



2025

COMMUNITY HEALTH IMPROVEMENT PLAN REPORT BACK



Goal #1

Increase Access to Behavioral Health Services

Strategies	Tactics
Availability and Timely Access	
1. Increase access and reduce appointment wait times for psychotherapy behavioral health services for all patients including those with Medicaid and those who are uninsured	1a. Create open-access walk-in services and utilization of a stage-based model of care
	1b. Link patients requesting services to staff who are able to help them navigate the UNMH Behavioral Health system and access the right level of care at the right time
	1c. Utilize step-down services at the Behavioral Health Crisis Center, such as the Crisis Triage Center and the Peer Living Room, to support individuals with immediate Behavioral Health needs and assist with connecting them to outpatient programs and services
2. Provide continuity of care for patients seen at Bernalillo County Metropolitan Detention Center (MDC)	2a. Connect patients who received Suboxone induction at the Bernalillo County MDC with a community provider for ongoing care after release
	2b. Connect patients with severe mental illness to the UNM Psychiatric Center Bridge program after release from Bernalillo County MDC

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Increase Access to Behavioral Health Services

Implementation
Availability and Timely Access
1a. Four open-access walk-in clinics were established to serve as a primary point of entry for behavioral health services: Children's Outpatient (1301 Lambertson), the Addiction Substance Abuse Program (2600 Yale), the University Psychiatric Center (2600 Marble), and the Peer Living Room (2600 Marble). To date, the programs have reached 7,797 individuals, successfully bringing in a significant number of new patients, who represent 58% of the total served.
1b. The integration of four Certified Peer Support Workers as Care Navigators has strengthened the continuity of care within the walk-in clinics. By serving as a bridge between clinical services and the patient, these navigators streamline service linkages and oversee transitions across the system.
1c. Patients being discharged from our inpatient programs or being seen at our Psychiatric Emergency Service (PES), were offered Crisis Triage Center services if that would best meet their needs as a step-down from an acute level of care. By successfully linking these patients directly to the Crisis Triage Center, we observed a significant increase in utilization of both walk-in clinics and the Peer Living Room (PLR). The PLR alone has provided 14,320 services since opening.
2a. The UNMH Transition Planning and Metropolitan Detention Center (MDC) discharge planning services continued to support patients transitioning from MDC while receiving medications for Opioid Use Disorder (MOUD). A new Justice Involved Bridge Program was also developed to transport patients from the Release and Reporting Center (RRC)—where individuals are taken upon release from MDC—directly to the Addiction and Substance Abuse Program (ASAP) for same-day dosing. A total of 191 patients have been enrolled in this program, strengthening continuity of care and improving service connections for individuals leaving custody.
2b. The UNM Psychiatric Center Bridge program served both patients with substance use disorder (SUD) and those with serious mental illness (SMI). A total of 191 patients were served through this program (as stated in strategy 2a), and 122 established long-term psychiatric care with a provider as a result of their participation.

Goal #1

Increase Access to Behavioral Health Services

Strategies	Tactics
Availability and Timely Access	
3. Increase access and reduce appointment wait times for psychiatric and medication management behavioral health services for all patients including those with Medicaid or who are uninsured	3a. Increasing behavioral health provider and appointment availability within primary care areas
Culturally Informed Training	
4. Increase awareness of the importance of and how to provide trauma-informed care in the behavioral health setting	4a. Provide trauma-informed care training to all staff within the UNMH Behavioral Health department. The training will include awareness of culture, race/ethnicity, and gender-based factors in the provision of behavioral health services
Behavioral Health Integrated Care	
5. Incorporate the use of an integrated behavioral health model	5a. This model will include many of the fundamental principles of traditional behavioral health services along with holistic medicine, low-barrier substance use services, and traditional psychotherapy including harm reduction
	5b. Increase staffing resources and training in the Primary Care Behavioral Health model for all primary care programs to have an embedded Behavioral Health provider and services
Community Engagement	
6. Improve education among community members related to behavioral health to reduce stigma surrounding mental health conditions and promote a positive mental health environment	6a. Partner with the Peer Support Program to have representatives from UNMH Behavioral Health at community events for increased communication and resource sharing
	6b. Partner with school programs and leaders to create a youth prevention program for identifying and triaging behavioral health issues for youth

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Increase Access to Behavioral Health Services

Implementation
Availability and Timely Access
3a. No further updates.
Culturally Informed Training
4a. This initiative was implemented across all Behavioral Health departments, and a required six-hour, in-person class was automatically assigned to all newly hired staff in Behavioral Health roles. In 2025, an annual refresher series was also launched, consisting of three new modules focused on Trauma-Informed Care (TIC). These modules were added as required components of all Behavioral Health staff learning plans.
Behavioral Health Integrated Care
5a. These trainings continued for all staff hired within Behavioral Health Integrated areas. There were no new updates during this reporting period.
5b. No further updates.
Community Engagement
6a. The Peer Support team and Behavioral Health Executive Directors actively championed UNMH services through consistent participation in annual community events, strengthening direct connections and our presence across the region.
6b. In 2025, meetings were held with leadership from Albuquerque Public Schools (APS) and the Children, Youth and Families Department (CYFD) to discuss increased collaboration and to provide updated information on programs and walk-in clinic services specific to youth. A Youth Intensive Outpatient Program (Youth IOP) was also opened to support adolescents ages 14-17 who required a higher level of behavioral health services.

Goal #2

Increase Access to Care

Strategies	Tactics
Clinical	
1. Reduce appointment wait times for new patient visits	1a. Increase ratio of new versus return visits in provider templates (surgical priority, followed by medical specialties)
2. Ensure clinical staff are using teach back methodology when providing patient care instructions	2a. Increase required teach back training across outpatient clinics
3. Decrease emergency room (ER) wait times	3a. Continue to implement short-term rooms that allow patients to receive fast tracked care
4. Improve and expand telehealth services	4a. Conduct detailed market analysis and business planning to estimate market-appropriate models and financial models to support the program
	4b. Identify pilot patient populations (if appropriate) and ensure workflows (connection to electronic medical record for existing patients, connection to primary care physicians for new patients) are in place to support seamless delivery
	4c. Develop marketing and communication plans for pilot population
	4d. Setup processes to enable data capture on the back end, in support of performance measurement
	4e. Implement pilot, track metrics and address gaps

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Increase Access to Care

Implementation
Clinical
1a. In 2025, Primary Care expanded its workforce with five Advanced Practice Providers, increasing capacity and reducing the new patient waitlist by 32%. Specialty Care referral waitlists also decreased by 13% following the addition of providers in Urology, Vascular Surgery, Transplant Surgery, Pain Management, and Endocrinology. Infrastructure enhancements further supported these gains. Five new procedure suites were added to the Dermatology skin cancer removal lab, and construction was completed on the Eye Clinic and Eye Surgery Center expansion. These staffing and facility investments reflect a system-wide commitment to improving patient access and clinical throughput.
2a. Created and launched new training module on teach-back with assistance from Clinical Education. This new module "Teach-Back in Practice" is now required learning for all clinical staff. Teach-back is a patient education technique where healthcare providers ask patients to explain instructions in their own words to confirm understanding, ensuring information is clear and accurate, reducing misunderstandings, and improving health outcomes by focusing on patient comprehension, not just delivery.
3a. In October 2025, we successfully expanded our Vertical Care/Fast Track service to a 24/7 operation within the new Critical Care Tower. By increasing our capacity to eight beds and continuously refining our workflows, our ED team is committed to reducing wait times and improving the patient experience.
4a. No further updates for this time period.
4b. No further updates for this time period.
4c. No further updates for this time period.
4d. No further updates for this time period.
4e. No further updates for this time period.

Goal #2

Increase Access to Care

Strategies	Tactics
Communication	
5. Improve access to patient's health information in the electronic health record to ensure continuity of care	5a. UNM Hospital will continue to explore solutions to improve the accessibility of patient information for providers outside of the UNM Health system while adhering to HIPAA regulations
Human Resources	
6. Hire staff in all healthcare roles	6a. Hire more recruiters to allow for more focused, and efficient hiring processes, and increase hiring volume
	6b. The Talent Acquisition team will implement a recruiting process that will relieve managers of many of the responsibilities of the hiring process
	6c. Optimize the talent acquisition and recruitment marketing strategy
	6d. Utilize data to inform recruitment activities
	6e. Engage in proactive recruiting

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Increase Access to Care

Implementation
Communication
5a. Efforts focused on improving access for community providers and patients. A Provider Portal training video was created and shared with 142 practice groups and 1,476 users, including over 40 Indian Health Service and Tribal 638 Centers, to support discharge planning and reduce readmission. Enhancements allowed additional documents to be uploaded. Planning also advanced for a new Patient Portal launching in 2026, expanded reporting for Native American patients, and upgrades to the dental electronic health record and patient portal.
Human Resources
6a. UNM Hospital Talent Acquisition (UNMH TA) team hired an average of (337) employees per month. This represented a 17% increase in hires from 2024 to 2025 (3464) to (4053) hires respectively.
6b. This tactic was completed in 2024.
6c. This tactic was completed in 2024.
6d. A scorecard was developed to capture recruiter productivity and was reported to leadership monthly. Hires, time-to-fill, and requisition age were tracked, which informed the creation of monthly hiring goals for each recruiter and the team overall. By using the HR Information System to compare scorecard data with open positions, the team identified targeted events that delivered the highest return on investment, including rapid hiring events, partnerships with local higher-education and workforce agencies, and community job fairs. Together, these strategies resulted in 79 recruiting and hiring events.
6e. UNMH Talent Acquisition implemented a new candidate sourcing tool that enabled the recruitment team to proactively search for and engage passive candidates. The automated system reduced time-to-hire by streamlining application and resume screening and quickly identifying the most qualified candidates. Recruiters gained more time to maintain consistent communication, demonstrating engagement during hiring delays. Combined with one-on-one meetings with hiring managers, these efforts strengthened candidate relationships and supported broader organizational retention initiatives.

Goal #2

Increase Access to Care

Strategies	Tactics
Human Resources	
7. Expand UNMH Employee Well-being efforts	7a. Identify and implement improvements in work practices to create a safer and more effective work environment
	7b. Nurture meaningful work experiences through opportunities for professional growth and supportive work interactions
	7c. Strengthen a culture of well-being that prioritizes the quality of work life balance for staff
	7d. Identify and measure factors that contribute to staff burnout and exhaustion and advocate best practices to address them

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Increase Access to Care

Implementation
Human Resources
7a. The Employee Well-Being Department and Engagement (EWB&E) implemented a new offboarding process for exiting employees beginning January 1, 2025, which improved access to exit interviews. Completion rates increased from 9% in January to 21% in November, and data were shared with UNMH chief officers. The assault alert process was expanded across all inpatient units, with support provided to affected staff. EWB&E also helped initiate an Emergency Department workgroup to address workplace violence, with efforts continuing into 2026.
7b. The 2024 pilot project, Psychological First Aid for Critical Incidents, successfully demonstrated that psychological first aid was an effective approach for supporting staff after distressing workplace incidents. Building on this success, Employee Well-Being Department and Engagement (EWB&E) implemented several initiatives in 2025, including the creation of the Leading Through Distress class for leaders, revisions to PeerConnect training to include basic psychological first aid skills. Sandoval Regional Medical Center was incorporated into the UNM Hospital critical incident support process.
7c. In 2025, the Employee Well-Being Department and Engagement (EWB&E) made significant improvements to the Building Well-Being Culture class, including the addition of psychological first aid skills to align the training with critical incident response efforts. The class was also expanded to include existing leaders. In the second half of 2025, a retention pilot was conducted with five hospital teams, both clinical and non-clinical, to test a leader consultation and coaching approach to improving retention. Although the pilot had not fully concluded, preliminary results indicated that leaders valued additional support and coaching related to retention, particularly when systemic drivers of turnover were acknowledged. Based on early findings, a retention toolkit with recommended actions and resources was developed and distributed to all leaders in November.
7d. The data warehouse project was delayed due to the volume of requests being managed by Information Technology (IT); however, the project was rescheduled for completion on November 1, 2026. The Press Ganey engagement survey was completed in November 2025 and provided a broad and detailed dataset related to employee satisfaction, well-being, and the culture of quality and safety. More than 80% of hospital staff completed the survey, reflecting exceptional participation. In 2026, action planning will be initiated to address factors contributing to burnout and disengagement at both the team and organizational levels, with a focus on respect, safety culture, and staff well-being.

Goal #2

Increase Access to Care

Strategies	Tactics
Inpatient Navigation	
8. Improve inpatient awareness of services and resources to improve health outcomes	8a. Hire additional inpatient community health workers
	8b. Improve inpatient discharge planning and care coordination with a special focus on the social drivers of health led by the inpatient community health workers
9. Improve discharge planning and care coordination with health services and clinics that care for Native American patients	9a. Native American Liaisons will increase visits with Native American patients who have been admitted within 24-hours to offer services and resources available through Native American Health Services.
	9b. Increase the number of patient care coordinators in the Native American Health Services department to better meet the needs of incoming patient referrals from the Indian Health Service and the 638 facilities

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Increase Access to Care

Implementation
Inpatient Navigation
8a. Hired four additional inpatient Community Health Workers (CHW) to identify and address social drivers of health at the bedside. The team provides direct resource assistance and coordinates follow-up care with UNMH Outpatient Community Support and Case Management.
8b. Multi-disciplinary rounding (MDR) attendance and collaboration with inpatient nursing and social work teams were maintained. Quarterly attendance and education about Community Health Worker (CHW) roles were provided. A role-delineation chart was created to support understanding of services provided by CHW roles. Documentation was aligned with other support services, such as Care Management.
9a. The Native American Specialist team continues to visit recently admitted Native American patients in the hospital to inform them of the NAHS office, resources available to them (including our food pantry for Native Americans), and offer other support. Additionally, NAHS leadership, in collaboration, with the IT team built a dashboard to track these efforts.
9b. Native American Health Service hired two outpatient clerks to implement a new screening process for incoming referrals from the I.H.S. and tribally-run 638s. This process ensures incomplete referrals are sent back to the referral source faster. The department structure now includes a supervisor responsible for oversight of the referral process and employees.

Goal #3

Reduce Inequities That Lead to Disparities

Strategies	Tactics
Language Access	
1. Expand and improve language access for patients, their family members and loved ones	1a. Increase access to in-person interpreters for patients who speak languages not represented by the UNMH professional medical interpreter team (e.g. Dari, Swahili, and Arabic)
	1b. Explore ways to expand access to in-person sign language interpreters with a focus on the evening/night and weekend shifts for inpatient units and the emergency department
	1c. Launch pilot project focusing on Spanish language discharge instructions
	1d. Increase collaboration with the New Mexico Commission for the Deaf and Hard of Hearing and seek representation and input from Deaf people when important decisions are made
	1e. Review the process to improve access to interpreters for Spanish-speaking patients
2. Offer medical interpreter training in the community	2a. Partner with local agencies who serve the newcomer population in Bernalillo County
	2b. Create and offer professional medical interpreter training that is appropriate for New Mexico Native Americans in collaboration with the tribe and the health care leaders in Native communities

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Reduce Inequities That Lead to Disparities

Implementation
Language Access
1a. United Voices for Newcomer Rights (UVNR) interpreters shadowed at UNM Hospital. UVNR is working on how to fit in-person interpreter assignments into their workflows.
1b. The vacant American Sign Language (ASL) interpreter position could not be filled in 2025. To support continued access to services, UNM Hospital added a second contract with a local vendor that provided in-person ASL interpreter services.
1c. Pilot completed. No further updates on discharge instructions in 2025.
1d. No updates in 2025.
1e. The Language Access department modified its dispatch model for in-person Spanish interpreters serving the Adult and Pediatric Emergency Departments and the Intensive Care Units. New video interpreter devices were deployed throughout clinical areas at the University of New Mexico Hospital, including Sandoval Regional Medical Center. These updates simplified the process of connecting patients and staff with qualified interpreters.
2a. No updates in 2025.
2b. No new updates. Project completed.


Goal #3

Reduce Inequities That Lead to Disparities

Strategies	Tactics
Patient Experience	
3. Improve experience for patients with autism	3a. Pilot the use of sensory kits for patients with autism in the Orthopedics department at the Carrie Tingley Outpatient Hospital
	3b. Create a webpage with videos that show what our clinical spaces look like. These efforts will aim to better meet the needs of our patients with autism by reducing unnecessary stress and anxiety before an appointment
	3c. Develop a workshop for non-clinical and clinical staff at Carrie Tingley Hospital to share knowledge on how to provide care that is more comfortable
Community Engagement	
4. Increase and strengthen partnerships with community-based organizations and individual community members	4a. Support and sponsor community-wide initiatives and projects of partner organizations to improve health outcomes
	4b. Further develop and maintain UNMH Black Health Council and Juntos para la comunidad (Together for the Community) Health Council to maintain increase representation and improve health equity from the community
	4c. Continue to provide information about the services available at UNMH
5. Remove barriers to health care addressing social determinants of health	5a. In partnership with community organizations provide access to food, cell phones, identification cards, and any other resources

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Reduce Inequities That Lead to Disparities

Implementation
Patient Experience
3a. An additional 120 sensory kits were provided to Carrie Tingley Hospital to support continuation of the program. Nine feedback surveys were completed by individuals or caregivers who used the kits. Survey responses indicated that the sensory kits were helpful during patient visits.
3b. This tactic was completed in 2024. 
3c. Hospital trainings were developed and delivered in partnership with the UNM Center for Development and Disability. Trainings addressed health disparities for patients with disabilities by identifying access barriers, challenges faced by health care workers, opportunities to improve equity, and skills for inclusive language. Best practices for caring for patients on the autism spectrum included addressing common myths, recognizing unique health considerations, emphasizing autism-specific care approaches, and identifying UNM and New Mexico-based resources.
Community Engagement
4a. Provided sponsorships and in-kind resources to support 54 organizations.
4b. The UNM Hospital Black Health Council continued to meet monthly. A partnership was established with The Links, Incorporated for the Black Family Wellness Expo. More than 35 vendors provided screenings and resources to over 100 participants. Juntos para la comunidad council met nine times, partnering with internal and external organizations to provide education, training and resources for community members. In 2025 this council had 310 participants.
4c. See strategy 7a.
5a. UNM Hospital provided 5,000 emergency blankets and departmental information to 26 community organizations supporting unsheltered individuals. In partnership with the Public Health Department Food and Nutrition Bureau, 400 food bags were distributed at the following outreach events: 200 bags at the UNM Hospital Diabetes Resource Fair, 50 bags at the Recovery Resolana held at the UNM Hospital Addiction and Substance Abuse Program Clinic, 50 bags at the Senior Wellness Fair, and 100 bags at the UNM Hospital World Patient Safety Day. Native American Health Services provided food to over 339 Native American families with loved ones admitted at UNM Hospital.

Goal #3

Reduce Inequities That Lead to Disparities

Strategies	Tactics
Culturally Informed Training	
<p>6. Improve and increase relevant training to ensure providers and employees are culturally informed and able to address the unique needs of different populations</p>	<p>6a. Provide anti-stigma and culturally informed training for UNMH staff to improve their patient care and customer service</p>
	<p>6b. Continue to provide LGBTQIA+ awareness training for physicians and employees</p>
	<p>6c. Offer interactive training to Emergency Department on caring for the Deaf community including appropriate use of video interpreter units</p>
	<p>6d. Provide training for staff on how to assist patients with Autism in emergency and non-emergency settings</p>

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Reduce Inequities That Lead to Disparities

Implementation
Culturally Informed Training
<p>6a. While Diversity, Equity, and Inclusion (DE&I) training continued to be offered system-wide, the role expanded from facilitation to strategic consulting, coaching, and system development. Responsibilities grew to include partnering with leadership on customized training design, team development, performance improvement, and integrating DE&I standards and Behaviors of Excellence into departmental and organizational practices across The University of New Mexico Hospital (UNMH), reflecting increased scope, complexity, and influence.</p>
<p>6b. Work continued through an ongoing partnership with the Transgender Resource Center of New Mexico, including delivery of monthly Frontline trainings focused on lesbian, gay, bisexual, transgender, queer, and related identities (LGBTQ+) patient-centered care and inclusive workplace practices. These efforts supported consistent policy application, alignment with Human Rights Campaign (HRC) training standards, and The University of New Mexico Hospital's (UNMH) continued recognition as an LGBTQ+ Healthcare Equality Top Performer.</p>
<p>6c. No new update. This task was completed in 2024.</p>
<p>6d. Patient and staff resources were expanded through a collaborative effort with the University of New Mexico (UNM) Center for Development and Disability and clinical providers, resulting in the creation of the video "What Happens During a Hearing Test?" The resource was developed to improve understanding of the care process and to make services more accessible and equitable for patients.</p>

Goal #3

Reduce Inequities That Lead to Disparities

Strategies	Tactics
Culturally Informed Training	
7. Reduce disparities in outcome among vulnerable community members	7a. Improve education among community members related to preventative care as connected to top chronic conditions identified in Bernalillo County
	7b. Provide education for newcomers to the United States on how to navigate the health care system
	7c. Increase collaboration with organizations to provide access to health screenings and health education to community members
	7d. Build trust with the undocumented and newcomer community to encourage seeking health care
	7e. Partner with the UNM Health Sciences Center to increase access to vision and other screenings for minors and adults

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Reduce Inequities That Lead to Disparities

Implementation
Culturally Informed Training
7a. The UNMH Community Engagement team participated in 54 outreach events across Bernalillo County. The team shared information tailored to address chronic care conditions and social determinants of health specific to the needs of each community.
7b. Partnered with local organizations to organize four workshops and provided printed resources about UNM Hospital services in four different languages. Also attended outreach events to provide information about ER, Urgent Care and Primary Care clinics.
7c. UNM Hospital held the second annual Healthy Living and Diabetes Resource Fair, which was attended by more than 500 community members. Nine UNM Health departments and 37 community-based organizations hosted vendor tables. 200 boxes of food were distributed, Walgreens donated 100 glucometers, and 80 food and gas gift cards were provided. 79 patients received referrals or were diverted to Casey Optical; 26 prescription vouchers were issued; and 41 pairs of free prescription eyeglasses were provided. Sixty community members received UNMH billing and appointment information, and five appointments were scheduled for patients with active financial assistance applications. A total of 101 dental screenings for adults and children were completed, and Walmart provided 50 vaccines.
7d. Juntos para la comunidad held monthly coalition meetings to build awareness and establish relationships with community advocates who work directly with community members. On average, 30 organizations attended these monthly meetings. Other organizations with which at UNM Hospital partnered with to build trust with these communities include the City of Albuquerque's Office for Immigrant and Refugee Affairs, the Mexican Consulate in Albuquerque, the International District Healthy Coalition Committee, Umoja, Vizion-Sankofa, and Pathways Navigators.
7e. UNM Health Science Center supported three community outreach events that reached 343 community members from the Pueblo of Acoma. 136 total vaccines were given as a result of attending these events.

Goal #3

Reduce Inequities That Lead to Disparities

Strategies	Tactics
Culturally Informed Training	
	7f. Provide mental and physical health education to public middle schools through UNMH Go GIRL Empowerment Summit and Leadership Institute
8. Support patients who require additional assistance navigating online services and platforms including, but not limited to, telehealth	8a. Collaborate with public and private organizations to connect seniors to resources and training to improve their technology skills
Native American Priorities	
9. Provide culturally informed training for UNMH staff to ensure Native Americans have a positive experience in our hospitals and clinics	9a. UNMH Native American Health Services will develop a curriculum that will inform staff and health care professionals on how to provide culturally appropriate and informed care to these diverse communities

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Reduce Inequities That Lead to Disparities

Implementation
Culturally Informed Training
7f. Four schools participated in the middle school Go Girl Leadership Institute serving 80 students monthly in four schools providing resources and education about mental and physical health.
8a. UNM Hospital Community Engagement partnered with the University of New Mexico Health Sciences Center Health Equity and Social Connectedness Program to attend the Solar Villa Senior Wellness Fair. They provided resources and training on how to use technology. A total of 125 seniors residing at Solar Villa were identified as low-income and/or living with disabilities.
Native American Priorities
9a. NAHS Specialists provided 14 Frontline trainings, 26 Advanced Practice Provider cultural sensitivity and NAHS resources trainings, Attended all centralized ambulatory specialty clinic meetings, SRMC implemented a Native American cultural awareness training in the RN Residency program; three sessions were held in 2025 ~40 RNs were trained.

Goal #4

Access to Financial Services and Assistance

Strategies	Tactics
Training and Process Improvement	
1. Improve the process and information associated with patient financial assistance and services	1a. Continue to foster a strong partnership with New Mexico Center for Law and Poverty and other community advocates to create more patient-centered processes for financial services and assistance
	1b. Continue to participate in community outreach to inform community members of the financial assistance programs available at UNM Hospital
2. Improve patient billing by addressing disparities created by our processes	2a. Continue to inform patients at the time of appointment registration they will be receiving multiple bills from UNM Hospital, UNM Medical Group or others
3. Improve patient appointment authorization and billing process to avoid sending patients to collections	3a. Develop a process that more accurately captures patient demographics and payor information
4. Improve access to patient financial assistance application information	4a. Updates will be made on the Patient Financial Services website to make information easier to access
	4b. Create patient-facing documents that will better inform patients of the appropriate steps and information required to apply

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Access to Financial Services and Assistance

Implementation
Training and Process Improvement
1a. This tactic was completed in 2024. Should there be any changes to the information on our webpage, it will be updated.
1b. The UNMH Financial Assistance Department participated in outreach events and provided training for internal and external partners when invited by the UNM Hospital Community Engagement team. Four Patient Financial Services and Assistance trainings were held. 165 total attendees participated.
2a. UNMH is now sending patient balances via text message. This new service is designed to lower barriers by providing timely access to your invoices directly on your mobile device. These texts are for viewing your balance only; online payments are not currently supported. We are committed to keeping the community updated as quickly as possible.
3a. Patient Financial Assistance created a report to review pending charity status allowing them to ensure registrations were correct.
4a. Patient Financial Assistance is still working with Experian and hope to have a Spring 2026 implementation (as long as the process is smooth and we have a clear path for those patients that do not want to screen or apply on line).
4b. Forms were updated as new information was presented. The most significant changes were seen in the Federal Poverty guidelines.

Goal #4

Access to Financial Services and Assistance

Strategies	Tactics
Training and Process Improvement	
5. Streamline financial assistance and financial services training to all UNMH staff who guide patients through the required processes.	5a. Patient Financial Services & Patient Financial Assistance leadership will provide ongoing training to ensure staff understand the institutional expectations and requirements
	5b. Health Literacy and Front Line Education to offer a class in clear communication strategies for financial topics
	5c. Include culturally informed training to better meet the needs of new comers, patients who prefer a language other than English, Native American patients, etc.
Community Engagement:	
6. Provide education and training on any changes or updates to services provided by UNM Hospital Patient Financial Assistance and Patient Financial Services	6a. The Community Engagement, Patient Financial Services and Patient Financial Assistance departments will host regular trainings for community health workers, patient advocates, and community members to provide information on financial assistance and financial services at UNMH

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Access to Financial Services and Assistance

Implementation
Training and Process Improvement
5a. The department partnered with UNM Hospital Employee Well-Being to ensure staff provided a positive customer experience.
5b. Offered 2 classes ("It's Complicated: Talking to Patients About Billing, Payments, and Insurance") in Calendar Year 2025, co-taught by Health Literacy and Frontline Education. Received positive feedback from participants via follow-up anonymous survey. Three classes scheduled in Calendar Year 2026: 3/24, 7/28, and 11/3.
5c. NAHS Specialists provided 14 Frontline trainings, 26 Advanced Practice Provider cultural sensitivity and NAHS resources trainings, Attended all centralized ambulatory specialty clinic meetings, SRMC implemented a Native American cultural awareness training in the RN Residency program; three sessions were held in 2025 ~40 RNs were trained.
Community Engagement:
6a. Four Patient Financial Services and Assistance trainings were held. 165 total attendees participated. These trainings were held for community health workers, patient advocates, and community members to provide information and answer questions about financial services at UNM Hospital.

THANK YOU



UNM HOSPITAL

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