



Alaska's SHARP Program
 Re: Mission Moment presentation
 By: Robert Sewell, SHARP Director
 To: The AMHTA Board of Trustees
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The System Problem

Alaska has several healthcare workforce headaches: shortages, mal-distributions and significant turnover. These entrenched problems directly reduce access to healthcare. Alaska does not provide training for numerous occupations (e.g. psychiatry, dentistry), and for those that it does train, the resulting supply remains short (e.g. physician assistants, nurse practitioners).

The SHARP Solution

SHARP is a long-standing Trust-supported program that has made a significant difference in the lives of Trust beneficiaries. The purpose of SHARP is to increase access to healthcare statewide, and especially for Alaska's priority populations. SHARP provides financial support to a practitioner other than his or her standard wage and benefit. It is a public-private partnership working to improve the recruitment, retention and distribution of health professionals for Alaska. The program offers two types of benefit: education loan repayment and direct incentive.

Program Progress

SHARP-1 began in 2008, with first clinician contracts in June 2010. The program has made solid progress ever since. SHARP is well beyond the "pilot" or "demonstration" phase. To date, we have issued 347 contracts (Beh Hlth 27%, Dental 14%, Medical 58%) to 300 clinicians.

The AMHTA

For more than ten years, SHARP and the Alaska Mental Health Trust Authority have collaborated in a public-private partnership to improve access to healthcare by enhancing support-for-service here in Alaska. The role and impact of AMHTA in SHARP's progress can scarcely be overstated. More deeply, the Trust has lent its vision, moral suasion, and thus its influence on the service system.

Interagency Collaboration

The program received guidance and ongoing oversight from an interagency collaborative know as Alaska's SHARP Council. The Council has 15 voting members and 4 more as ex-officio. The Council has helped tremendously to build and maintain system-wide consensus, and has garnered widely varied funding from federal, state, philanthropic and especially employer resources. During the five-year period SFY 2015-2019, clinician contract expenditures totaled \$10,497,287, while AMHTA contribution has been \$1,000,000 (\$200K/yr). The Trust return-on-investment is 950%.

The Road Ahead

Our SHARP-1 component is based on a four-year federal grant (\$4,000,000), which is heavily leveraged. During CY 2020, we expect to issue another 100 SHARP-1 contracts, and as well, we plan to open our new SHARP-3 component. SHARP-3 will greatly expand the eligibility for tax-exempt loan repayment to practitioners who work in more occupations, practice settings, and locations and with more employers. Overall, we are now focused on program institutionalization. SHARP is working, and we are making progress.



FY2015-FY2019

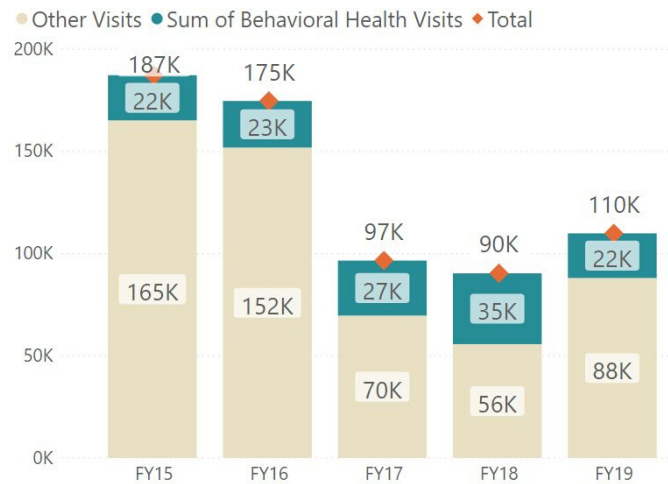
*Data from practitioners' Quarterly Work Reports

1. Practitioner Data

- 300 contracts
- 260 distinct practitioners
- 66 distinct behavioral health practitioners

52 Physicians	7 Psychologists
33 Pharmacists	7 Psychiatrists
29 Dentists	4 Nurse Midwives
28 Nurse Practitioners	4 Physical Therapists
27 Registered Nurses	1 Marriage & Family Therapist
22 Social Workers	
20 Counselors	
17 Physician Assistants	
9 Dental Hygienists	

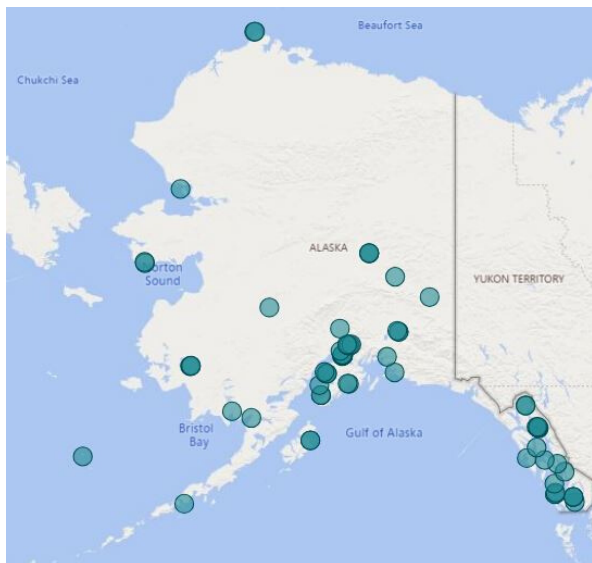
2. Clientele- Care Visits



➤ 376 average unduplicated patients per quarter per FTE

3. Communities Served

- 38 communities
- 72 employers
- 24 tribal employers
- 31 Community Health Centers



4. Clientele Breakdown

