

MINUTES OF THE
STATE OF NEW MEXICO
HEALTH POLICY COMMISSION
MEETING
July 21, 2006

CALL TO ORDER

Acting Chair Hesse called a regular meeting of the State of New Mexico Health Policy Commission (HPC) to order on Friday, July 21, 2006, at approximately 9:21 a.m. at the University of New Mexico Health Sciences Center, Cancer Research and Treatment Center, Albuquerque, New Mexico.

Members Present

Dr. Frank Hesse
Seferino Montano
Moises Morales
Dr. Miles Nelson
Alicia Roman
Dr. Michael Trujillo

Members Absent

Waldo Anton (*excused*)
Rick Crabtree (*excused*)
Andy R. Lopez (*excused*)

Welcome and Introductions

Dr. Larragoite welcomed everyone to the meeting and thanked Carlos Ray Romero, UNM President's Office, for his assistance in arranging the logistics of the meeting.

Additional HPC staff members in attendance were Kooch Jacobus, Wes Day, Kevin McMullan and Catherine Burton.

Approval of Agenda

Dr. Larragoite asked to rearrange the agenda to adhere to the speaker's schedules. Commissioner Montano moved for approval of the amended agenda. Dr. Hesse seconded the motion, which passed by unanimous voice vote.

Approval of Minutes from May 18, 2006 Meeting

Commissioner Trujillo moved for approval of the May meeting minutes as written. Commissioner Roman seconded the motion, which passed by unanimous voice vote.

Commissioner Hesse expressed his concerns about Commission members not attending three consecutive meetings. Dr. Larragoite explained that Commissioner Nelson was not present at the last meeting because he was getting married, and pointed out the terms for Commissioners Crabtree, Montano and Nelson have expired. He stated that Commissioners Montano and Nelson have indicated their desire to serve again and the HPC's statute dictates that members serve until they are replaced or re-appointed to the HPC.

HEALTH STRATEGIC PLAN 2006-2010

Dr. Larragoite provided the Commission with the final draft of the HPC Strategic Plan 2006-2010 and asked that they review it and provide comments at the next HPC meeting. He emphasized the importance of the document due to the Governor's mandate requiring that each agency's budget be correlated with the agency's strategic plan. Commissioner Hesse requested a bullet point summary of the plan be prepared and sent to the Commissioners for their review.

DIRECTOR'S REPORT

Old Business

I. Behavioral Health Purchasing Collaborative.

At the last HPC meeting, the Commission asked for an update on the Behavioral Health Purchasing Collaborative (BHCC). Based on the statute Section 9-7-11.2 NMSA 1978, the Behavioral Health Purchasing Collaborative, one of the duties assigned to HPC, is to "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". Since the time of the Commissioner's request, the Legislative Finance Committee has asked for an audit of the ValueOptions contract issued by the BHCC. Dr. Larragoite requested that the BHCC present at a future HPC meeting if determined necessary by the Commissioners after they have had the opportunity to review the audit. Commissioner Hesse requested a bullet point summary of any report prepared.

II. Update Governors Oral Health Council.

The Governors Oral Health Council (GOHC) has requested support from the HPC to endorse Policy Goal I, changing the perceptions regarding oral health and diseases so that oral health becomes an acceptable component of general health. In order to accomplish this, the Department of Health (DOH) needs to elevate the level of Oral Health within the Department of Public Health. Dr. Larragoite requested authorization to send a letter regarding this request to DOH on behalf of the HPC.

Commissioner Trujillo moved for a letter to be sent to DOH requesting the dental program be elevated to a division level 2 with copies of the letter sent to the

Governor, legislative committees and the Clinical Prevention Initiative.
Commissioner Montano seconded the motion which passed by unanimous voice vote.

III. Legislative Recommendation to Create Standing Health Committee in both Legislative Chambers (House and Senate).

In the past, the HPC has discussed a policy recommendation to create a standing health committee in both the house and senate. Currently, health is dealt with in an interim committee called the Legislative Health & Human Services Interim Committee (LHHSIC). Without an aggressive chairman to direct initiatives in health issues the committee has little political power, particularly during the legislative session.

New Mexico is one of nine states that does not have a standing health committee in at least one house in the legislature. This recommendation may be controversial to some legislators and perhaps the Governor's office because it creates another chair that has power within the State legislature.

Though this issue is may be controversial, the HPC is mandated to tackle controversial issues and make policy recommendations. Dr. Larragoite requested authority to send a strong policy recommendation letter.

Commissioner Trujillo inquired as to what the Secretary Grisham's position was on this issue. Dr. Larragoite replied he had spoken to both Sec. Grisham and Sec. Hyde, neither of whom had any comment or feedback, positive or negative. He had also spoken with several legislators who sit on the Legislative Health and Human Services (LHHS) Committee who were very supportive of this recommendation. Commissioner Hesse added that the lobbyist for the State Medical Society was also very supportive of the recommendation, indicating it would be nice to have a committee with more expertise in health matters.

Commissioner Nelson moved to send a letter to the appropriate people emphasizing the HPC's support in creating a standing health committee in both the house and senate with a bullet point summary provided to the Commission. Commissioner Trujillo seconded the motion which passed by unanimous voice vote.

OVERVIEW AND BRIEFING ON BA/MD COMBINIED DEGREE PROGRAM

Dr. Valerie Romero-Leggott, MD, Associate Dean, Office of Diversity at UNM, gave an overview on the Combined BA/MD Degree Program. This program is a partnership between the School of Medicine and the College of Arts & Sciences with its goal to help alleviate rural New Mexico's physician shortage. Twenty-five New Mexico high school seniors will be part of a diverse class beginning the program in the fall of 2006. Three undergraduate degree choices will be offered to the students, providing a focused and customized curriculum emphasizing liberal arts, social services and humanities with a strong emphasis in the sciences.

Integrated health seminars will be offered as well as the participation in summer service-learning experiences in rural and medically underserved New Mexico communities. Supportive learning environments will be available through living and learning communities, specialized advising, scholarship and financial aid packages, tutoring and supplement instruction, and faculty mentors.

To maintain continuous eligibility, the students have to maintain a 3.0 GPA each semester of their freshman year and a cumulative 3.5 GPA each semester of their sophomore year. They will also have to maintain a 3.0 or better on all courses specifically required for medical school entry, achieve MCAT score consistent with admissions criteria, participate in summer community service-learning experiences and have a final interview by a subset of the School of Medicine Admissions Committee.

Ninety-one out of 141 applicants were interviewed. Of the applicants for entry into the fall 2006 program, 49% of the applicants reside outside the Albuquerque/Rio Rancho area and 48% are under-represented minorities.

Twenty-five students and 5 alternates were chosen to participate in this program. This group consists of 15 females and 15 males, with an average GPA of 4.0 and ACT of 26. Seventy percent of these students are from outside the Albuquerque area, 36.7% are White Non-Hispanic, 30% Hispanic, 13.3% American Indian, 10% Asian, 6.7% African Americans, and 3.3% unidentified.

BRIEFING ON UNM COLLEGE OF NURSING PROPOSAL

Dr. Sandra Ferketich, Dean of the College of Nursing & Deputy Executive Vice President for Health Sciences Center at UNM provided information to the Commission regarding New Mexico's nursing shortage. She began reporting the nursing shortage in the fall of 1999. The Department of Labor predicts New Mexico will have a 57% vacancy rate by the year 2020. Both the Associate Degree (AD) and Bachelor of Science Degree (BSN) are turning away qualified applicants.

The nursing faculty vacancy rate is high and 50% of faculty is expected to retire in the next one to three years. The nursing faculty pool at higher education institutions is limited by the following factors: nurses who enter advanced education late in their career, BSN graduates working for more years than AD graduates, and the fact that clinical agencies pay two to three times more than educational institutions.

There are several common misconceptions about nurses. Nurses with degrees ranging from LPN to PhD are counted in the nursing workforce even though not all of the nurses are practicing. Though they have considerably different skills and capabilities, ADN and BSN salaries are quite often equal. In agencies where there is a higher proportion of BSNs, there is a significantly better chance of living after surgery and not experiencing complications. In hospitals that have the best patient outcomes, the percentage of BSNs is higher and physician-nurse communication is the most often listed reason.

Another misconception is that there is no hurry in addressing the nursing shortage, but in 2005 75% of New Mexico hospitals decreased services due to the nursing shortage, Emergency Room visits take longer and the number of available beds in hospitals and long-term care facilities have decreased.

Dr. Ferketich made several specific policy recommendations for the Commissioners to consider.

1. The title of nurse should be reserved for registered nurses and that licenses of more than 10 years as a RN be required to obtain a BSN.
2. The ratio of AD to BSNs in the New Mexico workforce is currently about 30% BSNs and 70% ADs. The New Mexico Center of Nursing Excellence and Higher Education Department (HED) are recommending this ratio reversed within 15 years.
3. Permanent funding for education must be found because even though the production of nurses, physicians and pharmacists are an economic drive for the state, their education is costly.
4. Support articulation from AD to BSN so that it is seamless and facilitates individual and workforce development.
5. Faculty salaries should be supported by using the national guidelines for the difference in salaries between Academic Health Center faculty Research I Universities.
6. Support should be given to workload and infrastructure differences for different schools, and money should be infused for building school additions and renovations to accommodate larger class size.
7. Support year round programs by ensuring student financial support and 12 month faculty contracts. Since the quality and quantity of faculties is decreasing, the use of nonrecurring funds should cease.
8. Continued support of NM Community Colleges and Universities since both programs are necessary to combat the effects of the shortage.

To help address the nursing shortage, the College of Nursing at UNM offers many on-line programs which permit students to remain in their local communities and complete BSNs, earn MSNs (in some concentrations) and earn PhDs. UNM has moved the nursing program to a 3-term period running over the calendar year. This means that BSN students, once admitted to the College of Nursing, finish their degree in 15.75 months instead of 24 months. If funds are secured, enrollment could double.

UNM School of Nursing is seeking recurrent funding from the State for \$5+ million dollars that will enable enrollment at all levels to double. Each time the program has been awarded funds, it has met all performance objectives.

Ms. Jacobus explained that the outcome of the 2005 Senate Joint Memorial 37, a study of the impact of nurse staffing and retention issues on workforce development was completed and included recommendations on funding for higher education. HED

currently has a task force studying the funding formula. Dr. Larragoite added staff would research Dr. Ferketich's policy recommendations brought to the Commission and bring this information back to the Commissioners.

UNM/NMSU COOPERATIVE PHARMACY PROGRAM

Dr. John Pieper, Dean of the College of Pharmacy & Deputy Executive Vice President for the UNM Health Sciences Center presented the Commission with an overview of the proposed UNM/NMSU Cooperative Pharmacy Program. This joint program was designed to help balance the distribution of pharmacists in New Mexico

Dr. Pieper's complimented the HPC on the pharmacist distribution map found on the HPC website which he included in his power point presentation. The map illustrates that southern New Mexico has a severe pharmacist shortage, 40 pharmacists per 100,000 people, or half the national average. There are three New Mexico Counties with 0-1 pharmacists.

The program goals are to: enhance accessibility of pharmacy education to the citizens of southern New Mexico, reduce shortage of pharmacist in southern New Mexico, serve the pharmaceutical care needs of underserved, and increase diversity of pharmacist in southern New Mexico.

UNM is the only college of pharmacy in the state offering an accredited college 2-year pre-pharmacy program and a then a 4-year pharmacy school.

The proposed program has a 6-year curriculum and will recruit high school students to attend the first 2 years at NMSU, the next 3 years at UNM, and the last year in rotations in southern New Mexico communities.

Identified partners in the program include: Memorial Medical Center (Las Cruces), Mountain View Medical Center (Las Cruces), Walgreens, Wal Mart, Albertsons, other community pharmacies in southern New Mexico, Eastern New Mexico Med Center (Roswell), Le Regional Med Center (Hobbs), and Artesia General Hospital.

This model cooperative program between UNM and NMSU could be duplicated at other New Mexico colleges and increase pharmacists practicing in southern New Mexico. The total budget required for the program is \$516,250. UNM is requesting \$500,000 in recurrent funding. This proposal will be presented during the 2007 legislative session.

UNM HSC CANCER RESEARCH AND TREATMENT CENTER OVERVIEW AND NEW FACILITY PRESENTATION

Dr. Cheryl Willman, Professor of Pathology and Medicine, Director & CEO of the UNM Cancer Research & Treatment Center (CRTC) presented an overview of the CRTC.

The CRTC was established as the State's official cancer center in 1971. The CRTC mission is curing cancer by conducting world class research, reducing cancer health care disparities in New Mexico populations, educating the next generation of cancer researchers and health care professionals, and delivering state of the art cancer treatment to all New Mexicans.

In 2005, the CRTC achieved designation and federal funding from the National Cancer Institute (NCI) as a National NCI-Designated Cancer Center. In order to receive the NCI designation, a cancer center must have achieved an outstanding performance review in cancer research, developed cancer treatment programs that are among the best in the nation, and be reaching out to its community. An NCI designation is given to only 60 elite cancer centers, 40 have integrated research and treatment programs. This designation provides significant funding to New Mexico.

Dr. Willman presented statistics on New Mexico's cancer incidence rates and how many New Mexican's currently live with cancer.

- Thirty eight percent of New Mexicans will develop cancer
- The cancer incident rate will double by 2010.
- 65,000 New Mexicans are currently living with cancer.
- 8,000 residents will be newly diagnosed with cancer annually
- 70 of the new diagnosed cases will occur in children.
- 8,500 or more of one or more non-melanoma skin cancers will be diagnosed in addition to the 8,000 annual cancer cases.

The CRTC's goals as presented are:

1. To conduct outstanding multi-disciplinary and trans-disciplinary cancer research in labs, clinics and communities that build on unique institutional and regional scientific strengths and collaborative research partnership with the Lovelace Respiratory Research Institute, New Mexico's National Laboratories and Universities, and New Mexico biotechnology industry.
2. To reduce cancer incidence and mortality by discovering the genetic, environmental, social, and behavioral factors that contribute to the distinct cancer patterns in the multi-ethnic populations of New Mexico.
3. To reduce cancer health disparities in the historically underserved people of the southwest through development of collaborative community research networks in the New Mexico DOH, pueblos, tribes, and Indian nations, and local communities by developing culturally appropriate cancer education, screening and prevention programs.
4. To provide outstanding cancer treatment for all New Mexicans by improving access to quality cancer care and innovative therapies through increased referrals and formal affiliations with community cancer care providers and health care systems statewide.

5. To increase access to and participate of New Mexicans in cancer clinical investigations and cancer therapeutic and prevention clinical trials, facilitated by a join UNM-community collaborative clinical trials network.

The UNM CTRC has treated 38% of adult and almost 100% of pediatric cancer cases in the State. In 2005 the Center managed 3,148 newly diagnosed patients and 74,000 adult ambulatory visits. It now provides medical oncology care at all Lovelace hospitals and clinics with 1,000 newly diagnosed patients annually. Fifty-two percent of patients seen at UNM CRTC are minorities and 22% are uninsured.

The UNM CTRC has built the State's largest team of cancer experts comprised of: 21 newly recruited cancer physicians and 18 new researchers, in addition to 62 physicians; 106 faculty engaged in cancer research; and 346 clinical and research staff. Over 190 clinical trials providing new treatments are available. The Center's research program has expanded from \$9 million to \$45 million in annual funding received from NCI, National Institute of Health, American Cancer Society, Private Foundations, and Pharmaceutical Industry.

Dr. Willman then showed a two minute video of the plans for the new CRTC building. With significant support from the State of New Mexico, the Center will be breaking ground on a new \$80 million, 195,000 sq. foot state of the art ambulatory cancer treatment facility in the fall of 2006. The new CRTC facility will allow continued growth of the clinical practice, bring in new cancer diagnostic and treatment technologies, expand cancer education and training programs for UNM and community healthcare professionals and has significant capacity for community education program and outreach services.

Upon completion of her presentation, Dr. Willman gave a tour of the existing CRTC facility.

The meeting continued over lunch with a presentation by Steve McKernan, CEO of UNM Hospitals and HSC Vice President for Hospital Operations, on the new Bill and Barbara Richardson Critical Care Pavilion currently under construction. The center will be primarily dedicated to children and critical care, will provide a family-centered, patient first environment that accommodates modern technology and incorporates research into the patient care setting. Following the presentation, the Commissioners joined Mr. McKernan on a tour of the new facility.

ADJOURN

Commissioner Roman moved to adjourn. Commissioner Montano seconded the motion; which passed by unanimous voice vote. The meeting adjourned at 2:45 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.)