

State program shows success recruiting health workers

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A seven-year-old program to recruit medical professionals to Alaska led by the Department of Health and Social Services has resulted in 254 physicians, behavioral specialists, dentists and other professionals coming to or staying in Alaska to work.

Most were recruited for rural and small communities, which is where shortages are most acute.

The state program is called SHARP, short for the tongue-twisting Supporting Health Access (through loan) Repayment Program, and it helps graduating health professionals handle mountains of student loan debt.

That can be towering by the time of graduation. Robert Sewell, who manages SHARP for the state, recalls one recent psychiatry graduate packing \$900,000 in education debt.

"It will be hard to pay that off in a person's lifetime," he said.

Debt loads of \$150,000 to \$450,000 are common.

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Alaska has shortages in almost every field in the health professions, and the state has always had a tough enough time attracting medical professionals, particularly to small communities where climate and remoteness add challenges.

Sewell said he heard officials at the Alaska Native Tribal Health Consortium say the rural health organizations they work with are short 120 physician assistants, and that's not including the facilities like the Southcentral Foundation in Anchorage. It's just one example, he said.

Shortages in the health care professions are a nationwide problem, however, and to attract medical graduates Alaska must compete with other states, many who can offer lucrative financial packages as inducements.

"When you're packing that kind of debt you have no choice but to look to who can make you a decent deal," Sewell said.

Some states are offering incentives under various programs that help with loan repayments but that may also pay cash in bonus payments, both of which Alaska has done.

Alaska is a relative latecomer to this competition but the state is now geared up, although budget shortfalls have put a crimp in part of the program that was state-funded.

However, funding for this is likely to be replaced with more money from health care employers, who have always chipped in, Sewell said, along with possible funds from other private contributors.

The initial program, which still exists, began in 2010 with "SHARP 1," focusing on primary care medical professionals and including physicians, dentists and behavioral health specialists.

Currently, SHARP-1 is funded 50 percent with federal funds, 34 percent by health provider employers and the remainder from the Alaska Mental Health Trust Authority. The only state money currently involved is for the cost of administration, which is a federal requirement.

A second, state-led program, "SHARP 2" was launched in 2012, and quickly became a nationally known model. It was funded 75 percent with Alaska general fund dollars and 25 percent with health care employers, Sewell said.

SHARP 2 included other professionals such as pharmacists, physician assistants, nurse practitioners and registered nurses along with dental hygienists and clinical social workers.

Alaska needed them all. The Legislature agreed with that and passed House Bill 78 unanimously in 2012. The largely state-funded SHARP 2 was not restricted to primary care.

However, state general funds are now tight and new applications under SHARP 2 are not longer being accepted, Sewell said. "SHARP 3," the new program component that will involve no state funds is now taking shape, and will be announced this year.

Tom Chard, executive director of the Alaska Behavioral Health Association, chairs the health professionals' advisory board for SHARP and is an enthusiastic backer of the program.

"We have the demand (for health services) but we don't have the supply (of medical personnel). SHARP helps fill that void," Chard said.

"The program is pretty targeted, and we find we get a lot of quantitative data and a lot of other information. It's one of the few programs where we can really connect the dots," in dealing with the problem of shortages, he said.

Kathy Craft, director of the Alaska Health Workforce Coalition and also on SHARP's advisory committee, said SHARP is one of several tools being used to address the workforce problem in health care.

One other is "grow your own," through initiatives like the University of Alaska Anchorage's successful nursing programs.

"But in many specialties, we'll have to import from out-of-state. SHARP has definitely boosted our workforce, with people being placed in all parts of the state," she said.

"One advantage of the pending SHARP 3 is that it will have the flexibility for employers to work with an applicant and a funding foundation to put together a tailored package," Craft said.

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