

January 2013

Making the Connections:

NH Citizens Health Initiative 2012 Annual Report



Leading New Hampshire to a Better Health Future

Better Health, Better Care, Lower Costs

...for Everyone in New Hampshire



Acknowledgements

The New Hampshire Citizens Health Initiative wishes to acknowledge the efforts of the many volunteer stakeholders who give their time and thoughtful participation to the Initiative's efforts to lead New Hampshire to a better health future with better health, better care, and lower costs of care for all of our residents.

We also wish to acknowledge the contributions of our current chair, Yvonne Goldsberry, PhD, and our Leadership Advisory Board. We also thank our past chairs, James Squires, MD, Rob Nordgren, MD, Paul Spiess, and Philip Boulter, MD for all of their efforts on behalf of the Initiative.

We are especially grateful to the funders who provide core and project support for our efforts, including the Endowment for Health, the New Hampshire Charitable Foundation, the Robert Wood Johnson Foundation, the Jessie B. Cox Trust, the Local Government Center Health Trust, and Harvard Pilgrim Healthcare of New England.

We are grateful for the thoughtful work and dedication of the Initiative staff, Jeanne Ryer, Director; Callie Carr, Megan Spencer, and Holly Tutko; and the staff of the Institute for Health Policy and Practice who have worked on Initiative projects and infrastructure over the past year, including the Institute leader and Director, Ned Helms; Deputy Director, Jo Porter; Lylin Schramm and Suzanne Shumway; and staff from the Center for Health Analytics, Amy Costello, Patrick Miller, Chris White, Mark Flore, Ashley Peters, Abbot Willard; and all of our colleagues at the Institute for Health Policy and Practice.

This Annual Report is dedicated to the memory of Samuel Adams, John Crosier, and David Robar, members of the original Pillars Project Citizens Roundtable on Health Costs and Coverage.

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Summary

In 2004, the Endowment for Health convened a group of citizen leaders from all over New Hampshire to develop a shared understanding of the challenges and opportunities facing New Hampshire's health care system and the health of its people. The NH Citizens Health Initiative was born out of recommendations from this effort, which recognized that high-quality, cost-effective care could be realized with specific intent, focused effort, and a well-defined health care framework.

From its inception, the NH Citizens Health Initiative has functioned as a multi-stakeholder collaborative effort with diverse support from foundations, educational institutions, government sources, and insurers. It has engaged leadership from health care stakeholders, as well as the general public, to determine its structure and focus.



Communications and Events

The Initiative strives to make its work accessible to the public, community and health system leaders, and policy makers. Last year we engaged in a range of engagement and communications efforts, including the Health Care Transformation Learning Symposium, sponsored screenings and discussions of the NH Public Television Series: *US Health Care: The Good News*, made many conference presentations, and maintained a website, e-newsletter, and social media presence.

Building on Success

The Initiative continues to build on the successes of its earlier work including:

- The ***Pound of Prevention*** report on the root causes of illness and premature death in New Hampshire.
- Our ***Electronic Prescribing*** effort has taken New Hampshire from 37th to 5th in the country in ePrescribing.
- ***Primary Care Workforce*** work on strategies to improve access to primary care in New Hampshire.
- ***NH Purchasers Group on Health***, now independent, brings together public health insurance purchasers.
- ***Payment Reform and System Transformation Efforts***, including the groundbreaking NH Multi-Payor Medical Home Pilot and NH Accountable Care Project, funded by the Robert Wood Johnson Foundation.

2012 Projects

Our 2012 projects include:

- Our **Health Promotion and Disease Prevention** team is leading work on integrating public health and primary care around the issue of tobacco cessation and prevention.
- Our **Medical Home** project is completing a formal evaluation of the NH Multi-Payor Pilot.
- The Initiative's **Accountable Care Project** is helping 15 provider groups learn and practice the use of data and measurement to improve and be accountable for care of their populations.
- The **Roadmap for New Hampshire's Health** project is developing tools to project how our health and health care will look in 2020 and 2030.

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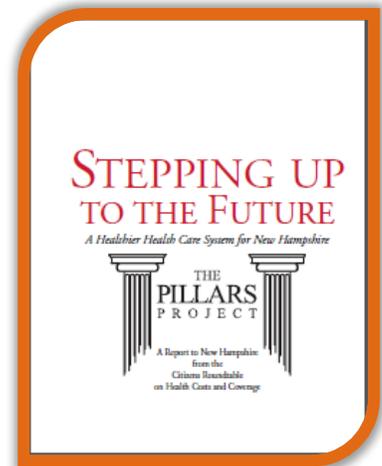
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Background

In 2004, the Endowment for Health convened a group of citizen leaders from all over New Hampshire —representing business, health care, government, and the public— to develop a shared understanding of the challenges and opportunities facing New Hampshire’s health care system and the health of its people. The NH Citizens Health Initiative (the Initiative) was borne out of recommendations from this effort, which came to be known as the “Pillars Project,” a metaphor for the essential structures that support our health care system. The Pillars Project recognized that high-quality, cost-effective care could not be realized without specific intent, focused effort, and a well-defined health care framework. The Pillars Project further acknowledged the requirement that the effort must be sustained if the goals were to be achieved.



From its inception, the Initiative has functioned as a multi-stakeholder collaborative effort with diverse financial and advisory support from foundations, educational institutions, government sources, and insurers. New Hampshire’s Governor John Lynch convened the first meeting of the Initiative. It has engaged leadership from health care stakeholders as well as the general public to determine its structure and focus, and on an ongoing basis, its work streams. Each of the Initiative’s work streams, or Pillars, is chaired by leaders from the sector and facilitated by staffing obtained through the Institute for Health Policy and Practice at the University of New Hampshire.

Initiative Structure and Governance

The Initiative has been led by a Chair and a Director with the assistance of the Leadership Advisory Board. The Initiative advances its good work through the collaborative efforts of its myriad stakeholders. In 2011, the Initiative became a program of the Institute, which provides an organizational home and staffing for the Initiative. Jeanne Ryer, a core participant since the Initiative’s inception, became the Initiative’s first full-time Director in October of 2012. The staff of the Institute for Health Policy and Practice will continue to provide important resources, but this step has provided additional leadership, administrative and organizational resources.

“Our vision is clear: New Hampshire needs to have and can have a system of health care that provides excellent care at an affordable cost and leaves no one out. It is also clear to us that if we do not take steps, beginning now; to work together to stabilize our health care system—to strengthen and restore the pillars of government, private and individual support for the health care system—we could face a rapid deterioration of the system that will affect all of us...”

New Hampshire Citizens Roundtable on Health Costs and Coverage, 2004

Initiative Vision & Goals

Over the next decade, New Hampshire will take a ‘health first’ approach so that all citizens will benefit from proven approaches that improve health and prevent disease. When care is needed, it will be delivered according to the highest quality standards and it will be provided in an efficient, measurable, and scientifically sound manner to help individuals sustain or improve health. The organization and financing of care will occur in a logically constructed and understandable system.

Our long-term goal is to create and sustain a public dialogue that will measurably improve the “systems” that finance and provide health care in New Hampshire in order to accomplish two fundamental objectives:

*To assure a healthy population and
To create an effective system of care.*

Communications and Events

The Initiative strives to make its work accessible to the public, community and health system leaders, and policy makers. To that end we both sponsor and participate in a range of public engagement and communications efforts and events.

Health Care Transformation Learning Symposium

The Initiative, in partnership with the Maine Health Management Coalition, held a successful Health Care Transformation Learning Symposium in March of 2012, attracting leaders in payment reform and health system transformation from across the region for a day of shared learning and networking. The second annual symposium, *Advancing Change: Healthcare System Transformation in Northern New England* is scheduled for May 2013.

NH Public Television Series: *US Health Care: The Good News*

The Initiative co-sponsored a series of screenings of the T.R. Reid documentary, *US Health Care: The Good News*, with follow-up panel discussions at six locations all around New Hampshire. The series, which also features New Hampshire health care leaders, highlights the promise and opportunities to transform our health care system to deliver better health for all and provide high value, cost effective care when care is needed.

Conferences and Presentations

The Initiative leadership and staff attend and present at dozens of conferences and meetings each year, from local and regional efforts to statewide convenings and national meetings. We are committed to helping assure that New Hampshire’s leaders have access to high quality information about our state’s health and health care system.

Website, Newsletter, and Social Media

The Initiative’s website (www.citizenshealthinitiative.org) is the repository for current and historical information about the Initiative and the Pillar Projects. The Initiative publishes three issues of its e-newsletter each year and maintains an active presence on Facebook (<https://www.facebook.com/NHCitizensHealthInitiative>) and Twitter (<https://twitter.com/citizenshealth>).

Building on Success

Over the past seven years the Initiative has convened and led successful efforts to develop new thinking and collaborative efforts on the challenges facing New Hampshire's health and health care system. Our earlier efforts continue to bear fruit.

The Initiative's 2007 ***Pound of Prevention*** report (McCarthy & Davie, 2007), a report on the root causes of illness and premature death in New Hampshire (tobacco use, inadequate physical activity and nutrition, and unhealthy alcohol use) has become a seminal work for those engaged in both public health and medical care in the state, leading to collaborative work with key stakeholders to support evidence-based practice and policy to reduce the prevalence of these risk behaviors.

The 2006 ***Electronic Prescribing*** initiative has taken New Hampshire from 37th in the country for ePrescribing to 5th place in 2012. New Hampshire was recognized for this progress, which improves health care quality, reduces medical error, contains costs, and is easier for patients.

An Initiative workgroup on ***Primary Care Workfare*** led to a 2008 report on strategies to improve access to primary care in New Hampshire and assure an adequate workforce (NH Citizens Health Initiative, 2008). This issue remains important as our aging population and added need for primary care under the Affordable Care Act make access especially important. While some progress has been made, attention to these recommendations is still a priority.

The Initiative has led the way on efforts to align payment for health care services with care quality and value. Health care faces a conundrum where much of the care that is needed and improves patient and community health is not done, yet many of the services that are provided do not improve health and indeed create risk in addition to wasted effort. From its first effort to harmonize four ***Pay for Performance*** indicators to the development of the groundbreaking ***NH Multi-Payor Medical Home Pilot*** and the ***NH Accountable Care Project***, the Initiative has brought together clinicians, health system leaders, insurers, and government to find ways to make the system work better for patients.

"If every local health care system could be as efficient as the low-spending communities spotlighted in this film, we could finally afford to provide quality health care at a reasonable cost for every American."

-- T.R. Reid

Prior Policy Recommendations

Over the years the Initiative has provided a number of policy recommendations to the Executive and Legislative branches. Although much has been accomplished, many of those recommendations continue to be germane in the current policy environment. We have included some of those documents as appendices to this report, including recommendations on system financing transparency, technology, and primary care workforce.

Making the Connections: From Health to Health Care

Since its inception, the Initiative has been committed to improving the health of New Hampshire's people by promoting good health for all its residents and preventing illness and premature death. Our Health Promotion and Disease Prevention team brings together stakeholders from a broad cross-section of disciplines and settings to advance evidence-based practices that improve health and reduce preventable illness and mortality.



What Makes Us Sick?

The leading causes of illness and death among New Hampshire citizens are tobacco use, inadequate physical activity and nutrition, and unhealthy alcohol use (McCarthy & Davie, 2007). In addition to the burden on individuals and families, these four root causes of illness and premature mortality carry significant financial costs to our State and to our residents.

- Tobacco use has been estimated to cost the New Hampshire economy more than \$564 million in health care costs and another \$419 million in lost productivity annually ("The toll of tobacco in New Hampshire," 2012).
- Obesity and related illnesses cost New Hampshire residents nearly half a billion dollars in health care costs each year ("The obesity index: The cost of obesity by state," 2013).
- Excessive alcohol use costs New Hampshire more than \$1 billion per year in medical costs and lost productivity (Polecon Research, 2012).

Preventing disease requires more than providing people with information to make healthy choices. While knowledge is critical, communities must reinforce and support health, for example, by making healthy choices easy and affordable.

-- National Prevention Strategy

The Initiative has worked with partners, such as the Healthy Eating Active Living Initiative, New Futures, and tobacco use cessation and prevention efforts, to advance interventions and strategies across the state.

What Keeps Us Healthy?

Beyond these root causes of illness and premature death in our state, it is important to recognize that much of what makes us healthy, collectively and as individuals, arises from our work, our education, and the social fabric of our communities. The true determinants of health go beyond our access to health care services to basics of good food, safe housing, adequate transportation, and places to get exercise and be outdoors (University of Wisconsin Population Health Institute, 2012). The National Prevention Strategy provides us with very useful guidance and strategic direction for shaping our efforts to best effect health (National Prevention Council, 2011). The Initiative will be working to align all of its efforts with the strategic directions and recommendations as we go forward.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

--World Health Organization

Integrating Public Health and Clinical Care

The current work of the Health Promotion and Disease Prevention group is focused on facilitating successful adoption at the organizational, community, and state level of strategies to integrate the work of NH's health care and public health systems, which traditionally have operated as siloed systems.

In 2010, the Initiative published *A Strategic Plan for Integrating the Work of New Hampshire's Public Health and Medical Care Systems* (Montero, Goldsberry, Davie, & Tutko, 2010). In 2011, the group worked to increase awareness of the Strategic Plan among key stakeholders and specifically to identify feasible approaches to incorporate integration strategies that address one or more of NH's health behavior priorities (unhealthy eating, sedentary lifestyle, tobacco use, and unhealthy alcohol use) and developed tools and strategies to promote awareness of public health and medical care integration. In 2012, the effort released *A Clinician's Role in Integrating Medicine and Public Health to Improve Individual and Population Health: A Primer and Call to Action* (Fedrizzi et al., 2012) as a guide for medical professionals on how to integrate with public health. The group selected tobacco prevention and control as the health priority focus for its efforts catalyzing the use of integration strategies involving both primary care and public health practice.

"For too long, the personal health care and public health systems have shouldered their respective roles and responsibilities separately from each other...we need to invest in a process that mobilizes expertise and action...if we are to substantially improve community and population health."

-- Institute of Medicine

Accomplishments 2012

- Prepared and released a *Clinician's Role in Integrating Medicine and Public Health to Improve Individual and Population Health: A Primer and Call to Action*.
- Selected tobacco prevention and control as the health focus for its efforts to catalyze public health and clinical care integration in NH.
- Developed a work plan to more optimally integrate the work of NH's public health and primary care systems with an initial focus on tobacco.
- Began implementation of the work plan: coordinating a panel at the NH Public Health Association Fall Forum on integrating the tobacco prevention and control work of primary care, public, oral, and behavioral health providers in NH; submitting grants to support work plan implementation; reaching out to tobacco prevention and control efforts in NH to identify collaboration opportunities; and producing the clinician primer.

The Year Ahead 2013

- The group will continue to focus on implementation of the work plan to advance the use of public health and primary care integration approaches to reduce tobacco use in NH.

Making the Connections: From Care to Costs

From its inception in the Pillars Project, the Initiative's members and stakeholders have been concerned about the impact of rapidly rising health care costs on the state and its residents. Today, New Hampshire's spending on health care continues to rise fairly steeply, though there are some indications that the trends have moderated somewhat (Norton, 2011).

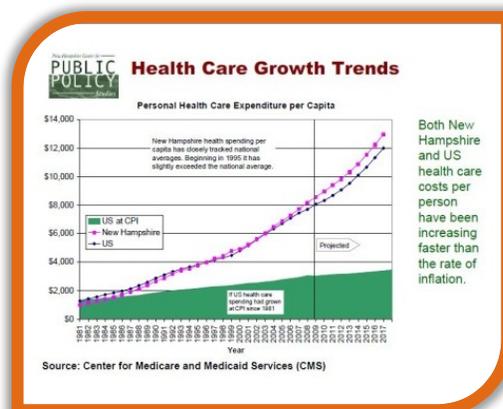
As noted earlier, health care faces a conundrum where much of the care that is needed to improve patient and community health is not valued in the system, either through time or reimbursement. Yet many of the services that are provided to patients do not improve health and indeed create risk in addition to wasted effort. Although the issues are well documented, progress toward aligning personal and population health with the provision of and payment for care has been slow.

From the Initiative's efforts with early Pay for Performance indicators to the development of the groundbreaking NH Multi-Payer Medical Home Pilot and the NH Accountable Care Project, the Initiative has brought together clinicians, health system leaders, insurers, and government to find ways to make the system work better for patients. In addition to supporting shared learning across systems, the Initiative has also worked in both the NH Multi-Payer Medical Home Pilot and the NH Accountable Care Project to develop data and reporting tools from the NH CHIS (New Hampshire Comprehensive Healthcare Information System), New Hampshire's All Payer Claims Database, to help inform health care system improvement at the community, system and provider level. It is important to note that New Hampshire, along with neighbors Maine and Vermont, are well in advance of much of the country in the use of public data sets to support care transformation and recent work funded by the Jessie B. Cox Trust brings those state efforts closer together.

NH Multi-Payer Medical Home Pilot

The New Hampshire Multi-Payer Medical Home Pilot, a Pillar Project of the Initiative, wound down its active phase at the end of 2011. Nine clinical sites from around the state and all of our major commercial carriers participated in this pilot, which has shown very promising preliminary results. New Hampshire is one of a handful of states around the country that has conducted such a pilot, and the data that we are now collecting shows that a Medical Home environment is of significant value to patients and providers alike.

The Initiative has begun a full evaluation of the Medical Home Pilot with a researcher from Brandeis University, and results will be released as they become available. WellPoint/Anthem included their own NH results in an article in Health Affairs that showed Anthem's NH patients in the pilot had costs increase only 5% while the costs for their other patients increased 12% (Raskas et al. 2012). That 7% difference shows that Patient-Centered Medical Home practice can indeed "bend the cost trend."



Strategic discussions are now underway to determine how to best maximize system improvements and learning and make them available to the health system in a way that will benefit New Hampshire residents.

Accomplishments 2012

- Brandeis University Researcher/Evaluator completed visits and interviews at nine Medical Home pilot sites.
- Medical Home Index and Relational Coordination Survey were administered at each site.
- Presentations on the NH Multi-Payer Medical Home Pilot were offered in several venues.

The Year Ahead

- Analysis of Medical Home Pilot claims data is underway.
- Results (blinded) of Relational Coordination Survey and Medical Home Index will be released.
- Ongoing public and professional presentations will take place.

NH Accountable Care Project

Transforming Systems through Shared Data and Learning

In July 2010, the NH Citizens Health Initiative launched a value-based health care initiative in the form of a statewide, five-year Accountable Care Organization (ACO) pilot project, which received funding under the Robert Wood Johnson Foundation's Payment Reform portfolio. The ACO pilot project built on a long-term relationship between the Initiative and several organizations, including provider organizations and commercial payers, and included five systems with a population of more than 400,000 individuals and 700 of the 3,900 practicing clinicians in the state. The systems involved were selected through a competitive application process.

During 2011, the provider, payer, and government participants used research, data analysis and actuarial consultation to evaluate the feasibility of implementing an ACO financial and reporting framework to be implemented across payers and pilot sites. The landscape of payment and system reform has evolved significantly over the last 18 months and many of the participants have moved forward with individual payment reform initiatives that no longer make the common New Hampshire ACO framework feasible.

The Initiative received strong feedback from participants, however, to continue and expand components of the work established during Year 1 of the project. Specifically, the next phase of the project focuses on the identification of measures, creation of a suite of reports and expansion of the learning community to support NH health systems in their individual transformation and payment reform efforts.

The Path Forward: Health Care Analytics for New Hampshire

The expanded NH Accountable Care Project will implement a set of cost, utilization and quality reports to support the many system transformation and payment reform initiatives of participating organizations utilizing data available in NH's CHIS, the All-Payer Claims Database, and through self-reporting of EMR data.

The pilot participants have seen great value in the convening of team members for thoughtful discussion around the most relevant analyses to support system transformation in New Hampshire, as well as joint reflection on results and best practices and the ability to compare themselves to the rest of New Hampshire. The Initiative and the Institute for Health Policy and Practice endeavor to expand the availability of health data, analytics and reporting to providers undertaking the significant effort to transform their organizations for the delivery of better health and better health care at moderated costs.

The goals for this project include:

- Create and implement quality, cost and utilization reports across all payers to support health system transformation efforts in New Hampshire.
- Provide systems undergoing transformation with a capacity to compare performance on measures of quality, utilization and cost across systems and regions.
- Maintain an environment of open sharing and learning through active participation in the design by multiple stakeholders, reporting with transparent methods, and discussion of the results among project participants.
- Create and sustain a payment reform/clinical/quality improvement learning network.
- Define requirements and business model for ongoing operations of an independent data entity for reporting and system/regional benchmarking with the potential for expanded, aggregated data sets.

Accomplishments 2012

- Development of shared risk and savings models for accountable care in five NH systems.
- Successful Health Care System Transformation Learning Symposium.
- Launch of Accountable Care Project Phase 2: Transforming Systems through Shared Data and Learning with 15 providers and systems and participation of carriers and system stakeholders.

The Year Ahead 2013

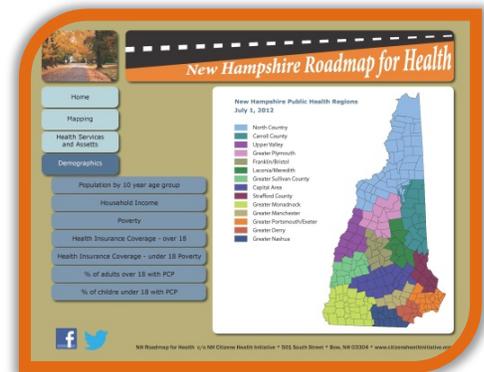
- Development of shared cost utilization and quality data and reporting tools.
- Shared learning via webinars and 2013 Health Care Transformation Symposium.
- Develop a plan to sustain and grow access to shared data and learning.

Making the Connections:

The Road Ahead

New Hampshire faces significant opportunities and critical challenges in assuring the health of its residents, and the health of its health care system, as it looks forward over the next ten to fifteen year period. The counties and regions of the state vary – geographically, economically, and socially. The approach to improving and maintaining the health of our residents must be tailored accordingly.

Some of the issues facing the state, currently and in the coming years, include:



Demographics – Trends will create distinct sets of challenges for health systems and communities.

Changing Age Structure – By 2030, many New Hampshire counties will have more than a third of their residents in the over-65 demographic.

Race and Ethnicity – Ethnic and racial diversity is increasing, though at different rates across the state. Between 2000 and 2010, minorities accounted for 50 percent of the population gain in New Hampshire.

Health Disparities – Recent analyses from the Robert Wood Johnson Foundation’s County Health Rankings indicate significant disparities in health factors and outcomes across the state. In addition, economic challenges create disparities in income across regions and even within communities.

Health Care Costs – A recent report by the NH Center for Public Policy Studies looking at the impact of aging on New Hampshire’s health system suggests that New Hampshire’s health care costs will continue to rise at a rate faster than the Gross State Product (GSP) and are anticipated to reach 24% of GSP by 2018.

Workforce – Having a right-sized health care workforce at all levels – from direct care health workers, to nurses, to primary care providers and specialists – is imperative to support the health of New Hampshire’s residents and maintain financially sustainable health and health care systems.

The NH Roadmap for Health aims to create a comprehensive Roadmap to meet the following objectives:

- A clear picture of New Hampshire’s current health and recent trends.
- A clear picture of New Hampshire’s population and demographics.
- Actionable information for public dialogue and policy discussions.
- A dynamic resource to assist New Hampshire in planning for the health and health care needs of the future.

These objectives will be met by using existing data to map demographics, health status and outcomes as well as resources for now and the future; creating and executing a well-designed communications and public outreach plan; and creating a future scenarios plan to assist community leaders and policy makers in setting the appropriate priorities to best meet the future health and health related needs of the New Hampshire population.

“The future of New Hampshire and its communities depends on the ability to anticipate change and respond appropriately.”

-- Kenneth M. Johnson

The NH Roadmap for Health strives to enhance other health planning initiatives and projects already underway by providing a framework and connection to carry forward the work that needs to be done to prepare for New Hampshire's future well-being. Using existing data and drawing on other planning efforts, this process will span all sectors that influence the health of the population: health care and health systems; social services; environment; and state and regional economics, including workforce, transportation and housing.

Accomplishments 2012

- With funding from the Endowment for Health, the Initiative commenced the Roadmap process by appointing a project director and developing a collaborative advisory group that represents the sectors spanning public health and the health care system.
- The advisory group completed a six month pre-planning process, including the identification of health data that will be modeled and projected, and the development of partnerships to carry the project forward into the next phase.
- The Roadmap staff met with key funders in the state to engage them in the process.

The Year Ahead 2013

- Development of an expanded stakeholder group to guide Roadmap development is underway.
- Data modeling and the creation of an interactive website will take place throughout the spring and summer.
- A communications and public outreach plan will be developed and implemented throughout the state.

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Appendix: Prior Policy Recommendations

Over the past several years, the Initiative has offered policy recommendations for the State of New Hampshire. Although much has been accomplished, many of those recommendations continue to be germane in the current policy environment. Full details may be found in the below-linked reports on the Initiative website. For updated information on finance and transparency, please visit the New Hampshire Comprehensive Health Care Information System (<https://nhchis.com>), NH HealthCost (<http://nhhealthcost.org>), and the Commission on Health Care Cost Containment (<http://gencourt.state.nh.us/statstudcomm/committees/2033>). For information on subsequent work on Health Information Technology, please visit the New Hampshire Health Information Organization (<http://www.nhhio.org/>) and the Regional Extension Center of New Hampshire (<http://www.recnh.org/>). For information on recommendations and progress on Primary Care Workforce, please visit <http://citizenshealthinitiative.org/primary-care-workforce>. The annual reports of the legislatively-chartered Commission on Primary Care Workforce Issues (RSA 126-T:1-5) contain further recommendations and updates.

2009 Annual Report Policy Recommendations

In 2009, the Executive Committee of the Initiative presented the following policy recommendations to House and Senate Leadership, at that time: Sylvia Larsen, President of the NH Senate; Margaret W. Hassan, Chair of Senate Commerce, Labor and Consumer Protection Committee; Kathleen Sgambati, Chair of Senate Health and Human Services Committee; Terie Norelli, Speaker of the House of Representatives; Tara Reardon, Chair of House Commerce Committee; and Cindy Rosenwald, Chair of House Health, Human Services and Elderly Affairs Committee. See the 2009 Year End Summary: <http://citizenshealthinitiative.org/sites/citizenshealthinitiative.org/files/media/documents/2009YearEndSummary.pdf>

December 16, 2008

From: Citizens Health Initiative Executive Committee

Re: Senate Bill 450

In accordance with Senate Bill 450, the New Hampshire Citizens Health Initiative is required to provide an annual summary to the general court each year. Our report to you is enclosed. In addition to our summary, the Executive Committee of the Citizens Health Initiative offers to the Legislature six overarching areas

For policy consideration: These recommendations are based upon a review of the Initiative's activities to date, preparation of our upcoming 2009 efforts, a review and assessment of the work of other policy and research organizations, and an examination of the study areas the Legislature has undertaken in regard to health and health care. Our six areas for policy consideration are central to our goal of a health and health care system that assures a healthy population and creates an effective system of care.

Legislative Recommendations

Recommendation One: Financial Transparency

The Executive Committee recommends that the Legislature consider shaping legislation that would allow the Department of Health and Human Services and the Department of Insurance to recommend the nature and extent of data needed in order to support transparency of our health care system. The data needs to be of the highest validity, consistently measurable, and actionable by policy makers and healthcare system stakeholders. Such data collected and reported shall also meet the standards of patient privacy and confidentiality.

The Initiative's goal is to shape our system through an active and public dialogue. No meaningful dialogue can take place without access to timely, accurate, robust and full information regarding the system of care and the health of our population. We have seen an increase in the type and the quality of the information that is available for this work. Included in that work is:

1. The many reports on the finance and structure of the health care system published by the New Hampshire Center for Public Policy Studies.
2. The Reports and Information provided by the Department of Insurance at their website based on their analysis of Supplemental Reports by New Hampshire insurance carriers, as well as reports derived from the Comprehensive Health Information System's all payer claims data.
3. Studies generated by the Initiative that reveal: patient geographic movement to receive care within and outside their local health region (December 2008), hospital costs incurred as a result of adverse drug events (January 2009), as well as other gathered material available through our website at www.steppingupnh.org.
4. Recent reports undertaken by Nancy Kane from Harvard, on behalf of the Department of Health and Human Services, that examined the financial health and condition of our Hospitals and Community Health Centers.

In spite of the multitude of healthcare system transparency efforts to date, there is still a great deal of information that is needed if our state is to attempt to shape a healthcare system that uses resources wisely. As an example, there is a great deal of knowledge about the \$3.1B that comprises the hospital share of our \$8.4B annual health care spending, but very little is known about the \$2.1B comprising physician services, the \$990M comprising prescription drugs, and other sectors.

Recommendation Two: System Financial Stability

The Executive Committee recommends that the Legislature consider comprehensive legislation that is directed at System Financial Stability and Balance. While the major institutional providers of care are by and large not for profit and the state is the entity that grants that status, we do not as a state consider how the system made up of those not for profits can be balanced in a way that strengthens the system as a whole rather than individual parts. The Legislature should consider charging the Attorney General, the Department of Health and Human Services and the Department of Insurance to study and recommend action that would help support and sustain a strong and balanced state-wide system.

It is the view of the Executive Committee that the system of care that we provide to our citizens must be viewed from a statewide perspective. Currently, as we review the accessibility to certain services (child psychiatry, dermatology, and obstetric care) there are significant geographic variances in availability. In addition, through work that has been done by the University of New Hampshire, the New Hampshire Hospital Association, and by the Kane Group we can see that the financial strength of our southern tier hospitals is far greater than the northern tier, and our Community Health Centers are very fragile. This financial imbalance affects the ability to recruit and retain professionals at all levels, as well as to acquire the type of technology that can help improve administrative efficiencies and healthcare quality.

Recommendation Three: State Plans and Priorities

The Executive Committee recommends that the Legislature consider comprehensive legislation that is directed at establishing a STRATEGIC PLAN FOR NH HEALTH CARE that sets clear expectations and priorities for the shape of New Hampshire's health and health care system. The Legislature should consider charging the Department of Health and Human Services and the Department of Insurance to review the work of other regional and similar size states that have undertaken this task and recommend a path toward such a plan that would assure effectiveness as well as continuation over the long term.

This State has on numerous occasions, most recently in May 1998, undertaken efforts to create a comprehensive State Health Plan, or in the absence of said plan, a methodology to establish clear guidelines for system change. There is an old saying that "If you don't know where you are going any path will get you there" and it is the observation of the Executive Committee that we do not as a state have a clear and common path to a healthy population with a rational system of care. While we believe that the Initiative and many others have taken significant, effective, and constructive steps toward a better system The Initiative believes there is much left to do. For example, ePrescribing and the use of Electronic Medical Records and Health Information Technology and Exchange would greatly improve the efficiency, quality, and effectiveness of care. The acquisition of some of this technology is expensive. Yet as a state, this acquisition has not been made a priority even though the state has approved nearly a \$1B of capital expansion projects in the last decade via the Certificate of Need process. Further, while Certificate of Need is required to replace certain expensive medical equipment and acquire new medical services, providers are able to terminate services viewed as unprofitable without a public dialogue, which may still be needed.

Recommendation Four: Reimbursement Reform

The Executive Committee recommends that the Legislature consider the establishment of an intensive review of innovative and promising reimbursement changes that will focus on rewarding and expanding primary and preventive care, best practices, and coordinated care. The Legislature and the Executive Branch should examine areas where Medicare is modifying its program (to reward ePrescribing and Medical Home) and have DHHS pursue those same modifications within the Medicaid program, and Department of Administrative Services for the State Employee and Retiree Health Benefit Program. Further the NH Department of Insurance should explore how similar modifications may be encouraged to occur in commercial plans offerings.

Our current healthcare system is driven almost exclusively by fee-for-service contractual arrangements. This results in businesses and public purchasers to reimburse for tests, visits, procedures, and prescriptions versus health and wellness. What employers and public purchasers truly want for their employees or clients are improved health, better outcomes, return to work, productivity, informed consumers, efficiency, and safety. In addition, New Hampshire faces a critical shortage of primary care providers and services, yet these are the services that we pay the least for in our system. Similar research by Elliott Fisher, MD and his colleagues at Dartmouth show that we pay a great deal for highly specialized services that often do not prove themselves to be cost effective.

A number of promising pilot projects are taking place in the country and in our state that are beginning to examine new models of care that promote primary care and reward quality and outcomes rather than volume of work. These include:

1. The Dartmouth - CIGNA Medical Home Pilot
2. The Dartmouth – CMS Physician Group Practice Demonstration Project
3. The NH Multi-Stakeholder Medical Home Pilot
4. Medicaid Medical Home Pilot
5. Benefit Structure work done by NHID in the HealthFirst Product

Recommendation Five: Primary Care

The executive committee recommends that the legislature support the expansion of the state's nursing education and training capacity at both the associate and baccalaureate levels. This could include the expansion of state nursing education programs to the university systems at the Plymouth and Keene campuses, as well as expanding the advanced nurse practitioner programs that could help to address pressing primary care health service needs within the state.

The Executive Committee reiterates the importance of our report to the Legislature of March 2008 on Primary Care and the crisis this state faces in regard to this critical function of our healthcare system. The Workforce Committee of the NH Legislature created by HB 1615 has been presented with the primary care workforce needs, reviewed the report and recommendations, and will bring back their recommendations to the Legislature on the need to increase funding for the state loan repayment program and the recruitment center as well as expand the program through a public- private partnership. At the same time, there is a pressing need to expand our capacity to educate and train our N.H. nursing workforce. At the present time there is an unmet demand for an expanded state nursing workforce. There is an ample supply of qualified nursing candidates, but a significant limitation in our state's capacity to educate and train them.

Recommendation Six: Health Information Technology and Exchange

The Executive Committee recommends that the Legislature provide a mechanism for funding the following activities: support within the NH Department of Health and Human Services to provide a convening function of healthcare stakeholders to ensure that the recommendations of the report to the Governor are implemented; a bi-annual survey and assessment process of HIT and HIE technology deployment with an associated gap analysis; development of a Resource Center to assist the healthcare community with the purchase and implement technology, develop and manage a revolving loan fund mechanism, develop and manage a grants program, leverage Federal dollars for technology deployment, and provide education and consulting outreach. The Legislature should examine how its purchasing activities for Medicaid and the State Employee Health Plan may be used to further the advancement of HIT and HIE activities in the state. This may also involve Federal matching or grant funding. The Legislature should examine opportunities for enabling legislation to support HIT and HIE.

The acquisition and deployment of Health Information Technology (HIT) and Health Information Exchange (HIE) throughout the healthcare system in New Hampshire offers a unique opportunity to make substantial progress in improving the health of our citizens. The direct benefits include: improved patient safety and healthcare quality, enhanced public health, healthcare cost reduction, access to care, and consumer engagement and empowerment. It is vitally important that the State of New Hampshire have a strategic vision for both the implementation of information technology and a system of connectivity that will provide for the free exchange of information among providers throughout the state. HIT and HIE is a core pillar of our healthcare system.

The HIT and HIE Working Group will deliver its final report to Governor Lynch on January 1, 2009. This report will be posted to www.steppingupnh.org. The Executive Committee recognizes the importance of HIT and HIE as a core pillar of our healthcare system.

Finally, the Executive Committee provides assurance to the Legislature, that through the new structure of the Initiative moving forward, we stand ready to work with the Legislature, the Executive Branch, and all of the healthcare system stakeholders who share the Initiative's goals of a healthy population and an effective system of care.

NH Citizens Health Initiative, *2009 Year End Summary* (NH Citizens Health Initiative, 2009).

Primary Care Workforce Report Recommendations

In March of 2008, the Workforce Committee of the New Hampshire Citizens Health Initiative delivered a report to the Governor recommending strategies to address the shortages of primary care providers in New Hampshire. The report summarized critical national issues associated with primary care workforce development, described the implications of these issues specific for our state's workforce and proposed several recommendations for the Governor's action. The report, *Strategies to Address the Issues of Access to New Hampshire's Primary Care Workforce*, is available at the link below. During 2008, the Workforce Committee began implementation the report findings. Bi-State Primary Care led this process, with a partnering with the state Department of Health and Human Services to sustain the effort.

Subsequent to the report, some of its policy recommendations have been put into place, but more work remains. For more information on the plan and its implementation, please visit <http://citizenshealthinitiative.org/primary-care-workforce>. The annual reports of the legislatively-chartered Commission on Primary Care Workforce Issues (RSA 126-T:1-5) contain further recommendations and updates.

Summary Primary Care Workforce Recommendations

"Primary Care", for the purposes of these recommendations, is defined as primary medical, behavioral and oral health services. It is important to note, however, that there are active state-level leadership committees working to address policy issues of workforce development for mental/behavioral and oral health. These committees, the Oral Health Coalition and the NH Mental Health Commission will be included in the implementation of these recommendations as appropriate.

- Develop a Sustainable Mechanism for Statewide Primary Care Workforce Planning and Development.
- Establish an entity that is accountable for coordinating state-wide planning, development, and implementation of this work.
- Establish a data infrastructure and analysis methodology in the state for identifying where primary care professional shortages exist and for projecting where the needs will be in the future.
- Enhance the provider licensure process to collect data for workforce planning. The Vermont provider survey is an excellent example of how this data collection and analysis program would work in New Hampshire.
- Design an effective model of workforce care delivery informed by real-time, comprehensive data, information and benchmarks creating a more efficient primary care service model.
- Expand workforce planning and development to include other key components of the health care system for example: pharmacy, nutritionists, occupational therapy, etc.

- Recruit at least 50 New Primary Care Providers to Practice in New Hampshire with an Emphasis on 2. Medically-Underserved Regions of the State by 2010.
- Redesign New Hampshire's Primary Care Loan Repayment Program to be competitive with our neighboring states (please see Appendix Four).
- Physicians and dentists in New Hampshire are currently eligible for an offer of loan repayment of \$40,000 over two years with an extension to a third year if there is funding. To be more competitive compared to other New England states (Maine offers up to \$100,000 over four years, Vermont offers \$120,000 over six years) we propose that New Hampshire offer up to \$40,000 each year and extend the award to up to four years per provider.
- Nurse practitioners and physician assistants are currently eligible for \$20,000 over a two year period. We recommend that New Hampshire extend this program to four years with up to a total of \$40,000 available to each eligible nurse practitioner or physician assistant.
- Increase annual funding for the Loan Repayment Program by at least \$5 million through public-private partnerships.
- Contest the federal decision to not award loan repayment funding to New Hampshire.
- Increase state funding for loan repayment. The Maine Loan Repayment Program is funded 50% by the National Health Service Corps and 50% from Maine's taxpayer dollars. In Vermont the Primary Care Educational Loan Repayment Program is funded by the State of Vermont, through the Department of Health and is administered by the Area Health Education Center (AHEC).
- Request that New Hampshire financial institutions apply community reinvestment and economic development grants to this program. Additionally, in Vermont the Freeman Foundation Educational Loan Repayment and Scholarship Program provides scholarships through a gift to the College of Medicine to recruit and retain physicians of any specialty to rural and underserved areas of the state.
- Make arrangements with appropriate medical and dental schools to ensure slots for academically qualified New C. Hampshire students. This is commonplace in Maine and Vermont. Then monitor, motivate and provide incentives to students to attend medical and dental school and return to New Hampshire to practice.
- Encourage and support our state higher education system's expansion of the number of students trained in nursing and physician assistant programs.
- Increase national marketing to attract primary care professionals to work in New Hampshire.

February 5, 2008 Workforce Committee, Strategies to Address Primary Care Access (NH Citizens Health Initiative, 2008).