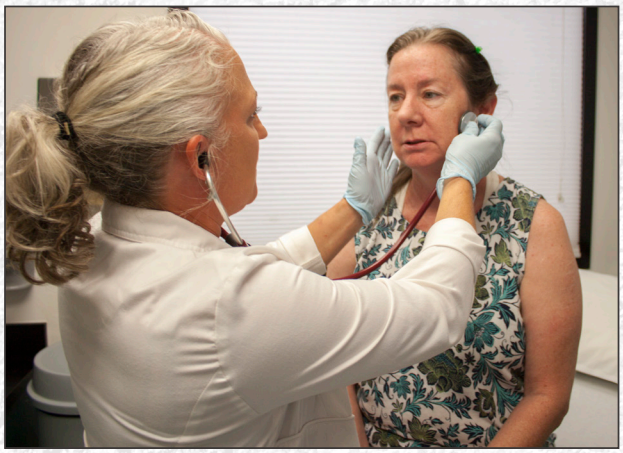
New Mexico Health Care Workforce Committee

2016 Annual Report



October 1, 2016

New Mexico Health Care Workforce Committee
Current Members, 1 October 2016

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FROM THE CHAIR OF THE

NEW MEXICO HEALTH CARE WORKFORCE COMMITTEE

Each year, the New Mexico Health Care Workforce Committee studies the supply and distribution of health care providers in order to provide its report to the Legislature by October 1.

The committee also makes recommendations for improving the recruitment and retention of providers in New Mexico's rural and underserved areas.

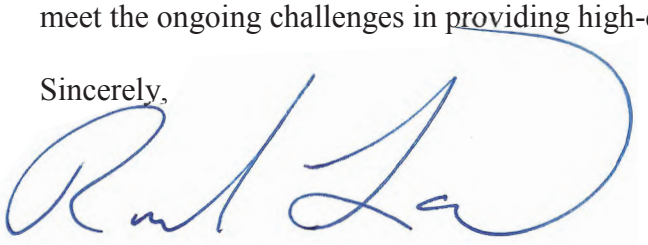
Committee staff members collate and analyze data that has been gathered by the state's health professions licensing boards. New Mexico continues to be a national leader in its ability to identify provider shortages and offer in-depth analysis to support its recommendations.

This year's report for the first time offers a look at how the distribution of health care providers has changed over time with an analysis of in-state migration patterns.

It comes at a time of unusual financial hardship for the state. As in past years, we offer a number of recommendations for building the provider workforce. While it might not be possible to act on all of these recommendations at this time, we believe they lay out a roadmap that can serve as a guide going forward.

We hope this study will inform and help guide policymakers and legislators in their efforts to meet the ongoing challenges in providing high-quality health care in our state.

Sincerely,



Richard S. Larson, MD, PhD
Chair, New Mexico Health Care Workforce Committee
Executive Vice Chancellor, University of New Mexico Health Sciences Center

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SECTION I

NEW MEXICO HEALTH CARE WORKFORCE DATA BY PROFESSION

A. Background

New Mexico is becoming a data-rich environment for conducting health workforce analysis and planning. The New Mexico Health Care Work Force Data Collection, Analysis and Policy Act of 2011 established mandatory practices for collecting "a core essential data set" across all licensure boards at the time of new licensure and renewal, and tasked a broad stakeholder committee with analyzing data and making recommendations.[1]

In 2012 the Legislature amended the statute to designate the University of New Mexico Health Sciences Center as the steward for data storage and committee governance. This provided a centralized infrastructure and opportunity to leverage the unique resources of an academic health center to develop a statewide planning effort. This year represents our fourth annual report, and the information garnered through the Legislature's enactment of health workforce data collection now forms a robust time-series that allows nuanced analyses of the ways in which our state's health professions are changing.

Each year, we gain access to more data (as more professionals come up for license renewal, for example) and better refine our collection and analysis methods. This year the committee is pleased to include in-depth analysis of the state's behavioral health workforce (Section II), as well as county-level analysis of health professionals' movement among counties and into and out of New Mexico (Section III). The growing trove of data will enable the committee to more broadly examine health care professional distribution and trends in recruitment and retention, as well as plan for future need and changes in the health care system.

B. Methodology

This year's report represents five full years of data collection and committee activities. Surveys are collected from all health care professions that require licensure through the state, including medical, dental, nursing, behavioral health and allied professions. The surveys, which are administered by the licensing boards, are tailored to each profession and include questions on demographics, practice status, education and training, practice activities, hours and weeks worked, Medicare/Medicaid, near-future practice plans and the effects of professional liability insurance on practice change.

This year's report contains estimates of the number of professionals practicing in New Mexico during calendar year 2015 in the following professions:

1) **Primary Care Physicians** – Includes doctors of medicine (MDs) and doctors of osteopathy (DOs) who are specialists in family practice, family medicine, general practice, general pediatrics or general internal medicine.

2) **Certified Nurse Practitioners (CNPs) and Clinical Nurse Specialists (CNSs)** – Includes community health NPs, psychiatric/mental health NPs, medical/surgical NPs, geriatric NPs and those working on special care units. Certified registered nurse anesthetists (CRNAs) and certified nurse midwives (CNMs) are not included in this count.
3) **Physician Assistants** – Includes all providers licensed as a physician assistant with the boards of medicine or osteopathy.
4) **Obstetrics and Gynecology Physicians** –Includes physicians who self-identify obstetrics and/or gynecology as their specialty.
5) **General Surgeons** – Includes all physicians who list general surgery as their primary specialty.
6) **Psychiatrists** – Includes all physicians who list psychiatry as their primary specialty.
7) **Dentists** – Includes all licensed dentists
8) **Pharmacists** – Includes all licensed registered pharmacists.

1. Practitioner Estimates

Estimates of the number of professionals in select fields working in each county were generated by linking traditional licensure data with license renewal survey data. This enables us to remedy many of the limitations of relying on licensure data alone and provide a more accurate and complete picture of New Mexico's health care workforce. Using licensure data alone would result in over-counting providers for several reasons. Professionals often use a residential address to obtain licensure rather than a practice address. There are 9,382 physicians with active New Mexico licenses, for example, but only 5,367 (57.2 percent) practice in New Mexico, according to the practice addresses provided in the survey (Table 1.1). Providers with out-of-state and unknown Zip codes for practice location are excluded from the data counts.

Table 1.1. Number of Health Professionals with NM Licenses Practicing in the State, 2015

Profession	Total Licensed in NM	Estimated Total Practicing in NM	Percent Practicing in NM
All MDs/DOs	9,382	5,367	57.2%
Primary Care Physicians	3,229	2,075	64.3%
CNPs/CNSs	1,995	1,293	64.8%
Physician Assistants	934	698	74.7%
Ob-Gyn Physicians	389	253	65.0%
General Surgeons	280	177	63.2%
Psychiatrists	517	309	59.8%
Dentists	1,555	1,131	72.7%
Pharmacists*	3,220	1,911	59.3%

* Surveyed directly from Board of Pharmacy

We also avoid systematic double counting by using survey data. Professionals with more than one license, such as a certified nurse practitioner who is also a registered nurse, are counted only once at their highest level of licensure. For the primary care physician total, double counting is corrected by the survey's parameters for distinguishing among specialties and subspecialties. For example, general internal medicine physicians often subspecialize in areas such as cardiology and endocrinology, and so are not included in the total number of primary care physicians.

Our estimates correct for a time lag between initial licensure and survey. Physicians are not surveyed when they first obtain their license, but are required to complete a survey upon license renewal. After the initial renewal, they are required to renew their licenses and complete the survey every three years. As a result, it takes three full years to collect surveys across all physicians. As of December 2015, 87.5 percent of physicians (MDs and DOs) in New Mexico had completed a survey. The remaining 12.5 percent primarily consists of physicians who have not yet renewed their New Mexico license, and thus had not yet had an opportunity to complete the survey.

The estimate of physicians practicing in New Mexico is adjusted to account for those who have not been surveyed. Where providers have not completed a license renewal survey, a practice address was imputed from license mailing address. For most health professions, there is a high correlation between mailing and practice counties, particularly in rural areas. See individual subsections by profession in Section I.D. for more detailed explanations of the methodology. See also Appendix C for a table of progress in obtaining survey data for all licensed health professionals.

2. Comparison to National Benchmarks for Health Care Professionals

After estimating the number of health care workers practicing in each county, the New Mexico Health Care Workforce Committee compares these numbers with benchmarks based on national averages and recommendations per population. U.S. Census Bureau 2015 population estimates[2] are used to calculate the number of professionals per population in each county.

This analysis allows comparison of New Mexico to national workforce levels, an assessment of areas that may have exceptionally low numbers of providers compared to other counties, and the distribution of workforce at the county level in order to better understand the need for recruitment and retention activities. Maps are provided for each profession that show how each county's workforce compares to these national benchmarks, allowing comparison of health care workforce levels between counties.

The national benchmarks used to calculate health care professional needs by county are shown in Table 1.2.

The number of health professionals above or below benchmark is not a direct measure of health care accessibility, or whether the workforce is adequate to meet the health care needs of the population. A provider-to-population ratio assumes homogeneity of provider practice and

population need and so does not account for differences in practice work hours, patient utilization, patients' severity of illness, distance to the nearest provider and other factors.

In summary, the provider-to-population ratio, selected as the best available metric to allow national workforce comparisons, should be regarded as an indicator of counties and regions that may require additional resources, not a direct measure of workforce adequacy.

Table 1.2. Provider-to-Population Benchmarks Used to Assess the New Mexico Health Care Workforce

Profession	National Benchmark	Benchmark per 10,000 Population
Primary Care Physicians	0.79 per 1,000 population[3]	7.9 per 10,000 population
Certified Nurse Practitioners and Clinical Nurse Specialists	0.59 per 1,000 population[4]	5.9 per 10,000 population
Physician Assistants	0.303 per 1,000 population[5]	3.03 per 10,000 population
Obstetrics and Gynecology Physicians	2.1 per 10,000 female population[6]	2.1 per 10,000 female population
General Surgeons **Critical Need** **Minimum Need** **Optimal Ratio**	 3.0 per 100,000 population[7] 6.0 per 100,000 population 9.2 per 100,000 population	 0.3 per 10,000 population 0.6 per 10,000 population 0.92 per 10,000 population
Psychiatrists	1 per 6,500 population[8]	1.54 per 10,000 population
Dentists	1 per 2,500 population[9]	4 per 10,000 population
Pharmacists	0.78 per 1,000 population[10]	7.8 per 10,000 population

3. Limitations of the Data

While the data collected by statute in New Mexico are uniquely thorough and robust, there are aspects of the health professional workforce that cannot be captured through practitioner surveys. *First, it is important to note that the 2015 survey of medical doctors implemented by the Regulation and Licensing Division omitted the item asking for physicians' specialties. We were able to estimate specialties for this year by combining specialty data from prior years with board certification data. While we are confident in the results of this necessary estimation, it is critically important that the specialty item be reinstated for future years to allow for robust year-to-year comparisons.*

Second, the New Mexico health professional licensure survey data, like all survey data, bears a necessary measure of uncertainty due to variability among respondents. Providers may interpret a survey question differently, affecting their responses. For example, New Mexico health professionals are asked about the proportion of time they spend in direct patient care; one respondent may interpret this as only face-to-face time with patients, while another might include time spent on interpreting laboratory results, writing up notes and other patient care activities in addition to time in the exam room.

In addition, the health professions' surveys vary somewhat both within and beyond the bounds of the required core data set. For example, medical doctors are asked their race separately from

their Hispanic or non-Hispanic ethnic identity, while race and ethnicity are included in the same survey item for New Mexico's nurses. Where possible, we have aligned data from the professions' differing surveys. Where this was not possible, as with race and ethnicity for nurses and other professions, we have presented the data separately.

Third, as has been noted, national benchmarks are not measures of workforce adequacy, surplus or shortage. For most professions analyzed, no measure is available of an optimal practitioner-to-population ratio; indeed, this would be prohibitively difficult to assess given the great variability in population density, health care needs, insurance coverage and other factors, both nationwide and within New Mexico. Additionally, the available benchmarks combine specialties in ways that may not reflect the nuanced need for care among New Mexico's population. For example, a count above benchmark in primary care practitioners may comprise a large number of adult primary care providers while the county is critically lacking in pediatricians.

As a result, practitioner counts above benchmarks throughout Section I.D. should not be taken as areas with surplus, or even adequate numbers of practitioners. Patients in these areas may still experience excessive wait times to see providers, have difficulty finding providers accepting Medicaid or another insurance and otherwise experience difficulty in accessing medical treatment.

Finally, there are additional aspects of health care that our data cannot measure. These include employer demand for the various health professions and patient satisfaction with the providers accessible to them.

Despite these necessary limitations, New Mexico's health care workforce survey data represent a powerful source of information to understand the distribution of health professionals statewide and formulate solutions to the health care challenges faced by many of our state's population.

C. Summary of New Mexico's Health Care Workforce

The New Mexico Health Care Workforce Committee estimates that there are 2,075 primary care physicians (PCPs), 1,293 certified nurse practitioners and certified nurse specialists (CNPs/CNSs), 698 physician assistants (PAs), 253 obstetrics and gynecology physicians (ob-gyns), 177 general surgeons, 309 psychiatrists, 1,131 dentists and 1,911 pharmacists (Table 1.3). Practice location distribution reveals workforce below benchmarks in most areas of the state. Our analysis indicates that without redistributing the current workforce, New Mexico is below national benchmarks by 124 PCPs, 201 CNPs/CNSs, 128 PAs, 36 Ob-Gyns, 16 general surgeons, 109 psychiatrists, 67 dentists and 292 pharmacists.

Since our initial analysis, the state has gained appreciable numbers of PCPs and CNPs/CNSs, with 118 more PCPs and 204 more CNPs/CNSs practicing in state in 2015 compared to 2013 – a 6 percent and 19 percent increase, respectively. Over the past year, the state's PCPs saw the greatest increase in estimated number of providers, with 167 more PCPs practicing in state in 2015 than 2014. Indeed, seven of the eight categories of health professionals analyzed showed gains statewide between 2014 and 2015, with an added 65 CNPs/CNSs, 4 PAs, 17 Ob-Gyns, 15

general surgeons, 20 psychiatrists, and 50 dentists. Pharmacists were the only analyzed profession to show a net loss in 2015 compared to 2014, with 17 fewer statewide.

Table 1.3. Summary of Statewide Health Care Professionals Below Benchmarks, 2013 – 2015

Profession Metric	2013	2014	2015	Net Change 2013 - 2015
PCP				
# in NM	1,957	1,908	2,075	118
Providers Below Benchmark*	153	145	124	-29
Counties Below Benchmark	23	22	17	-6
CNP/CNS				
# in NM	1,089	1,228	1,293	204
Providers Below Benchmark*	271	197	201	-70
Counties Below Benchmark	25	20	19	-6
PA				
# in NM	ND**	694	698	4
Providers Below Benchmark*		136	128	-8
Counties Below Benchmark		21	22	1
Ob-Gyn				
# in NM	256	236	253	-3
Providers Below Benchmark*	40	43	36	-4
Counties Below Benchmark	14	14	12	-2
General Surgeons				
# in NM	179	162	177	-2
Providers Below Benchmark*	21	18	16	-5
Counties Below Benchmark	12	8	8	-4
Psychiatrists				
# in NM	321	289	309	-12
Providers Below Benchmark*	104	109	109	5
Counties Below Benchmark	25	26	26	1
Dentists				
# in NM	ND**	1,081	1,131	50
Providers Below Benchmark*		73	67	-6
Counties Below Benchmark		18	20	2
Pharmacists				
# in NM	ND**	1,928	1,911	-17
Providers Below Benchmark*		293	292	-1
Counties Below Benchmark		26	28	2

* Totals below benchmark reflect the number of providers needed to meet national metrics by summing all county counts below benchmark. This calculation assumes that providers in areas above benchmarks would not be readily available to relocate to other areas of the state.

** ND indicates no data for years prior to these professions' boards instituting a survey requirement.

1. Uneven Distribution of Providers

New Mexico faces special health care access challenges due to its large rural population. Thirty-four percent of the state's 2.1 million residents live in rural and frontier areas, which are much more affected by health care workforce below national benchmark values (Figure 1.1).

In reviewing Section I.D., readers will note that many counties have provider counts far below benchmark, while a few have providers equal to or exceeding benchmark values. This uneven distribution – or maldistribution – of practitioners across the state underscores the need for evaluating workforce distribution. Counties that meet or exceed benchmarks tend to be those with urban areas and close proximity to training and service facilities. Since we do not anticipate

the providers in these areas will relocate, we also state the number of practitioners that would allow New Mexico counties to meet national benchmarks ***assuming no redistribution of practitioners from counties with above-average numbers to counties with fewer***.

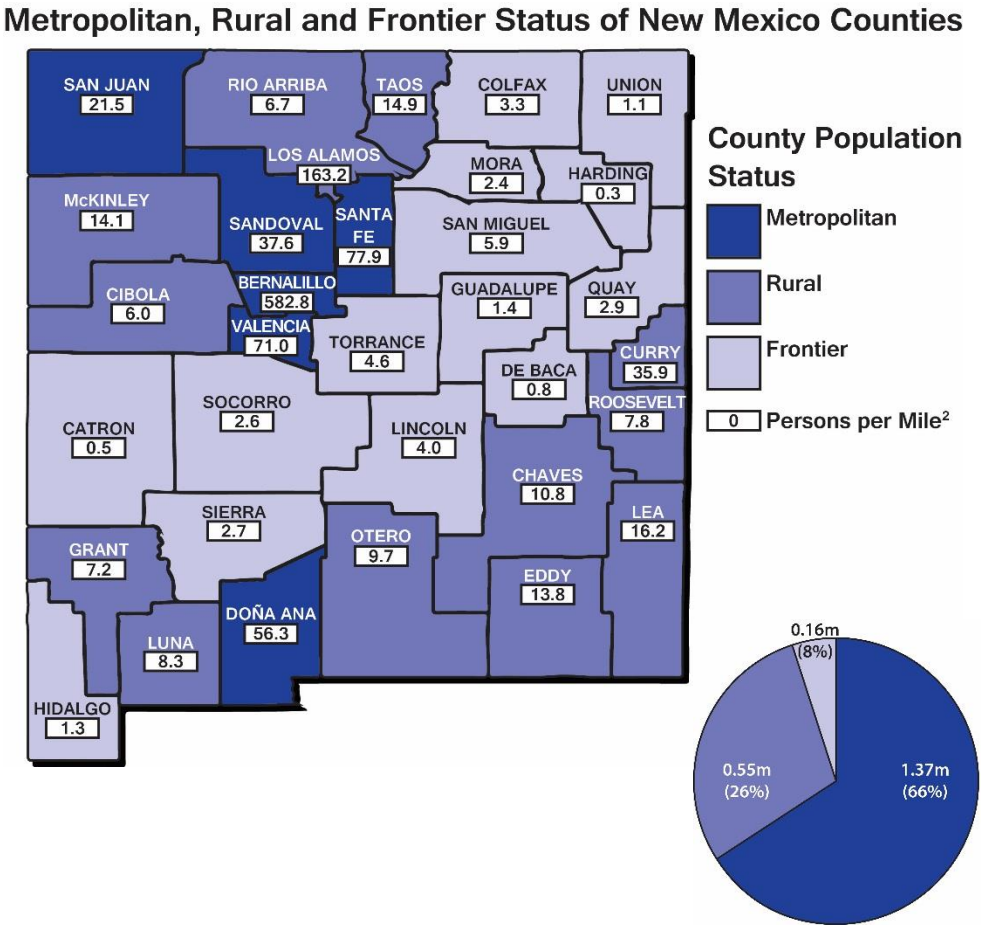


Figure 1.1. Each county's color indicates its classification as frontier (light), rural (medium) or metropolitan (dark); the white boxes show the population density (persons per square mile).

The pie chart shows the proportion of the state's population residing in metropolitan, rural or frontier counties.

New Mexico also faces significant health disparities related to income inequality and other social determinants of health. Meeting or exceeding benchmarks for providers does not indicate that all county residents have adequate access to health care and health professionals.

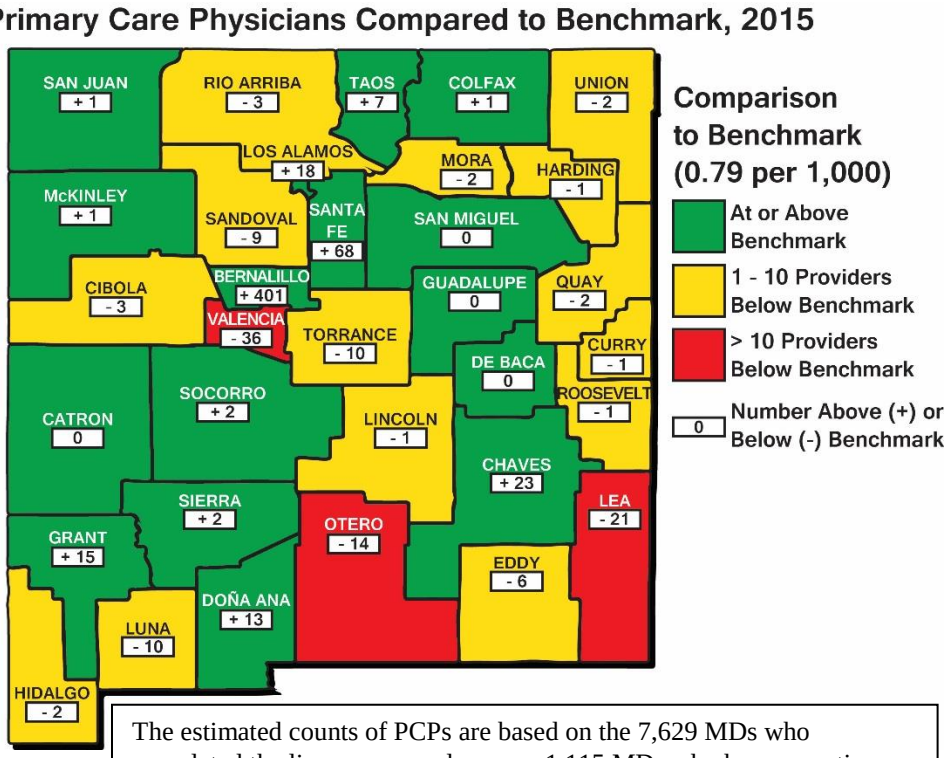
D. State Workforce Distribution by Profession

1. Primary Care Physicians

The New Mexico primary care physician (PCP) estimates include medical doctors (MDs) and doctors of osteopathy (DOs) who specialize in family medicine, general practice, general internal medicine and general pediatrics. General internal medicine providers who subspecialize (e.g., cardiology, immunology) and pediatric subspecialists are not counted as primary care physicians.

We report obstetrics and gynecology (Ob-Gyn) specialists as a separate health workforce category, although several state and national organizations include Ob-Gyn in their primary care estimates (such as the Health Resources and Services Administration when designating primary care Health Professional Shortage Areas). We analyze Ob-Gyn independently in order to examine features unique to this specialty, including their serving a specific segment of the population and their need for specialized facilities, such as access to a surgical suite to perform Caesarean sections. Our benchmark for assessing PCPs, from the Kaiser Family Foundation, also excludes Ob-Gyn from the national PCP-per-population ratio (0.79 per 1,000 population).

Figure 1.2. Primary care physician workforce relative to the national benchmark of 0.79 PCPs per 1,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red).



The estimated counts of PCPs are based on the 7,629 MDs who completed the license renewal survey, 1,115 MDs who have an active license but no survey and 638 DOs with an active license in New Mexico. For DOs, 582 (91.2%) have completed a license renewal survey. For the licensed MDs, primary care specialty was indicated by the MD (family practice, general practice, general pediatrics or general internal medicine). For the non-surveyed MDs with an active license, primary care specialty was identified by the specialty indicated through licensure and/or board certification. For the DOs, it is assumed based on the literature that 70% practice in the primary care specialty fields. For both the non-surveyed MDs and DOs, adjustments were made, based on the surveyed MDs, that 4.5% of the workforce have a New Mexico address but practice in another state and 15.1% are licensed but do not have an active practice. For the surveyed MDs, the county of practice was identified using the address of their primary practice; for the non-surveyed MDs and DOs, the county was identified by county of licensure (often the home address or PO box).

As mentioned in the discussion of data limitations above, it is important to remember that counties shown in Figure 1.2 as having PCPs above benchmark are not necessarily free of health access issues. Health systems factors such as wait times to see physicians, as well as the distribution of PCP specialties within a county (i.e., having many adult PCPs but few pediatricians), may seriously perturb the population's access to care.

There were an estimated **2,075 PCPs** in New Mexico in 2015, 428 more than the benchmark based on national averages (see Figure 1.2 for county-level comparisons to benchmark). Of the total, 45.1 percent are concentrated in Bernalillo County, which has 401 more PCPs than the national average. Other counties with above-average PCP-to-population ratios include Santa Fe (+68), Chaves (+23), Los Alamos (+18) and Grant (+15). The five counties most below benchmark include Luna (-10), Torrance (-10), Otero (-14), Lea (-21) and Valencia (-36) (Table 1.4).

Assuming no redistribution of the current workforce, an additional 124 PCPs would enable New Mexico to meet national metrics (0.79 per 1,000 population) in all counties.

Table 1.4. Counties with the Greatest PCP Differences from National Benchmark

County	Practitioners Above Benchmark	County	Practitioners Needed to Meet Benchmark
Bernalillo	401	Valencia	36
Santa Fe	68	Lea	21
Chaves	23	Otero	14
Los Alamos	18	Torrance	10
Grant	15	Luna	10

Table 1.5 shows the county-level changes in PCP counts between 2013 and 2015. Overall, the 2015 estimate represents yearly increases from the 2013 estimate of 1,957 PCPs in the state. Where most counties remained relatively stable with respect to PCP count, large PCP gains were observed in Bernalillo, Doña Ana and McKinley Counties.

PCPs who are employed strictly in acute care (i.e., hospital emergency department and inpatient services) are included in our primary care estimate, which aligns with the Kaiser Family Foundation methodology used to establish our PCP benchmark. A national study suggests that approximately 30 percent of general internal medicine physicians work as hospitalists and 7 percent of family medicine physicians work in emergency departments.[11] According to New Mexico's license renewal survey data, 14.1 percent of New Mexico's primary care physician workforce practices in hospital emergency departments and inpatient services. Of physicians specializing in general internal medicine, 26.2 percent practice in hospital emergency departments and inpatient services.

Beyond these details, it is important to note that counties are not homogenous regarding the distribution of health care providers. A surplus in a given county does not indicate that there is no need or capacity for additional providers in specific areas of that county. For example, a county's providers may be concentrated within metropolitan areas, leaving large rural areas short of providers. It is also very likely that residents in rural counties travel to receive medical care in more urban adjacent counties, potentially inflating the number of patients actually served by health professionals in a given county. This is particularly true in counties such as Bernalillo and Chaves, which contain large medical systems and hospital complexes.

Table 1.5. PCP Distribution by NM County, 2013 – 2015

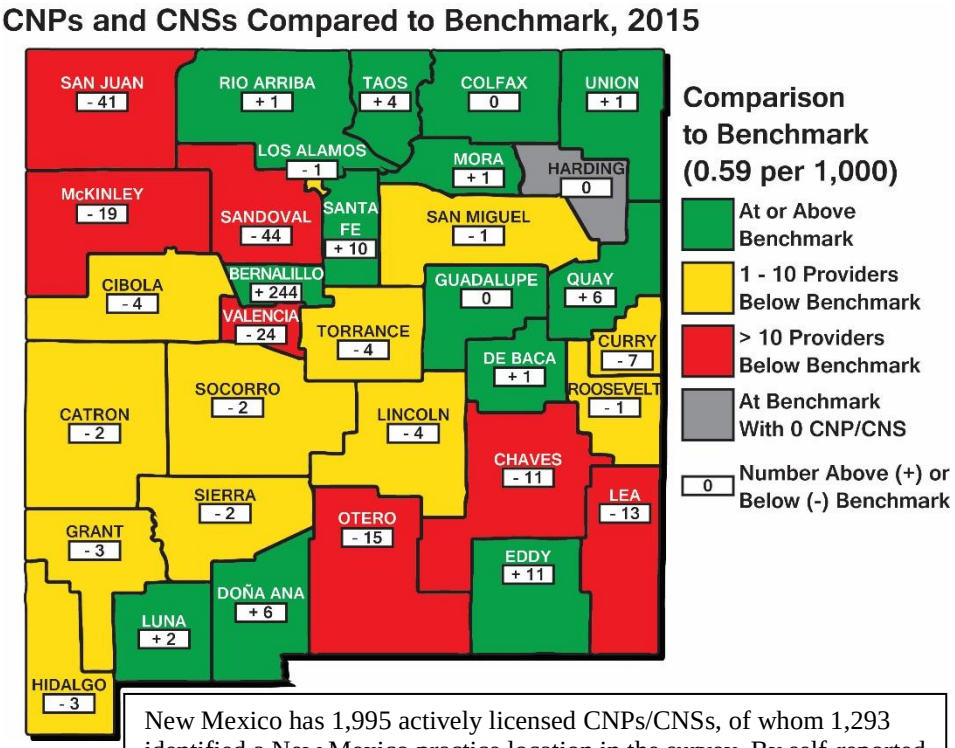
County	2013	2014	2015	Net Change 2013 - 2015
Bernalillo	855	807	936	81
Catron	2	3	3	1
Chaves	73	71	75	2
Cibola	20	19	19	-1
Colfax	9	9	11	2
Curry	36	36	39	3
De Baca	1	2	1	0
Doña Ana	168	162	182	14
Eddy	35	37	39	4
Grant	32	34	38	6
Guadalupe	3	3	3	0
Harding	1	0	0	-1
Hidalgo	2	2	1	-1
Lea	30	29	35	5
Lincoln	13	13	14	1
Los Alamos	33	33	32	-1
Luna	10	10	9	-1
McKinley	50	50	62	12
Mora	1	2	2	1
Otero	37	42	37	0
Quay	7	7	5	-2
Rio Arriba	27	29	28	1
Roosevelt	14	13	14	0
San Juan	96	93	95	-1
San Miguel	26	24	22	-4
Sandoval	103	104	101	-2
Santa Fe	188	183	185	-3
Sierra	11	12	11	0
Socorro	12	13	16	4
Taos	37	36	33	-4
Torrance	1	2	2	1
Union	0	0	1	1
Valencia	24	28	24	0
STATE TOTAL	**1,957**	**1,908**	**2,075**	**116**

2. Certified Nurse Practitioners and Clinical Nurse Specialists

Certified nurse practitioners (CNP) and clinical nurse specialists (CNS) are advanced practice registered nurses with independent authority to diagnose and prescribe within their scope of practice. New Mexico had an estimated **1,293 CNPs/CNSs** in 2015, which is an increase from 1,228 in 2014 (see Figure 1.3 for county-level comparisons to national benchmark). Forty-five percent of the 2015 total practice in Bernalillo County. Other counties with above-average CNP/CNS-to-population ratios include Eddy (+11), Santa Fe (+10), Doña Ana (+6) and Quay (+6). The five counties most below benchmark include Otero (-15), McKinley (-19), Valencia (-24), San Juan (-41) and Sandoval (-44) (Table 1.6).

Table 1.6. Counties with the Greatest CNP/CNS Differences from National Benchmark

County	Practitioners Above Benchmark	County	Practitioners Needed to Meet Benchmark
Bernalillo	244	Sandoval	44
Eddy	11	San Juan	41
Santa Fe	10	Valencia	24
Doña Ana	6	McKinley	19
Quay	6	Otero	15



New Mexico has 1,995 actively licensed CNPs/CNSs, of whom 1,293 identified a New Mexico practice location in the survey. By self-reported areas of specialty, there are 607 CNP/CNS practicing in primary care, 89 practicing in obstetrics or gynecology (this excludes those advanced practice nurses who are certified nurse midwives but not CNP/CNM) and 114 practicing in psychiatric or mental health nursing.

Figure 1.3. CNP and CNS workforce relative to the national benchmark of 0.59 CNPs/CNSs per 1,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red). Gray counties are at benchmark with no providers.

Table 1.7 shows the county-level changes in CNP/CNS counts between 2013 and 2015. Overall, the 2015 estimate represents yearly increases from the 2013 estimate of 1,089 CNPs/CNSs in the state. Net increases since 2013 were observed in 24 of 33 counties (72.7 percent), with the largest gains in Bernalillo (103, 19.3 percent increase) and Doña Ana (18, 16.1 percent increase).

Table 1.7. CNP/CNS Distribution by NM County, 2013 – 2015

County	2013	2014	2015	Net Change 2013 - 2015
Bernalillo	533	595	636	103
Catron	0	0	0	0
Chaves	25	31	27	2
Cibola	9	9	12	3
Colfax	5	7	7	2
Curry	19	23	22	3
De Baca	1	2	2	1
Doña Ana	112	125	130	18
Eddy	36	33	44	8
Grant	12	14	14	2
Guadalupe	3	3	3	0
Harding	0	1	0	0
Hidalgo	0	0	0	0
Lea	26	24	28	2
Lincoln	9	6	7	-2
Los Alamos	6	8	9	3
Luna	13	14	16	3
McKinley	16	21	25	9
Mora	4	3	4	0
Otero	12	18	22	10
Quay	8	7	11	3
Rio Arriba	23	21	24	1
Roosevelt	7	8	10	3
San Juan	28	33	28	0
San Miguel	13	15	15	2
Sandoval	29	54	37	8
Santa Fe	85	91	96	11
Sierra	2	1	5	3
Socorro	7	9	8	1
Taos	18	18	23	5
Torrance	5	10	5	0
Union	2	3	3	1
Valencia	21	21	20	-1
STATE TOTAL	**1,089**	**1,228**	**1,293**	**204**

Practice areas for the estimated 1,293 CNPs/CNSs include family practice, general practice, pediatrics, community health, medical/surgical, geriatrics and those working on special care units (certified registered nurse anesthetists and certified nurse midwives are not included). It should be noted that of that total, only 607 self-reported primary care as an area of specialty in the survey. Eighty-nine indicated a specialty in obstetrics or gynecology and 114 indicated a specialty in psychiatric or mental health nursing. These specialties are not reflected in our count because our national benchmark (0.59 providers per 1,000 population) does not differentiate by specialty. Also in order to align with the national metric, we exclude mental health CNPs and advanced practice nurses who are certified nurse midwives but not also CNPs.

3. Physician Assistants

New Mexico had an estimated **698 physician assistants** (PAs) licensed and practicing in the state in 2015 (see Figure 1.4 for county-level comparisons to national benchmark). An estimated 358 PAs are employed in Bernalillo County (51.2 percent of the state total). Other counties with above-average PA-to-population ratios include Santa Fe (+13), Grant (+9), Taos (+9) and Los Alamos (+6). The five counties most below benchmark include Chaves (-8), McKinley (-10), Lea (-13), Valencia (-15) and Doña Ana (-30) (Table 1.8).

Physician Assistants Compared to Benchmark, 2015

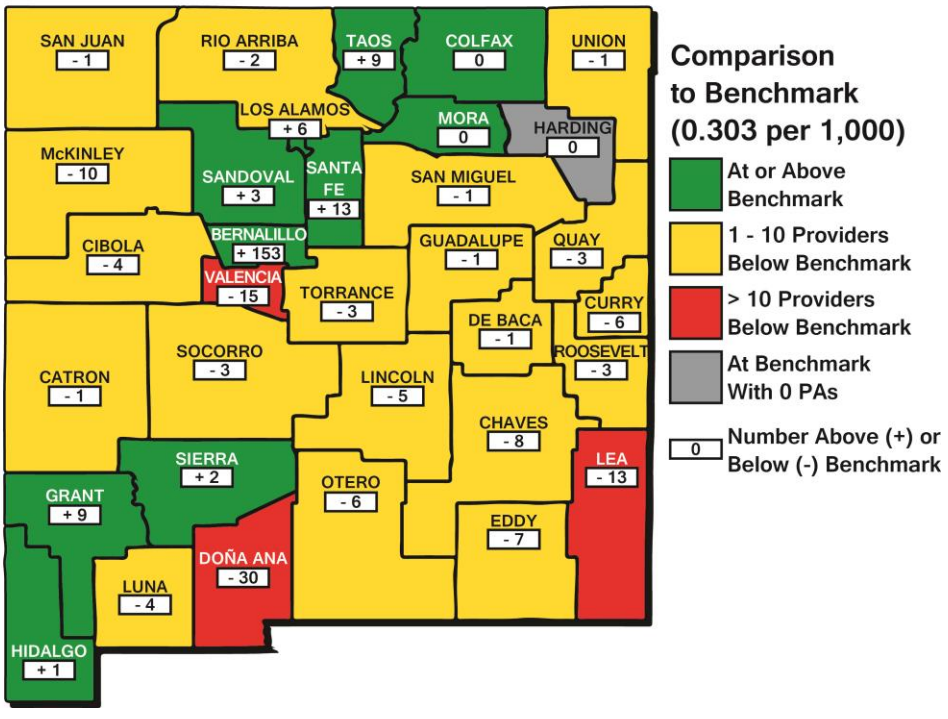


Figure 1.4. PA workforce relative to the national benchmark of 0.303 PAs per 1,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red). Gray counties are at benchmark with no providers.

Assuming no redistribution of the current workforce, an additional 128 PAs would enable New Mexico to meet national metrics (0.303 per 1,000 population) in all counties.

Table 1.8. Counties with the Greatest PA Differences from National Benchmark

County	Providers Above Benchmark	County	Providers Needed to Meet Benchmark
Bernalillo	153	Doña Ana	30
Santa Fe	13	Valencia	15
Grant	9	Lea	13
Taos	9	McKinley	10
Los Alamos	6	Chaves	8

As with CNP/CNS counts, PA specialties are not reflected in the estimate because the national metric we are using does not differentiate among specialties. According to the National Commission on Certification of Physician Assistants, approximately 40 percent of PAs work in primary care fields (in the practice areas of family medicine/general practice, emergency medicine, internal medicine general practice and pediatrics). This indicates that there could be 278 PAs in New Mexico working in primary care practice areas.

Table 1.9 shows the county-level changes in PA counts between 2014 and 2015. Overall, the state has gained four PAs over 2014. Modest increases were observed in approximately one-third of counties, while nine counties showed losses over last year's PA counts, the largest in Sandoval and Santa Fe Counties.

Table 1.9. Physician Assistant Distribution by NM County, 2014 – 2015*

County	2014	2015	Net Change 2014 - 2015
Bernalillo	351	358	7
Catron	0	0	0
Chaves	14	12	-2
Cibola	0	4	4
Colfax	4	4	0
Curry	6	9	3
De Baca	0	0	0
Doña Ana	33	35	2
Eddy	6	10	4
Grant	18	18	0
Guadalupe	1	0	-1
Harding	0	0	0
Hidalgo	1	2	1
Lea	10	9	-1
Lincoln	1	1	0
Los Alamos	6	11	5
Luna	3	3	0
McKinley	12	13	1
Mora	0	1	1
Otero	11	14	3
Quay	0	0	0
Rio Arriba	8	10	2
Roosevelt	3	3	0
San Juan	38	35	-3
San Miguel	8	7	-1
Sandoval	54	45	-9
Santa Fe	66	58	-8
Sierra	4	5	1
Socorro	3	2	-1
Taos	19	19	0
Torrance	0	2	2
Union	0	0	0
Valencia	14	8	-6
STATE TOTAL	**694**	**698**	**4**

* Physician assistant data were not available prior to 2014.

4. Estimating the Primary Care Workforce

An adequate primary care workforce is essential for ensuring access to comprehensive, high-quality health care services, promoting overall health and preventing disease and disability.[12]

To analyze New Mexico's primary care workforce, the committee identified the number of primary care physicians, certified nurse practitioners, certified nurse specialists and physician assistants. Based on these numbers, there are 2,961 primary care practitioners in the state.

County comparisons for primary care workforce were made using the total of physicians, CNP/CNS and PAs specializing in primary care per 1,000 population. Figure 1.5 shows these values, as well as a color designating whether each county falls in the top, middle, or bottom third of counties for primary care practitioners per population. Note, as for all the maps included in this report, that a county colored green does not necessarily have adequate numbers of practitioners. In this case, the county has a large number of primary care practitioners *relative to other counties in the state*.

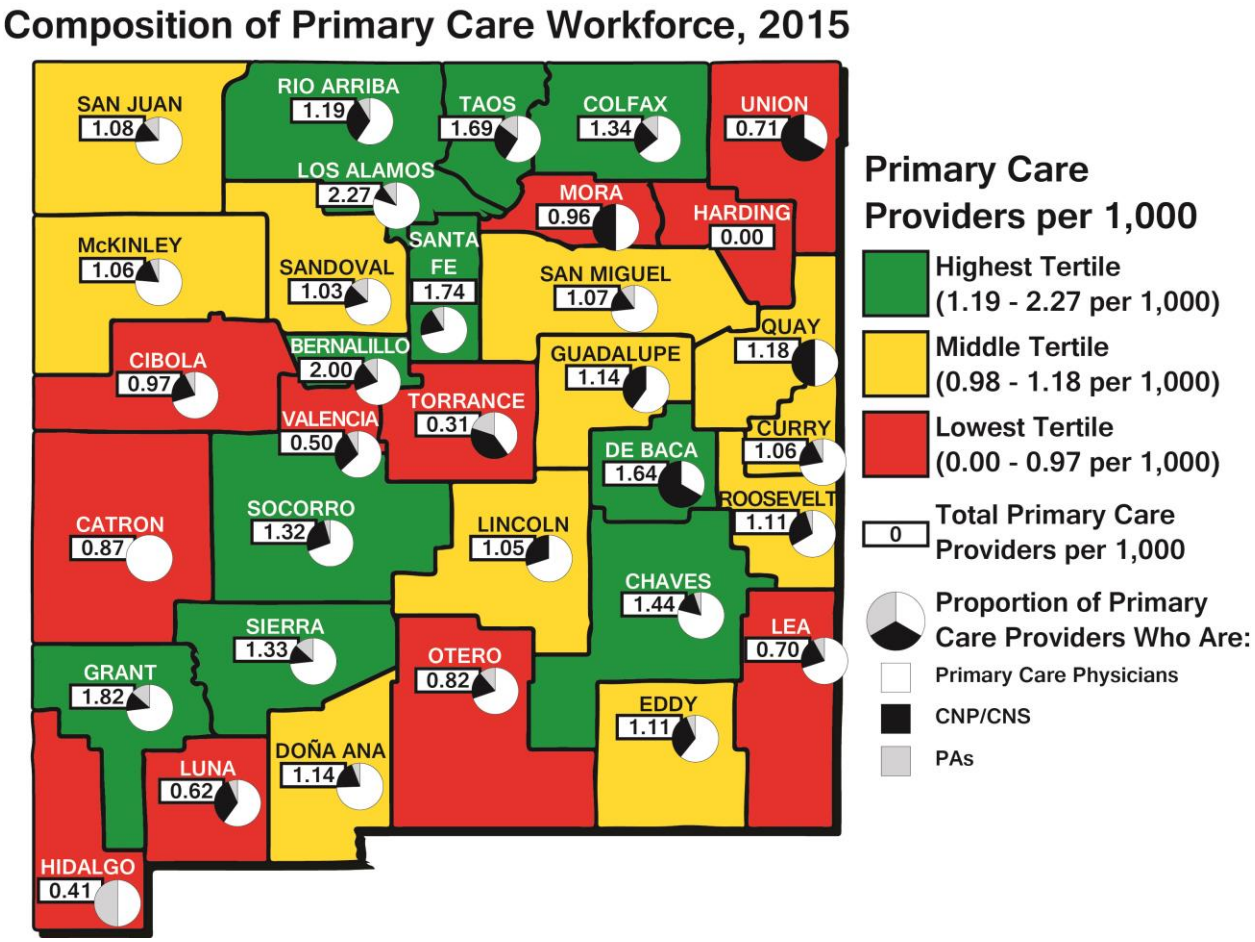
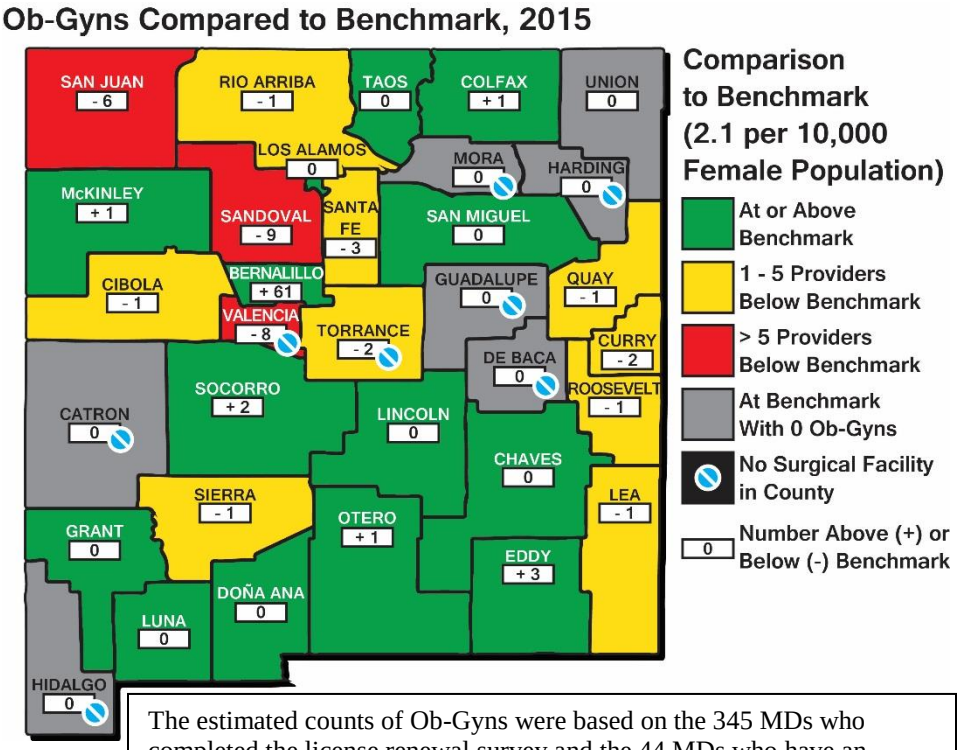


Figure 1.5. The total number of primary care providers per 1,000 population is shown in the white boxes. Each county's color indicates whether it falls in the top (green), middle (yellow), or bottom (red) third of counties for total primary care providers per 1,000 population. Pie charts indicate the proportion of primary care providers who are physicians (white), CNPs/CNSs (black) or PAs (gray).

It is also important to note that the estimates do not account for the number of professionals who are working in settings besides primary care, such as hospitalists. See Sections I.D.1. – I.D.3. above for discussion of the individual professions and how counts are determined.

5. Obstetrics and Gynecology Physicians

There were an estimated **253 obstetrics and gynecology physicians** (Ob-Gyns) in New Mexico in 2015, up from the 2014 estimate of 236 (see figure 1.6 for county-level comparisons to national benchmark). Of the Ob-Gyn workforce, 133 identify a practice location in Bernalillo County (52.5 percent of the state total). Other counties with above-average Ob-Gyn-to-population ratios include Eddy (+3), Socorro (+2), Colfax, McKinley and Otero (each +1). The five counties most below benchmark include Curry and Torrance (each -2), Santa Fe (-3), San Juan (-6), Valencia (-8) and Sandoval (-9) (Table 1.10).



The estimated counts of Ob-Gyns were based on the 345 MDs who completed the license renewal survey and the 44 MDs who have an active license but no survey. For the licensed MDs, Ob-Gyn specialty was indicated by the MD. For the non-surveyed MDs with an active license, Ob-Gyn specialty was identified by the specialty indicated through licensure and/or board certification as obstetrics and gynecology, obstetrics only, or gynecology only. For the surveyed MDs, the county of practice was identified by the address of their primary practice and for the non-surveyed MDs, the county was identified by county of licensure. A total of 238 Ob-Gyns were identified through the survey and 15 were identified by license only.

Figure 1.6. Ob-Gyn workforce relative to the national benchmark of 0.21 ob-gyns per 1,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 5 or fewer providers (yellow), or below benchmark by more than 5 providers (red). Gray counties are at benchmark with no providers; blue and white "no" symbols denote counties without surgical facilities.

Assuming no redistribution of the current workforce, an additional 36 ob-gyn physicians would enable New Mexico to meet national metrics (0.21 per 1,000 female population) in all counties.

Table 1.10. Counties with the Greatest Ob-Gyn Differences from National Benchmark

County	Practitioners Above Benchmark	County	Practitioners Needed to Meet Benchmark
Bernalillo	61	Sandoval	9
Eddy	3	Valencia	8
Socorro	2	San Juan	6
Colfax	1	Santa Fe	3
McKinley	1	Curry	1
Otero	1	Torrance	1

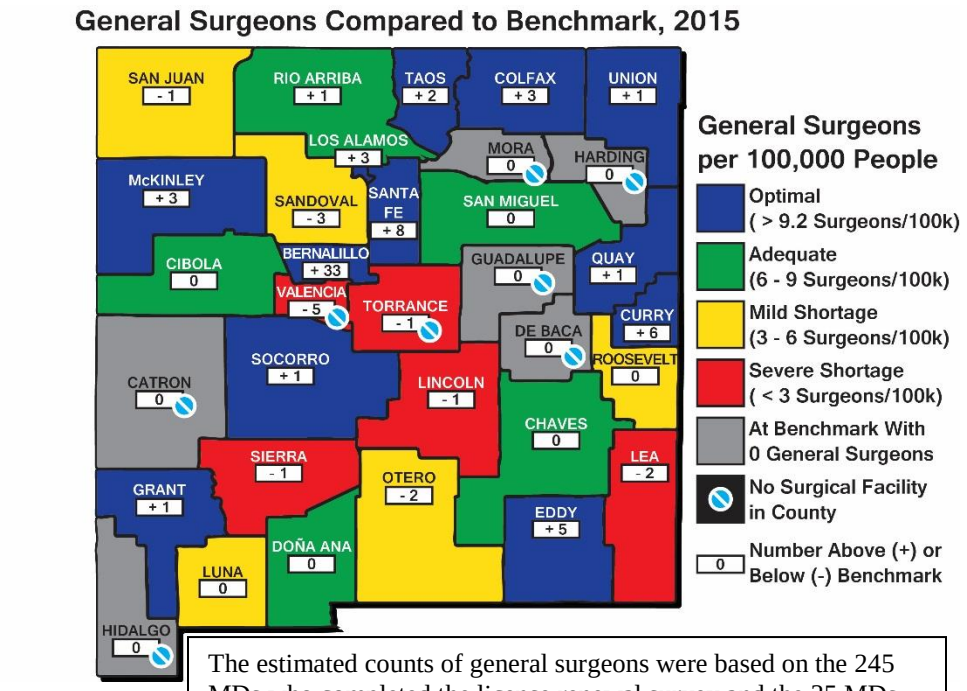
Hiring and retaining Ob-Gyns depends on their having access to hospital facilities for labor and delivery, and in particular, surgical facilities in which to perform Caesarean sections when needed. As shown in Figure 1.6, eight of New Mexico's 33 counties have no surgical facility, impeding these counties' ability to recruit and retain Ob-Gyn practitioners.

Table 1.11 shows the county-level changes in Ob-Gyn counts between 2013 and 2015. Overall, the Ob-Gyn workforce has remained stable, with a net loss of only 3 practitioners statewide since 2013. Notably, Lea County has doubled its Ob-Gyn workforce during this time, adding three practitioners between 2014 and 2015.

Table 1.11. Ob-Gyn Physician Distribution by NM County, 2013 – 2015

County	2013	2014	2015	Net Change 2013 - 2015
Bernalillo	133	119	133	0
Catron	0	0	0	0
Chaves	9	7	7	-2
Cibola	2	2	2	0
Colfax	2	2	2	0
Curry	2	2	3	1
De Baca	0	0	0	0
Doña Ana	21	20	23	2
Eddy	9	7	9	0
Grant	3	3	3	0
Guadalupe	0	0	0	0
Harding	0	0	0	0
Hidalgo	0	0	0	0
Lea	3	3	6	3
Lincoln	3	2	2	-1
Los Alamos	2	3	2	0
Luna	4	4	3	-1
McKinley	8	10	9	1
Mora	0	0	0	0
Otero	11	10	8	-3
Quay	0	0	0	0
Rio Arriba	3	3	3	0
Roosevelt	1	1	1	0
San Juan	9	9	7	-2
San Miguel	4	4	3	-1
Sandoval	7	7	6	-1
Santa Fe	12	11	13	1
Sierra	0	0	0	0
Socorro	4	4	4	0
Taos	3	3	4	1
Torrance	0	0	0	0
Union	0	0	0	0
Valencia	1	0	0	-1
STATE TOTAL	**256**	**236**	**253**	**-3**

6. General Surgeons



The estimated counts of general surgeons were based on the 245 MDs who completed the license renewal survey and the 35 MDs who have an active license but no survey. For the surveyed MDs, general surgeon was indicated by the MD. For the non-surveyed MDs with an active license, general surgery specialty was identified by the specialty indicated through licensure and/or board certification. For the surveyed MDs, the county of practice was identified by the address of their primary practice; for the non-surveyed MDs, the county was identified by county of licensure. 161 general surgeons were identified through the survey and 16 were identified by license only.

Figure 1.7. General surgeon workforce relative to the national benchmark of adequacy at 6 per 100,000 population is shown in the white boxes. Each county's color indicates whether its ratio of general surgeons per 100,000 population is characterized as optimal (blue), adequate (green), mild shortage (yellow), or severe shortage (red).[7] Gray counties are at benchmark with no providers; blue and white "no" symbols denote counties without surgical facilities.

New Mexico in 2015 had an estimated **177 licensed general surgeons** with a practice address in the state, up from the 2014 estimate of 162 (see Figure 1.7 for county-level comparisons to national benchmark). Bernalillo County had an estimated 74 general surgeons (41.2 percent of the state total). Other counties with above-adequate general-surgeon-to-population ratios were Santa Fe (+8), Curry (+6), Eddy (+5) and Colfax (+3). The five counties most below benchmark include Lincoln, San Juan, Sierra, Torrance (each -1), Lea, Otero (each -2), Sandoval (-3) and Valencia (-5) (Table 1.12).

The optimal level of general surgeons is considered to be more than 9.2 surgeons per 100,000 population. An adequate population ratio is considered to be more than six general surgeons per 100,000 population and a mild shortage is when the ratio is between three to six surgeons per 100,000 population, while a severe shortage is considered less than three per 100,000 population.

Assuming no redistribution of the current workforce, an additional 18 general surgeons would enable New Mexico to meet national metrics (6 per 100,000 population) in all counties.

Table 1.12. Counties with the Greatest General Surgeon Differences from National Benchmark

County	Providers Above Benchmark	County	Providers Needed to Meet Benchmark
Bernalillo	33	Valencia	5
Santa Fe	8	Sandoval	3
Curry	6	Lea	2
Eddy	5	Otero	2
Colfax	3	Lincoln	1
		San Juan	1
		Sierra	1
		Torrance	1

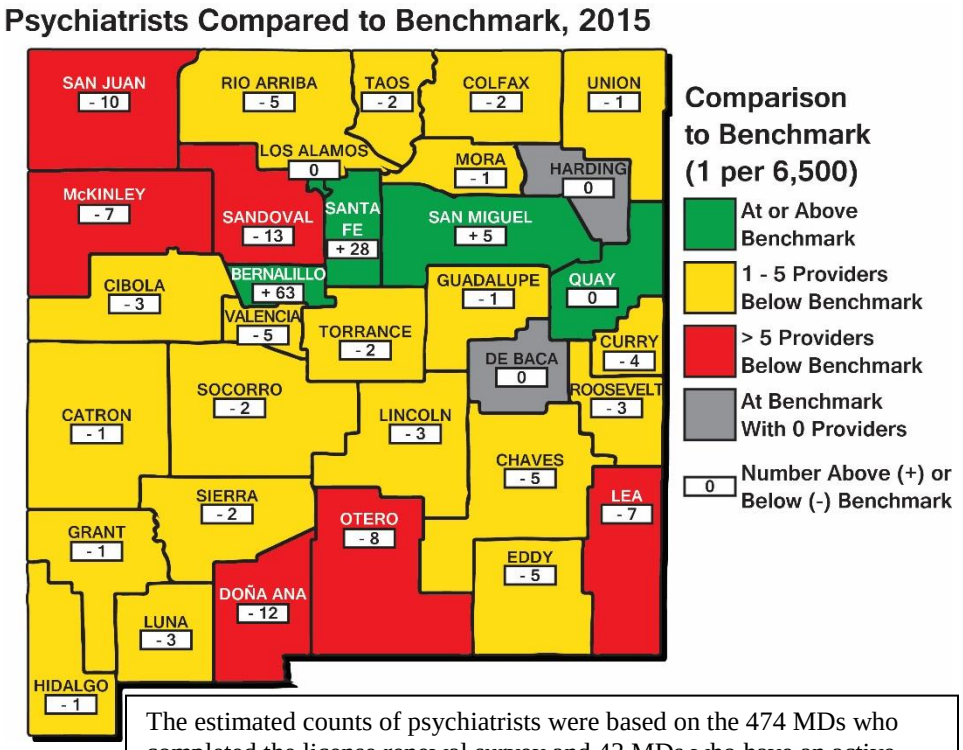
As for Ob-Gyns, the eight counties without surgical facilities will remain unstaffed by general surgeons.

Table 1.13 shows the county-level changes in general surgeon counts between 2013 and 2015. The state has seen a net loss of two general surgeons during this time frame, largely the cumulative effect of small gains and losses across multiple counties.

Table 1.13. General Surgeon Distribution by NM County, 2013 – 2015

County	2013	2014	2015	Net Change 2013 - 2015
Bernalillo	68	60	74	6
Catron	0	0	0	0
Chaves	3	4	4	1
Cibola	1	2	2	1
Colfax	5	4	4	-1
Curry	9	9	9	0
De Baca	0	0	0	0
Doña Ana	12	11	13	1
Eddy	7	5	8	1
Grant	4	5	3	-1
Guadalupe	0	0	0	0
Harding	0	0	0	0
Hidalgo	0	0	0	0
Lea	2	2	2	0
Lincoln	0	0	0	0
Los Alamos	6	5	4	-2
Luna	1	1	1	0
McKinley	7	8	8	1
Mora	0	0	0	0
Otero	2	2	2	0
Quay	1	1	2	1
Rio Arriba	1	2	3	2
Roosevelt	1	1	1	0
San Juan	7	7	6	-1
San Miguel	3	3	2	-1
Sandoval	4	4	5	1
Santa Fe	12	15	17	5
Sierra	0	0	0	0
Socorro	2	3	2	0
Taos	7	7	4	-3
Torrance	0	0	0	0
Union	2	1	1	-1
Valencia	0	0	0	0
STATE TOTAL	**179**	**162**	**177**	**-2**

7. Psychiatrists



The estimated counts of psychiatrists were based on the 474 MDs who completed the license renewal survey and 43 MDs who have an active license but no survey. For the licensed MDs, psychiatry was specialty indicated by the MD. For the non-surveyed MDs with an active license, psychiatry specialty was identified by the specialty indicated through licensure and/or board certification. For the surveyed MDs, the county of practice was determined is their primary practice address; for the non-surveyed MDs, the county was determined by the county of licensure. 286 psychiatrists were identified through the survey and 23 were identified by license only.

Figure 1.8. Psychiatrist workforce relative to the national benchmark of 1 psychiatrist per 6,500 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 5 or fewer providers (yellow), or below benchmark by more than 5 providers (red). Gray counties are at benchmark with no providers.

New Mexico had an estimated **309 licensed psychiatrists** with a practice address in the state in 2015, which is higher than the 2014 estimate of 289 practicing in the state (see Figure 1.8 for county-level comparisons to national benchmark). Bernalillo County had an estimated 167 psychiatrists (54.0 percent of the total). Only two other counties had provider-to-population values above benchmark: Santa Fe (+28) and San Miguel (+5). Lea, McKinley (each -7), Otero (-8), San Juan (-10), Doña Ana (-12) and Sandoval (-13) had the greatest shortages (Table 1.14).

Assuming no redistribution of the current workforce, an additional 109 psychiatrists would enable New Mexico to meet national metrics (1 per 6,500 population) in all counties.

Table 1.14. Counties with the Greatest Psychiatrist Differences from National Benchmark

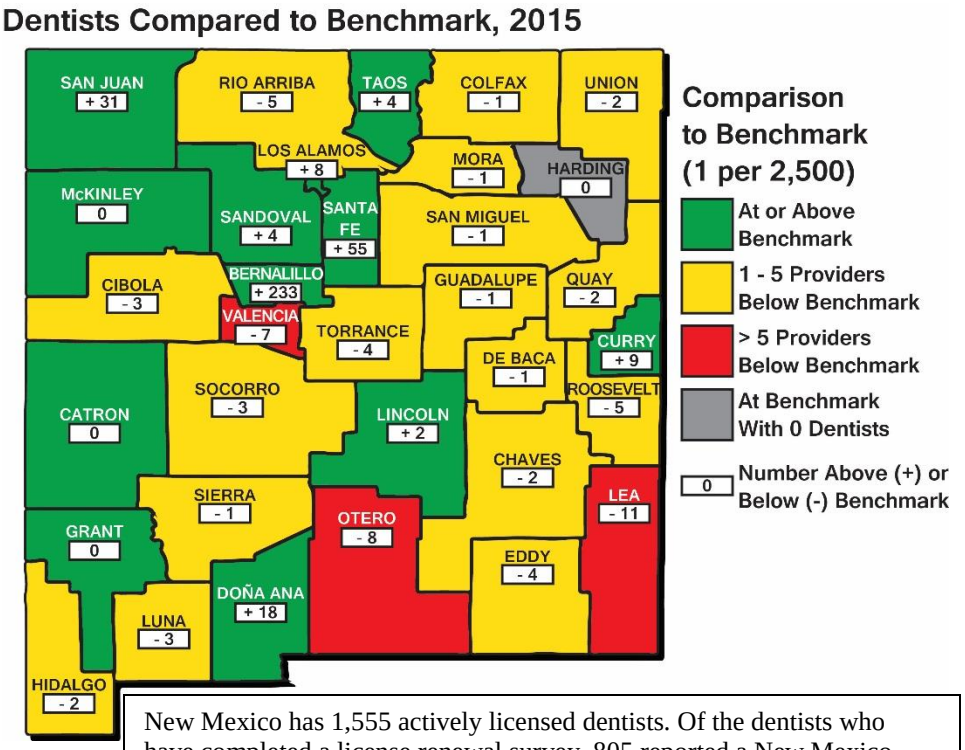
County	Providers Above Benchmark	County	Providers Needed to Meet Benchmark
Bernalillo	63	Sandoval	13
Santa Fe	28	Doña Ana	12
San Miguel	5	San Juan	10
		Otero	8
		Lea	7
		McKinley	7

Table 1.15 shows the county-level changes in psychiatrist counts between 2013 and 2015. The state has seen a net loss of 12 psychiatrists during this time. Only four counties have gained psychiatrists since 2013, while eight have lost workforce in this area and the remaining 21 have not experienced a net change.

Table 1.15. Psychiatrist Distribution by NM County, 2013 – 2015

County	2013	2014	2015	Net Change 2013 - 2015
Bernalillo	174	150	167	-7
Catron	0	0	0	0
Chaves	6	6	5	-1
Cibola	1	1	1	0
Colfax	0	0	0	0
Curry	4	4	4	0
De Baca	0	0	0	0
Doña Ana	23	25	21	-2
Eddy	2	2	4	2
Grant	5	4	3	-2
Guadalupe	0	0	0	0
Harding	0	0	0	0
Hidalgo	0	0	0	0
Lea	3	3	4	1
Lincoln	0	0	0	0
Los Alamos	1	1	3	2
Luna	1	1	1	0
McKinley	7	7	5	-2
Mora	0	0	0	0
Otero	2	2	2	0
Quay	1	1	1	0
Rio Arriba	0	0	1	1
Roosevelt	0	0	0	0
San Juan	8	6	8	0
San Miguel	9	9	9	0
Sandoval	8	6	8	0
Santa Fe	51	48	51	0
Sierra	0	0	0	0
Socorro	3	2	1	-2
Taos	4	4	3	-1
Torrance	0	0	0	0
Union	0	0	0	0
Valencia	8	7	7	-1
STATE TOTAL	**321**	**289**	**309**	**-12**

8. Dentists



New Mexico has 1,555 actively licensed dentists. Of the dentists who have completed a license renewal survey, 805 reported a New Mexico practice address and there are an additional 326 that are expected to be practicing in the state based on mailing address.

Figure 1.9. Dentist workforce relative to the national benchmark of 1 dentist per 2,500 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 5 or fewer providers (yellow), or below benchmark by more than 5 providers (red). Gray counties are at benchmark with no providers.

New Mexico had in 2015 an estimated **1,131 licensed dentists** with a practice address in the state (see Figure 1.9 for county-level comparisons to national benchmark). An estimated 504 dentists (44.5 percent of the total) practice in Bernalillo County. Other counties with the largest number of practitioners above benchmark include Santa Fe (+55), San Juan (+31), Doña Ana (+18) and Curry (+9). Counties most below benchmark include Rio Arriba, Roosevelt (each -5), Valencia (-7), Otero (-8) and Lea (-11) (Table 1.16).

Table 1.16. Counties with the Greatest Dentist Differences from National Benchmark

County	Providers Above Benchmark	County	Providers Needed to Meet Benchmark
Bernalillo	233	Lea	11
Santa Fe	55	Otero	8
San Juan	31	Valencia	7
Doña Ana	18	Rio Arriba	5
Curry	9	Roosevelt	5

The benchmark for dentists is 1 per 2,500 population, twice the 1-per-5,000 minimum threshold for HPSA designation,[9] which defines a severe shortage.

Assuming no redistribution of the current workforce, an additional 67 dentists would enable New Mexico to meet national metrics (1 per 2,500 population) in all counties.

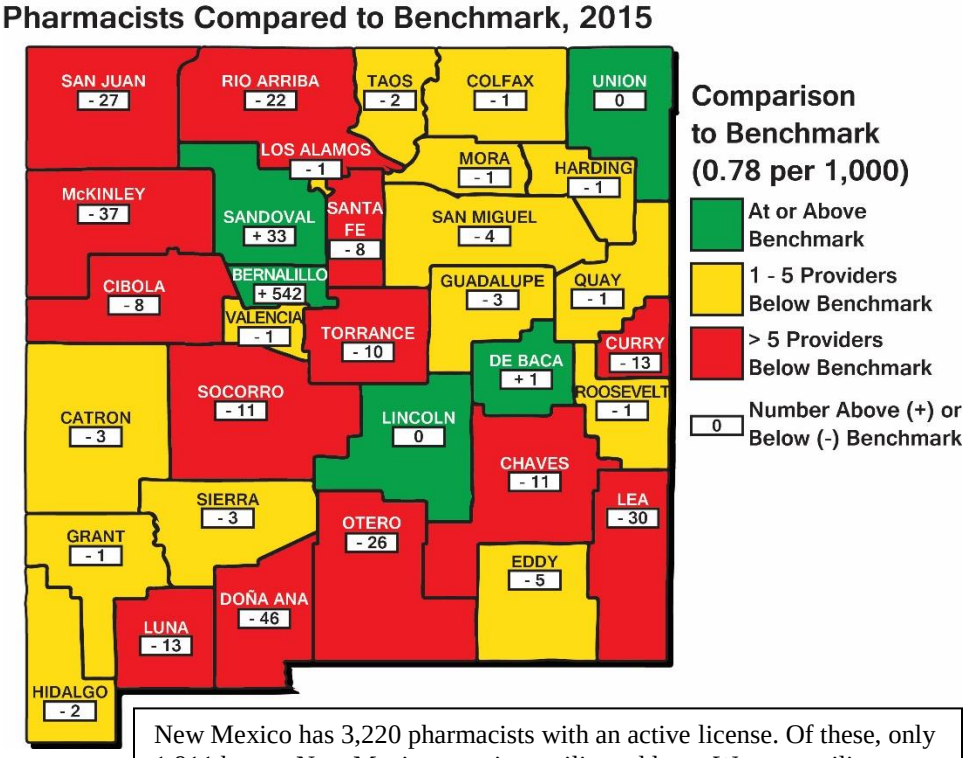
Table 1.17 shows the county-level changes in dentist counts between 2014 and 2015. The state has gained 50 dentists over the last licensure year, with the greatest gains in Bernalillo (24 additional dentists, 5 percent increase) and Doña Ana (nine additional dentists, 9.5 percent increase). Dentist workforce losses have generally been modest, with no more than two dentists lost from any one county; however, in Sierra County the loss of two dentists reduced this workforce by one-third.

Table 1.17. Dentist Distribution by NM County, 2014 – 2015*

County	2014	2015	Net Change 2014 - 2015
Bernalillo	480	504	24
Catron	1	1	0
Chaves	21	24	3
Cibola	8	8	0
Colfax	4	4	0
Curry	25	29	4
De Baca	0	0	0
Doña Ana	95	104	9
Eddy	15	19	4
Grant	13	11	-2
Guadalupe	1	1	0
Harding	0	0	0
Hidalgo	0	0	0
Lea	19	17	-2
Lincoln	8	10	2
Los Alamos	16	15	-1
Luna	7	7	0
McKinley	32	31	-1
Mora	1	1	0
Otero	19	18	-1
Quay	1	1	0
Rio Arriba	10	11	1
Roosevelt	3	3	0
San Juan	71	78	7
San Miguel	12	10	-2
Sandoval	60	60	0
Santa Fe	112	114	2
Sierra	6	4	-2
Socorro	4	4	0
Taos	15	17	2
Torrance	2	2	0
Union	0	0	0
Valencia	20	23	3
STATE TOTAL	**1,081**	**1,131**	**50**

* Dentist data were not available prior to 2014.

9. Pharmacists



New Mexico has 3,220 pharmacists with an active license. Of these, only 1,911 have a New Mexico practice mailing address. We use mailing address rather than practice location because only 35.4% of pharmacists have completed a survey, which are conducted through a voluntary webportal administered by the New Mexico Board of Pharmacy.

Figure 1.10. Pharmacist workforce relative to the national benchmark of 0.78 pharmacists per 1,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 5 or fewer providers (yellow), or below benchmark by more than 5 providers (red).

New Mexico in 2015 had **1,911 registered pharmacists** with a practice address in the state (see Figure 1.10 for county-level comparisons to national benchmark). Bernalillo County had 1,070 pharmacists (56 percent of the state total). Only two other counties were above benchmark for pharmacists: Sandoval (+33) and De Baca (+1). Otero (-26), San Juan (-27), Lea (-30), McKinley (-37) and Doña Ana (-46) had the greatest shortages (Table 1.18).

Table 1.18. Counties with the Greatest Pharmacist Differences from National Benchmark

County	Providers Above Benchmark	County	Providers Needed to Meet Benchmark
Bernalillo	542	Doña Ana	46
Sandoval	33	McKinley	37
De Baca	1	Lea	30
		San Juan	30
		Otero	26

Assuming no redistribution of the current workforce, an additional 292 pharmacists would enable New Mexico to meet national metrics (0.78 per 1,000 population) in all counties.

Table 1.19 shows the county-level changes in pharmacist counts between 2014 and 2015. The state has experienced a net loss of 17 pharmacists over this time frame. Only seven counties gained pharmacists between 2014 and 2015, while 10 lost pharmacists and 16 experienced no change.

Table 1.19. Pharmacist Distribution by NM County, 2014 – 2015*

County	2014	2015	Net Change 2014 - 2015
Bernalillo	1,079	1,070	-9
Catron	0	0	0
Chaves	40	40	0
Cibola	13	13	0
Colfax	10	9	-1
Curry	25	26	1
De Baca	2	2	0
Doña Ana	123	121	-2
Eddy	38	40	2
Grant	20	21	1
Guadalupe	0	0	0
Harding	0	0	0
Hidalgo	1	1	0
Lea	27	26	-1
Lincoln	18	15	-3
Los Alamos	12	13	1
Luna	6	6	0
McKinley	25	23	-2
Mora	3	3	0
Otero	22	24	2
Quay	6	6	0
Rio Arriba	9	9	0
Roosevelt	14	14	0
San Juan	65	66	1
San Miguel	19	18	-1
Sandoval	143	142	-1
Santa Fe	112	108	-4
Sierra	6	6	0
Socorro	2	2	0
Taos	26	24	-2
Torrance	2	2	0
Union	3	3	0
Valencia	57	58	1
STATE TOTAL	**1,928**	**1,911**	**-17**

* Pharmacist data were not available prior to 2014.

Pharmacists are shifting into providing direct patient care, including administration of vaccines and other expanded services. Pharmacy technicians are being trained to step into the areas of pharmacy practice that do not require professional judgment, such as data entry, dispensing and labeling. However, pharmacists continue to verify the prescriptions dispensed and counsel patients regarding medication therapy concerns. These continued duties in addition to their expanded roles may increase New Mexico's need for pharmacists above the national average used as benchmark in this analysis.

E. Other Features of the Health Care Workforce

New Mexico's health professional survey data is a tremendous resource for workforce analyses and planning. The Work Force Data Collection, Analysis and Policy Act includes very specific requirements for minimum data collection related to demographic characteristics, education and training, practice hours and practice characteristics. The Health Care Workforce Committee also collects additional data on practitioners' views related to future practice plans.

In this section, we present three demographic categories that are important for state workforce planning efforts: gender, race and ethnicity and age. In each table, the total practitioner counts indicate the number of practitioners who completed a survey. In comparison to New Mexico's population, the physician workforce is disproportionately male and non-Hispanic or Latino (see Sections I.E.1. and I.E.2.). In addition, New Mexico's physician workforce, already older in comparison to national averages, has aged since 2012 (see Section I.E.3.).

1. Gender

Survey data show that 35.5 percent of New Mexico's medical doctors are female, and 64.5 percent are male. While these proportions do not reflect the state's population as a whole, they compare favorably to the national median of 32.4 percent female and 67.6 percent male[13] (Table 1.20). Female physicians represent 44.3 percent of primary care physicians, 54.9 percent of obstetrics and gynecology physicians, 38.8 percent of psychiatrists and 22.0 percent of general surgeons. The relative proportions of female and male medical doctors in the state have remained stable since 2012, when 35.1 percent of all doctors were female and 64.8 percent male.

Table 1.20. Gender of Surveyed New Mexico Medical Doctors, 2015

Gender	NM Pop.	All Medical Doctors		Primary Care		Ob-Gyn		Psychiatrists		General Surgeons	
	%	Count	%	Count	%	Count	%	Count	%	Count	%
Female	50.4%	1,843	35.5%	817	44.3%	139	54.9%	120	38.8%	39	22.0%
Male	49.6%	3,349	64.5%	1,028	55.7%	114	45.1%	189	61.2%	138	78.0%
Total		**5,192**	**100%**	**1,845**	**100%**	**253**	**100%**	**309**	**100%**	**177**	**100%**

Table 1.21 shows the gender proportions of New Mexico CNPs/CNSs and PAs. Unlike MDs, these practitioners are more commonly female, with 88.8 percent of state CNPs/CNSs and 59.7 percent of state PAs reporting female gender.

Table 1.21. Gender of Surveyed New Mexico CNPs/CNSs and PAs, 2015

Gender	NM Pop.	CNPs/CNSs		PAs	
	%	Count	%	Count	%
Female	50.4%	1,148	88.8%	417	59.7%
Male	49.6%	145	11.2%	281	40.3%
Total		**1,293**	**100%**	**698**	**100%**

2. Race and Ethnicity

Health care workforce diversity directly affects patient access to care and is important for meeting the health care needs of New Mexico's racially and ethnically diverse population, especially in rural and underserved communities.

For survey questions regarding race, physicians were asked to choose all categories that applied. Those who chose two or more races are indicated by the group "Two or More" in Table 1.22 and 1.23.

Table 1.22 shows the racial diversity of New Mexico's MDs compared to the state's population as a whole. The state's MDs most frequently self-report as White (59.9 percent), followed by 10.6 percent Other, 9.5 percent Asian or Pacific Islander, 2.8 percent Black or African American, and 0.9 percent American Indian or Alaska Native. Approximately one in seven (15.1 percent) state MDs self-describes as Hispanic or Latino, with a higher proportion of Hispanic or Latino survey respondents among PCPs (20.4 percent) and general surgeons (18.0 percent) (Table 1.24).

Table 1.22. Race of Surveyed New Mexico Medical Doctors Compared to New Mexico's Population, 2015

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Other	Two or more	Not Answered
NM Population*	**2,085,572**	**198,450 (9.5%)**	**32,158 (1.5%)**	**41,277 (2.0%)**	**1,525,459 (73.1%)**	**224,820 (10.8%)**	**63,408 (3.0%)**	**NA**
All Medical Doctors**	**4,649**	44 (0.9%)	443 (9.5%)	130 (2.8%)	2,785 (59.9%)	491 (10.6%)	92 (2.0%)	664 (14.3%)
Primary Care	**1,675**	22 (1.3%)	191 (11.4%)	57 (3.4%)	903 (53.9%)	234 (14.0%)	34 (2.0%)	234 (14.0%)
Ob-Gyn	**238**	2 (0.8%)	15 (6.3%)	14 (5.9%)	147 (61.8%)	23 (9.7%)	7 (2.9%)	30 (12.6%)
Psychiatrists	**286**	4 (1.4%)	16 (5.6%)	3 (1.0%)	177 (61.9%)	26 (9.1%)	9 (3.1%)	51 (17.8%)
General Surgeons	**136**	2 (1.2%)	18 (11.2%)	3 (1.9%)	93 (57.8%)	16 (9.9%)	4 (2.5%)	25 (15.5%)

* Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/DP05/0400000US35.

** The total count of medical doctors excludes those who did not answer the survey question.

Table 1.23 shows the racial and ethnic diversity of New Mexico's CNPs/CNSs and PAs compared to the state's population as a whole. White is the most frequent self-classification for both of these professions (72.1 percent of CNPs/CNSs and 58.8 percent of PAs). Among CNPs/CNSs, this self-classification is followed by Hispanic ("Other" column in table 1.23; 17.2 percent), Asian or Pacific Islander (1.9 percent), American Indian or Alaska Native and Black or African American (each 1.2 percent). Among PAs, Caucasian self-classification is followed by Other (4.0 percent), American Indian or Alaska Native (3.6 percent), Asian or Pacific Islander (2.5 percent), Two or More races (1.9 percent) and Black or African American (0.8 percent). Approximately one in six state CNPs/CNSs (17.2 percent) and PAs (18.2 percent) self-describe as Hispanic or Latino (Table 1.24).

Table 1.23. Race of Surveyed New Mexico CNPs/CNSs and PAs Compared to New Mexico's Population, 2015

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Other	Two or more	Not Answered
NM Population	**2,085,572**	**198,450 (9.5%)**	**32,158 (1.5%)**	**41,277 (2.0%)**	**1,525,459 (73.1%)**	**224,820 (10.8%)**	**63,408 (3.0%)**	**NA**
CNPs/CNSs	**1,293**	16 (1.2%)	25 (1.9%)	15 (1.2%)	932 (72.1%)	222* (17.2%)	**	83*** (6.4%)
PAs	**522**	19 (3.6%)	13 (2.5%)	4 (0.8%)	307 (58.8%)	21 (4.0%)	10 (1.9%)	148 (28.4%)

* The nursing survey options for race and ethnicity are as follows: African American/Black, American Indian/Alaska Native, Asian/Pacific Islander, Caucasian/White, Hispanic, and Other or Unreported. The "Other" column in this row represents responses of "Hispanic"

** Per the note above, there is no "Two or More" option on the nursing survey.

*** Per the first note above, the "Not Answered" column in this row represents responses of "Other or Unreported".

Table 1.24. Ethnicity of Surveyed New Mexico MDs, CNPs/CNSs, and PAs Compared to New Mexico's Population, 2015

	Total Count	Hispanic or Latino
NM Population*	**2,085,572**	**994,154 (47.7%)**
All Medical Doctors	4,649	704 (15.1%)
Primary Care	1,675	342 (20.4%)
Ob-Gyn	238	33 (13.9%)
Psychiatrists	286	43 (15.0%)
General Surgeons	136	29 (18.0%)
CNPs/CNSs	1,293	222 (17.2%)
PAs	522	95 (18.2%)

* Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/DP05/0400000US35.

3. Age Distribution

The age distribution of New Mexico MDs is shown in Table 1.25. The median age of New Mexico physicians was 53.6 in 2015, down somewhat from 55.0 in 2014 and comparable to the 2012 median of 53.4. Forty-seven percent were 55 or older. Nationally, New Mexico has the highest percentage of physicians age 60 or older (35.9 percent, compared to 28.4 percent nationally[13]).

Table 1.25. Age of Surveyed New Mexico Medical Doctors, 2015

Age	All Medical Doctors		Primary Care		Ob-Gyn		Psychiatrists		General Surgeons	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<25	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-34	368	7.1%	179	9.7%	19	7.5%	13	4.2%	10	5.6%
35-44	1,197	23.0%	447	24.2%	61	24.1%	49	15.9%	46	26.0%
45-54	1,183	22.8%	434	23.5%	51	20.2%	75	24.3%	38	21.5%
55-64	1,348	25.9%	466	25.3%	69	27.3%	88	28.5%	38	21.5%
65+	1,094	21.1%	319	17.3%	52	20.6%	84	27.2%	45	25.4%
Unknown	2	0.0%	1	0.0%	1	0.4%	0	0.0%	0	0.0%
Total	**5,192**	**100.0%**	**1,845**	**100.0%**	**253**	**100.0%**	**309**	**100.0%**	**177**	**100.0%**
Median Age		**53.6**		**51.5**		**53.6**		**56.9**		**53.0**

The age distribution of the state's CNPs/CNSs and PAs is shown in Table 1.26. While the median age of New Mexico's CNPs and CNSs is comparable to the state's MDs (54.4 for CNPs/CNSs vs. 53.6 for MDs), that of PAs is a full 10 years younger (44.5). Nearly half of the

state's CNPs and CNSs are age 55 or older (47.5 percent), but only 26.1 percent of New Mexico PAs fall into this older age category.

Table 1.26. Age of Surveyed New Mexico CNPs/CNSs and PAs, 2015

Age	CNPs/CNSs		PAs	
	Count	Percent	Count	Percent
<25	0	0.0%	4	0.0%
25-34	115	8.9%	177	25.4%
35-44	229	17.7%	181	25.9%
45-54	335	25.9%	154	22.1%
55-64	429	33.2%	140	20.1%
65+	185	14.3%	42	6.0%
Unknown	0	0.0%	0	0.0%
Total	**1,293**	**100.0%**	**698**	**100.0%**
Median Age		**54.4**		**44.5**

F. Discussion

Health workforce planning entails trying to ensure that the right professionals (and combination of professionals) are available when and where they are needed to meet a population's health care needs.

This year's report represents the most complete picture of New Mexico's health care workforce to date. We are capturing more data from the surveys each year as more health workforce fields require the survey be taken at licensure and as more professionals renew their licenses. We are also able to refine data collection and add more professions to the analysis. This year, the inclusion of a full two-year licensure cycle for physician assistants provides a more nuanced look at New Mexico's primary care workforce. Next year, the committee plans to add analyses of emergency medical technicians and occupational and physical therapists.

In addition to the professions analyzed above, there are 31 licensed health professions in New Mexico that have instituted survey requirements upon licensure and renewal (see Appendix Table C.1). As more professions meet their survey goals, we anticipate the opportunity to conduct more nuanced analysis of specific professions and develop recommendations for training, recruitment and system-wide innovations.

Knowing the number of professionals and where they are practicing is only the first step – though a very important one – in being able to plan for current and future health care workforce needs. The national averages and standard ratios that we are using as benchmarks are meant to be tools for comparison and for representing the distribution of professionals across the state. The analyses based on these metrics do not represent access to care, i.e., whether New Mexico's residents are able to access the care that they need.

Many factors influence access to care and the capacity of the workforce to meet the population's needs. People living in an area with practitioner-to-population ratios above benchmark values

may nevertheless lack access to care for a number of reasons. They might be unable to afford care, for example. Even with affordable health care, they might find that it takes a month or more to get an appointment with a new primary care physician or to see a specialist. Health system issues also greatly affect sufficiency in all areas of the state. These may include preauthorization activities to process billing and other scheduling-related issues.

The benchmarks themselves are also inadequate for examining the dynamic nature of the health care workforce under national health care reform and new team-based care models. These new variables underscore the need to know not just the number of professionals but also what capabilities exist in the workforce, the interconnections between professional roles and potential reconfigurations to enhance quality and capacity.

The report serves as a snapshot of how many health care professionals are practicing in New Mexico and where they are concentrated or lacking – and as a launching point for asking more specific questions about the state's health care workforce and what actions should be taken to enhance access to care for all residents.

G. Policy Recommendations

A. **Correct the recent omission by the Regulation and Licensing Department of the practice specialty item from the physicians' online license renewal survey platform.** As described on p. 4 of this report, physicians completing the license renewal survey in 2015 were not asked for information regarding practice specialty. This omission compromises the Committee's analysis and should be corrected as soon as possible in order for future reports to include robust interpretations of the numbers of New Mexico primary care and obstetrics and gynecology physicians, as well as general surgeons.

B. **Enhance the Physician Assistants' survey with an added practice specialty item.** Currently, the Committee may only examine PAs' specialties through cumbersome line-by-line comparison with the specialties of their supervising physicians, a process that has prevented our inclusion of this information in our reports to date. Adding a practice specialty item to the PA license renewal survey would enable us to analyze PAs by specialty.

C. **Maintain funding for the loan-for-service and loan repayment programs at their current levels.** In our 2015 report, we recommended that the Legislative Health and Human Services and Legislative Finance Committees consider increasing funding levels for these programs to enhance rural health care practice. While we recognize that increased funding for any program is challenging in the current economic climate, we recommend that the Legislature maintain the current usefulness of these programs by preserving their funding at the current levels.

D. **Restructure loan-for-service and loan repayment programs to target the professions most needed in rural areas, rather than prioritizing practitioners with the highest levels of debt.** We first recommended this action in our 2015 report. Shifting selection of practitioners for these programs from emphasizing providers' level of debt to prioritizing the

professions most needed in rural areas would more effectively recruit necessary practitioners to shortage areas.

E. **Position the Higher Education Department to take full advantage of the 2017 opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's loan repayment program.** The Higher Education Department is prioritizing this upcoming opportunity. We reiterate our 2015 recommendation endorsing their efforts to do so.

F. **Continue funding for expanded primary and secondary care residencies in New Mexico.** In 2014, the Committee recommended the state should explore options for increasing the number of funded Graduate Medical Education (residency) positions. We reiterate our recommendation that the Legislature continue to fund expanded primary and secondary care residencies, particularly for practice in areas that are rural and/or underserved, as residency service in such areas can be a powerful recruitment tool.

G. **Support further exploration of Medicaid as an avenue for expanding residencies in New Mexico.** We recommend the Legislature continue the work begun in 2014[22] to leverage state Medicaid funds to develop primary care residencies at federally qualified health centers in the state's shortage areas.

H. **Continue support for the certification program for Community Health Workers (CHWs) to promote consistency among training programs for these health professionals.** The Department of Health currently offers voluntary certification for CHWs through grandfathering. However, Department of Health endorsement of training programs statewide and the certification process are still under development by the Office of Community Health Workers. We recommend the Department of Health develop a standardized statewide training and certification program in order to make the best use possible of these valuable members of health care teams.

I. **Provide funding for the New Mexico Health Care Workforce Committee.** As we recommended in 2014 and 2015, funding for this committee will allow for more in-depth analysis of the state's health care workforce and the efficacy of recruitment and retention programs.

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SECTION II

NEW MEXICO'S BEHAVIORAL HEALTH WORKFORCE

A. Background

Nationally, there is increased recognition of a critical shortage of behavioral health providers.[14] This workforce shortage contributes to longstanding barriers in accessing timely mental health and substance use treatment. In New Mexico, 56 percent of adults with mental illness do not receive any treatment.[15] Additionally, there is a median 10-year delay between the initial onset of mental health symptoms and contact with a behavioral health provider.[16] Since 2010, the Affordable Care Act and the Mental Health Parity and Addiction Equity Act have dramatically expanded access to insurance coverage for individuals with mental health conditions, leading to further increased demand. These national trends are especially acute in New Mexico, where there have been longstanding workforce shortages in rural and frontier communities.

In order to develop a strategic plan to address this workforce shortage in New Mexico, it is important to understand where behavioral health providers currently work and how much direct clinical care they provide. It is also helpful to track the various points along their career paths. such as where they train, how they obtain independent licensure and when they consider practice change or retirement. Communities across New Mexico need adequate access to clinicians in counseling, social work, psychology, nursing and psychiatry who can work together and with primary care providers to provide the full array of treatment for mental health and substance use disorders.

The data from the licensure survey allows us to answer the following specific questions for the following categories of behavioral health providers:

1) **Prescribers** include psychiatrists, advanced nurse specialists with psychiatry specialty and prescribing psychologists.
2) **Independently licensed psychotherapy providers** provide therapy and psychosocial interventions for mental illness and addictions treatment. They include non-prescribing psychologists, social workers, counselors and marriage and family therapists.
3) **Non-independently licensed psychotherapy providers** have a limited scope of practice to treat mental illness and addictions until they achieve full independent licensure. They include psychology associates, non-independently licensed social workers and non-independently licensed counselors.
4) **Substance use clinicians** provide psychosocial interventions to treat addictions, and include licensed alcohol and drugs counselors and licensed substance use associates. This category includes dedicated substance use clinicians and does not overlap with the other categories, regardless of independent licensure. Unlike other clinicians in the behavioral health workforce, their scope of practice does not include treatment of mental illness.

B. Methodology

This section presents all data for behavioral health care providers actively licensed and practicing in New Mexico during the 2015 calendar year. The same data sources and methodology were used to identify behavioral health providers as for those providers described in Section I. Surveys are administered by the provider's licensing board upon license renewal only. In 2015, of the behavioral health providers with an active license in 2015, 22 percent of prescribers had not yet been surveyed, as well as 51 percent of independently licensed clinicians, 57 percent of non-independently licensed clinicians, and 65 percent of substance use clinicians. Several of the tables presented below were derived from survey data, including payment type, practice location type, future plans, health information technology, race/ethnicity and training location. Therefore, the total numbers of providers included in these tables are lower than the total licensed in the state. Additionally, because each licensing board administers a different license renewal survey, nurse practitioners and nurse specialists are excluded from tables or separated due to differences in survey questions. In each case, only providers who responded to the survey question are included in the tables.

C. Analysis of New Mexico's Behavioral Health Workforce

1. Behavioral Health Care Providers in New Mexico

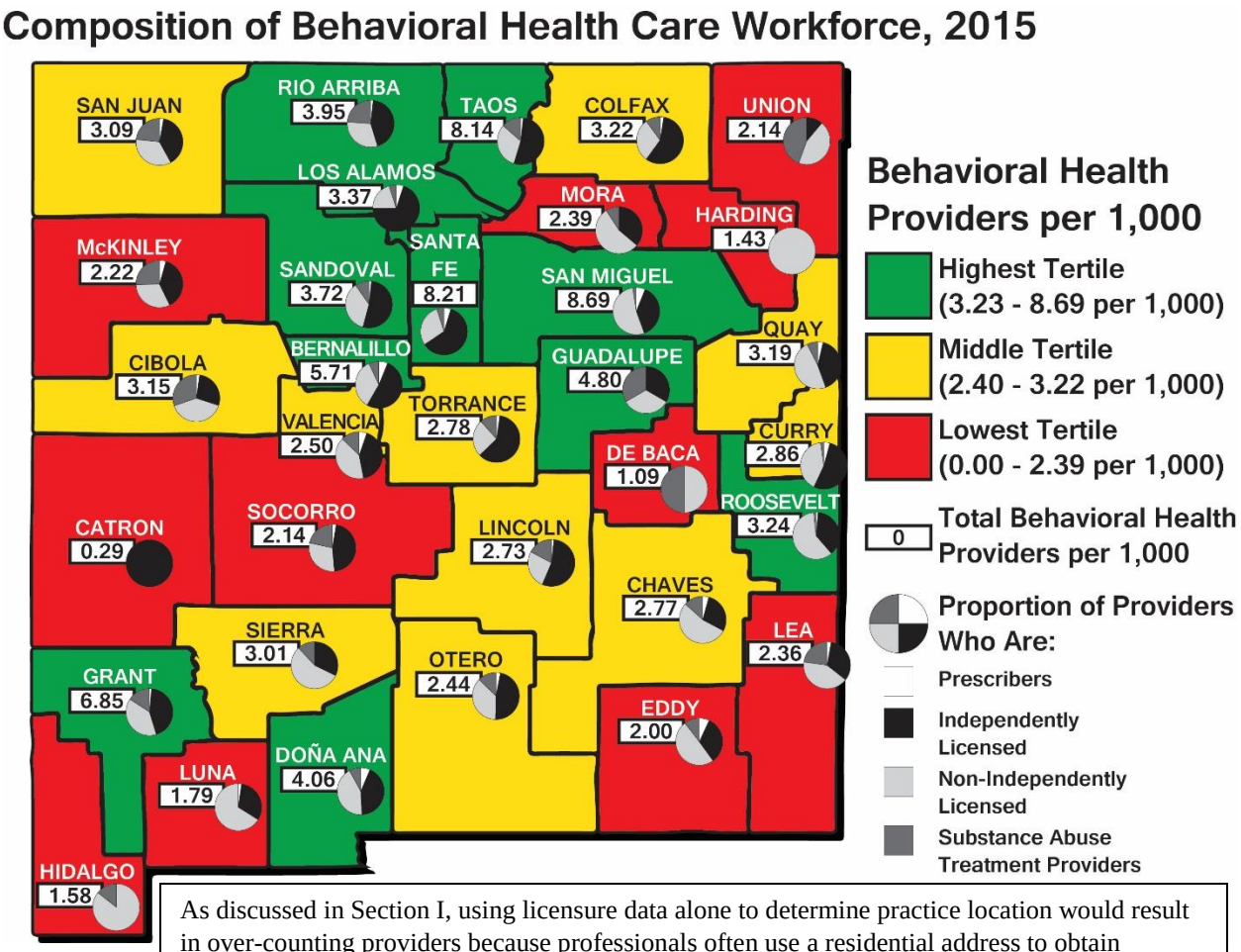
In 2015, there were 463 prescribers, 4,609 independently licensed psychotherapy providers, 3,420 non-independently licensed psychotherapy providers and 874 substance use treatment providers practicing in New Mexico. Table 2.1 shows the number of behavioral health clinicians in each category in each county in 2015; please see Appendix B for additional details on the smaller categories of practitioner comprising each license type. **Note, eight counties do not have any access to behavioral health prescribers and three counties do not have any access to independently licensed clinicians.**

Figure 2.1 illustrates the behavioral health workforce per 1,000 population, graphically depicting the counties with the fewest behavioral health providers per population for each behavioral health provider category. Northeastern and southwestern New Mexico tend to have the lowest ratios of providers to population, with the exception of non-independently licensed psychotherapy providers, who are scarcer in the southern part of the state.

Table 2.1. Behavioral Health Care Providers by License Category, 2015

County	Prescribers*	Independently Licensed Psychotherapy Providers	Non-Independently Licensed Psychotherapy Providers	Substance Use Treatment Providers	County Total
Bernalillo	237	2,018	1,349	259	3,863
Catron	0	1	0	0	1
Chaves	8	52	98	24	182
Cibola	2	24	34	26	86
Colfax	1	23	12	4	40
Curry	6	76	59	3	144
De Baca	0	0	1	1	2
Doña Ana	57	372	373	69	871
Eddy	8	38	57	12	115
Grant	3	86	76	31	196
Guadalupe	0	7	7	7	21
Harding	0	0	1	0	1
Hidalgo	0	0	6	1	7
Lea	5	55	70	38	168
Lincoln	1	29	14	9	53
Los Alamos	3	42	12	3	60
Luna	1	14	29	0	44
McKinley	8	65	54	43	170
Mora	0	4	6	1	11
Otero	5	74	58	20	157
Quay	1	11	13	2	27
Rio Arriba	3	68	48	37	156
Roosevelt	1	23	37	1	62
San Juan	11	143	128	85	367
San Miguel	15	93	129	6	243
Sandoval	10	272	186	50	518
Santa Fe	60	743	357	61	1,221
Sierra	0	11	19	4	34
Socorro	1	17	11	8	37
Taos	5	142	85	36	268
Torrance	1	26	11	5	43
Union	0	1	4	4	9
Valencia	10	79	76	24	189
STATE TOTAL	**463**	**4,609**	**3,420**	**874**	**9,366**

* 60% of Doctors of Osteopathy (DOs) and 3% of Medical Doctors were missing a specialty. This column includes 4 DOs and 305 MDs.



As discussed in Section I, using licensure data alone to determine practice location would result in over-counting providers because professionals often use a residential address to obtain licensure rather than a practice address. Counts were determined using the practice address of surveyed providers and the mailing address of non-surveyed providers. Providers with out-of-state and unknown zip codes for practice location are excluded from the counts. In 2015, 9,366 of a total of 11,287 (83.0%) behavioral health providers with an active license in 2015 were practicing in New Mexico.

Figure 2.1. The white box for each county shows the total number of behavioral health providers per 1,000 population. County colors indicate whether each county ranks in the top (green), middle (yellow) or bottom (red) third for behavioral health providers per 1,000 population. The pie chart for each county shows the proportion of providers who are prescribers (white), independently licensed providers of mental health and addictions treatment (black), non-independently licensed providers of mental health and addictions treatment (light gray), or substance use treatment providers (dark gray).

2. Independently and Non-Independently Licensed Providers

As non-independently licensed counselors and social workers progress towards full independent licensure, they must meet regularly with an independently licensed clinician for supervision. Figure 2.2 and Appendix Table B.3 describe the proportions of independently licensed clinicians

in each county. This information is helpful for developing sustainable pathways to full licensure for all clinicians. In communities with low proportions of independently licensed clinicians, it will be important to create structures for access to clinical supervision with independently licensed clinicians. **Some of New Mexico's rural counties have especially low proportions of independently licensed clinicians.** In order to strengthen our workforce, it will be helpful to expand efforts to provide clinical supervision via telehealth. Three counties – De Baca, Harding and Hidalgo – have no independently licensed psychotherapy providers.

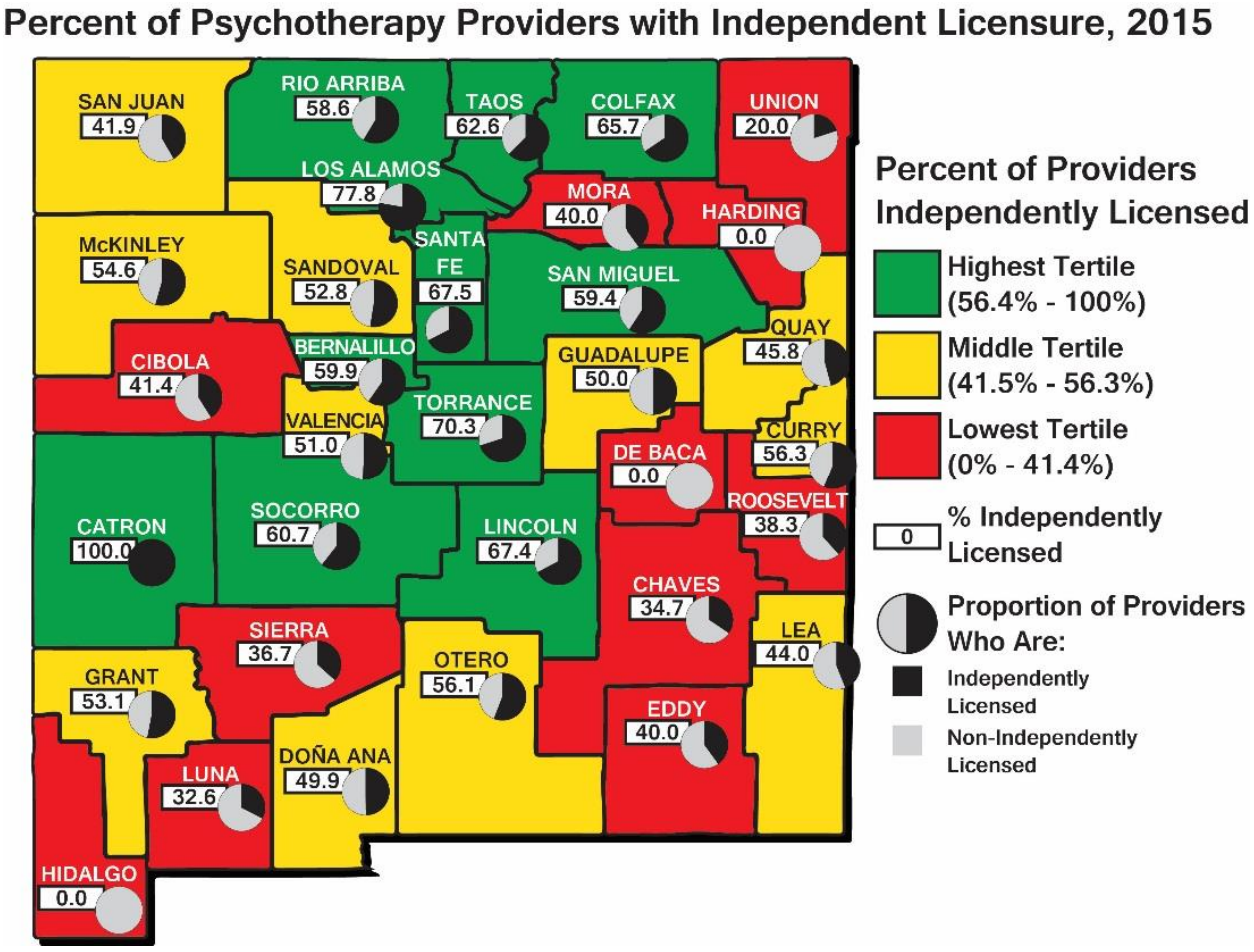


Figure 2.2. The white box for each county shows the percent of psychotherapy providers with independent licensure; colors indicate whether each county ranks in the top (green), middle (yellow) or bottom (red) third for this value. Pie charts show the proportion of independently (black) or non-independently (gray) licensed providers.

3. Medicaid Acceptance by Behavioral Health Care Providers

Adults with serious mental illness and youth with serious emotional disturbances (the most severe forms of mental illness) are disproportionately more likely to have Medicaid coverage than other forms of insurance.[17] As we characterize New Mexico's behavioral health workforce, it is important to identify how many clinicians accept Medicaid since this is an important indicator of access for the most severely ill. Currently, 863,358 New Mexico residents are enrolled in Medicaid, representing approximately 43 percent of the state's population. Table 2.2 presents the distribution of providers in each category who reported that 0 percent, 1-29 percent, 30-59 percent, and 60-100 percent of their patients have Medicaid as their primary payer. **It is of serious concern that more than one-quarter of New Mexico behavioral health providers reported that none of their patients have Medicaid as a primary payer.** Additionally, 36.5 percent did not list Medicaid as one of the top three sources of payment at their practice location. Appendix Tables B.4 through B.7 include similar data for Medicare, Tricare/VA/IHS, private insurance and self-pay.

Table 2.2. Percentage of Behavioral Health Care Providers' Patients Using Medicaid as Primary Payment, 2015

		% Patients with Medicaid as Primary Payment							
		0%		1* – 29%		30 – 59%		60 – 100%	
License Category	Total	#	%	#	%	#	%	#	%
Prescribers	199	47	23.6%	37	18.6%	60	30.2%	55	27.6%
Independently Licensed Psychotherapy Providers	1,673	528	31.6%	290	17.3%	332	19.8%	523	31.3%
Non-Independently Licensed Psychotherapy Providers	899	268	29.8%	125	13.9%	120	13.4%	386	42.9%
Substance Use Treatment Providers	196	85	43.4%	29	14.8%	27	13.8%	55	28.1%

* It is possible that some clinicians responding "1" meant "100%."

This table includes the 2,967 behavioral health care providers who were surveyed and answered the question about patients with Medicaid as primary payer. It excludes nurse practitioners and nurse specialists, because this question is not on the nurse licensing renewal survey.

4. Behavioral Health Care Practice Locations

In an ideal behavioral health system, the majority of treatment is delivered in community settings that provide early identification and prevention and have the capacity to provide evidence-based psychosocial interventions using a team-based approach. Nationally, there is a move towards integrating primary care and behavioral health in order to provide access to physical and mental health care at the same location. In response, many of New Mexico's Federally Qualified Health Centers have enhanced their behavioral health programs and are an important source of behavioral health care in many rural counties. Table 2.3 describes the practice location for psychiatrists, psychologists, social workers and counselors. **The majority of prescribers and independently licensed behavioral health clinicians are working in independent practice locations, rather than in public settings or larger group practices.** This pattern will be an important consideration if New Mexico moves toward health systems and accountable care organizations for the delivery of health care. Table 2.4 describes the practice location for psychiatric nurse specialists. The majority of psychiatric nurses are employed in hospital settings. While there will always be a need for qualified nurses in acute care settings, there is increased recognition that psychiatric nurses provide important expertise in community settings, especially when addressing the intersection between behavioral and physical health.

Table 2.3. Practice Location for Behavioral Health Care Providers, 2015

	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
Location Type	n	%	n	%	n	%	n	%
Hospitals	33	13.9%	53	3.5%	77	6.8%	4	2.6%
Hospital Clinics	20	8.4%	84	5.6%	25	2.2%	2	1.3%
Independent Practice	72	30.3%	608	40.2%	62	5.4%	44	28.2%
Group Practice	40	16.8%	183	12.1%	208	18.3%	29	18.6%
Nursing Home	0	0.0%	15	1.0%	52	4.6%	0	0%
Private Clinic	2	0.8%	35	2.3%	38	3.3%	5	3.2%
Nonprofit Community Health Center	19	8.0%	173	11.4%	199	17.5%	33	21.2%
Military/ VA Clinic	24	10.1%	50	2.2%	11	1.0%	4	2.6%
IHS	2	0.8%	7	0.5%	14	1.2%	4	2.6%
FQHC	1	0.4%	30	2.0%	13	1.1%	5	3.2%
Other	25	10.5%	275	18.2%	441	38.7%	26	16.7%
TOTAL	**238**	**100%**	**1,513**	**100%**	**1,140**	**100%**	**156**	**100%**

Table 2.3 (above) includes the 3,047 behavioral health care providers who were surveyed and answered the question about type of practice location. It excludes nurse practitioners and nurse specialists, because the practice location question on the nurse licensing renewal survey included different categories. Therefore, Table 2.4 (below) describes the practice location for the 104 nurse practitioners and nurse specialists who were surveyed.

Table 2.4. Practice Location for Psychiatric CNPs/CNSs, 2015

Location Type	n	%
Hospital	41	39.4%
Nursing Home	0	0.0%
Home Health	0	0.0%
Industrial Nurse	0	0.0%
Office Nurse	2	1.9%
Community/ Public Health Nurse	6	5.8%
School of Nursing	3	2.9%
School Nurse	0	0.0%
Self-Employed	14	13.5%
Clinic	24	23.1%
Other	14	13.5%
TOTAL	**104**	**100%**

5. Age Distribution of Behavioral Health Care Providers

Table 2.5 provides information about the average age of the various behavioral health providers and the proportion of providers in each age category. Because many of New Mexico's behavioral health clinicians are approaching retirement age it will be important to continue to recruit new clinicians. **In fact, one-quarter of prescribers are at least 65, as well as 22 percent of independently licensed psychotherapy providers.** The presence of experienced behavioral health clinicians is a strength in our system and an important factor to consider when planning future needs.

Table 2.5. Age of Behavioral Health Care Providers, 2015.

Age	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	n	%	n	%	n	%	n	%
<25	0	0.0%	4	0.1%	87	2.6%	17	2.0%
25-34	21	4.6%	401	8.9%	938	28.0%	102	11.8%
35-44	61	13.4%	810	18.0%	850	25.4%	146	16.9%
45-54	112	24.6%	908	20.2%	718	21.5%	239	27.7%
55-64	148	32.5%	1,392	30.9%	574	17.1%	240	27.8%
65+	113	24.8%	984	21.9%	181	5.4%	118	13.7%
TOTAL	**455**	**100.0%**	**4,499**	**100.0%**	**3,348**	**100.0%**	**862**	**100.0%**
Median Age	**57.4**		**56.4**		**42.4**		**52.7**	
Avg. Age	**56.7**		**54.1**		**43.8**		**50.8**	

6. Future Plans of Behavioral Health Care Providers

Table 2.6 provides information about future practice changes among behavioral health providers. **The majority of respondents do not have plans to change practice, which is a reassuring sign for the stability of New Mexico's behavioral health system.** However, 7 percent of prescribers are planning to move their practice out of New Mexico within the next year, and 6 percent are planning to significantly reduce their hours.

Table 2.6. Future Practice Plans of Behavioral Health Care Providers, 2015

Near Future Practice Plans*	Prescribers**		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	#	%	#	%	#	%	#	%
Retire from patient care	10	3.9%	84	3.8%	33	2.3%	5	1.7%
Significantly reduce patient care hours	15	5.9%	116	5.2%	32	2.2%	9	3.0%
Move my practice out of New Mexico	18	7.1%	67	3.0%	35	2.4%	6	2.0%
None of the above	212	83.1%	1,950	88.0%	1,346	93.1%	277	93.3%
TOTAL	**255**	**100%**	**2,217**	**100%**	**1,446**	**100%**	**297**	**100%**

* Providers were asked whether they had plans for the next 12 months.

This table includes the 4,215 behavioral health care providers who were surveyed and answered the question about patients with future practice plans. It excludes nurse practitioners and nurse specialists, because this question is not on the nurse licensing renewal survey.

7. Health Information Technology and Electronic Health Records

Table 2.7 provides information about the health information technology capacity of behavioral health providers. **Fewer than half of all behavioral health providers have access to electronic health records or have the capacity to use health information technology for population health management.** In contrast to physical health care providers, behavioral health providers were not eligible for incentives to achieve meaningful use of health information technology. As a state, as we move toward integrated care and a population health perspective to promote wellness, it will be important to explore options for infrastructure development for IT capacity in the behavioral health system.

Table 2.7. Health Information Technology Capabilities of Behavioral Health Care Providers, 2015

Health Information Technology Capability	Prescribers* (n = 161)		Independently Licensed Psychotherapy Providers (n = 732)		Non-Independently Licensed Psychotherapy Providers (n = 470)		Substance Use Treatment Providers (n = 134)	
	#	%	#	%	#	%	#	%
Computerized provider order entry	102	63.4%	262	35,8%	143	30.4%	43	32.1%
Patient access to electronic health records	66	41.0%	209	28.6%	97	20.6%	29	21.6%
E-labs	100	62.1%	150	20.5%	69	14.7%	23	17.2%
E-prescribing	25	15.5%	132	18.0%	53	11.3%	14	10.5%
Create registries	52	32.3%	140	19.1%	75	16.0%	16	11.9%
Patient timely access to labs	8	5.0%	47	6.4%	33	7.0%	4	3.0%
Quality reporting	56	34.8%	277	37.8%	207	44.0%	45	33.6%
Record vital signs	53	32.9%	112	15.3%	77	16.4%	20	14.9%
Record Demographics	80	49.7%	495	67.6%	267	56.8%	89	66.4%
None of the above	2	1.2%	33	4.5%	15	3.2%	1	0.8%

This table includes the 1,497 behavioral health care providers who were surveyed and answered the question about patients with health information technology capability. It excludes nurse practitioners and nurse specialists, because this question is not on the nurse licensing renewal survey.

8. Race and Ethnicity of Behavioral Health Care Providers

Table 2.8 provides information about the race of New Mexico behavioral health providers, while Table 2.9 provides ethnicity information. Similar information for psychiatric CNP/CNS is shown in Table 2.10. **Unfortunately, the behavioral health care workforce is less diverse than the state's population.** To address health disparities and to provide culturally and linguistically competent care, it will continue to be important to actively recruit and retain health care professionals from diverse backgrounds. Notably, 44 percent of non-independently licensed psychotherapy providers are of Hispanic ethnicity, and 14 percent of substance use treatment providers are American Indian in race, which reflects the state's general population.

Table 2.8. Race of Surveyed New Mexico Behavioral Health Care Providers Compared to New Mexico's Population, 2015

	Total Count	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Other	Two or more
NM Population*	**2,085,572**	**198,450 (9.5%)**	**31,566 (1.5%)**	**41,277 (2.0%)**	**592 (0.0%)**	**1,525,459 (73.1%)**	**224,820 (10.8%)**	**63,408 (3.0%)**
Prescribers	**244**	5 (2.1%)	17 (7.0%)	3 (1.2%)	1 (0.4%)	191 (78.3%)	19 (7.8%)	8 (3.3%)
Ind. License	**1,604**	29 (1.8%)	16 (1.0%)	22 (1.4%)	1 (0.1%)	1,344 (83.8%)	154 (9.6%)	38 (2.4%)
Non-Ind. License	**1,203**	59 (4.8%)	15 (1.3%)	31 (2.6%)	0 (0.0%)	885 (73.6%)	174 (14.5%)	39 (3.2%)
Substance Use	**183**	26 (14.2%)	2 (1.1%)	12 (6.6%)	1 (0.6%)	109 (59.6%)	29 (15.9%)	4 (2.2%)

* Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/DP05/0400000US35.

Table 2.9. Ethnicity of Surveyed New Mexico Behavioral Health Care Providers Compared to New Mexico's Population, 2015

	Total Count	Hispanic or Latino
NM Population*	**2,085,572**	**994,154 (47.7%)**
Prescribers	242	40 (16.5%)
Ind. License	2,001	382 (19.1%)
Non-Ind. License	1,357	597 (44.0%)
Substance Use	261	72 (27.6%)

* Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/DP05/0400000US35.

Tables 2.8 and 2.9 include the 3,861 behavioral health care providers who were surveyed and answered the questions about race and ethnicity. It excludes nurse practitioners and nurse specialists, because the race and ethnicity questions on the nurse licensing renewal survey included different categories. Therefore, Table 2.10 describes the race and ethnicity of the 104 nurse practitioners and nurse specialists who were surveyed.

Table 2.10. Race of Surveyed New Mexico Psychiatric CNPs/CNSs, 2015

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	Hispanic	White, Non-Hispanic	Other
Psychiatric CNPs/CNSs	**104**	1 (1.0%)	2 (1.9%)	0 (0.0%)	17 (16.4%)	79 (76.0%)	5 (4.8%)

9. Gender of Behavioral Health Care Providers

Table 2.11 provides the gender demographics of the behavioral health workforce and shows that the majority of clinicians are female, in all license categories. This table includes the 4,395 behavioral health care providers who were surveyed and answered the question about gender.

Table 2.11. Gender of Behavioral Health Care Providers, 2015

Gender	NM Pop.	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	%	Count	%	Count	%	Count	%	Count	%
Female	50.4%	199	54.1%	1,672	74.4%	1,206	81.5%	185	61.5%
Male	49.6%	169	45.9%	575	25.6%	273	18.5%	116	38.5%
TOTAL		**368**	**100%**	**2,247**	**100%**	**1,479**	**100%**	**301**	**100%**

10. Behavioral Health Care Providers Trained in New Mexico

Table 2.12 describes the percentage of behavioral health providers across categories who trained in New Mexico. This table includes the 3,637 behavioral health care providers who were surveyed and answered the question about training. **The majority of counselors and therapists received their training in New Mexico, whereas only 40 percent of prescribers trained in the state.** As we build recruitment efforts, it will be helpful to track these trends across provider categories.

Table 2.12. Behavioral Health Care Providers Practicing in New Mexico Who Were Trained In-State, 2015

License Category	Total	Trained in New Mexico	
		#	%
Prescribers	277	111	40.1%
Independently Licensed Psychotherapy Providers	1,949	1,156	59.3%
Non-Independently Licensed Psychotherapy Providers	1,166	1,014	87.0%
Substance Use Treatment Providers	245	203	82.9%
TOTAL	**3,637**	**2,484**	**68.3%**

D. Estimating Full-Time Equivalents

There are no current national benchmarks or standards to describe the ideal ratios of behavioral health providers to population. This gap in knowledge reflects longstanding unmet needs for behavioral health treatment, as well as the relatively recent recognition that early identification, prevention and treatment of behavioral health conditions are an important factor in improving overall physical health outcomes in common conditions such as diabetes, cardiac disease and respiratory illness.

With the recognition that New Mexico continues to make progress in building and sustaining a comprehensive behavioral health workforce, full-time equivalents (FTE) were estimated using license renewal survey data. These ratios are adjusted by provider reports of their FTE based on the number of direct clinical hours reported per week and the number of weeks worked per year. For non-surveyed providers, FTEs were approximated by applying their category's statewide average FTEs per provider. It should be noted here that nurse practitioners and nurse specialists were not included in this estimation because the questions were not included in the nurse survey, and that total hours worked may include teaching, health care administration, and other activities outside of direct patient care. Of the 3,961 providers who were surveyed and answered the questions about hours worked, most reported working at least 0.75 FTE (68 percent). However, FTE declines steadily as age increases. While 81 percent of providers 25-34 years old worked at least 0.75 FTE, only 46 percent of providers 65 years or older worked at least 0.75 FTE. When examined, there was no correlation between part-time work and gender.

Overall, there were 97.1 FTEs worked among the 117 prescribers who were surveyed, for an average of 0.83 FTE per prescriber. The average was 0.75 FTE per independently licensed psychotherapy provider, 0.81 FTE per non-independent psychotherapy provider and 0.84 FTE per substance use clinician. When these averages were applied to the total number of providers in each category, there was a total estimated 236 prescriber FTEs, 3,458 independently licensed psychotherapy provider FTEs, 2,742 non-independently licensed psychotherapy provider FTEs and 642 substance use clinician FTEs in New Mexico in 2015.

E. Policy Recommendations

The data confirm that workforce shortages across the state are contributing to decreased access to behavioral health treatment. In order to build a more comprehensive behavioral health system, it will be important to pursue a multi-pronged strategy to:

1) Enhance recruitment and retention
2) Increase participation in community settings, in the publicly funded system and in rural and frontier communities
3) Increase the diversity of the behavioral health workforce

We recommend the following policy changes to expand independently licensed behavioral health provider capacity in New Mexico:

A. **In compliance with Chapter 61 of NMSA 1978, expedite implementation of professional licensure by endorsement for social workers, counselors and therapists.** Licensure by endorsement is a process whereby a state issues an unrestricted license to practice their behavioral health profession to an individual who holds a license in good standing that is valid and unrestricted in another jurisdiction. Currently, four professions require applicants to have held their independent license in another state for five years:

    a. Licensed clinical social worker (LCSW)

    b. Licensed professional clinical counselor (LPCC)

    c. Licensed marriage and family therapist (LMFT)

    d. Licensed professional art therapist (LPAT)

As opposed to requiring five years of practice in another state for these professions, we recommend that the Regulation and Licensing Department waive the time requirements for all applicants who hold independent licenses in good standing in another state and that they be granted an independent license by endorsement to practice in New Mexico. This will allow us to recruit a potentially younger workforce. We recommend that additional resources be allocated to Regulation and Licensing to account for the increased effort required to review these applications.

The New Mexico Board of Psychologist Examiners has created multiple pathways toward licensure for psychologists from other jurisdictions who wish to practice in New Mexico. The board has adopted the Certificate of Professional Quality, the National Register of Health Service Providers, the Psychology License Universal System and board certification by the American Board of Professional Psychology to enhance mobility of psychologists between jurisdictions. These programs make New Mexico part of a U.S. and Canadian network with a centralized and effective reciprocity process and make it an attractive state in which a psychologist might relocate. Licensure already is expedited for applicants who hold any of these credentials. In addition, active military members and their spouses also qualify for expedited licensure in psychology.

B. **Development of reimbursement mechanisms through Medicaid for services delivered by trainees in community settings.** Many states have Medicaid reimbursement codes that allow community agencies to receive reimbursement for health care services delivered by trainees, such as social work students, counseling students, psychology interns or pre-licensure nurses who are receiving proper supervision. This practice would facilitate the development of sustainable internship sites in underserved communities that would enhance recruitment to these practice settings.

C. **Identify funding for efforts to support and prepare candidates from diverse backgrounds to complete graduate degrees in behavioral health fields.** In order to

increase diversity in health careers, it is key to develop community programs to reach out to students in middle and secondary school. These early intervention programs provide tutoring, mentoring and counseling as well as academic preparation and support to help students succeed in college and graduate school.[18] Efforts to provide support and additional preparation for students under-represented backgrounds have been effective in increasing medical school enrollment and graduation.[19,20] Support for similar programs for students considering behavioral health fields such as social work, counseling and psychology would help address workforce disparities.

D. **Support Medicaid funding for community-based psychiatry residency programs in Federally Qualified Health Centers.** The development of psychiatry residencies in primary care settings will develop a psychiatric workforce prepared to deliver care in community settings with expertise in new models of integrating behavioral health and primary care.

E. **Request that the Department of Health add social workers and counselors to the list of health care professions who are eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.** Currently, physicians, nurses and psychologists are eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program. Counselors and social workers, who make up nearly 80 percent of our state behavioral health workforce, are not included in this program, which is an effective recruitment and retention tool to increase providers in rural settings.

F. **Explore opportunities to leverage federal funding for Health Information Exchange and adoption of Electronic Health Records for behavioral health providers**. Federal matching funds are available through HITECH to enhance co-ordination of care among behavioral health providers who participate in Medicaid. This investment would help to strengthen and coordinate New Mexico's behavioral health system.

G. **Bring licensing boards together to create a unified survey and dataset for behavioral health care providers.** Currently, advanced practice nurses are excluded or separated in calculations of FTEs and from descriptions of Medicaid acceptance, practice location type, future practice plans, HIT access and race/ethnicity among providers. A common survey for all behavioral health providers would allow for a more accurate description of the workforce, as well as the capability to track in-flow and out-flow of providers in the state. Additionally, a unified survey and dataset could include additional or modified questions addressing specific behavioral health care issues, such as telehealth use and bilingual clinician capacity.

H. **Convene a planning group to develop statewide telehealth infrastructure to deliver behavioral health services via telehealth to rural communities.** Telehealth services are an effective strategy to deliver behavioral health treatment in rural communities where there are no local behavioral health specialists. There is an economy of scale if telehealth services are delivered through a coordinated network that provides consistent administrative support for scheduling, communication, IT support and credentialing. A first step toward a statewide network for New Mexico would be to identify priorities and existing resources and to convene stakeholders interested in supporting direct telehealth services.

I. **Support the Collaborative Advanced Psychiatric-Education Exchange program.** This collaboration between the University of Colorado Denver College of Nursing and the UNM College of Nursing prepares advanced practice psychiatric mental health nurses in several ways: It enhances academic practice partnerships and clinical training in primary care settings in each state in underserved and rural settings; it expands primary care training, with students receiving 40 percent of their clinical training at these sites; it assesses preceptor competencies, identifies training gaps and provides training to improve preceptor skills; it develops regional Lay Academic Medical Partners to improve curriculum and clinical training; and it assesses students' abilities to identify areas that need improvement. This program will benefit rural and underserved populations of Colorado and New Mexico.

SECTION III

HEALTH WORKFORCE MIGRATION IN NEW MEXICO

A. Background

This section assesses the migration patterns of health care providers both to and from New Mexico, and between counties within the state. All counts at the county level are by address of primary practice location for providers who have completed a license renewal survey and by mailing address for those who have not yet completed a license renewal cycle. Providers are identified as starting practice in the state (Entering NM) when they either are not licensed in the state in 2014, but have a 2015 practice address, or when their 2014 practice address indicates a practice address outside of the state, but their 2015 practice address is within a New Mexico county. Likewise, providers are identified as leaving practice in the state (Exiting NM) when they have a New Mexico practice address for 2014, but not for 2015. In most cases, providers are identified as leaving the state because they did not renew their New Mexico license. This could be due to moving out of state, retirement, surrendering of license or death. Some providers move out of state but maintain an active New Mexico license and some retire while maintaining an active license. In the case of retirement, providers frequently indicate their practice address as "Not Applicable" or something similar. Migration in and out of counties within the state are identified through a change in practice address between two license renewal cycles.

B. Migration by Professions

1. Medical Doctors in Primary Care Specialties

In 2014, there were an estimated 1,781 MDs practicing in New Mexico with a primary care specialty. In 2015, the state had an estimated net increase of 64 PCP MDs. Bernalillo County had the largest increase at 53 PCPs, which accounts for 82.8 percent of the net increase. In addition to Bernalillo, 13 counties experienced an increase in PCP MDs, while 11 experienced a decrease. Statewide, an estimated 142 PCP MDs started practicing in New Mexico in 2015, while 78 left practice. An estimated 52 PCP MDs had a change in practice location from one county to another. Of the increase in Bernalillo County, 23 MDs migrated into the county from another New Mexico county, while 13 moved out to another county. See Table 3.1 for a summary of these changes.

Table 3.1. Migration of PCPs, 2014 – 2015

County	2014 Count	Incoming Practitioners: From Other County	Incoming Practitioners: Entering NM	Outgoing Practitioners: To Other County	Outgoing Practitioners: Exiting NM	2015 Count	Net Change
Bernalillo	786	23	72	13	29	839	53
Catron	2	0	0	0	0	2	0
Chaves	67	0	4	3	1	67	0
Cibola	18	1	1	2	1	17	-1
Colfax	7	1	0	0	0	8	1
Curry	31	0	4	1	2	32	1
De Baca	1	0	0	0	0	1	0
Doña Ana	159	2	12	4	6	163	4
Eddy	28	0	3	1	1	29	1
Grant	34	1	2	1	1	35	1
Guadalupe	2	0	0	0	0	2	0
Harding	0	0	0	0	0	0	0
Hidalgo	1	0	0	0	1	0	-1
Lea	25	0	4	0	0	29	4
Lincoln	9	1	0	0	0	10	1
Los Alamos	33	1	1	2	2	31	-2
Luna	10	0	1	0	4	7	-3
McKinley	51	2	7	3	0	57	6
Mora	2	0	0	0	0	2	0
Otero	33	1	2	1	3	32	-1
Quay	6	0	0	1	1	4	-2
Rio Arriba	26	1	2	0	4	25	-1
Roosevelt	12	0	2	1	0	13	1
San Juan	80	2	3	1	6	78	-2
San Miguel	21	2	0	2	1	20	-1
Sandoval	94	5	7	6	5	95	1
Santa Fe	168	6	9	6	7	170	2
Sierra	8	0	0	0	1	7	-1
Socorro	11	1	2	0	0	14	3
Taos	32	1	1	1	1	32	0
Torrance	1	0	0	0	0	1	0
Union	0	0	1	0	0	1	1
Valencia	23	1	2	3	1	22	-1
STATE TOTAL	**1,781**	**52**	**142**	**52**	**78**	**1,845**	**64**

2. Doctors of Osteopathy

From 2014 to 2015, New Mexico had an estimated net decrease of six DOs, declining from 333 to 325. An estimated 45 DOs left practice in the state while 37 started. The change in DOs by county was evenly distributed, except for Sandoval County, which had three practitioners leave New Mexico practice and three move practice to other counties, while only one new DO started practice in the county. An estimated 12 DOs changed location of practice from one county to another within the state. The estimated net effect on the primary care workforce due to DO migration was a loss of six PCP DOs. See Table 3.2 for a summary of these changes.

Table 3.2. Migration of DOs, 2014 - 2015

County	2014 Count	Incoming Practitioners		Outgoing Practitioners		2015 Count	Net Change	Expected PCP Change
		From Other County	Entering NM	To Other County	Exiting NM			
Bernalillo	135	6	18	4	17	138	3	2
Catron	0	1	0	0	0	1	1	1
Chaves	12	0	1	0	2	11	-1	-1
Cibola	2	0	1	0	0	3	1	1
Colfax	3	0	1	0	0	4	1	1
Curry	11	0	0	0	1	10	-1	-1
De Baca	0	0	0	0	0	0	0	0
Doña Ana	25	2	2	0	2	27	2	1
Eddy	15	0	1	1	1	14	-1	-1
Grant	3	1	0	0	0	4	1	1
Guadalupe	1	0	0	0	0	1	0	0
Harding	0	0	0	0	0	0	0	0
Hidalgo	1	0	0	0	0	1	0	0
Lea	9	0	1	1	0	9	0	0
Lincoln	5	1	1	0	1	6	1	1
Los Alamos	2	0	0	0	1	1	-1	-1
Luna	3	0	1	0	1	3	0	0
McKinley	6	0	2	0	1	7	1	1
Mora	0	0	0	0	0	0	0	0
Otero	8	0	1	0	2	7	-1	-1
Quay	2	0	0	0	1	1	-1	-1
Rio Arriba	4	0	0	0	0	4	0	0
Roosevelt	1	0	0	0	0	1	0	0
San Juan	24	0	3	0	3	24	0	0
San Miguel	4	0	0	0	1	3	-1	-1
Sandoval	13	0	1	3	3	8	-5	-4
Santa Fe	23	1	2	0	5	21	-2	-1
Sierra	7	0	0	1	0	6	-1	-1
Socorro	3	0	0	0	0	3	0	0
Taos	4	0	1	0	3	2	-2	-1
Torrance	2	0	0	0	0	2	0	0
Union	0	0	0	0	0	0	0	0
Valencia	5	0	0	2	0	3	-2	-1
STATE TOTAL	**333**	**12**	**37**	**12**	**45**	**325**	**-8**	**-6**

3. Certified Nurse Practitioners and Clinical Nurse Specialists

In 2014, there were an estimated 1,228 CNP/CNS practicing in New Mexico. From 2014 to 2015, an additional 65 CNP/CNS were estimated to be practicing in the state for a total of 1,293. An estimated 128 CNP/CNS began practice, while an estimated 63 left practice. Bernalillo, Doña Ana and Santa Fe Counties were the largest recipients of new providers with 64, 13 and nine respectively. Sandoval County had an estimated decrease of 17 providers (-31.5 percent). An estimated 106 CNP/CNS providers changed practice from one county to another. Eddy County experienced a 33.3 percent increase in CNP/CNS, of which 10 of the 12 migrated intra-state. The

net estimated change in the CNP/CNS primary care workforce was an increase in one provider statewide. There was, however, a general intra-state migration from the metropolitan to rural counties. See Table 3.3 for a summary of these changes.

Table 3.3. Migration of CNPs/CNSs, 2014 – 2015

County	2014 Count	Incoming Practitioners		Outgoing Practitioners		2015 Count	Net Change
		From Other County	Entering NM	To Other County	Exiting NM		
Bernalillo	595	35	64	32	26	636	41
Catron	0	0	0	0	0	0	0
Chaves	31	1	3	6	2	27	-4
Cibola	9	1	2	0	0	12	3
Colfax	7	0	0	0	0	7	0
Curry	23	1	2	1	3	22	-1
De Baca	2	0	1	1	0	2	0
Doña Ana	125	5	13	4	9	130	5
Eddy	33	10	2	0	1	44	11
Grant	14	1	0	1	0	14	0
Guadalupe	3	0	0	0	0	3	0
Harding	1	0	0	1	0	0	-1
Hidalgo	0	0	0	0	0	0	0
Lea	24	1	4	0	1	28	4
Lincoln	6	3	1	2	1	7	1
Los Alamos	8	2	1	2	0	9	1
Luna	14	2	0	0	0	16	2
McKinley	21	2	4	1	1	25	4
Mora	3	1	0	0	0	4	1
Otero	18	2	8	5	1	22	4
Quay	7	2	2	0	0	11	4
Rio Arriba	21	5	0	1	1	24	3
Roosevelt	8	2	0	0	0	10	2
San Juan	33	0	2	2	5	28	-5
San Miguel	15	1	1	2	0	15	0
Sandoval	54	9	2	24	4	37	-17
Santa Fe	91	11	9	12	3	96	5
Sierra	1	2	2	0	0	5	4
Socorro	9	0	0	0	1	8	-1
Taos	18	0	5	0	0	23	5
Torrance	10	0	0	4	1	5	-5
Union	3	0	0	0	0	3	0
Valencia	21	7	0	5	3	20	-1
STATE TOTAL	**1,228**	**106**	**128**	**106**	**63**	**1,293**	**65**

4. Physician Assistants

In 2014, there were an estimated 694 PAs practicing in the state. There was a modest increase of four, to 698 PAs in 2015. About as many PAs left practice in the state (n=94) as began practice in the state (n=98). Several rural counties had a substantial increase in the PA practice. Cibola

County had no identified PAs in 2914, but four in 2015. Los Alamos County experienced an estimated 83.3 percent increase and Eddy County saw an estimated 66.7 percent increase. An estimated 14 PAs changed practice from one New Mexico county to another. The estimated net effect on the primary care workforce due to PA migration was an increase of three PCP PAs. See Table 3.4 for a summary of these changes.

Table 3.4. Migration of PAs, 2014 – 2015

County	2014 Count	Incoming Practitioners		Outgoing Practitioners		2015 Count	Net Change	Expected PCP Change
		From Other County	Entering NM	To Other County	Exiting NM			
Bernalillo	351	4	36	3	30	358	7	3
Catron	0	0	0	0	0	0	0	0
Chaves	14	0	1	0	3	12	-2	-1
Cibola	0	0	4	0	0	4	4	2
Colfax	4	0	1	1	0	4	0	0
Curry	6	0	4	1	0	9	3	1
De Baca	0	0	0	0	0	0	0	0
Doña Ana	33	0	4	1	1	35	2	1
Eddy	6	0	4	0	0	10	4	2
Grant	18	0	2	0	2	18	0	0
Guadalupe	1	0	0	1	0	0	-1	0
Harding	0	0	0	0	0	0	0	0
Hidalgo	1	0	1	0	0	2	1	0
Lea	10	1	2	1	3	9	-1	0
Lincoln	1	0	0	0	0	1	0	0
Los Alamos	6	0	5	0	0	11	5	2
Luna	3	0	0	0	0	3	0	0
McKinley	12	0	5	1	3	13	1	0
Mora	0	0	1	0	0	1	1	0
Otero	11	1	2	0	0	14	3	1
Quay	0	0	0	0	0	0	0	0
Rio Arriba	8	0	2	0	0	10	2	1
Roosevelt	3	0	0	0	0	3	0	0
San Juan	38	0	4	3	4	35	-3	-1
San Miguel	8	0	0	0	1	7	-1	0
Sandoval	54	3	8	1	19	45	-9	-4
Santa Fe	66	2	5	0	15	58	-8	-3
Sierra	4	0	2	0	1	5	1	0
Socorro	3	0	1	1	1	2	-1	0
Taos	19	2	1	0	3	19	0	0
Torrance	0	0	2	0	0	2	2	1
Union	0	0	0	0	0	0	0	0
Valencia	14	1	1	0	8	8	-6	-2
STATE TOTAL	**694**	**14**	**98**	**14**	**94**	**698**	**4**	**3**

5. Obstetrics and Gynecology Physicians

In 2014, New Mexico had an estimated 236 Ob-Gyn physicians practicing in the state. In 2015, there was an estimated increase of 17 to 253 Ob-Gyns practicing in the state. Bernalillo County accounts for 82.4 percent of the net increase. As a percent increase, several rural counties experienced a significant increase, including Lea County (100 percent), Curry County (50 percent) and Eddy County (28.6 percent). San Miguel County had one new Ob-Gyn begin practice, but two ended practice. Statewide, an estimated 36 Ob-Gyns started practice in the state while 19 left practice. Only two Ob-Gyns were identified as changing practice from one county to another within the state. See Table 3.5 for a summary of these changes.

Table 3.5. Migration of Ob-Gyns, 2014 – 2015

		Incoming Practitioners		Outgoing Practitioners			
County	2014 Count	From Other County	Entering NM	To Other County	Exiting NM	2015 Count	Net Change
Bernalillo	119	0	17	0	3	133	14
Catron	0	0	0	0	0	0	0
Chaves	7	0	0	0	0	7	0
Cibola	2	0	0	0	0	2	0
Colfax	2	0	0	0	0	2	0
Curry	2	0	1	0	0	3	1
De Baca	0	0	0	0	0	0	0
Doña Ana	20	0	6	0	3	23	3
Eddy	7	0	3	0	1	9	2
Grant	3	0	0	0	0	3	0
Guadalupe	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0
Lea	3	1	2	0	0	6	3
Lincoln	2	0	0	0	0	2	0
Los Alamos	3	0	0	1	0	2	-1
Luna	4	0	0	0	1	3	-1
McKinley	10	0	1	0	2	9	-1
Mora	0	0	0	0	0	0	0
Otero	10	0	0	0	2	8	-2
Quay	0	0	0	0	0	0	0
Rio Arriba	3	0	0	0	0	3	0
Roosevelt	1	0	0	0	0	1	0
San Juan	9	0	0	1	1	7	-2
San Miguel	4	0	1	0	2	3	-1
Sandoval	7	0	1	0	2	6	-1
Santa Fe	11	1	3	0	2	13	2
Sierra	0	0	0	0	0	0	0
Socorro	4	0	0	0	0	4	0
Taos	3	0	1	0	0	4	1
Torrance	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0
Valencia	0	0	0	0	0	0	0
STATE TOTAL	**236**	**2**	**36**	**2**	**19**	**253**	**17**

6. General Surgeons

From 2014 to 2015, New Mexico had an estimated 15 additional general surgeons practicing in the state. In 2014, the state had an estimated 162 general surgeons and in 2015, the estimated count was 177. Only three general surgeons moved practice from one county to another within the state. An estimated 31 general surgeons began practice in New Mexico, while 16 ended practice. Bernalillo County had 14 additional general surgeons, the greatest increase in absolute numbers, but Eddy County experienced a 60 percent increase, from five in 2014 and eight in 2015. See Table 3.6 for a summary of these changes.

Table 3.6. Migration of General Surgeons, 2014 – 2015

		Incoming Practitioners		Outgoing Practitioners			
County	2014 Count	From Other County	Entering NM	To Other County	Exiting NM	2015 Count	Net Change
Bernalillo	60	1	16	1	2	74	14
Catron	0	0	0	0	0	0	0
Chaves	4	0	2	0	2	4	0
Cibola	2	0	0	0	0	2	0
Colfax	4	0	0	0	0	4	0
Curry	9	0	1	1	0	9	0
De Baca	0	0	0	0	0	0	0
Doña Ana	11	0	3	0	1	13	2
Eddy	5	0	3	0	0	8	3
Grant	5	0	0	0	2	3	-2
Guadalupe	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0
Lea	2	0	1	0	1	2	0
Lincoln	0	0	0	0	0	0	0
Los Alamos	5	0	0	0	1	4	-1
Luna	1	0	0	0	0	1	0
McKinley	8	0	1	0	1	8	0
Mora	0	0	0	0	0	0	0
Otero	2	0	0	0	0	2	0
Quay	1	1	0	0	0	2	1
Rio Arriba	2	0	1	0	0	3	1
Roosevelt	1	0	0	0	0	1	0
San Juan	7	0	0	0	1	6	-1
San Miguel	3	0	0	1	0	2	-1
Sandoval	4	0	1	0	0	5	1
Santa Fe	15	1	2	0	1	17	2
Sierra	0	0	0	0	0	0	0
Socorro	3	0	0	0	1	2	-1
Taos	7	0	0	0	3	4	-3
Torrance	0	0	0	0	0	0	0
Union	1	0	0	0	0	1	0
Valencia	0	0	0	0	0	0	0
STATE TOTAL	**162**	**3**	**31**	**3**	**16**	**177**	**15**

7. Psychiatrists

In 2014, New Mexico had an estimated 289 practicing psychiatrist in the state, a number that has grown to 309 psychiatrists in 2015. Bernalillo County accounts for 85 percent of the net increase. An estimated 47 psychiatrists started practicing in the state, while 27 stopped. An estimated 11 psychiatrists moved practice from one county to another within the state. See Table 3.7 for a summary of these changes.

Table 3.7. Migration of Psychiatrists, 2014 – 2015

		Incoming Practitioners		Outgoing Practitioners			
County	2014 Count	From Other County	Entering NM	To Other County	Exiting NM	2015 Count	Net Change
Bernalillo	150	5	28	4	12	167	17
Catron	0	0	0	0	0	0	0
Chaves	6	0	1	2	0	5	-1
Cibola	1	0	0	0	0	1	0
Colfax	0	0	0	0	0	0	0
Curry	4	0	1	0	0	5	1
De Baca	0	0	0	0	0	0	0
Doña Ana	25	0	0	1	3	21	-4
Eddy	2	1	0	0	0	3	1
Grant	4	0	1	0	2	3	-1
Guadalupe	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0
Lea	3	0	1	0	0	4	1
Lincoln	0	0	0	0	0	0	0
Los Alamos	1	1	1	0	0	3	2
Luna	1	0	0	0	0	1	0
McKinley	7	0	0	0	2	5	-2
Mora	0	0	0	0	0	0	0
Otero	2	1	0	0	1	2	0
Quay	1	0	0	0	0	1	0
Rio Arriba	0	0	1	0	0	1	1
Roosevelt	0	0	0	0	0	0	0
San Juan	6	0	2	0	0	8	2
San Miguel	9	0	0	0	0	9	0
Sandoval	6	1	2	0	1	8	2
Santa Fe	48	0	7	1	3	51	3
Sierra	0	0	0	0	0	0	0
Socorro	2	0	0	1	0	1	-1
Taos	4	0	0	0	1	3	-1
Torrance	0	0	2	2	0	0	0
Union	0	0	0	0	0	0	0
Valencia	7	2	0	0	2	7	0
STATE TOTAL	**289**	**11**	**47**	**11**	**27**	**309**	**20**

8. Dentists

New Mexico has an estimated 50 more dentists in 2015 than 2014, growing from 1,081 to 1,131. Bernalillo and San Juan counties accounted for 84 percent of the increase. Two other counties experienced large changes, with Doña Ana growing by nine dentists and Sandoval County decreasing by 11. There were a total of 79 newly licensed dentists practicing in the state, while 29 left practice. Only four dentists moved practice from one county to another in the state. See Table 3.8 for a summary of these changes.

Table 3.8. Migration of Dentists, 2014 – 2015

		Incoming Practitioners		Outgoing Practitioners			
County	2014 Count	From Other County	Entering NM	To Other County	Exiting NM	2015 Count	Net Change
Bernalillo	480	3	24	0	3	504	24
Catron	1	0	0	0	0	1	0
Chaves	21	0	3	0	0	24	3
Cibola	8	0	0	0	0	8	0
Colfax	4	0	0	0	0	4	0
Curry	25	0	4	0	0	29	4
De Baca	0	0	0	0	0	0	0
Doña Ana	95	0	11	1	1	104	9
Eddy	15	0	4	0	0	19	4
Grant	13	0	0	0	2	11	-2
Guadalupe	1	0	0	0	0	1	0
Harding	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0
Lea	19	0	2	0	4	17	-2
Lincoln	8	0	3	1	0	10	2
Los Alamos	16	0	0	0	1	15	-1
Luna	7	0	0	0	0	7	0
McKinley	32	0	1	0	2	31	-1
Mora	1	0	0	0	0	1	0
Otero	19	0	0	0	1	18	-1
Quay	1	0	0	0	0	1	0
Rio Arriba	10	0	1	0	0	11	1
Roosevelt	3	0	0	0	0	3	0
San Juan	60	0	18	0	0	78	18
San Miguel	12	0	0	0	2	10	-2
Sandoval	71	0	2	2	11	60	-11
Santa Fe	112	1	1	0	0	114	2
Sierra	6	0	0	0	2	4	-2
Socorro	4	0	0	0	0	4	0
Taos	15	0	2	0	0	17	2
Torrance	2	0	0	0	0	2	0
Union	0	0	0	0	0	0	0
Valencia	20	0	3	0	0	23	3
STATE TOTAL	**1,081**	**4**	**79**	**4**	**29**	**1,131**	**50**

9. Pharmacists

An estimated 1,928 pharmacists were practicing in New Mexico in 2014. In 2015, the state experienced an estimated decrease of 17 pharmacists, to 1,911. Approximately half the decrease occurred in Bernalillo County. Two other metropolitan counties, Doña Ana and Santa Fe, also saw net decreases. Overall, an estimated 34 pharmacists began practice in the state during 2015 while 51 pharmacists left practice. An estimated 34 pharmacists changed practice location from one county to another within the state. See Table 3.9 for a summary of these changes.

Table 3.9. Migration of Pharmacists, 2014 – 2015

County	2014 Count	Incoming Practitioners		Outgoing Practitioners		2015 Count	Net Change
		From Other County	Entering NM	To Other County	Exiting NM		
Bernalillo	1,079	14	12	9	26	1,070	-9
Catron	0	0	0	0	0	0	0
Chaves	40	1	1	1	1	40	0
Cibola	13	0	0	0	0	13	0
Colfax	10	0	0	1	0	9	-1
Curry	25	0	2	0	1	26	1
De Baca	2	0	0	0	0	2	0
Doña Ana	123	2	3	4	3	121	-2
Eddy	38	1	2	1	0	40	2
Grant	20	2	2	2	1	21	1
Guadalupe	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0
Hidalgo	1	0	0	0	0	1	0
Lea	27	0	0	0	1	26	-1
Lincoln	18	0	0	0	3	15	-3
Los Alamos	12	0	1	0	0	13	1
Luna	6	2	0	2	0	6	0
McKinley	25	1	0	0	3	23	-2
Mora	3	0	0	0	0	3	0
Otero	22	2	1	0	1	24	2
Quay	6	0	0	0	0	6	0
Rio Arriba	9	0	0	0	0	9	0
Roosevelt	14	0	0	0	0	14	0
San Juan	65	2	0	1	0	66	1
San Miguel	19	0	0	1	0	18	-1
Sandoval	143	2	5	6	2	142	-1
Santa Fe	112	2	3	3	6	108	-4
Sierra	6	0	0	0	0	6	0
Socorro	2	0	0	0	0	2	0
Taos	26	1	1	2	2	24	-2
Torrance	2	0	0	0	0	2	0
Union	3	0	0	0	0	3	0
Valencia	57	2	1	1	1	58	1
STATE TOTAL	**1,928**	**34**	**34**	**34**	**51**	**1,911**	**-17**

C. Discussion

All health professions, except for doctors of osteopathy and pharmacists, saw an overall increase in New Mexico from 2014 to 2015. Bernalillo County had the largest variance in provider counts and was consistently the driver in statewide counts, with Eddy County and McKinley County following close behind. Eddy County saw increases in all health professions except osteopaths (-1). The increase in CNP/CNS (+11) and PA (+4) in Eddy County indicates a potentially large expansion in primary care access, especially coupled with the increase in dentists (+4) and pharmacists (+2). McKinley County experienced decreases in Ob-Gyn (-1), psychiatry (-2), dentists (-1) and pharmacists (+2), but had increases in all the primary care provider categories: MDs (+6), DOs (+1), CNP/CNS (+4) and PAs (+1). To follow up on the prior year's focus on Chaves County, the physician workforce appears stable, with the local ability to replace out migration. There was, however, a decrease in the CNP/CNS (-4) and PA (-2) workforce.

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SECTION IV

RECOMMENDATIONS OF THE NEW MEXICO HEALTH CARE WORKFORCE COMMITTEE

A. Introduction

Beginning with the 2014 report, the New Mexico Healthcare Workforce Committee has made recommendations for solutions to the issues highlighted by its analysis of the state's health professionals. These recommendations have included both items actionable by the Legislature and more general recommendations for communities and health professional training programs. Here, we review prior years' recommendations and their status and provide our 2016 recommendations.

B. Status of 2014 Recommendations

1. 2014 Education and Training Recommendations

a. Health professions training programs should be enhanced, including strong support for the UNM School of Medicine, advanced practice registered nurse programs at UNM and NMSU, New Mexico Nursing Education Consortium programs to increase the BSN-prepared workforce and development of a BA/DDS program similar to UNM's BA/MD program. As the state invests in these programs, the New Mexico Health Care Workforce Committee will need expanded tracking to analyze how many graduates practice in New Mexico.

ACTION: Supplemental appropriations to institutions for nursing program expansion increased from $1.81 million in FY 2014 to $8.39 million in FY 2016. The Legislative Finance Committee reports that the number of nursing degrees awarded has increased from 932 in 2011 to 1,062 in 2014. It notes that "additional evaluation work is needed in 2016 to fully assess whether investments in expanding nurse education is working as intended."[21]

The first graduates from UNM HSC's expanded pediatric nurse practitioner, family nurse practitioner and certified nurse midwife programs are anticipated in 2017. These graduates' entry into the workforce will provide an opportunity to analyze the impact of training program expansion on the state's need for advanced practice registered nurses.

b. The state should fully support Graduate Medical Education (GME) by continuing funding for nine current GME positions and explore options for increasing the number of funded positions, particularly for practice in rural areas and underserved areas. This would entail developing additional primary care training locations throughout New Mexico.

ACTION: The Legislature fully funded nine residency slots each year in FY 2015 and FY 2016, with an emphasis on internal medicine, family medicine, general surgery and psychiatry. For these 18 slots, $1.7 million was appropriated to UNM HSC in FY 2017. Additional slots were not funded in FY 2017.

The Legislature also appropriated $399,500 in FY 2015 and FY 2016 to support primary care residencies at Hidalgo Medical Services, a federally qualified health center in southwestern New Mexico.

The 2014 Legislature also advanced the creation of primary care residency slots by leveraging state Medicaid funds.[22] Through this program, primary care residency development will be supported through the base Medicaid funding budget for residency slots at federally qualified health centers in New Mexico primary care shortage areas.

c. The Community Health Worker certificate should be fully implemented.

ACTION: We reiterate this recommendation for 2016 (D.2.h.).

2. 2014 Financial Incentives for Addressing Shortages

a. Financial incentives for recruiting health care professionals should be maintained and expanded on the basis of their demonstrated efficacy. The New Mexico Health Care Workforce committee should be funded in order to collect data, conduct analyses and develop appropriate outcome measures of these programs.

ACTION: In 2015, the LFC reported several state investments in health care workforce financial aid.[20] The Legislature appropriated $5.2 million for health professional financial aid programs in FY 2016, a 55 percent increase over FY 2014 levels. This included $200,000 to compensate for funds previously received from a U.S. Department of Health and Human Services matching grant that was not renewed for FY 2014 – 2015.

In addition, the state expanded funding for Western Interstate Commission for Higher Education positions, which allow students from New Mexico to pay in-state tuition at affiliated dental and veterinary schools in exchange for three years of service in New Mexico. Funding was expanded from $1.15 million in FY2015 to $2.27 million in FY2016.

b. The state tax incentive program should be evaluated for its impact on recruiting and retaining New Mexico's rural health care workforce.

ACTION: We reiterated this recommendation for 2015 (C.2.e.).

3. 2014 Recruitment for Retention in New Mexico Communities

a. Recruitment efforts should address social and environmental barriers to successful recruitment.

ACTION: The non-profit New Mexico Health Resources has continued to support recruitment of health professionals to underserved areas. In 2014 – 2015, this organization placed 83 health professionals and 30 physicians with Conrad J-1 Visa Waivers in the state.

b. Explore strategies to help manage workloads for health care practitioners and create professional support networks, particularly in health professional shortage areas.

ACTION: Several successful New Mexico programs that foster health professions career development in rural areas – including Hidalgo Medical Services, UNM Locum Tenens, NurseAdvice New Mexico, the UNM Physician Access Line and Health Extension Rural Offices – continue to help manage workloads and create professional support networks, as we reported in 2014 and 2015.

c. Enhance linkages between rural practitioners and the UNM Health Sciences Center to improve health care workforce retention.

ACTION: As we reported in 2015, telehealth technologies and virtual clinic platforms such as Project ECHO have continued to enhance primary care practice in rural New Mexico.

4. 2014 New Mexico Health Care Workforce Committee

a. The New Mexico Health Care Workforce Committee should be funded in order to conduct its analyses. Funding for this committee will allow it to assess the efficacy of health care workforce programs and study in depth the mental health service environment, as well as expand tracking of health care workforce recruitment and retention.

ACTION: We reiterated this recommendation for 2015 (C.2.f.).

C. Status of 2015 Recommendations

1. 2015 Behavioral Health Recommendations

a. With additional funding, UNM HSC can expand statewide access to telehealth consultation with behavioral health clinicians.

ACTION: We recognize the ongoing need to expand telehealth access to direct clinical services and real-time consultation. Given the tight fiscal environment, we will defer this recommendation for the future. This year, we recommend commencing planning for a statewide telehealth infrastructure to expand behavioral health access. (D.1.h.).

b. Request that the New Mexico Counseling and Therapy Practice Board and the Board of Psychologist Examiners re-examine their requirements for face-to-face mentoring (to be replaced by tele-mentoring) in order to minimize the barriers to rural practice.

ACTION: As of 2015, the New Mexico Counseling and Therapy Practice Board, the Board of Psychologist Examiners and the Board of Social Work Examiners have agreed to expand or examine expanding the definition of supervised practice toward independent licensure to include tele-mentoring.

c. Request that the New Mexico Counseling and Therapy Practice Board, the Board of Social Work Examiners and the Board of Psychologist Examiners eliminate barriers in reciprocity (e.g., eliminate requirements for time practiced in a particular state) to make New Mexico more competitive in recruiting new practitioners.

ACTION: As above, these boards have agreed to examine ways to lessen or eliminate reciprocity barriers to improve practitioner recruitment. Please see the summary of the New Mexico Board of Psychologist Examiners' actions on page 50.

d. Request that the New Mexico Behavioral Health Collaborative develop reimbursement mechanisms for services delivered by psychology interns, social work interns and counseling interns when participating in electives in the public behavioral health system.

ACTION: We reiterate this recommendation for 2016 (D.1.b.).

e. Request that all publicly funded higher education institutions release their licensure board pass rates to the New Mexico Behavioral Health Collaborative and the respective

professional licensing boards so that the state can identify areas of continuous quality improvement to ensure that graduates are adequately prepared for licensing board examinations.

ACTION: The New Mexico Behavioral Health Collaborative is currently in discussions with Higher Education Department to facilitate this action.

f. The New Mexico Behavioral Health Collaborative should establish financing systems that promote sustainability and employee retention. Request that the Behavioral Health Collaborative disseminate a strategic plan on this topic by the end of FY 2016.

ACTION: The New Mexico Behavioral Health Collaborative developed and disseminated a strategic plan on sustainable financing systems (available at http://www.newmexico.networkofcare.org/content/client/1446/4.-Strategic-Plan-Implementation-Updated.pdf).

g. Request that the Department of Health add social workers and counselors to the list of health care professions who are eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

ACTION: See update below at C.2.g.

h. Support recruitment mechanisms by expanding the Rural Primary Health Care Act to include behavioral health and contracting with a non-profit entity for recruitment services.

ACTION: We continue to recognize the ongoing need to support recruitment of behavioral health clinicians. A centralized job board has been created for all New Mexico agencies to recruit for behavioral health clinicians (http://www.newmexico.networkofcare.org/mh/nocJobBoard/)

The Rural Primary Care Act needs to be expanded to include a specialized behavioral health entity to support recruitment and contracting. Given the tight fiscal environment, we will defer this recommendation for the future.

2. 2015 Recommendations for Other Health Professions

a. We strongly recommend that the Higher Education Department position take full advantage of the 2017 opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's loan repayment program.

ACTION: The Higher Education Department is prioritizing this upcoming opportunity. We reiterate this recommendation in 2016 (D.2.e.).

b. We strongly recommend that the Legislative Health and Human Services and Legislative Finance Committees support funding for loan-for-service and loan repayment programs and consider increasing funding levels to enhance rural health care practice.

ACTION: LHHS supported this recommendation in 2015.

c. We recommend that loan-for-service and loan repayment programs be structured to target the professions most needed in rural areas, rather than prioritizing practitioners with the highest levels of debt.

ACTION: We reiterate this recommendation in 2016 (D.2.d.).

d. We recommend that telehealth services be encouraged and funded to assist rural physicians in managing workload and treating complex cases.

ACTION: In 2015, the Legislative Health and Human Services Committee endorsed $3 million in appropriations for Project ECHO. However, no additional funding was provided in the 2016 legislative session due to budgetary constraints.

e. We recommend that the Department of Health cooperate with the Taxation and Revenue Department so that the New Mexico Health Care Workforce Committee can analyze the impact of the Rural Health Care Tax Credit on retention.

ACTION: LHHS requested the LFC update the 2011 study of the tax credit. As of August 2016, the Department of Health and Taxation and Revenue Department have initiated analysis of the retention impact of the Rural Health Care Tax Credit.

f. We recommend that the Legislature support funding the New Mexico Health Care Workforce Committee to study whether residents have adequate access to the various types of providers.

ACTION: The LFC has recommended supporting the committee's workforce analysis initiatives. LHHS endorsed the 2016 SB 150 to provide $300,000 to support the work of the New Mexico Health Care Workforce Committee. However, this bill did not pass. We reiterate this recommendation in 2016 (D.2.i.).

g. We recommend that pharmacists, counselors and social workers be added to the list of health care practitioners eligible for the Rural Health Care Tax Credit.

ACTION: LHHS endorsed 2016 HB 54 to equalize the tax credit among all practitioners already included in the credit and add eligibility for individuals licensed under the Counseling and Therapy Act, the Social Work Practice Act and the Pharmacy Act. However, this bill did not pass.

D. 2016 RECOMMENDATIONS

1. 2016 Behavioral Health Recommendations

These recommendations are described more fully on pages 52 – 54 of this report.

a. In compliance with Chapter 61 of NMSA 1978, expedite implementation of professional licensure by endorsement for social workers, counselors and therapists.

b. Develop reimbursement mechanisms through Medicaid for services delivered by trainees in community settings.

c. Identify funding for efforts to support and prepare candidates from diverse backgrounds to complete graduate degrees in behavioral health fields.

d. Support Medicaid funding for community-based psychiatry residency programs in federally qualified health centers.

e. Request that the Department of Health add social workers and counselors to the list of health care professions who are eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

f. Explore opportunities to leverage federal funding for Health Information Exchange and adoption of electronic health records for behavioral health providers.

g. Bring licensing boards together to create a unified survey and dataset for behavioral health care providers.

h. Convene a planning group to develop statewide telehealth infrastructure to deliver behavioral health services via telehealth to rural communities.

i. Support the Collaborative Advanced Psychiatric-Education Exchange Program..

2. 2016 Recommendations for Other Health Professions

These recommendations are described more fully on pages 36 – 37 of this report.

a. Correct the recent omission by the Regulation and Licensing Department of the practice specialty item from the physicians' online license renewal survey platform.

b. Enhance the Physician Assistants' survey with an added practice specialty item.

c. Maintain funding for the loan-for-service and loan repayment programs at their current levels.

d. Restructure loan-for-service and loan repayment programs to target the professions most needed in rural areas, rather than prioritizing practitioners with the highest levels of debt.

e. Position the Higher Education Department to take full advantage of the 2017 opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's loan repayment program.

f. Continue funding for expanded primary and secondary care residencies in New Mexico.

g. Support further exploration of Medicaid as an avenue for expanding residencies in New Mexico.

h. Continue support for the Community Health Workers certification program to promote consistency among training programs for these health professionals.

i. Provide funding for the New Mexico Health Care Workforce Committee.

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APPENDIX A

BENCHMARK GAP ANALYSES FOR NEW MEXICO HEALTH CARE PROFESSIONS

Table A.1. Benchmark Gap Analysis of New Mexico PCPs

County	Population	PCP Survey Count	Estimated Primary Care DOs	Estimated PCP Count	Above (+) / Below (–) Benchmark
Bernalillo	676,685	839	97	936	401
Catron	3,456	2	1	3	0
Chaves	65,764	67	8	75	23
Cibola	27,329	17	2	19	-3
Colfax	12,414	8	3	11	1
Curry	50,398	32	7	39	-1
De Baca	1,828	1	0	1	0
Doña Ana	214,295	163	19	182	13
Eddy	57,578	29	10	39	-6
Grant	28,609	35	3	38	15
Guadalupe	4,371	2	1	3	0
Harding	698	0	0	0	-1
Hidalgo	4,423	0	1	1	-2
Lea	71,180	29	6	35	-21
Lincoln	19,420	10	4	14	-1
Los Alamos	17,785	31	1	32	18
Luna	24,518	7	2	9	-10
McKinley	76,708	57	5	62	1
Mora	4,596	2	0	2	-2
Otero	64,362	32	5	37	-14
Quay	8,455	4	1	5	-2
Rio Arriba	39,465	25	3	28	-3
Roosevelt	19,120	13	1	14	-1
San Juan	118,737	78	17	95	1
San Miguel	27,967	20	2	22	0
Sandoval	139,394	95	6	101	-9
Santa Fe	148,686	170	15	185	68
Sierra	11,282	7	4	11	2
Socorro	17,256	14	2	16	2
Taos	32,907	32	1	33	7
Torrance	15,485	1	1	2	-10
Union	4,201	1	0	1	-2
Valencia	75,737	22	2	24	-36
State Total	**2,085,109**	**1,845**	**230**	**2,075**	**428**

Table A.2. Benchmark Gap Analysis of New Mexico CNPs/CNSs

County	Population	Licensed by Practice Address Count	Above (+) / Below (–) Benchmark
Bernalillo	676,685	636	244
Catron	3,456	0	-2
Chaves	65,764	27	-11
Cibola	27,329	12	-4
Colfax	12,414	7	0
Curry	50,398	22	-7
De Baca	1,828	2	1
Doña Ana	214,295	130	6
Eddy	57,578	44	11
Grant	28,609	14	-3
Guadalupe	4,371	3	0
Harding	698	0	**0**
Hidalgo	4,423	0	-3
Lea	71,180	28	-13
Lincoln	19,420	7	-4
Los Alamos	17,785	9	-1
Luna	24,518	16	2
McKinley	76,708	25	-19
Mora	4,596	4	1
Otero	64,362	22	-15
Quay	8,455	11	6
Rio Arriba	39,465	24	1
Roosevelt	19,120	10	-1
San Juan	118,737	28	-41
San Miguel	27,967	15	-1
Sandoval	139,394	37	-44
Santa Fe	148,686	96	10
Sierra	11,282	5	-2
Socorro	17,256	8	-2
Taos	32,907	23	4
Torrance	15,485	5	-4
Union	4,201	3	1
Valencia	75,737	20	-24
State Total	**2,085,109**	**1293**	**86**

Table A.3. Benchmark Gap Analysis of New Mexico PAs

County	Population	Licensed by Practice Address Count	Above (+) / Below (–) Benchmark
Bernalillo	676,685	358	153
Catron	3,456	0	-1
Chaves	65,764	12	-8
Cibola	27,329	4	-4
Colfax	12,414	4	0
Curry	50,398	9	-6
De Baca	1,828	0	-1
Doña Ana	214,295	35	-30
Eddy	57,578	10	-7
Grant	28,609	18	9
Guadalupe	4,371	0	-1
Harding	698	0	**0**
Hidalgo	4,423	2	1
Lea	71,180	9	-13
Lincoln	19,420	1	-5
Los Alamos	17,785	11	6
Luna	24,518	3	-4
McKinley	76,708	13	-10
Mora	4,596	1	0
Otero	64,362	14	-6
Quay	8,455	0	-3
Rio Arriba	39,465	10	-2
Roosevelt	19,120	3	-3
San Juan	118,737	35	-1
San Miguel	27,967	7	-1
Sandoval	139,394	45	3
Santa Fe	148,686	58	13
Sierra	11,282	5	2
Socorro	17,256	2	-3
Taos	32,907	19	9
Torrance	15,485	2	-3
Union	4,201	0	-1
Valencia	75,737	8	-15
State Total	**2,085,109**	**698**	**66**

Table A.4. Benchmark Gap Analysis of New Mexico Ob-Gyn Physicians

County	Population	Female Population	Estimated Ob/Gyn	Above (+) / Below (–) Benchmark
Bernalillo	676,685	344,757	133	61
Catron	3,456	1,670	0	**0**
Chaves	65,764	32,958	7	0
Cibola	27,329	13,332	2	-1
Colfax	12,414	6,132	2	1
Curry	50,398	24,213	3	-2
De Baca	1,828	918	0	**0**
Doña Ana	214,295	108,683	23	0
Eddy	57,578	28,406	9	3
Grant	28,609	14,504	3	0
Guadalupe	4,371	1,886	0	**0**
Harding	698	328	0	**0**
Hidalgo	4,423	2,193	0	**0**
Lea	71,180	34,497	6	-1
Lincoln	19,420	9,770	2	0
Los Alamos	17,785	8,770	2	0
Luna	24,518	12,235	3	0
McKinley	76,708	39,879	9	1
Mora	4,596	2,198	0	**0**
Otero	64,362	31,327	8	1
Quay	8,455	4,334	0	-1
Rio Arriba	39,465	20,043	3	-1
Roosevelt	19,120	9,497	1	-1
San Juan	118,737	59,849	7	-6
San Miguel	27,967	14,210	3	0
Sandoval	139,394	70,918	6	-9
Santa Fe	148,686	76,394	13	-3
Sierra	11,282	5,651	0	-1
Socorro	17,256	8,475	4	2
Taos	32,907	16,856	4	0
Torrance	15,485	7,330	0	-2
Union	4,201	1,824	0	**0**
Valencia	75,737	37,651	0	-8
State Total	**2,085,109**	**1,051,688**	**253**	**33**

Table A.5. Benchmark Gap Analysis of New Mexico General Surgeons

County	Population	Estimated General Surgeon Count	Above (+) / Below (–) Benchmark
Bernalillo	676,685	74	33
Catron	3,456	0	0
Chaves	65,764	4	0
Cibola	27,329	2	0
Colfax	12,414	4	3
Curry	50,398	9	6
De Baca	1,828	0	0
Doña Ana	214,295	13	0
Eddy	57,578	8	5
Grant	28,609	3	1
Guadalupe	4,371	0	0
Harding	698	0	0
Hidalgo	4,423	0	0
Lea	71,180	2	-2
Lincoln	19,420	0	-1
Los Alamos	17,785	4	3
Luna	24,518	1	0
McKinley	76,708	8	3
Mora	4,596	0	0
Otero	64,362	2	-2
Quay	8,455	2	1
Rio Arriba	39,465	3	1
Roosevelt	19,120	1	0
San Juan	118,737	6	-1
San Miguel	27,967	2	0
Sandoval	139,394	5	-3
Santa Fe	148,686	17	8
Sierra	11,282	0	-1
Socorro	17,256	2	1
Taos	32,907	4	2
Torrance	15,485	0	-1
Union	4,201	1	1
Valencia	75,737	0	-5
State Total	**2,085,572**	**177**	**52**

Table A.6. Benchmark Gap Analysis of New Mexico Psychiatrists

County	Population	Estimated Psychiatrists Count	Above (+) / Below (–) Benchmark
Bernalillo	676,685	167	63
Catron	3,456	0	-1
Chaves	65,764	5	-5
Cibola	27,329	1	-3
Colfax	12,414	0	-2
Curry	50,398	4	-4
De Baca	1,828	0	**0**
Doña Ana	214,295	21	-12
Eddy	57,578	4	-5
Grant	28,609	3	-1
Guadalupe	4,371	0	-1
Harding	698	0	**0**
Hidalgo	4,423	0	-1
Lea	71,180	4	-7
Lincoln	19,420	0	-3
Los Alamos	17,785	3	0
Luna	24,518	1	-3
McKinley	76,708	5	-7
Mora	4,596	0	-1
Otero	64,362	2	-8
Quay	8,455	1	0
Rio Arriba	39,465	1	-5
Roosevelt	19,120	0	-3
San Juan	118,737	8	-10
San Miguel	27,967	9	5
Sandoval	139,394	8	-13
Santa Fe	148,686	51	28
Sierra	11,282	0	-2
Socorro	17,256	1	-2
Taos	32,907	3	-2
Torrance	15,485	0	-2
Union	4,201	0	-1
Valencia	75,737	7	-5
State Total	**2,085,572**	**309**	**-12**

Table A.7. Benchmark Gap Analysis of New Mexico Dentists

County	Population	Estimated Dentists Count	Above (+) / Below (–) Benchmark
Bernalillo	676,685	504	233
Catron	3,456	1	0
Chaves	65,764	24	-2
Cibola	27,329	8	-3
Colfax	12,414	4	-1
Curry	50,398	29	9
De Baca	1,828	0	-1
Doña Ana	214,295	104	18
Eddy	57,578	19	-4
Grant	28,609	11	0
Guadalupe	4,371	1	-1
Harding	698	0	**0**
Hidalgo	4,423	0	-2
Lea	71,180	17	-11
Lincoln	19,420	10	2
Los Alamos	17,785	15	8
Luna	24,518	7	-3
McKinley	76,708	31	0
Mora	4,596	1	-1
Otero	64,362	18	-8
Quay	8,455	1	-2
Rio Arriba	39,465	11	-5
Roosevelt	19,120	3	-5
San Juan	118,737	78	31
San Miguel	27,967	10	-1
Sandoval	139,394	60	4
Santa Fe	148,686	114	55
Sierra	11,282	4	-1
Socorro	17,256	4	-3
Taos	32,907	17	4
Torrance	15,485	2	-4
Union	4,201	0	-2
Valencia	75,737	23	-7
State Total	**2,085,109**	**1,131**	**297**

Table A.8. Benchmark Gap Analysis of New Mexico Pharmacists

County	Population	Estimated Pharmacist Count	Above (+) / Below (–) Benchmark
Bernalillo	676,685	1,070	542
Catron	3,456	0	-3
Chaves	65,764	40	-11
Cibola	27,329	13	-8
Colfax	12,414	9	-1
Curry	50,398	26	-13
De Baca	1,828	2	1
Doña Ana	214,295	121	-46
Eddy	57,578	40	-5
Grant	28,609	21	-1
Guadalupe	4,371	0	-3
Harding	698	0	-1
Hidalgo	4,423	1	-2
Lea	71,180	26	-30
Lincoln	19,420	15	0
Los Alamos	17,785	13	-1
Luna	24,518	6	-13
McKinley	76,708	23	-37
Mora	4,596	3	-1
Otero	64,362	24	-26
Quay	8,455	6	-1
Rio Arriba	39,465	9	-22
Roosevelt	19,120	14	-1
San Juan	118,737	66	-27
San Miguel	27,967	18	-4
Sandoval	139,394	142	33
Santa Fe	148,686	108	-8
Sierra	11,282	6	-3
Socorro	17,256	2	-11
Taos	32,907	24	-2
Torrance	15,485	2	-10
Union	4,201	3	0
Valencia	75,737	58	-1
State Total	**2,085,572**	**1,911**	**285**

APPENDIX B

ADDITIONAL PRACTICE DETAILS

FOR NEW MEXICO BEHAVIORAL HEALTH PROVIDERS

Table B.1. Number of Behavioral Health Professionals with NM Licenses Practicing in the State, 2015

License Category	Total Licensed in NM	Estimated Total Practicing in NM	Percent Practicing in NM
Prescribers	721	463	64.2%
Independently Licensed Psychotherapy Providers	5,566	4,609	82.8%
Non-Independently Licensed Psychotherapy Providers	4,031	3,420	84.8%
Substance Abuse Treatment Providers	969	874	90.2%
TOTAL	**11,287**	**9,366**	**83.0%**

Table B.2. New Mexico Behavioral Health Providers, 2015

County	Prescribers				Independently Licensed Psychotherapy Providers				Non-Independently Licensed Psychotherapy Providers				Substance Abuse Treatment Providers			
	Prescribing Psychologist	CNP/CNS	Psychiatrist*	TOTAL	Non-Prescribing Psychologist	Counselor	Social Worker	*TOTAL*	Psychologist	Counselor	Social Worker	*TOTAL*	Independent License	Non-Independent License	*TOTAL*	*County Total*
Bernalillo	12	58	167	237	302	912	804	*2,018*	2	441	906	*1,349*	154	105	259	*3,863*
Catron	0	0	0	0	0	0	1	*1*	0	0	0	*0*	0	0	0	*1*
Chaves	2	1	5	8	5	27	20	*52*	0	7	91	*98*	13	11	24	*182*
Cibola	1	0	1	2	5	13	6	*24*	1	12	21	*34*	16	10	26	*86*
Colfax	0	1	0	1	0	12	11	*23*	0	2	10	*12*	3	1	4	*40*
Curry	0	2	4	6	5	40	31	*76*	0	16	43	*59*	2	1	3	*144*
De Baca	0	0	0	0	0	0	0	*0*	0	0	1	*1*	1	0	1	*2*
Dona Ana	12	24	21	57	54	141	177	*372*	1	75	297	*373*	49	20	69	*871*
Eddy	0	4	4	8	1	17	20	*38*	0	9	48	*57*	7	5	12	*115*
Grant	0	0	3	3	6	53	27	*86*	1	18	57	*76*	18	13	31	*196*
Guadalupe	0	0	0	0	1	2	4	*7*	0	2	5	*7*	2	5	7	*21*
Harding	0	0	0	0	0	0	0	*0*	0	0	1	*1*	0	0	0	*1*
Hidalgo	0	0	0	0	0	0	0	*0*	0	1	5	*6*	0	1	1	*7*
Lea	1	0	4	5	3	31	21	*55*	0	18	52	*70*	17	21	38	*168*
Lincoln	1	0	0	1	5	16	8	*29*	0	0	14	*14*	3	6	9	*53*
Los Alamos	0	0	3	3	9	18	15	*42*	1	6	5	*12*	2	1	3	*60*
Luna	0	0	1	1	2	8	4	*14*	0	2	27	*29*	0	0	0	*44*
McKinley	0	3	5	8	7	28	30	*65*	0	15	39	*54*	33	10	43	*170*
Mora	0	0	0	0	0	0	4	*4*	0	1	5	*6*	1	0	1	*11*
Otero	1	2	2	5	4	47	23	*74*	0	9	49	*58*	16	4	20	*157*
Quay	0	0	1	1	0	7	4	*11*	0	4	9	*13*	1	1	2	*27*
Rio Arriba	0	2	1	3	3	35	30	*68*	0	10	38	*48*	16	21	37	*156*
Roosevelt	0	1	0	1	0	12	11	*23*	0	17	20	*37*	1	0	1	*62*
San Juan	1	2	8	11	7	53	83	*143*	0	15	113	*128*	54	31	85	*367*
San Miguel	1	5	9	15	17	39	37	*93*	0	19	110	*129*	6	0	6	*243*
Sandoval	0	2	8	10	36	121	115	*272*	0	61	125	*186*	32	18	50	*518*
Santa Fe	4	5	51	60	68	413	262	*743*	2	165	190	*357*	42	19	61	*1,221*
Sierra	0	0	0	0	0	5	6	*11*	0	3	16	*19*	2	2	4	*34*
Socorro	0	0	1	1	1	9	7	*17*	0	2	9	*11*	6	2	8	*37*
Taos	2	0	3	5	12	57	73	*142*	0	23	62	*85*	18	18	36	*268*
Torrance	0	1	0	1	1	15	10	*26*	0	4	7	*11*	3	2	5	*43*
Union	0	0	0	0	0	1	0	*1*	0	3	1	*4*	3	1	4	*9*
Valencia	2	1	7	10	6	43	30	*79*	0	21	55	*76*	10	14	24	*189*
TOTAL	**40**	**114**	**309**	**463**	**560**	**2,175**	**1,874**	***4,609***	**8**	**981**	**2,431**	***3,420***	**531**	**343**	**874**	***9,366***

* 60% of Doctors of Osteopathy (DOs) and 3% of Medical Doctors were missing a specialty. This column includes 4 DOs and 305 MDs.

Table B.3. Proportion of Independently Licensed Psychotherapy Providers, 2015*

County	Independently Licensed	Non-Independently Licensed	Percent Independently Licensed
Bernalillo	2,018	1,349	59.9%
Catron	1	0	100.0%
Chaves	52	98	34.7%
Cibola	24	34	41.4%
Colfax	23	12	65.7%
Curry	76	59	56.3%
De Baca	0	1	0.0%
Dona Ana	372	373	49.9%
Eddy	38	57	40.0%
Grant	86	76	53.1%
Guadalupe	7	7	50.0%
Harding	0	1	0.0%
Hidalgo	0	6	0.0%
Lea	55	70	44.0%
Lincoln	29	14	67.4%
Los Alamos	42	12	77.8%
Luna	14	29	32.6%
McKinley	65	54	54.6%
Mora	4	6	40.0%
Otero	74	58	56.1%
Quay	11	13	45.8%
Rio Arriba	68	48	58.6%
Roosevelt	23	37	38.3%
San Juan	93	129	41.9%
San Miguel	272	186	59.4%
Sandoval	143	128	52.8%
Santa Fe	743	357	67.5%
Sierra	11	19	36.7%
Socorro	17	11	60.7%
Taos	142	85	62.6%
Torrance	26	11	70.3%
Union	1	4	20.0%
Valencia	79	76	51.0%
TOTAL	**4,609**	**3,420**	**57.4%**

* Prescribers and substance use treatment providers were not included in this analysis.

Table B.4. Percentage of Behavioral Health Care Providers' Patients Using Medicare as Primary Payment, 2015

License Category	Total	% Patients with Medicare as Primary Payment							
		0%		1* – 29%		30 – 59%		60 – 100%	
		#	%	#	%	#	%	#	%
Prescribers**	111	62	55.9%	36	32.4%	11	9.9%	2	1.8%
Independently Licensed Psychotherapy Providers	1,444	1,009	69.9%	277	19.2%	102	7.1%	56	3.9%
Non-Independently Licensed Psychotherapy Providers	750	467	62.3%	105	14.0%	73	9.7%	105	14.0%
Substance Use Treatment Providers	172	128	74.4%	26	15.1%	11	6.4%	7	4.1%

* It is possible that some clinicians responding "1" meant "100%."
** Excludes CNP/CNS, who were not surveyed regarding payment.

Table B.5. Percentage of Behavioral Health Care Providers' Patients Using Tricare/VA/IHS as Primary Payment, 2015

License Category	Total	% Patients with Tricare/VA/IHS as Primary Payment							
		0%		1* – 29%		30 – 59%		60 – 100%	
		#	%	#	%	#	%	#	%
Prescribers**	119	65	54.6%	49	41.2%	2	1.7%	3	2.5%
Independently Licensed Psychotherapy Providers	1,403	980	69.9%	366	26.1%	28	2.0%	29	2.1%
Non-Independently Licensed Psychotherapy Providers	685	536	78.3%	133	19.4%	11	1.6%	5	0.7%
Substance Use Treatment Providers	165	138	83.6%	21	12.7%	2	1.2%	4	2.4%

* It is possible that some clinicians responding "1" meant "100%."
** Excludes CNP/CNS, who were not surveyed regarding payment.

Table B.6. Percentage of Behavioral Health Care Providers' Patients Using Private Insurance as Primary Payment, 2015

License Category	Total	% Patients with Private Insurance as Primary Payment							
		0%		1* – 29%		30 – 59%		60 – 100%	
		#	%	#	%	#	%	#	%
Prescribers**	133	24	18.1%	78	58.7%	23	17.3%	8	6.0%
Independently Licensed Psychotherapy Providers	1,570	483	30.8%	535	34.1%	306	19.5%	246	15.7%
Non-Independently Licensed Psychotherapy Providers	756	378	50.0%	306	40.5%	53	7.0%	19	2.5%
Substance Use Treatment Providers	176	91	51.7%	48	27.3%	24	13.6%	13	7.4%

* It is possible that some clinicians responding "1" meant "100%."
** Excludes CNP/CNS, who were not surveyed regarding payment.

Table B.7. Percentage of Behavioral Health Care Providers' Patients Using Self-Pay as Primary Payment, 2015

License Category	Total	% Patients with Self-Pay as Primary Payment							
		0%		1* – 29%		30 – 59%		60 – 100%	
		#	%	#	%	#	%	#	%
Prescribers**	119	55	46.2%	56	47.1%	4	3.4%	4	3.4%
Independently Licensed Psychotherapy Providers	1,446	596	41.2%	633	43.8%	79	5.5%	138	9.5%
Non-Independently Licensed Psychotherapy Providers	702	453	64.5%	189	26.9%	25	3.6%	35	5.0%
Substance Use Treatment Providers	176	82	46.6%	67	38.1%	12	6.8%	15	8.5%

* It is possible that some clinicians responding "1" meant "100%."
** Excludes CNP/CNS, who were not surveyed regarding payment.

APPENDIX C

SURVEY COLLECTION PROGRESS, 2010 – 2015

Table C.1 depicts the state's progress in obtaining survey data for licensed health professionals. Survey data for physicians is not collected up to a year after they obtain their license. The New Mexico Medical Board requires physicians to renew their license in the following renewal cycle after a license is issued, at which time they are required to submit a survey. After the initial renewal, they are required to renew every three years.

The New Mexico Nursing Board was the first board to implement survey collection upon licensure, and the board requires completion of a survey at the time of initial licensure in order to collect demographic data. As a result, all licensed nursing professionals in the state have completed a licensure survey and are not included in Table C1.

Table C.1. Percentage of Health Care Professionals' License Renewal Surveys Obtained, 2010-2015

License Type	License Count	Survey Count	Percent
Alcohol Abuse Counselor	3	0	0.0%
Alcohol and Drug Counselor	601	338	56.2%
Anesthesiologist Assistant	35	0	0.0%
Art Therapist	101	67	66.3%
Associate Marriage & Family Therapist	29	0	0.0%
Audiologist	81	44	54.3%
Audiologist w/ Endorsement to Dispense	84	79	94.0%
Clinical Mental Health Counselor (LPCC)	1,998	1,231	61.6%
Dental Assistant	2,719	1,448	53.3%
Dental Hygienist	1,355	884	65.2%
Dentist	1,555	975	62.7%
Doctor of Chiropractic	613	563	91.8%
Doctor of Chiropractic APC	130	120	92.3%
Doctor of Naprapathy	25	0	0.0%
Doctor of Osteopathy	638	581	91.1%
Licensed Baccalaureate Social Worker	621	391	63.0%
Licensed Clinical Social Worker	1,083	653	60.3%
Licensed Independent Social Worker	884	653	73.9%
Licensed Masters Social Worker	1,704	1,055	61.9%
Licensed Mental Health Counselor	1,065	580	54.5%
Marriage and Family Therapist	304	229	75.3%
Medical Doctor	8,739	7,625	87.3%
Occupational Therapist	907	813	89.6%
Occupational Therapy Assistant	423	326	77.1%
Physical Therapist	1,865	1,300	69.7%
Physical Therapist Assistant	661	373	56.4%
Physician Assistant (Osteopathic Board)	27	20	74.1%
Physician Assistant (Medical Board)	929	632	68.0%
Podiatrist	136	126	92.6%
Professional Mental Health Counselor	235	150	63.8%
Psychologist	778	599	77.0%
Psychologist Associate	10	6	60.0%
Registered Pharmacist	3,216	1,097	34.1%
Speech-Language Pathologist	1,611	1,451	90.1%
Substance Abuse Associate	365	143	39.2%
Telemedicine	632	0	0.0%
TOTAL	**36,162**	**24,552**	**67.9%**

* Surveyed directly from Board of Pharmacy