



# **New Mexico Health Policy Commission**

## **2006 ANNUAL REPORT**



February 2007

## **The New Mexico Health Policy Commission**

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Andy Lopez, Chairman  
Waldo Anton, Vice-Chairman  
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Moises Morales  
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State of New Mexico

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February 1, 2007

Governor Bill Richardson  
Members of the New Mexico Legislature  
New Mexico Health Care Consumers

As Director of the New Mexico Health Policy Commission (HPC), it is my pleasure to present the 2006 Annual Report, detailing progress this agency has made in addressing the state's health policy and planning issues during the past year. We face many complex health care issues in New Mexico as the demand for health care continues to increase, people live longer and new technologies and medicines are introduced. Taking these health issues into consideration, accurate, relevant and unbiased health care analysis is essential to policy makers and consumers. The HPC continues its mandate and commitment to improving health care in New Mexico through accurate health policy analysis.

The dedication and diligent efforts of the Commission and staff members who have strived to fulfill the HPC's mandate to investigate and report the complex health care issues challenging the citizens of New Mexico is to be commended.

In 2007, the HPC is eager to continue its efforts to investigate the many health care issues that New Mexicans face. On behalf of the HPC, thank you for your interest in this Annual Report.

Respectfully,

A handwritten signature in black ink, reading "Patricio C. Larragoite DDS".

Patricio C. Larragoite, DDS  
Executive Director



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## **Mission**

The Health Policy Commission (HPC) is a state agency that provides independent research, guidance and recommendations on health policy issues that impact the health status of New Mexicans.

## **Vision**

The HPC will help New Mexican's improve their health status by being the State's trusted advisor on health policy issues. The HPC will:

- be valued by peers, colleagues and consumers for it's independence and expertise;
- provide leadership in identifying and researching critical health and health care delivery issues;
- provide policy research and recommendations to the legislative and executive branches of state government; and
- maintain a work environment that encourages individual growth and teamwork.

The vision will be accomplished by:

- focusing on activities that will have the greatest impact on the health status of New Mexicans;
- utilizing resources as effectively as possible;
- securing additional funding levels to support agency activities; and
- recruiting and retaining the best possible staff.

Key objectives include:

- contribute to, adopt and advance best practices;
- improve collaboration with other organizations and agencies;
- continue to build staff capabilities;
- enhance the agency's visibility;
- enhance the Geographic Access Database System (GADS);
- continue to enhance the Hospital Inpatient Discharge Data (HIDD);
- determine feasibility of securing grant funds; and
- continue to enhance the Information Technology (IT) Strategic plan.

## **Statutory Authority**

The HPC was established by statute in 1991. The purpose of the HPC is to provide a forum for the discussion of complex health policy and planning issues, as well as the creative exploration of ideas, issues and problems surrounding health policy and planning. The HPC is an independent state agency, administratively attached to the Department of Finance and Administration. The HPC is responsible for conducting analysis, providing technical assistance and formulating recommendations to both the Executive and Legislative branches of state government based on objective analysis of data and information, public and professional input and staff research.

The governing statutes of the HPC are:

### **Health Policy Commission Act – Chapter 9-7-11.1, 11.2 NMSA 1978 Health Information Systems Act – Chapter 24-14A-1 NMSA 1978**

The state health policy is defined by the Health Policy Commission Act as follows:

“It is the policy of the state of New Mexico to promote optimal health; to prevent disease, disability and premature death; to improve the quality of life; and to assure that basic health services are available, accessible, acceptable and culturally appropriate, regardless of financial status.”

The complete acts may be found on the HPC web site at [www.hpc.state.nm.us](http://www.hpc.state.nm.us).

The following provides an overview of the HPC summarizing the key health care issues and activities in 2006 and identifies future objectives.

## **Commission Overview**

The HPC is composed of nine members appointed by the Governor with the consent of the Senate to reflect the ethnic, economic, geographic and professional diversity of the state. Members serve staggered three year terms. Current members of the HPC include:

- Andy Lopez, Chairman  
El Rito, New Mexico
- Waldo Anton, Vice-Chairman  
Santa Fe, New Mexico
- Frank Hesse, MD  
Albuquerque, New Mexico
- Seferino Montano  
Portales, New Mexico

- Moises Morales  
Tierra Amarilla, New Mexico
- Miles Nelson, MD  
Santa Fe, New Mexico
- Alicia Roman  
Sunland Park, New Mexico
- Michael Trujillo, MD  
Albuquerque, New Mexico

## **National and State Context**

Health policy issues in the nation are currently receiving considerable attention and visibility. As our nation attempts to find ways to provide coverage to the growing ranks of the uninsured, it is simultaneously faced with significant shortages of health professionals and an industry that continues to consume an increasing percentage of our nation's economic resources. Some health professionals have postulated that these factors and others may combine to create a "perfect storm" that could jeopardize our health care delivery system as we know it.

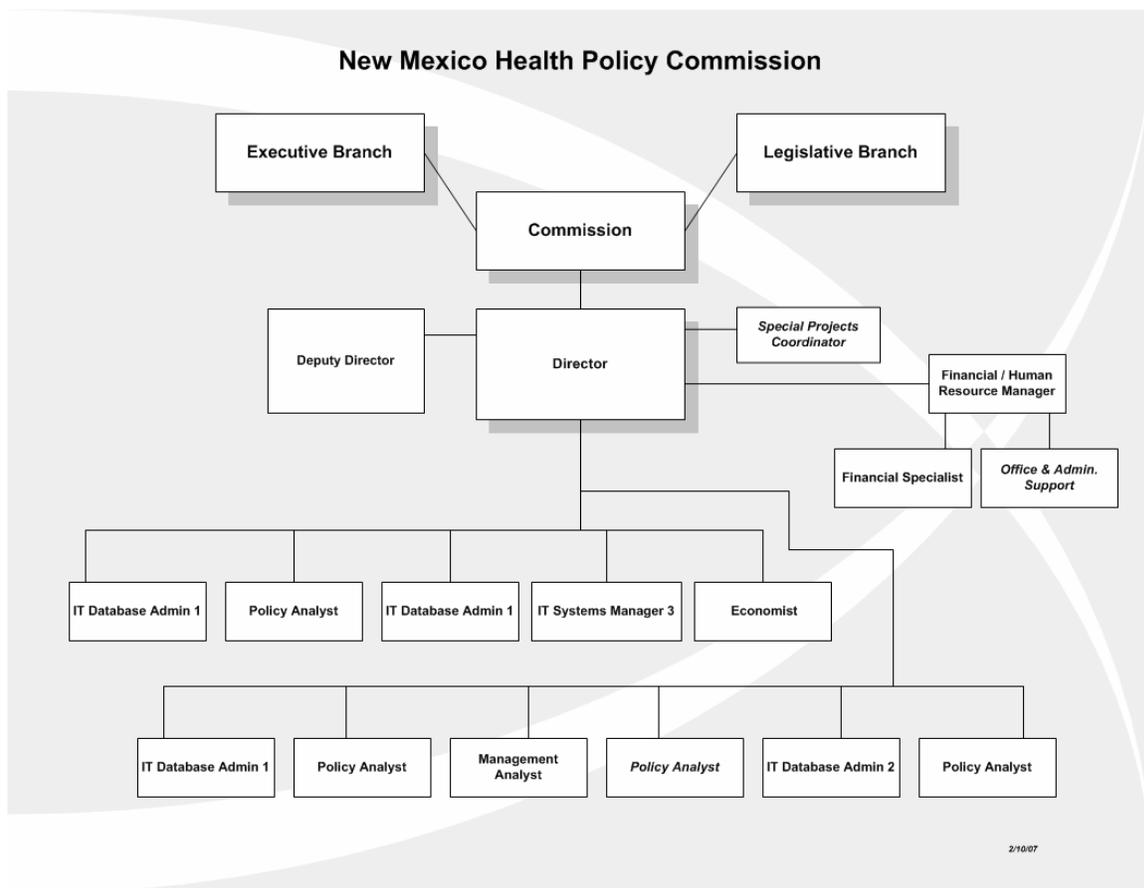
In establishing the HPC, the New Mexico Legislature determined that good health is high on the list of state priorities. Achieving optimal health requires both individual and collective responsibility and action. Therefore, state government must assume a leadership role by establishing and implementing policies in all aspects of health. In order to fulfill its proper leadership obligation within public resource constraints, the state must perform a variety of carefully tailored roles in concert with individuals; the private sector; and local, federal and tribal governments. Health care continues to require a growing portion of the state's public and private resources impacting a broad segment of the state's economy. It is, therefore, necessary to maintain an entity for research, guidance and recommendations for health policy and planning issues.

## Staff

The Health Policy Commission currently includes 13 classified employees and 3 exempt employees that include the Director, Deputy Director and Special Assistant for Projects.

## Organizational Chart

The organizational chart details the positions within the organization and the employees presently employed in those positions.



## Strategic Plan

The HPC is an independent state agency whose mission is to improve access and quality health care for all New Mexicans by providing timely, relevant health care information and analysis on health policy research and planning issues. The primary goals of the HPC are:

- monitor the implementation of the state health policy through research, analysis and the development of policy recommendations;
- create, sponsor, and participate in partnerships, open forums, and task force activities to develop strategies that facilitate the implementation of the state health policy;
- enhance available information for planning, policy making, and consumers to make informed health care decisions and to facilitate an efficient, effective health care system through the application of information technology; and
- promote awareness of the HPC's leadership and objective forums for the discussion of complex and controversial health policy and planning issues.

To utilize the Commission and staff's expertise, the HPC recently updated the agency's plan. The New Heights Group, a consulting firm, was responsible for the review and update of the plan. The New Heights Group interviewed staff, Commissioners, other state agencies and stakeholders to identify strengths, weaknesses, and future opportunities for the HPC. (Goals and Objectives adopted by the HPC are included in the Appendix)

### **Information Technology Strategic Plan**

The HPC's Information Technology (IT) Strategic Plan has been developed with the goal of maintaining stability and continuing improvements in IT operations and management. Due to the State IT Consolidation Program requirements, IT hiring was frozen in FY05. During that time the HPC also experienced a nearly complete turnover of existing IT staff. The net result was a slowdown of IT related development within the agency and an overdependence on contractors to provide vital IT functions.

In the last quarter of FY06, the HPC hired an IT Systems Manager. The primary task of the systems manger is to assess and address the IT needs of the HPC. The agency has established as an agency goal that the HPC internalize as much IT functionality as possible. Making progress toward accomplishing this goal represents IT cost savings for the HPC and contributes to the Executive's goal of reducing the cost of government operations.

IT expenditures have been, and will continue to be, used to update the HPC's databases by leveraging existing database software capabilities, specifically MS SQL Server and MS Access, standardizing a platform that best meets database system requirements. The HPC also will continue to update and improve its website to more effectively disseminate health policy information to its customers and stakeholders.

In addition to the IT Strategic Plan, the HPC has implemented the State's SHARE system. The HPC's IT System's Manager participates in Chief Information Office (CIO) Council and the State IT Commission meetings to stay informed of the issues impacting state government. This will coordinate the IT initiatives and how they affect the HPC's IT environment. The state's and HPC objective is to enhance delivery of services to constituents. The HPC has an online application that compares New Mexico managed care health plans based on multiple performance measures. The HPC's website also provides useful information for selecting a Medicare approved drug discount card. In addition, the HPC is also supporting economic development by collecting and analyzing data regarding health care facilities and professionals in NM as part of its Geographic Access Data System (GADS). This system enables the HPC to identify areas of New Mexico where there are shortages of health care services and providers. This data can in turn be used to assist in the recruitment and retention of health care providers for the state, which should result in a positive economic impact.

The HPC continues to incorporate the Executive's health care policy initiatives into its IT planning and day to day operations. The following chart elaborates on the HPC's alignment with the Governor's policy initiatives.

Governor's Healthcare Policy Initiatives	HPC Alignment
<p><u>Comprehensive Health Care Plan</u></p> <ul style="list-style-type: none"> <li>• Improve Access</li> <li>• Workforce Development</li> <li>• Financing</li> </ul>	<ul style="list-style-type: none"> <li>• Collect and Report Provider Data by Key Demographics via GADS.</li> <li>• Collect and Report Charity Care and County Financing of Health Care (CFHC) Data.</li> </ul>
<p><u>Access to Health Care</u></p> <ul style="list-style-type: none"> <li>• Reduce Uninsured Rate</li> <li>• Reduce Health Care Costs</li> </ul>	<ul style="list-style-type: none"> <li>• Collect and Report Hospital Discharge Data to Monitor Disease and Injury Rates by Diagnosis (HIDD).</li> </ul>
<p><u>Immunizations</u></p>	<ul style="list-style-type: none"> <li>• Collects and Report Hospital</li> </ul>

<ul style="list-style-type: none"> <li>• Increase Immunization Rates</li> </ul>	<p>Discharge Data to Monitor Disease and Injury Rates by Diagnosis (HIDD).</p> <ul style="list-style-type: none"> <li>• Collect and Report Managed Care Health Plan Quality Measures includes Immunization Rates (HEDIS).</li> </ul>
<p><u>Medicaid</u></p> <ul style="list-style-type: none"> <li>• Control Costs</li> <li>• Protect Services and Eligibility</li> </ul>	<ul style="list-style-type: none"> <li>• Collect and Report Hospital Discharge Data for geographic variation of specific category of illness (HIDD).</li> <li>• Collect and Report Medicaid Health Plan Quality Measures (HEDIS).</li> </ul>

### Financial Highlights

The HPC was appropriated \$1,367,200 for fiscal year 2006; \$1,355,450 from the State General Fund for its normal appropriation and an additional \$11,800 from the State General Fund for the compensation package; representing a 3% decrease in revenue from the 2005 Legislative appropriation.

The HPC's appropriation is accounted for in three expenditure categories:

- \$889,900 for salaries and benefits;
- \$210,300 for contractual services; and
- \$268,000 for other operating costs.

The HPC's capital assets include personal computer hardware, software and server. The HPC leases the building from which it conducts business.

## Annual Publications

### *Health Quick Facts*

The HPC annually publishes *Health Quick Facts*. This report is intended to be a handy reference for up-to-date information concerning health care access, financing, delivery and outcomes in New Mexico. *Quick Facts* is made available to the Governor's office, state Legislators, health care providers and interested parties and is available online at [www.hpc.state.nm.us](http://www.hpc.state.nm.us).

The following is a glimpse of various information items available in *Quick Facts*:

- The median age of the New Mexico population has increased from 34.6 years in 2000 to 35.2 years in 2003. Additionally, the number of persons aged 65 and over has increased—from 93,747 in 2000 to 99,462 in 2003 (males), and from 119,616 in 2000 to 125,804 in 2003 (females);
- The rate of deaths in New Mexico due to heart disease, cancer and stroke is lower than the national average;
- Eighty seven percent of New Mexicans wear seat belts: Ninety three percent of high school students reported wearing seat belts and 59% of infants and toddlers ride in care safety seats;
- Although New Mexico has a very high rate of uninsured citizens, the percent of uninsured has been decreasing. For children under 18, the rate was 26.3% in 1999, compared to 13.2% in 2003. For people under 65, the rate was 28.1% in 1999 compared to 25.1% in 2003;
- The total number of patients discharged from all New Mexico hospitals has remained essentially unchanged from 1998 (211,031) to 2002 (211,506). In addition, the average length of stay for all age groups has increased slightly, from 4.0 days in 1998 to 4.2 days in 2002, despite the increase in age and increase in overall population;
- New Mexico reporting health plans have improved the rate of childhood immunization status (combo 1) from 42.78% to 58.08%. The national rate was 74.40%;
- Medicaid managed care plan members have consistently rated their health care higher than commercial and Medicare plan members since 2002. The New Mexico Medicaid health plan quality ratings from adults and children has been higher than the US Medicaid rating for health plan quality for three consecutive years beginning in 2002; and

- In 2002, New Mexico's Personal Care Option (PCO) participants averaged 116 hours per client, per month, while the national average was 70 to 80 hours per participant.

### *County Financing of Health Care Report*

The *County Financing of Health Care* (CFHC) report is an annual publication prepared with the cooperation of New Mexico counties to provide all stakeholders with a comprehensive view of county financing of indigent health care in New Mexico. Thirty of thirty-three New Mexico Counties collect and distribute tax revenues to local hospitals and indigent health care programs. Counties are authorized to collect and expand the funds under NMSA 1978, Article 27-5, the Indigent Hospital and County Health Care Act and NMSA 1978, Article 7-20 the County Health Care Gross Receipts Tax. To comply with the statutes, counties are to report indigent health care financial and aggregate clinical activity data to the HPC on an annual basis.

Counties may apply funds to the indigent health care through the Sole Community Provider Health Funds (SCPF) and County Supported Medicaid Funds (CSMF). Funds collected for the CSMF are pooled at the State level and federally matched at a 3:1 ratio. The funds are distributed to New Mexico Counties for Medicaid eligible citizens by the State's Medicaid Program. County commissions are authorized to draft ordinances to collect and allocate gross receipt taxes, other taxes and fees to provide services for indigent health care based on individual county demographics and budgets.

New Mexico Counties determine eligibility for indigent health care services by considering resident's family income, assessed worth, debt ratio, residency, citizenship and requested health care services. Counties can negotiate reimbursement rates for providers and set payment limits for clients. The State allows each county to determine how to provide indigent health care. The counties balance their limited financial assets with the needs of their local populations to provide services to citizens who are most in need of health care.

Counties designate local funds for indigent health care through mill levy taxes, other taxes and general fund appropriations. These funds can be applied to health care costs, including health care debt funding and health related capital improvements.

The total county funding health care revenue increased in Fiscal Year 2006 by 11% over the previous year. This increase is attributed to an increase in gross receipts contributions as well as increases in interest, penalties, fees, refunds, contributions, miscellaneous revenue and reimbursements. The full report can be found on the HPC web site: [www.hpc.state.nm.us](http://www.hpc.state.nm.us).

### *New Mexico Consumer Guide to Managed Care*

Section 7.1.22 of the New Mexico Administrative Code (NMAC), under amendments to the Health Information Act of 1994 specifies the New Mexico Health Policy Commission issue an annual consumer health information report. In meeting this rule the HPC annually prepares the Consumer Guide to Managed Care Report. The purpose of this report is designed to assist health care consumers in comparatively evaluating the quality of care and performance of health care providers and organizations in New Mexico. The 2006 report findings are based on 2005 data obtained from the health insurance providers.

The HPC has developed the consumer health report to provide information comparing health plans on the basis of quality to supplement information consumers receive on costs and benefits. The *New Mexico Consumer Guide to Managed Care* report includes information about how health plan members rated the care and service they received from their health plan. Additional information includes how the managed care plans scored in specific health care areas such as breast and cervical cancer screenings, immunizations, and diabetic care. Interested parties are encouraged to use the guide along with information about costs and benefits provided by their employer or health plan, to choose the best plan for themselves and their family.

The following managed care plans are included in the 2006 guide:

- HMO New Mexico (Blue Cross Blue Shield) ;
- Lovelace Health Plan, (HMO/POS) ;
- Presbyterian Health Plan, (HMO/POS); and
- United Healthcare of New Mexico, (POS).

### *Hospital Inpatient Discharge Data*

The HPC collects Hospital Inpatient Discharge Data (HIDD) from 49 non-federal licensed general and specialty hospitals in New Mexico. The process of collecting, compiling, and reporting HIDD facilitates the HPC's compliance to the Health Information Systems (HIS) Act, NMSA 1978, 14A-1-10. The collection of HIDD is a valuable part of the HIS mandate to monitor and evaluate state health policy and to provide information to consumers. The HIDD has been in existence since 1990 and has been revised and refined several times to include additional data to more fully meet the statutory purpose.

HIDD data is requested by hospitals for (strategic plan), private industry (health care planning), researchers (health promotion, delivery assessments and prevention efforts), government (epidemiological studies, intervention assessment, delivery assessment and prevention assessment), and students (research papers and health care course work).

Examples of analyses completed in 2006 using the HIDD are as follows:

- certain patient zip code and rest of state;
- prostate cancer by ethnicity;
- cancer statewide and certain counties;
- injury discharges, E-codes and mental disorders;
- zip code for specific Colorado counties and New Mexico counties;
- child hood disease, substance abuse, schizophrenia, bipolar and depression;
- live births;
- lupus;
- alcohol, drug related diagnosis and alcohol and drug related diagnosis;
- patient county;
- ethnicity, age and length of stay;
- pregnancy for Native American Indians by county;
- total birth, birth injury to new born, injury to mothers, complications and misadventures; and
- stroke by ethnicity, age, county, discharge status and gender.

The HPC also annually collects data from New Mexico federal hospitals on two utilization frequencies (# of beds and total # of discharges) to determine the total number of discharges in New Mexico. The data collected from each federal hospital is aggregated with that of all New Mexico federal facilities to present summary information on the total number of beds and total hospital discharges in New Mexico. The HPC collects this data from nine federal hospitals located in New Mexico.

## **Legislative Memorials**

### *House Memorial 38*

#### Background

In 2001, two sections of law were enacted (59A-22-42 and 59A-46-44 NMSA 1978), which require health insurers and health maintenance organizations (HMOs) that provide a prescription drug benefit to also provide coverage for prescription contraceptive drugs or devices.

Subsequent to the effective date of the law, complaints were received regarding failure to provide prescription contraceptive coverage. As a result, in 2002, House Joint Memorial 32 (HJM32) required the Department of Insurance to conduct a survey of health insurers and determine the level of knowledge and compliance with the law. The study found that fewer than 10% of insurers provided prescription contraceptive coverage.

### House Memorial 38 Requests

House Memorial 38 (HM 38) is directly related to the 2002 HJM 32. HM 38, amongst other things, requested:

- Department of Insurance (DOI) update its 2002 survey of health insurers and determine the current level of knowledge and compliance with the law;
- Health Policy Commission (HPC) collect and evaluate relevant health studies and determine the benefits of having prescription contraceptive coverage; and
- HPC work in coordination with the Department of Health (DOH) to prepare educational materials regarding the access and availability to prescription contraceptives.

### Survey Results

DOI's survey focused on those health insurers licensed to sell health insurance in New Mexico that write major medical, HMO and other hospital and medical expense policies.

A total of 359 licensed insurers were surveyed. As of November 13, 2006, 287 companies submitted responses. The state law to provide contraceptive coverage applies to 41 of the 287 respondents because these respondents write major medical, HMO and other hospital and medical expenses policies and provide prescription drug benefits.

All of the 41 companies that reported providing prescription drug coverage indicated that they provided the prescription contraceptive drugs or devices coverage as mandated by New Mexico law. This indicates a high level of knowledge and compliance with the law.

### Benefits of Prescription Contraceptive Coverage

Through its research, the HPC found that contraceptive use and insurance coverage of prescription contraceptives is beneficial, primarily, because it reduces unintended pregnancy, which saves money by reducing both the direct and indirect costs associated with unintended pregnancy, and it also helps to prevent abortion.

Forty-four percent of New Mexico pregnancies are unintended. In the United States, 4 in 10 unintended pregnancies result in abortion. This accounts for about 24% of all pregnancies, excluding miscarriages.

### Educational Materials

In order to meet the educational request of HM 38, the HPC developed a website within its website, which allows the public to access information on:

- State law requires health insurers to offer prescription contraceptive coverage;
- list of Food and Drug Administration (FDA) approved contraceptives, failure rates and associated risks;
- list of health insurers that do and do not provide contraceptive coverage, and links to their websites so that consumers may access their specific plans and find out what is covered;
- information on how to file a complaint if an insurer should and is not providing coverage; and
- links to state and national websites that provide information related to this issue.

This New Mexico Contraceptive Coverage website can be accessed at [www.hpc.state.nm.us](http://www.hpc.state.nm.us).

### *House Memorial 43*

Staff continues to monitor the status of the voluntary implementation of HM 43 by the New Mexico Hospitals and Health Systems Association. HM 43 is a Memorial from the 2005 legislative session that called for the HPC and the Association to develop a consumer friendly method of reporting hospital quality, charges, and rate increases. The Association launched its second phase of this reporting initiative in the fall of 2006.

### **Legislative Bill Analysis**

One hundred and sixty-eight bills were analyzed by staff during the 30-day legislative session. Although most of the bills were health care and insurance related, the staff also were requested to analyze budget, economic and other related bills.

### **Other Health Related Studies**

#### *Obstetrical Safety and Professional Liability Study*

HPC staff in conjunction with representatives of the UNM School of Nursing, UNM School of Medicine, Division of Insurance of the Public Regulation Commission, UNM Law School, and midwives, physicians and attorneys in private practice have formed a study group to make policy recommendations and examine alternatives for resolving problems related to reducing the injuries suffered in the course of childbirth and the cost and availability of malpractice insurance. The HPC has contracted with a nationally known attorney and consultant who is providing advice and direction to the study group. No report on

the progress of the study group is currently available. Also, as part of the study, a survey has been completed of the certified nurse midwives in New Mexico about issues related to professional liability insurance.

### *2007 Physicians Survey*

HPC staff updated the 2002 *Physicians' Survey* and will be distributing it to New Mexico's licensed physicians in early 2007. As in 2002, the survey results will be compiled by the Center for Health Workforce Studies of the State University of New York at Stony Brook. A comparison of the 2002 and 2007 results will be compiled by the HPC. It is anticipated that the results of the 2007 survey and the comparison report may be presented at the National Association of American Medical Colleges Workforce Conference in May 2007.

### *Comprehensive Strategic Health Plan*

In 2004, the New Mexico Legislature determined that the Department of Health, in collaboration with the Health Policy Commission "shall develop a comprehensive strategic plan for health that emphasizes prevention, personal responsibility, access and quality." The *2006 New Mexico Comprehensive Strategic Health Plan* addresses many of the issue areas that were in the 2004 Plan and adds the areas of oral and behavioral health. The Plan is divided into 12 chapter subject areas that include goals, activities and performance measures to be met by 2008. The complete report is available on the HPC website.

## **Collaboration with other Organizations**

### *Governor's Council on Oral Health*

The Governor's Oral Health Council (GOHC) was established by Governor Bill Richardson in 2004 through Executive Order 2004-047. In the order, six duties and responsibilities related to oral health are directed to the council. One of the duties is to provide an annual report to the Governor describing the efforts and accomplishments of the council.

The Council's *2005 Annual Report* indicates that progress has been made in changing the awareness and perception of oral health and disease and its relationship to overall health. The report prioritizes policy goals to be met by the State, recommends how to achieve each goal and identifies oral health issues that would require legislation.

Due to the efforts and recognition of oral health by the Governor, Oral Health America 2004, one of nation's premier, independent advocacy organizations dedicated to improving oral health for all Americans, gave the State of New Mexico the Grade of "A". The GOHC is committed to retaining this grade by

continuing its efforts in increasing the public's awareness and understanding of oral health's importance to total health.

### *Telehealth Commission and Alliance*

The HPC participates as a member of the New Mexico Telehealth Commission. This is accomplished by the Director serving and participating as a member of the Commission. The Commission's charge is to encourage a coordinated system to advance Telehealth throughout the State. In addition, the HPC Director serves on the New Mexico Telehealth Alliance. The Alliance is an operative organization that is a trusted third coordinate of telehealth services between providers and recipients. The Alliance is also involved with user training and services.

This input and participation enables the HPC to fulfill a portion of one of its statutory requirements:

NMSA 1978, Article 24-14A-3. Health information system; creation; duties of commission:

The "health information system" is created for the purpose of assisting the HPC, legislature and other agencies and organizations in the state's efforts in collecting, analyzing and disseminating health information.

The Health Policy Commissioners have been active in Telehealth by endorsing Electronic Medical Health Records legislation and delivery of Electronic Medical Services. The HPC Commissioners also deal with issues as to how telehealth can best increase access and lower cost of health care services for all New Mexicans.

### *Interagency Behavioral Health Purchasing Collaborative and Behavioral Health Planning Council*

As a member agency of the Behavioral Health Purchasing Collaborative the HPC continues to work towards insuring Governor Richardson's vision of ensuring better access, services and use of tax payers' dollars to purchase behavioral health care. The Collaborative's vision is to create "a single behavioral health service delivery system in New Mexico in which available funds are managed effectively and efficiently; the support of the recovery and development of resiliency are expected; mental health is promoted; the adverse effects of substance abuse and mental illness are prevented or reduced; and behavioral health customers [consumers] are assisted in participating fully in the life of their communities." In the New Mexico Statutes Annotated 1978 (NMSA 1978): the HPC is to "ensure that all behavioral health projects, including those relating to

mental health and substance abuse, are conducted in compliance with the requirements of Section 9-7-6.4 11) NMSA 1978”.

The Behavioral Health Planning Council (BHPC) membership includes members that are appointed by the Governor, state agencies, providers, tribal representatives and advocates. By statute the BHPC is represented by more than one-half consumers and family members. The Governor also appoints members to assure geographical and ethnic diversity. The BHPC is designed to incorporate the mental health block grant planning activities required by federal law, but also incorporates previous advisory structures into the single advisory council to the Collaborative, the legislature and the Governor on all matters affecting behavioral health prevention, services, planning, resources and advocacy.

The HPC continues to work towards accomplishing the goals of the Collaborative by providing input to both the Collaborative and the BHPC. Currently review of identified issues using the needs and resource inventory process are being mapped.

#### *Women’s Health Advisory Council*

The HPC is a contributing member of the Governor’s Women’s Health Advisory Council. The vision of this newly established Governor’s council is to create an environment in which every woman and girl in New Mexico will experience optimal health and well-being through consideration of the individual woman’s experiences, using a women-centered approach, and advocating for change in the health care system. The Council has met since April 2006 and through the efforts of the Department of Health will continue to work on advancing their vision for all women in the State.

#### *Department of Veterans Services*

Members of the HPC staff provided the Secretary of the Department of Veterans Services (DVS) with information regarding health concerns of New Mexico veterans. Statistical information on the status of veteran health and health care both nationally and in New Mexico was researched and provided to DVS. The Secretary utilized the resulting report and presentation to report to the Legislative Finance Committee hearing on DVS. An additional request by DVS for statistics on Native American Veterans in New Mexico produced a second research report that was used for the presentation by the Secretary to the Legislative Indian Affairs Committee hearing.

## **Future Initiatives**

In 2007, the HPC will continue its dedication of providing policy makers and concerned citizens with the highest quality health care analysis and reports. This will be accomplished through various annual reports, analysis and pursuing its statutory mandate of promoting optimal health care for the people of New Mexico. The HPC is eager to study the many health care issues that the New Mexico Legislature will engage during the 2007 session. Additionally, the HPC is looking forward to helping Governor Bill Richardson's office with the Governor's Five Point Plan to study insurance coverage for all New Mexicans.

The HPC is at the forefront of many critical health care issues that face New Mexicans. As such, the HPC will continue to provide timely, relevant, and unbiased analysis that will assist policy makers and interested stakeholders towards promoting optimal health care for the people of New Mexico.



## APPENDIX:

### Strategic Goals adopted by the Health Policy Commission

Goal I: Monitor the implementation of State Health Policy through research, analysis and the development of policy recommendations

Objective 1: Adopt and advance best practices

Strategies:

1. System to track requests, including Hospital Information Discharge Data (HIDD)
2. Inventory of best practices
3. Present information and research analysis at Regional and/or National Conferences

Performance Measure Number of requests for information List of best practices Number of presentations
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Objective 2: Continue to implement the IT strategic plan

Strategies:

1. Complete implementation of FY 07 plan
- 2 Update plan for next developmental stage

Performance Measure Completion of goals as outlined in the IT strategic plan.
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Goal II: Create, sponsor and participate in partnerships, open forums and taskforce activities to develop strategies that facilitate the implementation of State health policy.

Objective 1: Improve collaboration with other organizations

Strategies:

1. Continue partnership with Department of Insurance (DOI) on HM 38
2. Encourage other agencies to present and participate in Commission meetings
3. Evaluate feasibility of E-reporting project with Department of Health (DOH)
4. Partner with NM Medical Board to produce tri-annual survey
5. Determine feasibility of interfacing with Division of Licensure and Regulation

Aspen System Project

6. Partner with Office of Workforce Development to help develop a health workforce needs assessment
7. Identify opportunities to collaborate on hot topics and key legislative issues with other organizations

Performance Measure

Number of presentation to Commission from outside agencies and organizations  
Complete feasibility study with DOH and Licensure and Regulation  
Completion of needs assessment with Workforce Development  
Number of identified hot topics  
Number of collaborations with other agencies

Objective 2: Explore additional funding levels to support agency activities

Strategies:

1. Identify potential funding sources
2. Determine eligibility and feasibility of securing federal grants
3. Determine eligibility and feasibility of securing private grants

Performance Measure

Number of identified federal and private potential funding sources

Goal III: Enhance available information for planning, policymaking and consumers to make informed healthcare decisions and facilitate an efficient, effective healthcare system through the application of information technology.

Objective 1: Enhance the Geographic Access Data System (GADS) Database

Strategies:

1. Perform Data gap analysis
2. Work with medical professional licensure boards to determine the feasibility of modifying license application form to include information on languages, licensure and practice location(s)

Performance Measure

Complete, accurate, timely data with the capacity to generate consumer/user friendly reports using the GADS database

## Objective 2: Continue to enhance the HIDD Database

### Strategies:

1. Document HIDD procedures
2. Update data
3. Complete the data set
4. Implement the Virtual Private Network (VPN)
5. Report data

#### Performance Measures

Complete, accurate, timely data with the capacity to generate consumer/user friendly HIDD reports

Generate specific reports for target populations/interested groups using the HIDD database

## Objective 3: Re-evaluate the utility of the County Indigent Fund (CIF) report

### Strategies:

1. Review and revise current survey that is used to complete the CIF Report
2. Determine if survey should be adjusted to better illustrate county by county use of funds
3. Consider revising CIF Report format based on survey results

#### Performance Measure

Re-evaluation of CIF Report completed

Increase data on fund expenditure by NM Counties

## Objective 4: Publish an enhanced annual version of Quick Facts

### Strategies:

1. Determine how Quick Facts is utilized by consumers
2. Enhance format design
3. Initiate marketing strategy for Quick Fact distribution

#### Performance Measure

Number of Quick Facts distributed annually

Goal IV: To promote awareness of HPC's leadership and objective forums for discussion of complex and controversial health policy and planning issues.

Objective 1: Enhance the Health Policy Commission's visibility

Strategies:

1. Develop strategies to engage Commissioners to be more proactive
2. Redesign and update website
3. Develop strategies to interface with NM Legislators
4. Implement schedule for participation with NM groups including meetings and conferences
5. Evaluate the possibility of reintroducing the HPC newsletter

Performance Measures

Funding amounts as dictated by the budget

Strategies for interfacing with NM Legislators established

Strategies for engaging Commissioners established

Number of meetings and conferences attended by HPC staff

Objective 2: Continue to build staff capabilities

Strategies:

1. Review current staffing levels and position requirements
2. Use team model to enhance skill development and cross training
3. Establish a succession plan for key positions including a mentoring program
4. Focus recruitment efforts and hiring practices based on professional intent
5. Assess contract labor as a means to facilitate succession and/or provide specialized expertise
6. Develop staff recognition and reward program

Performance Measure

Increased staff retention

Cross training of staff completed

Number of workshops attended by staff

Establish and implement a reward and recognition program for exemplary staff performance



**For more information, please contact:**

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**This report can be found at [www.hpc.state.nm.us](http://www.hpc.state.nm.us)**