



PERFORMANCE REPORT CARD

Department of Health
Fourth Quarter, Fiscal Year 2016

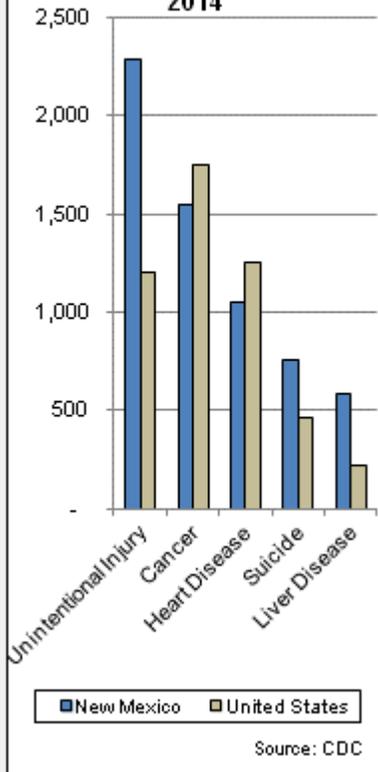
KEY ISSUES

In an effort to address limited performance reporting, the number of key performance measures has more than doubled. All programs except Facilities Management added measures. For FY17, measure quality improved and is expected to lead to better outcomes.

AGENCY IMPROVEMENT PLANS

Submitted by agency? Yes
Timeline assigned by agency? No
Responsibility assigned by agency? No

Years of Potential Life Lost per 100,000 in 2014



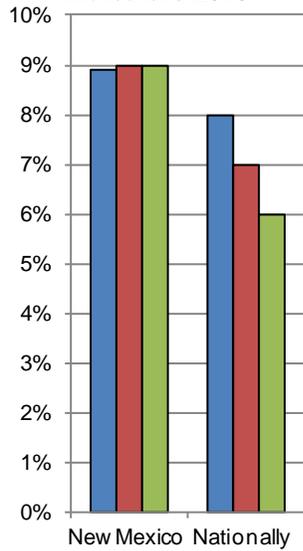
Expanding wait lists, falling revenues, management turnover, high vacancies, reduced general fund appropriations, and uncertainty underscored the department's performance this year and is expected to impact the department's performance in the future. Managing the budget, the department made difficult decisions and shuttered the community pool in Los Lunas, five school based health centers statewide, and a public health office in the South Valley of Albuquerque. The adverse trends in FY16 will persist and should provide impetus to run a leaner, strategically driven, performance managed department. Prioritizing the department's mission to protect the health of all New Mexicans is becoming ever more important and using performance data to do this is imperative.

The department ended the year with a shortfall in the Facilities Management Division, possibly due to revenue collection falling short. The department's FY17 budget was built largely on the assumption that revenue collection would improve as a result of expanded medical coverage under the Affordable Care Act. The department had mixed results collecting revenue in FY16 and should work to improve revenue collection activities ensuring budget difficulties do not carry over into FY17. A recent LFC evaluation found multiple opportunities for the department to leverage additional Medicaid funding, and the department should be able to do more.

Public Health. The Affordable Care Act (ACA) shifted the need for safety net health services in some cases away from public health offices into primary care offices covered by Medicaid and private insurance options, and may be leading to fewer visits. To ensure reductions in direct services do not materialize, patient billing opportunities should be maximized in FY17. The program received a red rating for the first measure (below), which may be indicative of the Office of School and Adolescent Health working with the Human Services Department and Centennial Care managed care organizations to reduce duplicative services under Medicaid expansion. The target for the measure on effective contraception distribution was not met and only 60 percent of females age 15 through 17 seen in public health offices received effective contraceptives. The department's action plan for this measure is to provide confidential clinical services and teen-friendly clinical practices to support teens in reaching life goals.

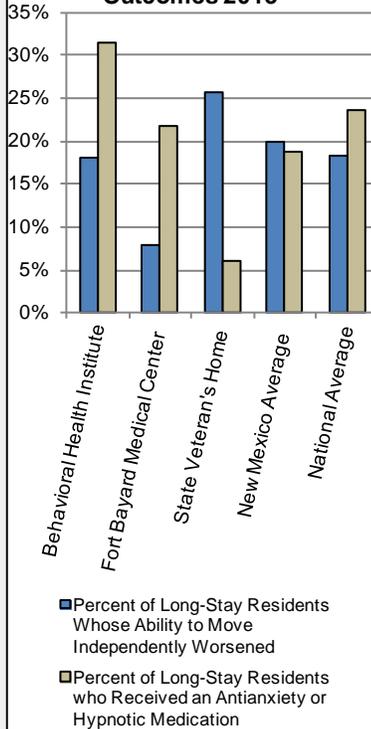
Measure	FY14 Actual	FY15 Actual	FY16 Target	FY16 Actual	Rating
Students using school-based health centers who receive a comprehensive well exam	34%	34%	38%	26%	R
QUIT NOW enrollees who successfully quit using tobacco at seven month follow-up	32%	31%	33%	33%	G
Teens ages fifteen through seventeen receiving services at clinics funded by the family planning program	2,717	1,334	2,900	1,405	R
Female clients ages fifteen through seventeen seen in public health offices given effective contraceptives	53%	55%	66%	60%	Y
Women infants and children recipients that initiate breastfeeding	78%	80%	85%	81%	Y
Program Rating					Y

Child Health Indicators 2013



■ Low-Birthweight Babies
■ Children Without Health Insurance
■ Teen Alcohol or Drug Abuse
 Source: Annie E. Casey

Nursing Home Outcomes 2015



Source: Nursing Home Compare

Epidemiology and Response. The Epidemiology and Response Program added five key measures to improve reporting on stroke, heart attack occurrence, emergency preparedness, and Naloxone (powerful opiate overdose reversal drug) distribution. During the fourth quarter there were five infant cases of pertussis (whooping cough) reported; however, the total number of cases decreased from prior years. The program increased the number of Naloxone kits distributed to 1,031 from a total of 381 in FY15 due to a bill passed during the 2016 legislative session that ensured wider access to Naloxone.

Measure	FY14 Actual	FY15 Actual	FY16 Target	FY16 Actual	Rating
Rate of infant pertussis cases to total pertussis cases of all ages	1:13	1:12	1:15	1:13	Y
Acute care hospitals reporting stroke data into approved national registry	6.8%	9.3%	13.6%	9.3%	R
Acute care hospitals reporting heart attack data into approved national registry	9.1%	11.6%	13.6%	13.9%	G
Hospitals reporting bed availability in the healthcare emergency preparedness bed reporting system within four hours of request	81%	82%	75%	76%	G
Naloxone kits provided in conjunction with prescription opioids	154	381	500	1,031	G
Counties with documented implementation plans for developing regionalized emergency medical services response	21%	42%	27%	42%	G
Program Rating					G

Facilities Management. The Facilities Management Program was the only program that did not add new quarterly performance measures. For performance in any hospital system, it is important to monitor not only patient outcomes – reduced substance misuse, lower risk of injury – but also how well the system manages resources to provide the highest quality of care. In quarter four, the percent of long-term care patients experiencing one or more falls with injury remained too high. The department stated this was due to a change in the way the department counts falls, which now includes all patients who fall with injury. The measure on falls with injury will be changed in FY18 to match national benchmark data for long-term care facilities.

In February 2016, LFC staff evaluators followed up on previous reports of several issues at the Fort Bayard Medical Center (FBMC), such as uncompetitive salaries compared to the private sector, patient safety, facility deficiencies, a lack of operational oversight over projected revenues, and a \$3 million budget deficit. Evaluators suggested a more in-depth independent review of the facility is needed to gain a better understanding of the issues.

**Allocation of 2016 GAA
Disengagement and Settlement
Supplemental Appropriation
(\$6.8 million)**

	Waldrop	Jackson
FY 16	\$ 1,122.9	\$ 941.9
FY 17	\$ 1,789.4	\$ 2,985.8
TOTAL	\$ 2,912.3	\$ 3,927.7

Source: DOH

**DD Waiver and Wait List Growth
Rates**

	DD Waiver Growth Rate	DD Waiver Wait List Growth Rate
FY09	0%	8%
FY10	-2%	6%
FY11	0%	8%
FY12	-1%	8%
FY13	4%	10%
FY14	0%	5%
FY15	15%	-3%
FY16	5%	5%
FY17	2%	0%
Average	3%	5%

Source: LFC Files

Measure	FY14 Actual	FY15 Actual	FY16 Target	FY16 Actual	Rating
Staffed beds filled at all agency facilities	96%	96%	90%	92%	
Long-term care residents with healthcare acquired pressure ulcers	4.3%	4.3%	6.4%	2.8%	
Long-term care patients experiencing one or more falls with injury	New	0.5%	3.3%	8.6%	
Program Rating					

Developmental Disabilities Support Division. While the program met most performance targets, there continues to be a large number of individuals on the developmental disabilities waiver waiting list. Average DD Waiver wait times are as high as 10.4 years and new registrations are exceeding new slot availability by almost two-to-one. Alternative options to reduce the wait list should be explored such as getting local governments to provide a match, recruiting more people into the less expensive Mi Via Waiver, and starting a new supports waiver.

Recent actions may allow the program to disengage from the Jackson lawsuit and settle the Waldrop lawsuit. The GAA of 2016 included a \$6.8 million appropriation for expenses related to the two lawsuits. Settlement mandates are expected to increase client service levels, improve program infrastructure, and provide technical assistance to service providers to improve service delivery systems to clients.

Measure	FY14 Actual	FY15 Actual	FY16 Target	FY16 Actual	Rating
Developmental disabilities waiver applicants who have a service plan in place within ninety days of income and clinical eligibility determination	75%	91%	93%	54%	
Adults receiving developmental disabilities community inclusion services who also receive employment services	27%	29%	33%	38%	
Individuals on the developmental disabilities waiver receiving services	4,403	4,610	4,000	4,622	
Individuals on the developmental disabilities waiver waiting list	6,133	6,365	6,400	6,526	
Children served through the Family Infant Toddler (FIT) Program who receive all of the early intervention services on their individualized family service plan within thirty days	98%	98%	97%	97%	
Program Rating					