



PMS

PRESBYTERIAN MEDICAL SERVICES

Our purpose is you.

PMS Workforce Challenges

Our purpose is you.



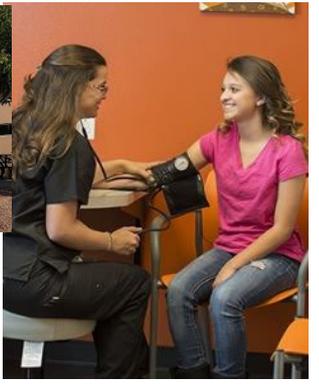
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PRESBYTERIAN MEDICAL SERVICES

Presbyterian Medical Services (PMS)



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Presbyterian Medical Services

Mission: Presbyterian Medical Services designs and delivers quality, accessible, integrated health, education and human services in response to identified community needs of the multicultural people of the Southwest.

- **Presbyterian Medical Services (PMS) has operated as a private, non-profit organization, or a 501 (c) (3) entity since 1969.**
- **PMS provides primary medical care as a federally qualified health center (FQHC) which includes clinic services, dental services, behavioral health care and pediatric care through 52 health centers across the state.**
- **As an FQHC, no one is turned away for inability to pay for services and a sliding fee scale is offered for persons without a payer source and charges are discounted up to 80% based on patient economic circumstances.**

PMS Statistics

Medical, Dental, and Behavioral Health

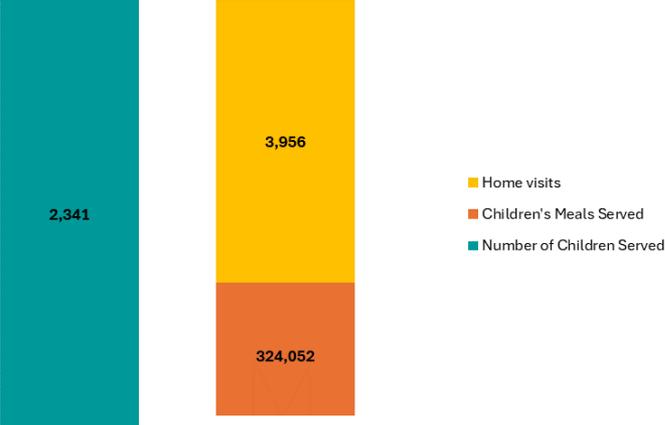


PMS Statistics

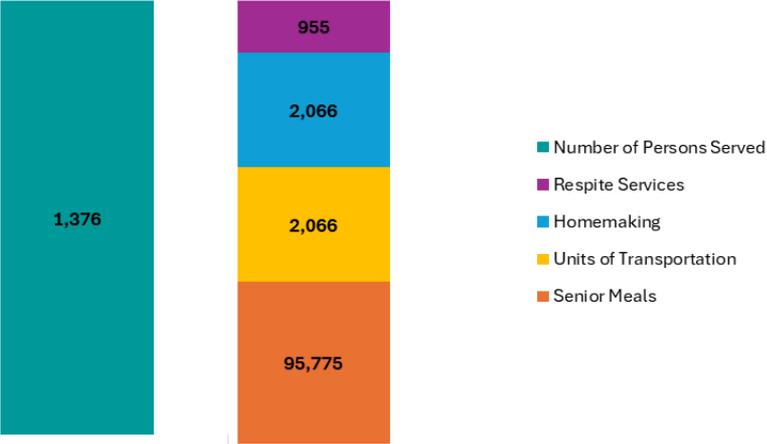


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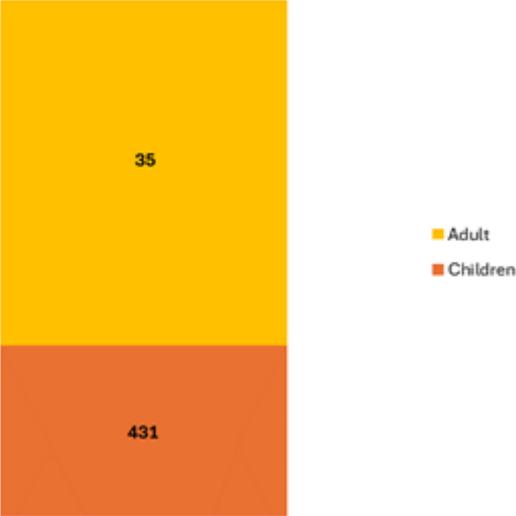
Head Start: Sandoval, San Juan, Santa Fe, Torrance County



Senior Citizen Program



Developmental Disability: San Juan County



Number of New Mexicans Served at PMS

Totah Behavioral Health Authority

- We support our clients (referred to as “relatives”) recover from chemical dependency by using a combination of Traditional Native American healing practices and contemporary best practice behavioral treatment approaches.
- Relatives Served in 2023: 130
- Relatives Services in 2024 YTD:90

Approaches and topics include the following:

Recovery Education

Drumming Sessions

Protection Prayers

Clanship

Parenting

Community Support Services

Enhancing Motivation

Talking Circle

Healing Trauma & Grief

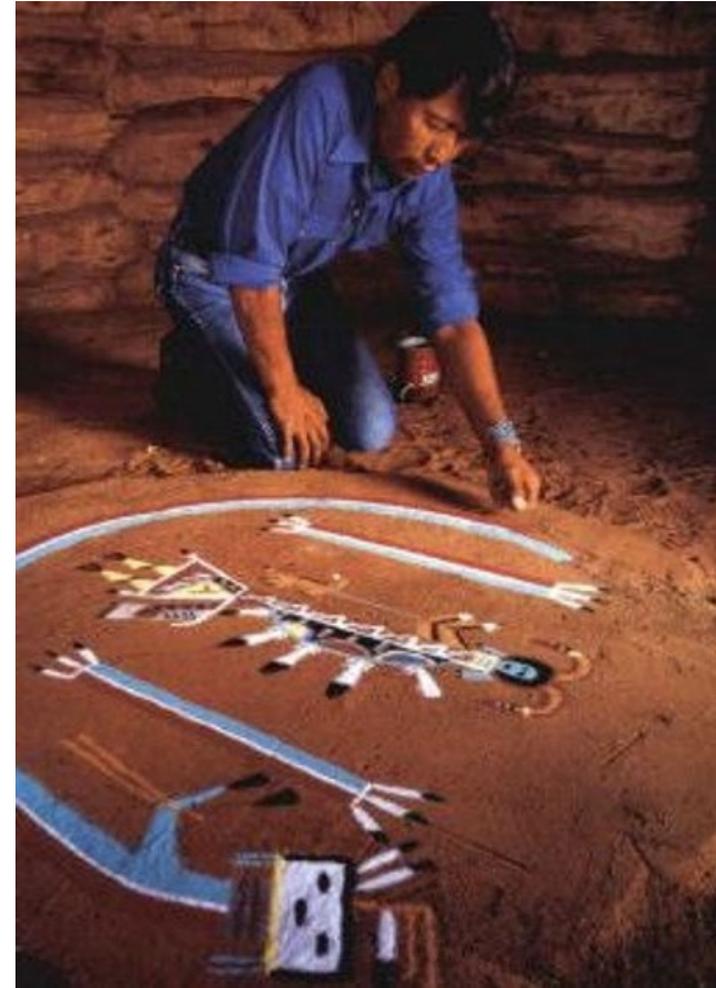
Tobacco Ceremony

Relapse Prevention

Individual & Group Counseling

Cedar Burning

Sweat lodge



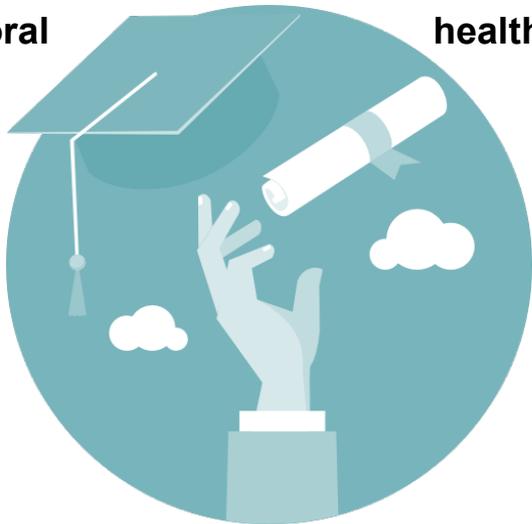
Provider Needs

- **PMS currently has 34 primary care provider vacancies required to be filled by physicians, nurse practitioners, and physician assistants.**
- **PMS also has 23 medical assistant vacancies.**
- **PMS currently has 18 behavioral health positions to be filled by licensed behavioral health therapists.**
- **PMS also has 6 community support workers vacancies.**
- **PMS also has 12 vacant customer access representative positions.**



Recruitment & Retention Challenges

- **There is an insufficient supply of providers that is exceeded by ever-growing demand.**
- **Medical schools are not producing enough graduates.**
- **New Mexico does not have a dental school – Nearest educational opportunities: Texas, Colorado, and Arizona.**
- **Ever changing licensing board requirements cause recruitment challenges that create barriers in recruiting.**
- **There are a limited number of professionals seeking careers in medical, dental and behavioral health.**



Recruitment & Retention Challenges

- **Salaries paid by health centers and FQHCs must be competitive with those paid by private practices if they are to successfully recruit providers.**
- **There isn't affordable housing for providers and support staff in many New Mexico communities.**
- **Oversight of community behavioral health provider organizations is significantly more exacting than that of private practices, discouraging community candidates.**
- **Aging providers are retiring at an increasing rate.**
- **When faced with provider shortages, health centers often have little choice but to contract with private employment agencies to secure virtual providers at significantly greater expense than hiring providers as employees.**



Recruitment & Retention Challenges

- **Providers are requesting remote work (from their homes), and the health centers are required to creatively provide working conditions that are conducive to recruiting providers.**
- **Patients accessing virtual services, as occurred during the pandemic, result in loss of revenue due to the reduced number of visits.**
- **Competition among providers seeking to hire from the same limited provider pool results in moving providers from organization to organization and does not increase capacity.**
- **We must continue to employ creative approaches such as retaining retiring providers as temporary on-call providers.**



BH Recruitment & Retention Challenges

- **There is a lack of candidates for all areas but significantly less candidates for rural or less desired locations (Socorro, Carlsbad, Artesia, Espanola, Deming).**
- **Despite aggressive efforts to increase salaries and incentives, turnover is problematic.**
- **Once one organization increases salaries, the rest follow thus canceling each other as we are recruiting from the same pool of providers.**
- **Providers that are new to community health report difficulty adapting to serving the severely mentally ill (SMI) and severely emotionally disturbed (SED) populations.**
- **High risk patient populations increase provider burn out, and when a provider resigns the remaining providers absorb the departing provider's caseload, thus creating an ongoing cycle of burnout.**
- **Providers are seeking flexible schedules including requests for four 10-hour days, full time and remote work.**
- **Most candidates are seeking remote positions, while an increasing number of patients are requesting in-person services.**

Behavioral Health Survey

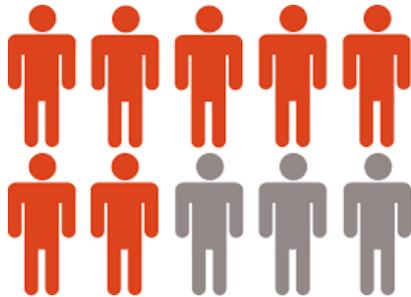
National Council of Wellbeing



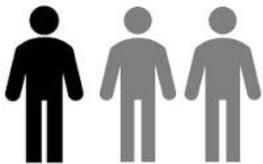
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Providers report increased client caseloads



Providers report increased client severity since the COVID-19 pandemic



Providers report spending most their time on administrative tasks.

Provider Statistics:

- **90% are concerned about those not currently receiving care to gain access.**
- **87% are concerned about providing care in the event of another health crisis such as COVID-19.**
- **93% have experienced burnout.**
- **48% report workforce shortages have caused them to consider other employment.**
- **83% of the workforce believe shortages in the behavioral health and substance abuse treatment areas will negatively impact society as a whole.**
- **68% of providers say the amount of time spent on administrative tasks takes away time for directly supporting clients**

Recommendations

- **We must continue efforts to increase Medicaid reimbursement to community health centers and federally qualified health centers (FQHCs) so that salaries are competitive with private practices – The Appropriations Act passed by the 2024 Legislature contained a “general fund appropriation to the medical assistance program [Medicaid] of the health care authority department ...that includes two million dollars (\$2,000,000) for up to a six percent or greater rate increase for rural primary care clinics and federally qualified health centers.”**
- **An expanded and robust loan repayment program and significantly larger sign-on bonuses would greatly enhance provider recruitment efforts.**
- **Workforce Development and Apprenticeship Fund legislation such as House Bill 5 (passed in the 2024 legislative session) is needed to make available resources to train candidates and establish apprenticeship opportunities for healthcare-related positions such as medical assistants and customer access representatives.**
- **Legislative efforts such as Senate Bill 216 (passed in 2024) which adds affordable housing as a qualified use of the local government planning fund should be supported.**
- **The study mandated by House Memorial 12 (passed in 2024) should be completed and steps should be taken to reduce the administrative and oversight burdens which serve as barriers to encouraging behavioral health providers in the public sector.**
- **Legislative efforts to make available resources to recruit high school students into healthcare careers should be supported.**

Questions, Comments, and Discussion





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Larry Martinez, Director of Legislative Affairs

