

Improving the Patient-Centeredness of the Health Care System: A Roadmap for Albuquerque

In the summer of 2021, Public Agenda and AcademyHealth convened a virtual working group in Albuquerque, NM, focused on advancing patient-centered care, supported by the Robert Wood Johnson Foundation. The working group in the greater Albuquerque area included 19 participants, including community members with lived experience with the local health care system, clinicians, advocates, community leaders, and other stakeholders. The goal of the working group was to elicit community perspectives for improving the patient-centeredness of the health care system.

During an initial convening, the working group participants identified the following priority areas for advancing patient-centered care in Albuquerque: 1) Addressing Provider Shortages and Access to Care Barriers, 2) Care Navigation and Reducing Health Care and Insurance Complexity, 3) Improving Care for People with Substance Use Disorders, and 4) Patient Empowerment and Respect. Working group participants then joined sub-topic working groups on each of these priority areas and generated a range of recommendations to advance their sub-topic.

During the final convening, the full working group rated these recommendations based on feasibility and level of enthusiasm for the concept. Based upon these votes and group feedback, seven ideas are highlighted in this roadmap that were viewed as feasible and garnered a broad base of support and enthusiasm from multiple members of the working group. We hope the ideas and resources listed below provide a springboard for potential concrete action and next steps in Albuquerque and New Mexico more widely.

1. Improve communication and build partnerships with a health and racial equity lens. Participants acknowledged the need to create partnerships among health care systems, community members, and patients impacted by the care provided, and to ensure that systems are engaging with and seeking input from marginalized communities as well as employing transparent and accessible communications for the benefit of all stakeholders. Working group participants also discussed opportunities to diversify the provider workforce, including encouraging young people to enter the health care field and strengthening provider retention efforts.

2. Create sustainable, equitable, and standardized career pathways for community health workers. Participants discussed the need to establish an assessment of community health worker (CHW) training and employment in New Mexico to figure out who is doing what. They discussed issues regarding recruitment, sustainability through adequate salaries of CHWs, expansion of CHW roles, and increased reimbursement of CHW services via Medicaid.

3. Create synergies between primary care and public health. In order to create alignment between health care and other sectors, participants suggested that every policy should be reviewed from a public health impact lens, with an emphasis on local engagement. Additionally, participants suggested that work needs to be done to incorporate a racial health equity framework into all legislation. Including community members and non-governmental organizations on the New Mexico Human Services Department's Primary Care Council and the Public Health Task Force will help ensure a bidirectional flow of information.

4. Readjust clinic hours to meet patient needs. Participants expressed the sense that clinic hours are determined based on when administrators are available, rather than on patient needs. They proposed increased communication with the state's primary care association (or other relevant institutions/agencies) to adjust clinic hours in order to meet the needs of patients, which in turn can boost patient compliance.

5. Destigmatize care for people with substance use issues. Participants emphasized the need to address stigma through cultural change and education of health care providers. Evaluating entry points and steps of the criminal justice system and intervening through education and alternatives to jail can help those with substance use issues avoid a cycle of recidivism. To provide increased care for people with substance use disorders, participants suggested that Certified Peer Support Workers (CPSWs) and CHWs could be integrated into provider roles within systems. This could bring community awareness to the availability of CHWs and CPSWs, as often people don't know about the resources available to help them navigate the system.

6. Explore reimbursement and long-term sustainability for patient care navigators. Participants recommended exploring the possibility of reimbursement for patient navigation as a service and whether Medicaid can reimburse for this. Participants suggested investigating whether CHWs can be integrated into systems to provide patient navigation services.

7. Expand access to telemedicine. Participants proposed ensuring that telemedicine is available to everyone in the state to improve access to care. Currently, there are several initiatives around broadband access, with the New Mexico Public Education Department taking the lead on some of these. Creating partnerships between telemedicine and educational broadband work could help ensure that people have adequate broadband access throughout the state.

NEXT STEPS FOR IMPLEMENTATION

Create synergies between primary care and public health

The working group recommended identifying the potential institutions and organizations to approach with the goal of creating a coalition. Input from this coalition should go to the Public Health Infrastructure Task Force that the state is coordinating via the Department of Health. The group also expressed that another important piece will be engaging the community to ensure their voices are represented in the decision-making processes that affect them.

Create sustainable, equitable, and standardized career pathways for community health workers

Some potential next steps surfaced by the group include securing funding for a CHW assessment or adding a set of questions to the community health assessments for each participating county/tribal health council. There may be opportunities to look at assessments other states have conducted for guidance on key questions to integrate.

Other group recommendations include having a dialogue with Medicaid about reimbursement and options for the future and establishing communication channels between the Health Services Department and the Department of Health to avoid duplication of efforts or lapses in information sharing.

Destigmatize care for people with substance use issues

Participants suggested a potential next step can include encouraging collaboration between primary care providers and education to let the public know there are other roles in the health care landscape that can help individuals with substance use issues, such as CHWs and CPSWs.

Expand access to telemedicine

The group acknowledged that ensuring adequate broadband access throughout the state is a long-term goal and shared that there are several initiatives underway, including those led by the Public Education Department. The group noted that it will be important to build on these initiatives, as broadband is essential for education, economic development opportunities, and community health.

CHALLENGES AND ROADBLOCKS

Create synergies between primary care and public health

The group noted that potential challenges to implementing this idea will likely include the lack of support for institutional or systems transformation, as well as health and education being recognized as commodities rather than human rights. Participants felt that xenophobia, intolerance, racism, and oppression embedded in local systems will pose a barrier as well.

Create sustainable, equitable, and standardized career pathways for community health workers + Explore reimbursement and long-term sustainability for patient care navigators

Lack of knowledge regarding patient care navigation was cited by the group as a challenge for moving this idea forward, as was the overall lack of information sharing among sectors and with the public. Participants noted that another barrier and an issue across sectors is a lack of understanding about the need for community-wide inclusion. Lastly, the group noted that there are significant challenges to billing Medicaid for CHW services.

ASSETS FOR IMPLEMENTATION

Create synergies between primary care and public health

The group identified the following organizations for potential coalition-building: National Association of County and City Health Officials, Association of State and Territorial Health Officials, Area Health Education Center (part of University of New Mexico system), National Health Service Corps, New Mexico Department of Workforce Solutions, New Mexico Primary Care Association, New Mexico Department of Health, New Mexico Public Education Department, New Mexico Public Health Association, and community-rooted non-governmental organizations.

Faith-based organizations and employers were also listed by the group as potential assets, as were the county and tribal health councils.

Destigmatize care for people with substance use issues

Some potential assets surfaced by the group included individuals impacted by substance use issues, the Office of Peer Recovery and Engagement, federally qualified health centers, University of New Mexico clinics, nonprofit primary care clinics, addiction treatment centers, addiction support groups, policymakers, researchers, public defenders, lawyers, and judges.

