

Arizona Profile

Pop. 7 Million: 75% live in Phoenix + Tucson

15 Counties span 114,000 sq. mi.

AZ sq.mi. = CT+DE+MA+ME+NH+RI+NY+VT+DC



Pre- and Post-ACA: Uninsured 2010 vs 2018

STATE	Avg. 2007-10 Bottom 5	2018
Texas	25%	17.7%
New Mexico	22%	9.5%
Florida	21%	13%
Nevada	20%	11%
Arizona	19%	10.6%

ACA = Affordable Care Act "Obamacare"

Arizona, Nevada, New Mexico had 3 R-Gov's who expanded Medicaid (TX, FL did not) Adapted by Dan Derksen, MD from US Census Bureau Data and KFF Uninsured Report 2018 Data: https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf



2018 AZ: 45% Publicly Subsidized

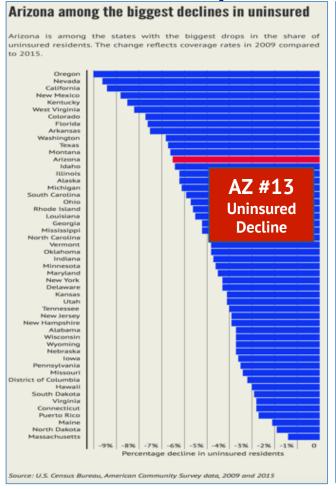
	# covered (%)
Private Health Insurance ¹	3,471,500 (50%)
Employer Sponsored ESI	3,075,100 (44%)
Individual Purchase (Non-Group	396,400 (6%)
{Of non-group: ACA marketplace}	{160, 500 (2.3%)}
Medicaid + CHIP ²	1,849,093 (26%)
Medicare ³	1,266,458 (18%)
Uninsured ⁴	750,000 (10.6%)
Total Population ⁵	7,016,270 (100%)

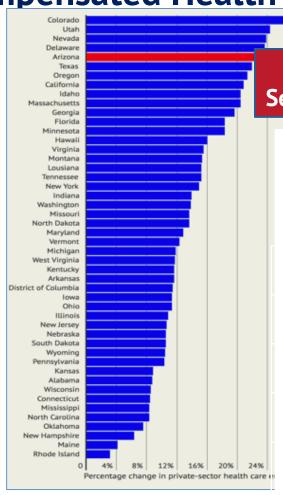
Notes: 216,300 Arizonans had both Medicare and Medicaid (dual eligible); AZ 160,500 chose ACA marketplace plan in 2019

- 1. Private Insurance data from 2017 KFF Data at: https://www.kff.org/other/state-indicator/total-population
- $2. \ Medicaid: https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2018/Nov/AHCCCSPopulationHighlights.pdf$
- 3. Medicare: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html
- 4. 2018 Uninsured: https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf
- 5. US Census 2018 U.S. Population: https://www.census.gov/popclock/



Economic Impact of Reducing Arizona's Uninsured, Uncompensated Health Care





AZ #5 Education, Health Sector Job Growth Since 2010

AZ Hospital

UncompensatedYearCare %20147.7%20154.7%20162.2%20172.7%20182.5%

AzHHA Data

https://www.azcentral.com/story/money/business/health/2017/01/27/ducey-cites-obamacare-harm-arizona-seeking-repeal-laws-positives-complicate-issue/96998808/https://static1.squarespace.com/static/572a399a1bbee0add26af051/t/5cae2021104c7b2ebea20ee7/1554915363764/February+2019+-+Financial+Survey.pdf

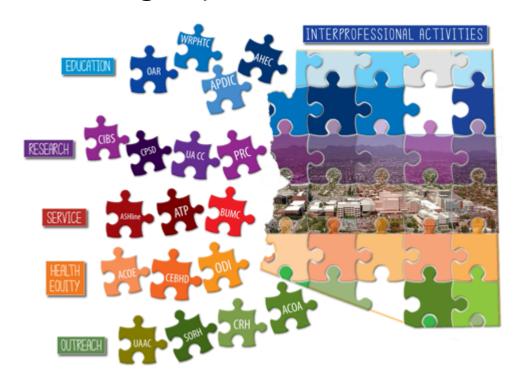


THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health

Initiative 1.3: Interprofessional Education (IPE)

Be the nation's most advanced innovator in lifelong interprofessional health education - longitudinal, large and small group, onsite and community based, and online.





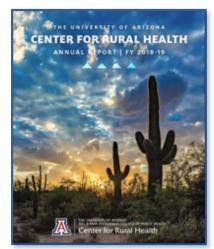
Arizona Center for Rural Health

Since 1980 the AzCRH mission is to improve the health & wellness of rural and vulnerable populations.

Programs & Initiatives:

- 1. State Office of Rural Health (1990 State, HRSA)
- 2. Rural Hospital Flexibility Program (1999 HRSA)
- 3. AzCRH-ADHS Interagency Services Agreements

HRSA: Health Resources & Services Administration – a federal agency ADHS: Arizona Department of Health Services – a state agency



http://crh.arizona.edu



Rural Hospital Flexibility Program



15 Critical Access Hospitals

<25 beds in rural area</p>
24hr/7d Emergency Dept
>35mi from another facility

AzFlex assists CAHs in:

Quality, Fiscal, and Operational Improvement

Recruitment & Retention of Health Professionals



Since 1984 the AzAHEC mission: to enhance access to quality primary and preventive care through academic community partnerships in rural and urban underserved areas.

Five AzAHEC Regional Centers:

Central Arizona AHEC (CAAHEC) in Phoenix Eastern Arizona AHEC (EAHEC) in Globe Northern Arizona AHEC (NAHEC) in Flagstaff Southeast Arizona AHEC (SEAHEC) Nogales Western AHEC (WAHEC) in Somerton



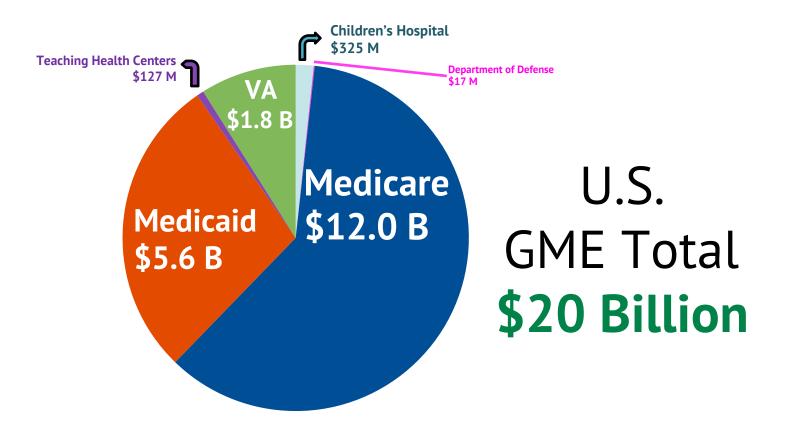
AzAHEC Program Office: University of Arizona Tucson Office of the Senior VP for Health Sciences

Social Determinants of Health The social determinants of health are the conditions Education in which people are born, grow, live, work and age... ...shaped by the distribution of money, National Academies of Sciences power and resources at global, Integrated Collaborative Framework for educating health Learning Curriculum national and local levels. professionals to address the social determinants of health Continuing Experiential Professional World Health **Organization** Lifelong Supportive Learning Reciprocal Organizational Commitment **Environment** Community **Priorities** Vision for and Community Commitment to Engagement **SDH Education** Organization Community

https://www.nap.edu/catalog/21923/a-framework-for-educating-health-professionals-to-address-the-social-determinants-of-health

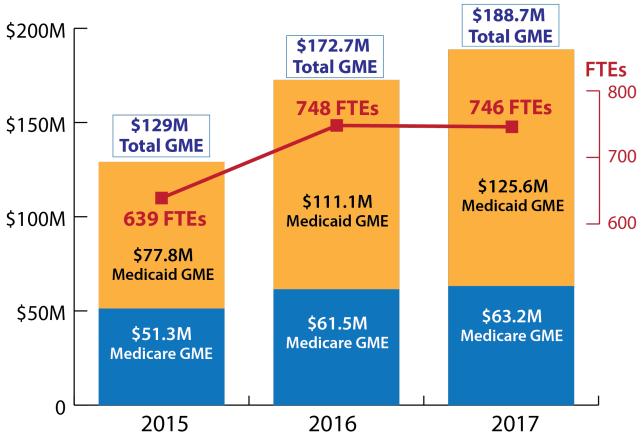


U.S. Graduate Medical Education Funding



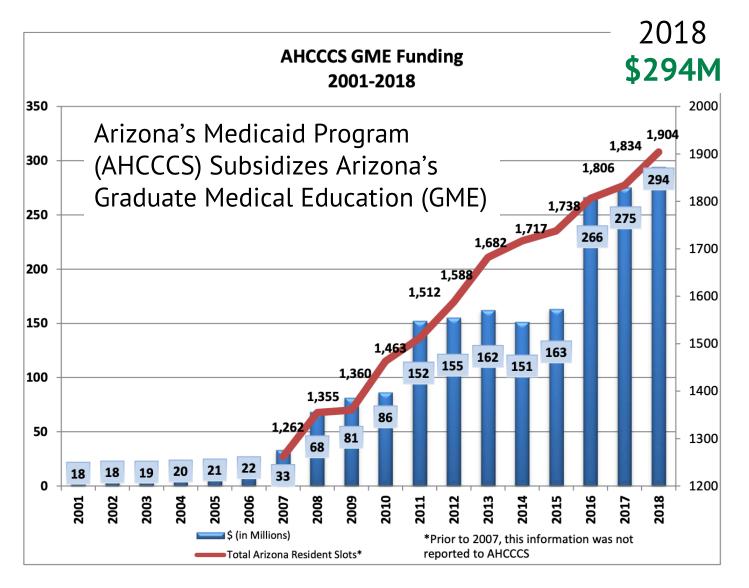
Medicare GME 2007-16: https://www.graham-center.org/rgc/maps-data-tools/data-tables/gme.html Medicaid GME 2018 Henderson: https://store.aamc.org/downloadable/download/sample/sample_id/284/ CRS Federal Support of GME Dec 2018: https://fas.org/sqp/crs/misc/R44376.pdf

BUMC T/P/S PHX + TUC + SOUTH (Kino) Provide 39% of AZ Residency Spots 2015-17 GME Funding and Resident FTEs



BUMC is 162 FTE residents over cap (No Medicare subsidy)

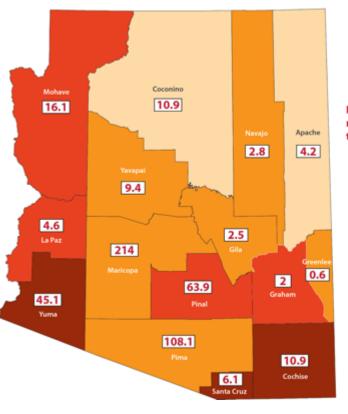
Medicare GME: https://www.graham-center.org/rgc/maps-data-tools/data-tables/gme.html Medicaid GME: https://www.azahcccs.gov/shared/Downloads/Reporting/GME ResidencyPositionsReport.pdf



Medicaid GME: https://www.azahcccs.gov/shared/Downloads/Reporting/GME ResidencyPositionsReport.pdf

Health Workforce Data Informs Policy Arizona's Primary Care Physician Shortage

Percent Living in Primary Care Shortage Areas (HPSAs) and Number of Providers Needed to Eliminate Shortage (2018)



563 Needed Now

Number of FTEs needed to eliminate the PCP shortage

Precent population

76-100% 51-75% 26-50%

1,941 will be needed by 2030

GME Pipeline Clog

AZ pop growth + GME cap contribute to doc shortages

- Federally subsidized GME slots (residency positions) were capped in 1997 Balanced Budget Agreement
- There are enough medical and osteopathic school slots, but not enough residency positions in Arizona
- Many AZ graduates must leave the state for residency
- Most do not return



2019 AZ Legislative Session Gains

2019-20 State Appropriation	Rural, Urban Underserved Health Policy Issue
\$3.0 M	Medicaid Graduate Medical Education (GME) with \$7 M federal match total = \$10 M, expanding to total \$30 by 2022
\$8.0 M	Expand Med Students in Primary Care, Tuition Remission
\$3.0 M	Expand Rural Broadband
\$1.6 M	Continue KidsCare (CHIP)
\$1.0 M	Rural Prenatal Telemedicine Equipment
\$0.75 M	State Loan Repayment
\$0.75 M	North Country Teaching Health Center

