

**SHARP Council**  
**Business Meeting – April 9<sup>th</sup>, 2014**  
**Summary**

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Event: Quarterly Business Meeting  
Schedule: April 9<sup>th</sup>, 2014, 8:30a-12:00  
Physical locations:  
Anchorage: AMHTA, 3745 Comm. Park Loop, 2<sup>nd</sup> Floor Conf. Rm.  
Juneau: DHSS, AOB, 350 Main Street, Conf. Rm. 115  
Videoconference link: Juneau & Anchorage locations  
Teleconference option: (800) 944-8766, then pass-code: 18105

Notification: Public Notice, Council Distribution  
Presiding: Chair Randi Sweet (#360-1459)  
Document: Meeting Summary (draft)  
Materials: Attached

**I. Call to Order, Welcoming, Roll Call, Agenda & Minutes Approvals**

Meeting called to order at: 8:32 am, by Chair  
Present: (see bottom table)  
Meeting (2/26/14) summary: Approved (moved by Mr. Riley, 2<sup>nd</sup> Ms. Davis)

**II. Public Comment**

Testimony: Pam Watts, CEO at JAMHI  
Stated strong support for full program budget; key value for staffing at agency.  
Testimony: Rachel Gearhart, Clinician at JAMHI  
Stated history of both rural & urban work; solid impact of loan repayment option.

**III. Legislative Update**

Chair Randi Sweet summarized House & Senate budget proposals.

SHARP-II fiscal note (SFS annual): \$2,036K (GF), \$679K (EM), \$2,715 (total)  
House Proposal: Cut \$1,200K (GF), reducing by 59%, thus leaving \$836K (GF)  
Likely impact: (a) marked reduction in current MOA's; & (b) no new contracts  
Senate Proposal: Cut \$214K (GF), reducing by 11%, thus leaving \$1,821K (GF)  
Likely impact: (a) current MOA's not reduced; & (b) more contracts possible  
Also intent clarification: (a) rural emphasis; and (b) employer match augment  
Changes to intent language will necessitate changes to attendant regulation.  
(See 2. Fact Sheet, 28<sup>th</sup> Legislature (2013-2014), SHARP II Legislative Update and Regulatory Impact).

**IV. Conversation with DHSS Commissioner William Streur**

Commissioner William Streur attended first 1.5 hours of meeting (8:30-9:50)  
Deputy Commissioner Ree Sailors attended entire meeting at Mr. Streur's behest.

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Commissioner Streur recounted: Changes in Dept budget overall. In Senate there is an increase. A decrease is slated in Medicaid. The HS Finance, HSS sub-committee Chair wants cuts to SHARP. On the other hand, in the Senate, there is largely a restoration that is proposed. Commissioner feels that there is a strong preference for the Senate version. Overall, support for the SHARP program appears to be “steadfast.” Commissioner summarized his overall impression of the testimony on the Program, which he said has been positive. He said that he expects the FY’15 SHARP appropriation to be somewhere between the House and Senate proposed budget amounts.

Looking ahead, he asked the Council to be judicious, and to continually look at and assess values, impact and alignment with statute & regulations. For instance, if a requesting-site is “well-heeled” then they don’t need to be granted partial waivers from the required employer-match. Commissioner Streur said that participating-sites need “some skin in the game.”

Commissioner urged Council to focus on “true needs” and use “tight definitions.” Where can SHARP Council have the greatest impact? Where is there the greatest need? What about admitting more mid-levels (NP, PA) to SHARP? What is most cost-effective? Where are the great opportunities for leverage? What about more focus on “off-the-road” (e.g. for example, in Dillingham)?

Commissioner Streur stated that if additional funds are needed in FY15 to meet contract agreements (62 existing and potential of 31 from pending 38), he would work to restore the gap, if any, between what is needed to cover the contracts and the Senate proposed budget.

**V. Group Discussion on Way Forward**

Hopes for and concerns about the program. Open and frank discussion with objective to have alignment on the way forward. General group discussion ensued re: future hopes for & concerns about SHARP.

**Item: Alaska Psychiatric Institute (API)**

API is fully staffed now; discussed wage & benefits; Commissioner Streur said “adequate.” In the past, Ron Adler & Dr. Love stated need to stabilize staffing pattern. Discussion ensued regarding changes in API’s patient-census over the years.

Mr. Chard said API had long & expensive history of Locum Tenens usage. However, now there are no Locum Tenens at API, & have not been for a while. Ms. Senner said that, historically, “required overtime” has been a problematic labor and safety issue for API nursing staff.

**Item: Definition of “Participant”**

Mr. Chard asked whether statutory or regulatory changes are needed in order to define “participants” as “full-time equivalents” (FTE). He said that SHARP-II should have extant-participants cap defined as 90 “FTE” and not as individual persons.

**Item: Issue of Rural Emphasis**

Commissioner Streur asked program to think about more of a “rural” focus, that is, what he called a “true rural focus.” General discussion of “rural” ensued. Ms. Sweet asked: What is “rural”? What is a working definition?

Suggestions ensued: (a) Use “Medically Underserved Areas” (MUA’s); (b) Look at federal definitions of “rural;” (c) What about using “RUCA Scores” (from US Census, and US Dept of Agriculture); (d) “EMS Isolation Scores” (from Alaska’s Emergency Medical Service); (e) federal “HPSA score” as a first standard of need; or (f) perhaps (mostly) use “Off-Road System.” As regards “off-the-road” however, there are many and highly varied exceptions that might be reasonably *included*, since many are geographically very isolated (e.g. Valdez, Tok, Glennallen and Talkeetna).

In addition, there is a complicating factor when considering some services that are “delivered out of” Anchorage. For example, when considering Alaska Psychiatric Institute (API) and Alaska Native Medical Center (ANMC), these are institutions that have a statewide role; and thus their catchments draw clientele from all over Alaska, including from very remote locations.

(Later), Ms. Sweet indicated that the Statute does not say that the program is “just for rural,” but rather only suggests an emphasis on rural. In addition, currently proposed “intent language” from Senate only admonishes emphasis on rural & does not exclude urban sites.

**Item: Telehealth from API**

Use of telehealth may be useful target for SHARP. Currently, telehealth psychiatric services are delivered even from Lower-48 sites, and that service is very expensive.

**Item: Tribal Health System**

Numerous tribal health entities are in “unique situations.” Examples discussed were: Copper River Native Association, Kenaitz Tribal Clinic, and Tanana Chiefs Conference have been able to get clinicians via I.H.S. funding, and other sources. As such, it’s important to base SHARP’s resource decisions on needs-assessment.

**Item: Recruitment vs. Retention**

Ms. Monk said that, historically, SHARP has emphasized “retention.” What are ways to further help with “recruitment,” both raw recruitment of new *out-of-state* candidates, as well as recruiting between areas *within the state* so as to help address mal-distribution of the healthcare workforce? Perhaps SHARP should allow longer-duration offerings (but still time-limited) for specific vetted Sites to have opportunities to “exercise-a-slot. Thus, the Site could guarantee new clinician-applicants that: if they are hired, then he/she will definitely get the SHARP benefit.

Another issue was “duration of time” that has typically been available between (a) “when funding-becomes-available”, and, (b) when service contracts (MOAs) must be offered. Often this window has been open for too short of a period. This is because “the funds availability window” constricts the “open-window period” for accepting clinician applications, and thus works against raw recruitment (which is usually of much longer duration). Ms. Monk discussed the idea of a “Recruitment Package,” which would include due-date and commitment-to-pay SHARP benefit until that date.

**Item: Multi-Year Operations Fund**

Ms. Barrans explained that there is a problem embedded in our traditional “annual budget cycle,” because this aggravates the problem of lapsing “unobligated funds” to be “swept.” Discussion ensued about Council’s previous recommendation to establish a formal “Multi-Year Operational Fund.”

**Item: Employer Match**

Ms. Carr noted that Senate version also specifies two changes in the “required partial employer match rate”: (a) Increase the match-rate for employers that are “government” (public) entities (currently it is at 10%, and thus increase this to 25%); and (b) increase the scrutiny on use of “partial waivers” for employer match (i.e. agencies must now demonstrate an “inability to pay,” and, that granting a partial waiver must be approved by Commissioner’s signature).

Commissioner Streur said that “everyone” needs to have “some skin in the game,” adding that the “employer match” requirement is a key factor. He said there may be some situations where a partial waiver is necessary because that organization simply cannot pay. In an offered hypothetical example, PeaceHealth (Ketchikan) might not need or qualify for a partial waiver, but a small entity might (e.g. Petersburg Mental Health Services).

(Later) Ms. Sailors suggested that the program should continue to look at other resources that a Site may have; and part of this is size of site’s organization. It’s reasonable to ask for financial data from Applicant-Agency.

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Ms. Senner warned that if there is too much focus on only an agency's "overall strength," that could be a mistake since an organization can be strong overall, but the wages for individual clinicians can be quite low, thus making the job uninviting, and tenure quite short.

**Item: Very Hard-to-Fill (VHTF)**

Ms. Monk said that VHTF has been an issue. Ms. Senner said that, for the Council, VHTF has historically both a selection priority, and a complication. The evidence for asserting that a position is VHTF can be onerous. Some entities may have positions that are, in fact, VHTF, but the amount of work of getting together the archival data to assert this status can be prohibitive, especially for small organizations. For instance, Ms. Monk said that Cordova Community Medical Center is needy, and definitely has positions that are VHTF. Commissioner said it's certainly believable that larger agencies are more likely to be able to put together the archival data required to "make the case."

**Item: Access to Care**

Mr. Chard stated that overarching issue is: Improving access to care. He believes that there is a clear value in serving the largest number of clients-in-need. Commissioner said that specialists in urban areas will always seem more clients. Ms. Monk said that access-to-care considerations for rural/remote are complex. Thus, she said that the "number of patients seen" is only one consideration.

**Item: SFY'15 Program Budget**

Ms. Merriman asked Commissioner if he supported the Senate version of budget. Commissioner said that he will support Senate version & "best interests" of program. Commissioner said he has spoken to/conveyed this to legislator(s); he does support it. He said loan repayment, recruitment & retention are important.

**Item: SFY'14 remaining balance**

General discussion ensued as to problems with unobligated funds being swept. Commissioner stated that there was no chance that the \$1.2 M would be "carried forward" into FY15. He admonished Council to work to arrange for a sizeable spend-down now. Commissioner urged Council to especially look for "one-time expenses."

**VI. Action on Current/Proposed Provider Service Agreements**

Chairperson Randi Sweet discussed the group of 38 pending clinician-candidates, and said Council has previously voted (2/26/14) to admit all of those that are eligible.

Commissioner and Deputy Commissioner Sailors recommended that Council move forward with making awards in FY 14 to some practitioners within the pending group of 38. For this current group (Cohort-5), these awards need to be responsive to the Senate intent language and several other points. These areas were preference for: (a)

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rural, (b) providers other than physicians, (c) judicious decisions regarding waiver of match (if at all), and (d) not funding those clinicians who work in state government agencies.

Subsequently, Council reviewed list of 38 pending clinician-candidates and decided that 31 meet these criteria (see attached list). Dep. Commissioner Ree Sailors said that 90% of 38 presented clinicians might well receive a “Yes” for admission, while 10% might perhaps receive a “No.” Ms. Merriman asked that Council now review, & potentially further edit the list. Mr. Chard & Ms. Monk suggested leaving out urban physicians, for this Cohort at this point. Mr. Robinson said he heard Commissioner steer Council to have *less emphasis* on the following categories: (a) physicians (as opposed to mid-levels), (b) urban locations (as opposed to rural & remote), and (c) state-government (public) entities.

**Motion-1:**  
**Admit up to 31 additional Clinicians into SHARP-II**

**Motion-1:** Of the slate of 38 clinician-candidates, admit into SHARP program those that are otherwise eligible, with the following individual clinician exceptions: (a) due to urban location: ID#’s 229, 266, 275, 311, 318, & 322; and (b) due to state-government employment: ID# 323. This leaves 31 candidates for admission. [Motion: Tom Chard; 2<sup>nd</sup> John Riley; then Pat Senner called question: All voted to approve, except 1 voted against.]

Ms. Hegna again voiced a definite problem with excluding Alaska Native Medical Center (ANMC) clinicians, since those clinicians provide care to native beneficiaries across the state, with a large plurality from rural & remote locations. This results from both: (a) clinicians conducting “required” field clinics, and (b) ANMC clientele traveling into ANMC from rural and remote locations. She states that this is a key consideration.

Ms. Monk said that we have the funds now, and thus those funds need to be exercised. Mr. Robinson said that, historically, Council has incurred problems by waiting on establishing expenditures, even if the waiting was for good reason (at that time). Ms. Davis asked: Can program cancel current contracts? Answer was: no.

**Item: ANTHC & ANMC staffing**

Ms. Hegna stated that “58% of ANMC clientele physically live in rural areas.” In addition, ALL physicians are required to do “field clinics.” ANMC ... IS ... the rural provider in many cases, & definitely for most specialties. Ms. Hegna stated SHARP-II is a “really critical program” & is important for ANTHC. ANTHC remains committed to working with SHARP Council and & Alaska DHSS on this program.

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Commissioner stated that, if solidly true, then such program placements are acceptable. He said the main issue is: “Don’t supplant” SFSP benefits that would have been otherwise provided by ANTHC-ANMC.

Later, Ms. Hegna (ANTHC) reiterated that ANMC clinicians provide care to a huge number of native clientele from rural & remote areas. However, Ms. Davis indicated that SHARP’s clinician roster already includes a very sizeable representation of tribal health entities in list of Sites that have participated in SHARP.

**Item: Program Visibility**

Mr. Robinson stated that we need to do a better job at program visibility.

Mr. Riley & Mr. Robinson discussed that SHARP is now dealing with the “costs of perceptions,” some of which are misleading or simply erroneous.

**Motion-2:**  
**Disposition of Clinician-Candidates excluded from Motion-1**

**Motion-2:** Of those Clinician-Candidates who were excluded from Motion-1, those clinicians are to be given the “highest consideration” (aka “top of the list”) for admission to next program opportunity. For instance, this means highest priority for inclusion in the expected upcoming SHARP-I cycle (i.e. HRSA-SLRP-3 grant). Those clinicians at least include: Dental Hygienist ID# 323, and, Nurse Practitioner ID# 229, and Physician ID# 266.

Friendly amendment subsequently then extended this inclusion to all seven (7) remaining Candidates: ID#’s: 323, 229, 266, 322, 275, 311 and 318. [Moved by Jeannie Monk, & passed unanimously]

**Motion-3:**  
**Issue MOAs to all 31 now admitted Clinician-Candidates now.**

**Motion-3:** Program should now issue SHARP MOA service contract offers to all otherwise eligible currently pending Clinicians-Candidates (resulting up to n=31) as quickly as possible. [Moved by Tom Chard, then passed unanimously]

**Item: SHARP-I – HRSA-SLRP grant application**

Ms. Carr indicated that Commissioner must give approval to submit proposal. There have been several reductions to the Section of Health Planning & Systems Development (HPSD) budget in last couple of weeks. These have included: Primary Care Office reduced by 75%. Overall State-GF for HPSD was reduced in SFY’ 15 proposed budget. Thus, HPSD is prepared to contribute only a reduced amount of \$100K per annum, for each of the four HRSA grant project years. Ms. Carr said that HRSA-SLRP requires service-contracts of a minimum two-years’ duration.

**Item: Required non-federal match sources for upcoming HRSA-SLRP-3 grant**

DHSS HPSD: To date, consideration is for \$100K/annum, for each of four years.

AMHTA: To date, consideration is for \$200K/annum (overall) for each of four years. Ms. Burke said Trust will provide Letter of Support; Trustees must confirm. She also said that it is approved to use the currently budgeted and provided funds that will be remaining in the SFY'15 balance (after SRLP-2 clinicians are addressed).

Employer Match: 25% has worked out well in program's experience with SHARP-II. Ms. Senner endorsed partial employer-match for a portion of non-federal match.

**VII. SHARP-I HRSA-SLRP-3 Grant Application**

Reviewed progress & issues

**Motion-4:**  
**Submit the federal HRSA-SLRP-3 application for SHARP-I now.**

**Motion-4:** Council strongly supports and encourages program to submit a SHARP-I SLRP-3 application (grant proposal) to federal HRSA. [Moved by John Riley; 2<sup>nd</sup> by Nancy Davis; then passed unanimously]

**Item: One-Time Funding**

Commissioner Streur recommended that Council explore items that could be funded to use potential lapsing funds (est. approx. \$1.0M GF lapsing) from FY'14. Several ideas were then brainstormed by Council.

Chair Randi Sweet asked for ideas for use of the SFY'14 GF funds are projected to lapse. She asked to make a list of concepts for This-Year expenditures.

Dep. Commissioner Sailor said ideas should be consistent with the SHARP's mission. Look at the longer term. She said that list could be sent, etc. Ms. Monk said that now we have a year now for evolving new ideas and improvements. Discussion followed:

- Provide technical assistant to small agencies
- Focus on “communications” and “telling program ‘stories’”
- Telling “success cases” for provider agencies & clinicians alike
- Contract for improved information management (MIS)
- Performance measures; return-on-investment
- Discover ways to augment SHARP's impact, e.g. with PCMH, etc.
- Develop focus on “better health outcomes,” ones meaningful to general public

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- Further address vacancies
- Can program make “retro payments?” (Ms. Senner) Answer is: No
- Fund next year’s Retention Study (UNC), re: clinicians & sites (Ms. Mason)
- Look at the fiscal note for other concepts (Ms. Barrans)
- Work for performance measures (Ms. Barrans); do a program evaluation
- Don’t make “slick” materials format, since can be troublesome (Mr. Chard)
- Increase capacity of rural facilities (Ms. Monk) & T.A. to them (Ms. Barrans)
- Do activities that continue to build recruitment & retention (Ms. Monk)
- Ask the Alaska Healthcare Coalition (esp. “Recruitment Com) for ideas
- DOL has key data on tenure, wages & employment; Reporting (Mr. Robinson)
- Analogous: ACPE has joint effort with DOL, EED & UA (Ms. Barrans)
- For future resource availability: Set up a structure (Mr. Chard)
- Clinical rotations; scholarships; grow your own; but risks higher (Ms. Senner)
- Go to health fairs, and campuses; usher students into careers (Mr. Chard)
- Create strategies w/UAA School of Nursing (Dist. Ed.) esp. rural (Ms. Senner)

**VIII. Other Business**

Item: Setting Next Year’s Meeting Schedule

Ms. Sweet & Ms. Smith (Trust) will get workable provisional dates

Item: Membership changes:

ANTHC: Doug Miller is replaced by Shaun Hegna

AkPharm: Nancy Davis is replaced by Molly Gray

ANA: Pat Senner is replaced by Jana Shockman

Item: Recruitment Committee:

Co-Chairs: Nancy Merriman, & John Riley. These two Council Members will both (a) organized the SHARP Recruitment Committee, and will serve as Liaisons to the AWIB’s “AHCWFC’s Recruitment Committee.

**IX. Meeting Wrap-Up**

Dan Robinson (DOLWFD, R&A): (a) Good to hear from Commissioner; (b) DOL Research & Analysis Section has very good data; tap into it; (c) Program now dealing with the differences between perceptions & realities.

Susan Mason-Bouterse (HPSD-PCO): (a) Focusing on recruitment is critical. Are there ways to increase this? (b) Build into program assorted approaches to recruitment.

Nancy Burk (AMHTA): (a) Supportive of the several ideas already expressed; (b) Try to link with some of the strategies of the Alaska Healthcare Workforce Coalition.

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Nancy Merriman (APCA): (a) Meeting went well; (b) Flexibility key is to strategies.

Nancy Davis (AK Pharm Assoc): (a) Council & program continue searching for ways to improve program; (b) overall, SHARP is working.

(ANA): Meeting was good. Thanks for including ANA, & me. Looking forward to continued role on Council.

Pat Senner (ANA): Thank you for included ANA in the process. Special thanks to Randi Sweet for running the solid meeting, for providing statistics to the Council, and for keeping Members informed.

Shauna Hegna (ANTHC): Expressed thanks, and again stated strong interest in and support of the SHARP process. She said that ANTHC was currently searching for a new Senior Human Resources Director, and that once that person is on board, then he/she would be filling this membership role as ANTHC Representative.

John Riley, Vice Chair (AK PA Assoc.): Mr. Riley said he's happy where we're at now, and feels hopeful that things are moving forward. Thanks to all for participating in this forum. He's had two goals: (a) listening, and (b) insuring that the 38 pending candidates are actually offered SHARP MOA option. He favors Senate version, over House version of proposed SFY' 15 budget.

Randi Sweet, Chair (United Way): Thank you to everyone! Expressed appreciation, and said that she was proud of the Council. She also appreciated comments & input provided by Site Representatives & other stakeholders.

Pat Carr (DPH-HPSD): Expressed thanks for both Commissioner William Streur and Deputy Commissioner Rea Sailors having attended today's Council meeting. She felt it was helpful and is appreciated.

Rea Sailors (DHSS Com Office): Ms. Sailors said that she looks forward to the year ahead. She encouraged Council to continue focusing its efforts, and refining its partnerships.

**Adjourned:** 12:05 pm

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Meeting Attendance (04/09/14):

<b>Member Agencies (voting)</b>	<b>Representative</b>	<b>Present / Absent</b>
United Way of Anchorage	Randi Sweet, Chair	Present
AK Academy of Physician Assist	John Riley, Vice Chair	Present
AK Behavioral Health Association	Thomas Chard	Present
AK Comm on Post-Secondary Ed	Diane Barrans	Present
AK Dental Society	David Nielson	No
AK Department of Labor	Dan Robinson	Present
AK Mental Health Trust Authority	Nancy Burke	Present
AK Native Tribal Health Consort.	Shauna Hegna	Present
AK Nurses Association	Pat Senner	Present
AK Pharmacists Association	Nancy Davis	Present
AK Primary Care Association	Nancy Merriman	Present
AK State Hosp't & Nursing Hm As	Jeannie Monk	Present
AK State Medical Association	Mike Haugen	No
Nat'l Assoc. of Social Workers AK	Eileen Heaston	Present
University of AK, College of Health	Jackie Pflaum	Present
<b>EX-Officio</b>	<b>Member</b>	
AK Division of Public Health	Pat Carr	Present
AK Native Health Board	Brandon Biddle	No
<b>Others</b>	<b>Person</b>	
DHSS Commissioner's Office	William Streur, Commissioner	Present
DHSS Commissioner's Office	Ree Sailors, Dep. Commissioner	Present
AK Nurses Association	Evelyn	Present
AK Pharmacists Association	Molly Gray	Present
DHSS Workforce	Kathy Craft	Present
HPSD – DPH – DHSS	Mary McEwen	Present
HPSD – DPH – DHSS	Susan Mason-Bouterse	Present
SHARP Program - DHSS	Robert Sewell (Staff)	Present
University of AK, College of Health	William Hogan	No
<b>General Public</b>		
JAMHI	Pamela Watts, CEO	Present
JAMHI	Rachel Gearhart. Clinician	Present