

## Kenai Peninsula Borough

### Project Reach\*

How many Alaskans will be served by the project?

10,000-24,999

### Populations Served\*

What populations will be served by your project? Select all that apply.

Alaska Native peoples  
 Alaskans with behavioral health and substance use disorders  
 Alaskans with complex care needs  
 Alaskans with or at risk of chronic disease  
 Children and youth  
 Elders and older Alaskans  
 Health care workforce  
 Pregnant and postpartum women  
 Rural Alaskans

### Serving Rural Alaskans\*

Please describe how your project will improve access, quality, or sustainability of health care for rural, remote or frontier communities.

South Peninsula Hospital (SPH) is owned by the Kenai Peninsula Borough and operated by South Peninsula Hospital, Inc., a locally governed 501(c)(3), and one of only three independent Critical Access Hospitals remaining in Alaska. SPH serves a population of 15,000 that substantially swells during the summer and is spread across 16 communities in hundreds of square miles.

This project will implement an AI-enabled ambient listening and clinical documentation system integrated with SPH's new Epic EHR. This AI scribe project directly advances Alaska's RHTP Initiative #6: Spark Technology and Innovation, which calls for deployment of AI-enhanced clinical workflow and decision-support technologies to improve care quality, provider efficiency, and health outcomes in rural settings

Like many rural Alaska providers, SPH faces workforce shortages, provider burnout, recruitment challenges, and thin financial margins. This AI-enabled system will securely capture clinician-patient conversations and automatically generate clinical notes within the Epic EHR to save time and enable our healthcare workforce to spend more time providing direct patient care and less time on note-taking and administration.

In 2024, SPH launched a pilot program to test an AI scribe system at SPH's Homer Medical Center. It was a resounding success. Providers were happy with the program and saw drastic reductions in documentation time. After the system "trained" with one physician for a few weeks, documentation time dropped 41%. With another provider, documentation time decreased 57%. SPH would now like to permanently integrate an AI scribe system into Epic EHR.

By substantially reducing documentation time, the project will:

1. Improve healthcare quality by relieving notetaking burden on providers, freeing up time for more focused patient care. Increase patient access by enabling providers to see additional patients per day.

2. Enhance sustainability of care by boosting provider retention and by reducing administrative burden. AI scribes can also help with cost containment by ensuring accurate coding to support billing systems.

This project aligns with RHTP goals to improve access, advance technology use, strengthen workforce stability, and build sustainable rural systems. By modernizing documentation workflows, SPH will preserve local access to primary and specialty services and reduce the need for patients to travel outside the region for care.

## *Project Overview*

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### **Project Concept Opportunity\***

Briefly describe the problem or opportunity you want to address with this project.

SPH, like other rural hospitals in Alaska, is in a Health Professional Shortage Area. Recruiting providers to our end-of-the-road community can be difficult and expensive, especially with local housing shortages, high cost of living, and limited workforce pipelines. Increasing administrative documentation demands pile onto these challenges, and serve as a barrier to long-term retention of existing healthcare workers. Providers at SPH's Homer Medical Center routinely spend two to four hours beyond the work day on charting and inbox management. Many have to attend to these duties during evening and weekend hours. This situation is not sustainable. Note-taking burden is contributing to workforce burnout, recruitment challenges, and reduced appointment availability.

To address these challenges, we will leverage an AI scribe system to capture and record provider-patient conversations and create detailed and accurate clinical notes in SPH's Epic EHR system. Providers will be able to focus on patient interaction and care, rather than on note-taking. After appointments, they will merely need to review and edit AI scribe-created notes for corrections rather than creating them whole cloth. SPH's pilot test of an AI scribe system found that it could cut note-taking time in half or more, a true game changer for our workforce.

### **Project Concept Approach\***

Please describe your proposed approach to the above problem or opportunity.

This project represents a technology-enabled solution to deftly address two top findings of SPH's most recent Community Health Needs Assessment, conducted in collaboration with MAPP, the region's health improvement coalition: shortages in healthcare workers and barriers to receiving primary care. SPH will implement an AI scribe system integrated into Epic across selected primary care and specialty providers in a phased rollout. The benefits of reduced administrative burden on providers will cascade to patients. Providers will interface directly with patients more and won't be staring at a screen during appointments. And appointments will feel less rushed as providers will have more time to work directly with patients, without the burden of clinical notetaking impinging on visits.

Implementation steps will include:

1. Release RFP for an AI scribe system
2. Develop and launch a patient survey and education plan to gauge patients' perspectives and educate them on the benefits and limitations of the new system.
3. Purchase and install the system in a phased approach at SPH primary care and specialty clinics.

4. Carry out provider training on the new system.
5. Launch services with the new system in a phased approach.
6. Monitor performance of the new system by tracking data such as accuracy, note-taking time, provider time for corrections, provider and patient satisfaction, etc.
7. Carry out quality assurance by establishing review protocols to ensure documentation accuracy and compliance.

## Project Concept Preliminary Outcomes\*

What change would you expect to see if this project is successful and on what timescale?

Within 6 months of implementation, SPH anticipates:

1. 30–50% reduction in after-hours documentation time
2. Increase in same-day note completion rates to >85%
3. 5–10% increase in available appointment slots without additional staffing
4. Improved provider satisfaction scores and reduced burnout indicators

Over 12–24 months, SPH expects:

1. Improved patient access and reduced appointment wait times
2. Enhanced documentation completeness and coding accuracy
3. Increased clinic throughput supporting financial stability
4. Improved recruitment and retention of providers
5. Other providers at SPH will be requesting the system in their departments.
6. Overall positive experience with the new system reported by patients.

Clinical directors will work with the Quality Assurance Department to track progress on these metrics through Epic and RLDatix occurrence reporting systems, analyze quarterly and adjust workflows as necessary. SPH will seek patient feedback before and after AI Scribe launch.

## Project Concept Sustainability\*

How will the change initiated by this project persist after the project ends?

AI scribe systems save providers time doing documentation. When providers are required to stay after their work shift for up to 4 hours a day and work on their days off, it can lead to burnout. Physician replacement not only leads to a reduction in access, but can also cost over \$500,000 per provider due to recruitment, signing bonuses, relocation, lost revenue during the vacancy, and ramp up time to establish. Recruitment can be quite lengthy in Alaska due to a limited workforce pool and travel and logistic challenges. Retaining even one physician every 3-5 years will more than pay for using this system. Outside of the savings of provider replacement, an ambient listening tool can improve patient satisfaction and retention helping increase and maintain revenue streams. Improved workflows can also help increase capacity. If a provider sees 12 patients/day and is able to add one additional patient/day times 220 clinic days at \$150 reimbursement, that's \$33,000 in increased revenue per year per provider. If we multiply this by 20 providers, that's an increase of \$660,000 in reimbursement in one year, easily demonstrating long term sustainability.

## Project Concept Key Risks or Uncertainties\*

What potential risks do you anticipate, and what is your plan to mitigate them?

As with any project in rural Alaska, this project could face supply chain issues, delivery delays, or weather disruptions. We will prepare early for long lead time deliveries.

Some patients might have negative feelings about ambient listening systems. To address this, we will roll out a comprehensive survey to gauge patients' perspectives. The findings of this survey will enable us to launch a broad education program about the AI scribe system—addressing its benefits, security protocols, etc. Ultimately, patients will be able to opt-out of AI scribe in their appointments if they wish.

Another potential risk is that providers will not want to use the new system. We found broad uptake in our pilot test of an AI system in 2024. (We didn't adopt this system because of a planned shift in our EHR system in 2025 and the piloted software was not compatible with our new EHR system.) We will work with willing providers, and believe it's likely that additional providers will sign on once they see the reductions in note-taking burden among their peers.

There are uncertainties around transcription accuracy, especially related to portions of our population, including people for whom English is a second language, Alaska Natives, and Russian Old Believers. We will carry out comprehensive and ongoing quality assurance measures after system launch to gauge accuracy and will develop mitigation strategies as needed (e.g., not using the scribe system with certain patients).

## Project Partnerships\*

Do you have key partners identified for this project?

No, partners are not needed for this project.

## Readiness & Scope Snapshot

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### Stage of Development\*

Please assess the current stage of your proposed project. Your answer does not commit your LOI to a specific funding pathway but rather informs understanding of the project's development stage.

**RHTP funding is available for all pathways.**

**Concept Formation:** The project is taking shape, but key elements are still being developed. Scope, partners, budget and workplan details have not yet been established. Funding at this stage would support refining the project concept, early coordination, and building administrative readiness to prepare for a full project application.

**Defined Approach:** The project has a defined approach that aligns with RHTP goals. The scope and deliverables are partially defined, there is a general sense of the budget, partners have been identified, and roles are generally understood. Some administrative, staffing, and evaluation infrastructure capacity is in place. Early thought has been given to long-term sustainability and scalability. Funding at this stage supports critical planning efforts to strengthen and refine a detailed project workplan to prepare for implementation.

**Ready to Launch:** The project has a complete plan aligned with RHTP goals, with clear scope, objectives, budget, milestones, and deliverables. Partners are committed, roles and responsibilities are clearly defined, and staffing, resources, and infrastructure are in place. The approach is supported by data collection, evaluation, and

monitoring systems. Project sustainability is built into the design. Funding at this stage supports immediate execution of projects that advance rural health transformation goals.

Ready to Launch

### RHTP Initiative Areas\*

RHTP funding supports projects aligned with Alaska's six RHTP initiatives. Funded projects may work across more than one initiative. Based on your current project approach, select all that apply.

Health Care Access  
Strengthen Workforce  
Spark Technology & Innovation

### RHTP Allowable Uses\*

RHTP projects must align with and advance Alaska's goals and six RHTP initiatives and strengthen access, quality, coordination, and sustainability of health care, particularly in rural and remote communities. Federal law allows RHTP funds to be used for the activities listed below in support of these initiatives. Based on your current project concept, select all that may apply. (Note: for more information on the RHTP allowable uses, see the Alaska Department of Health RHTP webpage).

IT advances  
Workforce

### Estimated Project Duration\*

Based on your project concept, how long do you anticipate needing to complete the proposed work?

12 months

### Project Duration\*

Please explain if your project has multiple phases, dependencies, or other nuances to the project duration.

N/A

### Estimated Funding Range for First Year of Funding\*

While RHTP is a five-year initiative, funding will be awarded annually. For the project scope you outlined, what resources do you anticipate needing for this funding round's project period?

\$50,000-\$250,000

### Future Funding Needs\*

Please describe future funding needs for this project (beyond this project period). If you are unsure of future funding needs, please indicate that below. If you do not have funding needs beyond this project period, please

write "N/A."

N/A

### Potential Support Needs\*

In addition to grant awards, RHTP will include opportunities for grantee learning and support. To gauge potential offerings, what potential support might you be interested in?

None at this time

## *Acknowledgements & Certifications*

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### Acknowledgements & Certifications\*

I understand that submission of this Registration & LOI does not guarantee funding and may result in an invitation to submit a Full Proposal, a request for refinement, or deferral to a future cycle.

I certify that:

- No funds received under this award will be used for lobbying activities.
- I will not attempt to influence government officials on decisions related to this award or other legislative or administrative matters using awarded funds.
- Awarded funds will not be used for religious proselytizing or activities intended to promote or discourage adherence to a particular religious faith.

Yes

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