

**RPHCA NARRATIVE/CONTRACT ACTION PLAN
FOR FISCAL YEAR 2023**

Contractor: Torrance County

Reporting Site: Mountainair Family Health Center

Estimated level of services for primary health care:

The following health care services are provided directly by PMS staff at the Mountainair Family Health Center (MFHC):

- Primary medical services
- Preventive health services
- Limited diagnostic lab
- Pharmacy
- Referral to supplemental service providers and hospitals
- Health education
- Disease screening and infection control
- Immunizations
- Family Planning
- Mental health and substance abuse service
- Comprehensive Community Support Services
- Medication Management
- Case management for public insurance and assistance
- Translation Services

The following services are provided through contract or referral arrangement:

- Obstetrical delivery
- Emergency medical services
- Mammography
- Complex diagnostic lab
- Radiology
- Medical sub-specialty care (cardiology, orthopedics, ophthalmology, etc.)
- Preventive dental services
- Restorative dental services
- Mental health and substance abuse service

In FY23 the MFHC anticipates providing 3,300 **primary care** encounters, to include 2,900 medical and 400 behavioral health encounters. This is a slight decrease from FY22 projections and is consistent with current performance and projected staffing levels.

Staffing:

Position	FTE	FTE Vacancy
Administrator II	0.50	
CAR	1.00	
Clinical Services Administrator	0.50	
CMA	1.80	
CSW	1.00	
Custodian	0.50	
Medical Director	.05	
Mental Health Therapist	1.00	1.00
Physician Assistant	0.80	

Hours of Operation:

Monday – Friday 8:00 am to 5:00 pm; closed for lunch.

After-Hours Coverage and Emergency Care:

Telephone calls received after hours are connected to a voice messaging system, which instructs callers that in case of an emergency, call 911; in case of a serious problem but not an emergency, go to the nearest hospital; for non-emergency, non-serious situations, contact a nurse at the Call4Help line; or leave name and phone number and clinic staff will return their call during the next business day. The state-sponsored behavioral health hotline, Protocall, is also available for all PMS patients. Signage outside the health center, stating the above alternatives for accessing emergency care in both English and Spanish, informs individuals who come to the clinic after hours.

Emergency Services Provision: The Health Center uses the local EMS system as their medical back-up system when a clinic patient presents with a medical condition that exceeds their practice capability and the patient needs stabilization, referral and transportation to secondary or in-patient services.

Prenatal Services:

PMS is able to provide pre-natal services as they are requested and needed by patients. However, in rural New Mexico the population skews older, therefore the demand for these services in our RPHCA health centers is low. In fact, the average median age across our RPHCA health center service area is 39.4 years. Thus, we are rarely called upon to provide pre-natal services. Individuals presenting to the health center for pre-natal services are counseled. If requested, they may be referred to other

specialty health care options and encouraged to return to the PMS health center for postnatal care and well-baby check-ups.

Family Planning Services:

These comprehensive services are available to men and women at each PMS RPHCA Health Center, including education in contraceptive options, pregnancy testing and counseling, pregnancy-achieving services (including preconception health services), and sexually-transmitted infection (STI) and human immunodeficiency virus (HIV) testing, prevention education, counseling, treatment, and referral.

The accessibility of confidential family planning services in the health center allows individuals to achieve desired birth spacing and family size. It also contributes to improved health outcomes for infants, children, women, men, and families.

Dental Services:

Oral health is important to a person's overall health and well-being. Patients who present with dental issues at this health center are advised of the importance of good oral health and referred out to the PMS Esperanza Family Health Center in Estancia (25 miles away and the only dental facility in the county). This relationship is valuable to all Medicaid patients, who have significant difficulty accessing the private sector for services. Should a patient prefer referral to a dentist outside the system, information is provided to him / her. The EFHC dentist has established referral relationships for oral surgery and orthodontia.

Behavioral Health Services:

PMS is the largest provider of outpatient BH services in the state. BH services are provided as fully integrated care in the patient-centered medical home. MFHC provides primary care and BH services under one roof and can provide care coordination on the same day. MFHC provides limited behavioral health services for clients with situational counseling needs. Current position has been vacant for two years and we are participating in a pilot program for teletherapy with the PMS telehealth program two days a week. If successful, this may be a resolution to our inability to recruit in this rural location.

Behavioral health treatment is directed toward promoting independence and maximizing mental and physical health, as well as encouraging integration of the individual within his or her community. Each individual is treated with respect for his/her rights, personal dignity and uniqueness. We seek to understand our diverse cultures and to incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice. No one is refused services on the basis of race, religion, color, gender, sexual orientation, national origin, physical or mental

handicap, medical condition, source of payment, or inability to pay. Patients have the right of self-determination and participation in decision-making regarding treatment and care.

People receive behavioral health services as individuals, groups and families with established and evidence-based treatment modalities. Consistent with the mission of PMS, we strive to enhance the quality of outcomes for our patients / clients by integrating their behavioral and primary care health needs. Treatment is provided in an interdisciplinary framework and tailored to client needs in an individualized treatment plan. Services are community-based and designed to enhance already existing support systems, as well as to promote the development of community support for individuals and their families. Advocacy for housing, employment, education and legal rights is promoted whenever necessary to facilitate patient's / client's self-determination and protection of his/her rights.

Ancillary Services:

The health center has limited laboratory and pharmacy services available to users. Laboratory and pharmacy services offered are available to our uninsured patients on the sliding fee scale. Requests for laboratory services that the health center cannot provide are sent to a contractual referral lab for completion. X-ray services are handled as needed through a referral relationship with local radiology associates. Patients also have the option of accessing private pharmacies in the service area.

Specialty Clinics: N/A.

Referral relationships with EMS, hospital, dental, behavioral health and other services:

MFHC is the only health care provider in Mountainair. The county does not have a hospital or private practice healthcare providers. The Health Center has been an integral part of the community for 26 years. MFHC works closely with the local health planning council and collaborates in its initiatives. The Health Center provides any necessary support needed by Head Start children and their families through periodic presentations to children and families. MFHC coordinates with the Department of Health providing space for family planning services and WIC services. The Health Center works with local schools to provide immunizations.

Integration and collaboration with public and private providers:

MFHC is a Vaccines for Children provider, coordinates community health promotion and disease prevention activities, and serves as a site for Breast and Cervical Cancer Screening, childhood and adult immunizations, HIV testing and Family Planning Services.

MFHC coordinates services for Head Start / Early Head Start and provides sports physicals for middle and high school students.

Recruitment and Retention Plan:

In FY23, Torrance County will be using \$97,024 of RPHCA funds to support provider salaries and benefits. Torrance County uses \$4,100 of contract funds for administrative costs.

PMS realizes the importance of maintaining qualified healthcare providers and ensuring they are satisfied with their work environment and feel supported by the organization. Additionally, PMS understands the need for the providers to feel they have all the tools necessary to be successful in their positions. Because of its focus on employees, PMS was awarded a Top Workplace 2021 honor by the Albuquerque Journal.

Recruitment efforts include online job posting sites, community flyers, college outreach, social media ads, print and radio ads, career events, collaboration with Department of Workforce Solutions, employee referral bonus, and sign on bonus.

PMS has also formed a Provider Recruitment Enhancement task force made up of HR and Clinical Affairs staff. New recruitment efforts identified by the group include: recruit at national conferences, advertise in national publications, enhance recruitment materials that highlight the region and organization, create virtual site tours, utilize current providers as Ambassadors to assist with recruitment, and create a Total Compensation Worksheet and video to give a more accurate picture of the value of provider compensation and benefits.

As part of the strategy for provider retention, PMS strives to promote an enjoyable and satisfying work environment. These steps include but are not limited to:

- Detailed new provider orientation detailing the resources available to them (e.g., “UptoDate” software; CME opportunities, Risk Management assistance, Pharmacy support, EHR support, pre-visit planning reports, a.m. huddle process).
- Quarterly “Super-user” web conference, conducted by the Vice President of Clinical Affairs or a designee, covering specific topics to enable the provider to navigate the EHR more efficiently and complete the charting process during regular work hours. On site visits are conducted to provide on-the-spot training and on-demand assistance is available, as well.
- The medical director oversees a “Buddy Program,” where all new providers are mentored and have discussions on topics that include extracurricular activities outside the clinic, local networking with other providers and the community, and interaction with Medical Assistants, Site Administrators and Region

Directors. Expectation is that the provider and their “Buddy” will make contact and communicate with each other on at least a monthly basis.

- The annual engagement survey conducted by Human Resources includes a portion of the survey tailored to providers. From the results of this survey the executive leadership team considers steps that can be enacted by the Clinical Affairs Department to improve retention efforts of PMS. One of the special efforts implemented as a result of our employee survey was a retention team focused on improving support for our nurse practitioners. Positive outcomes of this team to date include successfully advocating for the company to pay 100% of the cost of medical assistant training and certification and designing a more supportive onboarding plan that will soon be rolled out for all providers.
- In November 2022, we will also implement a provider experience survey that will help us learn more about the challenges and experiences unique to medical providers. Information from the survey will help us determine appropriate responses to improve their work experience.

Total dollar amount of RPHCA funding used towards healthcare provider recruitment:

RPHCA funds are not used for provider recruitment. PMS utilizes other resources for those activities.

What is the rate of retention for health care providers?

In 2021, PMS had a provider retention rate of 82.3% (a 21% increase over 2020).

On average, how many years are they staying?

Healthcare providers at PMS stay for an average of 5.5 years.

For those who leave, is it for another clinic within the community, to another NM community or leaving NM?

Healthcare providers generally leave PMS for other communities within NM.

Methods for increasing clinic utilization and other outreach activities for indigents:

COVID-19 concerns and restrictions still affect outreach activities within the community. PMS continues to reestablish programs and partnerships with community organizations, senior centers, churches, and schools.

PMS is committed to increasing access of primary care services to the vulnerable and unserved / underserved populations in New Mexico. These health centers were established to ensure people in the service area without health insurance or the ability to pay for co-pays or health care procedures had a safety-net healthcare system that provides services on a sliding fee scale. The focus of care is designed to emphasize

the priority health care needs of the target population and applies access and care management strategies targeting the reduction of health disparities within our target populations.

Historically, PMS' service area populations have experienced difficulty identifying with a medical home that promotes culturally sensitive preventive and continuous care. Ongoing community education related to affordable access is provided, together with collaborative organizations, at health fairs, through the Public Health Office, local schools, and in waiting areas of local human service agencies.

A large sector of the service area population is chronically impoverished and likely to be uninsured, geographically isolated, and at risk of not accessing necessary health care. The health center addresses unmet need by providing such patients with access to a sliding fee schedule for individuals who are uninsured and lack the ability to pay for their care. PMS employees receive an orientation to the sliding fee schedule and to the organization's belief that all patients have a right to access health care regardless of their form of payment or ability to pay. In addition, registration, eligibility, clinical, and administrative staff are given specific training and education on each policy that applies to this criterion. Services are designed to ensure medically indigent persons who do not have a medical home can easily access services and do not encounter barriers typical of private primary care clinics. Many health center encounters are walk-ins; therefore, the health center utilizes a flexible appointment system.

PMS has the capacity to see more clients and actively promotes services and accessibility through print and social media, participation in community events, at school events, and through partnerships with community organizations. New opportunities, such as expanded telehealth services, are being utilized to increase usage.

Governing Board and/or Local Regional Advisory Board:

The Torrance County Commission is the governing body of the Mountainair Family Health Center. The Governing Board passes ordinances, resolutions and regulations necessary to affect the powers granted to it. Ordinances passed by the governing body cannot be inconsistent with applicable federal and state laws and constitutions, except to the extent allowed pursuant to the N.M. Constitutional home rule provisions. The Torrance County Commission is currently operating the Mountainair Family Health Center through a Professional Services Contract with Presbyterian Medical Services, who is responsible to the County Commission for its day-to-day operations and compliance with regulations related to funding sources, licensing agencies and clinical practice. The Torrance County Commission intends to renew this contract during the coming funding cycle. The Commission manages the Professional Service Contract with PMS, who manages the clinic under the terms of

the contract. Clinic employees are employees of PMS. The health center has its own Administrator and provider who make local management decisions with the PMS Central Region Director. The Region Director reports to the PMS Executive Vice President, located at the Corporate Office in Santa Fe, and is responsible for overall system operations. The Region Director, in concert with the PMS Executive VP, provides staff with access to appropriate PMS support service staff in the areas of information systems, billing/collections, recruitment, clinical affairs, licensing and accreditation and any other area deemed appropriate.

Although the health center is governed by the Torrance County Commission, PMS is governed by its Board of Directors and has incorporated the Mountainair Family Health Center Health Advisory Board into its clinic Guidance Council system. As a component of PMS, the Health Center is governed by the PMS Board of Directors, which meets monthly and consists of diverse members who live throughout the State of New Mexico. The board has a minimum 51% of consumers as members and represents the target populations served by PMS programs. The Governing Board's primary focus is the oversight of high-quality primary care services to medically underserved communities. The Board has all requisite authority and powers to oversee the corporation's affairs as established by the New Mexico Nonprofit Corporation Act and other state and federal laws.

The PMS Board of Directors is responsible for:

- defining the organization's role and purpose
- establishing and prioritizing the goals and objectives of the corporation
- selecting and evaluating the President of the corporation
- establishing personnel policies and procedures
- establishing policies for financial management practices
- monitoring fiscal operations
- oversight and evaluation of program activities
- adopting health care policies
- establishing an ongoing quality improvement/professional affairs and quality assurance program
- reviewing and approving the credentials necessary to grant appointment to the medical staff as appropriate
- reviewing corporation activities for compliance with applicable federal, state and local laws and regulations
- supervising the conduct of the corporation's affairs in a manner, and to the extent commonly pertaining to, the corporation's type and purpose

The Board of Directors' functions are outlined in its corporate bylaws in PMS' institutional file. The PMS Board of Directors has proven its ability to provide high quality services that are managed and operated effectively, as evidenced in its 52-year presence and reliable commitment to the medically underserved residents of New Mexico.

Local Regional Advisory Board:

Because of the Health Center's strong commitment to community involvement, it established a *Community Guidance Council* (CGC), a local regional advisory board, for this service area with guidelines that comply with RPHCA requirements.

Members of the CGC are local residents. Most are consumers of the services provided and are representative of the social, economic, linguistic, ethnic and racial target population. The council meets quarterly to consider and provide input and advice in decisions related to budget, scope of services, patient satisfaction, payment policies and procedures, hours of operation, and staffing. The CGC has been instrumental in the continued successful operation of the health center and assures a community connection with health center activities. The PMS Board of Directors, through its By-Laws, has established operating guidelines for the CGC regarding nepotism and conflict of interest. The By-Laws define the role and purpose of the CGC, stipulate the process for appointment of members, define terms and number of members, and indicate characteristics for its composition. The council elects its leadership and manages their activities with support from staff. The CGC is responsible for setting its meeting schedules, formulating its agendas, establishing its priorities, and providing for reimbursement of travel expenses associated with participation.

Process for handling staff, patient, and community concerns:

Staff: PMS staff have multiple avenues to express concerns, offer suggestions, and provide feedback. Supervisors hold quarterly one-on-one "rounding" sessions with each of their direct reports to get feedback on what is working well, what could be improved, and what tools, equipment or resources are needed. Any needs or issue that should be addressed are assigned to someone for follow-up. Employee surveys on a wide range of topics are conducted annually or as needed. The Executive Leadership Team analyzes the data and works with employee engagement teams to address major findings. A formal grievance & dispute resolution policy encourages staff to first seek informal resolution from his/her supervisor and to follow a chain of command approach. If a formal resolution is needed, employees submit a written Dispute Resolution Complaint within 10 days of incident. A Region Director investigates the claim and communicates a decision in writing. An appeal involves the Vice President of Human Resources, who provides a final decision within 10 days.

Patient/ Customer: PMS customers are provided information on compliment, complaint, and grievance procedures via signage in patients' preferred languages at our facilities. Clients, patients, families, guardians, residents, visitors, or anyone who interacts with PMS may file a complaint or grievance verbally or in writing. Upon initial identification of a complaint/grievance, an attempt is made to resolve the issue immediately. PMS customers are encouraged to discuss issues with the Program Administrator when the issue occurs. If the grievance cannot be resolved

immediately, it is investigated, and appropriate action is taken within 10 working days. The investigation will result in a written document that summarizes findings of the investigation, resolution decision and the method to request a Grievance Committee review if the customer is not satisfied with the resolution decision. Customer notification of the resolution decision will occur five working days after completion of the investigation. If the resolution is not acceptable to the customer, the customer can request review by a Grievance Committee within 30 working days from the date of a notification of a decision. The Grievance Committee will consist of at least three members appropriate to the nature of the grievance. The Committee will review the case on its merits and give a final written decision to the customer and Program Administrator within ten working days of the Grievance Committee review meeting. This decision is final and binding. Patients also receive satisfaction surveys used to monitor quality assurance, improve services, and fill unmet needs.

Community: PMS is actively involved with community groups to address the needs of the population they serve and community concerns. Program Administrators, Region Directors and Corporate staff serve on local committees that focus on health and human service issues. This process helps keep lines of communication open to be responsive to community interests related to PMS' role in the community and the services we provide. Community concerns are addressed with due diligence by meeting with individuals and agencies expressing a need for information or a desire to clarify and resolve a local issue. PMS views these groups as the voice of the community, bringing clarity and advice to the table.

Funding Information:

Funding Source	Amount	Award Period	Site
RPHCA	\$97,024	7/1/2021 – 6/30/2022	Mountainair FHC
Federal 330	\$20,000	1/1/2021 – 12/31/2022	Mountainair FHC
Local/Other	\$3,000	1/1/2021 – 12/31/2021	Mountainair FHC

Office of Primary Care and Rural Health (OPCRH) Program

How has COVID-19 continued to affect clinic operations (i.e. job duties, telehealth, patient visits)?

We have been able to continue to provide services to the community through face-to-face visits, as well as telephone and virtual visits for patients to minimize any interruptions in patient care and provide care to home-bound patients.

We continue to test and provide vaccines on demand, which is an added responsibility to our clinical support staff. Take home testing kits are also available for patients.

Our clinics are struggling to get patients in for routine healthcare checkups and screenings.

It has become increasingly difficult to hire clinical support staff, and when current staff are out on leave or illness, it is putting a strain on employees.

Please indicate which organizations you partnered with during COVID-19 to ensure New Mexicans received care:

- a. *State agencies (i.e. DOH, HSD):* We have engaged in regular meetings with the NMDOH, HSD, NMPCA beginning early on in the pandemic.
- b. *Federal agencies (i.e. HRSA, CDC):* Federal grants and COVID Relief Funds allowed us to secure a mobile van that assisted with testing and vaccine events across communities that we serve. We partnered with CDC for up-to-date information about the pandemic, as well as guidance and protocols to ensure all patients, staff and communities were safe during the pandemic. We assembled the COVID 19 team early on in the pandemic and based on guidelines from the CDC drafted clinical/infection control protocols.
- c. *Other NM FQHCs, FQHC Look-A-Likes, CHCs, RHCs:* We have monthly meetings with the CMOs across NM FQHCs this allowed for sharing of best practices and also secure PPE, testing strategies, and sharing of clinical protocols.
- d. *Small rural hospitals, Critical Access Hospitals:* PMS partnered with communities with hospital systems to ensure referrals for COVID 19 suspected or confirmed cases where able to receive proper care, including Monoclonal antibody treatments.

- e. *Other non-profits (ex. community organizations):* We partnered with local community organizations across service areas to provide COVID 19 testing and vaccinations.
- f. *Private practices:* N/A
- g. *Dental providers, group (ex. Delta Dental, Community Dental):* Delta Dental provided financial support to ensure our dentists had sufficient PPE.
- h. *Behavioral Health groups:* N/A
- i. *Universities, colleges (ex. NMSU, UNM, CNM):* N/A
- j. *Other, please list:* We partnered with TRICORE laboratories to secure testing supplies, are active with Partnership for a Health Torrance County, and work closely with EMS, school districts and the National Guard

What did you find most valuable when you partnered with these organizations?

Partnerships helped us to:

- share best practices
- utilize the resources provided by state and federal agencies
- have supplies necessary for testing
- become the leading provider of COVID-19 vaccines across the state
- quickly adapt, remain flexible, and continue moving forward
- keep New Mexicans safe and healthy
- to collaborate to ensure needs of our communities were met
- network with essential key players in our communities
- gain a better understanding of our community needs and individuals' access to services

By collaborating with these organizations, we were able to coordinate patient care between two or more participants to facilitate the appropriate delivery of health care services and ensure efforts were targeted to communities with less access and not duplicated in other areas. It also gave us the ability to gather resources needed to carry out needed patient care activities through an exchange of information among participants responsible for different aspects of care improving patients long term health, providers delivery of care, and improving care transitions.

Does your organization offer:

- COVID-19 testing
- COVID-19 vaccines

What did you learn and/or adopt to prepare for possible future public health emergencies?

PMS continues to be adaptive, flexible, and responsive to the needs of staff, clinicians, clients, and the community. Policies and procedures were updated to accommodate remote work, social distancing, and safety precautions. Practices that have proven to be effective will remain in place and help prepare the organization for future health emergencies.

Telehealth continues to be integrated into standard practices. COVID-19 highlighted the gaps in telecommunications and transportation that exist in the rural communities served by PMS. Statewide IT infrastructure is not stable and 26.3% of New Mexico residents do not have broadband services. PMS has sought funding to increase telehealth services and reach unserved populations in innovative ways.

Client and community relationships are important in maintaining trust and providing the best care available. Communication and collaboration are vital for the safety and well-being of residents. PMS strives to provide quality, accessible, integrated healthcare in times of emergencies and every day.

The importance of maintaining a stock of personal protective equipment so we will not be impacted by shortages again.

Community partnerships that were developed will continue to support outreach and education. It forced staff to go out into the communities we serve and established a real vision of why the clinic is here.

We will continue working more closely with emergency management organizations to routinely monitor public health concerns and update procedures as necessary.

In addition to the Recruitment and Retention Plan, do you work with New Mexico Health Resources (NMHR)* to help recruit for your organization?

Yes No

a. If no, do you have an in-house recruiter? Yes No

b. If no in-house recruiter, what type of recruitment method do you use?

HRSA's Health Workforce Connector

(<https://connector.hrsa.gov/connector>)

A national medical recruitment agency

A private recruitment agency

Word of mouth

Other: _____

Besides RPHCA, is your organization familiar with other OPCRH programs?

Program	Familiar with the program (Yes or No)	Would like more information
J-1 Visa Waiver (Conrad 30) Program	Yes	
New Mexico Health Service Corps (NMHSC)	Yes	
New Mexico Rural Health Care Practitioner Tax Credit Program	Yes	
National Health Service Corps	Yes	
Office of Community Health Workers Certification Program	Yes	
Primary Care Capital Fund	No	Yes