

# New Mexico Hospital Association Presentation to Behavioral Health Subcommittee

August 20, 2020



# What is New Mexico Hospital Association?

## New Mexico Hospital Association (NMHA)

- **Represents 46 hospitals** on state and federal legislative and regulatory public policy issues
- **Authoritative voice** for media, researchers and policy makers on hospital practice, finance, workforce and complex data analysis used in public policy initiatives
- **Leader and Convener** - Steady, statewide leader and convener for hospital members, government officials, organizations and stakeholders
- **Partners with others** to improve health status of NM residents, best practices, innovation (e.g., NM DOH Medical Advisory Team (MAT), Washington State Hospital Association)
- **Advocates for the common good**, collective interests of members and patients, in an ever-changing health care environment

# Who is the NMHA Behavioral Health Task Force?

## **The Behavioral Health Task Force (BHTF) is composed of leadership and key staff from:**

- NMHA free standing behavioral health facilities and hospitals that have psychiatric settings
- All hospitals treat patients with mental health and substance use issues every day. At an increasing rate, and more so now.



# Licensed Psychiatric Hospital Beds, New Mexico (2019)

Hospital	City	Designated Psych. Beds
<b>CD1</b>		
Central Desert Behavioral Health Center	Albuquerque	26
Haven Behavioral Hospital of Albuquerque	Albuquerque	48
Lovelace Medical Center	Albuquerque	44
Presbyterian Kaseman Hospital	Albuquerque	46
University of New Mexico Hospital	Albuquerque	91
<b>CD2</b>		
Gerald Champion Regional Medical Center	Alamogordo	38
Artesia General Hospital	Artesia	15
Lea Regional Medical Center	Hobbs	15
Mesilla Valley Hospital	Las Cruces	88
Eastern New Mexico Medical Center	Roswell	25
Peak Behavioral Health Services, LLC	Santa Teresa	88
Gila Regional Medical Center	Silver City	10
<b>CD3</b>		
San Juan Regional Medical Center	Farmington	13
CHRISTUS St. Vincent Regional Medical Center	Santa Fe	11
<b>Total (approximate)</b>		<b>558</b>

# Recent BHTF Efforts

## Participation in BH groups

- HSD
  - B2W (Bridges to Wellness) Advisory Group
  - Behavioral Health Collaborative
  - Participants in HSD Treatment Connections BH referral platform
- UNM Behavioral Health Coalition
- Pew Charitable Trusts, substance use project
  - Pew invited by Gov. Lujan Grisham for multi-year study of substance use disorder and treatment and to provide recommendations for for NM.

# Today's Focus

Our BH Hospital  
Community

- **BH hospital providers are on front lines**, every bit as much as medical, surgical hospitals
- **Delayed care** has made for more acute needs
- People never in the system before are **now in the system**
- **Our current health crisis** has made some system weaknesses more apparent
- **Learnings and solutions** have risen during these difficult times, and they should continue and/or be strengthened

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CHRISTUS St. Vincent Regional Medical Center  
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Behavioral  
health  
providers  
are front line  
providers

## With Covid-19, what we are seeing?

Delayed care

- Increased severity and acuity (e.g. depression, suicide attempts, hospitalization, broken treatment process, increased substance use, greater youth and pediatric needs)
- **Prediction:** Surge in volume of both overall cases and acute cases paired with medial needs



# Patients new to needing BH services

## With Covid-19, what we are seeing?

### New patients

- Increase in New Mexicans experiencing first-time BH issues (e.g. depression, anxiety, isolation, substance misuse)
- Increase in first-time seekers of BH services
  - Patients not sure how to find/access services
  - Coverage barriers
  - Stigma

# Addressing intensified needs

## What we've done

- Outreach to patients, family members, community organizations (e.g. mail, email, text, calls, radio, newspaper and other public service and advertising)
- Collaborated with regional hospitals to triage, help get BH patients from EDs to treatment facilities
- Developed processes for Covid positive (and negative) patients
- Instituted and expanded telehealth services

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# Telehealth and technology

## Breaking down barriers

Expanded use of telehealth across BH services shows great promise to improve patient access and care



# Universal access in emergency rooms

## **Solution:**

Make telehealth an option for BH patient care in Emergency Departments—statewide.

## **Problem:**

Patients might get a referral for inpatient or outpatient treatment, but often no direct, immediate connection with a BH professional is made.

# Peer support

## **Solution:**

Ensure adequate reimbursement for Peer Support Workers (PSWs) and support training and deploying of PSW statewide.

## **Problem:**

Limited access to Peer Support Workers, despite the strongest scientific evidence that patients do best with PSW involvement.

Reimbursement is inadequate and peer support workers are concentrated in northern NM, not available statewide.

# Treatment Connections referral platform

## **Solution:**

NMHA member hospital participation in Treatment Connections - HSD led BH online referral service.

## **Problem:**

Timely referrals to appropriate levels of care are difficult, with dire consequences for patients and families. Providers may have go-to contacts, but there has been inconsistent coordination and continuity.



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# Planning and Payment

## Breaking down barriers

Making provisions from emergency public health orders and waivers permanent and integrating BH providers across New Mexico's system make us all better prepared.



# Inclusion, integration of BH across NM health system

## **Solution:**

- Full inclusion of BH facilities NM DOH MAT Hub and Spoke model: collaboration, communication, integration.
- Include BH providers in Emergency Medical Service Tracking and Recording System and normal chains

## **Problem:**

BH, and BH hospitals not fully included in planning, during Covid, and in “normal” times.

# BH hospital providers: Role models for physical health

## **Solution:**

Leverage BH expertise on caring for staff mental health needs, including those of hospital staff caring for Covid patients, Covid patients who are staff.

## **Problem:**

The healthcare workforce faces high rates of burnout and Covid-related “moral injury.”

# Reimbursement parity for Telehealth

## **Solution:**

- Same mechanics of reimbursement for remote treatment and in-person treatment
- Payment parity across all insurance carriers
- Preserve payment parity for telephone only visits for dementia patients and others

## **Problem:**

Payment drives practice. Lack of payment or payment parity discourages access to treatment and optimal treatment for patients.

# Beyond parity for Telehealth

## **Solution:**

- Allow a facility fee that covers hospital platform and tech infrastructure.
- Support New Mexico internet improvement.
- Consider mechanisms to support shifting labor costs and needs: patient education, IT support, etc., so system works well.

## **Problem:**

Some costs and resource requirements are unique to expansion and successful patient care via telehealth, and they are not reimbursable.

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Memorial Medical Center

Growing the  
good

## Breaking down barriers

Expanding successful programs and practices for statewide coverage helps patients and providers.



# Trauma informed Care

## **Solution:**

Incorporate trauma informed care best-practices across New Mexico healthcare solutions.

## **Problem:**

Adverse childhood events (ACE) impact New Mexicans at high rates and can increase whole-person healthcare needs throughout the life-course.



# Transport

## **Solution:**

Develop coordinated effort for BH focused, hospital transportation.

## **Problem:**

BH transfers more patients than any other specialty, yet there is no designated transport. Pediatric BH patients are sometimes flown to appropriate care, at great expense and increased risk. All competes for resources with other ED patients.

# Mental Health Court

## **Solution:**

Allow virtual mental health court proceedings statewide, rather than Albuquerque-only. Provide technology to meet patients' rights.

## **Problems:**

- Patients must travel long distances in conditions that do not support treatment protocols and patient stability, and then may not then represent themselves well.
- First responder time and other resources spent for this transport.

# A recap of today's focus

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THANK  
YOU.

