



2024

COMMUNITY HEALTH IMPROVEMENT PLAN

REPORT BACK

NM HOSPITAL

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

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Availability and Timely Access
<p>1a. In September 2024, we expanded services at the Programs for Children and Adolescents (1031 Lamberton PL NE, Albuquerque) by implementing a psychotherapy walk-in clinic. Since then we have served 139 unique pediatric patients reducing the waitlist for psychotherapy services.</p> <p>Bi-monthly meetings with Behavioral Health leaders have focused on strategies to keep increasing access at the Lamberton’s walk-in services by incorporating case management, peer support, and medication management. Additionally, plans are underway to establish a similar walk-in clinic at the Psychiatric Center (2600 Marble Ave. NE Albuquerque).</p> <p>The Addiction and Substance Abuse Program (ASAP) is working to move their walk-in clinic to the front end of the intake process, making it possible for people with substance use disorders to receive psychotherapy support without having to wait for a scheduled intake appointment.</p>
<p>1b. Dedicated case managers were on staff at both inpatient psychiatric units to help patients navigate the UNMH Behavioral Health system. Walk-in case management was available at the UNM Psychiatric Center. Navigation services were available from Peer Support workers at the Peer Living Room at 2600 Marble NE, Albuquerque, NM 87131.</p>
<p>1c. Patients discharged from inpatient programs or seen at the Psychiatric Emergency Service (PES) were offered Crisis Triage Center (CTC) services as a step-down from acute care. At the CTC and Peer Living Room, individuals received guided support to establish care with UNMH Outpatient Behavioral Health programs or access Behavioral Health services at UNMH primary care centers. This approach ensured seamless transitions and support for ongoing care tailored to patient needs.</p>

Goal #1

Increase Access to Behavioral Health Services

Strategies	Tactics
Availability and Timely Access	
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
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

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Increase Access to Behavioral Health Services

Availability and Timely Access	
2a. Community Based Services and UNMH’s Transition Planning team at the Bernalillo County MDC continue to support discharges for ongoing care after release. Since taking over the clinical programming at MDC, there has been multiple statements from county staff and patients regarding the increase in effective care. We have no doubt that in 2025 we will have evidence to support the impact of these services for our community.	
2b. The Justice Involved Bridge Clinic, launched in October 2024, served 13 patients since then. This program supports individuals recently released from incarceration with substance use disorders and/or serious mental illness. None of these patients had been re-incarcerated, and all continued to work on their goals with a UNMH Clinical Social Worker, demonstrating the program’s impact in supporting successful reintegration and recovery.	
3a. Work was initiated to post 12 new positions to support behavioral health services across our primary care areas. Behavioral health services were expanded to the Northeast Heights clinic (7801 Academy Rd. NE) and the UNM Pain program, as well as the palliative care services at UNM Hospital.	
Culturally Informed Training	
4a. In 2024, the UNMH Behavioral Health Department trained 97% of all behavioral health staff, 73% of all psychiatry staff, and 94% combined across organizations under the foundational trauma-informed care in-person class. We also made trauma-informed care training mandatory for all new hires in Behavioral Health.	

Goal #1

Increase Access to Behavioral Health Services

Strategies	Tactics
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

Behavioral Health Integrated Care	
5a.	All Behavioral Health staff supporting specialty and primary care areas received comprehensive training. Behavioral health clinicians in primary care clinics completed Functional Acceptance in Commitment Therapy (FACT) training, an evidence-based therapeutic intervention effective in primary care settings. Additionally, licensed staff providing clinical supervision underwent competency-based supervision training, establishing supervision standards for new learners. This initiative not only ensures consistent high-quality supervision but also creates a pathway to recruit and train more learners in integrated care practices.
	5b. Work was initiated to post 12 new positions to support Behavioral Health services across our primary care areas. Behavioral Health services were expanded to the Northeast Heights clinic (7801 Academy Rd. NE) and the UNM Pain program, as well as the palliative care services at UNM Hospital.
Community Engagement	
6a.	Our Peer Support Program engaged in nine community health events in 2024 providing behavioral health resources and education. We also provided behavioral health resources, peer support, and participated in a ribbon cutting and opening of the new adolescent detox center.
	6b. In September 2024, UNM Hospital Behavioral Health opened a walk-in clinic at the UNM Cimarron Children’s Outpatient Behavioral Health Services location. Operating five days a week during business hours, the clinic addresses non-urgent behavioral health needs on a walk-in basis. It partners with community and school programs to provide brief assessments, supportive interventions for youth and families, case management, and seamless entry into longer-term behavioral health services, including psychotherapy and medication management.

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

Clinical
1a. In primary care areas, five advanced practice providers increased the number of patients being accepted by an addition of 87 patients each (435 new patients) in a pilot program in 2024. Work was started to increase the number of new patient visits within specialty provider schedules across outpatient service lines in 2025 through a systematic multidisciplinary review of schedules and room utilization.
2a. The Health Literacy Office (HLO) formed a workgroup with Unit-Based Educators and Registered Nurse Educators to design effective training strategies. HLO began the process of incorporating teach back training into the online annual trainings for nurses and medical assistants. Additionally, work started on creating a 30-minute online teach back module
3a. In January 2024, 66% of patients were being seen in the waiting room due to inpatient over capacity. At the end of 2024, this was reduced to 39%. With the implementation of dedicated vertical care/fast track rooms for eight hours a day, we were able to improve our services and provide better experiences to more people.
4a. The TelaDoc platform was rolled out to 55 additional clinics. 615 faculty and staff were trained on the new platform.
4b. Work to complete this tactic is anticipated to start in 2025.
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4e. Work to complete this tactic is anticipated to start in 2025

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

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Increase Access to Care

Communication
5a. UNM Health upgraded its MPages Reach (myUNM Health Provider Portal), enhancing usability and access for external providers. The update added clinical data, such as pending orders, and resolved display issues with specific note types. Policies for the HealtheLife Patient Portal were updated to simplify patient sign-up and proxy access through clinics, Health Information Management, or electronically. The portal allows patients to manage their UNM Health data, integrate it into apps, and share visit summaries with external providers, improving care continuity and access to vital health information.
Human Resources
6a. Two new recruiters and one technician were added to the Human Resource team. This allowed the team to expand their role by implementing the “full life cycle” model, including meeting one-on-one with hiring managers to formulate a personalized hiring strategy, scrutinizing applications to forward only the most qualified candidates to the hiring manager, and closely monitoring hiring trends for each recruiter and corresponding department. The formation of these valuable relationships between recruiters and hiring managers has helped the team develop more aggressive hiring goals and yielded an average of 53-54 more hires per month as compared to the previous year.
6b. UNMH transitioned the reference and skills assessment portion of the recruitment process from hiring managers to recruiters. In addition, career fairs and rapid hiring events took place, where recruiters handled the bulk of the hiring process. The events were organized by the Talent Acquisition team, with the intent to make it easy for the hiring managers to conduct on-the-spot interviews and make rapid hires. To close, the Talent Acquisition team assisted with instant salary calculations and completion of hiring packets. One event alone yielded 14 Radiology Technologists.

Goal #2

Increase Access to Care

Strategies	Tactics
Human Resources	
6. Hire staff in all healthcare roles	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

Human Resources
<p>6c. Human Resources implemented a new content management system that gives the Talent Acquisition team creative control of the career site, and provides analytics for recruitment marketing/effectiveness.The real-time updates to the online, public-facing and staff-facing hiring event calendar has allowed UNMH to market upcoming events in a big-picture format with the ability to plug in ad-hoc events. Similarly, the ability to update the career page at any time allows for real-time additions and/or changes to job advertisements and current employee testimonials.Another strategy included developing a closer partnership with the internal marketing team to ensure all avenues for advertisement would be explored. This has helped with the multi-pronged approach to hire for the new UNMH critical care tower. The marketing team has the ability to expand beyond the capabilities of the Talent Acquisition team (billboards, cross-campus advertisements, etc.).</p>
<p>6d. A scorecard was developed to capture recruiter productivity and to be reported to leadership monthly. The amount of hires, time to fill positions, and requisition age are now tracked.This has led to the development of monthly hiring goals per recruiter and the entire team.Using the HR Information System to compare the scorecard with open positions, the team has been able to determine the targeted events that bring the most return on investment.Some examples have been rapid hiring events, partnering with local higher-education entities and workforce placement agencies, and community job fairs. This combination of tactics resulted in 64 recruiting and hiring events.</p>
<p>6e. Most recently, UNMH Human Resources implemented a new candidate sourcing tool which allows the recruitment team to proactively search and contact passive candidates.This automated system also serves to reduce time-to-hire by reducing application and resume screening time and identifying the most suitable candidates quickly.Recruiters now have more time to keep in constant contact with candidates, demonstrating interest when there are delays during the hiring process.This, coupled with the previously mentioned initiative to meet one-on-one with hiring managers, ensures closer relationships with candidates, and supports other organizational retention initiatives.</p>

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

Human Resources
<p>7a. The UNMH Employee Well-Being & Engagement Department (EWB&E) collaborated with various departments to train hospital teams on improving safe, effective care delivery while emphasizing on staff well-being. EWB&E partnered with the Assault Alert team to support staff affected by patient assaults, expanding the alert process to outpatient areas and streamlining assault reporting. Additionally, EWB&E piloted a successful exit interview program across units, forming the basis for a new consolidated offboarding process to gather valuable feedback from departing employees and enhance workplace practices. In addition, UNM Hospital has enhanced anti-aggression signage, developed new procedures for responding to workplace violence incidents, and deployed wireless panic buttons to the Emergency Department, Pediatric Emergency Department, and Adult Urgent Care. Over 300 wearable wireless panic buttons were issued to providers and staff in these areas. This initiative reduced the amount of workplace violence incidents by 28%.</p>
<p>7b. The Psychological First Aid for Critical Incidents (PFA-CI) pilot concluded in December 2024 and provided training to leaders on skills and resources to support staff following critical incidents at work. Work was initiated to view the hospital's employee recognition practices, gather staff feedback, examine for needs and gaps, and make recommendations for a "revamp"</p>
<p>7c. EWB&E introduced the mandatory 3.5-hour Building Well-Being Culture class for all new leaders. For the first time, staff well-being became a goal in the hospital's 2023-24 Unified Operating Plan (UOP), requiring leaders to conduct monthly rounds including well-being and appreciation questions. Data is being analyzed to identify best practices, and the employee engagement survey revealed well-being as an area of improvement. EWB&E set a goal to study staff retention and provide recommendations to the Chief Human Resources Officer by 2025, initiating a draft of the "retention toolkit" for managers.</p>
<p>7d. The Well-Being Leadership Council (WBLC) - which is charged with implementing the hospital's staff well-being strategic plan - started the process of forming and conducting focus groups with staff to identify drivers of staff burnout. WBLC started work on well-being metrics to monitor and analyze items such as staff turnover.</p>

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

Inpatient Navigation
8a. Increased inpatient community health worker (CHW) positions from four to eight. CHW staff are meeting at bedside with patients for discharge planning and handing off to ambulatory community support worker/Community CHWs.
8b. The CHW staff started attending multidisciplinary rounds for the clinical team they are assigned to. Connections have been made with CHWs in primary care clinics. Documentation is being developed in our patient portal so CHWs and Community Support Workers at UNM Hospital and clinics can easily see each others documentation and referrals made for each patient.
9a. Early in 2024, the Office of Native American Health Services (NAHS) partnered with the UNMH IT team to build a form in the patient's chart that will help track their rounding with Native American patients.
9b. In 2024, NAHS resumed responsibility of the external patient referrals (Indian Health Service and tribally-operated 638 facilities) from the UNMH Appointment Center. One additional patient care coordinator was added to the team during the transition.

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

Language Access	
1a.	In 2024, a partnership was established with United Voices for New Comer Rights (UVNR) that resulted in a contract for language services. This contract will allow us to explore ways to provide more in-person interpreters in the languages spoken by our community.
1b.	A second full-time American Sign Language (ASL) interpreter was hired in February of 2024. Additionally, Conversations were initiated with vendors to increase coverage for ASL interpreters during nights and weekends.
1c.	Pilot project launched in 2024 focusing on Spanish language discharge instructions provided by the internal medicine team. By the end of this pilot, the percentage of patients receiving discharge instructions, in Spanish, increased from 19% to 64%.
1d.	UNMH Patient and Family Advisory Council (PFAC) added representation from a deaf person who is employed by the New Mexico Commission for the Deaf and Hard of Hearing.
1e.	Language access leaders began working on a plan to streamline the process for providers and staff that would facilitate the process to connect with a phone or video interpreter. The new process will allow providers and staff to connect to an interpreter faster and easier. The team plans to implement the new plan in 2025.
2a.	UNM Hospital provided training for five employees of United Voices for Newcomer Rights (UVNR) with the goal of contracting them to interpret at UNM Hospital. The languages represented are: Dari (Afghanistan), Arabic (Syrian and Iraq), Swahili (Democratic Republic of the Congo), and Kinyarwanda (Rwanda, Democratic Republic of the Congo, Uganda).
2b.	The UNMH interpreter educator offered a 40-hour medical interpreter training to eight Zuni-speaking employees at the Zuni Comprehensive Medical Center (Zuni IHS) in Zuni, New Mexico. A graduation ceremony was held to celebrate for these medical interpreters.

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
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

Patient Experience	
3a.	Sensory kits that included items such as: sunglasses, fidgets and pop-it toys were provided to improve the experience at this clinic. Implementation will begin in early January 2025.
3b.	A new webpage was created to add resources and education materials for patients with autism and their families. This webpage includes videos of what to expect when getting your blood drawn and immunization shots, all videos are available in English and Spanish. <div></div>
3c.	Developed a curriculum in partnership with UNM Center for Development and Disability and piloted the training with Carrie Tingley Hospital's staff and other departments in the fall.
Community Engagement	
4a.	In 2024, UNMH partnered with 40 community organizations to improve the well-being of residents of Bernalillo County.
4b.	The Black Health Council met monthly. The group surveyed 73 African American community members. Based on the results, the council decided to partner with local organizations to host the Black Family Wellness Expo in 2025. Juntos para la comunidad council also met monthly. This council partners with UNMH internal departments and external community organizations to provide education, training and resources for the community. In 2024, the council had 165 participants.
4c.	See strategy 7a.
5a.	UNMH has partnered with community organizations to improve access to food and other essential resources. Through a collaboration with Food Runner Food Bank, the UNMH Addiction and Substance Abuse Program (ASAP) has hosted monthly food distributions, supporting approximately 50 families each month. In addition, UNM Hospital Community Engagement, in partnership with Blue Cross Blue Shield, has provided food boxes at health fairs—helping families receive both healthcare services and nutritious meals, along with wellness information. To support the unsheltered community, we also distributed 7,000 emergency blankets and shared departmental resources with 55 community organizations.

Goal #3

Reduce Inequities That Lead to Disparities

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

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Reduce Inequities That Lead to Disparities

Culturally Informed Training
6a. Training roles in the UNMH office of Diversity, Equity, and Inclusion (DE&I) are unique in that they incorporate consulting, coaching, and facilitating interdepartmentally. The DE&I educator arranges over ten (10) unique trainings that include: implicit bias in Healthcare to diversity and cultural humility multiple times throughout the year to staff.
6b. Training has been particularly important for ensuring LGBTQIA+ patient-centered care. This type of training ensures that all patients receive equitable and culturally appropriate care. Our hospital continues to receive recognition from the Human Rights Campaign Foundation (HRC) for our efforts to provide high quality care to the LGBTQIA+ communities since 2013.
6c. The UNMH Office of Diversity Equity and Inclusion partnered with the Chair of the UNM Emergency Department and the New Mexico Commission of the Deaf and Hard of Hearing to develop and provide an in-person training titled "Caring for the Deaf in the Emergency Department" to the residents and attending physicians who work in the Emergency Department.
6d. The UNMH Organizational & Professional Development, advanced practice providers, Carrie Tingley Hospital, and the UNM Center for Development and Disability developed two courses to increase staff awareness around caring for people with Autism. These trainings address the health disparities for patients with disabilities and best practices for caring for patients on the Autism Spectrum. These trainings were first launched in the Fall of 2024 and continue to be offered to staff.

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

Culturally Informed Training
<p>7a. UNM Hospital Community Engagement participated on 27 outreach events in Bernalillo County. The information and education resources provided were tailored to meet the chronic care conditions and social determinant of health needs unique to each area.</p>
<p>7b. Partnered with local organizations to organize six workshops and provided printed resources in 15 different languages about UNM Hospital services.</p>
<p>7c. - We held our first annual Healthy Living and Diabetes Resource Fair serving more than 300 community members, 36 vendors and 10 UNM Health departments. The fair provided 43 vision screenings, 91 glucose and blood pressure screenings, 35 HbA1C screenings and 35 vaccines. - We also partnered with Eisenhower Middle School to provide 97 vaccinations during their craft fair. - Partnered with Yeshousing to provide 77 vaccines, 33 screenings, and other resources for seniors and disabled people.</p> <p>We supported South Valley Academy to host the first annual Family Health and Wellness event providing 85 vaccines. - Collaborated with the Black Family Wellness Expo to provide health care resources for attendees.</p>
<p>7d. Partnered with the City of Albuquerque's Office for Immigrant and Refugee Affairs, The Consulate of Mexico in Albuquerque, the International District Healthy Coalition Committee, Catholic Charities, Umoja Abq, Vizion-Sankofa, Pathways Navigators, ACCESS NM, and United Voices for Newcomer Rights to hold monthly coalition meetings to build awareness and establish relationships with the community advocates who work directly with community members.</p>
<p>7e. 280 community members attended the Pueblo of Acoma's 2nd Annual health fair in August. Health services were provided including vision and dental.</p>


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

Culturally Informed Training	
7f. 340 middle school students from 14 schools attended the UNM Hospital Go GIRL Empowerment Summit. Four schools participated in the middle school Go GIRL Leadership Institute monthly meetings, serving 65 students monthly.	
8a. Web page resources have been created to assist patients navigate virtual visits. Exploratory discussions and ground work was started with community partners that lead, or are currently establishing, programs that bridge the digital divide for seniors.	
Native American Priorities	
9a. NAHS Liaisons provided 26 cultural sensitivity trainings to Advanced Practice Providers, 12 Front Line staff trainings, 10 UNMH clinics.	

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

Training and Process Improvement
1a. In partnership with New Mexico Law and Poverty (NML&P), we finalized and posted all patient-facing documents on the Patient Financial Assistance webpage. We sought NML&P's guidance on addressing public domain concerns for community members hesitant to apply for assistance. NML&P also presented to Financial Assistance leadership and participated in community outreach.
1b. UNMH Financial Assistance in partnership with UNMH Community Engagement continued to participate in several community events when invited such as The Rock at Noonday semi-annual events and UNMH's Emergency Blanket giveaway event.
2a. UNMH Community Engagement and Finance Services organized a presentation for community members, patient advocates, and community support workers. Provided information about the different bills from UNM Hospital and UNM Medical Group. We are also working to identify a process at the time of appointment to inform patients about the bills they might receive. Right now, patients can find this information on the UNM Health website, by phone, in person at our Finance Department.
3a. Process was updated to identify patients as eligible for charity care until we know if they qualify or not. This will avoid patients being sent to collections.
4a. We worked with Experian to allow patients to access and apply for financial assistance online. The contract was signed and UNMH is working on implementation. Tip sheets were made available on the webpage explaining the process.
4b. This has been completed and updates will occur as new information comes forward.

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

Report Back Jan 1 - Dec 31, 2024

Access to Financial Services and Assistance

Training and Process Improvement
5a. Staff meetings include a presentation on customer service each month as well as review of our mission. UNMH created a coordinator position so patients who benefit from other insurance programs could be provided with specific education, options and information.
5b. The Health Literacy Office and Frontline Education collaborated to create a course titled, “It’s Complicated: Talking to Patients about Payment, Billing, and Insurance.” Steps toward CHNA/CHIP Goal #4 included meetings with the Community Engagement team, the Black Health Council, and Juntos Para la Comunidad to address community concerns. A 2.5-hour training was developed for employees in patient financial services and related departments, featuring four animated videos depicting common patient scenarios, strategies like plain language and teach-back, and practical exercises. Training materials included tip sheets and handouts. A pilot was conducted with supervisors, and the first class was held in December for 12 participants.
5c. Financial Assistance has a culturally diverse staff. A requirement to work in this department is to be bilingual in English and Spanish.
Community Engagement:
6a. Patient financial services and financial assistance trainings were held. A total of 233 people participated. Six patient financial assistance documents were translated into 14 different languages to improve access to help patients the care and financial information they need.

THANK YOU



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