The NH Citizens Health Initiative

Leading New Hampshire to a better health future

- Better health
- Better care
- Lower costs

...for all the residents of New Hampshire
Topics

NH Citizens Health Initiative
  - Jeanne Ryer

Health Care Landscape in NH
  - Tyler Brannen

Health System Transformation in NH
  - Fred Kelsey
Background

• Formed in 2005 out of the “Pillars Project.”
• Led by volunteer Advisory Board of public and leaders from all sectors
• Housed at NH Institute for Health Policy & Practice at UNH
• Pillar Project teams lead action work groups
“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…”

Leadership Advisory Board

Yvonne Goldsberry, Cheshire Medical Center, Chair
Jose Montero, Director of Public Health, Chair Health Promotion and Disease Prevention
Barbara Walters, DHMC, Chair Medical Home & Payment Reform Pillar

Sharon Beaty, Mid-State Health Center
Donald Beddie, Public Member
Tyler Brannen, NH Insurance Department
William Brewster, MD, Harvard Pilgrim WellSense
John Bunker, Associate Dean, UNH CHHS
Thomas Bunnell, NH Voices for Health
Kelly Clark, AARP NH
Katja Fox, DHHS
Margaret Franckhauser, Central New Hampshire VNA & Hospice

Peter Gosline, Monadnock Community Hospital
Lisa Guertin, Anthem
Louis Josephson, Riverbend CMHC
William Kassler, Past Pres. NH Medical Society
Wendy Parker, Local Government Center
Anne Phillips, NH Charitable Foundation
Steven Rowe, Endowment for Health
Roger Sevigny, Commissioner, NH Insurance Department
Nicholas Toumpas, Commissioner, NH DHHS
Sandi Van Scoyoc, HNHfoundation
Building on Success

- Pound of Prevention Report
- ePrescribing: NH now 5th in US
- National All-Payer Claims Data Council
- Primary Care Workforce Report
- NH Purchasers Group on Health
- Payment Reform and System Transformation Efforts
2012 Pillar Projects

- Health Promotion and Disease Prevention
- NH Multi-Payor Medical Home Pilot
- Accountable Care Project
- NH Roadmap for Health
Making the Connections: Health to Health Care
What Is Health?

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

The World Health Organization, 1948

Preamble to the Constitution of the World Health Organization, 1948
What Makes Us Healthy?

What Makes Us Healthy

- Genetics 20%
- Environment 20%
- Healthy Behaviors 50%
- Access to Care 10%

What We Spend On Being Healthy

- 88% Medical Services
- Healthy Behaviors 4%
- Other 8%
What Makes Us Healthy?

- Health Outcomes:
  - Mortality (length of life) 50%
  - Morbidity (quality of life) 50%

- Health Factors:
  - Health behaviors (30%)
  - Clinical care (20%)
  - Social and economic factors (40%)
  - Physical environment (10%)

- Policies and Programs:
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Sexual activity
  - Access to care
  - Quality of care
  - Education
  - Employment
  - Income
  - Family & social support
  - Community safety
  - Environmental quality
  - Built environment

County Health Rankings model ©2012 UWPHI
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
“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
Health Promotion/ Disease Prevention

Leading work on integrating public health and primary care around the issue of tobacco cessation and prevention.

Accomplishments 2012

- Selected tobacco prevention and control as focus
- Forum panel on tobacco prevention and control in primary care, public, oral, and behavioral health
- Published [Clinician’s Role in Integrating Medicine and Public Health](#)

Year Ahead 2013

- Advancing public health/ primary care integration to reduce tobacco use in NH
PS: The Head is Part of the Body!

- Good oral health is integrally tied to good physical health.
- Mental and behavioral health is tied to physical health. There is a Mind-Body Connection!
- Substance use disorders need to be prevented and treated effectively.
Making the Connections:
From Care to Costs
Where We Are Now...

Health Care Growth Trends

Personal Health Care Expenditure per Capita

New Hampshire health spending per capita has closely tracked national averages. Beginning in 1995 it has slightly exceeded the national average.

Both New Hampshire and US health care costs per person have been increasing faster than the rate of inflation.

Source: Center for Medicare and Medicaid Services (CMS)
Better News Ahead?

National:

- 2012 Medical Care in inflation < 2%.
- Medicare spending per beneficiary only 0.4% in fiscal year 2012,
- Medicaid spending per beneficiary grew at historically slow rates in 2012
- “Modest cost growth is long-term trend, not short-term blip. ‘There's a lot more to squeeze without hurting quality,’ Avalere CEO Mendelson
WHAT ARE WE GETTING?
International Comparison of Spending on Health, 1980–2006

Average spending on health per capita ($US PPP*)

- United States
- Germany
- Canada
- Netherlands
- France
- Australia
- United Kingdom

* PPP = Purchasing Power Parity.
Mortality Amenable to Health Care: U.S. Failing to Keep Pace

Deaths per 100,000 population*

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* Countries’ age-standardized death rates before age 75; including ischemic heart disease, diabetes, stroke, and bacterial infections.

What Are We Getting?

- ~ A third of care provided does not improve health
- More than half of the care that is SUPPOSED to take place is done for patients
- Medical errors lose ~100,000 lives per year
The Attainable Future

“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

US Health Care: The Good News
The Ultimate Goal: Transformed Medical Communities

- Specialist Physician
- Community Hospital
- Tertiary Hospital
- Community and Public Health Organizations
- Home Care & Hospice
- Long-term Care
- Pharmaceuticals
- Primary Care Teams
- Patients
- Primary Care Medical Home
- Transformed Primary Care Medical Community

Medical Community
Health System Transformation

Transforming Systems through Shared Data and Learning

Accomplishments 2012

- Completing Evaluation of NH Medical Home Pilot
- Developed shared risk/savings models for accountable care in five NH systems
- Phase 2 Launch with 15 providers and systems and participation of carriers and system stakeholders

Year Ahead 2013

- Develop shared cost, utilization, and quality data tools
- Learning Webinars and Symposium
- Plan to sustain access to shared data and learning.
NH Multi-Stakeholder Medical Home Pilot

- 2 year pilot commenced in July 2009, extended through 2011
- Participation from all major NH commercial carriers
- 9 Medical Home sites across NH with 120,000 patient visits per year
- All sites achieved Level 3 (highest) recognition by National Committee for Quality Assurance
- Formal evaluation underway
- WellPoint data showed Pilot sites 7% below trend (Raskas et al. 2012).
NH Accountable Care Project

- 16 Provider Sites
- Diverse in Size and Type
- Shared Data, Measures and Reporting
- Learning Network
- Insurer, Gov’t Payers
- Business and Citizen Participation
Making the Connections: The Road Ahead
“The future of New Hampshire and its communities depends on the ability to anticipate change and respond appropriately.”

-- Kenneth M. Johnson
Roadmap to NH’s Health

Developing tools to project how NH’s health and health care will look in 2020 and 2030.

Accomplishments 2012

- Collaborative advisory group spanning public health and health care system and partnerships
- Identification of health data for projections
- Resource development

Year Ahead 2013

- Expanded stakeholder group to guide Roadmap.
- Data modeling and development of interactive website
- Communications and public outreach plan
UNDERSTANDING NH’S HEALTH INSURANCE MARKET
NH’s Health Insurance Market

- About 55% of “insured” people covered by self-funded employers
- 76% of people covered by large employers
  - Of those people, 29% are regulated as insured (140,000)
- 24% of people in small employers or individual products
  - 100,000 small employer members
  - 40,000 individual members
Health Insurance Carrier/TPA Member Distribution by Funding

- Golden Rule
- American Republic
- Celtic
- NovaSys_Health
- United HealthMarkets
- Assurant
- Usable
- MVP
- Aetna
- Harvard Pilgrim
- CIGNA
- Anthem

- Fully-Insured Members
- Self-Insured Members
Health Insurance Costs

• Health Insurance
  - 2011 increase = 4%
    • 2011 buy down = 5%
  - 2010 increase = 3%
    • 2010 buy down = 10%
Medical Costs Driving Premiums

- Overall 2011 trend equal to 3%
  - Down from 9-11% in 2009

- Utilization down -2% in 2010 and 2011

- Payments to providers up about 5% in 2010 and 2011
Carrier “Competition” – Provider Discounts for HMO Products

Portion of Total HMO Patient Charges
Average Discount

- Aetna
- Anthem - NH
- Harvard Pilgrim HC
- Tufts Insurance Co
Provider Discounts for PPO Products

- 0%
- 5%
- 10%
- 15%
- 20%
- 25%
- 30%
- 35%
- 40%

Portion of Total PPO Patient Charges

Average Discount

- Aetna
- All Other Insurance
- Anthem - NH
- CIGNA
- Harvard Pilgrim HC
- MVP
- NH Health Plan
- United Healthcare
NH Hospital “Cost” Comparison

2006 Combined Inpatient and Outpatient Cost Index By NH Hospital

Cost Index Score

Speare Memorial Hospital
Southern NH Medical Center
Concord Hospital
*Huggins Hospital
Parkland Medical Center
Elliot Hospital
Monadnock
Cheshire
Cottage
LRGH
Wenworth-Douglass
DHMC
New London
Franklin
St. Joseph
Upper Connecticut Valley
Memorial
Valley Regional
Alice Peck Day
Portsmouth
Androscoggin Valley
Weeks
CMC
*Frisbie
Littleton
Exeter
2009 Male and Female PMPM Spending by Age Group

PMPM

Member Age

$0

$100

$200

$300

$400

$500

$600

$700

$800


Female
Male
The Costs of NH's Health Care System: Hospital Prices, Market Structure, and Cost-Shifting (NHCPPS, March 2012)
VIEW FROM THE GROUND: HEALTH SYSTEM TRANSFORMATION IN NH
A healthy population is happier, more productive and less costly in both financial costs and quality of life than an unhealthy population.
Office Encounter

Patient + Clinician

Plan
Patient

Visit/Service

Attributed Patient Population

Actual Cost of Care

Benchmark Cost

Savings or Loss

Quality Gateway

Payment to Group or Back to Payor if There is a Loss

Actual Cost of Care

Benchmark Cost
PCMH

- Pharmacy
- Care Manager
- Office Staff
- Family
- Social Worker
- Behavior Health
- Cost Data
- Specialist Care
- Community Resources
- Care Coordinator
- Disease Registry Data
- Test Data Tracking
Patient-Centered

Clinician Focused
The Guiding Principle

Patient-Centered at Mid-State means passing the “Grandmother Test” …

“If this were your Grandmother, what would you want the answer to be or the plan to look like?”
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