

Alaska's SHARP Program

Annual Report for SFY 2022

Period: 7/1/21 – 6/30/22

to

The Alaska Mental Health Trust Authority

Program Description and Performance Measures

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

Alaska Department of Health & Social Services
Division of Public Health, Sec Rural & Community Health Systems
Phone (907) 465-4065, E-mail: robert.sewell@alaska.gov
<http://dhss.alaska.gov/dph/Emergency/Pages/healthcare/sharp/default.aspx>



Table of Contents		
<u>Section</u>	<u>Sub-Section</u>	<u>Page</u>
Program Description	SHARP's Purpose: SHARP-1 and SHARP-3	3
Program Activities	Quarterly Program Cycle	4
	Quarterly Work Report	4
	Reports to Stakeholders	4
Program Successes	Applicant Solicitations	5
	SHARP-1 Solicitation	5
	SHARP-3 Solicitation	5
	Program Visibility	6
	Publications	6
	Presentations	6
	Other Documents	7
Institutionalization	Milestone-1: Data Management	8
	Milestone-2: Budget Management	9
	Milestone-3: Operational Resource	9
	Milestone-4: External Relations	9
	Milestong-5: Fiscal Agent	10
	Milestone-6: Targeted Outreach	10
	Milestone-7: Practitioner Feedback	11
Performance Measures	Entry	Table of Findings
	PM1(a)	Clinicians & Contracts
	PM1(b)	Communities & Employers
	PM2	Total Partnering Dollars
	PM3(a)	Payments, by Region & Occupation
	PM3(b)	Patients, by Region & Occupation
	PM3 (c)	Care Visits, by Region & Occupation
	PM3(d)	Prescriptions serviced, by Region
	PM4(a)	Program Update: SHARP-1
	PM4(b)	Program Update: SHARP-3
	PM4(c)	Practitioner & Contract Totals
	PM5(a)	Underserved Populations
	PM5(b)	Criminal Justice Populations
	PM6	Employer Recruitment Prerogative
	PM7	Substance Abuse Disorder Services
	PM8	Locum Tenens Replacement
Acknowledgements		21

Alaska's SHARP Program
Annual Report for SFY 2022 to the Alaska Mental Health Trust Authority
Period: 7/1/21 – 6/30/22
Program Description and Performance Measures

Program Description: SFY-2022

Purpose of this Report

Alaska's SHARP Program receives competitive annual grant funding from the Alaska Mental Health Trust Authority (AMHTA). The Trust requires that each grantee submit an annual performance report. This document is SHARP's annual report to the Trust for State Fiscal Year (SFY) 2022 regarding July 1, 2021, through June 30th, 2022.

Purpose of Alaska's SHARP Program

The purpose of Alaska's SHARP Program is to increase the access to healthcare for all Alaskans, and especially for those of underserved populations, by improving Alaska's healthcare workforce. SHARP addresses the shortages and maldistributions of health practitioners by increasing the number and improving the distribution of healthcare workforce. This statewide program is operated by the State of Alaska and is a public-private partnership working to improve the recruitment, retention, and distribution of selected practitioners. SHARP provides financial support to selected practitioners in addition to standard wage and benefit, and that support is provided in either of two ways: (a) as education loan repayment, which is tax-exempt, and/or (b) as direct incentive.

SHARP-1

SHARP-1 was Alaska's first state-operated support-for-service program component and remains SHARP's fundamental option. The purpose of SHARP's AMHTA's grants has largely been to partially fund SHARP-1 clinician contracts. SHARP-1 began in 2009 and has grown steadily ever since. SHARP-1 service contracts are issued to selected primary care clinicians who provide care in federally designated Health Profession Shortage Area (HPSA) locations. SHARP-1 is predicated on Alaska winning periodic competitive partnership grants from the federal Health Resources and Services Administration's (HRSA's) State Loan Repayment Program (SLRP). Alaska is now in the first year of its fifth competitive federal HRSA-SLRP grant. All SHARP-1 contracts are resourced in part by non-federal funds (at least 50%), with the remainder addressed by the federal HRSA grants funds. The non-federal sources include the Trust, and a wide variety of healthcare employers.

SHARP-3

SHARP-3 is Alaska's third state-operated support-for-service program component. SHARP-3 is based on a state legislative bill (SB-93 and companion HB-114), which passed unanimously in both chambers (May 2019), and which was then signed into law (AS 18.29) by Governor Dunleavy on August 1st, 2019. Ensuing regulations were signed by the Lt. Governor Kevin

Myers on 11/24/20, and then promulgated on 12/25/21. SHARP-3 features (a) advanced blended funding; (b) use of tax exemption for loan repayment; (c) ongoing work to establish a multi-year operations fund managed by an external fiscal agent; (d) adjustable funding-source proportions between employer and contributor(s); (e) a range of possible contributors; and (f) marked flexibility as to which occupations are eligible. The SHARP-3 applications-window opened on 1/4/21. Since then, the program has continued to develop.

Program Activities (FY'22)

Quarterly Program Cycle

SHARP executes the following work processes on a quarterly basis: (a) calendar-quarter of service; (b) employer invoices, (c) quarterly work reports; (d) clinician payments; (e) contracts management; (f) data management; (g) budget management; (f) program reporting; (g) interagency relations; (h) applications management; (i) the monthly admittance cycle, and (j) program visibility.

Quarterly Work Report

The Quarterly Work Report (QWR) process yields our most basic program measures, the practitioner productivity data set. All clinicians, through their employers, must submit a QWR each quarter. Through this, we determine that each practitioner: (a) was working, (b) at the agreed upon location, (c) providing care to Alaska's priority populations, and (d) to what extent. The data provide (1) an unduplicated count of patients seen; (2) care-visits served, (3) and reported by payer type (e.g., Medicaid, Medicare, private insurance, etc.). All employer match invoices, and ensuing practitioner payments, are based on SHARP's receipt of those required quarterly reports.

Reports to Stakeholders

Quarterly Report to SHARP Council: Council convenes quarterly in business meetings that are noticed to the public. Council membership is composed of nominated opinion-leaders from across Alaska's healthcare system. In each of those meetings, varied data and trends are presented as regards SHARP's progress.

Annual Report to SHARP Council: With the passage of AS 18.29, SHARP is now required to present an annual program report to Alaska's SHARP Council. These annual reports cover the preceding calendar year and are due by the ensuing July 1st each year. We have now submitted three such reports - for: CY-2019, CY-2022, and CY-2021.

SHARP-1 Reports to HRSA: We continue to submit several required reports to federal HRSA: (a) the Annual Performance Report, most recently for federal project year that ended 8/31/21, and then again for the one ending on 8/31/22; (b) a national, competing HRSA-SLRP grant proposal submitted 4/8/22; and (c) detailed SAMS census reports regarding the participating clinicians, which are submitted each month. HRSA also requires a Federal Fiscal Report (FFR) for each project budget year, which for SLRP ends on Aug. 31st (and due by January 31st).

Annual AMHTA Reports: The AMHTA requires that each of its grantees submit an Annual Performance Report. Our most recent prior Annual Performance Report was for SFY-2021 and was submitted on 11/14/21. As well, AMHTA requires an Annual Spring Progress Report. The most recent Progress Report (for SFY-2022) was submitted on 4/19/22.

Program Successes (SFY'22)

Applicant Solicitations: SHARP-1 and SHARP-3

SHARP-1 Solicitation: During SFY'22, SHARP conducted three solicitations for applicants, and two of those regarded SHARP-1. SHARP-1 has two types of applicant-solicitation: (a) an “off-cycle” solicitation, and (b) a periodic “regular-cycle” solicitation, which is much larger.

SHARP-1 Off-Cycle Option: The off-cycle option opened on Jan. 1st, 2021. This option is now continuously open and is built around a monthly admittance cycle. Applications are due by the 15th of any month, with start-dates possible as early as the 1st of each ensuing month. As a result, some practitioners are now admitted basically every month, with each SHARP-1 service contract as a two-year commitment.

SHARP-1 Regular-Cycle Option: The regular-cycle solicitation is less frequent than the off-cycle option but is far more influential. Whether a regular-cycle is conducted depends on the periodic availability of federal HRSA grant funds. These regular cycle openings are episodic and occur (about) once a year. During SFY'22, the program conducted a rather large regular-cycle solicitation, with the applications-window having opened May 1st and then closed on July 15th. This SFY'22 solicitation was made possible because we again won a competitive multi-year grant award, from which SHARP gained \$3,000,000, to be received in \$1,000,000 blocks for each of the next project-three years, beginning on 9/1/22. As a result of that SFY'22 regular-cycle opening, we have now produced 69 SHARP-1 two-year clinician contracts.

SHARP-3 Solicitation: We began our SHARP-3 applicants-solicitation on Jan. 1st, 2021. Because the enabling state statute (AS 18.29) has no sunset date, the SHARP-3 solicitation is still open, and will remain so. Like with SHARP-1, so too SHARP-3 has a monthly admittance cycle, with applications due by the 15th of any month, and then with ensuing start-dates possible as early as the 1st of that following month. Because the Admissions Committee meets monthly, we expect to thus issue some new SHARP-3 contracts each month. All SHARP-3 contracts are for a three-year commitment.

Program Visibility: Publications and Presentations

As in other years, SFY'22 saw SHARP make a very focused visibility effort, which included several publications and numerous public presentations. In total, there were at least: (a) three publications, (b) 11 presentations, and (c) six other documents. Those products are listed below.

Publications				
<u>Author(s)</u>	<u>Title</u>	<u>Publication</u>	<u>Location</u>	<u>Date(s)</u>
Pathman, D.E., Sonis, J., Harrison, J.N., Sewell, R.G., Fannell, J., Overbeck, M., and Konrad, T.R.	Experiences of safety net practice clinicians participating in the National Health Service Corps during the COVID-19 pandemic	Public Health Reports. 2022;137(1): 149-162. https://doi.org/10.1177/00333549211054083 , 10/25/21	Publication	10/25/21
Pathman, D.E., Sewell, R.G., Rauner, T., Overbeck, M., Fannell, J., & Resendes, J.	Outcomes of States' Loan Repayment and Loan Forgiveness Programs: Perspectives of Safety Net Practice Administrators	Journal of the American Board of Family Medicine (published abstract 6/30/22; full article thereafter), 3/4/22	Publication	03/04/22
Sewell, R.G.	Alaska SHARP Program: Annual Report to Alaska's SHARP Council - CY-2021	Alaska Department of Health & Social Services, Division of Public Health. pp.1-27, 6/29/22	Government Report	06/29/22

Presentations				
<u>Author(s)</u>	<u>Title</u>	<u>Forum</u>	<u>Location</u>	<u>Date(s)</u>
Sewell, R.G.	SHARP Program: Potential Support-for-Service Options for Alaska Psychiatric	Alaska Psychiatric Institute's Medical Staff Meeting (9/14/21)	Anchorage, AK	09/14/21
Sewell, R.G.	Alaska's SHARP Program: Get Started Now, and Strengthen Recruitment	Alaska Healthcare Employers: Statewide Webinar (10/6/21)	Juneau, AK	10/06/21
Sewell, R.G.	Alaska's SHARP Program: Update for the Alaska Commission on Aging, and Potential Options	Alaska Commission on Aging: Quarterly Meeting (10/12/21)	Juneau, AK	10/12/21
Sewell, R.G.	Behavioral Healthcare Shortage: Causes and Options	Healthy Alaskans Coalition Meeting (10/12/21)	Juneau, AK	10/12/21
Sewell, R.G.	Putting SHARP in ABHA's Toolbox	Alaska Behavioral Health Association: Fall 2021 Membership (10/15/21)	Anchorage, AK	10/15/21
Sewell, R.G.	Alaska's SHARP Program: Update to Tribal Dental Directors	Tribal Dental Directors: 2021 Alaska Area Dental Directors Annual Meeting. [via Alaska Native Tribal Health Consortium] (11/10/21)	Anchorage, AK	11/10/21
Sewell, R.G., Brooks, L., Wheeler, K., and Stredny, L.	SHARP: Impact on Clinician Workforce at Alaska Department of Corrections	Alaska Public Health Association - Annual Summit Meeting, 2022, Professional Presentation (1/19/22)	Statewide	01/19/22

Presentations (continued)				
<u>Author(s)</u>	<u>Title</u>	<u>Forum</u>	<u>Location</u>	<u>Date(s)</u>
Sewell, R.G., & Pathman, D.	Threats to Clinician Health and Safety during COVID: National Experience	Alaska Public Health Association - Annual Summit Meeting, 2022, Professional Presentation (1/18/22)	Statewide	01/18/22
Sewell, R.G.	How to Use SHARP Now: Tips for Behavioral Health Employers	Alaska Behavioral Health Association - Annual Meeting - Professional Presentation (3/10/22)	Juneau, AK	03/10/22
Sewell, R.G.	Alaska's SHARP Program: News from the Frontier	National Governors Association. Forum: Next Generation of the Healthcare Workforce Collaborative. Session: Charting the Path Forward for the Next Generation: Strategies for Recruiting and Retaining Healthcare Workers (4/27/22)	Washington, DC (zoom)	04/27/22
Sewell, R.G.	SHARP: What is it, and How PeaceHealth can Benefit	Quarterly Meeting of the PeaceHealth Ketchikan Medical Center Foundation (6/23/22)	Ketchikan, AK	06/23/22

Other Documents				
<u>Author(s)</u>	<u>Title</u>	<u>Forum</u>	<u>Location</u>	<u>Date(s)</u>
Sewell, Robert	Alaska's SHARP Program: Annual Performance Report FPY 2021, to U.S. Health Resources and Services Administration, for period 9/1/20-8/31/21	Alaska's SHARP Program: Annual Performance Report FPY 2021, to U.S. Health Resources and Services Administration, for period 9/1/20-8/31/21	Juneau, AK	09/26/21
Logan, Donna. and Fredenberg, Marisha	SHARP Assessment: Marketing and Integrated Fund Management	McKinley Research Group, LLC. [Report prepared under contract for Mat-Su Health Foundation, and Alaska Mental Health Trust Authority (10/6/21)	Anchorage, AK	10/06/21
Logan, Donna	SHARP Assessment: Marketing and Integrated Fund Management	Alaska's SHARP Council: Quarterly Business Meeting. Autumn 2021 (10/7/21)	Anchorage, AK	10/07/21
Mann, Jacob	Valley organizations receive grants from Alaska Mental Health Trust	The Frontiersman, (10/20/21)	Wasilla, AK	10/20/21
Sewell, Robert	Alaska's SHARP Program: Program Description and Performance Measures. Annual Report to AMHTA, for SFY 2021, period 7/1/20-6/30/21	Alaska SHARP Program's Annual Performance Report to the Alaska Mental Health Trust Authority, for SFY 2021, (11/13/21)	Juneau, AK	11/14/21
Newman, Amy	Fishin' for Physicians: A SHARP hook baited with financial incentives	Alaska Business Monthly, January 2022, vol. 38(1), akbizmag.com (12/30/21)	Anchorage, AK	12/30/21

Institutionalization of SHARP: Milestones and Challenges

Overall, during SFY'22 SHARP continued to make solid gains in (a) data management, (b) budget management, (c) external relations and (d) funding diversification. As a program, SHARP is arriving at a long-sought firm plateau, one characterized by stability, and routinization of its processes. Often termed “institutionalization” or “program sustainability,” here are at least four key milestones that Alaska’s SHARP Program must meet. Each of these minimum four milestones is briefly discussed below.

Often in program development, institutionalization can come from the implementation of a sustainability plan. While SHARP has made clear progress on several key tasks, there is still no sustainability plan. In general, if a program does not plan for sustainability, then that is not achieved, and so, this lack of a formal plan remains worrisome. Thus, a key Council milestone for SFY-2023 must be to install a “Institutionalization Plan” for SHARP.

Milestone-1 – Data Management: Analyst and Relational Database

SHARP is at the intersection of different sets of driving factors related to (a) program, (b) revenue sources, (c) expenditures-over-time, (d) contracts management, (e) employer attributes, (f) applicant and practitioner attributes, (g) catchment area, (h) epidemiological aspects, (i) recruitment and retention strategy, (j) stakeholder commitment (k) participant satisfaction, (l) interagency governance, and program visibility.

Data Analyst: During SFY'22, we made solid progress in data management. This was because we have increasingly relied on an external contract for our data analytics, which are provided through a now-recurring annual “reimbursable services agreement” (RSA) with the University of Alaska’s “Area Health Education Center” (AHEC). This RSA is resourced by grant funds from the Alaska Mental Health Trust Authority. The AHEC analyst we have is Natalie Uy (0.75 FTE with SHARP), who provides excellent, timely and ongoing analytic support.

Relational Database: To date, SHARP has now issued more than 600 practitioner-specific service contracts and has increasingly struggled, though thus far still successfully, in managing at least some elements of all the above-listed data sets by use of Excel flat-files alone. However, many of the program’s key questions and indicators are basically relational. We need to analyze these varied data sets in relation to one another because widely assorted opinion-leaders pose such questions. In the end, the only way to acquire this relational data management capacity was to outsource the work, a strategy which has proven successful in securing improved analytic capacity.

However, SHARP lacks a much-needed relational database, and this lack remains an ongoing, significant challenge. In SFY'22 (and now again in SFY'23) we included within our AHEC RSA a “second portion” focused on creation a large, newly tailored relational database. This is to be produced by an experienced AHEC sub-contractor, Security Works (principal Brian Hays). The development of this database began in

SFY'22 and that development is to continue during SFY'23. SHARP has long-sought that analytic tool as we believe it will prove key to SHARP's success in coming years.

Milestone-2 – Budget Management: Accounting Technician-3

SHARP's approach to budgeting must continue to be transparent, ongoing, monthly, accurate, and shared with the Alaska's SHARP Council. However, SHARP's budget continues to grow in both size and complexity. SHARP's total budget for SFY'22 topped \$3.4M (see Table PM2). And looking ahead, for *SHARP-1 alone*, we now project that the budget will be more than \$4.0M for each of the next three years. As well, know that virtually all SHARP contracts are funded by more than one resource (aka blended funding). Together, this means that SHARP must install and steadily enhance dedicated budget management support. During SFY'22, we hired (11/1/21) a full-time Accounting Technician-3, Della Fisher, who is doing an excellent job with the tools that she has available. However, there is yet a more general concern, which is that there is only very limited system-level fiscal reporting that is useful for program-level budget reconciliation. Conducting such reconciliations, and "closing the loop," is simply a basic, standard business practice. We did not achieve that goal during SFY'22.

Milestone-3 – Operational Resource

Administrative Fee: Adequate dedicated operational capacity is one of the keys to any successful program, and during the past five years it became yet more clear that SHARP's operational cost must be systematically addressed. As such, during SFY'21 we succeeded in the adoption of state regulations for SHARP-1 (7 AAC 80.045) and for SHARP-3 (7 AAC 24.061), which each require that SHARP charge a per-contract "administrative fee" in an amount equal to five (5) percent of contract. As a result, SFY'22 saw an administrative fees bill-out of \$158,385, up from a SFY'21 total of 79,280 (i.e., a 100% increase).

Milestone-4 – External Relations

Alaska's SHARP Council: The program's central interagency oversight body is the SHARP Council, which is led by two co-chairs, and consists of 15 voting members and currently four more as ex-officio. Together, Council membership now represents most facets of Alaska's system of care. Since its inception in 2008, Council has become increasingly institutionalized, meeting quarterly to provide guidance on the program, its policies, budget, and plans. During SFY'21, SHARP Council became yet more formalized by promulgation of state regulation (7 AAC 24), which codifies many Council processes (7 AAC 24.300 – 7 AAC 24.350). Council has also begun two standing sub-committees: (a) the Partnership Funding Committee, and (b) the SHARP Admissions Committee. Overall, we anticipate that Council will remain one of SHARP's key attributes, one necessary to ensure program sustainability.

Council's Admissions Committee: Council established a subsidiary admissions committee in February 2021, and that committee has convened monthly in publicly

noticed meetings ever since. All program applicants are reviewed by blind case-code, through committee review. At present, the Committee has six voting members including a chair, with none of those being DHSS department employees. The Committee worked quite well throughout SFY'21, and especially on how it handled the more than 110 applications received during Summer 2022. As well, the elegance of this process was made possible by the stewardship of Program Associate Katherine Reilly.

Council's Partnership Funding Committee: During SFY'21 and continuing in SFY'22, the Council created and maintained a Partnership Funding Committee (PFC). The plan is that the Partnership Committee will assess and potentially approach varied private funding sources. During SFY'21 the PFC decided to contract with a known organizational consulting business, the McKinley Group (previously known as McDowell). Then the Mat-Su Health Foundation and the Alaska Mental Health Trust Authority jointly funded a consultation by McKinley, which focused on three issues: (a) steps to garner private philanthropy, (b) creation of the long-discussed fiscal agent, and (c) how to much-enhance program visibility. The McKinley completed its report and presented that to Council, which is now part SHARP's institutionalization plan. The PFC will continue this work in SFY'23.

Milestone-5 – Fiscal Agent

The fiscal agent is a specified private non-profit entity or subsidiary that maintains and operates a specified funding account known as the multi-year operations fund. The main duty of this entity is fiduciary, and its purpose is to solicit, hold and manage substantive external funding from varied contributors. We did not achieve this milestone during SFY'22, and the establishment of the fiscal agent, in keeping with the findings of the McKinley report, remains a key objective for SFY'23.

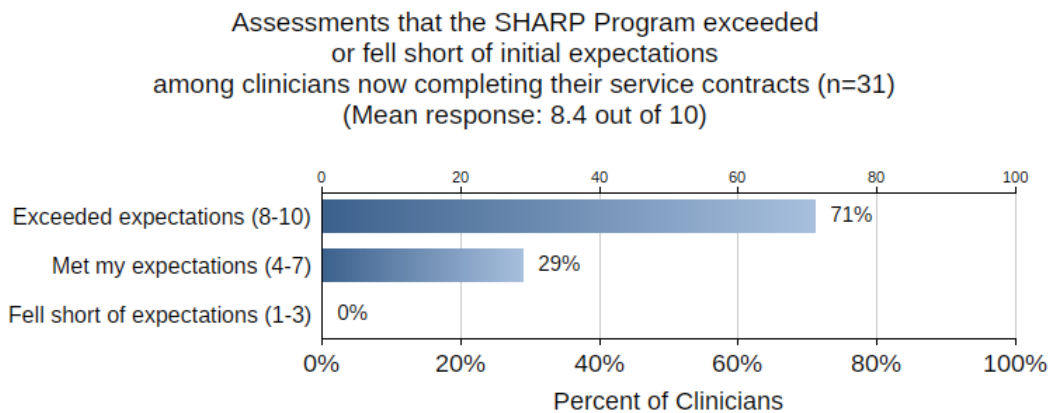
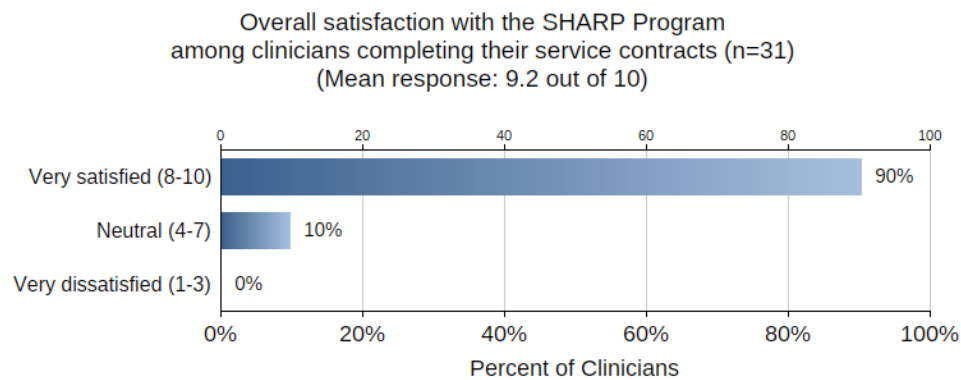
Milestone-6 – Targeted Outreach

Healthcare Workforce Shortages: Alaska continues to have healthcare practitioner shortages in most occupations, which are especially marked in those disciplines for which we do not train (e.g., psychiatry), and in locations which are rural and remote. This trend persisted throughout SFY'21, and SFY'22 and continuing now in SFY'23.

Behavioral Healthcare Shortage: During SFY'22, behavioral health practitioners remained very difficult to recruit and/or retain, and while this has always been a challenge, this shortage appeared to grow much more acute than during prior years. Certainly, some of this shortage was due to the COVID-19 pandemic, but this shortage here in Alaska has endured for at least the last decade. To help remedy this, Council has directed that SHARP develop and maintain a special programmatic visibility or "outreach" effort targeted for behavioral health practitioners in the Lower-48 who may consider coming to practice here in Alaska. Historically, SHARP has not possessed the funds necessary to launch a broad practitioner-outreach effort. However, for upcoming SFY'23 and onward, our new federal SHARP-1 grant (HRSA-SLRP-5) has budgeted \$300,000 (\$100K/year for 3 years) to operate a visibility and outreach effort focused on encouraging more behavioral health practitioner-applicants from the Lower-48 to consider working here in Alaska.

Milestone-7: Practitioner Feedback

SHARP participates in a multi-state clinician retention collaborative and data management system known as “PRISM” (previously “Practice Sights”). PRISM poses ongoing online surveys to both our practitioners and site administrators to understand their perceptions of their work, and their employers, as well as SHARP. During SFY’22, PRISM provided us with clinician-participant feedback garnered from “end of year” and “end of contract” questionnaires (7/1/21 – 6/30/22). Three overall tables below show that SHARP’s practitioners’ views were extremely positive as regards the SHARP Program: (a) 90% were “very satisfied” with SHARP; (b) 71% reported that SHARP exceed their expectations, and another 29% said that it met their expectations, with none reporting that the program fell below their expectations; and (c) 84% would “definitely” recommend SHARP to other practitioners,



Likelihood of recommending the SHARP Program to other practitioners among clinicians completing their service contracts (n=31) *				
Definitely not	Unlikely	50-50; Unsure	Probably	Definitely
0 (0%)	1 (3%)	2 (6%)	2 (6%)	26 (84%)

Annual Report for SFY 2022 to the Alaska Mental Health Trust Authority Performance Measures

Performance Measure 1: Document (a) the number of medical, dental and behavioral health clinicians, (b) their employers and (c) the communities within which they work.

Answer: 1(a) Number of medical, dental, and behavioral health distinct clinicians, and their associated service contracts, during the period SFY'17 through SFY'22.

Finding: In year-to-year comparison, SFY'22 again saw a notable increase in the number of distinct practitioners (up 19, i.e., +11%), while the number of service contracts remained steady.

	Distinct Practitioners in Year							Contracts in Year						
	SFY'17	SFY'18	SFY'19	SFY'20	SFY'21	SFY'22	AVG	SFY'17	SFY'18	SFY'19	SFY'20	SFY'21	SFY'22	AVG
Behavioral	44	28	34	14	27	33	30	48	28	38	14	29	33	32
Dental	18	6	16	14	17	12	14	20	6	16	14	21	12	15
Medical	68	34	66	69	122	137	83	77	34	75	69	138	137	88
Admin	0	0	0	0	2	5	1	0	0	0	0	2	5	1
Total	130	68	116	97	168	187	128	145	68	129	97	190	187	136
	SFY'17	SFY'18	SFY'19	SFY'20	SFY'21	SFY'22	AVG	SFY'17	SFY'18	SFY'19	SFY'20	SFY'21	SFY'22	AVG
Counselor (LPC)	10	8	13	6	8	9	9	11	8	13	6	8	9	9
Dental Hygienist	6	0	0	0	0	0	1	6	0	0	0	0	0	1
Dentist	12	6	16	14	17	12	13	14	6	16	14	21	12	14
Marriage & Family	1	1	1	1	1	0	1	1	1	2	1	1	0	1
Nurse (RN)	10	5	14	13	22	30	16	10	5	17	13	25	30	17
Nurse Midwife	1	1	2	1	1	1	1	2	1	2	1	1	1	1
Nurse Practitioner	12	8	13	11	19	24	15	13	8	15	11	24	24	16
Nurse Practitioner Doc	0	0	0	0	1	2	1	0	0	0	0	1	2	1
Nurse (RN) Admin	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Occupational Therapist	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Pharmacist	14	5	14	15	25	23	16	14	5	14	15	29	23	17
Physical Therapist	2	2	0	0	2	2	1	2	2	0	0	2	2	1
Physician	31	18	26	29	50	50	34	39	18	31	29	54	50	37
Physician Assistant	11	2	3	3	8	12	7	12	2	4	3	8	12	7
Psychologist	4	3	4	2	3	5	4	5	3	5	2	5	5	4
Social Worker	16	9	10	2	5	5	8	16	9	10	2	5	5	8
Admin Assistant	0	0	0	0	0	2	0	0	0	0	0	0	2	0
Med Office Manager	0	0	0	0	0	2	0	0	0	0	0	0	2	0
MSW Social Worker	0	0	0	0	0	1	0	0	0	0	0	0	1	0
T3 Other	0	0	0	0	6	4	2	0	0	0	0	6	4	2
T3 Program Manager	0	0	0	0	0	1	0	0	0	0	0	0	1	0
Total	130	68	116	97	168	187	128	145	68	129	97	190	187	136

Answer: 1(b) For SHARP-1 Clinicians in SFY'22 - Their employers and (c) main communities

Finding: During SFY'22, there were 38 employers, stationed in 25 main communities, across distributed across all regions of Alaska. There were 187 practitioners, and of those SHARP-1 had 140 (75%) and SHARP-3, our newest component, had 47 (25%).

Communities	Employers	SHARP-1	SHARP-3	Totals
Anchorage	Alaska Behavioral Health	4		4
	Alaska Center for Pediatrics		1	1
	Anchorage Fracture & Orthopedics Clinic		1	1
	Anchorage Neighborhood Health Center	7		7
	Denali Family Services	1		1
	Mountain View Urgent Care		1	1
	Providence Health and Services - Anchorage	8		8
	Southcentral Foundation	11		11
	Bethel	Yukon Kuskokwim Health Corporation	31	
Copper Ctr	Copper River Native Association	1		1
Cordova	Cordova Community Medical Center		1	1
Dillingham	Bristol Bay Area Health Corporation	3		3
Fairbanks	Tanana Chiefs Conference	6	1	7
Glennallen	Cross Road Medical Center	1		1
Homer	Seldovia Village Tribe	2		2
Juneau	Central Council of Tlingit & Haida Indian Tribes of AK		1	1
	Juneau Alliance for Mental Health, Inc.	1	3	4
Kenai	Kenaitze Indian Tribe	1		1
	Odyssey Family Practice		1	1
Ketchikan	PeaceHealth		1	1
Kotzebue	Maniilaq Association	9	2	11
Metlakatla	Annette Island Service Unit	1		1
Nome	Norton Sound Health Corporation	12	6	18
Palmer	Co-Occuring Disorders Institute	1		1
Petersburg	Petersburg Medical Center		4	4
Seward	Seward Community Health Center	3		3
Sitka	Sitka Counseling		1	1
Sitka	South East Alaska Regional Health Consortium	8	1	9
Soldotna	Frontier Community Services		3	3
	Peninsula Community Health Services		2	2
Statewide	Alaska Native Tribal Health Consortium	3		3
	Alaska Psychiatric Institute		5	5
	DOC	11	6	17
	DPH-PHN		6	6
Talkeetna	Sunshine Community Health Center	2		2
Utquagvik	Arctic Slope Native Association/SSMH	7		7
Valdez	Providence Health and Services - Valdez	1		1
Wasilla	Mat-Su Health Services	5		5
Com = 25	Employers = 38	140	47	187

Performance Measure 2: Document total partnering dollars that match Trust funds in project.

Finding: Overall revenue for SFY'22 was \$3,445,823, which when compared to SFY'21, was up \$610,592. In addition, SHARP's administrative fee revenue was \$158,385, an increase of \$79,105 over SFY'21. For SFY'22, AMHTA's simple return on investment was 1,6,23%, up from the SFY'21 return on investment of 1,284%.

Partnering Dollars to Match Trust Funds *								
SFY	Fund Sources					Totals	Non-AMHTA Sub-Total	AMHTA ROI
	HRSA	AMHTA	MSHF	Employer	Admin Fee			
SFY21	\$ 944,629	\$ 200,000		\$ 1,611,322	\$ 79,280	\$2,835,231	\$ 2,635,231	1284%
SFY22	\$ 824,484	\$ 200,000		\$ 2,262,954	\$ 158,385	\$3,445,823	\$ 3,245,823	1623%
<i>difference</i>	\$ (120,145)	\$ -		\$ 651,632	\$ 79,105	\$ 610,592	\$ 610,592	339%
* Expenditures on contracts, and, Admin Fee collection								
* Personnel cost not included								

Performance Measure 3(a): Provide the Trust with a summary report of the overall program, including data on award of support-for-service (LRP & direct incentive) by region and by occupation.

Finding: For SFY'22, the region with largest expenditure was Southwest (including YKHC & BBAHC), totaling \$788,085; followed by Anchorage at \$750,652. As to disciplines, physician expenditure was the highest at \$1,147,570, followed by pharmacist at \$582,461 (another Tier-1).

Total Support for Service: SFY'22 - Education Loan Repayment and Direct Incentive								
Discipline	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Grand Total
Counselor (LPC)	\$ 65,557	\$ 20,000		\$ 20,000		\$ 1,648		\$ 107,206
Dentist	\$ 11,764		\$ 39,082	\$ 31,250	\$ 49,457	\$ 28,065	\$ 140,000	\$ 299,618
Nurse (RN)	\$ 64,876	\$ 5,000		\$ 43,715	\$ 137,853	\$ 27,000	\$ 30,375	\$ 308,819
Nurse Midwife					\$ 35,000			\$ 35,000
Nurse Practitioner	\$ 76,916	\$ 120,052	\$ 22,451	\$ 29,350	\$ 13,200		\$ 75,447	\$ 337,416
Nurse Practitioner (Doc)	\$ 8,750			\$ 8,750				\$ 17,500
Occupational Therapist		\$ 2,500						\$ 2,500
Pharmacist	\$ 99,103	\$ 1,865			\$ 67,665	\$ 48,077	\$ 365,750	\$ 582,461
Physical Therapist						\$ 49,995		\$ 49,995
Physician	\$ 321,799	\$ 2,948	\$ 90,800	\$ 64,198	\$ 364,784	\$ 151,637	\$ 151,404	\$ 1,147,570
Physician Assistant	\$ 24,145	\$ 43,750	\$ 21,356	\$ 45,272			\$ 20,000	\$ 154,523
Psychologist	\$ 31,112			\$ 6,922		\$ 40,141		\$ 78,175
Social Worker (LCSW)	\$ 46,630			\$ 27,074	\$ 20,000			\$ 93,704
T3 Admin Assistant							\$ 5,109	\$ 5,109
T3 Manager		\$ 15,000	\$ 5,042		\$ 15,000			\$ 35,042
T3 MSW Social Worker						\$ 3,750		\$ 3,750
T3 Other Behavioral Staff		\$ 30,000				\$ 22,688		\$ 52,688
Grand Total	\$ 750,652	\$ 241,116	\$ 178,731	\$ 276,531	\$ 702,960	\$ 373,001	\$ 788,085	\$ 3,311,075
*Funds spent based on SFY'22 quarterly reports								

Performance Measure 3(b): Provide the Trust with a summary report of the overall program, including data on Patients Served* (Unduplicated patient count, within clinician, within quarter), by region and by profession.

Finding: As compared to SFY'21, SFY'22 saw an increase in count of total patients served (as an unduplicated count of patients, within clinician, within quarter). This rise for the program was solid, from 158,941 to 173,915 (an increase of 14,974, or +9%).

Patients Served*								
Discipline	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Totals
Counselor (LPC)	973	148		129		82		1,332
Dentist	326		697	521	2,512	1,287	3,511	8,854
Nurse (RN)	3,552	58		2,596	3,902	287	1,980	12,375
Nurse Midwife					527			527
Nurse Practitioner	5,351	5,262	342	2,754	2,804		5,466	21,979
Nurse Practitioner (Doc)	98			193				291
Occupational Therapist		17						17
Pharmacist	8,734	3,340			8,007	4,622	23,944	48,647
Physical Therapist						327		327
Physician	33,099	106	1,805	1,558	10,108	8,560	8,754	63,990
Physician Assistant	1,876	4,148	1,025	4,540			1,197	12,786
Psychologist	317			25		291		633
Social Worker (LCSW)	1,180			259	333			1,772
T3 Admin Assistant							-	-
T3 Manager		-			-			-
T3 MSW Social Worker						29		29
T3 Other Behavioral Staff		193				163		356
Grand Totals	55,506	13,272	3,869	12,575	28,193	15,648	44,852	173,915
*counts include pharmacists						SFY'21 Patient Count =>		158,941
*patients are unique within each quarter, within practitioner						Difference SFY'21 vs. SFY'22 =>		14,974
						Percent change =>		9%

Performance Measure 3(c): Provide the Trust with a summary report of the overall program, including data on Care Visits Served, by region and by profession (unduplicated visit count, within clinician).

Finding: As compared to SFY'21, SFY'22 saw an increase in count of total care visits served. This rise was substantial, from 151,159 to 179,710 (an increase of 28,551, or +19%). Further, numerous care visits were provided in every region of Alaska.

Care Visits Served								
Discipline	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Totals
Counselor (LPC)	4,624	286		617		369		5,896
Dentist	409		1,160	634	2,512	1,685	4,337	10,737
Nurse (RN)	5,973	73		3,863	4,502	337	2,495	17,243
Nurse Midwife					741			741
Nurse Practitioner	6,225	7,525	1,962	4,471	3,840		6,522	30,545
Nurse Practitioner (Doc)	349			261				610
Occupational Therapist		98						98
Pharmacist	-	-			-	-	-	-
Physical Therapist						1,450		1,450
Physician	39,615	111	5,367	1,982	13,583	16,295	10,016	86,969
Physician Assistant	1,729	4,617	2,375	5,631			1,541	15,893
Psychologist	836			86		1,367		2,289
Social Worker (LCSW)	1,442			1,443	1,379			4,264
T3 Admin Assistant							-	-
T3 Manager		-			-			-
T3 MSW Social Worker						152		152
T3 Other Behavioral Staff		1,420				1,403		2,823
Grand Total	61,202	14,130	10,864	18,988	26,557	23,058	24,911	179,710
(* Visit counts do NOT include pharmacists)					SFY'21 Care Visit Count =>			151,159
					Difference SFY'21 vs. SFY'22 =>			28,551
					Percent change =>			19%

Performance Measure 3(d): Provide the Trust with a summary report of the overall program, including data on prescriptions serviced by program pharmacists, by region.

Finding: As compared to SFY'21, SFY'22 saw a solid increase in the reported number of prescriptions serviced by SHARP pharmacists. Total prescriptions moved from 121,588 to 155,036, that is, an increase of 28%.

Number of Prescriptions Serviced by Program Pharmacists: SFY'21 vs. SFY'22								
SFY	Region of Alaska							
	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Totals
SFY'21	28,442	13,401	-	-	26,585	3,323	49,837	121,588
SFY'22	63,380	3,259			16,467	21,553	50,377	155,036
					Difference SFY'21 vs. SFY'22 =>			33,448
					Percent change =>			28%

Performance Measure 4: Provide periodic updates on (a) SHARP-1 and (b) the implementation of SHARP-3 during SFY'2022 (7/1/21 – 6/30/22). As well, (c) provide the total practitioner census, and contract counts, for the program during SFY 2022.

Answer: 4(a) SHARP-1 update

On 4/8/22, SHARP successfully applied for its fifth competitive federal grant from the U.S. Health Resources and Services Administration (HRSA).

The overall budget for SHARP-1's upcoming three-year SLRP-5 grant project will total to \$12,396,636. We received the HRSA Notice of Grant Award (#H56HP46808) on 9/2/22, which provides the maximum grant amount, that being \$3,000,000 in federal funds over the next three years (\$1,000,000 per annum). Of this federal amount, 90 percent (i.e., \$2,700,000) is budgeted for partial support of clinician service contracts, and the remaining 10 percent (i.e., \$300,000) budgeted for a planned outreach project seeking more clinician applicants. Further, each of our SHARP-1 contracts requires a specified amount "non-federal matching funds," and thus across the three years, we expect \$8,526,630 in non-federal funds for contract costs. Total budget for the clinician contracts sums to \$11,226,630. Finally, funds garnered by SHARP for administrative costs will total \$1,170,006.

During SFY'22, we successfully conducted our periodic SHARP-1 regular-cycle solicitation, the application window for which opened on 5/1/22 and then closed on 7/15/22. From the resulting admissions process, an initial 69 practitioners were issued SHARP-1 service contracts, with all of those having a start-date of 9/1/22 or later.

Answer: 4(b) SHARP-3 update

There is broad and growing interest in SHARP-3 across the state. We opened SHARP-3 for practitioner applications on 1/4/21, and SHARP Council's Admissions Committee has met monthly ever since. The SHARP-3 admissions process will continue to remain open because (a) the SHARP-3 option is wholly market-driven and (b) because enabling statute AS 18.29 has no sunset date. During SFY'22, there was a total of 47 practitioner who were in SHARP. As of 10/13/22, we have now issued 64 SHARP-3 practitioner service contracts. SHARP expects to continue to issue at least some new SHARP-3 contracts each month for the foreseeable future.

Answer: 4(c) Total practitioner census and total number of service contracts during reporting period.

Total Practitioner Census: During SFY'22 there were 187 distinct practitioner-participants, an increase of 19 (+11%) over SFY'21. The most recent six-year average number of practitioners per year (SFY'17-SFY'22) stood at 128. (See PM-1A)

Total Count of Service Contracts: During SFY'22 there were 187 distinct service-contracts, which was basically comparable to the 190 contracts active during SFY'21. The most recent six-year average count of contracts per year (SFY'17-SFY'22) stood at 136. (See PM-1A). The reason why there were more contracts than practitioners is that some clinicians are welcome to apply for a "continuation" (i.e., renewal) contract.

Performance Measure 5(a): Use current Alaska data associated with (a) Alaska’s underserved populations (Medicaid, Medicare, uninsured and federal health beneficiaries).

Answer: 5(a) Alaska’s underserved populations - (unduplicated patients, within clinician, in quarter)

Patients Served						
Discipline	Medicaid	Medicare	Fed Hlth Ben (I.H.S., VA)	Sliding or No Fee, Full Fee, & Other	Private Insurance	Total
Counselor (LPC)	724	58	123	155	269	1,329
Dentist	4,374	194	1,157	200	2,056	7,981
Nurse (RN)	2,548	1,286	2,476	191	1,021	7,522
Nurse Midwife	284	11	70	11	151	527
Nurse Practitioner	7,576	3,298	870	2,171	5,057	18,972
Nurse Practitioner (Doc)	93	86	11	53	48	291
Occupational Therapist	3	11	1	-	2	17
Pharmacist	12,969	3,201	14,368	5,214	8,436	44,188
Physical Therapist	38	217	7	2	63	327
Physician	17,378	16,521	8,531	4,465	15,883	62,778
Physician Assistant	3,324	2,455	489	1,130	3,298	10,696
Psychologist	346	22	56	20	104	548
Social Worker (LCSW)	354	70	1,138	79	131	1,772
T3 Admin Assistant	-	-	-	-	-	-
T3 Manager	-	-	-	-	-	-
T3 MSW Social Worker	17	1	-	2	9	
T3 Other Behavioral Staff	259	29	1	2	37	328
Total	50,287	27,460	29,298	13,695	36,565	157,305

Care Visits*						
Discipline	Medicaid	Medicare	Fed Hlth Ben (I.H.S., VA)	Sliding or No Fee, Full Fee, & Other	Private Insurance	Total
Counselor (LPC)	4,373	121	413	119	764	5,790
Dentist	5,189	287	1,450	256	2,512	9,694
Nurse (RN)	3,533	2,049	2,558	236	1,295	9,671
Nurse Midwife	375	12	147	12	195	741
Nurse Practitioner	10,608	5,375	1,511	2,529	6,124	26,147
Nurse Practitioner (Doc)	162	183	16	137	112	610
Occupational Therapist	14	70	4	-	10	98
Pharmacist	4,805	1,753	4,506	3,172	3,814	18,050
Physical Therapist	225	1,013	23	3	186	1,450
Physician	24,424	22,725	11,441	4,882	21,930	85,402
Physician Assistant	4,508	3,512	808	1,104	4,369	14,301
Psychologist	1,462	126	151	98	367	2,204
Social Worker (LCSW)	1,304	229	2,266	91	374	4,264
T3 Manager	-	-	-	-	-	-
T3 MSW Social Worker	90	21	-	5	36	
T3 Other Behavioral Staff	2,309	193	4	2	173	2,681
Total	63,381	37,669	25,298	12,646	42,261	181,255

(*Visit counts do NOT include pharmacists)

Prescriptions Served						
Discipline	Medicaid	Medicare	Fed Hlth Ben (I.H.S., VA)	Sliding or No Fee, Full Fee, & Other	Private Insurance	Total
Pharmacist	34,911	15,204	31,866	37,870	32,869	152,720

Performance Measure 5(b): Use current SHARP data and the Criminal Justice Reinvestment Act to help determine targeted occupations for upcoming SHARP application processes.

Answer: 5(b) Patients that received care from SHARP clinicians (1) in Correctional Facilities, and (2) on Probation or Parole - by occupation (Unduplicated patient count, within clinician, within quarter).

Patients Served			
Discipline	Correctional Facilities	Probation or Parole	Total
Counselor (LPC)	100		100
Dentist	847		847
Nurse (RN)	3,534		3,534
Nurse Practitioner	2,521		2,521
Physician Assistant	1,787		1,787
Total SFY'22	8,789	-	8,789
<i>Prior SFY'21 Counts =></i>	4,507	39	4,546
<i>Change SFY'21 vs SFY'22</i>	4,282	(39)	4,243
<i>Percent Change</i>	95%	-100%	93%
Care Visits			
Discipline	Correctional Facilities	Probation or Parole	Total
Counselor (LPC)	100		100
Dentist	1,043		1,043
Nurse (RN)	5,796		5,796
Nurse Practitioner	2,434		2,434
Physician Assistant	1,451		1,451
			-
Total SFY'22	10,824	-	10,824
<i>Prior SFY'21 Counts =></i>	9,020	105	9,125
<i>Change SFY'21 vs SFY'22</i>	1,804	(105)	1,699
<i>Percent Change</i>	20%	-100%	19%

Performance Measure 6: Employer Recruitment Prerogative. Document (a) the number of clinicians recruited, and (b) the number of clinicians retained. Document the number and variety of agencies that used SHARP’s Employer Recruitment Prerogative option, and with which clinician-types.

Answer 6: The Employer Recruitment Prerogative (ERP) allows an employer to assert the availability of the loan repayment option, even if the employer is still in its “hiring phase” and even if the clinician-candidate has not been yet identified. The ERP is an innovation because it provides the employer with the option to “offer-with-certainty” the loan repayment benefit to a practitioner “still to be hired.” The ERP is made available through SHARP’s regular competitive application, and selection of the employer is the result of our standard recommendation process conducted in meetings via public notice. During SFY’22, The program prepared more than eight (8) SHARP “Employer Recruitment Prerogative” (ERP) contracts for use by varied non-profit, for-profit, and state government employers.

Performance Measure 7: Demonstration-1 – Recruitment and Retention of Substance Abuse Disorder Treatment Clinicians. Document (a) the number of SHARP clinicians that provide substance abuse treatment, and both (b) the number of patients, and (c) number of care visits served.

Finding 7(a): For SFY’21, a total of 81 practitioners across 14 occupations who provided at least some SUD prevention and/or treatment services.

SHARP Practitioners Providing Some SUD Srv SFY’22		
Ct	Discipline	# of Providers
1	Counselor (LPC)	9
1	Dental Hygienist	1
1	Nurse (RN)	9
1	Nurse Midwife	3
1	Nurse Practitioner	4
1	Nurse Practitioner (Doc)	1
1	Pharmacist	5
1	Physician	26
1	Physician Assistant	10
1	Psychologist	3
1	Social Worker (LCSW)	5
1	T3 BH Admin	1
1	T3 MSW Social Worker	1
1	T3 Other Behavioral Staff	3
Occ=14	Total =>	81

Performance Measure 8: Demonstration-2 – Recruitment and Retention of Clinicians to Replace Locum Tenens. Document the number and location of SHARP clinicians, which are hired to replace temporary staffers (aka locum tenens). Document any cost-savings that result from those replacements.

Findings: For at least a decade, SHARP Council has known of the difficulty in recruiting physicians and other key personnel for Alaska, and in recent years, the problem has gotten worse. Reports from both rural and urban facilities have pointed out several adverse impacts of delayed hiring. One of those is the over-reliance on the use of *locum tenens* physicians or other “temporary staffing”

practitioners. It is a practice that can have truly extraordinary costs, as compared to use of a stable permanent-employee staffing pattern. Because of the high expense, the over-use of “temporary staffing” (e.g. locums) has become one (of the assorted) factors that has exacerbated state-level Medicaid costs. Further, the overuse of locums can create other “system problems.” Quality of care can be reduced because of the built-in rapid turnover, since continuity of care is often disrupted. The functioning of the local practitioner networks and treatment teams can be compromised, and critical institutional memory can be diluted. In turn, those resulting barriers can impede the locum’s ability to practice at his or her “top-of-scope.”

For this and other reasons, SHARP is working to support the use of more stable, longer-term alternatives to the overuse of temporary staffing. However, progress on this measure awaits more work in SFY’23. To address this, we are systematically including (a) questions about the use of locums within the employer-application, (b) questions about the origins of the SHARP clinician within the clinician-application; and (c) a question in the contract itself by which the employer reports on whether the position was previously filled by temporary staffing. The contracts-data are now being further analyzed to help us understand how well SHARP is impacting the use of temporary staffing,

Acknowledgements

SHARP is operated by the State of Alaska, Department of Health and Social Services. The SHARP-1 service contracts were jointly supported by funds from several sources including the U.S. Department of Health & Human Services, Health Resources & Services Administration (HRSA) Grant #H56CR250037; the Alaska Mental Health Trust Authority (AMHTA); and the Mat-Su Health Foundation. Finally, it is important to note that every SHARP contract was funded at least in part by the contributions from the participating healthcare employers themselves.

Dr. Robert Sewell serves as SHARP Program Director, whose position during SFY’22 was paid for by State of Alaska General Funds allocated to the Division of Public Health. Ms. Della Fisher is here thanked for her key work in SHARP’s several fiscal processes, and especially in employer invoicing and clinician payments. Ms. Katie Reilly is here recognized for her expert work in managing and developing SHARP’s processes and document sets. Ms. Natalie Uy, Data Analyst Alaska Center for Rural Health and Health Workforce (University of Alaska AHEC) is here thanked for her work in key data management and analytic work, which was and remains supported by our AMHTA grant

Robert Sewell, MA, Ph.D., SHARP Program Director
Alaska Department of Health & Social Services
Division of Public Health, Sec Rural & Community Health Systems
Phone (907) 465-4065, E-mail: robert.sewell@alaska.gov
<http://dhss.alaska.gov/dph/Emergency/Pages/healthcare/sharp/default.aspx>

Questions? Submit those by clicking→ [SHARP Inquiry Submission Form](#)



Submitted: October 13, 2022

P-1020 – SHARP – Annual Report to AMHTA – SFY 2022