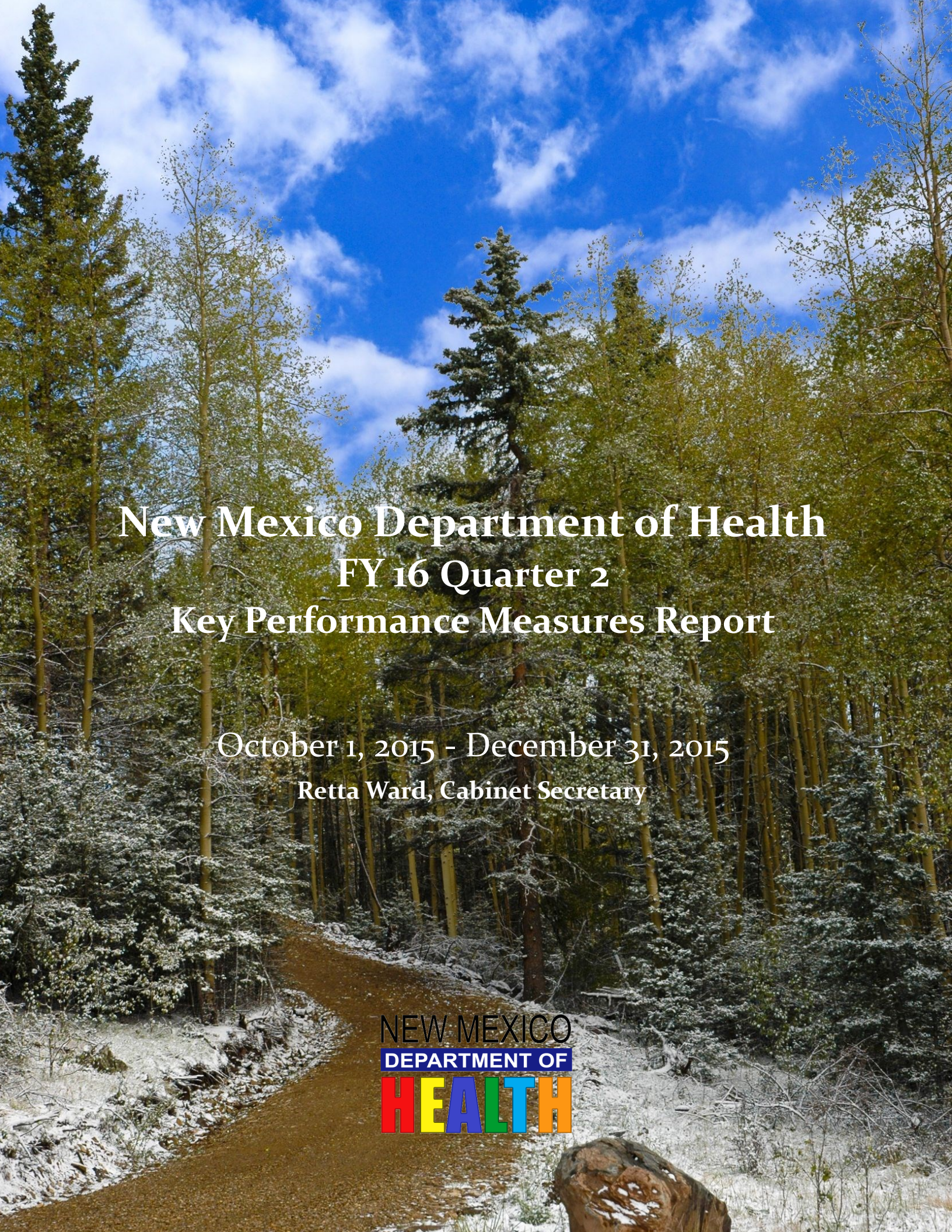


New Mexico Department of Health
FY 16 Quarter 2
Key Performance Measures Report

October 1, 2015 - December 31, 2015

Retta Ward, Cabinet Secretary

NEW MEXICO
DEPARTMENT OF
HEALTH

Table of Contents

NEW MEXICO
DEPARTMENT OF
HEALTH

Produced by the
Office of Policy and Accountability
(505) 827-1052

NEW MEXICO DEPARTMENT OF HEALTH

MISSION

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

FY16 OPERATING BUDGET:

General Funds: $305,331,400

Federal Funds: $101,678,900

Other State Funds: $115,896,600

Other Transfers: $29,180,700

Total: $552,087,600

CONTACT INFORMATION

Office of the Secretary
(505) 827-2613

Public Information
(505) 827-2619

Administration and Finance
(505) 827-2555

Office of Border Health
(505) 528.5154

Health Equity
(505) 827-1052

Policy and Accountability
(505) 827-1052

Information Technology
(505) 827-2744

Epidemiology and Response
(505) 827-0006

Scientific Laboratory
(505) 383-9000

Facilities Management
(505) 827-2701

Developmental Disabilities Support Services
(800) 283-5548

Health Certification Licensing Oversight
(505) 476-9093

Public Health
(505) 827-2389

At-A-Glance								
	Performance Measure	**FY12**	**FY13**	**FY14**	**FY15**	**FY16 Q1**	**FY16 Q2**	**FY16 Target**
Public Health (P002)								
	Percent of QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	33.0%	33.0%	32.0%	31.5%	29.3%	34.8%	33.0%
New	Number of teens ages 15-17 receiving services at clinics funded by the NMDOH Family Planning Program	3,063	3,678	2,717	1,334	898	1,163	2,900
	Percent of female clients ages 15-17 seen in NMDOH public health offices who are given effective contraceptives	65.0%	65.0%	53.0%	54.6%	52.9%	59.6%	66.0%
	Percent of students using school-based health centers who receive a comprehensive well exam		34.5%	34.2%	34.2%	36.0%	20.0%	38.0%
New	Percent of elementary students in community transformation communities who are obese	21.4%	19.9%	18.1%	Data pending	Data pending	Data pending	22.4%
New	Percent of pre-schoolers (19-35 months) fully immunized	72.0%	65.7%	75.9%	Data pending	Data pending	Data pending	85.0%
New	Percent of WIC recipients that initiate breastfeeding	67.5%	69.9%	74.5%	79.3%	81.4%	82.2%	85.0%
Epidemiology and Response (P003)								
New	Percent of acute care hospitals reporting stroke data into approved national registry			6.8%	9.3%	9.3%	9.3%	13.6%
New	Percent of acute care hospitals reporting heart attack data into approved national registry			9.1%	11.6%	11.6%	13.9%	13.6%
New	Percent of hospitals reporting bed availability in the healthcare emergency preparedness bed reporting system within four hours of request	80.0%	76.0%	81.0%	82.0%	73.0%	73.0%	75.0%
	Percent of vital records front counter customers who are satisfied with the service they received				97.6%	94.5%	94.4%	85.0%
	Ratio of infant pertussis cases to total pertussis cases of all ages	1:12	1:15	1:13	1:12	1:7	1:17	1:15
New	Number of naloxone kits provided in conjunction with prescription opioids		35	154	381	105	83	500
New	Percent of counties with documented implementation plans for developing regionalized EMS response			21.0%	42.4%	42.4%	42.4%	27.0%

At-A-Glance								
	Performance Measure	**FY12**	**FY13**	**FY14**	**FY15**	**FY16 Q1**	**FY16 Q2**	**FY16 Target**
Scientific Laboratory (P004)								
	Percent of blood alcohol tests from driving-while-intoxicated cases that are completed and reported to law enforcement within fifteen business days	*	*	*	93.6%	92.8%	92.8%	90.0%
	Percent of OMI cause of death toxicology cases that are completed and reported to office of medical investigator within sixty business days	*	*	67.0%	77.7%	98.7%	98.6%	90.0%
New	Percent of public health threat samples for communicable diseases and other threatening illnesses that are completed and reported to the submitting agency within published turnaround times	92.4%**	98.2%**	94.7%**	95.9%	98.3%	96.7%	95.0%
New	Percent of environmental samples for chemical contamination that are completed and reported to the submitting agency within sixty business days	91.4%**	98.1%**	96.5%**	96.0%	99.3%	95.7%	90.0%
Office of Facilities Management (P006)								
	Percent of staffed beds filled at all agency facilities	87.0%	86.0%	81.1%	95.7%	93.0%	95.5%	90.0%
	Percent of long-term care residents with healthcare-acquired pressure ulcers		7.3%		4.3%	3.3%	3.0%	6.4%
	Percent of long-term care patients experiencing one or more falls with injury				***	6.4%	6.1%	3.3%
Developmental Disabilities Supports (P007)								
	Percent of developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility	98.3%	83.0%	75.0%	90.6%	50.0%	42.8	93.0%
	Percent of adults receiving community inclusion services through the DD Waiver who receive employment services	36.0%	30.0%	27.0%	29.0%	33.0%	35.0%	33.0%
	Number of individuals receiving developmental disabilities waiver services	3,888	3,829	4,403	4,610	4,610	4,613	4,000
	Number of individuals on the developmental disabilities waiver waiting list	5,911	6,248	6,133	6,365	6,400	6,349	6,330
New	Percent of children served through the Family Infant Toddler (FIT) Program who receive all of the early intervention services on their IFSP within 30 days	97.4%	97.8%	98.1%	98.2%	97.9%	97.7%	97%

* Data not available because this performance measure changed as of FY15.
** Data tracked internally but not reported during FY12 - FY14.
*** Data not available because this performance measure changed as of FY16.

At-A-Glance								
	Performance Measure	**FY12**	**FY13**	**FY14**	**FY15**	**FY16 Q1**	**FY16 Q2**	**FY16 Target**
Health Improvement (P008)								
New	Percent of abuse, neglect, and exploitation incidents for community-based programs investigated within forty-five days	94.8%	79.7%	26.4%	51.5%	79.0%	72.3%	95.0%
New	Percent of report of findings transmitted to provider within twenty business days of survey exit	45.0%	48.0%	53.0%	32.0%	33.0%	76.1%	95.0%
Medical Cannabis (P787)								
New	Percent of complete medical cannabis client applications approved or rejected within thirty calendar days of receipt		85.0%	90.0%	95.0%	91.0%	98.0%	95.0%

PROGRAM AREA 002: Public Health

Purpose:

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

FY16 OPERATING BUDGET:

General Funds: $63,889,600

Federal Funds: $72,826,100

Other State Funds: $31,377,500

Other Transfers: $13,148,500

Total: $181,241,700

ACCOMPLISHMENTS

- New Mexico is 10th in the nation in vaccine coverage for children ages 19-35 months.

- New Mexico is one of thirteen states to receive a "B" rating in reproductive health policies and is poised to make changes to substantially lower teen births. (Source: Population Institute, Washington DC, 2015 State Report Card on Reproductive Health and Rights, available at: *https://www.populationinstitute.org/resources/reports/reportcard/)*.

- The rate of third graders who are obese has declined 19.9 percent since 2010.

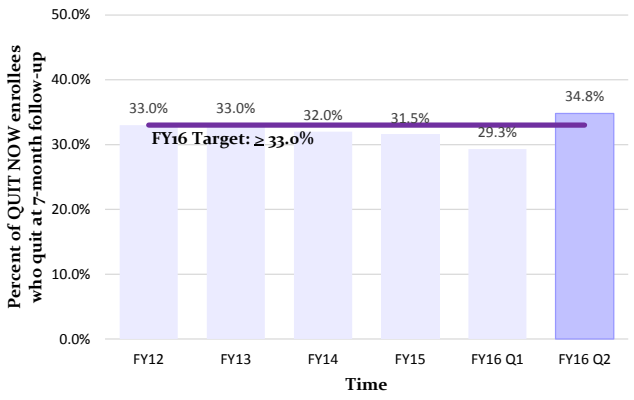
- The New Mexico Supplemental Food and Nutrition Program for Women and Children (WIC) is collaborating with Texas, Louisiana, the Pueblo of Isleta, and the Cherokee Nation, to develop a new regional $70 million WIC software system, at no cost to New Mexico.

- The Public Health Division (PHD) launched a comprehensive analysis/ assessment of public health services to align services to needs in an evolving public health arena.

- PHD launched its *PHD Stars* and *PHD Performance Excellence* awards program last year. *PHD Stars* can be awarded by any PHD employee to any other PHD employee for outstanding work. *PHD Performance Excellence* awards are given to external partners who demonstrate commitment to, and success in improving population health. In FY16 Quarter 2, PHD awarded 17 *PHD Stars* awards to employees. To date, 87 PHD staff members have awarded *PHD Stars* awards, and 31 partners outside the Division have received *PHD Performance Excellence* awards.

PROGRAM AREA 002: Public Health

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



Partners

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

Story Behind the Data

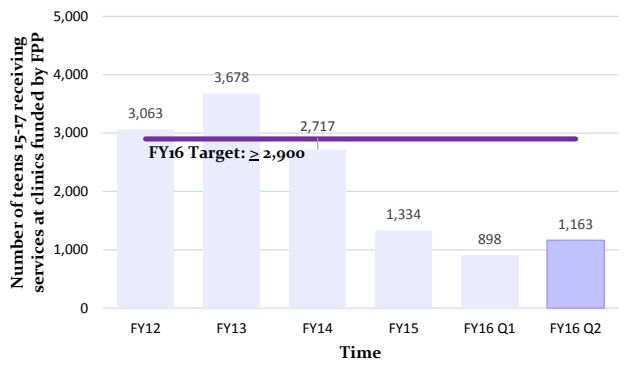
- QUIT NOW usage in NM and across the US has stabilized or declined in the past 18 months. One possible factor for this pattern is e-cigarette use among some smokers as an attempt to quit traditional cigarettes instead of using proven methods such as QUIT NOW counseling and nicotine medications. In NM, about 10% of adults use e-cigarettes, often in combination with other tobacco products. Although adult cigarette smoking rates have remained stable in recent years, we continue to see higher rates among people who have lower incomes, are on Medicaid, have a disability, or identify as lesbian, gay, or bisexual.
- Youth cigarette smoking declined significantly in the past decade, reaching historic lows nationally. However, hookah use is high in NM (22%), and we suspect that NM youth e-cigarette use data (Spring 2016) will show rates comparable to or higher than cigarettes. Nationally, use of e-cigarettes (13.4%) and hookah (9.4%) surpassed traditional cigarettes (9.2%). The use of e-cigarettes, hookahs, and flavored tobacco products presents new challenges, such as potentially increasing youth tobacco initiation and sustained nicotine addiction among adults. In 2015, NM policymakers passed laws prohibiting the sale of e-cigarettes to minors and requiring child-proof packaging of nicotine liquids.

Action Plan

- Continue promoting and providing QUIT NOW telephone- and web-based cessation services, free quit coaching, free nicotine medications, and services in Spanish (DEJELO YA).
- Implement recommendations from the North American Quitline Consortium to use a set of standardized e-cigarette intake questions for QUIT NOW enrollees to better understand the impact of e-cigarette use on cigarette use and cessation patterns.
- Provide 25 online Treating Nicotine Dependence and Family Tobacco Intervention trainings to health care providers, especially those serving priority population patients.
- Expand Health Systems Change Training and Outreach Pilot Program to more Federally-Qualified Health Centers and clinics statewide (FY16 Target=24). A second Systems Change Specialist is being trained and will begin outreach and recruitment in Q3.
- Continue tracking e-cigarette data and policy developments to incorporate into program planning.

PROGRAM AREA 002: Public Health

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



Partners

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

Story Behind the Data

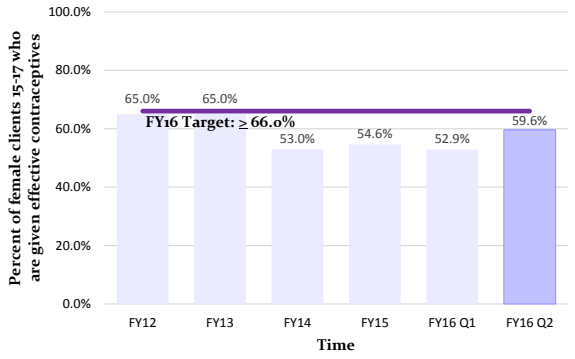
- New Mexico is one of thirteen states to receive an "B" rating in reproductive health policies from the Population Institute of Washington, D.C. DOH is poised to make changes to lower teen births by 50% in the next four years.
- NM's teen birth rate for 15-17 year olds has declined 47% since 2009. This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

Action Plan

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

PROGRAM AREA 002: Public Health

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



Partners

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

Story Behind the Data

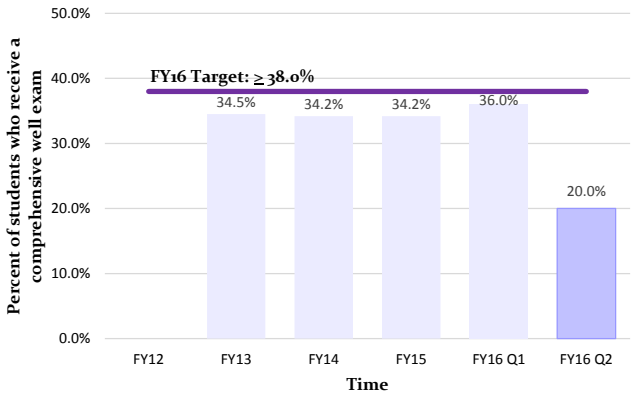
- In Q2 of FY16, over half (59.6%) of female clients aged 15-17 seen in NMDOH public health offices were given effective contraceptives. Of these, 11.2% chose highly-effective contraceptives (IUDs and implants) and 45.6% chose moderately-effective contraceptives (injectables, pills, patches, or rings). The national rate of teen use of highly-effective contraceptives is 7.7% and of moderately-effective contraceptives is 63.7% (US Health and Human Services Department, Title X 2014 Family Planning Annual Report, available at *http://www.hhs.gov/opa/pdfs/title-x-fpar-2014-national.pdf*).
- The 2013 High School Youth Risk Resiliency Survey (YRRS) found that 26% of NM teens are currently sexually active (US rate was 34%). Approximately 14% of sexually active teens did not use any method to prevent pregnancy (US rate was 13.7%) during their last sexual intercourse, whereas ten percent of sexually active teens used both a condom and a reliable form of birth control. Nearly 58% of female teenaged Title X clients currently use highly-effective or moderately effective contraception. According to 2013 YRRS data, less than 12% of teens statewide were using highly-effective contraception during their last sexual intercourse.
- There is a lack of access to family planning services: all but one of NM's counties contains a health professional shortage area. Of 250,000 NM women in need of contraceptive services, 60% are in need of publicly-supported contraceptive services; more than one in five of these women are teens (Alan Guttmacher Institute, 2013).

Action Plan

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

PROGRAM AREA 002: Public Health

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



Partners

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

Story Behind the Data

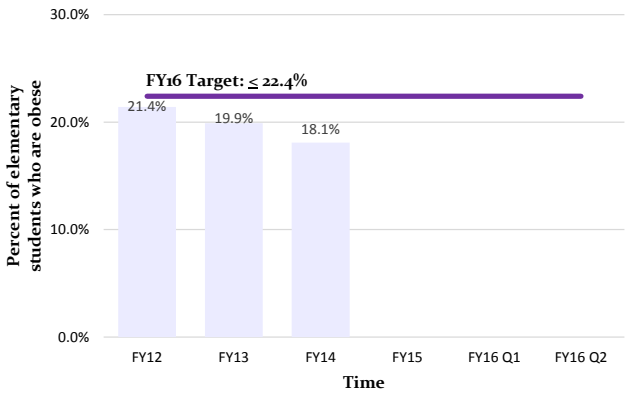
- The School Based Health Centers (SBHCs) saw a significant drop overall in the percentage of students receiving a comprehensive well exam. The decline, down from 36% to 20% overall is due to two primary factors:
    1. Centennial Care limits the total number of well exams a youth can have in a calendar year. As a result, SBHCs dialed back the total number of comprehensive well exams, fearing families would receive a bill for a duplicate service. Although SBHCs call the managed care organizations to obtain information if a student has had a well exam, the information is not always accurate. As a result, SBHCs are unwilling for the cost of the exam to go unpaid or for a bill to the families.
    2. Coding was changed from ICD9 to ICD10 and there is also confusion at the practice and payer level about what codes to use.
- The NMDOH Office of School and Adolescent Health (OSAH) is working with HSD and the Centennial Care Managed Care Organizations to provide more clarification about how to obtain accurate information about well exams. At this point, no solutions have been agreed upon. As a result, it is highly likely the program will NOT meet the target measure this fiscal year.
- SBHCs are engaged in outreach to identify youth in need, with an overarching goal of identify health risks and creating opportunities to be engaged in delivering health throughout the school year. FY16 2nd Quarter performance does not include data from all sites. Some sites experienced technical difficulties with new electronic health data systems.

Action Plan

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

PROGRAM AREA 002: Public Health

Percent of elementary students in community transformation communities who are obese



Partners

- NM Interagency Council for the Prevention of Obesity (comprised of eight state departments).
- NM Public Education Department; NM Children, Youth and Families Department; NM Human Services Department; NM Department of Transportation; NM Food and Agriculture Policy Council; New Mexico State University Cooperative Extension Services.
- NM Envision, and schools of nursing throughout the state; US Department of Agriculture (USDA) Supplemental Nutrition Assistance Education Program (SNAP-Ed); Cooperative Extension.
- Healthy Kids Healthy Communities (HKHC) coalitions in Chaves County, Cibola County, Curry County, Dona Ana County, Guadalupe County, City of Las Cruces, Luna County, McKinley County, Northern Rio Arriba County, Socorro County, San Ildefonso Pueblo, and Zuni Pueblo.

Story Behind the Data

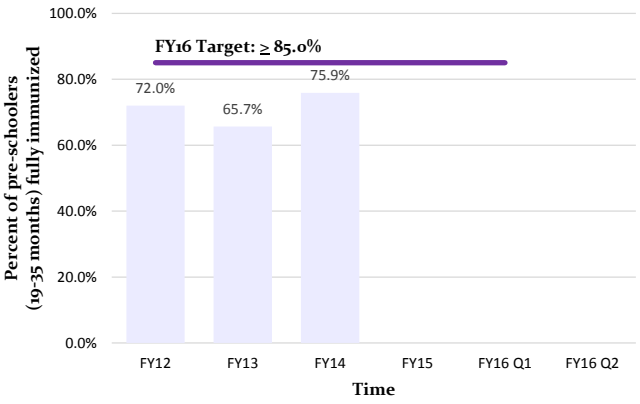
- Since 2010, obesity rates among New Mexican third grader students have decreased by 19.9%, and for kindergarten students by 12.1%. Despite this downward trend, obesity and overweight prevalence rates remain high with more than one-in-three third graders being either overweight or obese. American Indian students continue to have the highest rates. In 2014 more than half of American Indian third graders were either overweight or obese.
- The Department of Health's Healthy Kids Healthy Communities (HKHC), begun in 2009, now reaches one in four elementary students across the state.
- Since 2012, 83% of HKHC elementary school students have increased healthy eating opportunities and 64% of HKHC students have increased physical activity opportunities.
- Since 2012, HKHC leveraged over $4 million to support healthy eating and physical activity initiatives in elementary schools and across communities.
- NMDOH provided HKHC $866,817 to continue the community transformation initiative for FY16.
- HKHC was able to leverage additional USDA SNAP-Ed funding to expand current efforts in at least six to eight more counties and four tribal communities as well as target the low-income adult population and their families.
- 2015 child obesity surveillance data are currently being collected and will be available in the spring of 2016.
- HKHC has yet to obtain state recurring funding to support on-going work of the small and dedicated staff at the state level and at the local level for each of the community coalitions and coordinators.

Action Plan

- Expand HKHC from nine counties and two tribal communities to 16 counties and six tribal communities in FY16. HKHC builds state and local partnerships to increase opportunities for healthy eating and physical activity where children live, learn and play.
- Partner with local public health offices to establish health-promoting infrastructure, such as edible gardens, walking paths with fitness stations and distance markers, and support educational efforts, such as exercise and yoga classes, and tasting and cooking demonstrations, for clients accessing services at local public health offices.

PROGRAM AREA 002: Public Health

Percent of preschoolers (19-35 months) fully immunized



Partners

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

Story Behind the Data

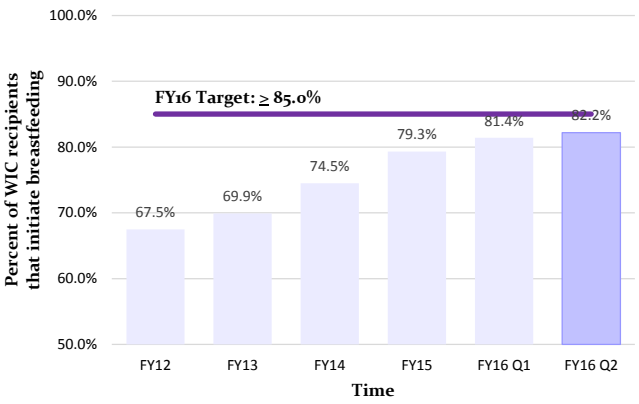
- In 2014, the most recent year for which data are available, New Mexico ranked 10th best among the 50 U.S. states in vaccine coverage for children ages 19-35 months old New Mexico's rate of 75.9% exceeded the U.S. average by 4.3% . The Healthy People 2020 objective is 80%.
- The 4:3:1:3:3:1:4 (4 DTaP, 3 Polio, I MMR, 3 HepB, 3 HIB, 1 Varicella, and 4 Pneumococcal) series, as collected through the Centers for Disease Control (CDC) National Immunization Survey, is the nationally-accepted "gold standard" for childhood immunization coverage for children 19 -35 months old.
- Data for the National Immunization Survey are collected through a random-digit dialing telephone survey of households.
- Data are typically available one year after they are collected. Consequently, the data are updated once a year and a year in arrears. 2014 data became available in August of 2015 and 2015 data will be available in August of 2016.
- New Mexico performance has tracked closely with national performance and has improved greatly, from 45.8% in 2009 to 75.9% in 2014.

Action Plan

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

PROGRAM AREA 002: Public Health

Percent of WIC recipients that initiate breastfeeding



Partners

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

Story Behind the Data

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

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

Action Plan

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

PROGRAM AREA 003: Epidemiology and Response

Purpose:

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

Drug Overdose Surveillance
Prevention and Control

FY16 OPERATING BUDGET:

General Funds: $13,877,800

Federal Funds: $13,322,500

Other State Funds: $1,289,600

Other Transfers: $649,400

Total: $29,139,300

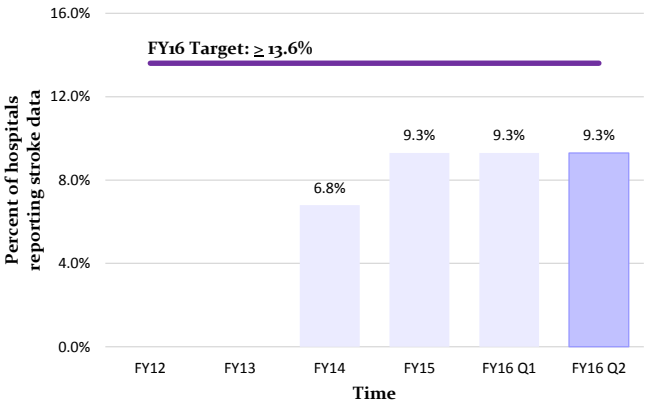
ACCOMPLISHMENTS

The Epidemiology and Response Division:

- Responded as the "health and medical" lead during Winter Storm Goliath, and collaborated with the National Guard and other state agencies to: assure that critical patient care was received in southeastern NM; assist with staffing of shelters that housed approximately 700 stranded Interstate 40 travelers; and assure that critical healthcare staffs physically got where they were needed.
- Received a competitive grant (New Mexico was one of only two grantee states) to assess the accuracy of death data submitted on death certificates and through healthcare facility electronic medical records. This new contract will enable the Vital Records and Health Statistics Bureau to identify death data quality improvement opportunities, and will also serve as a pilot for a national initiative to link death certificate data with facility electronic medical records.
- Participated in a tabletop pilot exercise about infectious diseases with representatives from the Indian Health Service and eleven NM tribes. The purpose of this exercise was to provide information to these stakeholders on how to collaborate with the New Mexico Department of Health in the event of a suspected reportable disease presenting at a tribal clinic. Results of the pilot exercise will be used to inform future exercises with other tribal partners.
- Provided training on how to conduct infectious disease investigations for public health nurses from the New Mexico Department of Health, and for representatives of several NM tribes and the Indian Health Service during a two-day session.
- Developed a collaborative plan for reducing Cardiovascular Disease (CVD) mortality in New Mexico. Partners included the Chronic Disease Prevention and Control Bureau (PHD), the Emergency Medical Services and Environmental Health Epidemiology Bureaus. A logic model was developed, which depicts how activities can lead to short-term and intermediate outcomes, and ultimately to the reduction in CVD mortality.
- Completed data collection on about 25,000 middle and high school students for the 2015 NM Youth Risk and Resiliency Survey.

PROGRAM AREA 003: Epidemiology and Response

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



Partners

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

Story Behind the Data

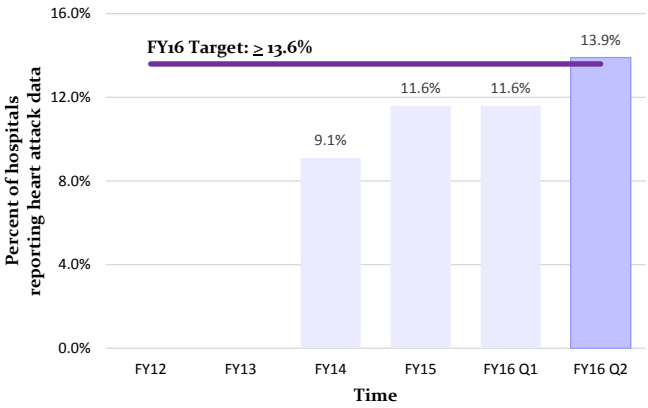
- Stroke is a leading cause of death in New Mexico, resulting in the deaths of 679 New Mexicans in 2014 (NMDOH data). Those who do survive a stroke often suffer lifelong disability.
- Legislation was passed in 2012, which enacted a new section of the Public Health Act to provide for department of health certification of hospitals as stroke centers.
- Stroke center designation cannot be awarded until stroke data is being submitted to the national registry, which will enable facilities to analyze and improve health care outcomes in stroke patients.
- Entering data into the Get with the Guidelines Stroke registry, a stroke care database/registry operated by the American Heart Association, is a primary requirement for beginning the process of state certification as a stroke center.
- During the second quarter of FY16, as in FY2015, four out of 43 acute care hospitals in New Mexico (9.3%) entered data into the Get with the Guidelines Stroke registry. This is an increase from the percentage of acute care hospitals that reported stroke data in FY2014. However, despite continued program outreach and interest in stroke system development statewide, no new hospitals began submitting data this quarter.

Action Plan

- Continue outreach to acute care hospitals.
- Collect data on stroke patients in accordance with national guidelines, which will assist in analyzing the potential for facilities to become stroke receiving or referring facilities.
- Analyze data on stroke patients in accordance with national guidelines, which will improve health care outcomes in stroke patients. Once data is being submitted, NMDOH will work with the hospitals in achieving other aspects required for stroke center designation.
- The NMDOH will then, in accordance with NMDOH rules, certify an acute care hospital as a Primary Stroke Center, Comprehensive Stroke Center, or Acute Stroke Capable Center, if the hospital has been accredited at that level by the Joint Commission.

PROGRAM AREA 003: Epidemiology and Response

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



Partners

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

Story Behind the Data

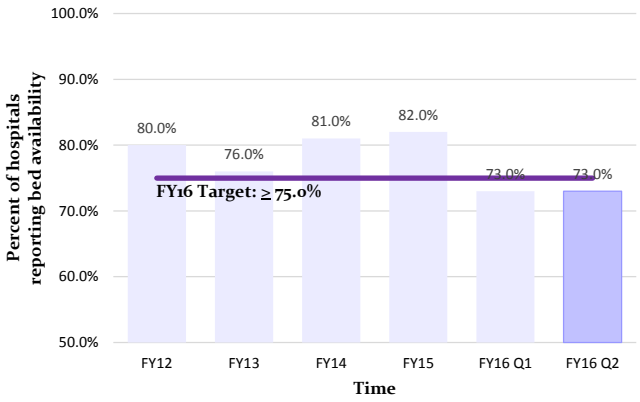
- Over 3,000 New Mexicans die every year from cardiovascular disease. However, NMDOH does not currently have access to detailed statewide data for heart attack patients, such as level of care provided at various hospitals, how long it took to receive that care, and the number of patients needing transfer to higher levels of care.
- The more hospitals that provide data, the better picture of heart attack care we can obtain, enabling NMDOH Emergency Medical Systems Bureau to identify areas of potential improvement in patient care and outcomes via education and system development.
- Legislation was passed in 2013, which enacted a new section of the Emergency Medical Services Act to provide for NMDOH certification of hospitals as S-T Elevation Myocardial Infarction (STEMI/Heart Attack) centers.
- STEMI center designation cannot be awarded until cardiac care data is submitted to the ACTION Registry, a heart attack/cardiac care database/ registry jointly operated by the American Heart Association and the American College of Cardiology.
- During the second quarter of FY16, another New Mexico hospital began reporting heart attack data. Now six out of 43 acute care hospitals in New Mexico (13.9%) report heart attack data into the national registry. We anticipate this percentage will continue to improve, as other hospitals are verbally committing to initiate this process during calendar year 2016.

Action Plan

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

PROGRAM AREA 003: Epidemiology and Response

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



Partners

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

Story Behind the Data

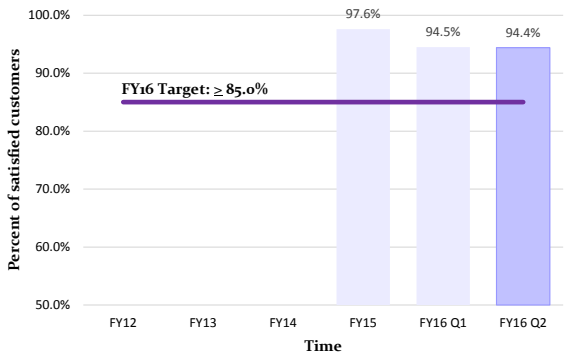
- To effectively manage healthcare emergency resulting in a medical surge on the hospital system, knowing the location of available hospital beds is critical to getting patients treatment they need.
- The National Hospital Available Beds for Emergencies and Disasters (HAvBED) system is a real-time, electronic hospital bed tracking/monitoring system designed to address a hypothetical surge of patients during a mass casualty event. The HAvBED system has been used in actual, adverse events (*e.g.* wildfires) in other states and in the Southwest region during a neonatal bed shortage.
- The HAvBED system is tested on a weekly basis across healthcare facilities posted within the EMResource system: acute care hospitals, rehabilitation and skilled nursing hospitals, and psychiatric treatment centers. EMResource also tracks information regarding incident-specific resources such as decontamination capability.
- Challenges encountered in FY2015: Healthcare staff, attrition and turnover contributes to a decrease in EMResource authorized users; while changes in program management and staffing decreased opportunities for training new users at participating healthcare facilities.
- During the second quarter of FY16, participation in weekly HAvBED drills continued at 73%, down from FY2015 average of 82%. Target participation levels were met for October and December; however, low response in November resulted in not meeting the quarterly target.
- This quarter, BHEM hired a new Interoperable Communications Supervisor who will be maintaining the EMResource (HAvBED) system and facilitating more user training. This will increase the number of authorized users and should improve participation rates at NM facilities.

Action Plan

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

PROGRAM AREA 003: Epidemiology and Response

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



Partners

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

Story Behind the Data

- Birth and Death certifications (Vital Records) are legal documents representing the registration of vital events. They are key to many essential activities such as applying for jobs and benefits.

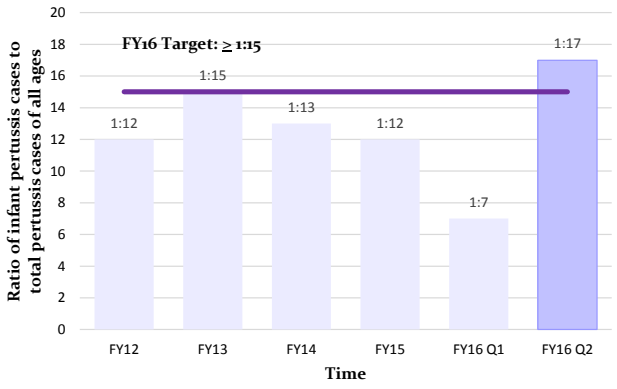
- In previous years, the New Mexico Bureau of Vital Records and Health Statistics (BVRHS) attempted to survey customer satisfaction by using a multi-page paper form. A very low percentage of customers ever completed them.
- In FY 2015, the BVRHS redesigned their survey process to gain a larger sample of customers.
- As in previous quarters, during one month in the second quarter of FY16 (November 10 - December 11, 2015) the BVRHS surveyed customers using the new computerized (tablet-based) survey system implemented in the first quarter. All customers who ordered birth and death certificates from the walk-in customer service area in Santa Fe were asked to participate, and 483 customers completed surveys. Customers were asked: "Please let us know how we did in serving you today." Emoticons are used to illustrate the four answer choices: Excellent, Good, Fair, Poor. The emoticons are intended to keep the survey simple and accessible for all customers, including those with limited literacy skills. Both "Excellent" and "Good" responses are considered to meet customer satisfaction aims.
- A very high percentage of customers (94.4%) report being satisfied with the service they receive, exceeding the 87% target. BVRHS employees continue to score high marks from customers each quarter.

Action Plan

- The BVRHS is rolling out electronic customer surveys, using tablets which collect data online. Customers answer a short survey (3 questions, including the current question) in English or Spanish. These electronic surveys allow for immediate customer feedback and generate analytical data to the bureau in real time.
- Rather than collecting and inputting paper surveys, Vital Records management will be able to run internal reports at any time to determine customer satisfaction and attempt to identify the employee specialty areas necessary to meet customer needs. Eventually all Vital Records offices will have their own survey tablets and submit data.
- Data will be used to assess procedures to improve services. Additional training and support will be provided to regional offices around the state.

PROGRAM AREA 003: Epidemiology and Response

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



Partners

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

Story Behind the Data

- This measure compares the number of infants with probable or confirmed pertussis ('whooping cough') reported to NMDOH to the number of all cases (infant as well as non-infant), using the New Mexico Electronic Disease Surveillance System (NM-EDSS).
- Adult vaccination using Tdap helps protect infants, who cannot be vaccinated and are more likely to develop complications from pertussis.
- During FY15, the ratio of infant to non-infant cases was 1:12. This is likely due to a larger decrease in the number of adult cases (from 498 in FY2014 to 274 in FY2015) than in infant cases. There were only 22 cases of infant pertussis in New Mexico in FY2015, a 21% decrease from FY2014.
- During the second quarter of FY16, the ratio of pertussis cases was 1:17 (infant cases: total cases). This ratio meets the target of 1:15, and is an improvement from the final first quarter when the ratio was 1:7. While the number of infant cases (5 cases) was the same for both quarters, there was an increase of non-infant cases in the second quarter (85 cases). Community and school outbreaks in Bernalillo, San Juan, and Curry Counties may have contributed to the increase in non-infant cases.

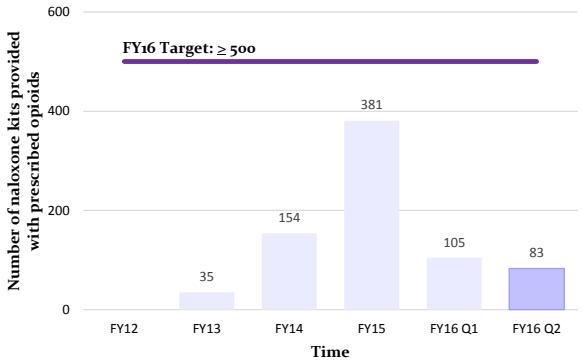
Note: Since pertussis cases may be reported or investigated after a quarter closes, quarterly numbers are provisional. Each subsequent report includes the most current data, so ratios for past quarters may change.

Action Plan

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

PROGRAM AREA 003: Epidemiology and Response

Number of naloxone kits provided in conjunction with prescription opioids



Story Behind the Data

- Between 2001 and 2014, the drug overdose death rate in New Mexico increased by 83%. The prescription drug overdose death rate has been higher than the illicit drug overdose death rate since 2006. Poisoning from drug overdoses has surpassed motor vehicle deaths as the major cause of unintentional injury in New Mexico.
- The Overdose Prevention Training Program (OPTP) established by the Department of Health (NMDOH) Harm Reduction Program in 2001 provides overdose prevention education covering how overdoses can be avoided and proper responses to an opioid overdose, including the administration of nasal naloxone and activating EMS. Training opioid users and their peers to prevent, and/or properly respond to an overdose, leads to a decrease in overdose deaths.
- In 2012, NMDOH launched pilots in multiple NM communities in partnership with primary care providers and local pharmacies, whereby patients identified by their providers to be at risk for overdose are provided, under prescription, a naloxone rescue kit.
- In 2014, the NM Board of Pharmacy approved pharmacist prescriptive authority for naloxone and the Human Services Department expanded the state Medicaid formulary to include coverage of intranasal naloxone.
- During FY15, the number of naloxone kits dispensed to patients steadily increased, and the program added a new pilot site, University of New Mexico's Chronic Pain Center.
- The total number of kits, including those dispensed through the co-prescription pilot program and those reimbursed through Medicaid, decreased from 105 in the first quarter of FY16 to 83 in the second quarter of FY16. During this period, the Prescription Overdose Management Coordinator position was vacant.

Partners

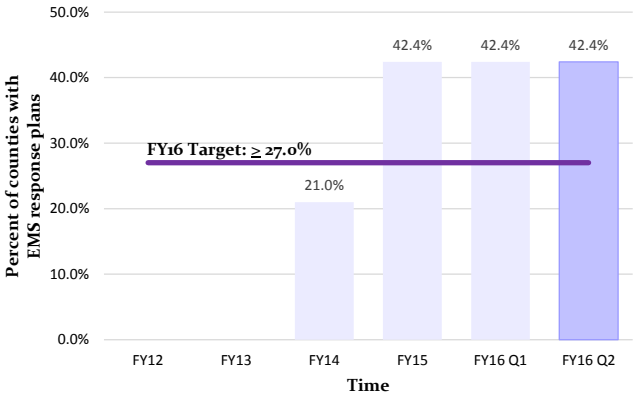
- State agencies: in Human Services Department, Office of Substance Abuse Prevention, Medicaid, and Behavioral Health Services Division; in Regulation and Licensing Department, Board of Pharmacy and other healthcare provider licensing boards
- State and Tribal Epidemiological Outcomes Workgroups
- Community-based Opioid Overdose Prevention Coalitions; Contracted Harm Reduction Providers, and County Health Councils
- Local, County, State, and Federal Law Enforcement
- NM Association of Counties
- University of New Mexico: Prevention Research Center; Center for Health Policy; Project ECHO Integrated Addictions; and Psychiatry (IAP) Tele-health Clinic
- PIRE/Behavioral Health Research Center of the Southwest
- NM Drug Policy Alliance

Action Plan

- Our primary strategy is to make an opioid antagonist kit (naloxone, a nasal administration device, and instructions) available to people who are at increased risk of prescription opioid overdose. Use of the kits is expected to reduce prescription opioid overdose deaths.
- The NMDOH strategy to expand access to naloxone includes close collaboration with and support for pharmacy-based overdose prevention education and naloxone dispensing for all persons (or their contacts) at risk of overdose.
- Pilot programs have been organized in collaboration with local community-based prevention planning groups. Other community-based initiatives include: local law enforcement establishing naloxone carry policies; local public education campaigns and social marketing; and expanded drug take-back initiatives.
- NMDOH will be hiring a new Prescription Drug Overdose Management Coordinator to oversee this program and support partner distribution of naloxone rescue kits.

PROGRAM AREA 003: Epidemiology and Response

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



Partners

- EMS Regional Offices
- County EMS Chiefs
- EMS Agencies

Story Behind the Data

- The purpose of the Emergency Medical Services (EMS) Act [24-10B-1 NMSA 1978] is to enhance and regulate a comprehensive emergency medical services system. The EMS Bureau is charged to establish and maintain a program for regional planning and development, improvement, expansion, and direction of emergency medical services.
- Getting adequately trained personnel to the scene as soon as safely possible is essential but responses can be limited by availability of equipment, training, and EMA personnel, particularly in rural New Mexico.
- Historically, responsibility for emergency response in rural areas often fell to local communities leading to a fragmentation of EMS resources, as EMS response evolved from multiple individual community based volunteer fire departments.
- Within county governments, "fire districts" are often treated as near independent quasi-governmental entities. While mutual aid agreements are commonplace, there is still fragmentation and inefficient distribution of resources. Ideally, the county governments can be encouraged to regionalize their multiple fire district structure into a single administrative entity, or create a separate county based "third service" EMS response agency.
- During the 2nd Quarter of FY2016, as in the previous quarter, 14 out of 33 counties (42.4%) had documented implementation plans for developing regionalized EMS response, developed with the assistance of NMDOH Regional Offices, surpassing the FY16 target of 27%. No additional counties developed plans this quarter.

Action Plan

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

PROGRAM AREA 004: Scientific Laboratory

Purpose:

The Scientific Laboratory fulfills the DOH mission by providing laboratory analysis and scientific expertise for public health policy development, environment, and toxicology programs in New Mexico. The laboratory provides timely identification in order to prevent, identify, and respond to threats to public health and safety from emerging and unusual infectious diseases in humans, animals, water, food, and dairy, as well as chemical and radiological hazards in drinking water systems and environmental water, air, and soil. The laboratory also performs drug testing and provides expert witness testimony for forensic investigations of DWI/DUID and cause of death from drugs and infectious disease. The laboratory is the primary bioterrorism and chemical terrorism response laboratory for the state and provides training for clinical laboratories throughout New Mexico. New Mexico statute dictates that the Scientific Laboratory Division (SLD) is the primary laboratory for the New Mexico Department of Health, the New Mexico Office of the Medical Investigator, the New Mexico Environment Department, and the New Mexico Department of Agriculture.

FY16 OPERATING BUDGET:

General Funds: $8,466,000

Federal Funds: $2,135,400

Other State Funds: $2,439,200

Other Transfers: $88,300

Total: $13,128,900

ACCOMPLISHMENTS

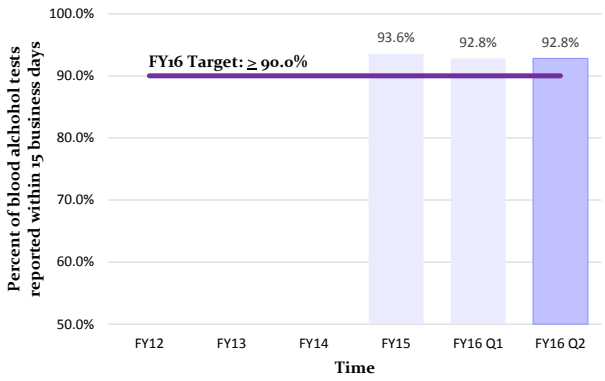
- Norovirus is the most common cause of acute gastroenteritis and foodborne-disease outbreaks in the United States. Each year, it causes 19-21 million illnesses and contributes to 56,000-71,000 hospitalizations and 570-800 deaths. Norovirus is a very contagious virus that can be transmitted via an infected person, contaminated food or water, or by touching contaminated surfaces. Symptoms include nausea, vomiting and/or diarrhea. There is no immunity developed with infection which means a person can be infected multiple times in their life. The best defense in the prevention of norovirus is to practice proper hand washing and general cleanliness.
  - ⇒ The first phase of a Norovirus prevalence study has been completed. The Norovirus Prevalence Study is an Emerging Infections Program grant funded project designed to investigate Norovirus prevalence in the community. Aliquots of stool specimens submitted for routine clinical diagnostics (e.g. bacterial culture) are being tested for Norovirus. Specimens are sent in with a study identification and collection date. Real-time Polymerase chain Reaction (RT-PCR) results are reported to the University of New Mexico Emerging Infections Program along with sequencing results for any positives that are detected. The goal is to test at least 511 specimens to meet the requirements for a +/-5% estimate.

- In an effort to streamline disinfection by-product sample and lead & copper compliance sample submission, staff from the Chemistry Bureau and Specimen Receiving Section as well as Information Technology staff have worked on drafting a prototype simplified analytical request form. This form and sample are typically collected by the water system operators. The form will be tested by the users before implementation.

- The validation of the Liquid Chromatography Mass Spectometry/Mass Spectometry (LC-MS/MS) was completed by the Toxicology Bureau during the second quarter. This particular instrument will be used in confirming cases that are positive for drugs, specifically benzodiazepines. This instrument will allow confirmation and quantitation of more benzodiazepines then our current method. The benzodiazepines that we can detect are: Alprazolam, 7-Aminoclonazepam, 7-Aminoflunitrazepam, Nordiazepam, α-Hydroxyalprazolam, Diazepam, Flurazepam, Oxazepam, Chlordiazepoxide, Desalklfluazepam, Lorazepam, Temazepam, Clonazepam, Flunitrazepam, Midazolam, Triazolam.

PROGRAM AREA 004: Scientific Laboratory

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



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

Partners

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

Story Behind the Data

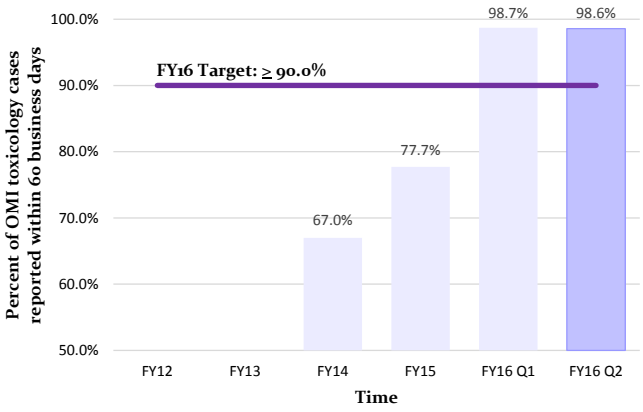
- New Mexico has a relatively high rate of alcohol-related deaths. Excessive alcohol consumption through binge drinking and heavy daily drinking contribute to this high rate.
- The Scientific Laboratory Division (SLD) Toxicology staff analyze human samples for alcohol (e.g., blood alcohol concentration) and drugs to determine cause of impairment in drivers.
- SLD Toxicology staff analyze cause-of-death toxicology samples from the Office of Medical Investigator (OMI) to determine if alcohol and/or drugs are contributing factors to an individual's death.
- To analyze lab samples, it is critical to exceed published turn-around times to give officials ample time to prepare for court cases.
- The SLD Laboratory Information Management System does not distinguish between business days and calendar days. Data are reported for calendar days, effectively resulting in shorter turnaround times than those defined in each Performance Measure.
- The current turnaround time is well within the reporting requirement for law enforcement.

Action Plan

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

PROGRAM AREA 004: Scientific Laboratory

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



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

Partners

- Office of Medical Investigator

Story Behind the Data

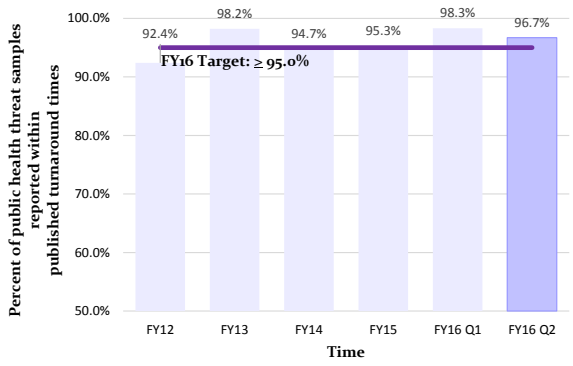
- New Mexico continues to have one of the highest drug overdose death rates in the country. In recent years, the number of deaths due to prescription drugs has increased.
- Scientific Laboratory Division (SLD) toxicologists assist the Office of Medical Investigator (OMI) in determining cause of an unexpected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

Action Plan

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

PROGRAM AREA 004: Scientific Laboratory

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



Partners

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

Story Behind the Data

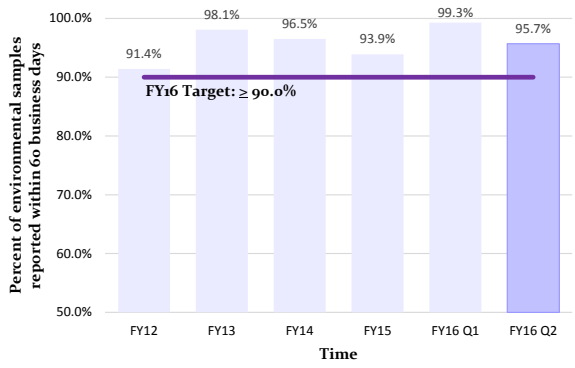
- Rapid identification of diseases, infection, or contamination is integral to the implementation of appropriate and timely public health interventions to prevent further harm.
- Rapid identification is important because there could be select agents (e.g., anthrax), which could be maliciously misused as a weapon of mass destruction.
- Additionally, there could be potential public health endemic agents such as plague, West Nile virus, or pandemic influenza.
- Other areas of public health concern regards water (drinking or recreational use), milk, and food safety.
- To analyze lab samples, it is critical to meet published turn-around times to give officials time to determine the proper course of remedial actions to mitigate contamination, exposure, or illness.
- During the second quarter of FY16, SLD completed and reported to the submitting agency 96.7% of public health threat samples for communicable diseases and other threatening illnesses within published turnaround times.

Action Plan

- Begin process to become ISO certified.
- Complete MALDI-TOF validation.
- Complete Norovirus real-time PCR validation.
- Complete Influenza virus B genotyping validation.
- Work with CDC to sequence Rabies virus strains, and participate in evaluation of the CDC rabies real-time PCR assay.
- Verify the performance of the updated Laboratory Information Management System.

PROGRAM AREA 004: Scientific Laboratory

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



Partners

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

Story Behind the Data

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

Action Plan

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

PROGRAM AREA 006: Office of Facilities Management

Purpose:

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

FY16 OPERATING BUDGET:

General Funds: $59,590,200

Other State Funds: $76,394,400

Other Transfers: $714,000

Total: $136,698,600

ACCOMPLISHMENTS

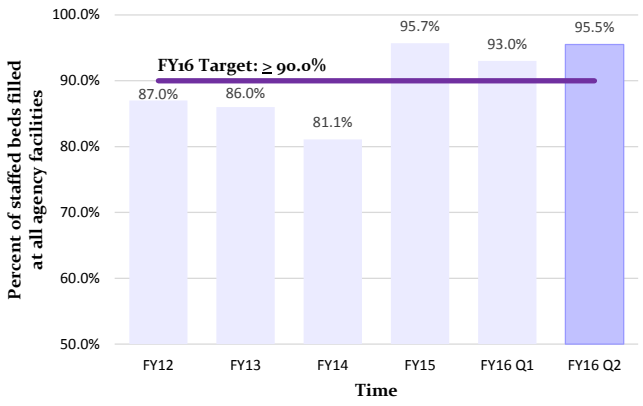
The DOH Office of Facilities Management (OFM) continues to work with the six (6) healthcare facilities and Los Lunas Community Program (LLCP) in becoming an integrated healthcare system versus historically operating as individual healthcare facilities and program. The OFM administration, facilities and program are focused on the performance outcomes and interoperability as stated in last quarter's report by taking a collaborative 3-pronged approach of optimizing quality of care, operational performance and fiscal outcomes.

The following are some of the OFM Division demonstrated key areas of emphasis:

- Continue to make progress on creating an integrated healthcare system with telemedicine capabilities, where applicable, within the given services provided at each of the facilities and program. Additionally, the new Alzheimer's and skilled nursing care facility at the New Mexico State Veterans Home (NMSVH) and the Meadows (phase III) long-term care facility at the New Mexico Behavioral Health Institute (NMBHI) demonstrated progress towards an integrated healthcare system.
- Met with Managed Care Organizations (MCOs) Presbyterian, Molina and Blue Cross/ Blue Shield, the Human Services Department's (HSD) Behavioral Health Services (BHSD) and Centennial Care on updating contracts and various financial and funding initiatives to help improve access and coverage of care services provided in the OFM facilities and community program.
- Received approval for OFM applicable facilities to be a Veteran's Administration (VA) CHOICE providers to help expand service options to veterans among various communities throughout the state.
- Successfully launched the first DOH OFM facility-operated Intensive Outpatient (IOP) programs and expansion of available medical detoxification beds to improve the ability at New Mexico Rehabilitation Center (NMRC) to address substance abuse and misuse in New Mexico. The OFM Administration and Fort Bayard Medical Center (FBMC) Yucca Lodge are collaborating with HSD in seeking a second facility-operated IOP application approval to host these services at FBMC. The OFM administration and Turquoise Lodge Hospital (TLH) are working to pursue application approval to provide IOP services as well.
- Experienced minimal challenges with the first billing cycle that occurred in the second quarter after the successful implementation of ICD-10 in quarter 1 and its related billing enhancement opportunities with current procedural terminology codes (CPT).
- Implemented new operational and clinical dashboard that will help enhance the abilities of the OFM administration, facilities and program to track and trend financial, operational and clinical metrics.

PROGRAM AREA 006: Office of Facilities Management

Percent of staffed beds filled at all agency facilities



Story Behind the Data

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

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

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

Partners

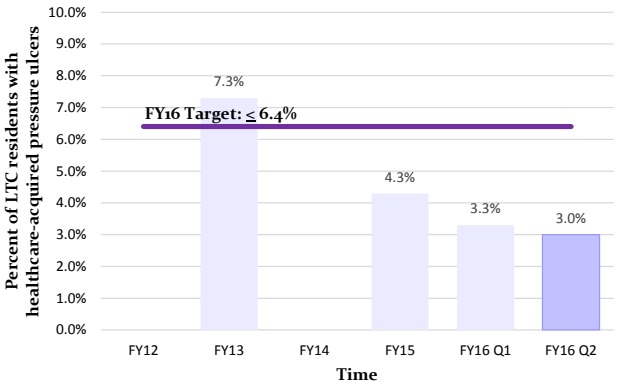
- Human Services Department
- Children Youth and Families Department
- Developmental Disabilities Supports Division, NMDOH
- Public Health Division, NMDOH
- State District Courts
- Managed Care Organizations and other third party payers
- Referral agencies
- Veterans Administration
- Community-based services and members
- Facility employees
- Community members

Action Plan

- Continue to streamline admissions processes at Sequoyah Adolescent Treatment Center (SATC), Fort Bayard Medical Center (FBMC), New Mexico Rehab Center (NMRC), Turquoise Lodge Hospital (TLH), New Mexico Behavioral Health Institute (NMBHI), New Mexico State Veterans Home (NMSVH).
- Collaborate with Managed Care Organizations to reduce admission pre-authorization denials and expand "in-network" status for New Mexicans to better utilize state healthcare facility services and enhance access.
- Improve stakeholder and community partnerships with SATC participating in University of New Mexico Hospital System (UNM) Learner's Circle and working with the New Mexico Children, Youth and Families Department (CYFD) regarding admissions and quality of care initiatives.
- Work with various nursing, therapist, social worker, counseling, medical and other professional schools around the state to help enhance training and recruitment opportunities within the OFM facilities.
- Promote various Federal and State loan repayment programs to applicable healthcare professionals to aid in critical direct care staff recruitment efforts.
- Work with the State Personnel Office (SPO) on implementing "Rapid Hire" events, which are planned at NMSVH and FBMC in the third Quarter FY16.
- Continue implementing a pilot orientation program for nursing aid students at FBMC.

PROGRAM AREA 006: Office of Facilities Management

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



Partners

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

Story Behind the Data

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

The Center for Medicare and Medicaid Services (CMS) has developed quality outcome data submission requirements. This OFM performance measure is modeled after a similar CMS Minimum Data Set (MDS) 3.0 measure. However, our results are not directly comparable due to differences in methodology.

In the second quarter of FY16, we improved the process by which we collect our data. For FY16-quarter 1, we counted the number of residents with "new" healthcare acquired pressure ulcers. When gathering this same information for quarter 2, we identified that "new" is not part of the measure definition. As a result, we modified both FY16 quarters' data by reviewing the information submitted and verifying that we are counting all residents with new and existing healthcare acquired pressure ulcers. Consequently, a resident with an ulcer counted in one month may be counted again in subsequent months if the ulcer has not healed. Regardless of this issue, OFM met the target for both quarters. OFM is changing this performance measure in FY17 to overcome the limitations of the current measure.

Action Plan

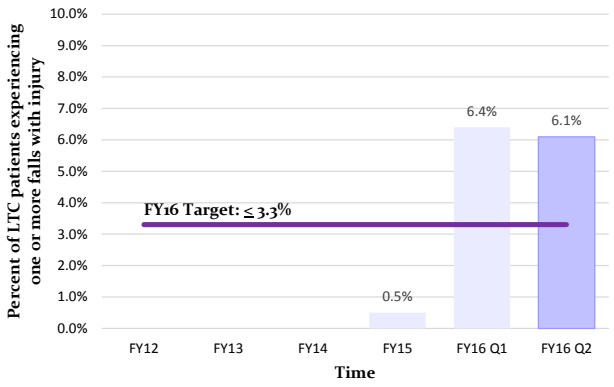
- Form a performance improvement team charged with rapid cycle identification of potential areas to improve.

- Identify facilities with the highest percent of residents with pressure ulcers and implement rapid cycle improvement projects within those facilities.

- Study evidence-based practices in the prevention of healthcare-acquired pressure ulcers and apply this evidence across OFM Facilities.

PROGRAM AREA 006: Office of Facilities Management

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



Partners

- Centers for Medicare and Medicaid Services
- The Joint Commission or appropriate accrediting agency
- Health Licensing and Certification
- New Mexico Department of Health divisions
- Facility employees
- Provider Staff
- Residents

Story Behind the Data

Falls in Long Term Care (LTC) increase morbidity, reduce the quality of life, result in extreme pain, and raise the cost of healthcare due to the required diagnostic testing and prolonged treatments. LTC residents are challenged by an unfamiliar environment, and declining balance associated with aging and the use of medications.

The Center for Medicare and Medicaid Services (CMS) Minimum Data Set (MDS) 3.0 includes three fall-related performance measures: falls with major injury, falls with minor injury, and falls with no injury. The OFM FY16 performance measure is the percentage of patients who have fallen and sustained any injury (major and minor). Therefore, this measure cannot be compared to the MDS 3.0 data from CMS because the definition is different. Moreover, the sampling methodologies of CMS are also different from those employed by OFM.

In FY16-Q2, in order to implement the measure as defined in the PBB form, OFM revised data collection and reporting to include all patients experiencing one or more falls with injury. This change led to a dramatic increase in the performance data reported thus far in FY16. Using our revised methodology, we are not meeting the FY16 target. We plan to implement evidence-based strategies that could contribute to reduced the percent of patients experiencing one or more falls with injury.

Action Plan

- Form a performance improvement team charged with rapid cycle identification of potential areas to improve.
- Identify facilities with the highest percent of residents experiencing falls and implement rapid cycle improvement projects within those facilities.
- Study evidence-based practices in the prevention of falls and apply this evidence across OFM Facilities.
- Work with the New Mexico Department of Health Epidemiology and Response Division (ERD) to review processes and implement the best practices taking place at the facilities into a model to be used by each facility (first meeting of ERD at NMBHI LTC Falls Prevention meeting scheduled on 1/25/16);
- Facilitate the long term care facilities becoming members of the New Mexico Healthcare Association (NMHCA), the New Mexico Long Term Care organization that deals with educational opportunities, and help establish policies for long term care facilities in the state;
- Engage Health Insight New Mexico (HINM), who is the Quality Improvement Organization (QIO) currently contracted in New Mexico with CMS in the area of falls prevention, to work with the long term care facilities to reduce falls.

PROGRAM AREA 007: Developmental Disabilities Supports

Purpose:

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

FY16 OPERATING BUDGET:

General Funds: $149,203,600

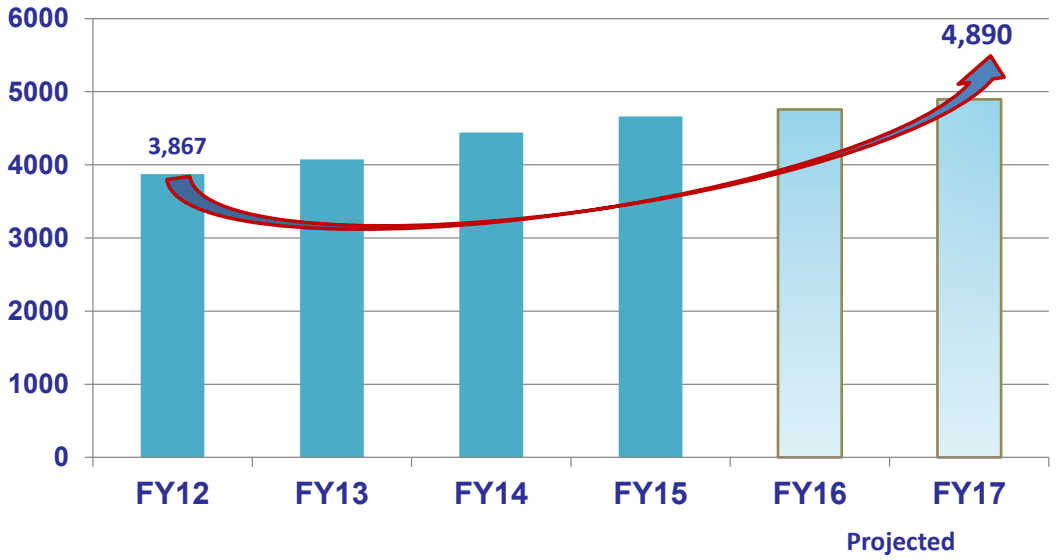
Federal Funds: $2,819,200

Other State Funds: $1,200,000

Other Transfers: $10,200,000

Total: $163,422,800

ACCOMPLISHMENTS



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

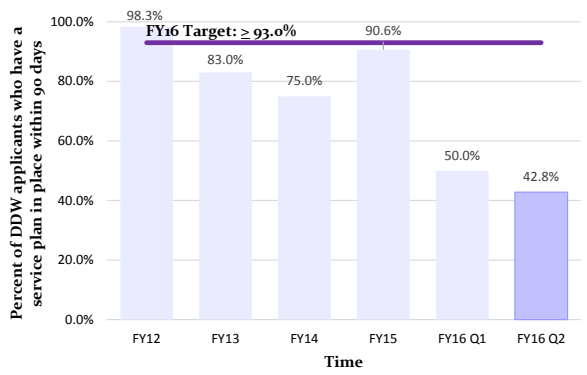
- Continued assessment of the enrollment process to look for opportunities to offer individuals the ability to come off the waiting list to enter services.
- Secured allocation FY16 funding for individuals served through the DDW individuals in the waiting list.
- Started The Flexible Support Program to identify possible service and support strategies for persons who are currently waiting for DD Waiver services. Some pilot participants have reported significant help coming from the program. The legislature approved funding to continue the pilot for FY 2016.
- Assisted providers with the resolution of significant claim issues with the Human Services Department Third Party Reviewer to reduce gaps in service for DDW participants.

Other Accomplishments:

- Waldrop: Implemented the Outside Review process as required in the Settlement Agreement.
- Jackson: Completed additional Evaluative components and disengagement of old requirements.
- Foley: Received the determination by the Arbitrator that NMDOH did not violate the Settlement Agreement.

PROGRAM AREA 007: Developmental Disabilities Supports

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



Partners

- Human Services Division's (HSD)
- Medical Assistance Division (MAD)
- HSD Income Support Division (ISD)
- Qualis (replaced Molina)
- Third Party Assessor (TPA)
- UNM Center for Development and Disability (CDD)
- Healthcare providers, parent support groups, and case managers
- HSD Mi Via
- DOH Vital Records
- Community Providers
- Case Management Agencies

Story Behind the Data

DDSD collaborates with MAD, ISD, and the Third Party Assessor (Molina/Qualis), to articulate and outline the entire allocation process to continuously seek improvements on this measure.

Regarding this fiscal year's performance decrease (Q1, Q2), it is important to note that the result from this current performance measure is not representative of a typical group during an allocation period. This is because there is no allocation group thus far into FY16.

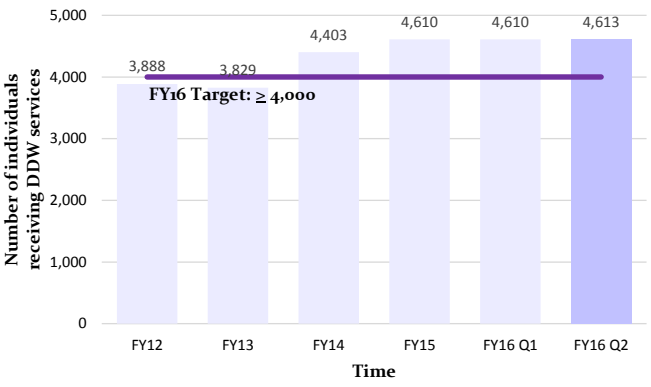
The individuals reflected by the current measurement include a smaller group of expedited allocations as well as allocations that carried over from previous fiscal years. Thus, the measure for the first two quarters of 2016 primarily reflects a small group of allocations which were carried over from FY2015. This small group is being analyzed to determine if specific systemic obstacles are causing delays in completing the allocation process.

Action Plan

- Perform analyses on aforementioned 2015 carry over allocations to determine if specific systemic obstacles are causing delays in completing the allocation process for this small group.
- Create processes to monitor and oversee Central Registry database upgrades for the stability of data reporting and analysis.

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals receiving developmental disabilities waiver receiving services



Partners

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

Story Behind the Data

The Developmental Disabilities Supports Division (DDSD) funds and provides oversight to community services and supports for people with developmental disabilities. DDSD oversees various Medicaid home and community-based waiver programs (DD Waiver services) so that people with disabilities can live as independently as possible.

At the conclusion of the second quarter for 2016 there were approximately 4,613 persons receiving developmental disabilities waiver services. In comparison, 4,610 persons were receiving services at the end of FY2015. The small increase of three persons between reporting periods may be due to the undercounting of persons due to HSD's transition to a different Third Party Assessor (Molina to Qualis), in which processing delays of billing data have impacted the data source for this measure.

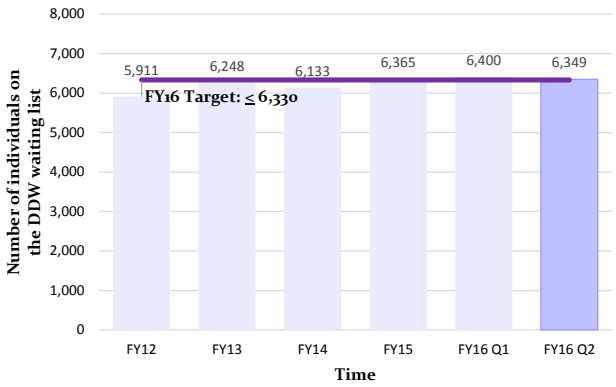
The counts reported in this section may require modification when the data source is updated. It should also be noted that an increase of three persons may also be because there has not yet been any allocations made for the 2016 funding year.

Action Plan

- Develop web-based provider scorecard to facilitate participant selection of providers services.
- Oversee and monitor the implementation of planned upgrades to the Central Registry database for increased robustness.
- Increase awareness of services for individuals with developmental disabilities by improving supports to case management agencies (to provide information regarding different types of available services).

PROGRAM AREA 007: Developmental Disabilities Supports

Number of individuals on the developmental disabilities waiter waiting list



Partners

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

Story Behind the Data

The Developmental Disabilities Waiver (DDW) program serves as an alternative to institutional care and is designed to provide services and support to allow eligible individuals with intellectual/developmental disabilities (IDD) to participate as active members of their community. About 300 people per year are added to the DDW Central Registry. This means 300 people need to be allocated each year in order to maintain the same number of people on Central Registry's waiting list. The Central Registry's waiting list will not be reduced unless more than 300 people receive annual allocation. Thus far for FY16, there has not been an allocation group (scheduled for 4/2016).

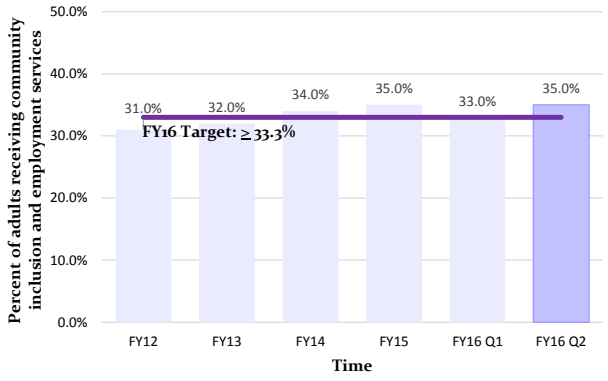
The Central Registry (CR) contains several status categories reflecting applicants' progress in the application/allocation process (Start, Pending Completed, On Hold). Cases in these status categories comprise the total reported CR "Wait List."

Action Plan

- Continue developing The Flexible Support Pilot Program to identify possible service and support strategies for persons currently waiting for DD Waiver services. Funding for the pilot has been renewed for FY 2016, and results thus far are promising.
- Reinstitute *Keeping in Touch* mailing. This activity is critical to the timely contact of applicants, as well as to maintaining updated contact information.
- Conduct analysis on the projected number of completed allocations in relationship to the number of letters of interest sent to maximize the number of individuals who enter and receive services in quarter 3 and quarter 4.

PROGRAM AREA 007: Developmental Disabilities Supports

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



Partners

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

Story Behind the Data

Nationally, about 34% of individuals with intellectual/developmental disabilities (IDD) are employed[1]. This population tends to experience greater levels of unemployment, underemployment, low wages, and poverty compared to those without disabilities.

New Mexico has made steady progress toward increasing community integrated outcomes and performs above the national average, but strives to be included in the group of states exhibiting increased successful employment outcomes.

Based on Supported Employment Outcomes for FY 15, the percent of those engaged in community -integrated employment fluctuated from quarter to quarter. However, FY16 quarters 1 and 2 appear to indicate a steady increase of those receiving employment services.

**Due to the transition to a new Third Party Assessor, recent delays in the processing of DD Waiver prior authorizations/ claims have impacted the source data for this measure and may be revised when the data source is updated.*

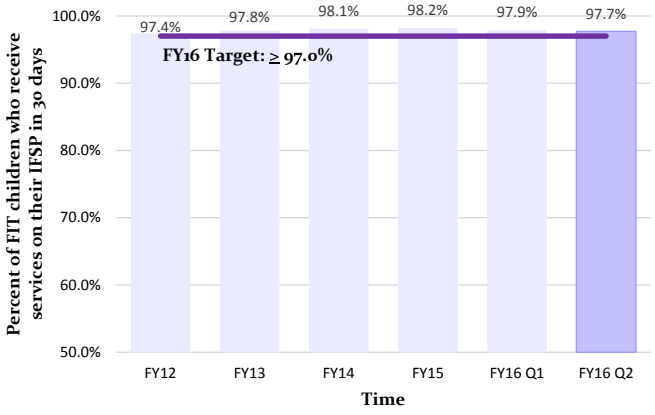
[1] *National Snapshot of Adults with Intellectual Disabilities in the Labor Force®*, Research Cooperative Agreement to Promote the Health of People with Intellectual Disabilities-Cooperative Agreement/Grant Number: U01 DD000302-05.

Action Plan

- Modify and design program goals and operating practices that clearly relate to achievement of community integrated objectives. Recently, the community inclusion and supported employment unit has undertaken the redesign of its client database in effort to better reflect and capture current practices. This new data collection system will be further beta tested in Q3 of FY16.
- Continue and increase support for individuals who are interested in community employment through the Work Experience Grant Program (covers wages, workers' compensation insurance, and business start- up costs that cannot be obtained through other means).
- Increase and monitor technical assistance given to providers with a focus on building capacity to provide community inclusion and employment support (e.g., job developers, job coaches, and offering related training opportunities for these positions).

PROGRAM AREA 007: Developmental Disabilities Supports

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



Partners

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

Story Behind the Data

- The Family Infant Toddler (FIT) Program administers a statewide system of Early Intervention services for infants and toddlers from birth to age three who have or are at risk for developmental delays or disabilities. Early Intervention services are provided in accordance with the Individuals with Disabilities Education Act (IDEA) Part C.
- Early Intervention services include physical, speech and occupational therapy, as well as developmental instruction, nursing and service coordination.
- The FIT Program performance on this measure in Q1 and Q2 was strong and exceeded the target goal. In order to maintain and improve performance, FIT Regional Managers will continue providing site visits to assist our FIT providers and assess the resources needed.

Action Plan

- Establish a timeline and plan to increase awareness of FIT early intervention services through public events such as: health fairs and parenting workshops.
- Establish a streamlined method of identifying and monitoring service gap areas for remediation so that the FIT Quality Assurance (QA) Manager and FIT Regional Managers provide timely technical assistance to local FIT Provider agencies.

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

Purpose:

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

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

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

FY16 OPERATING BUDGET:

General Funds: $4,668,000

Federal Funds: $2,645,300

Other State Funds: $1,708,100

Other Transfers: $3,813,500

Total: $12,834,900

ACCOMPLISHMENTS

Quarter two of FY16 continued being a rebuilding period for DHI. This program:

- Continued to focus on filling staff vacancies, adding key positions, to meet its oversight obligations.
- Implemented "Lean" training across the division leadership to streamline and improve processes to work smarter; completed three Lean projects.
- Made interim updates to improve the user friendliness of the DHI legacy website.

Licensing Program Operations and District Operations:

- Implemented an easy to use consumer complaint form to report facility issues and concerns.
- Ensured that several key licensing survey teams are now fully staffed.
- Completed and proposed new rules for Promulgation to license Freestanding Birthing Centers.

The Incident Management Bureau (IMB):

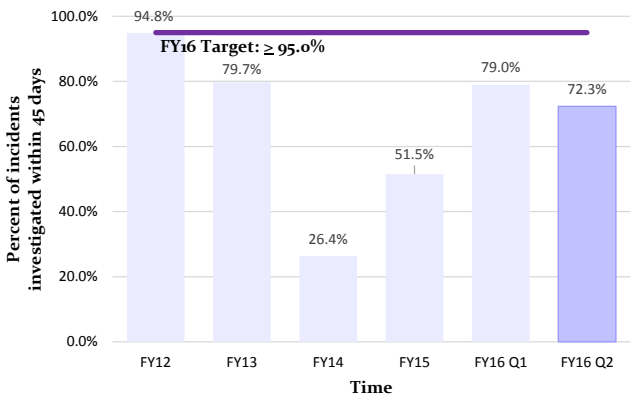
- Reduced the backlog of old cases by 29% by using a contract investigator to close past due cases.
- Completed current cases in 45 days or less, or with an approved extension nearly 75% of the time. We are working towards improving this percent.
- Recently hired a new investigator in the NW Region (Farmington), which brings the IMB to full staffing.
- Developed a new report format and other efficiencies that reduced investigator workload, and allows for more thorough investigations.
- Updated the investigation extension policy, and implemented new policies for audio recording interviews and short investigative reports.

Quality Management Bureau (QMB):

- Revised and/or modified survey field tools for Community Living and Inclusion Services to include changes occurring to the Developmental Disabilities Waiver standards. Case Management survey tools were redesigned to reflect quality of the Individual Service Plan, as well as more in-depth review of case manager monitoring of services.
- Developed a new process for training new and current surveyors; trained new and current surveyors on changes that have been made thus far; mentoring new surveyors by a QMB manager during first survey to ensure they understand the process and expectations of completing the survey field tools.
- Hired a second QMB nurse surveyor, filled vacant positions, and permanently staffed three critical QMB management positions.

PROGRAM AREA 008: Health Improvement

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



Story Behind the Data

In the second quarter, cases closed within 45 days or closed with an approved extension, decreased to 72.3%; however, it is noted that a significant number of older backlog cases were closed.

In addition, it should be noted, that IMB continues to make progress toward reducing its backlog of older cases. As these older cases are closed, they impact the current percentage of cases closed in the 45 day measure. This can be seen in the decrease from 79% to 72.3% as a significant number of the older cases were closed during the quarter.

Overall, in the first and second quarter of FY16, we reduced the backlog of old cases by 29%.

Going forward, DHI expects to continue to see a downward trend as these older backlogged cases are completed and finally closed. It is expected that all of the backlog of old cases will be completed by the end of FY16. Other factors impacting the percent decrease include: additional time spent on recruiting and training of new investigators and a focus on completing necessary process improvement activities.

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

Partners

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

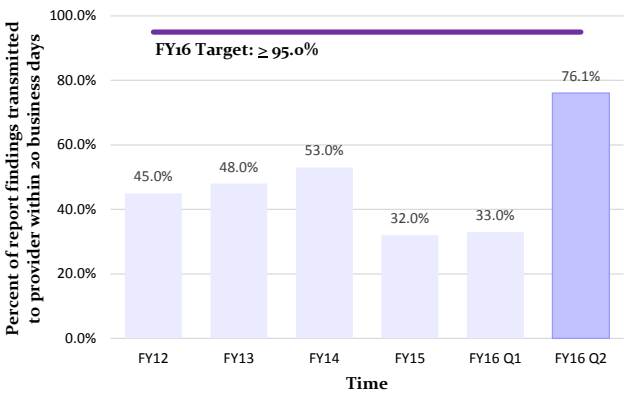
Action Plan

Q3: Continue reducing and eliminating the backlog of old cases. Implement the statewide ANE training program. Continue the development of a new investigation process policy. Continue monitoring effectiveness of action plan steps.

Q4: Continue to reduce and eliminate the backlog of old cases. Continue the implementation of the statewide ANE training program. Implement a sustainability plan. Update goals (desired outcomes) and action plans.

PROGRAM AREA 008: Health Improvement

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



Partners

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

Story Behind the Data

The Division of Health Improvement's (DHI) Quality Management Bureau (QMB) conducts compliance surveys of Home and Community Based Waiver Providers for the following: the Developmental Disabilities Waiver, Mi-Via Waiver and the Medically Fragile Waiver. The purpose of compliance surveys is to monitor compliance with state and federal regulations, statutes, standards and policies in order to protect the health and safety of people served. QMB provides program oversight to ensure individuals are receiving the necessary services and supports as identified in their service plans in order to achieve desired outcomes, as well as ensuring service providers are rendering the services they have been contracted to provide.

During the first quarter of SY16, QMB management completed training in the "Lean" improvement process. As their first "Lean" improvement project, QMB completed a value stream mapping of the Report of Finding writing, editing and distribution process in order to reduce the cycle time to meet the 20 day distribution time frame. The process improvements identified and implemented have significantly reduced the cycle time report distribution, resulting in a 43% improvement from the prior quarter. In the second quarter the report of findings distribution within 20 days improved to 76%.

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

Action Plan

Q3: Continue to work with Information Technology in the development of a database to improve automation of the survey process and report of findings. Develop new protocols and processes based on best practice and the unique needs of the bureau. Continue working on updating the Surveyor Operation Manual. Modify EDA to require staff to meet the timeline 90% of the time. Continue monitoring the effectiveness of actions steps. The next "Lean" project for QMB is the Plan of Correction (POC) process. QMB just completed the value stream analysis of the POC process and begun implementing improvements to this process.

Q4: Continue the implementation of new processes; train staff on new processes, measure results and evaluate outcomes. Implement a sustainability plan and update goals, desired outcomes and action plans as needed.

PROGRAM AREA 787: Medical Cannabis

Purpose:

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

FY16 OPERATING BUDGET:

Other State Funds: $1,425,200

Total: $1,425,200

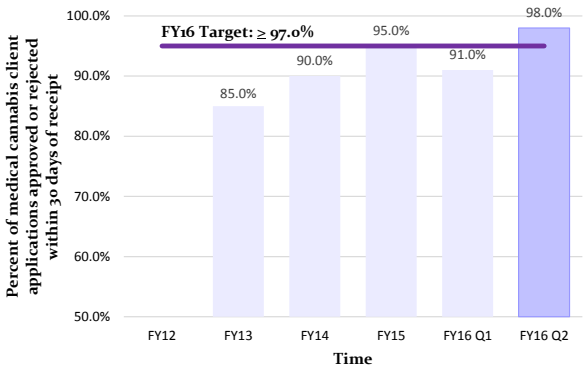
ACCOMPLISHMENTS

In quarter 2 of FY16, the Medical Cannabis Program:

- Implemented a statewide tracking system for enrollees and producers, which will allow for electronic submittal of applications.
- Increased the program enrollment by 15.2%. In the past year, program enrollment has increased 44%.
- Improved the processing time for applications from 21 days to 16 days.
- Selected twelve (12) new producers. These producers are in the process of obtaining full licensure.

PROGRAM AREA 787: Medical Cannabis

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



Partners

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

Story Behind the Data

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

All staff participate in the application review process to:

⇒ Ensure compliance with the Lynn and Erin Compassionate Use Act and the NMDOH regulations;
⇒ To keep up with applications resulting from the steady growth in qualified patients.

The NMDOH Medical Cannabis Program (MCP) has continually expanded since its implementation in 2007. Program enrollment increases 25-30% annually; over the last year enrollment increased by 44%.

Per existing statute, an applicant must complete an annual medical certification to continue program participation. A significant amount of NMDOH staff time is required to process these applications and to provide other types of customer service. Many applications are submitted with incomplete information.

In FY16-Q2, the MCP approved twelve new producers and is in process of getting those agencies fully licensed to improve enrollee access to product.

Action Plan

- Continue utilizing an incoming mail log to track all items being received by our office to more efficiently track processing of applications.
- Perform initial data entry and determine if the applications are complete within 14 calendar days of receipt.
- Complete Medical Director review and signature in 7 to 10 days.
- Overcome the challenges found in quarter 2 when implementing the database that tracks sales to enrollees and the electronic filing of applications.
- Hire additional personnel to include inspectors and office staff to improve service to the community. (e.g. expansion of the Health Educator role to provide more community education).
- Refine application processing policies and procedures.

NOTES

New Mexico Department of Health Vision

A Healthier New Mexico!

Office of Policy and Accountability
1190 St Francis Drive, South 4253
Santa Fe, NM 87505
Phone: 505-827-1052
Fax: 505-827-2942
www.nmhealth.org/opa