HUMAN SERVICES DEPARTMENT

NEW MEXICO PRIMARY CARE COUNCIL MEETING
MAY 20, 2022

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START…

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.

Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil

HUMAN SERVICES DEPARTMENT

MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS

We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.

We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

NEW MEXICO PRIMARY CARE COUNCIL

MISSION

Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

GOALS

Health Equity

Develop and drive investments in health equity to improve the health of New Mexicans.

Health Technology

Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.

Payment Strategies

Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.

Workforce Sustainability

Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.

DEFINITON OF HIGH-QUALITY PRIMARY CARE

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable healthcare by inter-professional teams and community partners who are accountable for addressing the majority of individuals' health and well-being across settings and through sustained relationships with patients, families, and communities.

Adapted from the National Academies' of Science, Engineering, and Medicine definition of Primary Care.

WELCOME ELISA WREDE

- Project Manager, Food Security & Primary Care, HSD
- Contribution/Strength: My background is in corporate philanthropy, grantmaking, sponsorships, volunteering and fiscal management. I have worked with leadership teams to help support communities across the country.
- Personal Goal: Improve the lives of New Mexicans through revolutionizing health care. I hope to support the PCC through community engagement and taking actionable steps to make progress toward our goals. I am passionate about improving health equity through integration of behavioral health into primary care and addressing social determinants of health.

Time	Agenda Item	Facilitator(s)	Desired Outcome
9:00	Welcome	Alex	Frame meeting and objectives, review agenda, and establish quorum.
9:05	Opening Remarks	Jen	
9:15	Primary Care Council Housekeeping	Elisa	Update members on Council activities and developments.
9:25	Primary Care Alternative Payment Model (APM) Design	Pamela, Julie	Arrive at consensus about high-level framing, vision, and outline of PC APM.
9:55	HSD Strategies to Advance Primary Care	Elisa & Alex	Solicit feedback from Council on overall direction of HSD designed to revolutionize PC.
10:15	PCC Pitches for New Mexicans ▪ 10:15 – 10:35 Primary Care Community Hub ▪ 10:35 – 10:55 Semillas de Salud ▪ 10:55 – 11:15 NMDOH Staff and Data Systems Request ▪ 11:15-11:30 Voting	Elisa, Anjali, Matt, Laura	Solicit feedback from Council on pitches for SFY23 and SFY24 spending.
11:30	Primary Care Council Spring Stakeholder Engagement	Elisa & Anastacia	Outline feedback from PC community stakeholders, including key themes, and describe how it will be integrated moving forward.
11:45	*Public Comment Period*		
11:50	Closing Remarks	Jen	
12:00	*Adjourn*		

NORMS FOR TODAY'S MEETING

- Listen actively and speak respectfully to and about others.
- Take space, make space.
- If you wonder, ask.
- Take breaks when needed.
- Raise your hand using zoom to make a comment/ask a question.
- During discussion, engage in popcorn style facilitation and call on the next speaker when hand is up.
- **Revolutionize, revolutionize, revolutionize!**

Raincloud Medicine, Rebecca Lee Kunz

Source: Tree of Life Studio

OPENING COMMENTS

Jen Phillips, M.D.
PCC Chair

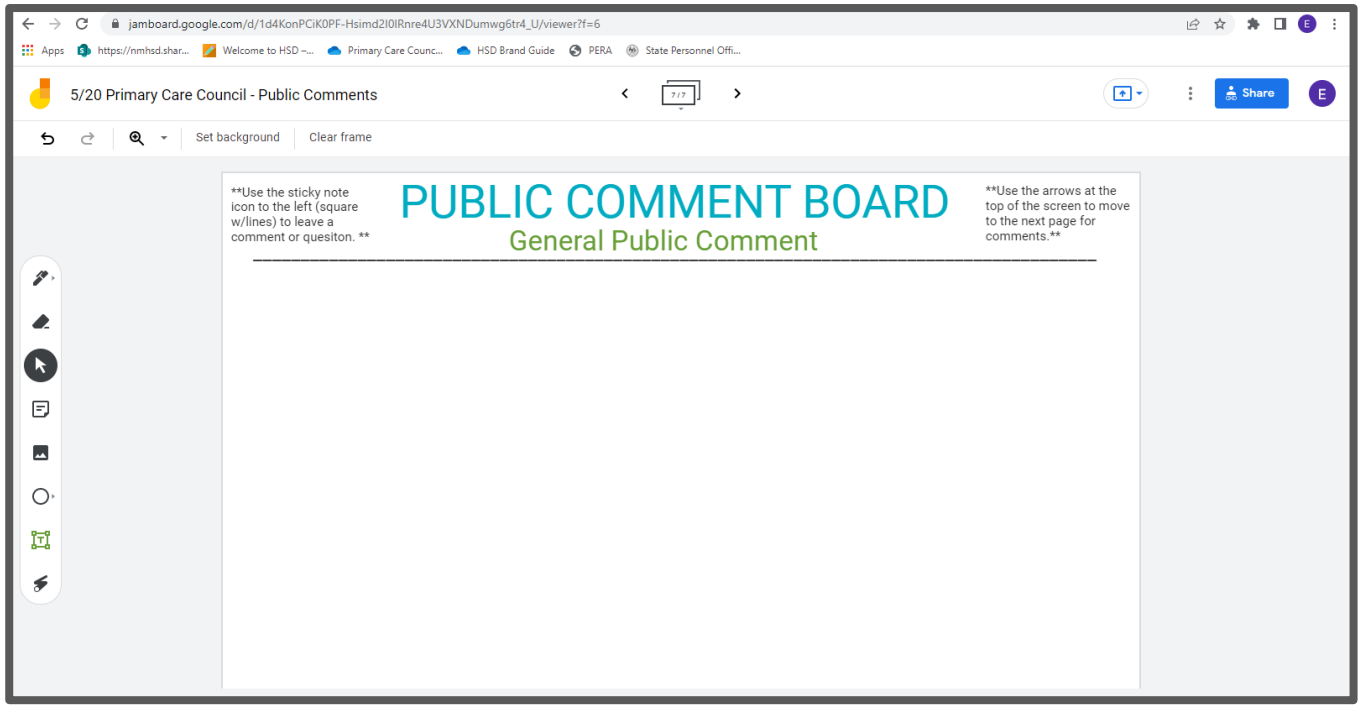
WE WANT TO HEAR FROM YOU

PCC Members:

- Comments will be taken on Jamboard. Link has been emailed to you.
- Please provide your availability for the next quarterly meeting using Rally Poll for August Meeting

Public attendees:

- Comments will be taken on Jamboard.
- Link has been shared in the Zoom chat.



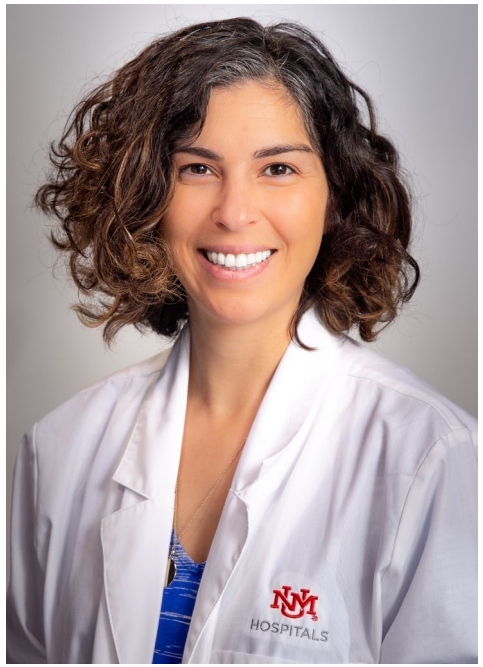
COUNCIL UPDATES

Welcome new Advisory Members!

Carolyn Thomas Morris, Ph.D.
Licensed Psychologist

Aaron Jacobs, MD
Director, Associate Professor, Executive Medical Director Population Health Management, UNM School of Medicine

Welcome new HSD/PCC Representative!



Alanna Dancis, MSN, CNP
Medical Director, HSD-MAD

Fond Farewell

Lori Zink, MD
Physician, BCA Pediatrics

KUDOS

Congratulations to **Dr. Anjali Taneja** on being awarded the PNM Award for Individual Excellence in Ethical Business Practice in Honor of John Ackerman by New Mexico Ethics in Business for her ethical work in healthcare!

KUDOS

Congratulations to HSD Policy Fellow (and future primary care physician) **Anastacia Sanchez** on your graduation from the University of New Mexico with a Bachelor of Science in Biochemistry and Molecular Biology!

KUDOS

Congratulations to **Sarah Criscuolo,** who was the PCC lead in Summer 2021 and will begin a new career at the NM Department of Health this June as its Strategic Planning Manager!

Primary Care Council Annual Strategic Planning Cycle

HUMAN SERVICES DEPARTMENT

JAN-MAR

- Legislative Session
- Review enacted legislation and revise Strategic Plan, if needed

APR

- Solicit stakeholders for feedback on mission, goals, and strategic priorities

MAY

- Revise mission and goals, if needed
- PCC leaders propose new initiatives (e.g., “Pitches for the People)

JUN

- Interim legislative hearings begins
- Evaluate strategic priorities based on stakeholder feedback
- Determine strategic priorities

JUL

- Revisit PCC strategic plan considering newly identified strategic priorities

AUG

- HSD submits budget request, strategic plan, and legislative requests
- HSD determines Special nonrecurring, Deficiency, and Supplemental Requests

SEP-NOV

- Create PCC budget request factsheets
- HSD submits Special nonrecurring, Deficiency, and Supplemental Requests

DEC

- HSD presents budget request to Legislative Finance Committee

Ongoing: PCC quarterly and workgroup meetings, strategic plan implementation, monitoring and updates, performance measure monitoring and evaluation.

MAY 25 MEDICAID RATE REVIW STAKEHOLDER MEETING

HSD is undertaking a comprehensive review of its Medicaid provider reimbursement levels and methodologies to:

- Ensure access to high-quality care for Medicaid members through appropriate reimbursement of health care services.
- Attract and retain healthcare providers to New Mexico.
- Establish a methodology, process, and schedule for conducting routine rate reviews as part of normal future operations and fiscal planning.

Phase 1 Report, which includes comparison of NM provider rates to Medicare and other state Medicaid programs, is online: https://www.hsd.state.nm.us/public-information-and-communications/centennial-care/reports/.

You're invited to participate in a meeting on Wednesday May 25, 2022, from 11:00 am – 12:00

https://mmc.zoom.us/j/97488693793?pwd=OVlNUW53RzVkNU9jTVFuMitwS0tzZz09
Passcode 238823

This Town Hall meeting will walk providers through the following elements of this baselining activity:

- Project Background
- Evaluation Methodology
- Summary of Results

PC ALTERNATIVE PAYMENT MODEL (APM) DESIGN

PAYMENT STRATEGIES WORKGROUP

Presented by: Pamela Stanley, Director, Value-Based Contracting & Provider Engagement Western Sky Community Care
Julie Weinberg, Director, Life and Health Division, New Mexico Office of Superintendent of Insurance

PC ALTERNATIVE PAYMENT MODEL (APM)

SESSION OBJECTIVES

- Define alterative payment model (APM) and other key concepts
- Review *proposed* NM PC APM
  - Principles
  - Core Features
  - High-level framework
- PCC arrives at consensus regarding proposed framework

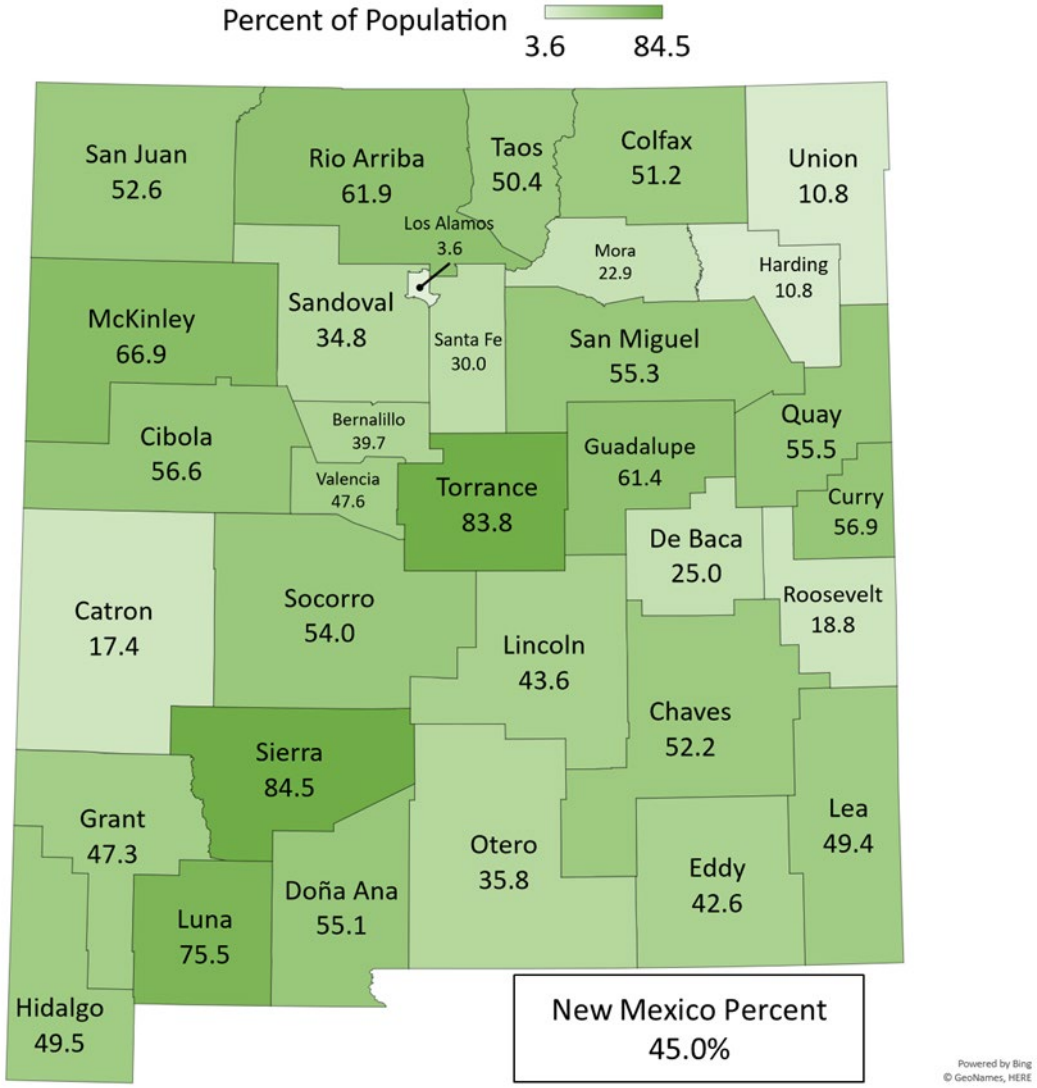
ADDITIONAL INFORMATION

- PCC APM has multi-payor vision, today's discussion focus primarily on Medicaid because we have an opportunity to shape the waiver/procurement.
- HSD hiring consultant who will lead the design of PC APM this summer, keeping in mind multi-payor vision.

MEDICAID OF THE FUTURE

- HSD will procure MCO contracts this year, with contract start date of 1/1/2024.
- Also in 2022, HSD will submit new 1115 waiver, outlining pilot projects that advance Medicaid.
- Both waiver and contracts will emphasize:
  - Women's health
  - Children's health
  - Equity and social determinants of health
  - Primary care
  - Technology
- **New, PC Alternative Payment Model will be built into future MCO contracts.**
- **A survey for ideas on the 1115 waiver is forthcoming**

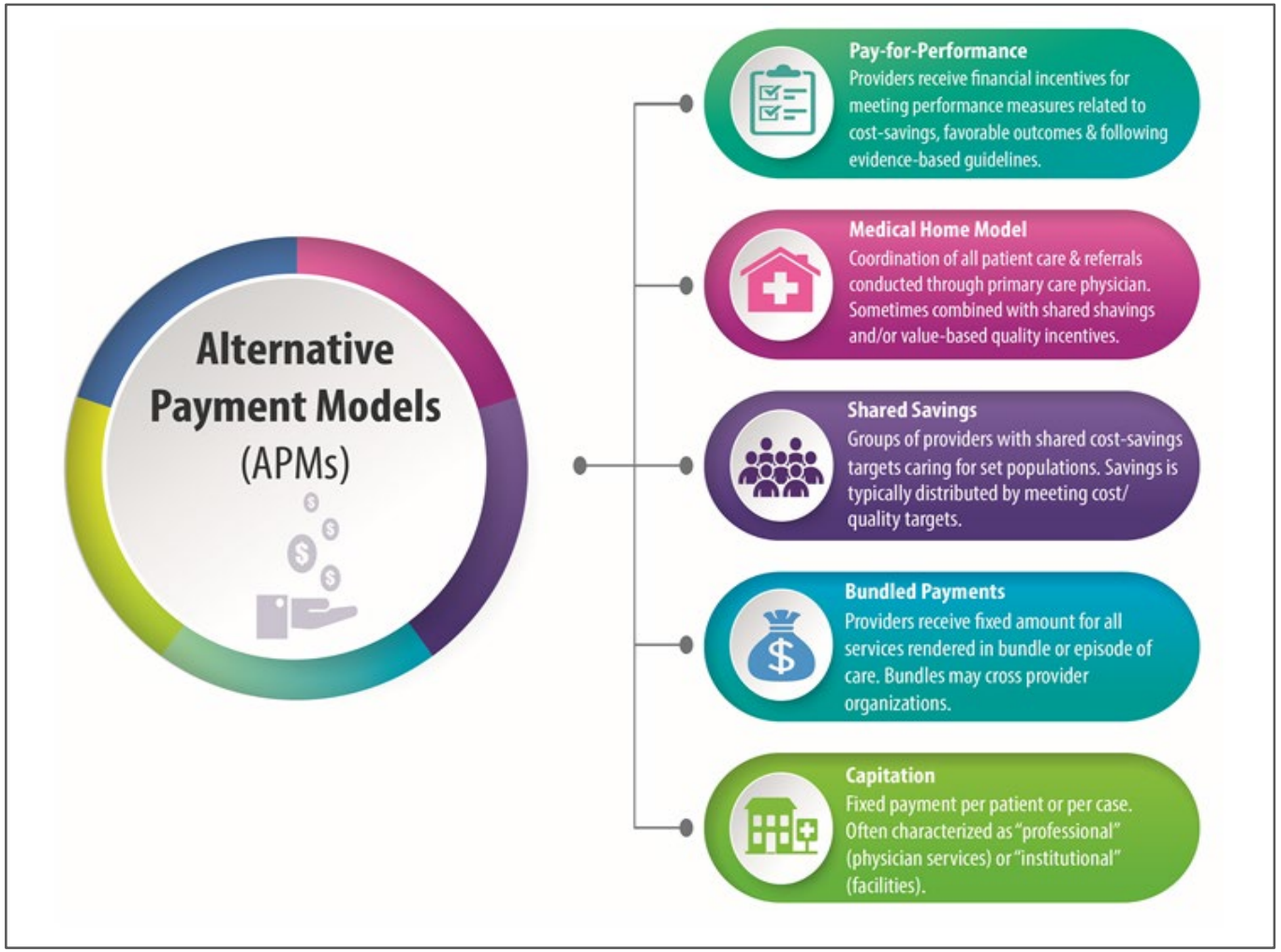
Medicaid & CHIP Recipients as a Percentage of Population by County as of October 2021



WHAT IS AN ALTERNATIVE PAYMENT MODEL (APM)?

Alternative payment models (APMs) are an approach to paying for medical care that deviates from traditional fee-for-service. APMs incentivize quality and value.

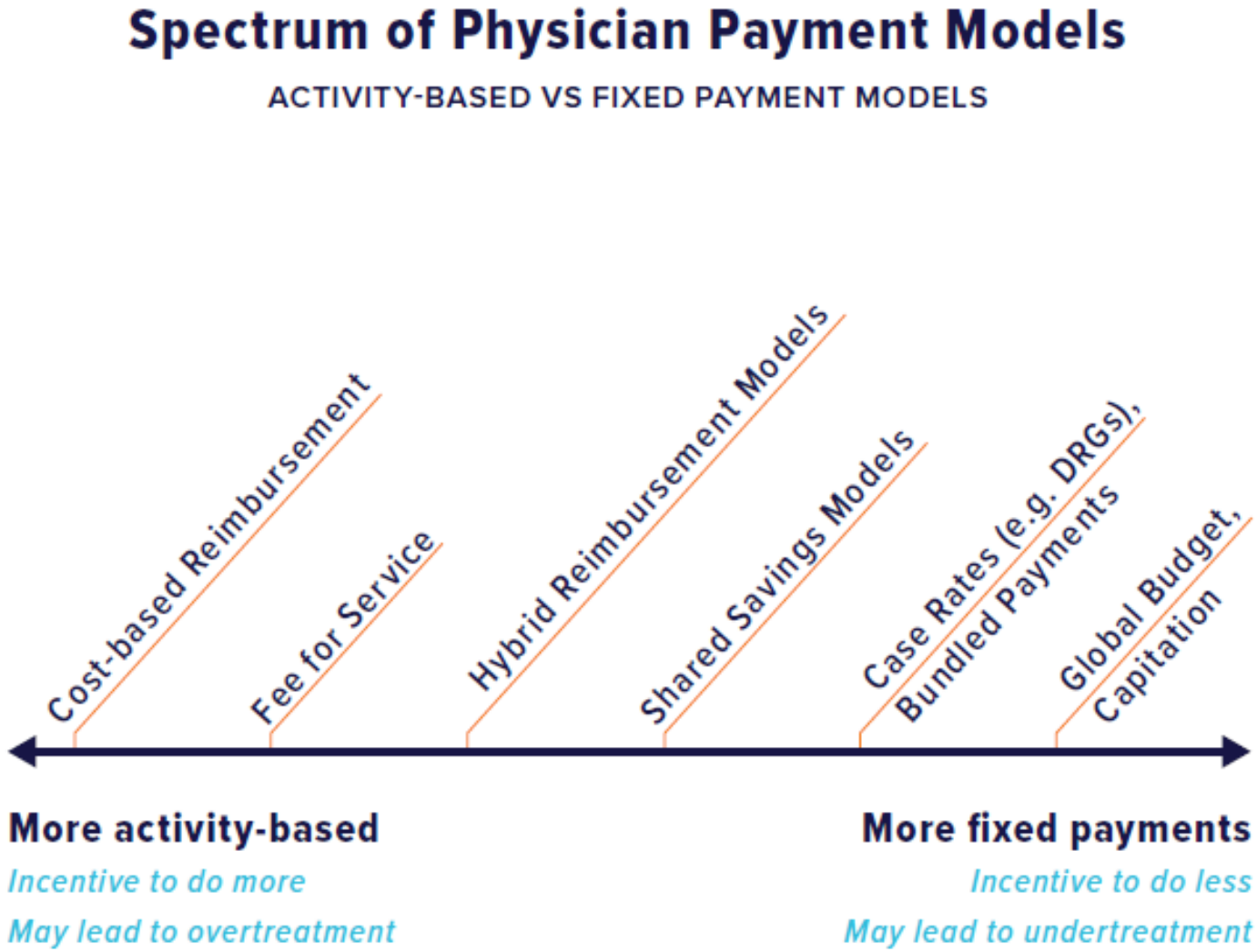
Basic APM models may include:



Source: https://www.telligen.com/recent-news/beginners-guide-apms/

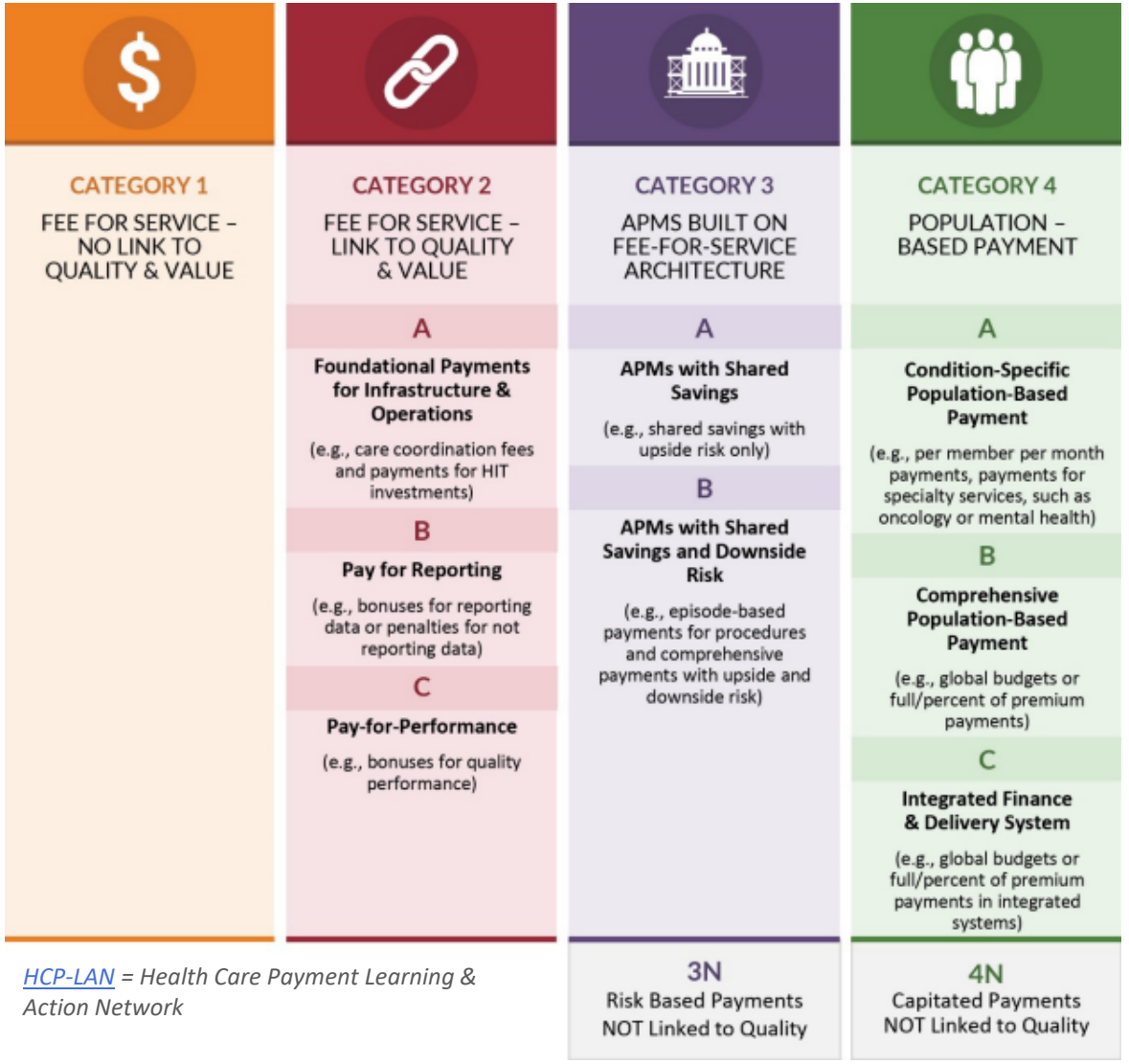
NASEM PC PAYMENT RECOMMENDATIONS

1. Adjust FFS reimbursement to primary care providers
2. Blended model taking best attributes from FFS and capitation models
3. Broad risk-sharing models
4. Increase allocation of spending to primary care



PC APM FRAMEWORK

- NM PC APM follows framework adopted by Healthcare Payment Learning & Action Network (HCP-LAN)
  - HCP-LAN framework establishes common vocabulary and pathway for measuring models, classifying APMs in 4 categories and 8 subcategories, specifying rules to standardize classification.
  - Private payers (e.g. Anthem) use the Framework to set value-based payment goals, and at least 12 state Medicaid agencies use it to set value-based purchasing requirements in contracts with managed care organizations.
- **Reaching Category 4 is ultimate goal for NM's PC APM, which will be achieved over time.**



HCP-LAN = Health Care Payment Learning & Action Network

NM PC PAYMENT MODEL HCP LAN – CATEGORY 2

CATEGORY 2

FEE FOR SERVICE – LINK TO QUALITY & VALUE

A

Foundational Payments for Infrastructure & Operations

(e.g., care coordination fees and payments for HIT investments)

B

Pay for Reporting

(e.g., bonuses for reporting data or penalties for not reporting data)

C

Pay-for-Performance

(e.g., bonuses for quality performance)

Phase 1

Category 2: FFS with Foundational Payments

A – Foundational Payments

1. P4P Bonuses
2. Care Coordination PMPMs
3. Open Access PMPM or↑ base Fee Schedule
4. Technology Stipend

PRIMARY CARE MODEL:
"WHOLE HEALTH COLLABORATIVE"

Patient-Centered Medical Home (PCMH) model with FQHC components:

- Team-Based Care & Practice Organization
- Knowing & Managing Your Patients
- Patient-Centered **Access & Continuity**
- Care Management & Support
- Care Coordination & Care Transitions
- Performance Measurement & QA Improvement

Behavioral Health & Oral Path to Integration

- Level 1 - …health (member seen)
- Level 2 – Community Partner (Co-locate?)
- Level 3 – Full Integration into PC Clinic

Transitions of Care

- Participation in HIE Alert System (PCPs, OB/GYNs, BH)

B – Pay for Reporting

Data Capture & Integration

- SFTP Setup/EMR Data Capture processes set up
- MCO Co-location of FTE to assist providers in practice transformation (data, coding, etc.)

C – Pay for Quality *Outcomes*

- Establish P4Ps based on HSD's QI Goals to increase Health Equity in NM
- HSD to select *only* 3-5 Top Priority QMs to improve **Health Outcomes** (select measures that are **Outcomes-based** vs. "Output" based)

NM PC PAYMENT MODEL HCP LAN – CATEGORY 3

CATEGORY 3

APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE

A

APMs with Shared Savings

(e.g., shared savings with upside risk only)

B

APMs with Shared Savings and Downside Risk

(e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)

3N
Risk Based Payments NOT Linked to Quality

Phase 2

Category 3: APMs Built on FFS Architecture

- FFS with Foundational Payments
- Upside Shared Savings for *ALL* Quality Outcomes achieved:
  - At least 50% Members seen annually for a sick or well visit
  - PC Clinic must demonstrate Health Outcomes Improvement in at least 1 QM or SDOH for Upside SS
  - Medical Loss Ratio Target Met

A – Foundational Payments

1. PCP Capitation for Wellness Visits & Open Access
2. CC PMPMs
3. Wellness Maintenance Rewarded

PRIMARY CARE MODEL: "WHOLE HEALTH COLLABORATIVE"

PCMH Clinics:

- Cross Coverage of Community Partners
- Telehealth Parity

Behavioral Health Path to Integration

- *Level 3 – Full Integration into PC Clinic*

Transitions of Care

- Participation in HIE Alert System (Specialists as PCPs)

B – Pay for Quality Outcomes

- Shared Savings issued if Health Outcomes are improved (e.g. Pre-diabetic patient is no longer pre-diabetic)

C – NMDOH Clinic Alignment

- DOH Clinics Contract for Same Program

NM PC PAYMENT MODEL HCP LAN – CATEGORY 4

CATEGORY 4

POPULATION – BASED PAYMENT

A

Condition-Specific Population-Based Payment

(e.g., per member per month payments, payments for specialty services, such as oncology or mental health)

B

Comprehensive Population-Based Payment

(e.g., global budgets or full/percent of premium payments)

C

Integrated Finance & Delivery System

(e.g., global budgets or full/percent of premium payments in integrated systems)

Phase 3

Category 4: Population-Based Payment

Move to Prospective Payment System that is similar to FQHCs and allows for some FFS and requires meeting quality metrics.

A – Condition-Specific Population-Based Payments

- Transitions of Care: Participation in HIE Alert System (ALL Specialists)
  - Provider Ongoing Training & Support
- Reward for Maintenance of Wellness/Population Health Maintained
- Monitor for Unintended Consequences

B – Comprehensive Population-Based Payment

- Payment could be specific to population
- Payment could be specific to disease
- Payments further advance health equity
- Payments further advance quality

C - Integrated Finance & Delivery System

- Improving care coordination across inpatient and outpatient settings, possibly taking on shared financial risks

HSD ACTIONS TAKEN TO IMPLEMENT APMS

Challenges in APM implementation:

- data integration for quality measures,
- model design & testing
- implementation
- socialization & evaluation
- provider buy-in & integration

Challenge HSD Addressing	Benefit to New Mexicans	Status
PC APM Design & Provider Transformation Collaborative	Design, test, and evaluate a new primary care alternative payment model(s) (APMs) for the NM Medicaid program in consultation with HSD, DOH and stakeholders. Provide primary care practitioners supports related to NM Medicaid APM implementation through a primary care transformation clinician collaborative.	HSD is in the process of hiring a consultant to do this work in conjunction with the PCC beginning in SFY23.
PC Alternative Payment Model (APM) Data Intermediary	Intermediary track data stemming from the PC APM implementation, conduct analytics, and disseminate results to providers and payors. Similar to current efforts MAD doing for NF and hospitals.	HSD is exploring a budget request to support this work.
Closed-loop patient-provider referral system	Building community and healthcare connections in NM, the referal system would be an online, real-time platform connecting providers and patients to other health and social supports, and also allow for outcome tracking.	HSD will include this as part of its SFY24 budget request.

HUMAN SERVICES DEPARTMENT

QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

HSD STRATEGIES TO ADVANCE PRIMARY CARE

Presented by: Alex Castillo Smith, Manager, Strategic Planning & Special, Projects
Human Services Department

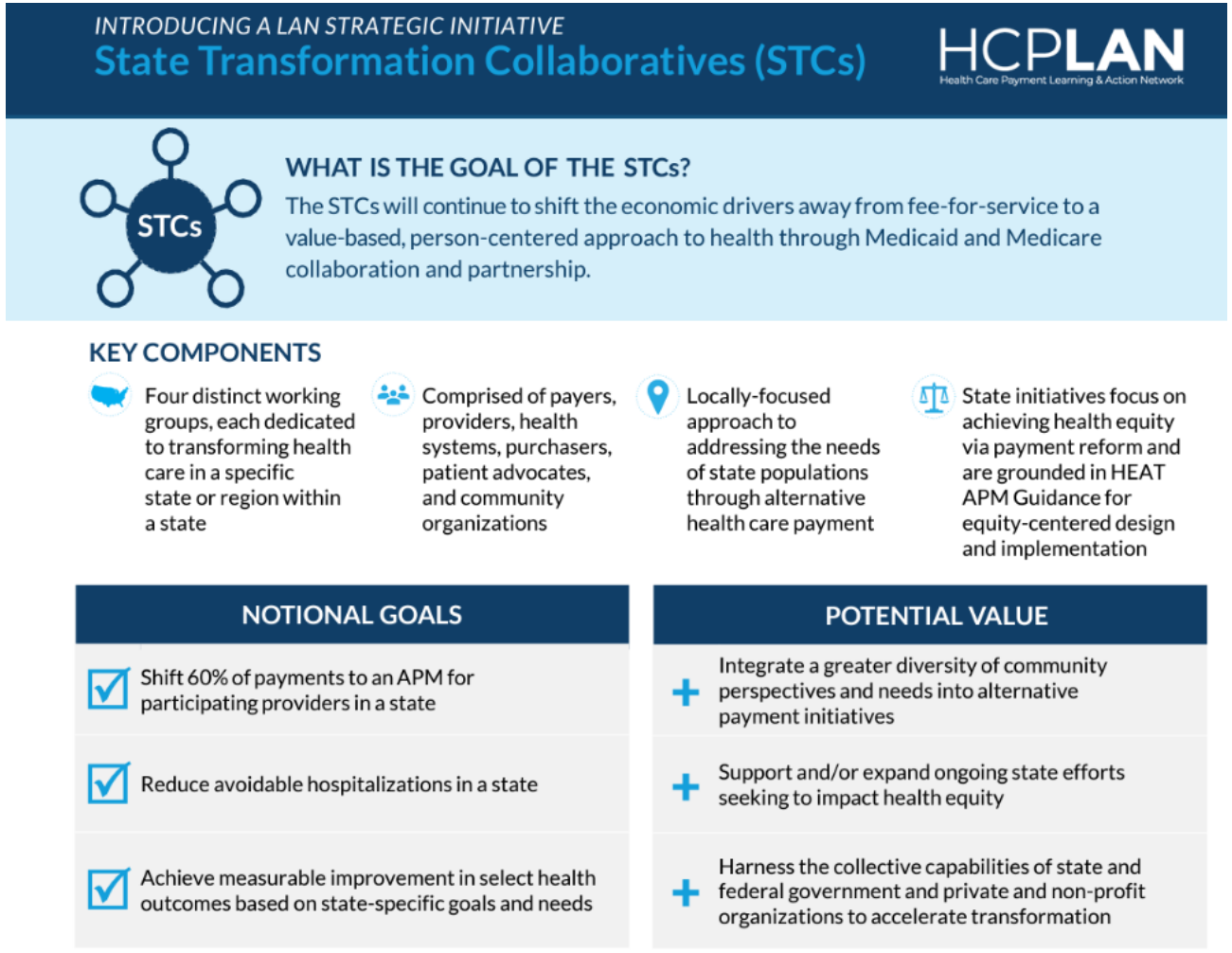
HSD STRATEGIES TO ADVANCE PC

Strategy	HB 67 Duty	Goal	Benefit to New Mexicans	SFY	Cost
PC APM Design & Provider Transformation Collaborative	Duty 1, 2, 3, 4, 5	Goal 2: Payment Strategies	Design, test, and evaluate a new primary care alternative payment model(s) (APMs) for the NM Medicaid program in consultation with HSD, DOH and stakeholders. Provide primary care practitioners supports related to NM Medicaid APM implementation through a primary care transformation clinician collaborative.	SFY23 SFY24	$671,515 - $1,246,688 Up to $1M
Statewide PC Workforce Assessment	Duty 4	Goal 4: Workforce Sustainability	Comprehensive understanding of New Mexico's current Primary Care provider supply vs. demand with demographics, awareness of New Mexico hospitals' and health systems' strategic plans to address primary care needs in their service area.	TBD	$300,000 – 350,000
PC Alternative Payment Model (APM) Data Intermediary	Duty 4, 5	Goal 2: Payment Strategies; Goal 3: Health IT	Intermediary track data stemming from the PC APM implementation, conduct analytics, and disseminate results to providers and payors. Similar to current efforts MAD doing for NF and hospitals.	SFY24	Up to $1M
Closed-loop patient-provider referral system	Duty 5	Goal 2: Payment Strategies; Goal 3: Health IT; Goal 4 Workforce Sustainability	Building community and healthcare connections in NM, the referal system would be an online, real-time platform connecting providers and patients to other health and social supports, and also allow for outcome tracking,	SFY24	Up to $1M
GRAND TOTAL					**$3,596,688**

PC APM MODEL DESIGN & PROVIDER TRANSFORMATION

Investment in a PC APM Design and PC APM Provider Transformation Collaborative is critical for improving the state of primary care in New Mexico. HSD will **invest up to $1M in SFY23 and a portion of the SFY24 state general fund** to:

- Hire a contractor to design, test, and evaluate a new primary care alternative payment model(s) (APMs) for the NM Medicaid program in consultation with HSD and stakeholders.
- Hire a contractor to design, facilitate, and evaluate a primary care transformation clinician collaborative, which will provide primary care practitioners supports related to NM Medicaid primary care APM implementation.



Source: https://hcp-lan.org/state-transformation-collaborative/

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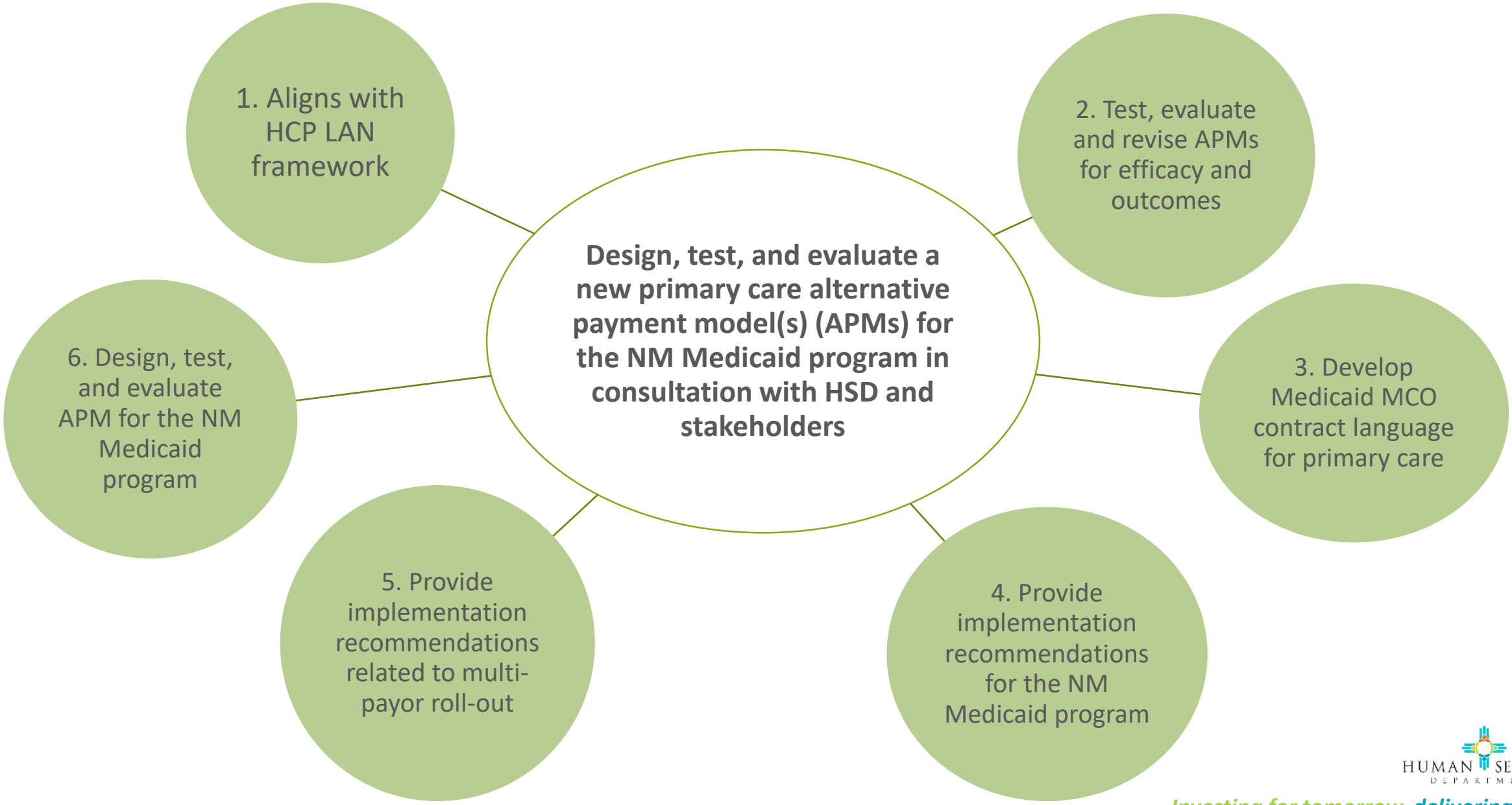
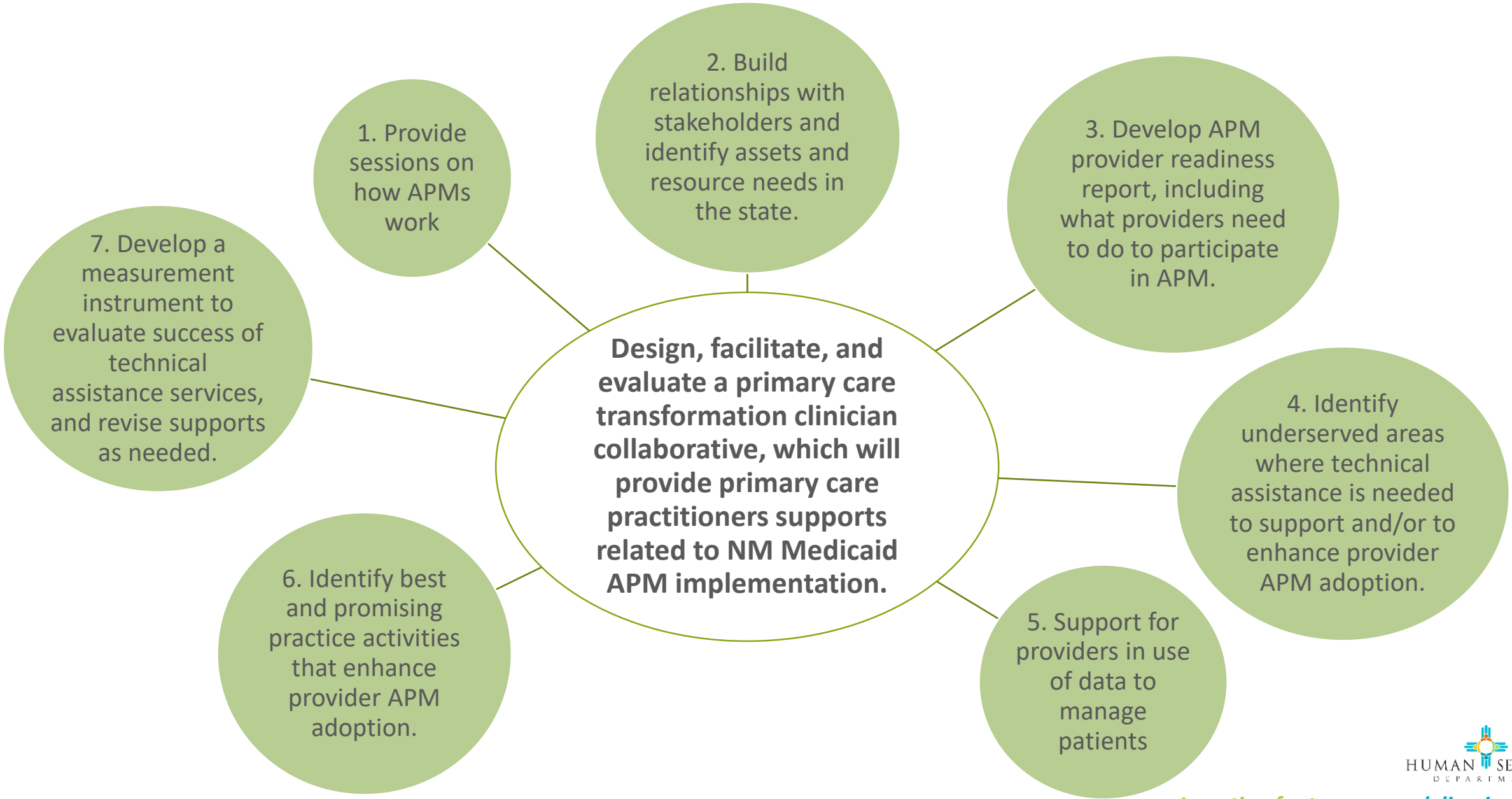
PC ALTERNATIVE PAYMENT MODEL DESIGN



PC CLINICIAN TRANSFORMATION COLLABORATIVE

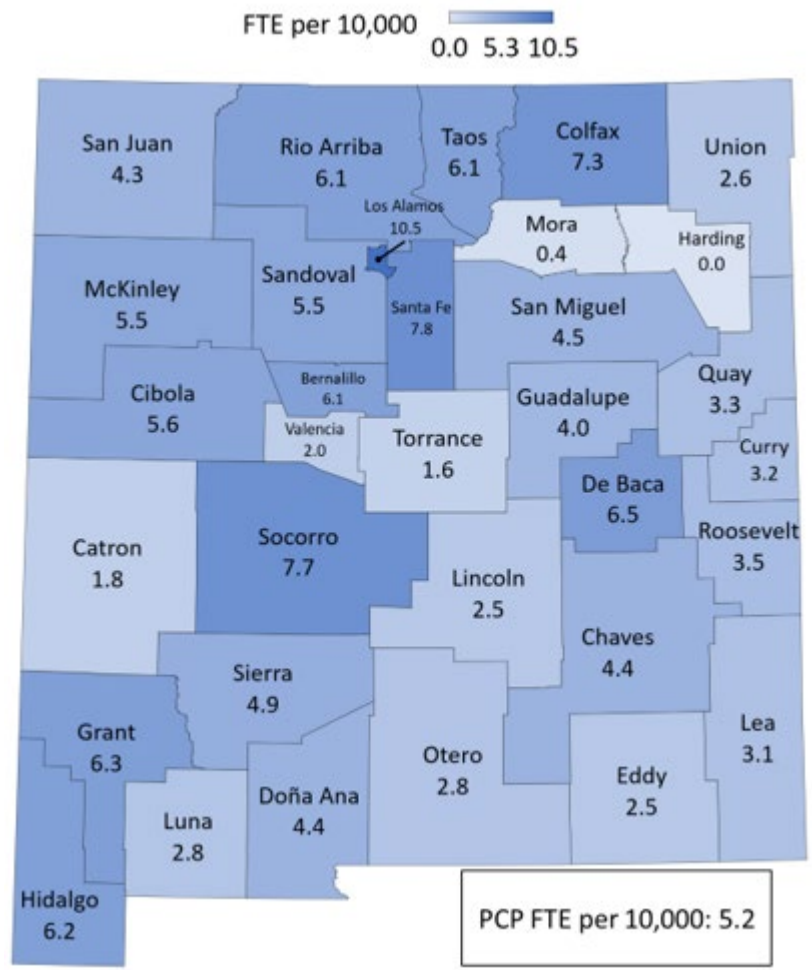


STATEWIDE PCP WORKFORCE ASSESSMENT

Funding permitted, HSD will **invest remainder of SFY23 funds on statewide healthcare workforce assessment designed to**:

- Conduct statewide FTE analysis of PC professionals presenting findings in a detailed report at county level.
- Perform county-level supply vs demand analyses of PC professionals, including demographics and provider supply: specialty population (e.g. adults with chronic conditions).
- Perform supply vs demand analysis considering effect of COVID 19 on provider burnout and retirement.
- Perform supply and demand analysis accounting for: 1) increase in substance use; 2) Post-COVID sequelae; and, 3) worsening of underlying chronic illnesses during pandemic.
- Estimate utilization of PC interprofessional teams statewide, highlighting best practices and barriers to implementations and recommendations.

PC Physicians FTE by County per 10,000 Population, 2020



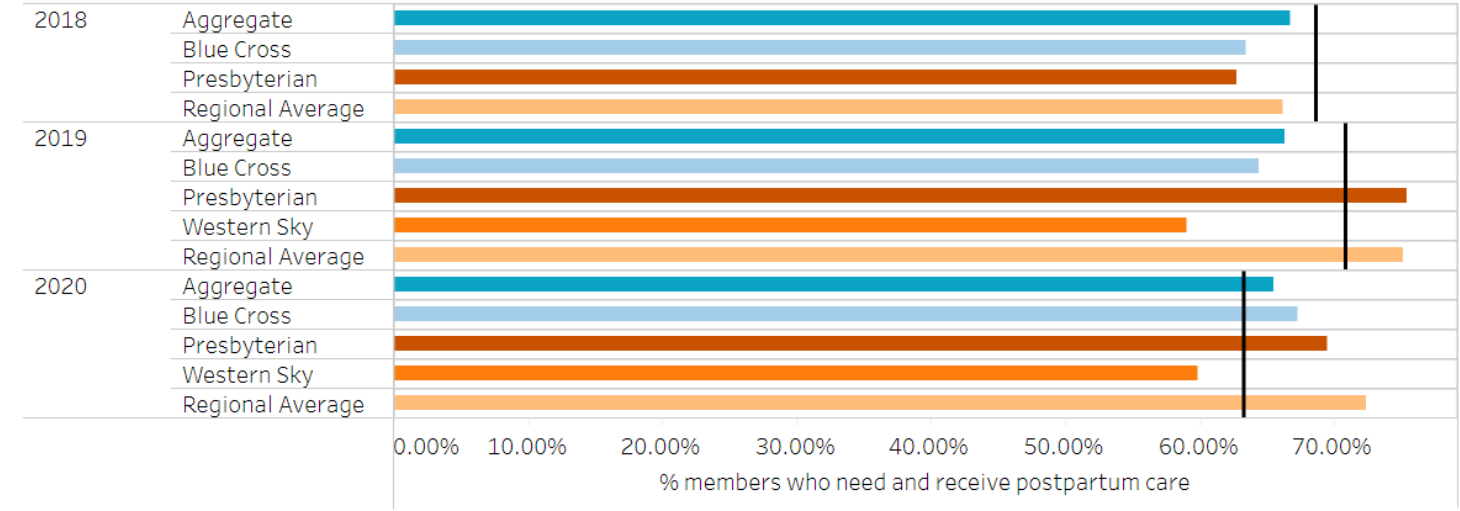
HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

PC ALTERNATIVE PAYMENT MODEL (APM) DATA INTERMEDIARY

- APM implementation requires ability to assess clinicians' quality and resource utilization using selected quality measures, and communicating that data back to providers and clinicians in a format that is actionable and available on both individual and population-levels.
- HSD is exploring a budget request of at least $1M general fund for a data intermediary that can facilitate this integration.
- Promoting better patient health outcomes, providing useful information for clinical improvements, decision making, and payment, and reducing administrative burden.

I'm pregnant. How good is my MCO at working with providers to ensure I receive the postpartum care that I need?



Last updated: 8/10/2021
Aggregate = Performance for all MCOs; Regional Average = Dallas regional average
By default, only the last three years of data are shown and only Managed Care Organizations (MCOs) contracted in Centennial Care 2.0. Use the filter to show additional years and additional MCOs. Note: 2014-2015 were used to establish baseline and do not have a target.

https://sites.google.com/view/nmhsdscorecard/goal-1/mco-families-and-children

CLOSED-LOOP PATIENT-PROVIDER REFERRAL SYSTEM

New Mexico HSD is proposing to transform the way healthcare and community providers work together, connecting partners across sectors.

Features of the system include:

- shared technology that enables a coordinated, community-oriented, person-centered approach for delivering care
- providers electronically connect those with identified needs to community resources and allow for feedback and follow up
- provides a “no wrong door” approach, closes the loop on every referral made, and reports outcomes of that connection
- HSD is exploring a budget request of at least $1M general fund for development.

Referrals to Community Resources Include

Housing

Healthcare

Food Security

Shelters

Mental Health Support

Employment Support

Transportation

Veterans Services

Substance Use Disorder Support

Legal Services

Crisis Intervention

Features adapted from: www.nccare360.org

HUMAN SERVICES DEPARTMENT

QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

PRIMARY CARE PITCHES FOR NEW MEXICANS

Time	Pitch	Cost	Goal Alignment	Presenter
10:15 – 10:35	Primary Care Community Hub	$560,000	Goal 1: Health Equity	Anjali
10:35 – 10:55	Semillas de Salud	$789,000	Goal 1: Health Equity Goal 4: Workforce Sustainability	Matt
10:55 – 11:15	NMDOH Staff and Data Systems Request	$450,000	Goal 1: Health Equity	Laura, Timothy & Roberto
Total Request: $1,799,000				

PCC FUNDING FOR SFY23 & SFY24

PCC will have $1 million in state general funding for SFY23.

Investment	SFY	Cost
PC APM Design & Provider Transformation Collaborative	SFY23	$671,515 - $1,246,688
Statewide PC Workforce Assessment	SFY23 if funds are available	$300,000 - $350,000

SFY24 budget request up to $5M in state General Funds.

- HSD strategies estimated $3.6M:
  - ~$1 M required to support continuation of APM Design and Transformation Collaborative.
  - PC Alternative Payment Model (APM) Data Intermediary $1M
  - Closed-loop patient-provider referral system $1M
  - Statewide PC Workforce Assessment (if unable to fund in SFY23) $300,000 - $350,000
- Remaining funds available for 2 Pitches we'll hear today, totaling $1.4M
  - DOH's Pitch, if approved, will be includes as part of DOH SFY24 budget request.
- Pitches for funding will be prioritized based on 5/20 PCC member's vote.

TIMELINE OF PCC PITCH TO SFY24 BUDGET APPROVAL

May 2022 - PCC Quarterly Meeting

- Primary Care Pitches for New Mexicans are presented
- Primary Care Council vote, prioritizing Pitches for funding

June 2022 – HSD Review

- HSD leadership review prioritized pitches and make final decisions on SFY24 budget request
- HSD informs PCC of decisions regarding PCC Pitches

July – October 2022 PCC Pitch Submission

- HSD staff prepare selected PCC pitches for SFY24 budget request (July & August)
- HSD submits SFY24 budget requests including recommended PCC pitches (September)
- HSD creates PCC SFY24 budget request factsheets (October)

December 2022

- HSD presents SFY24 budget request to Legislative Finance Committee

January – March 2023

- Governor releases SFY24 executive budget recommendation
- Legislative session (60 days)

PRIMARY CARE PITCHES FOR NEW MEXICANS

PRIMARY CARE COMMUNITY HUB

Presented by Anjali Taneja, Executive Director & Medical Director at Casa de Salud

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Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

GOALS

Health Equity

Develop and drive investments in health equity to improve the health of New Mexicans.

Health Technology

Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.

Payment Strategies

Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.

Workforce Sustainability

Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.

DR ANITA V

- Solo family physician, runs a private practice in southern New Mexico
- Doctor to 500 families in her area
- Strain of the pandemic has stressed her practice greatly
- Unsure about opportunities available to her to keep her practice alive
- Isolated from other docs and providers in her region
- Runs an innovative CHW program and workforce development program
- Wants to collaborate with others who are treating opioid addiction, build together
- Is very creative and resourceful, a true community doc
- Is not connected to HSD or DOH, is not on the Health Alert Network
- Is very connected to various healthcare communities on twitter (#medtwitter) and Facebook groups, but most participants are in other states
- Worries about how her patients will get resources they need during the pandemic

#HERMITSPEAK/CALFCANYONFIRE

- Largest fire in NM history
- Families displaced, needing resources
- Sample needs: Acute, chronic medical needs, medical supplies needed (O2, glucometers, etc.)
- Sample needs: harm reduction, addiction treatment (NM does not have an emergency plan for displacement of active drug users or people in treatment/recovery)
- Government structures not equipped to connect with local health workers, provide immediate support

UNDERSTANDING THE PROBLEM:

01 During the COVID pandemic, HSD and DOH had limited reach to primary care providers + community health workers around the state.

02 As part of the strategic goals of the Primary Care Council of NM, it is imperative that we know who is on the ground providing primary care in all our communities.

03 Morale among primary care providers is low, as they feel disconnected, isolated, on their own as they navigate COVID, the opioid epidemic, and much more. Clinicians are hungry for authentic connection & community – in person and online.

04 We do not have a means to learn from each other – horizontally among frontline workers, or vertically (ground level up to the state or vice versa)

SOCIETAL PLATFORMS - CORE VALUES

Catalyse Interactions

Orchestrate an ecosystem where diverse actors come together and co-create exponential social change

Build Public Goods

Nurture an open and collaborative space where knowledge and resources are for, of and by everyone to use and build upon

Open Value Creation

Energize co-creation by leveraging technology and orchestrating ecosystems where assets are accessible and shared, allowing for inclusive problem-solving

Empower with Data

Facilitate a purpose-driven and open process of collecting and using data which restores the agency of problem-solvers and end-users alike

FUNCTIONALITY: BEST OF FB, TWITTER, LINKEDIN, YOUR FAVORITE NETWORK (_____)

- Regional groups
- Interest / focus areas
- Technical assistance to practices
- Innovations ideas
- Surveys, data capture and feed to providers
- Funding opportunities
- Collaboration pods
- How to's
- Networks of care in real time (example primary care providers who provide medication assisted treatment for opioid addiction)
- Ability to map public health data to regions, share information with community clinicians

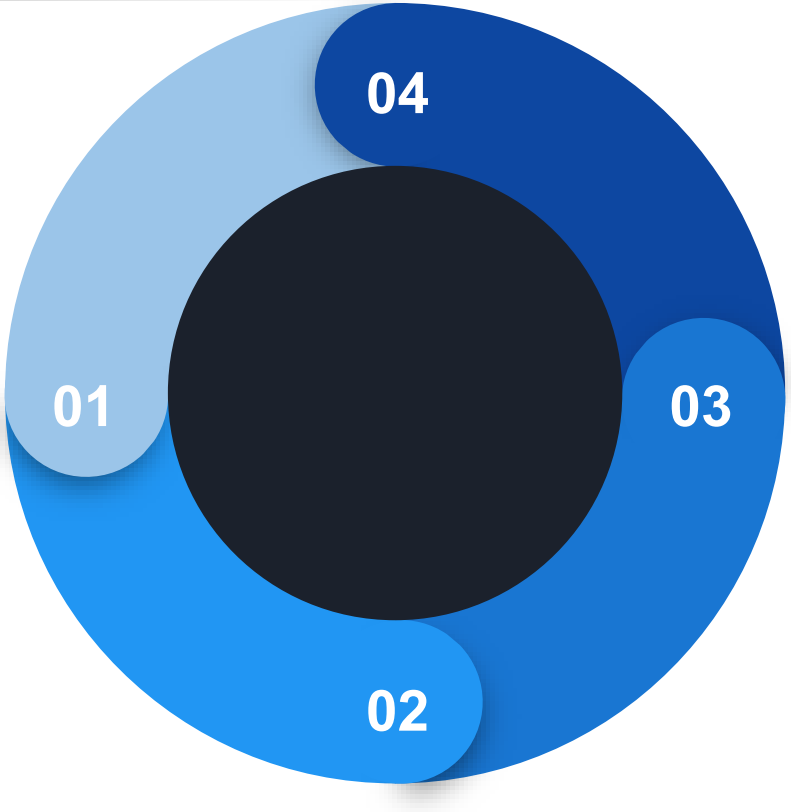
PRIMARY CARE COMMUNITY HUB: A DYNAMIC, RAPID RESPONSE, ITERATIVE NETWORK

Build the infrastructure

Asynchronous communication hub like Facebook or LinkedIn (networking) or like The Mighty (support, advice, discussion).

Map out ground level healthcare

Actively seek out neighborhood clinics, private practices, and more, to add to existing known network.



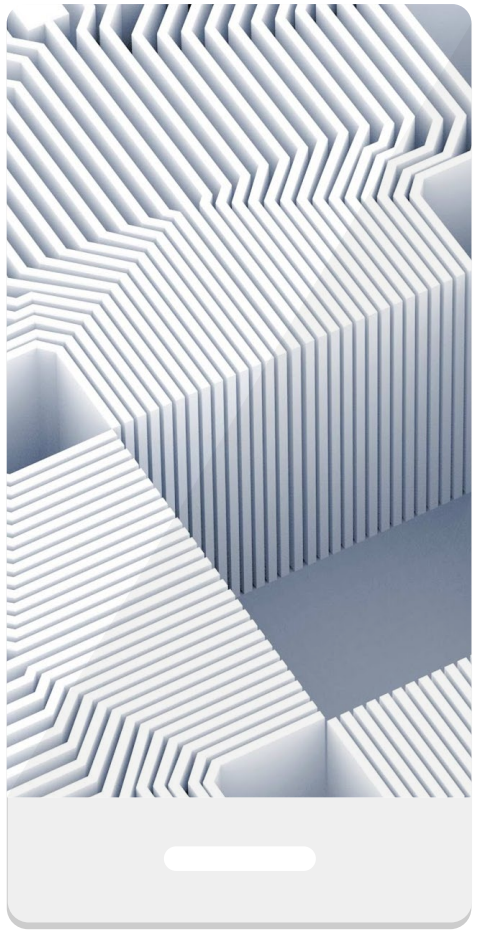
Gain feedback and iterate

Improve primary care, create asynchronous, dynamic, rapid response feedback in regions (this has been a defined problem) and from primary care providers to DOH/HSD and down.

Communicate

Self-organizing and discussion based communication (example: best practices in treating opioid addiction; or how are clinics using CHWs?). Folks can communicate 24/7 asynchronously, join topic forums, suggest ideas, learn about funding opportunities, build with other clinics

MOBILE FUNCTIONALITY



Online network can be augmented by creating a mobile app with real time alerts, notifications, community discussions, and more

COSTS: START UP - $560,000 IN FIRST YEAR

- Community Platform - including functionality for membership features, groups, announcements, health alert network announcements, updates from HSD and DOH, regional communication and networking, idea pods, practice/hospital comms. Development of mobile app. Scoping review of communications platforms and healthcare communities
- Provider/frontline worker facing, with ability to create a patient facing platform with more limited functionality including ability to make suggestions, give feedback, receive updates from HSD and DOH and regional providers
- 2 full time software developers/IT, 1 UI/UX (user interface/user experience) designer
- 2 full time program managers
- Stipends to Community Health Workers + students to map out community health
- Focus groups with primary care providers, patients, community members

LEVERAGING FUNDS - FINANCIAL SUSTAINABILITY FOR THIS PROJECT

Possible additional source of funding to augment support:

- Medicaid Match (see next slide)
- HealthIT.gov funding opportunities
- Workforce related funding opportunities
- Philanthropic sources like the Commonwealth Fund, funds Health IT
- Agency for Healthcare Research & Quality (AHRQ) and other gov entities
- PCORI (Patient Centered Outcomes Research Institute) possibilities

RETURN ON INVESTMENT:

- Build community! Asynchronous communication 24/7
- Stimulate innovation and local connections that can have multiplier effects
- Ability to develop and iterate on new ideas and collaborations
- Retention of primary care providers (very significant and multiplier effect ROI)
- Inspiration to health professional students who are exploring staying in state or leaving the state for their careers (significant ROI)
- Leverage technology to transform lives, to save lives (improve healthcare quality)
- Help us develop priorities for the Primary Care Council for the future
- Technical assistance to smaller clinics/orgs (+ ability to integrate HIE)
- Immediate communication from grassroots to state leadership and vice versa results in lives saved at community level (health action alerts, ideas, etc.)
- Practices stay open with resources, stem being bought out by hospital systems and private equity firms

Forbes

Is The End Of Private Practice Nigh?

Nearly three in four doctors now work for a hospital, health system, or corporate entity, according to new data from Avalere. That's a 7% increase from a year ago—and an almost 20% jump since 2019.

In other words, the independent physician is becoming an endangered species. The corporatization of medicine is sapping competition in the healthcare marketplace. And that's leading to higher prices for patients—and lower pay for providers.

The pandemic accelerated the longstanding trend of greater consolidation in medicine. Large health systems acquired more than 36,000 physician practices between January 1, 2019—the year before the pandemic began—and January 1, 2022. That represents a 38% increase in the share of practices that are corporate-owned.

Source: Forbes magazine, May 9, 2022 accessed at:
https://www.forbes.com/sites/sallypipes/2022/05/09/is-the-end-of-private-practice-nigh/?sh=5b73040e3bf5

DR ANITA V

- Decides to stay in her community, keeps her unique local practice open
- Enjoys learning from her colleagues online, and has ability to learn anytime
- Networks with other primary care providers and community health workers in the region, learn from each other and improve care quality across the board
- Networks with other small practices and the local FQHC, and as a team they take on provision of medical care and addiction treatment in the local county jail AND build a sophisticated network of continuity of care for returning citizens
- Influences the state with her innovative CHW program
- Scales her workforce development program across her region
- Is easily connected into the Health Information Exchange
- Learns from public health data that DOH, HSD and other agencies provide her, feeds information back to governmental agencies
- Her patients and community benefit with multiplier effect because of her engagement

#NMFIRES

- Health workers statewide connect with ease on this hub
- The platform allows for innovation and nimbleness of response
- Acute and chronic medical care needs and supplies supported
- Harm reduction and addictions treatment made available (mobile etc.)
- Harm reduction and addictions treatment providers utilize this platform to create collaborative emergency response plan for future
- Government structures now better linked with frontline worker services for future

HUMAN SERVICES DEPARTMENT

QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

PRIMARY CARE PITCHES FOR NEW MEXICANS

Semillas de Salud

a program of el centro family health

Presented by Matthew Probst, Chief Quality Officer, El Centro Family Health

MISSION

HUMAN SERVICES DEPARTMENT

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS

We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.

We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

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MEET JERMAINE AND AMOR

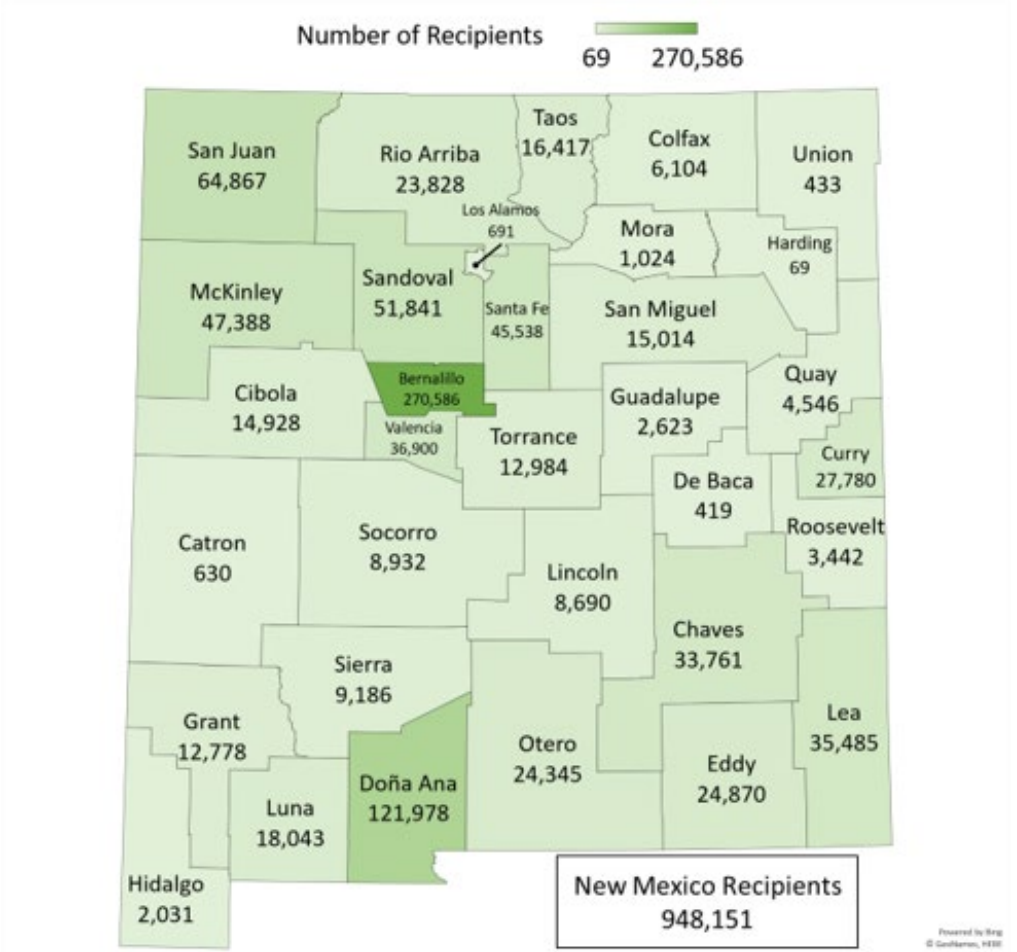
- Two *Semillas* from opposite sides of the East/West Las Vegas rivalry
- Jermaine – West Las Vegas *Semillas de Salud* health career club student and lead Peer Health Educator
- Amor – Robertson High School Dream Maker and summer Health Careers Academy student
- Supporting each other as Freshmen UNM BA/MD students

SFY24 REQUEST FOR FUNDING

Seeking **$789,000** in State General Funds to improve the lives of **948,151** New Mexicans through:

- Support **Communities to Careers** and ***Semillas* ECHO** in collaboration with local schools STEM programs to provide youth mentoring.
- Expand access to **Clinical Rotations** for health professional students and improve primary care staffing.
- Enhance **Youth Mentoring** and peer **Health Education** for our local schools to improve health outcomes.

Medicaid & CHIP Recipients by County as of October 2021



Note: Data may not match other HSD publications due to the way data are pulled for this report. Data is by county of residence or by field office where a county of residence is not specified.
Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2021.
The Medicaid program provides assistance to individuals and families on healthcare coverage.

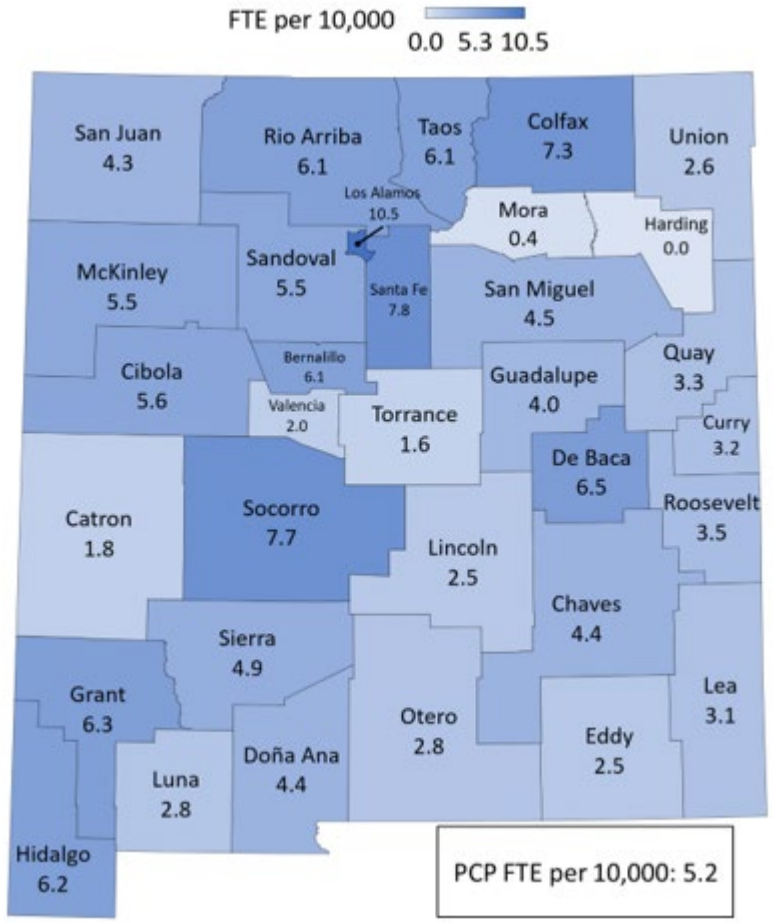
INVESTMENT DETAILS

- $589,000 for Communities to Careers to hire a Program Specialist, 2 Community Program Managers, and 2 Community Program Coordinators.
- $150,000 for *Semillas* ECHO for program coordination/facilitation, IT support, outreach/communication support, and research and evaluation.
- $50,000 for centralized clinical rotation coordination technology and communication tools.
- Deliverables are the number of *Semillas* ECHO participants, Communities to Careers students, clinical rotation placements, and eventual job placements.
- State impact is providing youth opportunity and positive childhood experiences while growing the healthcare workforce required to provide timely primary care access to every New Mexican.
- *Federal funding:*
  - *Both Communities to Careers and Project ECHO currently receive federal funding.*
  - *Opportunities for future federal dollars will be created from this strong partnership.*

INVESTMENT IN *SEMILLAS DE SALUD* IS NEEDED

- There is a **critical shortage** of primary care providers and team members, particularly in rural New Mexico.
- Lack of providers has resulted in long wait times for a primary care visit. Direct **impact** to HSD's **customers and workforce.**

New Mexico Primary Care Physicians Full-Time Equivalent Count by County per 10,000 Population as of 2020



Source: New Mexico Regulations & Licensing Department, Physician (Medical Doctor and Doctor of Osteopathic Medicine) Licensure Survey Results from the following specialties: Family Medicine, General Medicine, General Pediatrics, Adolescent Medicine, Occupational Medicine, Preventative Medicine. Data retrieved June 24, 2021.

HUMAN SERVICES DEPARTMENT

ECFH SEMILLAS CLINICAL ROTATIONS (2009-2022)

630 Placements:

- Shadowing
- Nurse Practitioner
- Physician Assistant
- Behavioral Health
- Nursing
- MD/DO
- Dental
- Pharmacy
- EMT
- HIT

49 Hires:

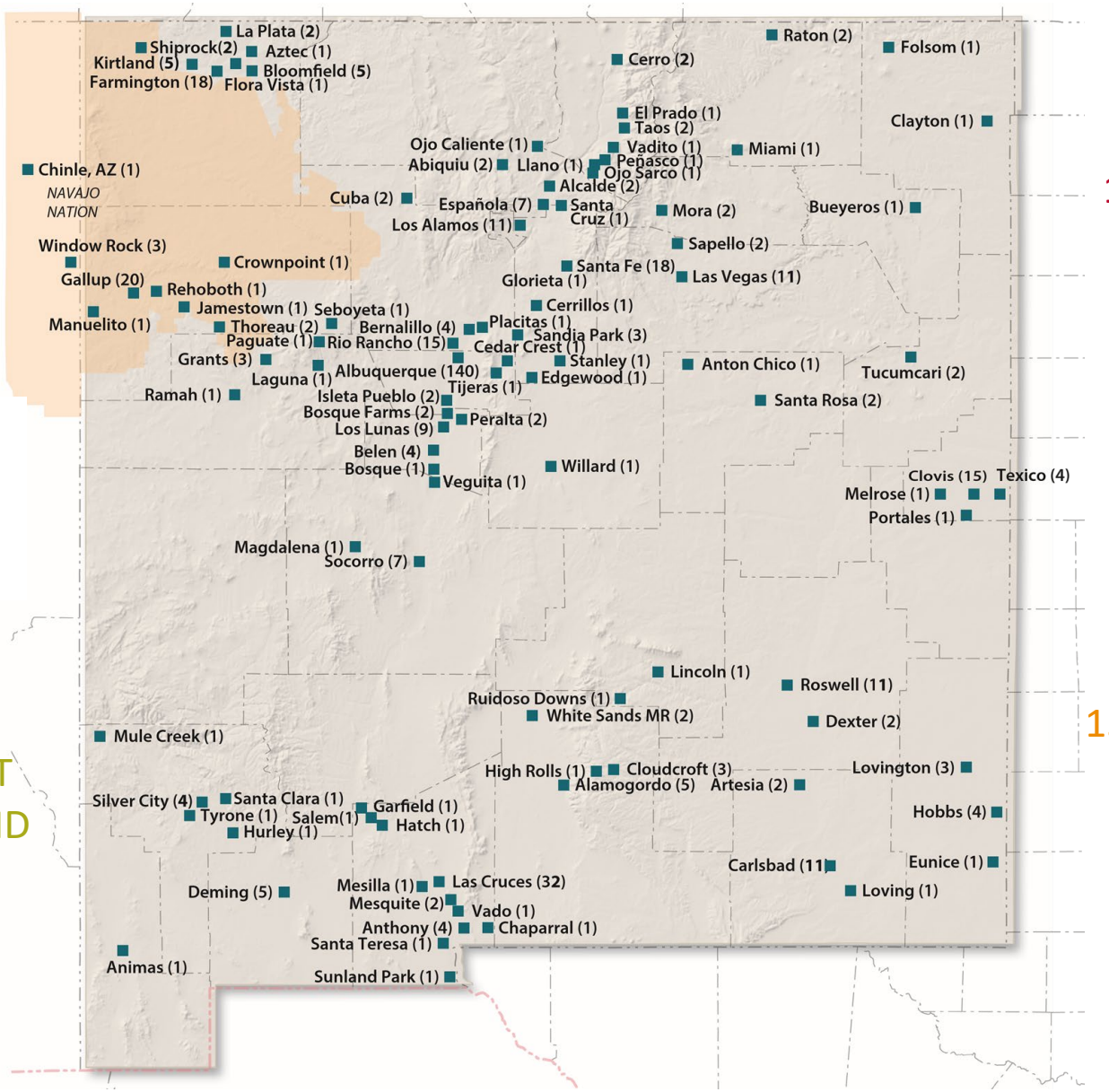
- 19 FNP
- 9 PA-C
- 9 LPCC/LISW/LADAC/LSAA
- 8 RN
- 1 Dental Hygienist, 1 Dental Assistant
- 2 MDs - 19 from Las Vegas, NM currently in the pipeline (population 13K)
- 4 of our last 5 Primary Care Provider Hires are Semillas participants!

UNM COMBINED BA/MD PROGRAM STUDENT HOMETOWNS (2006 – 2021)

NORTHWEST
14% of BA/MD
(11% of NM population)

CENTRAL
39% of BA/MD
(43% of NM population)

SOUTHWEST
17% of BA/MD
(18% of NM population)



NORTHEAST
16% of BA/MD
(14% of NM population)

SOUTHEAST
13% of BA/MD
(14% of NM population)

HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

Growing New Mexico's Diverse Health Care Workforce

Over **550** students served every year

- Professional
- Pre-Professional
- Undergraduate
- High School
- Middle School
- Elementary School

HEALTH SCIENCES
OFFICE FOR DIVERSITY, EQUITY & INCLUSION

THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES

HUMAN SERVICES DEPARTMENT

Investing for tomorrow, delivering today.

FUNNEL AND PYRAMID MODELS YIELD GREAT HARVEST

Elementary Students

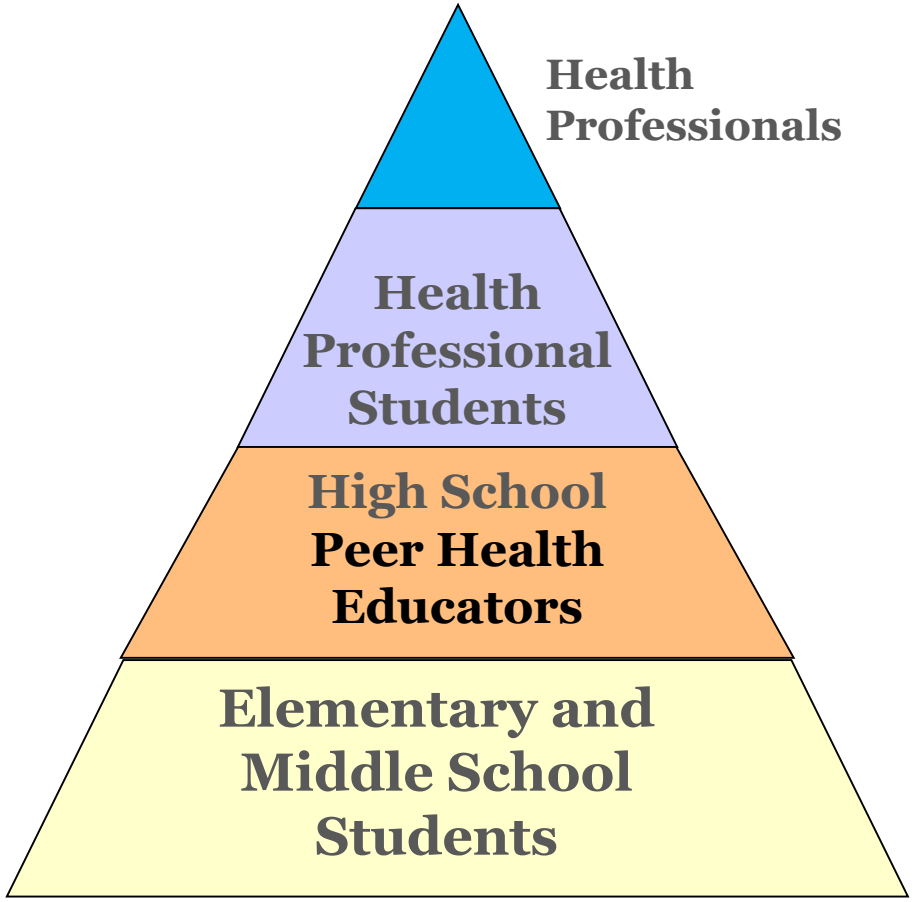
Middle School

High School

Undergraduate/Pre-Health Professional Student

Graduate/Health Professional Student

Licensed Health Professional



EQUITABLY GROWING THE HEALTH CARE WORKFORCE: THE *SEMILLAS DE SALUD* MODEL

With the increased likelihood of recruiting and retaining a health care professional from your community, this proven model equitably focuses on two areas:

1. Health Career Clubs: Local Middle School, High School, and Undergraduate Program students are provided opportunities to explore health careers, enhance STEM learning, and youth mentorship, while being trained to serve as youth peer health educators. Semillas ECHO was recently developed in partnership with UNM Project ECHO to expand reach to every student in NM. This broad exposure opportunity sets more youth on health career pathways. The advantage is a future healthcare workforce sharing the cultural identity of the people they serve.

2. Expanded Clinical Rotation Opportunities: An opportunity for all health professional students to secure placements while experiencing an agency and community prior to licensure. Clinical rotations serve agencies as an excellent recruitment tool with a high return on investment. A well supported opportunity to teach a future generation of health professionals as we were once taught is also a valuable retention tool for health professional staff. Coordinating clinical rotations expands capacity and quality of placements to open the bottleneck in the pipeline.

PIPELINE PARTNERSHIPS - FORCE MULTIPLYING MEASURABLE IMPACT:

CORNERSTONE PARTNERS

•**Project ECHO (Extension for Community Healthcare Outcomes) - Semillas ECHO:** Middle School, High School and undergraduate Health Career Exploration and Peer Health Education focused on entry level exposure to healthcare careers.

•**UNM HSC Office for Diversity, Equity and Inclusion - Communities to Careers Programs:** Preparing diverse students to engage with opportunities in education towards a health career track.

CONSORTIUM PARTNERS

•NMPED - Supporting this opportunity to public school students.
•NMDOH, NMPCA, NMHA, Private Healthcare Agencies - Expanded Clinical rotation opportunities for all health careers.
•NMHED and Academic Programs - Collaboration on clinical placements.
•NM Alliance for School-Based Health Centers – Leveraging SBHCs as a platform for engaging students.
•100% New Mexico - Supporting regional engagement focused on ending healthcare disparities.
•AHEC – Supporting Peer Health Education and training of health professional students.

HUMAN SERVICES DEPARTMENT

QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

PRIMARY CARE PITCHES FOR NEW MEXICANS

FY24 Health Equity and Primary Care: NMDOH Staff and Data Systems Request

Presented by Laura Parajon, Deputy Secretary, New Mexico Department of Health

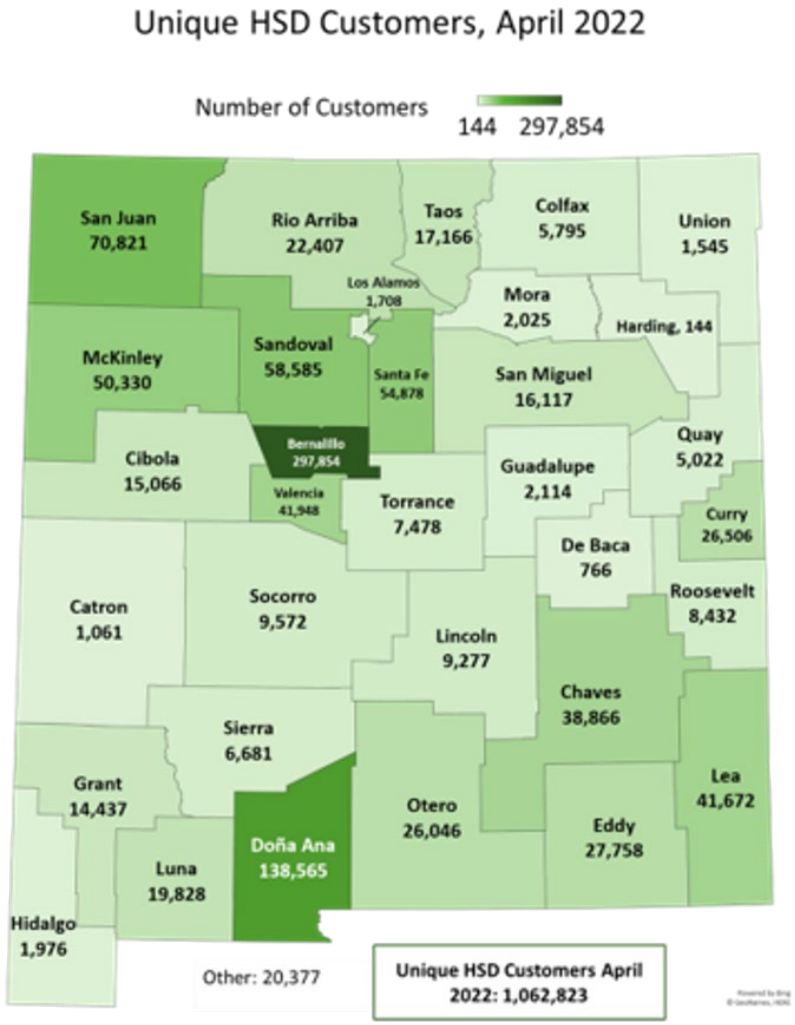
Meet the Madrigal Family Today..

- Medicaid enrollees Maria, her mother Socorro, and 8-year-old daughter, Martita live together in an area of high social vulnerability (SVI) and crime rate.
- Maria works two minimum wage jobs but is barely able to make ends meet and is one paycheck away from experiencing homelessness.
- Maria finds it difficult to navigate Medicaid healthcare options and worries that services aren't available to her family due to being denied services in the past.
- Socorro is depressed, has diabetes and began drinking again after she lost her job to COVID. Maria knows her mom needs help but hasn't been able to find services because Socorro only speaks Spanish.

Names have been changed, but case is based on patient seen in International District

Are current healthcare services giving every New Mexican an equitable chance to be healthy?

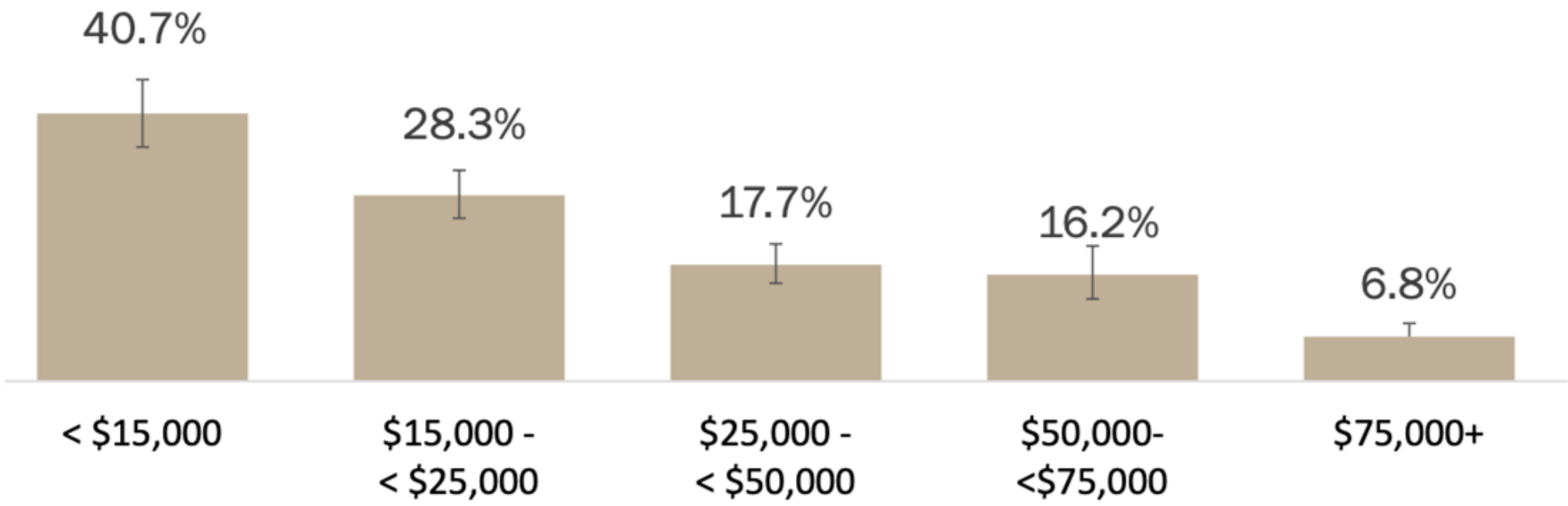
- **Compared to other states, New Mexico ranks:**
  - 36 in access and affordability
  - 34 in prevention and treatment
  - 39 in healthy lives
  - 5 in health disparity
- **Over 1 million New Mexicans are on Medicaid, reflecting the high level of poverty in New Mexico**



Sources: Commonwealth Fund State Healthcare Rankings ; HSD 2021; Health Status of of NM 2020

Socioeconomic Inequities and Poor Health

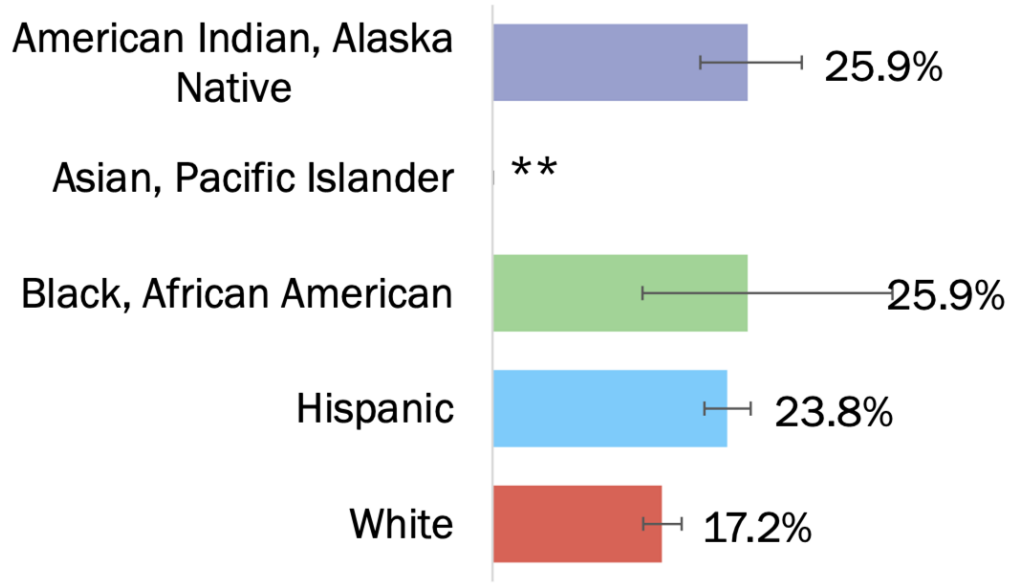
Percentage of Adults with Fair or Poor General Health Status, by Income, New Mexico, 2019



Source: Health Status of of NM 2020

Racial Inequities and Poor Health:

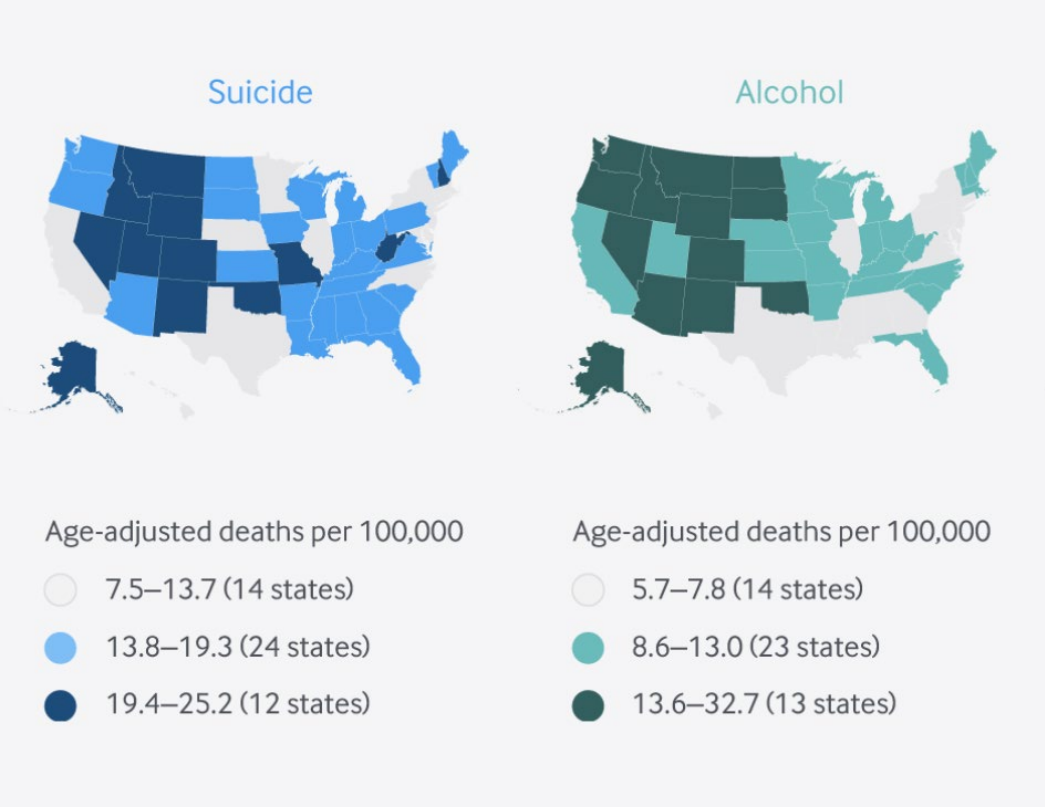
Percentage of Adults with Fair or Poor General Health Status, by Race/Ethnicity, New Mexico, 2019



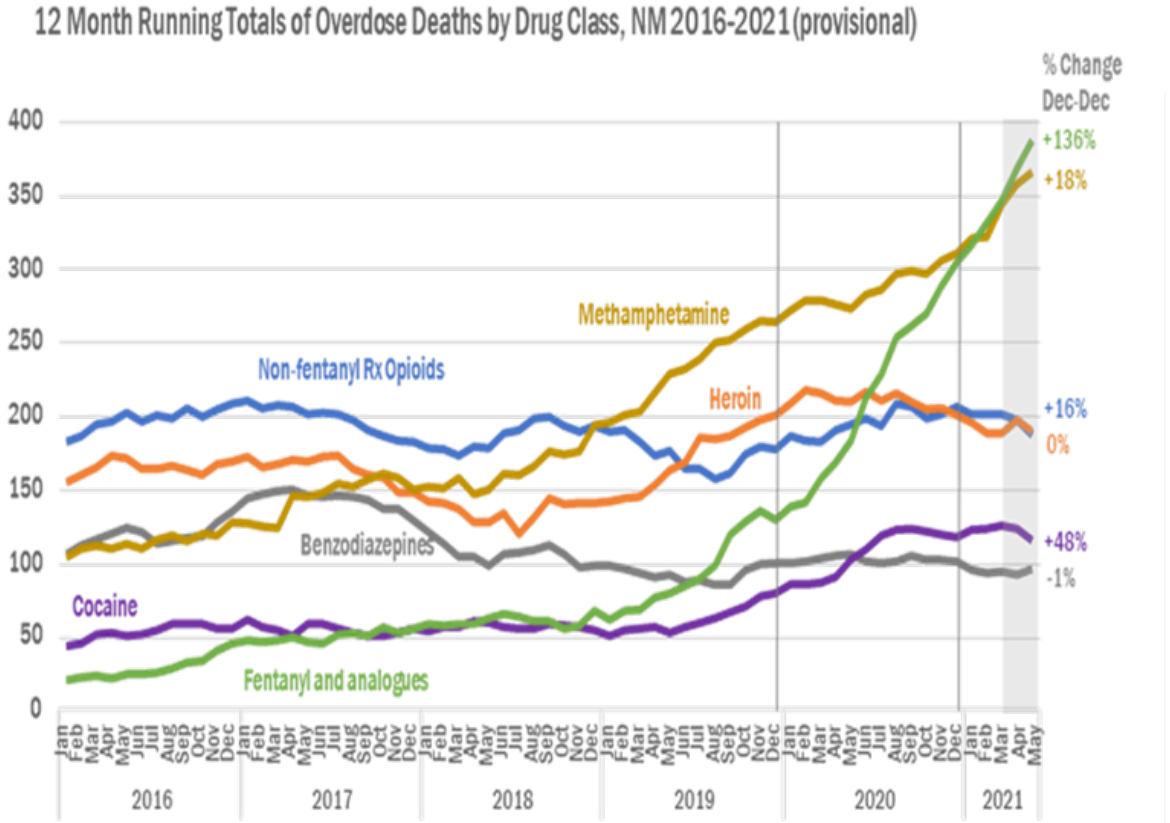
** Suppressed due to a denominator <50

Source: Health Status of of NM 2020

Behavioral Health Needs Are Increasing in New Mexico



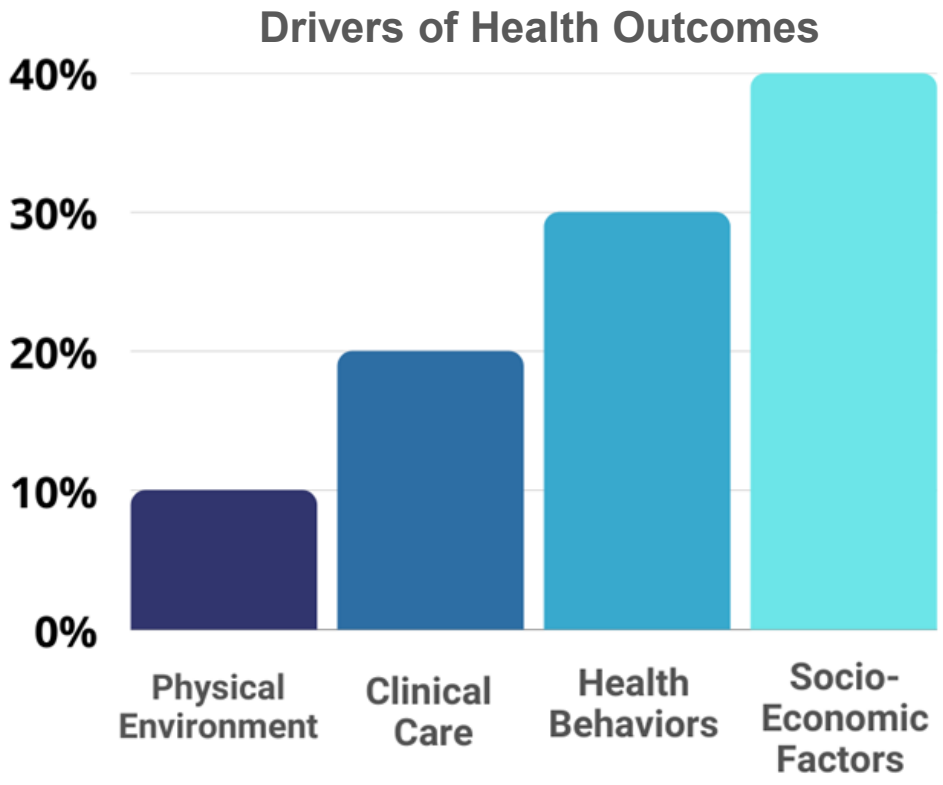
Commonwealth Fund: Deaths from suicide, alcohol and drug overdose



Data: NMDOH Epidemiology Response Division 2021

Healthcare is only a piece of the puzzle:

80% of health outcomes are attributable to the social determinants of health



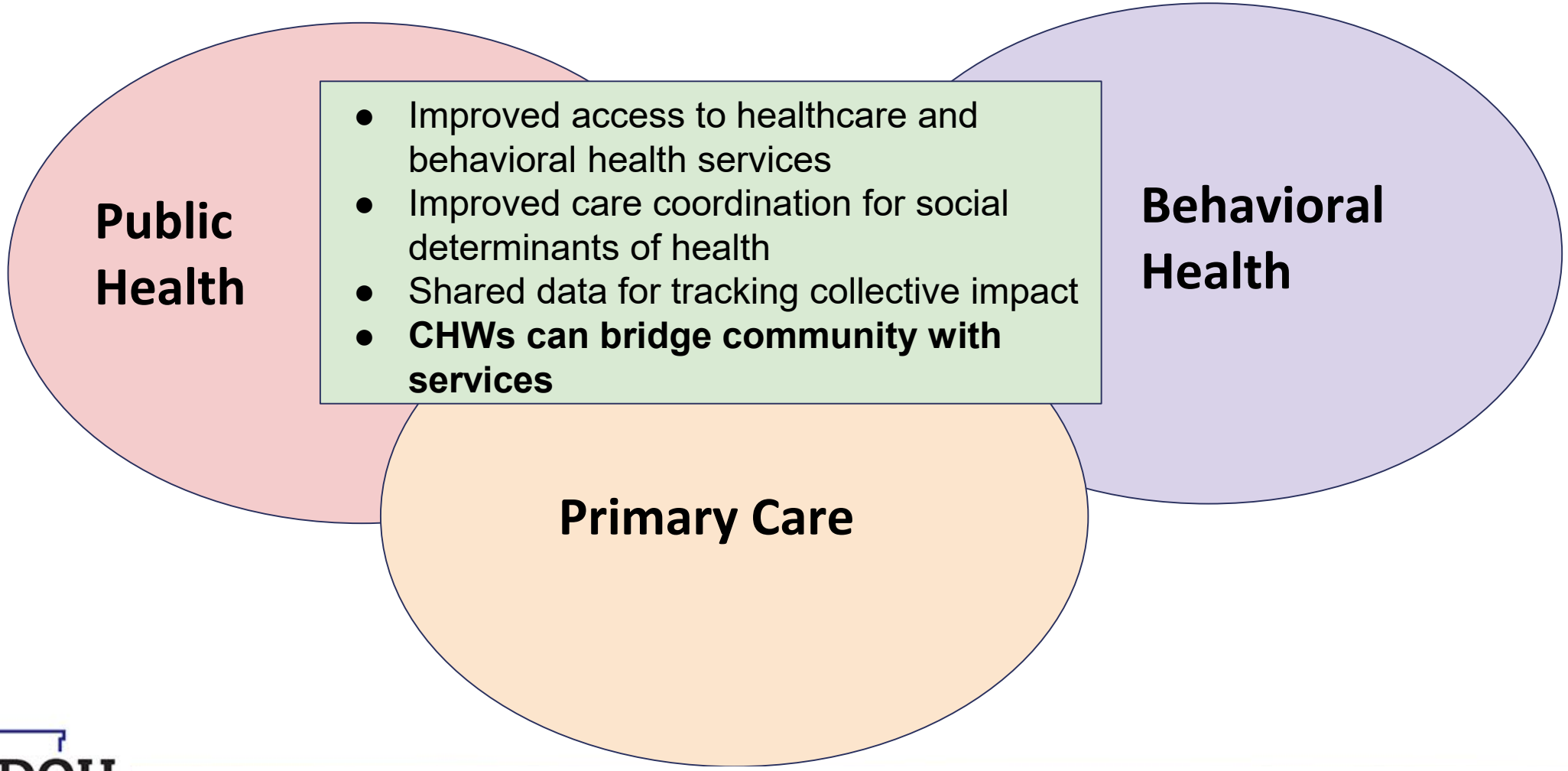
Socio-Economic factors include:

- Education
- Family and Social Support
- Employment and income
- Community Safety

New Models Are Needed for Health Equity

Pathways to Population Health Equity www.weintheworld.org

Integration of primary care, behavioral health, and public health is a critical step to achieving health equity



NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

Sources: WHO 2020, Policy Brief: Integration of Primary Care and Public Health; AAFP Integration of Primary Care and Public Health; Institue of Medicine, 2012, Integrating Primary Care and Public Health

Community Health Workers (CHWs) can improve health outcomes by addressing the social determinants of health

"We found that every dollar invested in the intervention would return $2.47 to an average Medicaid payer within the fiscal year."

By Shreya Kangovi, Nandita Mitra, David Grande, Judith A. Long, and David A. Asch

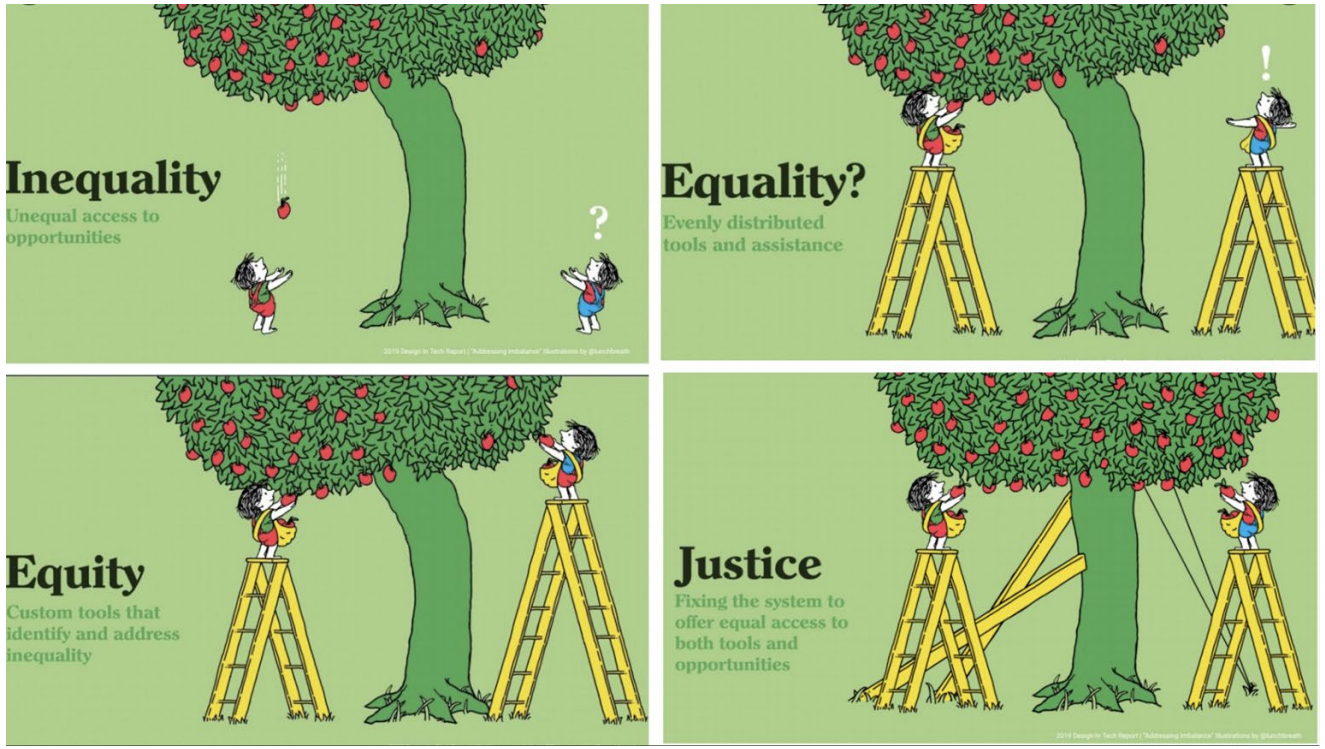
Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment

ABSTRACT Interventions that address socioeconomic determinants of health are receiving considerable attention from policy makers and health care executives. The interest is fueled in part by expected returns on investment. However, many current estimates of returns on investment are likely overestimated, because they are based on pre-post study designs that are susceptible to regression to the mean. We present a return-on-investment analysis that is based on a randomized controlled trial of Individualized Management for Patient-Centered Targets (IMPaCT), a standardized community health worker intervention that addresses unmet social needs for disadvantaged people. We found that every dollar invested in the intervention would return $2.47 to an average Medicaid payer within the fiscal year.

Doi: 10.1377/hlthaff.2019.00981 HEALTH AFFAIRS 39, NO. 2 (2020): 207 – 213

Building a Foundation for Health Justice:

Staff and data system support to develop a comprehensive model of public health, primary care and behavioral health with CHW integration



Proposal for staff and data systems to develop integrated health equity model with CHWs

Activities	July-Aug 22	Sep - Dec 22	Jan - Mar 23	Apr - Jun 23	Outcome
1. SCAN: Environmental Scan and Analysis of Existing State Services for Primary Care, Behavioral Health, and Public Health					Map and Analysis of Services and Gaps in the State
2. DATA COLLECTION and SHARING PLATFORM: Development of Shared CHW Platform for Data Collection, Taking Action based on Data, and Evaluation of Outcomes					Platform for CHW billing and tracking of health and systems outcomes
3. MODEL DEVELOPMENT: Development of Model for Primary Care, Behavioral Health, and Public Health					Develop Model for Piloting in High SVI Zone

$450,000 to improve the lives of 60,000 New Mexicans

Line Item		Cost
Program Manager for Integrated Health Model: Develop strategy and plan, coordinate staff, write proposals, report and track progress	1 FTE	$130,000
Data Analyst: Collect qualitative and quantitative data	1 FTE	$ 80,000
Data Program Developer: Identify, develop and manage interface to link with existing systems in the HIE	1 FTE	$130,000
Fellowship: Funding for public health and masters students for data analysis; also builds pipeline for health professions	5 Fellowships	$10,000
Equipment/Supplies/Transportation/ Data Platform Licenses		$100,000
Total Amount Needed		**$450,000**
TOTAL Amount Requested		**$300,000**
Medicaid Match		**$150,000**

- Data gathered from the environmental scan laid the foundation for a strong multi-sector and community partnerships across the state.
- Because of the expansion of CHW's, Maria is connected to Sandra, a CHW from her neighborhood who does home visits and communicates well in both Spanish and English.
- Sandra connected her to food distribution services, rental assistance, and has been helping Maria and her mom schedule and prepare for medical and behavioral health appointments.
- As part of a community safety campaign funded by the state, city and local businesses, there is now a park in the neighborhood with community safety staff, and she can take Martita out to the park, where she also gets social support from other grandmas in her community.
- Maria is happy to see her family healthy and her mom have increased confidence in seeking out healthcare through the help of Sandra.

* Based on a real DOH client, whose name and photo are changed.

HUMAN SERVICES DEPARTMENT

QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

VOTING

Things to consider

- Is it a high priority?
- High/low cost
- High/low impact
- Does the pitch connect to the goals of the PCC?

Survey Monkey

Primary Care Council Voting Members

Please rank each of the pitches (1-3)

1 = highest priority

PCC SPRING STAKEHOLDER ENGAGEMENT

Presented by Elisa Wrede, Project Manager, Food Security & Primary Care, HSD &
Anastacia Sanchez, HSD Policy Fellow

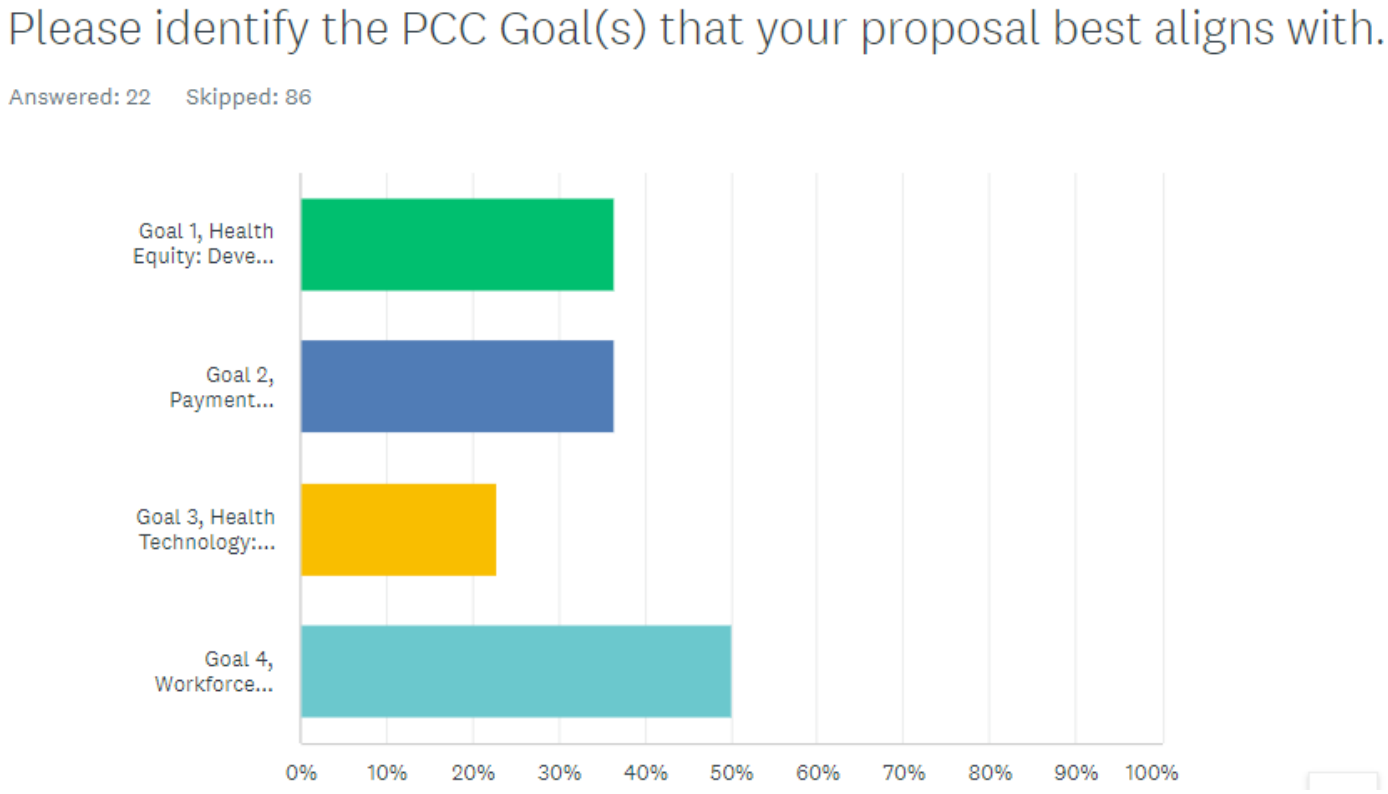
METHODOLOGY

A survey was sent out to Primary Care Providers via Survey Monkey. We received 108 responses, with **21 Pitch Recommendations**.

Jamboard discussions from 6 stakeholder listening sessions were recorded. **120 responses were documented**.

After combining the results from the survey and Jamboard sessions, over **130 responses** were analyzed. The recommendations were categorized according the PCC goal addressed.

- Goal 1: Health Equity
- Goal 2: Payment Strategies
- Goal 3: Health Technology
- Goal 4: Workforce Sustainability



HUMAN SERVICES DEPARTMENT

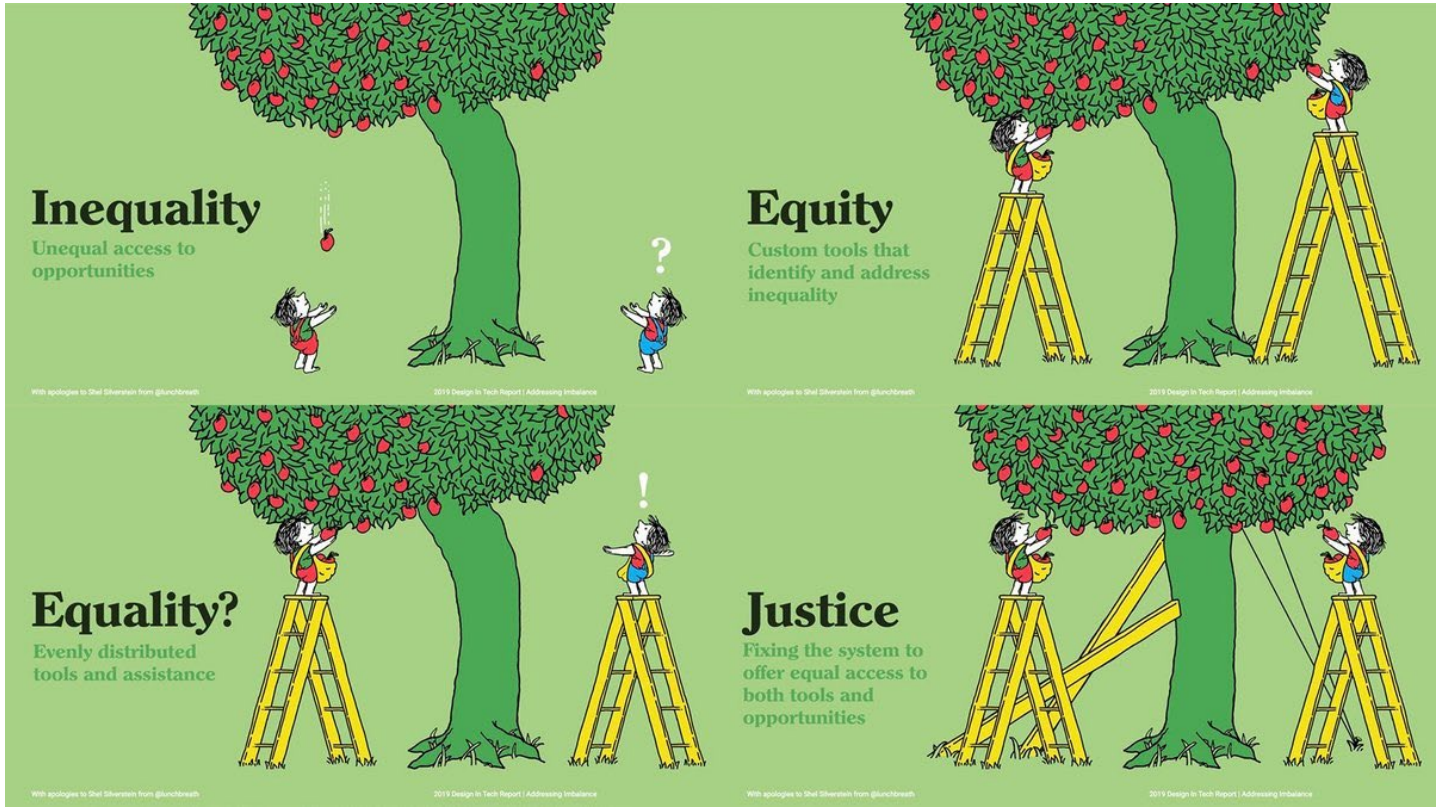
GOAL 1: HEALTH EQUITY

Develop and drive investments in health equity across NM to improve the health of New Mexicans.

26 responses were documented that applied to Goal 1.

Most addressed:

- Obtaining quality metrics of primary care and overall health of communities
- Increasing accessibility, especially in rural communities
- Implementing integration of Primary Care into other clinics (such as Emergency Departments)
- Educating the community of the importance of primary care



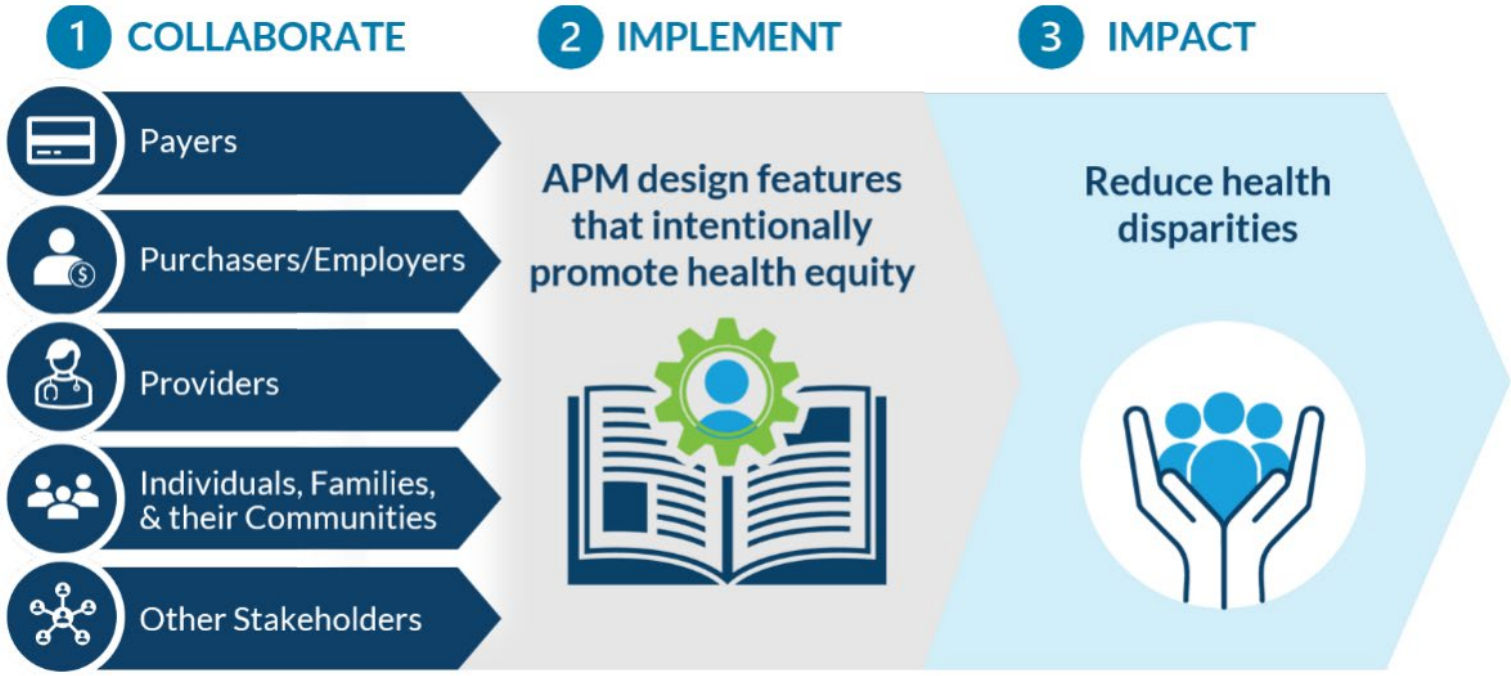
GOAL 2: PAYMENT STRATEGIES

Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.

Over 35 responses were documented that applied to Goal 2.

Most addressed:

- Improving Medicaid/Medicare payment for Primary Care
- Establishing payment and reimbursement methods for care management and team-based treatment
- Increasing reimbursement for primary care, specifically for prevention and treatment of chronic diseases
- Monetary incentives to increase the numbers of PCP, especially in rural areas



Source: http://hcp-lan.org/workproducts/APM-Guidance/Advancing-Health-Equity-Through-APMs.pdf

GOAL 3: HEALTH TECHNOLOGY

Develop and drive health information technology improvements and investments that make high quality care seamless and easy for Primary Care Interprofessional Teams, patients, families and communities.

18 responses were documented that applied to Goal 3.

Most addressed:

- Using health technology to obtain quality Metrics
- Establishing a state-wide Health Information Exchange (HIE)
- Increasing IT support available to primary care clinics to alleviate the burden placed on providers
- Increasing accessibility to telehealth services for both patients and providers

Source: https://www.managedhealthcareexecutive.com/view/six-healthcare-technologies-coming-next-10-years

GOAL 4: WORKFORCE SUSTAINABILITY

Create a sustainable workforce, financial model, and a budget to support our mission and secure necessary state and federal funding.

Over 54 responses were documented that applied to Goal 4.

Most addressed:

- Recruitment of medical professionals and students to primary care
- Establishing more loan repayment programs for primary care providers
- Increasing accessibility to continuing education programs for primary care providers
- Improving work environments and alleviate burdens for primary care clinics to retain workforce, especially in rural areas and smaller clinics

With the New Mexico Opportunity Scholarship, the New Mexico Lottery Scholarship, and more than 25 scholarships, grants, and college financial aid programs available, there are options for every New Mexican to pursue higher education without having to worry about the cost of tuition and fees. Explore below to learn more!

https://hed.state.nm.us/free-college-for-new-mexico

HUMAN SERVICES DEPARTMENT

QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

HUMAN SERVICES DEPARTMENT

PUBLIC COMMENT

INVESTING FOR TOMORROW, DELIVERING TODAY.

AUGUST MEETING PROPOSED AGENDA

- SFY24 Budget Request Update
- APM Development Update
- 2023 Strategic Plan Development
- Promoting Provider Wellness

HUMAN SERVICES DEPARTMENT

CLOSING COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

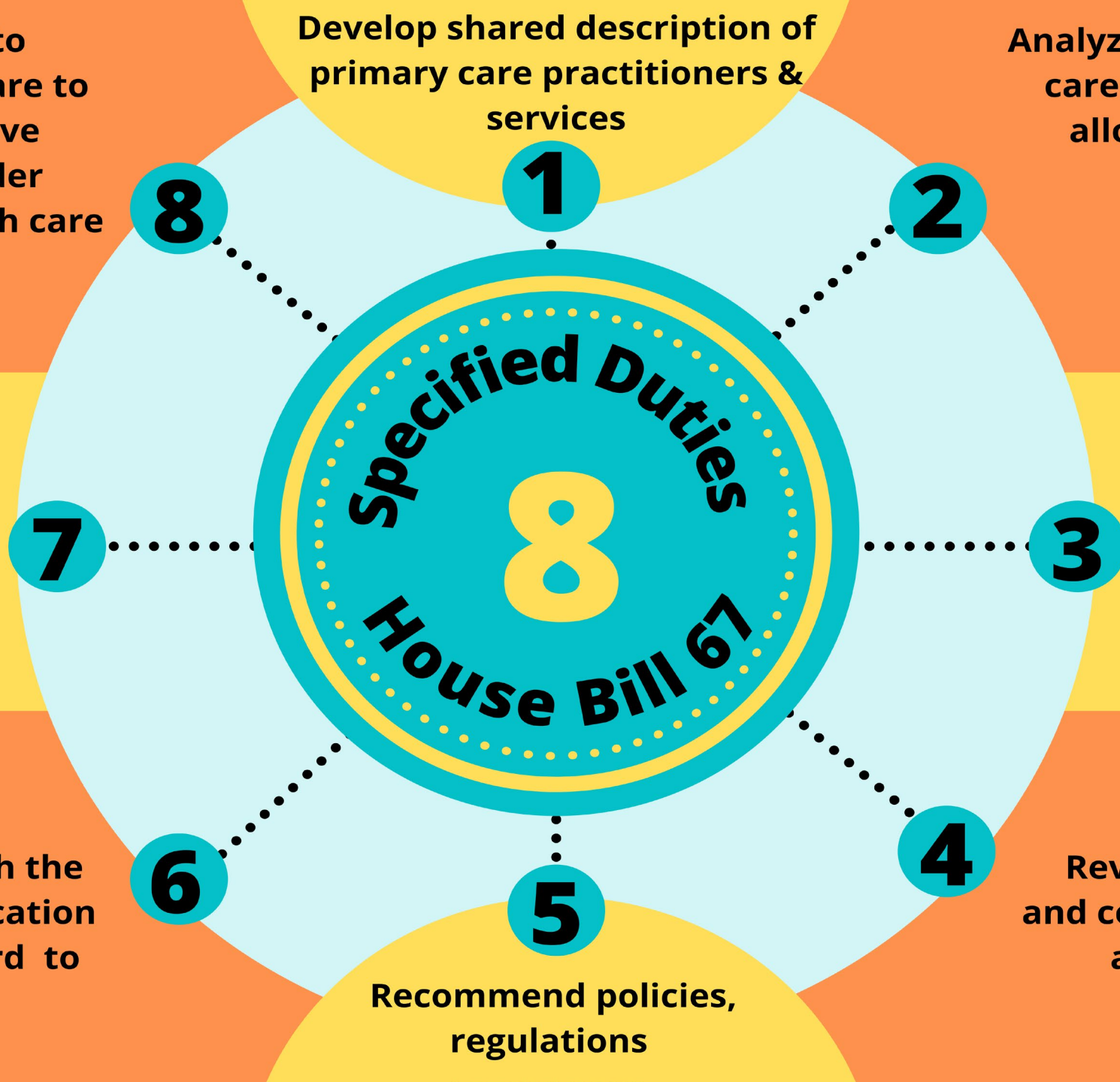
HUMAN SERVICES DEPARTMENT

APPENDIX

INVESTING FOR TOMORROW, DELIVERING TODAY.

APPENDIX TABLE OF CONTENTS

- Specified Duties of House Bill 67
- NM PC Payment Model Principles
- Core Features of NM PC Payment Model
- What is Per Member Per Month (PMPM)
- PMPM to Medicaid MCO



1. Develop shared description of primary care practitioners & services
2. Analyze proportion of health care delivery expenditures allocated to primary care statewide
3. Review national and state models of primary care investment
4. Review New Mexico state and county data barriers to accessing primary care services faced by New Mexicans
5. Recommend policies, regulations
6. Coordinate efforts with the graduate medical education expansion review board to address primary care workforce shortages
7. Report annually to Legislative Finance Committee & Legislative Health and Human Services Committee
8. Develop a 5 year plan to investing in primary care to increase access, improve quality, address provider shortages, lower health care costs

NM PC ALTERNATIVE PAYMENT MODEL PRINCIPLES & CORE FEATURES

NM PC PAYMENT MODEL PRINCIPLES

NASEM PC PAYMENT MODEL PRINCIPLES

1. Pays prospectively for interprofessional, integrated, team-based care, including incentives for incorporating non-clinician team members and for partnerships with community-based organizations.
2. Is risk-adjusted for medical and social complexity.
3. Allows for investment in team development, practice transformation resources, and infrastructure to design, use, and maintain necessary digital technology;
4. Aligns with incentives for measuring and improving quality outcomes for patient populations assigned to interprofessional care teams.

ADDITIONAL PRINCIPLES FOR CONSIDERATION

5. Incorporates population and public health focus to promote health equity.
6. Integrates primary care behavioral health*.
7. Addresses unique challenges in provision of care to children.
8. Incorporates regional assets and resources.
9. Multi-payor, multi-stakeholder vision.
10. Empowering patients and families to be partners in healthcare transformation.

CORE FEATURES OF NM PC PAYMENT MODEL

1. Model is continuum of common parameters used across spectrum of APMs (as defined by HCP LAN) to incentivize performance.
2. PCPs who participate in APMs defined, drawn from NM PCC recommendations.
3. PC APMs support providers' adoption of models that build core competencies for whole-person, developmentally appropriate care, as recommended by NM PCC, including:
   - continuity of care
   - comprehensive care
   - team-based care
   - family-centered care & family-team partnership
   - care coordination
   - prompt access to care and services
   - quality and safety
   - data-driven improvement
   - health equity
   - primary care behavioral health

HCP-LAN = Health Care Payment Learning & Action Network

CORE FEATURES OF NM PC PAYMENT MODEL

4. When PC APMs include shared savings/risk or capitation, services included in APM include PC with options to include broader array of services to maximize opportunities for providers to share in savings.

5. In provision of care for children, shared savings may be difficult model; payers should consider investments to high-functioning practices, through enhanced rates or performance incentives.

CORE FEATURES OF NM PC PAYMENT MODEL

6. PROVIDE PRACTICE SUPPORTS TO FACILITATE APM IMPLEMENTATION:

6a. Technical assistance and educational support, including:

- Assessment of provider APM readiness, including what providers need to do to participate in APM.
- Provide support as indicated by assessment, including but not limited to:
  - Sessions on how APMs work, including discussion of financial model (e.g. potential shared savings of risk, and what providers might have to do to achieve savings, or avoid risk).
  - Support for providers in use of data to manage patients (e.g. how to read reports, interpret data, and turn it into action).

6b. Timely, high-quality cost and quality performance data compared to budget benchmarks and to other PC providers by market/region, network, state, including detailed calculations for any shared savings payments or financial liability.

CORE FEATURES OF NM PC PAYMENT MODEL

7. APMS INCLUDE QUALITY MEASURES FROM ALIGNED MEASURES SET FOR PC.

- Defined number of adult measures as well as defined number of pediatric measures.
- Payers and providers choose which measure to report on, depending on populations served and practice focus areas.
- For selected measures, payers use consistent measure definitions and specifications to minimize provider burden.
- Quality measures reviewed and published annually by multi-stakeholder group.
- Providers incentivized to stratify quality measure results by race/ethnicity, sexual orientation, and gender identity, disability status.

CORE FEATURES OF NM PC PAYMENT MODEL

8. WHEN PATIENT ATTRIBUTION IS USED IN APMS, PAYERS AND PROVIDERS ADHERE TO FOLLOWING PRACTICES:

- Payers use claims/encounter-based approach when patient attestation unavailable.
- Payers provide transparency to practices about patient attribution approach used.
- Payers provide prospective notification of patients included in APMs to practices; reattribute patients [frequency TBD], with timely communication to practices.
- Payers and providers practice strong bilateral communications regarding payment attribution.
- Payers and providers collaborate on appropriate attribution methods related to care for children.

CORE FEATURES OF NM PC PAYMENT MODEL

9. WHEN RISK ADJUSTMENT IS USED IN APMS, PAYERS AND PROVIDERS ADHERE TO FOLLOWING PRINCIPLES:

- Payers risk adjustment models account for variation of different patient panels by healthcare conditions (including behavioral health), disability status, age, and gender.
- Payers provide transparency to practices about risk adjustment methods used and how it is applied to payments.
- Payers and providers collaborate on appropriate risk adjustment methods related to care for children.
- Importance of including health equity and structural determinants of health as factors in risk adjustment models.

CORE FEATURES OF NM PC PAYMENT MODEL

10. Providers encouraged to move towards prospective payment over time, utilizing mutually agreed upon attribution methodology.

11. Payers carefully monitor APMs for unintended consequences on populations, particularly those experiencing disparities:
    - Payers use available data, such as utilization and patient-reported satisfaction, to monitor for potential problems and take corrective action when measures indicate need to do so.
    - Payers provide transparency to practices about monitoring approach used.

PER MEMBER PER MONTH INFORMATION

WHAT IS PER MEMBER PER MONTH?

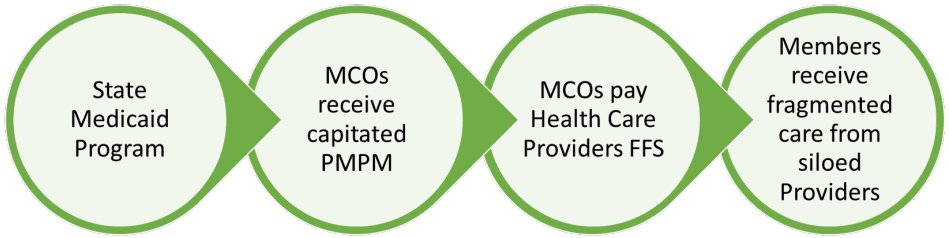
- **Per Member Per Month (PMPM):** amount of money paid or received on monthly basis for each individual enrolled in managed care plan.
- **Capitation payments:** fixed amount of money per patient per unit of time paid in advance to clinician for healthcare service delivery.
  - Actual amount of money paid is determined by ranges of services provided, number of patients involved, and period of time during which services are provided.
  - Capitation payments control use of healthcare resources by putting clinician at financial risk for services provided to patients.
  - To ensure patients do not receive suboptimal care, MCOs measure resource utilization, linking to financial rewards (or penalties).

Establish Baseline Costs and Utilization	Rate Cells	Future Costs and Adjustments	Non-Benefit Costs	Special Contract Provisions
•Validated encounter data •FFS data •Audited MCO financial reports •Adjust for incurred but not reported claims, pharmacy rebates, non-claim payments	•Determine subgroups, rate cells, who have similar cost characteristics •Baseline costs are divided among the rate cells •Rate range can be established for each rate cell	•Project future costs •Consider inflation, changes in utilization patterns, program changes •Use historical MLR data •Account for expected savings	•Non-health care costs •Costs for administration, taxes, licensing and regulatory fees •Contributions to reserves, risk margin, cost of capital •Non-benefit costs are added to each rate cell	•Incentives •Withholds •Risk sharing •State directed payments •Pass thru payments

- TANF (pregnant women, babies, kids, adults)
- OAG
- SSI/Waiver
- LTSS (healthy duals, dual-eligible, NFLOC)

Source: Medicaid Managed Care Capitation Rate Setting. MACPAC, March 2022. https://www.macpac.gov/wp-content/uploads/2022/03/Managed-care-capitation-issue-brief.pdf

PMPM TO MEDICAID MCO



- State Medicaid programs pay MCOs to cover defined package of benefits for enrolled population.
  - Transfer of risk for healthcare use and cost from state to MCOs.
- Payments are established prospectively and remain effective for 1 year.
- Payment rates actuarial estimates necessary to cover healthcare costs, plan administrative costs, reserves for unexpected events, and profits (<3%).
- Goal: keep state spending close to anticipated health costs and slow rate of cost growth but must support access, quality and efficiency.