# BUILDING HEALTH CARE SYSTEMS

## Presentation to the
## Legislative Health and Human Services Committee
## September 14, 2022

**DOUGLAS ZIEDONIS, M.D., M.P.H.**
**Executive Vice President, UNM Health Sciences and**
**Chief Executive Officer, UNM Health System**

HEALTH & HEALTH SCIENCES

# GRATITUDE for Our UNM Workforce & all the NM Front-line Health Care Workers

# Thank you, State Legislative and Executive Leaders, for Improving Health in NM

## FY23 support includes, but not limited to:

- Nursing expansion and endowment funds
- School of Public Health
- Project ECHO
- Office of the Medical Investigator
- Human Papillomavirus Pap Registry
- Increasing Medicaid Provider Rates
- Hospital Labor Costs in response to Covid-19

## Ongoing Infrastructure Projects:

- College of Nursing Population Health Excellence Building
- UNMH Tower
- Comprehensive Movement Disorders Center
- Behavioral Health Crisis Triage Center
- Comprehensive Cancer Center – Radiation Vault and GMP Pharmacy
- Child Psychiatric Center

# 1ˢᵗ Annual Health Equity Summit:
## September 19ᵗʰ & 20ᵗʰ 2022

**Still time to register:  https://hsc.unm.edu/health-equity/summit.html**

**Partnerships in Action / Pathways to Health Equity:  Informed by <u>Health Equity Dialogues across NM</u>**

- Rural / Urban, Poverty, Education, Transportation, etc

**Health Equity & Health Inequities:**

- Have the opportunity to attain your full health potential & not be disadvantaged because of social position or other socially determined circumstances.
- Inequities in length of life; quality of life; rates of disease, disability & death; severity of disease & access to treatment.

**Addressing Individual and Community Social Determinants of Health**

- SDOH, ACEs, Multi-generational Traumas, links to other areas in society (education, etc.)
- Prevention & Public Health
- CERNER EHR, Social Referral Teams & Social Referral Technology

**Enhancing the Patient Experience**

- Cultural Humility & Navigating the Health System
- Community Health Workers, Virtual Health, Peer Support & Other Strategies



SAVE THE DATE

PARTNERSHIPS IN ACTION:
**Pathways to Health Equity**

The summit will convene diverse stakeholders to accelerate multi-sectoral efforts to advance effective practices and policies that assure all New Mexicans have just and fair opportunities for achieving optimal health and well-being.

2022 HEALTH EQUITY SUMMIT
SEPTEMBER 19-20

For more information contact:
healthequity@salud.unm.edu

Scan to Learn More or to Become a Sponsor

# My Daily Three Critical Questions

1. How might we "improve the health of all New Mexicans in New Mexico?"

2. How might we increase and retain the New Mexico workforce in health care & health sciences?

3. How might we increase program evaluation and research on health care and public health matters in New Mexico to better understand and improve NM focused health discoveries and further economic development?

# Introduction & Key Points:

- **Introduction:**
  - Need to increase access (system efficiencies, customer connections, etc), availability (workforce), and effectiveness of care
  - Health care includes behavioral health care
  - How UNM Health and Health Sciences can help

- **Key points for today:**
  - Awareness of emerging trends, changes, and challenges to health care systems, including our workforce pressures and technology
  - Ways to strengthen health systems and support them
  - Insights and opportunities

# Summary points:

❖ **Workforce Expansion, Development, Retention & Support**

❖ **Health Care Systems – new and old pressures**
  - ❖ Technology and Funding shifts
  - ❖ Facility and Workforce capacity
  - ❖ Need to increase Behavioral Health services
  - ❖ Community-based Healthcare, including rural health
  - ❖ Expand incentives for private & public collaborative planning and partnerships

❖ **Public Health ←----→ Clinical Health Care Continuum**

# Workforce Expansion and Retention

- **Workforce development at all levels of providers**
  - Expand Community Health Workers, Certified Peer Support Specialists, Medical Social Workers, Health Professions, Medical Assistants, etc

- **Expand number of MDs, PhDs, APN / NP, and clinical pharmacists students**
  - With incentives for recruitment and retention
  - Support tuition and loan forgiveness with service commitment in New Mexico
  - Faculty recruitment (salaries), clinical placements, expanding classroom / simulation center needs, and student wellness / resilience / educational supports

- **Retain workforce in the state, including rural areas**
  - Enhance reimbursements and connections
  - Provide targeted incentives for practicing in underserved areas

- **Simplify licensure and credentialing, including insurers' support**

# Critical Health Care System Trends, I:

1. **Patient-centered Healthcare** (digital healthcare, shared decision making, etc)
   ◦ Healthcare experience that is convenient, transparent, and personalized
   ◦ Also - fitness, nutrition, appearance, sleep, and mindfulness

2. **Virtual Health** (telehealth, tele-consult, and tele-mentoring/Project ECHO)
   ◦ Digital therapeutics, digital pharmacy management, and remote patient monitoring
   ◦ Broadband, non-English speaking, disabled populations, etc

3. **Ambulatory** (more outpatient and broader range of options in that setting – 33% of provider revenue)
   ◦ Physician practices, outpatient BH, ambulatory surgery centers, and urgent-care centers

4. **In Home Healthcare**
   ◦ Infusions, dialysis, remote patient monitoring. primary care, and hospital at home models

5. **Value-based care and sharing risk** (Medicare Advantage, Medicaid, Health Plans, ACOs, etc)
   ◦ Management Services Organizations
   ◦ Primary Care based, but also specialist
   ◦ Population level data

Singhal S, Vinjamoori N, Radha M. The Next Frontier of Healthcare Delivery. McKinsey & Company. May 2022.

# Critical Health Care System Trends, II:

6. **Health Care Driven by data and technology**
   - Labor productivity gains more than workforce expansion
   - EHR, telehealth, in workflow, automated appointment reminders

7. **Enabling new medical technologies**
   - Patient self-service (wearables – track blood sugar, home telemetry, robotics, cardiac monitoring patches (vs implantable loop recorders, etc)

8. **Transparent data sharing and data interoperable technology** (CURES 2021)
   - UNM Health interoperability, including TriCore partnership
   - Price transparency, data interoperability, and data access

9. **Funding by public and private investors**
   - New partnerships, VC and private equity, quality focus

10. **Integration of fragmented services**
    - One-stop shopping, technology-enabled platforms.

11. **Increase Behavioral Health Services** – parity, integration, and cost-driver

Singhal S, Vinjamoori N, Radha M. The Next Frontier of Healthcare Delivery. McKinsey & Company. May 2022.

# What does a strong health care system do?

- Improves quality of life, recovery, sense of hope & trust, self-empowerment, networks of support, and productivity for individuals and families
- Provides high-quality, affordable, and accessible care to individuals and communities in a culturally and linguistically responsive manner
- Champions a broad healthcare workforce across all of New Mexico, including through tele-consultation, tele-health, and tele-mentoring.
- Offers community-based clinical resources, including for specialties such as women's health, cardiology, diabetes, and behavioral health
- Aligns with public health and community-based services to increase awareness and identification of social determinants of health, including adverse childhood events (ACEs) and multi-generational traumas
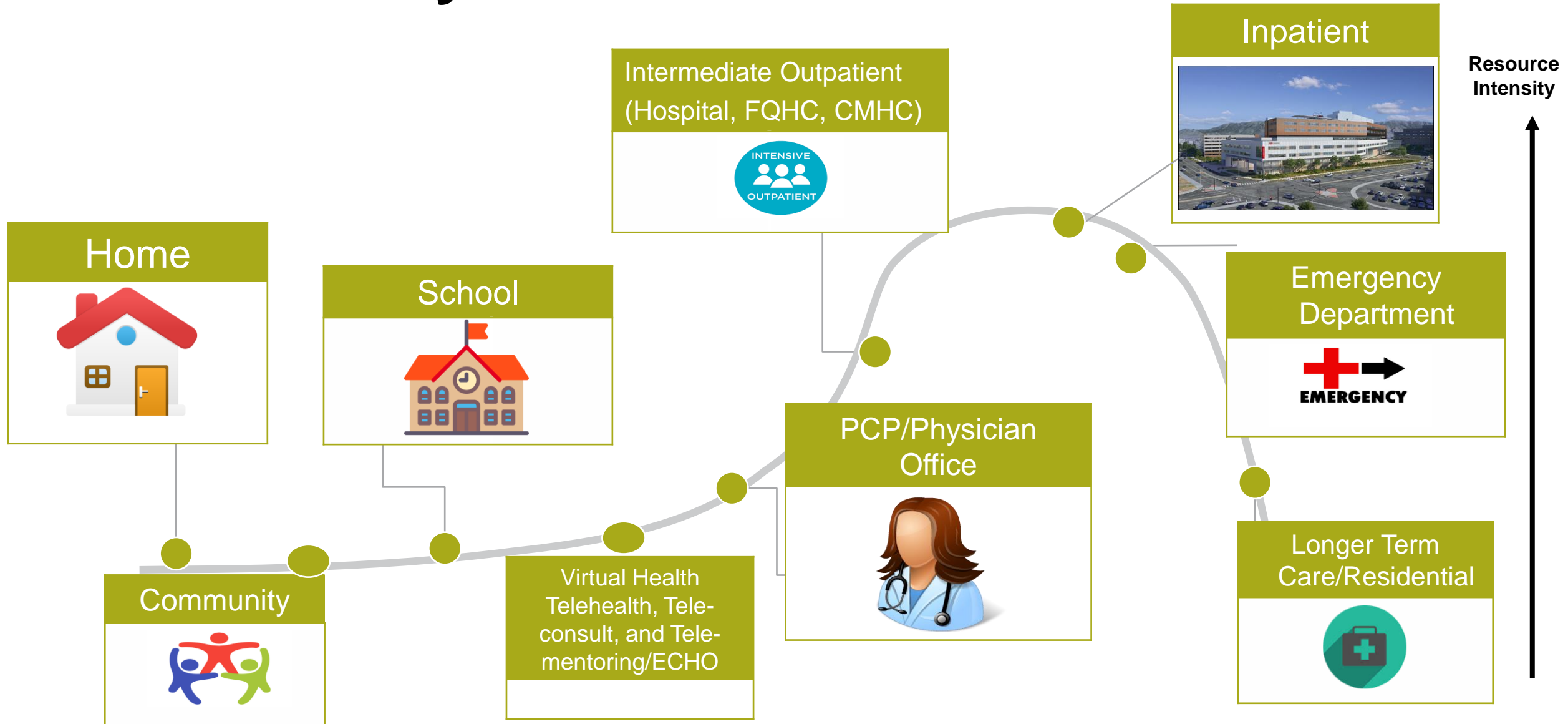
# How do we strengthen the NM health care system?

- Focus on health equity – addressing public health (prevention) and the clinical health continuum

- Need to increase access, availability, and effectiveness of care

- Virtual health support (tele-health, tele-consultation, and tele-mentoring)

- Data-driven public health strategies to address gaps and better coordinate existing resources

- Efficient workforce pipelines, including incentives to recruit and retain health professions

- Payment/reimbursement models incentivizing high-quality care

- Physical infrastructure enhancements

- Prevention & education for families and within schools

# A Health System of Care: The Continuum



Resource Intensity

- Inpatient
- Intermediate Outpatient (Hospital, FQHC, CMHC) — INTENSIVE OUTPATIENT
- Home
- School
- Emergency Department — EMERGENCY
- PCP/Physician Office
- Community
- Virtual Health Telehealth, Tele-consult, and Tele-mentoring/ECHO
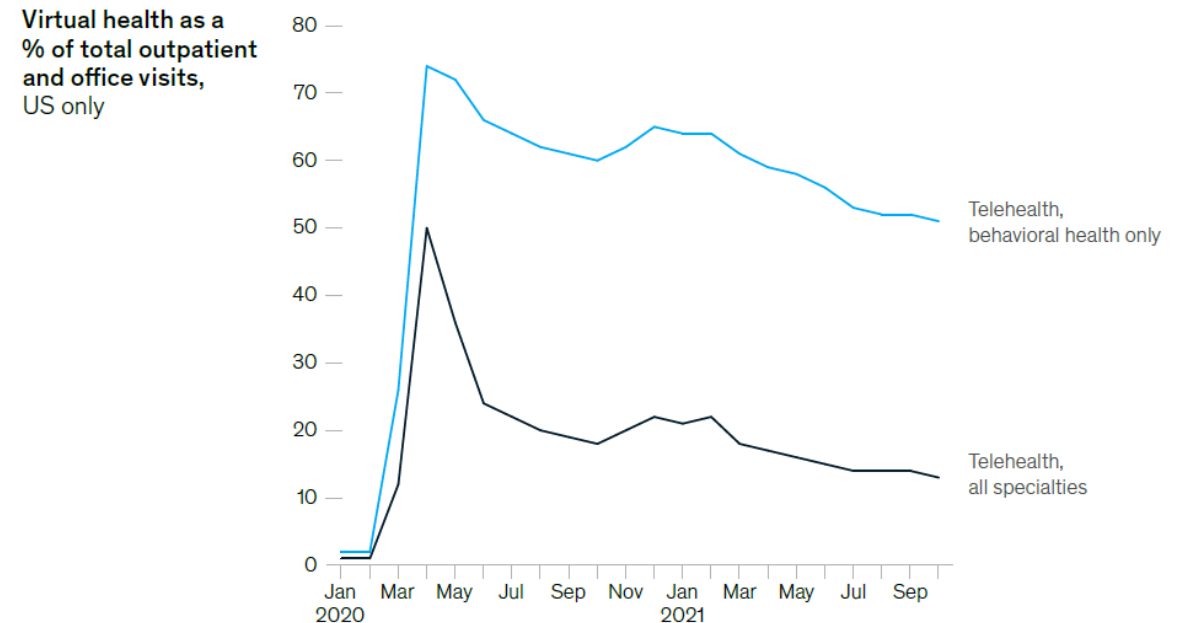- Longer Term Care/Residential

# Virtual and Telehealth is growing especially for behavioral health

**Virtual health visits grew 38-fold early on in the COVID-19 pandemic.**

Number of telehealth encounters, millions[1]

■ COVID-19 pandemic
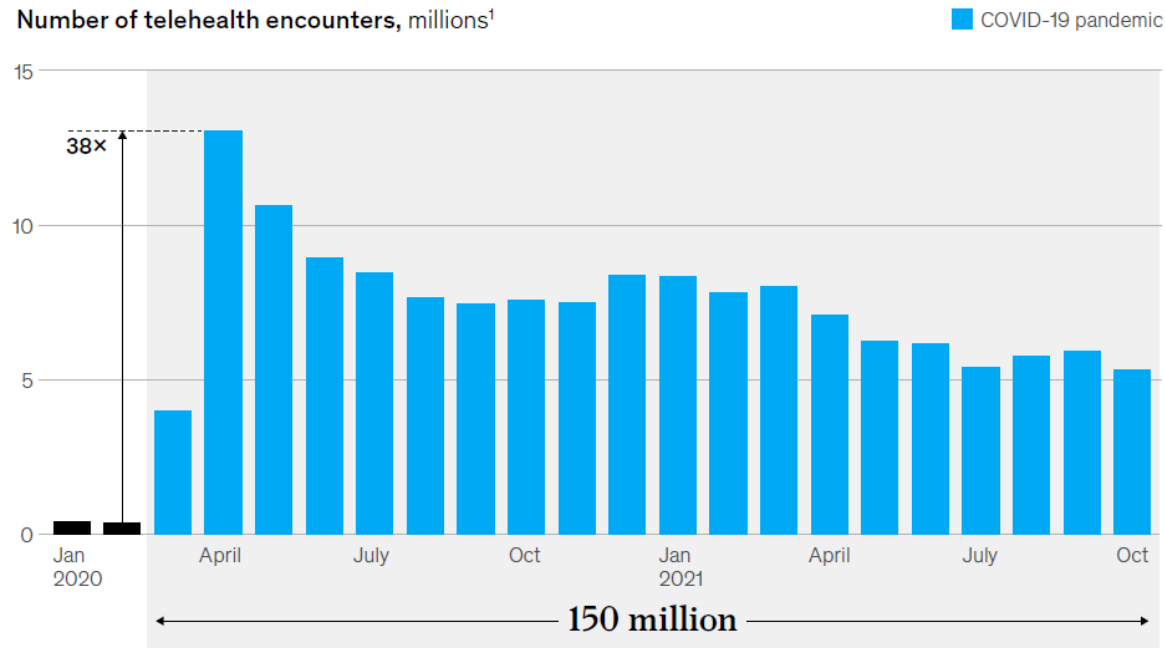


[1]Includes evaluation and management visits only; excludes emergency-department, hospital inpatient, and physiatry inpatient claims; excludes certain low-volume specialties; extrapolated to the commercial market.
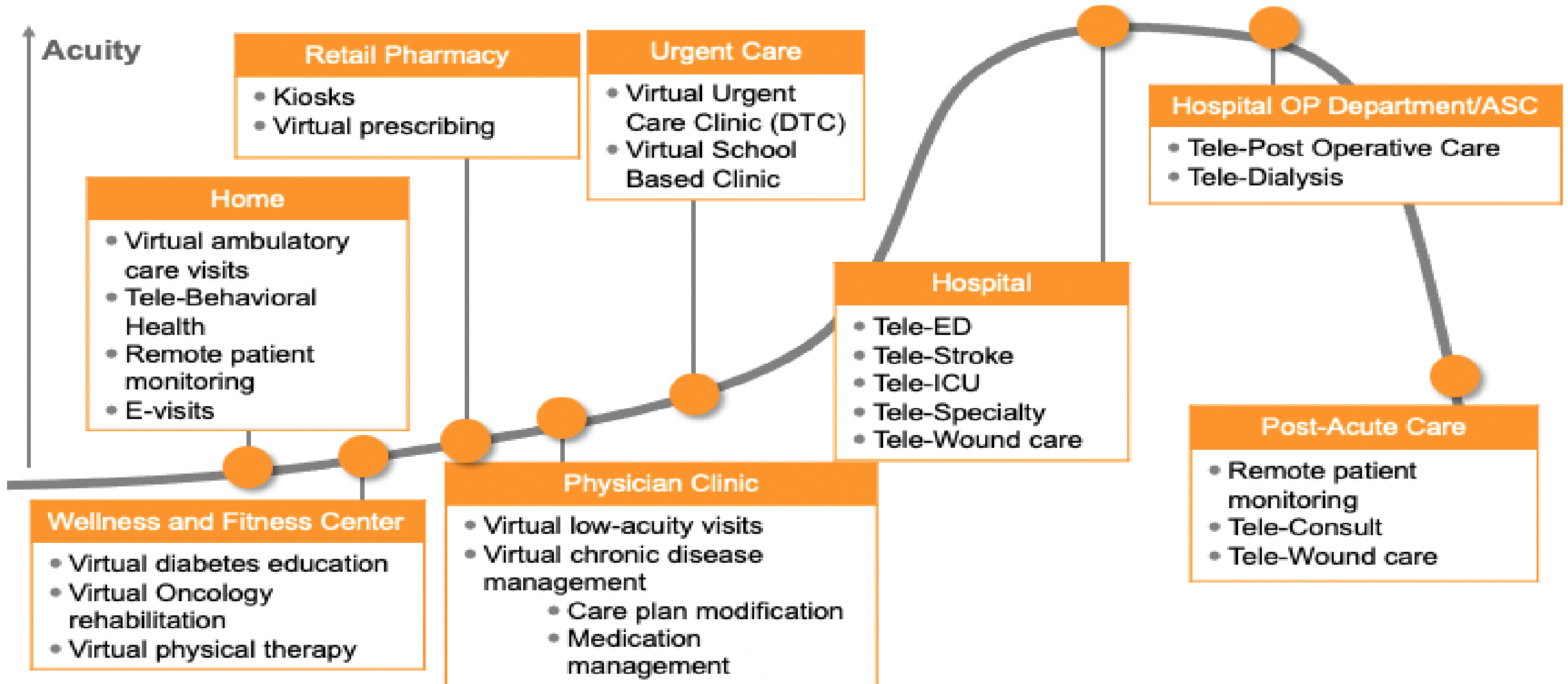Source: Compile Health database; McKinsey analysis

**There has been a sustained shift of behavioral health services to telehealth-based delivery during COVID-19.**

Virtual health as a % of total outpatient and office visits, US only



Telehealth, behavioral health only

Telehealth, all specialties

Source: Compile Health database, 2020–21

Singhal S, Vinjamoori N, Radha M. The Next Frontier of Healthcare Delivery. McKinsey & Company. May 2022.

# Virtual Health Continuum of Care



**Acuity**

**Retail Pharmacy**
- Kiosks
- Virtual prescribing

**Urgent Care**
- Virtual Urgent Care Clinic (DTC)
- Virtual School Based Clinic

**Hospital OP Department/ASC**
- Tele-Post Operative Care
- Tele-Dialysis

**Home**
- Virtual ambulatory care visits
- Tele-Behavioral Health
- Remote patient monitoring
- E-visits

**Hospital**
- Tele-ED
- Tele-Stroke
- Tele-ICU
- Tele-Specialty
- Tele-Wound care

**Wellness and Fitness Center**
- Virtual diabetes education
- Virtual Oncology rehabilitation
- Virtual physical therapy

**Physician Clinic**
- Virtual low-acuity visits
- Virtual chronic disease management
  - Care plan modification
  - Medication management

**Post-Acute Care**
- Remote patient monitoring
- Tele-Consult
- Tele-Wound care

# Importance of Behavioral Health in NM

- Across the Life-Span
  - Rural/Urban, Transitional Age Youth, Native American, Veterans, and other special populations

- Addiction and/or Mental Illness

- Prevention/Public Health, Crisis and Clinical Treatment, and Long-term Recovery, including integrated care

- Health Disparity: High medical co-morbidity and shorter lifespans

# Behavioral Health Crisis Center Groundbreaking

The new Behavioral Health Crisis Center is a new facility comprising 48,699 GSF (County/UNM partnership) that increases critical services to serve a vastly underrepresented population and includes three distinct programs:

- **Crisis Triage Center (CTC)**: New service providing medium-acuity crisis stabilization services offering sixteen (16) single patient bedrooms with private facilities to clients on a voluntary basis for up to 14 days in a dignified setting.

- **Peer- Based "Living Room" (PLR) Model** - New service providing low-acuity walk-in and/or referral service in a residential environment accessed by a separate public entrance and lobby to avoid merging lower acuity with higher acuity functions.

- **Psychiatric Emergency Services (PES):** Expands the existing program located at the University Psychiatric Center to this new facility to better serve clients who present acute psychiatric care levels and are identified as at risk to self and/or others.



SAVE THE DATE

BEHAVIORAL HEALTH CRISIS CENTER GROUNDBREAKING

— Monday —

SEPTEMBER 26
2022

LOCATION:
PARKING LOT, EAST OF 2600 MARBLE AVENUE
*MORE DETAILS TO COME*

— Time —

11:00 A.M. – 12:30 P.M.

RSVP
at tower@salud.unm.edu

# Must address Substance Use, Misuse, & Addiction

❖ Nicotine & Tobacco still are the Gateway Drug
  ❖ Explosion of vaping (open and closed devices)
    ❖ Tobacco and many other substances
    ❖ Leading cause of morbidity, mortality, and other acute impacts

❖ Increased access to outpatient **addiction** services
  ❖ Tobacco/nicotine, alcohol, fentanyl/heroin, THC, stimulants, inhalants, etc

❖ Increase Use and Addiction in COVID

❖ Residential services (age and gender considerations)

❖ School, College, and University Settings
  ❖ Addiction Prevention & Treatment Services, Freshman Year, Recovery Dorms
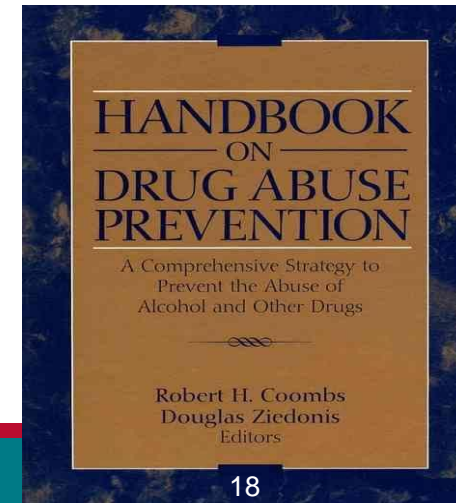
# Behavioral Health for Children, Adolescents, Students, & Transitional-Age Youth

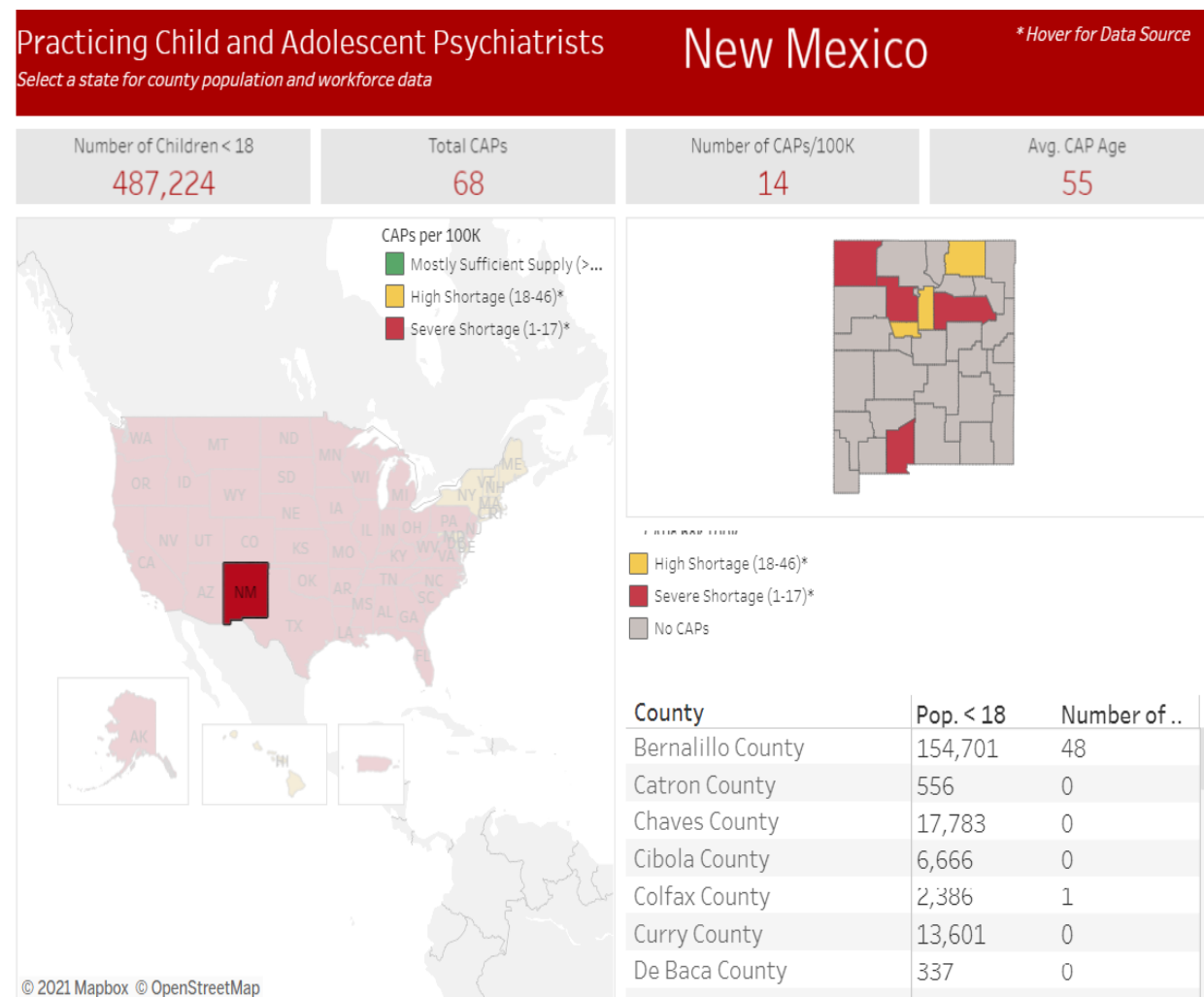- **New Building for Child & Transitional-Age Youth**
  - Recovery & Medical

- **Need continuum of services**
  - pre & post hospitalization (step-down services)
  - Crisis Intervention Treatment (CIT)

- **Coordinating Center Concept:**
  - Tele-consult model MCPAP model
  - Tele-mentoring / Project ECHO
  - Close collaborations with State, Counties, Cities, Providers, Pediatricians, Schools, Juvenile Justice, etc.
  - Student Behavioral Health



Practicing Child and Adolescent Psychiatrists
Select a state for county population and workforce data

New Mexico
*Hover for Data Source

| Number of Children < 18 | Total CAPs | Number of CAPs/100K | Avg. CAP Age |
|---|---|---|---|
| 487,224 | 68 | 14 | 55 |

CAPs per 100K
- Mostly Sufficient Supply (>...
- High Shortage (18-46)*
- Severe Shortage (1-17)*

High Shortage (18-46)*
Severe Shortage (1-17)*
No CAPs

| County | Pop. < 18 | Number of .. |
|---|---|---|
| Bernalillo County | 154,701 | 48 |
| Catron County | 556 | 0 |
| Chaves County | 17,783 | 0 |
| Cibola County | 6,666 | 0 |
| Colfax County | 2,386 | 1 |
| Curry County | 13,601 | 0 |
| De Baca County | 337 | 0 |

© 2021 Mapbox © OpenStreetMap

# Medical Advisory Team - COVID Response: New Idea to Adapt for Behavioral Health

**Primary Role and Purpose of Medical Advisory Team (MAT)**

1. How do we best use existing capacity and resources?

2. How do we create more capacity and resources?

3. How do we allocate capacity and resources when they become scarce?

- Facilitate Coordinate and Planning
  - Develop a System of Care

- Develop Recommendations, Guidelines, or Protocols
  - Escalate based upon increasing demand or scarcity
  - Use indicators and triggers for escalation

- Provide Guidance
  - Prepared to address emerging questions
  - Source for expert opinion
  - Source for identification of resources

# Healthcare Operations (Regional Care)

## How do we support and augment the Acute Care Medical Delivery System?

1. Regional Surge and Coordination
   - Hub and Spoke Model
   - COVID Dedicated Facilities

2. Centralized Patient Triage Process/Call Center

3. Alternative Sites of Care

# Financial Needs and Opportunities

- Creation of a Reimbursement & Utilization Framework that addresses service gaps, leveraging Medicaid and commercial insurance, and partnering with HSD and BHSD
- Continued work on Regulatory Simplification
- Incentives for providers to develop or expand services in rural and frontier areas
- Hospitals as "ACOs" with focus on quality agenda
- Streamline and standardize MCO practices around utilization review and claims management

# Project ECHO Model vs Telemedicine

**TELEMENTORING – Training Clinicians across NM, Addressing SDOH / Social Justice, and Prevention & Recovery Supports for Patients & Families**
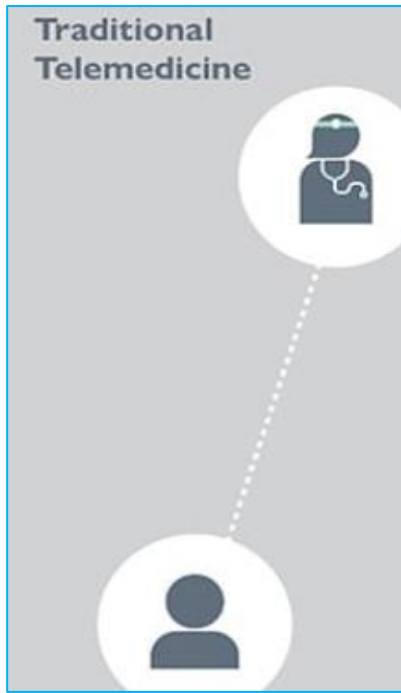


**Amplification (use technology), Share Best Practices, Case Based learning, Web-based Data for Monitoring Outcomes**
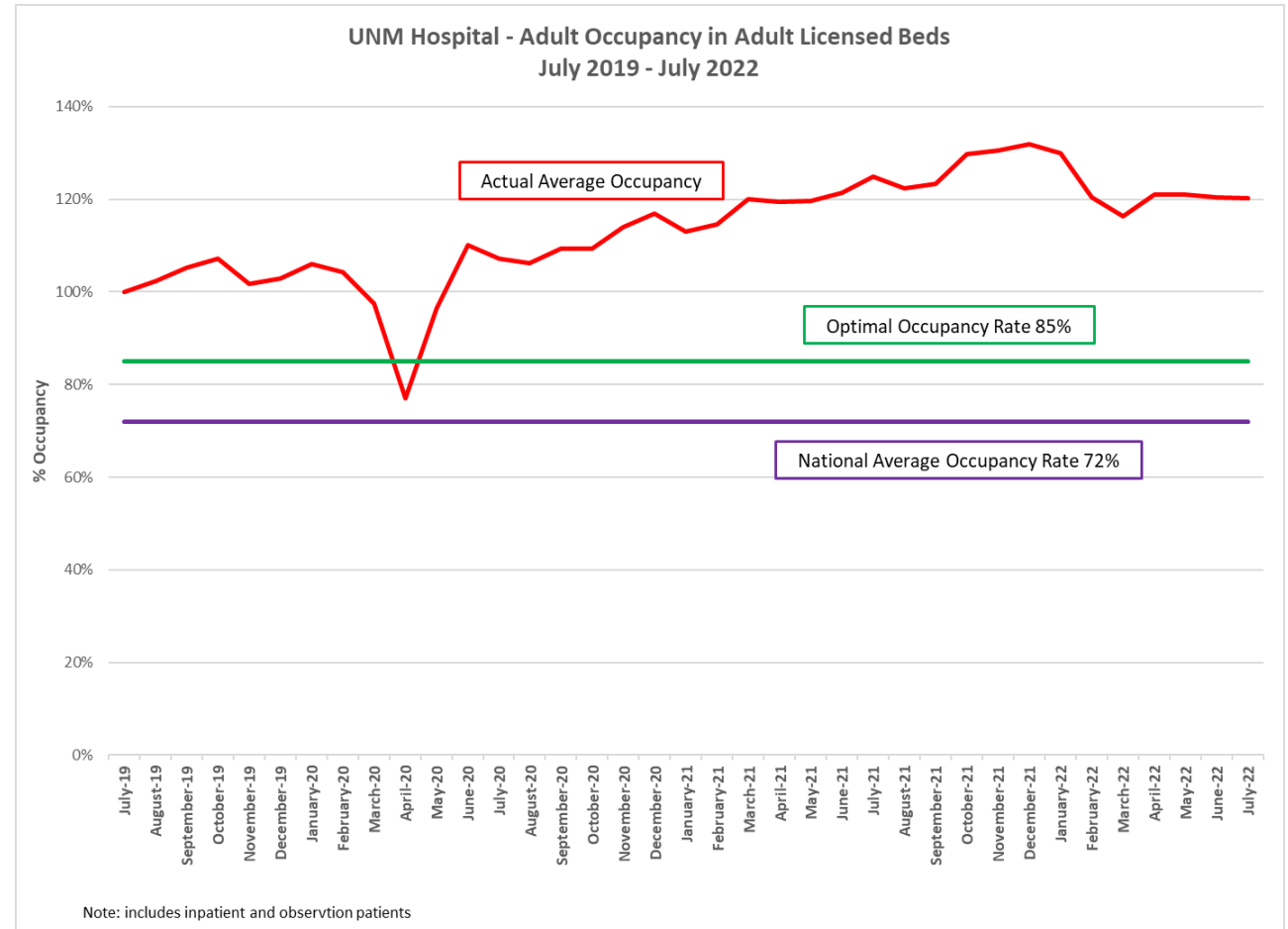
# Endocrinology (Diabetes) ECHO Community Partners

- Primary care clinicians (MD, DO, NP, PA)
- Community health workers

# UNM Health & Health Sciences: Aspirations and Roles

- **System Development and Strategic Planning**: Work with state, other health system providers, health plans, and community leaders in strategic planning and implementation
  - Also - CYFD, BHSD, HSD, DOH, HED, PED, and community partners
  - MAT for Behavioral Health

- **Expand our comprehensive continuum of care**, including to specialty, sub-specialty, and intermediate levels of care.  (New Tower, COEs, etc)
  - Expand access, specialty care,

- **Further develop statewide workforce training and education**
  - Medicine, Nursing, Pharmacy, Public Health Specialists, and Health Professions
  - Degrees, certificates, badges, continued professional learning, etc.
  - Expand expertise statewide through Project ECHO, telehealth, and tele-consultation

- **Enhance Quality Improvement, Program Evaluation, Research, & Health Economics on NM needs**
  - LQIP, Project ECHO, Tele-Consult, School of Public Health, Office of Research / Research Centers, HSLIC

- **Support public health initiatives, including behavioral health and health equity**
  - SPH: More students & faculty, state-wide consortium, working with Counties, Initiatives (addiction, diabetes)
  - NMSU collaborations and other Higher Education partners

# UNM Hospital Capacity

- UNMH occupancy continues to exceed capacity

- When the public health emergency ends (currently extended through 10/16/22), UNMH will need to reduce its average occupancy

- Goal is to coordinate with other hospitals in the state to continue to provide essential care for New Mexicans in New Mexico



UNM Hospital - Adult Occupancy in Adult Licensed Beds
July 2019 - July 2022

Actual Average Occupancy

Optimal Occupancy Rate 85%

National Average Occupancy Rate 72%

Note: includes inpatient and observtion patients

# Expanding partnerships with Health Plans, Provider Systems, Indian Health Service, State (Medicaid, Medicare, DOH), & VA New Mexico Health Care

- Hospitals across New Mexico

- Veterans Affairs Health Care System

- Indian Health Service

- Health Plans: Presbyterian Health, BCBS, Western Sky

- UNM's Statewide orientation
  - Clinical specialized care: Trauma, Cancer, Specialty
  - Public Health and Community Health Workers
  - Training the Next Generation and Current Workforce

# Align Health Care with NM's Public Health Services
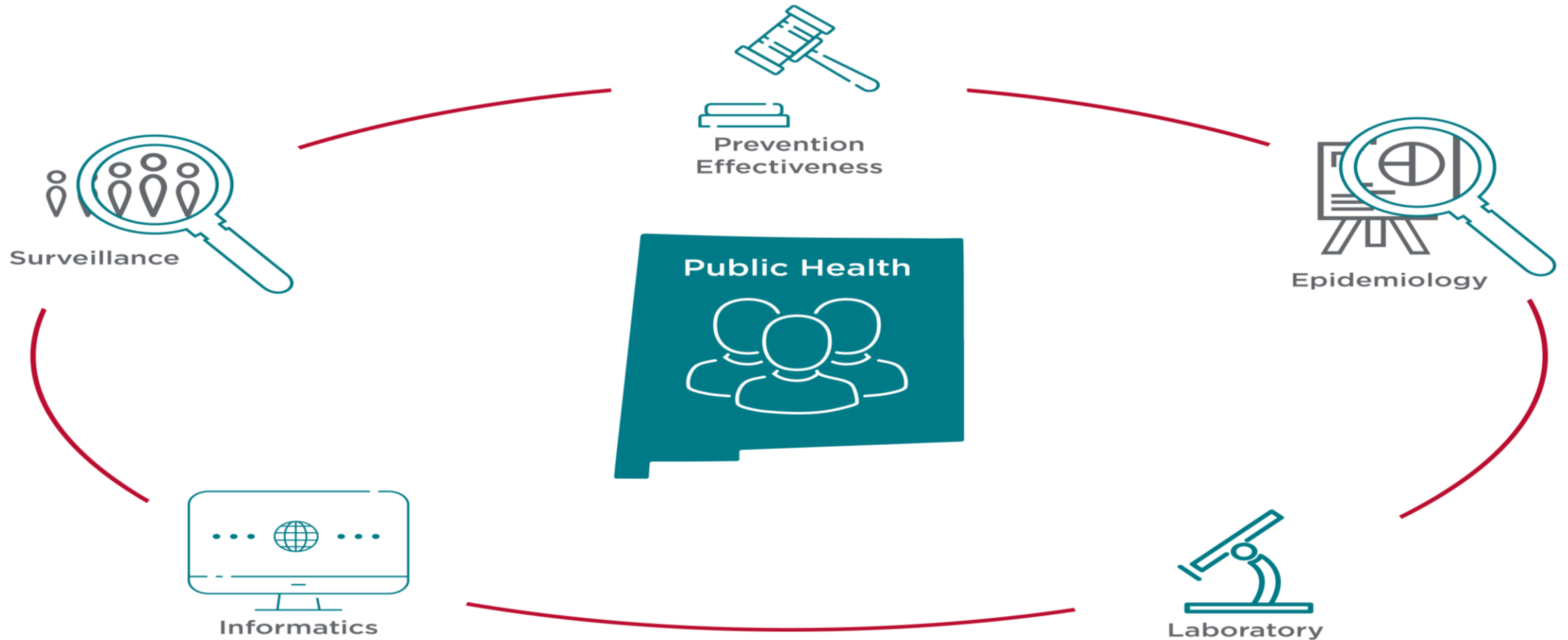
# Public Health & Clinical Health Working Together to Improve Health

**PUBLIC HEALTH SERVICES (population based interventions)**

- **COVID**

  - Epidemiology of the population – what's happening & where? Changes overtime

  - State-wide Policies – Public Health Order for all Hospitals; Masks indoors, etc

  - Health Economics – population based

  - Tracking and Tracing – surveillance of transmission of illness, phone app

  - Education of the Public on what can help (Prevention, Education & Awareness): wash hands, wear masks, safe distances, get tested, get vaccinated, etc.

- **TOBACCO USE DISORDER**

  - Epidemiology – understanding use patterns, by whom, impact of vaping and e-cigarettes

  - Prevention Policies:  Who can buy cigarettes?  Where can you use products? Taxes on products? Who can sell? Warnings on cigarettes, etc

  - Public Education of Risks – awareness and treatment options.

  - Public Health Interventions:  Quitlines

**CLINICAL HEALTH CARE SERVICES (individual based)**

- **COVID**

  - Screening, assessment, & diagnosis

  - Clinical providers credentialed

  - Treatment in health care setting (EHR documentation, etc).

    - ICU, Ventilators, Medications,

    - Focus on individual and family members

  - Insurance, Individual Costs, Hospital Costs
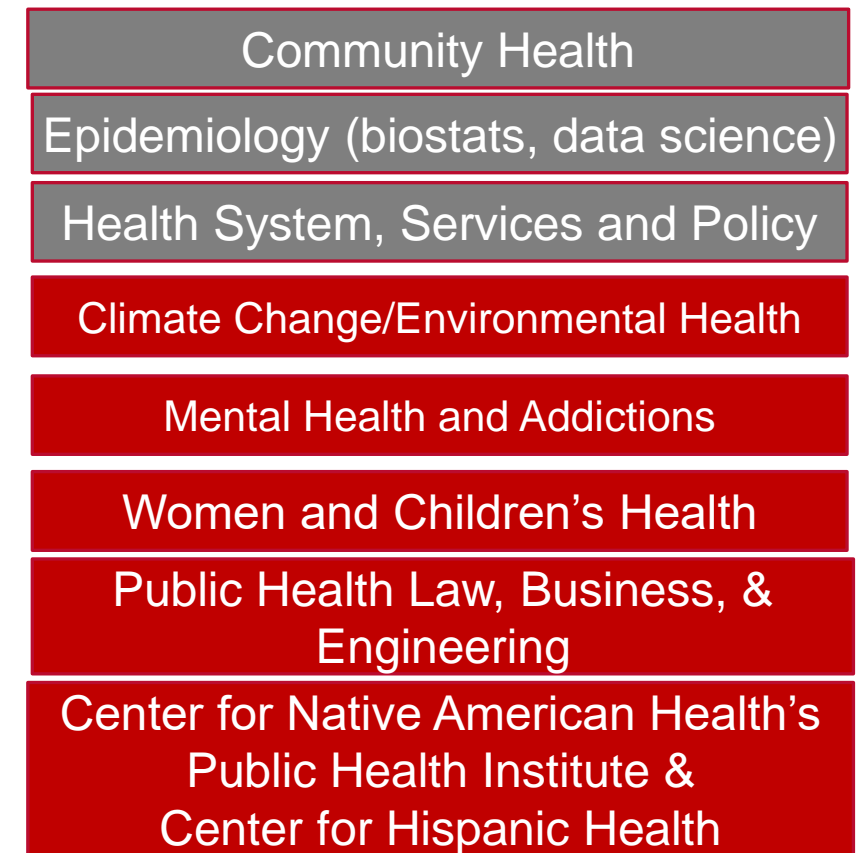
- **TOBACCO USE DISORDER**

  - Screen (CO meter), assessment, diagnosis

  - Medications (7 FDA approved)

  - Counseling / Psychosocial Treatments

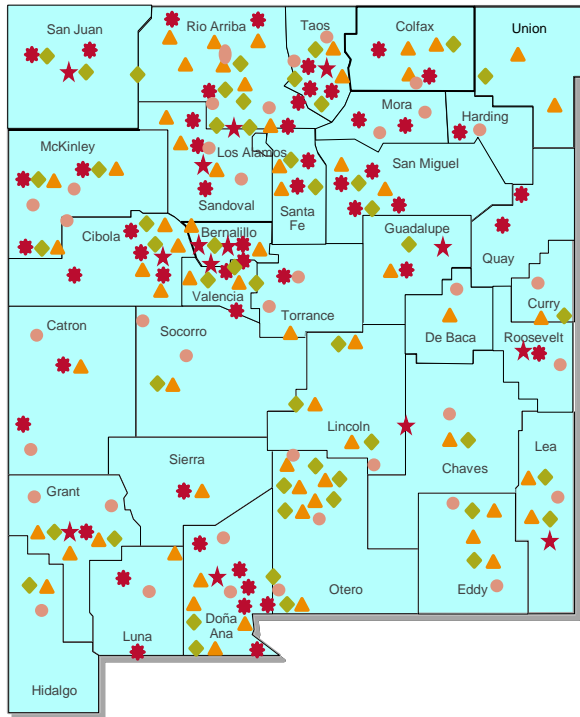  - Medical co-morbidities treatment in health care settings

  - Billing, insurance, etc.
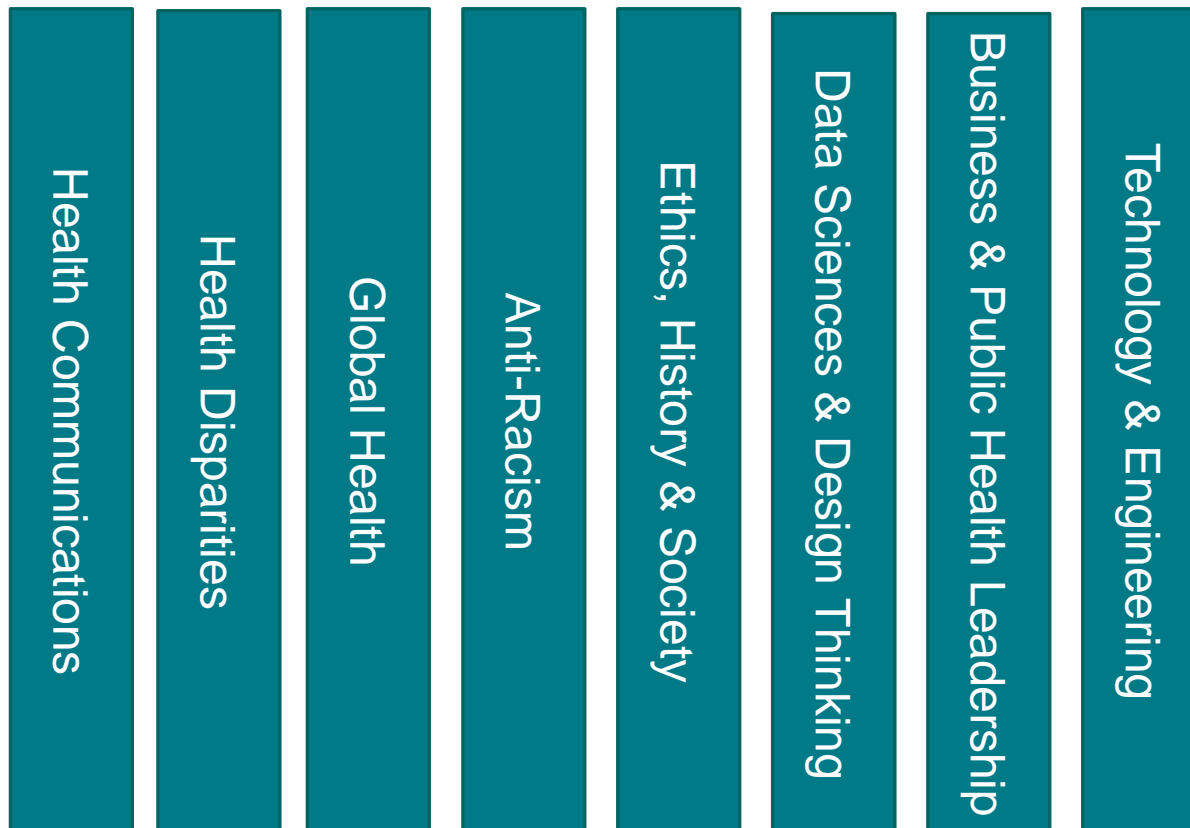
# Growing importance of data, measuring outcomes, understanding NM's unique populations and issues, & community engagement in research and evaluation



- **Research and evaluation with EVERY county in NM**
- **Statewide support services for research**
  - ★ CTSC Community Engagement Research Core
  - ◆ Investigator-led community-based programs
- **Links to other research programs**
  - ▲ Project ECHO
  - ✻ Practice-based research network
- **Establish recruitment networks**
  - ● **CHS/CHW Network**

- **Public, Tribal, University & Clinical Setting Libraries**
  - UNM Health Sciences Library & Informatics Center
    - Native Health Database

# Summary points:

- **Workforce Development & Support**
  - Salaries, Loan Repayment options, Resilience/Ease of Practice
  - Rural Areas supports
  - Workforce that represents our NM population – Inclusive Excellence

- **Health Care Systems – new and old pressures**
  - Technology and Funding shifts
  - Facility and Workforce capacity
  - Need to increase Behavioral Health services (IOP, teleconsult, etc)
  - Expand incentives for private & public collaborative planning and partnerships
  - Community-based Healthcare, including rural-based focus
    - Expand CHWs, Certified Peer Support Specialists, behavioral health, and primary care

- **Public Health ←-----→ Clinical Health Care Continuum**
  - SPH: Expand Public Health – health economists, facilities, etc
  - UNM & NMSU partnership with State, including UNM SPH

# Thank you and Questions

Reach out anytime!

 @DouglasZiedonisMD

Email:  HSC-EVP@salud.unm.edu
dziedonis@salud.unm.edu