

# Assessing the Effectiveness of Policies to Improve Access to Primary Care for Underserved Populations

CASE STUDY ANALYSIS: GRANT COUNTY, NEW MEXICO

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## ABSTRACT

This case study of rural Grant County, New Mexico is the first in a series of case studies designed to assess the effectiveness of various policy initiatives to expand access to primary care in a region, particularly for underserved populations. Many policy approaches have been deployed in the county, which is classified as a primary care health professional shortage area, to increase the number of primary clinicians, bring outpatient clinics to the community, make primary care affordable, and build relationships between providers and patients.

With the help of state and local leadership, for example, Grant County has established a successful residency program that has increased the number of health care professionals in the county. The county has also been able to successfully leverage both the federally qualified health center and school-based health center models to develop a robust network of safety net providers. Generous public sector employment and union-negotiated health benefits, as well as expanded Medicaid eligibility, have made primary care affordable for many low-income residents. Still, barriers persist, such as the lack of broadband infrastructure to support telehealth and stringent rules prohibiting the expansion of non-emergency medical transportation.

COVID-19 has brought together Grant County stakeholders to respond to the pandemic and many of them hope that the financing and infrastructure supporting this collaboration will continue to provide the leadership, goal-setting efforts, and planning needed to meet the community's long-term population health and primary care needs.

## INTRODUCTION

It is difficult to overstate the importance of primary care in ensuring robust population health outcomes. Evidence shows that not only can primary care prevent illness and death,<sup>1</sup> but it is also associated with reducing health disparities.<sup>2</sup> Countries with strong primary care systems experience better health outcomes than those with weak primary care systems, including reduced unnecessary hospitalization and less socioeconomic inequality,<sup>3</sup> as well as improved management of chronic diseases.<sup>4</sup> Unfortunately, the United States falls short on many indicators that demonstrate the strength of a nation's primary care systems.<sup>5</sup>

To strengthen a national primary care system, a threshold issue to consider is how to improve access. The primary care access problem can be divided into five composite and interconnected dimensions: (1) availability of primary care clinicians, (2) accessibility of primary care services geographically, (3) accommodation in terms of appointment availability and hours, (4) affordability, and (5) acceptability in terms of comfort and communication between patient and clinician.<sup>6</sup>

In a Milbank Memorial Fund issue brief<sup>7</sup> and five accompanying fact sheets,<sup>8</sup> we reviewed existing research to assess whether evidence suggests that policy initiatives targeting primary care access along each of the five dimensions have been effective in reducing health care disparities. Now, in this series of five qualitative case studies, we assess the impact of these policy initiatives at a local level to better understand implementation challenges and successes.



Grant County's population is 50.4% Hispanic or Latino, 45.8% white, and 2.5% American Indian or Alaska Native.<sup>14</sup> As of 2019, the median household income was \$37,843 and 24% of the county's population was under the federal poverty level,<sup>15</sup> which is significantly higher than the national average of 11.4%.

The federal government primarily uses two designations for areas and populations experiencing primary care provider shortages—Primary Care Health Professional Shortage Areas (Primary Care HPSAs) and Medically Underserved Areas/Populations (MUA/P). The federal government designates Grant County as a shortage area under both measures.

HPSA scores provide a basis for determining eligibility and resources for several federal and state programs targeting primary care access across the country. The federal government designates areas as Primary Care HPSAs when they have: (1) a low population-to-primary care provider ratio, (2) a high percentage of population below the federal poverty line, (3) poor infant health quality, and (4) longer travel times to a nearest source of care. The federal government scores HPSAs from 0 for the areas with the lowest need to 25 for those with the highest need. With a score of 20, Grant County is a federally designated Primary Care HPSA, specifically for low-income populations.

MUA/P designations are the basis of eligibility for the Federally Qualified Health Center and Federally Qualified Health Center Look-Alike Program. MUA/P designations depend on an Index of Medical Underservice (IMU) score, which is calculated based on: (1) primary care providers per 1,000 people, (2) percent of population at the federal poverty level, (3) percent of population over 65, and (4) infant mortality rate. IMU scores fall between 0 to 100, and a score of 62 or below results in a MUA/P designation. Grant County is a designated MUA with a 57.3 IMU score.

However, Grant County performs relatively well in terms of employment and insurance coverage. In 2021, Grant County had an unemployment rate of 5.6%, which is slightly higher than the national average, but about half the unemployment rate experienced by the neighboring Luna County.<sup>16</sup> In 2021, 8.8% of Grant County's population under 65 lacked insurance coverage, which was less than the national uninsurance rate.<sup>17</sup> New Mexico is one of the 39 out of 50 states that has expanded access to Medicaid under the Affordable Care Act, making primary care affordable for low-income populations. Almost half of Grant County residents are covered under Medicaid or the Children's Health Insurance Programs (CHIP), but this is significantly less than the 75% covered under Medicaid or CHIP in neighboring Luna County.<sup>18</sup> Some stakeholders credited the low uninsurance rate in Grant County to the large number of unionized and public-sector jobs in the county. Grant County provides many avenues for public employment through institutions such as Western New Mexico University, county-owned Gila Regional Medical Center, forest services, and border patrol.

## Key Stakeholders

A variety of state and local entities play a role in the provision of primary care to the residents of Grant County. At the state level, under the New Mexico Department of Health (NMDOH), the **Office of Primary Care and Rural Health** (OPCRH) manages the distribution of four Health Resources and Services Administration (HRSA) grants and a variety of state funds to support primary care infrastructure across the state. The OPCRH helps fund 95 community health clinics, including one organization in Grant County, and oversees statewide primary care and rural health workforce development initiatives.<sup>19</sup> NMDOH also operates a number of public health offices, including the **Silver City Public Health Office**,<sup>20</sup> which provides access to basic primary care services, such as immunizations, family planning services, breast cancer screenings, and generally promotes population health in the county.

**The Grant County Community Health Council**, part of the county government, played a significant role in developing the county's primary care infrastructure in the past, but has been limited by severe budget cuts by the state legislature in recent years. Now, thanks to an influx of funding from the NMDOH and the U.S. Centers for Disease Control and Prevention in response to the COVID-19 crisis, the council's role has been revitalized. It has been convening various stakeholders in the county and coordinating pandemic and health equity-related initiatives.

The county has three key providers of primary care services.

- **Hidalgo Medical Services (HMS)**, the only federally qualified health center (FQHC) operating in Grant County, is one of the most prominent primary care providers in the region. HMS was founded in 1995 and has expanded substantially since its inception, starting its own family residency program and fostering partnerships with many other primary care stakeholders in Grant County. Today, HMS operates five community health clinics providing medical services, two school-based health centers, three sites providing mental health services, one site providing COVID-19 testing and vaccination services, one non-clinical location providing care coordination, and four senior centers in the county.<sup>21</sup> HMS also operates a few clinical sites in the neighboring Hidalgo County. In an average year, HMS sees about 82,000 patient visits for primary care, dental care, mental health care, and family support/community health worker services.
- **Silver Health Care** is a physician-run health care system that operates four clinics providing primary care, behavioral health, and pediatric services in Grant County.<sup>22</sup> Silver Health Care also operates the only urgent care clinic in the county, which is open to the public seven days a week. Silver Health Care has sites located in neighboring counties as well.
- **Gila Regional Medical Center** is a county-owned critical access hospital with a family medicine department.<sup>23</sup> It is the largest hospital in the region<sup>24</sup> and operates several clinical sites in the area.<sup>25</sup>

The **Center for Health Innovations** (CHI) (formerly the Southwest Center for Health Innovations) based in Silver City is a non-profit policy and advocacy organization focused on improving rural community health in the state. The center was initially developed as part of HMS and became an independent entity in 2015. The federal government<sup>26</sup> recognized the center as an area health education center (AHEC) and provides funding to support its health workforce development projects. In 2018, the center was designated as a New Mexico Public Health Institute and today, it serves the entire state while continuing to focus its efforts on improving rural health care. CHI runs and supports numerous programs, including county coalitions focused on preventing substance misuse; county health councils; a statewide effort funded by the federal government to grow the behavioral health workforce; a physicians' education program for better painkiller prescribing; and the New Mexico Community Data Collaborative, which maps public health data for better community understanding and informed decision-making.

## Methodology

To better understand how the efforts of the various stakeholders to improve primary care access in Grant County have fared, we conducted eight qualitative interviews with local primary care providers, local officials, and researchers with close ties to Grant County and knowledge of rural primary care in New Mexico. Interviews occurred between December 8, 2021 and January 21, 2022.

## DESCRIPTIVE ANALYSIS AND FINDINGS

### 1. Increasing the Number of Primary Care Clinicians in the Region

#### AHEC Program Supports Pipeline Programs, But There Is Only Anecdotal Evidence of Effectiveness

Diversifying the health care workforce by recruiting students from minority and rural communities underrepresented in medicine can help reduce health disparities, because the students from these communities are more likely to work in rural areas and/or work with underserved populations.<sup>27</sup> Pipeline programs are critical tools for targeting, recruiting, and supporting underrepresented students at all levels of education. Frontier and Rural Workforce Development New Mexico (Forward NM), housed within CHI, is an AHEC that encourages and supports students from middle school, high school, college, and health professional schools to become part of the rural health workforce. Forward NM runs a "health career club" for middle school students, conducts an introduction to health careers class in area high schools, hosts summer academies for students, and coordinates rural rotations for students accepted into health professional schools. In non-pandemic times, the program reaches about 2,000 to 3,000 students a year in the four counties they serve, including Grant County.

While Forward NM receives a federal AHEC grant, state stakeholders have found that these federal funds are "pretty limited," leading Forward NM to secure additional funding from the state legislature. This state support has been critical to hiring staff and expanding Forward NM's program to reach middle school students. Stakeholders attributed challenges associat-

ed with obtaining federal funding to difficulties demonstrating the value of pipeline programs in terms of recruitment and retention numbers, especially without the resources to conduct routine program evaluations.

### Successes and Challenges in Developing Primary Care Residency Programs

Developing opportunities for medical school graduates to train in primary care in a rural area like Grant County is critical for maintaining and boosting the number of primary care providers available in the area.<sup>28</sup> Research shows that a majority of medical school graduates will stay within 100 miles of their residency training program.<sup>29</sup>

A number of different funding sources can support residency programs. The largest share of residency program funding in the United States and New Mexico comes through Medicare, but there is a cap on the number of funded residency spots,\* making expansion challenging. New Mexico has instead leveraged Medicaid funds to expand residency programs in the state since 2014,<sup>30</sup> and enacted a bill in 2019 to fund new primary care residency programs in medically underserved areas through the Graduate Medical Education (GME) Expansion Grant Program.<sup>31</sup> One of the stakeholders described the new funding model as “incredible” and suggested that it will “greatly increase the number of programs that are training physicians in New Mexico.”

The New Mexico Primary Care Training Consortium brings together all the residency program directors in the state to support existing residency programs and to help community-based organizations develop new residency programs.<sup>34</sup> Of the five residency programs in the state, four are in urban settings and one—run by HMS—is in Grant County. The HMS residency program is fully funded through the federal Teaching Health Center GME (THCGME) program established under the Affordable Care Act. The THCGME program provides grant funding and technical assistance to new and expanded primary care residency programs at FQHCs, rural health

New Mexico House Bill 48032 established the GME Expansion Grant Program to support the development of new and expanded GME training programs in the state while prioritizing primary care physician training in rural and underserved communities. The state is investing \$1.14 million over five years, and funding will be available for (1) one-time planning grants to GME training programs, (2) establishing new GME training programs, (3) funding unfilled, accredited first-year positions in existing GME training programs, (4) expanding the number of first-year positions within existing GME training programs, and (5) funding existing GME training programs. In five years, the program expects to increase the number of primary care GME programs from 8 to 13, and the number of primary care residents in training from 142 to 291. In 2020, the first year of the GME Expansion Grant Program, it approved development funding for three programs that will add 36 new residency positions in total (12 in family medicine, 24 in general psychiatry).<sup>33</sup>

\* On December 17, 2021, CMS issued a [final rule](#) adding 1,000 new Medicare-funded residency spots in hospitals serving rural and underserved communities. This is the largest increase in Medicare-funded residency spots in 25 years, but the residency spots are not necessarily limited to primary care residencies.



clinics, and tribal health centers. Under this grant, HMS partnered with the University of New Mexico School of Medicine to establish its residency program in 2013.<sup>35</sup>

Feedback from stakeholders indicates that the HMS residency program has been quite successful at recruiting and retaining medical residents. HMS leveraged federal funding to build a clinic that provides housing to residents on the top floor of its building. Stakeholders found that this housing arrangement has helped the residents better integrate into the community. HMS receives far more applications for this residency program than the number of available spots and has generally had little trouble attracting residency applicants. HMS has also been able to retain some of these residents once they complete their training.

According to a few stakeholders, one of the biggest challenges of running a residency program anywhere— not just a family residency program in a rural area like Grant County—is finding faculty. One stakeholder found that residency directors stay in positions for only three to four years. HMS has lost several faculty members and has experienced some difficulty filling these spots even as they have had success filling their non-faculty provider job openings.

### Challenges Attracting Health Care Professionals

Several stakeholders expressed concern regarding the challenges of attracting health care professionals—faculty or non-faculty—to rural areas. While multiple stakeholders said that the Gila National Forest served as an incentive for some professionals, the lack of job opportunities for spouses, educational opportunities for children, and lower pay in Grant County compared to significantly higher salaries in urban areas create significant barriers.

One stakeholder found that they have had some success recruiting and retaining physicians in rural areas through the Conrad J-1 visa waiver program, which removes visa-related barriers that prevent foreign physicians from practicing medicine in the United States.<sup>36</sup> This stakeholder reported it was easier to bring in physicians participating in the waiver program by “recruiting the family” as well, which includes helping find appropriate jobs for spouses and providing information about schools and opportunities for outdoor activities in the region. In addition, HMS’s strong track record of attracting residents and trained physicians to the area suggests that providing housing and programmatic support can serve as important tactics in recruitment and retention. One stakeholder also found that developing strong rural practice-focused residency programs is a better way to attract physicians to rural areas as opposed to using programs that offer financial assistance to medical students and residents in return for an obligation to serve in an underserved area for a specified amount of time. One stakeholder found that residents who serve out of obligation rather than an interest in the rural residency program are “just biding their time” and quick to leave the underserved area once their service term ends.

### Relaxed Scope-of-Practice Laws Improve Access to Primary Care

One stakeholder reported that expanding nurse practitioner (NP) and physician’s assistant (PA) programs has been effective in improving access to primary care. Two other stakeholders concurred and added that the state’s successful efforts to loosen scope of practice laws to allow NPs to practice more independently has helped increase access to primary

care in the region. As one notable example, the urgent care center in Grant County is run independently by an NP. In contrast, at least one stakeholder mentioned that licensing rules requiring PAs to be overseen by a physician act as a barrier, noting further that they have observed no difference between the quality of PA services and NP services.

## 2. Bringing Outpatient Clinics to the Community

### The Successful Implementation of the FQHC Model

FQHCs are community health clinics that receive federal grants to provide primary care in underserved areas. FQHCs are also eligible to receive enhanced payments for services provided to patients covered under Medicare, Medicaid, and CHIP.<sup>37</sup> The FQHC HMS has played a pivotal role in expanding access to care in Grant County. One of the stakeholders we interviewed who is familiar with the FQHC certification process, as well as the certification process for rural clinics seeking state grant funding, found that the state's early decision to streamline the two certification processes was a "wise" choice that led to the successful proliferation of FQHCs in New Mexico. The state also provides no-cost loans and grants to FQHCs.

HMS is, as one stakeholder put it, "the big game in town" when it comes to primary care. A few stakeholders reported that, because of HMS, access to primary care in the county might not be as much of a concern today as access to specialty or behavioral health care. HMS uses the community needs assessment—conducted periodically as required under federal law—to identify areas in the county where it can expand. One of the ways HMS has been able to significantly expand the number of clinical sites it operates is by inviting private practices to join HMS. One stakeholder outside the FQHC described the consolidation of independent practices under the FQHC umbrella as "good for the community." HMS has also been able to leverage its resources to meet the needs of the community beyond the four corners of its health clinics. For example, it has established school-based health centers (SBHCs) and deployed mobile clinics in response to the COVID-19 pandemic. It has also attempted to provide non-emergency medical transportation to its patients but had to abandon the program due to regulatory barriers.

Nonetheless, stakeholders said that compared to for-profit and urban employers, rural FQHCs like HMS struggle to draw providers, retain them, and compete in terms of salaries.

### State Financial Support Critical to the Development of the School-Based Health Center Model

SBHCs are important safety net providers in rural areas that help children and their families from underserved communities overcome barriers such as transportation, getting time off from work, and costs associated with primary care.<sup>38</sup> Although SBHCs have been associated with significant improvements in health and educational outcomes, only 10% of US schools have access to an SBHC. As of 2017, New Mexico is one of only 16 states that provides state grants for SBHCs.<sup>39</sup> Stakeholders interviewed explained that SBHCs are a "priority" for the New Mexico legislature and estimated that nearly every community health center in New Mexico operates a SBHC today. With the help of state grants, HMS also operates SBHCs in the two largest communities in Grant County.

Despite the state's support for SBHCs, stakeholders expressed concern that state licensing laws allow for the provision of services only in a licensed physical site. This provision prohibits providers from traveling to other school sites because insurers will refuse reimbursement for services in non-licensed locations.

### Urgent Care Clinic Fills Some Gaps, But Retail Clinics Unnecessary

A provider group that operates primary care clinics around the region runs the sole urgent care center in Grant County, which, according to stakeholders, opened to provide community members access to necessary after-hours care. These stakeholders noted that the urgent care center tends to serve more self-pay patients than primary care clinics do. Grant County has no retail clinics run by large pharmacies or grocery stores, and one stakeholder observed that the work of HMS and other primary care providers in the area had made commercial retail clinics unnecessary.

## 3. Removing Structural Barriers to Primary Care

### The Unsolved Problem of Non-Emergency Medical Transportation

In rural communities like Grant County, there are few public transportation options and people are more likely to have to travel further to get to the nearest hospital or health care provider than those in urban areas. Stakeholders mentioned no-show rates for appointments as a problem and concluded that the lack of adequate access to non-emergency medical transportation (NEMT) might explain why.

Medicaid is required to provide coverage for NEMT, but the benefit does not always work as intended. Some stakeholders observed that NEMT services are not widely publicized, while another provider stakeholder found that NEMT providers are not always available at the times that patients need care. A significant number of patients who must schedule childcare and time off from work face challenges reaching the assigned shuttle/bus stop in time to access NEMT services, which run on a defined schedule. More recently, many patients have been reluctant to risk exposure to COVID-19 on the shared NEMT rides.

HMS described regulatory hurdles to implementing their own NEMT system. According to the organization, HMS drivers are unable to pick up patients from their homes and drive them directly to the clinic because they are required by law to use a defined transportation route. While the Grant County Community Health Council was successful in its efforts to expand public bus transportation, interviewees said that the service is oriented more toward residents of Silver City and remains inaccessible for those who live in more rural parts of the county. In the absence of adequate transportation options connecting the entire county, local providers have added clinic sites in more remote areas which has helped some patients surmount travel-related barriers.

### COVID-19 Brought Mobile Clinics, But They Might Not Last

As a response to COVID-19, HMS began providing services through mobile clinics, which are typically run out of trailers and buses and allow providers to travel to areas with the highest needs. Several stakeholders discussed the success of this model in providing testing ser-

vices and COVID-19 vaccinations in the most remote parts of the county. Stakeholders credited the relaxation of state and federal licensing and reimbursement rules during the public health emergency period for this effort but expressed doubts about their ability to continue providing these services or to provide new primary care services once the public health emergency period ends.

### Telehealth Shows Promise, But Barriers Persist

The COVID-19 pandemic prompted federal and state policymakers to relax rules for the use of and reimbursement for telehealth.<sup>40</sup> Grant County stakeholders described how these added flexibilities have helped patients who previously had to travel to a clinical site to receive services from a remote provider. Under the more relaxed rules, rural patients can now receive services via telehealth without leaving their homes. Stakeholders also discussed the promise of using remote patient monitoring devices to expand the reach of providers in the area. However, at least one provider expressed hesitation about the efficacy of telehealth, noting that many primary care services must be performed in person, such as physical examinations, labs, and diagnostic testing.

A significant obstacle to telehealth expansion in rural communities is lack of access to broadband services. Grant County stakeholders were hopeful, however, about recent efforts at the state level to prioritize the expansion of broadband access in rural areas. While audio-only telehealth could help in areas with limited broadband access, one stakeholder pointed out that providers are discouraged from using this approach because, historically, payers have not generally reimbursed providers for these services.<sup>41</sup>

### Efforts to Provide After-Hours Care Show Some Success

For many who work in jobs where they are paid hourly or who do not have sick leave, it can be challenging to attend primary care appointments during business hours. The ability to obtain after-hours and weekend services can help expand access to primary care. HMS operates on an expanded schedule from 7 a.m. to 6 p.m. on weekdays. One stakeholder observed that after-hours appointments are always the first to fill up.

While some providers make Saturday appointments available, stakeholders noted that weekend shifts can be the most challenging ones to staff. HMS has seen success with the implementation of a rotating holiday schedule for staff, allowing the clinic to remain open on certain holidays. The urgent care center in Grant County serves as an option for patients to access non-emergency care after business hours, but patients are sometimes directed to primary care appointments if their needs are not deemed urgent.

## 4. Making Primary Care Affordable

### Federal Requirements and Financial Support Critical to Affordable Primary Care

Grant County has relatively high insurance coverage rates thanks to the state's decision to expand Medicaid and prevalence of public and private employers offering comprehensive health benefits. However, despite these rates, coverage gaps exist, especially for undocu-

mented residents who are not eligible for government-subsidized health insurance through Medicaid or the health insurance marketplace. FQHC and non-FQHC primary care providers in Grant County offer a sliding fee scale to patients who are unable to pay for care. FQHC certification requirements and federal loan forgiveness program (in which one non-FQHC primary care provider participates) requirements mandate providers to make these sliding fee scales available. One provider said that to qualify, patients need to plan and apply ahead of time to demonstrate financial need. While providers do not require undocumented residents to provide social security numbers, these patients still need some form of identification and evidence demonstrating financial need.

One stakeholder touted the benefits of \$3.2 million in annual federal grant funding to reimburse HMS for providing uncompensated care. HMS said that they invoice patients, but after they invoice the patient six times over six months and the bill remains unpaid, they can write off the bill as uncompensated care.

## 5. Improving Comfort and Communication Between Patients and Providers

### State Support for Community Health Workers, But Lack of Funding Continues

Even when primary care services are available and affordable, primary care remains inaccessible if patients cannot comfortably connect or communicate with their providers. Community health workers (CHWs) serve as liaisons between local communities and medical providers by engaging vulnerable residents and helping them access medical and social services.

New Mexico has been at the forefront of developing a CHW workforce.<sup>42</sup> It is one of the few states that has an Office of Community Health Workers in the state department of health, which oversees the training and certification of CHWs.<sup>43</sup> The state Medicaid program has invested in the CHW model and requires the managed care organizations (MCOs) it contracts with to meet certain targets on integrating CHW services.<sup>44,45</sup> As a result, the state ranks among the highest in terms of numbers of CHWs and average pay for CHWs.<sup>46</sup>

All but one of the stakeholders interviewed were familiar with the CHW model and support it, with one stakeholder describing the CHW model as “a phenomenal thing” for improving access to primary care. One stakeholder’s relative had struggled to manage his diabetes for years because his doctor’s instructions never seemed to “stick,” but “a light switch went on” when a CHW provided support in a relatable way. This sentiment was echoed by another stakeholder who described hearing from local providers, “don’t take away my CHW; they are saving lives.” They emphasized that CHWs are critical in providing follow-up care as it is generally easier for patients to reach their CHW than their provider.

Forward NM, the AHEC serving Grant County, offers continuing education courses for licensed CHWs in various specialty fields and sponsors a training program to prepare high school seniors to enter their local health care workforce as CHWs. Since this program started three years ago, more than 30 students have completed CHW training with the help of grant funding from the New Mexico Public Education Department.

Despite these successes, lack of funding continues to be a barrier to the expansion of the CHW model in Grant County and the entire state. Medicaid does not reimburse for CHW services. One of the chief barriers to obtaining reimbursement for CHW services is difficulty demonstrating their value to public and private payers. One stakeholder discussed a pilot project with a Medicaid MCO that demonstrated “incredible savings in terms of prescription use, hospital readmissions, and ER costs,”<sup>47</sup> but these early results have been hard to replicate because of barriers to obtaining and analyzing claims data.<sup>48</sup> Collaborative efforts between providers, payers, and policy advocates are underway in Grant County to effectively evaluate the downstream effects of CHW services.

### Efforts to Foster Cultural Competency

One way to build trust and communication between the patient and provider communities is to prioritize cultural competency in the delivery of medical services. New Mexico requires that both the health plans sold in the state health insurance marketplace and its Medicaid MCOs meet certain cultural competency standards. Health plans sold on the state health insurance marketplace must ensure that “services are provided in a manner that takes into account the cultural aspects of the covered person population,” and submit to the state an action plan on how they will achieve this.<sup>49</sup> Action plans must include the measures the health plan will use to evaluate the cultural competency of the providers in its network.<sup>50</sup> New Mexico’s Medicaid MCOs must develop a cultural competency plan and “work on training providers” in cultural competency.<sup>51</sup>

While not located in Grant County, stakeholders also mentioned a collaboration between the anthropology and social work faculty at New Mexico State University and Memorial Medical Center to ensure cultural competency in the delivery of primary care services. The program has gained recognition for a “structural competency” framework that trains family medicine residents to be sensitive to the needs of vulnerable populations and better understand the upstream social determinants of health. The program requires residents to complete four health equity rotations focusing on population health, care for marginalized populations, border health, and health policy.<sup>52</sup>

## DISCUSSION

### The Importance of Collaboration and Local Leadership

To quote one stakeholder, “there are concentric circles of community that have to be involved to make rural health care successful: the patient population, provider population, community involvement as a whole, and the political environment at the state and federal level.” Grant County owes many of its successes in making primary care more accessible to robust collaboration between the community, providers, academic researchers, and state and local governments.

Yet many stakeholders felt that a lack of funding in recent years has prevented them from maintaining community-wide collaborative efforts. Grant County Community Health Council used to play a bigger role in the region, including bringing HMS to the county and expanding public transportation options. However, state budget cuts since the recession in 2010<sup>53</sup> left the council operating on approximately \$9,000 a year until federal pandemic relief funding boosted their resources once again. One stakeholder expressed frustration that funding, whether state or federal, tends to revolve around projects instead of broadly providing central planning bodies like local health councils with general operating support that would allow them to identify and respond to community needs.

### A Silver Lining to the COVID-19 Pandemic

Several stakeholders mentioned that the COVID-19 pandemic has motivated the various health care entities in Grant County to start convening and collaborating on efforts to respond to the pandemic. At the time of this writing, all the relevant primary care and local government entities meet weekly. As previously mentioned, this has been made possible by the influx of funding from the state and the federal government in response to the pandemic. The Grant County Community Health Council has been revitalized and has become a hub for COVID-19 planning activities and efforts to promote health equity. With the new funding, the council hopes to hire staff to better support their efforts. There is also discussion of creating a county-wide health department in the wake of the pandemic. However, the pandemic-related grants that make these activities possible will be depleted by June 2023,<sup>54</sup> and there is uncertainty about how the council will sustain these efforts in the long term.

According to provider stakeholders, COVID-19 also brought about the loosening of some key state and federal licensing and regulatory requirements, which has helped them become more agile in providing services to the community. For example, the relaxation of certain restrictions on where telehealth services can be provided by FQHCs<sup>55</sup> and removal of barriers to the provision of services through mobile clinics have helped many residents in more remote parts of Grant County access services they would not have been able to otherwise. But stakeholders expressed concern that telehealth-related restrictions on FQHCs and other regulatory requirements will soon return to pre-pandemic norms, once again restricting their ability to deliver crucial services.

## State Investments in Primary Care Pay Off

Several stakeholders pointed out ways in which state-level support and funding have bolstered their efforts to improve access to primary health care in Grant County. Stakeholders recognized the importance of the state's use of Medicaid funding to create and expand primary care residency programs in underserved areas, funding an NP and PA program, expanding the loan repayment program, and monetarily supporting health professional pipeline programs.

The state also supports safety-net providers like FQHCs through a capital funding program providing clinics with no-cost loans, a grant program with funding support for about 90 community health clinics, and an office helping SBHCs. The state has also been at the forefront of integrating CHWs into its health care workforce by providing a training and certification program as well as requiring Medicaid MCOs to give their members access to CHW services. Stakeholders also found that the New Mexico Department of Health is able to provide another easily accessible source of basic primary care services to county residents through the Silver City Public Health Office. Together, all these efforts have played a key role in improving access to primary care in Grant County.

In 2021, the New Mexico legislature created the New Mexico Primary Care Council to further help the state coordinate and direct its efforts to improve access to and quality of primary care in the state. The council held its inaugural meeting in July 2021 and released a five-year strategic plan in 2022 to improve health equity, develop sustainable payment models to support high quality primary care, drive health information technology investments, and create a sustainable workforce and budget.<sup>56</sup>

## CONCLUSION

With its sparsely populated areas and high proportion of low-income residents, Grant County faces the same barriers to primary care that many other rural parts of the country encounter, such as difficulty in recruiting and retaining medical professionals, problems with transportation to medical appointments, lack of access to reliable internet for telehealth, and lack of sustained funding for local health planning bodies. However, some key factors set Grant County apart, allowing for better-than-expected access to primary care. First, Grant County has a relatively high proportion of employers that offer comprehensive health benefits, compared to similarly situated rural counties. New Mexico's decision to expand Medicaid eligibility under the Affordable Care Act also contributes to the low uninsured rate. A significant number of rural counties with similar demographics have been held back by their states' refusal to expand Medicaid eligibility.

Second, local leadership came together to bring HMS, the county's biggest safety net provider, into the region to help improve access to primary care. Since opening its first clinic in Grant County, HMS has significantly expanded the scope of its efforts to improve access to primary care in the county. Some of its important initiatives include establishing new clinical sites based on community need, using federal funding to create a primary care residency



program, running school-based health centers, working with students in the area interested in health professions, and providing people of the county access to their family support office to help address social determinants of health. Both the low uninsurance rate and the expansive role that HMS plays have gone a long way to improve access to primary care in the county.

Despite these efforts, barriers persist. Local leaders have not always had the financial resources needed to adequately support population health improvements. Federal relief efforts in response to the COVID-19 pandemic have resulted in more funding for local health planning, but it is unclear how long it will be before the well dries up again. Further, geographic barriers and lack of access to internet continue to frustrate primary care providers in the region, yet such infrastructure problems are well beyond what a county can solve on its own. Sustained and significant federal and state funding for these improvements is a critical missing piece of the primary care access puzzle in this area and others like it.

Lastly, a fundamental systemic barrier to developing and sustaining initiatives to improve access to primary care in areas like Grant County is the lack of funding and expertise to create and deploy objective measures to assess community need and demonstrate the value of its initiatives. Without a more granular, baseline measure of Grant County's unmet need for primary care services, it is virtually impossible to objectively assess how initiatives—such as the integration of CHWs into primary care delivery or pipeline programs to encourage middle and high schoolers to join health professions—can improve the primary care landscape in the county. To ensure state and federal funding streams for these types of initiatives, it is important to find ways to objectively demonstrate the benefit of these initiatives to policymakers. However, the organizations running these initiatives cannot necessarily do this on their own. It is critical that the federal and state grants that fund these organizations and their programs also include funding for program evaluation. Review and assessment of new and existing programs are paramount for long-lasting achievement, growth and success.

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