

Citizens Health Initiative



2007 Year End Summary

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During 2007, the work of New Hampshire Citizens Health Initiative (The Initiative) was driven by a series of work groups around tasks that emerged from the efforts and discussions of our three policy teams:

- Health Promotion & Disease Prevention
- Quality of Care
- Finance & Cost Information

This evolution is a further reflection of the major lesson learned from our 2006 report, which is the central importance of assuring that The Initiative retains flexibility. During our first year, almost all of our work and deliverables were the result of monthly meetings of the three policy teams. As we moved into 2007, the policy teams met on a quarterly basis, and a great deal of the work took place in specific work teams. The output of those work teams were reviewed at the policy group level at the quarterly meetings.

We anticipate that in 2008 we will continue to have intense activity at the workgroup level. We also anticipate that the work of The Initiative will refine its focus into four thematic areas that emerged from this past years work.

The first is primary care workforce. The primary care work team has published an important document this month, entitled *Strategies to Address the Issues of Access to New Hampshire's Primary Care Workforce*. That report is summarized briefly in this document, and the critical findings of that study will drive a great deal of the effort for The Initiative in 2008.

The second area of focus is health information technology and exchange (HIT/HIE). During the first two years of The Initiative we have undertaken several projects that centered around the use and expansion of information technology and exchange to bring both efficiency and quality improvement to the health care system. We will summarize in this document our efforts on ePrescribing, the development of principals and vision for health exchange, pilot project development in the north country, facilitation and technical assistance for privacy legislation, and the beginning of a strategic planning process for HIE at the request of the Governor. This work will continue in 2008.

The third area will center on the need to focus with intensity on the way in which we reimburse and reward clinicians and providers. In 2006, we took preliminary steps on aligning certain pay-for-performance incentives among major payors—both public and private. During 2007, a reimbursement workgroup explored ways in which that effort could be expanded and also, with the substantial assistance of medical home work that has been done within the state by several groups, we have begun to explore how to refocus reimbursement in the critical area of primary care. This work will be continued in 2008 and beyond and presents a substantial challenge as we begin to explore how such a fundamental issue—the way we pay for care—can be aligned with our desired outcomes.

Finally, we will be working diligently to bring both consumers and businesses together to see what they can individually and collectively do to become fully engaged partners in shaping health and health care. The Purchaser Work Group, which will be discussed in this summary, represents 120,000 employees in major public groups and is working to learn from regional and national efforts ways in which they can promote health among their employees; focus on quality, cost and value in the use and selection of providers; and become a more effective force in shaping the system.

Towards that end, a great deal of the work done over the first two years of The Initiative on health promotion and disease prevention will be directed to both our reimbursement and purchasers group. We will also work closely to identify how both the public and the purchasing voice can better affect both the development of the system and the shaping of public policy.

In addition to the specific projects that are summarized below, we have also convened a Board of Advisors to help shape the future role and focus of The Initiative. In letters sent by the co-chairs of the Initiative and the Governor—both of which are attached at Appendix 1—we have brought together a group of health care leaders, business leaders, policy leaders and champions of employees and consumers to help consider how our goal—“to create and sustain a public dialogue that will measurably improve the “systems” that finance and provide health care in New Hampshire...”—can best be met as we move beyond 2008 into the next generation of The Initiative. We have included as an appendix the draft work plan outline for 2008.

Health Promotion and Disease Prevention (HPDP) Policy Team

In the second half of 2007, the HPDP Policy Team successfully convened partners and prioritized policy/program interventions in the areas of reducing tobacco use, increasing physical activity and healthy eating, and reducing unhealthy alcohol use. Tobacco use and unhealthy alcohol use workgroups met several times through the summer and fall. In addition, HPDP team supported the statewide planning process for Healthy Eating/Active Living (HEAL). The team also welcomed a new co-chair, Yvonne Goldsberry. Ms. Goldsberry is Senior Director of Community Health at Cheshire Medical Center in Keene. Along with Mary Ann Cooney, Director of Public Health Services at the Department of Health and Human Services (DHHS), Ms. Goldsberry provides leadership and direction for the HPDP policy team as we move from planning in 2007, into implementation for 2008.

The October 11th quarterly HPDP policy team meeting was the most significant of 2007. During this meeting, the tobacco use and unhealthy alcohol use workgroups recommended priority legislative areas. A presentation on the HEAL project was also delivered and policy areas identified. Summaries and recommendations for each area are listed below and are expanded upon in separate reports available on The Initiative website.

Reduce Tobacco Use

Partnering Organization—Breathe NH

The tobacco workgroup met several times throughout the summer and fall. Utilizing the Institute of Medicine 2007 report *Ending the Tobacco Problem: A Blueprint for the Nation*; knowledge of past successes and failures; and understanding New Hampshire culture; the group developed a list of 2008 Legislative Priorities and 2008–2009 Non-Legislative areas. Diane Smogor, of Breathe NH, has agreed to chair this group going forward. Please review the completed *Tobacco Action Plan* in the Appendix.

2008 Legislative Priorities:

- Transferring tobacco sales licensing process to the Liquor Commission
- Efforts to define cigars in New Hampshire such that they are categorized comparable with all other tobacco products
- Non-legislative actions for 2008–2009
- Assessment of adequate resources for education and enforcement of tobacco laws by the state licensing agency
- Integration with other Citizens Health Initiative projects including the NH purchasers group and reimbursement workgroup
- Expand effective clinical intervention programs such as Quitworks-NH and pilot projects for integrated tobacco prevention in clinical settings

Increase Physical Activity and Healthy Eating

Partnering Organization—*HNHfoundation*

The *HNHfoundation* is leading New Hampshire's Healthy Eating/Active Living (HEAL) planning process. Staff from HPDP provide support to the project and HPDP members participate on the HEAL steering committee. The plan will be a multi-sector and multi-level approach to increasing activity and healthy eating in our state. The HPDP team continues to provide support for the process and supplement HEAL reports as needed. We are also committed to assisting the implementation of the plan's policy recommendations once the final plan is released. Policy emphases in 2008 will center on reimbursement and pay-for-performance. A summary of the opportunities for HPDP to support HEAL follows:

- Engage business community in promoting HEAL recommendations.
- Engage food and recreation industry leaders in HEAL.
- Establish reimbursement and pay-for-performance policies (e.g. BMI measurement) for time spent for nutrition, physical activity, and weight management counseling during office visits for both commercial and Medicaid population.
- Garner support from Policymakers for: LCHIP, Livable-Walkable Communities, Safe Routes to Schools, open space and parks, statewide nutrition standards for New Hampshire schools, school wellness committees and integrated curriculum for nutrition, physical activity, and media literacy/health.
- Support efforts to maximize federal funds for HEAL implementation.

Reduce Unhealthy Alcohol Use

Partnering Organization—*New-Futures*

A workgroup has convened to provide expert guidance on the issue of unhealthy alcohol use in New Hampshire. The state recently released a plan for reducing alcohol and drug use in New Hampshire. This plan provided the group a wealth of data and direction from which to proceed. The group's expertise on the state's public health system and cultural consideration helped guide the final recommendations for 2008–2009. John Bunker, of *New-Futures*, has agreed to chair this group. A draft of *Find the Facts: Alcohol Use in NH* is included in the Appendix.

Recommendations:

- Support funding, policy efforts and expansion of New Hampshire's Server Trainer and Last Drink programs.
- Explore policy barriers (e.g. reimbursement) and support efforts to bring Brief Intervention initiatives to New Hampshire.
- Support appropriate data collection on health consequences and costs of unhealthy alcohol use.
- Collaborate with general public health awareness campaign efforts to include unhealthy alcohol use.

Collaboration has been a major theme of The Initiative and the HPDP policy team from the beginning. We do not want to duplicate existing efforts but rather highlight and support these efforts and fill in the gaps. HPDP policy team members and project staff participate with the Public Health Improvement Action Plan (PHIAP) headed up by NH DHHS. Mary Ann Cooney and Ned Helms chair the "Inform, Educate and Empower People about Health Issues" PHIAP workgroup. The work plan developed for this project overlaps with many HPDP goals. For more information on PHIAP and these workgroups, please visit the DHHS website: <http://www.dhhs.nh.gov/DHHS/DPHS/iphnh.htm>.

HPDP team members and staff also participate on the New Hampshire Public Health Association (NHPHA) Board and Policy Committee. In the fall of 2007, the NHPHA determined their 2008 priorities which include tobacco prevention and exposure, healthy eating and active living, and alcohol education. The HPDP team and the NHPHA recognize these three areas as significant to focus on to improve the health of our population. For more information on the NHPHA priorities, visit www.nhpha.org.

The “Find the Facts” series of fact sheets started in 2006 with diabetes and tobacco. Work continued on this series in 2007 with the updated tobacco use fact sheet and the creation of one focused on alcohol use. In addition, *Find the Facts: Diabetes in NH* has been updated and is included in the Appendix.

In December of 2007, Ned Helms and Laura Davie traveled to Washington D.C. on behalf of The Initiative and the HPDP team. The trip was prompted by the acceptance of the abstract *A Pound of Prevention, a foundational paper for redefining the public health debate in New Hampshire* for oral presentation during the American Public Health Association’s annual conference. The trip also gave Mr. Helms and Ms. Davie the opportunity to meet with Senator John Sununu, Senator Judd Gregg’s health policy staff, Representative Paul Hodes, and Representative Carol Shea-Porter. During these meetings, the full scope of The Initiative was outlined. Areas were identified in which New Hampshire efforts are leading the nation and/or require national partnering. Communication and collaboration regarding all Citizens Health Initiative projects will continue with the delegates.

Quality of Care Policy Team

ePrescribing (eRx)

The New Hampshire eRx initiative began in the fall of 2006, with the goal of having all New Hampshire primary care physicians with access to eRx technology by the fall of 2007 and all New Hampshire specialty physicians with access by the fall of 2008. It is estimated that close to half of the primary care physicians already have access to basic eRx capabilities through electronic medical record (EMR) systems at New Hampshire’s larger hospitals and physician groups. For those not using EMR systems, there are stand alone web-based and PDA platforms that have eRx capability. Our efforts in 2007 focused on building partnerships and focusing on implementation strategies.

Highlights include:

- Working with SureScripts to ensure that more than 80% of New Hampshire’s pharmacies are ready to conduct ePrescribing transactions.
- Working with RxHub to ensure that the majority of New Hampshire insurers are connected to RxHub’s eligibility and formulary electronic network.
- Developing a partnership with Anthem Blue Cross Blue Shield New Hampshire to develop and roll out a free ePrescribing solution to any New Hampshire prescriber. The solution uses a web-based application and a Sprint™ Smartphone to connect to the National ePrescribing Patient Safety Initiative electronic network.
- Supporting the Governor’s press conference event in October of 2007, which highlighted the progress made to date.

Plans for 2008 include:

- Continuing to seek provider partners who wish to implement ePrescribing.
- Continuing to ensure that both pharmacies and health plans are connected to SureScripts and RxHub.
- Continued marketing of the benefits of ePrescribing.

Primary Care Access Group

In December 2006, the Workforce Committee of the New Hampshire Citizen's Health Initiative was charged to develop a report to the Governor recommending strategies to address the shortages of primary care providers in New Hampshire. In this report we have 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. A copy of the full report is attached in the appendix.

Key findings of the committee:

- There are critical shortages of primary care providers in New Hampshire and these shortages are projected to increase.
- New Hampshire does not have a pro-active, statewide organization responsible for measuring, planning and developing an adequate primary care workforce.
- Disparities and inequities in the financing of primary care services nationally and in New Hampshire inhibit the development of an optimal primary care workforce.
- The state needs to take advantage of new models of primary care delivery that improves the efficiency and the capacity of the healthcare system.

Recommendations to the Governor include:

- Develop a sustainable model to pro-actively measure, plan and develop the state's primary care workforce.
- Actively recruit and retain primary care providers to New Hampshire through competitive incentive programs
- Expand the state's health careers programs to "grow our own" future health care providers.
- Expand "dedicated" positions for academically qualified New Hampshire residents in regional health care professional schools.
- Take action on these recommendations through collaborative initiatives.

Reimbursement Group

Launched from a comprehensive review of pay-for-performance initiatives and trends in the summer of 2006, the Reimbursement Workgroup has ratified goals, objectives and tasks associated with a fundamental shift in primary and specialty care reimbursement in New Hampshire. These goals are attached in the appendix. The stated objectives are to promote and facilitate the implementation of the Medical Home model across primary care, to create a uniform scorecard of quality measures from national norms—with benchmarks for primary, specialty, hospital and ambulatory care—and to align reimbursement to promote comprehensive primary care and coordination of care with appropriate co-management with specialty care.

The group has thus far focused its attention on defining the pillars of Medical Home and researching reimbursement models, pilot programs and waivers; identifying existing and forthcoming outcome measurement standards; and developing consensus around coordinated and staged implementation across payers. Early in 2008, the group will seek to establish the framework by which each of the objectives can be met, then systematically plan for pilot and long-term rollouts.

Finance and Information Policy Team

Health Information Technology and Exchange (HIT/HIE)

Building upon prior years' work, the Initiative continues to remain engaged in the larger strategic planning effort around health information exchange. A statewide working group was convened in May. Monthly meetings were held through September. The result of these meetings was the development of a HIT/HIE Vision and Principles document. The document is meant to guide health technology investment decisions between 2007 and 2014. The entire document can be found in the Appendix. An excerpt reads:

For Health Information Technology (HIT) and Health Information Exchange (HIE) to be successful in New Hampshire, there is a need to recognize the interrelationships and importance of patient privacy, patient safety, and public health. The New Hampshire Citizens Health Initiative holds the following vision for health care information technology and exchange for 2014:

- **Private and Secure.** *A patient's personal health information will be secure, private, and accessed only with patient consent or as otherwise authorized or required by law.*
- **Promotes Quality, Safety, and Efficiency.** *HIT and HIE will serve as vehicles to promote quality and patient safety, increase efficiencies in health care delivery, and improve public health;*
- **Electronic.** *All health care providers will use a secure, electronic record for their patients' personal health information;*
- **Accessible.** *All patients will have access to a secure, electronic, and portable health record;*
- **Equitable.** *HIT will be a vehicle to support equitable access to health care services.*

In an effort parallel to the development of the vision and principles document, Initiative staff has conducted interviews with North Country providers regarding their views and needs relative to health information exchange. The Initiative is currently working to develop an interview summary and the business case for development of a regional health information exchange entity in the North Country.

It is expected that the Governor will issue an Executive Order in 2008 based upon the HIT/HIE Vision and Principles document. The Order will ask The Initiative to lead the development of a statewide strategic planning effort regarding HIT/HIE. It will be an effort similar to that of other states including Arizona and Vermont.

NH Health Dashboard

In November of 2007, in conjunction with the NH Center for Public Policy Studies, New Hampshire's Health Care Dashboard was released. The Dashboard is the result of several months of discussion within the policy teams of The Initiative and a great deal of study and research undertaken by the Center. In the words of the report: "...this Dashboard is meant to be a simple and evolving document which will foster conversations about what and how we should be tracking the health care system. The Dashboard is also designed to assist policy makers in defining appropriate goals in the context of the legislative changes that are occurring." The Dashboard and report is included in the appendix.

Privacy and Security Work Group

In the summer of 2007, The Initiative began to facilitate a series of meetings with legislators, providers, and others concerned with the issues of medical privacy and security. This work was begun due to three instigating factors:

- **Healthcare Information Security and Privacy Collaborative (HISPC).** The HISPC project is a federal effort led by the U.S. Department of Health and Human Services that is focused on how individual states can reduce the operational and legal barriers to health information privacy and security policy action. New Hampshire was one of 34 states to

receive federal funding for the Health Information Security and Privacy Collaboration (HISPC). The first phase of this project was completed in May 2007, examining the legal and process barriers to health information exchange. As part of New Hampshire's second HISPC grant, funding was allocated to the development of legislation in New Hampshire governing health information exchange. In 2008, the third and final phase of the project will take place, focusing on a multi-state collaborative examining how to harmonize state policies on patient consent to information sharing.

- **Health Information Technology and Exchange (HIT/HIE)** workgroup. In the early summer of 2007, the statewide working group on HIT/HIE established four key areas that would need focus in order to fully develop a statewide health information exchange function: governance, privacy and security, initial funding, and sustainability. It was decided that the issue of privacy and security should be addressed initially. This developed into the Privacy and Security Workgroup and culminated with legislation being drafted (2008 HB1587).
- **Legislative Interest.** Simultaneous to these other two instigating factors, several legislators (primarily Reps. Kurk and Rosenwald), desired to strengthen the existing medical records statute (332:I). The Privacy and Security Workgroup facilitated the crafting of draft legislation to be heard in the 2008 session. The bill was introduced with bi-partisan support from both House and Senate members and is currently being reviewed.

Business Portal—New Hampshire Health Info

In January of 2007, the Finance Team launched a new web site, nhhealthinfo.org, to assist businesses in gaining access to health related data that will help with making informed insurance decisions. The site is a web portal to various data sites with valuable information on cost, quality and health promotion and disease management. We have promoted the use of this website through the Business and Industry Association and the New Hampshire Chambers of Commerce.

Health Care Expenditures

Over the past two years, the Finance and Cost Information Team and the Quality of Care Team have examined a number of issues regarding transparency, quality, the payment system, best practices and technology. We currently have work groups focused on reimbursement, technology (HIT, HIE, eRx), purchasing, primary care workforce and data evaluation. In June of 2007, the Finance Team's application to the NH Department of Health and Human Services (NH DHHS) for access to the Comprehensive Health Information System (CHIS) database for 2005 and 2006 was approved. In concert with the NH DHHS, the New Hampshire Department of Insurance (DOI), and the Maine Health Information Center, a formal work plan for researching health care expenditures has been developed. The plan will examine a comprehensive view of the New Hampshire payment system to evaluate price trends, contract variations, and utilization patterns. The goal is to develop strategies to slow the rate of growth in health care expenditures (bend the curve), and lower the rate of increase for insurance premiums.

Purchasers Group

The four largest public health care purchasers in the state have joined together to form the New Hampshire Purchasers Group on Health, modeled after successful public and private initiatives such as the Maine Health Management Coalition. The group is comprised of leadership from the State of New Hampshire Employee and Retiree Benefits Program, the University System of New Hampshire, the New Hampshire Local Government Center HealthTrust, and the New Hampshire School Health Care Coalition. Representing more than 120,000 covered lives, the purchasers aim to improve New Hampshire's health care quality, efficiency, effectiveness and transparency. To this end, the purchasers formally announced their formation through a press and website release in October and have drafted a comprehensive multi-year plan of initiatives. A copy of the press release is in the Appendix.

In addition to addressing the immediate tasks of program evaluation for their existing carriers' care management services, and conducting data analytics to better understand independent and collective cost drivers, the group is tackling the long term structural issues of governance, leadership, membership, funding and participation in national business coalition efforts. The finalized work plan is scheduled to be released by the end of the first quarter, 2008.

Conclusions and Thanks

As was the case in our report summarizing our first year of 2006, we want to give our sincere thanks to the scores of individuals who have been so generous with their time, commitment and energy as a part of The Initiative. A special thanks to our Executive Committee for their countless hours of effort and dedication to this project. We also want to thank our 2007 funders for their continuing support:

- Endowment for Health
- New Hampshire Charitable Foundation
- *HNHfoundation*
- Norwin S. and Elizabeth N. Bean Foundation
- Local Government Center Trust
- School of Health and Human Services, University of New Hampshire

This year we were very pleased that the Governor and the Legislature saw fit to also provide financing for this effort at a level that comes close to matching the private funds that will be provided in the next two years. In addition to this financial support, we want to recognize the leadership of Cmsrs. Toumpas and Sevigny of DHHS and DOI for the support and leadership they have provided and the significant work that they and their staff have provided to assist us in achieving what we believe is a significant start in this important journey.

2008 Workplan Areas of Focus

Primary Care Workforce

Follow-up on all recommendations. Major activity is to have the conference in the late spring early summer and to set up the group that will drive this effort going forward.

Health Information Technology & Exchange (HIT/E)

Follow-up on ePrescribing. Begin and set time frame and work plan for the HIT/E strategic plan. Continue North Country and Privacy & Security projects.

Reimbursement and Medical Home

Identify a broad goal and time frame for transforming system financial incentives. Identify opportunities and potential funding for a pilot project on Medical Home. Create a late fall conference that will be supported by claims analysis studies over the course of the year on system cost drivers, and the product configurations and financial issues that are central to costs.

Financing System Research Agenda

Using the Comprehensive Health Information System (CHIS) dataset, collaborate with others in the production of reports that will assist in understanding of the current financing implications of the health system.

Purchasers and Consumers

Move with a clear time table with the public group. Explore establishment/integration of private purchasers. Put in place the first report card/score card for New Hampshire employees and employers. Work with both groups on wellness and health improvement efforts.

Health Promotion & Disease Prevention

Continue to take the lead on the Tobacco Task Force, Collaborate with New Futures on their efforts on Unsafe Alcohol Use, and HNH*foundation* on and Healthy Eating and Active Living.

Regional All Payer Healthcare Information Council (RAPHIC)

Continue to chair monthly meetings of the involved states looking at the use of all-payer claims data. Host a spring meeting in conjunction with the National Association of Health Data Organizations (NAHDO) and others.

Initiative Looking Forward

Explore and recommend the new “home” for the Initiative. Have the home in place by July of 2009.

Spring Review Panel Meeting

Plan an early spring (May) meeting to go over the focus areas, release all of the 2007 deliverables and give a progress report on the 2008 activity.

Ongoing Communication and Marketing

Establish a public awareness blitz to coincide with the May meeting and to lead into the fall conference on reimbursement to raise major awareness of the need for big reform.

Appendix

Click on links below to view each appendix document

1. [Tobacco Action Plan](#)
2. [Find the Facts: Alcohol Use in NH](#)
3. [Find the Facts: Diabetes in NH](#)
4. [October, 2007: ePrescribing Press Release](#)
5. [Strategies to Address the Issues of Access to New Hampshire's Primary Care Workforce](#)
6. [Reimbursement Group Ratified Goals](#)
7. [Health Information and Technology Vision and Principles](#)
8. [Measuring the Health of the Healthcare System of New Hampshire: New Hampshire's Healthcare Dashboard](#)
9. [October 2007: New Hampshire Purchasers Group Press Release](#)