



**Alaska SHARP Program
Annual Report to Alaska’s SHARP Council – SFY 2020
SHARP-3 Component**

Contents

Introduction 2

 Alaska’s SHARP Program 2

 Alaska’s SHARP-3 Component 2

 Program Purpose 3

 Reason for Report 3

Brief History 3

Activities for Fiscal Year 2020 4

Work Plan for Fiscal Year 2021 4

 Data Management and Analytics 5

Program Funding 5

 Program Performance Metrics 7

Conclusion 7

Report prepared by:

Robert Sewell, MA, Ph.D., Program Director
SHARP – Alaska’s Healthcare Workforce Incentive Program

Office of Healthcare Access, Sec Rural & Community Health Systems
Division of Public Health, Alaska DHSS
P.O. Box 110616, Juneau, Alaska 99811-0616
Phone (907) 465-4065
E-mail: robert.sewell@alaska.gov
<http://dhss.alaska.gov/dph/healthplanning/pages/sharp/>

Introduction

Alaska's SHARP Program

Alaska's Health Care Professions Loan Repayment and Incentive Program, commonly known as SHARP, is a statewide support-for-service effort which provides added financial incentives to selected healthcare practitioners who work with Alaska's priority populations. SHARP is a public-private partnership to help address the increasing shortage of certain health professionals in the state by increasing the number and expanding the distribution of health professionals. The program works to enhance recruitment and retention health professionals to serve in state-designated locations and facilities in exchange for the repayment of qualifying education loans or payment of direct incentive, pursuant to a signed SHARP contract. SHARP is operated by the State of Alaska, Department of Health and Social Services. There are three options.

SHARP-1 is based on a federal U.S. Health Resources and Systems Administration partnership grant. Primary care physicians receive student loan repayments in exchange for working for two years in federally designated health provider shortage areas. Following the introduction of SHARP-1, the state then created a second option, SHARP-2, which was a state-funded program operating between 2012 and 2015 under Alaska Statute 18.29. Healthcare providers in a wide range of occupations in addition to primary care received student loan repayment and direct incentives in exchange for working for three years in federal or state designated healthcare provider shortage areas. In 2019 the program was decommissioned by the state legislature and replaced with SHARP-3.

SHARP-3 is state-private partnership created by the state legislature in 2019 and funded by participating employers. It expands on the eligible occupations and locations in SHARP-2. Healthcare professionals, not only providers, receive student loan repayment and direct incentives in exchange for working for three years in underserved areas.

Alaska's SHARP-3 Component

The intent of SHARP-3 is to increase the availability of healthcare services throughout the state, especially to individuals who are underserved or in health care professional shortage or rural areas. The purpose of SHARP-3 is to expand program eligibilities as regards occupation type, practice setting, and locale. SHARP-3 will allow for multiple funding sources, tax-exemption for education loan repayment, the establishment of a multi-year operations fund, a broad range of potential contributors, expansion of eligible employers, and adjustable funding-source proportions between employers and contributors. SHARP-3 is now established as Alaska state law AS 18.29. (See [Health Care Professionals Workforce Enhancement Program](#)).

SHARP-3 is to be supported by assorted funding sources, including employers and other contributors. Neither federal nor Alaska state funds are required, though both are admissible. The employer payment may come from any available source, including a philanthropic institution, health foundation, government agency, community organization, or private individual.

Program Purpose

Sec. 18.29.100. Legislative intent. Student loan repayments and direct incentive payments provided under this chapter are intended to increase the availability of health care services throughout the state, especially to underserved individuals or in health care professional shortage or rural areas.

Sec. 18.29.105. Program Purpose. (a) The health care professionals workforce enhancement program is established in the department for the purpose of addressing the increasing shortage of certain health care professionals in the state by expanding the distribution of health care professionals.

The program is available to employers statewide, and especially for those who provide care to the underserved. SHARP defines the underserved as persons who are: (1) uninsured; (2) receive or are eligible to receive medical assistance (e.g. Medicaid); or (3) eligible to receive health care benefits directly, through insurance, or through other means, from a plan or program funded directly, in whole or in part, by the federal government (e.g. Medicare).

Reason for Report

AS 18.29.105(e) requires that the department shall, on or before July 1 of each year, prepare and submit to the advisory council a report that describes the participation rates, costs, and effect of the program on the availability of health care services to underserved individuals or in health care professional shortage or rural areas for the previous calendar year.

Brief History

SHARP-3 is Alaska's third state-operated support-for-service program option. SHARP-1 began in 2009, and continues to the present. SHARP-2, which was a direct precursor for SHARP-3, began in 2012 with first contracts in 2013, and then sunset in 2019.

In December 2018, Council adopted its strategic plan for SFY 2019 – SFY 2022, focused on creation of SHARP-3 articulating its Long-Term Goal (2022) that stated in part:

Having developed a sustainable revenue stream and infrastructure, SHARP is widely recognized for its demonstrated impacts on Alaska's healthcare workforce, and improving access to healthcare. Achieving this long-term goal will require SHARP to:

1. Implement a "Sustainability Plan" that addresses the importance of building a revenue stream that is larger and more diverse, expanding the reach of SHARP programs to other professions through SHARP-3, and increasing staff capacity to address better the growth in SHARP programs.
2. Better evaluate the outcomes of successful SHARP programs, Evaluative questions will be posed such as: which occupations have more clinicians are practicing in eligible sites, in more areas of the state, and staying longer in those jobs, which may translate to better access to healthcare.

On June 23, 2015, on December 20, 2017, and then later, Alaska’s SHARP Council unanimously recommended that SHARP-3 be established.

As mentioned, in December 2018 Council issued its Strategic Plan (2022), and Operating Priorities for period SFY 2010 to 2020. In this, Council specified priorities including:

- Priority: Council to immediately begin efforts to push back the June 30, 2019 “sunset” of SHARP-2, and use the current SHARP-2 statute as the foundation for SHARP-3
 - Seek out legislative champions and build awareness of existing SHARP-3 focused rewrite of current statute, rather than starting over with new SHARP-3 legislation
- Priority: Develop a “SHARP Sustainability Plan” for SHARP
 - Incorporate an Administrative Fee paid by participating employers.
 - Expand the types of practice locations & healthcare professions eligible for SHARP

Alaska’s SHARP Council has now implemented key aspects of its Strategic Plan. An extensive and successful advocacy campaign ensued. There were numerous examples, such as at least eight articles published in the popular press (see Reference Section).

Council members repeatedly provided oral testimony. In addition, highly varied stakeholders wrote 53 strong Letters of Support to the 31st Legislature, from across the service system (see Table at end) supporting Senate Bill 93 and its House companion (HB-114). During this effort, 20 Legislator co-sponsors signed on to the bill. In the end, the bill became statute via unanimous votes of approval in every legislative committee and in both chambers (May 2019). Entitled in statute as the “Health Care Professionals Workforce Enhancement Program,” SHARP-3 was signed into law on August 1st, 2019 as Chapter 15, SLA 19, enacted as Alaska Statute 18.29.

Activities for Fiscal Year 2020

A regulations package was created in SFY 2020, based on the newly passed statute AS 18.20. Those draft regulations are now being promulgated. A complete inspection draft was submitted November 14, 2019. On May 1, 2020, proposed regulations were introduced for Public Comment (which remains in progress as of the writing). Oral Comment was entertained on June 15, 2020, and the period of Written Comment is scheduled to close July 15, 2020. Ensuing required promulgation steps include (a) review of public comment(s) and any potential revision; (b) adoption of finalized regulation by DHSS Commissioner; (c) final legal review by AK Department of Law; (d) public issuance of 30-day wait-period; and (e) Lieutenant Governor signs and files final regulation.

Work Plan for Fiscal Year 2021

Under current conditions, we expect to announce the opening of SHARP-3 at the latest October 2020. The opening will be announced broadly and repeatedly via established DHSS public media, as well as to all stakeholders for whom we have contact information. Once open for applications, SHARP-3 will remain open. This is possible because SHARP-3 is planned as strictly market-driven. We expect that the first SHARP-3 service contracts may be issued as early as December 2020. AS 18.29 specified that SHARP-3 contracts will constitute a three-year service obligation.

Data Management and Analytics

Council's Strategic Plan (2019-2022), and especially in its Operating Priorities (FY 2019 to FY 2020), emphasizes the need to expand SHARP's data management and analytic capabilities. We know from our first decade of experience that SHARP operations are information-intensive, including characterization of applicants, participating clinicians, eligible employers, selection priorities, issued contracts, catchment areas, program revenues and expenditures, and issuance of assorted reports. For context, SHARP has now issued 354 service contracts inception-to-date, with a current field strength of about 100. SHARP-3 alone is anticipated to be eventually two to three times larger than SHARP's current census.

This means that SHARP must proactively add professional data management and analytics capacity. In its Operating Priorities (FY 2019 to FY 2020), Council stated:

- Priority: Actively pursue the addition of at least one FTE to SHARP
 - Position will improve web-interface, records and data management, clinician and site tracking, program evaluation, as well as stakeholder interactivity and follow-up.
- Priority: Improve the ability of SHARP to evaluate its own outcomes
 - Improve our Logic Model that clearly articulates SHARP's outcomes, and develop indicators to measure those outcomes
- Priority: Establish and steadily improve web-based interface & database management

In FY 2021, SHARP is addressing this operational priority by use of a Reimbursable Services Agreement (RSA) with the University of Alaska's Center for Rural Health/AHEC. This RSA contract is now entering its third year, and is funded via SHARP's grant from the Alaska Mental Health Trust Authority (AMHTA). The RSA has proved to be unusually helpful, and is a highly suitable way to add the professional data management and analytics that SHARP will increasingly need.

Program Funding

SHARP-1, based upon our recurring competitive Health Resources and Services Administration partnership grants, continues to do well in resourcing our SHARP-1 service contracts. HRSA grant funds are now \$1,000,000 per annum, which thus allow SHARP to leverage well more than another \$1,000,000 annually in non-federal "matching" funds, from the AMHTA at \$200,000 per annum, but largely from the participating employers themselves. Nonetheless, two budget matters remain, identified below as Action Items 1 and 2.

Council's Strategic Plan (2019-2022), within its Operating Priorities (FY 2019 to 2020), emphasizes the need to increase and make more flexible the sources of program funding. The Council specified two action items.

- Action Item-1 – Program Administration: Incorporate an Administrative Fee paid by participating employers.
 - Status: At present, SHARP receives no externally provided administrative funding. Neither federal HRSA nor the AMHTA provide any program admin funds, The single professional staff position in SHARP is 100% resourced through the Division of Public Health state general funds, and there are no funds allocated for any other aspects of program administration.
 - Current Action: SHARP has included the requirement of a per-contract program administrative fee, and available fiscal agent fee, for both SHARP-1 and SHARP-3. The administrative fee is specified an amount equal to 5% of total contract value; and the fiscal agent fee is specified as (conditional upon DHSS contracting) in amount of 1.5% of contract value.
 - a) SHARP-1 proposed regulations (posted for Public Comment, May 8 – July 6, 2020) as 7 AAC 80.303 (Fees for Department Services; Fee schedule and procedures; and,
 - b) SHARP-3 proposed regulations (posted for Public Comment, April 27 – July 15, 2020) as 7 AAC 24. (Health Care Professional Workforce Enhancement Program)
- Action Item-2 – Enhanced External Funding: Identify and pursue other additional, non-grant revenue, including foundation support, contributed revenue and corporate sponsorship to fund service contracts.
 - Status: As mentioned, SHARP-1 receives solid funding for its service contracts from federal HRSA, the Alaska Mental Health Trust Authority and participating employers. However, for SHARP-3, there is no contribution from either federal HRSA or AMHTA grants. This means that for SHARP-3 funding it must come from other varied sources, potentially of a wide variety. This eventuality is now addressed in the SHARP-3 statute (AS 18.29) and proposed regulation 7 AAC 24. (Health Care Professional Workforce Enhancement Program)
 - Current Action: The SHARP-3 statute now includes the following requirement as stated in Sec. 18.29.110 Employer payments:

An employer approved for participation in the program shall make a nonrefundable quarterly payment to the department for the benefit of the employer's health care professional employee. The employer payment may come from any available source, including a philanthropic institution, health foundation, government agency, community organization, or private individual. The payment amount:

- (1) Must be equal to the health care professional's program payment 3I amount established by the commissioner;

- (2) May be adjusted based on the employer's ability to pay, as determined by the commissioner and in consultation with the advisory council; and
- (3) Must include the fee established under AS 44.29.022 for services provided under this chapter.

Program Performance Metrics

The following program performance metrics are specified in AS 18.29 as necessary for inclusion in the Department's Annual Report to the Alaska SHARP Council and Commissioner of the Department of Health and Social Services:

- (a) Participation rates,
- (b) Program costs, and
- (c) Effect on availability of healthcare services to underserved individuals, to health care shortage areas and to rural areas.

However, because our SHARP-3 component is not yet open for applications, there are yet no SHARP-3 employer or practitioner participants. Thus, we cannot report on these metrics yet.

Conclusion

Alaska's SHARP Program has made solid progress in laying the statutory and regulatory groundwork for our upcoming key SHARP-3 innovation.

We are nearing the time for the announced opening of SHARP-3, now anticipated to be in October 2020. There is much enthusiasm for our upcoming SHARP-3 option amongst employers, practitioners and opinion leaders. We believe those expectations can be met. SHARP is working, and we are making progress.

Table: SHARP-3 – Letters of Support to Alaska Legislature

| SHARP-3 Legislation - Letters of Support - by Category | | | | |
|--------------------------------------------------------|-----------------|--------------------------------|--------------------------|------------------------|
| 53 | | | | |
| Count | Received | Medical Care | Author | Role |
| 1 | 04/09/18 | AK Acad Physician Assistants | Wendy Smith | President |
| 1 | 04/04/19 | AK Nurses Association | Jane Erickson, et al | President |
| 1 | 03/28/19 | Maniilaq Association | Theresa Coley-Kouadio | Nurse Midwife |
| 1 | 03/14/19 | PeaceHealth | Patricia Thornton | Nurse Practitioner |
| 1 | 03/15/19 | Providence Matsu | Zan Whitman | Nurse Practitioner |
| 1 | 03/13/19 | Providence Medical Group AK | Thomas Yetman | Chief Exec |
| 1 | 04/15/19 | Southeast AK Reg Hlth Consrnt | Adam McMahan | Physician |
| 1 | 03/22/19 | Thomas Hunt, MD | Tom Hunt, MD | Physician |
| 1 | 04/04/19 | Yukon-Kuskokwim Hlth Corp | Lorie Lawrence | Nurse RN |
| Count | Received | Behavioral Health | Author | Role |
| 1 | 04/20/19 | AK Behavioral Health Assoc | Tom Chard | CEO |
| 1 | 04/23/19 | AK Commission BH Certification | Jerry Jenkins | Commissioner |
| 1 | 03/28/19 | Bristol Bay Area Health Corp | Peter Tallman | Clinical Social Worker |
| 1 | 03/11/19 | Central Peninsula Hospital | Kristie Sellers | Dir BH, Psychologist |
| 1 | 03/28/19 | Juneau Youth Services | Rachel Woods | Clinical Social Worker |
| 1 | 03/28/19 | Lynn Canal Counseling | Heidi Robichaud | Clinical Social Worker |
| 1 | 04/30/19 | Malarie Dufrane-Robideau, BCBA | Malarie Dufrane-Robideau | Behavior Analyst |
| 1 | 01/06/18 | Nat'l Assoc Social Workers | Leigh Bolin | President '18 |
| 1 | 04/30/19 | Rebecca Parenteau, BCBA | Rebecca Parenteau | Behavior Analyst |
| 1 | 03/11/19 | Residential Youth Care | Cecilie Cody | Dir Clinic, LPC |
| 1 | 04/23/19 | Southeast AK Reg Hlth Consrnt | Bruce Weeks | Psychiatrist |
| Count | Received | Dental Health | Author | Role |
| 1 | 03/12/19 | AK Dental Society | Dave Logan | CEO |
| 1 | 03/28/19 | Anch Neighborhood HC | Ghazal Ringler | Dental Director |
| 1 | 03/28/19 | Copper River Native Assoc | Zachary Barrickman | Dental Director |
| 1 | 04/04/19 | Eastern Aleutian Tribes | Michael Costa | Dental Director |
| 1 | 04/16/19 | Peninsula Comm Health Srv | Jake Owens | Dental Director |
| Count | Received | Pharmacy | Author | Role |
| 1 | 03/18/19 | AK Pharmacists Assoc | Molly Gray | CEO |
| 1 | 04/03/19 | Norton Sound Health Corp | Kyle Vaughn | Pharmacist |
| 1 | 03/28/19 | Yukon-Kuskokwim Hlth Corp | Kathryn Reynolds | Pharmacist |
| Count | Received | System of Care | Author | Role |
| 1 | 03/18/19 | AK Dept of Corrections | Laura Brooks | Dep Dir, HRS |
| 1 | 03/12/19 | AK Mental Health Trust | Michael Abbott | CEO |
| 1 | 03/25/19 | Mat-Su Health Foundation | Elizabeth Ripley | CEO |
| 1 | 07/15/15 | SHARP Council (Letter) | Council Members | Membership |
| | 12/20/17 | SHARP Resolution | Council Members | Members |
| | 02/28/18 | SHARP Statements | Council Members | Members |

| Count | Received | Tribal Health Organizations | Author | Role |
|--------------|-----------------|-------------------------------------|---------------------|-----------------------|
| 1 | 03/25/19 | AK Native Health Board | Andrew Jimmie | Chairman |
| 1 | 03/21/19 | AK Native Tribal Hlth Cnsrt | Gerald Moses | Vice Pres, Inter-Govt |
| 1 | 03/29/19 | Tanana Chiefs Conference | Brad Clark | Dir Recruit/Retention |
| Count | Received | Seniors & Disability Srv | Author | Role |
| 1 | 04/03/19 | Am Assoc Retired Persons | Ken Helander | Advocacy Dir |
| 1 | 04/04/19 | AK Commission on Aging | Glaser and Daniello | Chair, ACoA |
| 1 | 04/08/19 | AK Assoc Devel Disabilities | Lizette Stiehr | CEO |
| Count | Received | Community Health Centers | Author | Role |
| 1 | 03/18/19 | AK Primary Care Association | Nancy Merriman | CEO |
| 1 | 03/27/19 | Anchorage Neighborhood HC | Scharla Baker | Chief HR |
| 1 | 04/22/19 | Interior Community Health Ctr | Cheryl Kilgore | CEO |
| 1 | 04/16/19 | Peninsula Community Health Srv | Patty Eissler | HR Director |
| 1 | 04/09/18 | Sunshine Community Health Ctr | Melody West | Exec Director |
| Count | Received | Hospitals | Author | Role |
| 1 | 03/21/19 | AK State Hospital/Nursing Hm | Jeannie Monk | Vice Pres |
| 1 | 03/13/19 | Cordova Com Medical Ctr | Scott Mitchell | CEO |
| 1 | 03/11/19 | Petersburg Medical Center | Phillip Hofstetter | CEO |
| 1 | 03/21/19 | Providence-Kodiak | Gina Bishop | CEO |
| 1 | 01/23/19 | Providence-Valdez HAC | Daniel O'Connor | Chair, HAC |
| 1 | 04/11/19 | Providence AK Medical Center | Ella Goss | CEO |
| 1 | 03/15/19 | South Peninsula Hospital | Joseph Woodin | CEO |
| Count | Received | University | Author | Role |
| 1 | 03/06/19 | UAA Area Hlth Ed Ctr, & ACRH | Gloria Burnett | Director |
| 1 | 04/08/19 | UAA Ctr Human Development | Karen Ward | Director |
| 1 | 04/08/19 | UAA Pharmacists Program | Thomas Wadsworth | Director |
| | | | | |

References

(2017). State program shows success recruiting health workers. Alaska Journal of Commerce. (6/26/17).

(2019). Bill to aid health care worker recruitment active in Senate. Alaska Legislative Digest (3/31/19), Digest No. 15/2019, pg. 8.

(2019). Health care workforce enhancement, SB-93 and HB-114. Alaska Legislative Digest (4/15/19), Digest No. 17/2019.

(2019). Medical professional recruiting incentive, SB-93, close to final passage. Alaska Legislative Digest (4/28/19), Digest No. 20/2019, pg. 1.

(2019). State program helping Alaska hospitals fill medical positions. The Frontiersman (11/15/19).

(2020). State program to help recruit medical professionals set to expand. The Frontiersman (2/5/20).

(2020). Success story: State facilitates medical recruitment in hard-to-fill positions. Alaska Legislative Digest (2/2/20), Digest No. 3/2020, pg. 3.