



Collaborating to improve referral pathways in New Mexico

UnitedHealthcare Community Plan of New Mexico is collaborating with the University of New Mexico's College of Population Health to research the intersection of social needs, behavioral health, and emergency department utilization. The goal is to uncover trends and ultimately improve health outcomes through better care coordination and referral pathways.

Identifying the use of SDH-Z codes

This is the first of two reports, focusing on social drivers of health. Social needs, like access to healthy food and affordable housing, have a significant impact on health and wellbeing. The research focuses on the use of SDH-Z codes in New Mexico emergency departments. SDH-Z codes were created in 2015, when the Institute of Medicine added codes to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) to document social and behavioral domains with patients' clinical records. We evaluated the use of ten SDH-Z codes in visit-level data from all emergency departments in New Mexico, except for the four federal facilities that are not required to report.

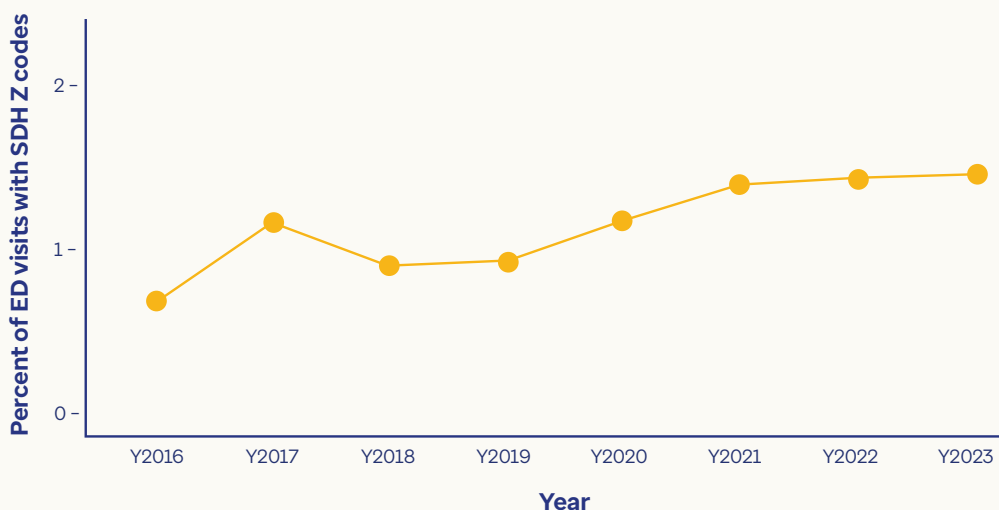


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Key findings

The percent of emergency department visits with SDH-Z codes documented has doubled between 2016 (0.6%) to 2023 (1.4%), but still represents a small percentage of total admissions.

Percent of visits with SDH-Z codes by year, New Mexico Emergency Department Data, 2016-2023



- The top SDH-Z code used was use to document homelessness, accounting for the majority of all SDH-Z codes.
- The most common primary diagnosis for visits with documented SDH-Z codes were related to alcohol use, examinations related to incarceration, and mental health.
- Visits with SDH-Z codes were less likely to be for ambulatory care sensitive conditions than visits without SDH-Z codes.
- Visits for men, persons in small metro counties, and persons with Medicaid or no insurance were more likely to have SDH-Z codes documented with their emergency department visit.
- Visits with SDH-Z codes are more often transferred to other facilities than other types of discharges.
- Visits with SDH-Z codes resulted in higher total charges than visits without SDH-Z codes.

What comes next

Our next step will be to further analyze these fields with relationship to behavioral health emergencies, with a special focus on discharge disposition and whether persons with social needs and behavioral health emergencies are referred to services within New Mexico.

Following the data analysis phase, UnitedHealthcare Community Plan of New Mexico and the University of New Mexico will develop targeted interventions to improve referrals and enhance provider training on Z-code usage. We look forward to sharing these findings with local stakeholders to foster discussions and identify new solutions to drive better health outcomes and to strengthen the health system serving New Mexicans.



Learn more at uhccs.com/NM

¹ Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health. Healthy People 2030. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

² American Hospital Association. (2018). ICD-10-CM coding for social determinants of health. American Hospital Association. <https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf>