



# New Mexico Department of Health FY16 Quarter 3 Key Performance Measures Report

January 1, 2016 - March 31, 2016

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NEW MEXICO  
DEPARTMENT OF  
**HEALTH**

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(505) 827-1052**

# NEW MEXICO DEPARTMENT OF HEALTH

## MISSION

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

### **FY16 OPERATING BUDGET:**

**General Funds: \$305,331,400**

**Federal Funds: \$101,678,900**

**Other State Funds: \$115,896,600**

**Other Transfers: \$29,180,700**

**Total: \$552,087,600**

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**At-A-Glance**

Performance Measure		FY12	FY13	FY14	FY15	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Target
<b>Public Health (P002)</b>									
	Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	33.0%	33.0%	32.0%	31.5%	29.3%	34.8%	31.9%	33.0%
New	Number of teens ages 15-17 receiving services at clinics funded by the NMDOH Family Planning Program	3,063	3,678	2,717	1,334	898	1,163	1,129	2,900
	Percent of female clients ages 15-17 seen in NMDOH public health offices who are given effective contraceptives	65.0%	65.0%	53.0%	54.6%	52.9%	59.6%	55.0%	66.0%
	Percent of students using school-based health centers who receive a comprehensive well exam		34.5%	34.2%	34.2%	36.0%	20.0%	26.4%	38.0%
New	Percent of elementary students in community transformation grant communities who are obese	21.4%	19.9%	18.1%	18.9%	Data pending	Data pending	Data pending	22.4%
	Percent of pre-schoolers (19-35 months) fully immunized	72.0%	65.7%	75.9%	Data pending	Data pending	Data pending	Data pending	85.0%
New	Percent of WIC recipients that initiate breastfeeding	68.5%	77.0%	78.0%	80.1%	81.4%	82.2%	81.5%	85.0%
<b>Epidemiology and Response (P003)</b>									
New	Percent of acute care hospitals reporting stroke data into approved national registry			6.8%	9.3%	9.3%	9.3%	9.3%	13.6%
New	Percent of acute care hospitals reporting heart attack data into approved national registry			9.1%	11.6%	11.6%	13.9%	13.9%	13.6%
New	Percent of hospitals reporting bed availability in the healthcare emergency preparedness bed reporting system within four hours of request	80.0%	76.0%	81.0%	82.0%	73.0%	73.0%	76.0%	75.0%
	Percent of vital records front counter customers who are satisfied with the service they received				97.6%	94.5%	94.4%	94.1%	85.0%
	Ratio of infant pertussis cases to total pertussis cases of all ages	1:12	1:15	1:13	1:12	1:7	1:17	1:13	1:15
	Number of naloxone kits provided in conjunction with prescription opioids		35	154	381	105	83	230	500
New	Percent of counties with documented implementation plans for developing regionalized EMS response			21.0%	42.4%	42.4%	42.4%	42.4%	27.0%

At-A-Glance									
Performance Measure		FY12	FY13	FY14	FY15	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Target
<b>Scientific Laboratory (Poo4)</b>									
	Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen business days	*	*	*	93.6%	92.8%	92.8%	69.8%	90.0%
	Percent of OMI cause of death toxicology cases that are completed and reported to office of medical investigator within sixty business days	*	*	67.0%	77.7%	98.7%	98.7%	96.3%	90.0%
New	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	92.4%**	98.2%**	94.7%**	95.9%	98.3%	96.7%	97.4%	95.0%
New	Percent of environmental samples for chemical contamination that are completed and reported to the submitting agency within sixty business days	91.4%**	98.1%**	96.5%**	96.0%	99.3%	95.6%	93.2%	90.0%
<b>Office of Facilities Management (Poo6)</b>									
	Percent of staffed beds filled at all agency facilities	87.0%	86.0%	81.1%	95.7%	93.0%	95.5%	95.0%	90.0%
	Percent of long-term care residents with healthcare-acquired pressure ulcers		7.3%		4.3%	3.3%	3.0%	2.7%	6.4%
	Percent of long-term care patients experiencing one or more falls with injury				***	6.4%	6.1%	6.4%	3.3%
<b>Developmental Disabilities Supports (Poo7)</b>									
	Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility	98.3%	83.0%	75.0%	90.6%	50.0%	42.8%	66.6%	93.0%
	Percent of adults receiving community inclusion services through the DD Waiver who receive employment services	36.0%	30.0%	27.0%	29.0%	33.0%	35.0%	36.0%	33.0%
	Number of individuals receiving developmental disabilities waiver services	3,888	3,829	4,403	4,610	4,610	4,613	4,624	4,000
	Number of individuals on the developmental disabilities waiver waiting list	5,911	6,248	6,133	6,365	6,400	6,349	6,497	6,330
New	Percent of children served through the Family Infant Toddler (FIT) Program who receive all of the early intervention services on their IFSP within 30 days	97.4%	97.8%	98.1%	98.2%	97.9%	97.7%	97.3%	97%

**At-A-Glance**

Performance Measure		FY12	FY13	FY14	FY15	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Target
<b>Health Improvement (Poo8)</b>									
New	Percent of abuse, neglect, and exploitation incidents for community-based programs investigated within forty-five days	94.8%	79.7%	26.4%	51.5%	79.0%	72.3%	55.6%	95.0%
New	Percent of report of findings transmitted to provider within twenty business days of survey exit	45.0%	48.0%	53.0%	32.0%	33.0%	76.1%	68.0%	95.0%
<b>Medical Cannabis (P787)</b>									
New	Percent of complete medical cannabis client applications approved or rejected within thirty calendar days of receipt		85.0%	90.0%	95.0%	91.0%	98.0%	62.0%	95.0%

\* Data not available because this performance measure changed as of FY15.

\*\* Data tracked internally but not reported during FY12 - FY14.

\*\*\* Data not available because this performance measure changed as of FY16.

## PROGRAM AREA 002: Public Health

### Purpose:

Public Health fulfills the New Mexico Department of Health (NMDOH) mission by working with individuals, families, communities and partners to improve health, eliminate disparities, and ensure timely access to quality, culturally competent health care. Public health assures access to health care through case management, and through recruitment and retention efforts including the J-1 Visa Program, licensing of midwives, tax credits for rural health providers, and administering funds for rural primary health care providers throughout the state. Public Health staff members promote healthy lifestyle choices in all of their work, and they provide safety net clinical services to New Mexicans who cannot otherwise access them.



### **FY16 OPERATING BUDGET:**

**General Funds: \$63,889,600**

**Federal Funds: \$72,826,100**

**Other State Funds: \$31,377,500**

**Other Transfers: \$13,148,500**

**Total: \$181,241,700**

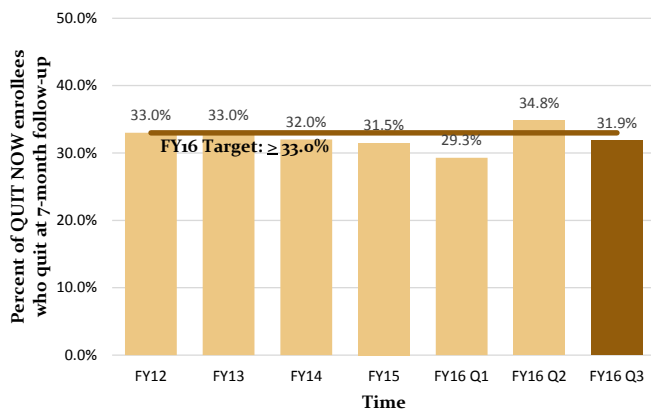
## ACCOMPLISHMENTS

- PHD is responding to FY16 budget by maintaining an overall 18.83% vacancy rate, and no general fund positions have been hired since January. In order to adjust to budget cuts for FY17, PHD is working with its partners to determine how cuts can be absorbed.
- Diana Fortune was named Nurse of the Year by the National Tuberculosis (TB) Controllers Association. She received The Carol Poszik TB Nursing Award, which honors exemplary care, service, dedication, or leadership in the field of public health TB nursing.
- The Delayed Parenthood initiative completed a survey to assess provider capacity and interest in providing long-acting, reversible contraceptives (LARCs) in Lea and Luna County.
- The Harm Reduction, HIV Services and STD prevention programs met all third quarter milestones for naloxone distribution (1,505 doses), HIV site visits (40% completed), HIV testing (2,376 tests provided), and STD surveillance (5 visits with providers and 12 surveillance visits).
- The Refugee Health program provided cultural competency training to four of the five New Mexico mental health provider organizations that serve refugees.
- Mora County has the second highest rate of overdose deaths in the state. After months of educating and sharing data with Mora County (health council, County Commissioners, law enforcement, etc.) on what harm reduction is and the importance of offering these services in their county, the community has opened its doors to public health staff to begin offering harm reduction services.
- Los Alamos County has the highest rate of injury and hospitalizations due to adult falls (65+ years) in the state. The Los Alamos Health Office collaborated with the fire department to bring in a trainer for a nationally accredited program called “Remembering When” to address the prevention of adult falls.
- The Southeast region participated in a full-scale emergency preparedness exercise with LEPC stakeholders in Curry County, and in a Table Top Exercise with Cannon Air Force Base.
- There are now 53 certified Community Health Workers; 27 are generalists and 26 are specialists.



## PROGRAM AREA 002: Public Health

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



#### Story Behind the Data

After a period of declines nationally and in NM, QUIT NOW and DEJELO YA Cessation Services use in NM increased dramatically in FY16 Q3, up 46% from Q2 and up 32% from the same quarter last year. Factors contributing to this increase include: new *TIPS from Former Smokers* national media campaign (with more reach into NM), targeted media promotion (i.e., Spanish) in the state, and increased referrals from trained health care providers. One of the challenges of this increased cessation services use is ensuring adequate funding and resources for the remainder of the fiscal year (Q4).

In Q3, North American Quitline Consortium's new standardized e-cigarette intake questions, for QUIT NOW enrollees, were implemented. A total of 45 health care providers were trained online on *Treating Nicotine Dependence* and *Family Tobacco Intervention*. The second Health Systems Specialist, completed training and began recruitment of providers for the Health Systems Training and Outreach Program in northern NM. The slightly lower 7-month quit rate (31.9%) in Q3 likely is a result of normal, quarter-to-quarter variation in who is reached and participates in the follow-up survey, but is still within normal range of expected quit rates for cessation services.

#### Partners

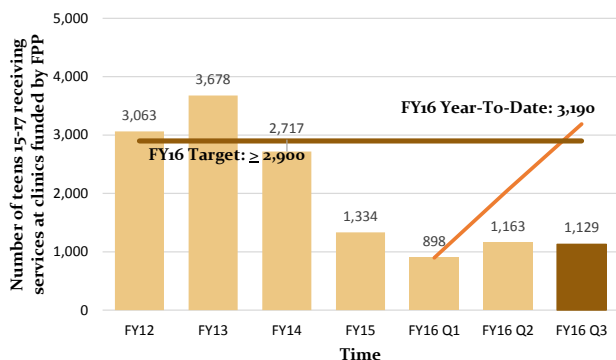
American Cancer Society—Cancer Action Network; American Lung Association of New Mexico; NM Human Services Department—Synar and FDA Programs, Medicaid Program; Statewide Priority Population Tobacco Networks; Federally-Qualified Health Centers (FQHCs); Health Care Providers, Clinics, and Insurers; Indian Health Service; NMDOH WIC Program; Community-Based Tobacco Prevention, Cessation, and Second Hand Smoke Grantees

#### Action Plan

- Moderate the promotion of cessation services to ensure stable and ongoing access to telephone- and web-based cessation services, including adjusting the amounts of free nicotine medications available in order to remain within available budget resources in Q4.
- Begin preliminary analysis of data from the new standardized e-cigarette intake questions for QUIT NOW enrollees to better understand the impact of e-cigarette use on cigarette use and cessation patterns.
- Continue to provide online *Treating Nicotine Dependence* and *Family Tobacco Intervention* trainings to more health care providers (Target=25 in Q4), especially those serving priority population patients.
- Expand Health Systems Change Training and Outreach Program to more Federally-Qualified Health Centers and clinics statewide (Target=24 in FY16). One Systems Change Specialist will be focusing on northern half of the state and the other on the southern half. Review preliminary evaluation findings of this Program in Q4 to incorporate any adjustments in FY17.

## PROGRAM AREA 002: Public Health

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



#### Story Behind the Data

- New Mexico is one of thirteen states to receive an “B” rating in reproductive health policies from the Population Institute of Washington, D.C. NMDOH is poised to make changes to lower teen births by 50% in the next four years.
- NM’s teen birth rate for 15-17 year olds has declined 47% since 2009. This compares favorably to the decline observed nationally among the same group (46%). In 2014, the NM birth rate among teens ages 15-17 was 19.0 per 1,000 (National Center for Health Statistics).
- In 2013, NM ranked 2nd worst nationally (31%) in percentage of children living in poverty, an important contributing factor to teen pregnancy. Teens who dropped out of school are more likely to be teen parents. Only 69.3% (2014) of NM high school students graduated on-time (Annie E. Casey Foundation, 2015).
- Teen parenthood is more common in rural areas. During 2014, the NM teen birth rate for 15-17 year olds for 26 rural counties was 25.6, whereas the rate for all 33 counties was 17.2 per 1,000 (NMDOH, Vital Records Bureau, Retrieved Jan 17, 2016 from the NMDOH Indicator-Based Information System for Public Health Web site: <http://ibis.health.state.nm.us>). Reasons for higher rates in rural areas include lack of health insurance, increased poverty, transportation barriers, and fewer recreational facilities (Ng and Kaye, 2015).
- There is a lack of access to family planning services: all but one of NM’s counties contain a health professional shortage area.

#### Partners

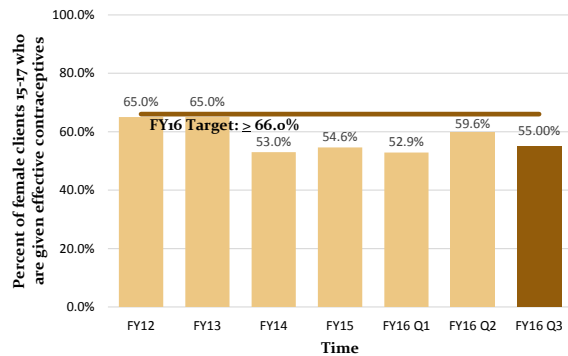
- Primary care clinics
- Community-based clinical providers
- Schools, after-school, & youth programs
- Community-based organizations
- County health councils
- School-based health centers
- Parent organizations
- Policy makers
- Centers of higher education
- Indian Health Services
- NMDOH, Health Systems Bureau
- NM Human Services Department
- NM Children, Youth, and Families Department
- NM Public Education Department

#### Action Plan

- Increase the availability of highly effective, low-maintenance contraceptive methods for teens:
  - ⇒ Provide confidential clinical services and teen-friendly clinical practices.
  - ⇒ Increase access to teen-friendly clinical services to support teens in reaching their life goals.
  - ⇒ Implement provider training for highly effective, low-maintenance birth control for teens and billing for health services.
- Incorporate evidence-based service-learning, positive youth development, and comprehensive sex education programs.
  - ⇒ Fund and provide training and technical assistance for education programming.
  - ⇒ Fund and provide training and technical assistance for adult-teen communication programs.
- Promote BrdsNBz, a text-messaging system that offers teens and parents free, confidential and medically accurate answers to sexual health questions in English or Spanish.

## PROGRAM AREA 002: Public Health

### Percent of female clients ages 15-17 seen in NMDOH public health offices who are given effective contraceptives



#### Story Behind the Data

- In Q3 of FY16, over half (55%) of female clients aged 15-17 seen in NMDOH public health offices were given effective contraceptives. Of these, 17.8% chose highly-effective contraceptives (IUDs and implants) and 37.0% chose moderately-effective contraceptives (injectables, pills, patches, or rings). The national rate of teen use of highly-effective contraceptives is 7.7% and of moderately-effective contraceptives is 63.7% (US Health and Human Services Department, Title X 2014 Family Planning Annual Report, available at <http://www.hhs.gov/opa/pdfs/title-x-fpar-2014-national.pdf>).
- The 2013 Youth Risk Resiliency Survey (YRRS) reports 26% of NM teens are currently sexually active (US rate was 34%); 13.8% of teens did not use any contraceptives to prevent pregnancy (US rate was 13.7%). Ten percent of NM teen YRRS respondents used both a condom and a reliable form of birth control. Highly-effective, low maintenance contraception (the IUD or implant) was used by 8% of female teenaged Title X clients (compared to 5% of NM teen YRRS respondents). Moderately-effective contraception (the shot, pill, patch, or ring) was used by 49.8% of female teenaged Title X clients (compared to 6.6% of NM teen YRRS respondents).
- There is a lack of access to family planning services: all but one of NM's counties contains a health professional shortage area. Of 250,000 NM women in need of contraceptive services, 60% (22% teens) are in need of publicly-supported contraceptive services (Alan Guttmacher Institute, 2013).

#### Partners

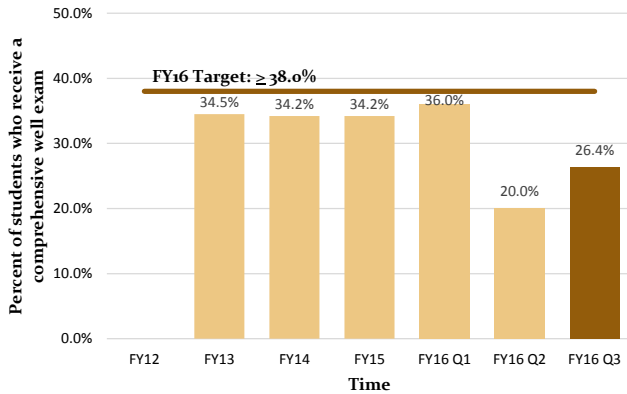
- Primary care clinics
- Community-based clinical providers
- Schools, after-school, & youth programs
- Community-based organizations
- County health councils
- School-based health centers
- Parent organizations
- Policy makers
- Centers of higher education
- Indian Health Services
- University of New Mexico
- NMDOH-Health Systems Bureau
- NM Human Services Department
- NM Children, Youth, and Families Department
- NM Public Education Department

#### Action Plan

- Increase the availability of highly effective, low-maintenance contraceptive methods for teens:
  - ⇒ Provide confidential clinical services and teen-friendly clinical practices.
  - ⇒ Increase access to teen-friendly clinical services to support teens in reaching their life goals.
- Incorporate evidence-based service-learning, positive youth development, and comprehensive sex education programs.
  - ⇒ Fund and provide training and technical assistance for education programming.
  - ⇒ Fund and provide training and technical assistance for adult-teen communication programs.
- Promote BrdsNBz, a text-messaging system that offers teens and parents free, confidential and medically accurate answers to sexual health questions in English or Spanish and offers parents recommendations on how to talk with their teen about sexual health.

## PROGRAM AREA 002: Public Health

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



#### Story Behind the Data

- Since the first quarter of FY16, the School Based Health Centers (SBHCs) have experienced a significant drop in the percentage of students receiving a comprehensive well exam. The decline is due to two primary factors:
  1. Centennial Care covers the cost of only one comprehensive well exam per calendar year. Although SBHCs call the managed care organizations to obtain information if a student has had a well exam, the information is not always accurate. As a result, SBHCs have become more reluctant to provide comprehensive well exams, fearing families will receive a bill for out-of-pocket payments for a non-covered (duplicate) service.
  2. Due to the implementation of ICD10 coding, SBHCs and payers alike are confused about which codes to use for comprehensive wells exams.
- The NMDOH Office of School and Adolescent Health (OSAH) is working with HSD and the Centennial Care Managed Care Organizations to provide more clarification about how to obtain accurate information about well exams. At this point, no solutions have been agreed upon. As a result, it is highly likely the program will NOT meet the target measure this fiscal year.
- SBHCs are engaged in outreach to identify youth in need, with an overarching goal to identify health risks and create opportunities to be engaged in delivering health throughout the school year.

#### Partners

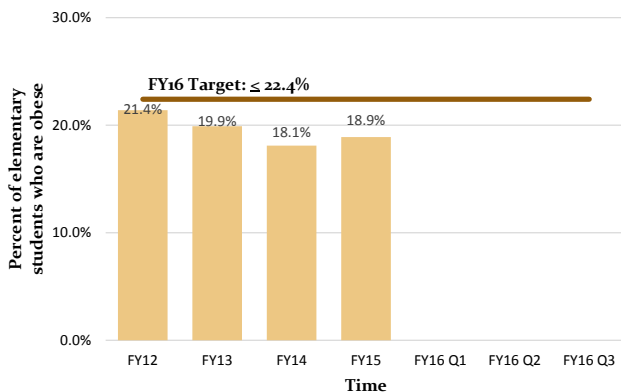
- New Mexico Alliance for School Based Health Care
- University of New Mexico – Envision New Mexico (Health Care Quality Improvement Initiative)
- Apex Evaluation
- NM Human Services Department (HSD) and Centennial Care Providers
- NM Primary Care Association
- NM Community Health Centers
- NM Public Education Department
- NM Children Youth and Families
- NM Behavior Health Services Division
- NM Forum for Youth in Community
- Local school districts and school boards
- Managed Care Organizations (MCOs)

#### Action Plan

- OSAH will continue to monitor individual SBHC performance in the delivery of comprehensive well exams and promote the use of performance management strategies on an individual site basis. Initial site visits have been conducted at each school based health center.
- Facilitate quality improvement activities focused on the elements of a comprehensive well exam for youth in middle and high school. Initial Medical Record Review (MRR) has been completed for 20 school based health centers across the state.
- Partner with NM HSD and MCOs to ensure reimbursement for comprehensive well exams are delivered to Medicaid eligible youth through SBHCs. Ongoing discussions with HSD and the MCOs continue through quarterly meetings to discuss improvement to reimbursement mechanism.

## PROGRAM AREA 002: Public Health

### Percent of elementary students in community transformation communities who are obese



#### Story Behind the Data

Obesity is occurring at young ages; in 2015, 11.8% of kindergarten and 18.9% of third graders were obese. American Indian children have the highest obesity rates among all racial/ethnic groups in New Mexico; by third grade, more than one-in-two American Indian students is overweight or obese.

Obese children are more likely to become obese adults and suffer from chronic diseases like diabetes. Healthy eating and active living are the two major lifestyle behaviors that can prevent obesity. However, social (e.g., working families, TV and video games) and environmental factors (e.g., child safety concerns, food advertising, inexpensive healthy eating choices) often make it difficult for many New Mexicans to eat healthy and be active.

Healthy Kids Healthy Communities (HKHC) is making a measurable difference in New Mexico by investing in upstream obesity prevention efforts; creating sustainable policy, systems, and environmental changes; and encouraging children and adults to adopt healthy lifestyle behaviors at a young age. More than one-in-three third graders is either overweight or obese (34.4%). Despite this, obesity prevalence among third grade students has decreased 14% since 2011.

#### Partners

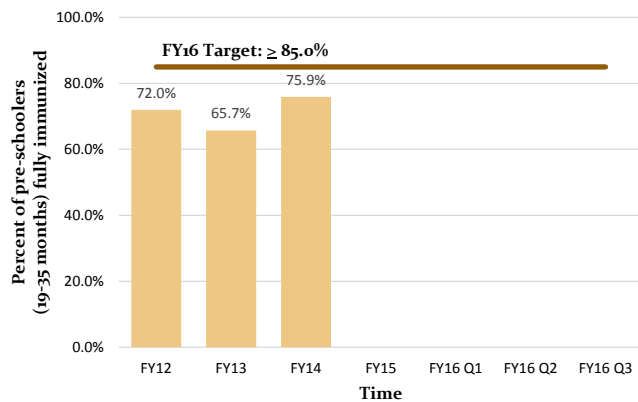
- NMSU Cooperative Extension Services; Public Education Department (PED); Children, Youth and Families Department (CYFD); Human Services Department (HSD); Department of Transportation (DOT); NM Women, Infants & Children (WIC) Program; Food and Agriculture Policy Council; NM Farm to Table; UNM Envision Health Councils; State Parks and National Park Service; Regional Health Promotion Teams; Local school districts and schools; Regional and Metropolitan Planning Organizations and local municipalities; Parks and Recreation; local and tribal governments.
- **HKHC:** Chaves, Cibola, Curry, Doña Ana, Guadalupe, Luna, McKinley and Socorro Counties; San Ildefonso Pueblo; Zuni Pueblo.
- **Expansion HKHC in FY16:** Eddy County, Grant County, Hidalgo County, Lincoln County, Otero County, Quay County, Roosevelt County, San Juan County.

#### Action Plan

- Expand the HKHC model to an additional eight counties selected based on poverty status as well as a readiness to implement healthy eating and physical activity strategies to prevent childhood and adult obesity.
- Partner with NMSU's Cooperative Extension Services (CES) and WIC Program to implement tasting and cooking demonstrations for WIC recipients prior to their required nutrition education.
- Reach low-income adults accessing food assistance programs by implementing educational efforts and creating health-promoting client areas with walking paths, edible gardens, and positive messaging and activities.

## PROGRAM AREA 002: Public Health

### Percent of preschoolers (19-35 months) fully immunized



#### Story Behind the Data

- New Mexico is 10th best in the U.S. for vaccine coverage for children ages 19-35 months old, and exceeds the U.S. average by 4.3 percent. The Healthy People 2020 objective is 80%, and is a more realistic target for New Mexico as well.
- The 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, 1 MMR, 3 HepB, 3 HIB, 1 Varicella, and 4 Pneumococcal) series, as collected through the Centers for Disease Control (CDC) National Immunization Survey, is the nationally-accepted “gold standard” for childhood immunization coverage for children 19-35 months old.
- Data for the National Immunization Survey are collected through a random-digit dialing telephone survey of households.
- Data are typically available one year after they are collected. Consequently, the data are updated once a year and a year in arrears. 2014 data became available in August of 2015 and 2015 data will be available in August of 2016.
- New Mexico has greatly improved this measure from 45.8% in 2009 to 75.9% in 2014.
- New Mexico has tracked closely with the US rate, and in 2014 was 4.3 percentage points higher than the nation.

#### Partners

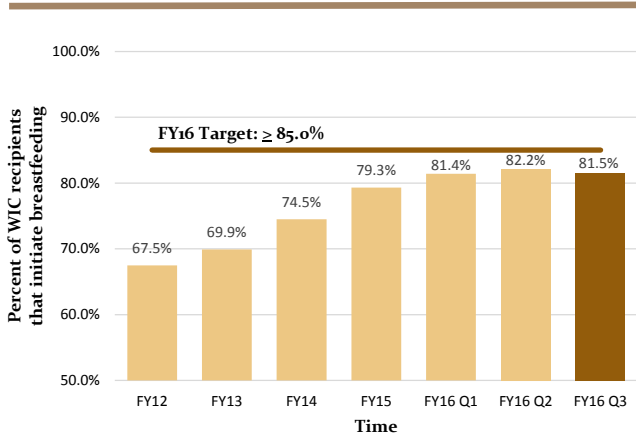
- Public and private Vaccines for Children (VFC) providers across the state
- The University of New Mexico
- The New Mexico Medical Society (NMMS)
- The Indian Health Service (IHS)
- Other public and private provider groups

#### Action Plan

- Integrate the new platform for the NM Statewide Immunization Information System (NMSIIS), the state immunization registry, with a new vendor. This project is underway with a target go-live date of May 2016.
- Integrate the enhanced state-wide direct vaccine online ordering, by VFC providers, into the new version of the registry.
- Continue working on The School Kids Influenza Immunization Project (SKIIP) for the 2015-16 school year.
- Improve data entry by continuing to increase electronic data exchange, replace the old state registry and train providers statewide, and assure that all Vaccines for Children providers are entering immunizations.
- Stabilize vaccine funding for all children by implementing the Vaccine Purchase Act. A first round of invoices has been sent to insurers and revenues are being submitted.

## PROGRAM AREA 002: Public Health

### Percent of WIC recipients that initiate breastfeeding



#### Story Behind the Data

- Breastfeeding initiation rates among NM WIC recipients are increasing annually.
- Public Health WIC clinics provides all pregnant and breastfeeding participants with encouragement, education and support to breastfeed through breastfeeding support sessions and individual counseling; educational materials, breast pumps and other aides as needed in high-risk situations.
- The WIC Program provides one-on-one, mother-to-mother, peer counseling to many WIC pregnant and breastfeeding clients through phone calls, home visits and hospital visits, even after clinic hours.
- The Kellogg Foundation has provided funding for the past 3 years to the New Mexico Breastfeeding Task Force (NM BFTF) through 2 grants: (1) to build and strengthen the statewide and local NM BFTF coalitions, (2) to encourage and provide support for NM hospitals to adopt more supportive breastfeeding policies/procedures by becoming designated as USA Baby Friendly.
- To support the NM BFTF's Baby Friendly Hospital Initiative, WIC implemented pilot hospital-based projects in Santa Fe and Albuquerque area hospitals to provide bedside peer counseling services and community referrals to new mothers who just delivered a baby. In addition, WIC Peer Counselors led support groups at hospitals and other community settings where non-WIC clients could attend.

*Note: WIC quarterly data are provisional as the WIC Program continues to enter client responses after a quarter closes, so percentages for past quarters may change. Each subsequent report includes the most current data.*

#### Partners

- United States Department of Agriculture
- Public Health Clinics
- NM Breastfeeding Task Force
- NM Pregnancy Risk Assessment Monitoring System
- Mothers and caregivers of infants

#### Action Plan

- Provide WIC mothers with breastfeeding information and support through counseling and group discussion sessions, breastfeeding resources, aides, and breast pumps.
- Use WIC peer counselors to promote breastfeeding and support individual WIC mothers outside of traditional clinic hours through telephone support and follow-up, as well as home and hospital visits.
- Collaborate with the NM BFTF and other community organizations to provide support for breastfeeding in hospitals, daycares, worksites, and other public places.
- Provide continuing lactation education/trainings for WIC staff, community health care professionals and breastfeeding advocates statewide.
- Increase public awareness of the importance of worksite support for breastfeeding through DOH WIC TV public advertisements and statewide NM BFTF Worksite Liaison assistance to employers.

## PROGRAM AREA 003: Epidemiology and Response

### Purpose:

Epidemiology and Response fulfills the DOH mission by monitoring health, providing health information, preventing disease and injury, promoting health and healthy behaviors, responding to public health events, preparing for health emergencies, and providing emergency medical, trauma, vital registration, and sexual assault-related services to New Mexicans.



### **FY16 OPERATING BUDGET:**

**General Funds: \$13,877,800**

**Federal Funds: \$13,322,500**

**Other State Funds: \$1,289,600**

**Other Transfers: \$649,400**

**Total: \$29,139,300**

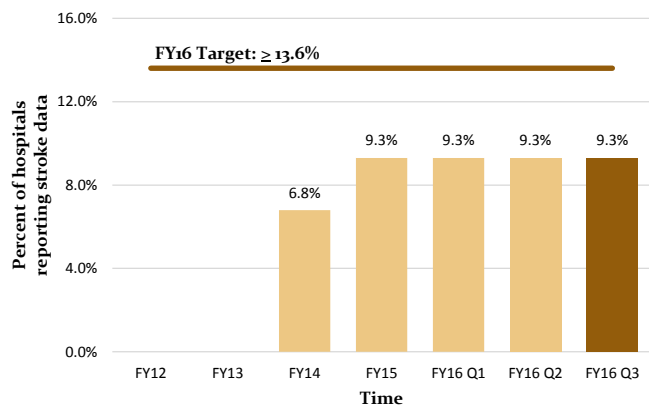


## ACCOMPLISHMENTS

- The New Mexico Department of Health (NMDOH) and Department of Homeland Security and Emergency Management co-sponsored and conducted a major four day, statewide preparedness exercise to evaluate statewide readiness for responding to a large infectious disease outbreak. The exercise successfully involved hundreds of participants from at least 33 locations representing more than 40 organizations from federal, state, tribal, local, private, non-profit and volunteer areas.
- The Emergency Medical Systems Bureau S-T Elevation Myocardial Infarction (STEMI) Program certified the Heart Hospital of New Mexico (HHNM) as the state's first STEMI Receiving Center, after HHNM received national accreditation from the Society of Cardiovascular Patient Care "Mission: Lifeline" program recognizing their commitment to providing the best possible care for New Mexico residents who need treatment for a heart attack.
- The Emergency Medical Systems Bureau certified three additional hospitals as "Primary Stroke Centers" bringing the total to six: Lovelace Hospital in Albuquerque; San Juan Regional Medical Center in Farmington; and Presbyterian Hospital in Albuquerque.
- In response to the Zika crisis, the Infectious Disease Epidemiology Bureau and Scientific Laboratory Division developed a system for Zika testing. NMDOH continues to develop the New Mexico Zika Action Plan in coordination with agencies and stakeholders from across the state.
- The Health Systems Epidemiology Program has been working with multiple hospitals to onboard for syndromic surveillance. One hospital moved into production in February 2016 and eight hospitals are in the testing phase prior to production. With these 9 additional hospitals, NMDOH will have 90% of hospitals reporting near real time emergency department data.
- NMDOH is leading the implementation of key legislation to reduce drug overdose deaths, specifically legislation focused on increasing naloxone availability and use of the Prescription Monitoring Program.

## PROGRAM AREA 003: Epidemiology and Response

### Percent of acute care hospitals reporting stroke data into approved national registry



#### Partners

- Acute Care Hospitals in New Mexico
- Emergency Medical Service (EMS) Agencies
- American Heart and Stroke Associations

#### Story Behind the Data

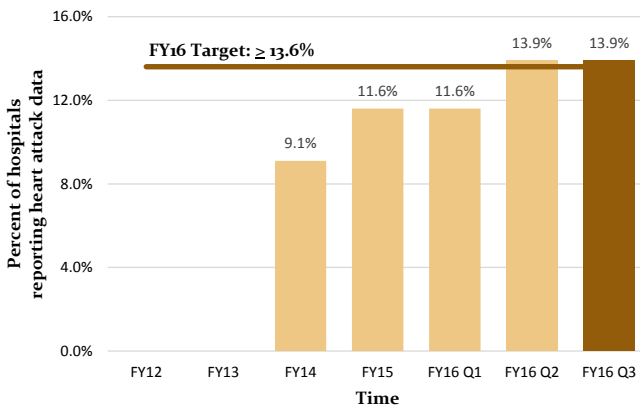
- Stroke is a leading cause of death in New Mexico, resulting in the deaths of 818 New Mexicans in 2014 (NMDOH data). Those who do survive a stroke often suffer lifelong disability.
- Legislation was passed in 2012, which enacted a new section of the Public Health Act to provide for department of health certification of hospitals as stroke centers.
- Stroke center certification cannot be awarded until stroke data are being submitted to the national registry, which will enable facilities to analyze and improve health care outcomes in stroke patients.
- Entering data into the Get with the Guidelines Stroke registry, a stroke care database/registry operated by the American Heart Association, is a primary requirement for beginning the process of state certification as a stroke center.
- During the third quarter of FY16, as in FY15, four out of 43 acute care hospitals in New Mexico (9.3%) entered data into the Get with the Guidelines Stroke registry. This is an increase from the percentage of acute care hospitals that reported stroke data in FY14. There is interest in stroke system development statewide. Program staff met with Rehoboth McKinley Hospital to discuss their becoming part of the national stroke data registry.

#### Action Plan

- 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 is 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.

## PROGRAM AREA 003: Epidemiology and Response

### Percent of acute care hospitals reporting heart attack data into approved national registry



#### Story Behind the Data

- Over 3,000 New Mexicans die every year from cardiovascular disease. However, NMDOH does not currently have access to detailed statewide data for heart attack patients, such as level of care provided at various hospitals, how long it took to receive that care, and the number of patients needing transfer to higher levels of care.
- The more hospitals that provide data, the better picture of heart attack care we can obtain, enabling NMDOH Emergency Medical Systems Bureau 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 S-T Elevation Myocardial Infarction (STEMI/Heart Attack) centers.
- STEMI center designation cannot be awarded until cardiac care data is 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.
- During the third quarter of FY16, six out of 43 acute care hospitals in New Mexico (13.9%) reported heart attack data into the national registry. We anticipate this percentage will continue to improve, as other hospitals are verbally committing to initiate this process during calendar year 2016.
- NMDOH met with Sierra Vista Hospital during the third quarter and is working toward gaining access to data through the American College of Cardiology and Quintiles.

#### Partners

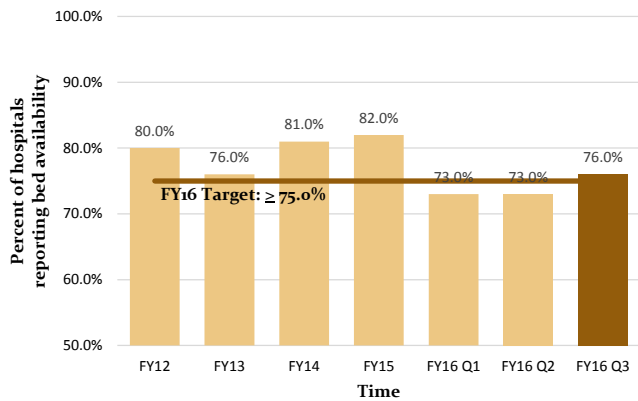
- Acute Care Hospitals in New Mexico
- Emergency Medical Services (EMS) Agencies
- American Heart Association
- American College of Cardiology

#### Action Plan

- Collect data on heart attack patients in accordance with national guidelines, which will assist in analyzing the potential for facilities to become STEMI receiving or referring facilities.
- Analyze data on heart attack patients in accordance with national guidelines, which will improve health care outcomes in heart attack patients.
- Once data is being submitted, the NMDOH will work with the hospitals in achieving other aspects required for STEMI center designation. The NMDOH will then, in accordance with NMDOH rules, certify an acute care hospital as a STEMI Receiving Center, or STEMI Referral Center if the hospital has been accredited at that level by the NMDOH approved accrediting agency.

## PROGRAM AREA 003: Epidemiology and Response

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



#### Partners

- Emergency Medical Services
- Hospitals
- Ambulance services
- Emergency Managers
- Office of Medical Investigation
- Long-term Care facilities
- Primary Care facilities

#### Story Behind the Data

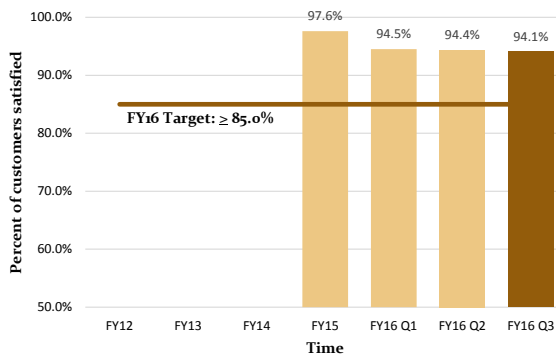
- To effectively manage a healthcare emergency resulting in a medical surge on the hospital system, knowing the location of available hospital beds is critical to getting patients treatment they need.
- The National Hospital Available Beds for Emergencies and Disasters (HAvBED) system is a real-time, electronic hospital bed tracking/monitoring system designed to assist hospitals to accommodate a surge of patients during a mass casualty event. The HAvBED system has been used in actual, adverse events (e.g. wildfires) in other states and in the Southwest region during a neonatal bed shortage.
- The HAvBED system is tested on a weekly basis across healthcare facilities posted within the EMResource system: acute care hospitals, rehabilitation and skilled nursing hospitals, and psychiatric treatment centers. EMResource also tracks information regarding incident-specific resources such as decontamination capability.
- During the third quarter of FY16, participation in weekly HAvBED drills increased to 76% from 73% in the previous quarter. Target participation levels were met for all three months during the quarter.
- During the second quarter, BHEM hired a new Interoperable Communications Supervisor who maintains the EMResource (HAvBED) system and facilitates user training. This is an ongoing project included in the BHEM performance plan. It is anticipated that participation levels will continue to increase, as additional outreach and training of facilities for EMResources takes place.

#### Action Plan

- Continue to conduct quarterly healthcare preparedness drills that include HAvBED reporting and weekly HAvBED drills.
- Develop EMResource Train the Trainer course to disseminate to rural and frontier area healthcare facilities.
- Conduct EMResource outreach training within the four Healthcare Coalition Regions and at annual New Mexico Partners in Preparedness (NMPIP) Conference .
- Meet with healthcare facilities with a participation rate of less than 70% to identify barriers to participation.
- Encourage each HAvBED participating healthcare facility to maintain a minimum of 3 EMResource trained staff members who are tasked with HAvBED reporting, so staff absences or departures will not leave the facility unable to complete drills.

## PROGRAM AREA 003: Epidemiology and Response

### Percent of vital records front counter customers who are satisfied with the service they received



#### Partners

- Hospitals
- Midwives
- Funeral homes
- Office of Medical Examiner
- Physicians
- Tribal authorities
- Family members

#### Story Behind the Data

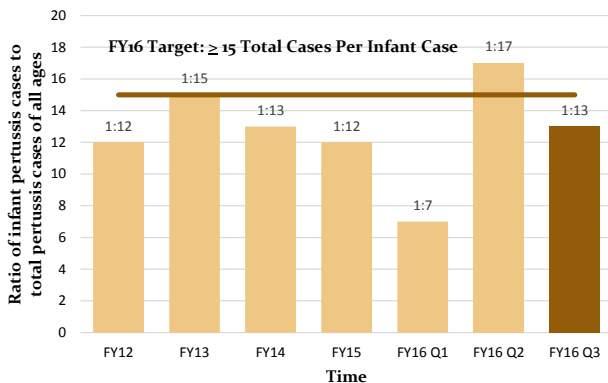
- Birth and Death certifications (Vital Records) are legal documents representing the registration of vital events. They are key to many essential activities such as applying for jobs and benefits.
- Prior to FY15, the New Mexico Bureau of Vital Records and Health Statistics (BVRHS) surveyed customers using a multi-page paper form. A very low percentage of customers ever completed them. In FY 2015, BVRHS redesigned their survey process to gain a larger sample of customers.
- As in previous quarters, during one month in the third quarter of FY16 (March 1 - March 13, 2016), BVRHS surveyed customers using the new computerized (tablet-based) survey system implemented in the first quarter. All customers who ordered birth and death certificates from the walk-in customer service area in Santa Fe were asked to participate, and 483 customers completed surveys. Customers were asked: "Please let us know how we did in serving you today." Emoticons are used to illustrate the four answer choices: Excellent, Good, Fair, Poor. The emoticons are intended to keep the survey simple and accessible for all customers, including those with limited literacy skills. Both "Excellent" and "Good" responses are considered to meet customer satisfaction aims.
- During the third quarter, a very high percentage of customers (94.1%) reported being satisfied with the service they received, exceeding the 87% target. BVRHS employees continue to score high marks from customers each quarter.

#### Action Plan

- To measure customer satisfaction, BVRHS asks a sample of customers to complete a short survey (3 questions, including the current question) in English or Spanish. These surveys allow for immediate customer feedback and generate analytical data to the bureau in real time.
- Because the data are collected electronically, BVRHS is able to run reports at any time to determine customer satisfaction and attempt to identify the employee specialty areas necessary to meet customer needs. Eventually all BVRHS offices will have their own survey tablets and submit data.
- Data are used to assess procedures to improve services. Additional training and support will be provided to regional offices around the state as needed.

## PROGRAM AREA 003: Epidemiology and Response

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



#### Story Behind the Data

- This measure compares the number of infants with probable or confirmed pertussis ('whooping cough') reported to NMDOH to the number of all cases (infant as well as non-infant), using the New Mexico Electronic Disease Surveillance System (NM-EDSS).
- Adult vaccination using Tdap helps protect infants, who cannot be vaccinated and are more likely to develop complications from pertussis.
- During FY15, the ratio of infant to non-infant cases was 1:12. This is likely due to a larger decrease in the number of adult cases (from 498 in FY2014 to 274 in FY2015) than in infant cases. There were only 22 cases of infant pertussis in New Mexico in FY2015, a 21% decrease from FY2014.
- During the third quarter of FY16, the ratio of pertussis cases was 1:13 (infant cases: total cases). This result does not meet the target of 1:15, and is higher than the second quarter result of 1:16. However, during the third quarter only two infant cases were reported in New Mexico compared with the previous quarter when there were six infant cases reported.

Note: Since pertussis cases may be reported or investigated after a quarter closes, quarterly numbers are provisional. Each subsequent report includes the most current data, so ratios for past quarters may change.

#### Partners

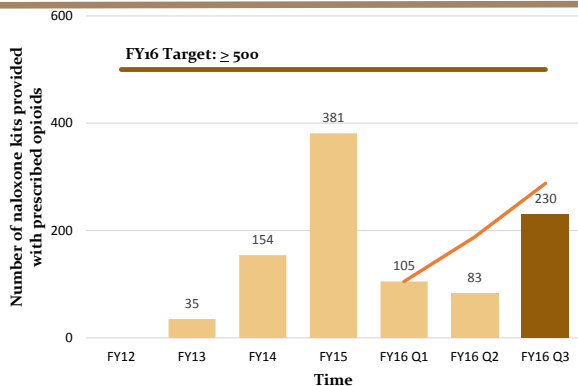
- NM Immunizations Coalition
- Regional Immunization Staff
- Immunization Providers
- Indian Health Service
- NM Medicaid
- NM Medical Society
- NM Primary Care Association
- NM American Congress of Obstetricians and Gynecologists
- Pediatricians
- Hospital staff
- Individual Care Practitioners

#### Action Plan

- Provide accurate and complete data that supports vaccination prevention activities.
- Collaborate with community organizations and local/regional health partners to increase the number of access points for adults seeking immunizations.
- Assist the Women, Infants and Children (WIC) Program to develop educational and informational materials in order to increase awareness among older adults about vaccines and immunizations services.
- Increase advocacy in the community through education of providers (i.e., healthcare providers, WIC staff) through educational "sound-byte" to be used during patient encounters.
- Collaborate with community services to increase access points to immunization.
- Educate providers to use reminder recall and the State Immunization Information System for tracking.
- Educate the public about immunization needs.

## PROGRAM AREA 003: Epidemiology and Response

### Number of naloxone kits provided in conjunction with prescription opioids



#### Story Behind the Data

- Between 2001 and 2014, the drug overdose death rate in New Mexico increased by 83%. The prescription drug overdose death rate has been higher than the illicit drug overdose death rate since 2006.
- NMDOH has been providing naloxone in conjunction with opioid overdose prevention education since 2001.
- In 2012, NMDOH launched pilots in multiple NM communities in partnership with primary care providers and local pharmacies, whereby patients identified by their providers to be at risk for overdose are provided, under prescription, a naloxone rescue kit.
- In 2014, the NM Board of Pharmacy approved pharmacist prescriptive authority for naloxone and the Human Services Department (HSD) expanded the state Medicaid formulary to include coverage of intranasal naloxone.
- During FY2015, a new pilot site was added, University of New Mexico's Chronic Pain Center. The number of naloxone kits dispensed to patients steadily increased.
- Naloxone availability in New Mexico is increasing, and is expected to continue to increase in coming months as prescriptions are no longer required following the passage of Senate Bill 262 and House Bill 277 during the 2016 Legislative Session. New Mexicans who may need naloxone can now buy it without a prescription.

#### Partners

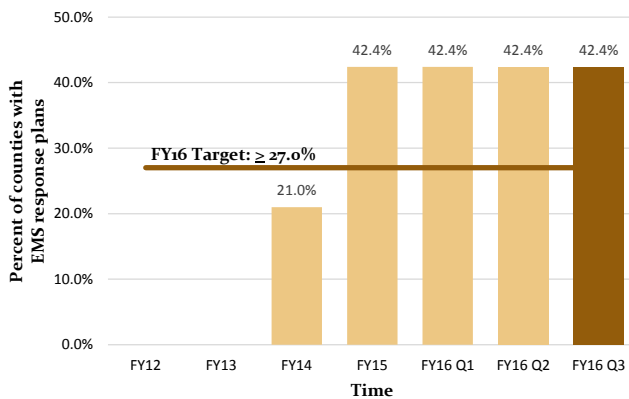
- Human Services Department - Behavioral Health Services Division, Medical Assistance Division
- Board of Pharmacy
- Community-based Opioid Overdose Prevention Coalitions
- Local, County, State, and Federal Law Enforcement
- University of New Mexico Chronic Pain Center
- Governor's Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council
- Governor's Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council

#### Action Plan

- The department's primary strategy is to make naloxone available to people at increased risk of opioid overdose. Increasing access to naloxone is expected to reduce opioid overdose deaths.
- The strategy includes close collaboration with and support for pharmacy-based overdose prevention education and naloxone dispensing for all persons (or their friends and relatives) at risk of overdose.
- Pilot programs were organized in collaboration with local community-based prevention planning groups. Other community-based initiatives include: local law enforcement establishing naloxone carry policies; local public education campaigns and social marketing; and expanded drug take-back initiatives.
- NMDOH hired a new Prescription Drug Overdose Management Coordinator in February 2016 and a new Prescription Drug Overdose Program Manager in March 2016 to oversee this program.

## PROGRAM AREA 003: Epidemiology and Response

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



#### Story Behind the Data

- The purpose of the Emergency Medical Services (EMS) Act [24-10B-1 NMSA 1978] is to enhance and regulate a comprehensive emergency medical services system. The EMS Bureau is charged to establish and maintain a program for regional planning and development, improvement, expansion, and direction of emergency medical services.
- Getting adequately trained personnel to the scene as soon as safely possible is a primary goal of EMS response, but responses can be limited by availability of equipment, training, and EMS personnel, particularly in rural New Mexico.
- Historically, responsibility for emergency response in rural areas often fell to local communities. This led to a fragmentation of EMS resources, as EMS response evolved from multiple individual community based volunteer fire departments.
- Within county governments, “fire districts” are often treated as near independent quasi-governmental entities. While mutual aid agreements are commonplace, there is still fragmentation and inefficient distribution of resources. County governments are encouraged to regionalize their multiple fire districts structure into a single administrative entity, or create a separate county-based “third service” EMS response agency.
- During the third quarter of FY16, as in the previous quarter, 14 out of 33 counties (42.4%) had documented implementation plans for developing regionalized EMS response, developed with the assistance of NMDOH Regional Offices, surpassing the FY16 target of 27%. No additional counties developed plans this quarter.

#### Partners

- EMS Regional Offices
- County EMS Chiefs
- EMS Agencies

#### Action Plan

- Continue working with local entities around the state to develop more efficient regional response plans, including consolidation of administration, personnel, and equipment.
- Assist local entities in developing a unified command structure, unified medical direction, and common treatment guidelines/protocols.
- Assist local entities in developing standard operating procedures and equipment for emergency response.



## **PROGRAM AREA 004: Scientific Laboratory**

### **Purpose:**

The Scientific Laboratory fulfills the DOH mission by providing laboratory analysis and scientific expertise for public health policy development, environment, and toxicology programs in New Mexico. The laboratory 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. The laboratory also performs drug testing and provides expert witness testimony for forensic investigations of DWI/DUID and cause of death from drugs and infectious disease. The laboratory is the primary 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 (SLD) is the primary laboratory for the New Mexico Department of Health, the New Mexico Environment Department, and the New Mexico Department of Agriculture.



### **FY16 OPERATING BUDGET:**

**General Funds: \$8,466,000**

**Federal Funds: \$2,135,400**

**Other State Funds: \$2,439,200**

**Other Transfers: \$88,300**

**Total: \$13,128,900**

## ACCOMPLISHMENTS

### **Biological Sciences Bureau:**

The Environmental Microbiology Section has successfully passed the US Food and Drug Administration's milk and food proficiencies. These proficiencies also included testing for Salmonella in chicken nuggets. These proficiencies are important standards in support of SLD's testing of both milk and food samples for infectious diseases. The proficiencies are also critical in maintenance of our US FDA certification.

SLD is developing an analysis to test for Carbapenem resistant Enterobacteriaceae. (CRE). Carbapenem class of antibiotics is considered the drug of last resort for Enterobacteriaceae. Enterobacteriaceae infections are usually acquired in a medical setting and can be fatal in up to 50% of cases.

### **Chemistry:**

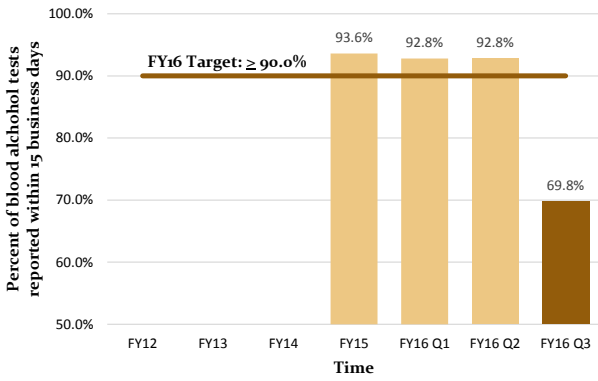
The simplified analytical request form for Lead & Copper samples and Organic Disinfection By-product samples mentioned in the FY'16 3<sup>rd</sup> Quarter Action Plan was finalized, approved for use by the NMED Drinking Water Bureau, and is in the process of final in-house testing and approval through the document control system. This form will be sent out with sample kits to the public water supply systems for Lead & Copper samples collected June through September. This form will streamline data collection by citizen samplers, reduce data entry errors and save sample processing time for both Specimen Receiving and the Chemistry Bureau testing sections.

### **Toxicology:**

The Toxicology Bureau finished data compilation and research to write an article on measurement uncertainty. This article will be submitted for publication to a peer reviewed journal. The research and data compilation for measurement uncertainty will assist the laboratory in obtaining the American Association of Crime Laboratory Directors – Laboratory Accreditation Board (ASCLD-LAB) accreditation in breath alcohol and in the adjudication of breath alcohol DWI cases within the State. It will also provide helpful information to other laboratories that are also trying to produce a measurement uncertainty for their breath program. Timeline for the article submission is during Q4 of FY'16.

## PROGRAM AREA 004: Scientific Laboratory

### Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 business days



\* In FY12-FY14, the turnaround time was measured in 10 calendar days; then, it changed to 15 (calendar) days in FY15. Discrepancy between business and calendar days will be corrected in the FY17 performance measure.

#### Partners

- Courts
- Public safety officials (e.g., law enforcement)
- New Mexico Department of Transportation/Traffic Safety Bureau

#### Story Behind the Data

New Mexico has a relatively high rate of alcohol-related deaths. Excessive alcohol consumption through binge drinking and heavy daily drinking contribute to this high rate.

The Scientific Laboratory Division (SLD) Toxicology staff analyze human samples for alcohol (e.g., blood alcohol concentration, or BAC) and drugs to determine cause of impairment in drivers. SLD Toxicology staff analyze cause-of-death toxicology samples from the Office of Medical Investigator (OMI) to determine if alcohol and/or drugs are contributing factors to an individual's death. To analyze lab samples, it is critical to exceed published turn-around times to give officials ample time to prepare for court cases.

In Quarter 3, turn-around time for BAC testing was impacted due to:

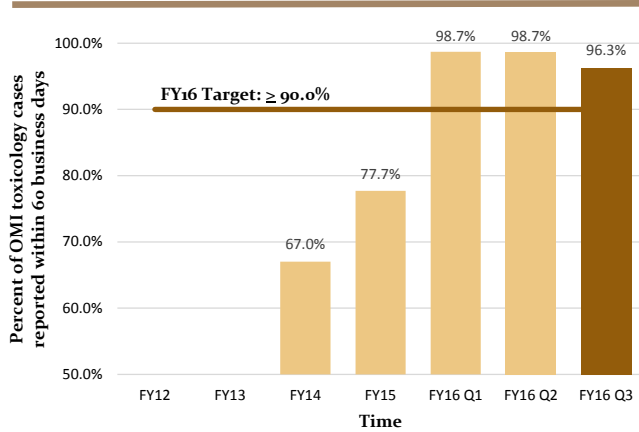
- New accreditation requirements from the American Board of Forensic Toxicology that all BAC samples be tested in duplicate;
- Two BAC testing instruments that remained inoperable for two weeks while necessary replacement parts were obtained.
- The Drug Screening Section, Toxicology Bureau, was short-staffed by one person.

#### Action Plan

- Continue the validation and implementation of new analytical instruments and methods in order to increase analytical capabilities and to update ageing equipment.
- Verify the performance of the updated Laboratory Information Management System.
- Continue staff training.
- Fill a position in the Toxicology Bureau, which became vacant during quarter 3.

## PROGRAM AREA 004: Scientific Laboratory

### Percent of Office of Medical Investigator cause of death toxicology cases that are completed and reported to the Office of Medical Investigator within 60 business days



\* In FY12-FY14, the turnaround time was measured in 90 calendar days; then, it changed to 60 (calendar) days in FY15. Discrepancy between business and calendar days will be corrected in the FY17 performance measure.

#### Partners

- Office of Medical Investigator

#### Story Behind the Data

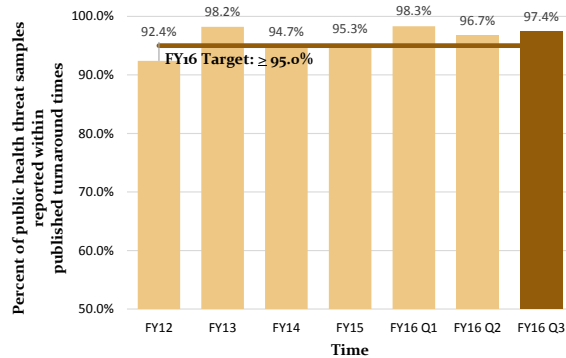
- New Mexico continues to have one of the highest drug overdose death rates in the country. In recent years, the number of deaths due to prescription drugs has increased.
- Scientific Laboratory Division (SLD) toxicologists assist the Office of Medical Investigator (OMI) in determining cause of an unexpected death by testing for illicit and prescription drugs.
- To analyze laboratory samples, it is critical to meet published turn-around times to give officials time to prepare death certificates needed for families to file for insurance benefits. This measure can indicate when there are competing interests, such as how many scientists are being subpoenaed to give expert witness in court or an increase in driving while impaired either under the influence of alcohol or drugs cases.
- In January 2013, OMI shifted all of their laboratory testing to SLD, doubling SLD's overall caseload and increasing the number of the most complex and time consuming analyses by 15-fold. By August 2013, this increased workload had outstripped SLD's capacity, resulting in a backlog of cases and necessitating mandatory overtime and more urgent requests for funding to hire additional staff.
- By the third quarter of FY15, the combination of additional trained staff, a streamlined case review process, and a more cooperative case management process in coordination with the new OMI administration allowed the target to be met.
- Data are reported for calendar days, effectively resulting in shorter turnaround times than those defined in each Performance Measure. The current turnaround time is 30 days less than the standard set by the National Association of Medical Examiners.

#### Action Plan

- Continue the validation and implementation of new methods in order to increase analytical capabilities.
- Verify the performance of the updated Laboratory Information Management System.
- Continue staff training.

## PROGRAM AREA 004: Scientific Laboratory

### 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



#### Story Behind the Data

- Rapid identification of diseases, infection, or contamination is integral to the implementation of appropriate and timely public health interventions to prevent further harm.
- Rapid identification is important because there could be select agents (e.g., anthrax), which could be maliciously misused as a weapon of mass destruction.
- Additionally, there could be potential public health endemic agents such as plague, West Nile virus, or pandemic influenza.
- Other areas of public health concern regards water (drinking or recreational use), milk, and food safety.
- To analyze lab samples, it is critical to meet published turn-around times to give officials time to determine the proper course of remedial actions to mitigate contamination, exposure, or illness.
- During the third quarter of FY16, SLD continued to meet the target by providing test results for potential public health threat to the submitting agency within the expected timeframe for over 95% of samples submitted.

#### Partners

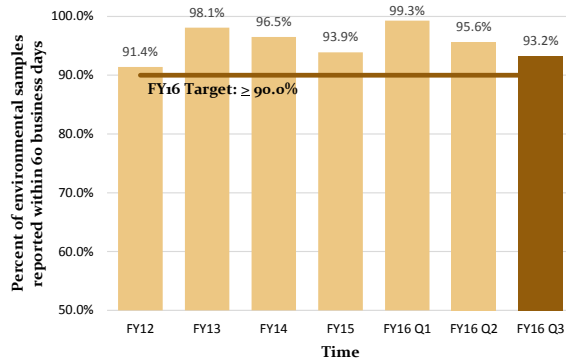
- Healthcare facilities
- Epidemiologists
- Public safety officials
- NM Department of Agriculture
- Centers for Disease Control and Prevention
- U.S. Food and Drug Administration

#### Action Plan

- Begin process to become ISO certified.
- Complete MALDI-TOF validation.
- Complete Norovirus real-time PCR validation (on hold until validation of Zika virus assays is completed).
- Work with CDC to sequence Rabies virus strains and participate in evaluation of the CDC rabies real-time PCR assay.
- Verify the performance of the updated Laboratory Information Management System.
- Prepare for FDA audit for milk testing.
- Develop the Carbapenemase-producing Enterobacteriaceae (CRE) bacteria testing capability.

## PROGRAM AREA 004: Scientific Laboratory

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



#### Story Behind the Data

- Quickly identifying contaminants in the environment is critical in mitigating potential contamination or inadvertent poisoning, which could result in acute illness of people in the same geographical area.
- The Scientific Laboratory Division (SLD) conducts chemical analyses of air, water, and soils in support of the NM Environment Department (NMED) as well as for regulatory purposes by local, tribal, and federal entities, which serve to protect the health of New Mexicans.
- It is critical to meet published turn-around times to give officials ample time to determine the proper course of remedial actions; these actions in turn will mitigate contamination, exposure, or illness.
- The SLD Laboratory Information Management System does not distinguish between business days and calendar days. Data are reported for calendar days, effectively resulting in shorter turnaround times than those defined in each Performance Measure.
- The current turnaround time is 30 days less than the contractual requirement with the New Mexico Environment Department.

#### Partners

- NM Environment Department
- Environmental Protection Agency
- Local, County, and State Emergency Management

#### Action Plan

- Finalize simplified analytical request for Lead and Copper samples and Organic Disinfection Byproduct sample. This form should reduce data entry errors and save time for SLD Specimen Receiving and Chemistry Bureau analytical Sections.
- Continue the validation and implementation of new analytical instruments and methods in order to increase analytical capabilities and to update ageing equipment.
- Verify the performance of the updated Laboratory Information Management System.

## **PROGRAM AREA 006: Office of Facilities Management**

### **Purpose:**

Facilities Management fulfills the DOH mission by overseeing six healthcare facilities and one community program; the safety net services provided throughout New Mexico include programs in mental health, substance abuse, long term care, and physical rehabilitation in both facility and community-based settings. Facility staff care for both New Mexico adult and adolescent residents who need continuous care 24 hours-a-day, 365 days-a-year. Most individuals served by DOH facilities have either complex medical conditions or psychiatric disorders that manifest in violent behaviors, and private sector providers are either unable or unwilling to serve these complex individuals, many of whom are remanded to DOH facilities by court order.



### **FY16 OPERATING BUDGET:**

**General Funds: \$59,590,200**

**Other State Funds: \$76,394,400**

**Other Transfers: \$714,000**

**Total: \$136,698,600**

## ACCOMPLISHMENTS

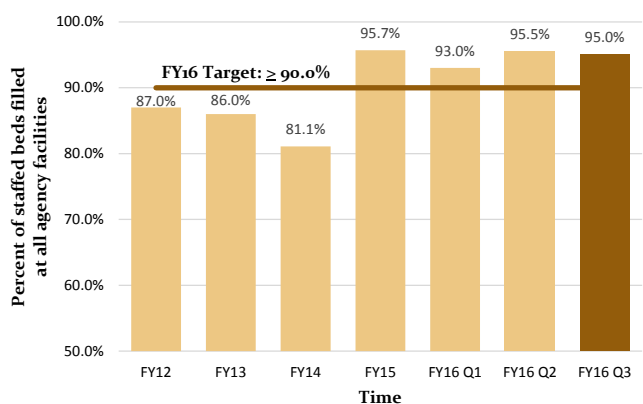
The accomplishments that the NMDOH Office of Facilities Management (OFM) achieved during the third quarter of FY16 are as follow:

- Point Click Care (PCC) was selected to be the vendor to provide the long-term care electronic medical record (EMR) at the NMDOH long-term care facilities.
- Hospital Services Corporation (HSC) gave approval to proceed as a hospital exemption procurement that will provide greater access to professional services agencies with potentially more competitive cost.
- The Pharmacy RFP was finalized and subsequently cleared all required approvals to be issued. This RFP is slated to be posted and issued in quarter 4.
- OFM and the NMDOH Secretary's Office partnered with the NM Human Service Department to formally meet with each Managed Care Organization (MCO) to clarify critical points of contacts for each service line OFM provides and to address critical billing issues.
- New facility Administrators and Program Executive Director were hired and subsequently started at Fort Bayard Medical Center (FBMC), New Mexico State Veterans Home (NMSVH) and the Los Lunas Community Program (LLCP) in quarter 3.
- FY 16 cost containment plans were determined.
- FY17 budget, which includes defined operational metrics and established fiscal targets, was finalized and submitted to the NMDOH Administrative Services Division (ASD).
- The New Mexico Rehabilitation Center (NMRC) was surveyed and officially accredited by the Joint Commission to provide medical detoxification and intensive outpatient (IOP) therapy services.
- Increased the medical detoxification beds available at NMRC and Turquoise Lodge Hospital (TLH).
- The Sequoyah Adolescent Treatment Center (SATC) had a licensing survey conducted by Child Youth and Families Department Licensing and Certification and received a deficiency free survey.
- Successful Rapid Hire events at NMSVH and FBMC.
- The New Mexico Behavioral Health Institute (NMBHI) is now contracted with the U.S. Veterans Affairs (VA) to be a long-term care provider for veterans.
- The TLH HVAC project broke ground and is currently on schedule.
- The Centers for Medicare and Medicaid Services (CMS) Payroll-Based Journal (PBJ) Staffing Data initiative has been addressed at each of the NMDOH OFM long-term care facilities to ensure that data will be entered and timely submitted to meet the CMS PBJ deadline.
- The new facility for skilled care, specialty care such as Alzheimer's and dementia continues at NMSVH.



## PROGRAM AREA 006: Office of Facilities Management

### Percent of staffed beds filled at all agency facilities



### Story Behind the Data

Successfully meeting regulatory compliance standards while providing great quality of care requires flexible staffing patterns for the given service line. Flexible staffing patterns enhance the ability to provide the appropriate level of care to patients based on the range in severity of their health condition (acuity).

This measure is based on the operational capacities to effectively provide care within the given service lines. The OFM facilities in-patient Staffed Beds performance measure tracks the percent of beds for which staff are available to provide safe and effective direct care. Operational capacities are dependent on the ability to hire and retain qualified staff. A given number of budgeted Full Time Employees/Equivalents (FTEs) are appropriated to each OFM facility. OFM ensures that budgeted positions are filled to maximize the number of patients served with high quality of care while optimizing operational and fiscal performance outcomes.

The current quarterly occupancy rate of staffed beds filled remains steady at 95% due to the opening of the Intensive Outpatient (IOP) program launching at the New Mexico Rehab Center and increasing the medical detox bed availability at the Turquoise Lodge Hospital. OFM continues to evaluate the current budget and variables that potentially impact the level of capacity to provide services at the Facilities and their alignment with the OFM infrastructure going forward. OFM plans to move to a new measure as stated in the FY16-Q1 report to be in line with national quality measures. This new measure will allow for comparisons against healthcare industry in-patient occupancy rate benchmarks for similar services lines throughout NM and the United States.

### Partners

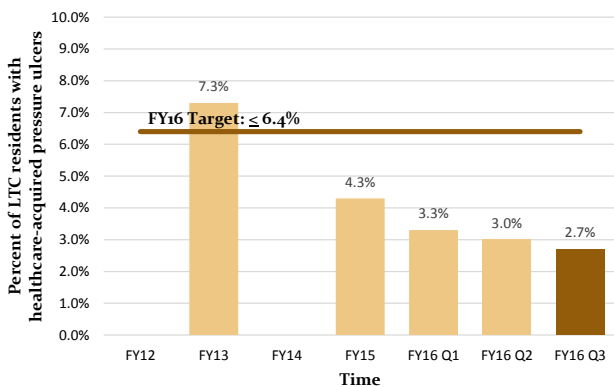
- Human Services Department
- Children Youth and Families Department
- NMDOH Developmental Disabilities Supports Division; NMDOH Public Health Division
- State District Courts
- Managed Care Organizations and other third party payers
- Referral agencies-Clinics, Hospitals, Long-Term Care and Assisted-Living Facilities
- Veterans Administration
- Community-based services and members
- Facility employees; Community members
- Other state-operated healthcare facilities.

### Action Plan

- Continue to streamline admissions processes at Sequoyah Adolescent Treatment Center (SATC), Fort Bayard Medical Center (FBMC), New Mexico Rehab Center (NMRC), Turquoise Lodge Hospital (TLH), New Mexico Behavioral Health Institute (NMBHI), New Mexico State Veterans Home (NMSVH).
- Collaborate with Managed Care Organizations to reduce admission pre-authorization denials and expand "in-network" status for New Mexicans to better utilize state healthcare facility services and enhance access.
- Improve stakeholder and community partnerships with SATC participating in University of New Mexico Hospital System (UNM) Learner's Circle and working with the New Mexico Children, Youth and Families Department (CYFD) regarding admissions and quality of care initiatives.
- Work with various nursing, therapist, social worker, counseling, medical and other professional schools around the state to help enhance training and recruitment opportunities within the OFM facilities.
- Promote various Federal and State loan repayment programs to applicable healthcare professionals to aid in critical direct care staff recruitment efforts.
- Conduct "Rapid Hire" events at NMSVH and FBMC.
- Continue new orientation program for nursing aid students at FBMC.

## PROGRAM AREA 006: Office of Facilities Management

### Percent of long-term care residents with healthcare-acquired pressure ulcers



#### Story Behind the Data

Decubitus ulcers, or skin disruption commonly referred to as "pressure ulcers," is 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.

Upon completion of three quarters of FY 16, review of the data regarding Healthcare Acquired Pressure Ulcers shows a continuous decline in the number of ulcers in our long-term care facilities. This result demonstrates successful implementation of interventions over this fiscal year. NMDOH long-term care facilities have consistently remained below that target. The percentage in quarter 3 is 2.7%. This percentage shows successful improvement in this performance measure.

Future targets should be considered lower to challenge long-term care facilities to continue to strive toward ongoing improvement.

#### Partners

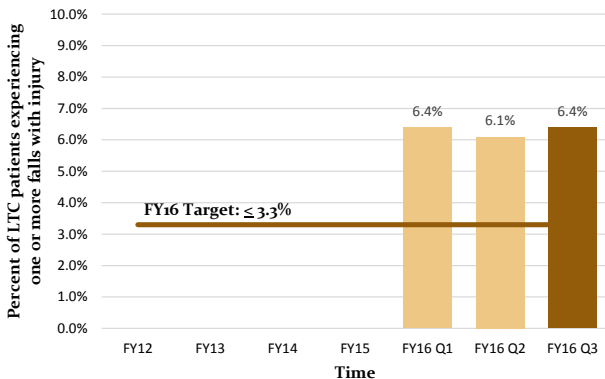
- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (formerly the Joint Commission on the Accreditation of Healthcare Organizations)
- Health Facility Licensing (Division of Health Improvement)
- Facility Staff
- Other NMDOH long-term care facilities
- Providers of care at the facilities

#### Action Plan

- Ensure the implementation of evidence-based practices in the prevention of healthcare-acquired pressure ulcers and apply this evidence across NMDOH Facilities:
  - ⇒ Regular comfort checks
  - ⇒ Weekly skin assessments
  - ⇒ Showers or baths minimum twice weekly
  - ⇒ Use of zinc for treatment of pressure ulcers
  - ⇒ Tena© products for incontinence care (to prevent skin breakdown due to exposure to moisture)
  - ⇒ Continue to educate certified nurse assistants to report skin conditions promptly.

## PROGRAM AREA 006: Office of Facilities Management

### Percent of long-term care patients experiencing one or more falls with injury



#### Story Behind the Data

Falls in Long Term Care (LTC) increase morbidity, reduce the quality of life, result in extreme pain, and raise the cost of healthcare due to the required diagnostic testing and prolonged treatments. The Center for Medicare and Medicaid Services (CMS) Minimum Data Set (MDS) 3.0 includes three fall-related performance measures: falls with major injury, falls with minor injury, and falls with no injury. The OFM FY16 performance measure is the percentage of patients who have fallen and sustained any injury (major and minor). Therefore, this measure cannot be compared to the MDS 3.0 data from CMS because the definition is different.

FY16 Quarter 3 is the third quarter that a consistent process has been used to calculate the number of falls with injury. At 6.4%, falls during quarter 3 have slightly increased over the previous quarter. The target of 3.3% was used for “Major” injuries and by including “All” injuries, the target is no longer in reach. The measures has been revised for FY17 to enable national and peer-group comparisons. Ongoing efforts to reduce all falls continue and an interagency effort to implement “best practices” at all nursing homes begun in January 2106. As of April 2016, the gathering of research is starting.

#### Partners

- NMDOH Chief Nursing Officer; NMDOH Epidemiology & Response Division
- UNM Prevention Research Center
- Centers for Medicare and Medicaid Services
- The Joint Commission or appropriate accrediting agency
- NMDOH Health Licensing and Certification
- Facility employees; Provider Staff; Residents

#### Action Plan

- Continue working with the New Mexico Department of Health Epidemiology and Response Division (ERD) to review processes and implement the best practices taking place at the facilities into a model to be used by each facility:
  - ⇒ Direct staff to fully complete incident reports and report timely;
  - ⇒ Staff fall huddle;
  - ⇒ Prompt reviews of incident reports by the multi-disciplinary team to identify root cause;
  - ⇒ Implement individualized interventions to reduce falls;
  - ⇒ Conduct weekly falls meeting to evaluate effectiveness of interventions established by the multi-disciplinary team;
  - ⇒ Decrease reliance on alert-alarms;
  - ⇒ Keep beds at appropriate height.
- Continue working with Health Insight New Mexico (HINM), who is the Quality Improvement Organization (QIO) currently contracted in New Mexico with CMS in the area of falls prevention, to continue reducing falls at the long term care facilities.

## **PROGRAM AREA 007: Developmental Disabilities Supports**

### **Purpose:**

Developmental Disabilities Supports Division (DDSD) fulfills the DOH mission by effectively administering a system of person-centered community supports and services that promotes positive outcomes for all stakeholders with a primary focus on assisting individuals with developmental disabilities and their families to exercise their right to make choices, grow and contribute to their community. DDSD is the primary state agency that funds community services and supports for people with disabilities and their families in New Mexico.



### **FY16 OPERATING BUDGET:**

**General Funds: \$149,203,600**

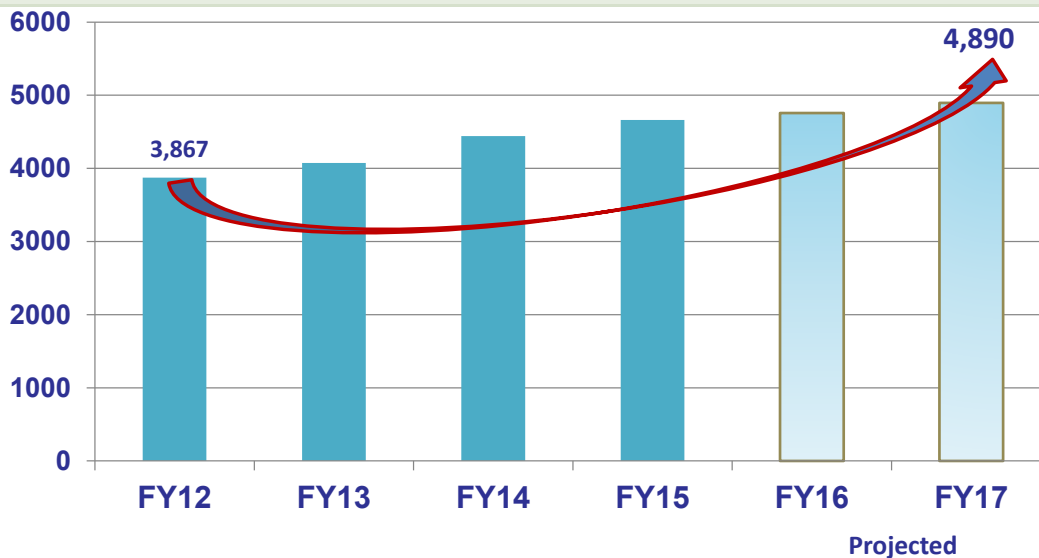
**Federal Funds: \$2,819,200**

**Other State Funds: \$1,200,000**

**Other Transfers: \$10,200,000**

**Total: \$163,422,800**

## ACCOMPLISHMENTS



Turning the curve on the number of persons served through the Developmental Disability Waiver (DDW).  
FY16 Target: 4,000 individuals

### The Developmental Disabilities Supports Division:

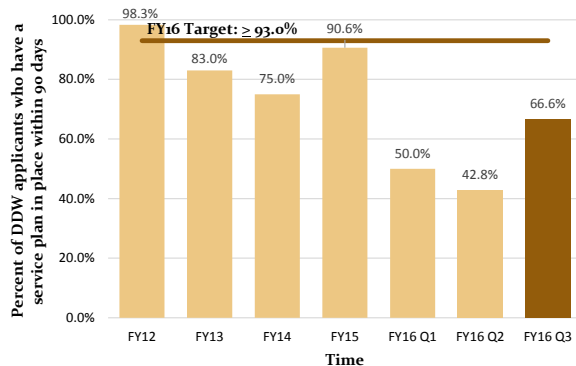
- Started the process of building the first data set for web-based Provider Scorecard to support consumer decision-making.
- Created the “Data-Hub”; a division-wide initiative to improve accessibility and use of data.
- Provided on-site training and assistance at Nursing Facilities and hospitals throughout the state on the PASRR process.

In addition:

- DDSD’s Client Data Management System was approved through DoIT’s C2 request process and was subsequently included in the FY17 State budget. A contract is pending approval to develop requirements for system procurement in FY17.
- The Mi Via Waiver renewal was submitted to Center for Medicare and Medicaid Services (CMS) and was approved for another five (5) years.
- DDSD Regional 2016 Shining Star Awards Program is underway. This program recognizes individuals who are living to their full potential. During the event, nominees describe aspects of their lives as they create a decoupage collage using photos and clip art cutouts to illustrate who they are. The beautiful boards are then displayed in different locations throughout the regions (galleries, Balloon Fiesta Museum, Albuquerque International Sunport, etc.) to illustrate the lives of the individuals.

## PROGRAM AREA 007: Developmental Disabilities Supports

### Percent of developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility determination



#### Partners

- Human Services Division's (HSD) Medical Assistance Division (MAD)
- Human Services Division's (HSD) Income Support Division (ISD)
- Qualis (HSD's contracted Third Party Assessor)
- UNM Center for Development and Disability (CDD)
- Healthcare providers, parent support groups, and case managers
- NMew Mexico Department of Health (NMDOH) DDS Mi Via Program
- NMDOH Vital Records
- Community Providers
- Case Management Agencies

#### Story Behind the Data

DDSD collaborates with the Medical Assistance Division (MAD), the Income Support Division (ISD), and the Third Party Assessor (Molina/Qualis) on this measure. It is important to note that the percentage decrease (Q1 and Q2) on the developmental disabilities waiver applicants is not representative of a typical group during an allocation period. To date, there has not been a group allocated for services for the FY16. Hence, the individuals, reflected on this measure for the first three quarters of FY2016, include a smaller group of expedited allocations as well as allocations that carried over from previous fiscal years.

This smaller group of allocants has been analyzed to determine if specific systemic obstacles are causing delay in completing the allocation process. It was determined that those who did not make services during the ninety-day window were due to lapses by Qualis or ISD.

Mi Via ("my way") is a program that provides choices of goods and services to DDSD participants. When individuals pick the Mi Via Waiver, individuals and families are responsible to obtain the Level of Care from their physician and complete the service planning process fairly independently. Analyses between waivers indicates that people who selected Mi Via generally appear to be more delayed in receiving services than people on the traditional DD Waiver.

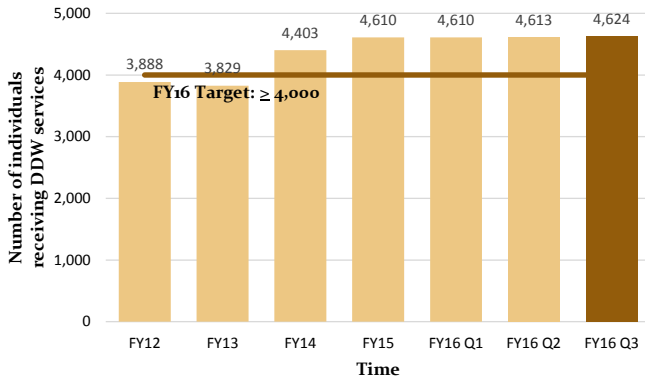
DDSD continues to communicate to all providers that the timely allocation of individuals to the waiver remains a high priority. Training for case managers and DDSD staff on the allocation process is ongoing and planned for the remainder of the fiscal year.

#### Action Plan

- Develop a data reporting system, using HSD Medicaid information, to complement information contained in the DDSD Central Registry database to identify and act on issues that may be delaying the development of a service plan.
- Continue to collaborate with the Medical Assistance Division (MAD), the Income Support Division (ISD) and Qualis (TPA) to identify roles and responsibilities of each party, including individuals/guardians. Participate in regular meetings with MAD and ISD representatives to: review and troubleshoot issues with the DD waiver allocation process.
- Develop processes to streamline Mi Via to make it easier for individuals and their families to complete the application more independently.
- Reinstigate annual "keeping in touch" mailings to maintain current contact information and determine when people move out-of-state, decease, or decide they are no longer interested in services.

# PROGRAM AREA 007: Developmental Disabilities Supports

## Number of individuals receiving developmental disabilities waiver services



### Story Behind the Data

The Developmental Disabilities Supports Division (DDSD) funds and provides oversight to community services and supports for people with developmental disabilities. 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 Developmental Disabilities Waiver (DDW) program is designed to provide services to allow individuals with developmental disabilities to participate as active community members. The DDW program serves as an alternative to institutional care, providing an array of residential, habilitation, employment, therapeutic, and family support services.

At the end of FY16-Q3, there were 4,624 persons receiving developmental disabilities waiver services (1,101 waiver participants from Mi Via Program). From FY16-Q1 to the current quarter the increase of 14 allocations is because there has not yet been any allocations made for the 2016 funding year. Those who have been allocated for FY16 are carry overs from the prior year of allocations. This small increase may also reflect the undercounting of persons due to the transition to a new Third Party Assessor (Molina to Qualis). As previously noted, recent delays (Spring 2015 to current) in the processing of DD Waiver prior authorizations/claims billing data have impacted the source data for this measure. Claims may be suppressed due to the lag in prior authorization updates and budget approvals, and client counts may be affected.

### Partners

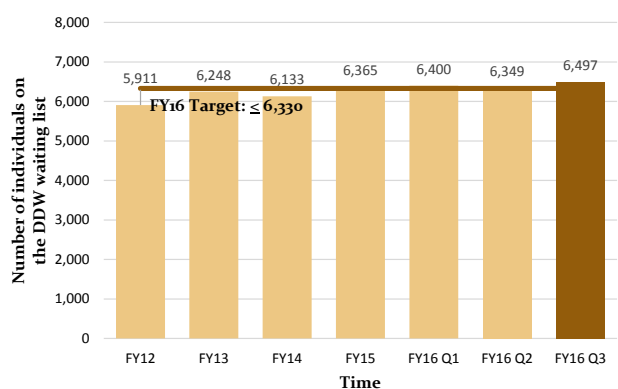
- Human Services Division's (HSD) Medical Assistance Division (MAD)
- Human Services Division's (HSD) Income Support Division (ISD)
- Qualis (replaced Molina), Third Party Assessor (TPA)
- Healthcare providers, parent support groups, and case managers
- Community Providers
- Case Management Agencies

### Action Plan

- Develop web-based provider scorecard to increase service awareness and facilitate participant selection of providers services. Q4: Present the provider scorecard to stakeholders for feedback and evaluation (tentative completion date: July 1, 2016).
- Increase awareness of services for individuals with developmental disabilities by improving supports to case management agencies (to provide information regarding different types of available services): Ongoing.
- Develop a tool to assess regional provider capacity based on regional waiting list and provider areas of interest with the goal of increasing provider capacity and services.

## PROGRAM AREA 007: Developmental Disabilities Supports

### Number of individuals on the developmental disabilities waiver waiting list



#### Story Behind the Data

The Developmental Disabilities Waiver (DDW) program serves as an alternative to institutional care and is designed to provide services and support to allow eligible individuals with intellectual/developmental disabilities (IDD) to participate as active members of their community. The DDW waiting list, or Central Registry (CR), contains several status categories reflecting applicants' progress in the application/allocation process. Cases in these status categories comprise the total reported Central Registry wait list. The CR status categories are: Start Status, Pending Status, Complete Status, and Allocation on Hold.

About 300 people per year are added to the DDW waiting list. This means that at a minimum, financial support for 300 people to be allocated to services each year must be secured just to maintain the same number of people on Central Registry's waiting list. Hence, the Central Registry's waiting list will not be significantly reduced unless financial support is designated for more than 300 people to receive an annual allocation. There has not been an allocation group (currently underway-April 2016) thus far in FY2016.

The addition of Supports Intensity Scale (SIS)<sup>®</sup> assessments and changes in procedures at ISD have added to timeframes between receipt of Primary Freedom of Choice and Confirmation of Eligibility and ISP approval, which impacts movement from the waiting list to receipt of services.

#### Partners

- Human Services Division's (HSD) Medical Assistance Division (MAD)
- Human Services Division's (HSD) Income Support Division (ISD)
- Qualis (replaced Molina), Third Party Assessor (TPA)
- Healthcare providers, parent support groups, and case managers
- Department of Health's DDS Mi Via Waiver Program
- NMDOH's Vital Records
- Community Providers
- Case Management Agencies

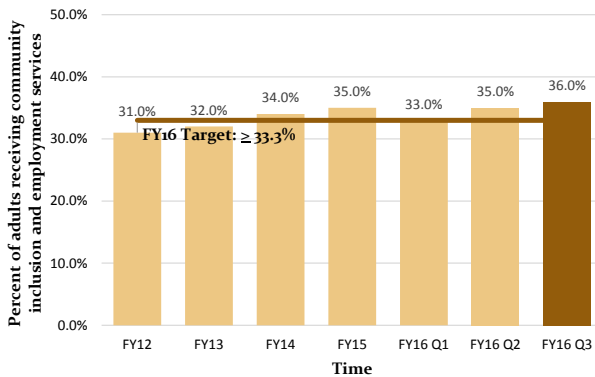
#### Action Plan

- Conduct trainings on the allocation process for case managers and DDS staff, which will include a presentation to the divisions' all-staff meeting.
- Continue developing The Flexible Support Pilot Program to identify possible service and support strategies for persons currently waiting for DD Waiver services. Funding for the pilot has been renewed for FY 2016, and results thus far are promising.
- Reinstitute *Keeping in Touch* mailing. This activity is critical to the timely contact of applicants, as well as to maintaining updated contact information.
- Continue to meet regularly with MAD and ISD to review DD waiver allocation processes and identify barriers. These meetings have been helpful in identifying issues and resolutions.
- Continue the analysis on the projected number of completed allocations in relationship to the number of letters of interest sent to maximize the number of individuals who enter and receive services.



## PROGRAM AREA 007: Developmental Disabilities Supports

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



#### Story Behind the Data

Nationally, individuals with intellectual/developmental disabilities (IDD) experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities [1]. New Mexico has made steady progress toward increasing community integrated outcomes and performs above the national average, but strives to be included in the group of states exhibiting successful employment outcomes.

Community-Integrated Employment (CIE) includes job development and job maintenance services. Based on Supported Employment Outcomes for FY15, the percent of those engaged in CIE tended to fluctuate some from quarter to quarter. However, FY16 data, thus far, appears to indicate a steady increase of those receiving employment services with FY16-Q3 showing that about 36% of those receiving community inclusion services also receive employment services. In part, this may be due to the use of a new tracking system to collect employment information for FY2016.

[1] *National Snapshot of Adults with Intellectual Disabilities in the Labor Force*. Research Cooperative Agreement to promote the health of people with Intellectual Disabilities-Cooperative Agreement/Grant Number: U01 DD000302-05.

#### Partners

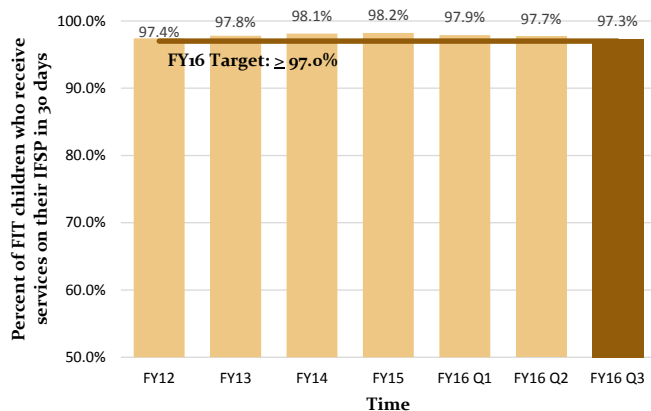
- Individuals with IDD and their support networks including parents and guardians
- DD Waiver Supported Employment Providers
- Partners for Employment, which includes the Division of Vocational Rehabilitation and the UNM Center for Development and Disability
- Supported Employment Leadership Network (SELN)
- Local business owners
- Community leaders

#### Action Plan

- Modify and design program goals and operating practices that clearly relate to achievement of community integrated objectives. Recently, the community inclusion and supported employment unit has undertaken the redesign of its client database in effort to better reflect and capture current practices. This new data collection system will be further beta tested in Q3 of FY16.
- Continue analyzing how changing from a per-unit rate for service delivery to an enhanced monthly rate has encouraged competitive and integrated employment among adults receiving community inclusion services.

## PROGRAM AREA 007: Developmental Disabilities Supports

### Percent of children served through the Family Infant Toddler (FIT) Program who receive all of the early intervention services on their Individualized Family Service Plan (IFSP) with 30 days



#### Story Behind the Data

- The Family Infant Toddler (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 (IDEA) Part C.
- Early Intervention services include physical, speech and occupational therapy, as well as developmental instruction, nursing and service coordination. This performance indicator is a measure of the percent of children who receive all of the services on their Individualized Family Service Plan (IFSP) in a timely manner (i.e. within 30 days). 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.
- This performance indicator is also reported to the Federal Office of Special Education Program (OSEP) as part of its Annual Performance Report from states.

#### Partners

- Office of Special Education Programs (OSEP)
- Public Education Department
- 34 FIT Provider agencies statewide
- National Early Childhood Technical Assistance Center (NECTAC)
- FIT Interagency Coordinating Council (ICC)

#### Action Plan

- Manage the Annual Performance Report (APR) where provider agencies of early intervention are required to analyze their performance data – including the percent of services provided within 30 days and to develop a plan to maintain or increase their performance.
- Conduct a rate study to make recommendations for the reimbursement rates for early intervention services, as many providers report the challenge of hiring and retaining qualified staff. Discussions for such a study are currently underway.
- Increase availability of coaching and technical assistance for early intervention providers to support the development of clear policies and procedures to provide timely early intervention services.
- Make changes to the FIT-KIDS database to enable providers to more effectively monitor the timely delivery of services, including being able to see the services not directly provided by their agency.

## **PROGRAM AREA 008: Health Improvement (Health Certification, Licensing and Oversight)**

### **Purpose:**

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 both: 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.



### **FY16 OPERATING BUDGET:**

**General Funds: \$4,668,000**

**Federal Funds: \$2,645,300**

**Other State Funds: \$1,708,100**

**Other Transfers: \$3,813,500**

**Total: \$12,834,900**

## ACCOMPLISHMENTS

During the third quarter, the Division of Health Improvement (DHI) has continued to make progress toward its performance measures and completion of its Strategic Execution Plans.

- Vacant Positions:
  - ⇒ DHI completed a value stream analysis of the hiring process and was able to make changes to streamline the hiring process;
  - ⇒ The new process has improved and reduced the cycle time for hiring new staff, as a result DHI has been able to fill positions faster and many program areas are now fully staff for the first time in a long time.
- In-State Travel Reimbursements:
  - ⇒ DHI is working with the DOH Travel improvement workgroup, which is piloting direct pay vouchers;
  - ⇒ Cycle time has improved to an average of 10 days.
  - ⇒ The workgroup is on target to roll out the new process on July 1.

### The Incident Management Bureau (IMB):

- Successfully disengaged its first Jackson class lawsuit evaluative component regarding the revision of the administrative rule on reporting and investigating abuse, neglect and exploitation;
- Implemented the train the trainer program for identifying and reporting Abuse, Neglect and Exploitation (ANE) for all caregivers, another Jackson evaluative components near completion;
- Completed 58% of the backlog of old cases and is on target to close out all of the old cases by the end of the year;
- Filled all vacant positions.

### Quality Management Bureau (QMB):

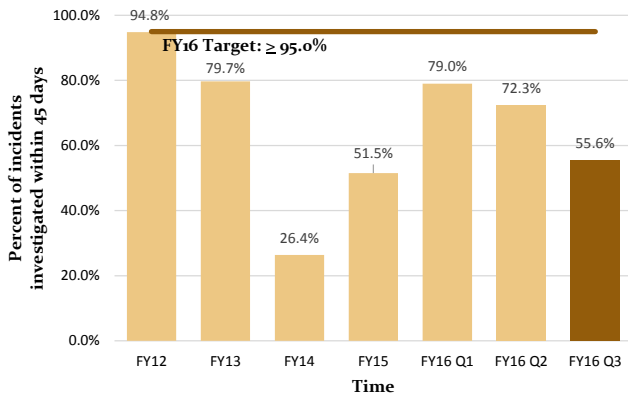
- Filled all vacant positions;
- Put in place additional backups, which addressed the delays on report cycle times that occurred in January of 2016.
  - ⇒ February saw a significant improvement with 91% of reports distributed within 20 days; March is on target for 88% of reports being distributed within 20 days.

### Licensing Program Operations and District Operations:

- Improved its tracking of the 20-day facility plan review process, and is now reporting 94% of health facility plan reviews that were completed and approved within 20 days.

## PROGRAM AREA 008: Health Improvement

### Percent of abuse, neglect, and exploitation incidents for community-based programs investigated within 45 days



#### Story Behind the Data

In the third quarter, closed cases within 45 days decreased to 55.6 %; however, it is noted that a significant number of older backlog cases were closed during the quarter, impacting measured performance.

IMB continues to make progress toward reducing its backlog of older cases and has now closed over 58% of these cases. Closing older cases impacts the percentage of current cases closed within 45 days. This can be seen in the decrease from 79% to 55.6% as a significant number of the older cases were closed during the third quarter.

Going forward, DHI expects to continue to see a downward trend in measured performance as these older backlogged cases are completed and finally closed. It is expected that all of the backlog of old cases will be closed by the end of FY16.

Other factors impacting the decrease include: additional time spent on recruiting and training of new investigators and a focus on completing necessary process improvement activities.

During the third quarter, in addition to reducing the backlog of older cases, the ANE train-the-trainer curriculum was completed and the new statewide ANE training process was implemented. Continued progress was made on the development of a new investigation process policy. As the new policy is being developed, it has been recognized that other policies need to be revised due to changes in the process.

#### Partners

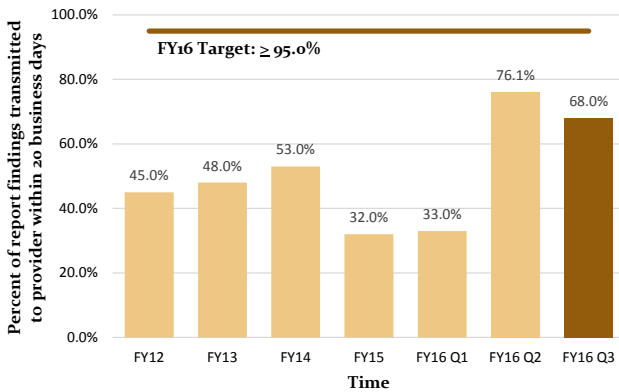
- Trainer
- Incidence Management Bureau (IMB) Investigators;
- IMB Investigator Supervisor
- Developmental Disabilities Supports Division (DDSD)
- Developmental Disabilities Waiver (DDW) Provider Staff
- Contractors

#### Action Plan

- Continue to reduce and eliminate the backlog of old cases.
- Continue implementation of the statewide ANE training program.
- Implement a sustainability plan.
- Update goals (desired outcomes) and action plans.

## PROGRAM AREA 008: Health Improvement

### Percent of report of findings transmitted to provider within 20 business days of survey exit



#### Story Behind the Data

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 support 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.

During the first quarter of FY16, QMB management completed training in the "Lean" improvement process. As their first "Lean" improvement project, QMB completed a value stream mapping of the Report of Finding writing, editing, and distribution process in order to reduce the cycle time to meet the 20 day distribution time frame. The process improvements identified and implemented have significantly reduced the cycle time report distribution, resulting in a 43% improvement from the prior quarter. In the second quarter the report of findings distribution within 20 days improved to 76%.

During the third quarter of FY16, there was an initial decline in processing reports in January as responsibilities were reassigned and a new editor was trained. Additional backup support was also put into place to reduce time delays when the editor was not available. With the new resources in place, QMB saw a significant improvement in February to 91% and March is likely to end the quarter at 75% for an average of 68% completed within 20 days.

*Note: QMB has a data lag in the last month of each quarter due to the report cycle time crossing quarters.*

#### Partners

- Developmental Disabilities Supports Division
- Home and Community Based Waiver Providers and their staff
- Incident Management Bureau
- Administrative Services Bureau

#### Action Plan

- Continue work on updating the Surveyor Operation Manual. Continue implementation of new processes; train staff on new processes, measure results and evaluate outcomes. Implement a sustainability plan and update goals, desired outcomes and action plans as needed.
- Continue to work with Information Technology T in the development of a database to improve automation of the survey process and report of findings.
- Continue to fill vacancies as quickly as possible.

## PROGRAM AREA 787: Medical Cannabis

### Purpose:

The Medical Cannabis Program (MCP) was created under the Lynn and Erin Compassionate Use Act. The purpose of this Act is to allow the beneficial use of medical cannabis in a regulated system for alleviating symptoms caused by debilitating medical conditions and their medical treatments. The NMDOH administers the MCP in accordance with the Act while at the same time ensuring proper enforcement of any criminal laws for behavior that has been deemed illicit by the state.



### **FY16 OPERATING BUDGET:**

**Other State Funds: \$1,425,200**

**Total: \$1,425,200**

## ACCOMPLISHMENTS

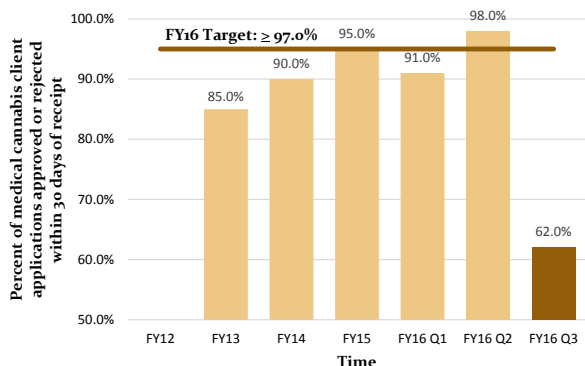
In quarter 3 of FY16, the Medical Cannabis Program:

- Processed an average of 2,700 applications for enrollment per month;
- Increased program enrollment by nearly 100% as compared to the third quarter of FY15;
- Adopted an amendment to NMAC 7.34.4.26 to make the identities and documents of non-profit producers and non-profit producer-applicants available to the public.



## PROGRAM AREA 787: Medical Cannabis

### Percent of complete medical cannabis applications approved or denied within 30 calendar days of receipt



#### Story Behind the Data

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.

All staff participate in the application review process to ensure compliance with the Lynn and Erin Compassionate Use Act and the NMDOH regulations and to keep up with applications resulting from the steady growth in qualified patients. Per existing statute, an applicant must complete an annual medical certification to continue program participation. A significant amount of NMDOH staff time is required to process these applications and to provide other types of customer service.

In November 2015, requirements for enrollment in the Medical Cannabis Program (MCP) were changed making it easier for applicants to qualify for the program. As a result, the MCP experienced tremendous growth.

During FY16-Q3, the MCP received an average of 2,700 applications per month. Active enrollment in the program has almost doubled in the past year, with a current active patient count of more than 25,000; this is almost a 100% increase over last year at this time. This increase has led to a delay in processing resulting in a current processing time of approximately 45 days. To address these processing time challenges, the MCP:

- ⇒ Is beginning to implement the Biotrak system, a database that tracks sales to enrollees and the electronic filing of applications;
- ⇒ Added more staff to include inspectors and office staff to improve service to the community.

#### Partners

- Medical and Nursing Boards
- Medical practitioner associations
- NMDOH and private IT networking and expertise
- NMDOH public information office
- Advocates
- Legislature
- Patients and their families; caregivers
- State and local law enforcement
- BioTrack THC

#### Action Plan

- Continue utilizing an incoming mail log to track all items being received by the MCP office to more efficiently track processing of applications.
- Implement an electronic filing of applications via the Biotrack system, which will improve the processing time.
- Begin utilizing reporting functions within the Biotrack system to improve processing times and application completion.
- Hire two staff members on the MCP-patient services to improve processing time.
- Expand the Health Educator role to provide more community education on the MCP.
- Refine application processing policies and procedures.

# NOTES

**New Mexico Department of Health  
Vision**

*A Healthier New Mexico!*



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