

FY2010 Operating Budget Expected Outcomes Health Programs

Current Status of Health Programs

Health programs have experienced significant growth over the past five years, in large measure as a result of short-term, often external, funding. The funding of much of the FY'09 Health Programs Budget Request will strengthen a number of important initiatives, including paramedic, dental hygiene, direct services, psychology and other behavioral health, health sciences, occupational therapy, physician assistant, nursing, community health aide, medicine and public health programs. The Health Academic Plan, completed in spring 2007, provides a template for development of health programs across the system.

Significant health workforce shortages in many professions and occupations across the state make continued attention to and support for health programs imperative. The growing number of seniors in the Alaska population will push the demand for many of these workers higher over the next few years, and retirements in this sector will also increase. While nearly impossible to fully satisfy all of the state's needs, "growing our own" health workforce, one committed to staying in and serving Alaska, is a goal worth pursuing.

There is great pressure from industry to establish or expand offerings in several professional disciplines that are especially important to the health care system in the state: primary care (including physicians, physician assistants, advanced nurse practitioners and community health aides), pharmacy, and the therapies (occupational, physical and speech).

1) Physicians: Alaska's medical school is part of a consortium based at the University of Washington and serving five western states (WWAMI). It has recently doubled its admission class from 10 to 20 students, and there is interest in increasing admission numbers further in the future. Also, there is the prospect of bringing the second year of the program to Alaska; at present the first, third and fourth years are available in state.

2) Physicians Assistants: The physician assistant (PA) program is also offered in conjunction with the University of Washington and will become a full satellite program by FY 2010, offering both years of the program and expanding from 10 to 18-20 students admitted each year. Program startup will occur and students will be admitted in the FY'09 year, and the FY'10 request will be necessary to fully fund this program.

3) Therapists: At this time Alaska does not have schools of pharmacy, occupational or physical therapy, or dentistry. Similar to the medical and PA programs, accredited institutions interested in providing these fields of study in the state in conjunction with the University of Alaska are being sought. The first of these programs to be implemented is occupational therapy, in a partnership with Creighton University of Omaha, Nebraska. The program will begin in Anchorage in fall 2008 with the first 10-person cohort and will utilize distance education with on-site lab and clinical experiences. Similar partnerships are being sought for physical therapy.

4) Pharmacists: Pharmacists are in great shortage in Alaska. There is considerable interest by the Alaska Pharmacy Association and by faculty at UAA and UAF in developing pharmacy education options in Alaska. We will consult with leadership of both UAA and UAF to determine a reasonable plan for developing both interim and long-term solutions for pharmacy education for Alaska students.

5) Nurses: Nationally, nurse practitioner programs are expected to move toward doctoral level education in the next few years; the UAA School of Nursing will have to accommodate this change if it is to continue to educate this important segment of the primary care workforce. Specialty training for nursing will also need to be continually assessed.

6) Community Health Aides: The university component of the Community Health Aide Program assists these individuals in obtaining credit for their training sessions and provides them limited advanced and continuing education classes. The FY'09 budget includes support for the faculty/liaison position that is critical to this effort. Additional faculty time is required so advanced classes can be regularly offered. This program provides an important academic ladder for rural Alaskan practitioners into other health care or degree programs.

7) Public Health: The public health graduate program will receive sufficient funds through the FY'09 appropriation to complete the expansion needed to approach accreditation and will not propose an additional increment for 2010.

8) Behavioral Health: The Alaska Mental Health Trust has become a significant investor in enhanced programming at UA to meet workforce needs. Expansions in psychology, social work, human services and specialty areas will be carefully considered this year in a joint process with the Trust. Several priorities funded by the Trust include specialty training in early childhood/mental health issues, children's mental health, and direct services. In addition, UA will embark on a three year process to establish an accredited post doctoral internship program for PhD candidates.

9) Outreach/Student Success: UA has several important mechanisms to reach out to youth considering entering the health care field, to attract underrepresented populations, and to enhance and support clinical placements and rotations. Many of these are student success programs that are on soft funding. The Alaska Health Education Center (AHEC) is a formal partnership with industry and UA which will need to move off soft funding over time.

Space Considerations

There has been incremental spending to improve and expand facilities for health instruction, including investments in nursing both in Anchorage and at the outreach sites, dental hygiene, PhD in psychology, and WWAMI. Still, lack of facilities limits the ability to offer and expand many academic programs.

The first clinical health sciences building is presently being planned for Anchorage. At \$46 million, it will serve students in that community in four programs (nursing, WWAMI, PA and

medical laboratory). It will also be a base for distributed programs delivered across the state and the home of interdisciplinary simulation opportunities for additional programs. Future space of approximately the same size is required to accommodate the remaining clinical science programs (about 15 of them). In the future it is anticipated that behavioral health and health research space will also be developed on the health campus site.

Partial remodel of a courthouse building in Fairbanks has provided a home for a number of health programs offered by the Tanana Valley Campus. However, full build out of the health sciences fourth floor is necessary to bring more allied health programs to the Interior.

Clinical and science lab development at a number of other campuses is strengthening the ability of additional locations to offer health programs. As we build site-based programs in communities across the State in allied health and other fields, there will be a modest but steady need for classrooms and equipment.

After thorough discussion with a number of industry and campus partners regarding the use of simulation to enhance health student and employee learning, it is expected that health programs will move toward utilization of higher fidelity and higher technology simulation tools in the near future. Careful planning is occurring to ensure that this use will be well developed and sufficiently supported.

Health Budget Proposal Process

Health deans and directors were solicited in mid-March 2008 for budget increment proposals for FY2010. When all proposals are received and prioritized by the applicable dean, the health deans will meet in late April to determine the health budget package to be submitted to the Statewide budget process for consideration. A number of criteria are utilized for prioritizing and finalizing the request, including the following:

Criteria for Proposal Review

- Data driven - industry vacancy data, Department of Labor (DOLWD) projections, student and program data
- State need for program or expansion – gap analysis
- Consistent with the Health Academic Plan
- Replaces grant/other soft funding
- Cost of program/change
- Employer partners/site readiness – availability of clinical experiences
- Program readiness – faculty, curricular, resources, other considerations
- Student readiness – student prospects, enrollment management
- Induced course load/GER capacity – availability of pre-requisites

Effect on Performance Measures

Health programs nearly all fall into the category of high demand jobs. In fact, a large percentage of the fastest growing occupations in Alaska are in health care (9 of the top 10 in a recent

DOLWD publication). Studies have been done to identify the hardest and most expensive to fill positions, as well as point-in-time vacancy rates. Recruitment costs and costs of agency “travelers” are excessive and cripple Alaska health care providers. The health care industry keeps the university apprised of occupations and professions in highest demand.

Student credit hour production has grown with program expansion, and there has been significant growth in revenues both in university allocations and external funding over the past five years. Student retention is high in most health programs, particularly those that admit students based at least to some extent on prior academic performance. Programs are accredited whenever feasible.

Program Development/Expansion Sub-Metrics

Student enrollments and graduations are tracked annually for all health programs throughout the University of Alaska system. This is made complex because the Banner database does not track many of the entry-level certificate programs which are important in health care. Statewide Institutional Research and the health planning staff at UAA have been working to develop complete student data through Banner so it can be generated and confirmed regularly.

State Need

Immediate – The Alaska health care industry is experiencing shortages in a number of areas. Most acute at present are primary care providers, nurse specialists, therapists and pharmacists. We are working toward solutions in those areas, while maintaining other efforts in areas like nursing, allied, behavioral and public health.

Outlook (3-5 Years) – The pace of growth in the health care workforce in Alaska has been fast, outstripping any other industry. While the pace has slightly slowed, the demand for a wide variety of health care workers continues and, with pending retirements and the aging population, will continue at a high level for years to come.

Details regarding state need, industry vacancies, university students, and health program plans can be made available on request.

Legislative Appeal

In general, health occupations and professions are of high interest to legislators, officials, employers and others. Medicine and nursing receive considerable attention, but other fields have their advocates as well. Most health programs have advisory committees that provide an important link to the community and its health care organizations; committee members often advocate on the programs’ behalf.

Existing MAU Strengths

UAA has been designated as the lead health campus in the University of Alaska system. It is presently working on developing the infrastructure to fulfill that role, especially with regard to

coordinating and planning programs with others across the system. The main clinical programs have been based at UAA, while health bench research has been primarily located in Fairbanks. There is growing research strength at UAA, particularly in translational research.

UAF also has special strength in the behavioral health area and has developed expertise in rural, cross-cultural curricula.

UAS plays an important role in health programs as well, providing distance-delivered science pre-requisites for those across the state interested in health careers. UAS also offers distance programs in health information and direct services statewide.

Programmatic Return on Investment

In general, health programs are expensive to launch and maintain. Yet, considering the extreme expense of recruiting employees and utilizing travelers from out of state, and the importance of health care to Alaska's residents, investment in health programs yields great benefits. Careful study of feasibility and sustainability is completed prior to development of any new or expanded program to ensure that resources are used wisely and effectively.

Current Program Gaps

As described above, we need to find ways to meet health workforce needs for health professions through the formation of partnerships with other institutions, and the potential development of in-state programs. Existing programs require stable and sufficient funding to maintain the gains made in the past several years and development in a number of areas needs to be completed. Too many positions and important functions are presently soft-funded. Facilities for programs are inadequate and need attention.

The 2010 health budget package is being developed to address some of these gaps and to continue to move health programs through the steps outlined in the Health Academic Plan.