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Bureau of Health Systems Development Arizona Healthcare Connection - March 2012



Empowering Providers for a Healthy Arizona
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Introduction from Arizona's Primary Care Office Director

Greetings! The Arizona Department of Health Services (ADHS), Division of Public Health, **Bureau of Health Systems Development** serves as the Primary Care Office (PCO) for the state. The PCO provides a liaison between the community, state and federal government and is dedicated to addressing health disparities and improving access to primary healthcare among Arizona's vulnerable and underserved populations.

Like many states in the nation, Arizona suffers from a shortage of physicians. Nationally, our ratio of physicians to population ranks 35th in the country, with just 218.3 physicians per 100,000 residents compared to a national average of 255.8/100,000 (American Medical Association, Physician Masterfile, December 31, 2009). The economic downturn has driven the percentage of Arizona's uninsured to 16.9% (2010 U.S. Census Bureau) and intensified healthcare need in many Arizona communities.

The service and commitment provided by NHSC clinicians and service sites is integral to our strategic direction. Your service commitment is a critical element in the success of ADHS' initiatives to improve access to care and achieve targeted health outcomes. We recognize your contribution and are committed to increasing your satisfaction and sense of professional community while practicing in Arizona's underserved populations.

The *Arizona Healthcare Connection* is designed to establish communication among clinicians and provide the information and resources necessary to assure you "feel at home" in your service community. In the months to come we look forward to sharing with you, through our quarterly newsletter, personal stories from workforce clinicians, the demographics of communities with the greatest need, community resources and information about the programs ADHS administers. Workforce programs designed to recruit and retain clinicians in designated health professional



Patricia Tarango, M.S., Bureau Chief, Arizona Department of Health Services, Division of Public Health Services, Bureau of Health Systems Development and has been with ADHS for more than 12 years. Patricia grew up in rural Arizona and has been passionate about health her entire life. She has spent her career advancing Arizonan's access to care and is an advocate for the underserved.

Customer Feedback



shortage areas (HPSAs) will be highlighted. We will introduce the ADHS [Fit at Fifty HealthCheck Program](#) and [Well Woman HealthCheck Program](#) programs available to provide screening and diagnosis for colorectal, breast and cervical cancers to the uninsured. Other topics will include information on ADHS' strategic initiatives that support the development of an [Integrated Model of Care](#) designed to reduce costs and provide better health outcomes for persons with serious mental illness, nutrition and physical activity policy development and employee wellness. [Community development](#), efforts to reduce [health disparities](#), and changes in the designation of underserved populations will also be identified and featured.

Your support and feedback is pivotal to our success and we look forward to hearing from you. Please [contact us](#) with your comments, suggestions and recommendations.

Thank you for your continued dedication and commitment to service.

Best Regards,

Patricia Tarango
Director, Arizona Primary Care Office

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Arizona's Community in Need



Dr. Michael Adu-Tutu, Health Services Division Director, Arizona Department of Corrections

As Health Services Division Director, Dr. Michael Adu-Tutu oversees the comprehensive health care services of the Arizona Department of Corrections (ADC). This includes responsibility for coordinating medical, mental health, dental, and pharmacy services to over 40,000 inmates in the correctional system.

Medical care to Arizona's incarcerated population is provided in a managed-care system with a primary health care center housed at each [correctional institution](#). Medical care is provided 24 hours a day by qualified medical personnel. When necessary, ADC contracts with specialty providers and hospitals in the surrounding community for specialty consultation and in-patient treatment.

Healthcare needs tend to be higher in the correctional setting than in the general population. A significant number of incarcerated individuals are diagnosed with chronic medical, dental, mental health and substance abuse problems through the correctional health care system. For some inmates the initial evaluation provided by the correctional health care professional is their first encounter with any health care system. Initial screenings provide an opportunity for intervention and treatment. A healthy inmate population benefits the correctional institution by providing a safer and healthier environment and serves to protect public health, as inmates return to their communities upon release.

Recruiting and retaining qualified personnel to provide primary health care services to the inmate population is challenging for all correctional health care systems and especially so for many ADC facilities. The difficulties maintaining adequate workforce in Arizona's general population are often magnified in correctional

facilities. Barriers to recruitment and retention include the geographic placement of prison facilities, distance between professional groups, challenging prison environment, and ageing infrastructure at some institutions compared to modern health care setting in metropolitan areas.

While a career in correctional medicine may be demanding, serving this unique population is professionally rewarding. Full and part time positions for physicians (including psychiatrists), nurse practitioners, physician assistants, psychologists, and dentists, are available at various prison complexes statewide. Many ADC facilities are qualified for NHSC Loan Repayment and Conrad 30 J-1 waivers. Get more [information on access to healthcare](#). 

If you are interested in serving at any of the ADC primary health care centers or want to receive additional information, please contact:

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1601 W. Jefferson
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NHSC Story of Commitment

My story begins, as many others do, with my coming into the world. I was born in a small rural hospital in Safford, AZ. This is significant to the story as I now spend most of my mornings examining newborns in that same nursery. I came into the world to a small town and have been determined since then to spend as little time possible in the big city. This love for wide open spaces and very few traffic lights became very convenient early in my training when I learned that the National Health Service Corps had programs that could assist physicians wanting to work in rural areas with the medically underserved. Knowing that I wanted to be a pediatrician in a small town, I was able to apply for and be awarded an NHSC scholarship prior to medical school. This wonderful program made my medical school experience much more enjoyable as I was able to leave the financing of my medical education to the NHSC while I focused on my studies and raising a family. I remember scouring the list of NHSC site vacancies all through my training and anticipating the exciting experiences that awaited me upon completion of my training and entering the repayment phase of the scholarship program.



Dr. Richard Keith and his family. Richard and Jenny have been married for 15 years and have four children. Dr. Keith was a NHSC Scholar and lives with his family in Safford, Arizona.

Upon completion of medical school at Creighton University School of Medicine and a pediatric residency at Phoenix Children's Hospital, I was able to obtain a position at the Whiteriver Indian Hospital on the White Mountain Apache Indian reservation in some of the most beautiful country in the Western United States. My first real job! The time I spent in Whiteriver has been invaluable to my medical training. Where else can a pediatrician deliver babies himself, treat trauma victims in the Emergency Department, and deal with conditions completely foreign to pediatricians such as heart attacks and hypertensive crisis? In addition to being able to work outside the normal pediatric comfort zone, there were also several opportunities to make a real difference as a physician trained in pediatrics. There were many occasions when it was necessary for me to travel with the ambulance crew to transport critically ill, intubated children by ground over winding snowy roads when weather did not permit air transport. There were also times when it was necessary to manage critically premature infants while waiting for a storm to die down enough for air crews to arrive. While these moments were extremely stressful and seemed to push those of us involved to the edge of our abilities, they also left us with great feelings of accomplishment and satisfaction. We had the feeling that lives were blessed because of our willingness to be there.

It had always been my dream to practice pediatrics in my hometown. After four wonderful years in Whiteriver, an opportunity arose to return to the Gila Valley in Southeastern Arizona. There had not been a pediatrician in the area for several years and I was fortunate to obtain a position at The Gila Valley Clinic in Safford, AZ in the fall of last year. To add to my good fortune, I was able to obtain further assistance with my educational loans through the [Arizona Department of Health Services Arizona Loan Repayment Program](#). My experience thus far has been equally rewarding. Although fortunately I am no longer called upon to manage acute MI's or deliver babies, I do have ample opportunity to take care of the babies once they are born and on several occasions have been able make a real difference in the lives of critically ill children and infants by my willingness to work in this rural community as well.

There are several unique aspects to providing care in the rural setting and I have often thought that every physician should have the opportunity to do so if only to gain an understanding of what it is like and what resources are available. Taking care of critically ill patients with limited resources and far away from an Intensive Care Unit provides exciting challenges and rewards. One of my favorite aspects of rural medicine is something I like to refer to as the Walmart factor. If you can go on a routine shopping trip with your spouse to the local Walmart and each time be greeted in the aisles by a dozen or so families that you have been working with and have your little pediatric patients run up and give you hugs throughout the store, and if you appreciate that, then rural medicine is the thing for you. I know it has been for me, and I look forward to a lifetime of excited children wanting to catch my attention in Walmart to let me know that I am their doctor. It just doesn't get much better than that.

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Community Resources

Medicare Physician Bonus Program

The Centers for Medicare & Medicaid Services (CMS) operates a Medicare Physician Bonus Program to encourage physicians to work in underserved areas and improve access to care for Medicare beneficiaries. Certain physicians—including MDs, DOs, dentists, podiatrists, and chiropractors—are eligible to receive a 10% bonus, based on the amount paid by Medicare, if they are furnishing services to Medicare beneficiaries in a "geographic" primary care [Health Professional Shortage Area \(HPSA\)](#). Psychiatrists practicing in a mental health HPSA are also eligible for the Medicare bonus. The zip code in which services are rendered must be within a designated HPSA as of December 31 of the prior year. It is the [provider's responsibility to ensure they are in an eligible area](#).

HPSA designations are required to be updated every three years through a data-driven process. If a community loses its "geographic" HPSA designation, Medicare bonus payments will continue to be paid until the end of that calendar year. After that

time, providers in that community will no longer be eligible for the bonus.

Shortage Designation Update

Federally designated Health Professional Shortage Areas (HPSAs) are reviewed every three years. Updates and changes to designation statuses are made by Health Resources and Services Administration (HRSA) on a continuous, rolling basis. This update includes all designations with a status change (new, updated or withdrawn) within the past quarter. Review update to determine changes in status that may affect loan repayment qualification, Conrad 30 service, and/or Medicare/Medicaid bonus payments. Current federal designation information can always be found at <http://hpsafind.hrsa.gov>. For questions, contact Tracy Lenartz, Designations Coordinator, at tracy.lenartz@azdhs.gov.

Provider Surveys

In an effort to accurately reflect provider shortages and assess healthcare needs, Arizona Department of Health Services (ADHS), Division of Public Health, Bureau of Health Systems Development began statewide telephone surveys to update our primary care, dental, and mental health provider database. As of January 13, 2011, psychiatrist surveys have been completed and dentist surveys are underway. Provider and office staff cooperation and assistance is greatly appreciated. Survey data will be utilized to submit HPSA designations for all communities that meet federal criteria, thus expanding the number of sites eligible to participate in **Workforce Recruitment and Retention Programs**. Provider information is not published or shared and is only used to calculate aggregate totals for the community.

For more information or assistance contact Tracy Lenartz at 602-542-1772 or Tracy.Lenartz@azdhs.gov.

HRSA Grant Update

Health Resources and Service Administration (HRSA) has recently **updated funding commitments** to expand healthcare services.

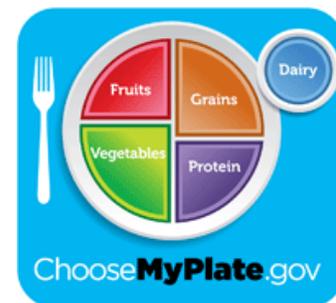
MARCH is Colon Cancer Awareness and National Nutrition Month

Dress in Blue Day, March 2, 2012

Colon cancer is one of the few cancers that can be prevented through screening. However, there are challenges inherent in the screening process that limit the number of people willing to be screened. The first challenge is to discuss the need for screening; this is not a topic that all patients are comfortable discussing. March is a great month to display Colon Cancer Awareness Materials in your clinic. The materials may prompt discussions that can result in lives saved. Materials for Dress in Blue Day, March 2nd, can be found at the **Colon Cancer Alliance website**. Being uninsured is no longer an excuse for not getting screened; ADHS has the **Fit at Fifty HealthCheck Program** which provides colorectal cancer screening for the uninsured. If you have an uninsured patient needing to be screened please call 602-542-1222 and we will connect that patient with the provider closest to them. There are providers in the following counties: Coconino, Mohave, Maricopa and Pima.

Balancing Calories – Enjoy Food but Eat Less

The **Department of Agriculture (USDA)** and the **Department of Health and Human Services (HHS)** have jointly released **new dietary guidelines** designed to encourage a reduction of calorie consumption and increase physical activity to "reduce risk of chronic disease and promote overall health". The food pyramid has evolved to **My Plate**—a graphic image visually prompting patients to fill half their plates with fruits and vegetables, along with traditional meat, whole grains and low/non-fat dairy products. Dietary Guidelines remind patients to make smart choices from every food group, get the most nutrition out of calories, and balance intake with physical activity.



To support dietary guidelines, the USDA recently launched **Super Tracker** a FREE online health and fitness tool designed to assist patients in planning and tracking diet and physical activity. The Super Tracker provides patients with the ability to track foods and physical activity while accessing a large database outlining calories, nutritional content, and burn rates for favorite foods and activities. Individual profiles may be developed, goals may be customized, progress journaled and measured, and friends added for support.

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Data and Statistics

When it comes to the number of physicians serving on a per capita basis, Arizona ranks 35th in the nation. With just 218 physicians per 100,000 population Arizona requires an additional 2,475 physicians (a 15% increase over the current number) to reach the national average (256 per 100,000). Additional trends in access to care for Arizona's rural communities are identified in the **Workforce Study of Healthcare Providers in Rural Arizona** published by the **Center for Rural Health**, Mel and Enid Zuckerman College of Public Health, the University of Arizona, April 2011. The report analyzes workforce trends by provider type and compares rural and urban communities. Trend analysis includes workforce data collected from 2003-2006 (and in some cases 2007) and presents findings in context with other key Workforce Reports. Findings include stable or increased number of healthcare providers per capita with a continued disparity between Rural and Urban populations. Additional findings include a substantial growth among Physician Assistants (29%) and Nurse Practitioners (21%) and a small reduction in the number of OB GYN practitioners (3%).

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Emergency Preparedness

The Arizona Department of Health Services (ADHS) emergency response team needs your help. Arizona needs approximately 17,000 volunteers of all health care disciplines to effectively respond to state and national emergencies. Currently only 1300 health professionals have registered for volunteer service.

Congress created the [Emergency System for the Advance Registration of Volunteer Health Professionals \(ESAR-VHP\)](#) to mobilize local, state and national health professionals in the case of state or national disasters. Advance registration has vastly improved emergency preparedness capabilities. States can now respond to request for volunteers within 24-48 hours.

While volunteers are a valuable resource in the case of an emergency, the influx of unregistered volunteers can create a bottle neck at emergency sites. Advance registration allows Public Health Officials to verify clinician's discipline and certification so they may be mobilized and deployed according to a coordinated effort.

In Arizona, the most likely threats to safety include floods, wildfires, power outages and nuclear generating stations (we host the largest in the nation). The average number of state emergencies Arizona files with the Federal Emergency Management Agency (FEMA) is three to eight per year. And while Arizona ranks among the bottom of the list for natural disasters, we are high on the list of resources targeted to respond to emergencies in other states.

[Register to volunteer your service in the event of emergency](#) and help Arizona ESAR-VHP achieve the goal of doubling registered volunteers by the end of the year.

For more information, see the [ADHS ESAR-VHP FAQs](#) or contact:

State Health Volunteer Response Coordinator
Email: esar-vhp@siren.az.gov
Help Desk: (602) 364-3318

or

Antonio Hernandez
Arizona Health Volunteer Response Coordinator
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Continuing Medical Education

View a [current list of Continuing Medical Education \(CME\) meetings](#)  for the coming quarter. ADHS seeks input on CME activities from a wide variety of CME providers in Arizona. If you are a CME provider and wish to have your information added to this page, please [contact us](#).

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For newsletter editorial, suggestions, provider or site nominations and feedback please contact:

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