



October 3rd, 2025

To: Wenona Padgett
Health Care Authority
Medical Assistance Division
Email: Wenona.padgett@hca.nm.gov

Subject: RFI: Rural Health Transformation

Dear, Wenona Padgett-

The [New Mexico Social Drivers of Health Collaborative](#) (NMSDOH-C or the Collaborative) respectfully submits comments to the New Mexico Health Care Authority Medical Services Division regarding its request for information relating to its development of a Rural Health Transformation Plan in support of its grant application for the Rural Health Transformation Program (RHTP). 40 Collaborative members came together to develop this RFI with several additional members providing written feedback. The title of our initiative is *Grounding Rural Health Transformation in Strategic Partnerships to Address the Healthcare Needs of all New Mexicans through Training, Coordination and Technology*.

We appreciate your consideration of this RFI. Any questions related to this submission should be directed to Danielle Lucero, collab@nm-sdoh.org.

Respectfully,

Danielle Lucero on behalf of the New Mexico Social Drivers of Health Collaborative

2. Organizational Information

a. Mission

The NMSDOH-C brings together community, healthcare, social service agencies, philanthropy, business, and government, including local, state, and tribal government and agencies, across New Mexico to collaborate around three shared focus areas and goals:

1. Building partnerships

Convene stakeholders from across New Mexico to support alignment across SDOH initiatives, identify opportunities for collaboration, improve policies, and create shared accountability towards achieving our purpose.

2. Strengthening Collective Impact through Data

Develop shared outcome measures, monitor progress, and share data on local resources and initiatives to prioritize investments and improve outcomes across state and local agencies, health systems, and community-based organizations.

3. Informing State Initiatives

Advise on the development and implementation of a community-driven, coordinated, closed-loop health and social service referral system/s that meet the needs of our local communities.

b. Experience

The NMSDOH-C officially began to take root in June 2022 as a continuation of the work that started with Accountable Health Communities. In 2022, it was also announced that Presbyterian would receive funding to serve as the backbone organization, supporting the Collaborative's mission to improve health-related social needs (HRSN) through a closed-loop referral system. Additionally, the Collaborative aims to unite various partners to more effectively address negative social determinants of health (SDOH) and their root causes.

The NMSDOH-C includes over 100 individual members from a diverse range of organizations across the state. This includes 12 Community-based Organizations/non-profits, 2 Collaboratives/Coordinated Care Networks, 10 Healthcare/Behavioral Health, 4 MCOs/Medicaid, 2 Tribal Health Departments, 7 State Departments/Agencies, 4 County Departments, 1 City Departments, 4 University Departments, 4 Technology Providers, 1 Health Information Exchange, and 2 Consultants/Third-party administrators. As a convener for state partners, the NMSDOH-C is well-positioned to lead this initiative.

c. Operational Capacity

Responsibility for decisions and activities of the NMSDOHC members are carried as outlined below.

The NMSDOH-C Steering Committee oversees the achievement of our goals and objectives. Our steering committee provides overall leadership, strategic direction, and governance for our organization.

Our Voting Membership, which acts in an advisory capacity to the Steering Committee and whose broader networks inform the Collaborative.

NMSDOH-C Workgroups, which are formed as needed and recommended to and by the Steering Committee. The Collaborative currently has five workgroups: Community Engagement, Closed-loop Referral Systems, Data, Technology and Standards, Operations, and Tribal Health Systems.

Our Support Staff, who are responsible for performing administrative tasks and organizing collaborative efforts.

Grounding Rural Health Transformation in Strategic Partnerships to Address the Healthcare Needs of all New Mexicans through Training, Coordination and Technology.

Purpose

The purpose of this initiative is to create a space within the New Mexico Social Drivers of Health Collaborative where collaborative members and their extended networks can share, coordinate, and inform the implementation of the New Mexico Rural Health Transformation Plan (RHTP). SDOH are amplified in rural communities, demanding a focused and collaborative approach to better address the unique challenges these communities face. Organizations that are part of the Collaborative are essential in this effort, as they facilitate multi-sector strategies that strengthen training, enhance coordination, and leverage technology to improve health outcomes. The Collaborative's role in supporting strategic partnerships, community engagement practices, and shared learning opportunities provides a strong foundation for contributing to the RHTP in this way.

Goals

Our goal as a Collaborative is to assist the state in utilizing RHTP funds to: 1) enhance systems, data exchanges, and workflows within rural and Tribal settings, including collaboration with community-based organizations; 2) coordinate efforts across the state to engage partners and support the implementation of the RHTP; and 3) facilitate bi-directional technical assistance related to RHTP initiatives with key partners in rural and Tribal communities.

Proposed Strategies

The Collaborative will achieve these goals by conducting the following activities:

- a. Enhancing messaging and supporting the utilization of closed-loop referral systems (CLRS) among rural and Tribal partners by increasing awareness through collaborative workgroup forums. Funds are needed for IT system upgrades and interfaces, workflow and workforce development, and operational frameworks that make it possible for providers to connect to CLRS platforms and participate in a closed-loop data exchange. Given the various technologies in use throughout New Mexico to address non-medical

needs, the NM SDOH-Collaborative is best positioned to serve as a convener to support implementation and utilization of technology-based solutions.

- b. Identifying and proposing solutions that encourage the CLRS, the HIE, and the referral database resources to create shared interfaces. Find opportunities to request that the existing CLRS and other referral databases establish [APIs \(Application Programming Interface\)](#) to create [interoperability](#) to minimize the administrative burden of having to review multiple databases for information, and have multiple log-ins for each of these databases.
- c. Leveraging platforms such as the Health Information Exchange can bring together healthcare, social services, and community-based organization data into a unified view. When paired with real-time data, rural hospitals, clinics, and counties could gain timely tools to measure the impact of SDOH interventions, track outcomes, and inform future strategies. This integration would allow stakeholders to drill down into community-level needs while aligning resources more effectively. Recommend leveraging complementary technology solutions that are targeting specific at-risk populations upstream and proactively to promote the path of self-sufficiency with proven outcomes and ROI data.
- d. Providing technical assistance amongst partners for integrating social care and medical care in rural settings. This integration supports a more holistic approach to health and well-being, recognizing that physical health cannot be addressed in isolation from social determinants.
- e. Establishing a shared understanding of terminology and operational language regarding RHTP initiatives to foster effective communication and collaboration among all parties involved. This support for bidirectional engagement and reciprocity not only enhances partnerships but also ensures that services are delivered in a way that is relevant to the culture of communities and accessible.

These strategies promote a decentralized motivation, which creates a neutral space for diverse stakeholders to collaborate and share resources.

CMS Program Goals Advanced

In its development of a Rural Health Transformation program, it is suggested the HCA prioritize the following CMS Program Goals based on the goals and ongoing work of NMSDOH-C members:

- 1) *Improve access to hospitals, other healthcare providers, and healthcare items and services furnished to rural residents.*
 - a) One opportunity to improve access is through the use of telehealth. The role of telehealth is multifaceted, encompassing emergency dentistry, behavioral health, and the need for expanded service hours. Telehealth has already established itself as a valuable resource, providing a range of benefits while also presenting certain challenges. For example, its role in addressing health-related social needs is

critical, especially when integrated with information from the Health Information Exchange New Mexico faces significant challenges with labor and delivery deserts, particularly in rural and Tribal areas. Addressing maternal health outcomes requires not only telehealth expansion but also strengthening the value-add of Community Health Workers (CHWs) by supporting community midwifery and doulas. Embedding these trusted providers into telehealth models extends clinical support directly into the communities where patients live, bridging gaps in access and ensuring culturally relevant care. It is important to acknowledge that some specialized care will still require in-person visits. Establishing telehealth centers in libraries and community centers can further enhance accessibility, although challenges related to internet and telephone service remain significant. It is important to consider the Letter of Direction regarding telehealth, which identifies that telehealth for physical services was set to conclude on September 30th.

- b) ROAMS, or the Rural OB Access and Maternal Services, is helping to bring telehealth services to pregnant women in Northeastern New Mexico. ROAMS has helped improve maternal OB access to care by establishing tele-obstetric services, home to OB telehealth kits, educational pathways via text message, and telehealth appointments with Maternal Fetal Medicine high-risk providers. ROAMS also provides no-charge access to lactation counselors and family navigators/community health workers who assist mothers and their children in addressing their health-related social needs. We recommend leveraging RHTP funds to support ROAMS in these efforts and perhaps explore opportunities to expand to other parts of the state.
- 2) *Improve healthcare outcomes of rural residents.*
- a) Improving healthcare outcomes for rural residents is a priority, and training CHWs is critical to achieving this goal. CHWs can leverage CLRS across the state to ensure that rural residents are connected to the services they need, contributing to additional data capture and better understanding of needs and services statewide.
 - b) Research has identified several challenges contributing to the departure of healthcare providers from rural areas. It is imperative to conduct comprehensive policy reviews and to develop strategic initiatives aimed at retaining these providers. Some research has shown that health outcomes tend to improve when the demographic and cultural background of healthcare providers aligns with that of the patient population, thereby underscoring the need for a diverse workforce that reflects the communities it serves.
- 3) *Prioritize the use of new and emerging technologies that emphasize prevention and chronic disease management.*

- a) Increasing awareness, application, and reimbursement of Z codes will support inter-agency data alignment to support prevention and chronic disease management.
- b) Emphasizing the use of new and emerging technologies focused on prevention and chronic disease management is also important. For instance, kiosks equipped with applications and marketing materials can support patients in managing health issues such as heart health and diabetes. Furthermore, these kiosks can be utilized in healthcare settings to conduct Health-Related Social Needs screenings and establish connections with the state-wide closed-loop referral system and Community Health Workers. Addressing the challenges of internet access is vital to ensure that these tools can be fully effective.
- c) Supporting food access across the state. Food insecurity is a persistent driver of poor health outcomes in rural New Mexico, where access to affordable, nutritious food is often limited. Embedding food security strategies within the Rural Health Transformation Plan, such as partnerships with food pantries, local farming initiatives, and Food is Medicine models, can reduce chronic disease risk, improve maternal and child health, and lower avoidable hospitalizations. Integrating food access into healthcare delivery ensures SDOH interventions directly support healthier rural communities. Additionally, CLRS data on food insecurity and interventions can be captured to demonstrate improvements over time.

Allowable RHTP Activity Categories

Based on NMSDOH-C member feedback, we have identified the following three activities as most applicable to the initiative:

1. *Prevention and chronic disease: Promoting evidence-based, measurable interventions to improve prevention and chronic disease management.*
 - a. Improving coordination with Managed Care Organizations (MCOs) is essential; this can be achieved through the implementation of a cultural humility plan that mandates uniform data collection across all MCOs through their plans.
2. *Workforce: Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of 5 years.*
 - a. Incentivizing healthcare providers to practice in rural and Tribal areas, as such initiatives play a significant role in maintaining access to healthcare services.
 - b. Supporting school-based health centers is crucial, as these facilities may serve as the initial, and possibly the only, interaction students have with the healthcare system. Supporting the development and sustainability of these centers can lead to improved health outcomes. School-based healthcare should be leveraged as a pathway for Community Health Representatives (CHRs) and Community Health Workers (CHWs) to engage effectively with students and healthcare institutions,

thereby elevating students' perceptions of career opportunities within healthcare. Research indicates that when individuals are encouraged to pursue education in healthcare, they are more likely to remain in or return to their communities.

3. Appropriate care availability: Assisting rural communities to right size their healthcare delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
 - a. Mobile health clinics, staffed by multidisciplinary clinical teams, can provide comprehensive wellness exams, acute care services, laboratory testing, and mammography. Strategic use of the RHTP funding could be used to establish these clinics in rural and frontier areas to bring advanced diagnostic capabilities, such as mobile 24/7 MRI units, which would reduce the need for individuals to travel long distances to receive essential services.

Expected Outcomes

In order to address specific healthcare needs within rural communities, we must ensure that we do not exacerbate existing challenges. Achieving success in this area requires that efforts are aligned with the capacities of these communities, providing support without overwhelming their resources. By applying a collaborative approach, we can achieve a more significant impact rather than working in isolation. The following are outcomes we expect to see as a result of this initiative:

- Strengthened collaboration and alignment between key partners across the state.
- Improved coordination and access to hospitals and healthcare services. Moreover, innovative strategies such as deploying mobile units in collaboration with community colleges and facilitating teleconferencing with institutions such as Presbyterian, UNM, and NMSU will enhance healthcare accessibility in remote areas.
- Enhanced referral processes and experiences through improved coordination among key partners. This collaborative effort results in a higher quality of care, particularly with telehealth services that facilitate access to care for patients directly.

Cost Estimates

Five-Year High-Level Budget for Statewide Application of RHTP

The following budget has been developed with the understanding that it outlines the state's funding priorities necessary to achieve all components of the suggested initiative, as well as the program goals and activities discussed in this Request for Information (RFI). If the Collaborative is included in the state's RHTP, a fiscal sponsor will be identified to support the Collaborative in implementing its activities.

Category	Total
Personnel Costs	\$1,170,000
Technology and IT Systems	\$400,000
Training and Workforce Development	\$600,000
Community Engagement and Coordination	\$480,000
Technical Assistance and Consulting	\$370,000
Evaluation and Data Analysis	\$340,000
Operational Expenses	\$240,000
Total Five-Year Budget	\$3,600,000

1. Personnel Costs: Budget allocated for project coordinators, data analysts, trainers, and community engagement specialists to ensure effective implementation.
2. Technology and IT Systems: Investment in IT infrastructure, closed-loop referral systems, and data integration platforms.
3. Training and Workforce Development: Funding for educational programs, workshops, and seminars that target skill enhancement in rural healthcare settings.
4. Community Engagement and Coordination: Resources dedicated to community planning sessions, outreach efforts, and collaborative events involving stakeholders.
5. Technical Assistance and Consulting: Engaging experts to provide guidance and best practices in system integration, evaluation, and community engagement strategies.
6. Evaluation and Data Analysis: Funding for ongoing assessment of initiatives, measuring the impact of social determinants of health, and revising strategies as needed.
7. Operational Expenses: General costs, including travel, materials, marketing, and office supplies, required for smooth operational functions.

Funding Category Alignment

The following are subject to restrictions:

- Technology and IT Systems: Investment in IT infrastructure, closed-loop referral systems, and data integration platforms up to 20%.
- Operational Expenses: General costs, including travel, materials, marketing, and office supplies, required for smooth operational functions up to 10%.

State Policy Actions

Licensure compacts

Collaborative members discussed the importance of licensure compacts and provide the following key considerations when reviewing this policy action:

- Increase in access should not decrease the quality of care for patients.
- Improve and provide consistent Standards of Care and Clinical Guidelines.