



BOARD OF TRUSTEES - OPEN SESSION AGENDA

July 28, 2023 @ 9:30 AM

Join Zoom Meeting <https://hsc-unm.zoom.us/j/99446166537> Meeting ID: 994 4616 6537 / Passcode: 333268
+1-253-215-8782, 99446166537# *333268# US (Tacoma) or +1-346-248-7799, 99446166537# *333268# US (Houston)

- I. **CALL TO ORDER – Mr. Kurt Riley, Chair, UNM Hospital Board of Trustees**
- II. **ANNOUNCEMENTS - Mr. Kurt Riley, Chair, UNM Hospital Board of Trustees (Informational – 10 Minutes)**
 - Appreciation/Recognition for Service – Mr. Michael Brasher and Dr. Davin Quinn
 - Welcome New UNMH BOT Member – Mr. Henry Monroy and Dr. Nathan Boyd
- III. **ADOPTION OF AGENDA – Mr. Kurt Riley, Chair, UNM Hospital Board of Trustees (Approval/Action - 2 Minutes)**
- IV. **PUBLIC INPUT (Informational)**
- V. **APPROVAL OF THE MINUTES – Mr. Kurt Riley, Chair, UNM Hospital Board of Trustees**
 - April 28, 2023 UNM Hospital Board of Trustees Meeting Minutes (Approval/Action – 2 Minutes)
 - June 19, 2023 UNM Hospital Board of Trustees Special Meeting Minutes (Approval/Action – 2 Minutes)
- VI. **MISSION MOMENT – Dr. Steve McLaughlin to Introduce Dr. Erica Bennett, Cleft Team Lead, and Mrs. Camille Walker, CPNP-PC, Cleft Team Coordinator (Informational – 10 Minutes)**
- VII. **ELECT NEW UNMH EXECUTIVE COMMITTEE – Mr. Kurt Riley, Chair, UNMH BOT (Approval/Action – 10 Minutes)**
 - Chair – Tamra Mason
 - Vice Chair – Monica Zamora
 - Secretary – Trey Hammond
- VIII. **UNMH BOT NEW AND REAPPOINTMENT OF MEMBERS – Mrs. Kate Becker, CEO, UNM Hospital (Approval/Action – 15 Minutes)**
 - Mr. Trey Hammond - Reappointment
 - Dr. Anjali Taneja – New Appointment
- IX. **UNMH BOT COMMITTEE ASSIGNMENTS – Dr. Tamra Mason, Chair, UNM Hospital Board of Trustees (Approval/Action – 15 Minutes)**
- X. **UNMH BOT RETREAT PLANNING – Mrs. Kate Becker, CEO, UNM Hospital (Informational – 5 Minutes)**
- XI. **METROPOLITAN DETENTION CENTER (MDC) UPDATE – Mr. Rodney McNease, Executive Director (Informational – 15 Minutes)**
- XII. **SRMC HOSPITAL INTEGRATION UPDATE – Mrs. Kate Becker, CEO (Informational – 15 Minutes)**
- XIII. **FINANCIAL UPDATE - Mrs. Bonnie White, Chief Financial Officer, UNM Hospital (Informational - 30 minutes)**
 - Financials thru May 2023
- XIV. **ITEMS FOR APPROVAL**
 - **Dr. Sara Frasch, Chief Human Resources Officer, UNM Hospital (Approval/Action - 10 Minutes)**
 - UNM Hospitals 401(a) Plan Annual Allocations
 - UNM Hospitals 415(m) Plan Annual Allocations
 - Plan B Plan Design Change
 - **Mrs. Bonnie White, Chief Financial Officer, UNM Hospital (Approval/Action – 15 Minutes)**
 - RFP 480-23 Coding Outpatient – Outsourced (Rebid) - \$23,924,272.00
 - RFP 459-22 UNMH Lifeguard Air Emergency Services Program - \$36,110,400.00
 - RFP 338-16 Recruitment Advertising Services for UNM Hospitals - \$4,774,846.26
 - Critical Care Tower Purchase Approval Request: New Tower Purchases of Furniture/Fixture/Equipment - \$4,589,610.00
- XV. **ADMINISTRATIVE REPORTS (Informational – 20 Minutes)**
 - Executive Vice President Update – Dr. Doug Ziedonis
 - HSC Committee Update – Dr. Mike Richards
 - UNMH CEO Report – Mrs. Kate Becker
 - UNMH CMO Report – Dr. Steve McLaughlin
 - Chief of Staff Update – Dr. Alisha Parada
- XVI. **UNM HOSPITAL BOT COMMITTEE REPORTS (Informational – 10 Minutes)**
 - Finance Committee – Mr. Del Archuleta
 - Audit & Compliance Committee – Dr. Tamra Mason
 - Quality and Safety Committee – Mr. Trey Hammond
 - Native American Services Committee – Mrs. Monica Zamora

- XVII. **CLOSED SESSION: Roll Call Vote to close the meeting and to proceed in Closed Session – Dr. Tamra Mason, Chair, UNM Hospital Board of Trustees (Approval/Action – Roll Call Vote)**
- a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA.
 - b. After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions
- XVIII. Certification that only those matters described in Agenda Item XVII were discussed in Closed Session; consideration of, and final action on the specific limited personnel matters discussed in Closed Session – Dr. Tamra Mason, Chair, UNM Hospital Board of Trustee (Approval/Action)
- XIX. Adjourn Meeting – Dr. Tamra Mason, Chair, UNM Hospital Board of Trustee (Approval/Action)

Section II. Announcements

- ***Appreciation/Recognition for Service***
 - ***Mr. Michael Brasher***
 - ***Dr. Davin Quinn***

- ***Welcome New UNMH BOT Members***
 - ***Mr. Henry Monroy***
 - ***Dr. Nathan Boyd***



Section II. Adoption of Agenda

Section IV. Public Input

UNMH Board of Trustees Meeting Minutes 04 28 2023

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
UNM Hospital Board of Trustee Voting Members Present	Mr. Kurt Riley, Mr. Trey Hammond, Mr. Terry Horn, Mr. Del Archuleta, Dr. Tamra Mason, Mrs. Monica Zamora, and Mr. Michael Brasher	
Ex-Officio Members Present	Mrs. Kate Becker, Dr. Doug Ziedonis, and Dr. Alisha Parada	
Staff Members Present	Dr. Mike Chicarelli , Dr. Sara Frasch, Dr. Steve McLaughlin, Dr. Rohini McKee, Mrs. Patricia Finn, Mrs. Jennifer James, Mrs. Eileen Sanchez, Mr. Ryan Randall, Dr. Rebecca Fastle, Dr. Anna Duran, Mrs. Bonnie White, Mr. Rodney McNease, Ms. Barbara Temer, Mr. Keith Laffler, Mrs. Jessica Kelly, Mrs. Doris Tinagero, Ms. Eleanor Chavez, and Ms. Fontaine Whitney	
Non-Staff Members/ Not Public Input	N/A	
County Officials Present	Mrs. Julie Morgas-Baca, Mr. Clay Campbell, and Commissioner Walt Benson	
I. Call to Order	A quorum being established, Mr. Kurt Riley, Chair, called the meeting to order at 9:31 AM.	
II. Announcements	<p>Mr. Kurt Riley, Chair, expressed appreciation and thanks to Mr. Terry Horn for outstanding service as a Member and Chair of the UNM Hospital Board of Trustees from September 29, 2017 thru June 30, 2023. Board Members and staff expressed recognition to Mr. Horn. Mr. Horn stated that it has been a privilege to serve on the UNM Hospital Board of Trustees.</p> <p>Mr. Kurt Riley, Chair, welcomed Mr. Randy Ko, Student UNM Board of Regents, as a new UNM Hospital Board of Trustees Ex-Officio (non-voting) Member. Mr. Ko was not present at today's meeting.</p>	
III. Adoption of Agenda	Mr. Kurt Riley, Chair, asked for any revisions to the Agenda. Hearing no revisions, Chair Riley requested a motion to adopt the Agenda.	Mr. Michael Brasher made a motion to adopt the agenda. Dr. Tamra Mason seconded the motion. Motion passed with no objections.
IV. Public Input	N/A	
V. Approval of Minutes	<p>Mr. Kurt Riley, Chair, asked for any revisions to February 24, 2023 UNM Hospital Board of Trustees Meeting Minutes. Hearing no revisions, Chair Riley requested a motion to approve the February 24, 2023 UNM Hospital Board of Trustees Meeting Minutes.</p> <p>Mr. Kurt Riley, Chair, asked for any revisions to March 29, 2023 UNM Hospital Special Board of Trustees Meeting Minutes. Hearing no revisions, Chair Riley requested a motion to approve the March 29, 2023 UNM Hospital Special Board of Trustees Meeting Minutes.</p>	<p>Mrs. Monica Zamora made a motion to approve the February 24, 2023 UNM Hospital Board of Trustees Meeting Minutes. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p> <p>Dr. Tamra Mason made a motion to approve the March 29, 2023 UNM Hospital Special Board of Trustees Meeting Minutes. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p>

<p>VI. Mission Moment</p>	<p>Dr. Sara Frasch, Chief Human Resources Officer, UNM Hospital, introduced Mrs. Barbara Temer, Director, Volunteer Services, to highlights today's Mission (presentation in Open Session BoardBook). Mrs. Temer recognized Ms. Shine Nazarali, Information Desk Receptionist, with a "We Care" Recognition for her kindness and concern with a patient and ensuring the patient received the assistance needed. Many compliments and words of appreciation were expressed.</p>	
<p>VII. Carrie Tingley Hospital Foundation Bylaws</p>	<p>Mrs. Doris Tinagero, Executive Director, Carrie Tingley Hospital Foundation, reviewed the modifications to the Carrie Tingley Hospital Foundation Bylaws and asked for approval (write-up in Open Session BoardBook). Mr. Kurt Riley, Chair, requested a motion to approve the Carrie Tingley Hospital Foundation Bylaws as presented by Mrs. Tinagero to move forward to HSC Committee and UNM Board of Regents for review and approval.</p>	<p>Mr. Michael Brasher made a motion to approve the Carrie Tingley Foundation Bylaws as presented by Mrs. Tinagero to move forward to HSC Committee and UNM Board of Regents for review and approval. Mr. Terry Horn seconded the motion. The motion passed with no objections.</p>
<p>VIII. Patient Family Advisory Committee (PFAC)</p>	<p>Mr. Keith Laffler, Manager, Patient & Family Advisory Committee (PFAC), presented the PFAC Annual Report CY2022 (presentation in Open Session BoardBook). Highlights included:</p> <ul style="list-style-type: none"> • Organization Chart of Patient Relations Department • Mission Statement: The University of New Mexico Hospital (UNMH) Patient & Family Advisory Committee (PFAC) is dedicated to partnering with patients and families to develop strategies for cultivating and sustaining patient and family engagement in the delivery of healthcare. • North Star: Honoring the patient and family voice in the delivery of care. • Value of Including the Voice of the Patient <ul style="list-style-type: none"> ○ Improve quality and safety within health systems ○ Increase patient engagement in quality and safety initiatives ○ Improve CAHPS Hospital Survey scores ○ Improve patient outcomes ○ Increase employee satisfaction and retention ○ Respond to TJC and CMS • PFAC Roadmap – CY22 Achievements <ul style="list-style-type: none"> ○ Holistic Improvement Framework ○ Patient and Family Centered Care ○ Quality and Safety Culture ○ Research and Education ○ Community 	
<p>IX. Metropolitan Detention Center (MDC)</p>	<p>Mrs. Kate Becker, CEO, UNM Hospital, gave a status update on the UNM Hospital – Bernalillo County Partnership/Metropolitan Detention Center (MDC) (presentation in Open Session BoardBook). Highlights included:</p> <ul style="list-style-type: none"> • Relationship based in 1952 Contract • MDC opened in 2003 as a joint County/City facility, operated since 2006 solely by the County • 600,000 SF on 155 acres on the Pajarito Mesa (West Side) • Houses a maximum of 1,950 inmates 	

- Subject to the McClendon Settlement Agreement since 1998
- Medical health care provided by UNMH until early 2000's, forensic psychiatry provided until mid-2000's
- County then contracted services to private, for-profit corrections medicine providers
- In the past 5 years, the contract has been awarded to three different corrections medicine providers
- Health Care Challenges at MDC:
 - Medical healthcare
 - Behavioral healthcare
 - Deaths in custody
- Community Health Crisis at MDC:
 - Bernalillo County appealed to UNMH as its partner for help with healthcare at MDC
 - Deaths and poor health outcomes for inmates
 - Instability due to contracted provider turnover
 - Expertise from longstanding behavioral health partnership
 - Expectations based on Mill Levy support
 - Common model in other parts of the US
- Other Academic Medical Center/County Hospital Partnerships with Corrections Healthcare
 - UTMB Correctional Managed Care
 - BU Obstetrics and Gynecology
 - Cermak Health Services of Cook County
- Commitment to partnership for solutions
 - Tackling this community health crisis together in a sustainable way
 - Creation of a "healthcare authority" for MDC through a Joint Powers Agreement
 - Shared Governance and liability protection
 - Contracted services for reimbursement of costs incurred, outside of Mill Levy support
- The Health Care Authority
 - To be formed as a Joint Powers Entity, under the NM Joint Powers Act
 - Parties are UNM Hospital and Bernalillo County
 - Approved by the UNM Board of Regents on April 10, 2023
 - On the County Commission agenda for approval on April 25, 2023
 - Once approved by both entities, will be forwarded to the New Mexico Department of Finance and Administration for approval at their May or June meeting
- UNMH-County Working Committee; meets weekly; coordinates 7 working groups
- Day One Goals
 - Creating MOUs and contracts for service with Healthcare Authority
 - Ensuring NCHC-compliant policies and procedures are in place
 - Transitioning current MDC healthcare staff to UNMH/County employment
 - Contracting for pharmacy, lab, and supply chain services
 - Creating MDC templates in Cerner EMR

<p>X. SRMC Hospital Planning</p>	<p>Mrs. Kate Becker, CEO, UNM Hospital, gave a status update on the SRMC Hospital Licensure Change (presentation in Open Session BoardBook). Highlights included:</p> <ul style="list-style-type: none"> • SRMC and UNMHS are planning a transaction to combine SRMC and University of New Mexico Hospital (UNMH) to create a fully integrated, multi-campus hospital under the UNMH license. This transaction maintains certain aspects of SRMC’s current operations; however, it also requires changes to operations. In order to create a multi-campus hospital, at close of transaction SRMC need to meet all requirements related to becoming a provider-based location of UNMH under CMS rules. The proposed transaction will transfer all assets and liabilities of SRMC to UNM on behalf of UNMH and upon completion of the transaction the SRMC corporate entity will be dissolved. • SRMC and UNMH expect positive operational and financial effects from the transaction, including: <ul style="list-style-type: none"> ○ Expanded teaching and training opportunities at SRMC and potential research opportunities ○ Improved standardization, flexibility, and continuity of care for patients by streamlining access to tertiary and quaternary services available at UNMH and through the creation of a single medical staff ○ Financial benefits include additional revenue generation at SRMC and potential access to state appropriations as a UNMH operation • Operational Impact • Financial Impact • Revenue Impact • What to Expect to Remain Status Quo • Expected Changes • Communication and Key Milestones • Anticipated Timeline • Transaction Workstreams 	
<p>XI. UNM Hospital Critical Care Tower Update</p>	<p>Dr. Mike Chicarelli, Chief Operating Officer, UNM Hospital, showed photo progress of the UNM Hospital Tower project throughout the year and explained the status of completions and on-going work.</p>	
<p>XII. New UNM Hospital Board of Trustee Appointments/Members</p>	<p>Mrs. Kate Becker, CEO, UNM Hospital, stated that the term appointment for Mr. Kurt Riley (APCG) as a Member of the UNM Hospital Board of Trustees expires on June 30, 2023. Mrs. Becker reached out to APCG for their decision on endorsement of renewal for a 3-year term (July 1, 2023 thru June 30, 2026) on the UNM Hospital Board of Trustees. After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the APCG approval for recommendation of renewal of 3-year term for Mr. Kurt Riley to move forward to HSC Committee and UNM Board of Regents for approval/appointment.</p>	<p>Mr. Del Archuleta made a motion to approve APCG’s endorsement of Mr. Kurt Riley for renewal of a 3-year term as a Member of the UNM Hospital Board of Trustees to move forward to HSC Committee and then to UNM Board of Regents for approval/appointment. Dr. Tamra Mason seconded the motion. The motion passed with no objections.</p>
<p>XIII. Financial Update</p>	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the Financial Update through March 2023 (presentation in Open Session BoardBook). Mr. Del Archuleta stated the UNMH BOT Finance Committee reviewed the financials in detail at their meeting. Highlights included the below:</p> <ul style="list-style-type: none"> • Adult Capacity • Pediatric Capacity 	

	<ul style="list-style-type: none"> • Average Daily Census • YTD Stats Variance to Budget • YTD Stats Variance to Prior YTD • CMI and ALOS • Executive Summary • Financial Results <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the FY24 Operating Budget for review and approval (presentation in Open Session BoardBook). Mr. Del Archuleta stated the UNMH BOT Finance Committee reviewed the FY24 Operating Budget in detail at their meeting on Wednesday, April 26th and recommend approval. Mr. Kurt Riley, Chair, requested a motion to approve the FY24 Operating Budget as presented by Mrs. White.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the FY23 Capital Budget Revised and FY24 Capital Budget for review and approval (presentation in Open Session BoardBook). Mr. Del Archuleta stated the UNMH BOT Finance Committee reviewed the FY23 Capital Budget Revised and FY24 Capital Budget in detail at their meeting on Wednesday, April 26th and recommend approval. Mr. Kurt Riley, Chair, requested a motion to approve the FY23 Capital Budget Revised and FY24 Capital Budget as presented by Mrs. White.</p>	<p>Mr. Del Archuleta made a motion to approve FY24 Operating Budget as presented by Mrs. White. Dr. Tamra Mason seconded the motion. The motion passed with no objections.</p> <p>Mr. Del Archuleta made a motion to approve the FY23 Capital Budget Revised and FY24 Capital Budget as presented by Mrs. White. Dr. Tamra Mason seconded the motion. The motion passed with no objections.</p>
<p>XIV. Items for Approval</p>	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval to move forward to HSC Committee and UNM Board of Regents (write-up in BoardBook).</p> <ul style="list-style-type: none"> • Capital Project: UH Main Chiller Replacement – Phase 2 (nte \$2,750,000.00) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Capital Project: UH Main Chiller Replacement – Phase 2 (nte \$2,750,000.00) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval to move forward to HSC Committee and UNM Board of Regents (write-up in BoardBook).</p> <ul style="list-style-type: none"> • Capital Project: Dermatology Clinic Renovation (nte \$1,700,000.00) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Capital Project: Dermatology Clinic Renovation (nte \$1,700,000.00) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval to move forward to HSC Committee and UNM Board of Regents (write-up in BoardBook).</p> <ul style="list-style-type: none"> • Capital Project: UH Main Boiler #1 Replacement (nte \$1,250,000.00) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Capital Project: UH Main Boiler #1 Replacement (nte \$1,250,000.00) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p>	<p>Mr. Michael Brasher made a motion to approve the Capital Project: UH Main Chiller Replacement – Phase 2 (nte \$2,750,000.00) as presented to move forward to HSC Committee and UNM Board of Regents. Mr. Trey Hammond seconded the motion. The motion passed with no objections.</p> <p>Mrs. Monica Zamora made a motion to approve Capital Project: Dermatology Clinic Renovation (nte \$1,700,000.00) as presented to move forward to HSC Committee and UNM Board of Regents. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p> <p>Mr. Michael Brasher made a motion to approve Capital Project: UH Main Boiler #1 Replacement (nte \$1,250,000.00) as presented to move forward to HSC Committee and UNM Board of Regents. Mrs. Monica Zamora seconded the motion. The motion passed with no objections.</p>

	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval to move forward to HSC Committee and UNM Board of Regents (write-up in BoardBook).</p> <ul style="list-style-type: none"> Property Disposition – April 2023 <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Property Disposition – April 2023 as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> Capital Project: UH Main 2nd Floor OR Suite Renovation (nte \$2,750,000.00) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Capital Project: UH Main 2nd Floor OR Suite Renovation (nte \$2,750,000.00) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> Cerner – Soarian Financials Patient Accounting Software System and Support Services (\$51,962,560.03) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Cerner – Soarian Financials Patient Accounting Software System and Support Services (\$51,962,560.03) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> Critical Care Tower Purchase Approval Request: New Tower Purchases of Furniture/ Fixture/ Equipment (\$12,292,174.00) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve Critical Care Tower Purchase Approval Request: New Tower Purchases of Furniture/ Fixture/ Equipment (\$12,292,174.00) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> Diamond Pharmacy - MDC Pharmacy Services (nte \$5,000,000.00) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve Diamond Pharmacy - MDC Pharmacy Services (nte \$5,000,000.00) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p>	<p>Mr. Michael Brasher made a motion to approve Property Disposition – April 2023 as presented to move forward to HSC Committee and UNM Board of Regents. Mr. Trey Hammond seconded the motion. The motion passed with no objections.</p> <p>Dr. Tamra Mason made a motion to approve Capital Project: UH Main 2nd Floor OR Suite Renovation (nte \$2,750,000.00) as presented. Mrs. Monica Zamora seconded the motion. The motion passed with no objections.</p> <p>Mr. Michael Brasher made a motion to approve Capital Project: Cerner Soarian Financials Patient Accounting Software System and Support Services (\$51,962,560.03) as presented. Dr. Tamra Mason seconded the motion. The motion passed with no objections.</p> <p>Mrs. Monica Zamora made a motion to approve Critical Care Tower Purchase Approval Request: New Tower Purchases of Furniture/Fixture/ Equipment (\$12,292,174.00) as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p> <p>Mrs. Monica Zamora made a motion to approve Diamond Pharmacy - MDC Pharmacy Services (nte \$5,000,000.00) as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p>
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	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> UNM Health System/Press Ganey Renewal 3-Year Agreement (\$3,511,632) <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve UNM Health System/Press Ganey Renewal 3-Year Agreement (\$3,511,632) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH BOT Finance Committee Meeting and they recommend approval.</p>	<p>Dr. Tamra Mason made a motion to approve UNM Health System/Press Ganey Renewal 3-Year Agreement as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p>
<p>XV. Administrative Reports</p>	<p>Dr. Doug Ziedonis presented the Executive Vice President update (report in Open Session BoardBook). Mrs. Kate Becker presented the HSC Committee Update (report in Open Session BoardBook). Mrs. Kate Becker presented the UNM Hospital CEO Update (report in Open Session BoardBook). Dr. Steve McLaughlin presented the UNM Hospital CMO update (report in Open Session BoardBook). Dr. Alisha Parada presented the Chief of Staff Update.</p>	
<p>XVI. UNMH BOT Committee Reports</p>	<p>Mr. Del Archuleta gave a brief summary of the UNMH BOT Finance Committee Meeting. Dr. Tamra Mason gave a brief summary of the UNMH BOT Audit & Compliance Committee Meeting. Mr. Trey Hammond gave a brief summary of the UNMH BOT Quality and Safety Committee Meeting. Mrs. Monica Zamora gave a brief summary of the UNMH BOT Native American Services Committee Meeting.</p>	
<p>XVI. Closed Session</p>	<p>At 1:12 PM Mr. Kurt Riley, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.</p> <p>Mr. Kurt Riley, Chair, stated that the Clinical Privileges and Credentialing were acknowledged as approved from the UNMH BOT Quality and Safety Committee Meetings of March and April, 2023 as identified in the Closed Session.</p>	<p>Mr. Trey Hammond made a motion to close the Open Session and move to the Closed Session. Mr. Michael Brasher seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Kurt Riley – Yes Mr. Del Archuleta – Yes Dr. Tamra Mason – Yes Mrs. Monica Zamora – Yes Mr. Michael Brasher – Yes Mr. Trey Hammond – Yes Dr. Davin Quinn – Not Present Dr. Ken Lucero – Not Present Mr. Terry Horn – Not Present</p>

	<p>Mr. Kurt Riley, Chair, stated that the Meeting Minutes as identified below were acknowledged as received.</p> <ul style="list-style-type: none"> • Medical Executive Committee (MEC) February 15th and March 15, 2023 Meeting Minutes • UNMH BOT Quality and Safety Committee February 17th and March 17, 2023 Meeting Minutes • UNMH BOT Finance Committee February 22, 2023 Meeting Minutes • UNMH BOT Audit and Compliance Committee January 24, 2023 Meeting Minutes • UNMH BOT Native American Services February 8, 2023 Meeting Minutes 	
Vote to Re-Open Meeting	<p>At 1:20 PM Mr. Kurt Riley, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.</p>	<p>Mr. Trey Hammond made a motion to close the Closed Session and return to the Open Session. Mr. Michael Brasher seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Kurt Riley – Yes Mr. Del Archuleta – Yes Dr. Tamra Mason – Yes Mrs. Monica Zamora – Yes Mr. Michael Brasher – Yes Mr. Trey Hammond – Yes Dr. Davin Quinn – Not Present Dr. Ken Lucero – Not Present Mr. Terry Horn – Not Present</p>
XVII. Certification	<p>After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.</p>	<p>Mrs. Monica Zamora made a motion to approve the Certification. Mr. Trey Hammond seconded the motion. The motion passed with no objections.</p>
XVIII. Adjournment	<p>The next scheduled Board of Trustees Meeting will take place Friday, July 28, 2023 at 9:30 AM, via Zoom Conference Call. There being no further business, Mr. Kurt Riley, Chair, requested a motion to adjourn the meeting.</p>	<p>Mr. Trey Hammond made a motion to adjourn the meeting. Mrs. Monica Zamora seconded the motion. The motion passed unanimously. The meeting was adjourned at PM.</p>

Mrs. Monica Zamora, Secretary
UNM Hospital Board of Trustees

UNMH Board of Trustees Special Meeting Minutes 06 19 2023

<i>Agenda Item</i>	<i>Subject/Discussion</i>	<i>Action/Responsible Person</i>
UNM Hospital Board of Trustee Voting Members Present	Mr. Kurt Riley, Mrs. Monica Zamora, Mr. Del Archuleta, Mr. Trey Hammond, Dr. Davin Quinn, Dr. Ken Lucero, and Mr. Michael Brasher	
Ex-Officio Members Present	Mrs. Kate Becker, Dr. Mike Richards, President Garnett Stokes, and Dr. Alisha Parada	
Staff Members Present	Dr. Steve McLaughlin, Dr. Mike Chicarelli, Dr. Sara Frasch, Dr. Rohini McKee, Mrs. Patti Kelley, Dr. Dusadee Sarangarm, Mrs. Dawn Harrington, Mrs. Jennifer James, Mr. Ryan Randall, and Ms. Fontaine Whitney	
Non-Staff Members/ Not Public Input	N/A	
County Officials Present	N/A	
I. Call to Order	A quorum being established, Mr. Kurt Riley, Chair, called the meeting to order at 12:31 PM.	
II. Adoption of Agenda	Mr. Kurt Riley, Chair, asked for any revisions to the Agenda. Hearing no revisions, Chair Riley requested a motion to adopt the Agenda.	Mr. Michael Brasher made a motion to adopt the agenda. Mrs. Monica Zamora seconded the motion. Motion passed with no objections.
III. Public Input	N/A	
IV. Metropolitan Detention Center (MDC) Update	Mrs. Kate Becker, CEO, UNM Hospital, gave a status update of the Metropolitan Detention Center (MDC).	
V. SRMC Update	Mrs. Kate Becker, CEO, UNM Hospital, gave a status update of SRMC.	
VI. Items for Approval	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> • Huron Revenue Cycle Consulting Services - \$17,371,000 <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Huron Revenue Cycle Consulting Services (\$17,371,000) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH Special BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> • TigerConnect Bundle Clinical Collaboration Platform - \$4,800,000 <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the TigerConnect Bundle Clinical Collaboration Platform (\$4,800,000) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH Special BOT Finance Committee Meeting and they recommend approval.</p>	<p>Mr. Del Archuleta made a motion to approve the Huron Revenue Cycle Consulting Services (\$17,371,000) as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p> <p>Mr. Del Archuleta made a motion to approve the TigerConnect Bundle Clinical Collaboration Platform (\$4,800,000) as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p>

	<p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> CareFusion Solutions, LLC BD Pyxis - \$23,396,424 <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the CareFusion Solutions, LLC BD Pyxis (\$23,396,424) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH Special BOT Finance Committee Meeting and they recommend approval.</p> <p>Mrs. Bonnie White, Chief Financial Officer, UNM Hospital, presented the below request for review and approval (write-up in BoardBook).</p> <ul style="list-style-type: none"> Matheson Tri Gas – Critical Care Tower Bulk and Liquid Oxygen - \$4,383,953 <p>After discussion, Mr. Kurt Riley, Chair, requested a motion to approve the Matheson Tri Gas – Critical Care Tower Bulk and Liquid Oxygen (\$4,383,953) as presented by Mrs. White. Mr. Del Archuleta indicated this item was discussed in detail at the UNMH Special BOT Finance Committee Meeting and they recommend approval.</p>	<p>Mr. Del Archuleta made a motion to approve the CareFusion, LLC BD Pyxis (\$23,396,424) as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p> <p>Mr. Trey Hammond made a motion to approve the Matheson Tri Gas – Critical Care Tower Bulk and Liquid Oxygen (\$4,383,953) as presented. Mr. Michael Brasher seconded the motion. The motion passed with no objections.</p>
<p>III. Closed Session</p>	<p>At 1:24 PM Mr. Kurt Riley, Chair, requested a motion to close the Open Session of the meeting and move into Closed Session.</p>	<p>Mr. Michael Brasher made a motion to close the Open Session and move to the Closed Session. Mr. Trey Hammond seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Kurt Riley – Yes Mr. Del Archuleta – Yes Mrs. Monica Zamora – Yes Mr. Trey Hammond – Yes Dr. Davin Quinn – Yes Dr. Ken Lucero – Yes Mr. Michael Brasher – Yes Mr. Terry Horn – Not Present Dr. Tamra Mason – Not Present</p>
<p>Vote to Re-Open Meeting</p>	<p>At 1:32 PM Mr. Kurt Riley, Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.</p>	<p>Mr. Michael Brasher made a motion to close the Closed Session and return to the Open Session. Mr. Del Archuleta seconded the motion. Per Roll Call, the motion passed.</p> <p>Roll Call: Mr. Kurt Riley – Yes Mr. Del Archuleta – Yes Mrs. Monica Zamora – Yes Mr. Trey Hammond – Yes Dr. Davin Quinn – Yes Dr. Ken Lucero – Yes Mr. Michael Brasher – Yes Mr. Terry Horn – Not Present Dr. Tamra Mason – Not Present</p>

<p>IV. Certification</p>	<p>After discussion and determination where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.</p>	<p>Mr. Michael Brasher a motion to approve the Certification. Mrs. Monica Zamora seconded the motion. The motion passed with no objections.</p>
<p>V. Adjournment</p>	<p>The next scheduled Board of Trustees Meeting will take place Friday, July 28, 2023 at 9:30 AM, via Zoom Conference Call. There being no further business, Mr. Kurt Riley, Chair, requested a motion to adjourn the meeting.</p>	<p>Mr. Michael Brasher made a motion to adjourn the meeting. Mr. Trey Hammond seconded the motion. The motion passed unanimously. The meeting was adjourned at 1:34 PM.</p>

Mrs. Monica Zamora, Secretary
UNM Hospital Board of Trustees

Mission Moment UNM Cleft Team- Presentation to Board of Trustees

UNM CLEFT TEAM

Dr. Erica Bennett- Team Leader
Camille Walker CPNP-PC- Team Coordinator



UNM Cleft Team Patients

- Cleft impacts 1 in 700 births
- A cleft is a split or an opening in the lips or the palate
- A cleft impacts feeding, speech, hearing, dentition, and self esteem



Cleft Team Patients

- Patients typically undergo several surgeries in childhood
- The timing and sequencing of surgery is critical to outcomes



UNM Cleft Team Patients

- The only comprehensive cleft care clinic in New Mexico
- Native Americans are disproportionately impacted by cleft
- Close to 50% of our patients live outside of Albuquerque
- Over 500 patients are in active treatment with our team
- Patients are followed by our team from prenatal diagnosis into adulthood



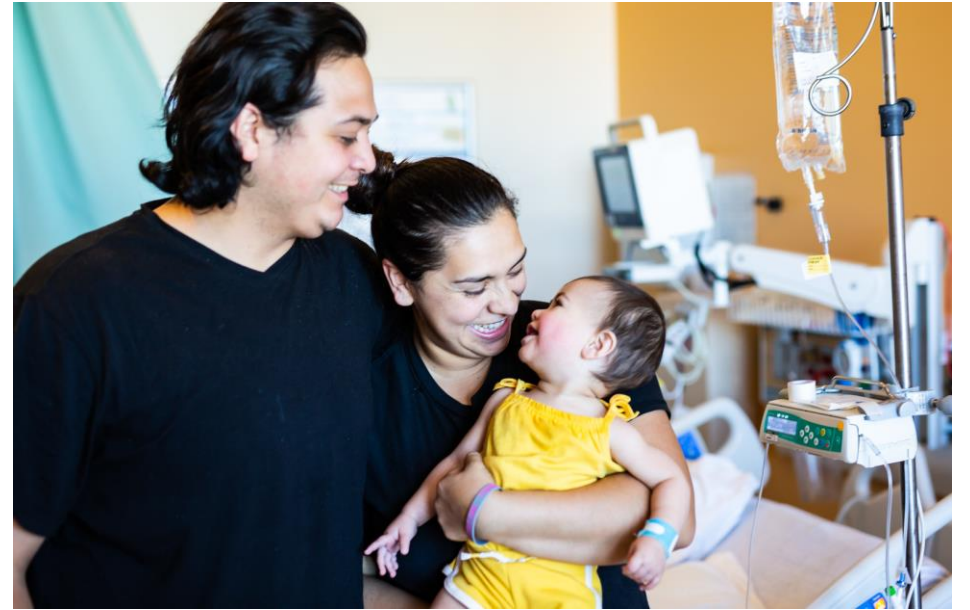
UNM Cleft Team History

- Established in 2012 by Dr. Erica Bennett
- The first and only team in New Mexico approved by the American Cleft Palate Association
- Multidisciplinary Team
 - Cleft surgery
 - Pediatric Otolaryngology
 - Oral Maxillofacial Surgery
 - Orthodontics
 - Audiology
 - Speech Pathology
 - Pediatrics
 - Nursing
 - Social Work
 - Psychology



UNM Cleft Team Goals

- Our team is growing and would like to offer more services over time
 - Newborn naso-alveolar molding with our orthodontist
 - Cleft specific speech therapy
 - Counseling services for patients and families
 - Increased staff for care coordination
 - More clinical space to improve access to clinic appointments and surgery
 - Recruiting additional team members- pediatric dentistry, child life, genetics, nutrition, and full time social work support





CLEFT AWARENESS Month

DELIVERING FOREVER SMILES 

Patient Story

Daniel's family learned of his cleft lip and palate at their 20 week ultrasound. Before he was born, they met with our cleft team to learn more about his condition and what to expect. They live 4 hours from UNM.

Daniel's family graciously allowed our team to document his first two cleft surgeries. He is now the poster child you will see on the Lomas Bridge every July for Cleft Awareness Month.

Daniel will need several more surgeries as he grows. He continues to require frequent visits with our team to monitor his hearing, speech, feeding, and dental health.



Section VII. Elect New UNMH BOT Executive Committee

Section VIII. UNMH BOT New and Reappointment of Members

Trey Hammond Resume

Resume for Rev. Trey Hammond

Education

Master of Environmental Science | University of Texas at Dallas, Spring 1986
Master of Divinity | McCormick Theological Seminary, Chicago, IL Spring 1980
Bachelor of Science | Southern Methodist University, Dallas, Spring 1975

Work History

Pastor, La Mesa Presbyterian Church, Albuquerque, NM, October 1999 - Present
Coordinator for Urban Ministry, Presbyterian Church USA, Louisville, KY
September 1996 - September 1999
Pastor, Trinity Presbyterian Church, Dallas, TX February 1987 - August 1996
Associate Pastor, NorthPark Presbyterian Church, Dallas, TX, Sept. 1982 - January 1987
Pastor, Highland Hills Presbyterian Church, Dallas, TX March 1980 - August 1982

Community Service

Interfaith Housing Coalition, Dallas TX, Consultant, Board Member 1984-1988
Downtown Dallas Family Shelter, Consultant, Board Member, 1984-1989
Dallas City Homes, Board President, 1989-1994
Greater Dallas Community of Churches, Board Vice President, 1989-1991
Homeless Advocacy Coalition, Albuquerque, Board Member, 2001-2005
Metropolitan Homelessness Project, Albuquerque, Founding Board President, 2003- 2012
Heading Home, Board Member, 2015- Present
Hogares, Albuquerque, Board Member, 2010-Present
Samaritan Counseling Center, Albuquerque, Board Member, 2010-2016
Centro Savila, Albuquerque, Board Member, 2017-Present
Albuquerque Interfaith, Co-Chair, Executive Team, 2001-Present

Publications

“Homelessness: The Church Responds to an Enduring Tragedy,” *Church and Society*,
PC(USA) 2001, Won an Award of Excellence, Associated Church Press
Exposure and Risk: A Half Century of Urban Ministry, with George Todd, 2016

Anjali Taneja CV April 2023 Resume

ANJALI TANEJA MD, MPH, FASAM

BOARD-CERTIFIED IN FAMILY MEDICINE & ADDICTION MEDICINE; BILINGUAL PHYSICIAN & COMMUNITY ADVOCATE

CERTIFICATION AND LICENSURE / LANGUAGES SPOKEN:

- Board Certified Diplomate, American Board of Family Medicine
- Board Certified Diplomate, American Board of Addiction Medicine
- Fellow of the American Society of Addiction Medicine
- New Mexico Medical License; federal DEA license
- Advanced Trauma Life Support (ATLS), Advanced Life Support in Obstetrics (ALSO), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) certifications
- Languages Spoken: English (fluent), Spanish (proficient)

EMPLOYMENT:

9/2015-present Executive Director and Medical Director

Justice, Access, Support & Solutions for Health (501c3 org), dba Casa de Salud, Albuquerque, NM
Executive Director (ED) and family physician practicing primary care and addictions care at Casa de Salud – a culturally humble, anti-racist, walk-in, fair-priced integrative (western clinicians and eastern and traditional healers) primary care clinic and healing space in Albuquerque’s South Valley. ED role includes supporting high quality healthcare delivery with eastern and traditional and western medicine; supporting health advocacy work; inspiring clinician leadership; educating youth in healthcare leadership through a unique health apprentice fellowship; supporting health navigation work; developing business models and securing stable funding; and developing and implementing a vision for the growing organization. The organization serves insured, uninsured, undocumented, and otherwise marginalized populations (immigrants, queer and transgender/gender nonconforming community members, people with addictions, and more). The clinic operates a syringe exchange and harm reduction program and provides buprenorphine medication and holistic healing options for opioid/heroin addiction. www.casadesaludnm.org // @casadesaludnm

2017-present Community/Volunteer Faculty as Clinical Assistant Professor, Department of Family and Community Medicine, University of New Mexico

Volunteer community faculty, providing education, mentorship and preceptorship to UNM medical students doing clinical rotations at Casa de Salud.

8/2009-present Associate Medical Staff, Emergency Room, Crownpoint IHS Healthcare Facility – Crownpoint, NM.

Emergency Room shifts at this small rural Indian Health Service hospital in Navajo Nation. Daytime shifts include coverage of the emergency room and urgent care, overnight shifts include coverage of the ER, urgent care, and the adult and pediatric inpatient service. **8/2009-10/2012 then 9/2015-present.**

2019-2020 Emergency Room Physician, Acoma Canoncito Laguna (ACL) IHS Hospital – San Fidel, NM.

Served 2-4 shifts per month in the ER at ACL Hospital.

2/2015-12/2015 On-Call/Part-time physician, La Clinica de la Raza – Oakland, CA and Pittsburg, CA.

Part-time physician, treated urgent care and walk-in patients at La Clinica de la Raza community clinic system.

11/2012-9/2014 Medical Director at Iora Health – Las Vegas, Nevada.

Led the clinical and operations work of the first Iora Health clinic (Iora Health subsequently was bought by One Medical, which was recently bought by Amazon). The first Iora Health clinic was a unique and innovative clinic specifically serving Culinary Workers Union members with multiple chronic and severe medical conditions. This was Iora Health’s first clinic as a startup company, as well as the clinic with the highest acuity. Developed a number of innovative approaches to complex care in the outpatient setting and reducing hospitalizations. Led a team of physicians, nurses, social workers, and health coaches. Also helped develop and staff Iora Health’s second clinic in Las Vegas, Turntable Health. www.iorahealth.com

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6/2011-12/2012 Medical Director and Clinician at Recovery Services of New Mexico; Medical Director of Methadone Program at Metropolitan Detention Center – Albuquerque, New Mexico.

Clinical care and management of two outpatient addiction medicine clinics, as well as medical directorship of the Methadone treatment program at the Metropolitan Detention Center in New Mexico, which was one of only a handful of methadone treatment programs in jails around the country.

9/2009-3/2012 Physician at Casa de Salud -- Albuquerque, New Mexico.

Served as a lead physician at this innovative, fair-priced direct primary care and integrative medicine clinic in the South Valley of Albuquerque. Range of responsibilities and leadership included administrative, clinical care, system and quality improvement, and advocacy for system and policy improvements in healthcare. Strengthened the clinical offerings of the clinic; implemented team-building QI systems; worked with local and national foundations to raise \$300k for the clinic's programs (from RWJF, WKKF Foundation and others); helped develop the clinic's harm reduction program, the needle exchange program, and the medication-assisted therapy for opiate dependence program at the clinic; helped oversee the training of health apprentices comprised of mostly minority college students from the community interested in health science careers; advocated for healthcare access improvements for the uninsured.

9/2008-7/2009 Part-time Staff Physician at Homeless Healthcare Los Angeles – Los Angeles, California.

Provided medical care for homeless patients at a walk-in needle exchange/harm reduction clinic in the Skid Row area of downtown Los Angeles.

5/2003-5/2004 Jack Rutledge Fellow for Universal Health Care and Eliminating Health Disparities American Medical Student Association (AMSA) – Reston, VA

Served in competitive full-time one-year paid fellowship at the national AMSA office, focusing on its strategic priorities of Universal Health Care, Eliminating Health Disparities, and Fighting Global HIV/AIDS. Spoke at over fifty medical schools, conferences, and rallies around the country; worked with other organizations on these issues; and lobbied Congress. Created and implemented the 1st Sea-Couver (Seattle/Vancouver) Health Systems Study Tour of the US and Canada; co-produced a 30 minute "Sea-Couver" video of perceptions of healthcare in the US and Canada; developed the AMSA Pre-convention meeting on Medical Student Action and Health Disparities (attended by students and faculty representing 30 U.S. medical schools); organized the Universal Health Care Task Force; strengthened AMSA's Universal Health Care Grassroots Network.

POST-GRADUATE TRAINING:

5/2008-5/2009 Fellowship in Transforming Primary Care, Department of Family Medicine, Harbor-UCLA

Completed an academic fellowship: areas of focus included resident education, chronic pain, addictions, & homeless medicine. Served at a drop-in needle exchange clinic and provided wound care and more to homeless drug users. Provided education about chronic pain and addictions. Served as inpatient family medicine attending and precepted family medicine residents in outpatient settings.

5/2007-5/2008 Chief Resident in Education, Department of Family Medicine, Harbor-UCLA

5/2005-5/2008 Family Medicine Internship and Residency, Department of Family Medicine, Harbor-UCLA

ANJALI TANEJA MD, MPH, FASAM

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EDUCATION:

- June 2005 **Doctor of Medicine**, Rutgers New Jersey Medical School (formerly UMDNJ-NJ Med School, Newark, NJ)
- January 2000 **Masters in Public Health**, Columbia University Mailman School of Public Health, NYC
- Dec 1998 **Bachelor of Arts in International Relations; and Bachelor of Arts in Biology**, Lehigh University, PA

LEADERSHIP:

- July 2021-now **Appointed to New Mexico Primary Care Council, and serve as Chair of the Equity Workgroup**
<https://www.hsd.state.nm.us/primary-care-council/>
- July 2020-now **Appointed to Health Committee, Governor's Council on Racial Justice**
<https://www.governor.state.nm.us/2020/07/31/governor-announces-council-for-racial-justice/>
- 2017-present **Appointed Member, Bernalillo County Addictions Treatment Advisory Board (2017-present)**
Vice Chair, Bernalillo County Addictions Treatment Advisory Board (2019-2020)
Provide expert advice and guidance to Bernalillo County (Albuquerque, New Mexico and surrounding cities) in improving addictions treatment and coordination among the jail, courts, county, and community providers.
- 2016-2019 **Robert Wood Johnson Foundation Clinical Scholar, 2016-2019 cohort**
Lead clinician of 5-member interdisciplinary clinician team (at Casa de Salud clinic and Centro Savila clinic) selected as RWJF Clinical Scholars 2016-2019. New Mexico team was one of eight Clinical Scholars teams around the country. 3 year leadership training and funding provided for "Connection, Civic Engagement, and Healing: An Innovative Community Based Approach to Addictions in NM." <http://clinicalscholarsnli.org/>
- 2016-2017 **Member and Speaker, Creating Health Collaborative, a project of Bridging Health & Community**
Selected as one of 15 members of the 2016 cohort of the Creating Health Collaborative – a gathering of international leaders working individually to understand and create health 'beyond the lens of health care', in New York City, July 2016. Presented innovative community-based work of Casa de Salud. The Creating Health Collaborative is a project of the organization Bridging Health and Community.
<https://www.healthandcommunity.org/the-collaborative/>
- 2016-2017 **40 Under 40 Vanguard, Next City Vanguard 2016**
Selected as one of 40 leaders under 40 years of age to participate in a yearlong cohort of leaders working to improve cities across sectors, including health, transportation, urban planning, community development, government, sustainability, and more. www.nextcity.org/vanguard
- 2005 – 2011 **Founding member; Elected member of Board of Directors – National Physicians Alliance**
Founding member of the board 2005-2007. Appointed member, 2007-2008. Elected member, 2008-2011.
- 2010-2011 **Co-coordinator, Healing Justice conference track for the Allied Media Conference, Summer 2011**
Along with two other national leaders, coordinated workshop proposals, caucuses, and healing practice space at the Allied Media Conference in Detroit, Michigan, a conference that gathers 1200+ attendees.
- 2010 **Head Physician for medical response teams for the US Social Forum in Detroit, MI**
Worked with the US Social Forum national coordinators, the local Detroit healing justice community, and the Detroit city emergency medical team, and trained 50+ volunteer medical and healer practitioners from around the country, to ensure medic presence at the event, which attracted more than 18,000 participants.

ANJALI TANEJA MD, MPH, FASAM

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- 2009-2010 **Core Member of the Peoples Movement Assembly Working Group on Healing and Liberation, United States Social Forum, Detroit, MI**
Planned and coordinated the 1st ever PMA on Healing & Liberation, attended by 200+ healthcare providers, healers, community health workers, activists for a discussion about health justice & community activism.
- 2002-2003 **Member, Board of Trustees, American Medical Student Association (AMSA)**
- 2001-2002 **National Coordinator, AMSA Occupational and Environmental Health (OEH) committee**

SPEAKING ENGAGEMENTS/PODCASTS/TV:

- **Co-host, New Mexico Ethics in Business Awards**, April 2023. <https://ethicsinbusinessnm.com/>
- **Faculty presenter at Andrew Weil Center for Integrative Medicine, Univ of Arizona College of Medicine, Tucson, Arizona.** Presented to Integrative Medicine Fellows from around the country, on “**Building Power with Community and Creating Anti-Racist, Integrative Healthcare Systems**” Feb 2023, Nov 2022, and Feb 2022.
- **Presenter, Health Equity Grand Rounds, Ventura County Medical Center** “Solidarity Medicine: Creating Integrative, Anti-Racist Systems of Care and Building Power with Community”, February 2022.
- **Opening Keynote Speaker at Integrative Medicine for the Underserved Conference** (theme of conference: Decolonizing Medicine: Towards Equity and Inclusivity in Integrative Healthcare), September 2021.
- **Plenary Speaker at the National Conference on Health and Domestic Violence conference**, April 2021. Plenary speaker at “Healing Histories / Healing Justice” and strategy session speaker at “Healing Justice Strategy Session: Learning from the History of the Medical Industrial Complex to Shape our Future” <http://www.nchdv.org>
- **Speaker at the Beyond Flexner: Social Mission in Health Professions Education virtual conference**, April 2021. “Health Apprenticeship: A Model for Transforming and Diversifying the Healthcare Workforce” <https://www.beyondflexner.org/beyond-flexner-conference-2021.html>
- **Speaker at the Robert Wood Johnson Foundation Clinical Scholars virtual workshop “Alumni Panel on Clinician Entrepreneurship”** during the Clinical Scholars 2021 Spring Institute, April 2021.
- **Keynote speaker at Patient Experience Summit, by Cleveland Clinic & HIMSS.** “Healthcare’s Role in Building Power with Community” Feb2021 <http://www.empathyandinnovation.com/cleveland/2020/session/closing-keynote>
- **Speaker at the Communities in Partnership: Ensuring Equity in the Time of COVID-19 webinar series** sponsored by Robert Wood Johnson Foundation Clinical Scholars Program, the UNC Center for Health Equity Research, and CCPH. Jan 2021. <https://clinicalscholarsnli.org/blog/health-equity-leadership-lessons-covid/>
- **Speaker at the Integrative Medicine Symposium.** “Building Power with Community and Undoing Harm: Lessons from an Integrative Healthcare Model in New Mexico.” January 2021. <https://integrativemedicinesymposium.org>
- **Speaker at the Integrative Medicine for the Underserved annual conference.** “Building power with community & undoing harm: Lessons from a model of nonprofit integrative healing and solidarity” August 2020. <http://im4us.org>
- **Keynote speaker at the Liberation Medicine (Doctors for Global Health) virtual national conference** August 2020. “Healing Histories: Disrupting the Medical Industrial Complex” with Cara Page <https://dghonline.org/>
- **Panelist on Drug Policy Alliance’s Improving Substance Use Disorder Treatment During and After the COVID-19 Pandemic workshop**, June 2020. <https://drugpolicy.org/resource/improving-substance-use-disorder-treatment-during-and-after-covid-19-pandemic>
- **Interviewed on “Apocalypse Survival Skill: Casa de Salud”** at the “**How to Survive the End of the World**” podcast. <https://www.endoftheworldshow.org/blog/2020/5/29/apocalypse-survival-skill-8-casa-de-salud>, May 2020.
- **Co-producer, host and speaker on the Fortification Podcast series – COVID-19 edition**, April 2020. <https://auburnseminary.org/fortification/>
 - **Speaker on Part 1: Past: Rooting in histories, we have been here before.**
 - **Host on Part 2: Present: What is emerging in COVID times?**
- **Big Idea Talk (video) at Robert Wood Johnson Foundation Clinical Scholars Program**, Sept 2019. “Reimagining Health, Transforming Shame” <https://clinicalscholarsnli.org/>
- **Speaker at Integrative Medicine for the Underserved Conference** half-day workshop “Health Apprenticeship: A Model for Transforming the Healthcare Workforce”, San Jose, CA, August 2019. www.im4us.org

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- Speaker at **Healing Justice Institute at the Grantmakers in Health annual conference**, Seattle, June 2019.
- Interviewed on **New Mexico in Focus TV program**, in segment called “Doctors Describe Innovative Health Apprenticeship Program” Nov 2018. https://www.youtube.com/watch?v=p2ybTeh7Rq0&feature=emb_logo
- Panelist at **Allied Media Conference** workshop “Healing Justice Lineages: A Story Circle,” Detroit, June 2018.
- Panelist at **New Mexico Public Health Association 2018 Conference** workshop “Raices Fuertes – Building Strong Roots to Address Opioid Pain Pill and Heroin Addictions in Bernalillo County,” Albuquerque, April 2018.
- Panelist at **Robert Wood Johnson Foundation Health Policy Research Scholars Winter Institute**, at closing panel “Multisector Efforts to Build a Culture of Health in Albuquerque” in Albuquerque, NM, January 2018.
- Presenter at **Integrative Medicine for the Underserved national conference**, Chicago, Aug 2017. “The role of health centers in providing culturally humble, anti-racist integrative care, & in building towards collective liberation”
- **Invited Speaker at the International Creating Health Collaborative**, NYC July 2016. Presented Casa de Salud’s model of care. <https://www.pstamber.com/projects/the-creating-health-collaborative/>
- Panelist at **Next City Vanguards conference** talk “Urban Planning’s Role in Health” Houston 5/2016
- Workshop presenter: “Movement Strategies for Healing Justice” **Creating Change Conference**, Denver, 2/2015
- Coordinator & presenter for **Primary Care Progress’ Clinical Innovation Webinar**: “Culinary Extra Clinic: Health Coaching, Relationship-Building, and Collaboration to Care for our Sickest Patients” September 2013.
- Workshop coordinator and co-presenter: “Alternative Economies of Care, Sustainable Health Collectives, and Social Magic” workshop at the **Allied Media Conference**, Detroit, MI, June 2011.
- Workshop coordinator and co-presenter: “Stories that Feed our Bodies and Communities, Media Tools for Healing” workshop at the **Allied Media Conference**, Detroit, MI, June 2011.
- Workshop coordinator and speaker, “Health is Dignity and Dignity is Resistance” workshop on health collectives, at **United States Social Forum**, Detroit MI, June 2010.
- Workshop coordinator and speaker “Health is Dignity and Dignity is Resistance” workshop on health collectives online and offline, at the **Allied Media Conference**, Detroit, MI, June 2010.
- Panelist, “Open Source Advocacy: The Intersection of Collaborative Technology and Drug Policy Reform”, **International Drug Policy Reform Conference**, Albuquerque, November 2009.
- Speaker, “From the Netroots to the Healthroots”, focusing on the potential of the internet for grassroots organizing around healthcare justice, **United States Social Forum**, Atlanta, Georgia, June 2007.
- Panelist, “Hijacking the Masters’ Tools” (online tools for social justice), **Allied Media Conference**, Detroit, 2007.
- Speaker, “From the Netroots to the Healthroots”, **Natl Physicians Alliance 2nd Annual Mtg**, Wash, DC 3/2007
- Speaker, “Peanut Butter & Jelly Sandwiches, the Web 2.0, and Blogging Health Justice”, **National Physicians Alliance first annual meeting**, March 2006.
- Panelist, **Health Care for All-New Jersey state forum with then-Senator Corzine (NJ)** and others, May 2004.
- **Master of Ceremonies, Rally on Global HIV/AIDS, American Medical Student Association Natl Convention**, Kansas City, MO, March 2004.
- Speaker, “Organizing for Social Change”, **American Medical Student Association Global Health Political Leadership Institute**, February 2004.
- **Rally speaker, World AIDS Day event**, with 10 national organizations & over 1000 attendees, Wash DC, Nov 2003.
- Panelist, **Global AIDS Alliance National Conference**, September, 2003.
- **Rally speaker, Peoples Economic Human Rights Campaign National March** on Washington, August 2003.
- Panelist, “Legislative Updates for Future Physicians”. **American Assn of Physicians of Indian Origin (AAPI) National Convention**, Orlando, FL, June 2003.
- Speaker “Health Care: Commodity or Public Good?” **Washington Institute for Health Policy Leadership**, 6/2003

PUBLICATIONS AND CITATIONS:

- **Book chapter: Taneja, A., Wagner, B. “Transforming Opioid Addictions Care in New Mexico: Combining Medication Treatment with Patient Autonomy, Civic Engagement and Integrative Healing”** in *Leading Community Based Changes in the Culture of Health in the US: Experiences in Developing the Team and Impacting the Community*. Open source access at: <https://www.intechopen.com/chapters/77358>.

ANJALI TANEJA MD, MPH, FASAM

BOARD-CERTIFIED IN FAMILY MEDICINE & ADDICTION MEDICINE; BILINGUAL PHYSICIAN & COMMUNITY ADVOCATE

- **Taneja, A**, Villanueva, D, Cordova, L, Porterfield, K, Wagner, W. 2019. Toolkit for Community-Based Approach to Addressing Opioid Addictions in New Mexico. www.clinicalscholarsnli.org
- **Taneja, A**. Creating Health Collaborative abstract on Casa de Salud clinic, published in “Fostering Agency to Improve Health: 12 Principles Key to the Future of Health” report, March 2017, by Bridging Health and Community.
- **Taneja, A.**, Taneja, N. Produced “Sea-Couver” video documentary of perceptions of universal health care from American & Canadian citizens. Footage from Sea-Couver Study Tour in Seattle & Vancouver, 2005 (run time: 30 min)
- **Taneja, A.**, Oshman, L., Kirkhart, C. “Medical Student & Faculty Collaboration: Addressing Health Disparities through Curricular Reform & Community Interventions.” Abstract and poster presented at “Overcoming Health Disparities: Global Experiences from Partnerships between Communities, Health Services, and Health Professional Schools” conf (sponsored by Community-Campus Partnerships for Health and Towards Unity for Health), Oct 2004.
- Oshman, L., **Taneja, A.** Medical Students’ Knowledge and Beliefs about Health Policy Issues. Abstract and poster presented at Society of Teachers of Family Medicine Spring 2004 Conference, Toronto, Canada, May 2004.

AWARDS:

- **New Mexico Ethics in Business award recipient, April 2022** (received the statewide PNM Award for Individual Excellence in Ethical Business Practice, in Honor of John Ackerman) <https://ethicsinbusinessnm.com/>
- **Named as one of GO Magazine’s 100 Women We Love, Class of 2020** <http://gomag.com/article/wwl-2020/90/>
- **Robert Wood Johnson Foundation Clinical Scholar**, 2016-2019. <https://clinicalscholarsnli.org/>
- **Jeanne Gauna Social Justice Spirit Award Recipient**, 2017 (10 women in New Mexico honored each year).
- **Invited member of 2016 Creating Health Collaborative international cohort of health systems innovators** <https://www.pstamber.com/projects/the-creating-health-collaborative/>.
- Next City Vanguard fellow (40 urban leaders under 40 years of age), 2016. <https://nextcity.org/vanguard>
- Emerge New Mexico Political Leadership training for women in NM, 2010.
- New Jersey Medical School Alumni Association Scholarship, 2004.
- Grant Awardee, Short-Term Training Program of the National Heart, Lung and Blood Institute, 2001, for research in mapping childhood asthma hospitalization rates by zip code in New Jersey.
- Iacocca Scholars Program fellow, Iacocca Institute (global entrepreneurship training), Lehigh University, 1996 -1998.
- Dean's Scholar, Lehigh University merit scholarship, 1995 – 1998, and Phi Beta Kappa National Honor Society, 1998.

ONLINE COMMUNITY DEVELOPMENT // HEALTH WORKER ORGANIZING // WRITING:

- 2017-2021** **Co-Founder, Healing Histories Project.** Worked with 2 other cofounders to lead and manifest a project to map out an intersectional timeline of history of COVID, and contributed to development of a timeline of medical industrial complex, and other popular education tools for use in medical education and elsewhere. Also personally developed the first website for this project, 2021-2022. <https://healinghistoriesproject.com/>
- 2007-2013** **Co-Founder, Cure This online health justice community** <http://www.curethis.org>
Created online health justice community website, open to patients, health care workers, advocates, policymakers, with over 1000 members and over 100 contributors since 2007. Reviving site in 2023.
- 2008-2010** **Staff writer, LAist.com** (<http://www.laist.com>). Contributed regularly to Los Angeles’s largest blog.
- 2007-2009** **Development and maintenance of first National Physicians Alliance Blog**
- 2006-2009** **Development of 1st family med residency blog in the U.S., at Harbor-UCLA Family Med Dept**

ANJALI TANEJA MD, MPH, FASAM

BOARD-CERTIFIED IN FAMILY MEDICINE & ADDICTION MEDICINE; BILINGUAL PHYSICIAN & COMMUNITY ADVOCATE

DJ/MUSIC AND RADIO:

- 1998-present** DJ at numerous venues and events in Albuquerque, Los Angeles, Las Vegas, New York City
- 2003-2004** Regular weekly speaker/contributor for “Heal DC” health justice radio show, 89.3 WPFW, Washington, DC
- 1999-2006** DJ at monthly “MUTINY” South-Asian influenced experimental electronic music events in NYC.
- August 2000** Radio station manager, radio class teacher, & DJ at Camp AmeriKids (camp for children with HIV).

Section IX. UNMH BOT Committee Assignments

Section X. UNMH BOT Retreat

UNMH Bernalillo County Update to UNMH BOT July 2023 McNease



UNM HOSPITAL – BERNALILLO COUNTY

METROPOLITAN DETENTION CENTER PARTNERSHIP
UNMH BOARD OF TRUSTEES JULY 28, 2023

RODNEY MCNEASE SR. EXEC. DIRECTOR GOVT. AFFAIRS

UNMH – Bernalillo County Partnership

Relationship based in 1952 Contract

- Created Bernalillo County – Indian Hospital, today known as UNMH
- Requires mill levy supporting the Hospital be placed on the ballot by the County every eight years
- Current mill levy support to the Hospital is just over \$100M per year

Deepened and expanded over time

- Memoranda of Understanding created in connection with mill levy renewals
- The current MOU was signed in 2018 following negotiations regarding the 2016 mill levy
- 2018 MOU emphasized importance of behavioral health and accountability
- Created a number of new reporting mechanisms

Behavioral health partnership

- Hospital allocates an amount equal to 15% of the mill levy funding to support of behavioral health services
- Partnered to support medication assisted treatment at the County's CARE Campus
- Created joint BH strategic plan and roadmap for expanded access to care, including transitional age clinic and intensive outpatient treatment
- Partnered to create the Behavioral Health Crisis Center, currently under construction next to the University Psychiatric Center

Health Care Challenges at MDC

Medical healthcare

- Rapid inmate turnover, requiring assessment of 40-50 new patients per day
- Approximately 30% of inmates have existing chronic medical health conditions
- Need for timely assessments, including lab results

Behavioral healthcare

- Approximately 50% of inmates have existing behavioral health diagnoses
- Approximately 350 inmates are on methadone or suboxone
- Approximately 80-120 inmates per day are detoxing

Deaths in custody

- 20+ deaths at MDC since 2020
- Includes deaths of inmates who were detoxing

Community Health Crisis at MDC

Bernalillo County appealed to UNMH as its partner for help with healthcare at MDC

- Deaths and poor health outcomes for inmates
- Instability due to contracted provider turnover
- Expertise from longstanding behavioral health partnership

Commitment to partnership for solutions

- Tackling this community health crisis together in a sustainable way
- Creation of a “healthcare authority” for MDC through a Joint Powers Agreement
- Shared governance and liability protection

Metropolitan Detention Center Healthcare Authority

- Has been formed and will hold initial meeting on July 13th at the Ken Sanchez Commission Chambers at Bernalillo County
- Will approve all need legal documents related to the services agreement and scope of work for UNMH to provide Healthcare Services at MDC starting July 26th.
- Will meet quarterly going forward
- Initial Budget Finalized to complete MDC Scope of Work

Staffing MDC

- All current medical providers at MDC have submitted applications and paperwork for credentialing at UNM and are in the process of hiring under UNM Medical Group.
- Significant interest from UNMH providers in Addictions, Psychiatry, Internal Medicine and Emergency Medicine
- Existing UNM providers must commit to .20 FTE at MDC in order to assure continuity.
- 50 FTE existing Yes Care staff have provided resumes for moving to UNMH employment.
- In Addition UNMH HR has hired new staff for MDC. As of last week up to 83 total hires for MDC. Great job HR Team
- Interviews scheduled for MDC Executive Director

Operational Work

- Cerner EMR will be placed at MDC to integrate with the rest of UNM Health.
- New forms built in Cerner for Corrections work. Consultation with Cook County and Jackson Health in Miami that use Cerner in corrections setting.
- IT Equipment and data transfer and network configuration ongoing
- UNMH will provide pharmacy services for MDC replacing the current contract vendor.
- UNMH will use Tricare Labs to assure lab integration into EMR
- Extensive workflows and process mapping for Medical, Behavioral Health and Dental Services.
- Review and purchase of needed medical supplies and equipment

Regulatory Compliance

- Review and understand of McClendon Settlement Requirements, Check Out Audits and Corrective Action Plans
- Department of Health Licensure for MDC as a new UNMH Clinic
- Pharmacy and DEA licenses have been obtained.
- Review to assure compliance National Correctional Healthcare Care standards
- Participation and discussion with McClendon Federal Monitors for both Medical and Behavioral Health Services
- Document review with McClendon Settlement attorney from Bernalillo County
- All policies and procedures reviewed for day one

Questions?

UNMH_SRMC Update for UNMH BOT July 28 2023



UNM HOSPITAL BOARD OF TRUSTEES
JULY 28, 2023

UNMH/SRMC Update

KATE BECKER, UNMH CEO

Why are we bringing SRMC under the UNMH license?

- Expanded educational opportunities
- Continuity of care for patients
- Financial stability

Educational Opportunities

- SRMC has very limited ability to support graduate medical education (GME)
- Under the UNMH license, GME at SRMC can be expanded

Continuity of Care

- Transfers between SRMC and UNMH currently require discharge and readmission
- Under the UNMH license, patients can be transferred between SRMC and UNMH just as if they were being transferred between units at UNMH

Financial Stability

- SRMC does not have access to academic hospital reimbursement models
- Under the UNMH license, the academic reimbursement model applies to admissions at both campuses

Work in Progress

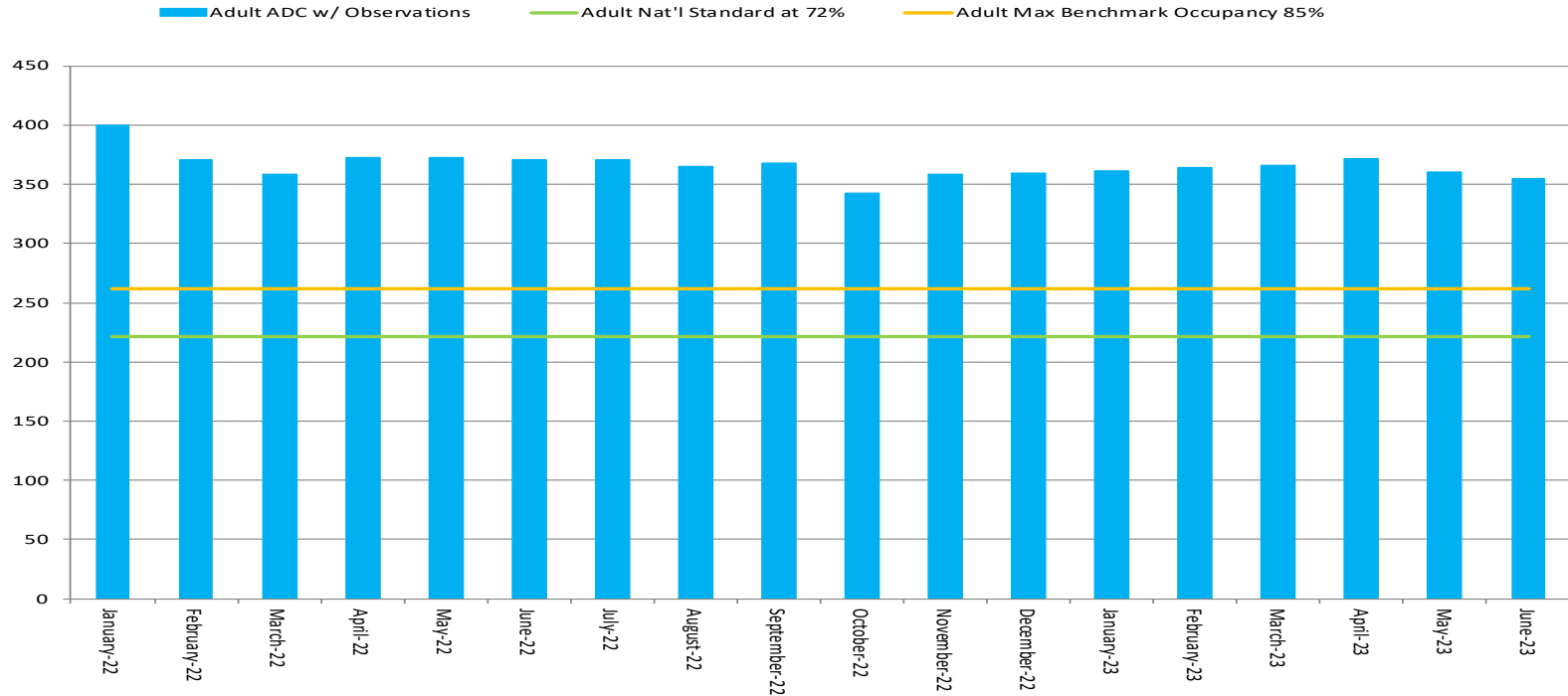
- Ten work stream groups are currently reviewing process and policies in preparation for the move
- External support has been engaged to help with the consolidation of mortgages and approval from HUD
- Closing is expected at the end of December 2023, with an effective date of Jan. 1, 2024.

PD 11_12 Finance BoT

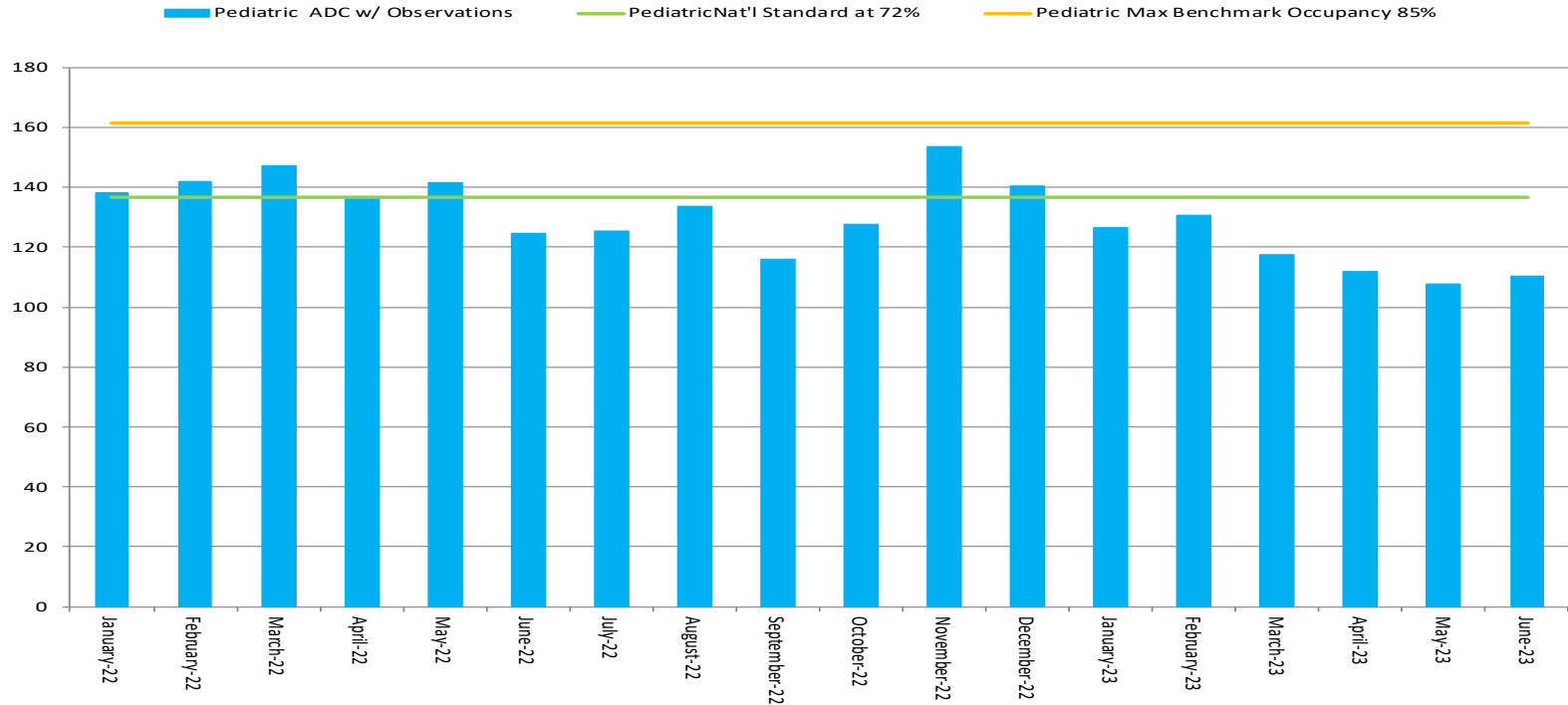
UNM Hospital

Financial Update
Through May 2023 with Statistics through June 2023

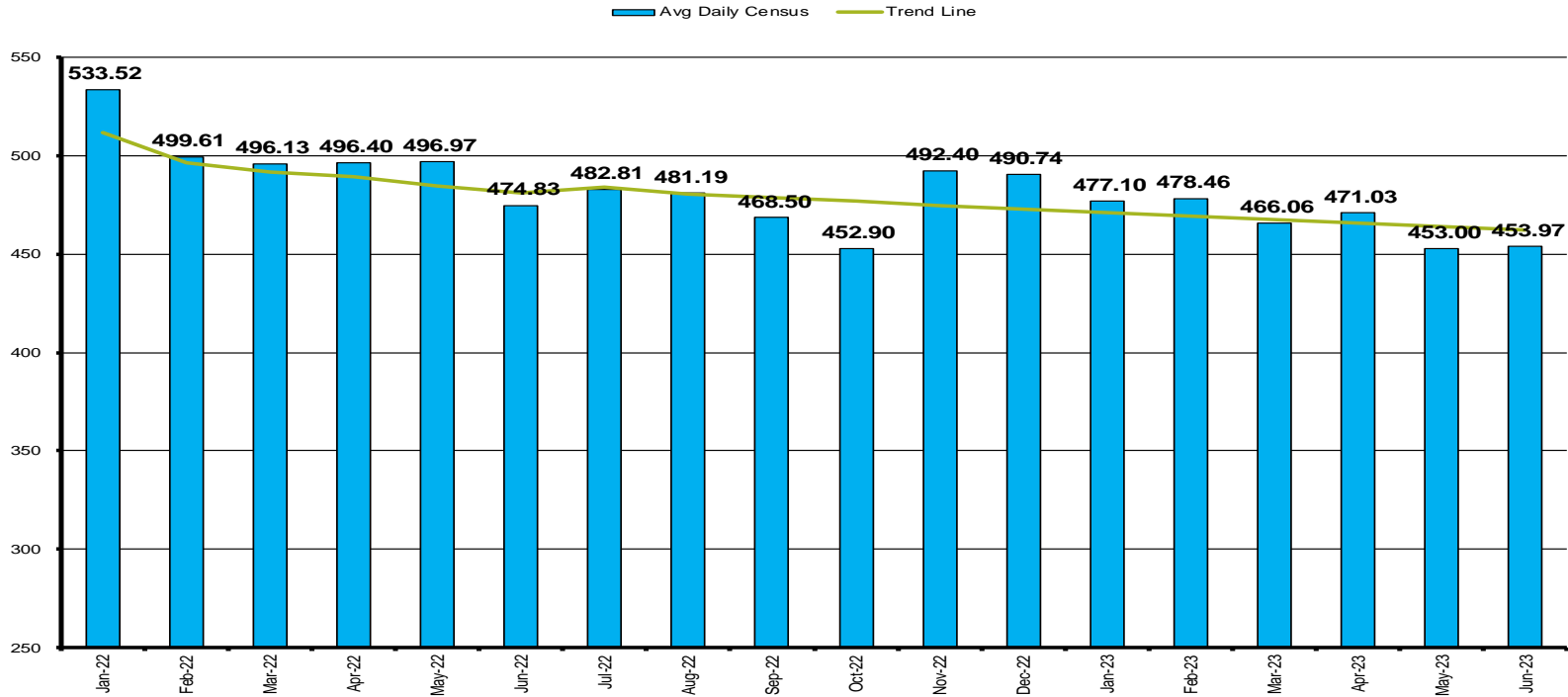
UNM Hospital Adult Capacity Through June 2023



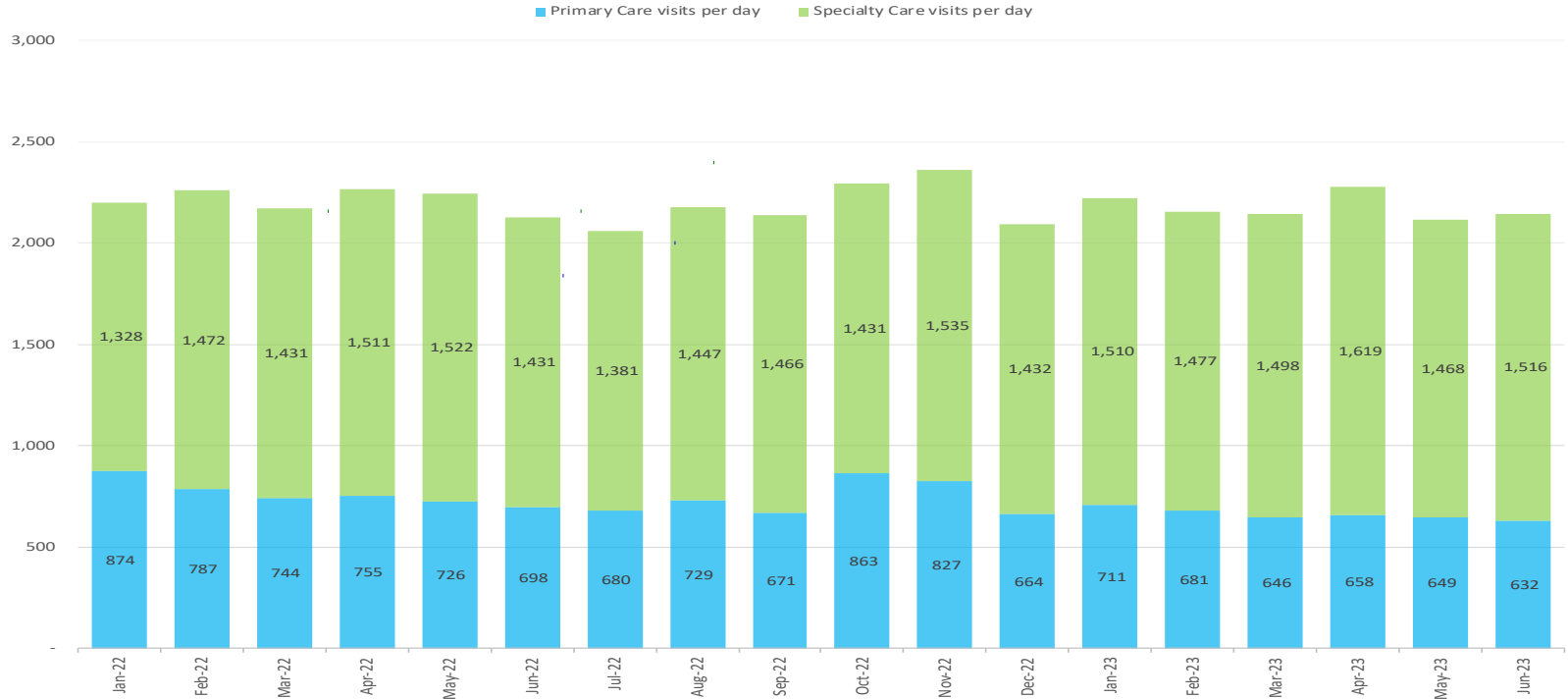
UNM Hospital Pediatric Capacity Through June 2023



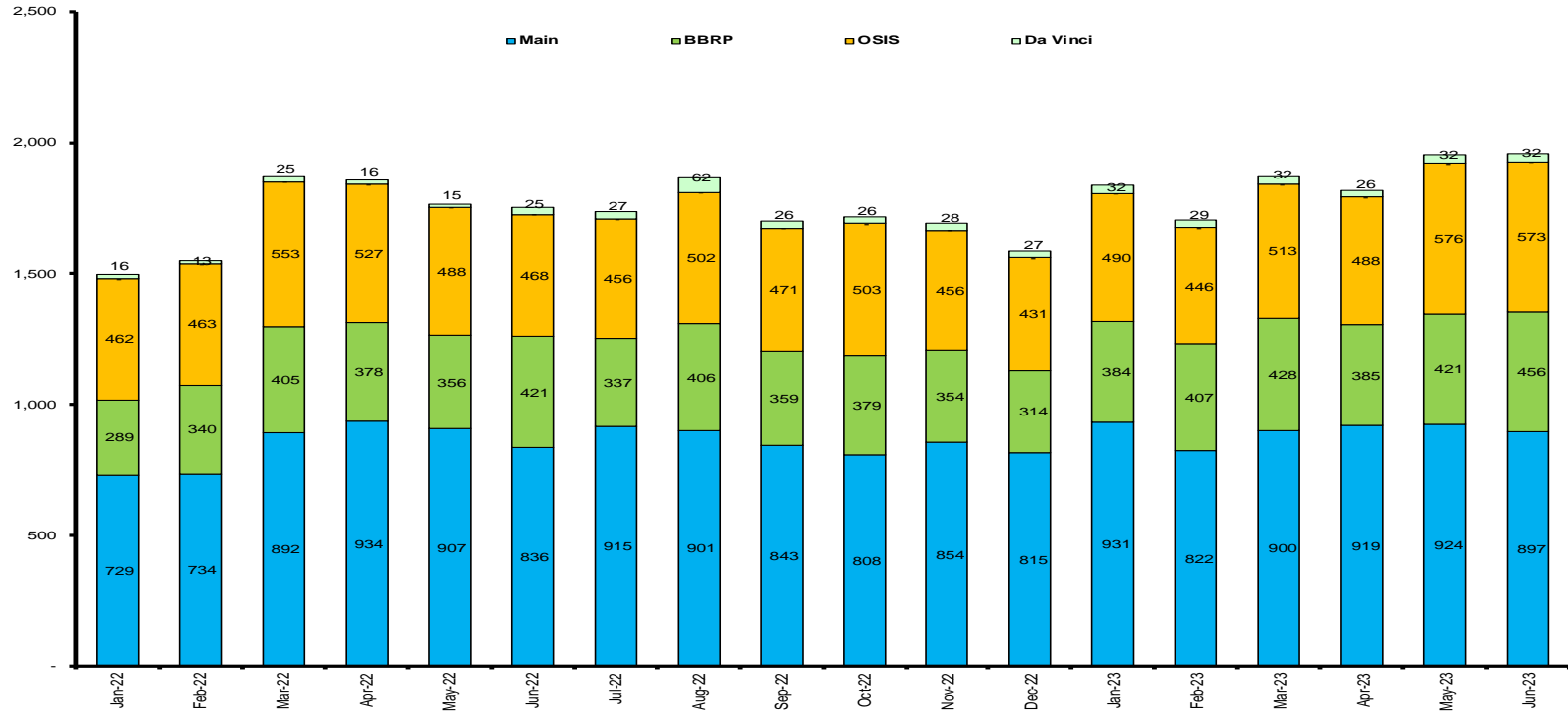
UNM Hospital Average Daily Census Through June 2023



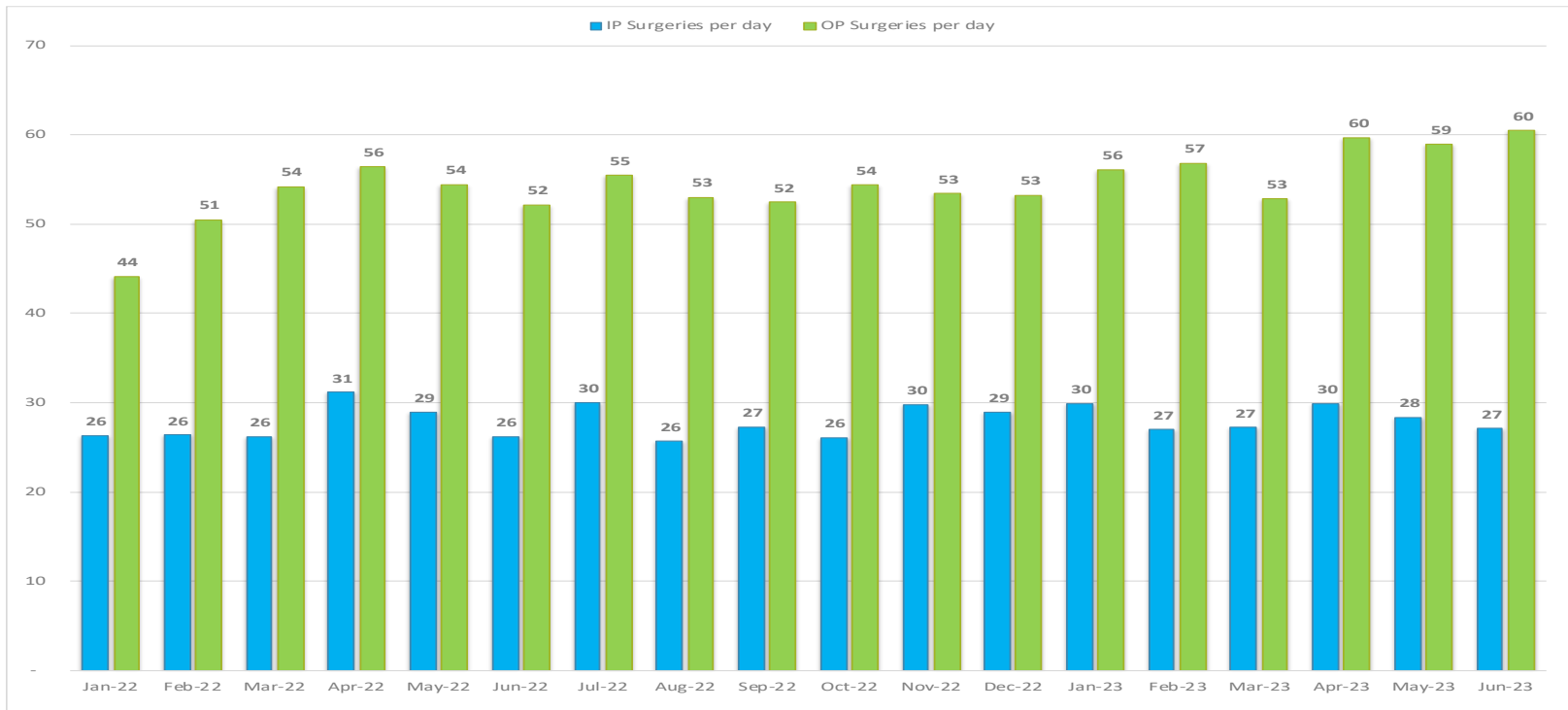
UNM Hospital Clinic Visits per Business Day Through June 2023



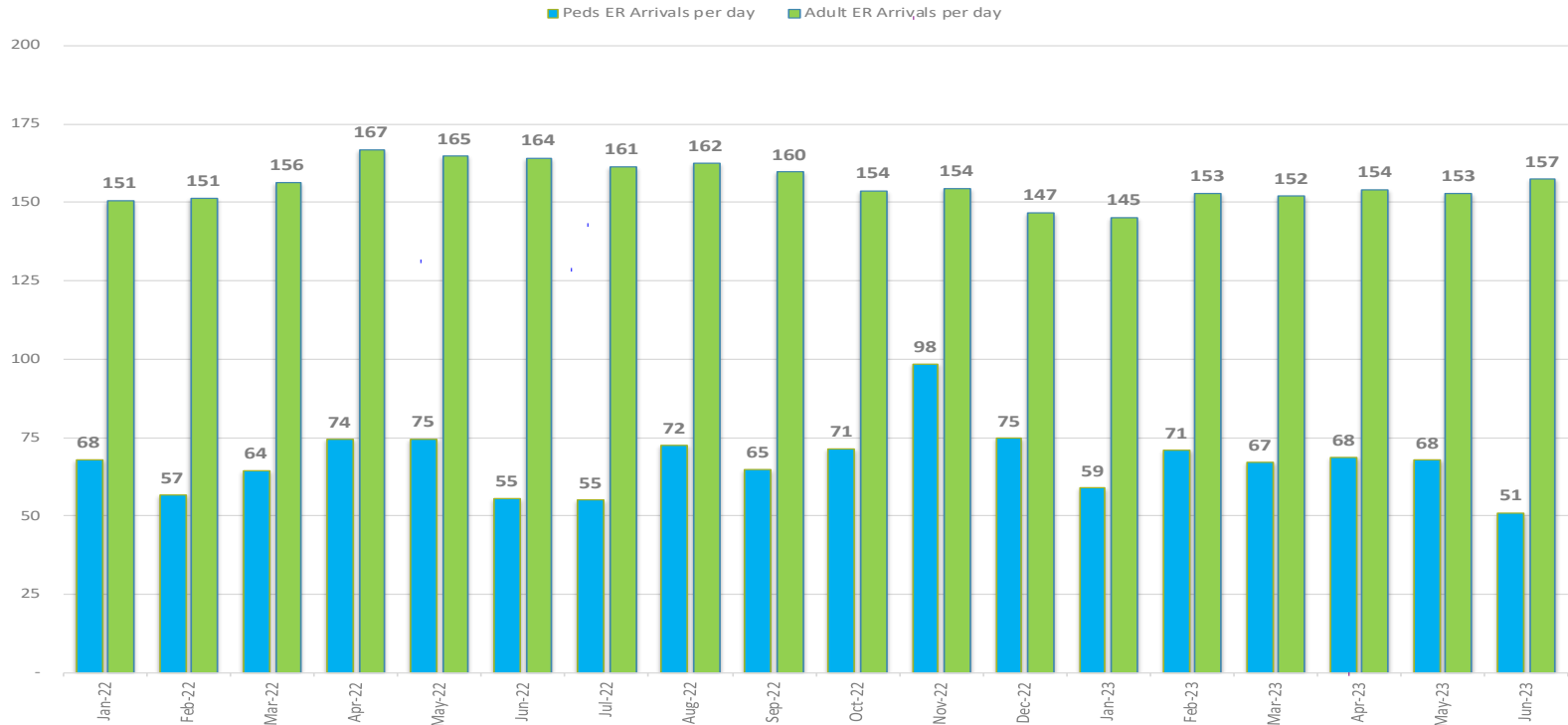
UNM Hospital Surgical Cases Through June 2023



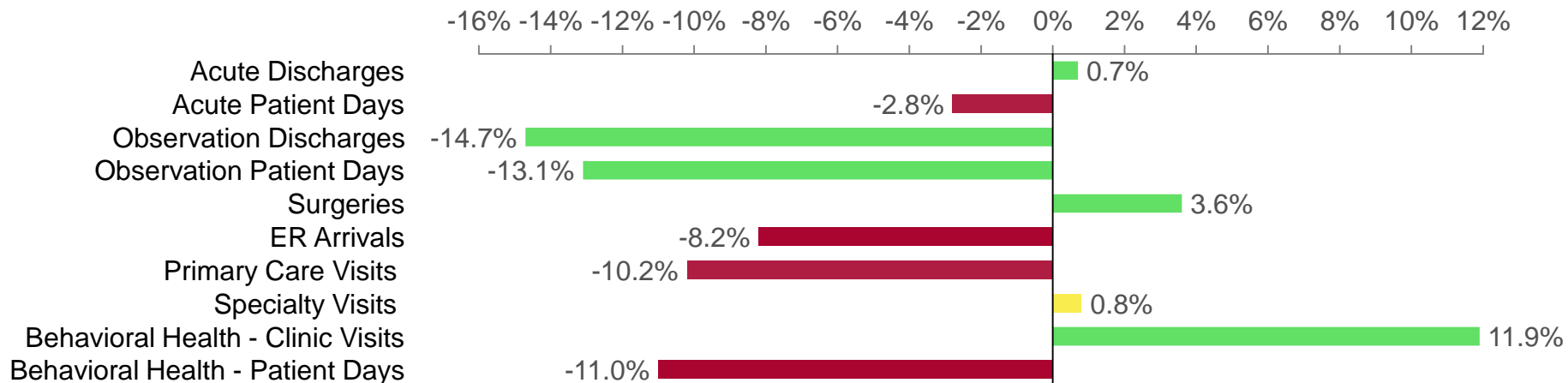
UNM Hospital Inpatient & Outpatient Surgical Cases per Business Day Through June 2023



UNM Hospital ER Arrivals per Calendar Day Through June 2023

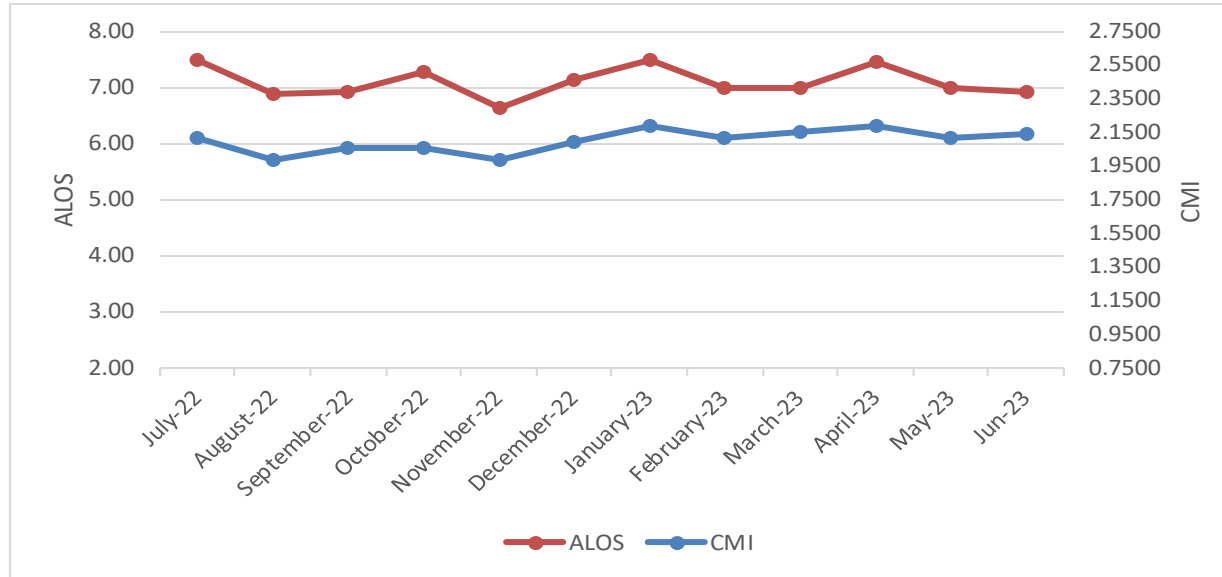


UNM Hospital YTD Stats Variance to Budget Through June 2023



	MTD Actual	MTD Budget	MTD Variance	MTD % Variance	YTD Actual	YTD Budget	YTD Variance	YTD % Variance
Acute Discharges	1,964	1,982	(18)	-0.9%	24,269	24,111	158	0.7%
Acute Patient Days	13,619	14,579	(960)	-6.6%	172,392	177,380	(4,988)	-2.8%
Observation Discharges	754	907	(153)	-16.9%	9,290	10,889	(1,599)	-14.7%
Observation Patient Days	1,012	1,277	(265)	-20.8%	13,497	15,536	(2,039)	-13.1%
Surgeries	1,926	1,775	151	8.5%	21,064	20,334	730	3.6%
ER Arrivals	6,254	7,278	(1,024)	-14.1%	81,287	88,553	(7,266)	-8.2%
Primary Care Visits	13,894	16,189	(2,295)	-14.2%	166,510	185,438	(18,928)	-10.2%
Specialty Visits	33,343	33,194	149	0.4%	383,322	380,223	3,099	0.8%
Behavioral Health - Clinic Visits	19,672	17,905	1,767	9.9%	229,410	205,092	24,318	11.9%
Behavioral Health - Patient Days	1,651	1,864	(213)	-11.4%	19,711	22,158	(2,447)	-11.0%

UNM Hospital CMI and ALOS Monthly Trend Through June 2023



UNM Hospital Debt Service Coverage Ratio Through May 2023

HUD Covenant: 1.5 or more

	at May 31, 2023	(audited) at June 30, 2022	(audited) at June 30, 2021
Debt coverage ratio:			
Net income adjusted for capital appropriation/capital initiatives	(29,807,190)	2,147,773	145,453,846
plus:			
Interest Expense	2,306,253	2,672,192	2,814,507
Depreciation Expense	30,428,731	33,543,113	33,296,522
Net revenues available to cover debt	<u>2,927,794</u>	<u>38,363,078</u>	<u>181,564,875</u>
Interest expense	2,306,253	2,672,192	2,814,507
Current portion LTD (including sinking fund and special redemptions)	<u>5,768,425</u>	<u>6,285,000</u>	<u>6,105,000</u>
	<u>8,074,678</u>	<u>8,957,192</u>	<u>8,919,507</u>
Debt coverage ratio	0.4	4.3	20.4

The covenant requirements for HUD are based on UNM Hospital, Cancer Center and Restricted activity, the Behavioral Health Centers are excluded from all calculations.

UNM Hospital Executive Summary Financials Through May 2023/Statistics Through June 2023

UNM Hospitals	Action OI Benchmark	May-23	YTD	YTD Budget	% Budget YTD	Prior YTD	% Growth
ALOS***		6.93	7.10	7.36	3.45%	7.50	5.23%
Case Mix Index***		2.15	2.10	2.08	0.99%	2.14	-1.80%
CMI Adjusted Patient Days *	66,057	66,595	788,864	757,112	4.19%	807,979	-2.37%
Net Core Patient Revenues (\$ in thousands)		\$ 86,402	\$ 948,513	\$ 968,069	-2.02%	\$ 958,432	-1.03%
Total Operating Expenses** (\$ in thousands)		\$ 124,093	\$ 1,367,326	\$ 1,328,228	-2.94%	\$ 1,357,954	-0.69%
Net Operating Income (\$ in thousands)		\$ (15,437)	\$ (165,790)	\$ (120,147)	-37.99%	\$ (131,022)	-26.54%
Net Income (\$ in thousands)		\$ (1,737)	\$ (26,848)	\$ 697		\$ (14,506)	
Net Core Revenue/CMI Adj Patient Day		\$ 1,297	\$ 1,202	\$ 1,279	-5.96%	\$ 1,186	1.36%
Cost**/CMI Adj Patient Day	\$ 1,948	\$ 1,863	\$ 1,733	\$ 1,754	1.20%	\$ 1,681	-3.13%
FTEs		6,874	6,941	7,189	3.44%	7,074	1.88%

* CMI Adjusted Patient Days (Adjusted Patient Days X CMI) is to account for the outpatient activities in the hospital and the relative acuity of the patients. CMI is a relative value assigned to a diagnosis-related group. Adjusted patient days (Patient Days X (Gross Patient Revenue/Gross Inpatient Revenue)) is to account for outpatient and other non-inpatient activities in the Hospital. Action OI benchmark is a quarterly report and for October - December 2022 the 50th percentile is 198,171. The metric above divided by three months for comparative purposes.

** Operating expenses exclude Contract Retail Pharmacy Expense

*** June Results

UNM Hospital Financial Results Through May 2023

<i>In Thousands</i>	<u>FY22 Avg</u>	<u>3/31/2023</u>	<u>4/30/2023</u>	<u>5/31/2023</u>	<u>YTD Actual</u>	<u>YTD Bud</u>	<u>Prior YTD</u>	<u>Actual to Budget</u>	<u>Actual to PYTD</u>
Operating Revenues									
Total Core Patient Revenue	86,785	96,328	86,594	86,402	948,513	968,069	958,432	(19,557)	(9,919)
Total Non Core Patient Revenue	24,081	17,659	32,372	20,491	234,525	208,184	238,488	26,341	(3,962)
Total Contract Retail Pharmacy	3,675	2,689	2,415	2,748	27,036	44,325	42,111	(17,289)	(15,074)
Total Other Operating Revenue	916	975	1,038	1,041	10,108	10,290	10,028	(182)	80
Total Operating Revenues	115,456	117,651	122,418	110,682	1,220,182	1,230,868	1,249,057	(10,686)	(28,875)
Operating Expenses									
Total Employee Comp & Benefits	64,196	65,343	60,714	59,844	689,656	643,342	690,943	46,314	(1,287)
Total Medical Services	20,260	23,991	24,253	22,991	241,442	242,160	226,228	(718)	15,214
Total Medical Supplies	19,998	21,754	19,415	21,302	216,964	222,809	221,720	(5,844)	(4,756)
Total Depreciation	2,898	3,000	3,002	3,037	31,505	31,674	31,881	(169)	(376)
Total Equipment	4,849	5,198	4,914	4,318	51,496	55,088	52,502	(3,592)	(1,007)
Total Contract Retail Pharmacy Expenses	1,977	1,965	1,739	2,025	18,646	22,788	22,126	(4,142)	(3,480)
Total Purchased Services	5,698	6,614	5,504	5,675	62,614	62,497	61,699	117	915
Total Occupancy	1,950	1,686	1,961	1,889	19,771	19,678	20,947	93	(1,177)
Total Gross Receipts Tax	2,132	2,385	2,203	2,379	23,863	22,613	23,482	1,250	381
Total Other	2,255	3,108	2,612	2,659	30,014	28,366	28,551	1,648	1,463
Total Operating Expenses	126,211	135,043	126,316	126,118	1,385,972	1,351,015	1,380,080	34,956	5,892
Total OPERATING (LOSS) GAIN	(10,755)	(17,392)	(3,898)	(15,437)	(165,790)	(120,147)	(131,022)	(45,643)	(34,768)
Non Operating Revenue and Expense									
Total Bernalillo County Mill L	9,569	10,442	10,442	10,442	110,090	110,005	104,991	85	5,099
Total Appropriations	1,163	1,361	1,690	1,361	15,304	14,975	12,542	329	2,761
CARES Act Funding	366	-	-	-	-	-	4,397	-	(4,397)
Total Nonoperating Rev/Exp (net)	132	2,121	1,736	1,897	13,548	(4,136)	(5,414)	17,684	18,963
Total Net Nonoperating Revenue	11,231	13,924	13,867	13,699	138,942	120,845	116,516	18,097	22,426
Total Net Assets for Operations	476	(3,468)	9,969	(1,737)	(26,848)	697	(14,506)	(27,545)	(12,342)
Op Exp less 340B	124,235	133,079	124,577	124,093	1,367,326	1,328,228	1,357,954	39,098	9,372

XIV.a.Resolution for 401a allocation Plan Year 2022-2023

RESOLUTION OF THE UNM HOSPITALS BOARD OF TRUSTEES

THE UNM HOSPITALS 401(a) PLAN

WHEREAS, the UNM Hospitals Board of Trustees (hereinafter referred to as the “Board of Directors”, established the UNM Hospitals 401(a) Plan (“Plan”) effective July 1, 2007; and

WHEREAS, the Board of Directors has delegated certain powers to officers of the Employer; and

WHEREAS, the Plan, in Article III Contribution and Benefits, provides for a discretionary profit sharing contribution; and

WHEREAS, in Section 3.01 of the Plan, “Formula for Determining Employer’s Contribution,” the Plan provides that the Chief Executive Officer for UNM Hospitals shall set forth the allocation each year.

NOW, THEREFORE, BE IT RESOLVED THAT: for the 2022 Plan Year, July 1, 2022 to June 30, 2023, the discretionary employer contribution to the Plan shall be allocated as follows:

- The Chief Executive Officer and Chief Operating Officer shall receive the maximum allocation of \$66,000
- All other Chief Officers shall receive 15% of their base annual salary as of 06/30/2023
- Associate Chief Officers and Senior Executive Directors shall receive 10% of their base annual salary as of 06/30/2023
- Executive Directors shall receive 5% of their base annual salary as of 06/30/2023

IN WITNESS WHEREOF, the Employer has adopted this Resolution to the Plan on this _____ day of _____, 2023, in Albuquerque, New Mexico.

By: _____

Secretary of the Board

CERTIFICATE

UNM Hospitals Board of Trustees

I, _____, Secretary of the UNM Hospitals Board of Trustees, do hereby certify that attached hereto is a true and correct copy of a resolution adopting the attached Regents of the University of New Mexico, for its Operation Known as The UNM Hospitals 401(a) Plan. The resolution was adopted by the UNM Hospitals Board of Trustees at a meeting held in accordance with its bylaws. I further certify that a quorum of the members of the UNM Hospitals Board of Trustees was present at said meeting and that said resolution has not been altered, modified, or rescinded, and is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto affixed my name this _____ day of _____, 2023.

Secretary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 2023.

Notary Public

My Commission Expires:

(Notary Seal)

XIV.b.Resolution for 415(m) allocation Plan Year 2022- 2023

RESOLUTION OF THE UNM HOSPITALS BOARD OF TRUSTEES

THE UNM HOSPITALS 415(m) PLAN

WHEREAS, the UNM Hospitals Board of Trustees (hereinafter referred to as the “Board of Trustees”, established the UNM Hospitals 415(m) Plan (“Plan”) effective December 1, 2017; and

WHEREAS, the Board of Trustees has delegated certain powers to officers of the Employer; and

WHEREAS, the Plan, in Article III Contribution, provides for a discretionary profit sharing contribution; and

WHEREAS, in Section 3.2 of the Plan, “Employer Contributions,” the Plan provides that the allocation shall be determined based upon the difference of the amount the of the employer contribution determined for the 401(a) Plan for the Plan Year and the maximum 401(a) contribution.

NOW, THEREFORE, BE IT RESOLVED THAT: for the 2022 Plan Year, July 1, 2022 to June 30, 2023, the discretionary employer contribution to the Plan shall be allocated as follows:

- The Chief Executive Officer shall receive \$33,437.52
- The Chief Operating Officer shall receive \$4,643.04

IN WITNESS WHEREOF, the Employer has adopted this Resolution to the Plan on this _____ day of _____, 2023, in Albuquerque, New Mexico.

By:_____

Secretary of the Board

CERTIFICATE

UNM Hospitals Board of Trustees

I, _____, Secretary of the UNM Hospitals Board of Trustees, do hereby certify that attached hereto is a true and correct copy of a resolution adopting the attached Regents of the University of New Mexico, for its Operation Known as The UNM Hospitals 415(m) Plan. The resolution was adopted by the UNM Hospitals Board of Trustees at a meeting held in accordance with its bylaws. I further certify that a quorum of the members of the UNM Hospitals Board of Trustees was present at said meeting and that said resolution has not been altered, modified, or rescinded, and is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto affixed my name this _____ day of _____, 2023.

Secretary

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 2023.

Notary Public

My Commission Expires:

(Notary Seal)

Plan B Amendment to Eliminate Pop-Up

**AMENDMENT TO
UNIVERSITY OF NEW MEXICO HOSPITAL/BERNALILLO COUNTY MEDICAL CENTER
RETIREMENT PLAN B FOR SERVICE, CLERICAL AND TECHNICAL EMPLOYEES**

AMENDMENT made this ____ day of _____, 2023, by University of New Mexico Hospital hereinafter called the "Plan Sponsor."

WHEREAS, under the University of New Mexico Hospital/Bernalillo County Medical Center Retirement Plan B for Service, Clerical and Technical Employees ("Plan"), the Plan Sponsor reserves the right at any time to amend and to terminate the Plan by written instrument; and

WHEREAS, the Plan was terminated May 8, 2023; and

WHEREAS, all participants have received their benefit in the form of a lump sum, except for 7 participants for whom the Plan is purchasing annuities from an insurance company. However, to complete the purchase, Plan wishes to eliminate the pop-up annuity provision currently in the Plan; and

WHEREAS, as a governmental plan, the Plan is not subject to the PBGC restriction on elimination of a form of benefit after termination of the Plan; and

WHEREAS, under regulations under Internal revenue Code Section 411(d)(6), the pop-up portion of the annuity can be eliminated with a joint & survivor annuity remaining, since the amendment will replace a complex optional form with a simpler form; and

WHEREAS, the Plan Sponsor desires to amend the Plan to eliminate the pop-up portion of the joint and survivor annuity effective August 1, 2023.

NOW, THEREFORE, it is hereby agreed by and between the Employer and the Trustee that Section 6.6 of the Plan is amended as follows:

6.6 Joint and Survivor Benefit.

A Participant who terminates employment with the Employer for any reason other than death or Total and Permanent Disability on or after the date he attains Early Retirement Age or Normal Retirement Age and who is married on the date payment of his Early Retirement Benefit or Normal Retirement Benefit becomes payable, may, subject to provisions of Section 6.5 of this Article VI, elect to have his Early Retirement Benefit or Normal Retirement Benefit, as the case may be, paid in the form of a joint and survivor annuity instead of in the form of a straight life annuity. If elected: (i) the monthly amount payable to the Participant shall be 90% of the monthly amount which would have been paid the Participant in the form of a straight life annuity; (ii) upon the Participant's death, if the Participant's spouse survives the Participant, the Trustee shall pay such spouse, for the period of her life, a monthly amount equal to 60% of the monthly amount which had been payable to the Participant; and the last monthly payment shall be the payment due on the first day of the month in which the survivor of the Participant and his spouse dies.

To be effective, the election must be made in writing on a form prescribed by the Plan Administrator.

IN WITNESS WHEREOF, the Plan Sponsor has caused this Amendment to be executed by the Plan Sponsor, on the date first above written.

UNIVERSITY OF NEW MEXICO HOSPITAL

By _____

Date _____, 2023

Its _____

XIV..c.OP Coding Board Approval



**UNM Hospital Board of Trustees
July 26, 2023**

RFP 480-23 CODING OUTPATIENT - OUTSOURCED

Recommended Action: Pursuant to Regent Policy 7.4 and UNM Hospital Purchase Approval policy, UNMH requests approval to execute Amendment One to the Original Agreement with 3M Health Information Systems, Inc. (“3M”) for the UNMH Coding Outpatient - Outsourced. Approval is requested as follows:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNM Hospital Board of Trustees.
- UNM Hospital Board of Trustees approval.

Ownership:

3M Health Information Systems, Inc.
575 West Murray Boulevard
Murray, UT 84123-8611

Officers Information:

John C. Mathison
HIS Operations

Source of Funds: UNM Hospital Operating Fund

Description and Rationale: UNMH issued its request for proposals (RFP) to establish a contract for the procurement of Outsourced Outpatient Coding. Management recommends contracting with 3M for a comprehensive, full outsourcing service proposals to cover all outpatient clinic and ancillary coding needs for UNM Hospital on a full-time, dedicated basis. UNMH has historically and currently only utilizes internal coders and supplemental contract coding for its coding operation. 3M would be responsible for providing credentialed contract coding team with designated managerial oversight in accordance with UNMH’s quality and performance metrics. The vendor will be responsible for the Services listed below. UNMMG will be a party to the agreement as the diagnosis coding and some E&M and procedure coding will be associated with physician billing.

Process: RFP 480-23

Contract Term: The Amendment to the Original Agreement shall be effective on the Signing Date, and shall have an initial term of five (5) years, unless earlier terminated in accordance with contract language. Thereafter, this Agreement may be renewed or extended for additional terms consistent with the NM Procurement Code.

Contract Amount: UNMH will only be charged for services utilized. The contract amount is based on the amount of coding processed by contractor, which is based on current coding volumes of UNMH. We anticipate the annual amount payable under the agreement to be approximately \$4.8 million.

Services and associated fees:

Outpatient Clinics & Ancillary Services Diagnosis Coding Only (Non-Single Path) \$5.85 per chart
Outpatient Clinics Diagnosis, Evaluation & Management (E&M) & Procedure Coding (Single Path) \$9.87 per chart
Inpatient Advanced Practice Providers E&M & Procedure Coding \$75 per hour

Professional and Facility Edits \$75 per hour

Estimated Total Annual Cost:

UNM Hospital				
			Annual Volume	Annual Cost
	Rate	x	Per Record	
Outpatient Clinics Non-Single Path	\$ 5.85	x	302,604	\$ 1,770,233
Outpatient Clinics Single Path (DX, CPT, Pro/Fac E/M)	\$ 9.87	x	244,628	\$ 2,414,482
Ancillary Service Non-Single Path	\$ 5.85	x	17,383	\$ 101,689
	Per Hour	x	Annual Hours	
E/M Encounters (Midlevel Visits)	\$ 75.00	x	5,686	\$ 426,450
Edits/Denials Management	\$ 75.00	x	960	\$ 72,000
Total Cost of Outsourcing				\$ 4,784,854

FY22 UNMH Expense	\$5,709,846
Potential Savings	\$924,992

This cost/fee proposal is based on the existing Agreement between 3M and UHMH. If selected as the Contractor of choice, 3M is willing to negotiate pricing based on additional volumes.

Termination Provision: Either party may terminate this agreement upon material breach with written notice, with a (90-day) written notice.

Previous Contract: Not Applicable

Previous Term: Not Applicable

Previous Contract Amount: Not Applicable

***Procurement Details- RFP 480-23**

Posted: 3/11/2023

Addendum 1: 3/23/2023

Addendum 2: 3/29/2023

Due Date: 4/7/2023

Received: 21 Proposals

The Evaluation Committee conducted a subjective evaluation of the responses from Acclara, ACS, AMN, BHS, CHIMM, Conifer, Disrikter, GEBBS, h imagine, HCCS, Health Recon, KODE, Managed Resources, Maxim, Optum, Oxford, RAMM, Savista Star Medical, TruBridge, Weller and 3M.

Upon conclusion of scoring, request for contract negotiations have been entered into 3M Health Information Systems, Inc., the highest scorer, and the execution and final Notice of Award is pending this and the Board of Trustee’s approvals.

XIV.d.Lifeguard Fixed Wing Board Approval July 2023



**UNM Hospital Board of Trustees
July 26, 2023**

RFP 459-22 UNMH LIFEGUARD AIR EMERGENCY SERVICES PROGRAM

Recommended Action: Pursuant to Regent Policy 7.4 and UNM Hospital Purchase Approval policy, UNMH requests approval to execute contract for the Lifeguard Air Emergency Services (“LGAES”) program. Approval is requested as follows:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNM Hospital Board of Trustees.
- UNM Hospital Board of Trustees approval.

Ownership:

Seven Bar Aviation LLC
2200 Westcourt Road
Denton, TX 76207

Officers Information:

Kim Montgomery
President

Source of Funds: UNM Hospital Operating Fund

Description and Rationale: UNMH recommends to enter into an agreement with Seven Bar Aviation LLC (“Seven Bar”) for the procurement of fixed wing services for its Lifeguard program. Seven Bar will provide three primary medically configured Fixed Wing aircraft. Additionally pilots and mechanics will be provided allowing for readiness to respond 24 hours a day, 365 days a year, to inter-facility transports. This is equal to LGAES current operation but includes two newer aircraft, replacing the two aircrafts no longer in service.

Process: RFP 459-22

Contract Term: This Agreement shall be effective on the Signing Date, and shall have an initial term of four (4) years, unless earlier terminated in accordance with contract language. Thereafter, this Agreement may be renewed or extended for additional terms consistent with the NM Procurement Code.

Contract Amount: The contract provides for UNMH to pay a monthly base fee in addition to cost of fuel and flight hours per transport. The monthly base fee is subject to a 3-5% annual increase based on CPI. It is estimated changing out the two oldest aircraft will take 1 year. The total cost of this 4 year contract is estimated at \$36,110,400. This assumes fuel prices remain stable with a slight increase in volume each year. The increase in cost is due to replacement of aging aircraft with newer and larger aircraft:

Year 1 Hospital Fee <i>(Includes base fee, fuel, and flight hours)</i>	\$7,389,500
Year 2 Hospital Fee <i>(Includes base fee, fuel, and flight hours in addition to 5% volume increase)</i>	\$9,133,000
Year 3 Hospital Fee <i>(Includes base fee, fuel, and flight hours in addition to 5% volume increase)</i>	\$9,565,800
Year 4 Hospital Fee <i>(includes base fee, fuel and flight hours in addition to 5% volume increase)</i>	\$10,022,100
TOTAL	

	\$36,110,400
--	--------------

Termination Provision: Either party may terminate this agreement upon material breach with written notice, with a (30-day) written notice.

Previous Contract: Seven Bar Aviation LLC

Previous Term: Ten Years

Previous Contract Amount: Not available

***Procurement Details- RFP 459-22**

Posted: 4/10/2022

Addendum 1: 4/27/2022

Due Date: 5/10/2022

Received: 2 Proposals/Bidders

The Evaluation Committee conducted a subjective evaluation of the responses from Apollo MedFlight and Seven Bar. Upon conclusion of scoring an intent to award has been made to Seven Bar, the highest scorer. The Aircraft Operating Agreement has been negotiated and the execution and final Notice of Award is pending the Board of Trustees' approval.

XIV.e. Radacy Recruitment Advertising Board Approval July 2023



**UNM Hospital Board of Trustees
July 26, 2023**

RFP 338-16 RECRUITMENT ADVERTISING SERVICES FOR UNM HOSPITALS

Recommended Action: Pursuant to Regent Policy 7.4 and UNM Hospital Purchase Approval policy, UNMH requests approval to execute Amendment One to the Original Agreement for the UNMH Coding Outpatient - Outsourced. Approval is requested as follows:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNM Hospital Board of Trustees.
- UNM Hospital Board of Trustees approval.

Ownership:

Radancy (formally known as TMP Worldwide)
330 North Brand Blvd. Suite 1050
Glendale, CA 91203

Officers Information:

Kasey Sixt

Source of Funds: UNM Hospital Operating Funds

Description and Rationale: Renewal of Comprehensive recruitment program/web-based technology. This includes comprehensive services, access to databases, nationwide job postings, virtual job events, career site development. Anticipate the system will support 150 jobs per month with an emphasis on nursing. This is a refresh of the HR website and renewal and the total dollar amount is over 1 million.

Process: RFP 338-16 Recruitment Advertising Services for UNM Hospitals

Contract Term: The Amendment to the Original Agreement shall be effective on the Signing Date, and shall have an initial term of four (4) years, unless earlier terminated in accordance with contract language. Thereafter, this Agreement may be renewed or extended for additional terms consistent with the NM Procurement Code.

Contract Amount: \$4,774,846.26

Year 1 \$1,599,822.50
Year 2 \$1,036,128.35
Year 3 \$1,063,393.00
Year 4 \$1,075,502.41

Termination Provision: Either party may terminate this agreement upon material breach with written notice, with a (90-day) written notice.

Previous Contract: TMP Worldwide

Previous Term: 6 years

Previous Contract Amount: Not Applicable

***Procurement Details- RFP 338-16**

Critical Care Tower Equipment Purchase Approval July 2023 REVISED (1)



**UNM Hospital Board of Trustees
July 2023**

**Critical Care Tower Purchase Approval Request: New Tower Purchases of
Furniture/Fixture/Equipment – July 2023**

Recommended Action: Pursuant to Regent Policy 7.4 and UNM Hospital Purchase Approval policy, UNMH requests approval to execute contracts for the Critical Care Tower for equipment/furniture/fixtures referenced below. Approval is requested as follows:

- Board of Trustee Finance Committee approval of and recommendation of approval to the UNM Hospital Board of Trustees.
- UNM Hospital Board of Trustees approval

Projects/Products:

Furniture:

Goodmans Vizient Contract #CE3376 - \$2,171,286

Goodmans Vizient Contract #CE3389 - \$1,182,923

Atmosphere Commercial Interiors - \$1,235,401

See attached spreadsheet summary for additional details for each project listed above.

Funding: These purchases are consistent with the initial Critical Care Tower approved project.

Critical Care Tower (CCT) Purchase Approval Requests for July 2023 UNMH BOT Finance Committee & BOT Meeting

See below list of items/purchases necessary for Critical Care Tower as referenced in Memo. Hospital Board Approval >\$1 Million

Project Name/Product Group	Vendor	Required Approvals	Source of Funds	Description and Rationale (Detailed information)	Contract # (Vizient/RFP)	Purchase Amount	Procurement Details (GPO- Vizient, best value, "sole source", "RFP-best value", other procurement method)
Furniture	Goodmans (Miller/Knoll dealer)	UNMH BOT	CIP 10-3189 HT Furnishings	This approval request for the Critical Care Tower is for the following: Miller/Knoll (Herman Miller) furnishings purchased through the furniture dealer Goodmans. UNMH and HDR collaborated to specify the furnishings. See Furniture Process tab. Vizient prepared a bid package to four approved dealers. Each dealer bid on products that met the specifications. Goodmans bid was the best value using Herman Miller furnishings which include offices, workstation, storage and tables. Herman Miller furnishings which included nurse stations, beside tables, patient wardrobes telephone booths will be sole sourced utilizing the Vizient contract. See Bid Tally tab for price comparisons.	Vizient #CE3376	\$ 2,171,286	Vizient
Furniture	Goodmans (Wieland Furnishings dealer)	UNMH BOT	CIP 10-3189 HT Furnishings	This approval request for the Critical Care Tower is for the following: Wieland furnishings purchased through the furniture dealer Goodmans. UNMH and HDR collaborated to specify the furnishings. See Furniture Process tab. Vizient prepared a bid package to four approved dealers. Each dealer bid on products that met the specifications. Goodmans bid was the best value for Wieland furnishings which include sleep sofa, folding chairs and guest tandem chairs. See Bid Tally tab for price comparisons.	Vizient #CE3389	\$ 1,182,923	Vizient
Furniture	Atmosphere Commercial Interiors (Steelcase furniture dealer)	UNMH BOT	CIP 10-3189 HT Furnishings	This approval request for the Critical Care Tower is for the following: Steelcase furnishings purchased through the furniture dealer Atmosphere. UNMH and HDR collaborated to specify the furnishings. See Furniture Process tab. Vizient prepared a bid package to four approved dealers. Each dealer bid on products that met the specifications. Atmosphere Commercial Interiors currently bid the best value for Steelcase furnishings which include conference furniture. Steelcase furnishing including task chairs/stools and modular lobby furnishing were sole sourced utilizing the Vizient contract. See bid Tally tab for price comparisons.	Vizient #CE3386	\$ 1,235,401	Vizient

UNMH is a member of Vizient, which is the largest healthcare group purchasing organization in the United States. Vizient implements bid processes to put in place contracts, available to its members, for healthcare goods and services. UNMH purchases through Vizient are exempt from the NM Procurement Code. NMSA 13-1-98.1A

Section XV. Administrative Reports

Ziedonis report for UNMH BOT 7.28.23 dz

Douglas Ziedonis, MD, MPH
Executive Vice President, Health Sciences
CEO, UNM Health System
UNM Hospital Board of Trustees Report
July 28, 2023

Good morning, UNMH Board of Trustees members and CEO Becker. Thanks for your ongoing leadership, support and feedback. We have been extremely active with the MDC opening and SRMC integration work, as well as the many academic teaching and research activities. **CEO Becker** and **Drs. Agostini, Chicarelli** and **Boyd** will provide important details in their reports, and my report includes a few other updates for UNM Health and Health Sciences.

UNM Health & Health Sciences Strategic Planning Process – On June 27 I hosted a Town Hall to update our community on the latest work in the seven key priority areas of our strategic plan (workforce, health equity, behavioral health, research, clinical, students/education, and economic development). The Town Hall was held at the Domenici Center Auditorium and allowed people to join both in person and via Zoom. Each of the 7 priority areas have implementation teams, and the co-leads for these teams presented on their priority area. Was engaging with questions from online and in-person.

The Town Hall is available to [view online now](#), as are additional details regarding our strategic plan and how to get involved. Our Communications team has also created a [PDF you can also download and review](#).

The strategic plan is now in the implementation phase, including prioritizing for the next five years with a focus on the next two. We are working as one University in updating our integrated capital plan.

Government Relations Matters:

As you know, we are very active in government relations year-round; however, this has been an especially busy month with many presentations to legislative and executive branch committees. In addition, many faculty and staff have put together outstanding proposals for capital priorities and also Research and Public Service Projects (RPSP). At our next meeting I will provide more details.

UNM HEALTH SYSTEM MATTERS

UNM Medical Group Leadership Change

Dr. Gary Mlady has begun to serve as interim President and CEO of the UNM Medical Group, Inc. Dr. Patricia Finn, the School of Medicine’s dean, made the announcement in June after gathering broad based input and discussions with many leaders and providers, including the UNM Medical Group Executive Committee, the Dean’s Advisory Committee and UNM Health and Health Science leadership. Dr. Mlady will step out of his current role as chair of

the Department of Radiology and will serve in the interim leadership position until Dean Finn completes a nationwide search for the Medical Group's next President and CEO.

This change comes after Dr. Robb McLean decided to transition away from his role as President and CEO. Dr. McLean guided the Medical Group through an unprecedented pandemic with steady direction and unwavering compassion for his team and Medical Group patients. Thanks to Robb's dedicated leadership, the Medical Group has excelled in many ways, both financially and through growing new programs in tele-health and primary care. I am glad that he continues to be working at UNM. Thank you Robb!

SRMC Celebrates its 11th Birthday

July 12th marked an important milestone for UNM Sandoval Regional Medical Center as the hospital celebrated its 11th birthday/anniversary. Congratulations to the excellent work of the staff and providers whose dedication to patients has made a difference in Sandoval County. In a message to her team, SRMC President and CEO Jamie Silva-Steele said, "We look forward to the new year as we prepare for the integration of SRMC under UNM Hospitals' license, with a commitment to continue to provide and grow needed services for our diverse patient population served in Sandoval County and throughout New Mexico."

SRMC Welcomes New Chief Operating Officer

Adrian Larson started in his new position as SRMC's Chief Operating Officer in June. Larson will oversee SRMC's Support Services Division, Quality, Radiology, Lab and Pharmacy, and he will eventually also oversee Nursing and Ambulatory services. Larson brings with him more than 13 years of health care leadership experience. Prior to coming to New Mexico, he was in Del Rio, Texas, where he was CEO of freestanding emergency rooms that converted to micro hospitals. Prior that, he was COO at Mountain View Regional Medical Center in Las Cruces, which, like SRMC, is a Level III trauma center. "It has been a blessing honestly, to be here and be part of the team," Larson said. "I think the part that has been the most rewarding is meeting really good people."

UNM Comprehensive Cancer Center Transportation and Lodging Grant

The University of New Mexico Comprehensive Cancer center recently secured [additional grant funding](#) to help patients and their families travel to their treatments in Albuquerque. The American Cancer Society awarded the UNM Comprehensive Cancer Center two grants totaling more than \$45,000, with \$20,370 to assist patients with transportation to the center, and \$25,000 to help cover lodging expenses when they get here. The grants will play a crucial role for patients in rural counties, making sure they can access the care and treatments they need.

Project ECHO Clinical Outcomes

Lots of gratitude to our Project ECHO leadership, faculty and staff who are changing health care practices across New Mexico, the nation and world to improve health equity. It has been great to see the recent outcome papers that are demonstrating Project ECHO's impact. I invite you all to [watch this video](#) that helps illustrate how patients treated by ECHO-trained providers achieved the same clinical outcomes as patients treated by diabetes specialists. Dr. Matthew Bouchonville, Medical Director of the UNM Diabetes

Comprehensive Care Center, touted the significance of the ECHO model in terms of building expertise in rural, underserved communities with a shortage of specialists. I am incredibly proud of the work our ECHO teams do across New Mexico and across the planet.

STUDENT AND EDUCATION RELATED MATTERS

U.S. Supreme Court Ruling Affecting College Admissions

The U.S. Supreme Court's decision regarding affirmative action in the Harvard and University of North Carolina admissions processes has reverberated throughout higher education. At UNM we have held many leadership meetings and received input from faculty, staff and students. The University and Health and Health Sciences leadership is committed to continuing to advance our missions, even when decisions made by our nation's leaders may conflict with our institutional values and the futures of our students and learners.

In addition to sending a statement Health System-wide, the HSC Office for Diversity, Equity & Inclusion joined with UNM and our Communications team to create a comprehensive list of resources for staff, faculty, students and learners who may be struggling with the court's decision. Those resources went out in HSC Connects in the week following the decision.

May UNM Graduation

Congratulations to our Health Sciences 499 graduates. They all worked so incredibly hard to earn their spots on the stage to receive their diplomas and graduate from our programs. As they move forward into their health care professions, residencies or further academic or research-based studies, I'm very confident that the instruction, coaching, guidance, mentorship and training they received at UNM will serve as an important and meaningful foundation. I join the entire UNM community in congratulating the Class of 2023!

School of Medicine Residents and Fellows

Congratulations to our School of Medicine residents and fellows who completed their training and celebrated with their department, families, and friends in June. The 2023-2024 academic year will bring in a total of 754 new residents and fellows to the UNM School of Medicine. In addition, there are four new UNM fellowship programs accredited by the Accreditation Council for Graduate Medical Education during the last academic year: Pediatric Hospital Medicine, Child Abuse Pediatrics, Physical Medicine, and Rehabilitation (PM&R) Sports Medicine, and PM&R Brain Injury Medicine.

Guam Center Invites UNM Psychiatric Students to New Residency Program

The University of New Mexico School of Medicine's rural psychiatric residency program is helping New Mexicans all over the state have better access to mental health clinicians. Now, UNM is [bringing this same model](#) to the U.S. territory of Guam, where psychiatric clinicians are sorely needed. Dr. Helene Silverblatt, a professor in the Department of Psychiatry & Behavioral Sciences, says psychiatric residents will now have an opportunity to serve

rotations at the Guam Behavioral Health and Wellness Center. The first resident arrived in Guam in early July and has just begun their rotation.

College of Nursing Dean Search

The [search for the next dean](#) of the UNM College of Nursing is underway. We are working with the Korn Ferry consulting group to assist us in building a strong, highly qualified applicant pool. This leadership role is critically important, and we are look forward to bringing on a new dean in the coming months. Dr. Patricia Finn, dean of the School of Medicine, is chairing the [search committee](#). Thanks to Dean Finn and everyone working to help identify the best in academic nursing leadership.

College of Pharmacy Dean 5-Year Review and Renewal

Dr. Donald Godwin, dean of the College of Pharmacy, and the College of Pharmacy completed a Five-Year Review process (routine for all the academic units) that received outstanding evaluations and feedback from an internal review committee and an external committee of 2 prominent deans from other outstanding Universities. We were thrilled to announce that Dean Godwin has accepted another five-year term renewal to continue as dean. Dean Godwin has brought tremendous leadership to the College, expanding research, increasing alumni engagement and philanthropy, recruiting phenomenal faculty and staff, and preparing future pharmacists for their critical role in health care. The College of Pharmacy is in excellent shape and has a bright future with Dean Godwin staying in this leadership post.

RESEARCH MATTERS

College of Pharmacy Research Rankings

In June, the American Association of Colleges of Pharmacy released new research rankings. The UNM College of Pharmacy moved up in rankings for National Institutes of Health funding to No. 7 and to No. 11 in overall federal funding across the 141 pharmacy schools in the nation. Congratulations to all who have contributed to this great success!

UNM Physicians Win Renewal of Federal Grant to Participate in the Neonatal Research Network

UNM Health Sciences physicians have won a seven-year renewal of a federal grant to participate in the [Neonatal Research Network](#), a consortium of academic health centers that share data about caring for newborns at high risk for complications. UNM is one of 15 clinical centers participating in the network, which is funded by the [Eunice Kennedy Shriver National Institute of Child Health and Human Development](#). The consortium enables the pooling of data on prevention and treatment of a host of illnesses affecting term and preterm infants. UNM researchers also have the capability to follow some of the preterm infants for several years after birth to see whether they are experiencing lasting disabilities.

UNM Clinical Trial Identifies Best Care Practices for Opioid-Exposed Newborns

Hugging and swaddling opioid-exposed newborns can reduce their hospital stays by almost a week, compared to older, drug-based methods, [according to research](#) published by UNM

researchers. For years, clinicians have known that babies exposed to opioids in the womb were at risk of developing neonatal opioid withdrawal syndrome (NOWS), characterized by excessive crying, tremors and, in severe cases, even seizures. Hospitals typically evaluate newborns for NOWS using a rigorous assessment called the Finnegan Neonatal Abstinence Scoring Tool (FNAST), which rates opioid withdrawal symptoms in more than 20 areas. Researchers have raised concerns about the tool's subjectivity and overestimation of the need for opioid-withdrawal medication, including methadone and morphine. The National Institutes of Health-funded study followed 1,305 infants across 26 U.S. hospitals, including UNM Hospital. It found that newborns cared for with the Eat, Sleep, Console approach were medically ready for discharge approximately 6.7 days earlier and were 63% less likely to receive drug therapy, compared to newborns cared for under the FNAST regimen. Safety outcomes at three months were similar between both groups.

Machine Learning Discovers Previously Unknown Genes in New UNM-Led Study

In a [groundbreaking study](#) conducted by University of New Mexico researchers, scientists have harnessed the power of machine learning to identify a set of previously unknown genes associated with autophagy, a vital cellular process involved in recycling and maintaining cellular health. Leveraging a state-of-the-art machine learning model, the study identified 193 genes as potential contributors to autophagy machinery. These previously overlooked "dark genes" represent promising avenues for unraveling the mysteries of autophagy and its role in cellular functioning and complex diseases such as Alzheimer's.

UNM Researchers Improve Mental Health Symptoms in Dialysis Patients.

[New research at UNM](#) is helping patients in kidney failure, who endure hours of exhausting, mentally draining dialysis each week, find better mental health outcomes. Patients undergoing dialysis often experience unpleasant symptoms – like fatigue, pain and depression – that are outside a nephrologist's wheelhouse in terms of treatment. A new patient-guided telemedicine intervention has been shown to improve these symptoms with results that persist for several months, according to a randomized clinical trial recently published in [JAMA Internal Medicine](#) by researchers at UNM and the University of Pittsburgh. Dr. Mark Unruh, chair of the UNM School of Medicine Internal Medicine Department served as the senior author alongside lead author Manisha Jhamb, MD, MPH, associate professor in the Pittsburgh School of Medicine's Renal-Electrolyte Division, to recruit a diverse pool of 160 trial participants from New Mexico and Pennsylvania who were receiving dialysis and had clinically significant levels of fatigue, pain and/or depression. Demographically, the trial group averaged 58 years in age; 28% were Black, 18% Hispanic and 13% American Indian. Patients were offered cognitive behavioral therapy or medication to manage depressive symptoms. Unruh said a surprising 97% of patients opted for therapy rather than medication.

UNM Cancer Scientists Get Largest Volume of LGBTQIA+ Cancer Screening and Survivorship Information in the U.S.

Recognizing a gap in cancer screening for LGBTQIA+ individuals, Prajakta Adsul, MBBS, PhD, MPH, [was inspired to fill the void](#). But after joining UNM in 2019, she faced a daunting challenge: how to reach these seemingly hard-to-reach people during a pandemic?

Guided and supported by her research team, Adsul created a survey, with questions that were adapted from the [Stanford PRIDE](#) study questionnaires. The researchers also sought input from several resources, such as the National Academies' [Measuring Sex, Gender Identity, and Sexual Orientation](#) and the UNM Health Sciences Library & Informatic Center's [LGBTQIA+ Health Resources](#) online guide. Adsul and her team then partnered with a marketing team affiliated with the U.S. Postal Service and used a combination of mailed flyers and social media to reach LGBTQIA+ people. Their strategy included direct mail, social media posts and digital advertising, and focused on reaching those living in rural New Mexico, not just metro areas. They sent out 27,000 flyers and made around 430,000 impressions online. The carefully and sensitively worded survey questions yielded an overwhelmingly positive response from the New Mexico LGBTQIA+ community: the team confirmed responses from more than 2,500 people, 30% of whom were cancer survivors.

UNM Health Sciences Professor Receives Fellowship to Aid Sex Education Research for New Mexico's Youth

UNM College of Nursing assistant professor Elizabeth Dickson, PhD, RN, has been awarded the 2023 Betty Irene Moore Fellowship for Leaders and Innovators from the University of California, Davis. She intends to use the research funds and leadership training to implement an [interdisciplinary approach to improving sexual health education](#) in New Mexico. The Betty Irene Moore Fellowship for Nurse Leaders and Innovators is a national program that offers cohorts of PhD-prepared nurses career advancing professional development and funding for research in clinical practice, education, policy and entrepreneurship. The 2023 cohort is the largest to date, with all 16 members affiliated with a university and/or health system.

Conclusion: As always, thank you all for your leadership, service and support. I look forward to our next meeting and appreciate your feedback and questions.

Best wishes,

Douglas Ziedonis, MD, MPH
EVP, UNM Health Sciences
CEO, UNM Health System



UNM HEALTH & HEALTH SCIENCES STRATEGIC PLAN OUTLINE





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This is a working document that will be regularly updated

LAST REVISED 6/27/2023



STRATEGIC PLAN TAXONOMY

Mission, Vision, and Values	Setting the broader direction for the organization, aligned with UNM 2040
High-Level Goals	What we seek to accomplish holistically within each priority area
Strategic Objectives	Specific areas of strategic attention and effort mapping to the goals and priorities
Tactics	Granular strategies that can be operationalized in a series of action steps
One University Opportunities and Requests	Dependencies and opportunities for collaboration with Main Campus
Enablers	Critical and cross-cutting elements of the plan on which successful execution of the strategic priorities depend
Action Steps & Metrics	Operationalized elements of the plan included in an Implementation Plan



ALIGNING WITH OUR WHOLE STATE

STATE HEALTH IMPROVEMENT PLAN ALIGNMENT

Current state insights guided the identification of these six high-level priorities, which represent areas of greatest impact and need for UNM Health and Health Sciences and the state of New Mexico more broadly. Each priority is further developed into strategic objectives and tactics, alongside points of integration between the priorities.

SYSTEMATICALLY ALIGNING PLANNING EFFORTS



Community Health Assessments

State Health Assessments

Health Equity Report

Performance Management System

Quality Improvement Implementation Plan

Workforce Development Plan

Public Health Accreditation Reqs.

STATE HEALTH IMPROVEMENT PLAN PRIORITIES



ACCESS TO CARE



BEHAVIORAL HEALTH



SOCIAL HEALTH

Criteria for Selection

Health areas systematically align planning efforts and prioritize collaboration

These health areas matter to New Mexicans

We have the capacity to address these health areas

These health areas are backed up by data and address health inequities



STRATEGIC PLAN STRUCTURE

A 20-YEAR VISION WITH A 5-YEAR ACTION PLAN

The strategic plan will be organized by a series of nested strategies with the overall mission, vision and values of the organization cascading into strategic focus areas, priorities, goals, actions and metrics



Why we exist, what we want to be, what we believe in Setting the broader direction for the organization, aligned with UNM 2040.

What we must achieve to get there General areas of focus for collaboration, coordination and ideation to guide the plan summarized with a brief narrative.

Aspirations in alignment with each priority What we seek to accomplish holistically within each priority area.

What will we focus on in service of strategic priorities Specific areas of strategic attention and effort mapping to the goals and priorities.

Specific outcomes Granular strategies that can be operationalized in a series of action steps.

Planned actions to achieve goals and indicators of success Operationalized elements of the plan included in an Implementation Plan.

ONE UNIVERSITY, MANY VOICES



Engagement

UNM Health & Health Sciences
Strategic Plan Survey

1000+ Survey respondents

3000+ Engaged

STAKEHOLDER ENGAGEMENT

DIALOGUING WITH ALL VOICES:

Staff, students, faculty, patients and community members - all of our constituents have unique and important voices.

COMMUNICATING THE PLAN:

Communication of planning process and updates at Town Halls, department meetings, Boards, LEADing To Excellence, Main Campus leadership meetings, community events, email communications and other opportunities

APPRECIATING INPUT:

Avenues of Sharing - Survey (English and Spanish) and IdeaScale



SEVEN STRATEGIC PRIORITIES

TO IMPROVE THE HEALTH OF ALL NEW MEXICANS

OBJECTIVES

- 1. Prioritize Workforce Development, Recruitment and Retention**

Cultivate strong educational pathways early on for New Mexicans to pursue healthcare careers. Prioritize investment in healthcare provider and faculty recruitment and retention from both within New Mexico and out-of-state. Cultivate a safe and supportive workplace.
- 2. Elevate Behavioral Health: Address Mental Health & Substance Misuse**

Become a national leader in addressing the rising need for behavioral health services through research, medical education, and clinical care with a public health lens that addresses the urgent needs such of New Mexicans (e.g., substance use, depression, etc.).
- 3. Enhance Health Equity, including for Rural, Hispanic/Latino, Native American and other Underserved Groups**

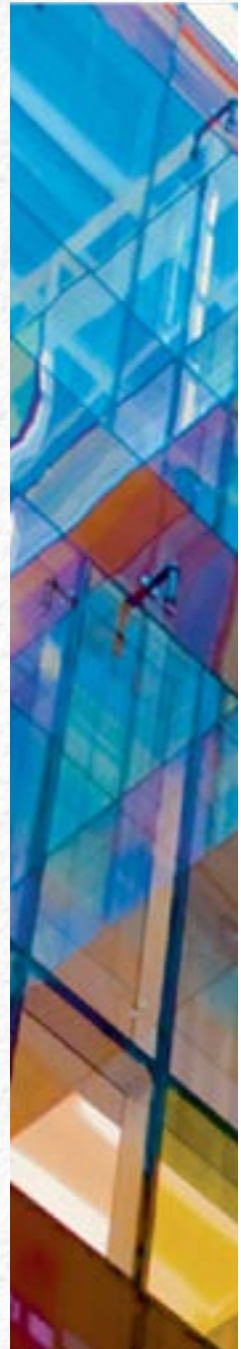
Focus on partnering with regional health and public health infrastructure. Invest in resources that engage and support the underserved communities in New Mexico. Elevate the voice of Hispanic and Native American populations within the state. There are many other underserved groups including Black, Asian, LGBTQ+, Veterans, those with disabilities, etc.
- 4. Expand Impact through Research**

Focus on research specific to New Mexico's unique population and challenges. Cultivate collaborative and transdisciplinary research that addresses grand challenges that represent the state's needs and strengths with the intent of impacting the health and economy of New Mexico.
- 5. Enhance Access, Quality and Safety of Clinical Care**

Achieve excellence in clinical care by supporting infrastructure, workforce, accountability and data systems. Invest in emerging medical technologies to enhance clinical care and prevention that will improve patient satisfaction and outcomes.
- 6. Enrich Student Experience, Educational Innovation, and Outcomes**

Cultivate strong connections to the University, especially for undergraduates. Support resource-sharing and equity among school/colleges. Focus on expanding research and education collaborations, innovation, and supporting students through career development.
- 7. Advance New Mexico's Economic Development in Biosciences and Health Care Services and Technology**

Advance New Mexico Economic Development in Biosciences and Biotech by accelerating the translation of our research and other innovations to develop and support patent filings, business development, and strategic partnerships.



OUR PLAN

UNM HEALTH AND HEALTH SCIENCES
STRATEGIC PLANNING FRAMEWORK

VISION

Transform **health care** and **health science education** and **research** to improve health and health equity for New Mexico and beyond.

MISSION

We exist to **lead** New Mexico toward **health equity** through our unique **integration of care delivery, education, discovery and innovation** and through **advocacy** and **collaborations**. We **celebrate** the **diverse cultures** and **history** of our state while creating an **inclusive** and **compassionate community** that makes UNM Health and Health Sciences an extraordinary place to study, work and serve.

VALUES

HEALING:

Both within individuals and among our communities that cultivates hope, care and joy.

EQUITY:

For all New Mexicans in health, education and economic opportunity.

EXCELLENCE:

In health care, education and research and in building a place where people seek to study, work and serve.

INNOVATION:

In all aspects of our mission enabling us to rise to the health, workforce and economic challenges of our time.

COMPASSION:

In how we treat our patients, students, each other and ourselves.

COMPASSION:

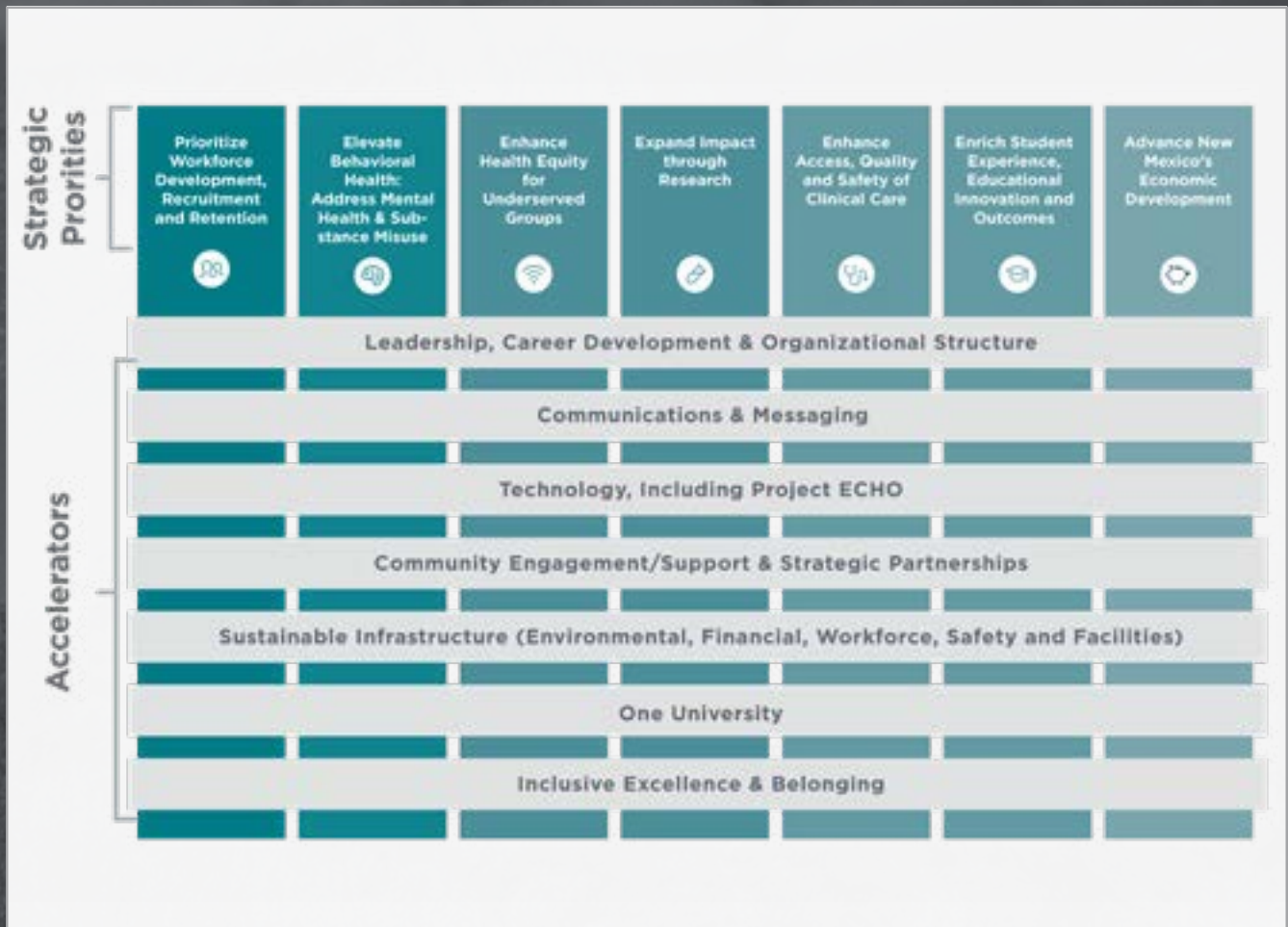
Accountable to our diverse communities across New Mexico.



STRATEGIC PRIORITIES AND ACCELERATORS

SEVEN STRATEGIC PRIORITIES TO IMPROVE THE HEALTH OF ALL NEW MEXICANS

Current state insights guided the identification of these seven high-level priorities, which represent areas of greatest impact and need for UNM Health and Health Sciences and the state of New Mexico more broadly. Each priority is further developed into strategic objectives and tactics, alongside points of integration between the priorities.





PRIORITIZE WORKFORCE DEVELOPMENT, RECRUITMENT AND RETENTION

NARRATIVE SUMMARY

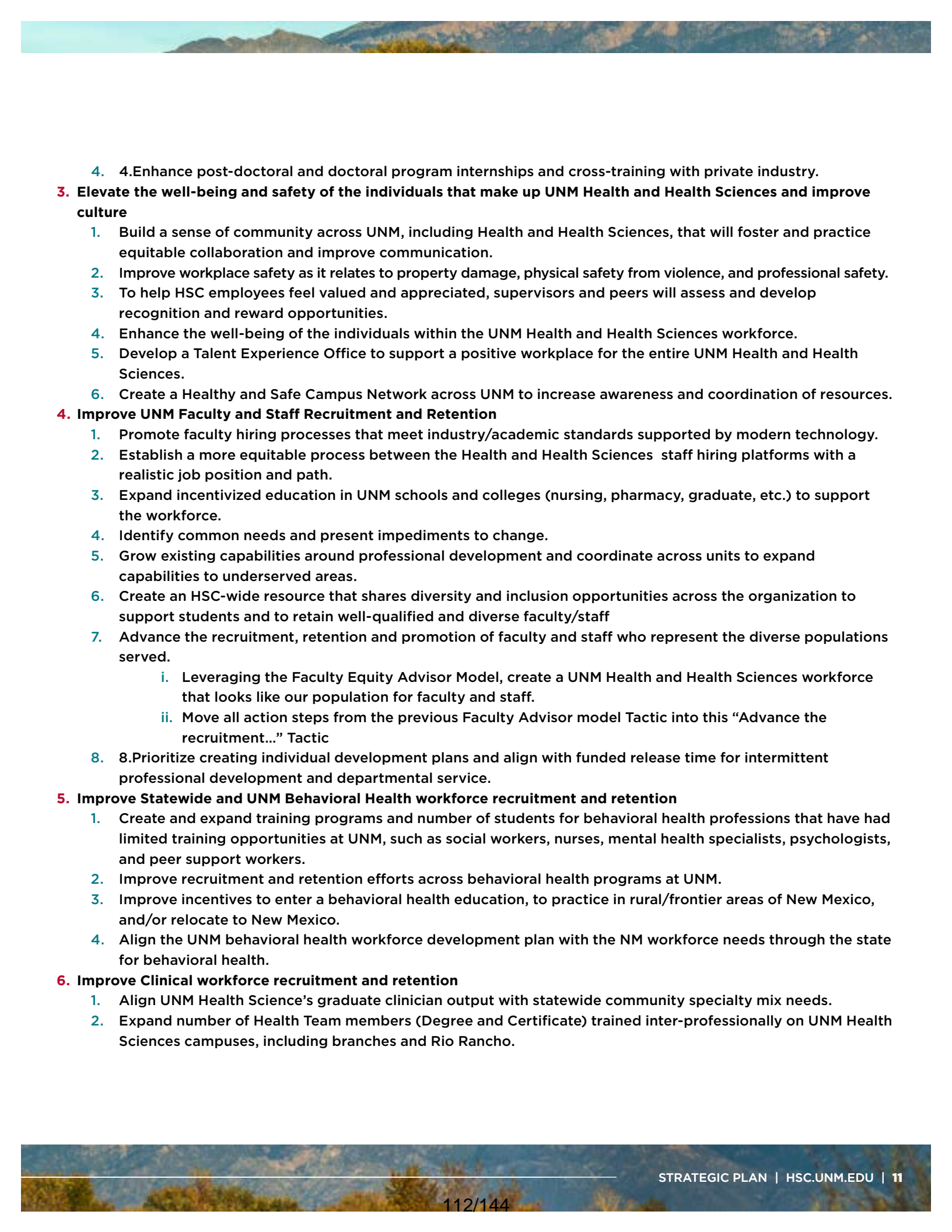
University of New Mexico Health and Health Sciences is the state's critical engine of workforce development in health care and health sciences. To meet the current and future workforce needs of both the state and the University, planning, resources, and innovation are needed that will guide historic numbers of New Mexicans into pathways toward health care professions as well as attract and retain educators, researchers, and clinicians from out-of-state. With current workforce challenges being among the most urgent faced by the state and the UNM system, an elevated talent experience will be necessary that promotes well-being, reduces burnout, addresses systemic ease of practice matters, supports career development and includes long-term retention approaches. While UNM may not control all the factors that create headwinds for workforce development in New Mexico, it must take a leadership role in creating safe, supportive, and attractive communities that inspire people to learn, work and serve in the state.

High-Level Goals

1. Advance New Mexico's state-wide needs by developing the health care workforce of the future and help in retaining the workforce across the state to serve New Mexicans.
 - a. *(aligns with O1 - evolving compensation and benefits models, O7 - pathways, O8 - statewide workforce needs)*
2. Advance UNM's own workforce needs by enhancing workforce development, attracting, and retaining diverse, highly productive, and talented people who exemplify our core values and are inspired to educate and heal the populations of people we have the privilege to serve at UNM.
 - a. *(aligns with O2 - employability of our graduates, O4 - faculty and staff recruitment and retention, O5 - BH recruitment and retention, O6 - clinical recruitment and retention)*
3. Elevate the wellbeing & safety of the individuals that make up UNM Health & Health Sciences through systemic change and supporting individuals, and develop a best-in-class talent experience with a culture that supports community and belonging.
 - a. *(aligns with O3 - well-being and culture)*

Strategic Objectives & Tactics

1. **Implement Evolving UNM Compensation and Benefits Models**
 1. Improve health benefits through legislative action and increasing employer share/ spend on health benefits.
 2. Expand childcare services.
 3. Tie professional development to formal succession planning.
 4. Determine positions (faculty or staff) for Sign-on Bonuses with service requirement to promote retention.
 5. Plan for more competitive compensation from multiple funding streams.
 6. Explore and evaluate potential opportunities for tuition remission and other incentives to drive workforce expansion.
 7. Create standardized and transparent compensation plans
2. **Strengthen connection to private industry and increase employability of our graduates**
 1. Increase awareness of Health and Health Science priorities and align with the priorities of local, public / private, state, federal, and tribal governments.
 2. Increase student enrollment in health sciences colleges and schools.
 3. 3.Explore programs targeted to retain graduates as clinicians, faculty, or for research positions.

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4. Enhance post-doctoral and doctoral program internships and cross-training with private industry.
 - 3. Elevate the well-being and safety of the individuals that make up UNM Health and Health Sciences and improve culture**
 1. Build a sense of community across UNM, including Health and Health Sciences, that will foster and practice equitable collaboration and improve communication.
 2. Improve workplace safety as it relates to property damage, physical safety from violence, and professional safety.
 3. To help HSC employees feel valued and appreciated, supervisors and peers will assess and develop recognition and reward opportunities.
 4. Enhance the well-being of the individuals within the UNM Health and Health Sciences workforce.
 5. Develop a Talent Experience Office to support a positive workplace for the entire UNM Health and Health Sciences.
 6. Create a Healthy and Safe Campus Network across UNM to increase awareness and coordination of resources.
 - 4. Improve UNM Faculty and Staff Recruitment and Retention**
 1. Promote faculty hiring processes that meet industry/academic standards supported by modern technology.
 2. Establish a more equitable process between the Health and Health Sciences staff hiring platforms with a realistic job position and path.
 3. Expand incentivized education in UNM schools and colleges (nursing, pharmacy, graduate, etc.) to support the workforce.
 4. Identify common needs and present impediments to change.
 5. Grow existing capabilities around professional development and coordinate across units to expand capabilities to underserved areas.
 6. Create an HSC-wide resource that shares diversity and inclusion opportunities across the organization to support students and to retain well-qualified and diverse faculty/staff
 7. Advance the recruitment, retention and promotion of faculty and staff who represent the diverse populations served.
 - i. Leveraging the Faculty Equity Advisor Model, create a UNM Health and Health Sciences workforce that looks like our population for faculty and staff.
 - ii. Move all action steps from the previous Faculty Advisor model Tactic into this “Advance the recruitment...” Tactic
 8. Prioritize creating individual development plans and align with funded release time for intermittent professional development and departmental service.
 - 5. Improve Statewide and UNM Behavioral Health workforce recruitment and retention**
 1. Create and expand training programs and number of students for behavioral health professions that have had limited training opportunities at UNM, such as social workers, nurses, mental health specialists, psychologists, and peer support workers.
 2. Improve recruitment and retention efforts across behavioral health programs at UNM.
 3. Improve incentives to enter a behavioral health education, to practice in rural/frontier areas of New Mexico, and/or relocate to New Mexico.
 4. Align the UNM behavioral health workforce development plan with the NM workforce needs through the state for behavioral health.
 - 6. Improve Clinical workforce recruitment and retention**
 1. Align UNM Health Science’s graduate clinician output with statewide community specialty mix needs.
 2. Expand number of Health Team members (Degree and Certificate) trained inter-professionally on UNM Health Sciences campuses, including branches and Rio Rancho.

3. Reduce cost of certificate programs for MAs, CNAs, CHWs, etc. by UNM HSC partnering with Community Colleges, Branch Campuses, FQHCs in classroom and practical training.
4. Expand Area Health Education Center (AHEC) and Health Extension (HERO)-directed, community-based, HSC-linked training hubs across NM by region and/or county.
5. Create career ladder for non-degree, certificate-bearing health team members to increase retention.
6. Recruit psychiatric nurse specialists to UNM Health and Health Sciences to increase services, including support across the state to address statewide nursing shortage.
- 7. Expand and strengthen partnership and pathways programs for health and health sciences careers.**
 1. Promote education readiness across the statewide K-20+ system through earlier student and teacher support, including through partnerships with higher education institutions, including leveraging Project ECHO
 2. Scale up the current Health Science Center DEI Communities to Careers K-20+ health pathway programs and regional hubs.
 3. Develop programs that attract young students in science, pharmacy, nursing, research and administration and the mission/culture of UNM – leading to job opportunities and continued development.
- 8. Working with the State and other providers, create and help deploy a statewide plan for increasing the state health care workforce.**
 1. Continue leading the New Mexico Health Care Workforce Committee, including publishing and communicating the findings to increase awareness and advocacy.
 2. Working with the State, develop a plan to increase the behavioral health workforce across the state, including rural areas and training and support for the use of tele-mental health and tele-consult interventions.
 3. Work with state to deploy the plan, with the needed state and other resources, to support statewide workforce needs.
- 9. Increase clinical workforce wellbeing and support systemic wellness and ease of practice changes**
 1. Improve systemic/operational ease of practice for UNM Health and Health Sciences workforce.
 2. Create an innovative “Trauma informed Care” approach for organizational change and for employees to support their patients as well as to support one another in reducing burnout and the trauma of the pandemic.
 3. Create care team-directed engagement programs.
- 10. Enhance collaborations with the Veteran’s Affairs (VA) New Mexico Health Care system to increase our joint hires of faculty, staff, and residents / fellows**
 1. Establish a plan and recruit jointly Veteran Affairs / UNM faculty and health care staff in key target clinical areas (e.g., interventional pulmonary, rheumatology, etc) and across New Mexico
 2. Consider ways to hire more veterans in our recruitment process for faculty, staff, and students.

ONE UNIVERSITY OPPORTUNITIES AND REQUESTS

Opportunities

1. An opportunity exists to explore models for enhanced incentives across UNM in collaboration with Central Campus and the branch campuses.

Central and Branch Campus Requests

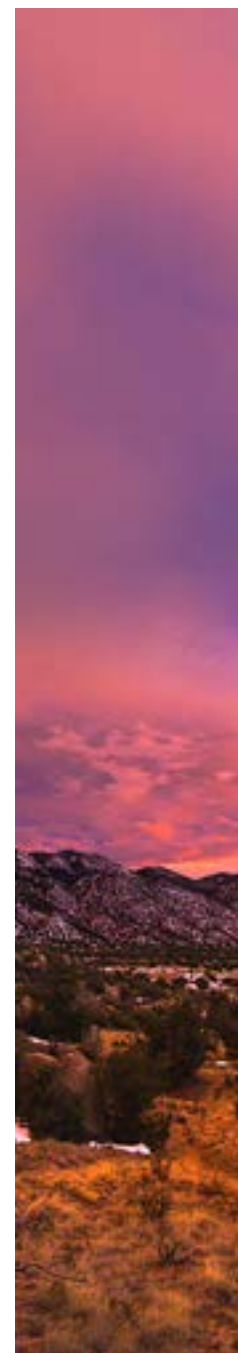
2. Identify UNM leadership that can work with Health & Health Sciences on enterprise-wide initiatives around the implementation of evolving compensation and benefits models.
3. Designate members from Central and Branch Campuses to join the Cross-Campus Healthcare Pathways Committee.
4. Collaboratively review Central and Health Sciences faculty and staff hiring processes where appropriate to identify efficiencies to reduce “work waste” and implement streamline processes with technology and

address other recommendations.

5. Identify group within Academic Affairs that can work with Health Science Deans to identify Career Services programs, infrastructure, and financial support needs in highest priority areas to address staffing shortages, including apprentice opportunities with colleges.
6. Identify group within UNM Marketing & Communications that can work with Health & Health Sciences Marketing & Communications to develop campaigns that highlight all mission components of UNM Health and Health Sciences.
7. Create a “Healthy and Safer Campus Network” workgroup to catalog existing resources and create a plan for the Network to support faculty, staff, and students.

Enablers of Workforce Development:

- **Leadership, Career Development, and Organizational Structure:** Leadership is needed across both UNM HSC and Central Campus to reinforce the One University vision and collaboration across campuses to improve employee satisfaction, recruitment, and retention. The existing organizational structure of HSC, UNMH, and UNMMG must be evaluated to align hiring policies and ultimately limit staff attrition.
- **Communications & Messaging:** The identification of UNM Marketing & Comms support resources fuels efforts to develop campaigns that highlight all mission components of the organization, one example being one that features diverse alumni. There also exists a need to coordinate larger marketing & communications efforts to tell a holistic story, including the communication of UNM Health and Health Sciences’ presence at existing branch campuses.
- **Technology, including Project ECHO:** Updating HR technologies and promoting electronic document usage supports the priority to increase faculty and staff recruitment and retention. Project ECHO also provides an opportunity to gain additional enrollment of providers in rural areas, which will support UNM Health and Health Sciences’ need for a statewide workforce strategy to fulfill its mission to serve all New Mexicans.
- **Community Engagement/Support & Strategic Partnerships:** Community engagement and support across the state are crucial in the success of pathway programs and efforts to expand presence outside of Albuquerque through pathway programs. UNM’s VA partnership can help fuel the workforce pipeline for UNM Health and Health Sciences as it looks outside not only the organization, but outside the state, to fill the workforce shortage.
- **Sustainable Infrastructure (Environmental, Financial, Workforce, Safety, and Facilities):** Financial instability and statewide environmental threats can deteriorate UNM’s ability to attract and retain the workforce needed to fulfill this mission. A safe campus better enables UNM Health and Health Sciences to attract and retain a stable workforce, which may include working with UNM Campus police and security and Facilities and Maintenance to enhance workplace safety. Lastly, attractive facilities can serve as a recruitment tool.
- **Inclusive Excellence & Belonging:** A strong sense of belonging promotes retention of the UNM Health and Health Sciences workforce. An equitable hiring process that grows a diverse workforce is crucial in UNM Health and Health Sciences’ efforts to meet the current and future needs of both the state and the University.



ELEVATE BEHAVIORAL HEALTH: ADDRESS MENTAL HEALTH & SUBSTANCE MISUSE

NARRATIVE SUMMARY

The need for transformation of the comprehensive, state-wide behavioral health and substance misuse continuum of care is paramount to New Mexico's long-term economic and cultural vitality. UNM is positioned to be a leader in this transformation which includes building capacity and infrastructure to support the long-term acute, ambulatory, and preventative systems that will address the mental health and substance misuse crisis in the state. However, UNM cannot meet the state's systemic behavioral health and substance misuse challenges alone and new reimbursement models, state-wide policies, partnerships, and initiatives must flourish through advocacy and coalition building with UNM at the center of the solution. This effort will take full engagement of every relevant stakeholder in the state in a moon-shot aspirational mission to become the nationwide model for transformative behavioral health and substance misuse education, research, and care.

High-Level Goals

11. Become a national leader in behavioral health education, research, and care by mobilizing our institution's expertise and external partners to lead a state-wide coalition aimed at transforming behavioral health care across New Mexico including by advancing public health policy and through fully engaged advocacy.
 - a. a. *(aligns with O1 - partnership and advocacy, O3 - ambulatory care facilities and capacity, O7 - Center for Excellence in Addictions, O9 - Behavioral Care of First Nations)*
12. Develop service and technology innovations in how to best integrate Behavioral Health Services through research, education, and clinical care at UNM in service of our unique populations of students and patients.
 - a. a. *(aligns with O4 - embed substance use prevention and treatment, O5 - inter-organizational collaboration, O8 - telecommunications)*
13. Elevate awareness, advocacy, and pursuit of new resources for increasing substance use prevention, treatment, education, and research, as a critical pillar of all behavioral health services in response to the urgent needs of New Mexicans and as a model for broader adoption nationwide.
 - a. a. *(aligns with O2 - children's BH services, O6 - trauma-informed care)*

Strategic Objectives & Tactics

1. **Lead at the state level through partnership and advocacy**
 1. Develop ongoing partnerships with New Mexico Human Services Department (HSD) and other providers and service agencies to come to a common framework regarding systems and priorities for Behavioral Health.
 2. Create venues for consistent dialogue with key state partners to align on collaborative efforts, policy, and system-wide changes to the behavioral health ecosystem within the state
 3. Collaborate with New Mexico Human Services Department (HSD) to support reimbursement models for a more adequate model of care across the state for BH.
 4. Advocate to ensure there are funds to support strategic program development.
 5. Enhance partnership with tribal leadership to promote alignment of behavioral health priorities for American Indian individuals and families.
 6. Build a state-wide coalition to create long-term psychiatric care residences.
 7. Partner with the state to expand data science capabilities that support better understanding behavioral health

- care.
8. Develop a Public Sector Psychiatry Division that partners with state, county, and city institutions as well as Tribes and Pueblos to provide leadership and behavioral care in public sector organizations (jails, detention centers, state hospitals, etc).
 9. Support our Homeless Coordinating Council partnership in reducing homelessness in Bernalillo County and consider ways to expand across New Mexico, including with our UNM Project ECHO learning communities and partnering with Community Solutions for addressing systemic issues in a coordinated manner.
 10. Better address the mental health and substance misuse problems of individuals who are experiencing homelessness through using a patient-centered approach (i.e., “Street Behavioral Care Medicine”), organizational change approaches (MISSION model, etc) and through partnerships with agencies that specialize this area.
- 2. Invest in children’s behavioral health services**
 1. Develop Continuum of Care for pediatric patients to allow for patients being placed in correct levels of care.
 2. Develop specialized services for Autism, DD, etc. To ensure access to needed care. Integrate goals and framework with ongoing UNMCDD work.
 3. Create a financial framework that supports sustainable access to services for pediatric BH patients.
 4. Advocate for Telec-consult service funding support to support health care workers and school based providers across the state, including rural areas (similar to the MCPAP model in 30 other states).
 - 3. Expand acute and ambulatory care facilities and capacity**
 1. Develop capacity for all behavioral health patients needing acute level care for both pediatric and adults.
 2. Develop capital and operational funding models to support facility planning, construction, and operations.
 3. Create a financial framework with the state Medicaid system, Behavioral Health Service Division and other governmental stakeholders to create sustainable operational funding streams.
 - 4. Embed substance use prevention and treatment in all aspects of behavioral healthcare**
 1. Complete assessment of current state of SUD prevention and treatment at the practitioner, program, and organizational levels.
 2. Investigate barriers to treatment of substance use disorders and explore solutions to reduce barriers.
 3. Develop framework for standardized SU assessment and treatment.
 4. Strengthen the SU and MH workforce.
 5. Establish a collaboration with judicial, legislative branches of government to provide education and partner to support wellness.
 - 5. Develop inter-organizational collaboration among providers as well as integration of behavioral health initiatives**
 1. Better map all mental health services provided by University of New Mexico (UNM), University of New Mexico Health (UNMH), Sandoval Regional Medical Center (SRMC), Addiction and Substance Abuse Program (ASAP), and all of the Health Sciences Center (HSC).
 2. Eliminate gaps by cross-training and advocating for increasing the number of FTEs to support integration of BH in all HSC areas to also facilitate continuity of care.
 - i. Improve warm Handoffs and education for providers.
 - ii. Move all the Tactics from what was previously the Tactic of “Improve warm Handoffs and education for providers.” as additional action steps
 3. Expand UNM/HSC’s reach by partnering with local providers.
 - 6. Develop a Trauma-informed Care Approach to Patient Care**
 1. Develop a unified understanding and skills to provide trauma-informed care
 2. Develop and implement a UNM Health and Health Sciences-specific Trauma-Informed Care Approach, through

- organizational change supporting interventions and training of health care workforce (all workers).
3. Promote availability of a culturally appropriate and trauma-informed service array
7. **Create a Center for Excellence in Addictions that integrates and elevates the educational, research and clinical missions of UNM Health and Health Sciences as a national leader in this space**
 1. Determine the scope and charge of the Center of Excellence in Addictions.
 2. Create a plan for development of the center and sustainable funding.
 3. Integrate current strengths in clinical, education, and research across UNM.
 8. **Expand the use of technology and telecommunications to improve access to Behavioral Health Services**
 1. Invest in expanded capabilities to deliver Behavioral Care Telemedicine
 2. Advocate for health care plans and state agencies to support the expansion and utilization of tele-consult service for primary care and other providers from Behavioral Health providers, including UNM as the lead on these services.
 3. Expand education and training utilizing Project ECHO to expand awareness, training, and support to the public, providers, patients, and their families.
 4. Expand direct patient and family care support by Project ECHO for behavioral health prevention / education on stress reduction and self-management skills, as well as education support for those in stable recovery long term.
 5. Expand tele-mentoring services (i.e., Project ECHO) for providers
 9. **Become a national and global leader in the Behavioral Care of First Nations and for Hispanic, and Rural populations.**
 1. Determine the roles and scope of additional focus on Behavioral Care research, education, and training as well as the potential role of Project ECHO and integration of One University.

ONE UNIVERSITY OPPORTUNITIES AND REQUESTS

Opportunities

1. 1.Establish collaborations with Main Campus Psychology Department, Student Health, Athletics, and other interested entities with Schools/Colleges/Departments/Divisions at UNM Health and Health Sciences, as well as other interested groups at UNM to drive innovations in public behavioral health policy, systems and interventions that will support the mission to become a national model in transformative behavioral health education, research, and care for the populations we serve.

Central and Branch Campus Requests

1. Establish point of contact within College of Education to support the development of social worker practicums that enable patients being placed in correct levels of care.
2. Identify branch campus leadership who will join the Health Sciences Deans meetings that can help expand behavioral health activities, including support the development of a framework for standardized SU assessment and treatment.
3. Identify across UNM interested faculty, staff, and students interested to develop an Academic Interest Group that develops academic activities, and pursues additional funding to expand Community Health & Peer Support Worker Training program at UNM and other areas of need.
4. Identify leadership group including representation across service lines and campuses to coordinate the integration of behavioral health across all mission components.



Enablers of Workforce Development:

- **Leadership, Career Development, and Organizational Structure:** Several opportunities exist to coordinate and integrate across the organizational in areas such as the College of Education, the College of Population Health (in the future, School of Public Health), and the UNM Governmental Resources Center. Leadership can spearhead the effort of incorporating behavioral health into all aspects of HSC across all mission components.
- **Communications & Messaging:** Equity and trauma-informed approaches and recovery model language should be included in all communications. Promotion of existing and new Behavioral Health service lines is critical in providing access. Given this Priority's emphasis on collaboration among providers, a common voice supported by unified messaging would be beneficial.
- **Technology, including Project ECHO:** Technology supports UNM's desire to be a leader in the behavioral health space. If one-time grants were secured, technology could allow for more rural/frontier clinics to obtain technology for remote consultation. Project ECHO can also support the development of technology-powered tools and resources to educate community partners on a standardized approach to substance use assessment and treatment.
- **Community Engagement/Support & Strategic Partnerships:** Partnership and alignment with external players such as the Department of Health, Human Services Department, Behavioral Health Services Department, and tribal leadership are imperatives for the success of behavioral health initiatives, especially regarding the advocacy and leadership role that UNM Health and Health Sciences seeks to play in this area.
- **Sustainable Infrastructure (Environmental, Financial, Workforce, Safety, and Facilities):** While significant work in increasing space to provide the behavioral health services are in- motion, facilities may also enhance UNM Health and Health Sciences' ability to expand care statewide and beyond Albuquerque by developing resources in rural and frontier areas. There also exists a need to focus on overdose and suicide as safety issues related to substance use as well as safe infrastructure such as gear and transportation.
- **Inclusive Excellence & Belonging:** Diversity, equity, and inclusion enables UNM Health and Health Sciences to approach its behavioral health care delivery model with an understanding of the diverse populations it serves, especially when developing a trauma-informed care approach.

ENHANCE HEALTH EQUITY, INCLUDING FOR RURAL, HISPANIC/LATINO, NATIVE AMERICAN, AND OTHER UNDERSERVED GROUPS

NARRATIVE SUMMARY

Sciences and is deeply embedded in our values. In appreciation and recognition of the hundreds of voices that we intend to elevate from our health equity dialogues with many communities within New Mexico that formed the Equity Manifesto at the 2022 Health Equity Summit, we advance their words as our common vision in Health Equity:

We will unite our vision, voices, and relationships to strengthen collaborative partnerships and sustain our cultural practices, values and beliefs for our next generation.

We promise to teach the next generation and our communities about the history of inequity and resistance

and how to be leaders that interrupt narratives and policies that are rooted in racism and oppression.

These principles are imperative to expanding knowledge, increasing our collective critical consciousness and moving towards sustainable change that advances health equity for all.

High-Level Goals

10. Center equity within the culture of UNM Health and Health Sciences to be an example for the communities we serve and to also learn by their example.
 - a. *(aligns with O1 - Center equity within the culture)*
11. Elevate the voices of Hispanic, Latino and Native American people across the state of New Mexico as we also seek to engage, learn from, and support the interests of these and other underserved communities.
 - a. *(aligns with O2 - Office of Health Equity, O3 - Improve access to care in underserved populations, O5 - Center for Hispanic/Latino Health, O8 - Coalesce Native American health services)*
12. Improve the health and well-being of all New Mexicans by improving awareness, training and intervention strategies around social determinants of health, adverse childhood events, and multigenerational trauma with Project ECHO and other tactics.
 - a. *(aligns with O6 - College of Population Health, O7 - data-driven public health approach)*
13. Use a Health Equity lens to strengthen UNM Health and Health Sciences' role in developing, advocating, and leading in health policy and partner with regional and public health infrastructure to advance health equity throughout New Mexico.
 - a. *(aligns with O4 - partnerships and engagement with underserved and rural communities, O9 - Center for Rural Health)*

Strategic Objectives & Tactics

1. **Center equity within the culture of UNM Health & Health Sciences**
 1. Integrate/align health equity as a part of the mission statements across the Health Sciences and Health System.
 2. Conduct initial and ongoing training and education around health equity for new and existing employees.
 3. Gain alignment in course objectives and demonstrated action/competency in the field with students and graduates as it relates to health equity.
2. **Develop a UNM Office of Health Equity**
 1. Build a vision and support to establish an Office of Health Equity (OoHE) by securing support/commitment from executive leadership and gathering stakeholder and community input to define its purpose and scope.
 2. In collaboration with stakeholders, develop/define the leadership structure of the OoHE, and identify the necessary support needed to ensure its success.
 3. Develop complete proposal, present to decision-makers, and obtain approval to establish the office.
3. **Improve access to care in underserved populations across New Mexico**
 1. Expand health services training for underserved populations.
 2. Gain additional enrollment of providers in rural areas.
 3. Train all Health Sciences learners (from students to faculty) on Social Determinants of Health (SDOH) now a required screening of all adult hospital inpatients and expanding to ambulatory care.
 4. Create "HERO/AHEC/CHW Hubs" in every county and larger Tribal communities in NM
 5. Improve access for underserved populations to specialty clinical care only UNM can provide
4. **Improve and coordinate partnerships and engagement with underserved and rural communities in research, education, policy, clinical, and service**
 1. Create a "coordination center" for community engagement in all mission areas (e.g., Office of Community Engagement and External Partnerships) across Health and Health Sciences.
 2. Meet the needs of our community partners post engagement.
 3. Complete continual evaluation and bidirectional communication.

5. Establish a Center for Hispanic/Latino Health

1. (Re)convene internal and external culturally aligned leadership, core allied entities and diverse community partners to finalize design for the Center for Hispanic/ Latino Health Equity (CHLHE) that includes all missions for Health and Health Sciences.
2. Build from existing human resources, collaborative efforts (services, education, and research) a co-leadership model for the proposed CHLHE.
3. Garner institutional and statewide commitment to funding and space to sustain the CHLHE for many years, including with the UNM Foundation and Government Relations Office.

6. Expand the College of Population Health into a School of Public Health

1. Increase the number of students enrolled in COPH programs.
2. Increase the number and diversity of faculty in public health that can expand the work of the COPH and qualify the college for an expansion to School of Public Health.
3. Increase non-research money to support public health initiatives.
4. Create a Public Health Education Network Statewide.
5. Expand Statewide Community Health Assessments through partnerships with public health agencies in every county across New Mexico.
6. Lead two major statewide public health intervention initiatives: Substance Use Prevention and Diabetes Prevention Program.
7. Apply for accreditation for a School of Public Health
8. Create a plan and seek state, philanthropy, and other source funding for the School of Public Health, including ongoing faculty funding, operations, and a new building
9. Create collaborations with existing state and county programs
10. Further develop the one university approach to public health, including aligning and engaging all of UNM in a dynamic and 21st Century School of Public Health.

7. Advance a data-driven public health approach with the goal of equity

1. Assess the current state of sociodemographic and UNMH data collection and target new data collection and collect race and ethnicity data from UNMH enrollment forms.
2. Provide regular access to disaggregated data and insights through data snapshots, data highlights, and stratified reporting on disaggregated data including sex, race, ethnicity, Medicaid/ Medicare, dual eligibility/ low-income subsidy, and rural-urban disparities.
3. Develop ongoing tools and resources for community partners, such as (1) Mapping, Medicare Disparities Tool, an interactive tool with county-level data and regular updates with more data; (2) Health Equity Technical Assistance Program; (3) Disparity Impact Statement.
4. Connect data and identified health disparities to actions including community-based focused outreach, education, and service connection.

8. Coalesce Native American health services, academic initiatives, and advocacy groups throughout UNM Health and Health Sciences

1. Acknowledge current Native American health initiatives across the UNM Health and Health Sciences enterprise
2. Establish a council to convene all groups running Native American health initiatives (including those from Central Campus)
3. Develop strategy to better integrate Native American Health initiatives across UNM Health and Health Sciences

9. Create a Center for Rural Health

1. Define vision, and organizational structure, and operations of the Center of Rural Health
 - i. Explore the possibility of organizing the Center for Rural Health under the Office of Community Health
 2. Grow UNM's presence in the rural health research space
 3. Expand training on the unique skills needed for rural health care.
 4. Partner with rural health care providers to provide support through Project ECHO and other tactics, and to consider ways they might also help more urban areas.
- 10. Enhance our partnerships with Veterans Affairs organizations to help reduce health disparities for veterans and their families across the state.**
1. Build on the priorities, goals, and tactics developed at the UNM / VA retreat / summit that included a focus on veterans and their unique needs.
 2. Establish a partnership with the New Mexico Department of Veterans to assist in statewide goals and initiatives.
 3. Expand research on the veteran population and their families.

ONE UNIVERSITY OPPORTUNITIES AND REQUESTS

Opportunities

1. Connect with Central Campus groups focused on equity with the UNM Health and Health Sciences health equity groups to unite and elevate their voice at UNM and in the state more broadly.

Central and Branch Campus Requests

1. Identify unit components across the organization (e.g., Central campus DEI, HSC DEI, COPH, College of Education and Human Sciences, DEI affinity groups) to identify where crossover in equity promotion is currently occurring.
2. Determine group of branch campuses who can work to identify areas of differentiation for health services training to ensure locally-driven training and workforce development.
3. Establish regular cadence between campuses to align on current engagement methods with underserved and rural communities.
4. Connect HSC and central campus data teams to understand use and collection method of sociodemographic data.

Enablers of Health Equity

- **Leadership, Career Development, and Organizational Structure:** Coordination at the leadership and organizational structure level would help enable entity-wide alignment and cultural change. Various Offices/ Centers created through this initiative (Health Equity, Hispanic/Latino Health, Rural Health) would include organizational structures that are embedded into that of the broader UNM Health and Health Sciences.
- **Communications & Messaging:** It is essential that all communication and marketing efforts align with the culture and language of the New Mexico population. Given the vast number of diverse UNM internal and external stakeholders engaged through Health Equity, communications should aim to be a coordinated effort that prioritizes inclusion and accessibility.
- **Technology, including Project ECHO:** A mobile app that allows for quick access to resources can promote utilization of Safe Zones. Given Project ECHO's ability to reach rural communities, its model provides the ability to expand health services training in underserved communities and, in turn, gain additional enrollment of providers in rural areas.
- **Community Engagement/Support & Strategic Partnerships:** Enhancing bidirectional communication and

collaboration with those partners will be critical in ensuring buy-in and best serving their needs. Partnerships and engagement with underserved and rural communities in research, education, policy, clinical, and service are especially important to meet the needs of the community that UNM Health and Health Sciences serves.

- **Sustainable Infrastructure (Environmental, Financial, Workforce, Safety, and Facilities):** Given UNM's position in a state where environment is of particular consideration for health equity, an outsized investment is needed to promote equity in health outcomes. As safety also encompasses psychological safety, the designation of specific offices as culturally- and linguistically safe zones can enhance sustained trust-building efforts.
- **Inclusive Excellence & Belonging:** Inclusive Excellence and Belonging are core tenets of Health Equity, whose Objectives cannot be accomplished without a baseline of a strong culture of equity within UNM Health and Health Sciences. This is important not only for internal culture, but also in efforts to improve partnerships and engagement with underserved and rural communities.

EXPAND IMPACT THROUGH RESEARCH

NARRATIVE SUMMARY

UNM Health and Health Sciences' research enterprise is poised for transformative growth having built a strong foundation on which to expand, calling for increased focus and resources from the University, state, federal, private and foundation sources. To elevate the research enterprise, UNM Health Sciences will harness its strengths in key areas that both serve New Mexico, align with its mission, build on its strengths, and address critical health challenges of our time. To succeed in these endeavors, investment in infrastructure, faculty, and data capabilities will be needed from a variety of stakeholders and a focus on collaborative research both within the HSC and across the University as well as with external partners will be required. Developing, attracting, and retaining key investigators will be essential and require investment and cultural change that leads to research realizing its place as an equal priority in the mission and strategy of the organization.

High-Level Goals

1. Establish national leadership in select research areas that both leverage and enhance our strengths and that are important to New Mexico's unique population and challenges through collaborative and transdisciplinary research initiatives.
 - a. *(aligns with O3 - bidirectional collaborations between enterprises, O6 - critical research areas of strength)*
2. Identify and invest in basic science and translational research programs that will lead to transformative discoveries and impact, including data science, informatics, and computational science.
 - a. *(aligns with O4 - basic science and translational research programs, O5 - translational research)*
3. Strengthen our scientific and administrative research infrastructure and external partnerships to support the elevation of our research programs to be nationally competitive and prominent in our areas of focus.
 - a. *(aligns with O2 - research infrastructure)*
4. Establish and invest in creating pathways for developing and retaining faculty, staff, and student investigators who are committed to serving the state and helping to solve its most pressing health challenges.
 - a. *(aligns with O1 - comprehensive institutional cultural change, O7 - vibrant and successful community of graduate and postdoctoral students)*

Strategic Objectives & Tactics

1. Strengthen the research mission through comprehensive institutional cultural change

1. Develop a funds flow model to grow and sustain research across the Health Sciences.
 2. Implement policy changes to promote research.
 3. Disseminate and promote the research mission throughout NM and the region.
 4. Increase the scope, size, and quality of research activities.
 5. Increase recruitment, retention, participation, and success of faculty, staff, and students engaged in the research mission.
 6. Create a culture of high ROI research programs.
- 2. Build and support research infrastructure**
1. Seek support from a variety of sources to help provide the needed physical space, equipment, and facilities needed to carry out current and future cutting-edge research.
 2. Establish a sustained institutional investment in our shared resource facilities through seeking additional resources and supports.
 3. Develop a comprehensive Data Sciences Program as a key element of the research mission, including through one university partnerships, national labs, and other partnerships.
 4. Continuously improve organizational systems and administrative processes geared toward facilitating and accelerating research.
- 3. Enhance bidirectional collaborations between research, clinical, and educational enterprises**
1. Create the plan and leadership support for how the research and clinical missions mutually reinforce each other in a learning health system.
 2. Build research and scholarship development into all educational sector activities.
 3. Increase number of research collaborations across UNM, including with Health Sciences and Central Campus partnerships.
 4. Create and incentivize multidisciplinary teams to elevate quality improvement as a research discipline, integrated with education and clinical care across the UNM and Veterans Affairs collaborations.
 5. Expand utilization of a public health and dissemination and implementation science research approaches across the research, clinical, and educational enterprises.
- 4. Identify and invest in basic science and translational research programs**
1. Identify areas / programs that will lead to transformative discoveries and impact, including data science, informatics, and computational science
 2. Identify a structure and process to invest and prioritize these research areas.
- 5. Focus on translational research that aligns with our partners in industry**
1. Engaging with our economic development workgroup priorities, establish UNM as a national innovation hub for the pharmaceutical, healthcare, and biomedical technology industries.
 2. Enhance the clinical and translational influence on the research enterprise.
 3. Promote collaboration with regional partners, including national labs, Veteran's Affairs, and New Mexico industry.
- 6. Coalesce established critical research areas of strength around substance abuse, health equity, and environmental health**
1. Bring cohesion to UNM One University research areas that include Health Sciences, including substance abuse, health equity, and environmental health.
 - i. For each area catalog existing resources, faculty, and other critical components, including health services or public health services if relevant.
 - ii. under Substance Use
 2. Develop a Center for Addictions which brings together existing research centers and other mission areas

when appropriate.

- i. Seek new NIH Center grant funding supports.
- ii. Be part of the planning for the Center of Excellence in Addiction to develop a plan for it that includes research, teaching, and clinical practice
- iii. Identify a leadership team and determine need to recruit additional members versus accomplish in-house
- iv. Convene group to establish critical priorities for following year

1. Health Equity

- i. Develop a plan for coalescing Health Equity related research, and be part of the larger UNM Health and Health Sciences plan for an Office of Health Equity which will include enhancing linkages with research, teaching, and clinical practice
- ii. Identify a leadership team and determine need to recruit additional members versus accomplish in-house
- iii. Convene group to establish critical priorities for following year

2. Environmental Health

- i. Develop a plan for coalescing Environmental Health Centers and projects as part of Climate Change and the School of Public Health partnering on this topic.
- ii. Identify a leadership team and determine need to recruit additional members versus accomplish in-house
- iii. Convene group to establish critical priorities for following year

3. Launch an EVP Research Advisory Group to provide steering and governance oversight to our research priority areas.

1. Set up process to prioritize and confirm the research focus areas, and update.
2. Determine operating model, leadership, and requisite seed funding to launch new research focus areas.
3. Determine new / modified research cores that can provide cross-research area support.
4. Secure space and operating funds for the research areas.

4. Create a more vibrant and successful community of graduate and postdoctoral students

1. Increase the number of highly skilled graduate students and post-doctoral fellows.
2. Improve recruitment and retention of high-quality graduate students and post-doctoral fellows.
3. Enhance the quality of biomedical scientist training.
4. Create an institutional culture that values research education and mentoring of graduate students and fellows
5. Increase the number of extramurally funded training programs.

5. Work in collaboration with Veteran's Affairs on research grant opportunities that the Veterans Affairs announces.

1. Veteran's affairs has announced the PACT (Promise to Address Comprehensive Toxics) ACT Research program which focuses on research related to military environmental areas and health impacts (vibration, noise, etc.)
2. Increase Veteran's Affairs partnerships with COP Environmental Health Centers
3. Focus on Behavioral Health related research grant funding, including homelessness, suicide, and post-traumatic stress disorder amongst veterans.

6. Work with Veteran's Affairs to do joint ventures, including in facilities for clinical and research mission areas.

1. Develop a plan for joint research buildings

ONE UNIVERSITY OPPORTUNITIES AND REQUESTS

Opportunities

1. A new One University opportunity exists to secure authorization and dedicated space to co-develop a Department/Institute of Data Science and Statistics. This would likely include funding for recruiting founding leadership and new faculty, compute facilities (significant high- performance computing and cloud resources), and ongoing administrative and operational support.

Central and Branch Campus Requests

1. Identify points of contact that can coordinate with a committee of HSC stakeholders on the development of research and funds flow policies.
2. Coordinate with Rio Rancho campus leadership on research infrastructure needs to proactively plan research-related facilities.
3. Understand Central Campus initiatives with Data Sciences education.
4. 4. Identify areas to integrate a public health approach into existing Central campus education
5. 5. Identify existing industry relations and areas of collaboration with Central Campus innovation groups (e.g., UNM Innovation Academy, UNM Rainforest Innovations).

Enablers of Research

- **Leadership, Career Development, and Organizational Structure:** The research enterprise's continued growth relies in bidirectional collaborations across the various mission components of the organization. It also warrants the establishment of national leadership in select research areas that both leverage and enhance its strengths and that are important to New Mexico's unique population and challenges through collaborative and transdisciplinary research initiatives.
- **Communications & Messaging:** Communicating research's value requires unified messaging. A targeted marketing plan will also be crucial to engage biotech and pharma stakeholders in funding target projects. A unified communications plan including the execution of the annual, one-week statewide research awareness campaign can support the research enterprise's community awareness-building efforts.
- **Technology, including Project ECHO:** Investments in emerging research technologies such as AI alongside basic IT resources will help grow the enterprise-wide research mission. In collaboration with Central Campus, leveraging CARC supports cross-campus supercomputing. Technology would also be an enabler to develop a continuing education (CME) platform for research learning.
- **Community Engagement/Support & Strategic Partnerships:** Community-engaged research presents an opportunity to build community support in advancing the research mission. Partnerships with industry and federal partners such as National Labs, Lovelace Biomedical, and the VA support efforts around transfer to industry given the opportunity to develop and co-market new products and services, and more broadly elevate UNM's research programs to be nationally competitive and prominent in its areas of focus.
- **Sustainable Infrastructure (Environmental, Financial, Workforce, Safety, and Facilities):** New Mexico's population and landscape present an opportunity for UNM Health and Health Sciences to distinguish itself as a leader in Environmental Health at the intersection of Health Equity. However, the long-term success of research relies in part on sustained institutional investment in state-of-the art shared resource facilities that promote collaboration among the various units and individuals performing cutting-edge research.
- **Inclusive Excellence & Belonging:** As research spans across the UNM Health and Health Sciences enterprise, a sense of belonging is crucial in helping build a research community that promotes collaborations across various components and the coalescing of research strengths.

ENHANCE ACCESS, QUALITY, AND SAFETY OF CLINICAL CARE

NARRATIVE SUMMARY

UNM Health's clinical and related community engagement enterprise is both the center of health care delivery for the state of New Mexico and the most public-facing component of the organization's tripartite mission of clinical, education, and research activities. To meet the health care needs of New Mexico, an intentional integration of education, research and clinical care is essential as the clinical enterprise has a major role in training the next generation of clinicians and informing and supporting discovery through research and innovation. The UNM Health system has been heavily burdened with capacity challenges and increasing demand for services; thus, significant investments have been made to build facility and workforce capacity and those efforts must continue to be the central focus of investment and attention in the near term. In parallel with and supported by the efforts to build capacity, the system continues to seek ways to improve access, quality and safety as well as reach out to rural areas of the state. This plan also recognizes that taking care of the people that make up the UNM Health workforce is an essential component to sustainability in delivering the care that the state needs.

High-Level Goals

1. Achieve excellence in quality and safety, focused on value-based care delivery, while improving patient outcomes and patient experience through expanding building facilities and workforce capacity and leveraging innovations in technology, informatics, and workforce development.
2. Expand access to clinical services throughout the state using a multi-modal approach and engaging with community-based providers across New Mexico and in service of health equity.
 - a. *(aligns with O3 - statewide strategy for continuum of care, O7 - comprehensive health plan and payer strategy)*
3. Continue to innovate in models of care and reimbursement that enable improvements in access, quality, safety while delivering patient-centered, caregiver-led clinical care and enabling long-term financial stewardship and sustainability for the safety net health system within New Mexico.
 - a. *(aligns with O1 - emerging and future facility capacity, O2 - alignment of clinical growth, O5 - Technology and Informatics, O6 - innovate models of care)*

Strategic Objectives & Tactics

1. **Align emerging and future facility capacity with Health System Clinical Strategy**
 1. Utilize currently developed facility plans to quantify current and future clinical capacity, including behavioral health.
 2. Align current and planned facility growth with identified clinical need and access.
 3. Align facility planning with Health System clinical strategy and need.
2. **Prioritize alignment of clinical growth with education and research missions**
 1. Identify gaps between current clinical delivery platform and expected needs of community/state.
 2. Identify gaps between current status of education and research within clinical care delivery.

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3. Prioritize focus areas (after gaps have been identified in Goals 1 & 2).
 4. Create a 5 (or 10) year plan with clear targeted and strategic actions.
 - 3. Develop and implement a statewide strategy for continuum of care**
 1. Expand current post-acute care partnerships and activity, including with Lovelace UNM Rehabilitation Hospital, Genesis Healthcare, and other post-acute care facilities.
 2. Expand current Outpatient - pre-acute care partnerships and activity.
 3. Implement currently planned infrastructure for acute care.
 4. Develop and implement Veteran's Affairs clinical partnerships and strategic plan.
 5. Include Veteran's Affairs and LUNMRH as part of clinical delivery platform and in support of the education and research missions
 - 4. Optimize technology and informatics to improve access and quality of care**
 1. Develop clinical data scientist teams that support care delivery and population health and technological platforms that perform risk stratification of populations.
 2. Develop and resource clinical decision support team to support delivery of best practices.
 3. Adopt patient centered technologies (hardware and applications) that improves clinician efficiency, patient experience and access through digital transformation.
 4. Build accompanying IT support infrastructure that spans the HSC missions.
 - 5. Innovate models of care to meet the needs of patients and workforce supply**
 1. Determine our current models of care and which patient populations are benefitting within each domain of pre-acute, acute, post -acute, and overarching social determinants support.
 2. Evaluate and determine which innovative models of care we want to create, within each domain of pre-acute, acute, post-acute, and overarching social determinants support.
 3. Develop and implement 1 or 2 innovative new models within each domain of pre-acute, acute, post-acute, and overarching social determinants support.
 4. Continue expansion of patient-facing prevention and recovery programs.
 5. Explore a hub & spoke model with the Department of Health to expand BH services.
 6. Align innovative models with workforce goals.
 - 6. Develop a comprehensive health plan and payer strategy**
 1. Develop and enhance infrastructure to support VBC, risk reimbursement, and health plan development.
 2. Improve quality scores and maximize risk reimbursement of MA programs and Turquoise Care quality scores.
 3. Advance partnership with UNM Benefits on UNM Health toward full capitation with increased responsibilities for administrative services.
 4. Use health plan approach/competencies to create increased access for uninsured and UNM Care patients.
 5. Use risk sharing model to enhance partnerships and primary care network with FQHCs.
 - 7. Assure Financial Stewardship and Sustainability**
 1. Continue cost containment work
 2. Undertake Revenue Cycle Improvement Initiative focused on efficiency and patient satisfaction
 3. Address Funds Flow and Faculty Payment Coverage Models for clinical activity
 - 8. Enhance Patient Experience, Quality, Safety, and Value**
 1. Address access to clinical care as a critical element of patient satisfaction and experience
 2. Engage leadership to ensure development and fostering of a Culture of Safety and High-Quality care
 3. Drive positive patient outcomes through improved and strengthened enhanced consistency and standardization of care delivery
 4. Improve value-based care and ambulatory quality of care
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5. Implement strategies related to Value Differentiation at SRMC
6. Engage the community in needs assessments and to get feedback on our services
9. **Expand Clinical Partnerships with the NM Veteran's Affairs Health Care System**
 1. Collaborate with the Veteran's Affairs organization in developing a plan for an integrated large ambulatory care center, perhaps as a joint venture.
 2. Develop a plan for shared clinical activity that supports UNM Hospital / Office of Community Health activities across the state in the Veterans Affairs Community Based Outpatient Clinics (CBOC) and other locations.

ONE UNIVERSITY OPPORTUNITIES AND REQUESTS

Opportunities

1. Everyone across all campuses has a stake in social determinants in general. Incorporate focus on social determinants into regular work across UNM (statewide) and connect activity/desired action to Office of Community Health (OCH) to spearhead. (Add to #3 or #4 below?)
2. Empower the Office of Community Health (OCH) to spearhead an expanded focus on social determinants of health into the broader efforts of UNM on a statewide basis.

Central and Branch Campus Requests

1. Connect with UNM Land Office to assess current owned (UNM) acreage available for development and determine development opportunities beyond Albuquerque.
2. Establish committee of all branch campuses to support the creation, reporting, and monitoring of clinical operational metrics.
3. Identify central campus education leaders with whom the HSC can design Social Determinants of Health (SDOH) training in cooperation with the Office of Community Health (OCH)
4. Regularly gather insight from branch campus leadership regarding 1) current and potential future care models, and 2) health plan and payer strategies.

Enablers of Clinical Care

- **Leadership, Career Development, and Organizational Structure:** The success of Clinical Care Objectives requires a coordinated effort not only between UNM Health and Health Sciences leaders internally, but externally as well. Leadership also plays a vital role in increasing workforce well-being and ease of practice, for example through the creation of care team-directed engagement programs.
- **Communications & Messaging:** External communications should support patient access and ease of use through outward-facing content and information. As new innovative models of care are developed, this should be marketed to the broader UNM community to highlight the spectrum of care offered by UNM Health and Health Sciences.
- **Technology, including Project ECHO:** The optimization of technology and informatics (e.g., hardware and network upgrades) support the ability to improve the access and quality of care. Technology such as Project ECHO is also a key enabler in expanding tele-health and tele-mentoring capabilities can improve clinician efficiency and patient experience/access in the process.
- **Community Engagement/Support & Strategic Partnerships:** UNM Health's role as a clinical teaching player uniquely positions it as the state's safety net healthcare network. Collaboration is needed with state-level partners such as the Department of Health, Human Services Department, Aging and Long-Term Services, and pre- and post-acute care partnerships will help create solutions in expanding access to clinical care, a charge

- that UNM Health and Health Sciences cannot solve alone.
- **Sustainable Infrastructure (Environmental, Financial, Workforce, Safety, and Facilities):** The clinical enterprise is facing profound workforce shortages in concert with expanded needs to grow its workforce to fill existing and planned facility expansions. While clinical care facilities constitute the majority of current and future planned facilities, a concerted effort to align emerging and future facility capacity with HS Clinical Strategy will be critical in promoting sustained growth across all mission components.
 - **Inclusive Excellence & Belonging:** A central tenet of Clinical Care is increasing access, which cannot be accomplished without a lens of equity, especially considering UNM’s mission to serve all New Mexicans, including an expanded reach to rural areas of the state. Belonging may also refer to the need to create a teamwork mentality with clinical partnerships to promote a statewide strategy for the continuum of care.

ENRICH STUDENT EXPERIENCE, EDUCATIONAL INNOVATION, AND OUTCOMES

NARRATIVE SUMMARY

Students are at the center of all that UNM Health and Health Sciences stands for: they represent the diverse next generation of health care providers that will pursue health equity for all New Mexicans and beyond, and they are the focus and fuel of the educational and research enterprises of the organization. To meet the workforce needs of the state in the near and long-term, UNM Health Sciences must significantly increase its student body and substantially expand pathways for both New Mexicans and out-of-state students so they can develop and advance themselves in the health care professions. To train and retain those students will require an enhanced student experience and innovations in educational models and pedagogy where interprofessional education, hybrid and remote learning, simulation and direct clinical experiences are leveraged along with centralized student support services to help students meet their holistic and basic needs along the way toward graduation and engagement as employees of the UNM Health and state-wide health care system.

High-Level Goals

1. Significantly increase the student body within UNM Health Sciences to support the short and long-term health care workforce needs within UNH Health and throughout the state by expanding and elevating pathways to health care careers for New Mexicans and developing a robust out-of-state recruitment strategy.
 - a. *(aligns with O3 - Right size the Student Body, O5 - early K-12 intervention)*
2. Enhance educational innovation at UNM Health Sciences to both create an attractive student experience and to expand capacity to educate students who require clinical experience and supervision for graduation and licensure, and to provide a high-value educational experience for those that pursue non-clinical health related professions.
 - a. *(aligns with O2 - educational innovation, O4 - International Center of Excellence, O6 - initiative-based working alignments/ partnerships)*
3. Improve student experience and wellbeing and provide wrap around supports to include addressing basic needs and mental health with the goal of building an exceptional and attractive place to learn and serve after graduation.
 - a. *(aligns with O1 - integrated student support center, O2 - educational innovation, O4 - International*

Center of Excellence)

Strategic Objectives & Tactics

1. Build an integrated Student Support Center

1. Determine best structure for an Integrated Student Support Center.
2. Create a facilities plan for the Center that will enable co-location of critical services.
3. Gain approval for a budget and financial model for the Center.

2. Enhance educational innovation

1. Engage UNM programs, branch, and satellite campuses in innovative online learning platforms to increase access to health (and pre-health) professions education.
2. Expand UNM's offering of online badges and certificates.
3. Provide seamless transfer among Health Sciences undergraduate majors within their second year of study.
4. Provide proactive career and academic counseling to support optimal major identification in first year of undergraduate study.

3. Right size the student body of the HSC in relation to needs and capacity

1. Collaborate with UNM & HSC Marketing and Communications to develop common voice and campus-wide best practices to recruitment marketing that identifies and advertises unique and diverse stories about our programs.
2. Identify common out-of-state markets for recruitment by May 2024 across all programs.
3. Review tuition and program costs to right-size for all stakeholders to ensure program sustainability and affordability for students by July 2024.
4. Add simulation capacity to support expansion of clinical training in areas where clinical internships, preceptorships and similar are a bottleneck for credentialing.
5. Expand recruitment of students across the state into all health careers representing the health team from underserved ethnic, geographic and socioeconomic backgrounds.

4. Establish an International Center of Excellence for IPECP

1. Increase infrastructure to expand IPE Honors innovation.
2. Integrate IPECP models into Community Engagement/Outreach and establish urban and rural clinical services.
3. Build out IPECP Research Apparatus.
4. Build International ECHO to support conferences, professional development, and student education.
5. Expand Interprofessional Education and career development support.

5. Prioritize early UNM pre-health student intervention, support, and mentorship leading to careers in health professions

1. Expand partnerships in learning to provide mentored pathways to HSC careers.
2. Improve and expand the health shadowing system at UNM Health and other clinical systems for pre-health science students.
3. Increase and develop peer mentorship models in communities and on campus.

6. Advance UNM by establishing effective, initiative-based working alignments/ partnerships between the Health System and SHAC

1. *[UNM to build out Tactics]*

7. Expand trainee placements and paid positions in the Veterans Affairs organization

1. Develop a plan to expand Veterans Affairs paid GME residents, internships, and Fellowships with all our health sciences academic units.

ONE UNIVERSITY OPPORTUNITIES AND REQUESTS

Opportunities

1. The Student Experience One University opportunity is to create a shared identity as one UNM Health Sciences; connect Main and North Campuses. Goals include the development and promotion of a common identity based on current collaborations; creation of a student advisory committee that creates a conduit for students to engage with UNM Leadership; and the creation of a dashboard for student resources on both central and Health Sciences campuses.

Central and Branch Campus Requests

1. Work with Central Campus to identify areas where administrative services can be shared across UNM Health and Health Sciences enterprise
2. Coordinate with central and branch campuses to identify opportunities for IPE partnerships with all UNM Health specific programming
3. Create central repository of all K-12 intervention, support, and mentorship initiatives occurring across campuses
4. Establish standard meeting cadence between HSC and central campus groups for 1) professional development, 2) recruitment, and 3) retention
5. Identify UNM leadership with whom the Student Advisory Committee can collaborate
6. Work with Central Campus to develop and promote common identity based on current collaborations
7. Co-develop a dashboard for Student Resources on both Main and Health Sciences campuses

Enablers of Student Experience

- **Leadership, Career Development, and Organizational Structure:** An organizational structure must align early pre-requisites across schools/colleges for pathway flexibility. A clear managerial structure leading professional development must be identified. Leadership and organizational structure was the most common enabler that survey respondents indicated impacted the success of the strategic plan.
- **Communications & Messaging:** This Priority calls for collaboration with UNM & HSC Marketing and Communications to develop a common voice and campus-wide best practices to recruitment marketing that identifies and advertises unique and diverse stories about our programs.
- **Technology, including Project ECHO:** Disparate technology platforms may require consolidation in the buildout of an integrated Student Support Center. An ECHO model can support statewide workshops in the K-20+ system to support education readiness and ultimately student outcomes. Secondly, an international ECHO model can support an International Center of Excellence for IPECP in the realm of conferences, professional development, and student education.
- **Community Engagement/Support & Strategic Partnerships:** UNM Health and Health Sciences must prioritize outreach to educationally underserved communities to equip K-20+ students with the skills, exposure, mentorship and support necessary to pursue a career in health sciences. State-level administrators need to be educated on the importance of having both in-state and out-of-state in students in UNM HSC's programs and how this enriches the health care of state. Additional enablers include already established Resource for Health Extension and Community Health Workers - University resources at the front door of communities.
- **Sustainable Infrastructure (Environmental, Financial, Workforce, Safety, and Facilities):** The campus vibrancy that Student Experience promotes - such as an investing in the beautification of campus - support the ability of UNM Health and Health Sciences to sustainably retain graduates to develop the state's workforce. Initiatives promoted within this Priority such as an Integrated Student Support Center will likely require the

- creation of new or the repurposing of existing facilities in order to achieve long-term viability.
- **Inclusive Excellence & Belonging:** As students represent the diverse next generation of health care providers that will pursue health equity for all New Mexicans and beyond, the need to establish DEI and Belonging at the outset of student's journey within UNM Health and Health Sciences is irrefutable. A sense of belonging will also fuel the effort to create a shared identity as One UNM Health Sciences.

ADVANCE NEW MEXICO'S ECONOMIC DEVELOPMENT IN BIOSCIENCES AND HEALTH CARE SERVICES AND TECHNOLOGY

NARRATIVE SUMMARY

Advance New Mexico Economic Development in Biosciences and Biotech by accelerating the translation of our research and other innovations to develop and support patent filings, business development, and strategic partnerships.

High-Level Goals

1. Create and support a new and sustainable economy with companies, patents, and jobs in Biosciences and Biotechnology for New Mexico.
2. Create a culture to support faculty, staff, and students learning on innovation and entrepreneurship.
3. Fuel an ecosystem to advance innovation and entrepreneurship that emerges from UNM.
4. Invest in partnerships and infrastructure to create an ecosystem within UNM that advances economic development from the University.

Strategic Objectives & Tactics

1. **Cultivate and advance partnerships with outside entities to further advance economic development**
 1. Advance rural, Native American, and Hispanic/Latino Community partnerships
 2. Advance partnership with state-wide, city and local entities
 3. Expand UNM's national and global work
 4. Grow and strengthen the New Mexico Bioscience Authority
2. **Support transfer of research assets and intellectual property to commercial enterprise and increase the UNM intellectual property portfolio**
 1. Create an innovation center, incubator, and accelerator
 2. Align and strengthen the partnership with Rainforest Innovation to grow the IP portfolio
 3. Develop methodology to identify research areas with potential to transfer to commercial enterprise and support that transfer with funds and mentorship
 4. Strengthen interdisciplinary research
 5. Identify and invest in basic science and translational research programs that will lead to transformative discoveries and impact, including data science, informatics, and computational science?
3. **Invest in educational pathways toward careers in innovation and entrepreneurship**
 1. Expand innovation and entrepreneurship career exposure to Health Sciences students as part of their training

2. ASCEND – Training for faculty, staff, and student. To increase entrepreneurship and commercialization of basic medical science in the mountain west states
3. To promote entrepreneurship and commercialization and to create a more vibrant and successful community of graduate, postdoctoral students, and faculty by offering training for all aspects of commercialization.
4. Create a more vibrant and successful community of graduate and postdoctoral students.
5. Providing teacher training across New Mexico to enhance STEM education for students.
6. Develop a computational science program
4. **Cultivate early funding mechanisms for start-up efforts through investment from public and private sources**
 1. Create Public-Private Partnerships (P3's) to monetize underutilized lands and facilities to create long-term revenue streams that can be used to invest in discovery and new companies.
 2. Grow and diversify the NM Economy-Advocate for state funding and federal funding and grants to grow discovery and promote innovation in biosciences/biotech and life sciences.
 3. Provide “human capital” and provide institutional “cross fertilization” to support discovery through collaboration between the business school, engineering, STEM, and workforce development.
5. **Support the development of UNM-trained entrepreneurs in development of new health care services and technology businesses**
 1. Course work through Rainforest Innovation and Anderson School of Management
 2. Develop new courses within Health Sciences
 3. Develop a mentoring program
 4. Expand Hackathon activities to focus on new health care services and technology businesses

ONE UNIVERSITY OPPORTUNITIES AND REQUESTS

Opportunities

1. Alignment with Bioscience Authority (BSA)
2. Alignment with the COE in Bioscience Economic Development

Central and Branch Campus Requests

1. Develop more collaborative programs
2. Select priority areas

Enablers of Economic Development

- **Leadership, Career Development, and Organizational Structure:**
 1. Clarify BSA / COE structures
 2. Create a VP for Health and Health Science Economic Development
 3. Create an Office
- **Communications & Messaging:**
 1. Work with Marketing and Communication
 2. Work with other State, Regional, and Local agencies on shared messaging
- **Technology, including Project ECHO:**
 1. Engage Project ECHO in training and mentoring programs
- **Community Engagement/Support & Strategic Partnerships:**
 1. Work with State, County, City, Tribal, VA, and other strategic partners
- **Sustainable Infrastructure (Environmental, Financial, Workforce, Safety, and Facilities):**
 1. Create budget planning, identify space, support workforce development
- **Inclusive Excellence & Belonging:**
 1. Support DEI in Inclusive Excellence Council and Recruitment / Retention

July 2023 HS Report for BoT Dr Richards

MEMORANDUM

To: UNMH Board of Trustees

From: Mike Richards, MD
Senior Vice President for Clinical Affairs, UNM Health System

Date: July 28, 2023

Subject: Monthly Health System Activity Update

This report represents unaudited year to date May 2023 activity and is compared to audited year to date May 2022 activity.

Activity Levels: Health System clinical activity remains high, although adult inpatient activity is less, which is intentional in order to operate at more sustainable levels. In comparison to prior year, key clinical measures include:

- Total inpatient days are down 6%
 - UNMH adult inpatient days are down 7%
 - SRMC adult inpatient days are up 4%
- Total discharges are flat
 - UNMH adult discharges down 2%.
 - SRMC adult discharges are up 8%
- Adult length of stay (without obstetrics) is down 6%
- Case Mix Index (CMI) is down 2%
- Total outpatient activity is up 2%
 - Primary care clinic visits are down 2
 - Specialty and other clinic visits are up 5%
 - Emergency visits are down 1% over prior year
- Surgical volume is up 4%
- Births are flat
- UNM Medical Group RVUs are up 4%

Finances: Health System had total year-to-date operating revenue of \$1.6 billion, which is up 1% over prior year. Total non-operating revenue was \$152.5 million, rather flat compared to prior year. Total operating expenses were \$1.8 billion, representing a 2% increase over prior year primarily driven by contract labor. Health System margin is \$(31.3) million as compared to \$2.5 million prior year, primarily driven by decrease of Cares Act Funding at UNMMG and increase in contract labor at UNMH and SRMC.

The balance sheet is stable with a current ratio of 1.73 as compared to 2.10 prior year. The cash and cash equivalents for UNM Health System is \$309.9 million as compared to \$485.5 million prior year. Net patient receivables are up 4% and total assets are up 5%. Total liabilities are up 16% over prior year, primarily driven by increase in payables to UNM and affiliates. Total net position is down 3% over prior year.

CEO Board Report July 2023

MEMORANDUM

To: Board of Trustees

From: Kate Becker
Chief Executive Officer

Date: July 28, 2023

Subject: UNMH Monthly Activity Update

The Hospital has been involved in a variety of activities and this report will focus on operations through June 2023.

Finance: Inpatient adult patient days and discharges were down from budget by 4% and 3%, respectively, for the fiscal year to date. Adult length of stay is slightly below budget at 7.0 days. Inpatient pediatric patient days and discharges were better than budget by 7% and 22%, respectively, for the fiscal year to date. Pediatric length of stay is better than budget 7.5 days. Observation discharges are below budget by 12% year to date. Case mix index is lower than prior year by 2.4% at 2.087 year to date. Outpatient clinic visits are 3% below budget and 2% lower than prior year to date. Emergency department arrivals are below year to date budget by 7%, and lower than prior year to date by 3%. Behavioral health patient days are under budget by 10% and behavioral health clinic visits are over budget by 11% year to date. Net margin through January 2023 is negative at -\$35.1 million with zero set aside for capital investment. Total Operating revenues are negative compared to year to date budget and prior year. Operating expenses are over budget by \$28.2 million, primarily in employee compensation and benefits. Non-operating revenues are over budget by \$12.5 million.

Native American Liaison: Total Native American inpatient stays for UNMH and Behavioral Health Q1 CY2023 were 1,309 inpatient stays and inpatient length of stay for Q1 CY 2023 was 6.57 days. Average daily inpatient census for Q1 CY2023 was 89 patients. Total specialty encounters for Q1 CY 2023 was 10, 291 visits. The annual spring consultation with the All Pueblo Council of Governors was held on 4/27/23 during their April meeting. NAHS conducted nine (9) additional Tribal Governor meetings in the following communities; Pueblo of Jemez, Pueblo of Zuni, Pueblo of Zia, Pueblo of Sandia, Pueblo of San Felipe, Pueblo of Isleta, Pueblo of Pojoaque, Pueblo of Cochiti, and Pueblo of Taos between April 2023 – June 2023. The NAHS Team and the NAHS Advance Access team continues to participate in collaborative outreach efforts with the following health centers/I.H.S. facilities: Taos/Picuris I.H.S., Kewa Health Corporation, Jemez Health and Human Services, Tsehootsoi Medical Center, and Alamo Navajo Health Center.

Bernalillo County: UNMH and Bernalillo County have completed the Joint Powers Agreement for Creation of the MDC Healthcare Authority and the Authority Board will hold its first meeting on July 13 2023 to approve contractual documents between the Authority and UNMH to healthcare services. Planning working is reaching a conclusion and we are on track for a July 26th transition date. Interviews are in process to select an executive director to oversee the healthcare at MDC. The Crisis Triage Center work is on schedule and staffing and program planning discussions are well underway for a first quarter 2024 opening of the Center. The final Mil Levy listening session with Tribal communities and the APCG will occur on July 20, 2023.

CMO BOT Report_7.28.23_v2

Date: July 28, 2023
To: UNMH Board of Trustees
From: Steve McLaughlin, MD
UNMH Chief Medical Officer

New Faculty/Provider UNMH Orientation

After collaborating with UNMH Organizational and Professional Development (OPD), we will begin a series of UNM Hospital Faculty/Provider orientations from August through January to help with the onboarding experience for those who are employed under the UNM School of Medicine.

UNM HOSPITAL FACULTY ORIENTATION

Compassionate, Respectful Care: The UNM Difference



THIS ORIENTATION OFFERS...

a comprehensive UNM Hospital onboarding experience for providers working within the hospital and employed under UNM School of Medicine. Topics include:

- Provider specific information presented by provider leadership (See full list of presenters below)
- Targeted provider need-to-know information to successfully serve patients
- Resources to expand your practice and know who to reach out to for help

And much more! Please attend a session that best fits your schedule.



LOCATION

See map on back of page.

UPCOMING EVENTS

AUGUST 14

9 A.M. - 11 A.M.

SEPTEMBER 26

9 A.M. - 11 A.M.

NOVEMBER 6

9 A.M. - 11 A.M.

JANUARY 17

1 PM - 3 PM

MORE TO COME!

ORIENTATION PRESENTERS

Dr. Steve McLaughlin
Chief Medical Officer
(CMO)

Dr. Alisha Parada
Chief of Staff

Dr. Betty Chang
Senior Associate Dean for
Clinical Affairs

OPD Specialist
Organizational & Professional
Development Dept.

Specialists include:
Abigail Ortiz
Suzia Darby
Anna Ortiz

RSVP

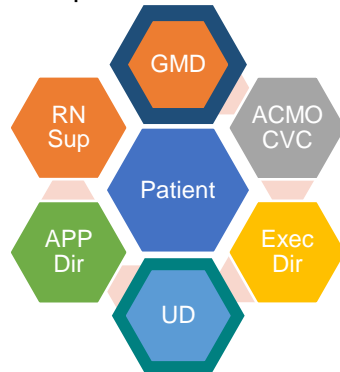
To sign up for a session, scan the QR code, and an Outlook meeting invite will follow shortly.



Questions? OPD@salud.unm.edu

Geographic Medical Directors Update

Geographic Medical Directors (GMD) are physicians who work closely with unit directors to manage frontline clinical operations.



There are currently 100 GMDs at UNMH. In June, we started our first sessions of professional development for this group.

THE PROCESS OF

Facilitating Clinical Care- Related Complaints & Grievances

FOR GEOGRAPHICAL MEDICAL DIRECTORS

- PATIENT ADVOCATE RECEIVES COMPLAINT**
 - Advocate sends write up to GMD for review
 - If complaint is about the GMD, goes to ACMO
 - GMD must respond to and address complaint in real-time or within 24 hours (per CMS)
 - GMD conducts chart review, assigns for follow-up
- CARE TEAM CONNECTS WITH PATIENT**
 - CMS requires we attempt to reach the patient at least 3 times, before closing concern due to lack of response
- WHEN CONNECTING WITH THE PATIENT**
 - Attempt to deescalate concerns by actively listening, offering empathy and when necessary, establishing boundaries
 - If concerns were addressed, report back to Advocate

81% Patients who rated the importance of their physician sitting an 8/10 or greater

25% Improvement of patient experience benchmark over 3 consecutive periods

11.7% Increase in "always" responses for nurse communication

Commit to Sit

- The sitting posture is associated with greater compassion and the perception that patients were encouraged to ask questions.
- It takes approximately 56 seconds to establish a meaningful connection with a patient and no longer than two minutes.
- Commit to Sit can improve patient outcomes (Pittsenbarger, J., & Gaudet, J. A.)
- Commit to sit will help increase communication, rapport and trust with patients.

NM HEALTH

NM HOSPITAL

COVID Call Center Closed, Return to Work Guidance Updated

Due to end of the Public Health Emergency in May, much of the work around COVID-19 has either been integrated into day-to-day operations or is no longer needed—this is also due to the decreased amount of COVID-19 activity. As of May this year, the COVID Call Center (CCC) closed down operations and the School of Medicine and Graduate Medical Education leadership have been managing their own return to work protocol within their areas. Medical leadership comprised detailed guidelines for leadership to use a resource to help manage this process. We'd also like to acknowledge the CCC team members who provided so much support and return to work guidance for the Health System throughout the past few years!

Section XV. Administrative Reports
Chief of Staff Update – Dr. Alisha Parada

Section XVI. UNM Hospital BOT Committee Reports

Section XVII. Closed Session