninsula Hospital
Wildflower Court
Wrangell Medical Center
Yukon-Kuskokwim Health Corporation (YKHC) - Yukon-Kuskokwim Delta Regional Hospital
6 Type II Members
State and federally owned and operated government hospitals, clinics, and institutions that provide inpatient care. Type II members also include home health agencies, and other patient care entities associated with hospitals and nursing centers.

- Alaska Pioneer Homes
- Alaska Psychiatric Institute
- Alaska VA Healthcare System & Regional Office
- Providence Horizon House
- Tanana Valley Clinic
- 673rd Medical Group – Elmendorf

29 Associate Members
These organizations help hospitals and nursing centers to deliver high-quality, efficient care to patients across Alaska and have a purpose compatible with the mission of ASHNHA.

Platinum Corporate
FocusOne Solutions
GCI
Medline
Moda Health

Gold Corporate
Alaska Communications
Alaska Emergency Medicine Associates
Alaska Heart and Vascular Institute
Alaska Hospitalist Group
Bettisworth North Architects and Planners
Collective Medical Technologies, Inc.
Geneva Woods Pharmacy
Hall Render Killian Heath & Lyman
Korbrien Medical Management, LLC
Lifemed Alaska, LLC
Maple Springs of Alaska
Mat-Su Health Foundation
Moss Adams, LLP
Pacific Portfolio Consulting
Parker, Smith & Feek
Premera Blue Cross
Qualis Health
Radiology Associates PC
ResCare

Community Partners
Alaska Primary Care Association
Anchorage Neighborhood Health Clinic
Blood Bank of Alaska
Mountain-Pacific Quality Health Foundation
Tanana Chiefs Conference
University of Alaska, Anchorage

In total ASHNHA members paid over $1.1 million in dues in 2017.
27 Hospitals in Alaska

7 Tribally-owned Hospitals (5 are Critical Access)

14 Critical Access Hospitals

4 Acute Care Hospitals

25 ASHNHA Member Hospitals

4 Sole Community Hospitals

14 Nursing care centers co-located with Hospitals

4 Standalone nursing care centers

2,772 Licensed Beds

IN 2017...

1,215,377 Outpatient visits

295,297 Emergency Department visits

62,132 Inpatient discharges

8,827 Babies delivered in hospitals

*Not including: PeaceHealth Ketchikan, JBER, Fort Wainwright, Norton Sound Regional Hospital and SEARHC/Mt. Edgecumbe.
ASHNHA Board of Directors
The Board of Directors has control and management of the affairs and funds of the association. The Board consists of the Chief Executive Officer of each Type I and Type II institutional member or a designated representative. Each of the Directors has one vote. An annual meeting of the Board of Directors is held each year in conjunction with the ASHNHA annual conference.

ASHNHA Executive Committee
The Executive Committee meets monthly by teleconference and provides general supervision, direction, and control of the association including reviewing annual budgets, audits and monthly financial reports.

2016-2017 Executive Committee Members
Dick Mandsager, Providence Alaska Medical Center (Chair)
Rick Davis, Central Peninsula Hospital (Immediate Past Chair)
Julie Taylor, Alaska Regional Hospital (Chair Elect)
Becky Hultberg, ASHNHA (President/CEO)
Dan Neumeister, SEARHC (AHA Alternate)
Ruth Johnson, Wildflower Court (AHCA Delegate)
Sandi Crawford, Heritage Place (AHCA Delegate)
Roald Helgesen, ANTHC (Tribal Health System Delegate)
Andy Mayo, North Star Behavioral Health (Legislative Committee Chair)
Bruce Lamoureux, Providence Health & Services Alaska (AHA Delegate)
Robert Rang, Wrangell Medical Center (Small Hospital Committee Chair)
Vacant, formerly John Lee, Mat-Su Regional Medical Center (Secretary/Treasurer)

Committees
Participation in an ASHNHA committee or task force allows members to influence and guide policy making decisions for the association and provides an opportunity for a variety of health care leaders to interact with their peers across Alaska.

2016-17 Committees and Chair

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chair</th>
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<tbody>
<tr>
<td>Budget and Audit Committee</td>
<td>Vacant, formerly John Lee</td>
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<tr>
<td>CFO Collaborative</td>
<td>Tim Hocum, Providence Kodiak Island Medical Center</td>
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<tr>
<td>CNO/DON Committee</td>
<td>Emily Stevens, Mat-Su Regional Hospital</td>
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<tr>
<td>Executive Committee</td>
<td>Dick Mandsager, Providence Alaska Medical Center</td>
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<tr>
<td>Legislative Committee</td>
<td>Andy Mayo, North Star Behavioral Health</td>
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<td>Long-term Care Committee</td>
<td>Sandi Crawford, Heritage Place</td>
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<tr>
<td>Nominating Committee</td>
<td>Dick Mandsager, Providence Alaska Medical Center</td>
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<tr>
<td>Patient Safety Committee</td>
<td>Julie Taylor, Alaska Regional Hospital</td>
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<tr>
<td>Small Hospital Committee</td>
<td>Robert Rang, Wrangell Medical Center</td>
</tr>
<tr>
<td>Workforce Committee</td>
<td>Bob Letson, South Peninsula Hospital</td>
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Key Initiatives
Each spring, ASHNHA’s board meets to set broad policy direction and goals for the next year. The following is a brief update on key initiatives and policy areas.

Advocate for Health Care Coverage and Access
Increased access to health insurance brought about by the Affordable Care Act (ACA) saw a serious congressional challenge this year. ASHNHA opposed ACA repeal and replace legislation which would have dramatically harmed Alaska residents and the health care system. To effectively advocate for maintaining health coverage, ASHNHA worked extensively with our congressional delegation and their staff. Strong relationships founded on sharing accurate, timely information built credibility and created the opening to communicate the impact of proposed legislation in Alaska. Mobilization of hospital and nursing facility leaders, boards, and friends is also an important strategy. Using an on-line advocacy tool and social media, we engaged Alaskans in making their voices heard on issues including ACA repeal – preserving access to care for Alaskans, Medicaid rate cuts, physician-owned hospitals, and others. ASHNHA advocacy efforts generated over 1,400 emails on these key policy issues this year.

Elect Health Care Champions
In 2016, after a successful PAC season that raised over $12,000, ASHNHA was able to support health care champions in both Alaska and Washington, DC, during a major election cycle.

MORE THAN 97% of candidates supported by ASHNHA were victorious in their elections, ensuring hospitals have elected officials willing to engage on critical health care issues.

Promote Reform and Innovation
As our state and nation wrestle with growing health care costs, ASHNHA recognizes that our members must live in the market as it is today, while preparing for a different future. To support this effort, ASHNHA continues to work with policymakers to identify opportunities to better manage health care costs while protecting the infrastructure necessary to ensure high-quality care in our communities. As part of the AK Health Reform stakeholders group and in our ASHNHA advocacy efforts, we provide bi-partisan information-sharing and health policy discussion.

This year we undertook work on reform concepts that could have a positive financial impact on the Alaska Medicaid program, as we continue to seek ways to help the system reduce costs as an alternative to provider cuts. A key focus of our reform and innovation effort this year was the Alaska Emergency Department Coordination Project. This project has brought together clinical and administrative leaders to implement a statewide ED information system (Edie), care coordination, patient education, and opioid prescribing guidelines.

Preserve Rural Health Care Systems
ASHNHA continues to support Alaska rural hospitals and nursing care centers by identifying opportunities to work together and ensure access to health care services in rural areas. Members seek a proactive approach in developing sustainable strategies for small/rural hospitals. The current environment places rural facilities at high risk since Medicaid and Medicare cuts disproportionately impact the rural health care system. ASHNHA communicates to state and federal leaders the unique issues facing rural facilities and advocates for solutions that allow them to remain financially sustainable and ready for the future.
Strategies we are exploring include: long-term care to swing bed conversion to maximize reimbursement; Coordinated Care demonstration project; a new payment model for Medicaid reimbursement for frontier CAHs; capacity building for care coordination; non-visit care and telehealth; review of proposed federal models for applicability to Alaska CAHs; and partnerships with tribal facilities to strengthen reimbursement.

**Build a Strong Health Care Workforce**
ASHNHA promotes initiatives to build a strong health care workforce. Along with participation in a variety of statewide groups, ASHNHA has focused on two specific programs this year.

The subspecialty nursing consortium has provided training in the areas of perioperative and perinatal services. Fifty nurse interns in four training cohorts have completed the program this year. Programs are supported by funding from the Alaska Department of Labor—State Training and Education Program (STEP).

ASHNHA supported the implementation of the surgical technology program at the University of Alaska Anchorage (UAA), through helping to put together hospital financial support for the program. This new program will serve 12 students.

**Advance Health Care Quality & Safety**
At the heart of every hospital's mission is its commitment to provide the highest quality care to every patient. Through ASHNHA, hospitals work collaboratively to share, learn, and apply nationally recognized evidence based practices.

ASHNHA and member hospitals continue involvement in the Centers for Medicare & Medicaid Services (CMS) Partnership for Patients program, the largest patient safety improvement initiative ever undertaken. During the 2015-16 initiative, 18 Alaska hospitals together significantly reduced patient harm in nine of the eleven measures, proving that the last frontier is a great place to get health care. An estimated 428 patient harms were prevented in Alaska over the course of the project, for a total savings of $5.9 million in health care costs.

This year we are working in partnership with the Washington State Hospital Association and have 100% participation from the 22 eligible hospitals in Alaska.

**Highlights:**
- Board-level Patient Safety Committee to catalyze accelerated, significant, and measurable reductions in patient harm.
- Workplace Violence Prevention Plan with action steps for hospitals and ASHNHA.
- Improved data transparency as hospitals share patient safety data to facilitate improvement.
- Emphasis on antimicrobial stewardship through infectious disease telementoring and collaboration with partners.
Reduce Regulatory Burden
Hospitals and skilled nursing facilities face a growing and unsustainable regulatory burden. Our members work to maximize time and resources spent focusing on patient and resident care, but the growing regulatory burden requires increasing funds to be spent on administrative requirements. In the past year, ASHNHA has provided written comments to the state on many regulatory proposals, including new licensing restrictions, and convened workgroups with the State Division of Senior and Disability Services. We discussed streamlining processes, highlighted regulatory burdens in meetings with our congressional delegation, and met with the chief medical officer at the Centers for Medicare and Medicaid Services to advocate for reducing the regulatory burden.

Another key focus is addressing the recently-enacted requirements of participation for ASHNHA’s skilled nursing care centers. ASHNHA continues to advocate for reducing statutory and regulatory burdens including the federal “minimum of five” statute that subjects Alaska nursing care centers to more frequent surveys than their peers elsewhere.

Health Care Legislative Advocacy - 2017 Alaska Legislative Session
Health care was in the spotlight during this year’s legislative session. Many health care related bills were introduced by legislators seeking solutions to address health care cost and access. ASHNHA supported collaborative, common-sense approaches to regulating hospitals and nursing homes to improve quality without adding administrative burden and/or increasing costs. This meant working with legislators to improve bills and sometimes opposing legislation.

Highlights:
- Underscored importance of adequate funding for Medicaid program to preserve reimbursement and prevent deeper cuts.
- Successfully advocated for and supported passage of the Governor’s opioid bill, with key provisions to make compliance easier for hospitals.
- Worked with DHSS to allow the release of medical examiner reports to hospitals for quality improvement purposes, eliminating the need for legislation.
- Stopped movement of a repeal of Certificate of Need bill to allow time to develop a plan for improvement.
- Made recommendations for improvement on two different bills to promote price transparency.
- Engaged facility lobbyists in weekly meetings and coordinated action.
**Member-focused Services**

ASHNHA maintains its commitment to helping hospitals meet the challenges of a rapidly evolving health care environment by engaging hospital leadership in collaborative workgroups and offering education programs.

**Key ASHNHA Collaborative Groups:**

- **CNO/DON Committee** – meets quarterly on areas of concern for nurse leaders.
- **CFO Collaborative** - meets monthly to address strategic issues impacting the financial sustainability of members.
- **Long-term Care Committee** – meets monthly to focus on the needs and priorities of skilled nursing facilities.
- **Patient Safety Committee** – meets monthly on policy, leadership and best practices in patient safety.
- **Workforce Committee** – meets quarterly on member recruitment and retention issues.
- **Small Hospital Committee** – meets monthly to focus on priorities of support small & rural facilities.
- **CPHQ Study Group** – meets monthly to support quality professionals who are pursuing the Certified Professional in Healthcare Quality (CPHQ) certification.

**Education**

ASHNHA delivers affordable, high-quality education programs targeted to member needs. Education over the last year included our annual conference, legislative fly-in, physician leader event, Medicare billing boot camp, long-term care conditions of participation seminar, sepsis safe table, safe deliveries safe table, small hospital safe table, antimicrobial stewardship training, weekly quality/safety webinars and more. Information on future events can be found at www.ashnha.com.
Financial Information
ASHNHA’s annual budget is approved each year by the full Board of Directors. The Executive Committee tracks progress through monthly reviews of financial performance. ASHNHA utilizes the expertise of Carney Consulting, an external CPA accounting service. The association received a clean audit for its 2016 business year from independent auditors Altman and Rogers.
A Forecast for the Year Ahead - Becky Hultberg, President/CEO

What will 2018 bring for health care? In today’s environment, predictions are almost certain to be wrong. But we can rely on what we know. At the state level, next year will bring elections, including the gubernatorial election. It will also bring continued state budget challenges and most likely continued federal debate. Our markets and relationships with payers will continue to evolve as well. Whatever the year brings, we will be prepared to advocate for access to care, fair payment, and reasonable regulations.

Within challenges lie opportunities, and the association must be able to quickly identify and capitalize on opportunities. We will continue to maximize operational efficiency, grow our non-dues revenue, build on our strategic plan and further position ASHNHA and our member organizations to succeed in our rapidly changing market.

ASHNHA staff share a deep commitment to our state and its residents and care about the work that we do. On behalf of the ASHNHA team, thank you for trusting us to serve as your voice.

Your ASHNHA Staff
ASHNHA has a small, but mighty, team working every day to support our members’ goal to improve Alaskans’ health.

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Not a Member?
Visit us at www.ashnha.com/about/membership/ to learn how to join ASHNHA.

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