

New Hampshire Citizens Health Initiative

Stepping up to the Future

Annual Meeting
October 25, 2006



Agenda



Welcome and Introductions

Where We Are and Where We're Headed: Challenges and Progress, *Jim Squires*

Health Promotion and Disease Prevention, *Jim McCarthy*

Quality of Care, *Phil Boulter*

Information and Cost, *Paul Spiess*

Health Information Technology and Exchange, *Amy Schwartz*

Looking Ahead: Year Two of the Initiative, *Rob Nordgren*

Small Group Discussions and Questions

Year One Support and Thanks



- Endowment for Health
- New Hampshire Charitable Foundation
- *HNHfoundation*
- Norwin S. and Elizabeth N. Bean Foundation
- Local Government Center Trust

Year One Support and Thanks



- New Hampshire Hospital Association
- Foundation for Healthy Communities
- Center for Public Policy Studies
- Institute for Health Law and Ethics
- University of New Hampshire, School of Health and Human Services

Year One Support and Thanks



- Anthem, Cigna, Harvard, MVP, Patriot
- National Governors Association
- eHealth Initiative
- NH Department of Health and Human Services
- NH Department of Insurance

Year One Support and Thanks



...And a host of hard working volunteers and concerned citizens intent on making a difference to the health and health care of the people of New Hampshire.

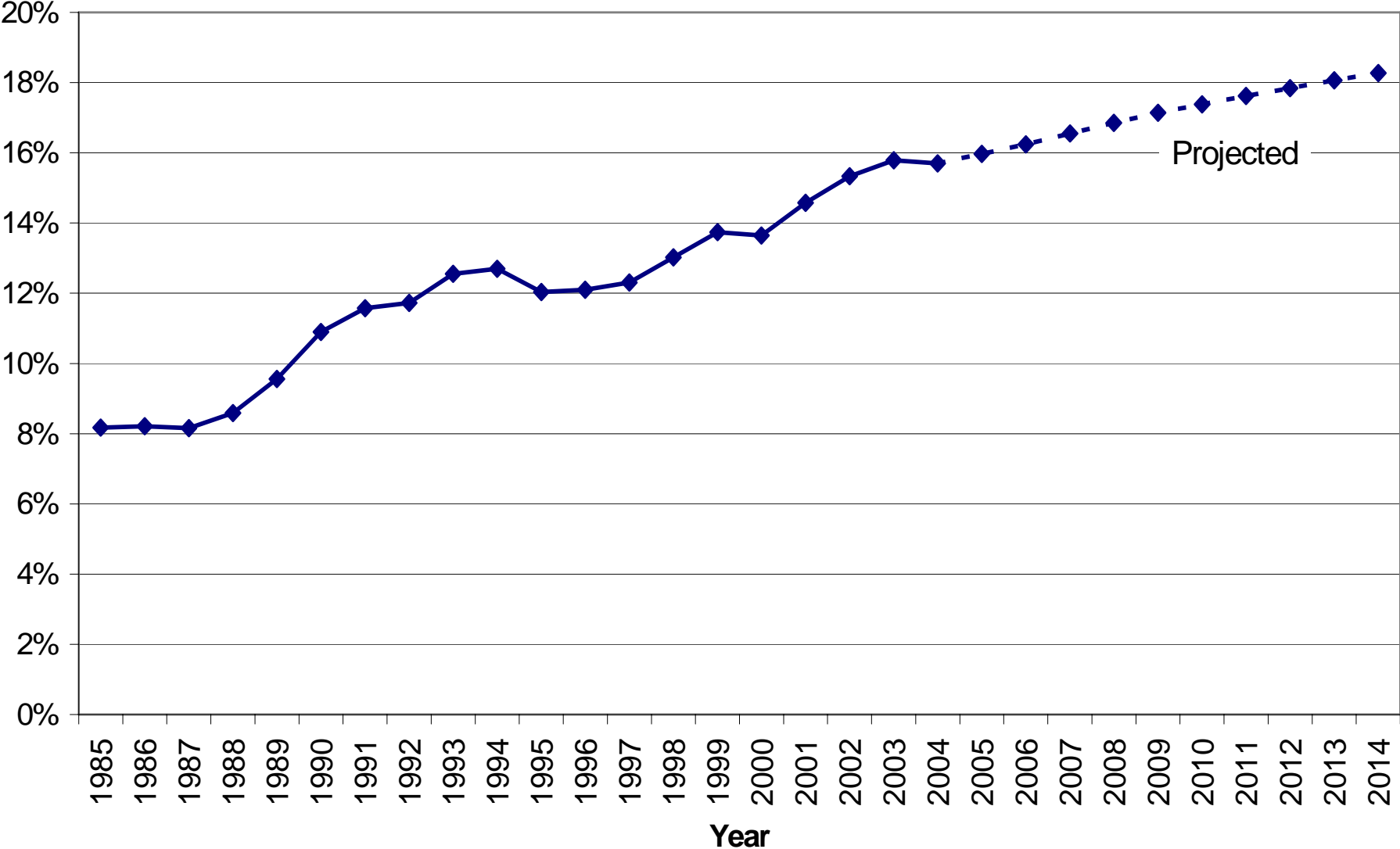
Citizens Health Initiative

- Where we are
- Where we are headed
- Challenges and progress

Initiative Co-Chair
Jim Squires

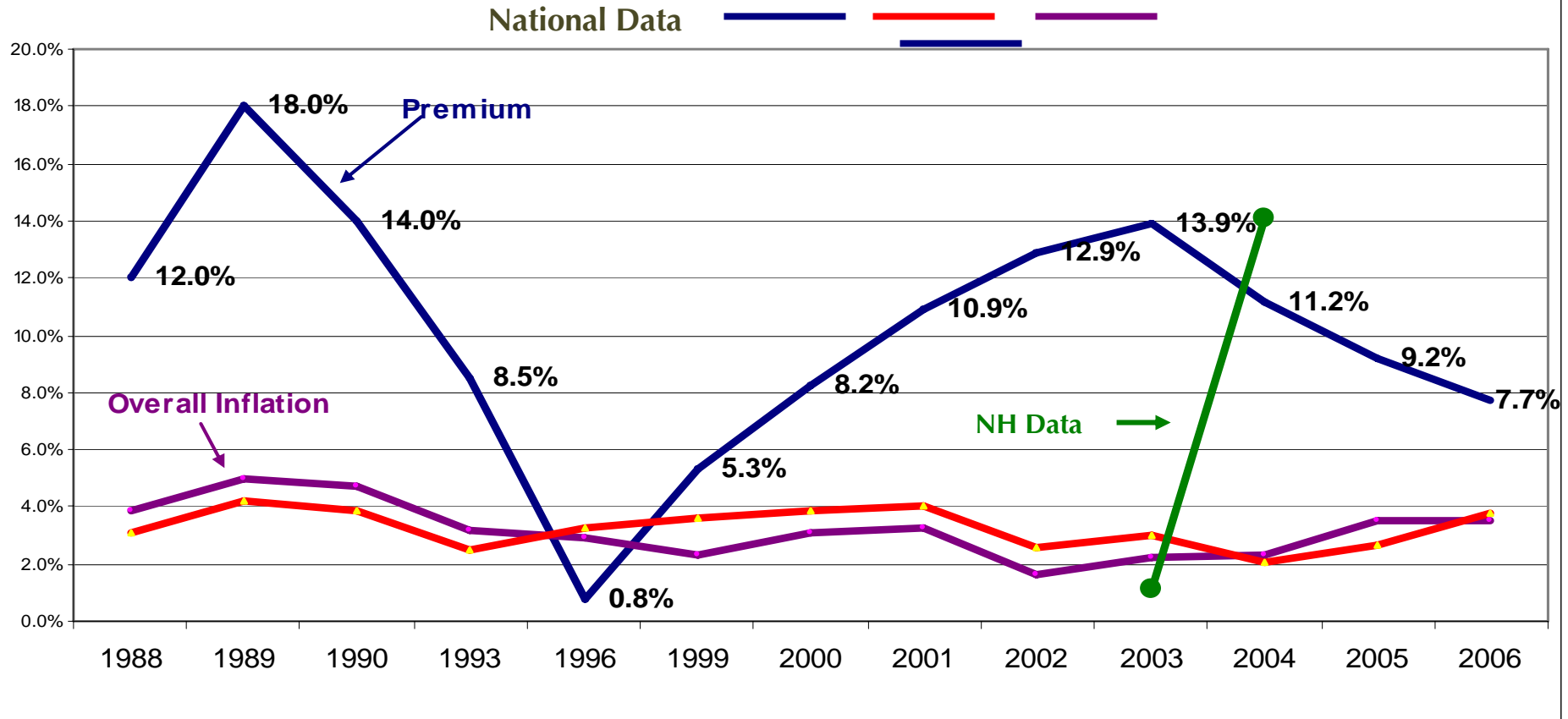


NH Health Expenditure as % of Gross State Product (GSP)



Source: Calculations by Douglas E. Hall, NH Center for Public Policy Studies, based on national projections made by Office of the Actuary, Center for Medicare and Medicaid Services, Washington DC.

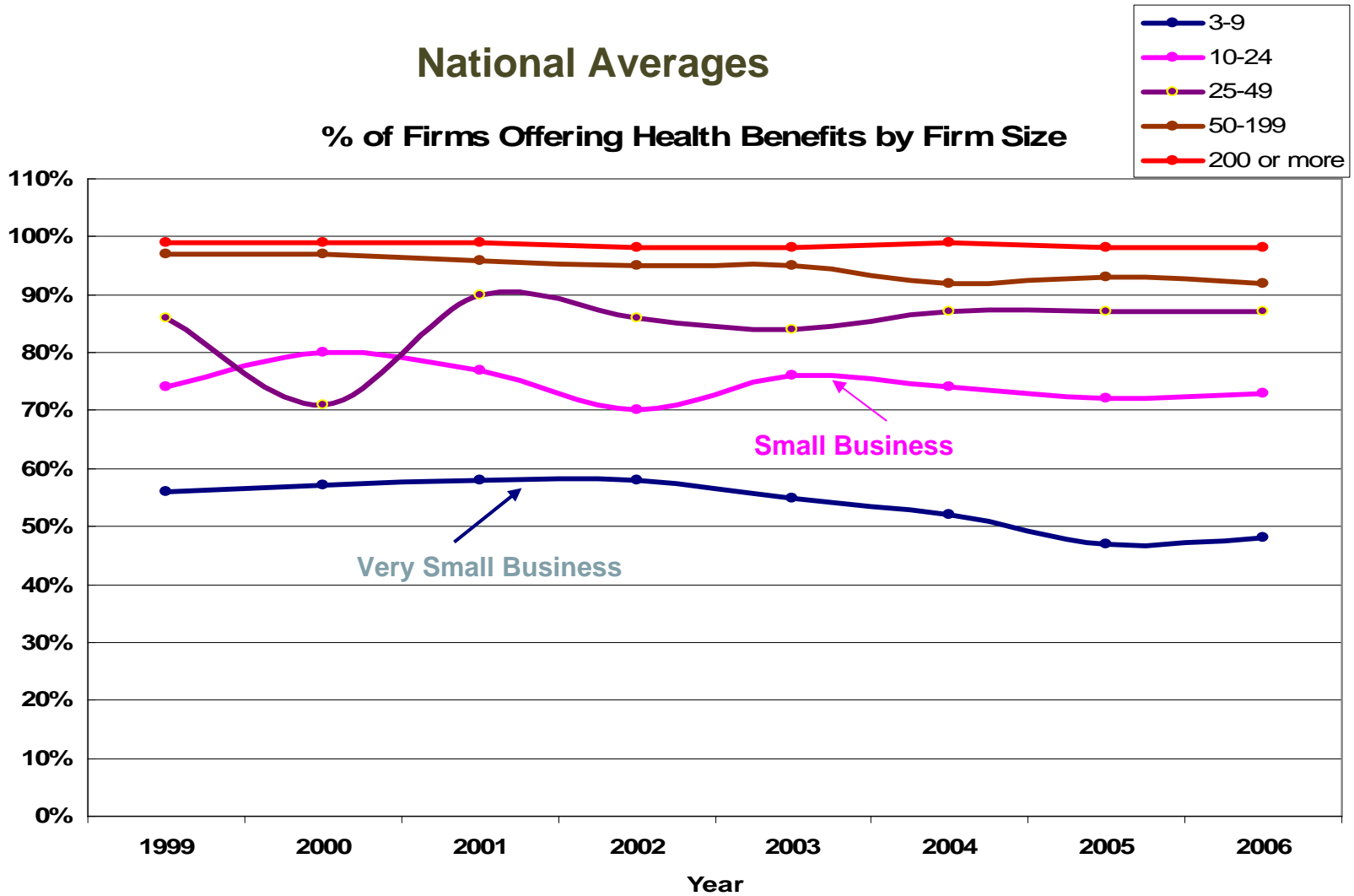
% Increase in Health Insurance Premiums Compared to Other Indicators, 1988 - 2006



*Premium Increases for a family of 4. Source: Kaiser/HRET Survey of Employer sponsored benefits 1999 - 2006 pg 2

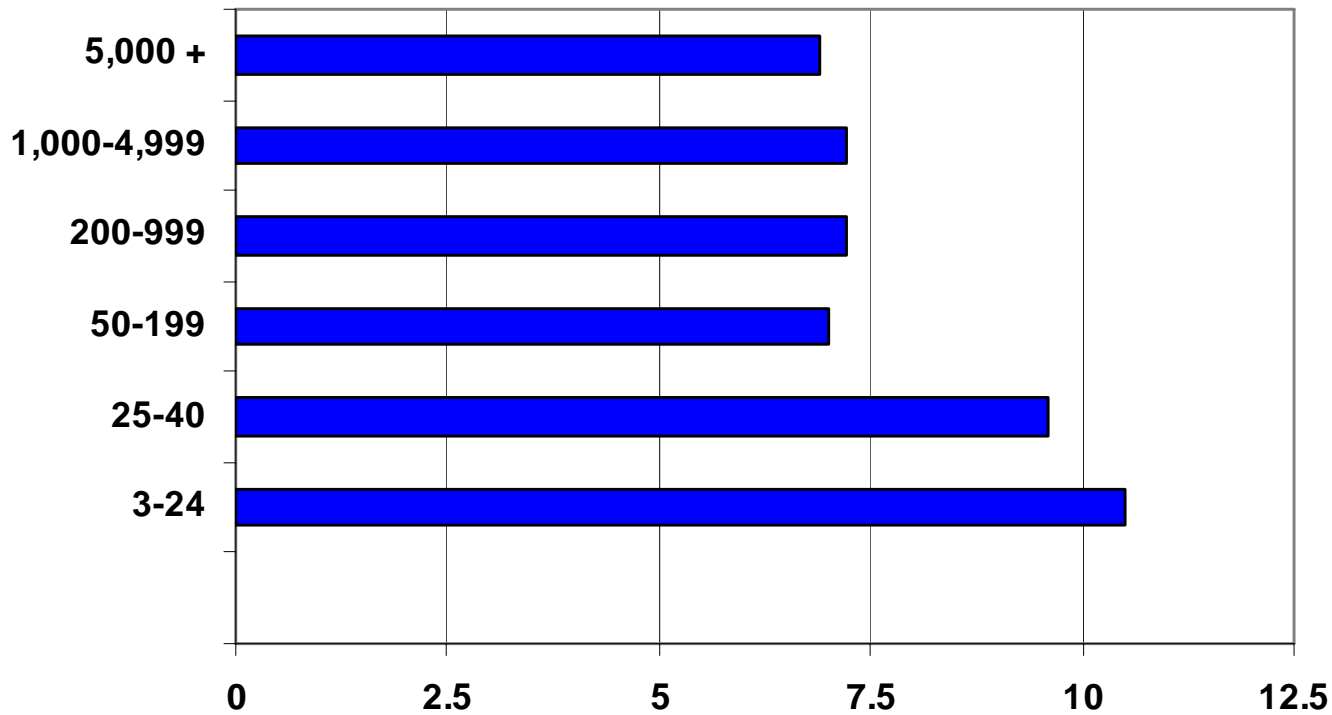
National Averages

% of Firms Offering Health Benefits by Firm Size



Source: Exhibit 2.2 Kaiser/HRET Survey of Employer sponsored benefits 1999 - 2006

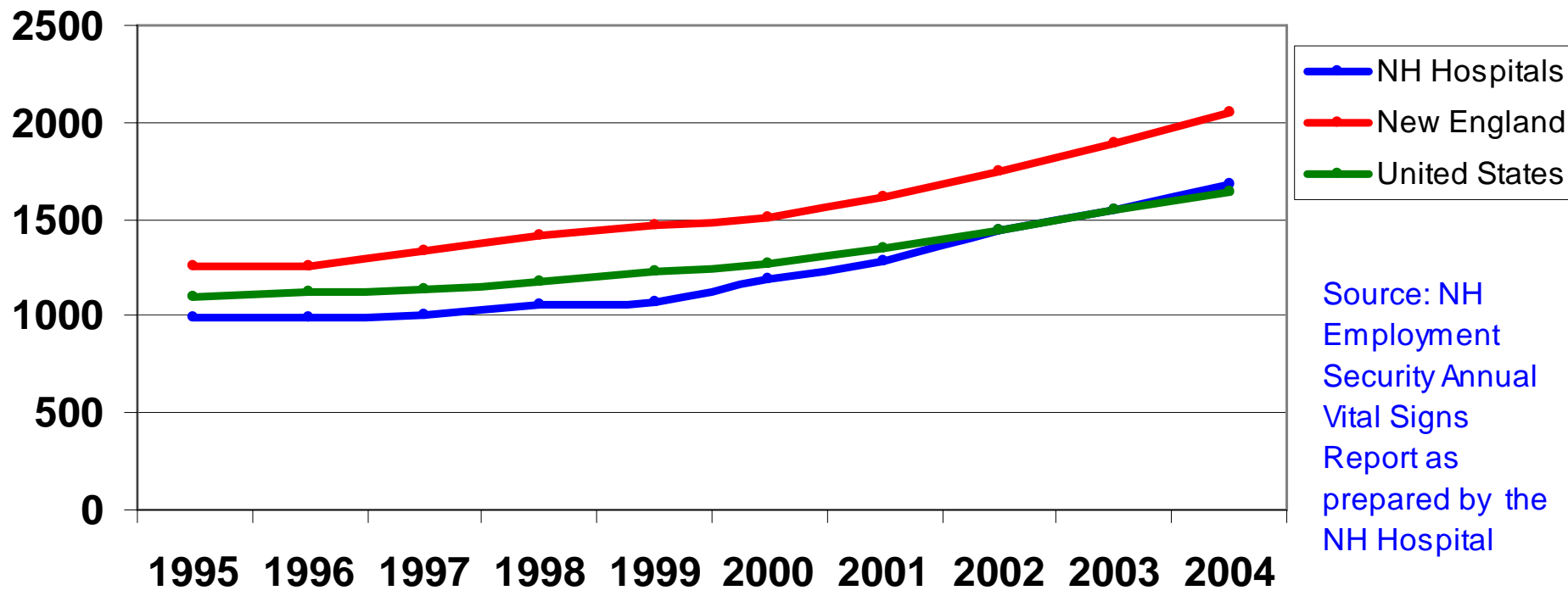
National Premium Increases by Firm Size



■ % Premium Increase 2006

Source: Exhibit 1.3
Kaiser/HRET Survey
of Employer
sponsored benefits
1999 - 2006

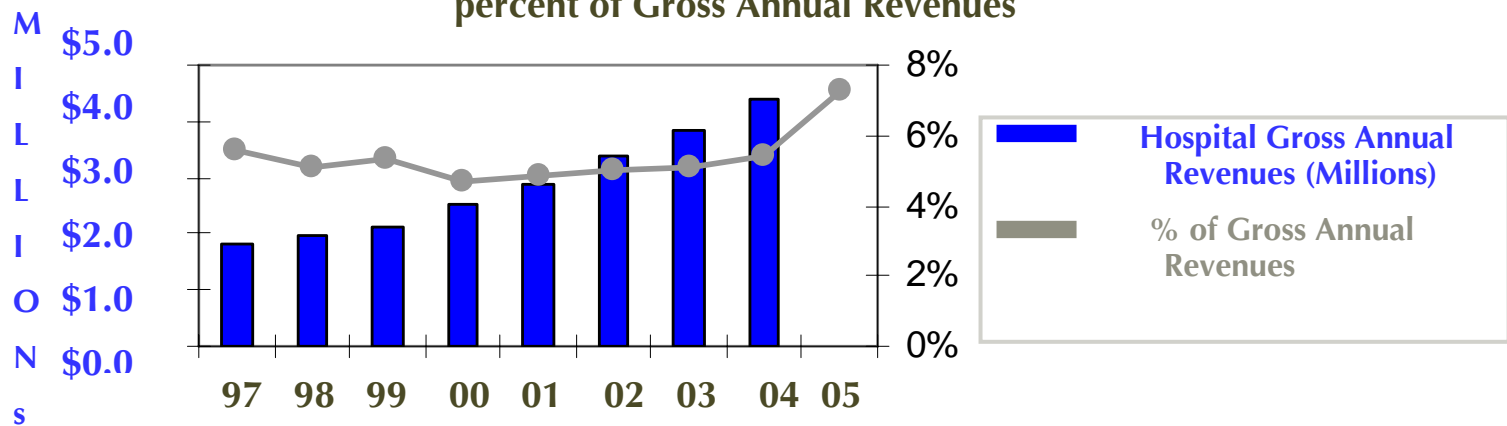
Total Hospital Costs in Dollars/Capita 1995 - 2004



Source: NH
Employment
Security Annual
Vital Signs
Report as
prepared by the
NH Hospital

Uncompensated Care Given by NH Hospitals

Shown as Gross Annual Revenues in Dollars and as a percent of Gross Annual Revenues



Note: 1997-2004 data from NH Hospital Association;
2005 % data from one NH Hospital (Union Leader Oct
19, 2006 pg B5

What's Really Propping Up the Economy?



NH

Health care has added 1.7 million jobs since 2001. The rest of the private sector? None.

Health Promotion and Disease Prevention Policy Team

Policy Team Chair
James McCarthy



Health Promotion and Disease Prevention



Health for New Hampshire: A Pound of Prevention

The Current State of Health in New Hampshire



We are relatively healthy.

- healthiest state in the nation per Annie E. Casey foundation (2005)
- third healthiest per United Health Foundation (2005)
- highly rated on social factors that impact health (e.g., income)

Our health varies within the state.

- e.g., the Berlin/Gorham area scored lower than the state average in a comparison of five health indicators

We are living longer.

- 30 years longer than at the start of the 20th century
- These improvements are linked to advances in population health

Why We Are Living Longer



Most increases in life span can be attributed to:

- infectious disease control
- automobile safety
- environmental health
- new screening and treatments for cancer and cardiovascular disease
- safer and healthier foods
- advances in maternal and child health
- oral health
- recognition of tobacco as a health hazard

New Hampshire's Health Challenges



We have the same leading causes of death as the rest of the U.S.

- heart disease, invasive cancer, cerebro-vascular disease, chronic lower respiratory disease, unintentional injuries, and diabetes, among others.

The same underlying conditions are responsible for deaths in NH and the U.S.

- tobacco use
- alcohol consumption
- toxic agents
- firearms
- illicit drug use
- poor diet and physical inactivity
- microbial agents
- motor vehicle crashes
- sexual behaviors

Many of these underlying conditions are preventable.

New Hampshire's Health Challenges (cont.)



Tobacco

- the leading cause of preventable death in NH.
- responsible for \$608 million in health care costs and \$405 million in lost worker productivity.

Nutrition

- 60% of NH residents were overweight or obese in 2005.
- From 1998 to 2000, obesity cost \$302 million in health care.

Physical Activity

- In 2005, 44% of NH adults did not participate in moderate physical activity five or more days per week.
- Nationwide, physical inactivity was associated with direct medical costs estimated at \$77.6 billion in 2000.

New Hampshire's Health Challenges (cont.)



Alcohol

- In 2005, NH ranked higher than the national average of adults having five or more drinks on one occasion.
- NH was among the top 10 states for teens abusing alcohol or drugs in 2004. Nationally, alcohol-related losses cost us \$276 billion annually.

Environmental Influences

- Asthma rates in the U.S. have increased more than threefold since 1980.
- New Hampshire's biggest air pollution problem is ozone.

New Hampshire's Health Challenges cont.



Injury Prevention

- In 2003, unintentional injuries were the leading cause of death for U.S. residents between 1–44 years old.
- In NH, someone dies from an injury every 14 hours.
- In 2002, non-fatal injuries in NH cost over \$74 million in acute medical care alone.

Mental Health

- The rating of NH's mental health system has fallen.
- In NH the attempted suicides and suicides treated in the acute care setting alone represent an estimated \$6.2 million in 2001

The Future and Our Health Challenges



The Citizens Health Initiative has four important messages regarding our health care system:

1. We must act on data not headlines

Our response and recommended actions should be based on the leading factors that affect our health rather than headline issues that grab the public's attention.

2. We need to work on two fronts

- Work with the health care system to promote health by effective detection and early treatment of preventable diseases (secondary prevention).
- Work with policy makers, employers, advocacy groups and citizens to create environments that promote healthy behaviors (primary prevention).

The Future and Our Health Challenges (cont.)



3. **We need to spend carefully.**

- Our spending priorities are not consistent with the real needs of our health care system.

4. **We must act now.**

- We have identified the challenges before us. Now is the time to act.

Quality of Care Policy Team

Policy Team Chair
Phil Boulter



Overall Goals



- **Access**—to assure timely access to essential health care services.
- **Patient Safety/Medical Error Prevention**—to promote patient safety and prevent medical errors throughout the health care system.
- **Information**—to provide consumers, purchasers and providers with easy access to usable, credible information on health care quality.
- **Best Practices**—to assure excellence in diagnosis and treatment by promoting and rewarding best practices and the use of evidence-based medicine.

Year One Priorities



Goal: Access

Evaluate access to primary care services:

- Family practice
- Primary care pediatrics and internal medicine
- Ob-Gyn
- Mental health and oral health
- Non-physician providers

Goal: Patient safety/error prevention

Determine the number of providers using ePrescribing and develop programs to accelerate wider adoption

Year One Deliverables



Access to primary care services

- Evaluate and integrate available data
- Clarify NH's competitive position in primary care service recruitment
- Prioritize action steps to address most critical primary care needs

ePrescribing

- Survey the use of ePrescribing in NH
- Produce a “toolbox” to help providers and pharmacists adopt ePrescribing
- Develop measurements of progress towards goal

Access to Primary Care Services



Increased public awareness of this issue

- New England Journal of Medicine
- Local Commentary

Multiple drivers of the primary care access deficit

- Financial incentives and medical school debt
- Quality of life—workforce issues

Implications of diminished access to primary care services

- Access to care
- Continuity of care
- Cost implications

Access to Primary Care Services



Recruitment and retention initiatives

- Bi-State Primary Care

Non-competitive recruitment incentives

- Comparison with Maine and Vermont Programs

Working with Dartmouth Medical School rural medicine initiatives on financial incentives

- Focused taskforce on a “forgivable loan program”

Convening a taskforce to develop a plan to address other activities

What is ePrescribing?



Electronic prescribing (ePrescribing/eRx) is the ability of a physician or prescribing practitioner to electronically write the prescription *and* transmit it to the pharmacy. It is also typically combined with electronic decision support to review drug allergy, drug-to-drug interactions, as well as health insurance formularies and benefits design.

Why is it a priority?



- ePrescribing technology is now available, effective and secure
- High penetration of electronic medical record (EMR) technology already in NH
- Opportunities (see benefits of ePrescribing)
 - improved patient safety by prevention of medical errors and adverse drug events
 - improved efficiencies for physicians and pharmacists
 - reduced medical costs
 - improved patient satisfaction

Where are we as of today?



Citizens Health Initiative Role

- Leadership, facilitation, and project management

Increased Public Awareness

- Institute of Medicine—2006 report and recommendations
- Strong “business” case for efficiencies and effectiveness

Support and Buy-In

- NH Medical Society
- NH Hospital Association
- NH Pharmacists
- Community Health Centers
- NH Pharmacy Board

Implementation Support

- SureScripts
- EMR Vendors
- Pilot demonstration site
- Convening prescribing provider “user” group

Timeline for the eRx Initiative



- October 2006—Launch initiative
- November 2006—Tool kit online
- October 2007—Goal of having all NH primary care providers with access to ePrescribing technology
- October 2008—Goal of having all NH specialty providers with access to ePrescribing technology

Finance, Information & Technology Policy Team

Policy Team Chair
Paul Spiess



Team Goal



- Create a transparent and rational health care finance and delivery system
- Bend the cost curve

Major Initiatives



- Health Dashboard
- Business Portal
- Pay for Performance
- Health Information Technology

Measuring the Health of New Hampshire



Dashboard



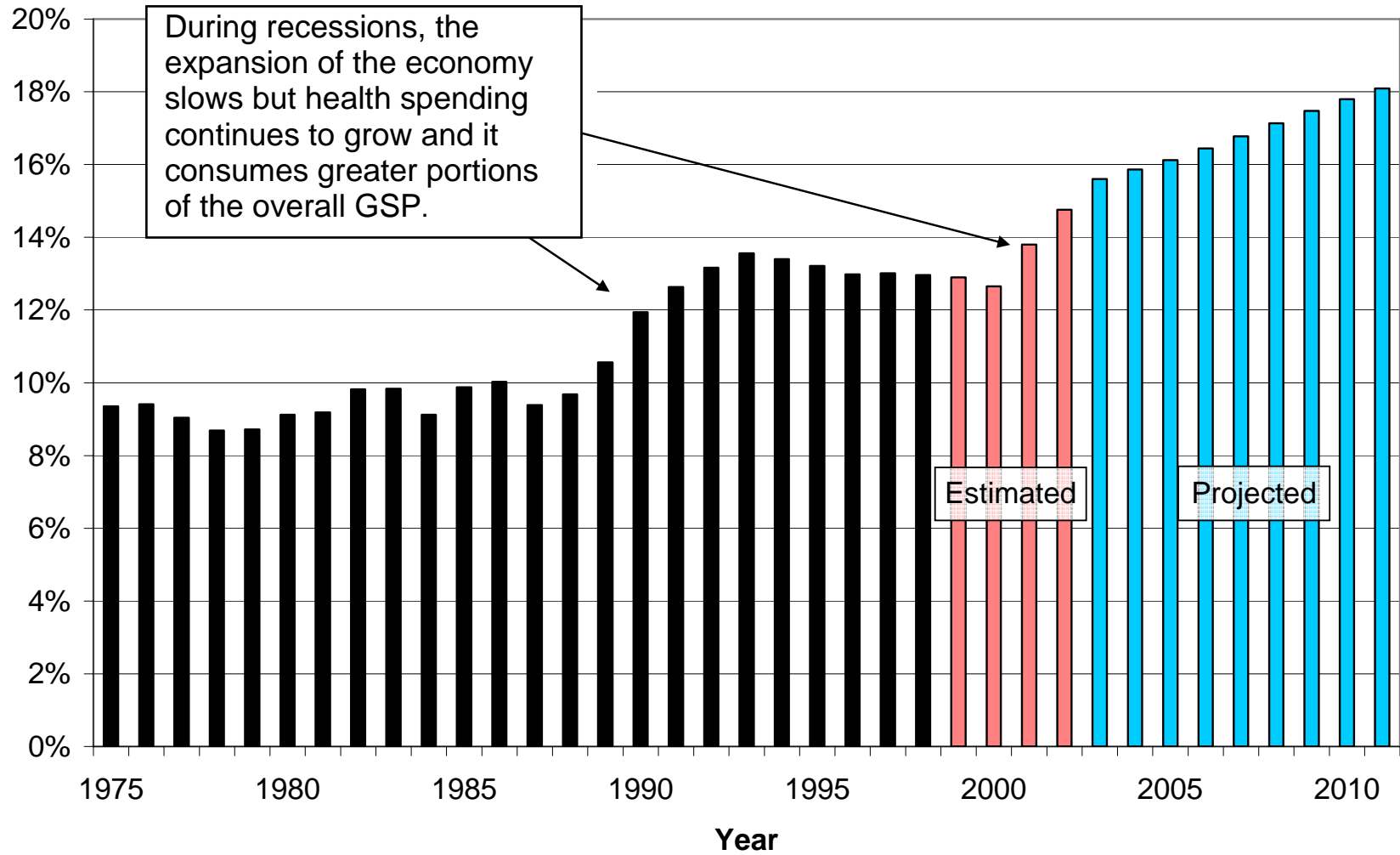
What is the “state of health” of our health care system?

Goals



- Provide the public and policy makers of New Hampshire with a “Health Care Dashboard” that allows for an evaluation of the “health” of the system and focuses debate and conversation around the direction the system is headed.
- Focus attention on critical questions through the use of data/indicators and appropriate benchmarks against which policy makers can assess performance and evaluate change.
- Ensure that dashboard indicators are sufficiently realistic and practical so as to make them actionable.
- Where applicable, link this effort to national or regional “scorecard” initiatives.
- Provide an initial release of the dashboard in January of 2007.

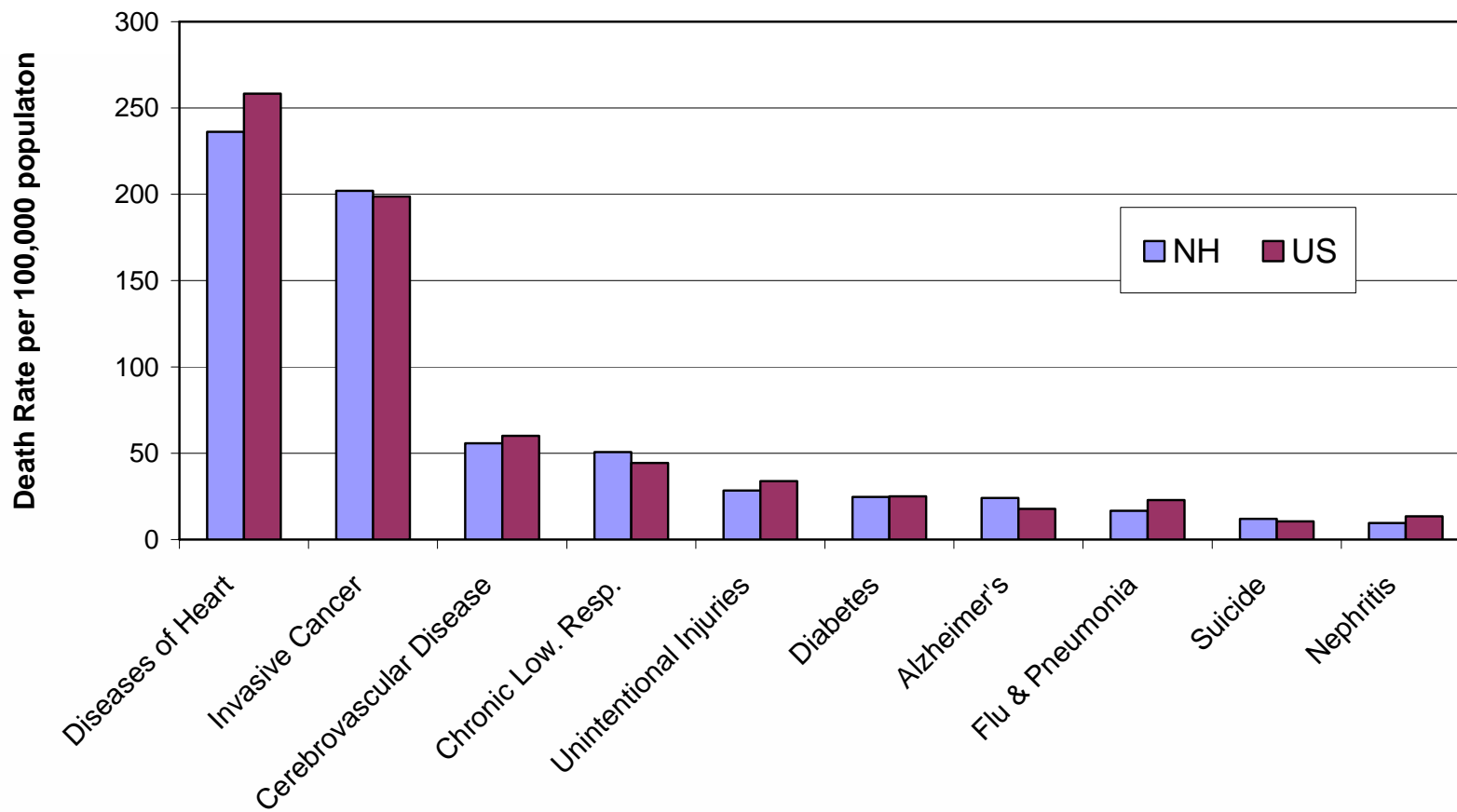
NH Health Expenditure as % of Gross State Product (GSP)



The Public's Health



**Death Rate by Leading Causes,
NH Residents and US (1999-2001)**



Dashboard Creation: Process



- Finance Policy Team identified major content areas on which the ‘Dashboard’ will provide information.
- Content workgroups (over a number of meetings) identified measures that answer the question at hand.
- Review the availability and/or cost of developing data in a meaningful way and prioritize efforts on that basis.
- Develop final indicators and benchmarks.
- Recognize that the ‘Dashboard’ is a living concept that changes as the health care market itself changes.

Critical (inter-related) Questions



- **Cost:** What does it cost to provide health care to New Hampshire citizens?
- **Access:** Does the current health care system provide 'appropriate' access to services?
- **Infrastructure:** Is the health care system 'right-sized?' Does the supply infrastructure support an efficient health care system?
- **Quality:** Does the New Hampshire health care system provide high quality/efficient care?
- **Population Health:** How is the health and well-being of New Hampshire citizens?

Cost: Indicators



Health Care Expenditures

- Aggregate
- Per Capita
- Aggregate as a % of Gross State Product
- Aggregate by Payer (private, Medicaid, Medicare)

Cost of Insurance

- Average individual premium
- Average 2-person premium
- Average individual premium as a % of average per capita income

Cost: Financial Health of the System



Hospitals

- Aggregate profit
- Per capita profit

Insurers

- Aggregate profit
- Per capita profit

Infrastructure



Physicians

- Primary care per capita
- Specialists per capita

Hospitals

- Licensed beds per capita
- Certificate of Need annual \$ approvals

Nursing Homes (hospice, specialty care facilities)

- Licensed facilities/beds

Technology

- Adoption/Utilization of eRx
- Adoption/Utilization of EMR

Access



Insurance coverage as a doorway to appropriate access

- The Uninsured
 - Total
 - Children
 - Adults < 65
- Insurance Coverage
 - Private employer/ERISA
 - Medicaid
 - Medicare
- Coverage Distribution by Plan Type
 - HMO, PPO, HSA, etc.

HEDIS Measures of Clinical Access

- Timeliness of prenatal care
- % of adults with access to preventive care
- % of children with access to preventive care
- Emergency room visits/1,000

Quality: Hospital Domain



Acute Myocardial Infarction

- Aspirin within 24 hours before or after hospital arrival
- Aspirin prescribed at discharge
- Angiotensin converting enzyme inhibitor (ACEI) prescribed at discharge for patients with left ventricular systolic dysfunction (LVSD)
- Adult smoking cessation advice/counseling
- Beta Blocker prescribed at discharge

Heart Failure

- Discharge instructions addressing activity level, diet, discharge medications, follow-up appointment, weight monitoring, worsening symptoms
- Left ventricular function assessment before arrival, during hospitalization or planned after discharge
- Angiotensin converting enzyme (ACEI) prescribed at discharge for patients with left ventricular systolic dysfunction (LVSD)
- Adult smoking cessation advice/counseling

Quality: Other Domains (In Development)



Outpatient Care

Prevention

Appropriate Care

- End of life
- Ambulatory care sensitive conditions

Focusing on Leading Causes and “Healthy People 2010”



Physical Activity and Health

- % of NH adults overweight
- Adults engaging in 20+ or 30+ minutes of physical activity
- Consuming 5 or more fruits/vegetables a day
- Diabetic diagnosis

Substance Use and Mental Health

- Youth who never used alcohol/marijuana
- Suicide death and attempt rates

Others

- Injury prevention: Elderly falls and motor vehicle deaths
- Environmental Quality: Arsenic, Radon, Air Quality

Business Portal



Website Preview

New Hampshire Health Info



Background

Resources

Compare Data

Purchasing Guide

Citizen's Health Initiative

Welcome to New Hampshire Health Info

Within the last 2 years, NH has seen an increase in the number of web-based resources related to the cost and quality of healthcare in NH. The Citizens Health Initiative has reviewed and selected several key resources that may be valuable for employers that are struggling with decisions about health insurance benefits (e.g. rising cost of premiums).

Solution

The Inventory will highlight the value of each of the selected resources in terms of their ability to answer some of NH employers' burning questions about healthcare costs and quality, and what employers can do to protect and improve the health of employees.

Get Started!

COST

PREVENTION

QUALITY



New Hampshire Health Info



Background

Resources

Compare Data

Purchasing Guide

Citizen's Health Initiative

Inventory of Healthcare Data Resources

NH Healthcost

In 2005, NH Healthcost was developed by the New Hampshire Insurance Department Advisory Council. This pilot website presents estimates of the typical price and range of price paid for common inpatient and outpatient procedures. [To learn more...](#)

NH Pricepoint

In 2006, New Hampshire Hospital Association released NHPricepoint. NHPricepoint presents the average charge and length of stay for all procedures at all NH hospitals. [To learn more...](#)

US Healthcare Consumer Initiatives

In 2006, the US Department of Health and Human Services released a website that provides cost analysis for 30 common procedures paid for by Medicare. Information about the procedures includes the average price paid, and the range paid for the procedure as well as the average length of stay and number of procedures performed at a particular facility. [To learn more...](#)

Are you interested in learning more about **QUALITY** of healthcare?

[Compare Resources](#)

New Hampshire Health Info



Background

Resources

Compare Data

Purchasing Guide

Citizen's Health Initiative

NH Healthcost

Released in 2005

Analysis based on PRIVATE CLAIMS (PAID) data

Healthcost was released by the New Hampshire Insurance Department Advisory Council and the UNH Institute for Health Policy and Practice. This pilot website presents analysis of claims data from 3 health plans in NH: Anthem, Cigna and Harvard. The analysis includes estimates of the typical price and range of price paid for common inpatient and outpatient procedures.

Value for employers

In the next version of analysis, the data will come from the New Hampshire Comprehensive Healthcare Information System (ALL claims data for NH) and the analysis of price information will be presented by health plan, by healthcare facility so that employers will learn more about the variability in cost of healthcare services by facility and health plans.

Sample Healthcost webpage with results for Normal Delivery for 2004:



Click for larger image.

New Hampshire Health Info



- Background
- Resources
- Compare Data
- Purchasing Guide
- Citizen's Health Initiative

Compare Cost and Quality Data Resources

	Source	Year	Charge	Price	Patient Record Data	Inpatient	Outpatient
COSTS							
NH Healthcost	NH Insurance Dept.	2004		✓		✓	✓
NH Pricepoint	NH Hospital Assoc.	2005	✓			✓	
Healthcare Consumer Initiatives	Centers for Medicare and Medicaid Services	2005		✓		✓	✓
QUALITY							
NH Qualitycare	Foundation for Healthy Communities	2006			✓	✓	✓
CMS Hospital Compare	Centers for Medicare and Medicaid Services	2005			✓	✓	✓

Compare resources

Pay for Performance (P4P)



FOUNDATION FOR
HEALTHY COMMUNITIES



CIGNA HealthCare
A Business of Caring.



**Harvard Pilgrim
Health Care**

Agreed upon common measures



1. Use of appropriate medications for people with asthma
2. Appropriate testing for children with Pharyngitis and or appropriate treatment for children with Upper Respiratory Infection
3. Diabetes Outcomes Measure: HbA1c levels
4. Diabetes Outcomes Measure: LDL – C levels.

In addition they have also agreed to use the following technology-based measure:

5. Care-focused technology—which could include EMR or EHR, ePrescribing or patient registry.

Planned starting date, January 2007

Health Information Technology (HIT): Links to UNH Projects



- New Hampshire Connects for Health
- Survey of Current Use
- Examination of Legal & Business Barriers
- Health Information Security and Privacy Collaboration (HISPIC)

The Potential of Health Information Technology in New Hampshire

Amy Schwartz



Three aspects:



- Provider demand
- Creating consumer demand
- Evaluation of current adaptation and future potential for revolutionizing health care administration, which ultimately affects patient care

Health Information Technology (HIT)



- Hospitals now use health information technology for patient accounts and financial management, scheduling and supply management; larger commitment requires significant investment.
- Doctors and other health care professionals are technologically sophisticated personally, but have not fully implemented current technology into their practices.
- Particularly hesitant to use e-mail with patients.
- Electronic Health Records (EHR) are being used by less than half of doctors and other patient care givers.
 - Biggest barrier to increased use is cost.
- ePrescribing major statewide initiative: increase patient safety and recognize financial savings.

Health Information Technology (cont.)



Addressing consumer and provider concerns regarding privacy and risk and addressing barriers to system-wide information transfer

NH Institute for Health Policy & Practice HISPIC (Agency for Healthcare Research & Quality and National Governors Association)

- Assessment of business practices and policies of key provider stakeholders
- Legal analysis comparing policies to state law
- Solutions and implementation work group

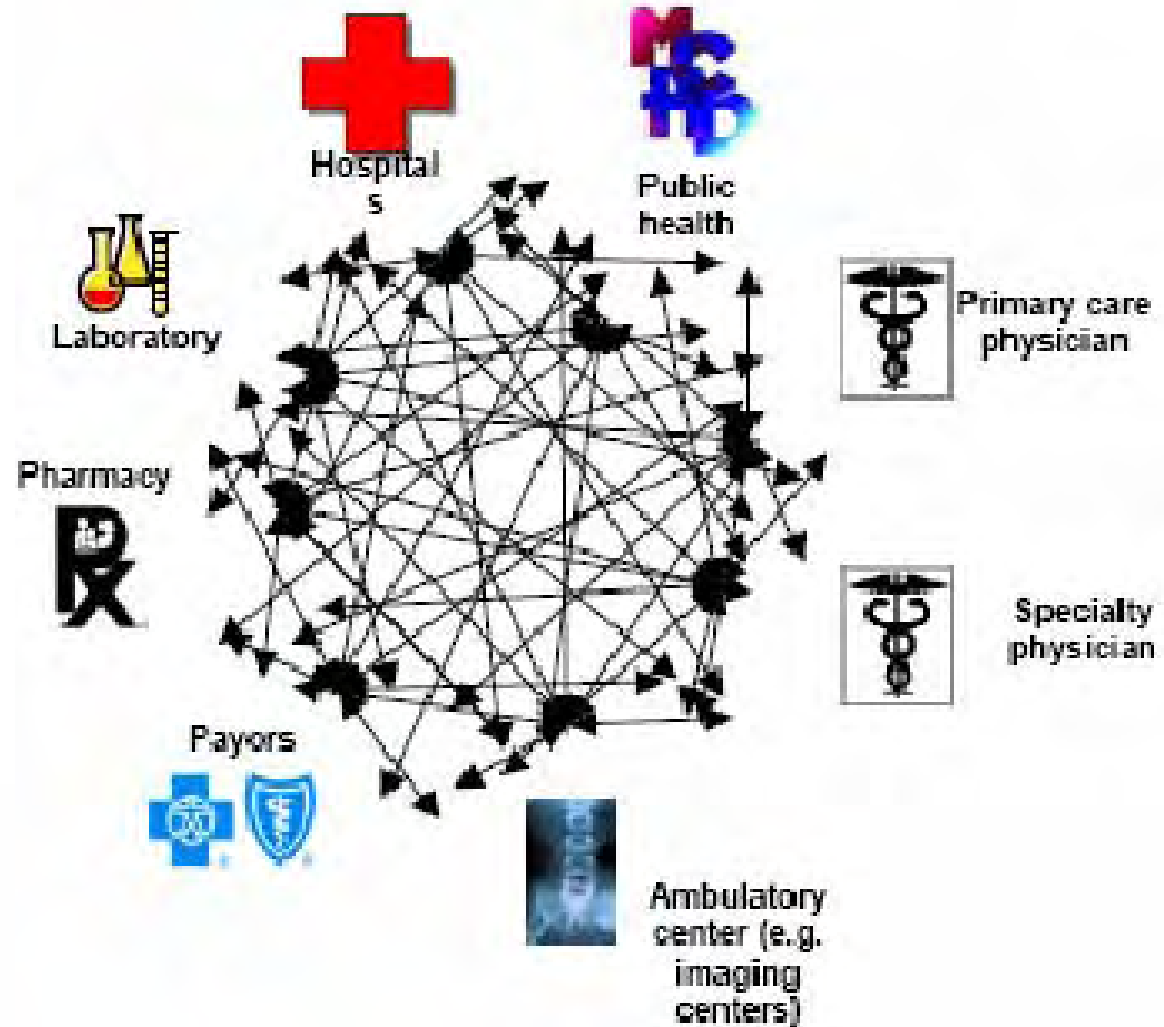
New Hampshire Readiness



- Regional collaboration will be critical to a statewide process; already in discussions with Vermont and Maine. Patients permeate borders.
- There is variability of technology readiness across NH—we need to dig deeper into access issues and available technologies to capitalize on existing strengths.
- All HIT projects engage key stakeholders to develop a system-wide sharing of information on an appropriate, need-to-know basis for the benefit of patients across the state.

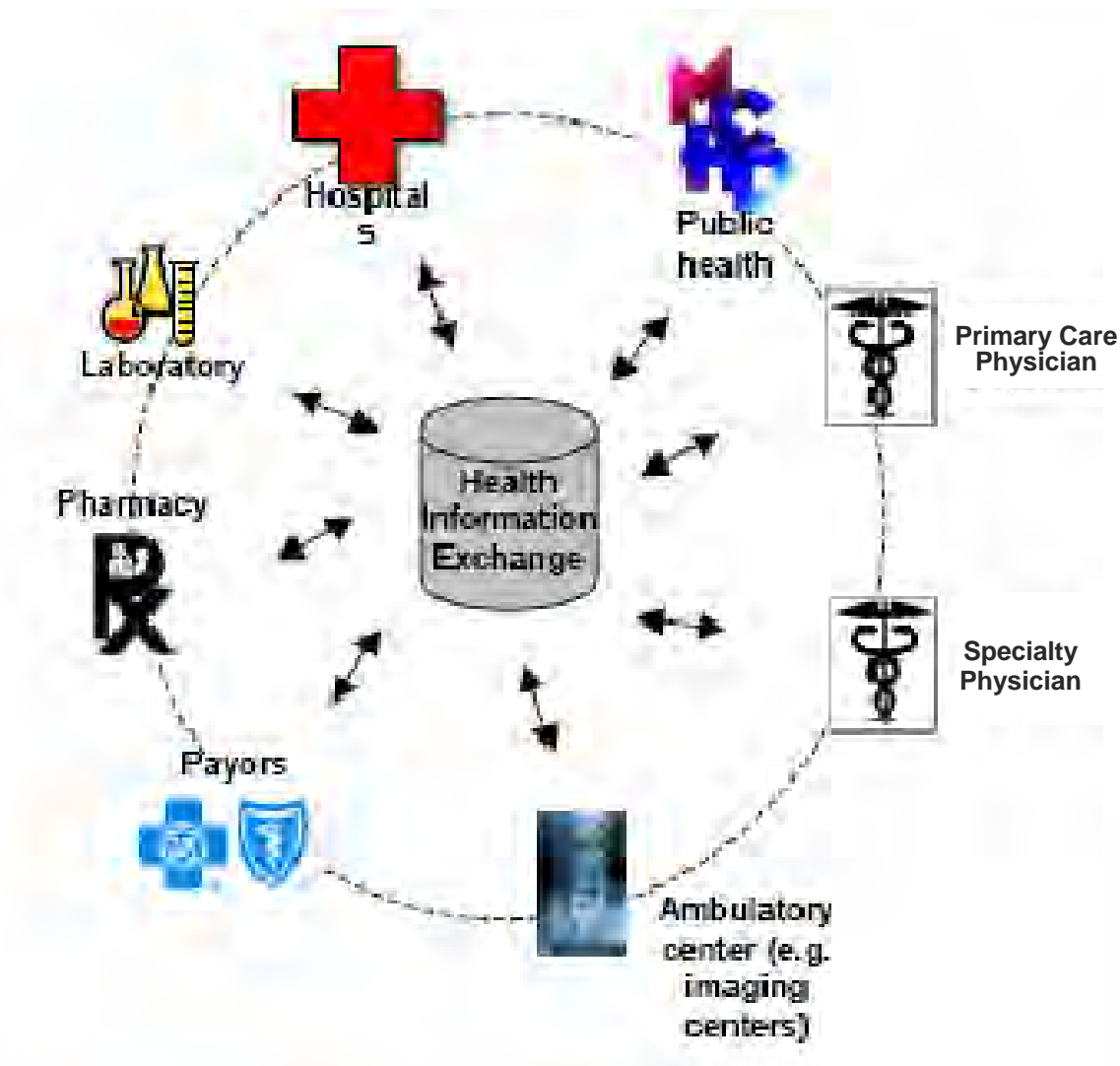
Moving from this...

Current system fragments patient information and creates redundant, inefficient efforts.



...to this

Future system will consolidate information and provide a foundation for unifying efforts.



Looking Ahead: Year Two of the Initiative

Initiative Co-chair
Rob Nordgren

