

MINUTES OF THE
STATE OF NEW MEXICO
HEALTH POLICY COMMISSION
MEETING
August 28, 2009

(Minutes shall be approved, amended or disapproved at the next meeting where a quorum is present. Minutes shall not become official until approved by the policy-making body.)

Members Present

Members Absent

| | |
|---|---------------------------|
| <p>Frank Hesse Karen Kotch Jerry Harrison Eric Kraska Robert Romero Susan Trujillo Dawn Brooks</p> | <p>Kim Maxwell</p> |
|---|---------------------------|

Call to Order

Chairman Hesse called the meeting to order at 9:05am on Friday, August 28, 2009. Welcome of new Director, Sam Howarth. (Liz Stefanics resigned in February; Kooch Jacobus was interim Director.) Dr. Howarth, with the Dept. of Health, included a copy his of resume is in the Director's report. Dr. Howarth indicated his excitement to join the HPC and his interest in focusing on health care workforce and indicated that the Governor's office supports that focus.

Approval of Agenda

There is need for an annual election of officers, but due to open meetings act, current agenda could not be amended. Elections will be held during the next meeting. Under the Open Public Meetings Act, any items/actions to be voted on need to be in the published agenda prior to the meeting. Discussion about who is interested. Commissioner Dawn Brooks has been appointed as vice-chair protem. Dr. Hesse is interested in serving another year as the Chairman, and Commissioner Brooks is willing to hold the office of Vice-Chair. There was discussion about adding a parliamentarian, maybe Commissioner Trujillo.

Motion to approve agenda as stands - Commissioner Brook moved; Commissioner Trujillo seconded; the agenda is approved.

Approval of Minutes from April 24, 2009

Change to wording to correct representation that Commissioner Waxman was Chairman. There was a question as to whether proxies are allowed per Commission by-laws.

Motion to approve minutes with correction by Commissioner Kotch; seconded by Commissioner Brooks; approved.

Welcome New Commission Members

- Chairman Hesse indicated that two members have left due to expired terms, and two resigned before that, including Albert Waxman who never attended a meeting. There is still one vacancy. The Commission would ideally try to solicit a dentist – the Governor's Office is in dialog with a candidate, but nothing has been confirmed yet.
- The direction for Commission discussion will be toward healthcare workforce issues, but don't want to duplicate work of other agencies and other organizations. Shortage of healthcare workforce in NM will have impact on the population as insurance coverage increases through reform. 400,000 (22%) of the population in NM is uninsured. There was reference to the Massachusetts plan. Only 7% of the population had no insurance in 2006. When MA instituted the program to mandate insurance for all, the health care system was overwhelmed. They found they didn't have enough physicians to serve the need. MA has more doctors per square mile than any other state. The wait time to see a doc has doubled, even for those who already had a physician. It takes 40 days on average to get an appointment.
- In NM this would be compounded because we have such a high number of uninsured. About half of the doctors and nurses in NM are over the age of 50, also dentists and mid-level providers. Also, many nurses and doctors that are graduating are leaving the state, getting lucrative positions elsewhere. The state needs to pay stronger attention to this issue. The Commission should concentrate on workforce issues exclusively.
- Commissioner Kraska added to Chairman Hesse's comments indicating that not only is there work shortage issue, the state does not have the surge capacity. There is a good chance the state will witness this with Influenza, as there is already a million people with influenza, 8000 people are hospitalized currently, with over 500 deaths just this year. This will test the current workforce at the state level and it will be exceeded.
- Dr. Hesse is at present the Chairman, is a retired general surgeon, was in practice for 38 years, and has been retired for about 10 years now. He has enjoyed being on the Commission, and is the longest standing member.
- Commissioner Karen Kotch was a PA in MI for 27 years, retired to SF, is interested in workforce, particularly in the mid-level areas. In NM it will be difficult, at this point, to "catch up" in any rapid way with the number of people who are graduating from the mid-level programs and that we need to see if we can't recruit mid-levels from other states. Could see this happen through a variety of ways, including matching competitors' salaries. Notes that Nurse Practitioners seem to function well in store front situations working by themselves, rather than team scenarios. Another issue is that the state seems to have several PA's functioning without certifications. There is a national certification examination for PA's which all PA's are expected to pass. This is not required at the state level and she would like to see some efforts directed to this.

- Sam Howarth, Director sees the focus on workforce for this group as timely for a number of reasons. The conversation that is happening at the federal level regarding health reform, as complex as it is, and political, and heated, has to settle a little bit before we focus on the issues of insurance coverage. Whatever happens at the federal level will impact what happens at the state level. The Governor's agenda, throughout his entire tenure, has included focus on insurance coverage and access. While those conversations are happening at these levels, we have not been timely about what will happen if there is increased access. This goes back to Commissioner Kraska's comment about surge capacity, what happens when H1N1 starts really landing. We know we don't have the workforce and the shortage not only affects doctors but allied positions as well. The only sort of health related professional that the state doesn't have a shortage of is ophthalmologists. It's an issue that really can be addressed in a number of ways, some are expensive, creating massively larger pipelines in medical and dental schools etc. Some can be addressed more readily, by making it easier for folks to move to NM, get a license and practice. There also needs to be incentives for people to stay in NM. Are there ways we can create additional rungs on ladders, that allow people to occupy a mid-level position which then frees up a doctor or dentist, allowing those at the top of that ladder to focus on other things.
- Commissioner Jerry Harrison, originally from MI, was there 27 years, left to go to graduate school, has a sociologist background with a lot of education in both health and workforce issues relative to sociology and is currently the Executive Director of NM Health Resources, an organization that Dr. Hesse founded in 1979 to 1981. NMHR is heavily involved in workforce initiatives, and is funded primarily through the NM Department of Health to recruit and attempt to retain health professionals. Last year there were 69 health professionals recruited, mostly from out of state coming to NM. There were 17 in that number that had been in training or in practice elsewhere. NMHR was successful in bringing them back to NM. He does workforce every single day and hopes to be an asset to the Commission. Was involved with the HPC as a contractor in the old days when it had a lot of Robert Wood Johnson funding. Is very pleased to have been asked to participate. Hopes that we can be active and really address serious needs. Will show in the afternoon session how thinly the state is staffed.
- Commissioner Eric Kraska is a board certified emergency physician, 5 years in NM, currently serves as the president of a group of private practice docs who cover two hospitals, Los Alamos and Christus St. Vincent's. He recently recruited 3 new board certified physicians. He is very acutely aware of this issue as it is his responsibility to ensure that both hospitals are staffed and it has been difficult. Currently has one physician coming from out of state and is stealing another one, but would love to have eight more. He has experience in recruiting and training people. Group works as a receptor site for UNM residents. He has a handful of third year residents that come to work with group. Was the Medical Director for the Santa Fe Community College in terms of their education - pre-hospital stuff, mostly EMT basics and paramedics. Was the Medical Director for the City of SF Fire Department for three years, where he

focused on training individuals from the academy to bring them up to speed on the medical side. Worked as an emergency physician at UNMH, working with the residents. Has a reasonable perspective in terms of the education programs at UNM. He indicates that it is an honor to be on the Commission; that his goal is to accomplish something. There are many wins out there; let's pick the fruit that we can get and go from there and be a resource to the Governor's Office, the DOH, and the people in NM.

- Commissioner Dawn Brooks, welcomed the new Commissioners. She indicated that she is delighted to be on the Commission and delighted to be reappointed for another three years. She is from NM and grew up in Shiprock. Most of her family is in medicine. Last year the HPC had a strategic planning meeting, made goals, and indicated that there are some really good ideas here. Her strength is going to be the health care delivery systems and integration. She is a nurse with a Masters in nursing; she has an MBA in Health Care Administration and is completing her PHD in Health Care Administration. She has owned and operated an HMO in Texas, where she operated the managed care side. She has been an administrator and co-owner of a physicians group. She knows how that impacts the physician and how the integration has to work to get the quality of delivery of health care. Now working as the CEO of an IPA (Independent Practice Association), a group of about 300 physicians in northern NM, that does credentialing of physicians statewide, utilization management and third party administration. She agrees with all on the workforce issues.
- Commissioner Susie Trujillo indicated that she appreciates being named to the Commission. She worked a very long time ago with the HPC on an oral health issue. Was born and raised in Silver City. She is not clinical in nature; she graduated with a Masters in Education and taught school but found she could affect the system much better by being on the outside. Began working at the Gila Regional Medical Center 19 years ago, where she was the health council coordinator for 12 years and is now the Governmental Relations and Project Development Coordinator. She has done fund raising for the new cancer center and EMS building. She indicated that there is a small university in Silver City with a nursing program that would like to expand the program. She is a member of ConAlma, who had an RWJ grant that looked at health care workforce issues at one time and thinks we could join forces there. Now ConAlma is working on a big oral health initiative. She is also very involved with the Behavioral Health redesign for NM. The licensing, regulation and reciprocity issues have made it impossible for Silver City. She is Chair of the state transformation grant for BH, and is also the Chair of the Children's Sub Committee. She is very involved in the substance abuse piece of the redesign.
- Commissioner Robert Romero was born in SF and currently lives in Albuquerque. He has been the Chair of the Physical Therapy Board for the last year. He owns a private company that farms out PT's to schools districts. The company's sub-specialty is that all the PT's speak Spanish. Indicated that his focus on workforce is that there be bi-lingual people that can really assist primaries and mid-levels in order to provide more effective treatment. Through his company's contract in the Los Lunas area, he is very

much in touch with the middle Rio Grande where there is a high population of first and second generation immigrants who are primarily Spanish speakers and at high poverty levels. He indicated that because of the area meth problem, they are seeing more and more kids born with disabilities. It is approaching a crisis stage in the area, thus the need for increased workforce. He indicated that he is very excited about the purpose of this Commission and that it be about results.

Updates since last meeting and other discussions

- Dr. Hesse indicated that a lot has happened since the meeting in April and before. Dr. Hesse reported on meetings he'd had with the Governor, Representative Saavedra and Representative Varela, Secretary Hyde, Secretary Vigil and David Abbey from the LFC. Dr. Hesse also reported on the legislation during the last session that included bills specific to the HPC, including those that affected the budget.
- There was one bill that Rep. Picraux sponsored to amend the HPC statute making changes to the language so that the HPC would be able to apply for grant and other funds and set up a revolving fund. This passed both houses, but the Governor pocket vetoed it. It was from an Attorney General's opinion that current language would not allow the HPC to apply for other funding. Peggy Schummers explained some of the background on this issue and was asked to research the changes.
- Sam indicated that the alignment with the Governor, legislature and the HPC is key. He also indicated that prior to be appointed as the Director, the Governor asked him what the mission of the HPC should be. Sam responded that it should be workforce. In meetings with the Governor, Lt. Governor, LHHS interim committee members and David Abbey, all have endorsed workforce as a notion. Sam also indicated that there will be times that the work of the HPC will not align with one branch, unless both branches are in agreement on an issue.
- Commissioner Brooks indicated that the Medical Society is in support of the HPC.
- Commissioner Harrison gave information on the history of the HPC.
- There were discussions around making HPC more visible and useful to legislators, and how best to align ourselves with key players.

Meet HPC Staff

- Commissioner Kotch requested that Sam apprise the Commission on staff, and the various jobs the current staff has taken on from the vacant positions. What will the HPC be able to accomplish with the diminished staffing.
- Sam indicated to the Commissioners that he has been really impressed by this group in the two months he's been involved; that it's strong team; they are the heart of this work and are small but mighty.
- Bob Ortiz is on permanent loan to us from DOH. He has a strong background in finance, is tasked with helping on the CIF report and the hospital financing report, which is in statute, but has never been done. We are trying to fill 1 Management Analyst vacancy.
- Terry Reusser runs IT shop, he is the IT manager, has a staff of 2 with one vacancy. They handle all the data that comes in and produces the tables and reports that support the program side. He has to enforce policies of the IT area and makes sure that the staff has all the support that they need. He also makes sure that information

is received on a timely basis, writes the annual IT plan required by the state's CIO. He is trying to make the reporting that we are required to do more easy for the program side.

- On a side note - the HPC administers data that is a rich resource to the state – HIDD and licensure data. The IT staff are doing great work in trying to streamline our data systems.
- Peter Haggard is a programmer and database administrator. He handles DOH requests and produces the data to complete the HIDD annual report.
- Pat Mente is a programmer/database administrator/systems administrator who makes sure all the wires are connected. He also and produces all the maps that are included in reports.
- Elisha Leyba-Tercero is an Economist and is currently overseeing the program side. Elisha has been with the HPC for almost 4 years and along with program staff, works on report writing and research. She recently finished the HIDD report, is now working on GADS report, then will start on the CIF report and Quick Facts. She also works on memorials reports and participates in task forces.
- Lisa Marie Gomez is a Management Analyst who is working on SJM5 (bulk purchasing to cut costs on durable medical supplies) and HM71 (developing guidelines for healthcare professional working in disaster situations).
- Reina Guillen is a Management Analyst who is currently working on the GADS report. She has also worked on SJM40 (health care for inmates), HJM40 (study impact of nursing shortage), SJM55 (social worker demand and education), and she will be working on the CIF/CFHC report.
- Peggy Schummers is the Office Manager (aka Wonder Woman) she takes care of all the finances, human resources, administrative support. She is the ADA and ADR Coordinator and the Loss Prevention and Control Coordinator. She is also covering receptionist duties and some of the special assistant duties. She also oversees asset inventory and works with our auditors for the annual audit.
- Chairman Hesse inquired about the person responsible for public relations. He indicated that we don't get much press and that no one knows we exist.
 - Sam indicated that two things that we do have, despite the diminished staffing. We are working to make the HPC web presence more robust.
 - The other is that DOH has agreed to let the HPC use their Chief Information Officer to assist with our press releases. We will provide the information and the DOH CIO will assist with the drafting of the release, then send out the release through their list of all media contacts.
- Commissioners see the staff as the workhorses, and the staff should see the Commissioners as a resource with a broad prospective and knowledge base.
- New Commissioners provided a brief background for staff knowledge.

Budget Report

Peggy Schummers – provided final numbers for FY09 budget which indicates that we did overspend the budget;

- She also provided a current status to date for the FY10 budget which is reflective of the cut. The cut that took place during the session completely cut contract funds

which pays for the annual audit and alarm system monitoring. This meant that we had to BAR funds to cover this and personnel.

- She reviewed the information from the Governor's Office regarding the projected 3% cuts for FY10. After reviewing a couple of possible scenarios, Sam and Peggy decided that our best option is to hold the vacancy that we have open for about 4 pay periods or 2 months. This will allow us to leave some funding for Commission meetings, supplies, mileage, etc.
- Peggy will pull together, for the purpose of planning additional meetings, what the costs per meeting are.
- The FY11 request directions indicated that all agencies must submit a flat budget request. However we will submit our request with a \$150k increase. The increased amount includes additional funds for extra commission meetings and salaries and benefits to fill vacant positions and pay the Director's position 100%.
- Dr. Hesse indicated that he is trying to get a meeting set with John Arthur Smith and David Abbey prior to the special session.

Motion by Commissioner Trujillo: To request HPC staff to research costs to add 2 Commission meetings per year in the FY11 budget request. Seconded by Commissioner Kotch. Passed unanimously.

Request by Commissioner Trujillo: To request a by-laws change to allow for telephonic meeting and that this be added to the next agenda as an action item. She would also like the by-laws to allow for to vote by internet/email.

Director's Report

- The resume for Sam Howarth is provided in the packet.
 - Sam provided a historical background about how he got to the HPC.
- Sam indicated that we have just finished producing our HIIDD report and that we will have GADS report hopefully by mid-September and we are positioned to produce the memorial studies that the HPC was committed to.
- There are some new things that bode well and are interesting. We have had a couple of interesting conversations. One with the NM Medical Board. Historically the HPC has asked the MB to help with a physicians survey that happens every 5 years. Through these conversations the MB has agreed to include the survey as part of their re-licensure process. This will then create a 3 year rolling data set instead of 5 year, with limited responses.
- Historically, the GADS report came to the HPC as a task to clean up corrupt databases owned by licensure board's.
- We have also been meeting with the Board of Nursing to discuss the process by which the data is pulled from their system and ours. We need to make sure the HPC and BON are using the same queries so that data reported by each will match, with little variances.
- We are currently in negotiations with the State of Texas and with IHS, and will attempt to meet with the Veterans Administration. This is an attempt to get access to their data, to find out if there is HIIDD data that they have and that would be valuable to us.

If we were to include the federal system and other states, we would be able to make the HIDD report more robust.

- Discussion about what the changes to Medicare fees do to workforce.
- The HPC changed the HIS statute last year to allow for better access to HIDD by the DOH Epidemiologists.
- The DOH has launched the IBIS website. There is a web shot included in the packet. We are in negotiations with DOH about how to add the HIDD database into the back end of the IBIS system. We will be in essence co-owners of the site.
- We are in discussions with the Hospital Association to streamline the data flow from hospitals to us for HIDD.
- Last year the DOH ran SB302, which would allow dental residents to receive licensure and allow dentists to be recognized in the state for licensure having passed any of the federal regional boards. It also created a mid-level dental practitioner. It died on the house floor. DOH has approval from the Governor's office to run that bill again. HPC will support.
- ConAlma is working on a large initiative relating to the mid-level dental professionals. We may want to invite Delores Roybal in to speak about it as it dovetails SB302.

Workforce Presentations

Harvey Licht, NMDOH, Program Manager of Primary Care / Rural Health Office and Jerry Harrison, NMHR

A handout was provided that shows just a portion of the DOH healthcare workforce programs with a focus on oral health and medical. Not doing much with behavioral health, therapies, ancillary health, lab techs. Mr. Licht indicated that the key DOH partners in terms of health workforce include the Higher Education Department and the Department of Workforce Solutions and he reviewed how those partnerships work. Mr. Licht then provided an overview of the programs listed in the handouts and what each program does in terms of health care workforce in NM. Some of the key highlights include:

- 69 placements through recruitment and referrals
- 60 NMHSC health professionals serving
- Waiver programs upwards of 60 obligated to areas within the state
- Tax Credit program is helping 1400 health care professionals
- National HSC, 50-60 serving in underserved areas
- This added to the 200+ individuals subjected to service with HED programs. All combined we are having an impact on the state
- Success due to well linked/coordinated programs.

There was some discussion around community efforts to recruit and retain physicians – how to make it worthwhile.

A recommendation was made to draft letter of support from Commission to Senator Bingaman and the Governor's Office stating goals and initiatives toward workforce and to follow up with a phone call.

Len Malry, NMHED, Director of Workforce Education

Mr. Malry gave a brief overview of the initiatives at HED that were outlined in his handout. He also provided some detail of the funding programs, which include some pass through funds. Mr. Malry indicated that there are approximately 400,000 adults in NM with no GED and that the number of adults returning to school is not at a level needed to fill positions. There was discussion on the programs providing education to students on health prevention through the Office of School and Adolescent Health, DOH/PHD.

Arthur Kaufman, UNM, Vice President of Community Health

Nancy Ridenour, UNM, Dean, School of Nursing

Dr. Ridenour reviewed the information provided in her handout. There was discussion among the group pertaining to the information provided and specifically to issues relating to education of nurses, nursing faculty, faculty salaries compared to private salaries and the degree level required to teach.

Community Health

Dr. Kaufman reviewed the information provided in his handout. Some of the key remarks made by Dr. Kaufman:

- In order to increase primary care going to rural areas of the state, the key things are
 - that they come from rural areas;
 - they train in NM; and
 - that they be ethnic minorities.
- Admissions are the single most important part of the entire discussion, who we get in to programs. At the medical school, 2/3 of the students are from rural areas and ethnic groups. This past year the school admitted 9 students who are Native American because of the pipeline programs.
- One of the most powerful tools at UNM is locum tenens, due to the exposure in rural communities for residents, many of whom then often select those sites long term.
- The volume of need within the state will require 2600 more primary care providers over the next 25 years. If the state were to double the number of primary care programs in the state it would still not fill the need due, in part, to the number of providers retiring added to the overall growing population. Would need to determine what the target number of graduates need to be.
- Most UNM graduates who become specialist may end up leaving the state, but those that are in family practice do not.
- In the nursing BA program at UNM, approximately 1.5 don't get in to the 1 that does. This is purely based on demand and does not include those that aren't qualified to get in.
- There could be an increase in pipeline by 1.5 times and we would still have a demand. All the programs have more applicants than they can take.

There was a recommendation made to draft letter of support for new senate bill: "Affordable Health Choice Act".

Miscellaneous Discussions

What are the Commission's next steps? Is there more information needed on workforce before any recommendations can be made? The big question is how? We have addressed the who, what, why and a target.

A suggestion was made that the HP Commissioners need to come up with 10 things that we can forward on, such as looking at efficiencies in universities, looking for money to expand a pipeline or two, working with Higher Ed to convene university presidents around these issues. There are a lot of discussions, studies, memorials, and reports done on these issues, but with very little recommendations made for workable outcomes.

This is the time to work on ideas that do not have a cost associated with them. For instance, a look at how to better reform the malpractice laws won't cost anything and it may keep more doctors in the state if there were less lawsuits.

What would the commissioners like to see at the next meeting? There was a suggestion that each commissioner take a few minutes to write out 10 ideas, not thinking about costs, around what we can do and supply interest items to Sam. What can we do as a Commission to support those programs that do work, and not waste time on activities and recommendations that will go nowhere. There are lots of programs in workforce in NM that do work, most are underfunded, and some are simply token programs. One example would be to increase the dollars in the loan repayment program to expand the number of physicians, dentists, nurse practitioners and PAs who would then stay in NM for the required number of years. To do all of this, we need to be able to get good data in order to find out where the gaps are.

Commissioner Kraska made a recommendation to submit the name of the administrative COO from St Vincent's to the Governor's Office to fill the last vacant spot.

There was a suggestion from the audience to invite someone from the Office of Facilities Management, as they have serious workforce issues, and might be a good presenter.

There was a suggestion that future meetings fall on the last Friday of the month every other month, and have more staff time/attendance at meetings.

The next meeting is set for November 20th. At that meeting we will try to set a regular schedule for the rest of the year.

There were discussions regarding the Open Meetings Act throughout the day. We need to research the act specific to voting on motions or action items. We will request training for Commission on the Act from the Attorney General's Office.

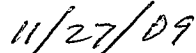
There was a request made that HPC be added to LHHS Interim Committee's standing agenda after the January session.

The meeting adjourned at 4:10pm.

Approved by:



Dr. Frank Hesse, NMHPC Chair



Date

Submitted by:
Peggy Schummers

(Minutes shall be approved, amended or disapproved at the next meeting where a quorum is present. Minutes shall not become official until approved by the policy-making body.)