



NM HFMA SPRING 2024

Breaking Barriers:
Healthcare Access, Financial Inclusion, and the
New Mexico Paradigm

PLATINUM



GOLD



SILVER





Christina Campos, FACHE Administrator, Guadalupe County Hospital

Christina has served as the administrator of Guadalupe County Hospital, a Rural Emergency Hospital, in Santa Rosa, New Mexico, for nearly 20 years. Under her leadership, her hospital was recognized as a Top 20 Community Hospital by the National Rural Health Association in 2019, 2020, and 2021. She is recognized as a national leader in rural healthcare having been listed several times in Becker's Healthcare lists of top women CEOs and top rural CEOs.

She is a former American Hospital Association Board Trustee and a former member of the HHS National Advisory Committee for Rural Health and Human Services. She has also served on numerous national rural health care committees including the AHA Ensuring Access to Rural Health Care Task Force and the AHA Future of Rural Health Care Task Force.

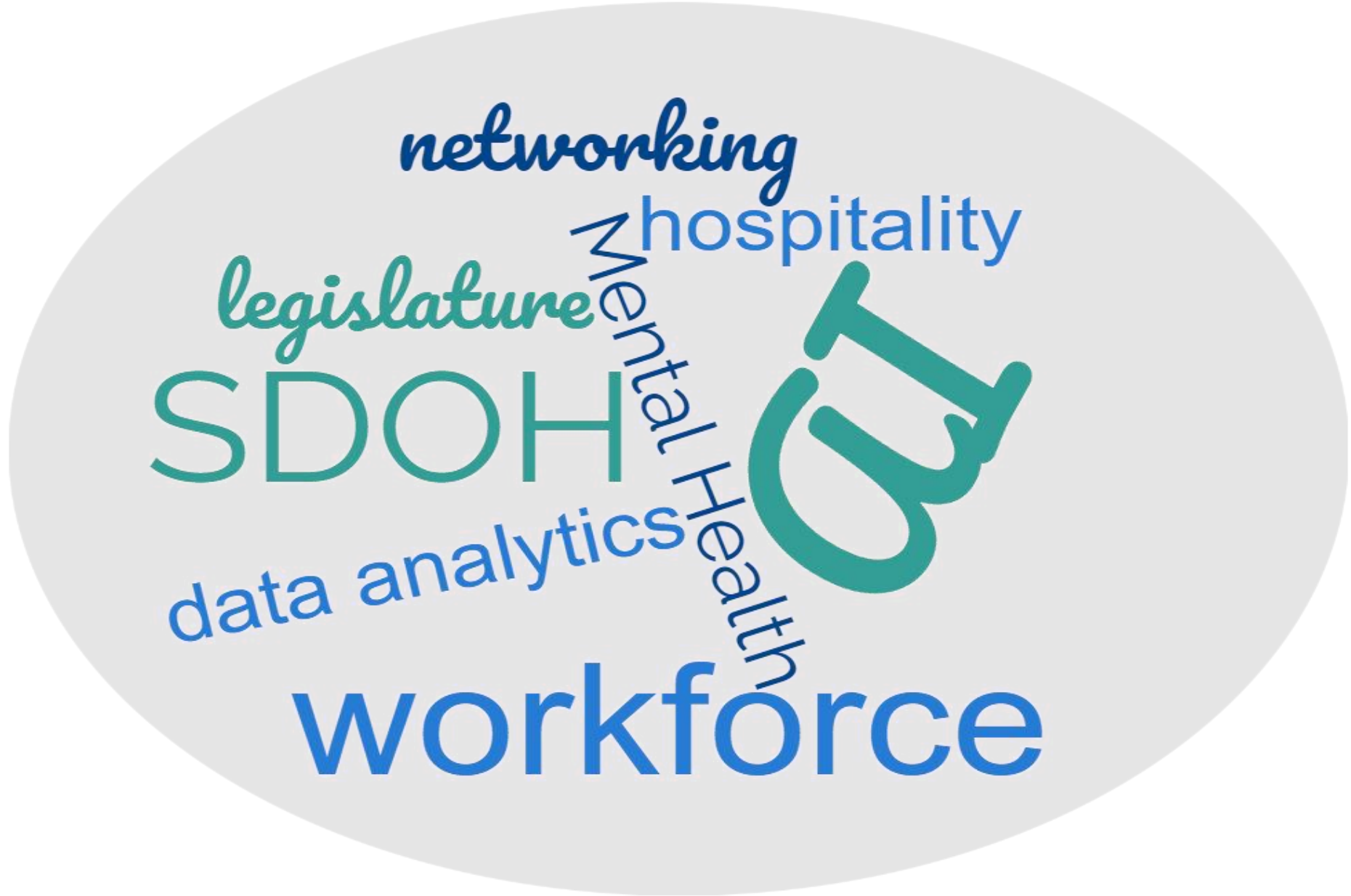
She currently serves on the boards of the New Mexico Hospital Association, the NM Hospital Services Corporation, the NM Hospital Equipment Loan Council, the NM Rural Hospital Network, the NM Mutual Workers Compensation Casualty Company, Imagine NM, and Anchorum Health Foundation. She previously served as the Chairman of the New Mexico COVID Economic Relief Council and is the President of her community's local economic development corporation and Main Street organization.

Christina is a graduate of the University of New Mexico, and received her master's in Business Administration, with an emphasis on health care management, at Regis University in Denver. She is married to Jose Campos, and together they have three adult children and two grandchildren. She and her husband also own and operate a family restaurant, Joseph's Bar & Grill, in Santa Rosa.



New Mexico HFMA 2024 Spring Conference:
Breaking Barriers: Healthcare Access,
Financial Inclusion, and the New Mexico Paradigm

AGENDA



Lessons in Healthcare Finance and Hospital Administration



Christina R. Campos, MBA, FACHE, Administrator
Guadalupe County Hospital

Lesson 1: Grow where you are planted



You might not find yourself in the environment you envisioned, but there's always a way to be valuable and broaden your horizons

Lesson 2: Don't let others define your potential

Only you can
determine what
you are capable of
achieving



Lesson 3: Seize every opportunity to learn



You never know
what doors your
knowledge might
open

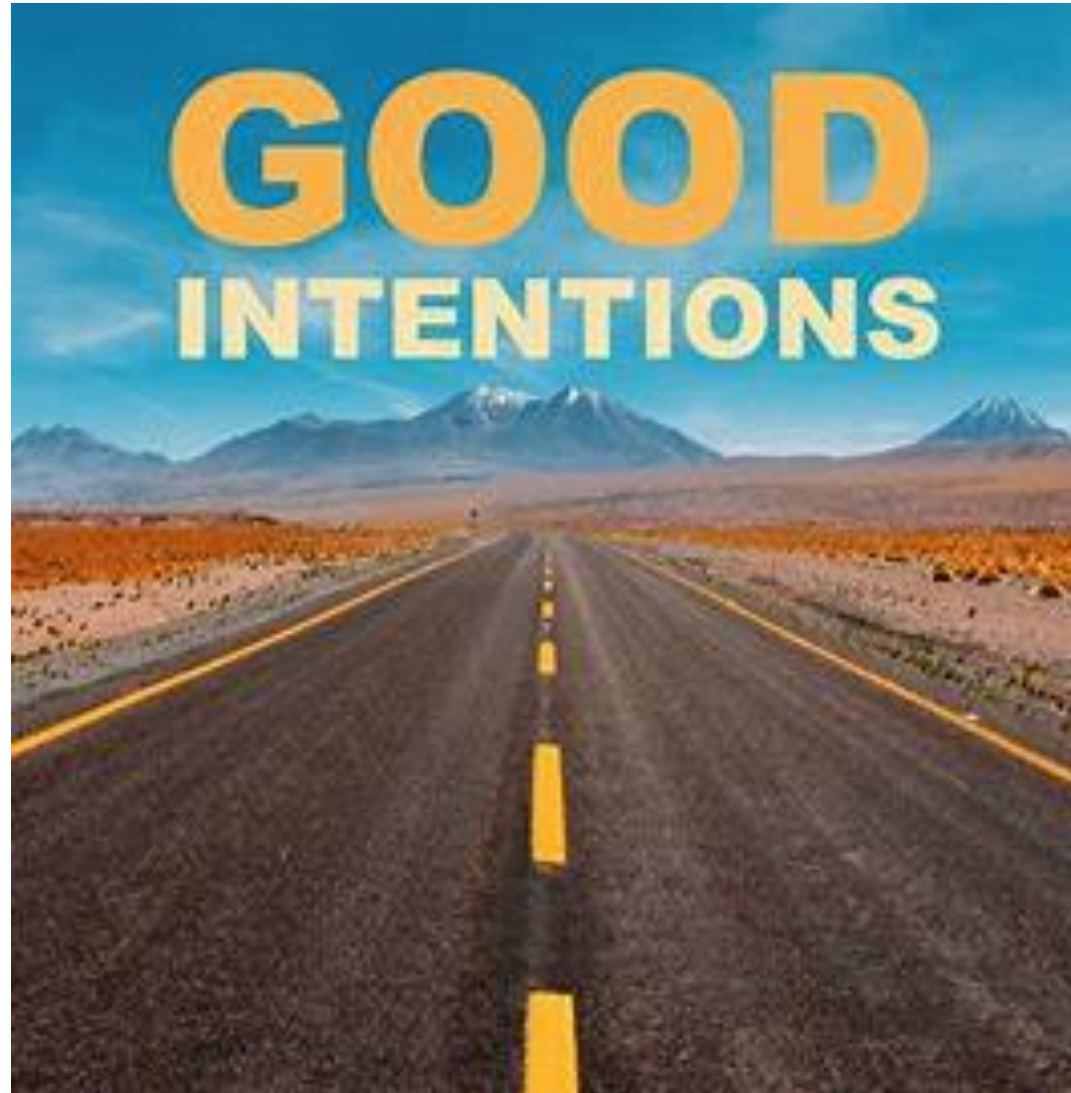
Lesson 4: Life is a balancing act

You can have it all;
but sometimes you can't have it all at the same time



Lesson 5: Good intentions are not enough

Know your role and responsibilities as a board member (or as a manager) and stay in your lane



Lesson 6: Failure isn't always the end

Embrace failure as
an opportunity to
learn and improve

Dust yourself off,
get back on that
on that horse, and
forge ahead



Lesson 7: Don't burn your bridges

You might one day have to circle back and cross them again



Lesson 8: Organizational tension can be healthy



It's crucial to not take things personally and to remember that the ultimate goal is to work together for the organization's success, not against each other

Lesson 9: Build and nurture a strong team

Investing in the growth and development of your team members brings out the best in everyone



Lesson 10: Find your mentor



Not just anyone

Someone you admire in their career and their way of life

Learning from those who have walked the path before you is invaluable

Lesson 11: Persistence pays off

When pursuing a dream, leave no stone unturned

The path to success often requires determination, creativity and collaboration



Lesson 12: Get and Stay involved

Expand your network and deepen your knowledge



Lesson 13: Don't let imposter syndrome stop you



If others believe in your abilities, trust in yourself and your skills

You are enough

Lesson 14: You don't always get just one crisis at a time

COVID changed the world, but the world didn't stop for COVID

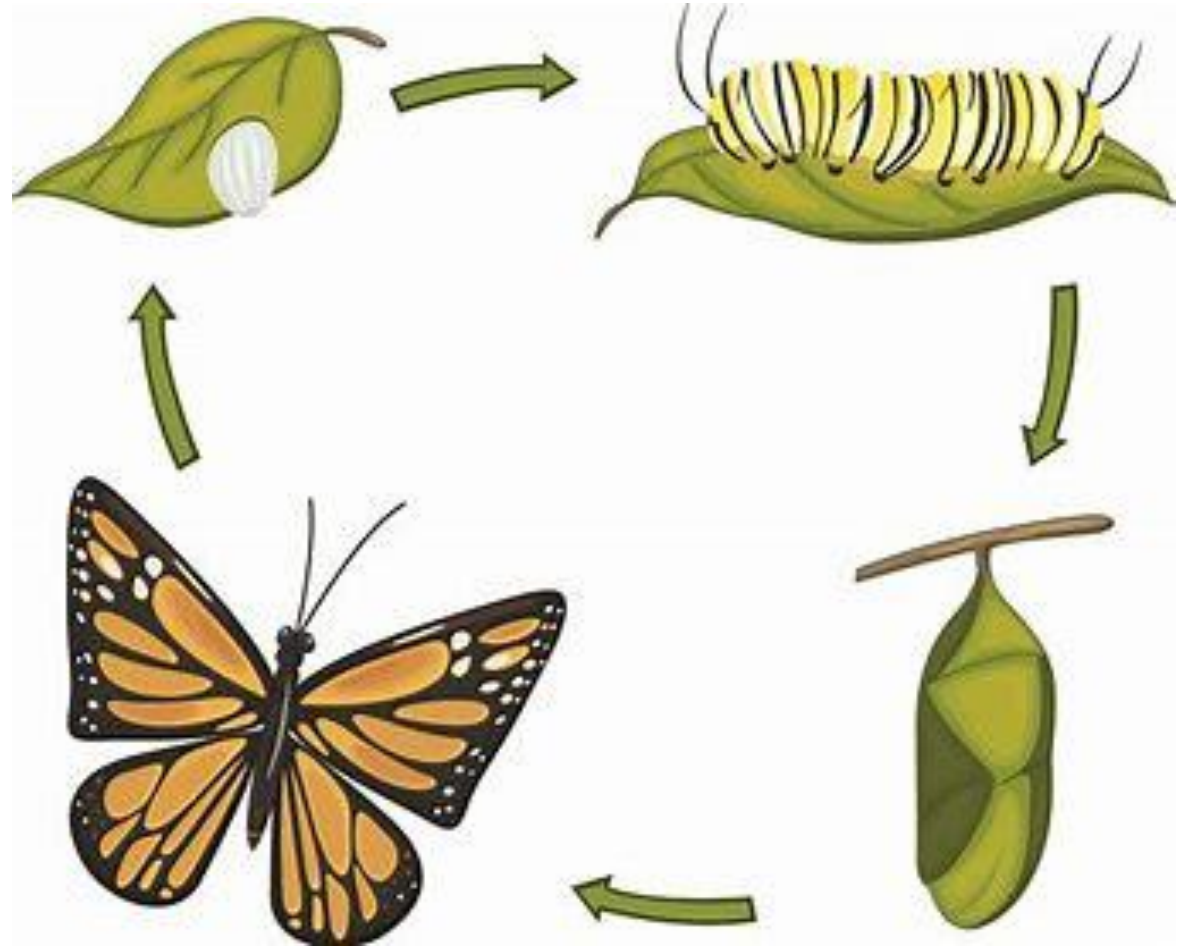
Adversity often reveals the strengths and resilience we never knew we had



Lesson 15: Embrace change

Healthy organizations are constantly forming, storming, norming and reforming

Sometimes to survive, you have to be willing to change **EVERYTHING**



Lesson 16: Passing the torch



Recognizing when it's time to step away and pass on the leadership to someone younger(ish) and eager to take on the challenges is essential for the continuity and growth of any organization...

and for your personal continued growth

Christina R. Campos, Administrator (for now)
Guadalupe County Hospital
ccampos@gchnm.org or christina_campos@hotmail.com





Troy Clark, President/CEO New Mexico Hospital Association.

Troy Clark is the President/CEO for the New Mexico Hospital Association. He leads the NMHA in its advocacy efforts with State leaders in the legislative and Administrative areas along with collaborating with hospitals throughout the state in an effort to promote the improvement of health to the citizens of New Mexico.

Mr. Clark developed a passion for the rural communities and hospitals throughout the state and finding ways to improve their sustainability. Mr. Clark has over 20 years of experience in healthcare in both operational and financial roles. His experience includes physician practice management, ambulatory surgical centers, specialty hospitals, rural and critical access hospitals, large hospital systems, opening five new hospitals, and working in for-profit, not-for profit and academic environments.

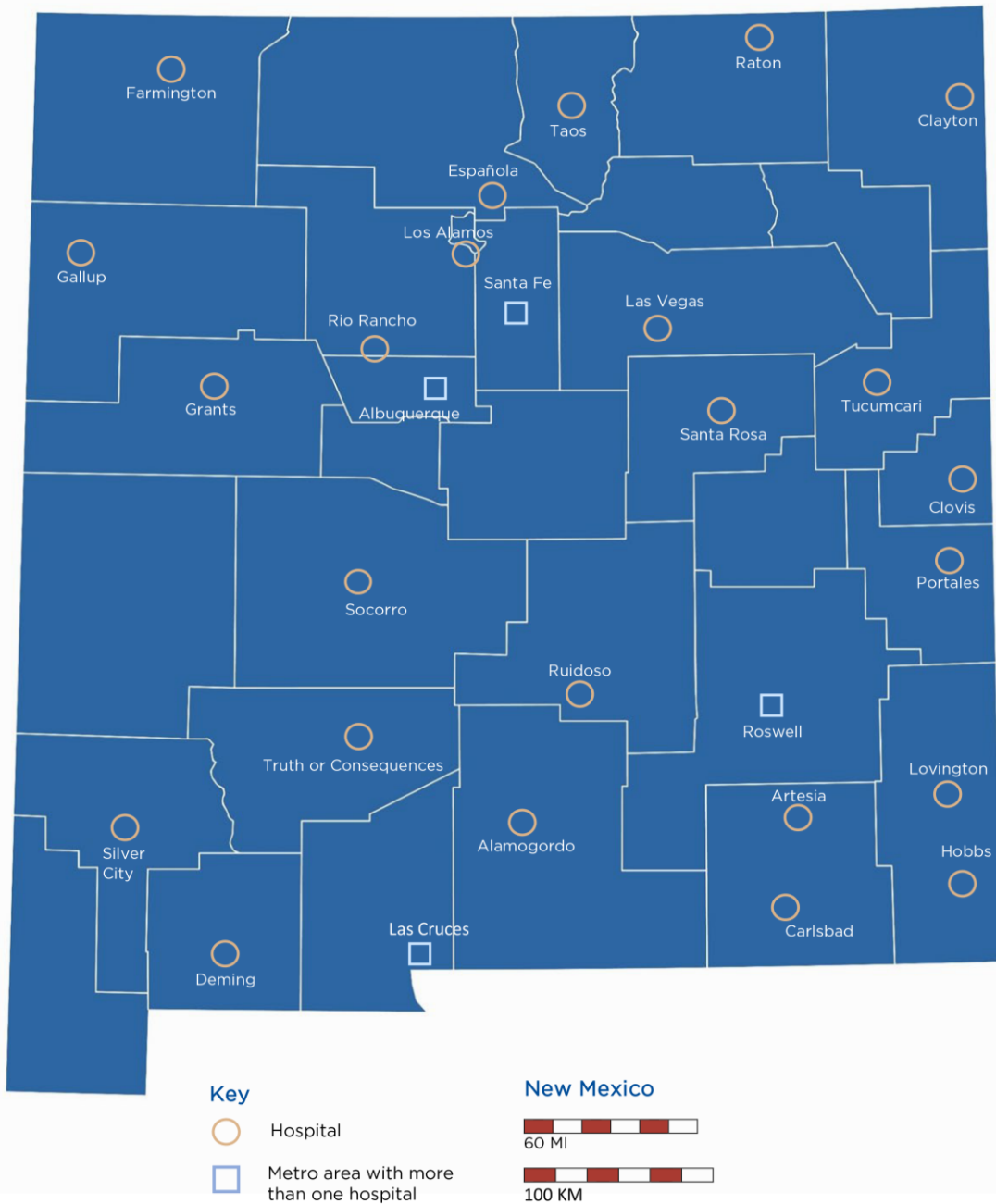
Mr. Clark obtained both his Bachelor's and Master's Degrees in Accounting from Brigham Young University.

Hospital Financing: State Legislative & Regulatory Update

New Mexico Hospital Association

Prepared for the NM HFMA Spring 2024 Conference
March 18, 2024





New Mexico Hospital Association (NMHA)

Membership comprised of **47** rural, urban, academic, and specialty hospitals.

We work with others to advance public policy solutions to create a healthier New Mexico by ensuring access to quality care.

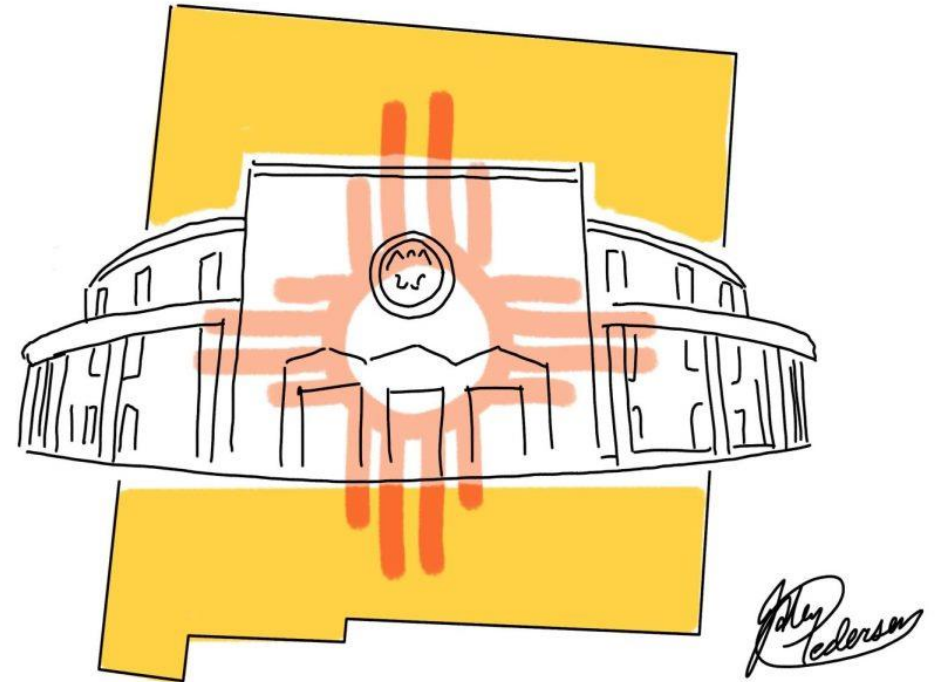


Today's Focus

2024 New Mexico Legislative Session Update

What Happened

- 30-day Legislative Session, January 16 – February 15
- Budget-focused agenda, other issues must be deemed germane
- **777** bills introduced
 - 96 “health care-related” bills introduced
 - 72 bills and 35 memorials/resolutions passed
 - **69** bills signed into law



[image source](#)

What Passed

- **HB 2 – General Appropriations Act of 2024 (“state budget”)**
- HB 196 – Government Accountability Trust & Fund
- HM 12 – Behavioral Health Workforce Study
- SB 14 – Health Care Authority
- SB 15 – Health Care Consolidation Oversight Act (“mergers and acquisitions bill”)
- **SB 17 – Health Care Delivery & Access Act (HDAA)**
- **SB 161 – Acute Care Facilities Subsidies (“bridge bill”)**
- SB 165 – Pharmacy Provider Reimbursement
- SBs 246 & 275 – Capital outlay bills

State Budget

NEW MEXICO'S LEADING NEWS SOURCE
ALBUQUERQUE JOURNAL



Methane gas is burned off at a site of three oil wells in Lea County in this 2019 photo.

BOOM!
Oil, gas to help state generate \$3.5B in new spending

SANTA FE NEW MEXICAN

Locally owned and independent Thursday, August 24, 2023 santafenewmexican.com \$1.50

REVENUE ROLLS IN

Economists predicting \$3.48B budget windfall for state

Stacking up

New Mexico's recurring revenues have climbed steadily since fiscal year 2022, with \$3.48 billion in so-called new money forecast for 2025.

*Projected



State Budget

- ✓ Continuation and growth of 2023's **Medicaid provider rate increases**
 - Increase rates to **150%** of Medicare for primary care and maternal and child health services
 - Maintain/increase rates to **100%+** of Medicare for facilities, dialysis, home health, private nursing agency, ambulatory surgical centers, intermediate care facilities, and RTC (telehealth)
 - 6%+ rate increase for rural primary care clinics and FQHCs
- ✓ Extension of the **Rural Health Care Delivery Fund** grant program
 - **\$46 million**
- ✓ Funding for the **Patient's Compensation Fund** (Medical Malpractice Act)
 - To reduce PCF surcharges for rural hospitals and help in eliminating deficit attributable to independent providers/facilities

State Budget

✓ Direct funding for **rural hospitals** and **rural health care**

- **\$50 million** for rural hospital **bridge funding** (eligible hospitals listed in SB 161 “bridge bill”)
- **\$11.25 million** for “directed payment rate increases to the smallest 20 rural hospitals...”
- **\$30.48 million** for financial assistance for Rehoboth McKinley Christian Hospital & **\$7.1 million** for financial assistance for Miner’s Hospital
- **\$10 million** for a new [replacement] hospital in Tucumcari
- **\$15 million** for primary care building in Taos County

- **\$15 million** for the Health Professional Loan Repayment Program
- **\$1 million** to provide “rate differentials for rural preceptors”
- **\$5.12 million** for BH provider rate increases

\$325.8 million

✓ Health Care **Oversight**

- **\$750 thousand** for a statewide health care workforce dashboard
- **\$440 thousand** to develop solutions to the “systemic causes of rising health care costs”
- **\$100 thousand** for prescription drug price transparency program

Capital Outlay

- **\$3.725 million** for county- and state-owned hospital projects

Health Care Delivery & Access Act (HDAA)

Background

- CMS policy changes – ACR & provider taxes
- Opportunity to access more federal funds for hospitals through Medicaid MCO state-directed payment program

Legislative Outcome

- Bipartisan support, only one vote in opposition; no amendments

Program Features

- Each hospital pays an **assessment** based on inpatient assessed days and assessed outpatient revenue; the collected **funds are pooled** and sent to CMS to be **matched** at the state Medicaid program match rate
 - Rural and specialty hospitals given a 50% discount on assessment
 - UNMH, state-owned specialty hospitals, VA, and IHS hospitals excluded
- Distributed 60% as uniform rate increase and 40% tied to quality performance (replaces SNCP, HAP, HVBP)
- 75% of net new funds must stay in NM

HDAA continued

Financial Impact

- Net gain of \$1.1 - \$1.3 billion in new federal funds for hospitals
- Amounts vary by hospital

Next Steps & Timeline

- Requires CMS approval; July 15 deadline to submit
- Develop quality metrics for specialty hospitals
- Depending on CMS approval date, **funds anticipated to flow in Spring 2025**
 - Program effective July 1, 2024
 - Program implementation date follows CMS approval

Bridge Funding for Rural Hospitals (SB 161)

- Available to independent rural hospitals through June 30, 2026
- Amounts per hospital detailed in legislation
- Distribution methodology forthcoming

Questions? Thank You!



Contact:

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President & CEO

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Julia Ruetten

Director, Government Regulation & Reimbursement Policy

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[LinkedIn](#)

New Mexico Hospital Association

nmhospitals.org

@NMHospitals (Facebook, Twitter, LinkedIn)

505.343.0010

A top-down view of a breakfast tray on a light-colored wooden surface. The tray contains a stack of three square pieces of toast with jam and a pat of butter on top, served in a brown ceramic bowl. To the left is a small brown bowl of dark jam with a silver spoon. In the center is a white coffee cup filled with coffee, topped with a dusting of brown powder, on a dark brown saucer with a silver spoon. To the right is a small white bowl of white cream with a silver spoon. A whole yellow banana is placed horizontally across the bottom of the tray. The background is a light-colored, textured surface, possibly a bedsheet.

10:00AM-10:15AM

Refreshments available in Pre-Convention Hallway

PLATINUM



GOLD



SILVER





Adam Nemer, Founder Simple Mental Health

Adam Nemer spent 20 years as a leader at Kaiser Permanente, mostly as a CFO and senior operations executive. For the first 16 of those years, he was also experiencing severe, yet undiagnosed depression and anxiety.

Fortunately, a compassionate boss encouraged him to get help, his entire life shifted, and he subsequently founded Simple Mental Health to inspire and educate leaders to become mental health literate.

Last November, Adam shared his story with us and what he learned about leadership on his journey.

Today, we're going to roll-up our sleeves and have a mental health literacy workshop. We're all going to leave here today with tools we can start using with our teams tomorrow.

If you don't already, I encourage you to follow him on linked in and you tube....there's great content there that I think you'll appreciate even more after today's workshop

And, they are outlets for us to share our experiences with each other in the coming months as we work to spread mental health literacy on our teams.



Simple Mental Health



Simple Mental Health
Leadership Consulting

Mental Health Literate Leadership







Help People Get Help







Simple Mental Health
Leadership Consulting



What Mental Wellbeing Impacts



Productivity



Attendance



Retention



Employee
Satisfaction



Healthcare
Costs



Overall Team
Performance



Thriving



Gliding



Surviving



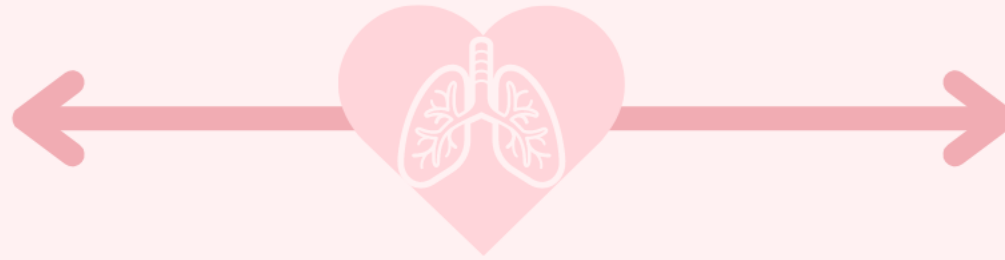
Fluctuating



Sinking



Simple Mental Health
Leadership Consulting





Thriving



Gliding



Surviving



Fluctuating



Sinking



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Leadership Consulting



Thriving



Gliding



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Leadership Consulting



Mental Well-Being



The state of thriving in different areas of our lives such as: relationships, work, and self-care in response to life's ups and downs.



Surviving



Fluctuating



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Mental Health Challenge



There's a major change in a person's thinking, feeling or behavior that interferes with a person's ability to: Work, Carry on daily activities, Engage in satisfying relationships



Sinking



Simple Mental Health
Leadership Consulting



Mental Health Illness



Health conditions diagnosed by clinicians involving changes in thinking, feeling, behavior or mood (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities



Thriving



Gliding



Surviving



Fluctuating



Sinking



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Leadership Consulting



Creating Caring Connections



Notice



Follow-up



Approach



Guide



Listen



 **Notice**



Signs and Symptoms





Signs and Symptoms of Mental Health Challenge



Possible Symptoms of a Mental Health Challenge





 **Notice**



Approach



5 Core Principles for Approaching

- ✓ Choose an appropriate setting and time
- ✓ Start with statements like, "I've noticed" or "I'm concerned"
- ✓ Respect boundaries
- ✓ Identify and practice the first words that will come out of your mouth
- ✓ Focus on support over solutions



You have a colleague, Jeff, on your staff that you've experienced as a solid teammate for the 8 years he's worked at your organization. Jeff is on-time, a quiet leader among staff members and colleagues connect well with him. Over the course of the last couple of weeks, Jeff has looked really tired, has been late a few times and is withdrawing from colleagues.

You've noticed changes in Jeff's behavior like being late and withdrawing, along with changes in physical appearance. How might you approach him? How might you start a conversation with Jeff? What will be the first words out of your mouth?



Approach



Listen



5 Core Principles for Listening Well

- ✓ Listen to learn
- ✓ Remove distractions
- ✓ Empathize
- ✓ Allow for silence
- ✓ Focus on curiosity not judgement





Helpful Approaches to the Conversation

- Are you OK?
- What can I do to help?
- That sounds really difficult. How are you coping?
- Let's go somewhere quiet or take a walk?
- Are you looking for my perspective or would you rather I listen?
- How long have you been feeling like this?
- Have you spoken anyone about this before?
- How are you feeling, I've noticed that you seem a little... is everything ok?
- I'm concerned about you



Unhelpful Approaches to the Conversation



- Have you tried yoga or meditation?
- Why aren't you seeing a therapist? or Why aren't you on medication?
- You wouldn't feel this way if you had...
- I know what you mean. I had a panic attack when I saw my electric bill!
- There are lots of people who have it much worse than you.
- I understand and know exactly what you are going through. That happened to me two years ago
- You'll get over it you've just got to ignore it and get on with life
- You'll feel differently tomorrow!
- It's such a beautiful day outside, how can you feel so sad?
- You gotta find a way to pull yourself together.
- Just pray about it.
- You just need to change you're attitude.
- Stop harping on the negative, you should just start living.
- Everyone feels that way sometimes.
- You have the same illness as my (whoever).
- Yes, we all feel a little crazy now and then.



“ Nature has given us two ears, two eyes, and but one tongue- to the end that we should hear and see more than we speak ”



Listen

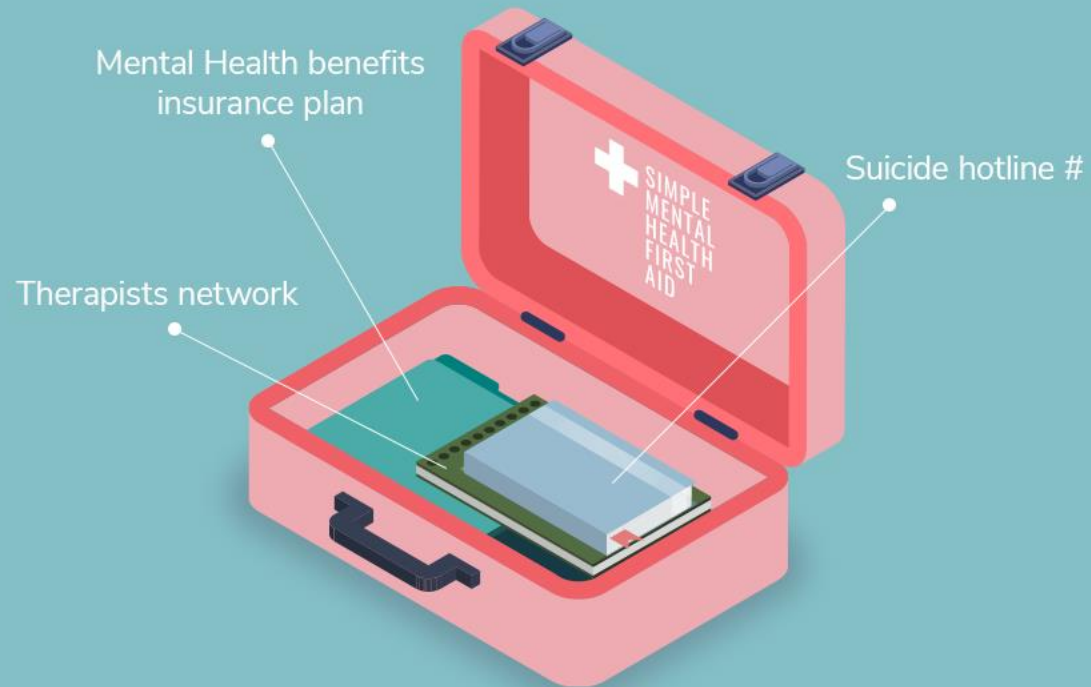
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Guide



Simple Mental Health First Aid Kit





Simple Mental Health First Aid Kit



Benefit Coverage: (add link)

EAP phone number:

Network Therapists: (add Link)

CRISIS NUMBERS:

- 988 Suicide and Crisis Lifeline: Dial 988 or 1-800-273-8255
- Crisis Text Line: Text HELLO to 741741
- National Domestic Violence Hotline: 1-800-799-7233
- National Sexual Assault Hotline: 1-800-656-4673
- SAMHSA Disaster Distress Helpline: 1-800-985-5990
- SAMHSA National Helpline: 1-800-662-4357
- Trans Lifeline: 1-877-565-8860
- Trevor Project (LGBTQ+ Suicide Prevention): 1-866-488-7386
- Veterans Crisis Line: Dial 988 and press 1

MY SQUAD:

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SUPPORT:

- Alcoholics Anonymous: www.aa.org
- Gamblers Anonymous: www.gamblersanonymous.org/ga
- Narcotics Anonymous Meetings: <https://na.org/?ID=meeting-search-1>
- Sex Addicts Anonymous: www.saa-recovery.org

TO THRIVE & GLIDE:

-
-
-
-
-

IF SURVIVING OR FLUCTUATING:

-
-
-
-
-

IF SINKING:

-
-



Who's on Your Squad?

Build your Squad



Family

Life
Coaches

Friends

Other

Colleague





Thriving



Gliding



Surviving



Fluctuating



Sinking



Simple Mental Health
Leadership Consulting



Thriving



Gliding

TO THRIVE & GLIDE:

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Thriving



Gliding

TO THRIVE & GLIDE:

- Yoga
- Swing a club
- Take Meds
- Talk with each kid daily
- Talk with friends
- Be outside
- Listen to history podcasts
- Get my S**T Done





Thriving



Gliding

TO THRIVE & GLIDE:

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IF SURVIVING OR FLUCTUATING:

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Surviving



Fluctuating



IF SURVIVING or FLUCTUATING:

- Ensure I'm doing the 1st list!!!!
- Call 1 friend / day
- Write down 3 things I'm grateful for.
- Ask myself if I'm "Being Walton"?
- Proactively watch my thoughts
- ? See Therapist



Surviving



Fluctuating





IF SURVIVING OR FLUCTUATING:

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Surviving



Fluctuating





IF SINKING:

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Sinking





IF SINKING:

- See therapist!



Sinking





IF SINKING:

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Sinking





Simple Mental Health First Aid Kit



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TO THRIVE & GLIDE:

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IF SURVIVING OR FLUCTUATING:

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IF SINKING:

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Guide



 **Follow-up**



How do you support colleagues experiencing _____?





Follow Up Ideas



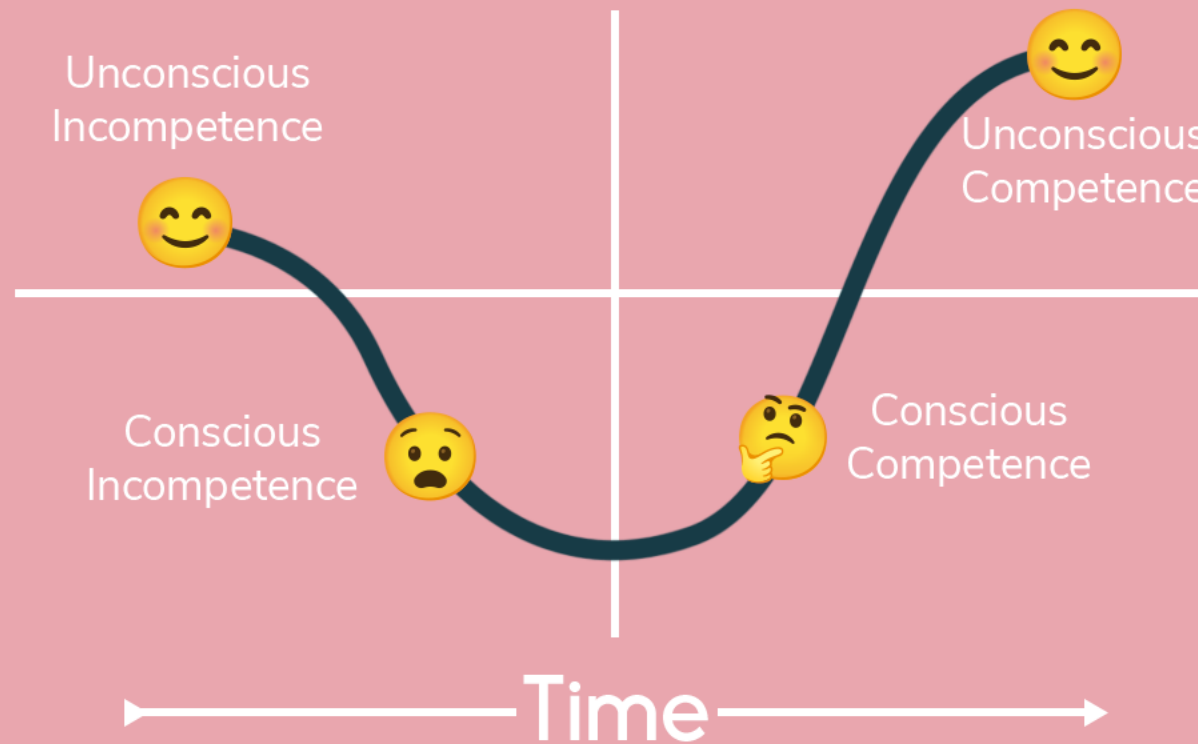
- Call and check in on them?
- In private ask how they're doing?
- Ask if you there's anything that you can do as their leader / manager / co-worker that would be helpful to them...
- Offer to meet and make an appointment if they are interested. So many people say – we should do lunch - which is not always effective.
- If they don't want your help now – let them know you care and let them know if they ever want to talk to let you know.
- If the person asks for help with resources, offer to do some research and send to the person. If they want to look at it with you, schedule a time to meet or discuss.
- Provide emotional support and continue to check in and let them know you care.
- Respect your limits and seek help when necessary.
- Give the person hope for recovery and offer encouragement.



 **Follow-up**



Hardwiring Mental Health Literacy





Action Plan



- ✓ Tell your team about how you spent your day.
- ✓ Complete your Simple Mental Health First Aid Kit.
- ✓ Check in on one person that you're concerned about.
- ✓ Decide when you will train your teams and tell them.
- ✓ Call Adam if any questions or if you'd like some help.
- ✓ Join, #HFMA, & share your stories, successes, ideas and challenges at: [LinkedIn, Simple Mental Health](#)



Simple Mental Health



Simple Mental Health
Leadership Consulting

A top-down view of a restaurant table. Two burgers with sesame seed buns and fries are served on wooden trays. A glass of beer with a thick head of foam is on the right. A glass of orange juice is on the left. There are also condiment containers, a salt shaker, and silverware on the table.

11:45AM-1:00PM

Lunch

PLATINUM



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Book Club



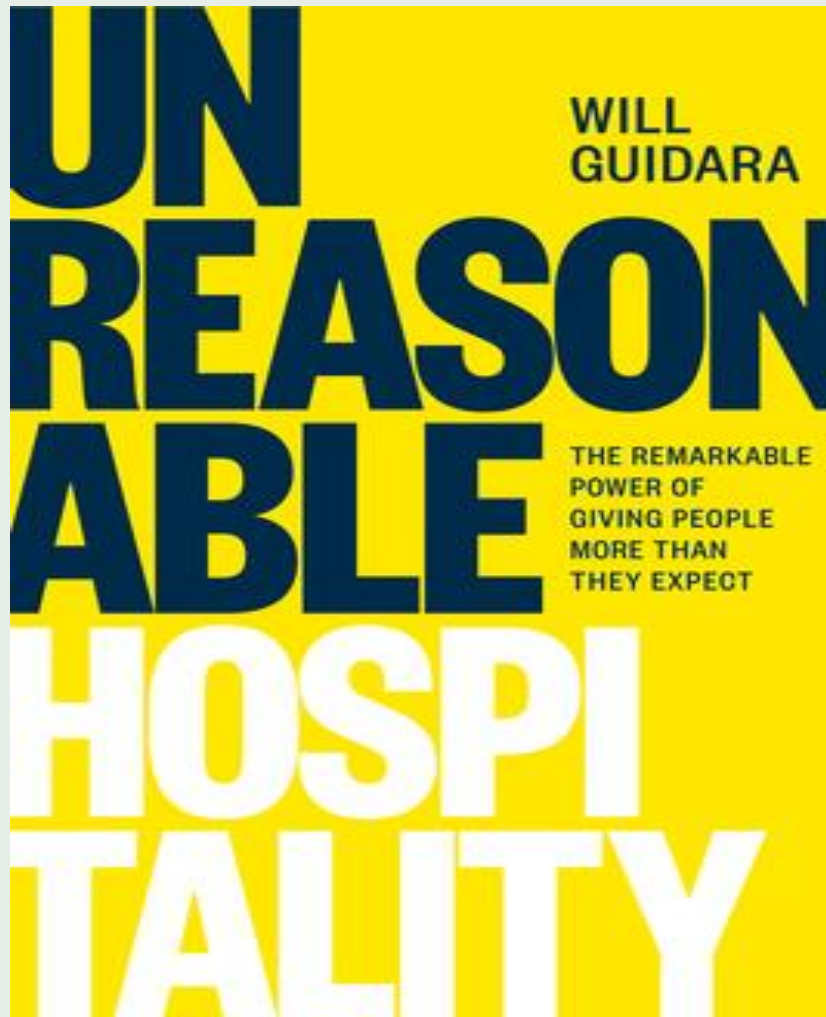
Introduction

Cory Yates, HFMA Board Member & CFO at Artesia General Hospital

Dave Muns, Presenter & Interim Administrator, Mills Peninsula Medical Center

Marlea Haggerty, Director of Patient Access
Artesia General Hospital

Kevin Ramage, Controller at Artesia General Hospital



- Club Discussion
- Audience Participation
- Drawing



2:00PM-2:15PM

Refreshments available in Pre-Convention Hallway

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Kristen Borth, MS, RHIA

Chief Operations Officer, Primeau Consulting Group

Kristen Borth is a health information and informatics professional with over 10 years of experience in consulting in acute and ambulatory services. While transitioning from private to public sector consulting, she has always stayed in the realm of Health Information Management and Health Informatics. This has helped to broaden her foundational knowledge regarding the crossover and similarities in both arenas. Her focus over the last couple of years has been in SDOH and the 21st Century Cures Act requirements.

Kristen has a bachelor's and graduate degree from Loma Linda University in health information and informatics. She is the Chief Operating Officer at Primeau Consulting Group, specializing in helping our clients navigate through the world of regulatory compliance and exploring opportunities within the SDOH space

INNOVATE TO ELEVATE
SDOH SOLUTIONS IN POPULATION HEALTH

Kristen Borth, MS, RHIA



AGENDA

1. Discuss where are we in terms or regulations, measures and standards
2. Identify what gaps there are in terms SDOH
3. Discuss examples of SDOH data collection and activities
4. Present what supports there are for healthcare organizations
5. Provide suggestions of areas of financial impacts
6. Touch on the issues and solutions that are present with SDOH

ALL THE TERMS...

- Social determinants of health (SDOH)
- Social Drivers of health (also SDOH)
- Healthy People 2030
- Health disparities
- Underserved populations

What do they all mean?

WHERE ARE WE – TJC?

- The Joint Commission
 - January 1, 2023
 - Standard LD.04.03.08 - Reducing health care disparities for [organization's] [patients] is a quality and safety priority
 - Designate an Individual(s) to lead activities to reduce health care disparities
 - Assess health-related social needs and provide information about community resources
 - Note 1 – determine which assessment to include
 - Note 2 – can define the social needs through a sampling
 - Identifies health disparities in its population by stratifying quality and safety data
 - Note 1 – can use known disparities
 - Note 2 – can determine which sociodemographic characteristics to stratify

WHERE ARE WE – TJC CONTINUED?

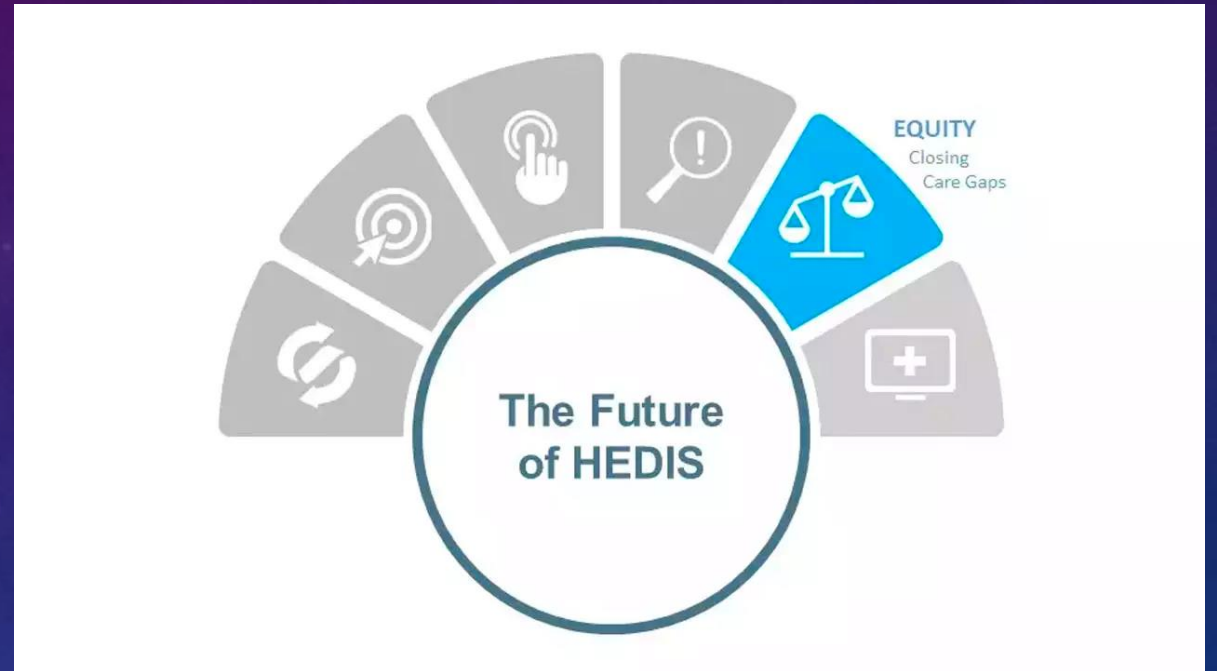
- Develops written action plans that describes how it will address at least one of the health care disparities identified
 - Acts when it does not achieve or sustain the goal
 - Annually inform key stakeholders of progress to reduce health care disparities.
- Standard RC.02.01.01 - The medical record contains information that reflects the [patient's] care, treatment, and services.
 - Medical record contains the race and ethnicity
 - Note – This requirements varies by program

WHERE ARE WE – CMS?

- CMS Framework for Health Equity - 2022
 - 10-year plan
 - Priority 1: Expand the collection, reporting, and analysis of standardized data
 - Priority 2: Assess causes of disparities within CMS programs, and address inequities in policies and operations to close gaps
 - Priority 3: Build capacity of health care organizations and the workforce to reduce health and health care disparities
 - Priority 4: Advance language access, health literacy, and the provisions of culturally tailored services
 - Priority 5: Increase all forms of accessibility to health care services and coverage
- New Reportable Measures Required (2024)
 - SDOH 1 – How many patients have been screened
 - SDOH 2 – How many patients were found to have a SDOH

WHERE ARE WE – CMS CONTINUED?

- HEDIS Submissions
 - Collections must begin 2024
 - Reporting 5/15/25
- Merit-based Incentive Payment System (MIPS)
 - Providers are already getting paid
- Revenue Cycle Impact
 - Reimbursement
 - Grants



WHERE ARE WE – HHS?

- 5 Domains
 - SDOH Affinity Group
 - Exploring how HCOs can upstream to prevent disease and mitigate disease effects driven by social and environmental factors
 - AHO SDOH Screening Tool
 - Healthy People 2030
 - Literature summaries
 - Domains have subdomains
 - Objectives



WHERE ARE WE - AHIMA?

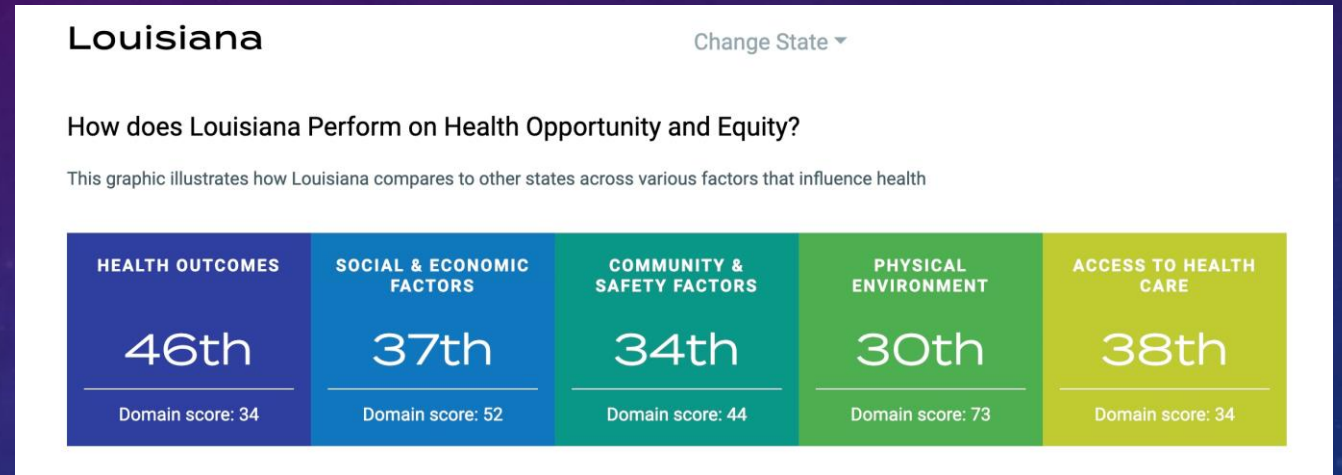
- AHIMA

- Journal of AHIMA Articles
- Data for Better Health
- NORC/AHIMA Final Report
 - Policy Recommendations

1. CMS/Other Agencies should establish a set of standards for actionable SDOH data elements for collection
2. CMS should consider providing financial incentives to collect and share SDOH data
3. Support is needed to train staff on how best to collect, code, and use SDOH information
4. Support should be provided to fund: technical resources, and infrastructure to support coordination and connectivity with HCO and CBOs

WHERE ARE WE – HOPE INITIATIVE?

- Hope Initiative (2018)
 - What makes them unique?
 - Opportunity framing
 - Aspiration, yet attainable goals
 - National and state data by race, ethnicity, and socioeconomic status
 - Measures of progress
 - Who should look at it?
 - Individuals/Professionals
 - Health sector organizations
 - Non-health organizations



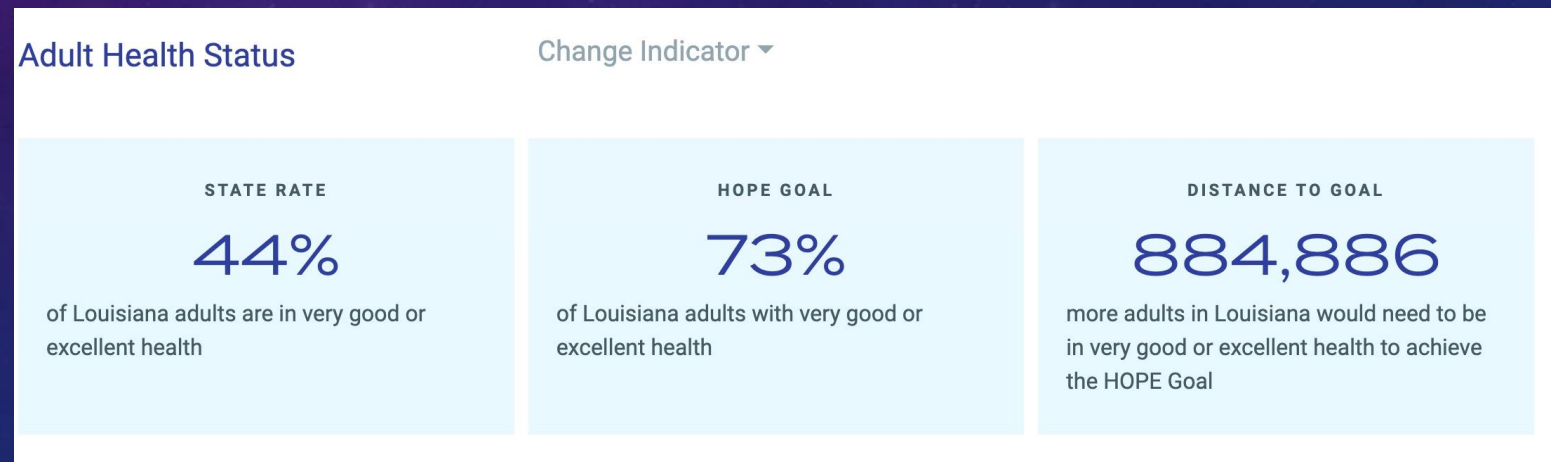
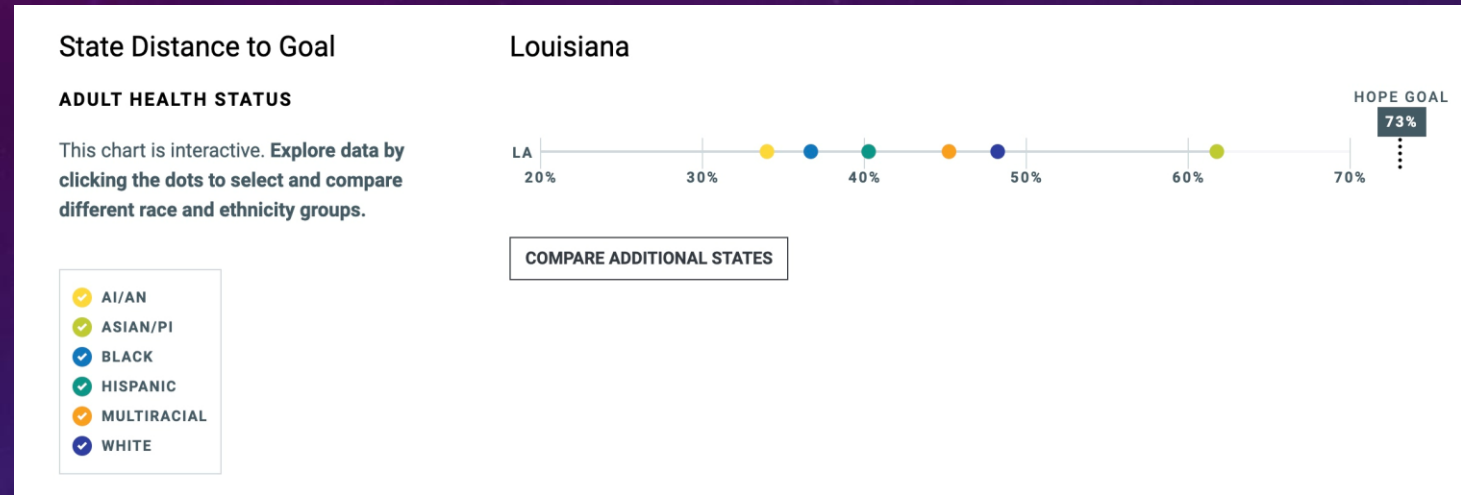
WHERE ARE WE – HOPE INITIATIVE?

- Hope Data

- Domain
- Indicator
- Race & Ethnicity
- State

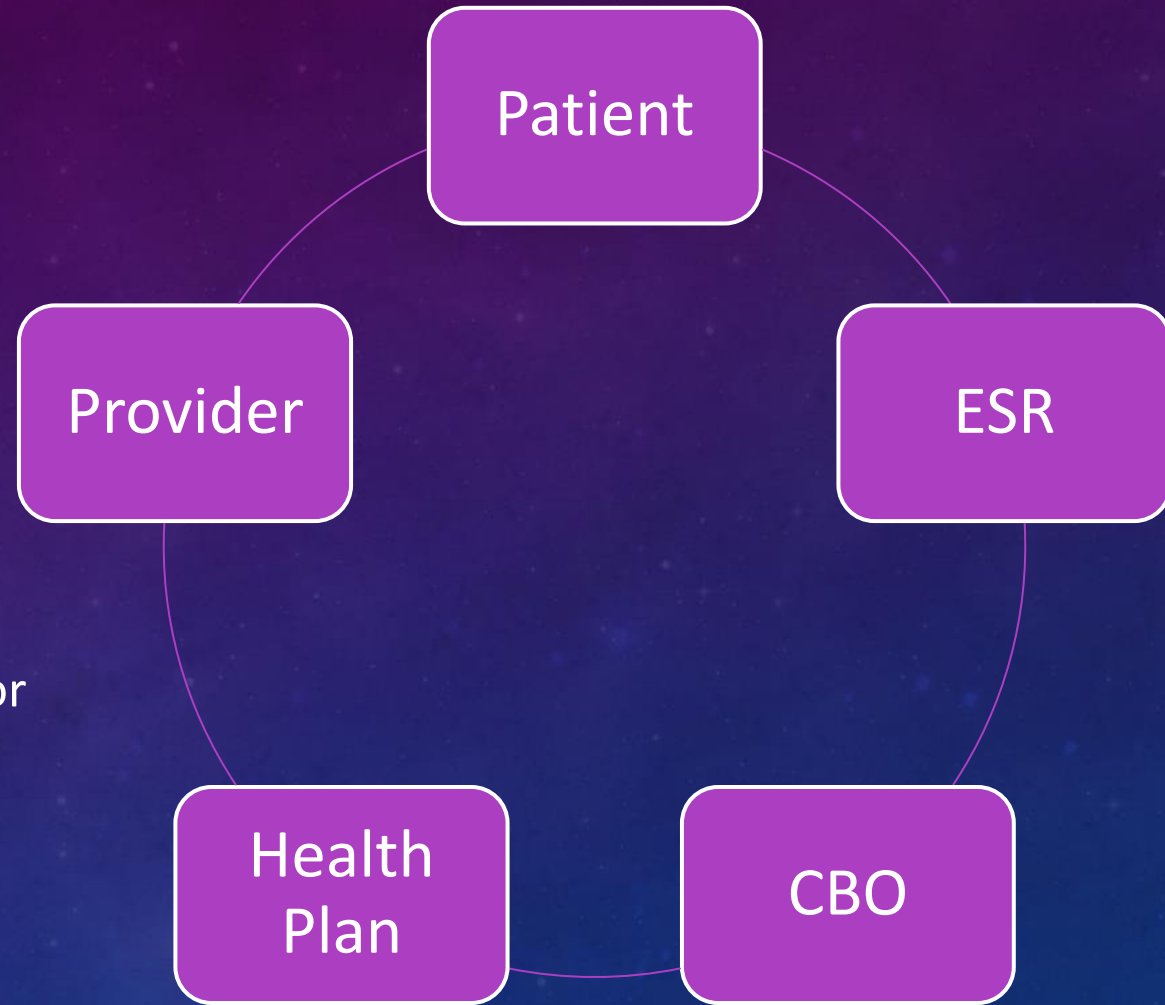
- Resources

- Downloadable content
- Report
- Action & Research
- News



WHERE ARE WE – ESR?

- Enterprise Social Record
- Closed loop referral system
- Assessments Provided
 - 15 SDOH Assessments
 - One Source of SDOH Data collection for YOUR population
 - Client specific and centric



WHERE ARE OUR GAPS?

- No regulations
- Lack of standardization
- Lack of integration
- Insufficient training/education
- Limitations of HCO & CBO



EXAMPLES IN ACTION

- New York Presbyterian

- Capacity Building – Community Fund

- Up to \$300,000 over 2 years
 - Social determinants of health identified included:
 - Social Isolation
 - Housing Insecurity
 - Unemployment & Economic Recovery

- Qualifying criteria include but are not limited to:

- Applicant must be not-for-profit, religious, or government agency with community service mission.
 - Applicants must demonstrate they have the infrastructure to meet the goals of the grant.
 - The grant must primarily benefit residents of one or more of the priority communities.



EXAMPLES IN ACTION

- Dalio Center for Health Justice
 - Conscience of their organization
 - 80% of health is driven by behavioral, environmental, and social factors

NewYork-
Presbyterian



EXAMPLES IN ACTION



- Analysis of 15,000 patient ED records
- 85% of ED visits CBO preventable
- Capture SDoH Data
 - '21-'22 Social Factors
 - '21-'22 All About Me questionnaire
 - Socioeconomic status
 - Physical environment
 - Social support
 - Food insecurity
 - Education
 - Language
- UCLA School of Medicine & Community Care Team
 - Deploy street medicine
 - Generous funding
 - Focus on mission
- Working towards broader trends

“Once we accumulate that data we begin to tell some stories.”

Maria Caban Alizondo, PhD, RHIT, FAHIMA
Director, HIM, UCLA Health



SUPPORT FOR HEALTHCARE ORGANIZATIONS

- American Academy of Family Physicians (AAFP)
 - EveryONE Project
 - Education
 - Resources
 - Neighborhood Navigator
 - Food (7)
 - Housing (14)
 - Transit (53)
 - Money (640)
 - Audio Books

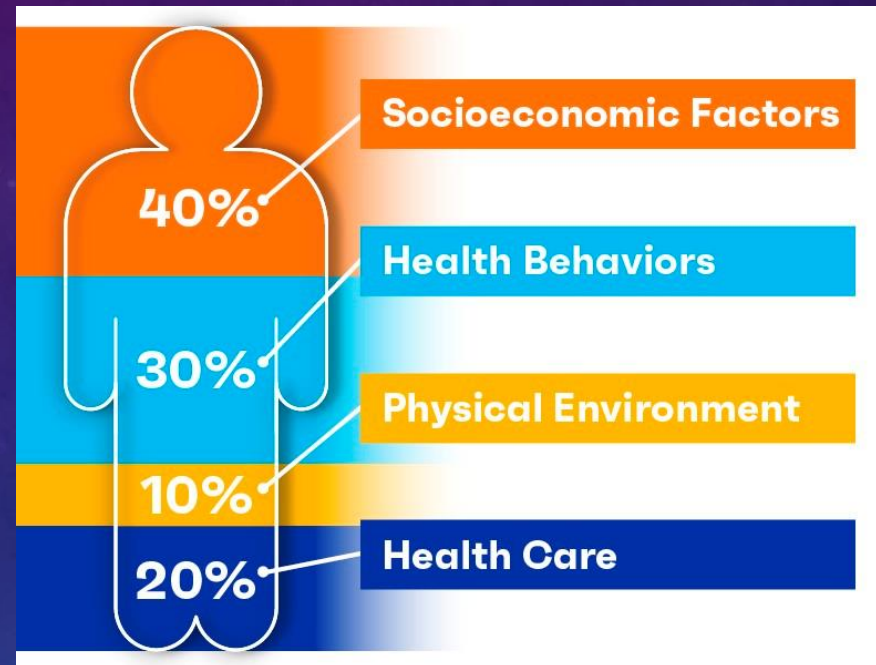
The screenshot shows the website interface for The EveryONE Project neighborhood navigator. At the top, there is a search bar with the placeholder text "ZIP or keyword or program name" and a magnifying glass icon. To the right of the search bar, it says "Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here:". Below the search bar is a "Select Language" dropdown menu. A horizontal navigation bar contains ten icons representing different categories: FOOD (apple), HOUSING (house), GOODS (lamp), TRANSIT (bus), HEALTH (heart with pulse), MONEY (dollar bill), CARE (person), EDUCATION (book), WORK (briefcase), and LEGAL (scales). The main content area features a large upward-pointing arrow above the text "2,292 programs" in a large, bold font. Below this, it specifies "in the absecon, nj 08201 area". A horizontal line is drawn under the program count, followed by the text "Choose from the categories above and browse local programs". To the right of the main content, there is the logo for "The EveryONE Project" with the tagline "Advancing health equity in every community" and the "neighborhood navigator" logo. At the bottom of the page, a small text line reads "This curated database of resources is provided by Neighborhood Navigator."

SUPPORT FOR HEALTHCARE ORGANIZATIONS

- AHIMA – Data for Better Health
 - Improving health outcomes

20% of health is related to access to care and quality of health care services

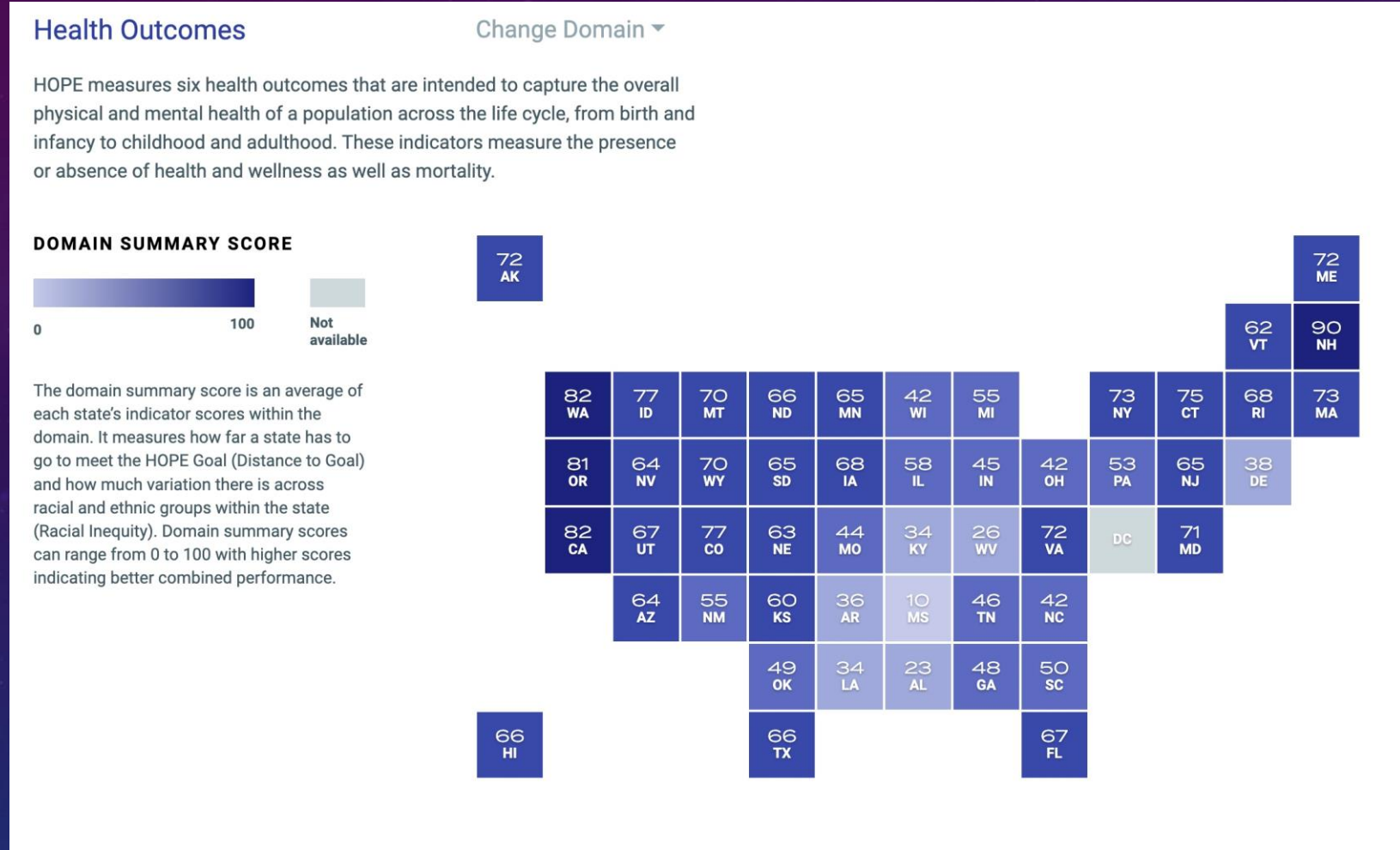
80% is determined by societal factors



SUPPORT FOR HEALTHCARE ORGANIZATIONS

HOPE Initiative

- Hope Data
 - Domain
 - Indicator
 - Race & Ethnicity
 - State



SUPPORT FOR HEALTHCARE ORGANIZATIONS

- Assessment templates
- Systems
- Data analytics

🏠 Food Insecurity

Patient refused all

Within the past 12 months, you worried that your food would run out before you got money to buy more.

Never true Sometimes true **Often true** Patient refused

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true Sometimes true **Often true** Patient refused

WHERE TO START?

- Find your team
 - Lack of leadership
 - Engage HI, Compliance, CBOs, Providers, etc.
- Training
 - Clinical & non-clinical
- Coding Support – Money is on the table
 - Z-Codes
 - Apply
 - Analyze
 - Train
 - Develop



USING Z CODES:

The Social Determinants of Health (SDOH) Data Journey to Better Outcomes

What are
Z
codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, and age.



Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.¹

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented in an individual's health care record by any member of the care team.²

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A **Disparities Impact Statement** can be used to identify opportunities for advancing health equity.

USING SDOH Z CODES

Can Enhance Your Quality Improvement Initiatives



Health Care Administrators

Understand how SDOH data can be gathered and tracked using Z codes.

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.



Health Care Team

Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.



Coding Professionals

Follow the ICD-10-CM coding guidelines.³

- Use the CDC National Center for Health Statistics [ICD-10-CM Browser](#) tool to search for ICD-10-CM codes and information on code usage.⁴
- Coding team managers should review codes for consistency and quality.
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

Z code Categories

- Z55** – Problems related to education and literacy
- Z56** – Problems related to employment and unemployment
- Z57** – Occupational exposure to risk factors
- Z59** – Problems related to housing and economic circumstances
- Z60** – Problems related to social environment

- Z62** – Problems related to upbringing
- Z63** – Other problems related to primary support group, including family circumstances
- Z64** – Problems related to certain psychosocial circumstances
- Z65** – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

³ [cms.gov/medicare/icd-10/2021-icd-10-cm](https://www.cms.gov/medicare/icd-10/2021-icd-10-cm)

⁴ [cdc.gov/nchs/icd/icd10cm.htm](https://www.cdc.gov/nchs/icd/icd10cm.htm)

WAYS TO GET THE CONVERSATION STARTED

- What is happening at your facility?
- How can HI Professionals fill in the gaps?
- Are you capturing SDOH information at admissions, by clinical staff, or do you have a unique process set up?
- Are your staff being trained in z-code capture?
- Are clinical staff helping capture SDOH information in some form?
- Does leadership understand the need to emphasize the work and funding needed for SDOH advancement?
- Does hospital leadership understand what guidance is provided by CMS and TJC?
- Are you as the HI professional a part of the solution for your facility?

ISSUES

Sustainability

- When focused forward how do we envision sustainability?

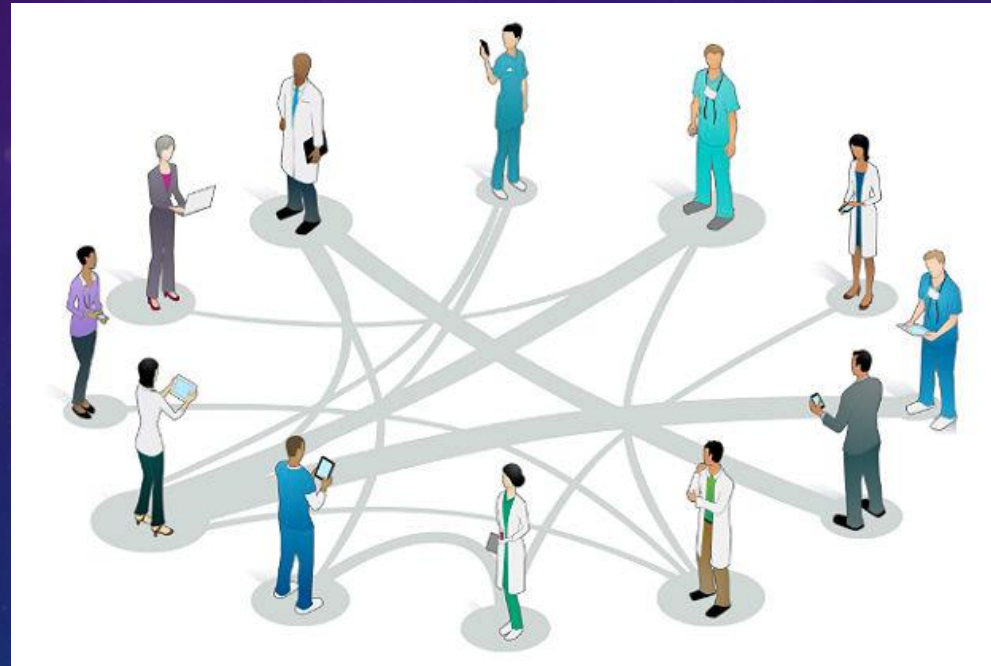
Case Management

- No standardization
 - HI professionals
 - Nurses
 - Providers
 - Social workers
 - Clerical
 - Health plans

Connections

- HCO – CBO – HCO

Patient buy in



ALL THESE ISSUES MEAN...

- Not just one path
- No standardization
- Tools can be anything
- Data can be pulled from anywhere
- We must meet people where they are
- Our population should drive our focus
- SDoH gathering isn't new
- Growing concern
- Patients may not come forward asking for help
- We can't wait for regulations to get started
- Must find a way to connect HCO and CBOs
- HI professionals are needed
- Training must be a priority
- Work with EHR vendors to see if they have a solution

ARE THERE SOLUTIONS?

HOME GROWN

- Community needs assessments
- Localized partnerships
- Training development
- Screening and referral programs
- Telehealth capabilities
- Health navigation services



ENTERPRISE SOCIAL RECORDS

What makes this a solution?

- Data acquisition
 - Self reported
 - Z-codification systematically
 - API built
 - Initiates action (social referral)
- CBO hub describes closure
- All of these make it a full closed loop.

• Closures include:

- Coach (when warranted) Language/culturally competent
 - Social services specific
 - First in community
 - Federally qualifying
 - Housing
 - Food
 - Transportation
 - Others: language, employment
- Food service (community or shipped)
- Local community resources



LET'S TALK MONEY

Grants

- NM UnitedHealthcare
- Blue Cross Blue Shield – Blue Impact Grants

Codes

- **G0136** defined as “Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months.”
 - Facility - \$8.84
 - Non Facility - \$18.66

Exhibit 1. Recent SDOH Z Code Categories and New Codes

Z55 – Problems related to education and literacy

- Z55.5 – Less than a high school diploma (Added, Oct. 1, 2021)

- NEW** • Z55.6 – Problems related to health literacy

Z56 – Problems related to employment and unemployment

Z57 – Occupational exposure to risk factors

Z58 – Problems related to physical environment (Added, Oct. 1, 2021)

- Z58.6 – Inadequate drinking-water supply (Added, Oct. 1, 2021)

- NEW** • Z58.8 – Other problems related to physical environment

- NEW** • Z58.81 – Basic services unavailable in physical environment

- NEW** • Z58.89 – Other problems related to physical environment

Z59 – Problems related to housing and economic circumstances

- Z59.0 – Homelessness (Updated)
 - Z59.00 – Homelessness unspecified (Added, Oct. 1, 2021)
 - Z59.01 – Sheltered homelessness (Added, Oct. 1, 2021)
 - Z59.02 – Unsheltered homelessness (Added, Oct. 1, 2021)

- Z59.1 – Inadequate Housing (Updated)

- NEW** • Z59.10 – Inadequate housing, unspecified

- NEW** • Z59.11 – Inadequate housing environmental temperature

- NEW** • Z59.12 – Inadequate housing utilities

- NEW** • Z59.19 – Other inadequate housing

- Z59.4 – Lack of adequate food (Updated)
 - Z59.41 – Food insecurity (Added, Oct. 1, 2021)
 - Z59.48 – Other specified lack of adequate food (Added, Oct. 1, 2021)

- Z59.8 – Other problems related to housing and economic circumstances (Updated)
 - Z59.81 – Housing instability, housed (Added, Oct. 1, 2021)
 - Z59.811 – Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021)

- Z59.812 – Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021)

- Z59.819 – Housing instability, housed unspecified (Added, Oct. 1, 2021)

- Z59.82 – Transportation insecurity (Added, Oct. 1, 2022)

- Z59.86 – Financial insecurity (Added, Oct. 1, 2022)

- Z59.87 – Material hardship due to limited financial resources, not elsewhere classified (Added, Oct. 1, 2022; Revised, April 1, 2023)

- Z59.89 – Other problems related to housing and economic circumstances (Added, Oct. 1, 2021)

Z60 – Problems related to social environment

Z62 – Problems related to upbringing

- Z62.2 – Upbringing away from parents

- NEW** • Z62.23 – Child in custody of non-parental relative (Added, Oct. 1, 2023)

- NEW** • Z62.24 – Child in custody of non-relative guardian (Added, Oct. 1, 2023)

- Z62.8 – Other specified problems related to upbringing (Updated)
 - Z62.81 – Personal history of abuse in childhood

- NEW** • Z62.814 – Personal history of child financial abuse

- NEW** • Z62.815 – Personal history of intimate partner abuse in childhood

- Z62.82 – Parent-child conflict

- NEW** • Z62.823 – Parent-step child conflict (Added, Oct. 1, 2023)

- Z62.83 – Non-parental relative or guardian-child conflict (Added Oct. 1, 2023)

- NEW** • Z62.831 – Non-parental relative-child conflict (Added Oct. 1, 2023)

- NEW** • Z62.832 – Non-relative guardian-child conflict (Added Oct. 1, 2023)

- NEW** • Z62.833 – Group home staff-child conflict (Added Oct. 1, 2023)

- Z62.89 – Other specified problems related to upbringing

- NEW** • Z62.892 – Runaway [from current living environment] (Added Oct. 1, 2023)

Z63 – Other problems related to primary support group, including family circumstances

Z64 – Problems related to certain psychosocial circumstance

Z65 – Problems related to other psychosocial circumstances

THANK YOU!

KRISTEN BORTH, MS, RHIA

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David A. Muns

Healthcare Operations Leader/ Speaker/ Consultant

Dave is an executive leader with over 25 years of experience. He has held positions as a Chief Operating Officer, Undergraduate Instructor, and U. S Air Force Medic among others. Dave has held leadership positions as both a permanent and interim in organizations with FTEs from 3000 to 300. His experiences in public/nonprofit as well as proprietary institutions have shaped a belief in highly efficient operations while maintaining a patient/team centered focus. These wide-ranging experiences provide practical approaches to a variety of challenges which he is excited to share. Dave's greatest passion is to provide real world guidance to those responsible for the day-to-day operations of healthcare organizations. Many things have changed over the last few years however, there are still fundamental truths which endure to effectively lead.

ACCOUNTABLE IN A MODERN WORKFORCE



David A. Muns, MPH, FACHE
New Mexico, HFMA, March 2024

FRAMEWORK OF THE BRIDGE

- Why is this a topic of interest?
- Who is accountable for accountability?
- What actions to take (what can I control)?

WHY THIS TOPIC?

- Point of concern across:
 - Geography
 - Industries
 - Age Groups

WHY THIS TOPIC?

- Over 50% of hospitals have neg margins ₁
- 50% of Fortune 500 will not exist in 10 years ₂
- Millennials/Gen Z makeup over 50% workers ₃
 - 50% believe they will change job in 1 year ₃

PLACE TO START

- **Definition:**

-- "...suggests a relation between one having a moral or legal obligation..." <https://www.merriam-webster.com/>

- **Instrument to identify the person**

A meme featuring Steve Carell as Michael Scott from the TV show 'The Office'. He is shown from the chest up, wearing a grey suit, white shirt, and blue tie. He has a wide-eyed, slightly awkward expression. The background is a blurred office setting with shelves containing various items, including a blue box of 'Coke' and a white container. The text 'TRUTH BE TOLD, I THINK I THRIVE UNDER A LACK OF ACCOUNTABILITY' is overlaid in large, bold, white letters with a black outline. In the bottom right corner, there is a small watermark that reads 'memes.com'.

**TRUTH BE TOLD, I THINK I
THRIVE UNDER A LACK OF
ACCOUNTABILITY**

WHO IS ACCOUNTABLE FOR ACCOUNTABILITY?

- Leadership= art of motivating people toward a common goal
- Is it possible to “hold” people accountable?
 - 34% of workforce is fully engaged, 2023 Gallup Poll
- Can't terminate your way out

ACTIONS / PATH FORWARD

- Must “want” to be accountable
- Do we hold or help people be accountable?***
 - Have the insight to know
 - How?

ACTIONS / PATH FORWARD

- Know you strengths and weaknesses
 - Surround yourself with people who fill your gaps
 - Ego vs Mission
- Precision Leadership (Quint Studer)
 - Situational / Relational / Culture

ACTIONS / PATH FORWARD

- Be a coach not a boss
 - Its always a personal endeavor / individual motivators
 - Encouraging “learned helplessness”⁵
- Providing the tools
 - Practical vs Theoretical (financial statements / Stark)
 - Minimal budget impact (internal resources)

ACTIONS / PATH FORWARD

- Communicate
 - Responsibility to deliver the message / make it resonate
 - What is the objective/plan? (Multi venues / methods)
 - Make it a culture...get out of the office

ACTIONS / PATH FORWARD

- Establish expectations...what are the goals?
 - improving quality is too vague / clarity
 - reduce medication errors 10%
 - increase clean billing by 20%
- Set timelines
- Report progress openly...be transparent

TAKE AWAYS

- Hand held tool for increasing accountability
- Terminate your way through? More waiting
- HELP people be accountable

FRAMEWORK OF THE BRIDGE

- Why is this a topic of interest?
- Who is accountable for accountability?
- What actions to take (what can I control)?

SUCCESS THROUGH CHANGE

- Nick Saban (17 years at University of Alabama)
 - Wins regardless of coaching staff
 - Coaches move on as head coaches (Steve Sarkisian, Kirby Smart, Lane Kiffin, Billy Napier)
 - Brings in staff with prior personal problems

-
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 - www.linkedin.com/in/david-muns-mp-h-fache-341bb332

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A dark, low-key photograph of a networking reception. Several people in business attire are visible, some holding drinks, engaged in conversation. The scene is dimly lit, with some ambient light from the background.

NETWORKING RECEPTION

4:15PM-6:00PM