Arizona State Office of Rural Health Webinar Series

November 15, 2018 #powerofrural

National Rural Health Day™
Celebrating the Power of Rural!
IT’S NOT JUST A DAY, IT’S A MOVEMENT.
Arizona State Office of Rural Health
Monthly Webinar Series

Provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.

Thank you to our partners in delivering this webinar series:
• Audience is muted during the presentation.
• We will pause in between presentations for some questions. Enter your questions into the chat box.
• Please fill out the post-webinar survey
• Webinar is being recorded
• Recording will be posted on the AzCRH www.crh.arizona.edu/ and SWTRC www.southwesttrc.org/
Congratulations to Amanda Aguirre!

Visit:
crh.arizona.edu
powerofrural.org

On Twitter:
@UACRH
@NOSORH
#powerofrural
#NRHD
Gubernatorial Proclamation for November 15, 2018 as RURAL HEALTH DAY

Visit: crh.arizona.edu powerofrural.org

On Twitter: @UACRH @NOSORH #powerofrural #NRHD
Today’s presentation:

Growing the Power of Rural: The Rural Health Workforce in Arizona

Heather Carter, EdD
Daniel Derksen, MD
Sean Clendaniel, MPH
Ana Roscetti, MPH
Today’s presentation:

Growing the Power of Rural: The Rural Health Workforce in Arizona

Moderator:
Heather Carter, EdD, recently joined the AzCRH as an assistant professor of practice in the Mel and Enid Zuckerman College of Public Health and Associate Director of the AzCRH. Heather served in the AZ House of Representatives representing District 15 from 2013-18. On November 6th she was elected Senator representing District 15 in the state legislature.
Growing the Power of Rural: The Rural Health Workforce in Arizona

Daniel Derksen, MD is the University of Arizona Health Sciences (UAHS) Associate Vice President for Health Equity, Outreach & Interprofessional Activities. He is a Professor of Public Health in the Mel and Enid Zuckerman College of Public Health.
The Rural Health Workforce in Arizona

3rd highest Am. Indian Pop
4th highest Latino pop.%
6th highest land mass sq.mi.
14th in population
33rd in pop. density

Dan Derksen MD, Director, Arizona Center for Rural Health
UAHS Associate VP for Health Equity, Outreach & Interprofessional Activities
Growing the Power of Rural Webinar 11/15/2018
Arizona Rural Challenges & Opportunities

Uncompensated & Charity Care
Medicaid-AHCCCS, CHIP-KidsCare
Health Workforce Training, Recruitment, Retention, Distribution
Rural Health Policy Innovation
71% U.S. voters: Health care #1 concern

Specific voter concerns include:

• Spiraling drug costs
• Losing coverage
• Cutting Medicaid, Medicare
• Covering ‘pre-existing’ conditions

Arizona ACA Impact

AZ #5 in Health Sector Job Growth Since 2010

AZ #13 in Uninsured Decline

The Untold Story of 2018 Midterms

<table>
<thead>
<tr>
<th>US Governors</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Republican</td>
<td>33</td>
<td>25</td>
</tr>
<tr>
<td>Democrat</td>
<td>16</td>
<td>23</td>
</tr>
</tbody>
</table>

Two races are too close to call in Georgia and Florida (R leading)
https://www.washingtonpost.com/election-results/governor/?utm_term=.fd070ff6f162
**U.S. Senator ★**  
6 Year Term | Elect 1

Sinema with 35,909 vote lead as of 07:15am on 11/15/2018

<table>
<thead>
<tr>
<th>Choice</th>
<th>Votes</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinema, Kyrsten (DEM)</td>
<td>1,121,990</td>
<td>49.69%</td>
</tr>
<tr>
<td>McSally, Martha (REP)</td>
<td>1,082,485</td>
<td>47.94%</td>
</tr>
</tbody>
</table>

McSally won in 10 of 15 AZ Counties
Needed for Senate majority: 51 of 100 seats

2 seats too close to call, R leading

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Senate R</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>US Senate D</td>
<td>49</td>
<td>47</td>
</tr>
</tbody>
</table>

Needed for House majority: 218 of 435 seats

9 too close to call (5 R leading, 4 D)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>US House R</td>
<td>236</td>
<td>198</td>
</tr>
<tr>
<td>US House D</td>
<td>193</td>
<td>228</td>
</tr>
</tbody>
</table>

Needed for majority: 16 of 30 seats

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AZ Senate R</strong></td>
<td>17</td>
<td>16*</td>
</tr>
<tr>
<td><strong>AZ House D</strong></td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

*Kate Brophy McGee (R) leads by half of one percent: 472 votes of 87,780 cast as of 7:15 am on 11/15/2018*

Accessed 11/15/2018 at: https://azsos.gov/elections
<table>
<thead>
<tr>
<th>Party</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ House R</td>
<td>35</td>
<td>31</td>
</tr>
<tr>
<td>AZ House D</td>
<td>25</td>
<td>29</td>
</tr>
</tbody>
</table>

Needed for majority: 31 of 60 seats

Accessed 11/15/2018 at: https://azsos.gov/elections
Arizona Nonpartisan Health Policy Collaboration in 2018

AZ Opioid Epidemic Act

Education Is a Major Social Determinant of Health

HB 2197 Health Workforce Data

HB 2324 CHW Voluntary Certification
Rural Oral Health Workforce
# Providers, Distribution, Medicaid

<table>
<thead>
<tr>
<th>Date</th>
<th>Ayes</th>
<th>Nays</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/03/2018</td>
<td>47</td>
<td>13</td>
</tr>
</tbody>
</table>

Transmit to Governor: 05/03/2018
Governor Action

Arizona HB 2235
Dental Therapists
Nancy Barto
Rural Health Professions Tax Credit

Rural retention: licensed physicians, dentists, psychologists, nurse practitioners eligible for a tax credit up to $5,000

States: Oregon, New Mexico

NM: https://rhcptc.health.state.nm.us/faq.aspx;
OR: http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/provider-tax-credits/provider-faq.cfm
Teaching Health Centers

Move the training pipeline to areas of need. Grads 3X more likely to practice in rural areas.
Top 3 States Medicaid GME Funding

<table>
<thead>
<tr>
<th>RANK</th>
<th>STATE</th>
<th>Total Medicaid GME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NY</td>
<td>$1,600,000,000</td>
</tr>
<tr>
<td>2</td>
<td>FL</td>
<td>$350,000,000</td>
</tr>
<tr>
<td>3</td>
<td>AZ</td>
<td>$285,000,000</td>
</tr>
<tr>
<td>US Total</td>
<td></td>
<td>$4,300,000,000</td>
</tr>
</tbody>
</table>

“There’s no federal guidance for Medicaid GME, states have significant flexibility in designing and administering their Medicaid GME payments.”

New Interprofessional Education Models

Community Sites
CAH, FQHC, RHC, IHS

Teaching Hospitals

Interprofessional Teaching Health Centers

GME Medicare, Medicaid, VA, HRSA, Facility, Community, Marketplace
Innovative Policy Interventions

• Allow Medicaid ‘buy-in’ (NV, NM)
• Manage costs: home, community (AZ)
• Eliminate, address ‘no value’ steps: prior authorizing, EHR documenting
• Shift PhRMA & insurance company ‘hold harmless’ policies to:

hold accountable
Brief Discussion

Moderator:
Heather Carter, EdD
Growing the Power of Rural: The Rural Health Workforce in Arizona

Sean Clendaniel, MPH, serves as Quality and Clinical Manager at the Collaborative Ventures Network (CVN). He also holds academic appointments and is actively involved with various governing and advisory boards and committees.

seanc@healthyarizona.org
Characteristics of Rural Health

- Both rural and urban populations are aging and will demand more health care services as the average age increases. Going further, rural populations tend to be older than urban populations.
- Rural residents have higher rates of chronic disease and poverty than urban residents.
- Rural populations are more likely to be underinsured or uninsured.
- Rural hospitals and clinics tend to be smaller than in urban areas.
- The scope of care provided in rural hospitals and clinics is often more limited than in urban facilities. Rural health care providers deliver more general care (rather than specialty care) compared with urban areas.
- Access to preventive and early intervention unavailable.
- Lower reimbursement rates for primary care or general health services make it difficult for rural health care practices to remain financially stable.
- Vast travel distances to health care facilities create transportation (and associated costs) can be a barrier to accessing care for many rural residents.
- Medicare payments to rural hospitals and physicians are dramatically less than those to their urban counterparts for equivalent services. This correlates closely with the fact that more than hundreds of rural hospitals have closed in the past 25 years.
- Simply put, rural communities tend to be older, sicker, poorer, which is further complicated by access to services.
The Quadruple Aim: Rural vs. Urban

Rural Care is Rated Comparable or Worse Across "Quadruple Aim" Aspects

- **Patient experience**:
  - Much better: 8%
  - Better: 29%
  - The same: 28%
  - Worse: 23%
  - Much worse: 3%
  - Don't know: 9%

- **Cost of care**:
  - Much better: 3%
  - Better: 28%
  - The same: 32%
  - Worse: 20%
  - Much worse: 3%
  - Don't know: 13%

- **Clinician experience**:
  - Much better: 5%
  - Better: 22%
  - The same: 28%
  - Worse: 32%
  - Much worse: 3%
  - Don't know: 9%

- **Quality of care**:
  - Much better: 4%
  - Better: 11%
  - The same: 28%
  - Worse: 46%
  - Much worse: 5%
  - Don't know: 7%

Base = 730

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society
Barriers to Care: Rural vs. Urban

The Barriers to Excellent Care Vary Widely Across Geographic Settings

What are the top two biggest barriers to providing excellent care in urban/suburban settings?
Rural settings?

- Distance/travel time to facilities: 49%
- Recruitment/retention of physicians: 49%
- Primary care physician availability: 25%
- Adverse social determinants of health: 23%
- Lack of or inadequate health insurance: 12%
- Suboptimal use of telehealth: 9%
- Recruitment/retention of nurses: 7%
- Difficulty of patient engagement: 6%
- Higher incidence of chronic diseases (e.g., type 2 diabetes): 5%
- High cost of capital: 2%
- Don’t know: 3%

Urban/suburban settings?

- Adverse social determinants of health: 48%
- Primary care physician availability: 27%
- Lack of or inadequate health insurance: 25%
- High cost of capital: 20%
- Difficulty of patient engagement: 18%
- Recruitment/retention of physicians: 15%
- Recruitment/retention of nurses: 13%
- Higher incidence of chronic diseases (e.g., type 2 diabetes): 8%
- Suboptimal use of telehealth: 4%
- Distance/travel time to facilities: 10%
- Don’t know: 3%

Base = 730 (multiple responses)
NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society
Characteristics of Rural Health Workforce

- Maldistribution of health professionals; specialty, location, and setting
  - The current healthcare education system tends to be specialty oriented and urban-centric

- Significant challenges recruiting and retaining

- An aging population of health care providers will be retiring in growing numbers over the next 10-20 years, which is particularly acute in rural areas

- Educational opportunities to become a health care professional, and to upgrade skills and pursue professional development, are more limited in rural than in urban areas

- Job development opportunities can be limited in rural areas because of the smaller size and number of health care facilities, and the more generalized nature of the health care delivered, which inhibits advancement through specialization

- Understaffing causes increased workloads, longer shifts, and less flexibility in scheduling.

- Small, rural communities may offer fewer job opportunities for spouses, which can make recruiting providers difficult.

- Growing proportions of primary care physicians are women, and women have been less likely than men to practice in rural areas

- The future supply of rural physicians is threatened by the low percentage of students interested in specializing in family medicine
Arizona Unique characteristics

- Binary existence when viewed through rural lens (geography vs. population density)
- Arizona will face greater competition from other states in recruiting and retaining health professionals
- Graduate Medical Education hasn’t grown at same rapid rate as Medical Schools
Rural Provider Dichotomy

• Rural Providers on average:
  • Work longer hours
  • See more patients per day
  • Have less control over work hours (and are “on-call” more frequently)
  • Have a broader scope of practice
  • Have less opportunity for professional interaction
  • Receive about the same level of compensation

• New Providers value:
  • More time for family
  • Shorter work week
  • Quality of life over monetary rewards

• Practices are overwhelmed due to few practitioners and high numbers of patients causing a shift to crisis/episodic care

• Tools for chronic disease management and electronic health record are costly and unaffordable by small practices
State-level Policies and Programs

- Develop an enhanced and coordinated state infrastructure that identify and address rural workforce needs
- Implement data-driven and evidenced based workforce development strategies to
- Expand broadband access to rural communities and service providers
- Remove barriers to the use of Telehealth
- Find and share what’s already working for rural areas
- Removing state and federal barriers to professional scope of practice
- State Loan Repayment Program
- Patient engagement and empowerment
- Provide financial incentives for practice in rural and underserved areas (i.e. Tax Incentives)
- Increased GME funding (Teaching Health Center model)
Rural Health System Strategies

• Using interprofessional teams to provide coordinated and efficient care for patients and to extend the reach of each provider

• Ensuring that all professionals are fully utilizing their skill sets and working at the top of their license; that is, practicing to the full extent of their training and allowed scope of practice

• Expand the use of telemedicine and health information technology

• Develop a “culture of learning” (i.e. Teaching Health Center)

• Reduce professional isolation by providing opportunities for professional development and continuing education

• Support continuing education and professional development programs for administrators and clinical leaders, through membership and professional organizations, and partnerships with postsecondary programs

• Scholarships and Loan Repayment commitments

• Develop Career Ladder and Skill Development Programs that allow rural healthcare workers to obtain degrees and certificates or to advance in their careers
Strategies for the Educational Pathway

- “Growing our own”
- K-12
  - Programs in rural areas that encourage health professions

- College & University
  - Enhance programs in rural colleges
  - Rural programs in larger universities

- Medicine, Nursing, Allied Health
  - Rural programming
  - Make Primary Care the kind of thriving, exciting, personal health care practice that will naturally attract students of all disciplines
  - Accept students from rural backgrounds

- Post graduate training
  - GME funding for rural training rotations
  - Specific GME premium for rural programs
  - ARNP / PA programs that emphasize rural and primary care

- Interprofessional Education (IPE)

- Area Health Education Centers (AHEC)
Collaboration - Better Together
Brief Discussion

Moderator: Heather Carter, EdD
Growing the Power of Rural: The Rural Health Workforce in Arizona

Ana Roscetti, MPH, is the Workforce Section Manager for the Arizona Department of Health Services (ADHS), Bureau of Women’s and Children’s Health’s Arizona Primary Care Office. In her current role, Ana oversees 7 workforce programs that aim to increase the number of health care professionals in underserved areas that include the National Health Service Corps, State Loan Repayment, Nurse Corps, J1 Visa and the National Interest Waiver Programs.
Arizona Primary Care Office

- To optimize the health of Arizona residents by developing and strengthening systems services to expand access to primary care and other services with emphasis on the health needs of underserved people and areas
Arizona Primary Care Office
Core Functions

• Develops and implements strategies for strengthening primary care and the health care delivery system

• Administers programs to increase the number of providers and improve services in underserved areas

• Identifies areas that need improved health services and assists with federal/state shortage designations

• Provides technical assistance to statewide partners
Health and Wellness for all Arizonans
Health and Wellness for all Arizonans

**Dental HPSAs**

- **Metro Phoenix**
  - Map showing different areas within the metropolitan area.
- **Metro Tucson**
  - Map showing different areas within the metropolitan area.

**Dental HPSA Type**
- Geographic
- Not Designated
- Population

HPSA Score 16+

Map Date: March 2018

ARIZONA DEPARTMENT OF HEALTH SERVICES
PROBLEM

ARIZONA Current Workforce Shortages

- 605 Physicians to eliminate 187 primary care HPSAs
- 456 Dentists to eliminate 183 dental HPSAs
- 233 Psychiatrists to eliminate 176 mental HPSAs
State and Federal Incentives Programs That Can Help Address Workforce Shortages

• National Health Service Corps (NHSC) Loan Repayment Program
  – Eligible Disciplines: MD/DOs, dentists, nurse practitioners, physician assistants, dental hygienists, behavioral/mental health providers
  – Eligible Service Sites: “NHSC-Certified” Government/Public, Private Non-Profit, IHS/Tribal, Public Health Department, Private Practice, Hospital-Affiliated Clinics, Critical Access Hospitals, etc.
  – Up to $50K of tax-free loan repayment in exchange for an initial 2 years of service in a health professional shortage area (HPSA)
  – Yearly extensions until all student loans are paid off

• Arizona State Loan Repayment Programs (SLRP) - Expanded in 2015
  – Eligible Disciplines: MD/DOs, dentists, nurse practitioners, physician assistants, dental hygienists, behavioral/mental health providers, pharmacists
  – Eligible Service Sites: Public, Private Non-Profit or Rural Private Practice Sites
  – Up to $65K of tax-free loan repayment for physicians and dentists and up to $50K for other provider types in exchange for an initial 2 years of service in a health professional shortage area (HPSA)
State and Federal Programs That Can Help Address Workforce Shortages

• Nurse Corps Loan Repayment Program
  – Eligible Disciplines: Registered Nurses (RNs) and Advanced RNs
  – Eligible Sites: Critical Shortage Facilities in a HPSA or Accredited School of Nursing
  – Loan repayment of up to 85% of the total nursing school loans in exchange for service is critical shortage facilities or accredited school of nursing as a faculty

• J-1 Visa Waiver Program (for foreign physicians with J1 Visas)
  – Eligible Disciplines: Primary Care and Specialty J1 Physicians
  – ADHS recommends to the US Citizenship and Immigration Services a waiver of the home country residency requirement for foreign physicians who commit for a 3 year service in a federally designated HPSA or MUA
  – http://www.azdhs.gov/hsd/visa_waiver.htm

• National Interest Waiver Program
  – Eligible Disciplines: Primary Care and Specialty J1 Waiver Physicians
  – ADHS issues an attestation letter to the US Citizenship and Immigration Services on behalf of provider certifying that the provider’s work is in the public interest in exchange for an additional two year service in addition to the J1 service obligation in a HPSA or MUA for a total commitment of 5 years.
  – http://www.azdhs.gov/hsd/nationalinterestwaiver.htm
Other Recruitment and Retention Resources
National Rural Recruitment and Retention Network (3RNet)
www3rnet.org
THANK YOU

Ana Roscetti, MPH | Workforce Section Manager, Arizona Department of Health Services ana.lyn.roscetti@azdhs.gov

602-542-1066
Brief Discussion

Moderator:
Heather Carter, EdD
Thank you!

Your opinion is valuable to us
Please participate in this brief survey:
https://uarizona.co1.qualtrics.com/jfe/form/SV_6VAkvzCJUm87YMt

Find this and our previous webinars at:
http://www.crh.arizona.edu/programs/sorh/webinars

This webinar is made possible through funding provided by Health Resources and Services Administration, Office for the Advancement of Telehealth (G22RH24749). Arizona State Office of Rural Health is funded granted through a grant from US Department of Health and Human Services. Grant number H95RH00102-25-00

This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, DHHS or the U.S. Government.