



# Southwest Center for Health Innovation

New Mexico's Public Health Institute  
Reframing Health

- Mission:

To develop and implement nationally recognized policies, strategies and models to improve quality of life, health status and social equity

- Vision:

Where Thriving Communities  
Optimize Health



# Values



- **COOPERATION/COLLABORATION**

Strong relationships with communities -- Actions improve individual, staff and family life

- **CREDIBILITY**

Value our work, our organization and the people we work with. Be accountable.

- **EQUITY**

Respect and embrace diversity and help lift all people and communities to improved levels of confidence and self-determination.

- **INNOVATION/CREATIVITY**

Elevate existing knowledge, wisdom, scopes of work, contracts and programs to the next or different level of thinking about them. Share Vision,

- **VIABILITY**

To exist based on our merit and outcomes-- Our programs, services and products are unique. We have a solid financial plan backed accountable data.

# Collaboration – Workforce



Office of Community Health  
Area Health Education Center



# Collaboration – Community Programs / Coalitions



A program of the  
National Center for  
Frontier Communities



Dona Ana County UP Coalition

Youth Substance Abuse Prevention Coalition of Grant County (YSAPC)



Statewide Leadership Team  
NM Community Data Collaborative

# Partnerships – Contracted Services



Office of Community Health  
HERO Office  
Medicaid CHW Program



Racial and Ethnic Approaches to Community Health





15.85  
FTE  
Staff  
in  
Dona Ana  
Grant  
Hidalgo  
Luna?  
Santa Fe

SW CHI Program Areas

Prevention and  
Community Collaborations

Susan Wilger  
Marisol Diaz

Workforce

Holley Hudgins

Research and  
Development

Susan Wilger  
Alisha Herrick

Administration

Lucinda Tecca

# Primary Care and Psychiatric Physician Workforce Development in New Mexico



**Charlie Alfero**, Executive Director- SWCHI and New Mexico Primary Care  
Training Consortium (NMPCTC)  
**John Andazola, MD**- President, NMPCTC



# Primary Care Physician Shortages: National and State Levels

- **By 2025, the Association of American Medical Colleges estimates a shortfall of between 14,900 and 35,600 primary care physicians.**<sup>1</sup>
- **New Mexico has the oldest physician workforce in the nation.**
  - Nationally, the percentage of physicians over 65 years of age:
    - 2008 = 23.4% compared to 2012 = 26.5% (12% increase)
- Healthcare drives yearly job growth. Healthcare created more jobs than any other sector in 2016, helping to drive total annual job growth to 2.2 million, according to data from the Bureau of Labor Statistics. In 2016, the healthcare industry grew by 35,000 jobs per month on average.<sup>2</sup>

1 [https://www.aamc.org/newsroom/newsreleases/458074/2016\\_workforce\\_projections\\_04052016.html](https://www.aamc.org/newsroom/newsreleases/458074/2016_workforce_projections_04052016.html)

2 [www.modernhealthcare.com/article/20170106/NEWS/170109951](http://www.modernhealthcare.com/article/20170106/NEWS/170109951)

3 Presentation to LHHS in summer 2017

4 Fall 2017 NM Rural Health Plan Development Meeting

5 [http://www.hsd.state.nm.us/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/NMHCFW\\_2017Report\\_eDist\\_LoRes.pdf](http://www.hsd.state.nm.us/uploads/PressRelease/2f473c14ee654f868b5a25b3cfd15a6d/NMHCFW_2017Report_eDist_LoRes.pdf)

6 Per the University of New Mexico

# Primary Care Physician Shortages: National and State Levels

- **New Mexico various demand / recruitment perspectives**
  - **Doña Ana County:** recruiting 80 PCPs <sup>3</sup>
  - **New Mexico Health Resources:** recruiting 235 PCPs with limited focus <sup>4</sup>
- **HSD:** “Assuming no redistribution of the current workforce, an additional 139 PCPs would enable New Mexico to meet the national benchmark (0.79 per 1,000 population) in all counties.”<sup>5</sup> (We believe this is understated)
- **Presbyterian Health Care Services:** recruiting 35-40 PCPs in 2017 <sup>6</sup>

1 [https://www.aamc.org/newsroom/newsreleases/458074/2016\\_workforce\\_projections\\_04052016.html](https://www.aamc.org/newsroom/newsreleases/458074/2016_workforce_projections_04052016.html)

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6 Per the University of New Mexico

# Psychiatric Physician Shortages:

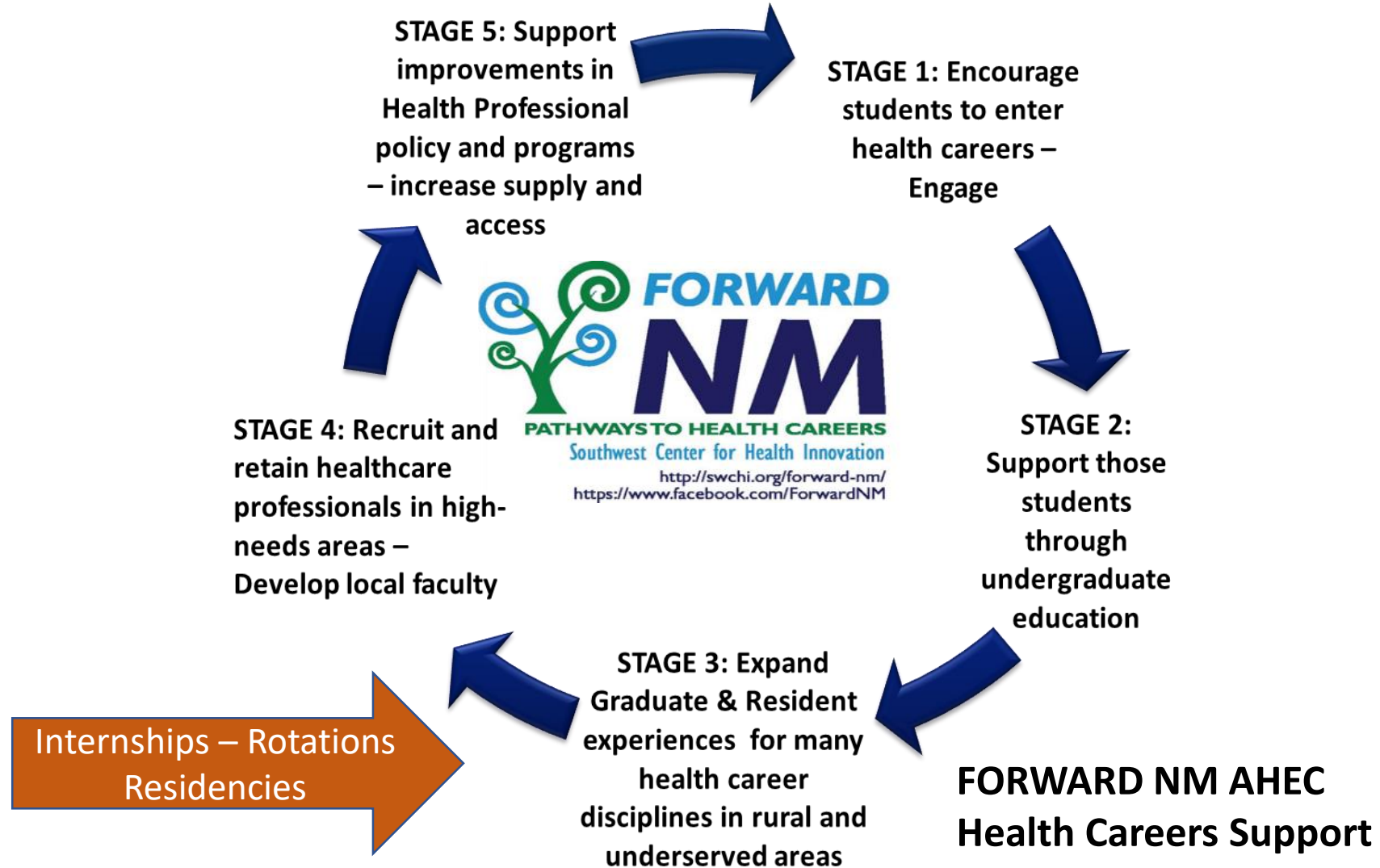
The CDC reports 43.4 million adults suffered from some sort of behavioral health issue including mental illness, substance abuse, or other psychiatric condition in 2015 alone.

## Access To Care

**65%** of Non-Metropolitan counties in the U.S. don't have a single psychiatrist

**47%** of Non-Metropolitan counties in the U.S. don't have a single psychologist

# Workforce Pipeline- Preparing Our Own Workforce



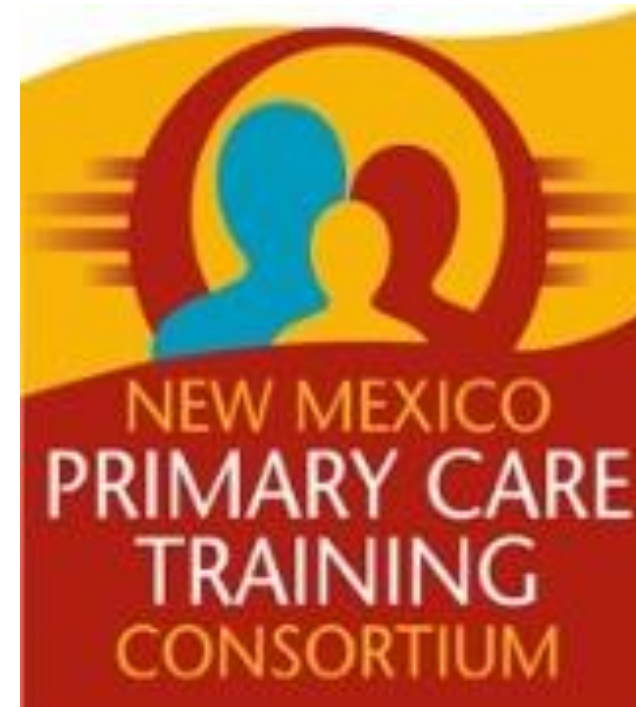
# New Mexico Primary Care Training Consortium (NMPCTC)

## Mission

“The New Mexico Primary Care Training Consortium improves the quality of essential health services by supporting existing and developing new training opportunities to increase primary care workforce in New Mexico.” Adopted Nov. 2014.

## Vision

For New Mexico to be an innovative leader in training family medicine physicians and other primary care providers working in the most underserved populations in high quality, integrated primary care health systems.



# Collaborations Creating Solutions



# NMPCTC CONSORTIUM MEMBERS



UNM FMRP- Albuquerque



Southern NM FMRP – Las Cruces



CHRISTUS St. Vincent  
FMRP - Santa Fe



Champion FMRP - Alamogordo



Hidalgo Medical Services  
FMRP - Silver City

**ALBUQUERQUE:**

UNM Office of Community Health

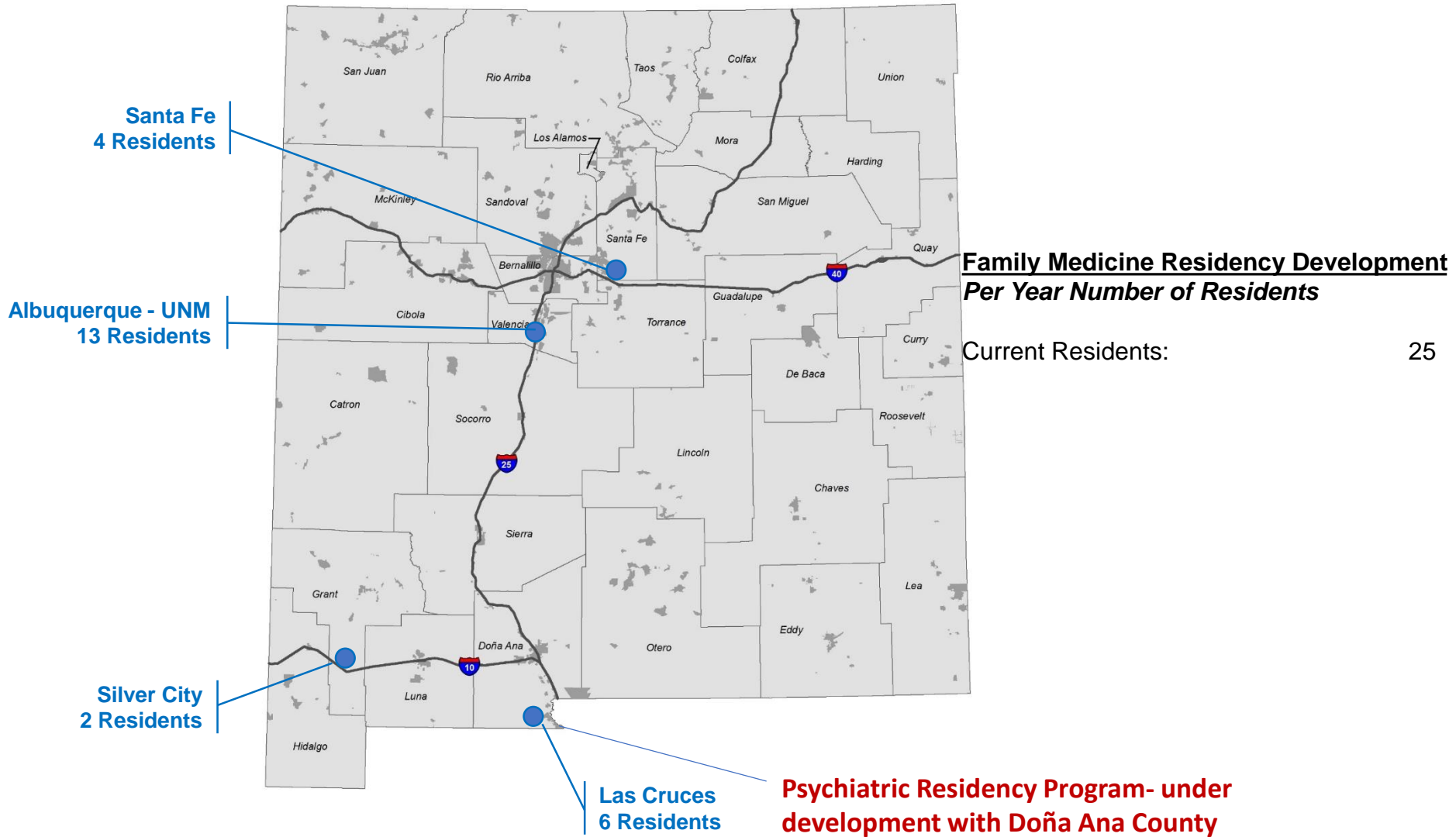
**LAS CRUCES:**

Burrell College of Osteopathic Medicine (BCOM)

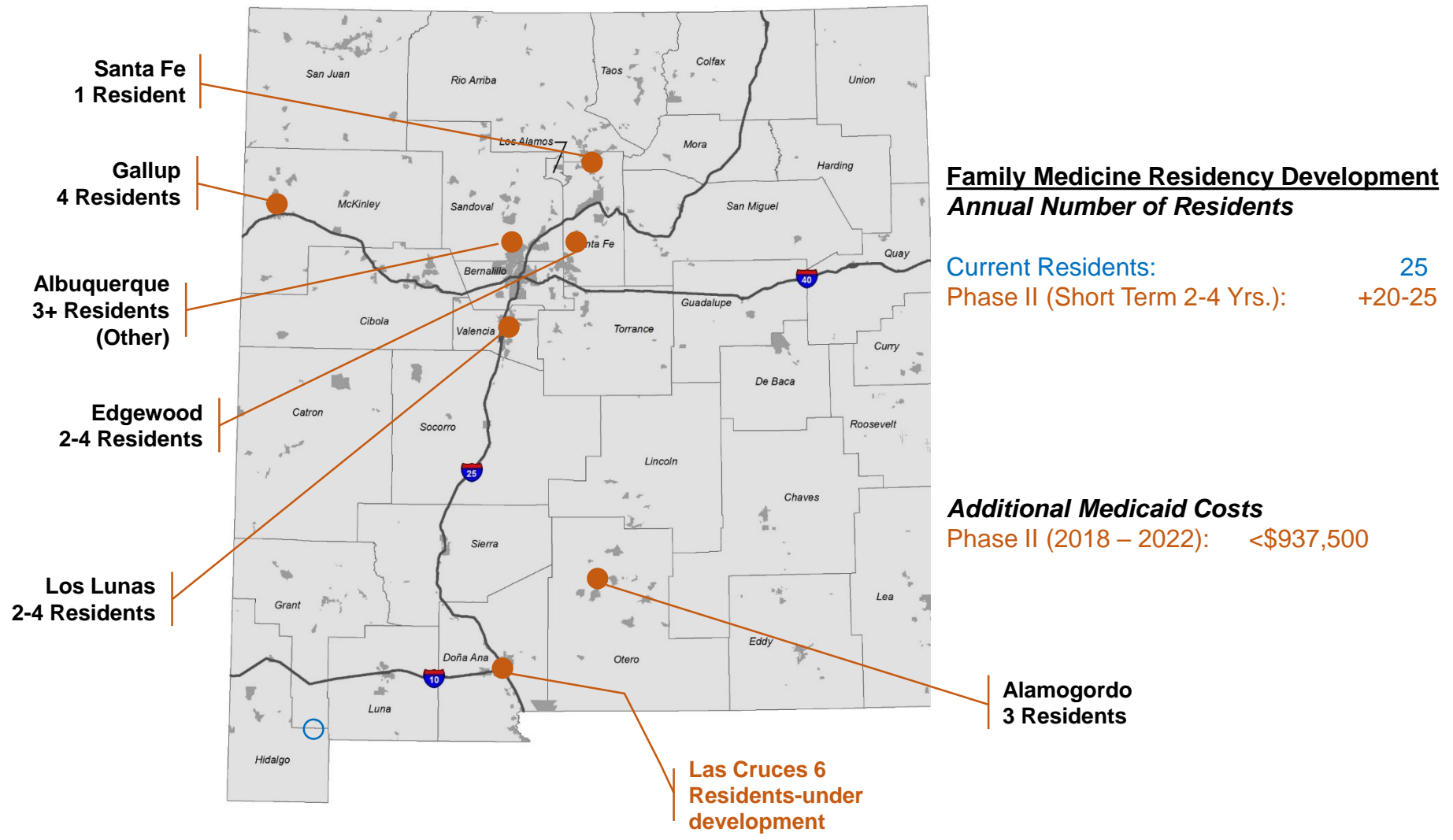
**ROSWELL:**

Former – Eastern NM Family Medicine Program

# Current Family Medicine Residencies







# Potential Shorter-term Family Medicine Development

# Financing Health Careers and FM/Psych Development - SCAN

- Medicaid GME Payments have grown from \$40 million to over \$107 million in the last 4 years of which over \$106 million goes to UNM - <1% leaves ABQ
- UNM also receives approximately \$7-8 million in direct general funds for GME and related educational programs a portion of which could be matched through Medicaid for training
  - Rural Psychiatry = \$?
  - Rural Family Medicine = Approximately \$280,000 goes to UNM, Christus / St. Vincent, Memorial Medical Center and Hidalgo Medical Services family medicine residency programs
- UNM may be maxed out clinically for FM residency slot growth or other primary care training growth.

# Summary of Recommended Medicaid GME Changes:

- IME - Make all PPS/DRG hospitals with approved residencies eligible for IME, not just those with more than 125 residents.
- Direct GME - Combine Rural and Primary Care residencies into one rate
- Set Payment rate at \$75,000 for PC and Rural and \$50,000 for “Other” which are the subspecialties. We are recommending that HSD set the ratio of DGME to 40.4% for “other” and 59.6% for rural and primary care training to limit Medicaid growth in Subspecialties for future distribution of GME support.
- Create an administrative fee of \$75,000 DGME fixed rate for rural and primary care residencies
- Add FQHCs to the DGME definition.
- HSD is requiring identification of funding for FQHC-based training but not hospitals. This is a disincentive for residency development financially and creates a less secure financing environment for FHQCs and hospitals.

# Contact

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# Southwest Center for Health Innovation

New Mexico's  
Public Health Institute



# What is a Public Health Institute?



- Nonprofit, independent from state government and institutions.
- Leaders for population health improvement through innovative partnerships.
- Leverage community and population strengths and assets
- Address current and emerging health issues through research, policy, system transformation, communications.



# National Network of Public Health Institutes



# Why New Mexico?

- Governmental public health services alone cannot address public health needs
- Need and desire to address the economic, environmental and social determinants of health.
- Collaboration needed to address prevention, social inequities economic disparities and preparedness.
- A leader in addressing emerging issues as communities of color and other populations, such as the elderly, increase.



# Why Southwest Center for Health Innovation?

- Non-partisan entity, stable throughout administration turnover
- Process
- Requirements
  - Staffing
  - Partnerships
  - Budget
  - Competencies:
    - Population-based health program delivery
    - Health policy and policy analysis through an equity lens
    - Training and technical assistance
    - Research and evaluation
    - Health informatics
    - Health communications
    - Fiscal/administrative management and program support
    - Collaborative leadership

# NMPHI Vision and Mission

**Vision:** Health equity is achieved: Social and health issues continue to be prioritized through evidence, policy, civic engagement and social justice.

**Mission:** To challenge the status quo by creating an environment in which social and health conditions allow individuals, families and communities to thrive

# Contact

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NM Public Health Institute

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# Southwest Center for Health Innovation 2019-2020 Legislative Request

<u>Revenue</u>	SWCHI AHEC	NMPCTC	NM PHI	In-Kind	Total
<b>FORWARD NM AHEC</b>					
AHEC Support (Federal) - FORWARD NM AHEC				77,000	77,000
SWCHI Support - FORWARD NM				77,000	77,000
Freeport MacMoran Foundation - FORWARD NM				25,000	25,000
<u>SWCHI AHEC - General Fund Request</u>	<b>242,580</b>				242,580
<b>NM Primary Care Training Consortium (NMPCTC)</b>					
Residency - Community Contracts				230,000	230,000
<u>NMPCTC / SWCHI General Fund Request</u>		<b>278,340</b>			278,340
<b>NM Public Health Institute - NMPHI</b>					
NMPHI - Various Sources				100,000	100,000
<u>SW CHI NMPHI - General Fund Request</u>			<b>307,950</b>		307,950
<b>Total Revenue</b>	<b>242,580</b>	<b>278,340</b>	<b>307,950</b>	<b>509,000</b>	<b>1,337,870</b>



# Southwest Center for Health Innovation 2019-2020 Legislative Request

<u>Expenses</u>				
<b>Salary and Fringe</b>				
Director	31,500	31,500	31,500	94,500
Program Manager	37,500	37,500	50,000	125,000
IT / Data Support Staff	20,000	20,000	60,000	100,000
Operational / Outreach Staff	50,000	50,000	25,000	125,000
Marketing Staff	15,000	15,000	15,000	45,000
Total	154,000	154,000	181,500	489,500
Fringe @.25	38,500	38,500	45,375	122,375
<b>Salary and Fringe Total</b>	<b>192,500</b>	<b>192,500</b>	<b>226,875</b>	<b>611,875</b>
<b>Operating Expenses</b>				
Travel I/S	4,000	5,000	5,000	14,000
Travel O/S	4,000	5,000	7,500	16,500
Office Supplies	1,200	1,200	2,000	4,400
Other Supplies	250	250	250	750
Computers & Software	200	3,000	5,000	8,200
Other Contract Services	0	25,000	10,000	35,000
<b>Total Operating Expenses</b>	<b>9,650</b>	<b>39,450</b>	<b>29,750</b>	<b>78,850</b>
<b>Total Expenses</b>	<b>202,150</b>	<b>231,950</b>	<b>256,625</b>	<b>690,725</b>
Indirect @ .20	40,430	46,390	51,325	138,145
<b>Total Program</b>	<b>242,580</b>	<b>278,340</b>	<b>307,950</b>	<b>828,870</b>