



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health



**ARIZONA
TELEMEDICINE
PROGRAM**

Arizona State Office of Rural Health Webinar Series



THE UNIVERSITY
OF ARIZONA

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.



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Thank you to our partners in delivering this webinar series:



ARIZONA
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PROGRAM



Webinar Tips & Notes



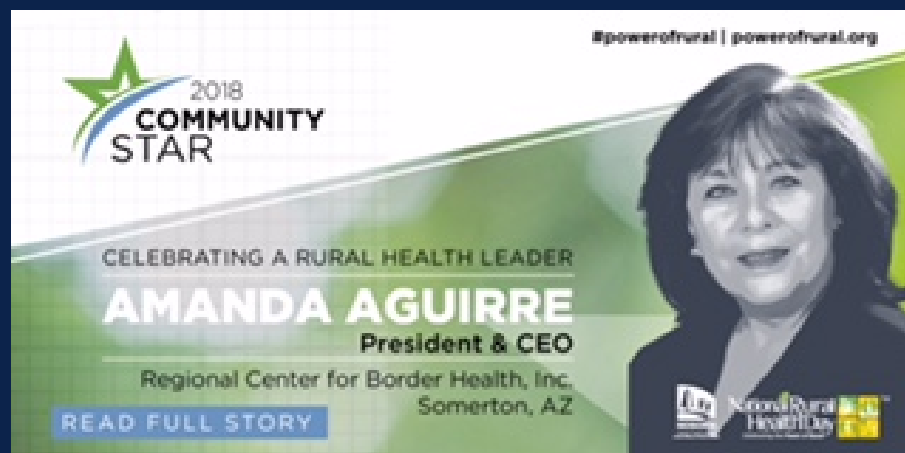
- Audience is muted during the presentation.
- We will pause in between presentations for some questions. Enter your questions into the chat box.
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recording will be posted on the AzCRH www.crh.arizona.edu/ and SWTRC www.southwesttrc.org/



Congratulations to Amanda Aguirre!

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Gubernatorial Proclamation for November 15, 2018 as RURAL HEALTH DAY

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Today's presentation:



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

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:



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

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.



THE UNIVERSITY OF ARIZONA
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Center for Rural Health

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



The University of Arizona
Health Sciences

Dan Derksen, MD

71% U.S. voters: Health care #1 concern

Specific voter concerns include:

- Spiraling drug costs
- Losing coverage
- Cutting Medicaid, Medicare
- Covering 'pre-existing' conditions

Published 10/18/2018: <https://www.kff.org/health-reform/poll-finding/kff-election-tracking-poll-health-care-in-the-2018-midterms/>



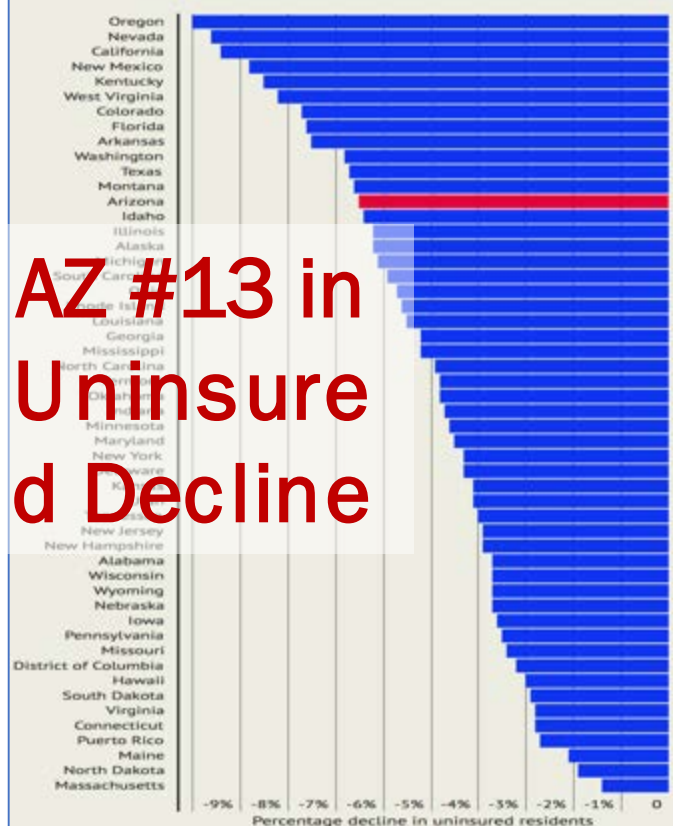
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Health Sciences

Dan Derksen, MD

Arizona ACA Impact

Arizona among the biggest declines in uninsured

Arizona is among the states with the biggest drops in the share of uninsured residents. The change reflects coverage rates in 2009 compared to 2015.



**AZ #13 in
Uninsured
Decline**



**AZ #5 in Health Sector
Job Growth Since 2010**

<https://www.azcentral.com/story/money/business/health/2017/01/27/ducey-cites-obamacare-harm-arizona-seeking-repeal-laws-positives-complicate-issue/96998808/>

The Untold Story of 2018 Midterms

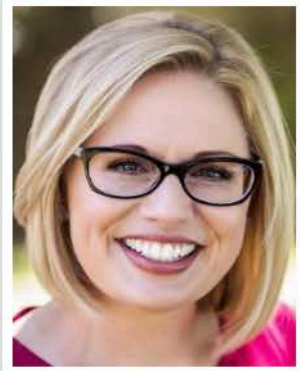
US Governors	2018	2019
Republican	33	25
Democrat	16	23

Two races are too close to call in Georgia and Florida (*R leading*)
https://www.washingtonpost.com/election-results/governor/?utm_term=.fd070ff6f162

Choice

Votes

Percent



Sinema, Kyrsten (DEM)

1,121,990

49.69%

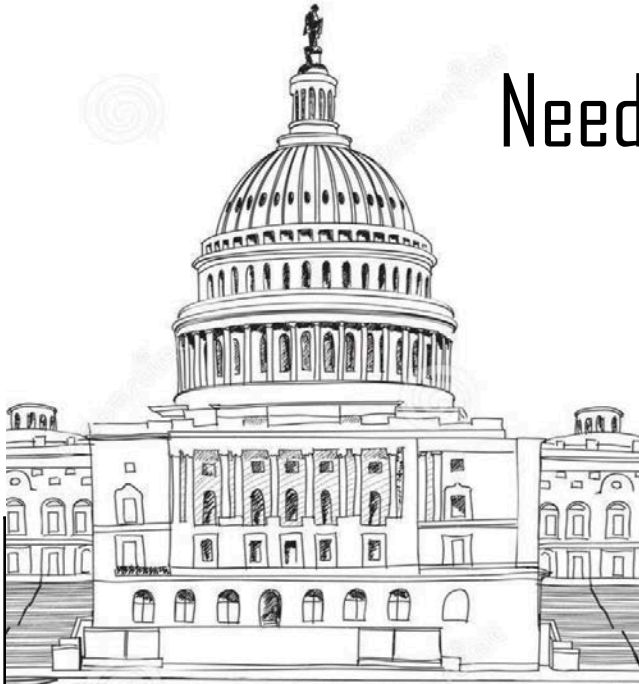


McSally, Martha (REP)

1,082,485

47.94%

McSally won in 10 of 15 AZ Counties

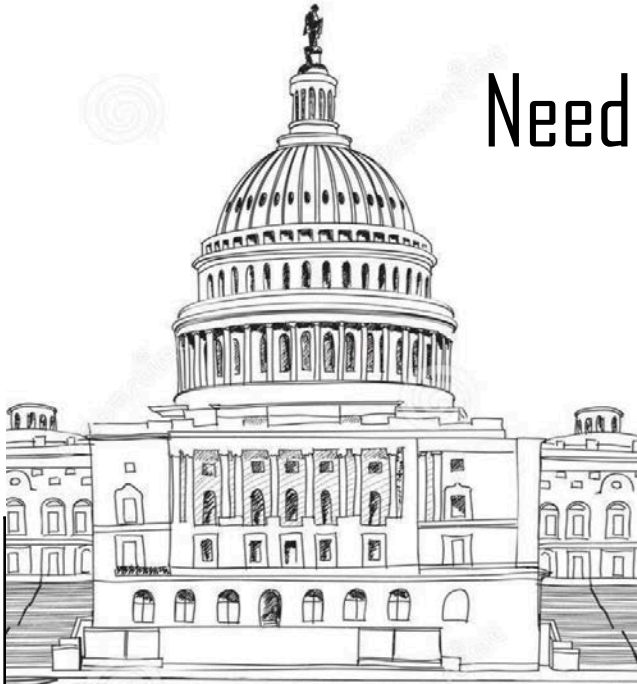


Needed for Senate majority: 51 of 100
seats

2 seats too close to call, R leading

	2018	2019
US Senate R	51	51
US Senate D	49	47

Accessed 11/15/2018 at: <https://www.cnn.com/2018/11/12/politics/2018-election-what-changed/index.html>



Needed for House majority: 218 of 435
seats

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

	2018	2019
US House R	236	198
US House D	193	228

Accessed 11/15/2018 at: <https://www.cnn.com/2018/11/12/politics/2018-election-what-changed/index.html>



Needed for majority:
16 of 30 seats

	2018	2019
AZ Senate R	17	16*
AZ House D	13	13

*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>



Needed for majority:
31 of 60 seats

	2018	2019
AZ House R	35	31
AZ House D	25	29

Accessed 11/15/2018 at: <https://azsos.gov/elections>



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Arizona Nonpartisan Health Policy Collaboration in 2018



AZ Opioid Epidemic Act

Education Is a Major
Social Determinant of Health

Governor Ducey - Arizona Opioid Epidemic Act - Governor Calls Legislature
Into Special Session To Take Immediate Action On The Opioid Epidemic
Monday January 22, 2018 | Office of the Governor Doug Ducey | 5min:30sec
<https://azgovernor.gov/governor/video/governor-ducey-arizona-opioid-epidemic-act>



Heather Carter



HB 2197 Health Workforce Data
HB 2324 CHW Voluntary Certification

Rural Oral Health Workforce

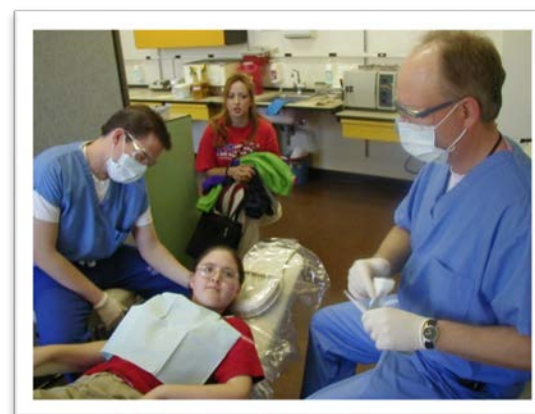
Providers, Distribution, Medicaid

	Date	Ayes	Nays
Show House FINAL	05/03/2018	47	13

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>



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Teaching Health Centers

Move the training pipeline to areas of need.
Grads 3X more likely to practice in rural areas.



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Dan Derksen MD

Top 3 States Medicaid GME Funding

RANK	STATE	Total Medicaid GME
1	NY	\$1,600,000,000
2	FL	\$350,000,000
3	AZ	\$285,000,000
US Total		\$4,300,000,000

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

Page 10, CRS Report on Federal GME funding: <https://fas.org/sgp/crs/misc/R44376.pdf>



New Interprofessional Education Models

Community Sites
CAH, FQHC, RHC, IHS

**Teaching
Hospitals**



**Interprofessional
Teaching Health
Centers**

**GME Medicare, Medicaid, VA, HRSA, Facility,
Community, Marketplace**



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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





THE UNIVERSITY OF ARIZONA
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Center for Rural Health

Brief Discussion



Moderator:
Heather Carter, EdD



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Center for Rural Health

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.

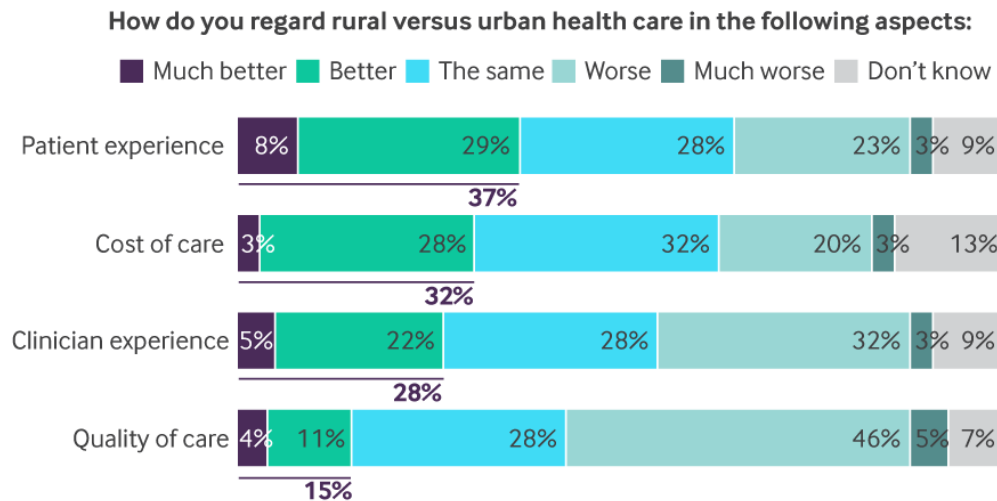
seanc@healthyarizona.org

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



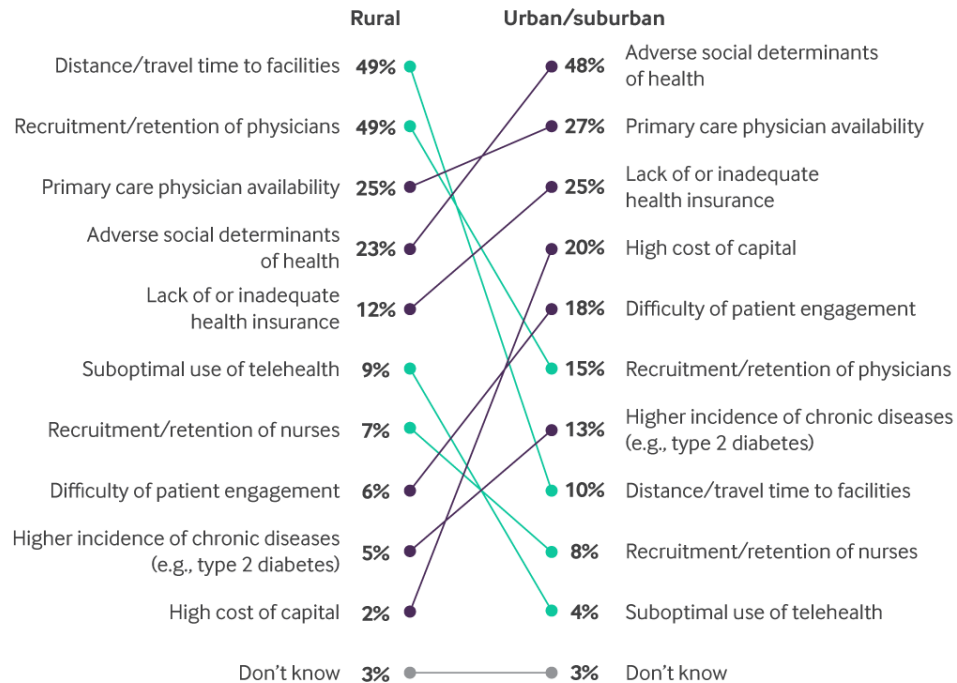
Base = 730

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?



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 particular 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)

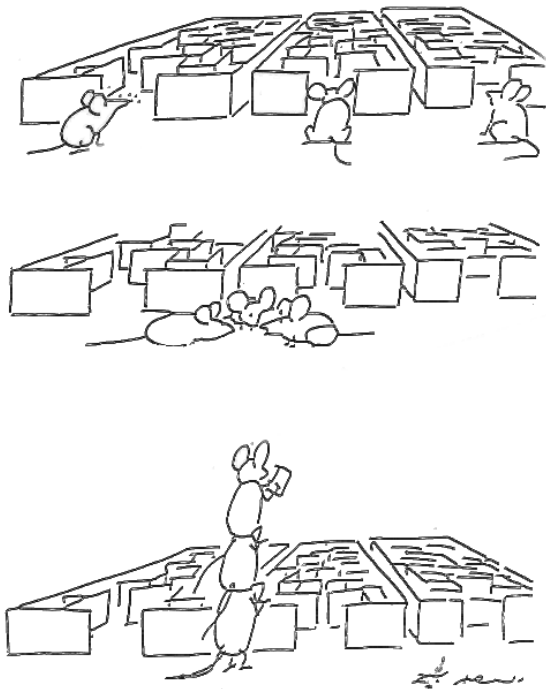
Rural Health System Strategies

- 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





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Brief Discussion



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Heather Carter, EdD

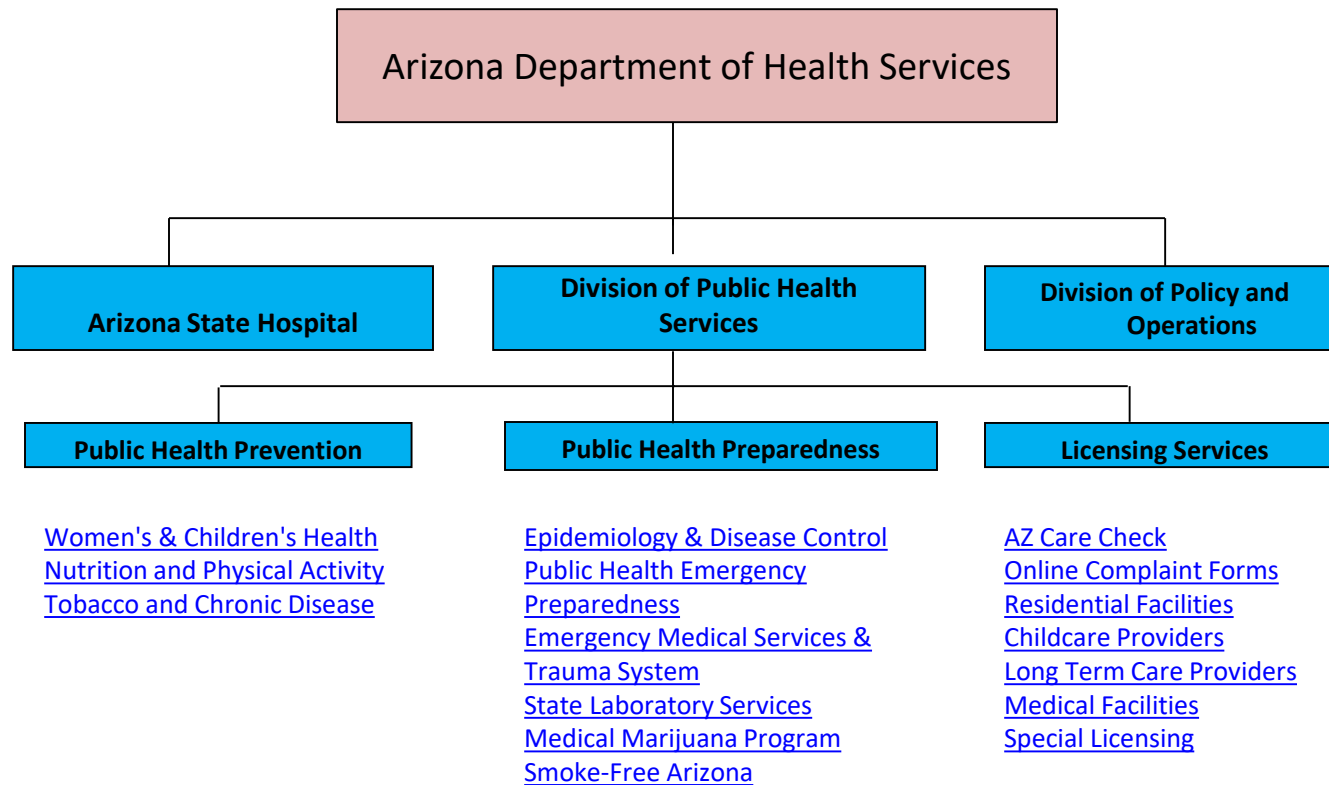


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Growing the Power of Rural: The Rural Health Workforce in Arizona



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 DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

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

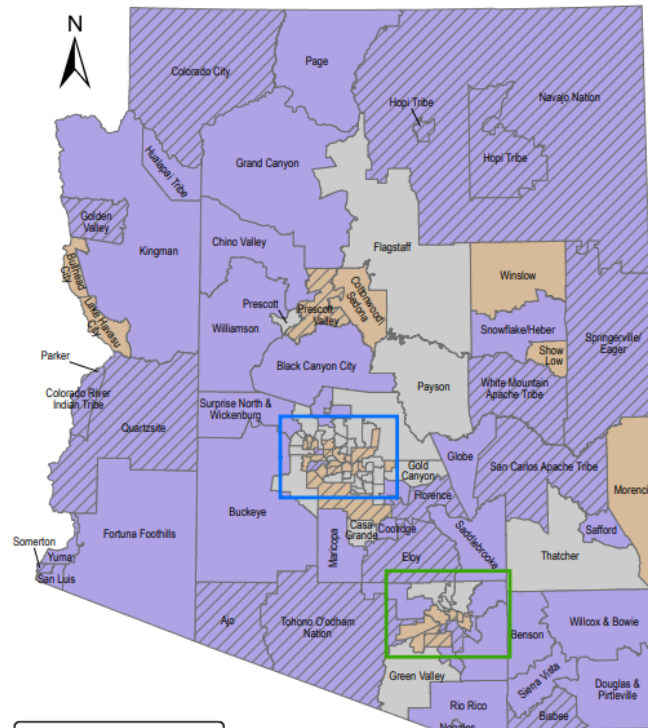


Arizona Primary Care Office Core Functions

- 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



Primary Care HPSAs



PC HPSA Type

- Geographic
- Not Designated
- Population

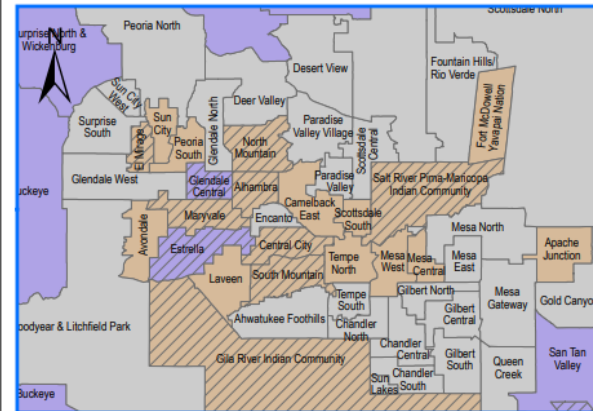
HPSA Score 16+

Map Date: March 2018

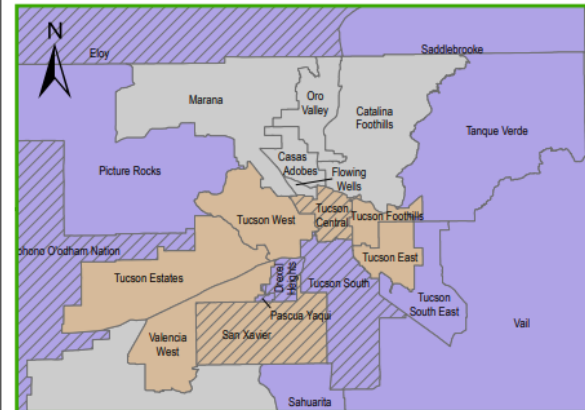


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Metro Phoenix



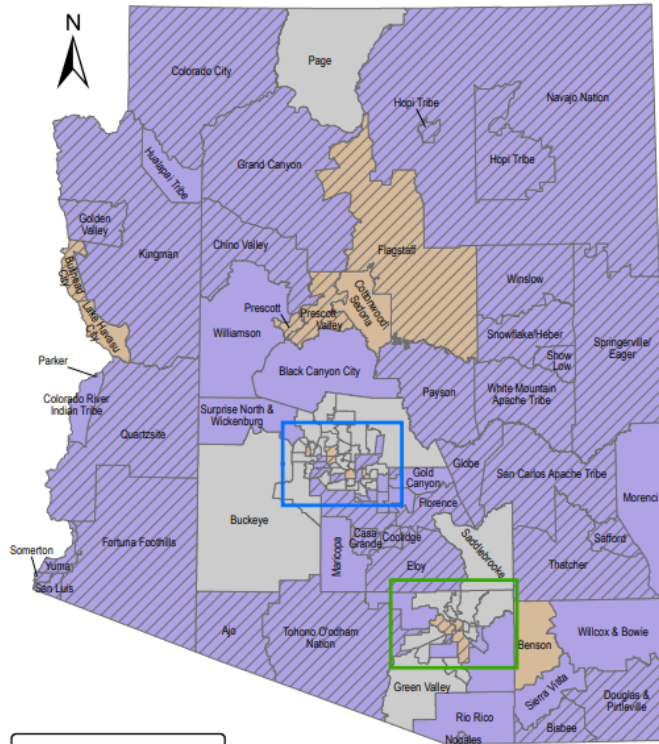
Metro Tucson



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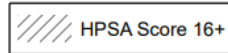
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Mental Health HPSA



MH HPSA Type

- Geographic
- Not Designated
- Population

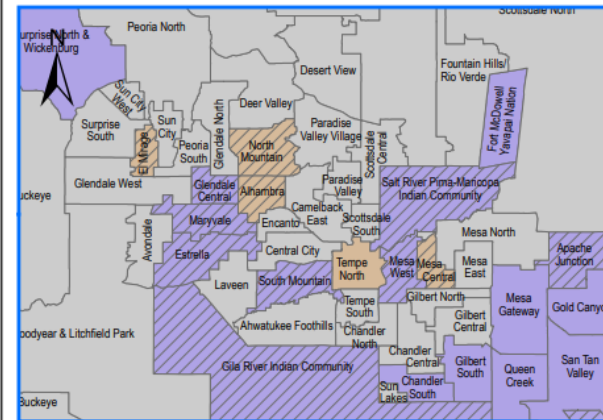


Map Date: March 2018

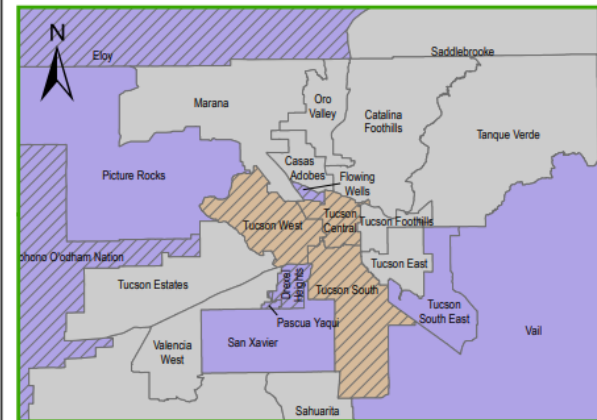


ARIZONA DEPARTMENT
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Metro Phoenix



Metro Tucson



ARIZONA DEPARTMENT
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Health and Wellness for all Arizonans

Dental HPSAs

Dental HPSA Type

- Geographic
- Not Designated
- Population

HPSA Score 16+

Map Date: March 2018

ARIZONA DEPARTMENT OF HEALTH SERVICES

[illegible]

Metro Tucson

The map illustrates the Metro Tucson area, showing the central urban core and surrounding suburban and rural regions. The central urban area is colored light blue, while the surrounding suburban areas are colored yellow. The map includes a north arrow in the top left corner. Key neighborhoods and regions labeled on the map are: Eloy, Marana, Oro Valley, Catalina Foothills, Saddlebrooke, Tanque Verde, Picture Rocks, Casas Adobes, Flowing Wells, Tucson West, Tucson Central, Tucson Foothills, Tucson East, Tucson South, Tucson South East, Tucson Estates, San Xavier, Valencia West, Sahuarita, Pima County, and Pinal County.



Health and Wellness for all Arizonans

Arizona Federal Medically Underserved Areas April 2018



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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



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OF HEALTH SERVICES

Health and Wellness for all Arizonans

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
- www.nhsc.hrsa.gov

- **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)
- <http://www.azdhs.gov/hsd/stateloanrepayment>



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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 in critical shortage facilities or accredited school of nursing as a faculty

<http://www.hrsa.gov/loanscholarships/nurse corps/index.html>

- **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>



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Health and Wellness for all Arizonans

Other Recruitment and Retention Resources



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Health and Wellness for all Arizonans

National Rural Recruitment and Retention Network (3RNet)

www3rnet.org



The banner features the 3RNet logo and navigation links (LOGIN, REGISTER, Members, About Us, 800-787-2512, and social media icons). It includes a search bar for job opportunities with a dropdown for profession and a button for 'SEARCH NOW'. A central text block welcomes users and encourages registration. The banner is flanked by images of healthcare professionals and a bottom bar stating 'Join 60208 other candidates searching 3498 jobs from 6692 facilities! Register Now!'.

3RNet Healthcare Jobs Across the Nation

LOGIN
REGISTER

Members About Us 800-787-2512

For Healthcare Professionals For Employers

Welcome to 3RNet
We are a national nonprofit network of members committed to matching healthcare professionals with rural and underserved jobs. [Register now for FREE](#)

Search Job Opportunities

<< Any Profession >>

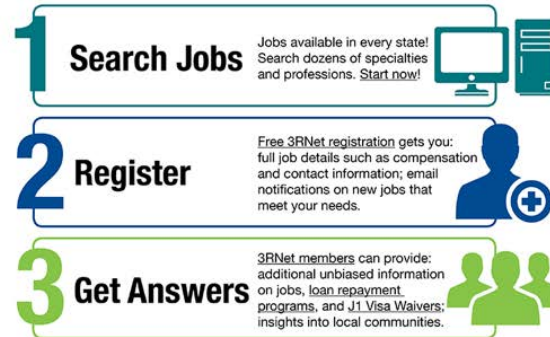
Select State(s)

SEARCH NOW

REGISTER NOW

Join 60208 other candidates searching 3498 jobs from 6692 facilities! Register Now!

Finding jobs on 3RNet is as easy as ...



The diagram shows a three-step process for finding jobs on 3RNet. Step 1: Search Jobs, Step 2: Register, and Step 3: Get Answers. Each step includes a brief description of the service and an icon representing the step.

- 1 Search Jobs**
Jobs available in every state! Search dozens of specialties and professions. [Start now!](#)
- 2 Register**
Free 3RNet registration gets you: full job details such as compensation and contact information; email notifications on new jobs that meet your needs.
- 3 Get Answers**
3RNet members can provide: additional unbiased information on jobs, [loan repayment](#) programs, and [J1 Visa Waivers](#); insights into local communities.

Register today!



- ☒ Receive email notifications for new jobs
- ☒ View full job details
- ☒ Access compensation information
- ☒ Save jobs to your profile
- ☒ Get contact information
- ☒ Obtain individualized help

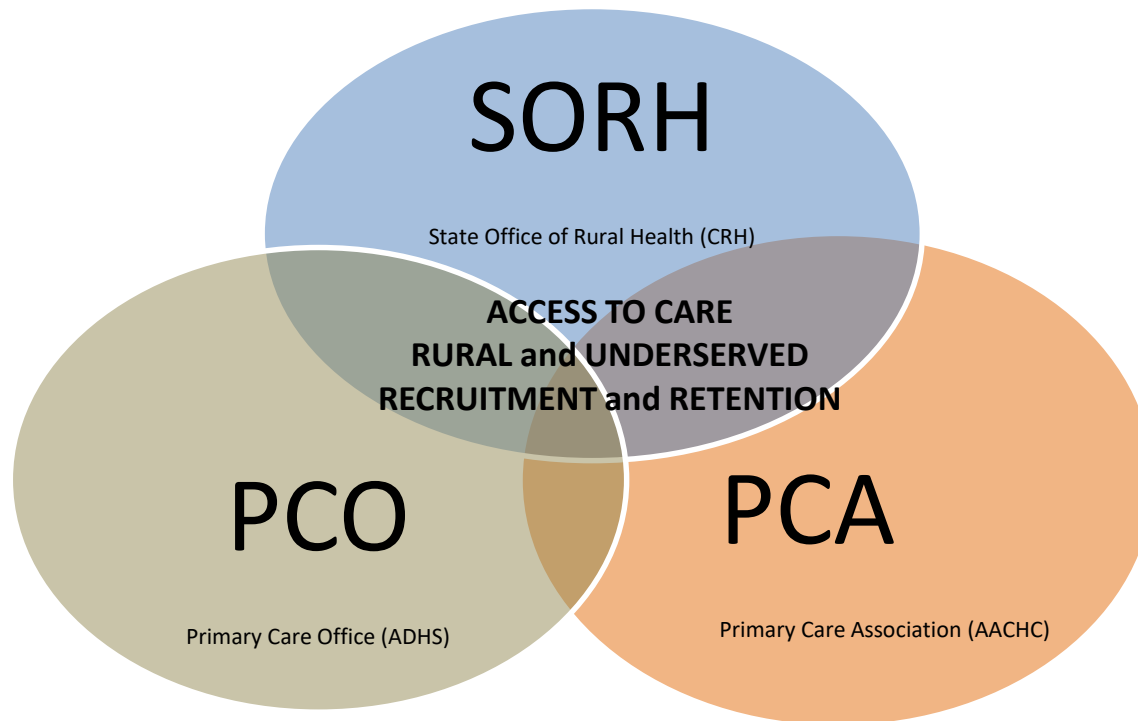
[Employers learn more](#)



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

National Rural Recruitment and Retention Network (3RNet) Arizona Partnership



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

THANK YOU

Ana Roscetti, MPH | Workforce Section Manager, Arizona Department of Health Services

ana.lynn.roscetti@azdhs.gov | 602-542-1066



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

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_6VAkvzCJU87Y
Mt](https://uarizona.co1.qualtrics.com/jfe/form/SV_6VAkvzCJU87YMt)**

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

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