Arizona Alliance for Community Health Centers
Annual Meeting
February 8, 2017

Arizona Department of Health Services

Patricia Tarango | Bureau Chief

Presentation Outline

• New Organizational Structure

• Arizona Management System

• Health Professional Shortage Area Updates

• Workforce Program

• Cancer Control Programs

• Pregnancy Risk Assessment Monitoring System
Prevention Services Restructure

- Two Bureaus with similar focus
  Health Systems Development
  Women’s & Children’s Health

- Assessment of needs, health status
- Planning
- Partnerships
- Vulnerable populations
- Safety Net
- Access to Care

- Primary Care Office for Arizona
- Focus on Access to Care
- Shortage Designations
- Workforce Programs
- Sliding Fee Scale Sites
- Community Development
Arizona Management System

- Governor Ducey’s vision and initiative
- Results driven management system
- State Agencies track and improve performance
- Arizona to be the number one state to live, work, play, recreate, retire, visit, do business, and get an education.

- ams.az.gov

[Image: Arizona Management System]

[Chart: Number of Opioid Deaths per Month]

There is significant lag in the data. The current month reflects a 4 Month Lag. Past monthly totals will rise as additional information is available.
#13] Medical Licensing Initial Application Processing Time

ARIZONA DEPARTMENT
OF HEALTH SERVICES
Health and Wellness for all Arizonans

#5] Percent of Available State Loan Repayment Dollars Utilized

ARIZONA DEPARTMENT
OF HEALTH SERVICES
Health and Wellness for all Arizonans
Shortage Designation Program

**Purpose:**
- Identify areas or populations as having a shortage of dental, mental, and primary health care providers/services

**Types of Federal Designations:**
- Medically Underserved Area (MUA) and Medically Underserved Population (MUP)
  - Primary Care only
- Health Professional Shortage Area (HPSA)
  - Primary Care, Dental, Mental Health

Types of HPSAs

- Geographic
- Geographic with high needs (i.e. > 20% poverty)
- Population (i.e. Low Income)
- Facilities:
  - State and Federal Correctional Facilities
  - Some facility types are eligible for an automatic HPSA designation
    - Federally Qualified Health Centers (FQHCs) and Look-Alikes
    - Rural Health Clinics (RHCs) – must certify they see all regardless of ability to pay
    - Indian Health Service/Tribal – done as a Native American Population HPSA

HPSA Score

- HRSA assigns each HPSA a score based on data we submit
- Max primary care score = 25 \((Higher \, score = higher \, need)\)
- All clinics/providers in a geographic/population HPSA have same HPSA score and identification number
- Primary care HPSA score based on 4 categories:
  - Population to provider ratio
  - % population with incomes below FPL
  - Infant Health Index
  - Travel distance/time to nearest source of accessible care outside of HPSA
HPSA Designation Process

Changes to process beginning July 2017:

• State Primary Care Office role will be to ensure provider data is as accurate as possible (using required NPI dataset) in HRSA's Shortage Designation Management System (SDMS)
• HRSA will update all existing HPSAs with “push of the button” in July 2017
• HPSAs will be updated in this automatic fashion on a regular basis (intervals TBA)
• PCO can continue to submit applications for new HPSAs

Area vs. Facility HPSAs

Area (geo or pop) HPSAs:
• Community-based (must follow AZ Primary Care Area boundaries)
• Must meet specific criteria regarding population-to-provider ratio
• Must eliminate all contiguous areas as potential sources of care
• Must be updated regularly

Auto Facility HPSAs:
• Only applies to that facility
• No ratio or contiguous area requirements for designation
• Currently no requirement to update (this is changing)
Changes in Auto Facility HPSAs

Changes to process beginning July 2017 (proposed):

- Each FQHC site will be scored independently
- National data sets like Census population and NPI provider data will be used instead of UDS to score HPSAs
- All auto Facility HPSAs will be updated regularly (timeframe TBA) by HRSA
Workforce Programs

Programs - FY 2017:

- 42 providers funded through the Arizona Loan Repayment Programs
- 30 providers supported through the J-1 Visa Waiver Program per year with 91 total obligated J1 providers.
- 326 providers obligated with the National Health Service Corps
- 57 provider obligated through the Nurse Corps

Total: 517 obligated providers in Arizona

• National Health Service Corps (NHSC) Loan Repayment Program
  – Eligible Disciplines: MD/DOs, dentists, nurse practitioners, physician assistants, dental hygienists, behavioral/mental health providers
  – 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 Loan Repayment Programs (ALRP)
  – Eligible Disciplines: MD/DOs, dentists, nurse practitioners, physician assistants, dental hygienists, behavioral/mental health providers, pharmacists
  – Up to $65K of tax-free loan repayment in exchange for an initial 2 years of service in a health professional shortage area (HPSA)
Workforce Programs

- **Nurse Corps (Scholarship/Repayment)**
  - Eligible Disciplines: Registered Nurses (RNs) and Advanced RNs
  - Funds to pay tuition, fees and reasonable living expenses while attending nursing school (Scholarship)
  - 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

- **J-1 Visa Waiver Program (for foreign physicians with J1 Visas)**
  - ADHS requests a waiver on behalf of the foreign physician’s requirement to return to his/her home country after residency training in exchange for a 3 year service in a medically underserved area (MUA).
  - [http://www.azdhs.gov/hsd/visa_waiver.htm](http://www.azdhs.gov/hsd/visa_waiver.htm)

- **National Interest Waiver Program (for foreign physician participants of the AZ J1 Visa Waiver Program only)**
  - ADHS provides an attestation letter 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 medically underserved area (MUA) for a total commitment of 5 years.
  - [http://www.azdhs.gov/hsd/nationalinterestwaiver.htm](http://www.azdhs.gov/hsd/nationalinterestwaiver.htm)

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Arizona State Loan Repayment Programs (SLRP)

- State Loan Repayment Program (SLRP) provides loan repayment assistance for eligible health care professionals who commit to serve in rural and underserved areas of Arizona for a minimum of 2 years.

- SLRP expansion through Senate Bill 1194 signed on Feb. 24, 2015 allows for 3 major changes.
  - Expands the eligible disciplines
  - Enhances the award amounts
  - Extends the years of participation

- SLRP’s priority considerations are residents of Arizona, rural providers and those serving in high need areas of the State.

- SLRP provides eligibility for part-time providers and those providing services via telemedicine.

- SLRP operates at a combined state/federal funding of $850,000 per year ($650,000 State Emergency Medical Services funds and $200,000 federal funds)
## Enhanced Arizona State Loan Repayment Programs At-A-Glance

<table>
<thead>
<tr>
<th>Categories</th>
<th>Program Before SB 1194</th>
<th>Enhanced Program 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Disciplines</td>
<td>Physicians (Family Medicine, Dentists, OB/GYN, Pediatrics, Internal Medicine) PA, NP, Nurse Midwives</td>
<td>Physicians (Family Medicine, OB/GYN, Pediatrics, Internal Medicine, Geriatrics, Psychiatry), Dentists PA, NP, Nurse Midwives, Behavioral Health Providers, Pharmacists</td>
</tr>
<tr>
<td>Award Amounts</td>
<td>Up to $40,000/2 year commitment for physicians and dentists per state statute</td>
<td>Up to $65,000/2 year commitment for physicians and dentists</td>
</tr>
<tr>
<td></td>
<td>Up to $15,000/2 year commitment for Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives per state statute</td>
<td>Up to $50,000/2 year commitment for advanced practice practitioners</td>
</tr>
<tr>
<td></td>
<td>Priority consideration given to providers in rural underserved areas, high HPSA score areas, and those who are state residents.</td>
<td></td>
</tr>
<tr>
<td>Service Years</td>
<td>Capped to 4 years per state statute</td>
<td>No cap as long as provider continues to have qualifying loans.</td>
</tr>
</tbody>
</table>

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### Arizona State Loan Repayment Programs (SLRP)

#### PROGRAM GROWTH OVER 3 YEARS

<table>
<thead>
<tr>
<th>CONTRACTED PROVIDERS</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td>10</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>Dentists</td>
<td>3</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Nurse Midwives</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL CONTRACTED</strong></td>
<td>14</td>
<td>34</td>
<td>43</td>
</tr>
<tr>
<td><strong>Total Funding</strong></td>
<td>$744,900</td>
<td>$620,000</td>
<td>$1,045,800*</td>
</tr>
<tr>
<td><strong>Funding Utilization (%)</strong></td>
<td>32%</td>
<td>62%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Total Funding = $1,045,800 ($650,000 state EMS, $200,000 federal, and $195,800 AMSLP)
** In FY 2016, all funds were utilized by the end of the first quarter closing on Sep. 30, 2016.
Well Woman HealthCheck Program
Contractor Requirements

- Screening Baselines
  - What are their baseline breast and cervical cancer screening rates?
  - Required to report quarterly

- Timeliness of Services
  - 100% of patients monitored and documented for time between: abnormal screening, final diagnosis and treatment initiation

Arizona Health Plans

- Now report cancer screening rates and HPV Immunization rates to ADHS quarterly
- In addition to rates ADHS receives numerator and denominator
- Creating the Arizona Cancer Screening and Prevention Report Card
Public Health Collaboration is Key

- Through the AACHC, Cancer Prevention and Control joined the Quality Improvement Committee (QIC)
- QIC members agreed to focus on increasing colorectal cancer screening rates
- Now the QIC members are focused on increasing breast cancer screening rates to support the ASTHO Project

ASTHO Breast Cancer Learning Collaborative

- **Intent:** Determine why African American, Native American and non-white Hispanics have higher breast cancer mortality rates. Focus was on research targeting Arizona data.

- **Year One Lessons Learned**
  - This set of women are diagnosed, on average, seven years younger than non-Hispanic Whites
  - The histology of their cancer cases demonstrates they are diagnosed with more aggressive cancers.
Year Two ASTHO Activities

Health Plans and FQHCs (QIC):
- Increase breast cancer screening rates
- Reduce time from abnormal screening to final diagnosis and treatment initiation

Health Systems:
- Gather data to show timing between each step
- Use PDSA cycles to learn how to reduce the time

Keeping Arizona moms and babies healthy for generations to come...
Arizona Pregnancy Risk Assessment Monitoring System (PRAMS)

• CDC established in 1987

• PRAMS is a standardized national survey about a woman's health and life experiences before, during and after pregnancy.

• Arizona residents that delivered a live birth in Arizona are eligible to participate.

• 3 months after their delivery, around 200 women will be asked to participate in Arizona PRAMS each month.

• Survey in English and Spanish

Arizona Prams Survey Topics

• Prenatal care and barriers to care
• Health care coverage during pregnancy and delivery
• Alcohol, tobacco and drug use during pregnancy
• Anxiety and Depression before, during and after pregnancy
• Post-partum checkups, including barriers to health care access
• Infant Health Care
• Preconception Health
• Oral health, including barriers to health care access
• Birth Control methods and behaviors
• Interconception Health
Launch and data collected

- PRAMS launches in April 2017
- Develop health programs and policies
- Help medical community improve care
- Make better use of health resources

THANK YOU
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