

MINUTES OF THE
STATE OF NEW MEXICO
HEALTH POLICY COMMISSION
MEETING

April 21, 2006

CALL TO ORDER

Chair Lopez called a regular meeting of the State of New Mexico Health Policy Commission (HPC) to order on Friday, April 21, 2006, at approximately 9:10 a.m. at the Health Policy Commission Office, 2055 South Pacheco, Santa Fe, New Mexico.

Members Present

Waldo Anton
Dr. Frank Hesse
Andy R. Lopez
Moises Morales
Alicia Roman
Dr. Michael Trujillo

Members Absent

Rick Crabtree (*excused*)
Seferino Montano (*excused*)
Dr. Miles Nelson (*excused*)

Welcome and Introductions

Chair Lopez welcomed everyone to the meeting.

Staff members Dr. Larragoite, Kooch Jacobus, Lori Vigil, Catherine Burton, and Kevin McMullen were present at the meeting. Dr. Larragoite introduced staff member Ramona Lujan as the HPC Financial Specialist.

Guests in attendance included Greg Geisler, LFC analyst, who will be serving as the new analyst for HPC, and Howard Gershon, New Heights, Secretary John Garcia and Lou Helwig from the Department of Veterans Affairs and Wayne Propst and Mack Sewell from the Department of Health (DOH).

Approval of Agenda

Commissioner Roman moved for approval of the agenda. Commissioner Anton seconded the motion, which passed by unanimous voice vote.

Approval of Minutes from March 17, 2006 Meeting

Commissioner Morales moved for approval of the February meeting minutes as written. Commissioner Anton seconded the motion, which passed by unanimous voice vote.

DIRECTOR'S REPORT AND BUDGET REVIEW

Budget Report

Lori Vigil provided the Commission with the budget narrative dated March 31, 2006 summarizing expenditures to date and noted that the HPC is on track with the budget. She will be doing a budget adjustment moving funds from contractual line item to other costs to help support travel and training for employees to attend various conferences and classes. She will also be scheduling a meeting with the GSA budget analyst to discuss the budget for FY07 and will report the results of the GSA meeting at the next Commission meeting.

Ms. Vigil is also in the middle of training for the SHARE project, the statewide human resources and management reporting system. The new reporting system, which begins July 1, 2006, will combine all existing HR and financial systems and will enable the generation of real time reports, reconciliation of budgets, and financial and fiscal procedures. Both Ms. Vigil and Ramona Lujan will be attending training classes for the 32 modules system.

Ms. Vigil reported the new IT position has gone through an IT classification study and has been changed. The network and administrative positions were combined into an IT System Manager III position. An individual has been hired since the CIO's office gave HPC permission to unfreeze that position. The deadline for the budget adjustment is May 12, 2006, Ms. Vigil indicated that prior to that date the new IT System Manager III will assess the IT contractual line item. A decision based upon that assessment will determine what funds will be needed.

In response to a question by Chair Lopez, Dr. Larragoite explained there would be a 5% raise across the board for all state FTE's who received at least a satisfaction on their annual evaluation.

Personnel Vacancy Report

Dr. Larragoite reported Ramona Lujan has been hired to fill the Financial Specialist position, and Sam Dominguez to fill the IT System Manager II position. He added there were still two positions vacant but the status of these two positions will be determined at a meeting with DFA.

Child Birth Malpractice Task Force

Dr. Larragoite reported during the 2006 legislative session HPC received a \$30,000 appropriation for the continuation of the Malpractice Task Force focusing more on childbirth, mid-wives, and certified nurse practitioners and the malpractice issue that surrounds them.

The task force began work in the summer of 2005 compiling information on what obstetric services are available in the state and once the report is drafted it will be presented to the Commission for review and recommendations. Meetings have taken place with the Nurse's Association to get the groundwork going and to identify individuals to be involved with the task force. The next meeting scheduled for May 12, 2006 and it is hopeful the task force membership will be identified by June 1, 2006.

Hot Topics Review

Dr. Larragoite stated work is still ongoing to identify hot topics which HPC could be involved with and asked the Commission for suggestions. Two hot topics which have been identified are the veteran's health care issues and the potential for a pandemic influenza, both of which will be discussed later in the meeting.

Behavioral Health Purchasing Collaborative

Dr. Larragoite provided the Commission with copies of NMSA 1978 Section 9-7-6.4 and Section 9-7-11.2 which are portions of the statute governing HPC. One of the new duties added to HPC was the new paragraph (E)11 to Section 9-7-11.2 which states: "ensure that any behavioral health projects, including those relating to mental health and substance abuse, are conducted in compliance with the requirements of Section 9-7-6.4 NMSA 1978."

Dr. Larragoite reported the contact person in charge of the Behavioral Health Purchasing Collaborative is Leslie Tremaine. She has been asked to give an update at the Commission's June meeting. He added the collaborative was in the second phase of the contract.

Ms. Jacobus added there were actually two groups involved, the Behavioral Health Planning Committee and the Behavioral Health Purchasing Collaborative. The Planning Committee reports to the Purchasing Collaborative. At the last meeting of the Purchasing Collaborative, Value Options (VO) was given the contract for the second phase. The next meeting of the Purchasing Collaborative will be in Socorro on April 28, 2006.

The Purchasing Collaborative is chaired by Secretary Hyde and co-chaired by Secretary Grisham and members represent every state agency, cabinet level and executive director level position. The contract had a three-year phase plan. VO has completed the first phase and is negotiating for the second phase. The new contract for the second phase will be signed by July 1, 2007.

Ms. Jacobus reported the Planning Committee, which is a rather large group, works with the local collaboratives throughout the state and has two goals, to bring the collaboratives together and to develop a work plan for the entire collaborative. Dr. Larragoite added the local collaborative have met and identified issues of concern which include cultural competency, language competency as it relates to delivery of mental health services, the ability of work force, and better alignment of licensing boards.

Ms. Jacobus stated Mr. Jose Villegas addressed the Purchasing Collaborative regarding the issues of cultural competency and pointed out the memorial did not pass in the last Legislative Session. Secretary Hyde was going to further investigate this issue and suggested he meet with Karen Meador. Because Mr. Villegas has not been contacted regarding the meeting, Ms. Jacobus is going to address this issue at the April 28, 2006 meeting and asked for HPC's involvement in contacting Secretary Hyde.

Dr. Trujillo moved for HPC to remind Secretary Hyde of the cultural competency memorial so that it is kept alive. Commissioner Anton seconded the motion, which passed by unanimous voice vote.

Taos Meeting Update

Catherine Burton stated the next Commission meeting will be on Thursday, May 18, 2006, from 1:00 p.m. to 4:00 p.m. at the Comfort Suites Conference Room in Taos. The Commission that wish to attend the New Mexico Annual Health Providers Retreat should register prior to May 1st and reminded them to hand in all travel and retreat receipts for reimbursement immediately after the May meeting.

Commissioners Term Update

Dr. Larragoite provided the Commission with a list of HPC Commission terms and expiration dates, pointing out Commissioner Crabtree's, Commissioner Montano's and Dr. Dr. Nelson's terms expire July 1, 2007. Both Commissioner Montano and Dr. Nelson have asked for reappointment.

Agency Policy & Procedure Manual Update

Ms. Jacobus is currently updating the HPC's policy and procedure manual which has not been revised since 2001. Once the manual is finished, it will be provided to the Commission for review.

Rule Change Update

Ms. Jacobus stated she will be attending a rules class before the HPC rules can be updated, and indicated the change of rules process takes approximately six months to complete.

DEPARTMENT OF VETERANS SERVICES

Dr. Larragoite introduced Cabinet Secretary John Garcia and Mr. Lou Helwig, Director of Field Services with the Department of Veterans Services (DVS). Mr. Garcia thanked the Commission for the opportunity to present the issues and concerns of the DVS. He added DVS's role is to work with veterans making sure they apply for and obtain state and federal benefits as well as implementing legislation for veterans' benefits.

Mr. Garcia explained the Veterans Service Commission (VSC); a 50-year old organization created right after WWII, but was disbanded because it could no longer meet the growing needs of veterans. Governor Richardson then created the DVS as a cabinet level department and appointed a five-member advisory board which reports directly to the Governor.

There are 200,000 veterans in New Mexico, a state with a very rich military legacy going back centuries and has always been on the forefront during war times. With 26 million veterans in the country, there are two major concerns faced by veterans: (1) long-term health care; and (2) memorials and monuments. Out of the 200,000 New Mexico veterans, approximately 36,000 are receiving some form of compensation, pension, education, housing, and health care services to the tune of over \$650 million, but there are at least 160,000 veterans in the state not receiving any form of compensation or health care.

DVS is faced with an aging population of veterans from WWII who are in their 80's and 90's and are dying at a rapid rate of 1,300 a day. The average age for Korean veterans is 75, with the average age for Vietnam veterans at 55. Since 9/11 and the Iraq war, DVS has been inundated with veterans who have never been to the DVS. With 20 field offices under the guidance of Mr. Helwig, DVS tries to reach out and identify those veterans not receiving services.

Mr. Garcia reported DVS is working in collaboration with state agencies focusing on the needs of veterans with long-term health care as the biggest need. From the 2003 legislative session to the 2006 legislative session, close to \$21 million has been appropriated in capital outlay for veterans memorials and monuments but very little appropriated for health care.

It is estimated there are 200,000 homeless veterans in the country, with 7,000 in New Mexico. The New Mexico Veteran Integration Center in Albuquerque provides shelter and training to homeless veterans.

Another major issue of concern is post-traumatic stress disorder (PTSD). Until ten years ago, PTSD was identified as shell shock for the veterans returning from WWII and the Vietnam War. PTSD is a severe disorder affecting both the veteran and his/her family. Female veterans now coming home from Iraq have a much higher percentage of PTSD than the male veterans do and the overall veteran suicide rate has increased because of PTSD issues.

Mr. Garcia was recently in Washington, D.C. attending the National Association of State Directors of Veteran Affairs and it became very apparent that the VA health care system is moving into a fiduciary type of system. He believes this issue will have to be addressed by a collaborative effort between state, federal, county and city health care providers.

Mr. Helwig reported many of the veterans receive their health care from the federal Department of Veteran Affairs and in emergency situations are often eligible for a fee basis payment from private or state hospitals throughout the state. A veteran must contact either the VA or his health care provider within 24 hours and then provide documentation within 72 hours. However, if the veteran is incapacitated and is recuperating, he often misses the deadline and loses his entitlement or eligibility for a fee bases payment.

Mr. Helwig stated he would strongly urge all health care providers to ask the following two questions at all intake interview: (1) Are you a veteran? (2) Do you receive health care through the VA system? If these questions are answered with a yes, then the veteran can be provided with a checklist of what he/she needs to do and where health care services are provided.

Mr. Helwig stated they have 18 rural offices for veterans throughout the state but only the offices in Farmington, Santa Fe and Albuquerque offers readjustment counseling, PTSD counseling, and family counseling. He added there should be a certified caregiver or counselor in each of their offices that would be familiar with VA protocol and would be able to deal with PSTD behavioral problems to both the veteran and his or her family.

After discussing the issues identified by Mr. Garcia and Mr. Helwig, Dr. Larragoite identified several action items for the Commission: (1) write to New Mexico's congressional delegation; (2) work in conjunction with the VA; (3) attend the next LFC hearing; (4) have resident hospital specialists meet with the VA secretary (5) work extensively with hospitals regarding the hospital inpatient discharge data by creating a quarterly reporting survey to include the two questions Mr. Helwig suggested; (6) develop a veteran issues task force; (7) recommend that there is a certified behavioral health counselor at each VA service providing facility.

Commissioner Morales moved for HPC to follow through on the seven items identified by Dr. Larragoite. Commissioner Anton seconded the motion; which passed by unanimous voice vote.

PANDEMIC INFLUENZA OVERVIEW

Mr. C. Mack Sewell, State Epidemiologist from the Department of Health, presented a power point presentation on pandemic influenza. He explained the word epidemiologist comes from the word epidemic which is study of disease in populations. His office developed a plan 10 years ago which identified objections to preparing for the next pandemic influenza. The plan was updated in July 2005 and is available on DOH's website.

Mr. Sewell reported the worst influenza pandemic was in 1918 with 20 million dying worldwide with 500,000 deaths in the United States. It has been projected that as many as 9.1 million people in the United States could die in the next pandemic. He added influenza is a natural event that has a greater impact than any other natural threat. The symptoms from influenza include headache, malaise, myalgias, fever, nasal obstruction, discharge, sore throat, cough, cervical adenopathy and scattered rhonchi occur. Once infected, shedding the virus occurs for many days after being infected and is prolonged in children. The transmission of the virus is person to person via small particle aerosol and is relatively stable and favors low humidity and cool temperatures.

Mr. Sewell explained because of the variations with influenza and antigenic changes over the years, entirely new influenza viruses are created. People should be concerned about influenza pandemics because the virus mutates rapidly and will cause severe disease in humans with a high fatality rate. It has been shown that a propensity to acquire genes from virus infection from other animal species such as poultry and pigs.

Mr. Sewell reported there are five ways to prevent influenza infection and transmission: (1) avoid exposure; (2) wash hands; (3) obtain routine immunization with an effective vaccine; and (4) obtain antiviral treatment/prophylaxis with an effective antiviral; (5) wearing masks. Due to the exposure health care workers face, they should get vaccinated, limiting the spread of the disease and the potential for further outbreaks decreasing patient mortality and reducing sick days,.

Mr. Sewell stated when new viruses emerge it takes several months to manufacture the vaccine. There are only four vaccine manufactures in the United States. The influenza vaccine is made with eminated chicken eggs and is made in one egg at a time and then turned into vaccine. Research is being done to in an effort to speed up vaccine production.

Mr. Sewell pointed out several issues arise when planning for a pandemic such as: antiviral stockpiling; how much to stockpile; should the drug be used to treat people when they get the influenza or should the drug be used as preventive medicine; and who would be first to get the vaccine. He added there are several antivirals available but only the more expensive ones work most effectively.

Mr. Sewell stated if an influenza pandemic were to occur schools would have to be closed, people would have to avoid meetings, malls, mass transportation and anywhere

peopled gathered. Even though health care is far better now than in 1918, we will have to accept fact people will die if a severe pandemic occurs.

In response to a question by Dr. Hesse, Mr. Sewell explained once a person dies from influenza, the virus will not survive in a dead host. He added the sheer volume of deaths would be another issue which was one of the biggest problems in the 1918 pandemic. During the 1918 pandemic, undertakers were overwhelmed with the number of dead, ran out of caskets and in the bigger cities like Philadelphia and Boston were forced to provide mass graves.

NEW MEXICO COMPREHENSIVE STRATEGIC HEATH PLAN

Ms. Jacobus introduced Wayne Propst from the Office of Policy & Multicultural Health which is part of the Department of Health. Mr. Propst thanked the commission for their time and explained his office is responsible for coordinating DOH's work on the New Mexico Comprehensive Strategic Health Plan (NMCSHP). He added his division was the smallest within DOH with limited staff and resources.

Mr. Propst stated in supporting the NMCSHP, he had some trouble convincing DOH employees not to think of the plan as a DOH plan, but rather to think of it as a plan for New Mexico. He thanked HPC for its active role and support of the plan.

Mr. Propst explained in drafting the plan, he utilized a number of techniques to reach out to the citizens of the state for input and suggestions on ways to address health care issues like immunization rates, obesity, oral health care, and the continued health disparities among New Mexicans..

Mr. Propst reported the state department secretaries are currently touring the state and are gathering public input on the health plan been held by his office with area experts focusing on work force, immunization, teen pregnancy, health emergency management, oral health, and health disparities.

Mr. Propst reported a 53-member Steering Committee has been involved for the last two years to review and finalize the plan. They will be meeting with the Steering Committee (CS) on May 26, 2006 to present a draft outline of what the plan will look like and will ask for the Steering Committee's recommendations. A draft of the plan will be presented at the June 7, 2006 meeting with the SC. After this revision the final version will go to Dr. Larragoite, Secretaries Grisham, Hyde, Armstrong, HSS secretaries for their final review. The plan is scheduled to be delivered to the governor's office on July 1, 2006.

In response to a question by Chair Lopez, Mr. Propst stated he did not know the status of the statewide immunization information system but would get an answer and provide it to the Commission.

In response to a question by Chair Lopez, Ms. Jacobus explained at this point only public health departments and three private clinics dispense immunizations. Mr. Propst

provided the commissioners with a list of health priorities and requested feedback about what the priorities, goals and methods of implementation should be, and if there were objections or omissions. He asked that they fill it out and return within ten days or so.

HPC STRATEGIC PLAN UPDATE

Mr. Howard Gershon, through a power point presentation, reviewed the status of the HPC Strategic Plan. The goal is to develop a plan that enhances the impact of the HPC. He added that the HPC is an important commission and needs to do whatever it can to influence the health care and health status of New Mexicans.

Mr. Gershon explained the phases of the three-year plan. The first phase is the collection of information and identifying the commission's current position, the second phase is the development of strategies, and the third phase is management action plan. Once Commission input has been obtained, the focus will be on management action plans.

From a strategic planning standpoint, the whole organization of a plan is based on a mission statement, a vision statement, and strategies and tactics. At the last HPC meeting the commission reviewed and revised a draft of the mission and vision statement. The new mission statement states the HPC is a state agency that provides independent research, guidance and recommendations on health policy issues that impact the health status of New Mexicans. The new vision statement states the HPC will help New Mexicans improve their health status by being the state's trusted advisor on health policy issues. Four key principles were identified: (1) the Commission will be valued by peers, colleagues and consumers for its independence and expertise; (2) the Commission will provide leadership in identifying and researching critical health and health care delivery issues; (3) the Commission will provide policy research and recommendations to the legislative and executive branches of state government; and (4) the Commission will maintain a work environment that encourages individual growth and teamwork.

The balanced scorecard concept was developed by some professors from the Harvard Business School several years ago with a premise that all organizations have a variety of factors which makes them successful and has been used internationally by many corporations, hospitals, and government agencies. Those factors are categorized into four quadrants: (1) Customers & Community where every organization has to be effective in meeting the needs of its customers and in the way the work is done economically; (2) Operational processes which are key; (3) Learning & Growth which is essential in recruiting and keeping effective staff that will get things done; and (4) Funding & Program Development which is critical.

Mr. Gershon explained each of the four key strategies have underlining tactics or specifics. The first strategy is to focus on those activities that will have the greatest impact on New Mexican's health status. The second strategy is to use resources as efficiently and effectively as possible. The third strategy is the need to look for other sources of funds. The fourth strategy is to know how to recruit and retain the best possible staff.

In terms of Customers & Community ten strategies have been identified: (1) improve the development and distribution of Quick Facts; (2) reevaluate the utility of the County Indigent Fund report; (3) create a partnership with DOH to improve the Managed Care Report; (4) continue to enhance the HIDD database to provide regularly published standard reports that are complete, accurate and timely; (5) enhance the GADS data base and partner with the Office of Workforce Development to develop a meaningful health manpower needs assessment; (6) produce a “white paper” that provides recommended options for improving the Medicaid Program; (7) develop recommendations for the creation of a model for professional liability insurance for obstetrical care providers; (8) conduct an analysis of the economic impact of health; (9) work with GSD and DOI to develop pilot program for a health insurance product that rewards healthy lifestyles; and (10) respond to requests from the Executive and legislative branches of government.

In terms of operational processes the strategy is to utilize resources as effectively as possible. Five key tactics have been identified: (1) continue implementation of IT strategic plan; (2) improve collaboration with other organizations/agencies; (3) develop and document project methodologies; (4) adopt industry best practices; and (5) contribute to the advancement of best practices with publishing/presenting.

The strategy of learning and growth is the recruitment and retention of the best possible staff. Five key tactics have been identified: (1) review current staffing levels and position requirements, redefine some existing positions and emphasize the use of contract dollars when appropriate; (2) focus recruitment efforts on attitude and professional intent; (3) prepare a succession plan for key positions; (4) continue to build staff capabilities by using team models to enhance skills development and cross training and insure accountability for project/team leadership; (5) develop staff recognition and reward program by improving staff communication, celebrating project completion and other significant events, and grant leave as a reward for services/contributions.

Funding & Program Development emphasizes securing additional sources of funding to support agency activities. Five key tactics have been identified: (1) determine feasibility of securing grant funds; (2) develop realistic performance measures; (3) enhance the agency’s visibility by updating HPC’s web site; (4) improve communications with stakeholders; and (5) clarify the role of commissioners.

Mr. Gershon explained the next step would be to finalize strategies and tactics and develop MAP and performance measures. The 25 specific key strategies will have to be worked on and an action plan, clarifying tasks, responsibility, resources and timelines will be developed for each of the tactics identified. Before completing the action plan the Commission will need to review the strategies and tactics, give input and then prioritize them.

Dr. Larragoite provided the commission with copies of the letter written to Secretary Grisham and her response regarding the potential closing of Lovelace Medical Center's Gibson facility and the reporting requirements for said hospital.

ADJOURN

Commissioner Roman moved to adjourn. Dr. Trujillo seconded the motion; which passed by unanimous voice vote. The meeting adjourned at 1:00 p.m.

Approved by:

Andy R. Lopez, NMHPC Chair

Date

Submitted by:
Michelle Gorman

(DRAFT-----DRAFT-----DRAFT)

(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.)