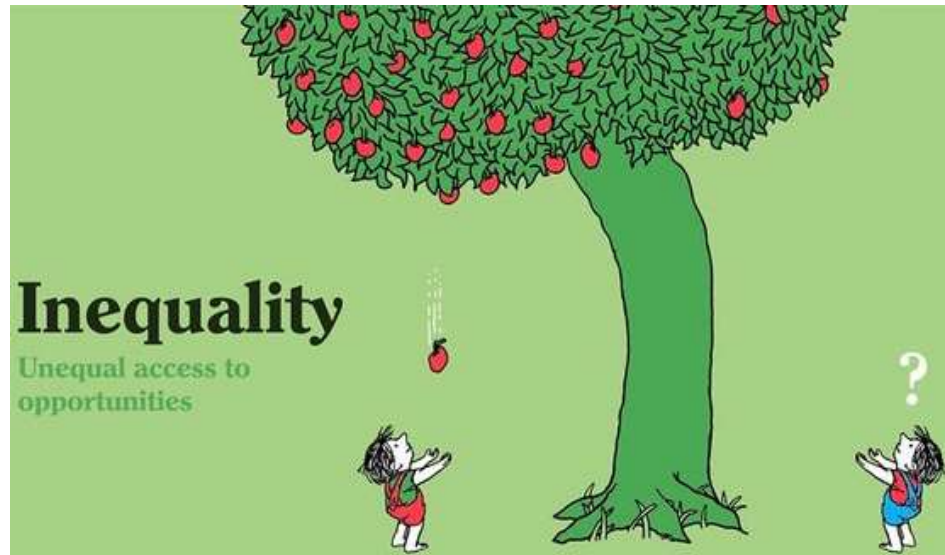
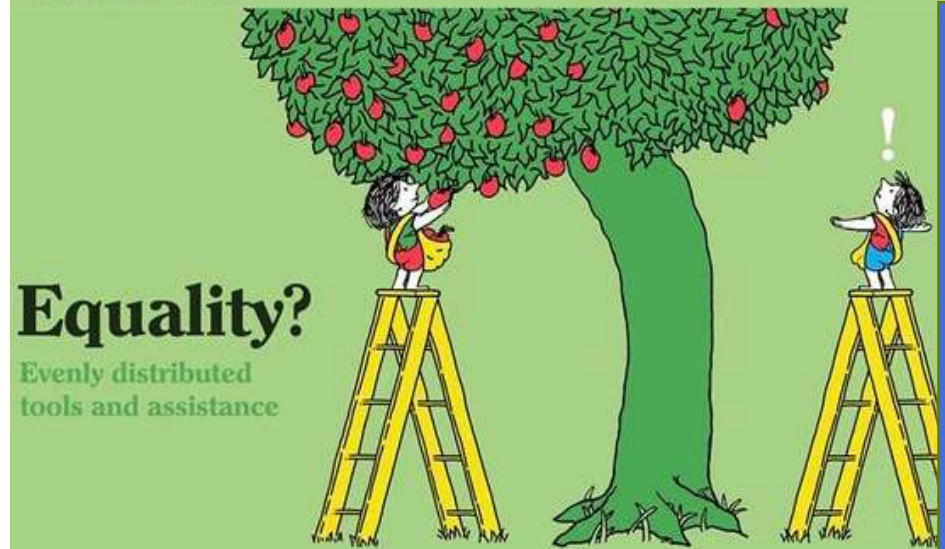


KEY CONCEPTS IN HEALTH EQUITY



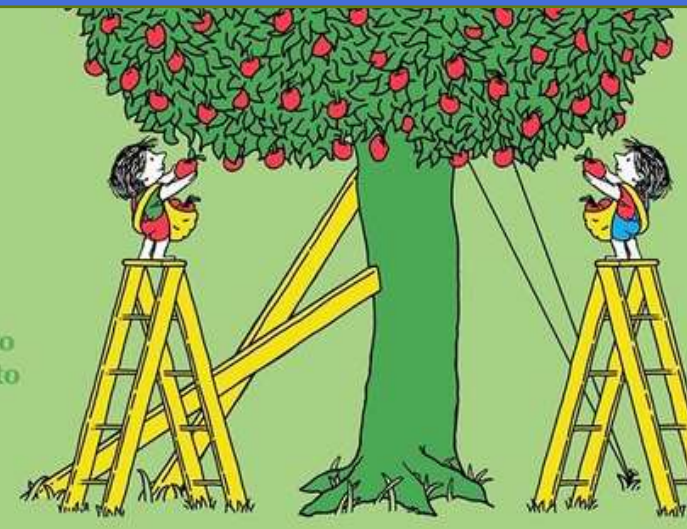
Equity

Custom tools that identify and address inequality

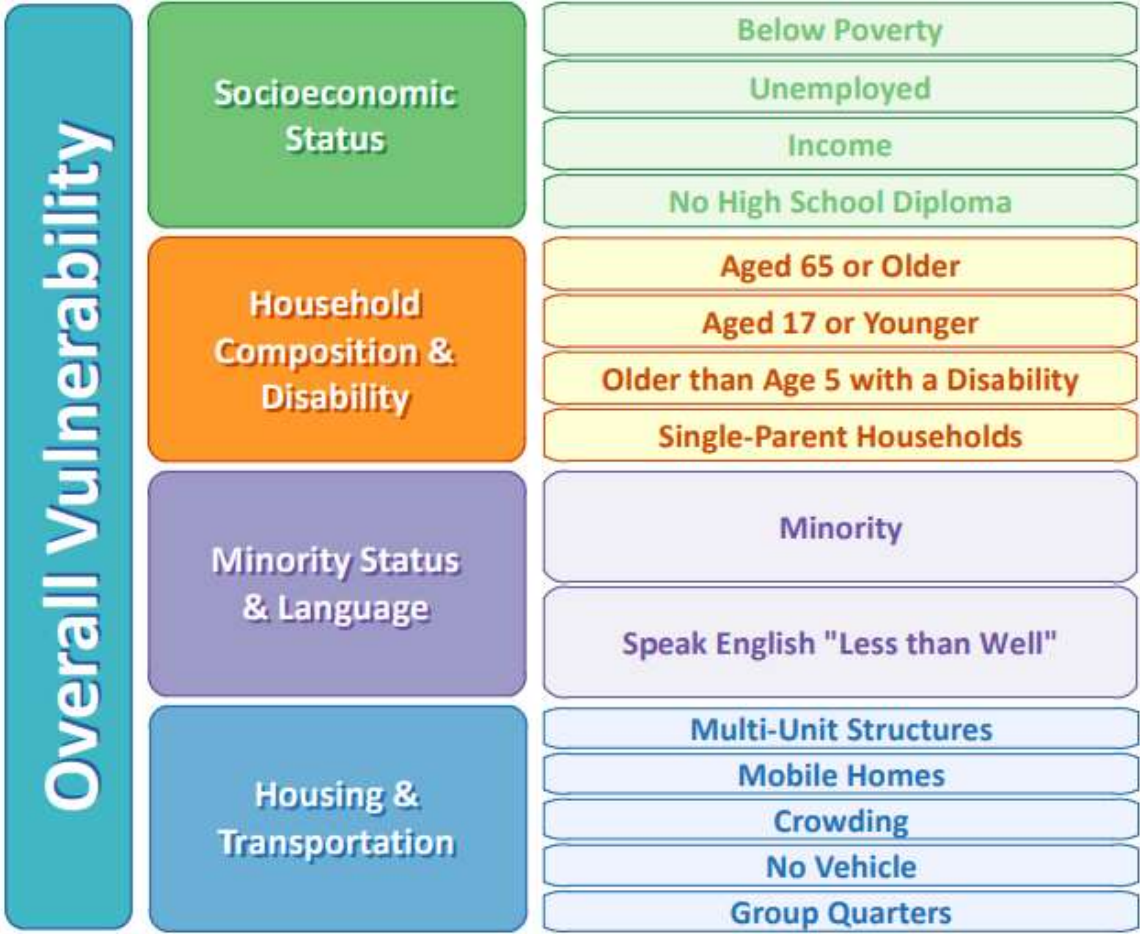


Justice

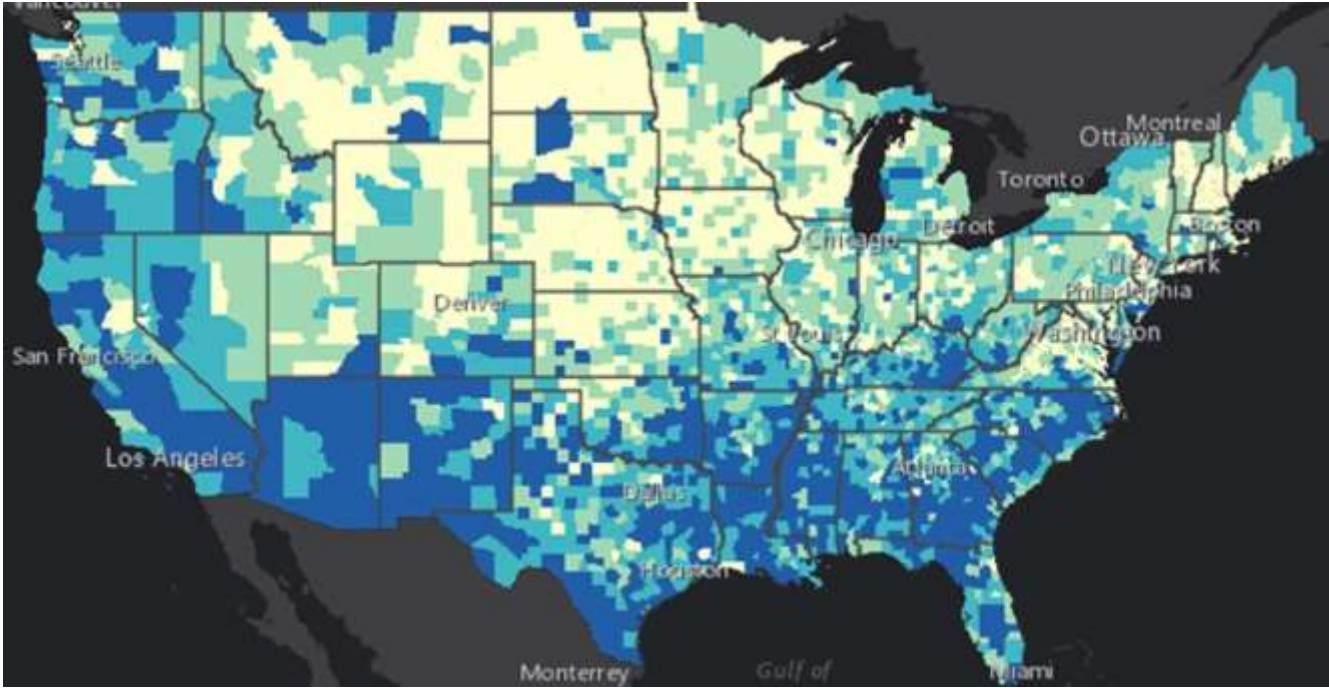
Fixing the system to offer equal access to both tools and opportunities



NM HAS HIGHEST DEGREE OF SOCIAL VULNERABILITY IN THE U.S.



SOCIAL VULNERABILITY INDEX (SVI) BY COUNTY
Darker color represents higher vulnerability

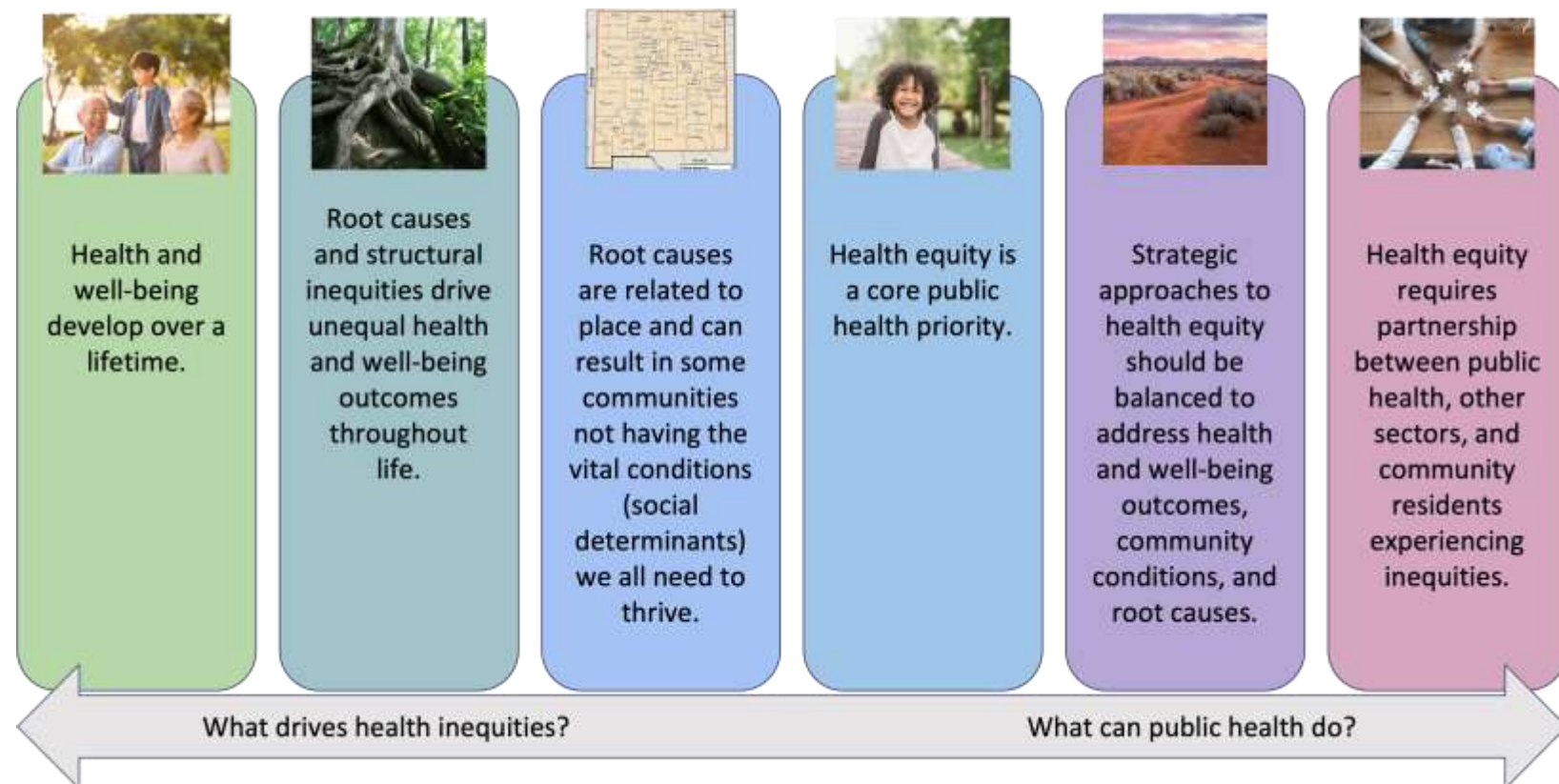


Source: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

HEALTH EQUITY

- Health equity is achieved when every person has opportunity to “attain their full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”
- Health inequity reflected in differences in:
 - length of life,
 - quality of life,
 - rates of disease, disability, and death,
 - severity of disease; and,
 - access to treatment.

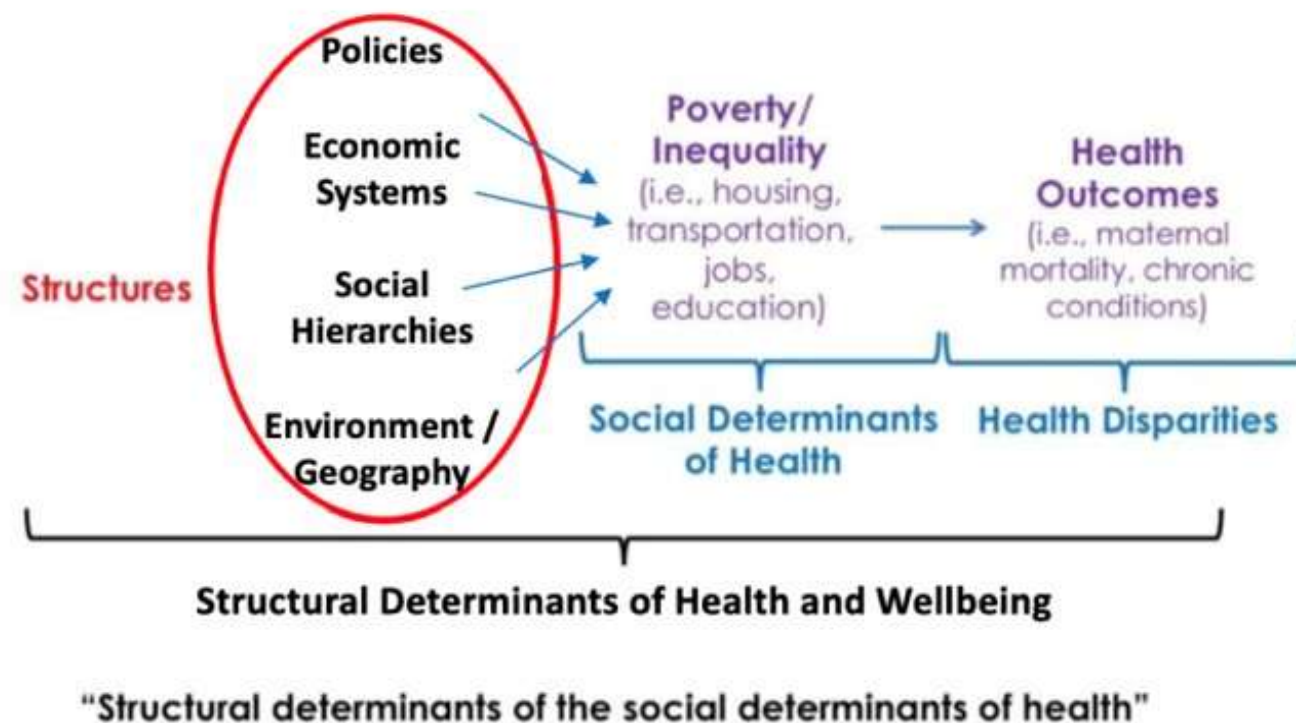
FOUNDATIONAL CONCEPTS IN HEALTH EQUITY



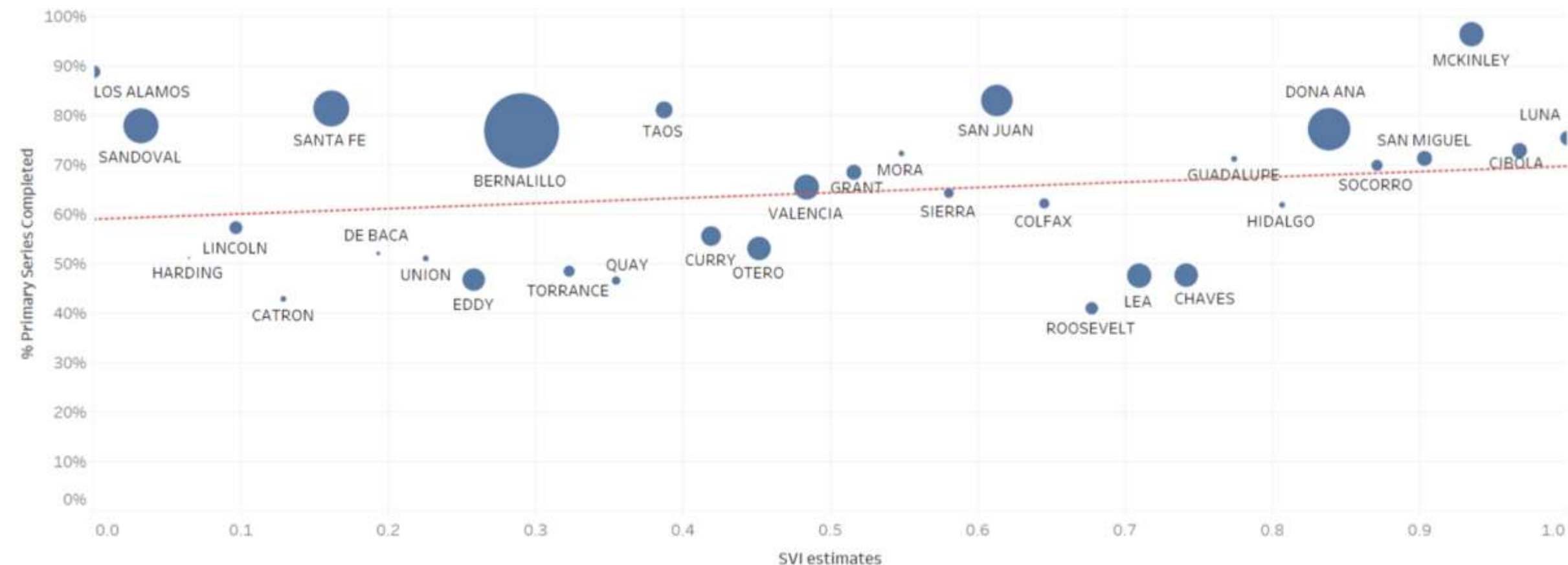
Source: <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

STRUCTURAL DETERMINANTS OF HEALTH & WELL-BEING

- Individual and community health status represents **downstream implications of upstream decisions**.
- Structural Determinants** = root causes that shape quality of life.
 - Governments, economic and social policies affect pay, working conditions, housing, health, and education
 - Addressing structural determinants shifts focus from individual choice and behavior to conditions we live within and how conditions are created and maintained.



USING DATA TO PROMOTE HEALTH EQUITY: NM COVID VACCINATION AS A FUNCTION OF COUNTY SOCIAL VULNERABILITY

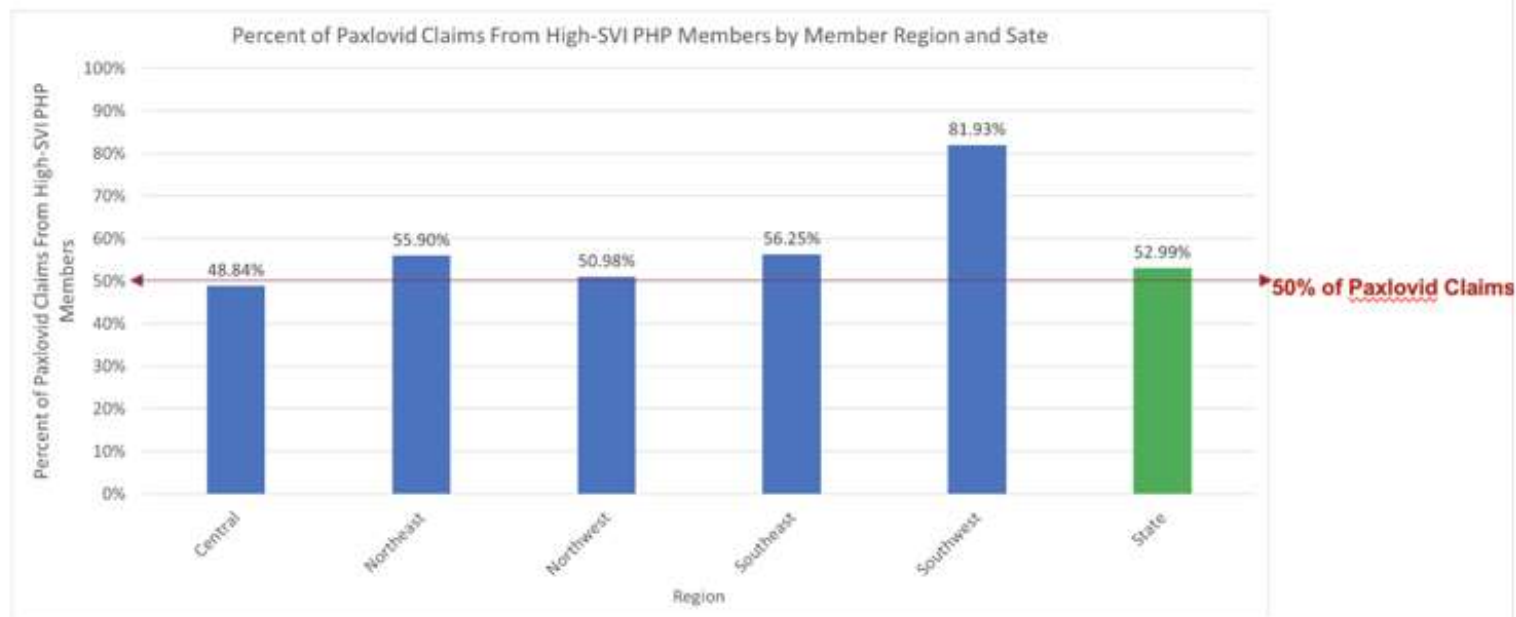


Data shows New Mexico specific SVI values, which may differ from country SVI values
 Data Sources: NMSIIS and Tiberius
 County population denominators are for those 5 years and older

USING DATA TO PROMOTE HEALTH EQUITY: NM COVID TREATMENT AS A FUNCTION OF HIGH SVI ZIP CODE

What Percent of Paxlovid Claims Are From PHP Members Living in a High-SVI ZIP-Code?

The percent of Paxlovid claims are almost equally likely between the high-SVI and low-SVI groups at the regional and State levels except for the Southwest region, where high-SVI members are significantly more likely to receive Paxlovid



A CDC study states that people in socially and economically disadvantaged regions are about half as likely to receive an oral antiviral COVID-19 pill than residents of wealthier zip codes [1].

[1] Gold JA, Kelleher J, Magid J, et al. Dispensing of Oral Antiviral Drugs for Treatment of COVID-19 by Zip Code—Level Social Vulnerability — United States, December 23, 2021–May 21, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:825–829. DOI: <http://dx.doi.org/10.15585/mmwr.mm7125e1>

Footer

ii

CURRENT DEPARTMENT OF HEALTH & HUMAN SERVICES DEPARTMENT INITIATIVES

DELIVERING GOV. MICHELLE LUJAN GRISHAM'S HEALTHCARE PRIORITIES, INCLUDING...

1. Maximize federal funding for Medicaid, opioid addiction treatment, and other core health care needs to build up healthcare workforce, infrastructure, and delivery system.
2. Ensure ongoing insurance coverage for people with pre-existing conditions.
3. **Make the healthcare system easier to understand and simpler to use and let providers spend more time taking care of patients, instead of dealing with bureaucracy.**
4. Recruit and retain more healthcare providers and increase incentives for them to work in rural communities.
5. Fix our broken behavioral health care system.
6. Drive down healthcare costs through innovative strategies.
7. Support prevention and public health initiatives that reduce need for healthcare services, address social determinants of health, and keep families and communities safe and healthy.
8. Prioritize policies that meet the needs of NM's most vulnerable populations.
9. Build system capacity to provide services to 4,500 people with developmental disabilities (DD) and their families and seek a supports services waiver to provide relief to families on the waiting list for DD waiver program.

STATE HEALTH IMPROVEMENT PLAN (SHIP)

DOH planning long-term, systematic efforts to improve public health outcomes and we need your help to develop SHIP. We'll:

- Use data from Community Health Assessments and State Health Assessments to determine priorities.
- Develop goals and strategies to address them.
- Create an operational plan with metrics to achieve these goals.
- To get involved, contact Arya Showers, DOH Director, Office of Policy and Accountability (aryan.showers@state.nm.us; 505-470-4141).

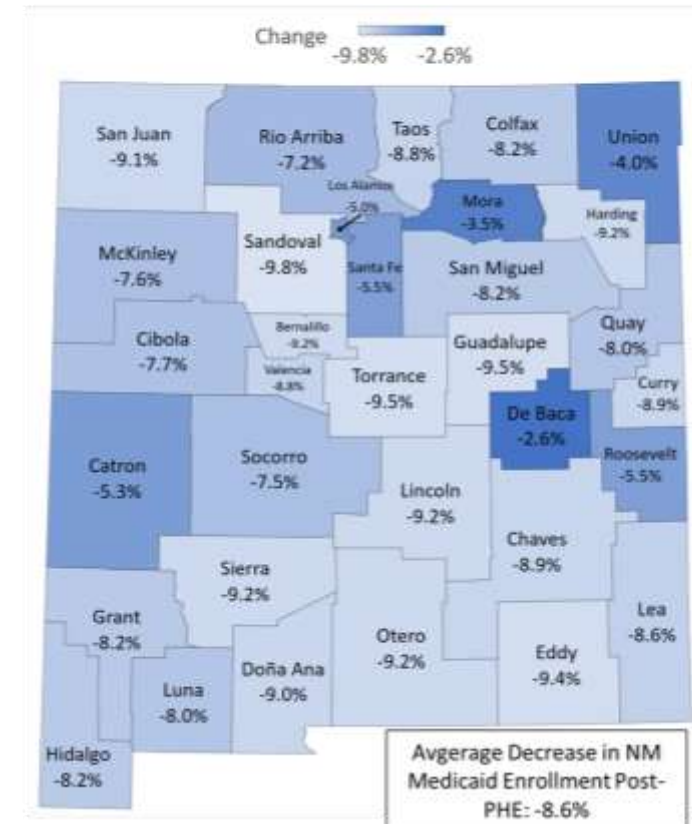
IMPROVED HEALTH OUTCOMES THROUGH A COLLABORATIVE STATE HEALTH IMPROVEMENT PLAN

In 2020, Vermont reported 3% decrease in number of households with food insecurity in a combined effort between state agencies and community organizations, to increase access to quality food.

MEDICAID PUBLIC HEALTH EMERGENCY UPDATE

- National Public Health Emergency expected to end January 2023, meaning Medicaid benefits could be reduced or end on 2/1/23.
- HSD anticipates 83,512 New Mexicans will no longer be income eligible for Medicaid.
- Encourage your Medicaid patients to update their contact info with HSD and check the mail for turquoise envelopes from HSD where they can renew eligibility.
 - **If they do not update their contact info and renew eligibility, they risk losing Medicaid coverage.**

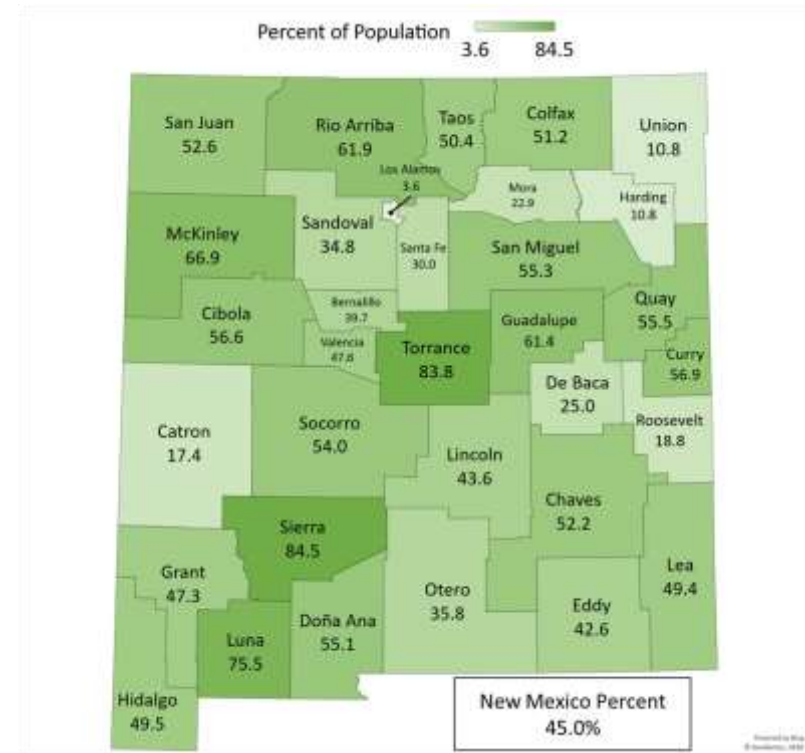
Percent Decrease in Medicaid Enrollment by County after Federal Public Health Emergency (PHE) ends (June 2022 estimate)



TURQUOISE CARE: WE WANT TO HEAR FROM YOU!

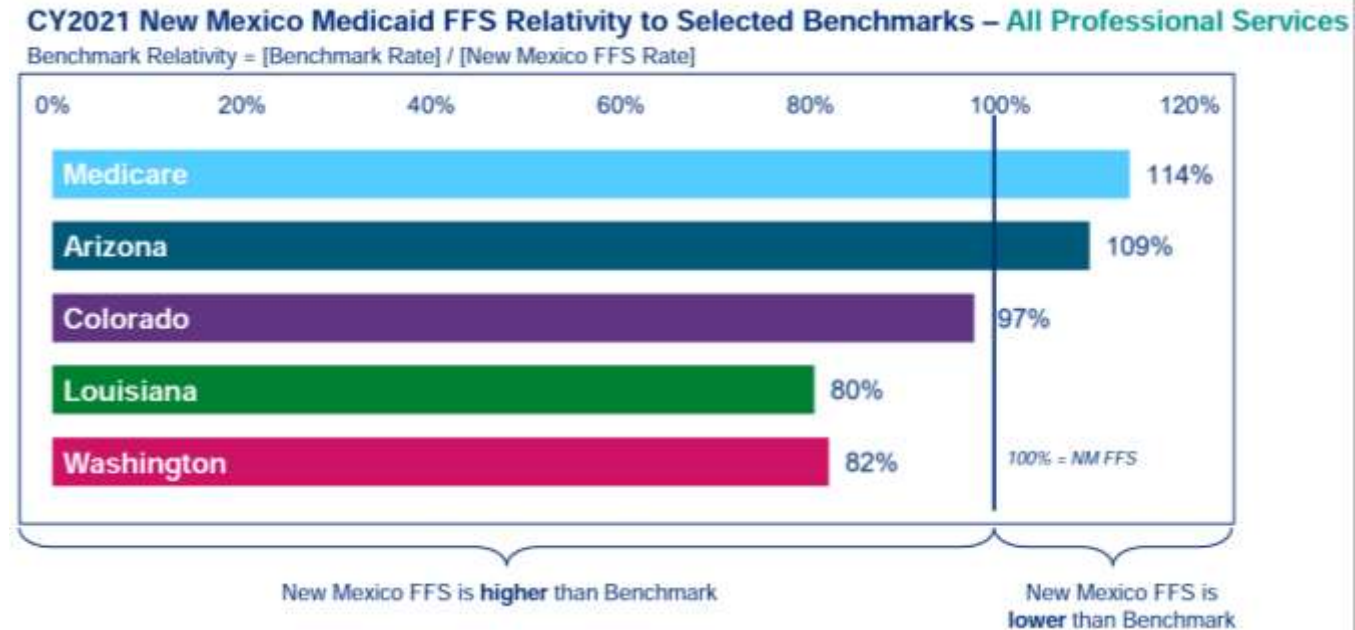
- Medicaid 1115 innovations waiver out for public comment until 10/31/22. Email comments or take part in a public hearing here: <https://www.hsd.state.nm.us/medicaid-1115-waiver-renewal/>
- This fall, HSD will release an RFP for Medicaid Managed Care Organization contracts, with start date of 1/1/2024.

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



NM MEDICAID PROVIDER RATE ANALYSIS

- HSD is comprehensively reviewing NM Medicaid provider reimbursement levels for all non-pharmacy services to:
 - Ensure access to high-quality for Medicaid members through reimbursement of healthcare services;
 - Attract and retain providers in NM; and,
 - Establish a methodology, process, and schedule for conducting routine rate reviews.
- Findings are available online and in October HSD will hold several community listening sessions to gather input as we finalize recommendations.
- For more information, contact Deputy Medicaid Director Lorelei Kellogg: 505-629-2938 (loirelei.kellogg@state.nm.us).



REVOLUTIONIZING PRIMARY CARE IN NM

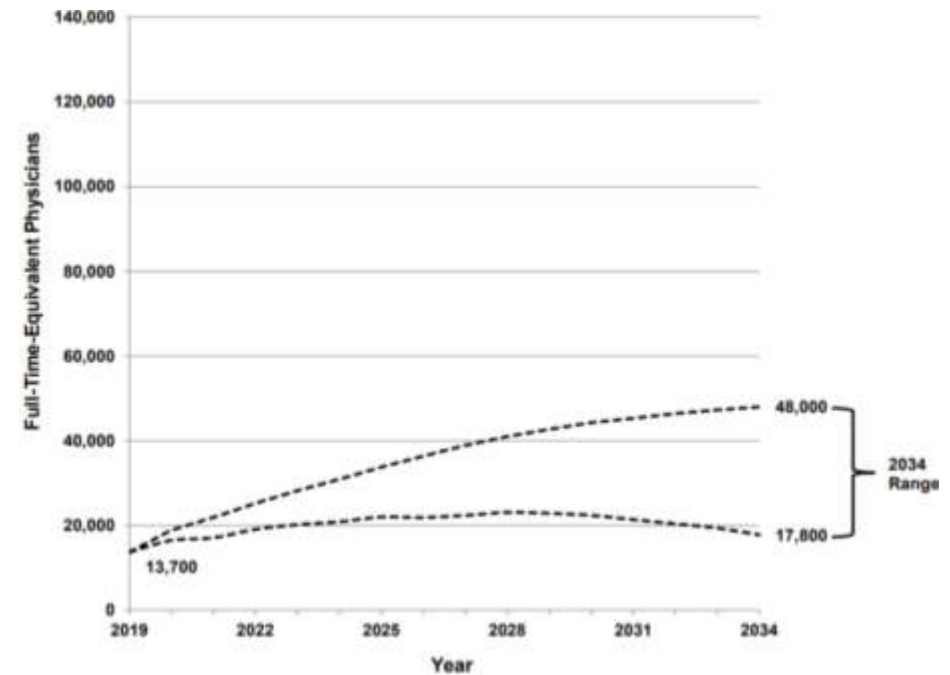
- HSD leads Primary Care Council (PCC), whose mission is to revolutionize PC into interprofessional teams delivering high-quality, accessible, equitable care.
- HSD designing new primary care alternative payment model (APM) for Medicaid.
- In 2023, HSD will launch Clinician & Provider Transformation Collaborative, providing technical assistance to clinicians and providers for successful APM adoption.
- To learn more, contact Elisa Wrede, PCC Project Manager (elisa.wrede@state.nm.us; 505-231-2630).



PRIMARY CARE PHYSICIAN WORKFORCE EXPANSION


- ~55% of residents stay within 100 miles of their residency program.
- To expand primary care physician workforce, HSD supports new and expanding primary care residency programs, providing \$1,889,983 to 6 programs since FY 2020.
 - These programs are expected to create 25 new first-year resident slots by 2025.
- Additional funding will be awarded this year, and HSD wants to hear from prospective partners (e.g. hospitals, Federally Qualified Health Centers).
 - To learn more, contact Alex Castillo Smith, HSD Strategic Planning & Special Projects Manager (alex.castillosmith@state.nm.us; 505-629-8652).

Projected Primary Care Physician Shortage Range, U.S., 2019-2034



Source: <https://www.aamc.org/media/54681/download?attachment>

HOW CAN THE HEALTH INFORMATION EXCHANGE
HELP US ALL IDENTIFY AND ADDRESS HEALTH
INEQUITIES?



DO YOU KNOW
what's in your
HIE?



State of New Mexico

Michelle Lujan Grisham
Governor

Thomas D. East, Ph.D.
Chief Executive Officer
SYNCRONYS
2309 Renard Place, SE, Suite 103
Albuquerque, NM 87106

Dear Dr. East:

In 2009, the Lovelace Clinic Foundation d/ (NMHIC) was designated as New Mexico's HIE. NMHIC accessed HITECH funding under the American Recovery and Reinvestment Act of 2009 to develop the HIE and to expand its use by providers and payers.

In April 2020, the New Mexico Human Information Technology (NMHIT) received additional HITECH funding from the Centers for Medicare & Medicaid Services to streamline and improve the state's HIE. The goal is to create a single, unified HIE for New Mexico's health care provider network, serving all New Mexicans by supporting a collaborative, interoperable, and secure state's next-generation HIE.

To reflect this new phase of the HIE, NMHIC is renaming the HIE as SYNCRONYS. With this letter, I am announcing the official name of New Mexico's HIE.

SYNCRONYS is moving toward a groundbreaking collaborative model that will serve providers and payers in supporting their patients. In collaboration with HSD and its other HIE project partners, SYNCRONYS will focus on delivering high-value, seamless interoperability services with an emphasis on functionality to achieve greater value and improved outcomes for health care teams, providers, and, most importantly, patients across New Mexico.

Sincerely,

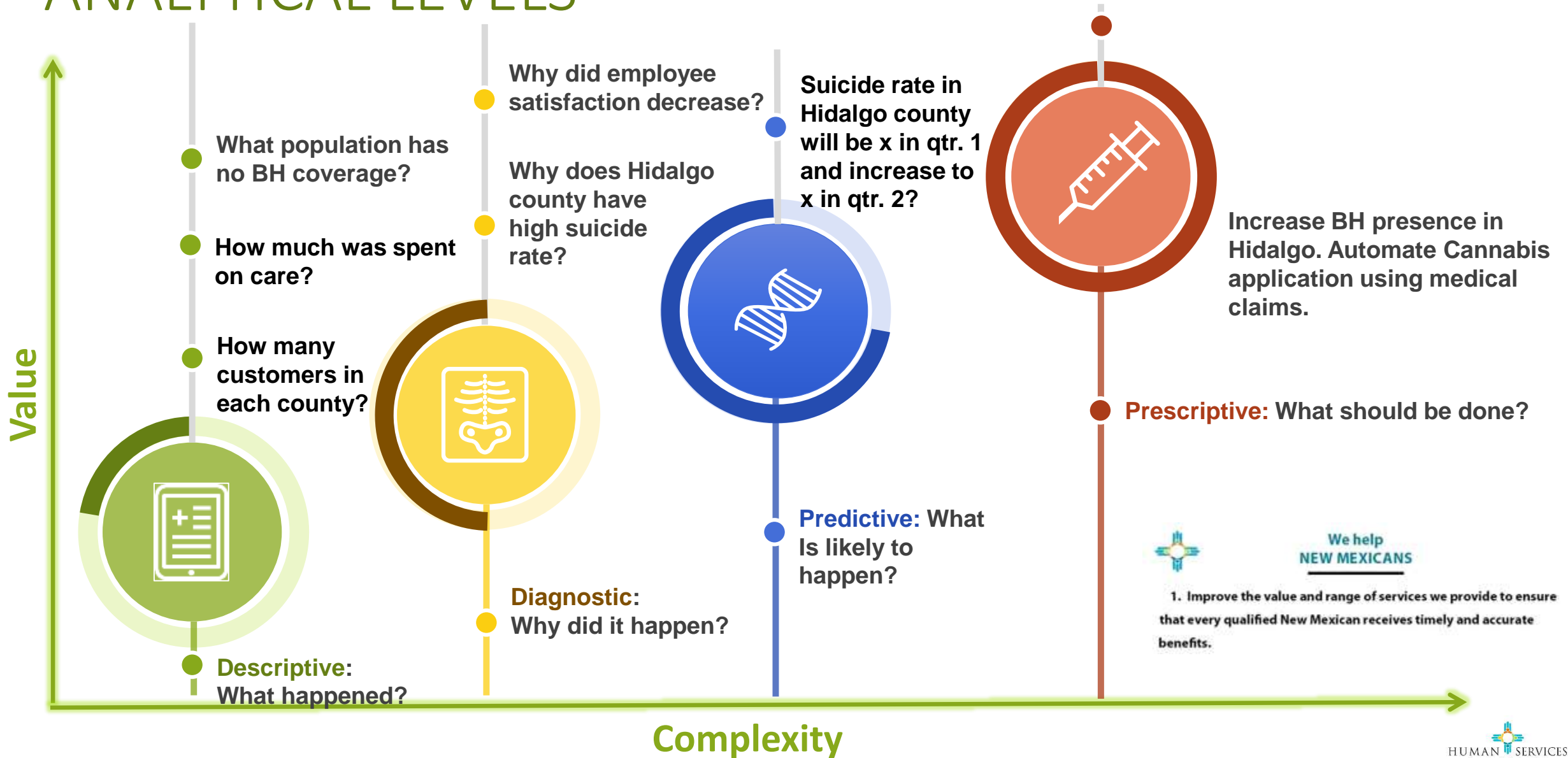

Michelle Lujan Grisham
Governor

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Sincerely,


Michelle Lujan Grisham
Governor

ANALYTICAL LEVELS



HEALTH INFORMATION EXCHANGE (HIE) BENEFITS

1. Tools to identify patients for Hep C treatment
2. Improved ED use management
3. Population & individual risk stratification & predictor tools
4. Tools to identify Medicaid patients with new diagnoses
5. NCQA-certified quality data
6. Value-based purchasing tools

Payors



1. Track and securely share longitudinal medical records
2. Patient alerts & notifications
3. Access to prescribing tools to prevent and manage SUD
4. Patient ED alerts/notifications
5. Transition of care and treatment tools
6. Tools to help them identify and manage high-risk patients

Providers



1. Improved health outcomes
2. Better transitions of care
3. Reduction of costs via elimination of unnecessary tests and procedures
4. Safer, easier interaction with the health care system
5. Reduced medication and medical errors.
6. Improved education and self-direction.

Patients & Families



ADDITIONAL HIE BENEFITS

- Clinical access portal allows providers to follow patients as they move through care.
- Board of pharmacy PDMP integration.
- Direct secure messaging for providers.
- Automated epi reporting to DOH.
- Advanced directive management.
- Improved healthcare quality and outcomes.
- Reduced health-related costs.

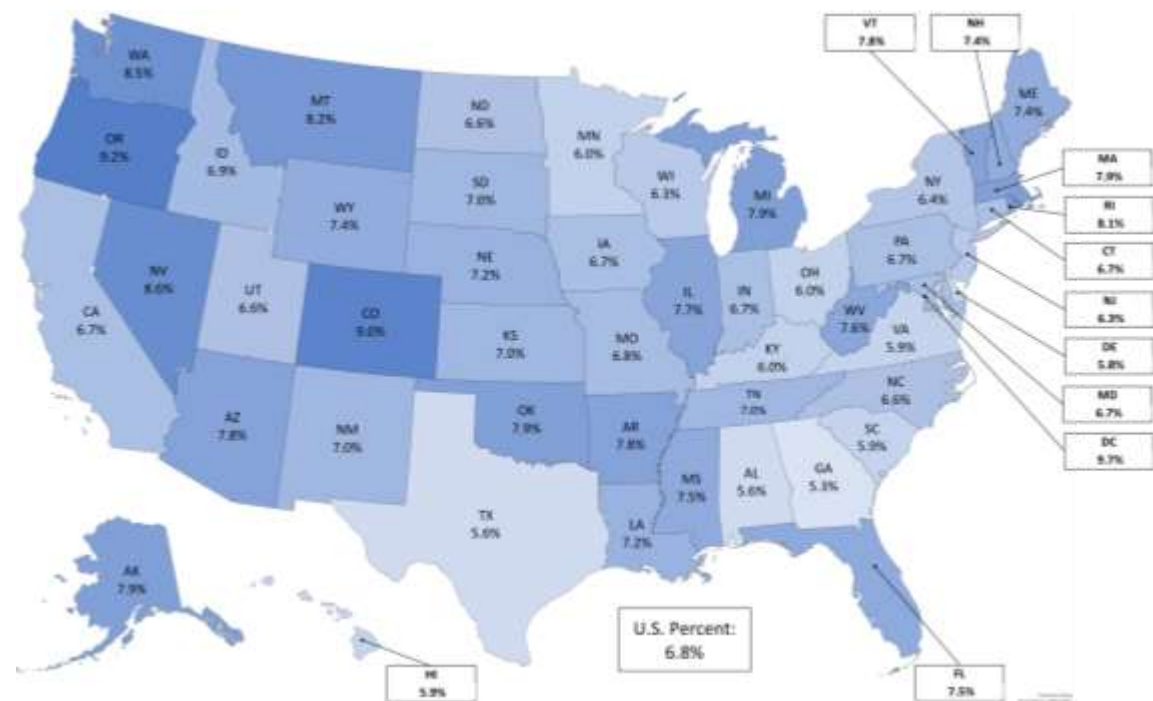
Study	Population type	Findings
Cunningham et al. ^{35}	HIV care	Use of Laboratory HIE associated with higher odds of anti-retroviral therapy, viral suppression, and reduced racial disparities.
Yaraghi ^{30}	Emergency Department	HIE usage associated with significant reduction in both lab tests and radiology examinations ordered per patient.
Vest et al. ^{17}	Outpatient	HIE usage related to lower odds of readmission. This reduction had estimated savings of \$605,000.

Menachemi N, Rahurkar S, Harle CA, Vest JR. The benefits of health information exchange: an updated systematic review. J Am Med Inform Assoc. 2018 Sep 1;25(9):1259-1265. doi: 10.1093/jamia/ocy035. PMID: 29718258; PMCID: PMC7646861.

HSD & DOH PROVIDING SYNCRONYS \$35,282,688 TO:

- Enhance standard datasets between:
 - 80% of non-federal hospitals, tribal/IHS hospitals/clinics, FQHCs, justice facilities, and long-term care facilities.
 - 40% of NM's independent physicians and behavioral health clinicians.
- Implement CMS-approved health outcomes enhancements:
 - **Hepatitis C Virus (HCV) Alerts** identifies patients with HCV sooner.
 - **Substance Use Disorder Management** identifies patients with history of substance use earlier.
 - **Clinical Data Exchange** expedites and increases providers' access to patient data through clinical portal, promoting care coordination and improved population outcomes.
- HSD preparing to certify HIE so it becomes eligible for enhanced federal funding for ongoing operations.

Adults Reporting Illicit Drug Dependence or Use in the Past Year (%), 2019-2020

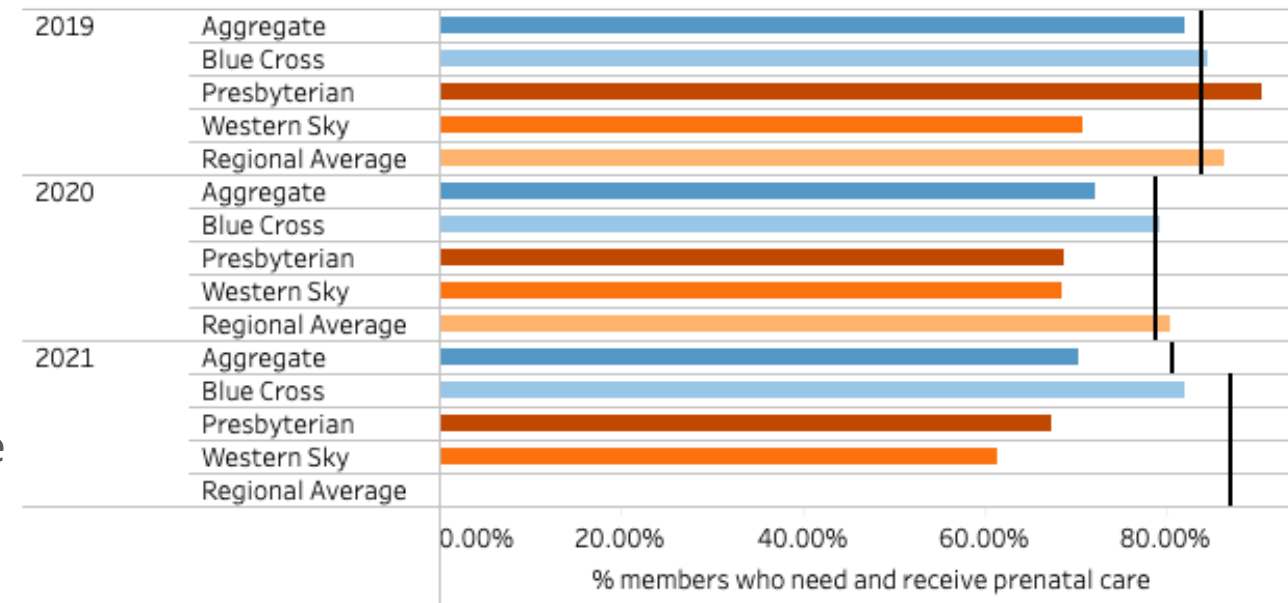


Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, [National Survey on Drug Use and Health \(NSDUH\), 2019 and 2020](#).

HIE IMPORTANT TOOL TO PROMOTE HEALTH EQUITY IN NM

- Black and Native American people are [two to three times more likely to die](#) from pregnancy-related causes than Whites.
- Poverty, substance use disorder, and lack of access to healthcare contributing factors to inequities.
- **80% of NM Births funded by Medicaid and HIE tells us:**
 - 30% received inadequate prenatal care
 - 8.5% received no prenatal care
- HIE employs Maternal Opioid Misuse Model that:
 - Allows Managed Care Organizations to provide intensive coordination services to Medicaid customers who are pregnant or postpartum and have Opioid Use Disorder.
 - Shows clinical documents and care team relationships; sends event notifications; interfaces with resource directories; conducts reporting.

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



Last updated: 8/28/2022, regional average coming in September

[HSD Departmental Performance Scorecard](#)

HIE: DATA THROUGH VISUALIZATION LAYERS

+ Environmental Factors



+ Societal Factors



+ Regional & Community



+ Pop Health and Quality



Clinical Data



Examples of Data Layers

Environmental

- Air Quality
- Transportation Availability

Societal Factors

- Distribution of Poverty
- Food Deserts
- SNAP Benefits

Regional and Community

- Statewide, County, City
- Community/Neighborhood

Population Health and Quality

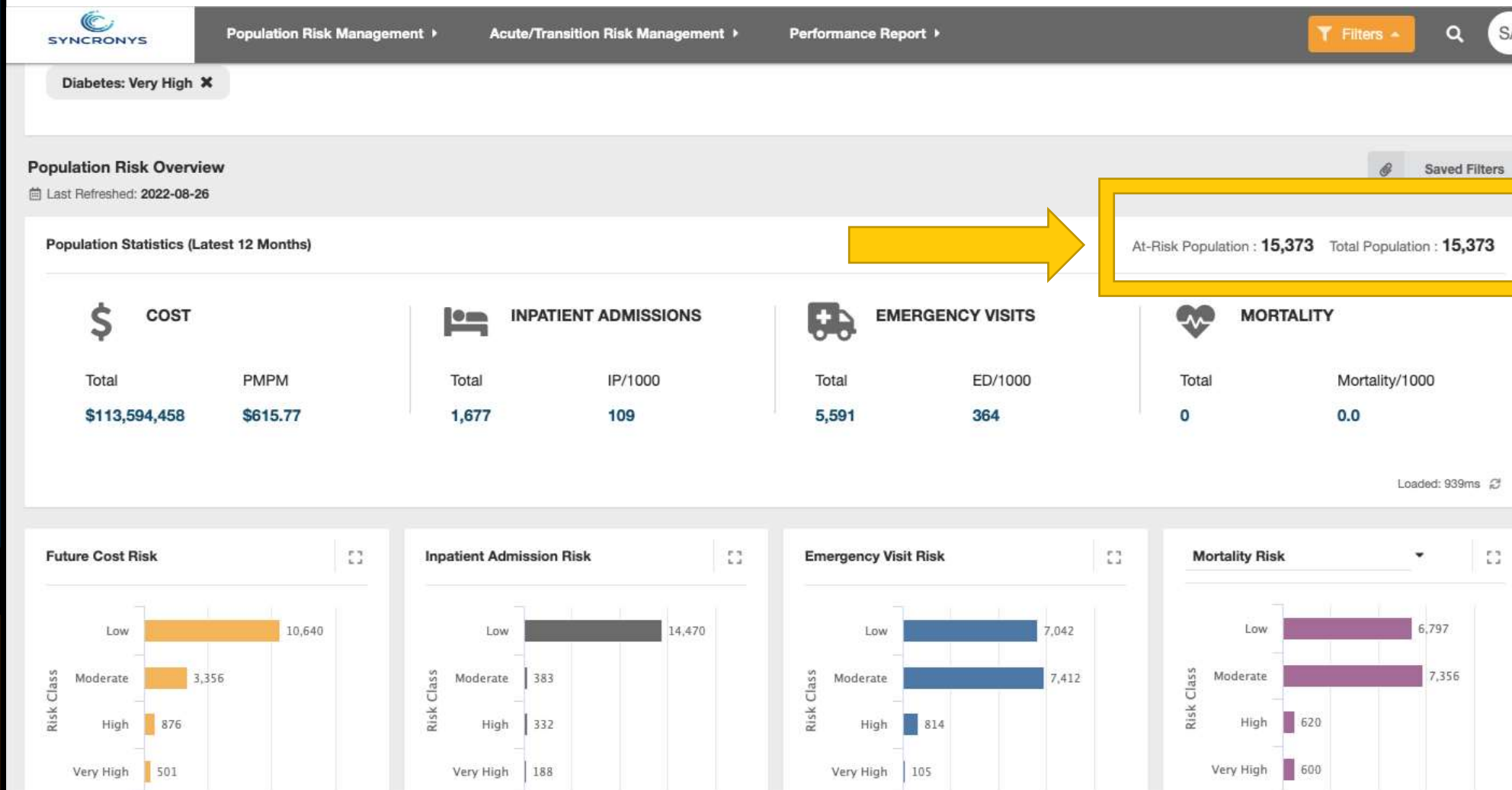
- Quality Metrics
- Care Gaps
- Cost and Utilization Data

Clinical Data

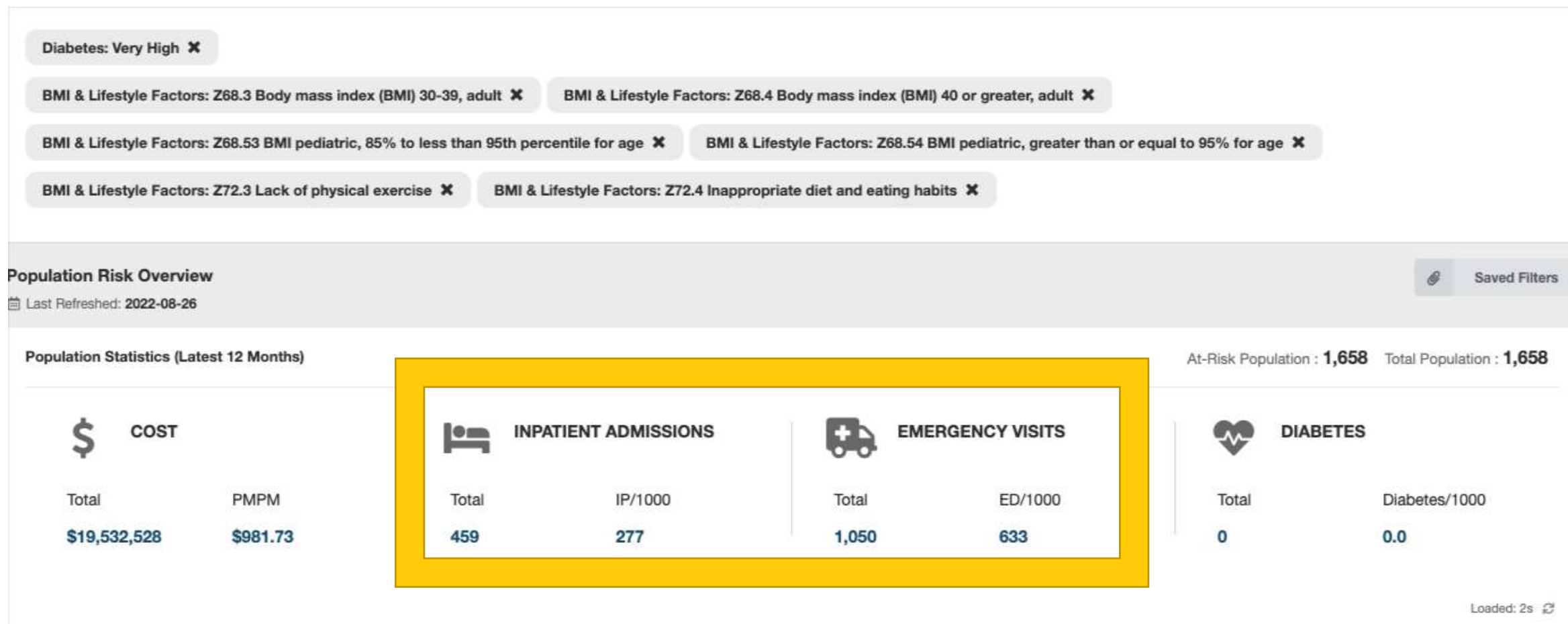
- Longitudinal clinical record
- Claims, Labs, Imaging

Investing for tomorrow, delivering today.

Very High Risk for Diabetes Complications

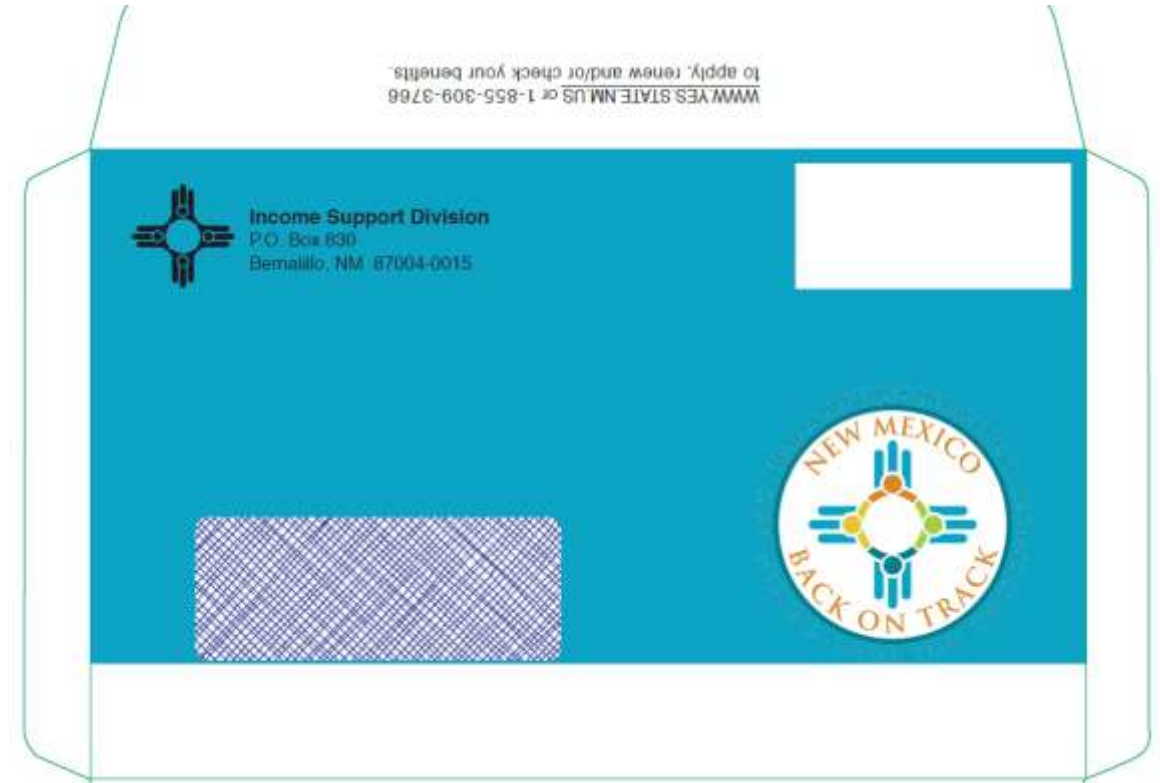


Almost 11% have documented elevated BMI, diet or exercise challenges – note the higher utilization



WE NEED YOUR HELP

- Support Dept. of Health as we update our Medicaid program and State Health Improvement Plan this year.
- Encourage Medicaid patients to update contact info with HSD, check their mail for **turquoise** envelope from HSD where they can renew eligibility.
- Provide input to PC Council as it designs APM and Clinician Transformation Collaborative.
- Involve customers in design of HIE features and help us understand barriers to provider participation in HIE.





HUMAN
SERVICES
DEPARTMENT



QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.