

New Hampshire Citizens Health Initiative



Annual Summary 2008

BRIEF HISTORY OF THE NH CITIZENS HEALTH INITIATIVE

ORGANIZATION FOUNDING VIA THE PILLARS PROJECT

The NH Citizens Health Initiative (Initiative) originated from the recommendations of the Pillars Project published in late 2004. The major intent of the Pillars Project, an effort initiated and supported by the Endowment for Health, was to develop a framework for a health care system that provided everyone with access to high-quality, cost-effective care and left no one without health care or coverage. The Pillars Project recognized and reinforced the need for a sustained effort if these goals were to be achieved.

Building upon the work and recommendations of the Pillars Project, the University of New Hampshire and the Endowment for Health identified goals, established the Initiative structure and focus, recruited leadership, and established policy teams in the areas of Quality of Care, Health Promotion Disease Prevention and Finance and Cost Information. Governor John Lynch agreed to support the effort and convened the first meeting of the Initiative. The Initiative has undertaken its work with financial and advisory support from:

- Endowment for Health
- New Hampshire Charitable Foundation
- HNH*foundation*
- Norwin S. and Elizabeth N. Bean Foundation
- Local Government Center Trust
- The University of New Hampshire

VISION & GOALS

Our vision is that 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:

- Assure a healthy population
- Create an effective system of care

ACCOMPLISHMENTS AND PROJECTS

The Initiative has pursued an aggressive agenda and as a result of the hard work and diligence of the policy teams, has made significant progress towards meeting our goals. A summary of accomplishments for the prior periods of 2006 and 2007, a more thorough detailing of 2008 efforts and successes, and an overview of our 2009 intentions follows.

Full reports on the work and accomplishments of the Initiative from 2006–2007 are available at our web site, www.steppingupnh.org. Those accomplishments are briefly noted here:

2006 Accomplishments Include

- Publishing *A Pound of Prevention*, a comprehensive evaluation and summary of recommendations to address what kills us, what makes us sick and what keeps us healthy;
- Implementing an insurance carrier alignment in pay-for-performance programs;
- Launching a statewide ePrescribing initiative;
- Launching NH Connects for Health, a project examining the feasibility of an interconnected health care system and evaluating the current state of provider practice automation;
- Conducting interviews with business, health industry, and policy leaders regarding the deployment and use of Health Information Technology (HIT) and Health Information Exchange (HIE) in New Hampshire;
- Identifying legal & business barriers related to privacy and security to the use and expansion of HIT and HIE in New Hampshire as a part of a multi-state Federally funded program; and
- Creating a web portal where employers can access information about health care costs and quality (www.nhhealthinfo.org).

2007 Accomplishments Include

- Educating the citizenry on the topics of Health Promotion & Disease Prevention through public presentations based upon the Pound of Prevention report;
- Supporting the development of the Healthy Eating and Active Living (HEAL) Action Plan;
- Furthering the ePrescribing program by publishing a white paper, engaging insurers, and working with industry infrastructure entities to promote the technology to the provider community;
- Initiating development of a plan for Primary Care Access to assure state-wide access to these vital services;
- Convening a Reimbursement Work Group to identify issues with reimbursement as they relate to primary and specialty care;
- Researching the underlying drivers of health care costs to support the effort of the NH Purchasers Group on Health and the Finance Policy Team;
- Collaborating with the NH Center for Public Policy Studies to develop New Hampshire's Healthcare Dashboard for policy makers. The Dashboard measures New Hampshire's performance in cost, infrastructure, access to services, quality of care, and public health; and
- Convening a multi-stakeholder group to establish a vision and set of goals for Health Information Technology and Exchange adoption by 2014.

PERIOD FOR THE CURRENT REPORT (2008)

HEALTH PROMOTION DISEASE PREVENTION

The charge of the Health Promotion and Disease Prevention (HPDP) effort within the Initiative is to facilitate implementation of evidence based public health practices in the focus areas of tobacco use, physical activity and nutrition, and unhealthy alcohol use. This is accomplished through convening experts, engagement across our projects, a strategic focus at the community level, and sharing results with legislators and the general public.

In 2008, the Health Promotion and Disease Prevention Work Group continued its work in the areas of Tobacco, Physical Activity and Nutrition, and Unhealthy Alcohol Use. Key accomplishments included completing a tobacco action plan and regularly convening tobacco stakeholders, culminating in a fall 2008 Centers for Disease Control and Prevention-sponsored and facilitated workshop on sustainable tobacco programming.

HPDP and the Division of Public Health Services sponsored a Policy Day event for Legislators in April 2008. The goal of the one day conference titled “Prioritizing Health Dollars Now... An Investment in New Hampshire’s Future”, was to discuss a strategic policy path toward a healthier citizenry and the requisite changes for public health and health care in New Hampshire. Discussion topics included:

- Costs associated with health care, a presentation by Elliot Fisher, MD, MPH, a Professor of Medicine and Community and Family Medicine at Dartmouth Medical School and Director of Dartmouth College’s Center for Health Policy Research;
- The need to address healthy behaviors throughout the life span beginning in early childhood, a presentation by Dr. Milton Kotelchuck, Chairman and Professor of Pediatrics and Gynecology of Boston University; and
- The difficult decisions in allocating limited funds.

Other key accomplishment for HPDP centered on unhealthy alcohol use in the areas of understanding the effects of a future alcohol tax on youth drinking, and expanding screening, brief intervention, referral and treatment programs across NH. Two conferences, hosted by the Initiative, were held in June focusing on:

- A half-day briefing on alcohol tax where George Hacker from the Alcohol Policies Project of the Center for Science and Public Interest provided an overview on the public health research on the relationship between alcohol taxes, alcohol usage, and health outcomes. While the Initiative did not develop a specific recommendation based on this briefing policy makers should closely consider the material developed for that briefing as they review this area.
- “Building Alcohol Intervention Options for NH: Focus on Screening, Brief Intervention, Referral and Treatment Initiatives (SBIRT)” for unhealthy alcohol use. The keynote speaker was John Higgins-Biddle, Ph.D, from the Substance Abuse and Mental Health Services Administration (SAMSA). The purpose of this event was to engage New Hampshire’s general health care community in SBIRT. The material developed that day, and the discussion by those care giving groups in attendance, led all to believe that incorporating SBIRT into coverage plans was sound policy from both a care and financial perspective. This Initiative work group has been pleased that the principles of SBIRT have been included in Health First (a legislated small group insurance product) development to date. It is our hope that advocacy for this important initiative will be continued by care givers.
- In the focus area of lack of physical activity and poor nutrition, the Initiative supported the development of the Healthy Eating Active Living (HEAL) Action Plan as a convening partner. The HEAL Action Plan is a multi-sector approach for our state, and provides several policy-specific actions for Legislators. We recommend Legislators use this evidence based guide for setting policy that will improve the health of our citizenry.

REIMBURSEMENT AND MEDICAL HOME

Our second major Project has focused on the need to reform and evolve our health care provider reimbursement system. Currently, that system is almost exclusively based upon a fee for service model, which promotes utilization and increases costs of services. The Initiative convened the NH Multi-Stakeholder Medical Home¹ Pilot in January 2008 as an outgrowth of the Reimbursement Project Group, to value, prescribe and reward primary medical care that is tightly coordinated and of superior quality and efficiency. The pilot was initiated because New Hampshire has some of the highest medical costs in the country and very little historical payment reform. However, there is an engaged community comprised of providers, carriers, employers, State agencies, and the legislative community, working on this issue.

During 2008, our successes have included

- Active participation with and by the Patient Centered Primary Care Collaborative (PCPCC), the national convening organization for Medical Home efforts (www.pcpcc.net);
- National recognition of our efforts via a comprehensive report on medical home pilots across the country;
- Securing the financial commitment for NH's medical home pilot. This commitment included funding for facilitation, project management, and management of the provider application and selection process. Funders include the primary payers in NH including Harvard Pilgrim, Cigna, and Anthem Blue Cross Blue Shield of New Hampshire;
- Participation from the Center for Medical Home improvement, whose leadership and expertise in developing and shepherding medical homes has been recognized both locally and nationally;
- In conjunction with NH Medicaid, selection by the National Association of State Health Plans (NASHP) as one of only 8 Medicaid Medical Home technical assistant participants. NASHP has convened 8 states with pilot projects, and has provided access to resources at the Commonwealth Fund, Center for Health System Change, Centers for Medicare and Medicaid Services (CMS), and other successful programs in states such as Minnesota and North Carolina;
- The NH Purchasers Group on Health (representing 120,000 members in the state with solid geographic diversity and representation across all the participating carriers) has worked collectively to understand the drivers of cost and to jointly focus on health promotion and disease management efforts;
- Implementing a legislative rule requiring the inclusion of medical home for the NH HealthFirst small group insurance population;
- Leveraging the state's all payer claims database with consolidated claims information to provide a unique, fundamental, and efficient means for medical home program evaluation;
- Representation and guidance from CMS to promote alignment, enhanced reimbursement opportunities for participating physicians, and to inform decision-making that aligns with national efforts;
- Facilitating consensus on crucial medical home pilot requirements such as methods to assign patients to primary care physicians, pilot size, reimbursement structures and amounts, participant minimum criteria, application methods and processes; and
- Selecting 11 practices from all regions in the state to participate in the two year pilot.

¹ The American Academy of Family Physicians defines the Medical Home as follows: "A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes." The Joint Principles of the Patient-Centered Medical Home, endorsed by the AAFP, AAP, ACP, AOA and AMA can be found at <http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home>.

PRIMARY CARE WORKFORCE

In February 2008, the Primary Care Workforce Committee of the Initiative submitted its report to the Governor identifying the primary care workforce shortage crisis in NH and recommending strategies to address the crisis. The Access to NH's Primary care Workforce Project is focused on the implementation of certain recommendations, specifically to:

- Establish an entity that is accountable for coordinating state-wide planning, development, and implementation of this effort to increase access to primary care;
- Enhance the provider licensure process to collect data for workforce planning;
- Redesign NH's Primary Care Loan Repayment Program to be competitive with our neighboring states; and
- Increase the annual funding for the Loan Repayment Program by at least \$5 million through public-private partnerships.

Work on the Access to NH's Primary Care Workforce Project began in May 2008. The accomplishments to date are as follows:

- Establishment of the accountable entity for state-wide planning and implementing recommendations;
- Collection of information to document all of the work being done to implement each of the report's recommendations;
- Creation of the survey to collect data on provider licensure via the NH's Board of Medicine application process;
- Researching the NH provider licensure process in order to make recommendations on improvements to make NH more competitive in recruitment;
- Redesigning NH's Primary Care Loan Repayment Program and begun promotion of the program to key target audiences;
- Researching the specifics of the \$5 million Massachusetts loan repayment program administered by the Massachusetts League of Community Health Centers;
- Forecasting the projected 2009 primary care workforce needs for state loan repayment (\$1.5 million);
- Planning for public-private sector fund-raising solutions;
- Preparing briefings for the NH Legislature and NH's Legislative Workforce Committee created by HB 1615; and
- Identifying leaders that will be responsible for oversight of the implementation of the workforce report recommendations (The State Office of Primary Care and Rural Health and Bi-State Primary Care Association).

HEALTH INFORMATION TECHNOLOGY & EXCHANGE

The acquisition and deployment of Health Information Technology (HIT) and Health Information Exchange (HIE) throughout the health care 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 health care quality, enhanced public health, health care 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 health care system.

To support HIT and HIE expansion and development in New Hampshire, a road map for both the industry and public policy makers to achieve a fully deployed and integrated system of HIT and HIE was requested by Governor Lynch via Executive Order in mid-2008. The Order was based upon a Vision and Principles Statement that was developed by the NH Citizens Health Initiative and adopted in 2007. A HIT and HIE Working Group has accomplished the following in 2008:

- The first draft of HIT and HIE strategic plan for Governor Lynch was delivered on 12/1/2008. The final draft will be completed by January 1, 2009.
- The Initiative and its partners continue to promote ePrescribing via provider education, technology vendors, and payers.
- The Initiative, through the University of New Hampshire, is providing technical and facilitation support to the Regional All Payer Healthcare Information Council (RAPHIC) and the National Association of Health Data Organizations (NAHDO) to advance development of regional and ultimately national standards for all payer claim databases.
- In partnership with the NH Hospital Association, NH MGMA, and the NH Medical Society, the Initiative is developing a process for annual measurement of New Hampshire's HIT and HIE landscape within all aspects of the provider community.
- A study on patient migration patterns has been completed in order to provide information to health care providers which will aid their decision making with expansion of HIE efforts.
- In partnership with the Maine Health Information Center and HealthInfoNet, a study has been initiated (January 2009 release) examining the frequency and cost associated with hospital admissions resulting from adverse drug events (ADEs). This study will be used to promote HIT and HIE activities to reduce the frequency of ADEs in the future.

HEALTH FINANCE & STRUCTURE TRANSPARENCY

It is the goal of the Initiative to sustain a public dialogue to shape the health and health care system of this state. It is not possible to hold and sustain such a dialogue without accurate information about the structure, behavior, outcomes, quality, and financing of the current system.

During 2008, the transparency work of the Initiative focused on the following efforts:

Cost

- **Hospital Pricing Report.** The New Hampshire Purchasers Group on Health (NHPGH) and the NH Citizens Health Initiative requested the NH Department of Insurance develop a study examining pricing differentials between hospitals in New Hampshire for a common "basket" of services; The intended audience for the report is policy makers and employers, for the purpose of illustrating the significance of price variation across the system. A subsequent press release was issued with the final report.
- **Study on the Financial State of Hospitals and Federally Qualified Health Centers.** The Initiative assisted the NH Department of Health and Human Services with development and release of the project.

Quality

- **Provider Score Card.** The Initiative began the effort of supporting NHPGH to develop a provider score card focused on cost and quality. The anticipated release to NHPGH members is in Q1 2009, with an intended audience of NHPGH employees, policy makers and other NH employers.

2009 WORK PLAN

Throughout the past three years, our work has moved from policy teams to specific working groups. Going forward, we will continue with formal working groups known as Pillar Projects. Our focus for 2009 will be on the following Pillar Projects:

HEALTH PROMOTION DISEASE PREVENTION (HPDP)

During 2009, HPDP will identify two or three communities who are working on integrating the public health and medical care systems and develop best practices recommendations for an effective integrated system of care. In addition, usefulness of claims data will be assessed for planning health promotion and disease prevention programs and analysis completed and shared as appropriate. The HPDP Pillar Project will continue to work with tobacco stakeholders to secure sustainable funding for the state program by providing data and documentation on the benefit of prevention resources. Finally, the project will again partner with the Division of Public Health Services for a follow up Policy Day for Legislators Conference.

REIMBURSEMENT & MEDICAL HOME

The Initiative will continue to convene and provide project management leading up to and throughout the 2-year medical home pilot period, scheduled to begin on 04/01/2009. Facilitation of the project will have two foci, pilot operations and collaboration among participants selected for inclusion in the pilot. Our operational support will serve to convene administrative staffing from the participating carriers and practices, to minimize billing and payment issues. Our collaboration activities with pilot participants is intended to leverage best practices in primary care and medical home processes both locally and nationally. The Initiative will also lead a comprehensive programmatic evaluation design to measure qualitative and quantitative outcomes, and ensure a return on investment in terms of more efficient use of health care dollars and improved health outcomes.

To address the broader goal of rectifying a system that devalues primary care, overemphasizes fragmented specialty and procedure-based services and fails to recognize actual quality of the care provided, the Reimbursement Work Group will begin planning for additional, targeted projects.

PRIMARY CARE WORKFORCE

In 2009, the Workforce Pillar will collaborate with those in the state who will be focused on work to implement an expanded New Hampshire Loan Repayment Program, which will seek matching funds from the private sector. By the end of our current 2008 activity we will identify how and by whom that work would best be pursued in 2009.

In addition to completing this work, we anticipate that in the first quarter of 2009 we will shape a work plan for the year that identifies how we can support the effort to expand the state nursing education programs in the state. This work has the best promise to apply resources to the critical primary care giver shortage in the near term.

HEALTH INFORMATION TECHNOLOGY & EXCHANGE

A final Strategic Plan for HIT/HIE will be issued on January 1, 2009. The plan was the result of concerted effort by a broad range of stakeholders. In order for the recommendations of the group to come to fruition, there must be a leadership structure that will be the successor to the HIT and HIE Working Group. It is our intention to continue our effort at The Initiative to facilitate and staff the successor leadership structure. While the final work plan and structure of the group will be refined during the first quarter of 2009 there are a series of core functions that will be considered. Among those considerations but not limited by them are the following thoughts of the Executive Committee::

1. Convene stakeholders bi-monthly to set goals, establish priorities, and encourage cooperation and coordination, and measure and report progress.

2. Develop a road map, to be presented bi-annually to the Governor, the Legislature, and the health care industry that is based upon the following actions:
 - a. Completion of a survey of health care provider technology adoption and conduct a gap analysis report to identify progress and areas where continued technological deployment is required.
 - b. Identification of barriers to HIT and HIE adoption based upon an environmental scan at the state, regional, and national levels, as well as the aforementioned survey and gap analysis.
 - c. Creation of a set of recommendations for market and policy options to support HIT and HIE adoption.
3. Identify nationally recognized interoperability standards for HIT and HIE and promote said standards within the New Hampshire health care community (ie, HITSP, CCHIT, HL7).
4. Provide recommendations to policy makers on privacy and security that take into account local and national privacy and security efforts.
5. Develop and provide oversight for an HIT and HIE Resource Center that would conduct the following functions:
 - a. Provide a website for providers to enable the sharing of best practices for HIT and HIE as well as information about resources available to New Hampshire providers.
 - b. Provide a learning network for providers to transfer knowledge and streamline clinical and business processes.
 - c. Provide an ongoing consumer and public education function in collaboration with other consumer and provider organizations.
 - d. Coordinate with regional and national HIT and HIE efforts as appropriate.

To achieve these functions the report to the Governor recommends that the successor group should be convened by the Office of the Commissioner of the New Hampshire Department of Health and Human Services, and meet bi-monthly. It was recommended that the successor group be comprised of knowledgeable and energetic members with familiarity of the work of past work groups and national and regional HIT and HIE activities. As the successor group's goal is to provide tools to transform the state's health care industry, there needs to be adequate representation from appropriate stakeholders including the following interests: Governor's office, New Hampshire Administrative Services (State Employee Health Plan), consumers, employers, providers, insurers, and the New Hampshire Citizens Health Initiative.

Since this is such a critical area, until the recommendations are formally acted upon the current HIT/E Work Group has committed to meet in January to assure that the momentum for this effort does not slow in any way.

HEALTH FINANCE & STRUCTURE TRANSPARENCY

This Pillar work group has a draft work plan, with the intention of finalizing the scope and detailing the plan by the end of the first quarter. Our draft work plan of analytic efforts, reports and briefs, whose intended audience consists of policy makers, employers, brokers, hospitals, providers and carriers, includes the following:

Communication, Education & Outreach

- Host a health care system cost transparency event for policy makers and employers highlighting reports from the NH Department of Insurance, NH Center for Public Policy Studies, and the NH Department of Health and Human Services in early 2009.

Cost and Utilization

- **2005–2007 Cost and Utilization Summary of NH Commercially Insured Lives.** Conduct a study using the reports developed by the Maine Health Information Center and in use by NHPGH, on three years of cost, utilization, and preventive care measure data for NH's commercially insured population.

- **Provider Primary Care Study.** In an effort to overcome systemic challenges with provider identification in claims data, this study will select a subset of primary care procedures for drill down and provide an analysis of cost and utilization differences between various primary care settings (independent practices, clinics, hospitals, hospital-owned practices).

Quality

- **Score Card.** Support efforts of NHPGH in its cost and quality report card development and distribution.
- **Quality Transparency Planning.** Develop a Quality Transparency Working Group who will deliver a report to the Initiative on current transparency efforts and future needs by Q3 2009.

Insurers

- **Policy Brief on Erosion of Benefits.** Building upon the NH Department of Insurance Supplemental Reports, analyze the shift in membership to products with higher consumer liability.
- **Policy Brief on Carrier Discounts by Provider.** An examination, based upon the underlying HealthCost database and additional Initiative analysis, of carrier discounts by provider. Would examine both inpatient and outpatient cost differences.
- **Policy Brief on Benefit Value Equation.** Summarize and issue a brief on the recent findings from the NH Department of Insurance Supplemental Reports, examining the relationship between premium and medical loss ratios by product and employer group size.

Other

- **Patient Migration Study – Phase II.** To provide further clarity as to where NH residents live as compared to where they receive care, we will examine the data, providing community-by-community details on both incoming and outgoing patient migration. This information will support the Successor Group to the 2008 HIT and HIE Working Group, as well as to local communities who wish to improve local HIE efforts.

CONCLUSION

As in previous years, The Initiative has benefited from the support and resources of our funders, and the many groups and individuals who have worked so diligently and effectively in support of our vision and goal. We are deeply appreciative that the Legislature has invited us report to you on an annual basis and we are glad to comply with that request with the submission of this first annual report. We look forward to meeting with members and committees to discuss this report further.

As our work goes forward over the next biennium we welcome opportunities to collaborate and discuss our Initiative not only through this annual report but in other ways that the Legislature may suggest.