NEW MEXICO
DEPARTMENT OF
HEALTH

Legislative Finance Committee Hearing

October 24, 2017

Lynn Gallagher, Cabinet Secretary

PHAB
Advancing
public health
performance
ACCREDITED HEALTH DEPARTMENT
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Policy, Performance and Accreditation

Lynn Gallagher, Cabinet Secretary
August 2017

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Advancing public health performance

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Department of Health FY17-FY19 Strategic Plan

- Updated annually
- Identifies agency priorities and guiding principles
- Emphasis on improving outcomes in 4 key areas:
  - Births to teens
  - Diabetes
  - Obesity
  - Substance misuse (alcohol, tobacco, illicit and prescription drugs)

FY17-FY19 Strategic Plan

2018

NEW MEXICO DEPARTMENT OF HEALTH

Focus on Results...
Create Value
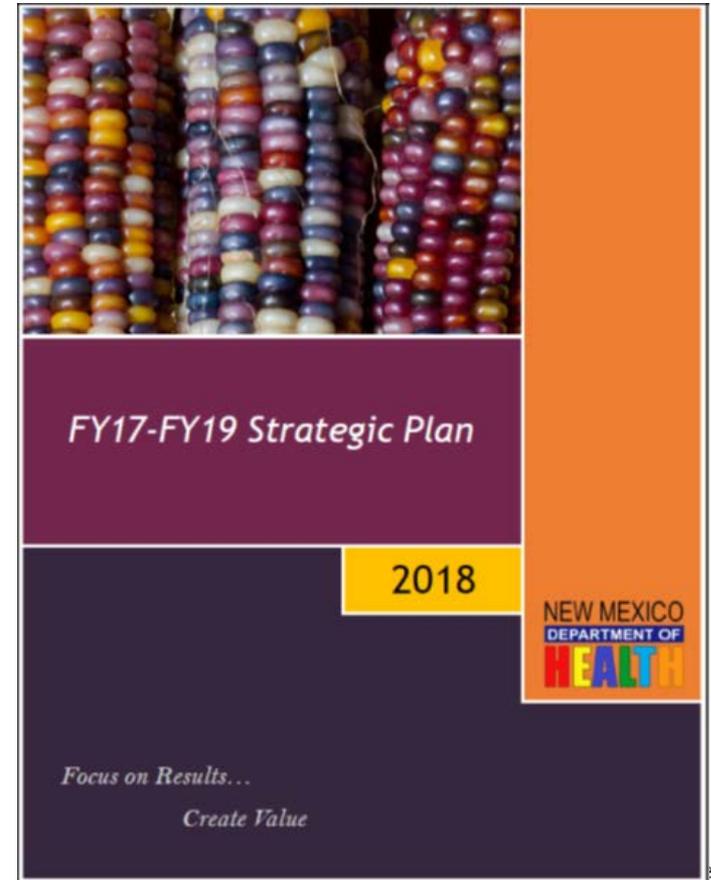
FY17-FY18-FY19 Budget Overview

	FY17 Actuals (Unaudited)	FY18 Operating Budget	FY19 Appropriation Request
Revenue			
General Fund	288,358.8	283,269.5	288,161.9
Other Transfers	32,454.3	32,841.3	35,971.7
Federal Funds	95,885.0	106,796.1	106,486.9
Other State Funds	115,241.0	111,461.6	109,493.0
Fund Balance	4692.5	0.0	0.0
Total	536,631.6	534,368.5	540,113.5

FY19 Budget Request by Program Area

Public Health Division (PHD) - $49.8M General Fund; $69.1M in Federal Funds.

Epidemiology and Response Division (ERD) - $12.7M in General Fund; $17.2M in Federal Funds.

Scientific Laboratory Division (SLD) - $7.6M in General Fund; $2.8M in Federal Funds.

Developmental Disabilities Supports Division (DDSD) - $148.4M in General Fund; $2.8M in Federal Funds and $9.0M in Interagency Transfers.

> DDSD SGF funding for the Developmental Disabilities Waiver Programs generates approximately $265.3M in federal matching dollars for direct services.

Division of Health Improvement (DHI) - $5.4M in General Fund; $2.4M in Federal Funds.

Facilities Management Division (FMD) - $58.1M in General Fund; $4.8M Federal Funds; and anticipates 3rd party payer revenue of approximately $59.8M.

FY19 Base Increase Requests

P-Code	Program Area	Purpose	FY19 Base Increase (BI)	
			GF	Other
P001	Administration	To cover IT positions. Funding was moved to ASD from other Division in the FY17 request and removed during 2016 session.	750.0	
			750.0	**0.0**
P003	Epidemiology & Response	Vital Records PS&EB	450.0	
P003	Epidemiology & Response	Vital Records - Infrastructure Needs	250.0	
			700.0	**0.0**
P007	Developmental Disabilities Support	To support DD Dental Clinic	764.1	
			764.1	**0.0**
P008	Health Certification, Licensing & Oversight (DHI)	Internal Quality Review Unit (IQR) (Jackson Disengagement Requirement)	538.7	
P008	Health Certification, Licensing & Oversight (DHI)	To cover PSEB Shortfall - to ensure that DHI will be able to meet its obligations to monitor the health and safety of persons in assisted living facilities.	739.6	91.2
			1,278.3	**91.2**
Total			**3,492.4**	**91.2**
			3,583.6	

General Fund Appropriation Trend FY15 -FY19

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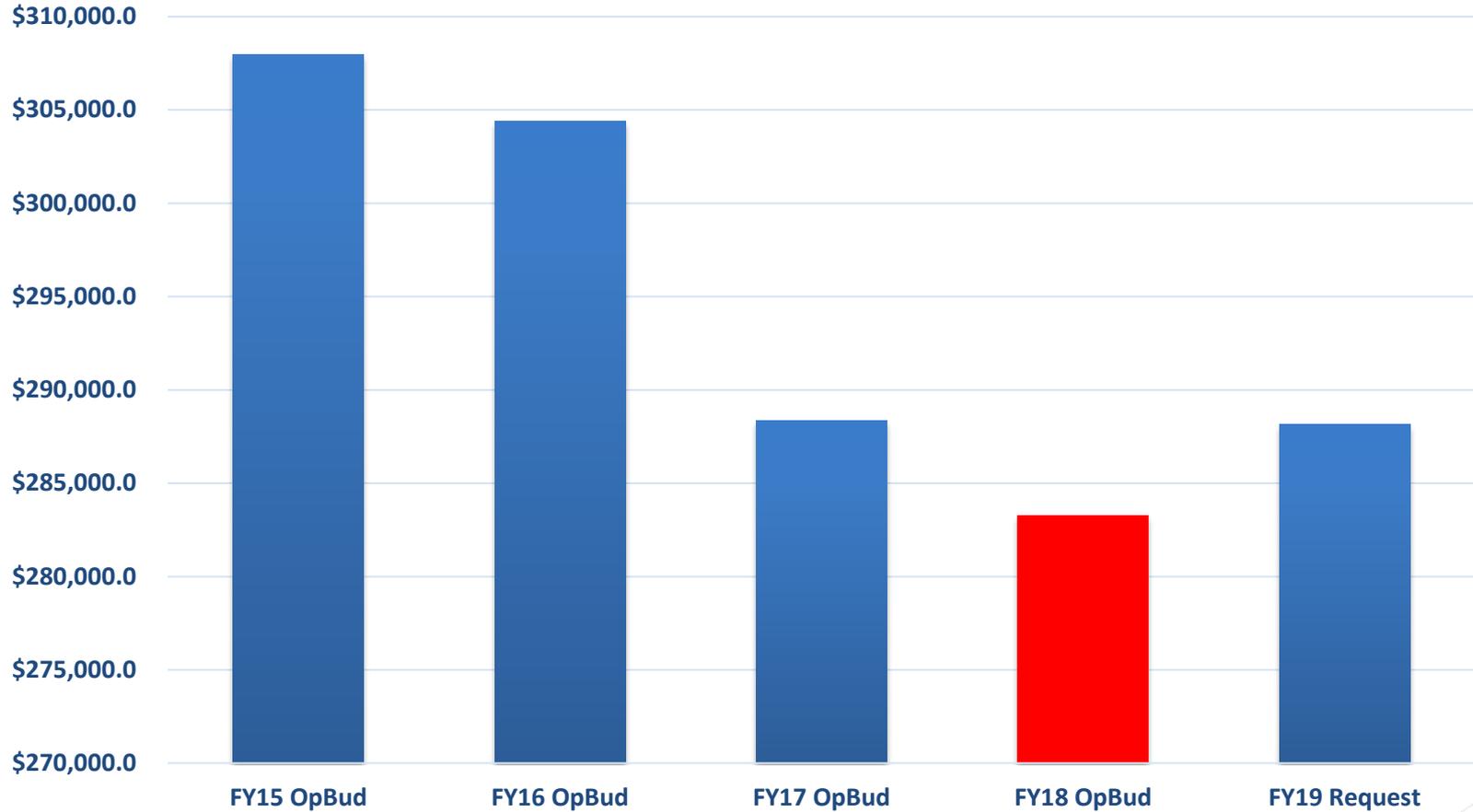
NMDOH Performance Management System
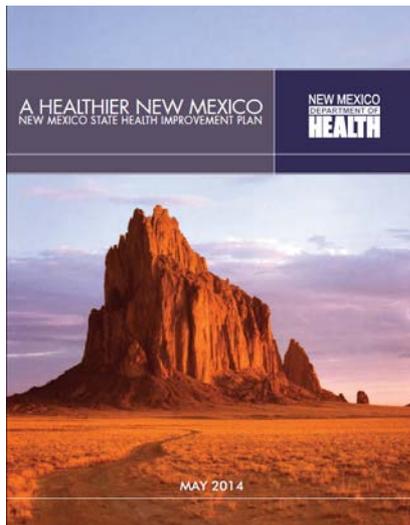
State Health
Improvement Plan
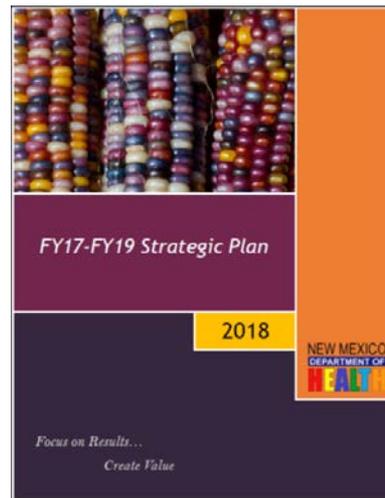
Strategic Plan

Performance
Dashboard

NMDOH Performance Management System

- A Performance Management System is the consistent and intentional development, implementation, monitoring, evaluating, reporting, and improvement of organizational performance.

- Differentiates between Measures of Health and Measures of Performance on Health
  - Indicators are the "what"
  - Performance Measures are the "how"

PMS Reporting Structure

- Each Division has a Performance Management Coordinator (PMC)
- Programs provide information on their performance measures and indicators to the PMC
- PMCs are the primary point of contact between the Division and the Office of Policy and Accountability
- PMCs manage the Division Results Scorecard account
  - Create scorecards, perform updates
- The Office of Policy and Accountability:
  - Administers the Scorecard
  - Ensures completion of PMS reports (quarterly and annually)
 - Provides technical assistance and training to PMCs

Using the Scorecard to support Performance

Programs complete/update Templates each fiscal year or as information is available

- Indicators
- Programs
- Performance Measures
  - Action Plans

Programs report on performance quarterly

- Action Plans with Milestones
- Story Behind the Curve

DOH Performance Management Reporting Template
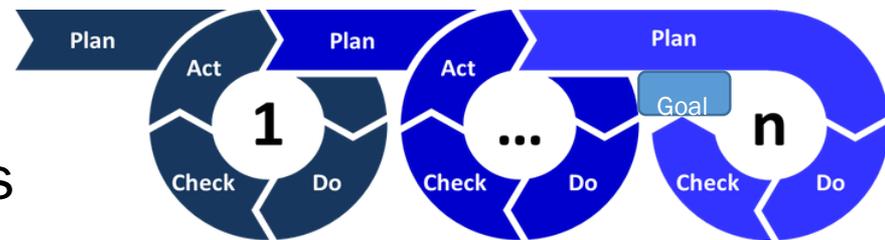
Part 1 – Planning Template

Strategic Plan Result (select one):	☐ Improved Health Status for New Mexicans
	☐ An engaged, empowered, and high-performing workforce that supports health status improvement
	☐ Simple and effective administrative processes that support health status improvement

Strategic Plan Indicator:

Program Data:

1. Baseline (Past 4-year trend)
2. Target (Final year of multi-year strategic plan)

This section is to be completed for Health Status Indicators in the Strategic Plan. For Indicators/Performance Measures that are not Health Status Indicators, do not complete this section. Instead complete the similar section under 'Performance Measure'.

Story behind the baseline: (≤ 300 words)

Partners/Stakeholders (Internal and External):

- List up to 10 partners/stakeholders
-

Best Ideas – What Works (Evidence-based/Promising Practice):

1. List up to 5 best ideas
2.
3.

What do we propose to do (Strategies)?
1. Select from Best Ideas
2. Select from Best Ideas

Performance Measure (x of y): *Minimum of 1 performance measure per strategy*

Performance Measure Program Data:
1. Baseline (past 4-year trend)
2. Target (This year)

➢ Include for Performance Measures other than Health Status Indicators:
 Story Behind the baseline --- Partners/Stakeholders --- Best Ideas --- Strategies

Action Plan with Quarterly Milestones:

Q1:

Q2:

Q3:

Q4:

PMS Planning Template

PMS Reporting Template

Part 2 – Reporting Template

Quarter 1 Progress Report:

Quarter 2 Progress Report:

Quarter 3 Progress Report:

Quarter 4 Progress Report:

Annual Progress Report Year 1:

Required for every Indicator/Performance Measure

Annual Progress Report Year 2:

Annual Progress Report Year 3:

3-Year Aggregate Final Report (At conclusion of Final Year of current multi-year strategic plan):

Required for Health Status Indicators Only

Scorecard Templates

Customizable Templates for each Object type:

- Data Element

- Story Behind the Curve

- Partners

- What Works

- Strategies

- Action Plan

- Progress Summary

P004: Scientific Laboratory Division

P004: Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within 15 calendar days

78.2% FY 2017
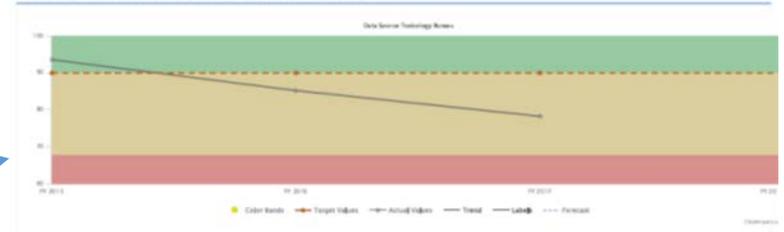
Story Behind the Curve

- New Mexico has the highest alcohol-related death rate in the nation since 1997.
- The Scientific Laboratory Division (SLD) Toxicology staff analyze samples for blood alcohol concentration (BAC) and drugs determining cause of impairment in drivers. They also analyze samples from the Office of Medical Investigator (OMI) for cause of death, and serve as expert witnesses. The target turnaround time is within the reporting requirement for law enforcement.
- In Quarter 2, 71.6% of BAC testing was reported out in 15 calendar days. The target is 90%.
- The target was not met because duplicate testing is required per accreditation requirements which doubles testing time (started FY16-Q3). The Drug Screening Section was short-staffed by two people (in a section of 7 analysts), as well as having a new person start at the beginning of FY17-Q1.

  NOTE: It takes over a year to become proficient in testing and to become competent for expert witness testimony. The Laboratory Information Management System upgrade was also being tested during this quarter.

Partners

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

What Works

- Training keeps analysts up-to-date on current methods.
- Maintaining and updating equipment allows for samples to be analyzed without interruptions.

Strategy

- Develop cross-training between Drug Screening and Drug Confirmation Sections to expand the pool of staff available for testing.

Action Plan

- Q1: Examine the process to determine feasibility. The process was delayed due to staffing shortage.
- Q2: Select one person to begin cross-training in Drug Screening. Process was delayed due to staffing shortage.
- Q3: Evaluate process and determine if more staff can begin cross-training.
- Q4: Follow-up on Q3 determination.

POWERED BY CLEAR IMPACT

NMDOH Clear Impact Results Scorecard

P002: Public Health Division (FY18 Strategic Plan)

This is a child scorecard for the Public Health Division. It contains all FY18 NMDOH Strategic Plan performance measures.

	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
R FY18 SP P002: Improved health status for New Mexicans					
I FY18 SP Diabetes hospitalization rate per 10,000 population	2014	13.8 per 10,000	14.4 per 10,000	↘ 1	22% ↑
I FY18 SP Diabetes hospitalization rate per 1,000 people with diagnosed diabetes	2017	186.7 per 1,000	185.5 per 1,000	↘ 2	-11% ↓
I FY18 SP Percent of third grade children who are considered obese	2016	19.4%	17.1%	↗ 2	-13% ↓
I FY18 SP Percent of adults who are considered obese	2016	28.3%	25.4%	↘ 1	4% ↑
I FY18 SP Percent of adolescents who smoke	2015	11.4%	13.5%	↘ 2	-43% ↓
I FY18 SP Percent of adults who smoke	2016	16.6%	—	↘ 2	-23% ↓
I FY18 SP Births to teens aged 15-19 per 1,000 females aged 15-19	2016	29.4 per 1,000	—	↘ 5	-39% ↓
P FY18 SP P002: Public Health Division	Time Period	Actual Value	Target Value	Current Trend	Baseline % Change
PM FY18 SP P002: Percent of participants in the National Diabetes Prevention Program that were referred by a health care provider through the agency-sponsored referral system	FY 2017	70.0%	25.0%	→ 0	0% →
PM FY18 SP P002: Percent of children in Healthy Kids, Healthy Communities (HKHC) with increased opportunities for healthy eating in public elementary schools	2017	88.6%	70.0%	↘ 1	38% ↑
PM FY18 SP P002: Number of WIC clients participating in food tastings in WIC clinics with kitchens	—	—	—	—	—
PM FY18 SP P002: Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community	2017	356#	350#	↗ 1	8% ↑
PM FY18 SP P002: Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	2017	32.0%	33.0%	↘ 1	0% →
PM FY18 SP P002: Percent of New Mexico adult cigarette smokers who access NMDOH cessation services	2017	2.8%	2.5%	↗ 1	17% ↑
PM FY18 SP P002: Number of teens who successfully complete a Teen Outreach Program (TOP) class	FY 2017	365#	448#	↘ 2	1% ↑
PM FY18 SP P002: Percent of female clients ages 15-19 seen in NMDOH public health office who are provided most or moderately effective contraceptives	FY 2016	65.4%	66.0%	↗ 2	-1% ↓

Results Scorecard vs. LFC Report Card

PUBLIC HEALTH DIVISION

	Time Period	Actual Value	Target Value	Current Trend
P Public: FY17-Q2 P002: Public Health Division				
PM Public: FY17-Q2 P002: Percent of participants in National Diabetes Prevention Program that were referred by a health care provider through the agency-sponsored referral system	—	—	—	—
PM Public: FY17-Q2 P002: Percent of children in Healthy Kids, Healthy Communities (HKHC) with increased opportunities for healthy eating in public elementary schools	2015	88%	—	↗ 2
PM Public: FY17-Q2 P002: Percent of WIC recipients that initiate breastfeeding	FY 2016	81.4%	82.0%	↗ 2
PM Public: FY17-Q2 P002: Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community	2016	329#	—	→ 0
PM Public: FY17-Q2 P002: Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	2016	32.5%	33.0%	↗ 1
PM Public: FY17-Q2 P002: Percent of female NMDOH public health office family planning clients ages 15-19 who were provided a most or moderately effective contraceptive	FY 2016	59.6%	66.0%	↗ 1

Budget: $163,391.3   **FTE:** 863

Measure	FY15 Actual	FY16 Actual	FY17 Target	FY17 Actual	Rating
Females aged fifteen to seventeen seen in public health offices given effective contraceptives	55%	56%	≥66%	65%	Y
Quit Now enrollees who successfully quit using tobacco at seven month follow-up	31%	33%	33%	34%	G
Teens aged fifteen to seventeen receiving services at clinics funded by the family planning program	1,334	1,405	3,616	3,715	G
High school youth trained to implement tobacco projects in their school or community	New	New	Baseline	356	
				Program Rating	G

Real World Example

Population Accountability

R Improved health status for New Mexicans

I Drug overdose death rate per 100,000 population

Program Accountability

P NMDOH Public Health Division

PM Number of opioid overdose reversals per client enrolled in Harm Reduction

P NMDOH Epidemiology and Response Division

PM Percentage of retail pharmacies that dispense naloxone

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Scorecard Strengths

- Standardized yet Customizable
- Easy to use
- Multiple users in multiple locations
- Can be centrally administered
- Data driven

Most importantly, the Scorecard communicates Program Performance on Health as it relates to Population Health Status

Public Health Division
FY17 Year End Performance

- FY17 PM: Percent of children in Healthy Kids, Healthy Communities (HKHC) with increased opportunities for healthy eating in public elementary schools

- FY17 Target: 65%

- Action plan: expand the HKHC model in 7 counties selected in FY16 based on poverty status and readiness to implement healthy eating and physical activity strategies to prevent obesity.

- Outcome: We ended the year at 89% (better than the target)

Public Health Division
FY18 Key Initiatives

- Train high school students to lead tobacco control efforts and projects within their schools and communities
    - *PM:* Number of high school youth trained in the Evolvement youth engagement program to implement tobacco projects in their school/community
    - *Why this matters:* Smoking is the leading cause of preventable death and 90% of adult smokers start before age 18. *The Guide to Community Preventive Services* recommends youth engagement as an effective strategy to reduce adolescent smoking.

- Increase the percent of contraceptive-seeking teens that choose effective methods
    - *PM:* Percent of female clients ages 15-19 seen in NMDOH public health offices who are provided most or moderately effective contraceptives
    - *Why this matters:* The use of most- or moderately effective contraceptives by young women reduces teen pregnancies. The Public Health Division provides these contraceptives in many of its offices, as well as reproductive health education aimed at teens in a variety of settings.

- Expand participation in the National Diabetes Prevention Program (NDPP)
    - *PM*: Percent of participants in the NDPP that were referred by a healthcare provider through the agency-sponsored referral system
    - *Why this matters*: NDPP is the only evidence-based program known to prevent or delay the onset of diabetes. Public Health Division is working closely with healthcare providers to increase referrals to the program.

Epidemiology and Response Division FY17 Year End Performance

- FY17 PM: Number of overlapping opioid and benzodiazepine prescriptions

- Action Plan: Work with healthcare licensing boards to implement the new prescription monitoring program requirement legislation and regulations and track the results through a quarterly prescribing measures report

- Outcome: Decreased by 14%

- This measure is important because persons who get concurrent opioid and benzodiazepine prescriptions are at higher risk of drug overdose death and we want to reduce this number

Epidemiology and Response Division FY18 Key Initiatives

- Improve health status in NM by focusing on 8 health status indicators (one example is the pneumonia and influenza death rate)
  - *Example PM*: Percent of adults aged 65 years and older who have ever received pneumonia vaccination
  - *Why this matters:* Improving pneumonia vaccination coverage will help reduce pneumonia deaths

- Address vital records infrastructure enhancements
  - *PM*: Percent of vital records front counter customer who are satisfied with the service they received
  - *Why this matters:* Improving the vital records office space will improve the customer experience improving satisfaction.

- Use emergency department syndromic surveillance data to improve health status
  - Health status indicators: drug overdose death; suicide; pneumonia and influenza deaths
  - *Why this matters:* Intervening early, after non-fatal overdoses and suicide attempt clusters are detected, may reduce deaths

Scientific Laboratory
FY17 Year End Performance

- FY17 PM: Percent of samples tested for etiological pathogens of communicable diseases and other threatening illnesses that are analyzed within predefined turnaround times.

- FY17 target: 95%

- Action Plan: Staff were cross trained in multiple areas; validated and implemented faster and more sensitive testing methods.

- Outcome: We ended the year at 96.5% (better than the target)

Scientific Laboratory FY18 Key Initiatives

- Expanding staff cross-training
  - PM: Number of staff in each section that are able to perform multiple tasks/tests.
  - Why this matters: To assure operation coverage and improve staff's skill set.
- Establishing testing capability for key components in related to medical cannabis materials
  - PM: Number of assays is validated and implemented.
  - Why this matters: To assure the quality of cannabis material for patients' use in NM.
- Building testing capability to detect multidrug resistant bacteria.
  - PM: Number of tests is validated and implemented, number of samples is screened and detected for multidrug resistance.
  - Why this matters: This capability will allow defining the baseline of drug resistant bacteria, to detect potential hotspots of newly emerging multidrug resistant bacteria in NM.

Developmental Disabilities Supports FY17 Year End Performance

- FY17 PM: Number of individuals receiving developmental disabilities waiver services

- FY17 Target: 4700

- Action plan:
  - Along with HSD, analyze utilization and expenditure data to determine if attrition and regular new allocations may be funded
  - Building capacity in provider community

- Outcome: 4691

Developmental Disabilities Supports FY18 Key Initiatives

- Initiative 1
  - PM: Percent of adults receiving community inclusion services through the DD Waiver who receive employment services.
  - Why this matters: Nationally, individuals with I/DD experience greater levels of unemployment, under-employment, low wages, and poverty compared to individuals without disabilities.

- Initiative 2
  - PM: Number of individuals on the DD Waiver waiting list.
  - Why this matters: The DD Waiver program is designed to provide services to allow individuals with I/DD to live as independently as possible. The capacity of the program depends on combined state and Medicaid funding. This measure is important in gauging and responding to the need for services.

- Initiative 3
  - PM: Percent of DD Waiver applicants who have a service plan in place within 90 days of income and clinical eligibility.
  - Why this matters: DDSD Intake and Eligibility Bureau works closely with internal and external partners to ensure that individuals receive waiver services in a timely manner by completing the necessary application requirements.

Developmental Disabilities Supports DDW Central Registry Update

- 6,529 people were on the waiting list as of September 30, 2017

- In FY 17, 110 Letters of Interest were sent out.

- 74 registrants had responded and started the process to enroll in the DD Waiver.

- DDSD approved 17 expedited allocations in FY17

- In FY17, DDSD sent out 6,402 "Keeping In Touch" letters to allow families to:
  - ✓ update their information on the central registry
  - ✓ collect information on what services they currently have and what services are needed

Age Range Breakdown
of Persons on
New Mexico
DD Waiver Programs
Central Registry
as of
September 30, 2017

Age 21-30; 1,508

Age 31-40; 439

Age 41-50; 235

Age 51-60; 238

Age 61-70; 125

Age 71 and over; 55

Age 11-20; 2,510

Age 0-10; 1,418
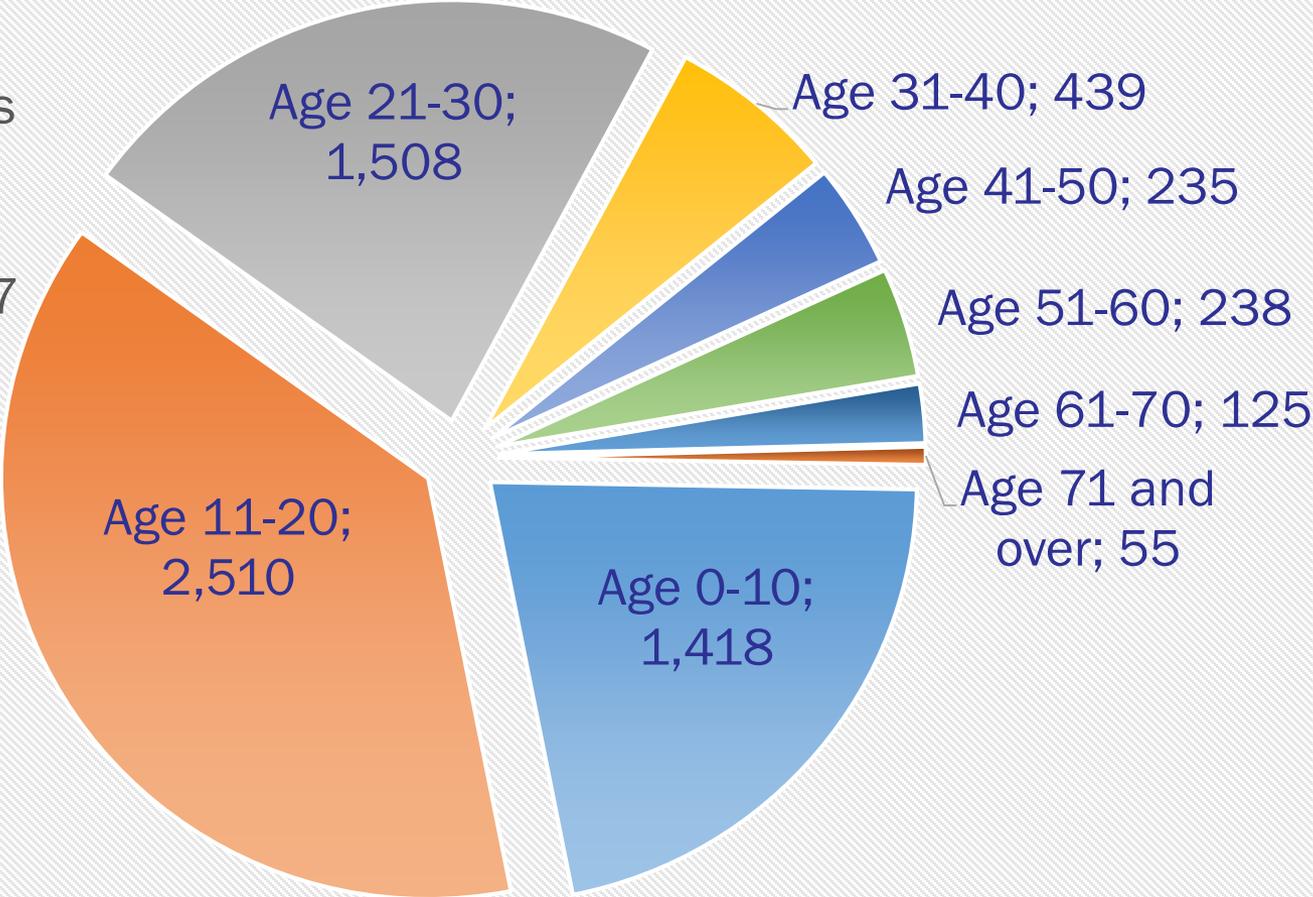
Division of Health Improvement FY17 Year End Performance

- **FY17 PM**: Abuse rate for DD Waiver and Mi Via Waiver clients

- **F17 target**: ≤ 8 %

- **Action Plan**:
  - Roll-out of new training curriculum
  - Promote reporting obligation and mechanism to report
  - Increase percentage of providers and staff who have received the required ANE training

- **Outcome**: As of FY17 Q3, the abuse rate was 5.8%.
  - ANE rate is trending down
  - Total number of allegations increasing due to training/reporting promotion
  - Baseline will be re-evaluated because no ANE is acceptable, despite meeting targeted level

Division of Health Improvement FY18 Key Initiatives

- Number of Immediate Jeopardy (IJ) citations
  - Reduction of the annual number demonstrates success in education and partnership with the stakeholder advocacy groups
  - Financial penalties for facilities is reduced when steps taken to avoid these citations
- Percent of NM nursing home residents receiving or screened for pneumococcal and influenza immunizations; improper use of antipsychotics
  - Improving these rates demonstrates that educational efforts and partnerships are successful in reducing these preventable conditions
  - Improving these rates may also indicate more complete and accurate use of the MDS – the resident assessment tool provided by CMS. Better data increases the ability for accuracy in these rates and ability to better target improvement efforts by facility
- Complaints in Health Facilities
  - Even if numbers of complaints rise, these are opportunities for DHI to fulfill more of its compliance mission; health facilities are safer
  - Increased awareness and better collaboration with other state entities means more situations are being reported; not necessarily that there are more adverse situations

Facilities Management Division FY17 Year End Performance

- FY17 Performance Measure (Turquoise Lodge Hospital)
  - *Average number of days from approval of a priority client request for treatment (RFT) to first scheduling contact for admission to the hospital*

- Why this matters: Drug and alcohol abuse treatment is a DOH priority
  - Due to the severity of substance abuse issues in New Mexico, providing medical detox is a critical function to help prevent related deaths. The impact to citizens is tremendous; it not only affects those patients who require medical detox but also family members, employers and community members

- FY17 Target: 1 day

- Action plan:
  - Develop a Crystal Reporting Tool to link assessment approval with call management data;
  - Implement modifications to the Call Management Tool to collect all priority population data;
  - Evaluate staffing assignments and work flow based on reporting outcomes;
  - Implement pre-scheduling contact;
  - Evaluate percentage of approved RFTs that are admitted to the hospital pre- and post- intervention.

- Outcome: 2.8 average days demonstrated significant improvement over the course of the year:
  - Q1 average number of days = 5
  - Q2 average number of days = 4.7
  - Q3 average number of days = 1.5
  - Q4 average number of days = 1.1

Facilities Management Division FY18 Key Initiatives

- Nursing recruitment efforts
  - According to the New Mexico Healthcare workforce committee 2017 annual report, NM needs an additional 3,361 RNs to meet the national benchmark of 8.64 per 1,000 population.
  - Worked with the SPO to develop ability to hire graduate nurses.
  - Working with state-wide nursing schools to develop agreements to allow students to get experience within the DOH.

- Infection Control
  - Focusing on vaccinations for residents, patients, clients and staff.
  - Taking steps to prevent hospital acquired infections through monitoring infection rates, education, and antibiotic stewardship.

- Employee Engagement
  - DOH involvement in assessing causes of and prevention of employee injuries.
  - Satisfaction and safety surveys of employees in facilities and LLCP.

Medical Cannabis Program FY17 Year End Performance

- **FY17 PM**: Percent of patient registry cards issued within 5 business days of application approval

- **FY17 Target**: 85%

- **Action plan**: Implement an operating change to print patient registry cards the same day an application is administratively approved.

- **Outcome**: MCP issued (mailed) 98% of patient registry cards within 5 business days of application approval.

Medical Cannabis Program
FY18 Key Initiatives

- Exploring opportunities for acceptance of online applications.
  - *PM*: Percent of completed patient applications approved/denied within 30 days.
  - *Why this matters*: In FY18, the Medical Cannabis Program will be working with a project manager to begin developing a system to accept patient applications electronically, which will help with overall program sustainability.

- Hiring an Environmental Scientist to focus on compliance of testing requirements.
  - *Why this matters*: In FY18, the Program will be working more closely with the approved laboratories, manufacturers and producers to help ensure patients have access to safe medicine.

Thank you!

Check out the NMDOH Results Scorecard here:

http://nmhealth.org/go/scorecard