

# Telemedicine & Rural Health Policy

Leila Barraza JD, MPH and Heather Carter, EdD

Arizona Telemedicine Policy Symposium | Sept 23, 2019



# Arizona Profile

Pop. 7 Million: 75% live in Phoenix + Tucson

15 Counties span 114,000 sq. mi.

AZ = CT+DE+MA+ME+NH+RI+NY+VT+ DC

## Leila Barraza JD, MPH

Director, Rural Health Professions Program  
Mel and Enid Zuckerman College of Public  
Health

University of Arizona Health Sciences

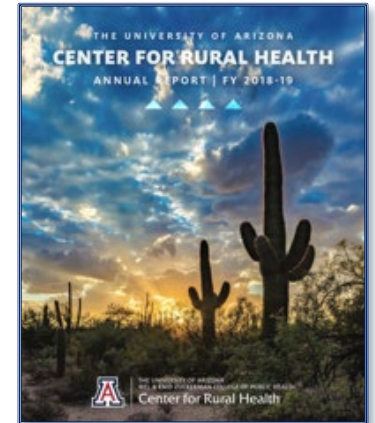


# Arizona Center for Rural Health

Since 1980 the AzCRH mission is to improve the health & wellness of rural and vulnerable populations.

## Programs & Initiatives:

1. State Office of Rural Health (1990 State \$3 : \$1 HRSA)
2. Rural Hospital Flexibility Program (1999 HRSA)
3. AzCRH-ADHS Interagency Services Agreements:
  - a) CDC Prescription Drug Misuse/Abuse Initiative
  - b) SAMHSA First Responders
  - c) CDC Training CHWs
  - d) CDC Data to Action



<http://crh.arizona.edu>

Heather Carter, EdD  
Co-Director Center for Rural Health



THE UNIVERSITY OF ARIZONA  
**Arizona AHEC**  
Area Health Education Centers

Since 1984 the AzAHEC mission:  
*to enhance access to quality health care,  
particularly primary and preventive care,  
by improving the supply and distribution of  
health care professionals through  
academic community partnerships in rural  
and medically underserved areas.*

Five AzAHEC Regional Centers:

- **Central Arizona AHEC (CAAHEC)** in Phoenix
- **Eastern Arizona AHEC (EAHEC)** in Globe
- **Northern Arizona AHEC (NAHEC)** in Flagstaff
- **Southeast Arizona AHEC (SEAHEC)** Nogales
- **Western AHEC (WAHEC)** in Somerton



AzAHEC Program Office:  
University of Arizona Tucson  
Office of the Senior VP for Health Sciences



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Center for Rural Health

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## Social Determinants of Health

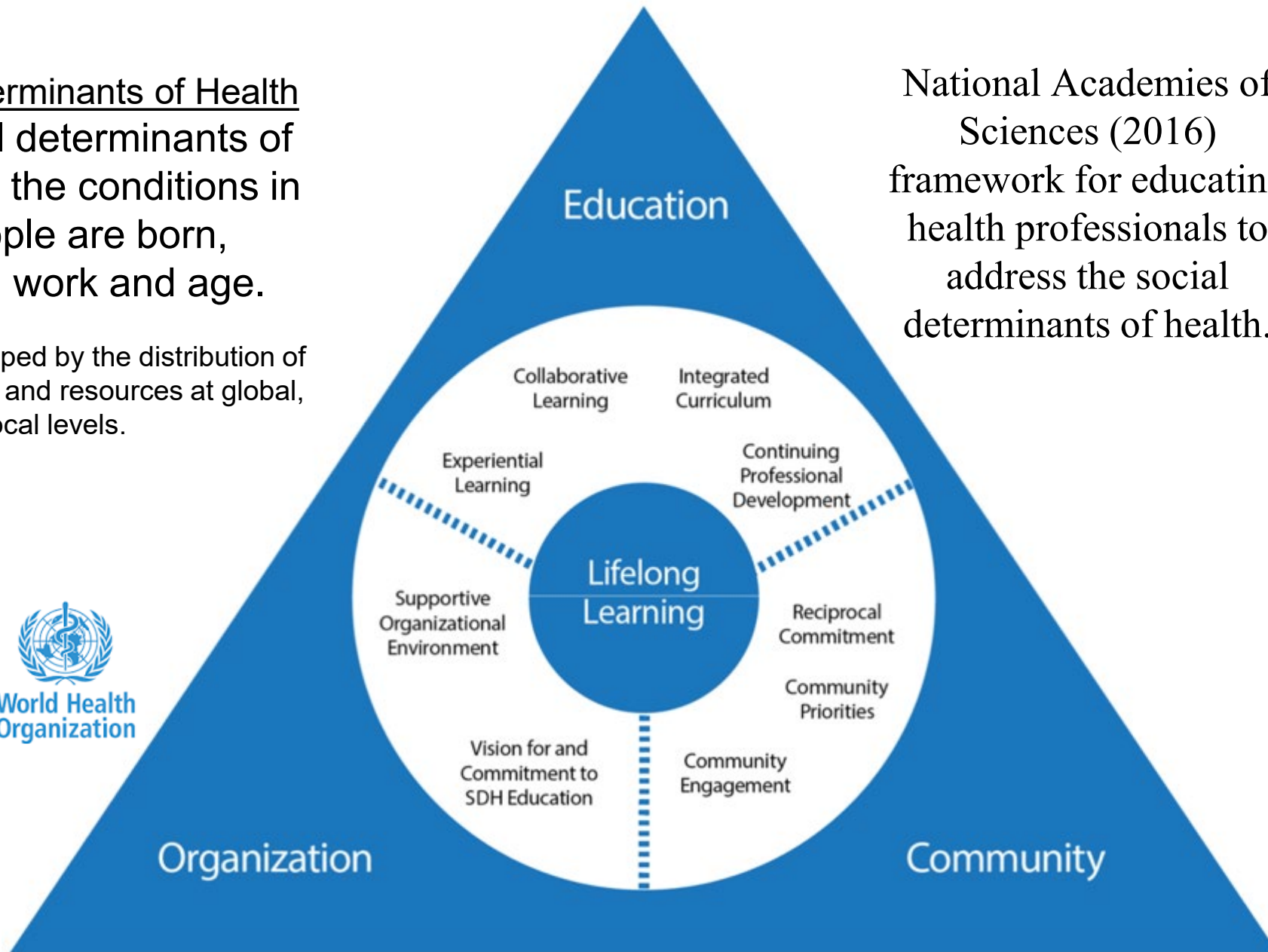
The social determinants of health are the conditions in which people are born, grow, live, work and age.

These are shaped by the distribution of money, power and resources at global, national and local levels.

National Academies of Sciences (2016) framework for educating health professionals to address the social determinants of health.



World Health Organization



Organization

Community

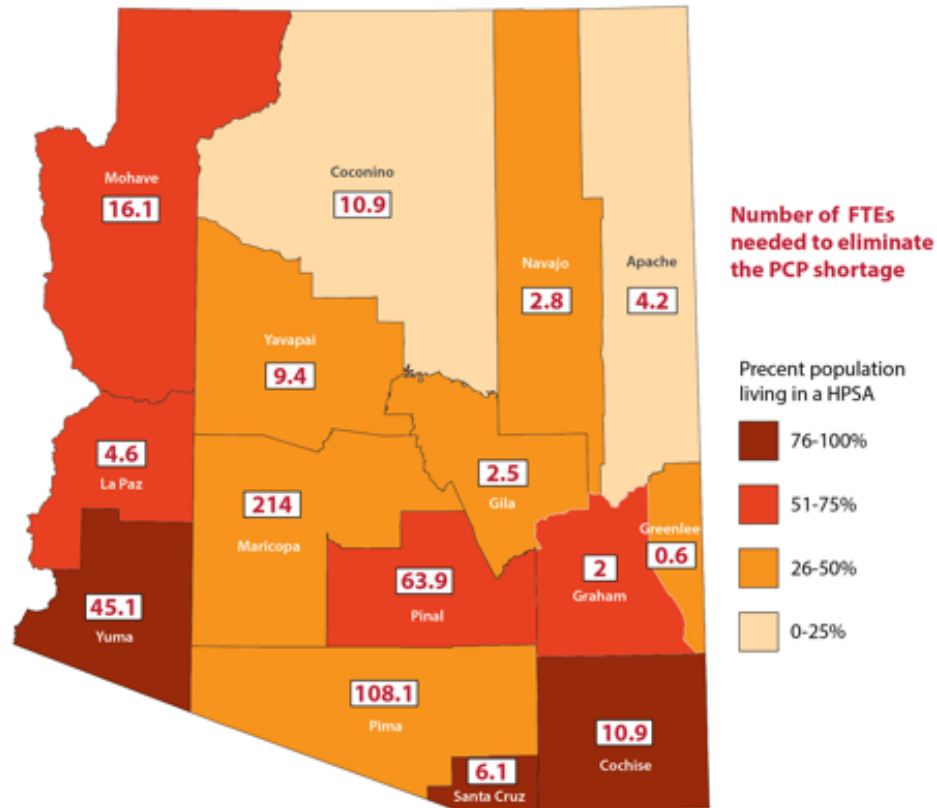


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# Health Workforce Data Informs Policy

## Primary Care Physician Shortage

Percent Living in Primary Care Shortage Areas (HPSAs) and Number of Providers Needed to Eliminate Shortage (2018)



**563** Needed Now

**1,941** will be needed by 2030

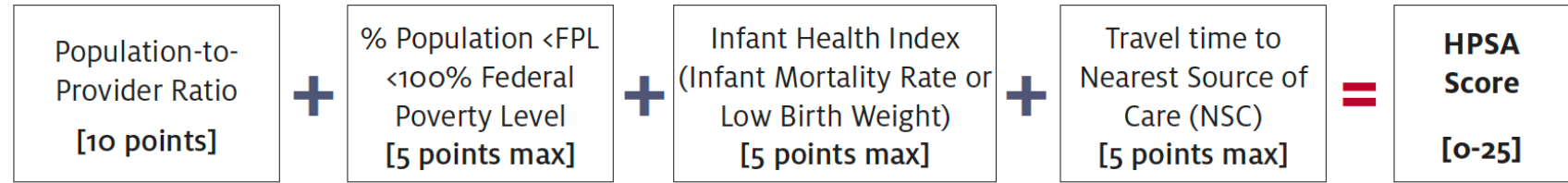


# AZ Primary Care Physician Shortage

## Arizona Tribal Nations Primary Care Physician Shortage (2018)

TRIBAL NATION	HPSA SCORE	PCPs SHORT
White Mountain Apache	20	4.69
San Carlos Apache	20	3.44
Gila River	20	3.35
Tohono O'Odham	20	2.56
Navajo	20	40.58
Pascua Yaqui	20	1.09
Hopi	19	2.57
Salt River Pima-Maricopa	18	1.17
Colorado River	17	1.57
Hualapai	12	0.34
Fort McDowell Yavapai	10	0.17

### HPSA Score Formula:



## Arizona

- Meets just 42% of PCP need
- Ranks 44<sup>th</sup> PCP 77.9 (US 91.7) per 100,000 population
- Ranks #4 in pop growth



# GME Pipeline Clog

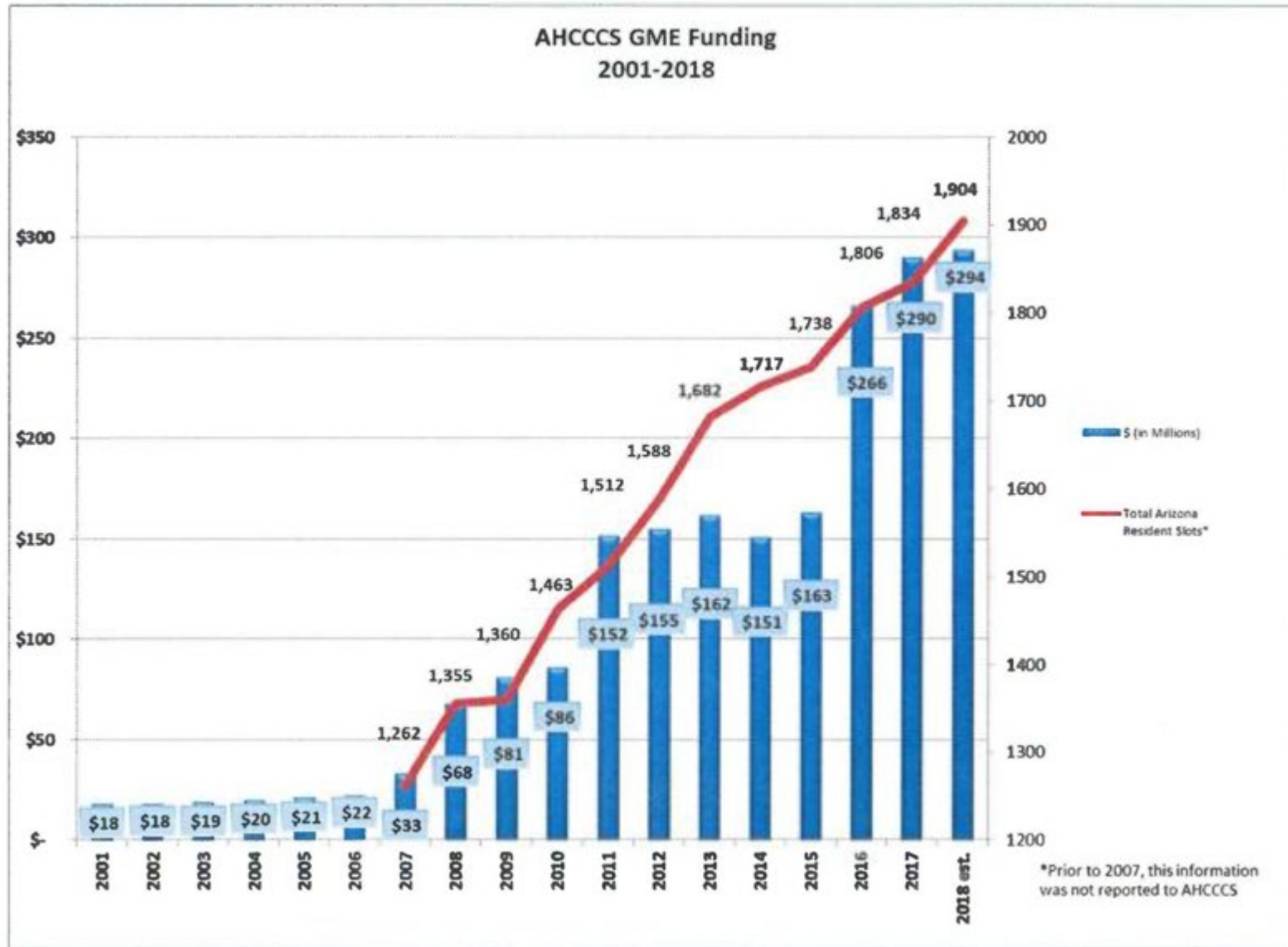
## AZ pop growth contributes to doc shortages

- Fed funded GME slots (residency positions) were capped in 1997 (Balanced Budget Agreement)
- There are enough medical and osteopathic school slots, but not enough residency positions
- Many AZ graduates must leave the state for residency
- Most do not return to practice





**2018**  
**\$294 M**



[https://www.azahcccs.gov/shared/Downloads/Reporting/GME\\_ResidencyPositionsReport.pdf](https://www.azahcccs.gov/shared/Downloads/Reporting/GME_ResidencyPositionsReport.pdf)

# Pipeline to Practice

Dan Derksen MD | dderksen@email.arizona.edu

YEAR	Medicaid GME	#Residents
2009	\$81 M	1,360
2018	\$294 M	1,904

No state general fund support of Medicaid GME through 2018; residency program pays state share

**Few of the increased residency slots were for primary care**



# 2019 Legislative Session Gains

2019-20 State Appropriation	Rural, Urban Underserved Health Policy Issue
\$3.0 M	Medicaid Graduate Medical Education (GME) with \$7 M federal match total = \$10 M, expanding to total \$30 by 2022
\$8.0 M	Expand Med Students in Primary Care, Tuition Remission
\$3.0 M	Expand Rural Broadband
\$1.6 M	Continue KidsCare (CHIP)
\$1.0 M	Rural Prenatal Telemedicine Equipment
\$0.75 M	State Loan Repayment
\$0.75 M	North Country Teaching Health Center



# Pipeline to Practice

Dan Derksen MD | dderksen@email.arizona.edu

New Medicaid GME Rural + Urban Underserved			
Fiscal Year	AZ Gen Fund	Fed Match	Total
2020	\$3,000,000	\$7,020,000	\$10,020,000
2021	\$6,000,000	\$14,040,000	\$20,040,000
2022	\$9,000,000	\$21,060,000	\$30,060,000

For every state dollar invested, federal match X \$2.34



# Pipeline to Practice

Dan Derksen MD | dderksen@email.arizona.edu

## New Rural Medicaid GME Funding

Fiscal Year	AZ Gen Fund	Fed Match	Total
2020	\$1,666,700	\$3,900,078	\$5,566,778
2021	\$3,333,400	\$7,800,156	\$11,133,556
2022	\$5,000,100	\$11,700,234	\$16,700,334

Rural Medicaid GME is 55% of New \$\$

