

Alaska State Health Care Environment

January 31th, 2019

This document provides a brief summary of the current state of the Alaska health care environment as of January 2019, with an emphasis on the aspects of those environment that most influence access to health care for the underserved and medically vulnerable, *including recipients of Medicaid and Medicare, the uninsured, Alaska Native/American Indian populations, and persons eligible for other federal health program benefits*. Readers can follow the links provided to stay apprised of the most recent developments in this area. This summary is an update of the Health Care in Alaska document last published in 2014-15.

The following provides an introduction to the specific features of the Alaska Health Care Environment and landscape within which it operates. Key healthcare providers in Alaska operate both independently in fulfilling their mission and collaboratively with other organizations on task-specific shared collaborations. Major Health Care Providers and their related entities are presented below.

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Community Health Centers, the majority of which are Federally Qualified Health Centers (FQHCs). These centers are supported by the [Alaska Primary Care Association](#) (APCA) which provides training as well as strategic planning and collaborative liaison to other state health entities and the federal Health Resources Services Administration, which funds the majority of the centers and the APCA. Alaska's total community health center grantee count is 27 managing organizations and 174 clinic sites. The [list of clinic sites](#) also links to a map of all locations.

Alaska Tribal Health Organizations (THOs) have the largest healthcare network in Alaska through their individual multi-level networks of care and membership in the [Alaska Native Tribal Health Consortium](#) (ANTHC). Established in 1997, this non-profit entity provides health services to 158,000 Alaska Natives and American Indians in Alaska. The [31 Alaskan Tribal Health Organizations](#) primary and tertiary care facilities are funded by the Indian Health Service. These organizations provide healthcare at three levels: 1) the village level with Community Health Aides, Behavioral Health Aides and Dental Aides, 2) at regional hubs with clinics and hospitals and 3) Anchorage-based primary, secondary and tertiary care at Alaska Native Medical Center (ANMC), which is co-managed by ANTHC and Southcentral Foundation. The THOs have also contracted with the Alaska VA Healthcare System to provide care for non-Native as well as Native rural veterans who do not have access to VA healthcare facilities. Appendix I presents maps of the Alaska Native Tribal Health Consortium System medical services by region, the eight hospitals and hub and spoke system of hospitals and clinics.

The Tribal Health organizations village-based services are provided largely by Community Health Aides, Behavioral Health Aides and Dental Health Aides, all of whom are trained by ANTHC. These village sites are connected via tele-health to larger healthcare sites and ANTHC and ANMC.

ANTHC is a leader in tele-health necessitated by the vast but sparsely populated catchment area... Its telehealth branch [Alaska Federal Health Care Access Network \(AFHCAN\)](#) was established in 1998 to provide telehealth services for federal beneficiaries in Alaska.

Urban and rural hospitals include major urban medical centers, regional hub hospitals, and small rural hospitals, which also have long-term care beds. All hospitals and long-term care facilities are members of the [Alaska State Hospital and Nursing Home Association](#). As of February 2019, 18 of Alaska's 24 hospitals have a trauma designation from I to IV. The [Alaska Trauma Designation Hospital Status List 2018](#) lists the hospitals with and without trauma designations.

Providence Health & Services serves Alaskans in six communities - Anchorage, Eagle River, Kodiak Island, Mat-Su, Seward, and Valdez. [Providence Health Systems](#) Alaska is the state's largest private employer with more than 4,000 full and part-time employees working for the organization statewide. It is part of a Northwest health system which includes institutions and facilities in Washington, Oregon, California, and Montana.

Public Health Nursing, Department of Health and Social Service (DHSS), Division of Public Health (DPH), has statewide coverage with 16 public health clinics and routine scheduled visits to 280 small communities and villages. Budget reductions in 2016 necessitated a decrease in the number of staffed Public Health Centers (PHCs) from 22 to 16. Offices in Cordova, Fort Yukon, Galena, Haines, Seward and Wrangell are now served by itinerant public health nurses.

Age limits begun in 2016 continue to the present for specific services.

- Alaska's children 7 years old and up no longer receive well child exams
- Alaskans 30 years old and up no longer receive immunizations and reproductive health services at PHCs.

[Public Health Nurses](#) provide both individual-based services and community-based services with hub and spoke service sites. There are [seven individual and six community-based PHN services](#).

Office of Healthcare Access (OHA), DHSS, DPH, Section of Rural and Community Health Systems (formerly known as the Section of Health Planning and Systems Development) runs programs that strengthen health care access with a focus on rural areas and underserved populations. OHA also conducts statewide health planning to help sustain organized and efficient health care delivery in Alaska.

[OHA's work](#) focuses on: 1) health care delivery, 2) workforce development, 3) health care financing and reimbursement strategies, and 4) facility planning. The first OHA Newsletter, Rural and Community Matters was the [Winter 2018 issue](#).

State Office of Rural Health (SORH), DHSS, DPH

The [SORH Program](#) Expectations/Goals are to: 1) collect and disseminate information, 2) coordinate rural health resources and activities statewide, 3) provide technical assistance to rural health organizations and providers, 4) encourage recruitment and retention of health professional in shortage areas and rural communities, and 5) participate in strengthening state, local and federal partnerships.

Alaska Emergency Medical Services, DHSS, DPH

[The EMS Program](#) ensures that qualified and properly equipped emergency medical services personnel are available to respond to the emergency medical needs of Alaska's citizens and visitors. Seven regional EMS programs assist the State's Emergency Programs, Preparedness, EMS, and Trauma, in these activities. These programs include three non-profit EMS councils, three programs based in regional health corporations, and one program residing in a borough-wide fire department and the Governor's Alaska Council on Emergency Medical Services. [The EMS monthly newsletter EMS Vitals](#) provides EMS news on local, state and federal EMS changes.

Alaska Mental Health Trust Authority

Beneficiaries of the [Alaska Mental Health Trust Authority](#) include the following broad groups of Alaskans with: 1) mental illness, 2) developmental disabilities, 3) chronic alcohol or drug addiction, 4) Alzheimer's disease and related dementia, and 5) traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries. The Trust considers prevention of these conditions, where possible, to be part of its mandate. The Trust is also involved with workforce development as one of its strategies to increase services for its beneficiaries.

Alaska Center for Rural Health and Health Workforce Area Health Education Centers (ACRH-AHEC)

AHECs are academic and community-based partnerships engaged in primary care workforce engagement, training and recruiting, and retaining activities to improve the distribution, diversity, supply and quality of health care personnel. The [Alaska AHEC program](#) office (at the University of Alaska Anchorage) contracts with six regional centers to implement educational activities involving health professions to expose students to primary care delivery in rural and underserved settings. In addition, the AHEC works closely with state and local workforce investment entities to identify and address health care needs and shortages.

HealthConnect Alaska is a non-profit entity, created by state legislation, to serve as a health information exchange for the state of Alaska. It connects hospitals, clinics, payers, Accountable Care

Organizations, the VA healthcare system, private practice providers, care coordinators, patients, and other members of the healthcare system. Its stand-alone services include: 1) Direct Secure Messaging, 2) Secure Text Messaging, and 3) Image Share and Exchange. [The HealtheConnect Alaska](#) *healtheHUB* is a unified landing page and web-based query portal that integrates technology solutions of applications, services, and other health information exchange data sources onto one platform.

HealtheConnect provides statewide clinical communication pathways to over 470 provider organizations and more than 3,000 health care providers throughout the state. In addition, the HIE acts as the conduit for public health reporting including sending immunization, syndromic surveillance, and reportable laboratory data to the Department of Health and Social Services (DHSS) from connected organizations.

Meaningful Use, DHSS Health Information Technologies and Health Information Exchange (HIE)

The State of Alaska's [Health Information Exchange and Meaningful Use](#) activities are managed by the Department of Health & Social Services Health Information Technology (HIT) office. DHSS defines Meaningful Use as the use of certified electronic health record technologies in a manner that moves providers toward, or achieves the goals of improving health care quality, efficiency and patient safety. A provider demonstrates this by adopting and using technologies that meet the criteria, standards and capabilities established in the meaningful use rule. The meaningful use criteria, standards and capabilities evolve in stages over time to continue to advance the state of Health Information Technology. The DHSS HIT office collaborates with the Alaska Health Information Exchange (HIE) organization, the non-profit [HealtheConnect](#) (formally Alaska eHealth Network).

Affordable Care Act (ACA)

The State of Alaska DHSS webpage on the New Federal Health Care Laws has information about the [Affordable Care Act \(ACA\) in Alaska](#) . There is also information in the [Medicaid](#) section of the State of Alaska Division of Health and Social Services website.

Alaska Vaccine Assessment Program (AVAP), DHSS, DPH

The [Alaska Vaccine Assessment Program \(AVAP\)](#) was authorized under [AS 18.09.200](#) in 2015 to improve access and reduce cost of vaccines by establishing a statewide immunization program and State Vaccine Assessment Council. Due to AVAP, the statewide immunization program receives funds from insurers and other payers and provides vaccines at a reduced cost through its ability to bulk purchase. The state is able to provide all recommended vaccines to children and select vaccines to adults with a participating insurance company or medical provider. AVAP is annually funding vaccines for nearly 290,000 children and 80,000 adults. Providers who have questions about AVAP or state-supplied vaccine can e-mail immune@alaska.gov.

Behavioral Health Division, DPH, DHSS

The purpose of the Division of Behavioral Health (DBH) is to provide a continuum of statewide behavioral health (mental health and substance use) services ranging from prevention, screening, and brief intervention to acute psychiatric care. Included are services for the general population (prevention and brief intervention), individuals experiencing emotional disturbance and emergency/crisis, seriously mentally ill adults, seriously emotionally disturbed youth, and substance use disorder services for youth and adults. In 2016, the Division of Behavioral Health and the Division of Public Health produced a white paper on [Integrated Care](#) (the systematic coordination of general and behavioral healthcare). This document informed Alaska's Section 1115 Behavioral Health Waiver Demonstration Project and established a working strategic plan to enhance integration efforts. Integrated care goals are built into the design of the 1115 Waiver Application DBH submitted to the Center for Medicaid Services. [The 1115 waiver](#) was approved and updates are on the DBH webpage. DBH also works closely with the Office of Substance Misuse and Addiction Prevention (OSMAP) established in 2017 to inform behavioral health clinicians and the public about substance misuse and abuse and on opioid and resources and information. The Division of Behavioral Health also provides resources for information on opioids (prescription pain medications, heroin and others) and treatment options.

Office of Substance Misuse and Addiction Prevention (OSMAP), DHSS

[The Alaska Office of Substance Misuse and Addiction Prevention](#), established in July of 2017, uses a public health approach to prevent and reduce substance use disorders and supports community-based activities across Alaska. The office leads the State of Alaska's opioid disaster response. It also provides collaborative leadership to develop evidence-based strategies to reduce substance misuse and addiction on a variety of substances. It provides subject matter expertise on prescription drugs (including prescription opioids), illicit drugs (heroin, methamphetamine and cocaine), marijuana and alcohol (Fetal Alcohol Spectrum Disorder). The office's strategies include efforts to improve public and professional knowledge on substance misuse and addiction and thus help to promote safe and healthy communities. [OSMAP's Project Hope](#) provides free naloxone that blocks the effects of an opioid overdose via a statewide distribution system. [The OSMAP October 2018 report](#) to the Alaska State Legislature describes program activities and priorities. The [OSMAP Statewide Opioid Action Plan 2018-22](#) is the 5-year plan to address opioid misuse in Alaska developed in collaboration with statewide opioid action planning advisory teams.

Alaska Department of Corrections (DOC)

The [Alaska Department of Corrections Health and Rehabilitation Services](#) is responsible for providing medical, behavioral health, dental, vision, and pharmaceutical services to individuals incarcerated in [Alaska's 13 State operated correctional facilities](#). The DOC is the Alaska's largest single provider of mental health services according to the 2016 Health Care Alaska Care in Alaska report.

Division of Juvenile Justice, DHSS

The [Division of Juvenile Justice DHSS](#) provides health and behavioral health services to residents of the state's seven secure juvenile detention and treatment facilities. The facilities have a staffed capacity of 214 youth, with an average daily population of 180 statewide, as of 2.7.19. DJJ nurses are the primary provider of health services to youth, supported by contract medical and emergency medical providers. DJJ Mental Health Clinicians provide behavioral health services to facility residents with support from contract psychiatric providers and community providers. Fifty percent of the youth serviced by DJJ have a behavioral health diagnosis according to the DJJ webpage [DJJ Data Trends, Other DJJ Information DSM IV \(Behavioral Health\) Diagnoses of DJJ Youth](#). The division is a trauma informed agency and offers trauma responsive programs to youth and trauma responsive training for staff. The division is also working to implement admission trauma and resiliency screenings that will be use to improve services provided to youth.

Health Professional Shortage Area (HPSA), Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP) Designations

Health Professional Shortage Areas (HPSAs) are designated by the Federal Health Resources and Services Administration (HRSA) as having shortages of primary care, dental care, and/or mental health providers. These shortages may be designated as geographic (a county or service area), for specific populations (e.g., low income or Medicaid eligible) or for specific facilities (e.g., federally qualified health centers, or state or federal prisons). The State Primary Care Office (PCO) is responsible for coordinating [Health Professional Shortage Designations \(HPSAs\), Medically Underserved Areas \(MUA\) and Medically Underserved Populations \(MUPs\)](#) in partnership with the [HRSA Bureau of Health Workforce](#) through a cooperative agreement. There are many factors that influence HPSA scores and the ability to make shortage designations.

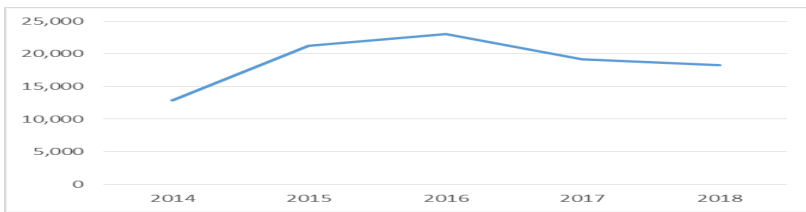
The Primary Care Office tracks of HPSAs by gathering information from healthcare organizations as to which health care providers are working where, and what services they provide. The [Alaska HPSA, MUA and MUP scores](#) are continually updated. With high enough HPSA scores, areas of low health care access can qualify for federal benefits such as loan repayment for specific categories of health care practitioners to attract them to these areas. It also may qualify them for Alaska's own [SHARP I Support for Service program](#). Refer to [List of Programs Using HPSA and MUA/P Designations](#) for basic overview and links to specific programs for minimum scores and details.

Medicaid Expansion and Redesign

Senate Bill (SB) 74, passed by the legislature in 2016, enacted comprehensive reform of Alaska's Medicaid program. The Alaska Department of Health & Social Services is implementing SB 74 through a series of [16 different initiatives](#). SB 74 was partly based on recommendations developed under a 2015 Medicaid Redesign Technical Assistance planning process. Redesigning Alaska's Medicaid program ensures the Alaska Department of Health and Social Services continues to provide essential healthcare coverage for low-income Alaskans, while streamlining the program so it is sustainable for future

generations. Updates for State of Alaska Medicaid redesign are continually made on the [Medicaid Redesign website](#).

On September 1, 2015, former Governor Bill Walker expanded Medicaid to cover non-disabled, childless adults between 18 and 64 years of age who have incomes up to 133 percent of the federal poverty level for Alaska. The number of Alaskans who enrolled in a health insurance plan through the federally facilitated marketplace during the open enrollment period each year since the beginning of the program is depicted in this chart.



Enrollment peaked in 2016 but has since declined by 20 % in 2018. Of those who enrolled for 2018, 17,798 had an active policy in February 2018. Of those with an active policy in February, 90% were receiving Advance Premium Tax Credits to help support the cost of their plans, and 39% were receiving Cost-Sharing Reductions.

By July 2018 there were 43,993 Alaskans enrolled in Medicaid under the expansion, representing 22 percent of all Medicaid enrollees. Expansion enrollees between September 2015 and July 2018 were paid \$998.8 million in Medicaid claims, nearly all of which was federally funded. Monthly updates of enrollment data are provided by the Department of Health and Social Services (DHSS) on the [Medicaid in Alaska Dashboard web page](#). Updates on the four major SB 74 are available on [the DHSS Medicaid Redesign website](#). The four major initiatives follow:

Medicaid Coordinated Care Demonstration Project: Alaska’s Medicaid program currently operates primarily on a fee-for-service provider reimbursement model basis. The Coordinated Care Demonstration Project will test new health care delivery and payment models to determine the most cost effective and highest quality approach for Alaska. [These models are in process](#) with the Medicaid program recently awarding a contract to a provider to test the Patient-Centered Medical Home model in Anchorage, and negotiations are underway with a company to demonstrate a Managed Care Organization model in Anchorage and the Mat-Su Valley.

Medicaid Behavioral Health Systems Reforms: There are significant gaps in Alaska’s Behavioral Health System of care regarding, both prevention and lower acuity treatment and in-patient treatment beds. The resulting lack of access to these services ripples through the Medicaid program as recipients who might

improve with lower-level services end up in crisis, and those with high acuity needs end up in hospital emergency departments rather than in appropriate treatment. SB 74 directed DHSS to apply for an 1115 waiver to improve access to services, improve population health outcomes, and contain costs. The department submitted the [Behavioral Health Demonstration 1115 waiver](#) application in January 2018 to the Centers for Medicare and Medicaid Services (see above). The purpose of that project is to develop a data-driven, integrated behavioral health system of care for children, youth, and adults with serious mental illness, severe emotional disturbance, and substance use disorders. The demonstration also seeks to increase services for at-risk families in order to support the healthy development of children and adults through increased outreach, prevention and early intervention supports.

Medicaid Long Term Services and Supports: SB 74 authorized the Alaska Medicaid program to implement two new State Plan options for long term services and supports —1915(k) Community First Choice (created under the ACA), and the 1915(i) home and community-based services benefit. After a thorough analysis and with community stakeholder involvement, the department moved forward with the 1915(k) option, but decided not to implement 1915(i) due to budgetary concerns. In lieu of the 1915(i) option, the department implemented a new 1915(c) waiver. Both initiatives were approved by the federal government and are now being implemented. The Community First Choice option provides enhanced personal care services, including skills training to build independence and self-care, for recipients who meet institutional level of care criteria. The new 1915(c) waiver — the [Individualized Supports Waiver](#) —provides services under a per-individual annual dollar cap to recipients with intellectual and developmental disabilities who meet institutional care criteria.

Federal Medicaid Reimbursement Policy for Tribal Services: Medicaid services provided to American Indians and Alaska Natives (AI/AN) through a federal or tribal health facility are reimbursed to the state at 100 percent Federal Financial Participation (FFP). In February 2016, the Centers for Medicare and Medicaid Services issued State Health Official Letter #16-002, which updated its policy regarding federal funding for services received through a federal/tribal facility and provided to Medicaid-eligible AI/ANs. This change in federal policy authorizes 100 percent federal funding for services provided to AI/AN Medicaid recipients in a non-federal/tribal facility if the recipient’s tribal health organization has a care coordination agreement established with the non-tribal facility and there is documentation of a referral and an exchange of records for the care received. [SB 74 directed the department to fully implement this policy.](#) To-date the department has been able to save over \$80 million in state general funds through implementation of this new policy. The most recent update on Alaska’s Medicaid reform is the [2017 Medicaid Reform Annual Report](#) (updated January 2018). [Medicare](#), as of November 2018, covers approximately 95,794 Alaskans who are 65 or older or who are younger than 65 and disabled. More information can be accessed on the CMS website [Medicare Enrollment Dashboard](#).

Beginning on October 1, 2014, Centers for Medicaid and Medicare Service changed their payment methodology for Medicare claims for FQHC’s, transitioning to a prospective payment system (PPS) in

which Medicare payment is made based on a predetermined, fixed amount. All health centers transitioned to this new system by December 31, 2015. This change is expected to have a positive effect on reimbursement rates for services provided to Medicare beneficiaries. Alaska's Community Health Centers play a vital role in providing services to Medicare beneficiaries who otherwise may not be able to identify a healthcare provider that is enrolled to bill Medicare. This access to care gap is exacerbated by a relatively young working population covered by employer group health coverage that pays higher reimbursement rates than Medicare, lack of a complete medical school curriculum in Alaska, a shortage of Primary care providers statewide and a growing aging population placing higher demands on an aging physician workforce.

Patient Centered Medical Home (PCMH)

As of July 2018, there were 19 organizations in Alaska recognized as a Patient Centered Medical Home (PCMH), through the National Committee on Quality Assurance (NCQA), Joint Commission, or Accreditation Association for Ambulatory Health Care (AAAHC). [Patient centered medical home \(PCMH\) projects](#) involving the Alaska Department of Health and Social Services during prior years include the Patient Centered Medical Home Initiative, the Tri-State Children's Health Improvement Consortium, and the Pediatric Medical Home "D70" State Implementation Grant.

The Alaska PCMH Initiative (AK-PCMH-I) has been a collaborative effort by a large cross section of Alaska's health care community that are united in their goal to implement the PCMH model statewide. Their approach is to build on the excellent foundation of scholarship and industry of other commissions, collaborations, and coalitions that have preceded it, and support methods of PCMH transition in practices statewide.

Needs Assessments

The Alaska Primary Care Needs Assessment: The purpose of this needs assessment is to provide a snapshot of health access factors, health indicators and health workforce gaps in access to healthcare providers and services in Alaska's communities. It is updated every five years by the Division of Public Health, Rural and Community Health Systems, Office of Health Care Access, Primary Care Office. The most recent [Primary Care Needs Assessment was published in May 2016](#).

ACA Needs Assessments for Non-Profit Hospitals: In an effort to stimulate a continuum of community health, provisions in the Affordable Care Act required tax-exempt hospital facilities to conduct tri-annual Community Health Needs Assessments (CHNA). Non-profit hospitals have long been required to document the provision of community benefit in order to maintain their legal status for exemption from federal income tax under 501(c) 3 of the Internal Revenue Code. In 2010 the ACA added a [new 501\(r\) 3 to the Internal Revenue Code](#), establishing a set of expanded obligations as a condition for this status. The intent of this change was to ensure that non-profit hospitals looked at the broader health conditions of their communities, and identified and acted to improve their role in improving the

community's health status. A table with each of the Alaska Critical Access Hospitals with links to their CHNAs is Appendix II.

Healthy Alaskans 2020: Alaska's state health improvement plan, Healthy Alaskans 2020 (HA2020) is led jointly by the State of Alaska Department of Health and Social Services and Alaska Native Tribal Health Consortium. HA2020's framework identifies 25 health priorities (known as indicators). These [25 Leading Health Indicators](#) are a list of health goals for Alaska, providing a science-based framework to guide efforts toward improving health and ensuring health equity for all Alaskans. Each priority has its own target for improvement to be reached by 2020. This framework is based on scientific evidence and statewide input of Alaskans from communities. The [Healthy Alaskan 2020](#) website presents information on the indicators, data, strategies and activities.

Telehealth

The [Center for Connected Health Policy](#) has an up-to-date database of current laws and policies for Alaska by year, as well as pending legislation. The [Medicaid Redesign Telemedicine Workgroup](#) also has information on Alaska's telehealth initiatives. In 2017, the Department of Commerce, Community and Economic Development Registry was established and required all agencies and individuals who were conducting telemedicine to register whether they were a 501C3 non-profit, a for-profit corporation or individual.

Veterans

Access to health care for veterans is contingent upon whether the veteran is enrolled in VA Healthcare Services or is eligible to enroll. Alaska has the highest percent of veterans of any state, 14 percent. The last census count for Alaska veterans was 71,004 and the geographic distribution of Alaska's veterans is illustrated the [US Census Alaska Veterans Statistic Summary](#) .

The Alaska Veterans Healthcare System has approximately half of Alaska's veterans enrolled for health services in the VA system. The [Alaska Veterans Administration](#) (VA) and 26 Native healthcare organizations have a continuing [sharing agreement](#) that allows tribal health organizations to agree to participate in and receive reimbursement for providing health services to non-Native as well as Native veterans in rural areas where there is no access to VA health facilities. The VA has also developed agreements with non-tribal delivery sites such as community health centers). The Alaska Veterans Healthcare System has five primary service sites (Anchorage, Fairbanks, Wasilla, Juneau, and Kenai) and a tribal facility in Sitka. A new [national telehealth initiative, Anywhere to Anywhere](#) provides an opportunity for the VA to contract with community mental health providers in or out of Alaska to provide telehealth to veterans regardless of their location.

The Rural Veterans Health Access Program (RVHAP), funded by the HRSA Office of Rural Health Policy, established telebehavioral health services for all Alaskan rural veterans regardless of their

enrollment status or eligibility for VA services. From 2014 to 2018 these statewide services were available at no cost to rural veterans who are not enrolled in the VA health system as well as rural veterans who are enrolled but unable to access mental health services through other means. Services were provided by a community mental health center with trauma-informed and telehealth experienced clinicians. As of August 1, 2018 the [RVHAP](#) has entered the sustainability phase with the veterans' telebehavioral health and biofeedback program available to *all* Alaska veterans whether rural and urban.

Workforce Programs

The Office of Healthcare Access, RCHS Section, DPH, DHSS manages and coordinates programs to recruit and retain health care professionals to practice in healthcare shortage areas around the state. The primary programs follow.

Alaska's SHARP Program:

[SHARP](#) is led by a broad representative interagency council. The program addresses the shortages and mal-distributions of certain health professionals in the state by increasing the number and improving the distribution of healthcare professionals who provide direct patient care. This program seeks to recruit and retain selected health care professionals to serve in designated healthcare shortage areas in exchange for the repayment of qualifying education loans and payment of direct incentive. All SHARP education loan repayment is exempt from federal income taxation. The loan repayment and direct incentive options are resourced through blended funding, from varied sources. Practitioners who participate work in medical, dental and behavioral health occupations, in all regions of Alaska. As of January 2019, over 65 healthcare agencies have participated, with clinicians practicing in highly varied settings: community health centers, hospitals, community behavioral health centers, varied clinics and tribal health organizations, the Department of Corrections, and Alaska Psychiatric Institute. To date, SHARP has issued 328 Support-for-Service clinician contracts.

To date, SHARP has had two different program components, SHARP-1 and SHARP-2, and a third component is now planned.

- SHARP-1 is based on the traditional federal Health Services Resources (HRSA) and State Loan Repayment Program (SLRP) partnership grant.
- SHARP-2 In 2012, the State Legislature established AS 18.29, a loan repayment program and employment incentive program for certain health care professionals employed in the state.
- SHARP-3 is the next planned program and will be wholly resourced through private funding to implement. A broad array of health care occupational types and practices are expected to become eligible.

3RNet: The national Rural Recruitment and Retention Network (3RNet) is a web-based recruitment tool. The Office of Healthcare Access serves as the Alaska liaison and member organization for [3RNet](#) which includes as members all 50 states that use the web-based jobs board as a strategy to find health care providers for underserved areas. The purpose of 3RNet is to bring employers and candidates

together by serving as a “jobs board” and also offering a variety of materials, information, and strategies to help employers fill vacant positions. In 2017, 3RNet offered the first 3RNet Academy, a multi-session webinar filled with presentations by experts in the field of recruitment and retention. The Academy was held again in 2018 and promises to be an annual event. Individual employer’s wishing to participate in the Academy pay a fee. Alaska has joined other states in purchasing a sponsorship under which all facilities in the state can participate at no charge.

J-1 Visa Conrad 30 Waiver: Alaska’s [J-1 Visa Conrad 30 Waiver Program](#) enables the state health department to find that it is in the public interest for a foreign medical graduate to be hired for a hard-to-fill position that provides care to an underserved population. Up to 30 J-1 physicians are allowed per year, per state, under the J-1 Visa Conrad 30 program. Additionally, under the J-1 Visa Conrad 30 “Flex 10” option, up to ten of the 30 J-1 physicians can work in a medical facility that is not located in a health professional shortage area but that serves residents of shortage areas.

National Health Service Corps: The [National Health Service Corps \(NHSC\)](#) offers tax-free loan repayment assistance to support qualified health care providers who choose to take their skills where they’re most needed. Licensed health care providers may receive up to \$50,000 for repayment of student loans in exchange for a two-year commitment through the NHSC Loan Repayment Program (NHSC LRP). Health professionals participating in NHSC LRP may serve as primary care medical, dental, or mental/behavioral health clinicians at an approved NHSC site. Accepted participants must find a position at an NHSC-approved site and fulfill a two-year commitment. Grantees may choose to serve longer for additional loan repayment support.

As of July 2018, there were 81 clinicians in Alaska receiving loan repayment from NHSC and six from the HRSA Nurse Corps program. In addition, three National Health Service Corps Scholarship Program recipients were working in underserved areas. Medical students (MD or DO) may receive up to \$120,000 in their final year of school through the [Students to Service Loan Repayment Program](#) (S2S LRP). Students must commit to serving either three years full-time or six years part-time at an NHSC-approved site within a [Health Professional Shortage Area](#) (HPSA) designation.

Information about other workforce support programs includes an overview of the following:

- Nurse Corps Scholarship Program
- Nurse Corps Loan Repayment Program
- Public Service Loan Forgiveness Program
- WWAMI Program
- Indian Health Service Loan Repayment Program

The Alaska Health Workforce Coalition (AHCWC) was launched in 2012 to develop a coordinated, cohesive, and effective approach to addressing the critical needs for healthcare workers in Alaska. The [Alaska Health Workforce Coalition](#) is a public-private partnership comprised of leaders from government, health industry, educational facilities and associated organizations which operate dozens of hospitals, long-term care facilities, behavioral health facilities, and clinics. The AHCWC operates under the aegis of the Alaska Workforce Investment Board. The Coalition ensures that employers and the industry drive state workforce development efforts and improve system efficiency through collaboration across the private and public sectors. The State of Alaska Office of Healthcare Access work force program staff are part of the Health Workforce Coalition.

Appendices follow page 14-17

Appendix I: Alaska Native Tribal Health Consortium Regional service site maps

Appendix II: Alaska CAHs and links to their Community Health Needs Assessments

Appendix III: Links to other useful sources of data

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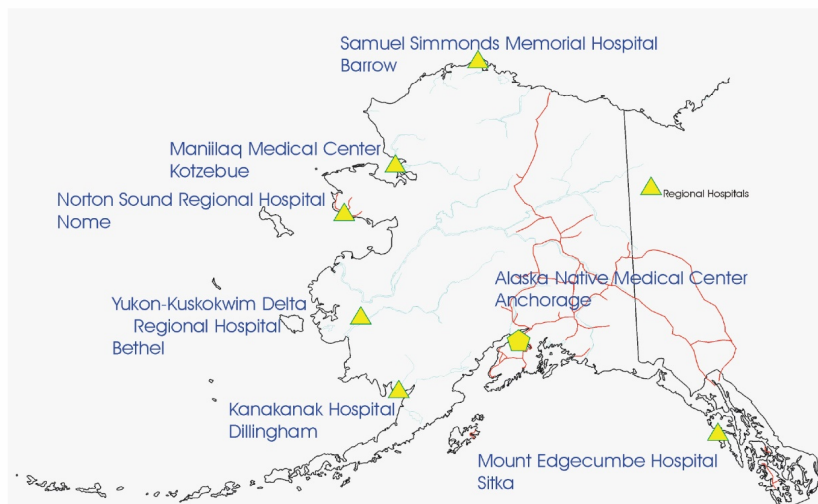
Appendix I: Alaska Native Tribal Health Consortium Regional service site maps

Medical Service Levels and Referral Network



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| 1. Arctic Slope Native Association | 8. Kodiak Area Native Association | 13. SouthEast Alaska Regional Health Consortium |
| 2. Maniilaq Association | 9. Southcentral Foundation (service area in blue) | 14. Ketchikan Indian Corporation |
| 3. Norton Sound Health Corporation | 10. Chugachmiut | 15. Metlakatla Indian Community |
| 4. Yukon-Kuskokwim Health Corporation | 11. Copper River Native Association | 16. Tanana Chiefs Conference |
| 5. Bristol Bay Area Health Corporation | 12. Mt. Sanford Tribal Consortium | 17. Council of Athabascan Tribal Governments |
| 6. Aleutian Pribilof Islands Association | | |
| 7. Eastern Aleutian Tribes | | |

ANTHC Hospital Sites



Appendix II: Links to available Community Health Needs Assessments for Alaska CAHs

Alaska Critical Access Hospitals	Web link to document (or CAH site for further information*)
Cordova Community Medical Center	<p>1. https://www.cdvmc.com/wp-content/uploads/2017/05/Cordova-Community-Health-Assessment-Establishing-Health-Priority-Reporting-Document.pdf</p> <p>2. https://www.cdvmc.com/wp-content/uploads/2017/05/Cordova-CHNA-Survey-Findings-3.pdf</p>
Maniilaq Health Center	http://anthctoday.org/epicenter/WSH/CHA_Manilaq.pdf
Norton Sound Regional Hospital	https://www.nortonsoundhealth.org/wp-content/uploads/NSHC-Health-Needs-Assessment.pdf
PeaceHealth Ketchikan Medical Center	https://www.peacehealth.org/
Petersburg Medical Center	https://www.pmcak.org/uploads/3/1/1/0/31108911/community_needs_assessment.pdf
Providence Kodiak Island Medical Center	https://alaska.providence.org/about-us/community-health-needs-assessments
Providence Seward Medical Center	https://alaska.providence.org/about-us/community-health-needs-assessments
Providence Valdez Medical Center	https://alaska.providence.org/about-us/community-health-needs-assessments
Sitka Community Hospital/SEARHC	http://anthctoday.org/epicenter/WSH/CHA_SEARHC.pdf
South Peninsula Hospital	http://mappofskp.net/wp-content/uploads/2014/12/Highlights_Dec2016.pdf
Wrangell Medical Center	http://www.wrangellmedicalcenter.org/uploads/2/2/4/3/22435184/chna_2017.pdf

Appendix III: Links to other useful sources of data:

Population Data:

[Alaska Department of Labor:](#)

- Population by borough/census area
- Percent elderly population

U.S. Census

- [American Community Survey:](#)
- [American Fact Finder:](#)

Alaska Department of Health and Social Services, Division of Public Health, Health Analytics and Vital Records (HAVRS):

[Rates](#) by borough/census area, Native Regional Corporation, statewide

- Low birth weight
- Infant mortality rate
- Suicide rate
- Age-adjusted death rate
- Cardiovascular disease mortality rate
- Births to teenage mothers
- Unintentional injury mortality rate

[Health Care Access Indicators:](#) Population below poverty level (2010-2014)

Table S1701: Poverty Status in the past 12 months. Population for whom poverty status is determined. U.S. Census Bureau, American Community Survey 5-Year estimates.

[Health Status Indicators:](#) Alaska Center for Health Data and Statistics – [Informed Alaskans:](#)

Rates by borough/census area, Native Regional Corporation, metropolitan/micropolitan statistical areas, public health regions, statewide; crude rates and age-adjusted rates

- Cancer screenings
- Dental visits
- Diabetes
- High blood pressure
- Asthma
- Adult obesity
- Flu shots
- Health plan coverage
- Tobacco use
- Binge drinking

[U.S. Census Gazetteer File.](#) Alaska Geography: Land area

[Alaska Health Care Data and Statistics](#)