New Mexico Department of Health

Strategic Plan Progress Report

Fiscal Year 2014-2016

NEW MEXICO
DEPARTMENT OF
HEALTH

PHAB
ACCREDITED HEALTH DEPARTMENT
PUBLIC HEALTH ACCREDITATION BOARD
Advancing public health performance

NEW MEXICO
DEPARTMENT OF
HEALTH

New Mexico Department of Health
1190 South St. Francis Drive
Santa Fe, NM 87505

Phone: (505) 827-2613
Fax: (505) 827-2530

Table of Contents

A Message from the Secretary Designate Lynn Gallagher

The New Mexico Department of Health (NMDOH) has a strong and enduring commitment to creating conditions which enable the people of New Mexico to thrive. We are committed to improving health status, and to ensuring the availability of and equitable access to high quality health services that meet the needs of our communities.

Several years ago, as Fiscal Year (FY) 2013 drew to a close, the Department convened a Planning Council to develop a three-year strategic plan to help focus and align our efforts toward the highest health priorities in the state. This council was tasked with creating a plan that plainly outlined the Department's objectives and expressed our commitment to delivering the best possible services to promote health and wellness throughout the state. Additionally, the plan was to align our priorities with the priorities established by the people and communities of New Mexico in the 2014 State Health Improvement Plan. The Strategic Planning Council ably met their charge, and the NMDOH FY14 - FY16 Strategic Plan proved to be a valuable guiding document for the Department.

From FY14 through FY16, the New Mexico Department of Health realized progress in several key areas. Births to women ages 15-17 declined and are now at their lowest point in many decades. Cigarette smoking among adolescents also declined to nearly one in ten, the lowest rate ever measured in the state. While other states have seen increases, the childhood obesity rate in New Mexico continues to trend downward. In 2015, the Department was accredited by the Public Health Accreditation Board. This achievement recognizes the Department as a high quality health department whose performance meets or exceeds a rigorous set of nationally accepted, practice-focused and evidence based standards. We join our many partners throughout the state to celebrate these successes.

I invite you to review the following FY14-FY16 Strategic Plan Progress Report, which highlights the progress we have made over the past few years, and outlines our continuing challenges. As we enter FY17 and launch a new three-year strategic plan, I encourage you to join with us in a renewed commitment to the health and well-being of every New Mexican.

Lynn Gallagher
Secretary-Designate
New Mexico Department of Health

Mission

Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

Vision

A healthier New Mexico!

Values

Accountability
Honesty, integrity, and honor commitments made

Communication
Promote trust through mutual, honest, and open dialogue

Teamwork
Share expertise and ideas through creative collaboration to work toward common goals
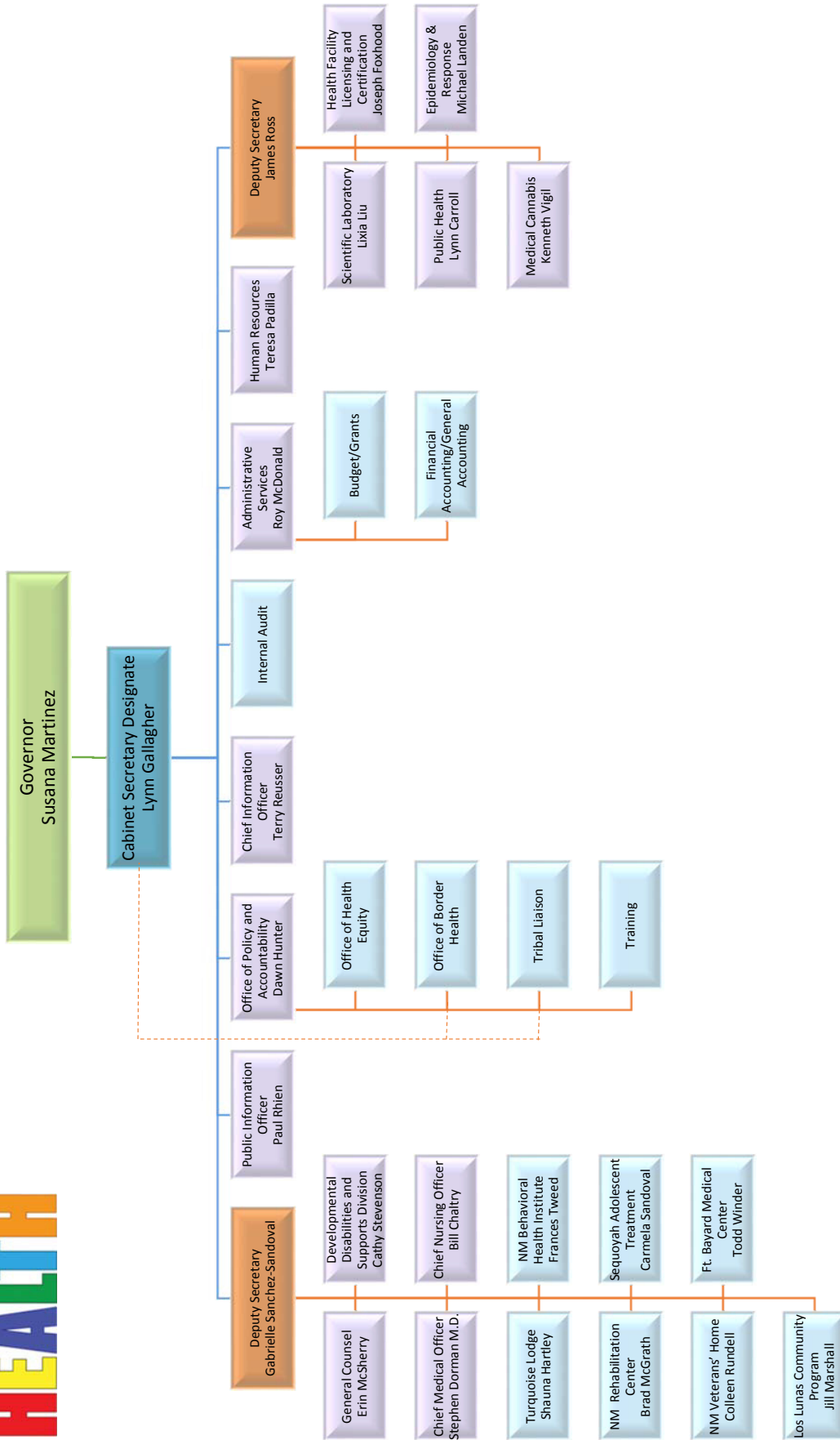
Respect
Appreciation for the dignity, knowledge, and contributions of all persons

Leadership
Promote growth and lead by example throughout the organization and in communities

Customer Service
Placing internal and external customers first, assure that their needs are met

NEW MEXICO DEPARTMENT OF HEALTH

Governor
Susana Martinez

Cabinet Secretary Designate
Lynn Gallagher

Internal Audit

Chief Information Officer
Terry Reusser

Office of Policy and Accountability
Dawn Hunter
- Office of Health Equity
- Office of Border Health
- Tribal Liaison
- Training

Public Information Officer
Paul Rhien

Administrative Services
Roy McDonald
- Budget/Grants
- Financial Accounting/General Accounting

Human Resources
Teresa Padilla

Deputy Secretary
James Ross
- Health Facility Licensing and Certification — Joseph Foxhood
- Epidemiology & Response — Michael Landen
- Scientific Laboratory — Lixia Liu
- Public Health — Lynn Carroll
- Medical Cannabis — Kenneth Vigil

Deputy Secretary
Gabrielle Sanchez-Sandoval
- Developmental Disabilities and Supports Division — Cathy Stevenson
- Chief Nursing Officer — Bill Chaltry
- NM Behavioral Health Institute — Frances Tweed
- Sequoyah Adolescent Treatment — Carmela Sandoval
- Ft. Bayard Medical Center — Todd Winder
- General Counsel — Erin McSherry
- Chief Medical Officer — Stephen Dorman M.D.
- Turquoise Lodge — Shauna Hartley
- NM Rehabilitation Center — Brad McGrath
- NM Veterans' Home — Colleen Rundell
- Los Lunas Community Program — Jill Marshall

_____
Lynn Gallagher, Cabinet Secretary Designate
September 2016

Definitions

Population Result (R)
A condition of well-being for children, adults, families or communities.

Population Indicator (I)
Population health indicators are quantifiable characteristics of a population which are used as supporting evidence for describing the health of a population. Population health indicators are often used by governments to guide health care policy. The population may be defined geographically or by characteristic (e.g., all children in one school district, all patients in a facility, children with asthma, all people in a county or members of a tribe).

Population Indicator Baseline (IB)
For a population health indicator, the baseline represents the most recently available data to show that a health issue is of such magnitude that it requires action by the program or by a group of stakeholders or partners. Baseline data are necessary as the foundation to determine the ultimate level of success.

Program Performance Measure (PM)
A measure of how well a program, agency or service system is working. NMDOH strives to have good program performance measures that directly or indirectly affect positively the population health indicators and result.

Program Performance Measure Baseline (PMB)
For a program performance measure, the baseline establishes the value or values to serve as a comparison point for future data for performance monitoring. Baseline data are necessary as the starting point to determine the ultimate level of program success, answering the questions "how well are we doing?" and "are people better off?"

List of Acronyms Used in This Report

ANE	Abuse, Neglect, and Exploitation
ASD	NMDOH Administrative Services Division
ASME	Asthma Self Management Education
BFTF	Breast Feeding Task Force
BRFSS	Behavioral Risk Factor Surveillance System
BVRHS	NMDOH Bureau of Vital Records and Health Statistics
CDC	U.S. Centers for Disease Control and Prevention
CHW	Community Health Worker
CMS	U.S. Centers for Medicare and Medicaid Services
DD	Developmental Disabilities
DDSD	NMDOH Developmental Disabilities Supports Division
DHI	NMDOH Division of Health Improvement
DPCP	NMDOH Diabetes Prevention and Control Program
DWIDUID	Driving While Intoxicated/Driving Under the Influence of Drugs
ED	Emergency Department
EMS	Emergency Medical Services
EMSB	NMDOH Emergency Medical Systems Bureau
EPA	Environmental Protection Agency
ERD	NMDOH Epidemiology and Response Division
FIT	NMDOH Family Infant Toddler Program
FPP	NMDOH Family Planning Program
FY	State fiscal year
HIPAA	Health Insurance Portability and Accountability Act
HKHC	Healthy Kids Healthy Communities
IBCLC	International Board Certified Lactation Consultant
IFSP	Individualized Family Service Plan
IMB	NMDOH Incident Management Bureau
IT	Information Technology
ITSD	NMDOH Information Technology Services Division
LTC	Long-Term Care
LMS	Learning Management System
MCP	NMDOH Medical Cannabis Program
NDPP	National Diabetes Prevention Program
NMACP	New Mexico Asthma Control Program

NMDOH	New Mexico Department of Health
NMRC	New Mexico Rehabilitation Center
NMSIIS	New Mexico State Immunization Information System
OCHW	NMDOH Office of Community Health Workers
OFM	NMDOH Office of Facilities Management
OMI	Office of Medical Investigator
OIP	NMDOH Office of Injury Prevention
OMI	Office of Medical Investigator
ONAPA	NMDOH Obesity, Nutrition, and Physical Activity Program
OPA	Office of Policy and Accountability
OSAH	NMDOH Office of School and Adolescent Health
PDOPP	NMDOH Prescription Drug Overdose Prevention Program
PHAB	Public Health Accreditation Board
PHD	NMDOH Public Health Division
PMS	Performance Management System
QI	Quality Improvement
QMB	NMDOH Quality Management Bureau
RPHCA	NMDOH Rural Primary Health Care Act Program
SATC	Sequoyah Adolescent Treatment Center
SBHC	School-Based Health Center
SHIP	State Health Improvement Plan
SIM	State Innovation Model
SLD	NMDOH Scientific Laboratory Division
SPC	Strategic Planning Council
SPO	New Mexico State Personnel Office
STEADI	Stopping Elderly Accidents, Deaths, and Injuries
STEMI	ST-Elevation Myocardial Infarction
TUPAC	NMDOH Tobacco Use Prevention and Control Program
VFC	Vaccines for Children
WDW	NMDOH Workforce Development Workgroup
WIC	NMDOH Women, Infants, and Children Program
YRRS	Youth Risk and Resiliency Survey

QUICK GUIDE TO INDICATORS & PERFORMANCE MEASURES

Introduction

The New Mexico Department of Health is pleased to present the FY14-FY16 Strategic Plan Progress Report. The purpose of this report is to share the progress we have made toward a "Healthier New Mexico" at both the population level and the agency level in the last three fiscal years.

The FY14-FY16 Strategic Plan Progress Report has been aligned to the FY14-FY16 Strategic Plan and to the FY14-FY16 State Health Improvement Plan (SHIP), as appropriate. The report is organized into four main areas: Population Health, Health Systems, Workforce, and Accountability. Each of these areas contains one or more measurable Results that we set out to achieve three years ago. Each of the Results has indicators, where applicable, and performance measures, which help us quantify the progress we have made toward the achievement of the seven Results contained in the FY14-FY16 Strategic Plan.

Before we turn our attention to the four areas of the progress report, we would like to provide you with an update on the following topics:

Public Health Accreditation
The pursuit of Public Health Accreditation started in 2012 with the goal of improving and protecting public health by advancing the quality of all our services and strengthening collaborative efforts with state and local partners. In May of 2014, NMDOH officially applied for accreditation by submitting the required documentation to the Public Health Accreditation Board (PHAB).

On November 10, 2015, NMDOH was awarded a five-year national accreditation status for achieving performance excellence thanks to the extensive contributions made by individuals throughout the Department and with the support of our community partners. NMDOH was among the largest group of candidates to achieve the prestigious designation since the national accreditation program began in 2011. As of May 17, 2016, our health department is one of 19 state health departments in the country to receive PHAB accreditation.

Strategic Planning Council
The Strategic Planning Council (SPC) for the FY14-FY16 Strategic Plan was established by the Cabinet Secretary on December 18, 2012. Division and Office Directors and Facility Administrators were requested to appoint representatives to the SPC. The SPC developed a quality improvement structure that was led by a Quality Improvement (QI) Council. A QI Plan was developed based on multiple assessments. In FY15, a new SPC was established. Senior Managers became the members of the SPC and, since then, have led the Department's strategic plan efforts to improve the health status of New Mexicans.

Emerging Threats
Diseases have no borders. Research shows that the risk of disease transmission is strongly influenced by precipitation, temperature, urban/rural status, vegetation, humidity, and air quality. To predict areas where disease transmission might occur, the NMDOH Emerging Infections Program and the Environmental Public Health Tracking Program conduct surveillance of emerging threats and climate indicators to map infectious diseases, such as H1N1 influenza and West Nile virus, as well as chronic diseases, such as stroke and heart disease.

Preparedness and response to disease outbreaks and epidemics could be improved through open sharing of information across agencies and jurisdictions, including near real-time access to data in public and environmental health emergencies. For example, in August 2015, the environmental disaster of the Gold King Mine waste water spill in southern Colorado led to multiple municipalities and jurisdictions along the course of the Animas River, including the Navajo Nation, to stop drawing drinking water from the river because of contamination caused by heavy metals. After viewing the affected river from a helicopter and meeting with the Navajo Nation, New Mexico Governor Susana Martinez declared a state of emergency in New Mexico. An estimated 2,000 Navajo farmers and ranchers were affected directly by the closing of the canals after the spill. The impact of the Gold King Mine spill on the Navajo Nation has included damage to their crops, home gardens, cattle and sheep herds, as well as the social fabric of communities where water and land is sacred in their culture.

The Health System in New Mexico
In 2015, NMDOH in collaboration with the New Mexico Human Services Department (HSD), was awarded funding from the Centers for Medicare and Medicaid Services (CMS), State Innovation Model (SIM) Initiative, to improve population health and health outcomes, guided by the vision of "A Healthier New Mexico."

New Mexico took a Triple Aim approach to health system transformation—enhancing patient experience of care, reducing health care costs, and improving population health. NMDOH and HSD submitted the Health System Innovation Final Design for the SIM Model Design Cooperative Agreement on April 29, 2016. The agencies were provided with a Health System Innovation Final Design Assessment that displays New Mexico's strengths and areas for improvement.

Health Disparities and Health Equity
The Department of Health's mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. As part of this mission, one of the Department's goals is to reduce health disparities. Health disparities refer to preventable differences in the quality of health and health care that exist among specific population groups. Some populations experience a greater burden of disease due to a variety of factors, including income and education level, racism, historical trauma, cultural and linguistic barriers, and inadequate access to healthcare. In particular, racial and ethnic minorities in the United States experience significant disparities in the burden of chronic disease, access to care, insurance coverage, and health outcomes. Achieving equity in health outcomes depends upon a shared understanding of health disparities among different populations and the factors that create those disparities.

Please refer to our New Mexico Department of Health-Health Equity Report for more relevant and timely information regarding the health status of different population groups in our state.

Budget and Resources
NMDOH operating budget encompasses general funds, federal funds, and other state funds and transfers. The Department's FY14-FY16 Operating Budget ranged from $545,180,700 to $551,152,600. In a time in which the state is facing economic challenges, NMDOH is committed to excellence in meeting the needs of our customers, and we are strategically aligning our budget to address key population health initiatives while finding ways to improve collaboration among state and local partners.

Quality Improvement and Performance Management Model

NMDOH uses a Performance Management System to ensure the achievement of its mission and strategic results. The Office of Policy and Accountability (OPA) is responsible for coordinating and facilitating the NMDOH Performance Management System. NMDOH systematically collects and analyzes performance data to improve public health results.

The NMDOH Performance Management System (PMS) is based on the Public Health Foundation's Public Health   Performance Management System framework. The Public Health Performance Management System has five components: visible leadership, performance standards, performance measurement, reporting progress, and quality improvement.

The NMDOH PMS uses the Results Scorecard as a performance dashboard to communicate and facilitate transparency and accountability by sharing up-to-date information on the agency's performance. In FY16, the Results Scorecard was made public via the NMDOH website for the first time. The NMDOH Results Scorecard helps our workforce improve performance and create a more beneficial impact for everyone. The NMDOH Results Scorecard informs budget, management, and planning decisions and helps our partners, stakeholders, legislators, and the public track the progress we are making towards a Healthier New Mexico.

As you have just read in the updates, NMDOH continues to demonstrate flexibility, durability, an attitude of optimism, and an open mindset. NMDOH is aware of current challenges and how to face them, and we are proud of our accomplishments toward a Healthier New Mexico. Please continue reading for more details about our progress during FY14-FY16.

Population Health

Population health refers to the health outcomes of groups of people, and the distribution of outcomes within the group. Population health is often measured through the use of health status indicators including measures of morbidity and mortality (attributable to specific diseases or conditions), behaviors that affect health, and social, political, economic, and environmental factors that influence population health. Improvement in population health indicators is often the long-term goal of public health interventions.

Improved health outcomes for the people of New Mexico

Indicator: Percent of adults who smoke

The Percent of Adults Who Smoke, New Mexico and the U.S., 2011-2015
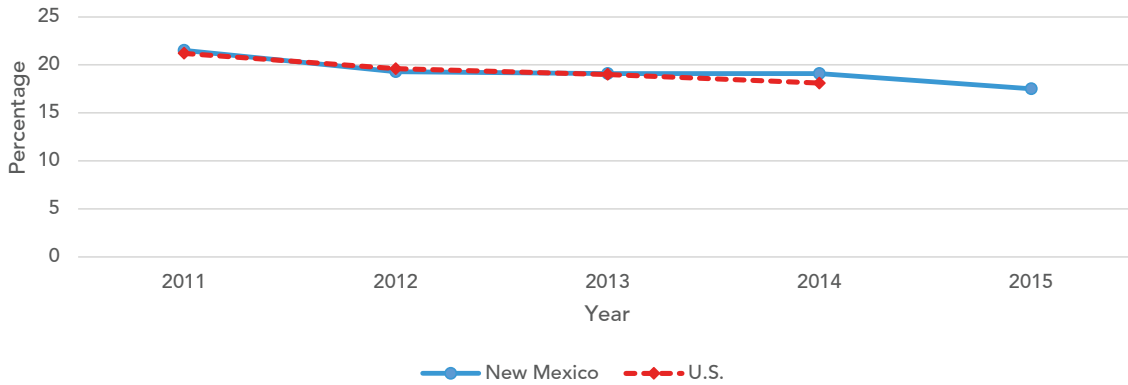
Story Behind the Curve

- Cigarette smoking among New Mexico adults declined to a historic low of 17.5% in 2015, following a similar downward trend in the United States.

- Adult smoking in New Mexico has declined nearly 20% since 2011, representing about 63,500 fewer adult smokers in 2015.

- Although smoking rates are declining, there are still about 280,000 adult smokers in the state and many more who are addicted to nicotine in other tobacco products such as cigars, spit/chew tobacco, or e-cigarettes.

- Cigarette smoking rates remain much higher among certain groups: disabled, low-income, low-education, unemployed, lesbian/gay/bisexual, and people under age 35.

What Works

The U.S. Guide to Community Preventive Services recommends the following proven interventions to reduce adult smoking:

- Quitting interventions that include telephone helpline support, health care provider reminder systems for tobacco screening and referral, reducing client out-of-pocket costs for quitting therapies;

- Increasing the unit price of tobacco products;

- Mass media campaigns and advertising (e.g., TV, radio, online, billboard, etc.) to promote quitting; and,

- Smoke-free policies to reduce tobacco use.

How We Impact

NMDOH's Tobacco Use Prevention and Control Program (TUPAC) and its partners use comprehensive, evidence-based approaches to promote healthy lifestyles that are free from tobacco abuse and addiction. TUPAC follows recommendations from the Centers for Disease Control and Prevention (CDC), including free quitting coaching through QUIT NOW and DEJELO YA (Spanish) telephone and web-based services, free nicotine replacement medications, and text message support. TUPAC also trains health care providers and clinics around the state in changing systems to screen for tobacco use, conduct brief tobacco interventions, and refer tobacco users to quitting services.

Performance Measure Highlight
Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up

Story Behind the Curve

- One in three New Mexico tobacco users are successful in quitting after using QUIT NOW tobacco cessation services.

- The 7-month quit rate for QUIT NOW enrollees has remained steady, at about 33%, over the past several years. This success rate exceeds the typical success rate (28-30%) experienced by other states.

- Research shows that services such as QUIT NOW, combined with nicotine medications, can increase a person's success in quitting more than three-fold compared to "cold-turkey," which results in quit rates of 6-7%.

- Factors that influence the use of QUIT NOW services include: media and marketing promoting services and raising awareness; screening and referrals for tobacco use by health care providers; policies impacting tobacco use and social norms; and the changing health care landscape, including the coverage of tobacco cessation and medications by health plans.

Strategies

- A key strategy is to provide barrier-free, proven tobacco cessation services through QUIT NOW and DEJELO YA (Spanish), including free quit coaching and nicotine medications.

- We use media and marketing activities to increase awareness of QUIT NOW and DEJELO YA to connect more tobacco users to available services.

- We work with health care providers and clinics statewide to train them on asking every patient about tobacco use, to conduct brief tobacco interventions, and refer patients to QUIT NOW.

- These strategies help ensure that people at highest risk of tobacco use are being identified and treated in the health care system, are reached by media messages, and have access to services.

- Several pilot projects in rural and disadvantaged parts of the state also help us to develop, test, and evaluate innovative approaches that can reach more tobacco users.

FY14-16 Progress Summary

Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up
Data Source: TUPAC, PHD, NMDOH

FY13: 33.0%, FY14: 32.0%, FY15: 31.5%, FY16: 32.5%

Target: ≥ 33.0%
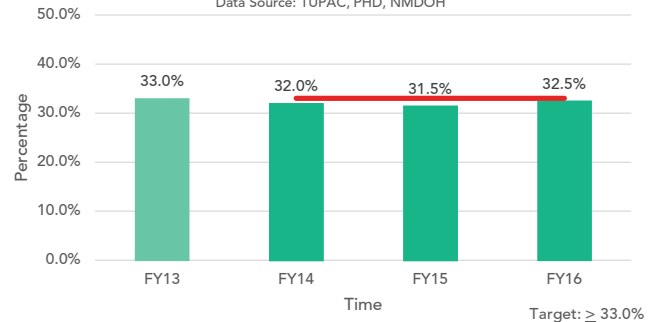
- More people are accessing QUIT NOW services, while quitting and satisfaction rates remain strong and stable.

- Each year between FY14 through FY16 more than 8,000 New Mexicans accessed QUIT NOW services. With successful quit rates of approximately 33% annually, this represents nearly 7,000 New Mexicans who no longer use tobacco.

- Client satisfaction with QUIT NOW services is consistently in the 93-95% range.

- During FY14-FY16, 736 health care providers were trained online about tobacco brief interventions, referrals, and QUIT NOW.

- DEJELO YA, a new cessation service and media campaign targeting Spanish-speaking tobacco users was developed in FY14 and implemented in FY15-FY16. After launching the media campaign, there was a 31% increase in Spanish-speaking enrollees in DEJELO YA.

- A new Health Systems Change Training and Outreach Project was initiated in FY15-FY16 to increase the capacity of Federally-Qualified Health Centers and other clinics to make improvements to tobacco use screening, brief interventions, and referrals to QUIT NOW.

- The use of emerging tobacco products, such as e-cigarettes, complicates the landscape of nicotine addiction and cessation, so the TUPAC Program has been updating its data collection and evaluation systems to gather and use this new information.

Improved health outcomes for the people of New Mexico

Indicator: Teen birth rate per 1,000 females ages 15-17

The Teen Birth Rate per 1,000 Females Ages 15-17, New Mexico and the U.S., 2011-2015
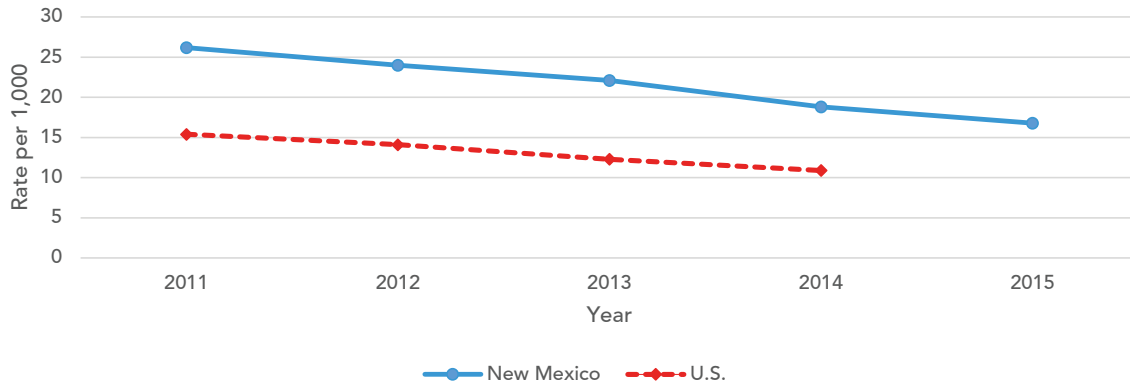
Story Behind the Curve

- Since 2009, New Mexico's teen birth rate for 15-17 year olds declined by 50% to 16.8 per 1,000 in 2015. This decline was similar to the national decline observed during the same period.

- New Mexico has one of the highest teen birth rates in the nation.

- In 2013, 31% of New Mexico children were living in poverty, the 2nd highest rate in the US; teen births are more likely among those living in poverty.

- Teens dropping out of school are more likely to become pregnant and have a child than peers who stay in school.

- In 2014, the highest teen birth rates were found in counties with a mixture of urban and rural populations.

What Works

- Access to confidential, low- or no-cost family planning services through county public health offices, community clinics, and school-based health centers.

- Increased availability of most effective contraceptive methods for teens.

- Service-learning, positive youth development, and medically accurate comprehensive sex education programs.

- Adult-teen communication programs to give adults information and skills to communicate effectively with young people about reducing risky sexual behavior.

How We Impact

NMDOH's Family Planning Program works to reduce teen births and unintended pregnancy. Family planning clinical services are provided in public health offices and some community and school-based health centers. Clinical services include contraception, counseling, and laboratory tests. Close to 24,000 New Mexicans received family planning services in 2015. Evidence-based educational services focus on service-learning and parent training, community education and outreach, and the promotion of BrdsNBz, a medically accurate sexuality education text-messaging service.

Other Performance Measure Spotlights

Performance Measure

Number of teens ages 15-17 receiving services at clinics funded by the NMDOH Family Planning Program

- Each year, the Family Planning Program (FPP) provides clinical services to an average of 2,800 teens ages 15-17. The work of family planning clinics statewide has been instrumental in reducing the teen birth rate for 15-17 year-olds almost 45% over a 5-year period, from 33.8 per 1,000 in 2009 to 18.8 per 1,000 in 2014. FPP has seen an increase in the use of the most-effective contraceptives (the intrauterine device and the contraceptive implant) from 7% of teens using these methods in FY14 to 18% of teens using these methods in FY16.

Performance Measure

Percent of female clients 15-17 seen in NMDOH public health offices who are given (highly or moderately) effective contraceptives

- Between FY14 through FY16, approximately 58% of female clients ages 15-17 seen in NMDOH public health offices were given highly or moderately effective contraceptives. During this time, the use of most effective contraceptives among teens in New Mexico increased from 7% to 18%. This has contributed to an almost 45% decrease in teen births from 33.8 per 1,000 in 2009 to 18.8 per 1,000 in 2014.

Performance Measure

Percent of teens participating in pregnancy prevention programs that report not being pregnant, or not being responsible for getting someone pregnant, during the school year following participation at the end of the school year

Percent of teens participating in pregnancy prevention programs that report not being pregnant

Data Source: One-group pre-test/post-test design survey of teen pregnancy prevention program participants

FY15: 100.0%, FY16: 100.0%

Target: = 100.0%
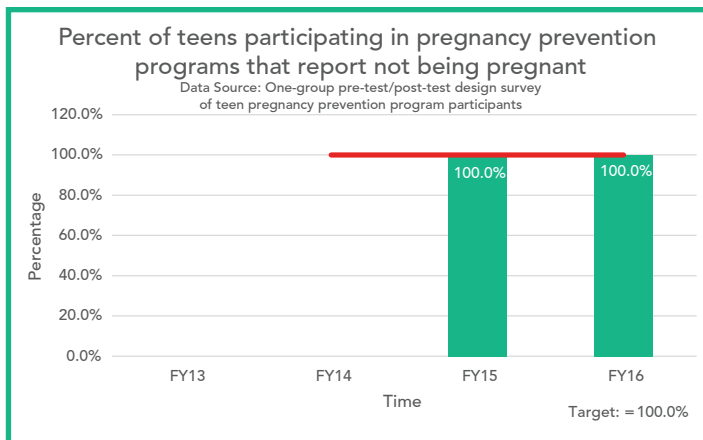
- There have been no pregnancies in teens participating in FPP educational services. FPP supports service-learning programs, including community-based volunteer services, guided-curriculum education, the use of adult-teen communication programs for parents of teens in service-learning programs, and the promotion of BrdsNBz, a text-messaging system that offers teens and their parents free, confidential answers to sexual health and relationship questions.

SHIP Priority: Reduce Childhood Obesity

The Percent of Third Grade Students Who Are Obese
New Mexico, 2011-2015
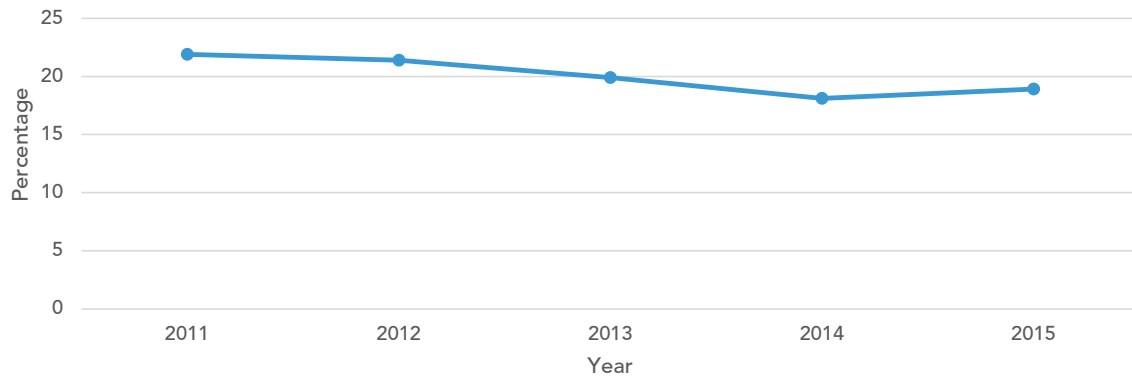
Story Behind the Curve

- New Mexico is one of the only states in the nation that conducts obesity surveillance statewide among children.

- Rates of obesity among 3rd graders in New Mexico have declined from 22.6% in 2010 to 18.9% in 2015.

- American Indian children have the highest obesity rates among all racial/ethnic groups in New Mexico; by third grade, 50% of American Indian students are overweight or obese, followed by 36% of Hispanic students.

- In 2015, for the second consecutive year, the rate of obesity among kindergarten children was lower than it was in 2010 (11.8% compared to 13.2% in 2010, representing a 10.6% change).

What Works

CDC Best and Promising Practices for Obesity Prevention

- Improve nutrition quality of foods and beverages served or available in schools consistent with the Institute of Medicine's Nutrition Standards for Foods in Schools (including increased access to fruit, vegetables, and plain drinking water).

- Improve the quality and amount of physical education and activity in schools (including increased physical activity opportunities throughout the school day such as daily recess, mileage clubs, and walk and roll to school programs).

How We Impact

To better understand the extent of childhood obesity, NMDOH's Obesity, Nutrition and Physical Activity (ONAPA) Program established a statewide surveillance system in 2010 to monitor childhood obesity prevalence over time, identify at-risk populations, guide state and local prevention efforts, increase public awareness, and inform appropriate resource allocation. Healthy Kids Healthy Communities (HKHC) was launched in 2011 to address childhood obesity by working directly with local communities to increase healthy eating and active living opportunities for elementary school-age and preschool children throughout the state.

Other Performance Measure Spotlights

Performance Measure

Percent of elementary school students in community transformation communities participating in classroom fruit and vegetable tastings

- In the past three years, HKHC has increased healthy eating opportunities such as classroom fruit and vegetable tastings, salads offered during meal time and/or weekly fruit and/or vegetable snacks for 88% of students in HKHC public elementary schools. HKHC represents 24% of New Mexico public elementary students and is expanding to an additional eight counties this year. After expansion, HKHC will include nearly half of New Mexico public elementary school students. ONAPA supports community and school edible gardens, farmers' markets and food buying clubs, increasing healthy food options in corner stores, and expanding healthy options and nutrition education in food distribution sites, WIC offices, and senior centers.

Performance Measure

Percent of elementary school students in community transformation communities participating in walk and roll to school

- In the past three years, HKHC has increased physical activity opportunities before, during, and after school for 76% of students in HKHC public elementary schools. These activities include walk and roll to school programs, active school yards, and walking (mileage) clubs. HKHC represents 24% of New Mexico students in public elementary schools but, with expansion to an additional eight counties in FY17, will soon represent nearly half of New Mexico students in public elementary schools. Moreover, ONAPA supports efforts to create active, welcoming outdoor spaces, to increase the number of safe walking and biking routes, and to establish clean streets initiatives.

Performance Measure

Percent of third grade elementary students in community transformation communities who are obese

Percent of elementary students in community transformation communities who are obese
Data Source: New Mexico BMI Surveillance
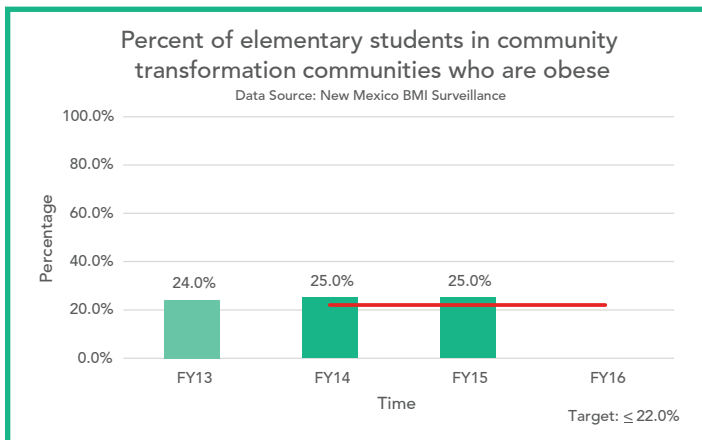
- Despite comprehensive, targeted, sustained efforts to decrease childhood obesity in community transformation communities (now know as HKHC communities), rates of obesity among third graders in these communities stubbornly persisted at around 25%. It is unclear why obesity rates in HKHC communities remained flat while the statewide obesity rate among third graders declined. ONAPA will continue to work with partners and expand HKHC in order to create sustainable environmental, policy, and systems changes to support vibrant communities and healthy children, with a particular focus on groups most affected by overweight and obesity.

Improved health outcomes for the people of New Mexico

Indicator: Diabetes hospitalization rate per 10,000 population

The Diabetes Hospitalization Rate per 10,000 Population (Age-Adjusted), New Mexico, 2011-2015
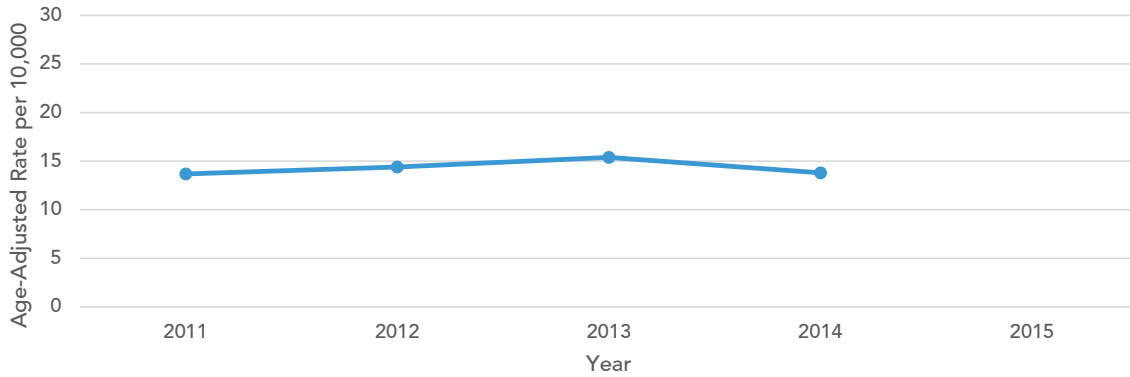
Story Behind the Curve

- Diabetes is one of the leading causes of death and disability in the U.S., and the sixth leading cause of death in New Mexico.

- Data from the 2015 BRFSS survey show an estimated 11.5% prevalence rate of diabetes and an estimated 7.6% rate for prediabetes in New Mexico's adult population.

- Prediabetes and diabetes cost New Mexico about $2.1 billion per year in direct and indirect costs.

- Diabetes hospitalizations are considered potentially preventable hospitalizations.

- Poor eating habits and lack of physical activity can cause unhealthy weight, a risk factor for developing diabetes. Poor New Mexicans may lack access to medications, medical supplies, healthy food, and safe physical activity venues.

What Works

- People at high risk for diabetes, including those with diagnosed prediabetes, may prevent or delay the onset of diabetes by losing a modest amount of weight (5-7% of body weight), increasing physical activity (at least 150 minutes per week) and adopting a healthier diet. The National Diabetes Prevention Program (NDPP), a proven intervention to help people at high risk for diabetes achieve these lifestyle changes, is being implemented throughout the U.S. and New Mexico.

- For people with a diagnoses of diabetes, case management interventions are effective in improving glycemic control. Other effective strategies include disease management programs provided by health care organizations and diabetes self-management education in community gathering places, private homes, worksites, and school settings.

How We Impact

The NMDOH Diabetes Prevention & Control Program (DPCP) aims to reduce the burden of diabetes in New Mexico by: 1) preventing or delaying diabetes; 2) preventing complications, disabilities & burden associated with diabetes & related chronic conditions; and 3) advancing healthy equity to improve health outcomes & quality of life among all New Mexicans. DPCP is scaling & sustaining the NDPP & diabetes self-management education programs with the end goal of better health, better care, lower costs, & fewer hospitalizations.

Program At-A-Glance
NMDOH *Rural Primary Health Care Act Program*

- The NMDOH Rural Primary Health Care Act (RPHCA) Program funds community health centers statewide, serving over 300,000 patients in New Mexico. In 2015, 27,511 documented diabetic patients (age 18-75) received services from RPHCA funded community health centers. HbA1c testing is used to determine if the patients' diabetes is being effectively managed through medical and/or behavioral changes. Monitoring HbA1c helps target those patients needing assistance with improved management of diabetes.

Performance Measure
Percent of diabetic patients at agency supported primary care clinics whose HbA1c levels are less than 9%

- The annual report for 2015 shows an increase from 68% (2013) to 75% of patients having HbA1c levels of less than or equal to 9%. Improvement has been documented in the last three years of available data. During the FY14-FY16 reporting period, RPHCA funded community health centers have shown significant improvement in this performance measure in spite of continued provider shortages, increased costs of providing primary health care, and reductions in state funding.

Program At-A-Glance
NMDOH *Diabetes Prevention and Control Program*

The Diabetes Prevention and Control Program supports the NDPP, a proven intervention to help people at high risk for diabetes, including those with prediabetes, achieve lifestyle changes. The NDPP is delivered in community and clinical settings through a one-year curriculum facilitated by trained Lifestyle Coaches. Participants may prevent or delay the onset of diabetes by losing a modest amount of weight (5-7% of body weight), increasing physical activity (at least 150 minutes per week) and adopting a healthier diet. Onset of diabetes can be prevented by up to 58%, with that rate increasing to as high as 71% in older populations. DPCP has led efforts to scale and sustain the NDPP throughout New Mexico, especially in rural communities and in populations of highest need. DPCP's strategies include: a) Building infrastructure - identifying, assessing and supporting delivery sites, training Lifestyle Coaches, and providing technical assistance on building organizational capacity, gaining support from leadership, assisting with data collection, and troubleshooting; implementing a referral system; and marketing the program. b) Ensuring sustainability of the program through health care coverage and adoption of the NDPP within large worksites. c) Strengthening linkages between the NDPP and other chronic disease management resources like the Stanford MyCD program

Performance Measure
The average weight loss achieved by all National Diabetes Prevention Program participants (a recommended minimum of 5% of starting body weight) from baseline through post-core

- During FY15, the only year for which data are available, the program met its goal of an average weight loss of 5% among all NDPP participants.

Improved health outcomes for the people of New Mexico

Indicator: Drug overdose death rate

The Drug Overdose Death Rate per 100,000 Population (Age-Adjusted), New Mexico and the U.S., 2011-2015
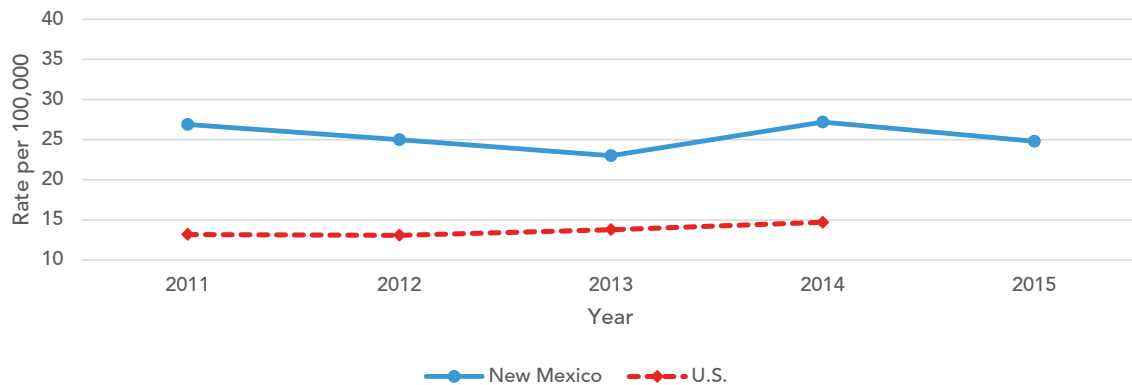
Story Behind the Curve

• New Mexico has one of the highest drug overdose death rates in the nation. About 500 New Mexicans die of drug overdose every year. The current epidemic of overdose death nationally has been driven by the increased use and misuse of opioid pain relievers. In New Mexico there has also been a sizeable problem with heroin use for many years. National surveys show that many people who have recently initiated heroin use were abusing prescription opioids first. As of June 2016, there are approximately 60,000 people who have had 90 days or more of prescribed opioids in the past six months, many of whom are probably dependent on these drugs, which increases their risk of overdose.

What Works

There are a number of promising strategies that can be implemented to reduce drug overdose death.

• Prescription Monitoring Program use by practitioners for monitoring prescribing.
• Improving prescribing practices – more selective use of opioids and benzodiazepines, and avoiding combining the two.
• Public information and education.
• Access to treatment, including medication assisted treatment.
• Increased availability of naloxone to reverse overdoses.

Other organizations, such as the Board of Pharmacy and the Human Services Department Behavioral Health Services Division, are key partners in the implementation of all of these strategies.

How We Impact

NMDOH's Prescription Drug Overdose Prevention Program (PDOPP) works to expand overdose prevention initiatives, provide technical assistance, and engage community partners. In addition, PDOPP works with partners to improve prescribing practices, promote and track medication-assisted treatment options in New Mexico communities, increase access to naloxone, analyze data to target overdose prevention strategies, and evaluate the effectiveness of NMDOH programs as well as changes in laws, policies, and regulations related to drug use and misuse.

Performance Measure Highlight
Number of naloxone kits provided in conjunction with prescription opioids

Story Behind the Curve

- Most overdose deaths involve prescription opioids and/or heroin. Opioid overdose death is preventable if the person overdosing is given naloxone, a safe and effective medication that reverses the effects of opioids. Through its Harm Reduction Program, NMDOH has been providing naloxone together with opioid overdose prevention education since 2001.
- In 2012, NMDOH launched naloxone co-prescription pilot programs in multiple communities. Providers prescribed and provided naloxone kits and overdose prevention education to patients at risk. In 2014, the New Mexico Board of Pharmacy approved pharmacist prescriptive authority for naloxone and the Human Services Department expanded the New Mexico Medicaid formulary to make naloxone available to Medicaid patients in pharmacies statewide.
- In 2016, New Mexico legislators passed Senate Bill 262 and House Bill 277, which expand access to naloxone through the use of standing orders, and they were signed into law, authorizing all registered pharmacists in New Mexico to dispense naloxone to individuals at risk for experiencing an overdose and individuals who could assist a person at risk for experiencing an overdose.

Strategies

- Initially, NMDOH's strategy was to make an opioid antagonist kit (naloxone, a nasal administration device, and instructions) available to people at risk of an opioid overdose. Since FY14, additional delivery products for naloxone have become available.
- NMDOH organized pilot programs in collaboration with local community-based prevention planning groups. Other community-based initiatives explored included: local law enforcement establishing naloxone carry policy; local public education campaigns and social marketing; and expanded drug take-back initiatives.
- The NMDOH strategy to expand access to naloxone included close collaboration with and support for pharmacy-based overdose prevention education and naloxone dispensing for everyone at risk of overdose.
- NMDOH provided evidence related to legislative policy changes, including a Good Samaritan law and authority for a statewide standing order (Senate Bill 262/House Bill 277), which provides expanded access to naloxone for all persons at risk of opioid overdose.

FY14-16 Progress Summary

Number of naloxone kits provided in conjunction with prescription opioids
Data Source: Patient enrollment forms, Medicaid claims data, UNM Hospital/Outpatient Pharmacy dispensing data

	FY13	FY14	FY15	FY16
Number	35	154	381	1,331

Target: ≥ 500
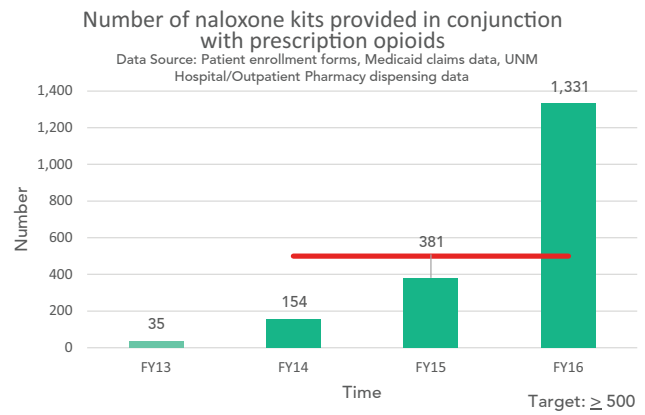
- In 2014, the state Medicaid formulary was expanded to provide coverage for intra-nasal naloxone. This also led to the success of pharmacy-based naloxone initiatives.

- However, naloxone co-prescription programs faced many challenges. The training, education, and reporting requirements for pharmacist prescriptive authority for naloxone created reluctance among pharmacists to participate in pharmacy-based naloxone initiatives. Prior to 2016, naloxone acquisition, storage, distribution, and dispensing had more labor-intensive restrictions and required more clinical oversight. This increased program start-up time, and relatively few kits were dispensed in FY14 and FY15.

- Legislation passed in March 2016 expanded access to naloxone through standing orders. NMDOH immediately issued a statewide standing order for pharmacists to dispense naloxone. The standing order removed many barriers to pharmacy-based naloxone practices. Some of these barriers were related to pharmacists completing additional training or maintaining specific continuing education requirements. As a result, the number of naloxone doses (some as kits, others in new formats) increased dramatically in the second half of FY16, and is expected to continue increasing.

SHIP Priority: Decrease fall-related death rate among adults age 65 and older

Fall-Related Death Rate Among Older Adults (ages 65 and Older) per 100,000 Older Adults, New Mexico and the U.S., 2011-2015
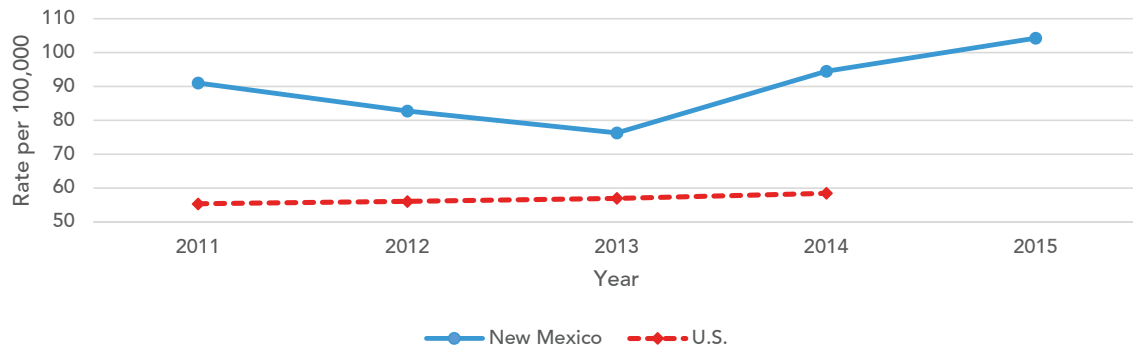
Story Behind the Curve

- Falls among adults ages 65 and over are a significant public health problem. Older adult falls contribute to traumatic brain injuries (TBI); hip and lower extremity fractures; reduced ability to live independently; an increased fear of falling; and an increased risk of future falls. Falls also contribute to skyrocketing health care costs.

- The fall-related death rate among adults 65 years of age and older in New Mexico more than doubled between 1999 and 2008. While New Mexico's fall-related death rate decreased from 2008 to 2013, it increased substantially from 2013 to 2015, and is still much higher than the national rate. Addressing the causes and consequences of older adult falls requires a comprehensive approach.

What Works

- Falls among older adults can be prevented by increasing balance and strength through evidence-based physical activity classes designed specifically to prevent falls. These classes include, "Tai Ji Quan: Moving for Better Balance," "A Matter of Balance," "Otago Exercise Program," "Steady As You Go," and "EnhanceFitness," among others.

- Older adults can also prevent falls by having their health care provider assess their vision and medications, particularly for prescription and over-the-counter medications that cause dizziness or drowsiness.

- Finally, older adults and their families can prevent falls by implementing home and environmental safety modifications (such as removing area rugs, installing railings on both sides of staircases, and ensuring adequate lighting especially near stairs).

How We Impact

The Adult Falls Prevention Program in the NMDOH Office of Injury Prevention (OIP) provides instructor training for evidence-based falls prevention programs and coordinates health care provider trainings (for nurse practitioners, physician assistants, physical therapists and others) on the implementation and use of CDC's STEADI Toolkit (Stopping Elderly Accidents, Deaths, and Injuries). The Program also facilitates collaborations among the New Mexico Adult Falls Prevention Coalition, partners in the aging network, hospitals and health care systems, emergency response services and others.

Performance Measure Highlight
Number of adults age 65 and older who completed an evidence-based falls prevention program

Story Behind the Curve

- NMDOH established an Older Adult Falls Task Force in 2013 as a result of House Joint Memorial 32 to evaluate New Mexico's current approach to community-based fall prevention and to develop strategies for effective change.

- Although fall-related deaths are one indicator, the rate of serious injuries from falls is also significant. It is encouraging that the incidence of individuals in New Mexico hospitalized for a hip fracture as a result of a fall decreased from 2013 to 2014.

- Each year that funding and staff have been available, NMDOH has supported evidence-based falls prevention programs around the state. This measure began being tracked in FY15, and the number of older adults estimated to have completed these programs has grown approximately 10% from the baseline. Additional growth and program outreach, which could positively impact the population health indicators, remains dependent upon funding.

Strategies

OIP in partnership with the New Mexico Adult Falls Prevention Coalition have prioritized the following prevention strategies:
- Physical Activity: NMDOH sponsors instructor training for the falls prevention class, "Tai Ji Quan: Moving for Better Balance." Tai Ji Quan is based on clear evidence of effectiveness in reducing the frequency of falls. NMDOH will also sponsor trainings for "A Matter of Balance."

- Annual Medication and Vision Checks: NMDOH sponsors trainings for health care providers on implementation of CDC's fall prevention toolkit, Stopping Elderly Accidents, Deaths and Injuries (STEADI), which addresses multiple health risk factors for falls.

- Home Safety: NMDOH provides education regarding home safety and encourages municipal services such as Fire Departments and Emergency Medical Services (EMS) to do community outreach and home visits to community members at risk for falls.

FY14-16 Progress Summary

Number of adults age 65 and older who completed an evidence-based falls prevention
Data Source: Attendance sheets or instructor/organization reports from evidence-based fall prevention classes

FY14: 400, FY15: 400, FY16: 438
Target: ≥ 400
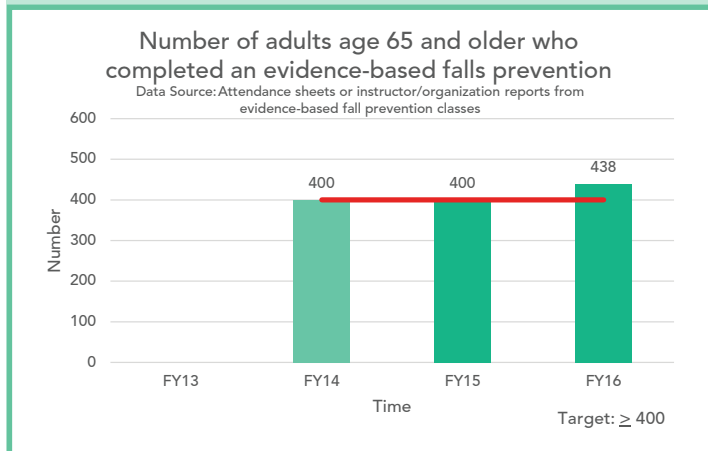
- In FY14 the Adult Falls Task Force clarified falls prevention strategies and continued to offer Tai Chi for Better Balance Instructor Trainings.

- During FY15 a new Adult Falls Prevention Coordinator was hired. NMDOH expanded peer teaching to clinicians using the STEADI fall prevention tool kit. Tai Chi for Better Balance trainings were offered in November 2014 and April 2015.

- In FY16, NMDOH's Adult Falls Prevention program continued steady progress toward implementing falls prevention programs statewide. The estimated number of older adults engaged in an evidence-based falls prevention program increased by roughly 10%. Successes include 11 new instructors trained in "Tai Ji Quan" and six instructors returning for a refresher training in April 2016. At least four new classes were offered as of June 30, 2016 as a result of this training. In August 2016, NMDOH was awarded a two-year grant from the Administration for Community Living's Agency on Aging to promote four evidence-based programs – Tai Ji Quan, A Matter of Balance, the Otago Exercise Program, and the STEADI toolkit – statewide.

Improved health outcomes for the people of New Mexico

Indicator: Infant Pertussis Rate per 100,000 infants

Infant Pertussis Rate per 100,000 Infants, New Mexico, 2011-2015
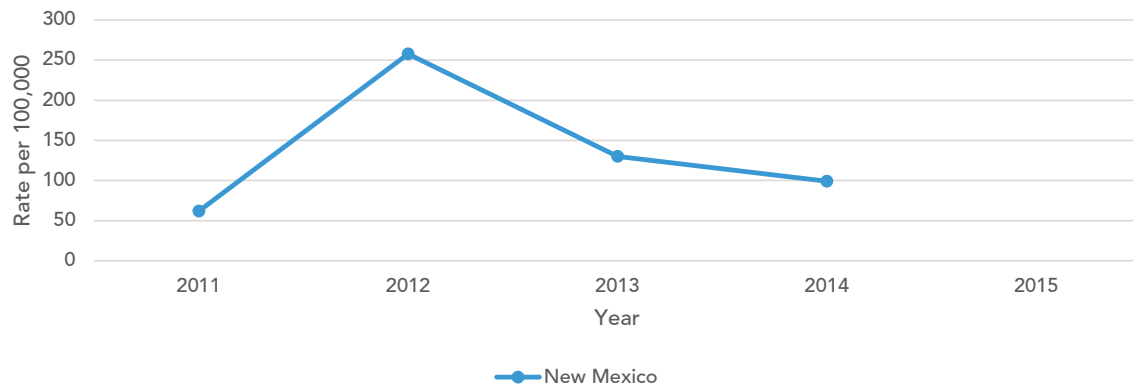
Story Behind the Curve

- Pertussis, also known as "whooping cough," is a highly contagious vaccine preventable disease that spreads from person to person through coughing and sneezing. Despite generally high childhood vaccination rates and the introduction of an adolescent/adult pertussis vaccine (Tdap), the burden of disease among all age groups has increased in recent years.

- In 2012, more cases were reported to CDC than in any year since 1955. There are a number of reasons that may explain why more cases are being reported: increased awareness, improved diagnostic tests, better reporting, more circulation of the bacteria, and waning immunity.

- Since infants are most affected by pertussis and pertussis-related complications leading to hospitalization and death, strategies are focused on decreasing the proportion of infant (age less than one year) cases as compared to non-infants.

What Works

- Vaccination is the best way to prevent pertussis in all age groups. There are two different types of vaccines that offer protection against pertussis. Which vaccine a person receives depends on age: Tdap for everyone 11 years and older, including pregnant women, and DTaP: for children two months through six years of age.

- Infants are often infected by older siblings, parents or caregivers, so ensuring that family members and caregivers of infants are up-to-date with pertussis vaccination (known as "cocooning") is particularly important. Cocooning helps protect infants, who are not old enough to be vaccinated and are more likely to develop complications from pertussis.

- It is recommended that pregnant mothers, soon to be in close contact with newborns, receive the Tdap vaccine during the third trimester of each pregnancy. Getting vaccinated during pregnancy also helps pass protective antibodies to the baby before birth.

How We Impact

To help protect infants from pertussis, NMDOH has endorsed cocooning, Tdap during pregnancy and high-risk contact management. Additional vaccine purchases for uninsured cocoon members, collaboration with birthing centers to promote maternal Tdap and cocooning, and promoting Tdap in pregnancy have been adopted as parts of an institutional strategy to decrease infant pertussis.

Performance Measure Highlight
Ratio of infant pertussis cases to total pertussis cases of all ages

Story Behind the Curve

- Although the ratio of infant to all cases of pertussis in New Mexico remains higher than the target value (1:15), over the past three years the actual number of both infant and adult cases of pertussis in the state has been declining. There were only 22 cases of infant pertussis in FY15, a 21% decrease from FY14. In FY16, there were only 17 infant cases, a 23% decrease from FY15. Pertussis is known to wax and wane in multi-year cycles, and the numbers of both infant and adult cases may shift as the cycle spins. However the trend from FY14-FY16, of a smaller number of total cases among New Mexico infants, is encouraging.

FY14-16 Progress Summary

Ratio of infant pertussis cases to total pertussis cases of all ages

Data Source: Infectious Disease Epidemiology Bureau, NMDOH

- Public health nurses and epidemiologists conducting public health investigations of pertussis understand what actions must be taken to reduce further transmission of the disease. Challenges experienced in FY14- FY16 include staff turnover and changes in testing methods, which make collecting samples to better understand possible genetic changes to the bacteria nearly impossible. However, New Mexico recently submitted to CDC the first erythromycin-resistant bacteria sample since 2003, enhancing national knowledge of disease trends. Furthermore, general knowledge of this disease has increased. According to the New Mexico Pregnancy Risk Assessment Monitoring Program, maternal Tdap vaccination rates are increasing. Also, OB/GYN offices are reported to offer vaccination more frequently.

Strategies

- The NMDOH Infectious Disease Epidemiology Bureau, Public Health Division (PHD), and Scientific Laboratory Division continue to work closely to identify cases or outbreaks of pertussis, implement control measures (e.g. antibiotic prophylaxis), and promote vaccination. Each year NMDOH has conducted annual surveillance trainings and continues to participate in special studies to better understand prevention and control of this contagious respiratory disease.

Improved health outcomes for the people of New Mexico

Indicator: Youth (0-14 years) asthma emergency department (ED) visits in the SE Region per 10,000 youth
Indicator: Youth (0-14 years) asthma hospitalization rate in the SE Region per 10,000 youth

Rates of Youth (Ages 0-14 Years) Emergency Department Visits and Hospitalizations per 10,000 Youth, Southeast Region, New Mexico, 2011-2015
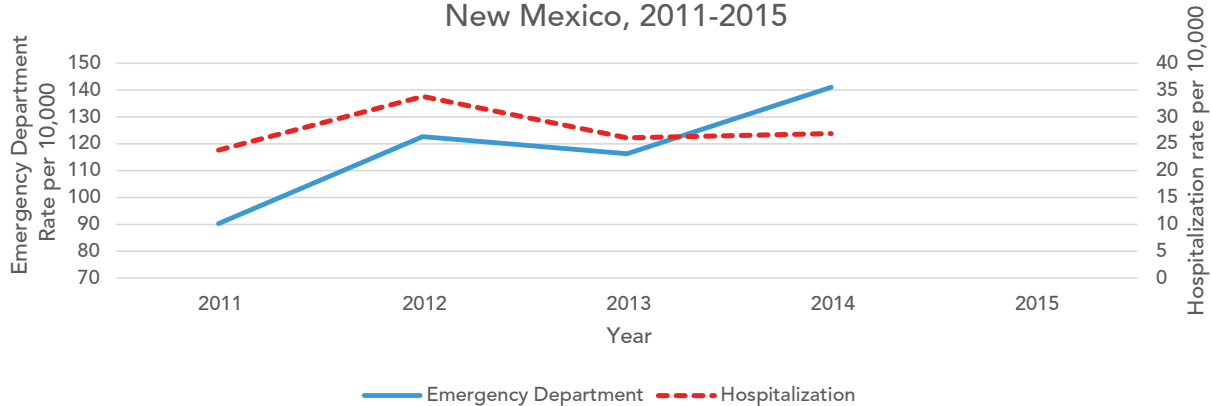
Story Behind the Curve

- Asthma is one of the most common chronic diseases in New Mexico, and is frequently diagnosed in childhood. People with asthma are more likely to miss school or work, report feelings of depression, and experience an overall reduced quality of life than people without asthma. Asthma is also costly, with expenses putting a significant burden on families, the health care sector, and the economy. Although it cannot be cured, asthma can be controlled through quality health care, appropriate medications, and good self-management skills. When asthma is well controlled, people with the disease have few, if any, symptoms, and can live normal and productive lives.

What Works

- Asthma self-management education (ASME) is an effective and economical way to improve asthma symptoms. By participating in ASME programs developed using national evidence-based guidelines, patients learn to identify and mitigate asthma triggers (which lead to acute attacks), how to use their medication correctly, and how to recognize and prevent asthma attacks. Studies show that ASME helps patients and health care systems save time and money by preventing the need for ED visits and hospitalizations. When providing self-management education, language skills and cultural competency are also important; all of the asthma educators in the NMDOH-sponsored program speak both Spanish and English.

How We Impact

The New Mexico Asthma Control Program (NM ACP) supports health intervention activities aimed at increasing asthma awareness in the state, including improving access to asthma self-management education. For many years, asthma ED visits and hospitalization rates for the southeast region of New Mexico have been higher than the statewide rates. Since 2011, with CDC funding, NM ACP has sponsored an ASME program with a focus on pediatric patients at a critical access hospital in the southeast region.

Performance Measure Highlight
Percent of children with persistent asthma who show an improvement in their symptoms as a result of asthma self-management education

Story Behind the Curve

- Certified asthma educators working at Nor-Lea General Hospital provide asthma self-management education to children. Each patient's asthma symptoms and their severity are measured through the nationally-validated Asthma Control Test (ACT), which is administered by an asthma educator. Working with the patient and their adult caregivers, the asthma educator determines how many Asthma Self-Management Education sessions are necessary to achieve a reduction in symptoms and maintain their progress over time.

- This measure began being tracked in FY15. Two years of data (FY15 and FY16) reveal a majority of participants (69%) in this guidelines-based ASME program demonstrated improvement in their symptoms as measured by the Asthma Control Test. Participants also reported fewer hospital, ED, and urgent care visits as well as an improved quality of life.

Strategies

- In partnership with the New Mexico Council on Asthma, the NMDOH Asthma Control Program supports guidelines-based Asthma Self-Management Education; promotes reimbursement for preventive services, including ASME; and encourages professional training for asthma educators.

FY14-16 Progress Summary

Percent of children with persistent asthma who show an improvement in their symptoms

Data Source: Nor-Lea General Hospital

Bar chart showing Percentage (y-axis, 0.0% to 100.0%) by Time (x-axis: FY13, FY14, FY15, FY16). FY15: 69.0%, FY16: 69.0%. Target line at approximately 65%.

Target: ≥ 65.0%
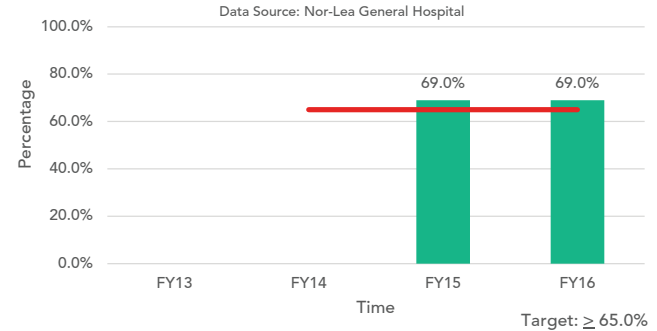
- In FY16, New Mexicans who participated in the ASME Program based at Nor-Lea General Hospital continued to show improvement in their asthma control. When the ED rates for Lea County, where the program is located, were compared with the southeast region as a whole, the trend was encouraging. In 2010-2011, the crude ED visit rate for Lea County was higher than for the region. From 2012-2014, the county rate was below the regional rate.

- In FY15 and FY16 NMDOH staff shared the promising results from evaluation of this program with state and national stakeholders, including the New Mexico Council on Asthma, New Mexico Hospital Association, other state asthma programs, and CDC's National Center for Environmental Health.

Improved health outcomes for the people of New Mexico

Indicator: Number of Sexual Assaults Reported to Law Enforcement

The Number of Sexual Assaults Reported to Law Enforcement, New Mexico, 2011-2015
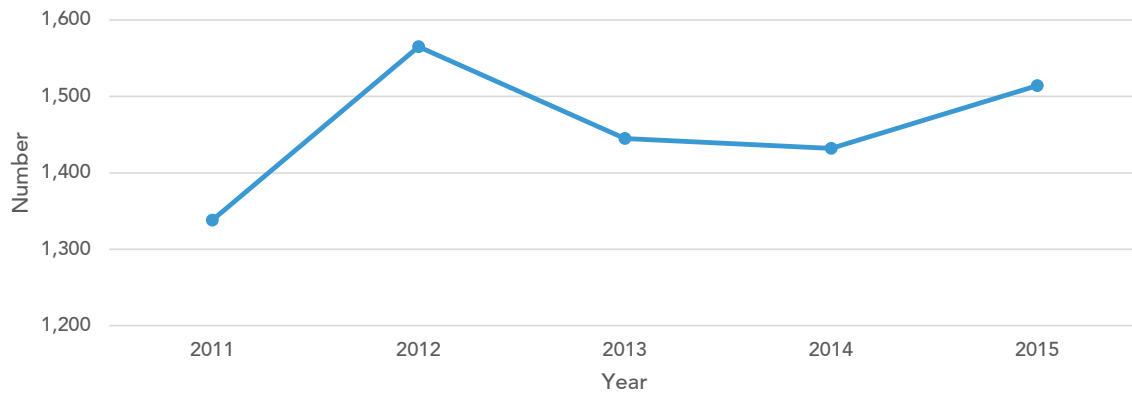
Story Behind the Curve

- According to the National Intimate Partner and Sexual Violence Survey (2011), 19.3% of women in New Mexico have been raped during their lifetime. Girls, youth living with disabilities, and youth who identify as lesbian, gay, or bisexual are at a much higher risk for sexual assault victimization.

- The vast majority of rapes remain unreported. In 2009, only 1 in 9.5 adult rapes came to the attention of law enforcement; thus, the number of assaults reported is an underestimate.

- However, the percentage of New Mexico youth who indicated they had been forced to have sex declined from 2011 (8.6%) to 2015 (7.3%), according to Youth Risk and Resiliency Survey (YRRS) data.

What Works

Multi-session prevention education for youth that changes norms around sexual violence (what individuals think is typical or accepted in their community and among their peers, "what's normal") is effective in reducing sexual violence perpetration. Other proven strategies include:

- Empowering and supporting girls, boys, women, and members of vulnerable populations.

- Creating protective environments through changes to policies and physical environments.

- Training community members who work with youth (e.g. school staff, coaches, community center staff, child care providers).

- Training professionals who work with survivors (e.g., law enforcement, prosecutors, medical staff, school staff, faith community, sexual assault service providers, probation and parole, and corrections staff).

How We Impact

The NMDOH Sexual Violence Prevention Program works with partners throughout the state to provide evidence-based primary prevention education to young people and adults who work with young people. These interventions focus on reducing risk factors for perpetration of sexual violence, increasing protective factors among vulnerable populations, and teaching effective strategies for bystander intervention. The program also supports communities working on changing norms that contribute to violence victimization, and policies that create safe environments.

Performance Measure Highlight
Number of people who completed an NMDOH-funded sexual assault prevention program

Story Behind the Curve

- Each year since FY13, OIP has been able to increase the number of participants in the sexual assault prevention programs it sponsors. In FY15, sexual violence prevention contractors provided 2,047 individuals with evidence-based or research-supported multi-session sexual assault primary prevention education. These educational sessions were taught by trained facilitators to both students and teachers throughout New Mexico.

- In FY16, 3,097 New Mexicans received such sexual violence prevention education, exceeding the program target. Evaluation data shows that these programs were effective in changing norms related to sexual violence perpetration.

- Evaluation data show that youth who completed an these programs have lower acceptance of couple violence, rape myth, and rigid gender norms, and are more likely to intervene as bystanders to interrupt instances of sexual and intimate partner violence.

Strategies

- The Sexual Violence Prevention Program operates on multiple levels of the spectrum of prevention. At the individual level, OIP provides funding, technical assistance, and evaluation support to partners throughout the state to deliver evidence-based primary prevention programming to youth. At the community level, the program supports partners who work with youth to teach prevention strategies, bystander intervention skills, and strategies to create safe environments for members of vulnerable populations. The program partners with community-led organizations to foster networks and coalitions to prevent interpersonal violence among those most impacted. The program is also working with communication specialists to develop messaging campaigns to change community norms around sexual violence. On the policy level, program staff provide research support and technical assistance to communities looking to implement policies that foster safety and inclusion in schools and workplaces.

FY14-16 Progress Summary

Number of people who completed an NMDOH-funded sexual assault prevention program
Data Source: Contractor Reports

Target: ≥ 1,750
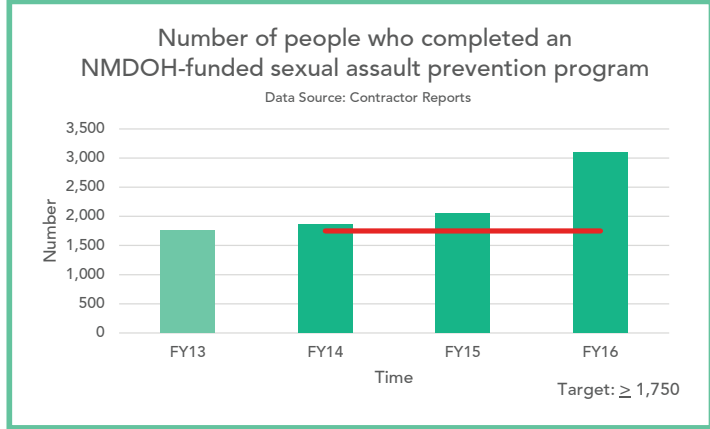
- In FY14, NMDOH hired and trained program staff, who worked to identify best practices in sexual violence prevention and evaluation. In FY15, NMDOH created a statewide strategic plan for the prevention of sexual and intimate partner violence using community and stakeholder input and best available research evidence. The program also issued a 4-year RFP that aligned the efforts of prevention contractors around the state. Funded prevention partners received training and technical assistance. The program evaluator developed a statewide evaluation plan and program logic model.

- During FY16, NMDOH evaluated all funded programs and used data to help partners modify their programs to increase reach and effectiveness. Staff provided technical assistance to partners as they worked on primary prevention at the community and organizational levels. The program also began developing a statewide strategic communications plan to change norms around sexual violence.

- Successes include: exceeding program participation targets; collecting consistent, comprehensive evaluation data for all sites; training all funded partners in best practices; and identifying avenues to work on prevention at the environmental level. Challenges included difficulties with the timeliness of the contracting process.

- Results from the FY16 program evaluation found that all funded prevention sites were successful in implementing programs that created statistically significant changes in knowledge, attitudes, and beliefs shown to be risk factors for sexual violence perpetration.

Health Systems & Support

The health system can be thought of as the interconnected set of people, organizations, policies, and environmental conditions that support population health. The health system includes person-centered direct social, behavioral, and clinical health care as well as those structures and activities that improve population health. Services and actions to ensure the quality, accessibility, and utilization of health system services, including direct care services, are an important component of the health system.

The Percent of Preschoolers (ages 19-35 months) Who Are Fully Immunized, New Mexico and the U.S., 2011-2015
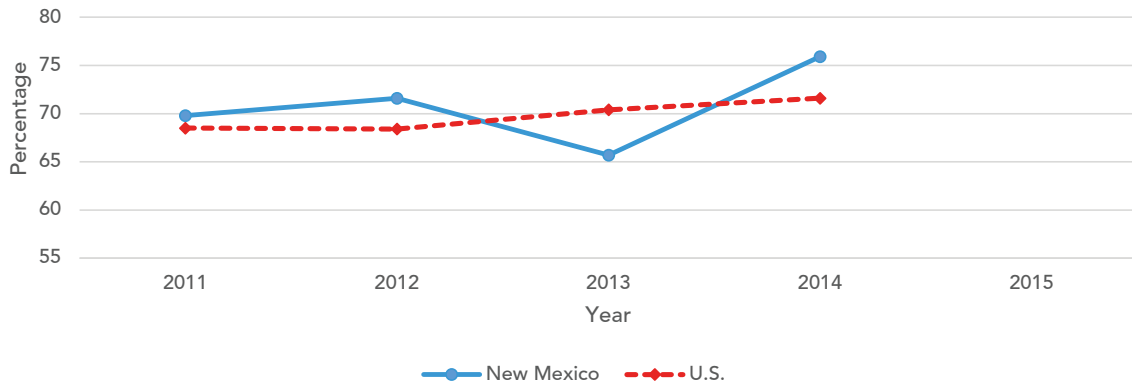
Story Behind the Curve

- In 2014 New Mexico ranked 10th best in the nation with a coverage level of 75.9%. The 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, I MMR, 3 HepB, 3 HIB, 1 Varicella, and 4 Pneumococcal) series as collected through the CDC's National Immunization Survey (NIS) is the nationally-accepted 'gold standard' for childhood immunization coverage. Data for the NIS are collected through a random-digit dialing telephone survey of households. Interviewers determine if there are children ages 19 months to 35 months in the household, then ask respondents for information regarding children's vaccinations. The NIS also includes a mail survey (with consent) that asks the children's medical providers to report the vaccinations in the child's medical record. New Mexico's childhood immunization coverage for this measure has improved significantly since 2009 when it was 45.8%.

What Works

- Evidence-based strategies and CDC recommendations for improving immunization coverage include enhanced recordkeeping, use of Immunization Information Systems, provider recommendations and reinforcement of the need to return for subsequent doses, use of reminder and recall systems, and the reduction of barriers to immunization. Gains in immunization coverage in New Mexico have been supported by the statewide promotion of childhood immunizations, enhancement of the New Mexico State Immunization Information System's (NMSIIS) data exchange capacity, and coverage assessments done as part of Quality Improvement visits to Vaccines for Children (VFC) sites. With the introduction of New Mexico's upgraded NMSIIS, the Immunization Program will work to ensure complete documentation of all shots in NMSIIS, and to promote improved reminder and recall of clients.

How We Impact

The goal of the New Mexico Immunization Program is to ensure that all New Mexicans are properly immunized against vaccine-preventable diseases. The VFC Program is a federally-funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of an inability to pay. Over 400 providers are enrolled in the VFC Program in New Mexico and receive vaccines through the program for both their VFC clients and privately-insured clients.

Performance Measure Highlight
Percent of preschoolers (19-35 months) fully immunized

Story Behind the Curve

- New Mexico ranked 10th best in the nation for 2014 childhood immunization coverage with a combination level of 75.9% for diphtheria, tetanus, pertussis (whooping cough) polio, measles, mumps, rubella (German measles), hepatitis B, *Haemophilus influenzae* type b, varicella (chicken pox) and pneumococcal conjugate vaccines. This level of coverage is up significantly from 2009 when it was 45.8%. Gains in coverage for *Haemophilus influenzae* type b, varicella, and pneumococcus vaccines largely accounted for this increase. New Mexico's 2014 childhood coverage levels for polio, measles, mumps, rubella, hepatitis B, and varicella vaccines met or exceeded the Healthy People 2020 objective of 90% coverage. The Immunization Program is working actively with health care providers to increase coverage through the enhanced use of NMSIIS (the state online immunization registry), and through ongoing Quality Improvement site visits. NMDOH and its partners also have ongoing education initiatives on the safety and effectiveness of vaccines.

Strategies

- The new NMSIIS launched in June 2016 and is improving vaccine ordering and school immunization tracking, and will integrate coverage assessments.

- The Immunization Program partnered with the Office of School and Adolescent Health to create a survey tool for schools to submit 1) information on how many of their students are up-to-date with immunizations, 2) how many are in process, and 3) how many have a medical or religious/philosophical objection in their files. NMDOH will require schools to submit this data for kindergarten and seventh grades; the data will be further assessed for validity by the regional School Health Advocates who will support schools in achieving compliance with school immunization requirements.

- NMDOH also conducts an annual school survey to assess the immunization status of kindergarteners. Separate samples for public and private schools are drawn by CDC, and NMDOH staff then conduct audits of the schools selected for sampling.

FY14-16 Progress Summary

Percent of preschoolers (19-35months) fully immunized
Data Source: National Immunization Survey, CDC

Bar chart showing percentage fully immunized: 2012 = 72.0%, 2013 = 66.0%, 2014 = 76.0%, 2015 (no bar). Y-axis "Percentage" from 0.0% to 100.0%. X-axis "Time". Target: ≥85.0%
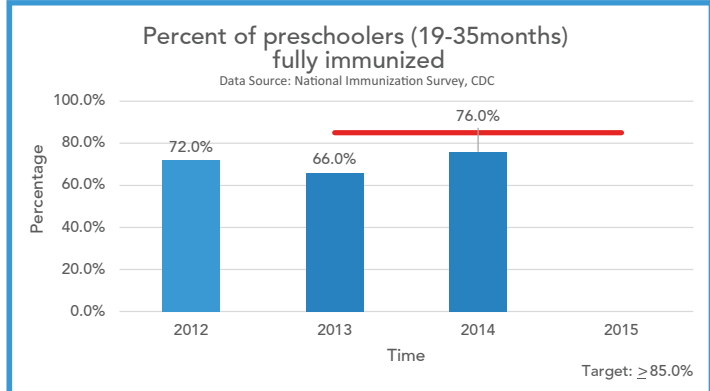
The Immunization Program has experienced a number of key successes and challenges:

- The Program replaced its aging statewide immunization registry (NMSIIS) with a new and more powerful application which went live on May 31, 2016. This will result in better, easier vaccine ordering and inventory management for providers, more sophisticated filters for incorrect information, and access for schools to immunization records, among other benefits.

- On immunization coverage, the Program has been above national averages in some teen vaccines such as HPV, school-aged coverage for flu vaccine, and it has followed national levels for coverage of 19-35 month-old children for all recommended vaccines.

- New Mexico is one of seven states that purchase all recommended vaccines for all children, including those with insurance. To address chronic under-funding of vaccine purchasing for insured children, the 2015 Vaccine Purchase Act required all insurers and health plans to pay proportionately for their covered children. While this increased revenue has allowed the state to continue purchasing vaccines for all children, it continues to run at a deficit which taxes the ability of the Department to support the program.

- Adult immunization has been a challenge, both nationally and in New Mexico due to limited resources; influenza coverage nationally for adults 19 and over was 43.2% in 2014, and for pneumococcal disease 20.03% overall. There were significant disparities for groups other than whites.

Improved quality, accessibility and utilization of health care services

Indicator: Percent of mothers who initiate breastfeeding

The Percent of Mothers Who Initiate Breastfeeding, New Mexico and the U.S., 2011-2015
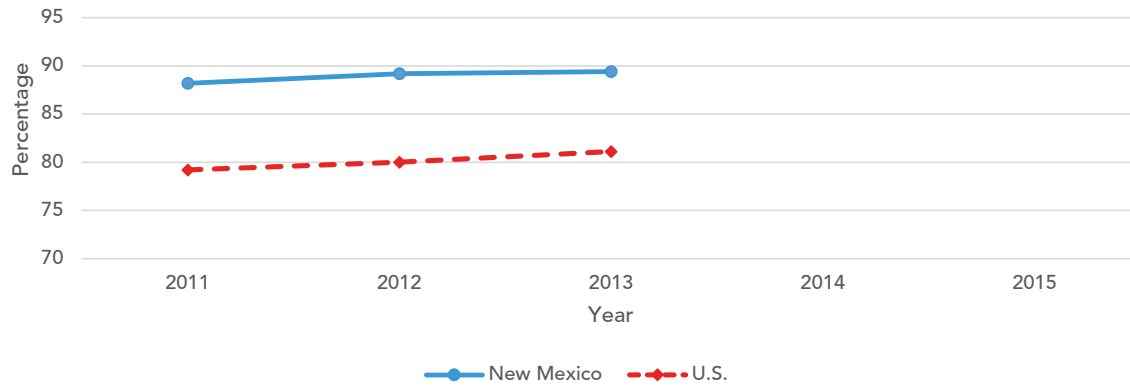
Story Behind the Curve

- Research has shown that breastfeeding is the best source of nutrition for infants. It is well documented that infants who are not breastfed experience more episodes of diarrhea, ear infections, and lower respiratory tract infections and are at higher risk of sudden infant death syndrome, diabetes, and obesity. Breastfeeding helps protect mothers from breast and ovarian cancer. Women who quit breastfeeding, or never start, do so for a variety of reasons including having to return to work, believing that they do not have enough milk or that it is not good enough, receiving free formula in the hospital, and feeling ashamed of breastfeeding in public. Breastfeeding rates have been steadily increasing for the past 10 years as the NMDOH Women, Infants, and Children (WIC) program, the New Mexico Breastfeeding Task Force (BFTF), and others have worked to promote and support breastfeeding for all women.

What Works

- Women succeed in breastfeeding their infants when interventions target multiple levels of social ecology. Peer counselor support is effective in improving breastfeeding initiation and duration rates. Implementing maternity care practices that support breastfeeding such as the Baby-Friendly™ USA Hospital Initiative at hospitals, and encouraging those practices at birthing centers and among health care providers also help women succeed at breastfeeding. Workplace policies that support breastfeeding include longer maternity leave, part-time work options, and breastfeeding support programs in the workplace. Access to breastfeeding education and information for new mothers in the prenatal and intrapartum periods is critical. Another invaluable tool is social marketing which promotes breastfeeding practices in community, hospital, and workplace settings, educates policy makers about issues related to breastfeeding,and educates the public about healthy infant nutrition practices.

How We Impact

The New Mexico BTF is working to bridge the gap in breastfeeding disparities and is committed to ensuring all families have the support they need to reach their breastfeeding goals. This means: educating and providing professional development opportunities for health care providers, working with hospitals and clinics to adopt supportive maternity care and infant feeding practices and become Baby-Friendly™ designated, helping employers create breastfeeding- friendly worksites, including flexible break time and clean, private spaces for employees to pump, and creating a breastfeeding supportive community.

Performance Measure Highlight
Percent of WIC recipients that initiate breastfeeding

Story Behind the Curve

- The WIC population is at risk to not breastfeed due to increased barriers to breastfeeding that low- and moderate-income women face.

- WIC is 100% federally funded, providing all pregnant and breastfeeding participants with encouragement and support to breastfeed through education sessions, individual counseling, referrals, breast pumps, and other aides as needed.

- WIC receives Breastfeeding Peer Counselor grant federal funding which provides individualized peer support to many, although not all, WIC mothers via phone calls, and home and hospital visits.

- WIC breastfeeding initiation rates have historically increased annually, even when quarterly rates occasionally decrease. All WIC data are provisional as the WIC Program continues to enter client responses after a reporting period closes.

- Challenges in meeting the FY16 target were a 12% staff vacancy rate, coupled with a delay on new hires, and staff devoted to the development of a new data collection system.

Strategies

- Continue to provide all WIC mothers with encouragement, education and support to breastfeed, and operation and expansion of the Peer Counselor Program into statewide hospitals and community support groups.

- Continue to provide continuing education/trainings for WIC staff and community health care professionals and breastfeeding advocates; as well as support for staff to become or maintain IBCLC certification.

- The New Mexico BFTF will apply for continued funding of grant projects through the Kellogg's Foundation, as well as through implementing fund-raising strategies.

- WIC and the New Mexico BFTF will continue to collaborate to increase public awareness of the importance of breastfeeding through production of the annual calendar, as well as through the worksite law media campaign.

- The New Mexico BFTF will address and support breastfeeding advocacy and policy issues through legislative action statewide and in local communities.

FY14-16 Progress Summary

Percent of WIC recipients that initiate breastfeeding
Data Source: WIC System Infant Breastfeeding Initiation Report

Time	Percentage
FY13	77.0%
FY14	76.5%
FY15	79.0%
FY16	81.4%

Target: ≥ 85.0%
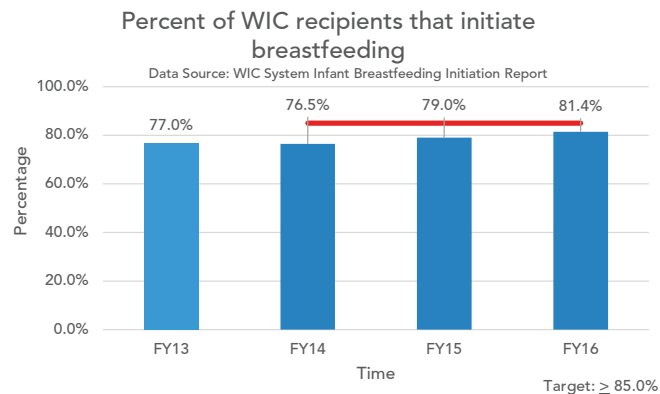
- The percent of WIC infants who initiate breastfeeding rose from 76.5% in FY14 to 79% in FY15 and to 81.4% in FY16. This is the first time the rate has exceeded 80%, and meets the Healthy People 2020 goal of 81%.

- Eight hospitals achieved Baby-Friendly™ designation, while 14 others are working on the certification pathway, and 19 have banned formula discharge bags to mothers, an important step to this process.

- The number of local New Mexico BFTF coalitions have increased from 11 to 18 over the past several years, resulting in increased community awareness and advocacy of breastfeeding.

- In 2014, the WIC Program received 1 of 3 national USDA Breastfeeding Bonus Awards in the amount of $334,359 in recognition of outstanding achievement in improving breastfeeding rates among WIC participants. The funding from the award supported many regional breastfeeding support projects as well as increased lactation training for WIC staff and the development of TV commercials promoting breast pump use in the workplace.

- Although the trend continues to show an increase in breastfeeding initiation, the nearly 12% vacancy rate WIC is currently experiencing means that many staff are doing the work of others, which in turn means they have less time to spend providing quality counseling to each mother. However, the WIC Program continues to prioritize breastfeeding initiatives, as well as to work with State Personnel to get vacant positions filled.

Improved quality, accessibility and utilization of health care services

Indicator: Percent of acute care hospitals nationally accredited as stroke centers
Indicator: Percent of acute care hospitals nationally accredited as heart attack centers

Percent of Acute Care Hospitals Nationally Accredited as Stroke or Heart Attack Centers, New Mexico, 2012-2016
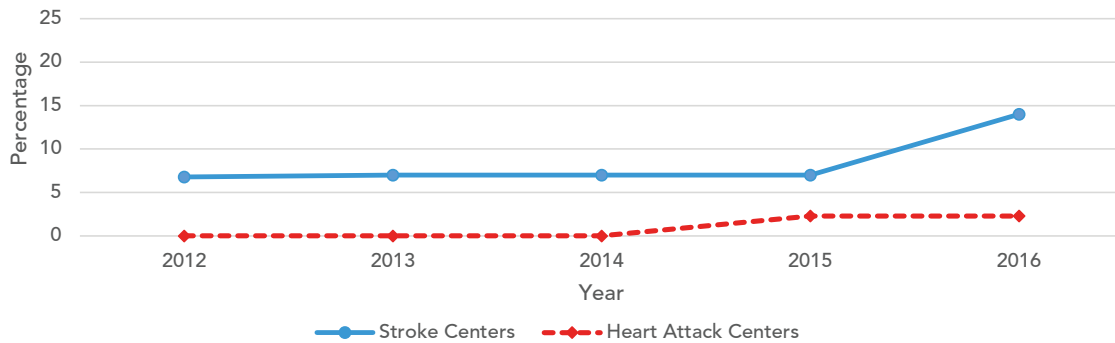
Story Behind the Curve

- A stroke occurs when blood flow to an area of brain is cut off. When this happens, brain cells are deprived of oxygen and begin to die. Abilities controlled by that area of the brain such as memory and muscle control are lost.

- Hospitals that are nationally accredited and certified as stroke centers improve the quality of stroke care and can lessen some of the long term effects of a stroke by promoting consistent adherence to the latest evidence-based treatment guidelines.

- Hospitals accredited and certified to handle the most severe type of heart attacks (ST-Elevation Myocardial Infarction, or STEMI), in which blood flow is completely blocked to part of the heart muscle, have the expertise, facilities and equipment necessary to provide top-quality care. Specialized care improves patient outcomes.

What Works

- Numerous published studies demonstrate success in achieving measurable patient outcome improvements at nationally accredited stroke and STEMI centers. NMDOH facilitates the achievement of accreditation and certification by supporting New Mexico hospitals with their licensing fees and activities, and by facilitating education and best practice sharing between hospitals.

- One of the responsibilities of the EMS Bureau (EMSB) is to develop a stroke and STEMI system of care, and the development of a number of primary stroke and STEMI centers is critical to this system. Certification indicates a hospital's dedication to providing the very best stroke and/or STEMI care possible.

How We Impact

EMSB assures that urgent and emergent medical services are available to all New Mexicans. EMSB administers the EMS, Trauma, and Stroke/STEMI (Heart Attack) programs. The EMS Program licenses over 8,000 Emergency Medical Technicians, regulates EMS and air ambulance agencies, and provides technical assistance to the New Mexico Public Regulation Commission. The Trauma Program designates trauma centers and maintains data regarding the care and treatment of trauma patients. The Stroke/STEMI Program works with health care entities to develop a care system for those who have suffered a stroke or heart attack, supporting the development and designation of stroke and STEMI centers statewide.

Performance Measure Highlight
Percent of acute care hospitals reporting stroke data into approved national registry

Story Behind the Curve

- Stroke is a leading cause of death in New Mexico, resulting in the deaths of several hundred New Mexicans each year. Those who survive a stroke often suffer lifelong disability.

- Legislation was passed in 2012 enacting a new section of the Public Health Act to provide for NMDOH certification of hospitals as stroke centers. Stroke center designation cannot be awarded until stroke data are submitted to a national registry, which will enable facilities to analyze and improve health care outcomes in stroke patients.

- A hospital obtaining stroke center accreditation and certification has many benefits for the community, including assurance that the hospital adheres to stroke prevention and treatment measures agreed upon by the American Heart and Stroke Associations, the CDC, and the Joint Commission. Adherence to stroke prevention and treatment best practices reduces disability and death associated with stroke.

- Additionally, accreditation and certification will help assure that the hospitals are appropriately reimbursed by Medicare, Medicaid, and third party payers for the improved care delivered to stroke patients.

Strategies

- Continue outreach to acute care hospitals.

- Collect data on stroke patients in accordance with national guidelines, which will assist in analyzing the potential for facilities to become stroke receiving or referring facilities.

- Analyze data on stroke patients in accordance with national guidelines, which will improve health care outcomes in stroke patients. Once data are being submitted, NMDOH will work with the hospitals in achieving other aspects required for stroke center designation.

- NMDOH will then, in accordance with NMDOH rules, certify an acute care hospital as a Primary Stroke Center, Comprehensive Stroke Center, or Acute Stroke Capable Center, if the hospital has been accredited at that level by the Joint Commission.

FY14-16 Progress Summary

Percent of acute care hospitals reporting stroke data into approved national registry
Data Source: Get with the Guidelines Stroke Registry

FY14: 6.8%
FY15: 9.3%
FY16: 9.3%
Target: ≥ 13.6%

- In FY15, four out of 43 acute care hospitals in New Mexico entered data into the Get with the Guidelines Stroke registry, an increase from FY14. Despite continued program outreach, no new hospitals began submitting data in FY16.

- However, in FY16, NMDOH and its hospital partners doubled the number of designated primary stroke centers in New Mexico from three to six. Primary stroke centers achieved national accreditation and were certified by NMDOH. Four hospitals report their data to the American Heart Association's Get with the Guidelines Stroke Registry and are included in this measure. Two centers submit data to another national accrediting agency's data repository.

- In FY17, NMDOH will continue reporting on the number of hospitals which are nationally accredited and achieve NMDOH certification as stroke centers.

Performance Measure Highlight
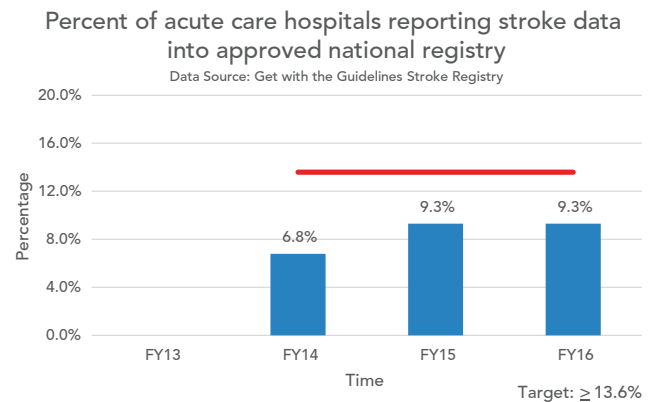*Percent of acute care hospitals reporting heart attack data into approved national registry*

Story Behind the Curve

- Over 3,000 New Mexicans die every year from cardiovascular disease. However, NMDOH does not currently have access to detailed statewide data about the care of heart attack patients. The more hospitals that provide data, the better picture of heart attack care we can obtain, enabling EMSB to identify areas of potential improvement in patient care and outcomes.

- Legislation was passed in 2013 which enacted a new section of the Emergency Medical Services Act to provide for NMDOH certification of hospitals as STEMI/Heart Attack centers. STEMI center designation cannot be awarded until cardiac care data are submitted to the ACTION Registry, a heart attack/cardiac care database/registry jointly operated by the American Heart Association and the American College of Cardiology.

- By improving cardiac care networks, including STEMI center designation, evidence suggests that patient outcomes will also be improved.

- At the end of FY16, six out of 43 acute care hospitals in New Mexico provided data to the national registry. Several hospitals have expressed willingness to begin submitting data. However funding support, primarily for database licensing fees, has been reduced for FY17.

Strategies

- Collaborate with New Mexico hospitals and EMS agencies toward improving all facets of STEMI care.

- Engage with New Mexico hospitals interested in data sharing and STEMI Center designation.

- Assist advanced level of care facilities in meeting other requirements for STEMI Center designation.

- Improve NMDOH's ability to access and interpret state and national STEMI data.

FY14-16 Progress Summary

Percent of acute care hospitals reporting heart attack data into approved national registry
Data Source: ACTION Registry

Target: ≥ 13.6%
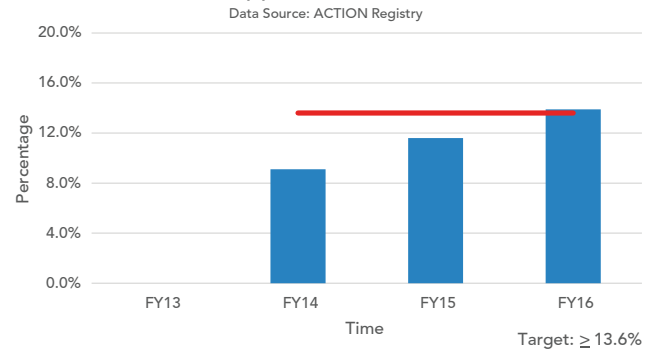
- From FY14-FY16, EMSB was successful in meeting the initial target and increasing the number and percentage of New Mexico acute care hospitals submitting data to the ACTION Registry by more than 10 percentage points from the 2012 baseline (2%). Challenges encountered included staff turnover and funding reductions.

- Data submission is only one component of the process of national accreditation. This measure recorded the percent of New Mexico hospitals reporting to the ACTION Registry, a heart attack/cardiac care database jointly operated by the American Heart Association and the American College of Cardiology. In FY17, NMDOH will continue reporting on the number of hospitals which are nationally accredited and achieve NMDOH certification as STEMI centers.

Program At-A-Glance
NMDOH *Office of Community Health Workers (OCHW)*

Community Health Workers (CHWs), often referred to as "promotores de salud" and community health representatives in Tribal communities, play a critical role in helping New Mexicans address health and social care needs. Research shows that work that CHWs perform reduces health care costs, increases access to care, and improves health status. OCHW applies five strategies simultaneously: assess CHW competency, certify CHWs meeting competency requirements, evaluate implementation of CHW model, build infrastructure to support the CHW model, and standardize competency-based trainings for CHWs. OCHW has a limited staff of three full time employees and one part-time employee to achieve implementation of the CHW Initiative. Great geographic distances between the frontier and rural communities add to the challenge of reaching the state's population impacted by voluntary CHW certification.

Performance Measure
Certification of Community Health Workers

- CHW certification through grandfathering was launched August 15, 2015, and as of June 30, 2016, NMDOH had certified 66 CHWs. OCHW staff have been meeting with CHWs and employers of CHWs to provide encouragement and technical assistance in the certification process. Certification is voluntary and there is no deadline for the grandfathering of CHWs which may contribute to a delay in certification.

Program At-A-Glance
NMDOH *Office of School and Adolescent Health (OSAH)*

OSAH oversees School Based Health Centers (SBHC) throughout New Mexico. SBHCs deliver health care where kids are and when they need it; this is especially important for youth living in rural and frontier areas. For over 30% of students using a SBHC, the SBHC is their only access point to health care services. Annually, more than 16,000 students received over 48,000 visits for primary care, behavioral health, and oral health services. All 54 SBHC sites initiated health promotion and risk reduction activities.

Performance Measure
Percent of students using school-based health centers that receive a comprehensive well exam

- The components of the comprehensive well exam are in alignment with national recommendations and standards for preventive care for adolescents, including: screening for depression, hypertension, elevated Body Mass Index, Sexually Transmitted Infection risk, suicide risk, and substance use; counseling for diet, exercise, injury prevention, sexual behavior and substance abuse; and assessment of immunization status for required and recommended vaccines.

- OSAH began generating quarterly data profiles in FY14 that included comprehensive well exams in order to track progress. During FY14 and FY15, 34.2% of students using SBHCs received a comprehensive well exam. This percentage declined to 25.6% during FY16. Even though the percentage of students using SBHCs who receive a comprehensive well exam declined, the percentage remains comparable with national and state averages of one in four adolescents receiving a comprehensive well exam annually. Statewide provider shortages, turnover in clinical staff, and limited hours of operation contributed to the decline in comprehensive well exams.

Other Performance Measure Spotlights

Performance Measure
Percent of counties with documented implementation plans for developing regionalized EMS response

- With support from NMDOH, the number of counties with documented implementation plans for developing regionalized EMS response doubled from seven counties in FY14 to 14 counties in FY15. In FY15, 14 out of 33 counties (42.4%) had documented implementation plans for developing regionalized EMS response, developed with the assistance of the three EMS Regional Offices, surpassing our target. Cuts to funding for EMS Regional Offices in FY16 required a reduction in contact deliverables, including regionalized plans. Due to these cutbacks, no additional counties developed plans in FY16. Without additional support, we do not anticipate that the number of regional plans will increase substantially.

Performance Measure
Percent of emergency department and intensive care unit licensed staff at developing and existing trauma centers who have received training in traumatic injury care

- During FY14-FY16, staff turnover at New Mexico trauma programs posed significant challenges. EMSB had to increase the amount of time spent with each facility due to staff turnover. NMDOH staff did mandatory training that helped these facilities understand how to report on trauma continuing education credits as required by the trauma rules. EMSB noted a decrease in compliance during FY16, to 68% from 83% in FY15. Previously, it had increased every year from FY12 through FY15. In FY16 a new developing trauma center was added and no trauma education has been done there yet. Additionally, many new employees at existing trauma centers need training and some facilities were hesitant to send their employees to educational opportunities due to budgetary constraints. We expect these facilities will have documented trauma education opportunities for their employees within the next year.

Performance Measure
Percent of hospitals reporting bed availability in the healthcare emergency preparedness bed reporting system within four hours of request

- Hospital response depends on the number of patients being served, hospital status, and staffing during the weekly HAvBED drill timeframe (a four hour window). New Mexico has a shortage of acute care health care professionals, and staff turnover at New Mexico facilities makes reporting challenging.

- In FY15 health care facility attrition and turnover contributed to a decrease in HAvBED authorized users; changes in program management and staffing decreased opportunities for training new users at participating health care facilities. During the first two quarters of FY16 participation rates dipped below target levels. However, the hiring of a new NMDOH supervisor has helped turn the curve, bringing FY16 annual results back up to target, meeting the national benchmark of 75%.

Percent of hospitals reporting bed availability within four hours of request
Data Source: HAvBED Software System

Target: ≥ 75.0%
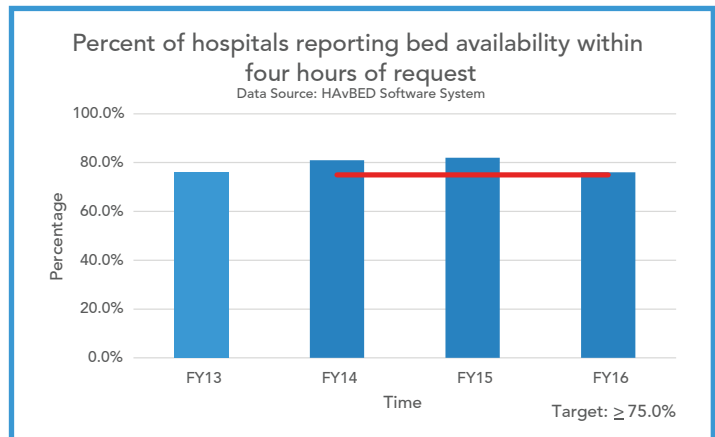
Program At-A-Glance
NMDOH Office of Facilities Management (OFM)

NMDOH Office of Facilities Management fulfills the NMDOH mission by overseeing six health care facilities and one community program. The services provided throughout New Mexico include programs in behavioral health, long term care, and physical rehabilitation. Facilities care for New Mexico adult and adolescent residents who need continuous 24-hour care. Most individuals served by NMDOH facilities have complex medical conditions or psychiatric disorders that manifest in behavioral challenges and many are remanded to NMDOH facilities by court order. NMDOH Office of Facilities Management provides a safety net when private sector providers are either unable or unwilling to serve complex individuals.

Performance Measure
Percent of staffed beds filled at all agencies

During FY14-FY16, the facilities and the community programs strived to hire and retain qualified staff to safely serve and provide positive outcomes for the maximum number of individuals. After filling only 81.1% of staffed beds during FY14, OFM successfully filled 95.7% of staffed beds during FY15 and 93.9% of staffed beds during FY16. Both of these results exceeded the 90% target. Significant efforts were made throughout the years to meet and exceed the target including:
- Adding detoxification services and Intensive Outpatient Program classes at the New Mexico Rehabilitation Center;
- Increasing detoxification services at Turquoise Lodge Hospital; and,
- Rapid Hire Events at the facilities allowing critical health care positions to be filled to serve more clients simultaneously reducing overtime and nursing contract expenses.

Performance Measure
Percent of behavioral health patient medical records transmitted to the next level of care within five calendar days

- Transfer of patient treatment information to the next provider of care is essential to maintain continuity of care.

- Based on quality improvement efforts initiated in FY13 and continuing throughout FY14, the New Mexico Behavioral Health Institute and the Sequoyah Adolescent Treatment Center (SATC) streamlined their process to convey important information about a resident's care when transitioning care responsibility prior to and/or at the time of discharge.

- These facilities also defined clear lines of responsibility and accountability, implemented quality assurance practices, and began conducting ongoing education and training. As a result, during FY15 and FY16, both facilities met their goal of transmitting patient medical records to the next level of care within five calendar days of patient discharge more than 98% of the time.

Performance Measure Highlight
Percent of long-term care residents with health care acquired pressure ulcers

Story Behind the Curve

- Decubitus ulcers, or skin disruption commonly referred to as "pressure ulcers," are a common occurrence in long term care facilities. These ulcers increase general morbidity and mortality of residents, increase pain, and reduce mobility. It is recognized that all efforts should be made to prevent the formation of these ulcers, or, if non-facility acquired, or present on admission, to aggressively treat them.

- There are many factors that contribute to the development of pressure ulcers, but they typically result from long periods of uninterrupted pressure on the skin, soft tissue, muscle, and bone, and by the weight of the patient on the bed they are lying on.

- Long-Term Care (LTC) residents who are bedridden or who use wheelchairs are among those at highest risk for developing pressure ulcers.

- The National Quality Forum has included health care acquired pressure ulcers in their nursing-sensitive care measures.

Strategies

Prevention of pressure ulcers requires:
- Combined routine and individualized care provided by a multi-disciplinary team following a comprehensive care plan.

- Continued training for line staff regarding what contributes to pressure ulcers, how they are formed, what to look for, and preventive techniques.

- Increased monitoring of skin condition, increasing activity and movement among the target population.

FY14-16 Progress Summary

Percent of long-term care residents with health care acquired pressure ulcers

Data Source: OFM Smart Sheet

FY13: 7.3%, FY15: 4.3%, FY16: 3.2%

Target: ≤ 6.4%
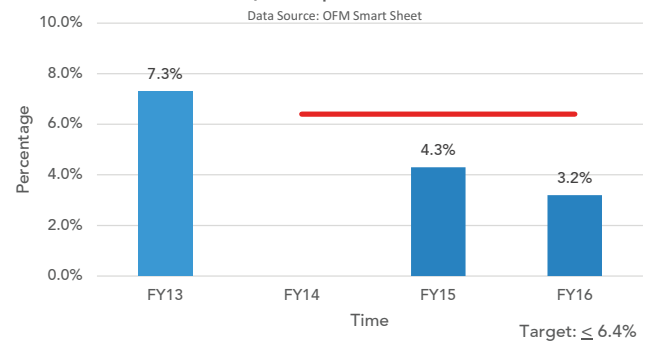
- Over the course of FY15-FY16, the NMDOH LTC facilities successfully met their goal of less than 6.4% of patients with health care acquired pressure ulcers. This result reflects an improvement relative to the baseline of 7.3%, which occurred during FY13.

- The facilities did not report on this measure during FY14.

- Declines in the occurrence of pressure ulcers translate to improved care and quality of life experienced by the facilities' LTC residents and lead to positive health outcomes.

Other Performance Measure Spotlights

Performance Measure
Percent of long-term care patients experiencing one or more falls with injury
Percent of rehabilitation patients experiencing one or more falls with injury

- Falls with injury are a common patient safety concern. A patient of any age or physical ability, not just elderly or frail patients, can be at risk for falls due to physiological changes resulting from medical conditions, medications, health care testing and treatment procedures that can leave them weakened or confused.

- According to the Joint Commission, every year in the U.S., hundreds of thousands of patients fall in health care facilities, with 30-50% of these falls resulting in injury.

- Falls with injury were tracked at NMDOH LTC facilities and at the New Mexico Rehabilitation Center (NMRC). Challenges at the LTC facilities with the measure's operational definition delayed uniform tracking and reporting until FY16, during which time 7.0% of LTC patients experienced one or more falls with injury. This measure was tracked in FY13, FY15, and FY16 at NMRC. During FY13, 2.0% of NMRC patients experienced one or more falls with injury. Using a variety of strategies such as individualized fall risk assessments and ongoing staff and resident education, NMRC reduced the percent of patients experiencing a fall with injury to zero in FY15 and to 1.3% in FY16.

Performance Measure
Percent of adolescent behavioral health patients for whom the use of seclusion and/or restraint is necessary

- OFM and SATC are committed to decreasing the use of restraint or seclusion among adolescent behavioral health patients (residents) and have progressively implemented an array of strategies to move toward their goal of zero restraints and/or seclusions.

- In FY14, SATC updated the Seclusion and Restraint Policy, which reflects their commitment to residential care that treats adolescents with dignity, respect, and mutuality; protects their rights; provides the best care possible; and supports them in their recovery. SATC transitioned to the Building Bridges Treatment Model, introduced the Sequoyah Bucks program to help support positive behaviors among their residents, increased visiting and telephone hours with family, and began to invite external community members to treatment team meetings.

- In FY15, SATC Points and Levels were eliminated and the Crisis Prevention Intervention program, that focuses on de-escalation techniques rather than on restraining, was deployed. SATC supported residents in participating on educational and age-appropriate activities as a way to increase their engagement with the community, added family passes, and reviewed and updated treatment policies and protocols to minimize potential risk behaviors.

- In FY16, SATC continued reviewing data to improve procedures and outcomes, focused on developing their workforce on restraint and seclusion prevention tools to reduce restraints and/or seclusions, and used rigorous debriefings to improve individualized treatment plans.

- Between FY14 and FY16, SATC succeeded in reducing the percent of adolescent behavioral health patients for whom the use of seclusion and/or restraint was necessary from 43.0% to 26.0%.

Program At-A-Glance
NMDOH Developmental Disabilities Supports Division (DDSD)

DDSD oversees the system of community services and supports for people with developmental disabilities (DD). DDSD oversees various Medicaid home and community-based waiver programs (DD Waiver services) so that people with disabilities can live as independently as possible. The program enables individuals with developmental disabilities to participate as active and valued community members. The DD Waiver program serves as an alternative to institutional care, providing an array of residential, habilitation, employment, therapeutic, and family support services.

The demand for DD and Mi Via Waiver services continues to increase each fiscal year. Mi Via is a self-directed waiver which nearly doubled in size during FY14-FY16. Individuals that express an interest in DD Waiver services are placed on a central registry list where the registration of new applicants and placement of existing registrants into services is managed. When funding is made available by the Legislature, services are offered to additional individuals on a priority basis.

Performance Measure
Number of individuals on the developmental disability waiver receiving services

- At the beginning of FY14 there were 4,423 persons receiving DD Waiver services. Approximately 615 of these were Mi Via Program participants. At the close of FY16, there were 4,660 waiver participants of which 1,211 were Mi Via participants.

- The total cost to provide services to people using DD waiver services in FY16 was $318,307,904 compared to $278,160,012 in FY14. Since FY14, more people are enrolled in the program, and those using DD Waiver services are using more of their approved budget. Historically, individuals used approximately 85% to 89% of their budget.

Program At-A-Glance
NMDOH Family Infant Toddler (FIT) Program

The FIT Program administers a statewide system of Early Intervention services for infants and toddlers from birth to age three who have or are at risk for developmental delays or disabilities. Early Intervention services are provided in accordance with the Individuals with Disabilities Education Act Part C. Early Intervention services include physical, speech, and occupational therapy, as well as developmental instruction, nursing, and service coordination.

Performance Measure
Percent of children served through the FIT Program who receive all of the early intervention services on their Individualized Family Service Plan (IFSP) within 30 days

- This performance measure tracks the percent of children who receive all of the services on their IFSP in a timely manner. This involves the FIT provider agency having clear policies and procedures, strong management structures, as well as qualified staff available to start services in a timely manner.

- Since FY14 the FIT Program has met its target of 97% of services being provided within 30 days. However, from FY15 to FY16, there was a performance drop of 1%. This was due to low performance by one provider agency that no longer has a contract with NMDOH for FIT services. Providers statewide continue to report difficulty in recruiting qualified staff. The FIT Program is currently developing ways to promote the Infant Toddler Studies Certificate at the AA and BA Degree levels in order to recruit more qualified early intervention staff statewide.

Performance Measure Highlight
Number of individuals on the developmental disabilities waiver waiting list
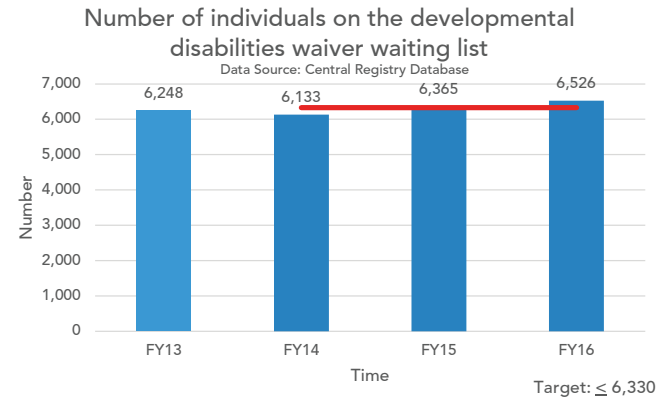
Story Behind the Curve

- DDSD effectively administers a system of person-centered community supports and services that promotes positive outcomes for all stakeholders. DDSD's primary focus is on assisting individuals and their families with developmental disabilities in exercising their right to make choices, grow, and contribute to their community. Each year, more than 900 individuals apply for DD Waiver services and of those applicants, over 300 are approved and placed on the waiting list (otherwise known as the Central Registry [CR]). To avoid increases to the number of people on the waiting list, the same number of applicants must be allocated each year as those who are found to be eligible and placed on the CR. Eligible applicants are offered waiver services once the Legislature makes new funding available to provide services to additional individuals.

Strategies

- Monthly outreach to community agencies in each DDSD region to increase applicant and community provider awareness of DD Waiver eligibility. Within the last 6 months increased outreach by the Intake & Eligibility Bureau has improved the quality of case file information supplied by the applicant which has decreased the amount of time needed to process a file for determination.

- Reinstate and maintain the Keeping in Touch letter to update all applicant information. Regular and consistent annual mailings of the Keeping in Touch letter encourages applicants to provide updated contact information, thereby reducing the time spent researching updated contact information for allocations from the waiting list.

- Ongoing analysis on the projected number of completed allocations in relation to the number of letters of interest. This assists in maximizing the number of individuals who enter and receive services.

FY14-16 Progress Summary

Number of individuals on the developmental disabilities waiver waiting list
Data Source: Central Registry Database

FY13: 6,248 | FY14: 6,133 | FY15: 6,365 | FY16: 6,526

Target: ≤ 6,330

- In FY14, the DDSD Intake & Eligibility Bureau found 315 applicants to be eligible for DD Waiver. In FY15, 304 applicants were found eligible, and in FY16, 388 applicants were found eligible. The number of eligible applicants has increased since FY14 due to fewer staff vacancies and fewer allocations to process, which allows for more time to process determinations. In FY14-FY15, 922 applicants were removed from the waiting list for a reason other than receiving an allocation.

- Budgets for applicants who are approved for an expedited allocation tend to be larger than the average DD Waiver budget. The increase in budget for expedited allocations decreases the funds available to allocate individuals on the waiting list. The number of approved expedited allocations increased threefold from FY14-FY16. In FY16 alone, 42 applicants were approved for expedited allocation.

- In the last three fiscal years, there has been an overall increase in the number of applicants on the waiting list. In FY13, the number of applicants who received an allocation letter was over 500, and the waiting list size decreased for the first time in many years. However, due to legislative decisions regarding funding there have been significantly smaller or no allocation groups for FY14–FY16 and the number of applicants on the CR has increased.

Program At-A-Glance
Division of Health Improvement (Health Certification, Licensing and Oversight)

The Division of Health Improvement (DHI) plays a critical role in the Department's mission of improving the health outcomes and ensuring the safety of New Mexicans. DHI ensures that healthcare facilities and providers and community support services deliver safe and effective healthcare and community services in accordance with laws, regulations, and standards of practice.

DHI works closely with key stakeholders to promote and protect the health, safety, and quality of life of New Mexicans. Our stakeholders include executive and legislative policy makers; providers; facilities and contractors; other state, local, and federal government agencies; advocacy groups; professional organizations; provider associations; various task forces and commissions; and the tax paying public at large.

Key DHI enforcement activities include: conducting various health and safety surveys for: facilities and community-based programs; conducting investigations of alleged abuse, neglect, exploitation, death or environmental hazards; and processing over 44,000 caregiver criminal history screenings annually.

Performance Measure
Percent of abuse, neglect, and exploitation (ANE) incidents for community-based programs investigated within 45 days

During FY14-FY16, the DHI Incident Management Bureau (IMB) experienced a backlog of cases which contributed to a downward trend in the percent of ANE case investigations completed within 45 days. To address this trend IMB implemented several actions:
* Revised the reporting and intake system for abuse, neglect, and exploitation;
* Reduced Investigator caseload size;
* Implemented a Short Investigation Report format when it's determined through a preliminary investigation that IMB does not have jurisdiction to continue with the investigation; and
* Hired a contractor in FY16 to assist in completing old cases to reduce the backlog. Shortly after the close of FY16, 100% of the backlog cases were completed.

Performance Measure
Percent of CMS 2567 Report/Statement Deficiencies for facility surveys completed and distributed within 10 days from survey exit within 45 days

During FY14-FY16, DHI experienced many challenges in distributing the 2567 report of deficiencies within timelines. To address these concerns DHI implemented several actions:
* DHI reorganized licensing into two bureaus, district operations, and program operations to better align processes and improve workflows;
* DHI used "Lean" tools to evaluate current processes and implement improvements;
* Redesigned the surveyor training process improving surveyor skills;
* Added nine additional surveyor positions to meet federal workload requirements;
* Worked aggressively to fill critical positions which significantly reduced the vacancy rate;
* Streamlined the travel reimbursement process, reducing the time for staff to get reimbursed for out of pocket travel expenses.

Performance Measure Highlight
Percent of facility building plan compliance reviews completed and distributed within 20 days from the date a complete packet is received

Story Behind the Curve

- The review of proposed health facility building plans for new facilities, and renovations of existing licensed facilities, is an integral part of the licensing process. The plan review is necessary to check for compliance with the applicable New Mexico Heath Regulations and CMS Life Safety Code requirements, and helps to ensure a safe environment for the facility's residents, users, and staff.

- The NMDOH Division of Health Improvement (DHI) has a goal that 85% of complete plan packets submitted are reviewed and approved within 20 working days of their receipt.

- The plan review time needed to complete and approve a project within the 20-day time frame is directly related to type and complexity of the project being reviewed, (which may vary from a simple six room facility to a complex 80 bed facility), and the volume of building plans received within that month.

Strategies

- Implementation of the Plan Review log: the review log tracks each submitted plan as it moves through the review and approval process.

- Verification of complete application packets: Implement a checklist to screen each packet when it is submitted to verify it is complete and ready for review. Applicants are notified of incomplete packets.

- Utilization of addition resources as needed: When there is a large volume of plans for review, the team may utilize Life Safety Code surveyors or the manager when available.

- Implementation of the review checklist: verifies completeness of each review.

FY14-16 Progress Summary

Percent of facility building plan compliance reviews completed and distributed within 20 days

Data Source: DHI Excel Sheet

Target: ≥85.0%
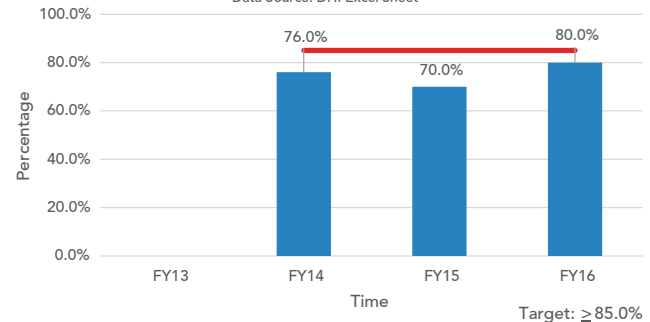
During FY16:
- DHI implemented the plan review log, this has provided improved monitoring and tracking of the review process, improving the cycle time for the review and approval of facility plans.

- Two variables impacting plan review processing time include: those months when a high volume of plans is submitted for review, and when the complexity of the facility is very large (e.g., an 80 bed facility). To address these addition demands, DHI has implemented a plan to reprioritize supervisory responsibilities and provide additional support as needed.

- Overall, DHI has consistently improved the plan review process throughout FY16 completing the fourth quarter reviews at 100% and ending with a year end average for FY16 at 80% of plan reviews being completed within 20 days.

- On-going, DHI's goal is to maintain 85% or higher completion of plan reviews within 20 days, dependent upon the number and complexity of complete packets submitted within an identified time period.

Performance Measure Highlight
Percent of report of findings transmitted to provider within twenty business days of survey exit

Story Behind the Curve

- The Division of Health Improvement's (DHI) Quality Management Bureau (QMB) conducts compliance surveys of Home and Community Based Waiver Providers for the following: The Developmental Disabilities Waiver, Mi-Via Waiver and the Medically Fragile Waiver.
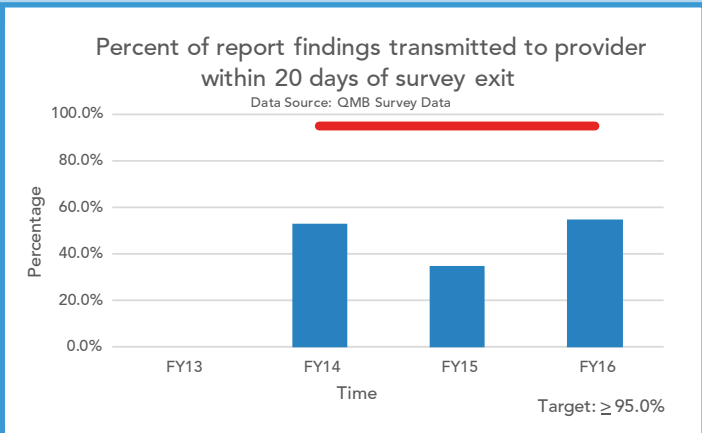
- The purpose of compliance surveys is to monitor compliance with state and federal regulations, statutes, standards and policies in order to protect the health and safety of people served.

- QMB provides program oversight to ensure individuals are receiving the necessary services and supports as identified in their service plans in order to achieve desired outcomes, as well as ensuring Service Providers are providing the services they have been contracted to provide.

- When QMB identifies deficiencies on an individual and/or systemic level, each provider receives a Report of Findings within 20 business days after the survey exit. Providers must then develop and implement a Plan of Correction for all deficiencies identified. This Plan of Correction is then verified by the QMB either by desk review and/or site visit.

Strategies

- Implement a Strategy Execution Plan to improve the survey process: complete a value stream analysis of the process to identify opportunities for improvement; complete business day after exit actions: assimilation of field tools, findings and evidence to begin immediate report writing, streamlining the editing and approval processes, prioritizing workflows to provide appropriate writing time, and developing further action items as needed.

- Increase the number of first round editors to three. The additional editors will provide needed backup. Draft reports will be sent to all three editors at the same time.

- Implement a new core competency surveyor training process to better mentor new surveyors.

FY14-16 Progress Summary

Percent of report findings transmitted to provider within 20 days of survey exit
Data Source: QMB Survey Data

Target: ≥ 95.0%

During FY14-FY15, the QMB experienced a decline in the distribution of survey reports within 20 days, but saw an improvement in FY16. Contributing factors included:

- QMB experienced a particularly high level of turnover in the bureau during this time, which significantly impacted the writing, review and editing processes for finalizing and issuing survey reports timely.

- QMB immediately identified and addressed the issue and implemented a system to ensure an editor and a reviewer would always be available to prevent delays in completing reports.

- QMB was successful in implementing "Lean" process improvements to monitor workflow progression through the writing and editing process, quickly identifying and addressing concerns, reducing the cycle time for issuing the survey report of findings and response rate on plan of correction approval and completion.

- QMB completed a "Lean" value stream analysis of the Plan of Correction process and implemented several improvements to this process.

Workforce Development

The workforce is defined as the aggregate group of individuals acting in an organized manner to maintain and improve the health of individuals, populations, or the health system. The workforce includes individuals within and external to NMDOH. Workforce development includes those activities designed to improve the ability and increase the competency of the workforce as well as activities to encourage growth and sustainability of the workforce in order to ensure the design and delivery of effective, high quality services.

Program At-A-Glance
NMDOH *Learning Center*

The NMDOH Learning Center is a driving force for engaging the Department's 3,269 employees to model our values and to deliver our mission. The Learning Center provides human and material resources to design, develop, and offer required training and professional development opportunities through the following areas: Online learning, Classroom Training, Blended Learning, Needs Assessment, Training Consultation, Curriculum Development, and Leadership Development.

The Learning Center prepares NMDOH staff, including office, field, and facilities employees as well as leadership, through a newly upgraded on-boarding process and the required trainings of Civil Rights; Avoiding Sexual Misconduct; Domestic Violence; HIPAA; Cultural Competency; and Workplace Safety. These courses contribute to the basic foundation for a strong workplace culture. Supervisors and managers in the Department build upon these basics and participate in specialized training designed in increase their competence in accomplishing their critical role in employee supervision and the management and development of their teams.

Performance Measure
Percent of NMDOH employees who have completed required training within the first 90 days of hire unless otherwise specified by policy

- In FY14, NMDOH conducted a needs assessment that suggested that training and staff development needed improvement. In addition, there was no systematic system to completing required training; most trainings were identified in a policy or code that was not readily accessible. A Workforce Development Workgroup (WDW) was formed to pursue these improvements.

- In FY14 and FY15, the WDW developed an on-boarding process that included a list for all required trainings for NMDOH employees. The Learning Center developed training opportunities for the Department and made these trainings available to employees.

- In FY16, a system to report and review training files was put in place to ensure that employees were completing required trainings. New Employee Orientation provided training on what is required by NMDOH and on how to access the trainings, including how to enroll in a class.

- Reporting for this performance measure lags by three months in because employees have 90 days to complete the required on-boarding process. During FY16-Q3, the first quarter for which results are available, 86% of new hires completed all required training with 90 days of hire. A higher success rate is expected for FY16-Q4 as more awareness and accountability measures are in place.

Performance Measure
Percent of NMDOH supervisors/managers who have completed required supervisor/manager trainings as designated by State or NMDOH policy

- In FY14, the WDW conducted a needs assessment that identified deficiencies on trainings and staff development. The workgroup sent a survey to all NMDOH employees asking for feedback in these deficient areas and supervisor training was identified as critical.

- In FY14 and FY15, the WDW targeted key areas for supervisor development including Managing Employee Performance and Fundamentals of Supervision, which were offered through our State Personnel Office (SPO). The SPO training was only available in limited areas and offered too infrequently to accommodate the number of supervisors in the Department who were required to take this training.

- In FY16, the Learning Center worked with SPO to deliver the training in-house with NMDOH. The training is now offered by NMDOH trainers throughout the state.

- The reporting for this performance measure is three months in arrears because supervisors have 90 days to complete the required onboarding process. During FY16-Q3, 69% of supervisors/managers completed the required training as designated. This is an encouraging increase of 15% from FY15 (54%).

Performance Measure Highlight
Percent of NMDOH Employees with computer access who are enrolled in the central learning management system (LMS)

Story Behind the Curve

This performance measure is critical to the Department because it indicates how many employees have access to our learning management system (LMS) where information and training is consolidated.

This system is a centralized process to:
- Manage and track staff training by facilitating e-learning in an online learning environment;
- Consolidate all training information into one system and thus reduce training costs; and
- Improve compliance with regulatory requirements.

Prior to the development of this performance measure, training was not consistently delivered or tracked.

Now, 100% of our employees with computer access are enrolled in our LMS and have access to training and other learning opportunities.

As an added bonus, through this process, LMS have different platforms for delivery so that we can provide training and learning opportunities for our external customers as well. It is a robust system that has unique features that were customized to meet the needs of the Department allowing for more flexibility in how we deliver and manage trainings in the Department.

Strategies

- Find a system that could provide the basic ability to deliver and manage online training that was easy for our employees to access and navigate.

- Develop a system that could centralize all the NMDOH training needs.

- Develop a customized system that could incorporate the diverse needs of the divisions and programs.

  - Address Information Technology (IT) Security challenges for properly on-boarding and off-boarding employees: unused licenses and potential security breaches.

FY14-16 Progress Summary

Percent of NMDOH employees with computer access who are enrolled in the LMS
Data Source: Learning Management System Database, NMDOH

Target: ≥ 80.0%
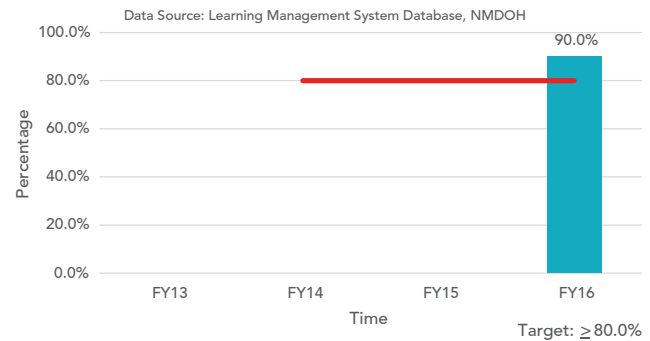
- In FY14, The Department conducted a needs assessment that identified workforce development as an area needing improvement and established the WDW.

- The WDW identified a gap in providing consistent delivery of information and training throughout the Department as well as being able to track and manage workforce development.

- The WDW developed a plan to find a solution to centralize the learning process and improve training offerings to meet the Department needs.

- In FY15, the Learning Center reviewed learning systems to find one that was cost effective and could meet our needs and proceeded to contract with a provider.

- After discovering a system that was viable, it was discovered that only about 50% of users who had access to the old system actually were enrolled.

- In FY16, the Learning Center teamed up with Human Resources and IT stakeholders and put a plan in place to increase the percent of employees that could access the learning management system and could enroll in training.

- As of the end of this performance rating period, 100% of NMDOH employees with computer access are now enrolled in the LMS where their personal training profile is stored and where they can enroll in online classes or register for live events and webinars.

Accountability

The area of Accountability is intended to promote NMDOH's commitment to serving New Mexicans with excellence. Accountability means transparently creating value, focusing on our customers, minimizing inefficiencies, and being good stewards of public resources. Actions to improve and ensure the delivery of high quality, value-added services, including actions to support an effective workforce, are representative of NMDOH's commitment to accountability.

Performance Measure Highlight
Percent of complete medical cannabis client applications approved or denied within 30 calendar days of receipt

Story Behind the Curve

- Timely review of applications is important in order to provide qualified patients and primary caregivers the protection afforded by the Lynn and Erin Compassionate Use Act, including NMDOH regulations and safe access to medical cannabis.

- To ensure compliance with the Lynn and Erin Compassionate Use Act and Department of Health regulations and to keep up with applications resulting from the steady growth in qualified patients, all staff participate in the application review process.

- The NMDOH Medical Cannabis Program (MCP) has continually expanded since implementation in 2007, almost doubling enrollment every year.

- Per existing statute an applicant must complete a medical certification annually to continue program participation. A significant amount of NMDOH staff time is required to process applications and to provide other types of customer service.

Strategies

- Enable electronic applications to reduce mailing delays.

- Enhance patient and medical practitioner communications via the MCP website.

- Increase the number of staff to improve processing time and organization.

- Implement a database to better track applications and sales of cannabis derived products.

- Reduce the number of incomplete applications by assisting patient applicants.

- Increase program enrollment by educating medical providers.

FY14-16 Progress Summary

Percent of medical cannabis client applications approved/denied within 30 calendar days of receipt
Data Source: BioTrack Software System

FY13: 85.0%
FY14: 90.0%
FY15: 95.0%
FY16: 68.0%

Target: ≥ 95.0%
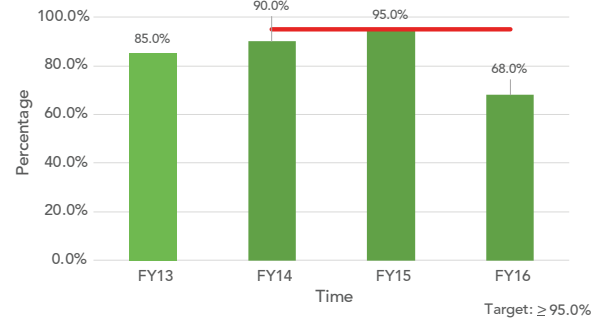
- In FY14, MCP proposed regulation changes. Two major changes were designed to improve patient access to medicine by increasing plant count for producers to meet patient needs and improve quality of product by implementing testing standards.

- The regulation changes were implemented in FY15 and MCP met its target.

- In FY16, MCP created a new section and hired staff to review producer compliance with regulations. In addition, MCP implemented a tracking system to begin monitoring product and sales. This tracking system will enable MCP to obtain a clearer picture about production and patient demand.

- In FY16, there was a tremendous increase in patient applications and enrollment in the program due to regulation changes. This increase in patient applications impacted the processing time for applications during the last two quarters of the fiscal year so the overall FY16 target of 95.0% was not met.

Other Performance Measure Spotlights

Performance Measure

Percent of developmental disabilities waiver applicants who have a service in place within ninety days of income and clinical eligibility

Percent of DD waiver applicants who have a service plan in place within 90 days
Data Source: DHI Excel Sheet

- FY13: 83.0%
- FY14: 75.0%
- FY15: 90.6%
- FY16: 53.0%

Target: ≥ 93.0%
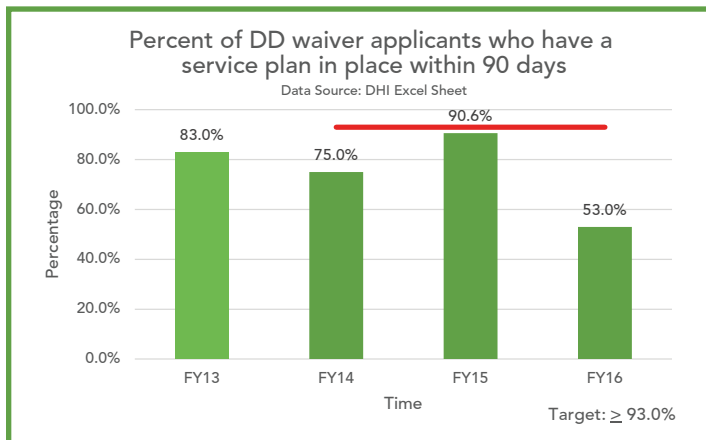
- In FY14, 419 applicants started receiving DD Waiver services. In FY15, the number dramatically decreased to 270. In FY16, 133 applicants received an expedited allocation or were a member of an allocation group from a previous fiscal year and started services. Due to lack of funding an allocation group was not budgeted for FY16.
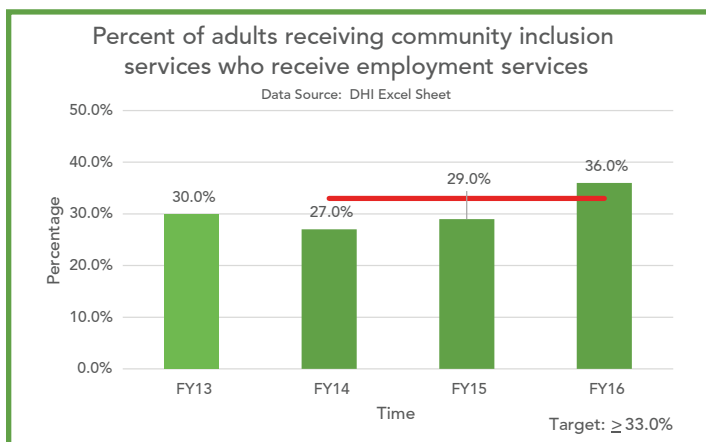
- During quarter 4 of FY16, an allocation group that consisted of 103 applicants was identified and allocation letters were issued. This group is scheduled to enter services in FY17. As indicated by the graph, FY14-FY16 saw much smaller numbers of allocations. If smaller numbers of applicants don't meet the 90-day timeframe then performance percentages are negatively impacted.

Performance Measure

Percent of adults receiving community inclusion services through the DD Waiver who receive employment services

Percent of adults receiving community inclusion services who receive employment services
Data Source: DHI Excel Sheet

- FY13: 30.0%
- FY14: 27.0%
- FY15: 29.0%
- FY16: 36.0%

Target: ≥ 33.0%

- DDSD has concentrated its efforts on improving data collection methods on this performance measure, as well as in increasing collaboration and outreach to support DD employment initiatives.

- In late 2015, a supported employment-community inclusion strike force was created in each region to monitor, identify and troubleshoot employment issues. With better data collection methods, and an increase in training and outreach opportunities, the fiscal years of 2014-2016 saw a positive trend in increased numbers of individuals in supported employment going from 27.0% in FY14 to 36.0% in FY16; an overall increase of almost 10.0%.

Performance Measure

Percent of patient costs at agency facilities that are uncompensatable

Percent of patient costs at agency facilities that are uncompensatable
Data Source: OFM Smart Sheet

FY13: —
FY14: 42.0%
FY15: 39.0%
FY16: 35.0%

Target: ≤ 35.0%
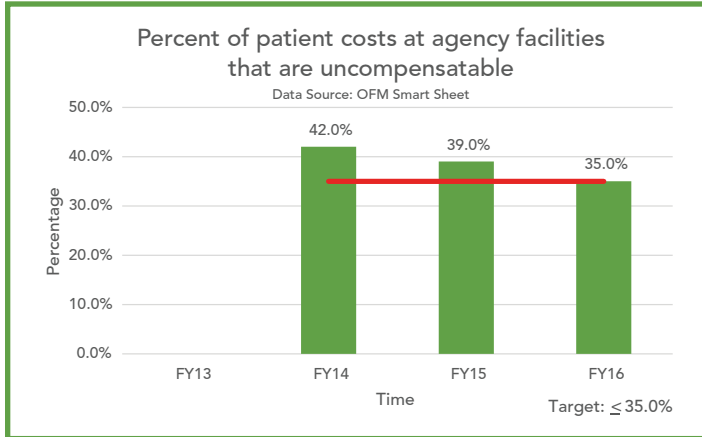
- FY14-15: When Centennial Care started in January 2014, Revenue Cycle Management processes were redesigned at the facilities to ensure clients had the information and the resources they needed for obtaining insurance, when applicable. Some of the strategies that were implemented included utilizing best practices to improve admission processes that would capture all relevant data upon a client's admission, and identifying all possible pay sources for all clients, and marketing the services provided at the facilities and community program.

- FY15-16: Obtaining complete financial information upon admission was critical in being able to submit claims for services when a client had a payer source. Processes were analyzed and refined throughout FY16 to ensure processes were implemented and followed. This refinement resulted in higher collections and a reduction in the amount of uncompensated care, from 42.0% in FY14 to 35.0% in FY16 due to the successful management of these redesigned processes.

Performance Measure

Percent of eligible third-party revenue collected at all agency facilities

Percent of eligible third-party revenue collected at all agency facilities
Data Source: OFM Smart Sheet

FY13: 56.6%
FY14: 91.2%
FY15: 88.0%
FY16: 93.8%

Target: ≥ 90.0%
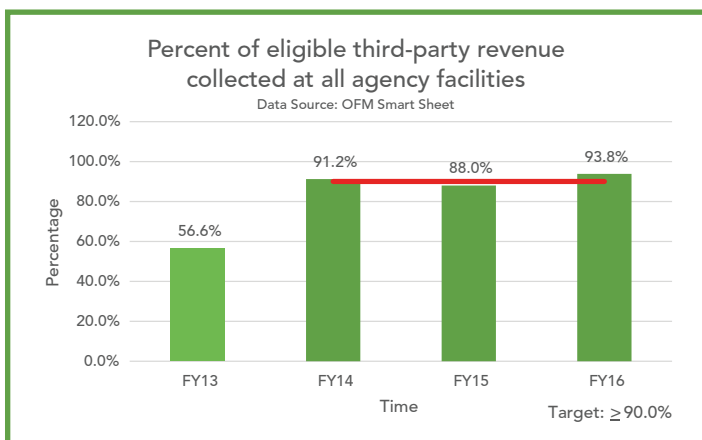
- In FY14-FY15, the facilities and the community program management met periodically with the Managed Care Organizations and the Human Services Department to optimize collections through communicating claims' issues and verifying the licensure and certifications required by regulation and in our contracts. In addition, the facility Finance Directors met with OFM management monthly regarding expenses and revenues, which led to improving revenue collections through electronic billing and the sharing of best practices.

- NMDOH experienced an increase of 5.8% in revenue collection from FY15 to FY16. FY16 collection efforts resulted in a collection rate of 93.8% exceeding the target of 91.0%. Various challenges were overcome throughout the year including transitioning to a new local patient accounting system, adopting a new revenue recognition policy, and resolving claims issues related to licensing and contract specifications.

Program At-A-Glance
NMDOH Scientific Laboratory Division (SLD)

SLD provides laboratory analysis and scientific expertise for public health policy development, environment and toxicology programs in New Mexico. SLD provides timely identification in order to prevent, identify, and respond to threats to public health and safety from emerging and unusual infectious diseases in humans, animals, water, food, and dairy, as well as chemical and radiological hazards in drinking water systems and environmental water, air, and soil. In addition, the laboratory performs drug testing and provides expert witness testimony for forensic investigations of DWI/DUID and cause of death from drugs and infectious disease. SLD is the primacy bioterrorism and chemical terrorism response laboratory for the state and provides training for clinical laboratories throughout New Mexico.

New Mexico statute dictates that the Scientific Laboratory Division is the primary laboratory for the New Mexico Department of Health, the New Mexico Environment Department, and the New Mexico Department of Agriculture. The Scientific Laboratory Division is New Mexico's official public health, environmental monitoring and forensic toxicology laboratory.

Performance Measure
Percent of public health threat samples for communicable diseases and other threatening illnesses that are completed and reported to the submitting agency within published turnaround times

- This performance measure is based on SLD's published turn-around guidelines.

- In FY14, SLD was instrumental in the initiation of a raw pet food recall of food contaminated by Listeria monocytogenes and hepatitis testing changes were implemented.

- In FY15, a new strain of rabies was identified in a fox and testing/reporting for Ebola, Chikungunya, and Dengue were developed.

- In FY16, tests were implemented for Mycobacteria, and MALDI-TOF technology was being implemented, which reduced the bacterial identification turn-around times. In addition, the Zika virus testing added.

- New infectious agents occur rapidly, which means testing methods and technology changes also occur rapidly.

- Although it was challenge to meet the target at times, due to outbreak and new disease threat testing, SLD was able to meet the target of 95.0% throughout this time period ranging from 94.7% in FY14 to 97.5% in FY16.

Performance Measure
Percent environmental samples for chemical contamination that are completed and reported to the submitting agency within 60 business days

- Initially, the target measure was "...testing completed and reported ... within 90 business days", which met the New Mexico Environment Department contractual requirements.

- In FY15, the performance measure changed to "... within 60 business days" to assist environmental remediation. The new target still allowed for instrument downtime due to age/repairs, validation of new methods/instruments, and environmental events.

- While the target of 90.0% was consistently met, with an average performance of 95.5% during the three fiscal years, it was a challenge to meet it due to instruments age and the variability in sample volume. A challenging example was when the Gold King Mine spill occurred. It required expedited testing of 301 samples resulting in 3,679 results while still managing to analyze routine water samples for water utilities around New Mexico.

Performance Measure Highlight
Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen business days

Story Behind the Curve

- New Mexico has a high rate of alcohol-related deaths.

- SLD analyzes blood samples for alcohol and drugs to determine cause of driver impairment. Laboratory staff also serve as expert witnesses when DWI/DUID cases are brought to court. The same staff analyze samples from the Office of Medical Investigator (OMI) for alcohol and drugs for cause of death.

- The turnaround times were met until FY16-Q3. Then, the time increased because both instruments used for testing were down for two weeks waiting for parts and repairs.

- The duplicate testing requirement for alcohol testing per the American Board of Forensic Toxicology audit doubled testing times.

- While FY16-Q4 turn-around times improved from Q3 (69.9% vs. 86.0%), the target of 90.0% completion within 15 days was not achieved.

- The turn-around rate for completion of blood alcohol for FY16 was 85.2%.

- Unfortunately, it takes time to recover from instrument failure and increased testing requirements.

Strategies

- Implementation of new methods/technologies. This strategy includes new instrumentation for current analyses, as well as new technologies for analysis, as well as implementation of new analyses.

- Implementation of new Information Technology technologies. This strategy includes configuration of new servers, upgrading the Laboratory Information Management System, and the implementation of new reporting requirements.

FY14-16 Progress Summary

Percent of blood alcohol tests completed and reported to law enforcement within 15 business days
Data Source: SLD Toxicology Bureau, NMDOH

FY15: 93.6% FY16: 85.2% Target: ≥90.0%
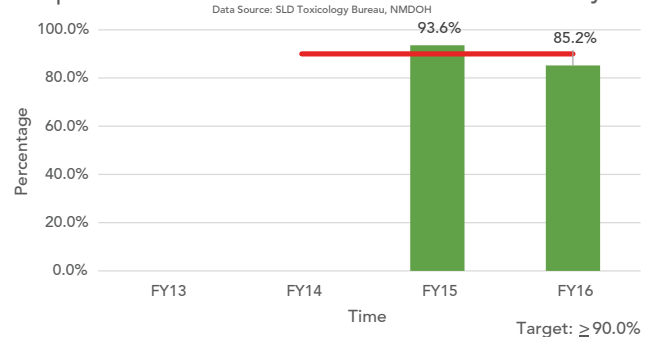
- In FY14, the measure read "Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 10 business days". However, factors beyond SLD's control (DWI/DUID and OMI samples both require blood alcohol testing, court rulings that require expert witness testimony), resulted in the measure being modified in FY15 to ..." within 15 business days".

- This target gave law enforcement and judicial sufficient time, while allowing for instrument repair, training, and new methods and instruments development. SLD met the target in FY15 (cumulative 93.6%) and through the first half of FY16 (cumulative 94.0% for first 6 months).

- During quarter 3 of FY16, SLD had blood alcohol instruments down for two weeks waiting on parts and repair, and during quarter 4, the hydrogen generator was down for one week.

- Finally, during the American Board of Forensic Toxicology certification audit, SLD was mandated to test blood alcohol samples in duplicate beginning January 2016, effectively doubling time and costs for alcohol testing.

- These factors influenced the target of 90.0% to be met in FY16 having a result of 85.2%.

- However, FY16-Q4 showed improvement over FY16-Q3. Overall, SLD was able to meet the performance measure while allowing time for increased sample load, testing requirements, and instrument challenges.

Performance Measure Highlight
Percent of Office of Medical Investigator (OMI) cause of death toxicology cases that are completed and reported to OMI within 60 calendar days
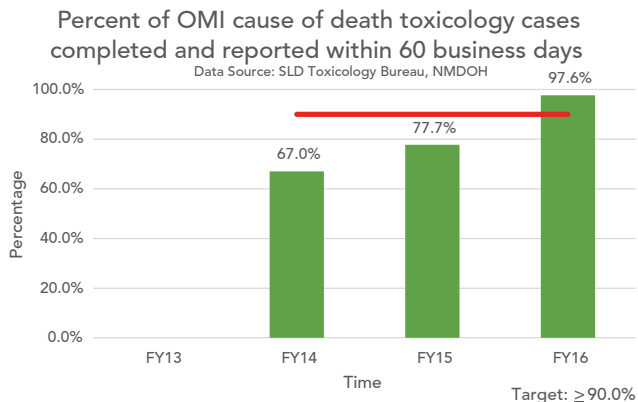
Story Behind the Curve

- New Mexico has one of the highest drug overdose death rates in the country, increasing in recent years due to prescription drugs.

- SLD assists OMI in determining cause of unexpected death from illicit and prescription drugs and alcohol, using the same staff that test in impaired driving cases.

- OMI shifted all of their laboratory testing to SLD in January 2013, doubling the caseload and increasing the most complex and time consuming analyses by 15-fold.

- By August 2013, workload outstripped SLD's capacity, resulting in case backlog, mandatory overtime and funding requests for additional staff.

- In FY15-Q3, SLD met the target by training additional trained staff, streamlining case review process, and having a cooperative case management process in coordination with the new OMI administration.

- The current turnaround time is 30 days less than the National Association of Medical Examiners standard.

Strategies

- Implementation of new methods/technologies. This strategy includes new instrumentation for current analyses, as well as new technologies for analysis, as well as implementation of new analyses.

- Implementation of new Information Technology technologies. This strategy includes configuration of new servers, upgrading the Laboratory Information Management System, and the implementation of new reporting requirements.

FY14-16 Progress Summary

Percent of OMI cause of death toxicology cases completed and reported within 60 business days
Data Source: SLD Toxicology Bureau, NMDOH

- FY13: (no data)
- FY14: 67.0%
- FY15: 77.7%
- FY16: 97.6%

Target: ≥90.0%

- For FY14, the performance measure was "Percent of OMI cause of death toxicology cases that are completed and reported to OMI within 90 business days" which met the National Association of Medical Examiners accreditation requirement.

- The measure was changed in FY15 to "... cases that are completed and reported to OMI within 60 business days" which is 30 days less than the NAME requirement.

- This measure is determined by the number of samples and their complexity. These samples are more complex due to originating from decomposing bodies which requires more processing.

- Also, these analysts also test impaired driving samples and testify in court as expert witnesses. The cause of death testing competes with the impaired driving testing, which is mandated by statue, for staffing and other resources.

- In January 2013, OMI shifted all of their laboratory testing to SLD, doubling caseload and increasing the number of the most complex and time consuming analyses by 15-fold.

- By August 2013, this increased workload had outstripped capacity, resulting in a backlog, necessitating mandatory overtime and more urgent requests for funding to hire additional staff.

- By FY15-Q3, additional trained staff, a streamlined case review process, and a more cooperative case management process in coordination with the new OMI administration combined to allow the target to be met.

Program At-A-Glance
NMDOH Epidemiology & Response Division

The Epidemiology and Response Division (ERD) monitors health, provides health information, prevents disease and injury, promotes health and healthy behaviors, responds to public health events, prepares for health emergencies, and provides emergency medical, trauma, vital registration, and sexual assault-related services to New Mexicans.

ERD serves all New Mexicans, particularly those at risk for injury, disease, and health emergencies, and those in need of emergency medical services, trauma care, birth certificates, and death certificates.

ERD provides services through six bureaus: Vital Records and Health Statistics (BVRHS), Health Emergency Management, Emergency Medical Systems (EMSB), Environmental Health Epidemiology, Infectious Disease Epidemiology, and Injury and Behavioral Epidemiology. In addition, the Community Health Assessment Program operates the online New Mexico Indicator-Based Information System providing data on numerous health-related measures; and the Health Systems Epidemiology Program analyzes and disseminates hospitalization and emergency department data.

Performance Measure
Percent of Vital Records front counter customers who are satisfied with the service they received

- BVRHS annually registers approximately 26,000 births and 17,000 deaths, and issues over 250,000 birth and death certificates. BVRHS also analyzes and distributes data to numerous agencies and organizations to assist them in improving the health of New Mexicans.

- Prior to FY15, BVRHS attempted to survey customer satisfaction by using a multi-page paper form. A very low percentage of customers ever completed these surveys. In FY15, BVRHS redesigned their survey to gain a larger sample of customers.

- In FY16, BVRHS began using a new computerized (tablet-based) system. Electronic surveys (in English or Spanish) allowed for immediate customer feedback and generated data in real time.

- During each quarter of FY16, BVRHS was able to maintain a high level of customer satisfaction with services provided at its Santa Fe office. In both FY15 and FY16, over 95% of BVRHS customers surveyed responded that the service they received was "Excellent" or "Good."

- BVRHS plans to expand the number of sites surveying customer satisfaction to include their Albuquerque offices in FY17.

Program At-A-Glance
NMDOH Administrative Services Division

The Administrative Services Division (ASD) provides support services for NMDOH and includes: Human Resources Bureau, Financial Accounting Bureau, General Accounting, Budget Bureau, Office of the Secretary, Office of Policy and Accountability, Grants Management Bureau, Office of Health Equity, Office of Tribal Liaison, Information Technology Services Division (ITSD), the Learning Center, and the Office of General Counsel. ASD serves the entire agency for business related processes and provides oversight of budget management, payments, strategies, technology, and reporting to various customers. ASD works closely with state agencies, the Governor's office, legislators, federal agencies, and private businesses to ensure efficient and effective business processes.

Performance Measure
Time to fully execute professional services contracts

FY14-FY16 Progress Summary
In 2014, the contract process was identified as an area of opportunity for improvement, and NMDOH initiated a quality improvement project to quantify the problem, assess the process, and identify and implement solutions.

Actions undertaken during 2014 include:
- Identification of contracts as a business process improvement priority and solicitation of feedback on challenges about the professional services contract process;
- Identification of process variances across NMDOH.

In 2015, 50% of contracts were not executed by the anticipated start date, with an average time to execution of 265 days, although this number was influenced by outliers. In addition, the average time to route a contract through the signature process was 117 days. Many factors influence the contract process, including cost, procurement rules, services provided, and actions by external entities. It became clear that the workforce could benefit from improved communication about the rules for contract processing, as well as improved internal tracking.

Actions undertaken during 2015 include:
- Establishment of a workgroup to define, evaluate and improve the professional services contract process;
- Connection of internal stakeholders to establish communication pathways between ASD and other program areas.

In 2016, NMDOH created a baseline for the contracts signature process by creating a pilot tracking study within ITSD only (N=13). The point at which a determination is made by the General Services Department (GSD) is considered the beginning of the signature process. At this point, the Scope of Work should be at a final draft and fully negotiated by the agency and vendor. When an approved purchase order is created as "Dispatched," the contract is considered to be fully executed. ITSD defined the measurement times to be from the time the contract has a "determination" to the time a purchase order has been created.

Actions undertaken during 2016 include:
- Creation of a Business Process Map; consensus on challenges, bottlenecks, MUDA (e.g., start and end contract cycle time); and development of a new SharePoint Database for documenting and tracking the professional contract process.
- During 2016, the average time to fully execute a contract from start to finish was reduced to 165 days (38.0% decrease) and the average time to route a contract through the signature process was reduced to 79 days (32.0% decrease).

NMDOH expects to continue to see improvements in this area due to leadership engagement and demonstrated value from having a well-defined contract process, supported by training and effective communication.

Program At-A-Glance
NMDOH Information Technology Services Division

ITSD collaborates with business partners to provide quality IT solutions. ITSD is the partner of choice for providing agile, innovative, and secure infrastructure and applications for business solutions.

ITSD provides a broad range of IT services to the NMDOH that impact every area of the Department: wide area network; maintains over 400 servers, desktops and laptops; maintains helpdesk services; supports applications; and manages multiple IT projects. These services include:
- Customer Service and Support (e.g., desktop support, resource access management, medical devices support)
- Collaboration and Communication (e.g., conference/meetings, media transfer, knowledge management system)
- Application Support (e.g., program and enterprise application development and support)
- IT Professional Services (e.g., project and business process management, security consulting, data reporting)
- IT Security Services (e.g., network security, computer misuse/abuse investigations, security assessments/audits)
- Administrative Services (e.g., contracts and fleet management, financial series, program strategy consulting)

Performance Measure
Percent of individuals accessing the NMDOH website who are satisfied

- The NMDOH website is a key resource in the timely dissemination of information related to the provision of NMDOH services and resources. It is imperative that the website content provided to the public is easily indexed and searchable while being accurate and up-to-date.

- In FY14, ITSD committed to improving the satisfaction of individuals who access the NMDOH website. ITSD performed an assessment and developed strategies (e.g., consolidation of information, standardized format and layout, centralized content management, continuous improvement based on visitor feedback, implementation of maintenance schedules, policy development) that improved customer satisfaction each fiscal year.

- In FY14 and in FY15, 38.5% and 40.3% of customers respectively, were satisfied with the NMDOH website, (target was 40.0%). In FY16, ITSD increased this performance measure's target to 50.0% and achieved a 76.3% customer satisfaction rating. These results show that having a consistent "look and feel" of the NMDOH website results in a more satisfying and consistent user experience.

Performance Measure
Percent of individuals accessing the NMDOH website who found it easy to use

- It is important that the graphic design, navigation menus, and organization of the NMDOH website's content is accurate and consistent so individuals who access the website find it easy to use.

- In FY14, ITSD committed to improving the ease of use of the NMDOH website. ITSD performed a website assessment and developed strategies (e.g., mplementation of descriptive labels in navigation; provision of consistent "look and feel" throughout, avoiding format-based navigation, limiting the number of menu items) that were implemented each fiscal year to increase the percent of individuals who accessed the NMDOH website who found it easy to use. In FY14, 29.5% of individuals found the NMDOH website easy to use (target was 34.0%).

- In FY15, ITSD's performance on this measure increased slightly to 32.5%. However, in FY16, ITSD increased their target to 44.0% and achieved a customer satisfaction of 75.0%. These results show that using a descriptive labeling model assists users that are seeking specific NMDOH content by directing them to specific answers and information.

Notes on Data

Data presented in this report come from a variety of primary and secondary sources.

Health indicator data for New Mexico were retrieved from the NMDOH, Indicator-Based Information System for Public Health Web site: http://ibis.health.state.nm.us.

Health indicator data for the U.S. were obtained from the U.S. Department of Health and Human Services.

Program performance measure data were provided by the NMDOH program area having the lead responsibility for implementing the Department's strategy for improving in that area.

Rates for New Mexico were calculated using population denominators provided by Geospatial and Population Studies (GPS) at the University of New Mexico.

For more information on the data or the data sources used in this report, or to learn more about NMDOH, please visit our website: **https://nmhealth.org.**

NEW MEXICO
DEPARTMENT OF
HEALTH

New Mexico Department of Health
1190 South St. Francis Drive
Santa Fe, NM 87505

Phone: (505) 827-2613
Fax: (505) 827-2530