



# Arizona Department of Health Services

## 2014 Annual Report

Arizona Department of Health Services

Corey Nelson, Acting Director

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Office of the Director

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This report is provided as required by A.R.S. § 36-137



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DOUGLAS A. DUCEY, GOVERNOR  
WILL HUMBLE, DIRECTOR

April 10, 2015

The Honorable Douglas A. Ducey  
Governor of Arizona  
State Capitol  
1700 W. Washington  
Phoenix, AZ 85007

President Andy Biggs  
Senate President  
Arizona State Senate  
1700 W. Washington  
Phoenix, AZ 85007

Speaker David M. Gowan Sr.  
Speaker of the House  
Arizona House of Representatives  
1700 W. Washington  
Phoenix, AZ 85007

Dear Governor Ducey, President Biggs, and Speaker Gowan:

In accordance with A.R.S. § 36-137, I am pleased to present the Annual Report for the Arizona Department of Health Services for the year 2014.

In 2014, the Department finalized administrative rules aimed at reducing regulatory burden, awarded the state's first integrated behavioral health contract, and worked to improve public health across the state.

Rather than issue an annual report that merely summarizes other [agency reports](#), I want to provide you with highlights and with direct links on the work the Department has completed in 2014.

Over the last year, the Arizona Department of Health Services had many accomplishments.

## **Behavioral Health**

- **Improving Behavioral Health Outcomes**

We met a major milestone in 2014 when [Mercy Maricopa Integrated Care](#) began work under a contract with ADHS to provide integrated health services for the state's Seriously Mentally Ill population.

We met another major milestone in late 2014 when we awarded contracts to provide integrated health services in the rest of the state beginning October, 2015. This important procurement will set the stage for providing integrated behavioral and physical health services for individuals with a serious mental illness – much like the Maricopa County contract.

As a result of the progress made in improving the performance of the State's public behavioral health system, the Maricopa County Superior Court dismissed the *Arnold v. Sarn* lawsuit in 2014. The [final agreement](#) approved by the court specifically concerns care and services for people with a serious mental illness.

## **Arizona State Hospital**

- **Improving Outcomes at the Arizona State Hospital**

We've trained more than 700 staff on [Non-Violent Crisis Intervention](#), an evidence-based, best practice for early intervention and de-escalation created by the [Crisis Prevention Institute](#). Our interventions have reduced injuries by 44% since 2012.

The staff and leadership at the hospital have made tremendous strides to make it a better and safer place to work, live and reach recover.

## **Public Health Licensing**

- **Regulatory Reform**

ADHS met a major milestone in 2014 when we filed our final [new set of regulations](#) for Arizona's 5,500 licensed healthcare facilities. ADHS has now completed a complete overhaul of the State's regulations of hospitals, behavioral health inpatient facilities, nursing care institutions, recovery care centers, hospices, behavioral health residential facilities, assisted living facilities, outpatient surgical centers, outpatient treatment centers, adult day health care facilities, home health agencies, behavioral health specialized transitional facilities, substance abuse transitional facilities, behavioral

health respite homes, adult behavioral health therapeutic homes, child care facilities and the regulatory standards for licensed professional midwives.

## Public Health Preparedness

- **Newborn Screening Turn-Around Times**

In December of 2013, we found out that we had room for improvement when it comes to the time it takes newborn metabolic screening samples to get from AZ hospitals to our Lab.

To address the problem, ADHS set a goal of getting 95% of the samples to our Lab within 3 days by July 1, 2014. As a benchmark, in December 2013 ADHS was receiving 67% of the samples in 3 days, 20% in 4 days, 9% in 5 days, 4% of the samples took more than 5 days to get to the State Lab.

As of July 2014 we were receiving 99% of newborn bloodspot specimens within 3 days with an average transit time of just 1.4 days.

The ADHS won the first-ever [Newborn Screening Quality Award](#) from the [March of Dimes](#) this year. ADHS was recognized for shortening the length of time it takes bloodspot samples to get from Arizona hospitals to our State [Laboratory](#), setting and achieving a target of receiving 95% of samples within 72 hours, and for establishing a policy of [full transparency](#) for the length of time it takes Arizona hospitals to send newborn blood samples to our lab.

- **Cardiac Arrest Survival**

Sudden cardiac arrest continued to be a leading cause of death in Arizona during 2014 (7,600/ year), but we also had some promising results.

A study published this year in the [Annals of Emergency Medicine](#) (using our data) demonstrated that AZ cardiac arrest receiving centers paired with informed pre-hospital teams can increase survival from cardiac arrest by 50%. The [study](#) also shows that there are better neurologic outcomes or less damage to the brain.

Because Arizona's EMS agencies and hospitals have implemented key interventions like our [Cardiac Receiving Center Program](#), the survival rate from Sudden Cardiac Arrest in Arizona has increased by 300% in the last 10 years. Arizona's pre-hospital and EMS system has become a model that has been adopted across the country – and now is shaping international models for cardiac arrest.

- **Childhood Immunizations**

Childhood immunizations are widely credited as one of the [top ten public health achievements](#) of the 20<sup>th</sup> century. For the 13 diseases included on the current U.S. childhood immunization schedule, 20 million cases of disease are prevented per year, 42,000 lives are saved, and the healthcare system realizes \$13.6 million in direct medical costs (see the study [here](#)).

Due to challenges with vaccines costs, reimbursements and financing systems, there's been a decrease in the number of healthcare providers that offer vaccines. This has led to more children presenting for vaccinations at the county health departments and more children with incomplete vaccinations.

For several years now, immunization partners locally and nationally have worked to identify problems with vaccine financing and availability and define solutions. During the spring of 2014 the Legislature passed House Bill 2491, which facilitated the creation of a [Vaccine Financing and Availability Advisory Committee](#) to analyze the situation in Arizona. ADHS released the Committee's [report](#) in late 2014, making recommendations about cost, purchasing, payment and availability of vaccines.

- **Infectious Disease Preparedness & Response**

The Ebola virus, influenza, enterovirus, tuberculosis, and other emerging infectious diseases posed key public health challenges in Arizona during 2014, sparking important interventions. In October the Governor Brewer issued an Executive Order establishing the [Council on Infectious Disease Preparedness and Response](#) to develop and implement a coordinated plan to ensure Arizona's public health infrastructure is prepared for the outbreak of diseases like the Ebola virus, influenza, enterovirus, tuberculosis.

The Council examined existing preparedness plans and identified and filled key gaps in Arizona's response plans and delivered a [Report](#) to the Governor that includes a series of new protocols & procedures that improve patient and community safety and strengthens Arizona's public health and healthcare readiness to effectively deal with emerging infectious diseases.

There were 2 key pieces to improving Arizona's Ebola virus response readiness:

- Developing a [protocol](#) for monitoring travelers and clinicians that are returning to AZ from the affected countries. A total of 36 persons have returned to Arizona from the affected countries since we began our active monitoring in October. Twenty-four of them have completed their 21-day monitoring period and 8 are still being monitored.
- Fleshing out the details of the EMS and hospital response in case a returnee becomes ill. The [University of Arizona Health Network](#) joined the [Maricopa Integrated Health System](#) this year by committing to become an *Infectious Disease Treatment Center of Excellence*. As a result, Arizona is better able to develop a seamless infectious disease response plan as new infectious diseases emerge; ensure smooth patient transport; avoiding unnecessary healthcare worker and community exposures; and allow other hospitals to focus on screening and diagnosing patients.
- **Published Reports**  
ADHS Published the Annual Vital Statistics [Big Book 2012](#) in a mobile friendly format, and the annual [Behavior Risk Factor Surveillance System \(BRFSS\)](#) report.

ADHS published the Arizona Medical Marijuana Program [Annual Report](#) and the 2014 [End of the Year report](#).

ADHS published the comprehensive 2013 [Abortion Report](#), showing a 1.0 percent overall increase in abortions in Arizona.

## Public Health Prevention

- **Prescription Painkiller Misuse and Abuse**  
The misuse and abuse of prescription painkillers continued to be a major public health challenge in 2014. Misuse and abuse of opiate prescription painkillers continued to kill more people than car crashes in 2014.  
  
In 2014 ADHS released new [Arizona Opioid Prescribing Guidelines](#) for Arizona clinicians. These guidelines are a voluntary, consensus set of principles and best practices for prescribing opioids. The [Guidelines](#) were built using the expertise of practitioners from across Arizona including representatives from professional associations, health plans, academic institutions, federal healthcare providers, and many others.

- **Teen Pregnancy and Births**

Teen pregnancies and births continued to be a challenge for Arizona in 2014. Having a baby as a teenager impacts the mom, the dad, the baby and the whole community. Teen parents often don't finish high school which, in turn, reduces their ability to financially take care of their newborn- resulting in an estimated \$11B per year in increased health care, foster care, incarceration, and lost tax revenue nationwide.

Arizona's teen birth rate decreased 10% in the last year according to this year's [Preliminary Birth Data for 2013](#). Since 2009 Arizona's teen birth rate has dropped more than 30%; from 10,725 in 2009 to 7,222 in 2013.

- **Tobacco Use**

Tobacco use is a major factor in 4 out of the 5 leading causes of death: heart disease, cancer, lung disease and stroke. It causes about 1/3 of heart disease and cancer, and most emphysema.

ADHS developed a new strategic plan to improve the effectiveness of our smoking cessation resources via the [Arizona Smokers' Helpline](#) and launched [Project Quit](#) a couple of years ago. Over the last year the adult smoking rate dropped 2%... going from 19% 2011 to 17% today. The youth smoking rate fell from [17% to 14%](#). We've had a 30% drop in our AZ youth smoking rate over the last 4 years meaning that there are 110,000 fewer kids smokers today than four years ago.

## Operations

- **State Health Assessment & Arizona Health Improvement Plan**

To better understand the health status of Arizona's population, ADHS partnered with the county health departments to conduct Community Health Assessments in 2014. We used the Community Health Assessments to develop a comprehensive [State Health Assessment](#), which became basis for putting together an [Arizona Health Improvement Plan](#) (AzHIP).

We began developing the [AzHIP](#) in late 2014 by prioritizing the 15 leading public health issues in the [State Health Assessment](#) and we're well on our way to developing strategies to "move the needle" on the priority public health issues and to achieve improved health outcomes over the next 5 years.

## Legislative Implementation

- ADHS worked with the [Arizona Department of Education](#) to [publish rules](#) regarding the use of Epinephrine auto-injectors in schools as required by Laws 2013, Chapter 243 (SB 1421).
- The FY 2014 budget required ADHS to collaborate with AHCCCS to publish the [Hospital Charge Master Transparency report](#), helping pave the way for clearer consumer information.
- Laws 2013, Chapter 220 (SB 1375) mandates [ADHS begin](#) closely tracking specific outcomes and budget information related to behavioral health services for foster children, to ensure services are being delivered to those in need.

Here are the eight topics required by statute in the ADHS Annual Report.

- Each year, ADHS compiles the [Arizona Health Status and Vital Statistics Report](#) with information on vital statistics and the health status of Arizona residents.
- In addition to the highlights previously outlined, the activities of the Department are chronicled on the [Director's blog](#).
- [County Public Health Departments](#) continue to serve a vital role in public health and had many accomplishments in 2014.
- ADHS monitors and tracks various [diseases](#) throughout the state.
- Public health expenditures by the [state](#) and [counties](#) add up to millions of dollars.
- [Obesity](#) remains the largest public health threat to Arizona.
- The [Arizona State Hospital](#) serves an important role for the Department.
- The functions of CRS were [successfully transferred to AHCCCS](#) in 2011.

There is much more information available about the Department on our website at [www.AZDHS.gov](http://www.AZDHS.gov). Please feel free to explore the online content for each of our Divisions and the many programs that we provide for the people of Arizona.

Sincerely,

Cory Nelson  
Acting Director, ADHS