

**To:** W.K. Kellogg Foundation New Mexico Programs  
**From:** BSP Research  
**Date:** February 5, 2025  
**Re:** New Mexico Medical Professionals Focus Groups Summary Memo

## PROJECT DESCRIPTION

On behalf of W.K. Kellogg Foundation New Mexico Programs, BSP Research conducted two focus group discussions as part of the larger New Mexico Medical Professional Retention Study to help inform the state on factors driving the healthcare worker shortage. We conducted one focus group of medical professionals currently working in New Mexico, as well as a second group of medical professionals who previously practiced in New Mexico (physicians who retired early, moved out of state, or who are currently licensed to practice in New Mexico but no longer see patients there). These focus groups build on earlier survey data: one survey of solely healthcare professionals and a second survey of the general population of New Mexico.

Throughout our discussions, certain topics such as medical malpractice reform emerged as top-of-mind priorities, but participants unanimously emphasized that New Mexico’s healthcare crisis requires comprehensive systemic change beyond a single policy fix. To better understand the situation, we made sure to include a wide variety of provider backgrounds, with participants who are newer to the state and others who are born and raised in New Mexico. Similarly, we chose to include a variety of provider specialty backgrounds, to capture views of the overall physician population in New Mexico, and especially chose to include a number of specialties which directly or indirectly impact children’s health outcomes such as pediatricians, OBGYNs, and primary care physicians. To best understand the situation at large, providers from different regions, urban and rural, of New Mexico were invited to participate.

## FOCUS GROUP SEGMENTS

GROUP ID		# of participants
1	Medical Professionals Currently Serving Patients in New Mexico	8
2	Medical Professionals Who Previously Served Patients in New Mexico	8

## METHODOLOGY

Across the two groups, we interviewed 16 total respondents. Both groups were each approximately 120 minutes in duration and conducted online, via a Zoom-like platform that allows for private livestreaming. Discussions were moderated by Melanie S. Sonntag, Ph.D, research assistant professor at the University of New Mexico Center for Social Policy, and Mary Jessome, Ph.D. candidate and Medical Sociologist at the University of British Columbia. Sessions were segmented by those who currently work in New Mexico, and those who no longer work in New Mexico to best accurately record both perspectives and experiences. The first focus group of physicians who currently practice in New Mexico was conducted on Tuesday January 20th, and the second group of physicians who previously practiced in New Mexico was conducted on Thursday January 22nd. Twelve out of our total 16 participants have more than 10 years of experience working in healthcare, three participants have 8 to 10 years of experience, and one participant is comparatively newer to healthcare with only 4 to 7 years of experience.

## KEY FINDINGS

1. **New Mexico's healthcare retention crisis is in an extremely severe state, especially affecting children as pediatric and OBGYN care is severely limited. The crisis has consequential effects on both the provider and patient population, and creates an unsustainable environment for both.**
2. **Medical malpractice was a central theme across two groups, specifically the direct costs of insurance that providers take on, the impending stress of potential litigation, and how this has caused psychological and professional pressures on providers.**
3. **The data shows that systemic issues (institutional/administrative barriers to change) such as inefficiencies in documentation/billing processes, existing comorbidities in the patient population, institutional resistance to change, and the state's resistance to joining interstate compacts need to be addressed to tackle the physician and healthcare worker shortage.**
4. **The issues with New Mexico's healthcare system are all tied to one another. Comprehensive and strategic change is necessary to go beyond fixing just any single issue such as medical malpractice.**

### **KEY FINDING 1. New Mexico faces a severe healthcare workforce crisis, particularly for children, that creates unsustainable conditions for both the providers and the patient population.**

Participants across both sessions describe the current healthcare worker situation as dire and critical. Various physicians reported being the only provider of their sub-speciality in the entire state, particularly in pediatrics. According to one participant, Santa Fe has only one endocrinologist and one neurologist despite serving an aging population. A primary care physician in Santa Fe shared that: *"We have one neurologist, barely. The problem is we don't know what we have at any given point in time, so people come to retire in Santa Fe and have this expectation that they can get a certain quality of healthcare, and they really can't."* In another case, a participant in the former providers group who was a pediatric cardiologist in Bernalillo stated that when he joined a clinic in Albuquerque, *"there was a 1,500-patient backlog in their clinic alone."*

*"Bad OB outcomes mean bad pediatric outcomes...when women are not getting good obstetrics care, it means the babies who come out are also at risk, and all those things increase costs down the road. Those become very expensive and make me more likely to get sued too."*  
– Pediatrician, San Miguel, Current Providers Group

Another example was shared by a current provider in primary care with obstetrics in Santa Fe and Taos, who mentioned how major hospitals lack capacity to take phone consultations from rural providers like herself in Taos. She stated: *"I called recently to UNM and they were like, we have so few specialists that we can't even take a phone call. I'm calling from an FQHC in Taos and they won't even take a phone consultation... it's not just that there's a physician shortage, it's we also can't get a nurse, we also can't get an MA, we also don't have a lab tech, like our lab closed."* Apart from the providers who choose to leave or retire early, a participant from our former providers group who is another pediatric cardiologist noted how *"there's an aging group of physicians at the University of New Mexico and they have trouble bringing youth into the group."* She further shared that during the COVID-19 pandemic, she was the only healthy pediatric cardiologist, so she was on call every night for six months. This participant went on to

note, “that’s a reality in New Mexico. That’s a glimpse of it so after the pandemic, I actually went to Colorado where they have 50 pediatric cardiologists as opposed to 5.”

*“Even physicians can’t find care for ourselves and our families” - Pediatrician, San Miguel, Current Providers Group*

*“We have one of the oldest physician workforces in the country” - Pediatrician who services Catron, Dona Ana, Grant, Hidalgo, Luna, and Sierra counties, Current Providers Group*

As physicians feel overworked and overwhelmed, more of them are choosing to leave the state. In our current providers group, many shared that they work in New Mexico because they wanted to stay and help the local population, but that they also need to be properly compensated to keep themselves and their families well. An OBGYN in our current providers group shared: *“I am homegrown, New Mexico true. It has cost me money living in the state of New Mexico. I have lost money... I have peers that have gone to other states, it’s sort of depressing when we meet with each other because my mental health has suffered.”* Several participants commented that their salaries do not match the work they do. One participant lives in a household where both themselves and their spouse work in medicine with no children, but crippling student loan debt, malpractice insurance, and rising cost of living have meant that the couple is unable to purchase a home in the state. Several participants in the current providers group brought up how they make significantly less than their peers in other states. Retiring early or leaving the state becomes a way out for physicians who feel these heavy impacts of New Mexico’s flawed healthcare system. Providers cited New Mexico’s gross tax as an additional financial burden that reduces take-home compensation: *“there’s a lot at play to run a successful private practice in New Mexico, because it’s burdensome with gross receipts tax and my commercial insurance payers do not pay very well.”*

These experiences providers share are just a glimpse, as one of them mentioned, into the deep flaws affecting providers and patient populations in New Mexico. Interstate travel appears to be common due to lack of in-state specialists. A pediatrician in San Miguel commented: *“I’m starting to tell my patients, call Denver Children’s because they’ll be able to see you sooner.”* Another pediatrician, who was part of the current providers group who practices in Bernalillo, elaborated on the lack of pediatric care services:

*“Pediatrics, the wait time is often one plus years, I’m currently the only one in the state that does my specialty, as far as I’m aware and that also makes it hard for recruiting because it’s already such a high need, it makes it hard to practice when you’re trying to get other specialist’s input. As a family or patient, they sometimes have to wait one plus year to get an answer to a question they’ve been worried about.” - Pediatrician, Bernalillo, Current Providers Group*

**KEY FINDING 2. Medical malpractice emerged as the priority concern for participants across both groups, including costly insurance prices, the high risk of facing litigation, as well as psychological and professional impacts on providers.**

In both groups, medical malpractice reform stood out as a primary barrier to solutions. Medical malpractice insurance and lawsuits are strong drivers for stress and issues for providers in New Mexico. Participants however stressed that fixing malpractice alone, fixing any of the issues alone, is insufficient given the depth of damage. Participants encouraged an entire healthcare system restructuring, not incremental fixes. On the topic of medical malpractice reform, participants specifically mentioned that

they wished there were caps on lawyer reimbursements, a cap and/or ban on punitive damages, attorney fees, a ban on venue shopping, and increasing the standards of proof. Multiple participants expressed skepticism toward malpractice attorneys, with several pointing out that these attorneys often come from out of state to pursue large financial settlements while showing little to no concern for the harmful effects this has on local communities.

*“If you're going to train the next generation of physicians, why would you ever tell them to go practice in a state where you get unlimited plaintiff awards. New Mexico is so bad, in November 2024 there was a settlement of \$412 million. If you go to med school you incur hundreds of thousands of debt and then you risk not being able to pay that back and have to pay out \$412 million, so that has to be number one.” - Emergency Medicine Physician, practiced in Bernalillo, Sandoval, and Sante Fe counties, Former Providers Group*

*“Talk to those trial lawyers, a lot of them live in other states, so they don't feel the impact or see it, or don't understand it” - Pediatrician, Current Providers Group*

In our current providers group, we learned how medical malpractice suits are having a direct impact on physicians. The malpractice lawsuit process was repeatedly described as traumatic. Two physician suicides were attributed to malpractice suits. Current providers group pediatrician in San Miguel specified that: *“I've known OBGYNs who've committed suicide, more than one, and it was over malpractice cases and for what its worth, we're talking about recruitment in Las Vegas, I think of the 5 recent OBGYNs that we've had in the last 15 years, 3 of them have died prematurely.”* Providers in this group shared that the mental health impact on physicians is not discussed enough. An OBGYN in Eddy County from the current providers group expressed that they're likely to retire much earlier than they planned given the stressful situation.

*“Since 2021, my practice [OBGYN] has really increased in suits, and I have been to different venues, and have been through different trials. The tactics that are used against us are demoralizing and nobody really talks about the second victim, which is doctors right? Nobody wants to hear about your mental health...especially OBGYNs get targeted...it's not like I want malpractice to go away. I just want it to be fair, and I just want to not be looking over my shoulder by doing what I love and taking care of my patients” - OBGYN practicing in Bernalillo and Santa Fe, Current Providers Group*

Aside from the direct mental health impact this is having on providers, the topic is heavily driving providers to leave the state. An OBGYN participant from Eddy County in the current providers group shared that an entire OBGYN practice in Clovis, NM closed due to malpractice concerns, leaving the community with 6 to 7 less available OBGYNs. The participant states: *“They had a very solid private practice group of 6 to 7 physicians, and when they passed the last Tort Reform Act, the whole group closed and they all left.”* The issues with medical malpractice are only making healthcare in New Mexico more expensive and leading to worse health outcomes for patients as it drives further shortages.

The costs of malpractice insurance directly fall as heavy burdens for providers and their households. An OBGYN participant who practices in Bernalillo and Santa Fe counties in the current providers group mentioned: *“I've been sued once, 16 years in practice. I will tell everyone what I pay, I pay \$144,000 a year. Why would I want to be delivering babies? It keeps me up at night, and I've been doing this for 16 years and I love what I do. I love obstetrics, I love to operate.”* Participants shared insights on premium increases since 2021, several noting their premiums

doubled. These financial pressures on top of the literal pressures faced when practicing with the shortage sum up to create devastating effects. Also related to medical malpractice reform, a pediatrician from the current providers group further elaborated on the medical malpractice review committee in the state of New Mexico.

*“Another thing they need to fix is the rubber stamp that is the medical malpractice review committee, 3 independent doctors, 3 independent lawyers, review the case and they say non-neg, 6-0. The only time I’ve been sued in 18 years. Non-negligence, 6-0 right? but that does not preclude filing litigation. Even though you go through all of that, it doesn’t stop there. They can still file suit and that’s kind of a big deal. The final straw was nursing care that was way out of their scope because of the lack of physicians.” - Pediatrician who services Catron, Dona Ana, Grant, Hidalgo, Luna, and Sierra counties, Current Providers Group*

Beyond malpractice reform, participants identified several incentives that could help such as expanding student loan repayment programs, down payment assistance for home buyers, increased wages, and reduced malpractice insurance costs. Participants presented notable skepticism towards proposals to expand enrollment at UNM Medical School or increasing enrollment of out-of-state students, with the idea in mind that there will be little to no utility in training more physicians if they’re going to ultimately leave the state to practice elsewhere. Retention strategies were much more favorable than recruitment efforts across both groups.

*“You can hire all the people you want but if the institutions aren’t going to be committed with providing the facilities, the equipment, and everything else that’s also necessary it won’t matter... If you don’t fix the infrastructure, it’s not gonna help” - Pediatric Cardiologist, Bernalillo, Former Providers Group*

**KEY FINDING 3. The data shows that systemic issues (institutional/administrative barriers to change) need to be addressed to effectively tackle New Mexico’s healthcare worker retention crisis. These issues include billing and documentation processes, existing patient comorbidities across the state’s population, institutional resistance to change, and interstate license limitations.**

Participants emphasized that the state’s existing health challenges exacerbate the workforce crisis. The state already faces significant comorbidities and poor baseline health outcomes, making the current provider shortage particularly dangerous for the patient population that are already medically vulnerable. This is yet another reason why participants across both groups stress that addressing malpractice alone, while incredibly essential, will not necessarily be sufficient to reverse the damage being done to New Mexico’s healthcare workforce. A OBGYN participant in Eddy county described this further.

*“It won’t be a matter of simply reversing the decisions that the governor made a couple years ago to dramatically increase malpractice for everybody and the policies, you poison the water, you can’t just stop poisoning the water and say well we’re better now. You’re going to have to reverse it and then add something on top of it to actually lure people back in, as competitive as another state as far as the financial and malpractice issues. You’re gonna have to sweeten the pot beyond that.” - Pediatrician, Eddy County, Current Providers Group*

One take on solving systemic and institutional barriers includes an overhaul of documentation procedures. One of the contributing factors to physician burnout is documentation. A pediatric

cardiologist participant in Bernalillo, part of the former providers group, was actually part of the committee for CPT and RUC when they wrote new billing codes for inpatient and outpatient from 2015 through 2018. They shared that, *“the whole driving force behind that was to get rid of all the previous review systems, you need 11 elements of the physical exam, and all these checkboxes. We got rid of all that, none of it is required anymore and yet you would be shocked how nobody seems to be aware of it. People are still writing 7-page long daily progress notes. I think education on that still is something that’s important because a lot of people aren’t aware of it and they’re wasting a lot of time.”*

Billing and reimbursement challenges also present to affect the state when children in New Mexico have to travel to Denver, CO for their care. According to this participant who participated in documentation committees, as children are forced to seek care across states, like in Colorado, *“New Mexico Medicaid is actually paying higher amounts to Colorado to take care of the children than if they stayed here and got their care,”* as children’s hospitals across the US are about 60-70% Medicaid. According to participants across both focus groups, another systemic and institutional barrier to change is the resistance to change due to administrative and/or financial factors. Participants feel as though administrators across healthcare systems in New Mexico are *“just not interested in changing”* and share that *“in medicine, unfortunately, it’s very common to have that mentality, this is how we’ve always done it.”* In Bernalillo, a participant shares how institutional flaws especially affect the pediatric patient population: *“there’s no dean, no chairman of pediatrics, there’s no separate vision heads per se, the structure doesn’t exist, so there’s nobody advocating for the children.”* Another participant who is now a pediatric hospitalist in Washington but practiced in New Mexico for many years, shares that issues like this are not necessarily unique to New Mexico.

*“I was a full-time permanent locum for 7 years and worked all over the country. I went to small critical access rural hospitals/communities and helped out and every state is struggling the same way, unless you’re in a ginormous city. It’s the same story, there are no services. It’s a struggle everywhere in pediatrics for these kids. But NM is hit very hard because even though it is a state without services and there’s no providers, we’re coming up on what’s expected to be a massive shortage in physicians over the 10 to 15 years because there’s a generation of physicians who are retiring or getting out. There’s physician burnout.” - Pediatric Hospitalist, practiced in Bernalillo, Former Providers Group*

Interstate compacts are another example of institutional and system barriers to change. According to participants in both groups, New Mexico is in the minority when it comes to opting out of interstate compacts. A former emergency medicine physician explained how it took him over a year to get credentialed to work in New Mexico, which they did in order to follow their spouse out to work there.

*“I got affected by [the compact] just recently because I got contacted by a locum recruiter to go to Baltimore. They needed cath lab coverage emergently and I couldn’t help them because I’m in New Mexico and I think it’s up to like 45 states now that are participating. New Mexico is one of the very few that isn’t so I wasn’t able to help them” - Pediatric Cardiologist, Bernalillo, Former Providers Group*

**KEY FINDING 4. A comprehensive approach is necessary because all these issues tie together. Participants believe that addressing malpractice reform alone, while important, is insufficient without exhaustive changes.**

The most salient finding from both focus groups we conducted was how interconnected the issues contributing to New Mexico’s healthcare crisis are. This was unanimously emphasized amongst participants in both groups. Rather than isolated single problems, participants described an interconnected cycle or chain of events where each issue exacerbates the others, creating what participants repeatedly described as a “completely unsustainable” system. Currently, the provider shortage forces remaining physicians to take on heavier work loads, including more patients and longer hours. This increased workload, combined with financial pressures and the constant threat of malpractice litigation, leads to provider burnout and stress that goes beyond typical workforce strain.

*“The need is so severe that if I don’t have some boundaries, it would be completely overwhelming and unsustainable.” - Primary Care Physician, Bernalillo and Santa Fe counties, Current Providers Group*

As a result of being overloaded and overworked, providers have less time to spend with each patient, leading to rushed care and/or delayed diagnoses. When patients are unable to access care in a timely manner, like our provider in Taos who reported that an Albuquerque hospital could not even accept phone consultations due to capacity restraints, patient health outcomes increasingly worsen. The issue of delayed care, combined with the state population’s already existing comorbidities, fosters an environment of higher-risk health situations. Higher risk health situations then have higher likelihood of adverse outcomes, which in turn triggers an increase in malpractice risk. When providers leave or limit their services, the shortage continually intensifies, and this happens repeatedly with fewer providers each time, juggling larger patient loads. With New Mexico having “one of the oldest physician workforces in the country,” the threat of a massive shortage as one participant explained, is extremely present and described by participants as a matter of time before the system collapses if something is not done to address these issues very soon.

**APPENDIX - Figure I.**

**FOCUS GROUP PARTICIPANT PROFILE: 16 total respondents across 2 groups**

<b>RACE/ETHNICITY</b>		<b>CURRENTLY PRACTICING IN NEW MEXICO</b>	
White, non-Hispanic	10	Yes	8
Hispanic/Latino	4	No	8
Native American	1	<b>TIME WORKING IN HEALTHCARE</b>	
Other	1	More than 10 years	12
<b>GENDER</b>		8 to 10 years	3
Female	9	4 to 7 years	1
Male	7	<b>OTHER STATES WHERE PARTICIPANTS PRACTICE</b>	
<b>AGE</b>		Washington	2
30 to 39	6	California	1
40 to 49	2	Colorado	1
50 to 59	6	Florida	1
60+	2	Maryland	1
<b>EMPLOYMENT STATUS</b>		New York	1
Full Time	11	Oregon	1
Part Time	3	Pennsylvania	1
Retired	1	Texas	1
Currently not working	1	<b>WORKPLACE TYPE</b>	
<b>CURRENTLY RESIDING IN</b>		Hospital	14
New Mexico	10	Private practice	7
Florida	1	Health clinic	4
Maryland	1	MCO	1
New York	1	Outreach	1
Oregon	1	Healthcare Records Review	1
Texas	1	Locums	1
Washington	1	<b>HEALTHCARE ROLE</b>	
<b>COUNTIES SERVICED</b>		Pediatrician	3
Bernalillo	9	OBGYN	3
Santa Fe	6	Pediatric Cardiologist	2
Dona Ana	2	Surgeon	2
Hidalgo	2	Dermatologist	1
Sandoval	2	Emergency medicine physician	1
Carton	1	Pediatric hospitalist	1
Eddy	1	Primary care physician	1
Grant	1	Primary care with surgical obstetrics and addiction care	1
Luna	1	Research trainee, parasitology	1
McKinley	1		
San Miguel	1		
Sierra	1		
Taos	1		