

ACCESS TO HEALTH CARE

Alaska's SHARP Program: a sustainable way to increase access and capacity



OVERVIEW

Alaska's SHARP program provides recruitment and retention services for Alaska's health care workforce. The purpose of SHARP is to recruit and retain health care professionals to serve in health care service shortage areas in exchange for the repayment of qualifying education loans and/or payment of direct incentive. Participating clinicians work in a broad range of medical, dental and behavioral health occupations. The first participants in SHARP began service in June 2010.

THE NEED

The health care industry employs roughly **33,800 individuals** and pays wages totaling **\$1.8 billion** annually.

Forty-seven of Alaska's 50 fastest-growing occupations are in health care, and the Alaska Health Workforce Coalition Plan is leading to job growth while other sectors shrink.

Medicaid redesign will bring 4,000 new jobs to the State of Alaska.

In 2013, the Alaska health care industry realized a **21.8 percent turnover rate**. This high turnover rate paired with the industry's high growth rate limits patient's access to care and impedes continuity of care.

Alaska does not train several key health care occupations and thus must be recruited from elsewhere including psychiatrists, general surgeons, dentists, pharmacists, and virtually all medical specialties. Staff turnover is a critical problem across Alaska's service system.

Tribal health organizations are constantly recruiting and training Master's-level mental health clinicians. **The retention rate for these positions is approximately two years.**

It takes an average of 14 months and \$31,000 to recruit a primary care provider to the Alaska Tribal Health System.

Average student loan debt is a large and growing burden for all our health occupations.

"SHARP is definitely an important component of providing quality care to our state's less advantaged folks."

— SHARP participant

For more information, contact Alaska's SHARP Program at (907) 465-4065 or robert.sewell@alaska.gov
<http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp>



SHARP Impact

Since the program's inception, **254 SHARP practitioners** service contracts have been awarded.

67 percent of these work in sites ranging from rural/remote locations where they are the only clinic providers, to large urban center hospitals where they are providing specialized care to patients facing some of the rarest illnesses.

100 percent of employers pay a match for their SHARP participants. An average of **35 employers** participate in SHARP each quarter.

During SFY 2017, SHARP clinicians saw: **9797 behavioral, 6670 dental and 32,947 medical patients. Care-visits totaled 96,134, composed of 31,686 behavioral, 11,848 dental and 52,600 medical visits. SHARP pharmacists also serviced 65,073 prescriptions.** Most all of this care occurred in safety-net facilities like community health centers and Tribal health entities. Practitioners in SHARP are providing a substantial and growing amount of health care to our most vulnerable, priority populations.



Solid Progress

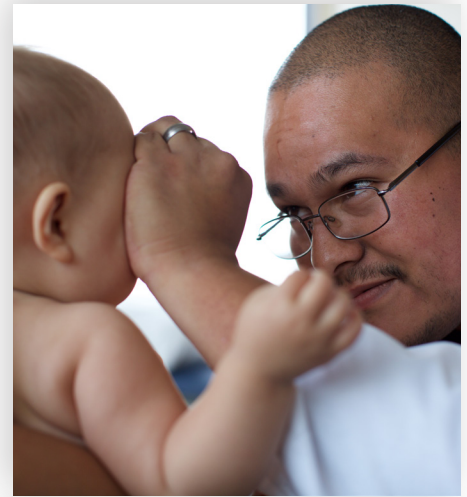
Optimize Access: All SHARP practitioners are required by contract to provide care to those with Medicaid & Medicare, and to low-income Alaskans on a sliding fee scale. Accountability is high, and all contracts are monitored quarterly.

Improve Health: SHARP recipients provide direct patient care to many Alaskans with chronic illness.

Increase Value: A primary care doctor brings approximately \$1.4 million in revenue, improving the health of a community.

Contain Costs: Retaining SHARP clinicians reduces need for very expensive, temporary Locum Tenens itinerant services, and increases both retention of institutional memory, and continuity of care. As well, SHARP contract benefits are tax-exempt.

Interagency Leadership: SHARP has a firmly established interagency Council composed of 15 voting members representing all parts of Alaska's system of care. Expertise is also provided by several ex-officio members.



SHARP Support-for-Service Programs

SHARP-I: based on a federal HRSA partnership grant

- For primary care clinicians (Medical, Behavioral Health, & Dental).
- Awardees work in federal "Health Profession Shortage Areas" (HPSAs).
- Two-year service contracts.
- Service contracts include a strict no-default clause.
- Awardees receive loan repayment.
 - » **Tier-1: \$35,000 per year; Very Hard-to-Fill \$47,000 per year.**
 - » **Tier-2: \$20,000 per year; Very Hard-to-Fill \$27,000 per year.**
- More than **171 clinicians** to-date have received service contracts to date.
- Full- & half-time are eligible.
- SHARP-I is our long-enduring, bedrock option.

SHARP-II: based on Alaska statute, AS 18.29

- Wide range of occupations were eligible, as well as primary care.
- Awardees worked in a wide variety of settings and locales.
- Three-year service contract.
- Provided loan repayment and/or direct incentive for key service.
- More than **83 practitioners** received service contracts.
- SHARP-II proved very useful but is sun-setting due to budget.

The Road Ahead - SHARP-III:

- System demand for support-for-service is intense, and growing.
- As such, SHARP is creating a new option: SHARP-III.
- A broad range of occupations and practice settings will be eligible.
- Funded by private capital, and thus much more flexible.
- Loan repayment awards exempt from federal income tax.
- Opening to be announced