

Stepping up to the Future

NH CITIZENS HEALTH INITIATIVE

2006 Year End Report

Year End Report 2006

Introduction

The following report has been prepared to provide an overview of the accomplishments of the New Hampshire Citizens Health Initiative (the Health Initiative) during 2006, its first full year of funding. In addition to this report, the Health Initiative has previously prepared and distributed a mid-year report that provides more extensive material on the goals and early work of the Health Initiative. We have also sent out the PowerPoint presentation—that was presented at our annual meeting in October of 2006—that summarizes many of the issues covered at more length in this report. Taken together, we believe that the three documents provide a full sense of the birth, evolution and continuing work of the Health Initiative.

This report is organized around the four major topic areas that have made up the bulk of the Health Initiative's work:

- Health Promotion and Disease Prevention
- Quality of Care
- Information and Cost
- Health Information Technology and Exchange

In addition, we have included a section on lessons learned based on our experience during this first year. Those lessons have had a significant effect on our proposed work for 2007. While we will refer in this report to some of the work that we will be doing this year, a separate document dealing with the proposed work of the Health Initiative for 2007 has been prepared and is available.

We are especially grateful to those who have provided financial support for this effort in the first year:

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

We also want to thank all of those who have given extensively of their time and effort to make our first year so productive. We talk further of this contribution in the lessons learned section of this report. While over 150 citizens have been a part of this effort we want to especially thank the volunteers who have chaired the working committees. Without the time, effort and expertise of Rob Nordgren, Jim Squires, Paul Spiess, Phil Boulter and Jim McCarthy the work-to-date would not have been possible.

Health Promotion and Disease Prevention

During 2006, the Health Promotion and Disease Prevention Policy Team (HPDP Team) met monthly and received presentations on initiatives of the state's Public Health Bureau, secondary prevention efforts in primary care practice sites, prevention efforts for special needs populations, research conducted within the MPH program at the University of New Hampshire on the leading causes of mortality and morbidity in the state, and fact sheets developed by the Empowering Communities project on major disease prevention and health promotion topics. In addition to discussions on the presentations, the team discussed the role of public health and the importance of messaging that role to our target audiences, the importance of framing issues and story telling.

The team's first priority this year was to develop a fact-based foundation that answers the question, "What kills us, makes us sick and keeps us well in New Hampshire?" Based on the presentations and discussions which took place during the first half of the year, the team worked to develop and refine the fact-based paper with important detail to the messaging of public health. The communication technical advisors assisted in this process by attending some of the teams' meetings. The process of developing the fact-based paper took longer than expected for several reasons. First, the teams' average attendance remained consistent however, the faces would change. This brought a different set of views on the paper each month. Secondly, framing and gathering New Hampshire data on some of the topics included in the paper took longer than initially estimated. There are seven actual causes of illness and death investigated in the policy paper. Each has a variety of issues to summarize in a limited format. And lastly, the team discussed at length the messaging of the paper. This paper is the foundation for the teams' work in the coming years and contains several key messages that were important to "get right the first time". Time was devoted to garnering expert review and assistance in developing key messages. A copy of the paper, preliminarily titled *Pound of Prevention*, is attached.

While the development of the fact-based paper was slower than expected, we have already begun education and outreach on many of the key messages of the health promotion and disease prevention (HPDP) policy team. Teaming with the other two policy groups, a presentation to the Business and Industry Association (BIA) took place, a prevention section targeting worksite wellness was added to the New Hampshire Health Info website, and we have started work on the population health indicators of the Initiative's Health Dashboard.

The foundation created in 2006 is pivotal to our work in 2007. The research to produce the fact-based paper identified three main areas which are greatly responsible for morbidity and mortality in New Hampshire. The team will focus our efforts on the following three areas in 2007: reducing alcohol and other drug use, reducing tobacco use and increasing physical activity and nutritional status. Where appropriate, the team will join with existing organizations already coordinating statewide efforts on the focus area. If a coordinated statewide effort is not currently in place, the team will take the lead, bringing together organizations from across the state. In either case, the team will work to move forward policy and programs addressing the specific areas of focus.

The fact-based paper will also provide information for the development in early 2007 of a PowerPoint presentation and a series of op-ed pieces as part of the overall educational process. One goal in 2007 is to expand awareness of the role of public health in New Hampshire to build momentum for the advancement of programs and policy statewide. This comes from the knowledge that the role of public health is largely invisible in our lives on a daily basis. In order to garner support for the work of the HPDP Team, the impact and role of public health needs to be brought to the forefront of all health discussions.

Specifically, the work of the HPDP Team in 2007 will include:

Marketing:

- Release of the policy paper
- Finalize marketing material such as a PowerPoint presentation and op-ed pieces
- Identify and present to business leaders, legislative leaders and community leaders

Overlapping work with other Health Initiative teams:

- Update and expand the nhhealthinfo.org website to other target audiences
- Refine the population health indicator for the dashboard project, identify data sources and update as appropriate

Focus Areas:

- New Futures has been identified as a leading organization on the issue of alcohol use. The team will join their work in progress.
- Healthy New Hampshire Foundation has been identified as a leading organization on the issue of physical activity and nutrition in New Hampshire. The team will join their work in progress.
- The subject of tobacco use in New Hampshire has many organizations hard at work in our state. The HPDP Team will contact these organizations and either join an existing collaborative statewide effort or establish a collaborative work group in New Hampshire.

Fact sheets

- Update the document “Find the Facts: Tobacco Use in New Hampshire”
- Develop a fact sheet regarding alcohol use in New Hampshire
- Develop a fact sheet regarding physical activity and nutrition in New Hampshire (the timeframe for these two topics may spill into 2008 as two separate fact sheets may be needed to capture the topics appropriately).

Quality of Care

ePrescribing

The ePrescribing initiative began in the fall of 2006, with the goal of having all New Hampshire primary care physicians with access to the technology by the fall of 2007, and all New Hampshire specialty physicians with access by the fall of 2008. There are a total of 1,477 licensed, practicing primary care physicians in New Hampshire and 2,034 specialists. Many of the primary care physician practices, and some specialty practices, are owned by New Hampshire's hospitals. It is estimated that close to half of the primary care physicians already have access to basic ePrescribing capability through electronic medical record (EMR) systems at New Hampshire's larger hospitals. For those not using EMR systems, there are stand-alone web-based and personal digital assistant (PDA) platforms for connectivity.

In the coming year, we will:

- Continue to break down the barriers to ePrescribing adoption;
- Finish cataloging where each hospital system and independent physician group is on the path to adopting EMR;
- Continue to increase awareness amongst core stakeholders as to the benefits of ePrescribing;
- Resolve any remaining connectivity issues between health care providers and the pharmacies;
- Facilitate interaction between the leading ePrescribing vendors and New Hampshire's hospital and physician community;
- Develop and facilitate a users group of New Hampshire providers using ePrescribing technologies in order to increase clinical knowledge and patient safety; and
- Publicize the successes that have taken place.

Primary Care Access

The second focus will be to continue to work closely with the New Hampshire Clinical Recruitment Center and other involved parties to develop and support strategies that will address the current and future shortages in the primary care work force. The team is defining primary care as including medical providers as well as behavioral medicine and dental providers. The Team also anticipates

researching ways in which primary care practices can adapt and adopt strategies that allow them to reach patients in the most effective and efficient fashion.

Work Force Working Group (Work Group): (Chair) Lori Real, Bi-State Primary Care; (Staff) Dorothy Bazos, Community Health Institute; (Members) Phil Boulter, M.D.; Peter Janelle; Tina Kenyon; Kathleen Kidder; Doris Lotz; Elizabeth Malko, M.D.; Martha McLeod; Barbara Walters, DO, MBA; Gary Sobelson; and Jazmin Miranda-Smith.

The Work Group has found that there are several initiatives in the state to study/address the issues of workforce as it pertains to primary care access. However, these initiatives often do not know about each other and are often uncoordinated. Thus, in an effort to enhance collaboration, coordination, and sharing of information and data across these initiatives; the Work Group will be hosting a series of meetings starting in February. We anticipate that the following persons will be providing us information at our next meeting: (1) Donald O. Kollisch, Dartmouth Medical School; Physician Loan Repayment Project (2) Eric Turer, Community Health Institute; PCSAS and workforce capacity (3) Stephanie Pagliuca; Dental workforce issues (4) Peter Janelle; Mental health.

Additionally, the Work Group has summarized input from a short survey that was administered to all Quality Team members. This survey asked three key questions: (1) What are the challenges/issues that are most critical to New Hampshire regarding health care workforce? (2) What suggestions or recommendations/actions should the state pursue to address these issues? Please consider short- and long-term solutions. (3) Are the issues that you have identified specific or more pressing for any one population, e.g., kids, adults, elders?

This summary, in addition to the information that is gathered from our meeting series and from available data, will be used as an initial framework for the development of a white paper. This paper will describe: (1) key workforce issues regarding primary care; (2) important challenges for New Hampshire for addressing these issues; (3) a prioritized list of potential solutions and (4) a summary of the work that is currently being done in New Hampshire by various organizations to address workforce issues. The white paper will be used to gain support in the state for enhancement of primary care workforce.

Currently, the group is working to summarize local data and the research regarding workforce incentives and capacity and, in addition, is collecting data from key informants focused on identifying the challenges and potential solutions for enhancing primary care workforce capacity in New Hampshire.

In addition to the work of the Work Group, Quality Team members have attended meetings sponsored by Donald O. Kollisch, Dartmouth Medical School. These meetings are funded by the Endowment for Health and are intended to establish a framework for assessing and improving the New Hampshire Health Professions Loan Program. Currently, Dr. Kollisch, with input from meeting participants, is writing a white paper that will summarize the issues of workforce capacity in New Hampshire with a focus on delineating possible loan incentive programs to address these issues. The New Hampshire Medical Society has agreed to host the final meeting of this group in January.

Finally, the Quality Team is developing—for the Initiative's Health Dashboard—key indicators that summarize New Hampshire's status in regard to access to primary care.

Information and Cost

Pay-for-Performance

With critical support and leadership from the Foundation for Healthy Communities, a set of common criteria has been agreed to by Harvard Pilgrim, Cigna, MVP and Anthem for inclusion in their pay-for-performance plans for clinicians who are a part of those programs. The five criteria are:

- Use of appropriate medications for people with Asthma
- Appropriate testing for children with Pharyngitis and or appropriate treatment for children with Upper Respiratory Infection
- Diabetes Outcome Measure: HbA1c levels
- Diabetes Outcomes Measure: LDL – C levels
- Care-focused technology – which could include EMR or EHR, ePrescribing or patient registry.

This collaboration was a result of a work group that was focused on taking the first steps in trying to align financial incentives with desired outcomes, and we are grateful for the leadership of the Foundation and the cooperation of the plans.

Health Dashboard

Another work group assisted by the Center for Public Policy has worked to create a Dashboard to measure the health and health status of New Hampshire. After reviewing national work and meeting with other states who have undertaken this type of work, the group settled on five major categories for the Dashboard. They are: Cost, Access, Infrastructure, Quality and Population Health. The criteria that we will use in creating the Dashboard in each of these areas, titled *Health Dashboard Indicators*, is attached. It is our intention that with the completion of the Dashboard in early 2007, we will use this as a tool to focus policy discussions on health and health care in New Hampshire on those areas that base on an examination of facts deserve close scrutiny and attention.

Business Portal - New Hampshire Health Info

The development of the New Hampshire Health Info website has been completed and is live at www.nhhealthinfo.org. By early February 2007, the marketing and public relations roll out will be complete. The plan consists of a press release coupled with interviews with New Hampshire's leading business journals. Additionally, the website link with an accompanying letter of introduction will be provided to the New Hampshire Business and Industry Association, the New Hampshire Chambers of Commerce, and the Local Government Center for distribution to their membership.

In the coming years, the website will be updated with new information as new websites become available. On March 1, 2007, for instance, the new HealthCost website from the New Hampshire Insurance Department will be released—a preview can be seen at www.nhhealthcost.org—at that time, this site will be highlighted on New Hampshire Health Info.

The long-term goal for the site is to provide relevant, actionable information for businesses to access in order to help them understand the drivers of cost and quality and to integrate health prevention strategies into their workplaces. We will be able to provide usage statistics on the website in the coming months.

Health Information Technology and Exchange

As a part of the New Hampshire Connects for Health Initiative—funded by the state's health plans and the Endowment for Health, and coordinated by the University of New Hampshire—a series of important steps have been taken towards developing our state's efforts and understanding of Health Information Technology (HIT) and Health Information Exchange (HIE).

First, dozens of interviews were conducted with industry and policy leaders in the field and the findings of those interviews have been compiled in the attached briefing paper titled *New Hampshire Connects for Health*.

Second, a survey was conducted of practicing physicians in the state on their use of and the penetration of technology into their practice. We have briefly summarized those findings in the attached document titled *NH Clinical Use of Technology Survey*.

Finally, the University of New Hampshire (UNH) was successful in receiving a grant from the Federal Government (the HISPIC Grant) to examine legal and business process barriers to HIE in our state. This grant was a joint effort of the federal government and the National Governors' Association and was awarded to a number of states, including all the Northern New England states. As a result of this grant, we have had extensive interaction with the industry about this critical area. As important, we have developed close working relationships with all our bordering states that have allowed us a fuller understanding of not only our own but regional challenges in this area. A copy of the most recent interim report of the HISPIC project, titled *Interim Analysis of Solution Report*, is attached.

Taken together, this critical work has laid a solid foundation for the state to move forward in the development of a strategic plan for HIT and HIE evolution.

Next Steps to Establish a Strategic Plan for State Health Information Exchange Development

Beginning in 2007 and continuing until June of 2008, the Health Initiative will begin steps towards the formulation of a strategic plan for health information exchange in New Hampshire. Work will consist of identifying and convening a stakeholder steering committee to identify a mission and vision for HIT/HIE in New Hampshire. We intend, in the first quarter of 2007, to engage key public and private audiences in support of this goal.

Working from this vision, subgroups will be formed to examine priorities and standards relative to: the clinical application of information technology (IT); the use of IT for reimbursement and the promotion of high quality health services; the use of IT for patient-shared care decisions; the use of IT relative to public health needs; the technology needs for HIE; and the governance and sustainability of HIE efforts in New Hampshire.

Lessons Learned:

It is critical, in the early stages of a long-term effort of this sort, to be organizationally flexible and maintain an ability to evaluate and pursue targets of opportunity and mutually beneficial efforts. During the first year, we had a project director and administrator depart but—because of the capacity of UNH to take on the project direction role and past successful work on health issues with the Community Health Institute—we were able to continue the important project work of the Health Initiative with minimum disruption.

An early success, in applying for and receiving a State Policy Workshop grant from the Federal Government, allowed us to bring together a team of New Hampshire citizens who were involved in different policy teams from the Initiative and have them work together on two projects that became key first-year successes for our work. The exposure to the National Governors Association (NGA) staff was very helpful as we began to do work under the HISPIC grant that UNH received that allowed us to further explore Health Information Exchange issues. That receipt of that grant was aided a great deal by having the Governor deliver a key note address at a National Conference on Health Information Technology. That invitation came as a result of the work that eHI, a national not for profit collaborative, had done with UNH as we presented our two New Hampshire Connects for Health conferences.

Very little of that work was articulated in our original work plans from the latter part of 2005, but all of it was very much in keeping with our overall goals relating to access, patient safety, information and best practices. Having UNH serve as a stable environment and incubator for this new effort was very important. Over the course of the next 18 months, we will begin to address long-term organizational and structural issues. We intend to continue to maintain that flexibility through our partnership with the UNH and the Community Health Institute until those structural decisions are complete.

Partnerships and collaborations are at the very center of the work of the Health Initiative. In addition to the core partnerships that have been established with UNH and the Community Health Institute, other groups and organizations have been central to the success of our work. Our funders are key partners, as are the many organizations that are represented through the engagement of over 150 New Hampshire citizens in our activity. Of special note are the following key relations:

- The Foundation for Healthy Communities—through the focused work of Rachel Rowe—was critical in achieving our goals in the pay-for-performance effort. Ms. Rowe was a part of our delegation to the National Governors’ Association Policy Workshop. Her work there and her follow-up work—with the major insurance carriers in the state and their staff—allowed us to achieve real success in this first step in moving towards a statewide set of mutually agreed upon criteria for these important programs. By being able to take advantage of the years of trust and work that the Foundation has established with health plan Medical Directors, we were able to move forward in both a thoughtful and a timely manner.
- The state of New Hampshire Bureau of Public Health has put in place an effort entitled the *Public Health Improvement Process (PHIP)*. That work which has focused on improving the basic services of public health in the state has been an important parallel track to the efforts of our health promotion and disease prevention efforts. One of the PHIP areas of concern is to increase the understanding of the role of public health in the overall health of our state, and the publication of *Pound of Prevention* will fit well into that effort.
- The National Governors’ Association, in selecting our state to participate in the Health Policy Workshop, was of great assistance to us. The time that our team spent in California helped us to sharpen and focus our plans on two of our most critical initiatives in this first year: pay-for-performance and the adoption of ePrescribing. In addition, the involvement and interest of the NGA in the HISPIC grant mentioned above has allowed us to learn from other states in a way that has deeply benefited our ability to plan for and execute our actions.
- National not-for-profit organizations that have developed skills, understanding and capacity in vital areas of health and health care have also been important. Among them is SureScripts, a not-for-profit affiliate of the independent and chain pharmacies in the country. Their capacity and skill has been most helpful as we move to implement our ePrescribing goals. Similarly, eHI, a not-for-profit collaborative with expertise in Health Information Technology and Exchange has been extremely helpful in our conferences, communication, planning and action around those critical areas.
- Bi-State Primary Care Association and their Recruitment Center have been very helpful to us as we have examined and learned about primary care access, the status of our efforts in New Hampshire and the issues that we must face in the future to improve our efforts.
- The Center for Public Policy has been very helpful, especially as we have moved to build the Health Dashboard, as well as beginning our examination of health care costs in New Hampshire. The work of both Doug Hall, the Director emeritus, and Steve Norton, the current Director, has been most helpful in this process.

- The state of New Hampshire and many of the people who work on the state's behalf have been essential in this first year. Among them are: Doris Lotz, MD, Nick Toumpas, Mary Ann Cooney and Andrew Chalsma of the Department of Health and Human Services; and Leslie Ludtke and Alex Feldvebel of the Department of Insurance. We also want to recognize the State Representatives and Senators who have contributed their thoughts, time and ideas.

Structure, especially in the early days of an effort, needs to be adaptive. In this first year the overwhelming focus of our effort has been at the Policy Team (what we will call going forward “The Taskforce”) level. We have also convened work teams—on an ad-hoc and as-needed basis—that pulled members from all or some of our policy teams as well as others who are not a formal part of the Health Initiative. While the policy team structure has worked well, our original intentions for the Leadership Group did not evolve as we had anticipated. In the early part of 2007, it is our intention to give focus to how we can adapt our structure to be more supportive of and effective in evolving our work. As this structure has played out over this first year, we have come to put a very heavy burden on the Executive Team, made up of the two Co-Chairs and the Policy Team leaders. We are very grateful for their patience and willingness to take on far more than we had originally envisioned in regard to their roles. In addition to the examination of the Leadership Team, we will also—over the next 18 months—spend considerable time examining our longer term structure so that our form is following the functions of the Health Initiative. It has been a strength of this effort to keep a focus on our long-term goals and the work at hand to guide our effort rather than deal extensively, at this early stage, with building elaborate or formal structure. Such a structure will be critical to our sustainability. It was our judgment, in this first year that sustainability would be best served in the first instance by real accomplishments, which we think we have achieved.

There have been times, in the first year, when we were sensitive to the fact that we have not been as aggressive as we might have been in developing a full blown public communication plan. While several of our efforts—e.g. the June meeting of the Initiative with Elliot Fischer and the unveiling of the ePrescribing Initiative—have received very favorable press, those have been based on specific events and not focused on the overall Health Initiative. The lesson learned however, as we move to year two, is that we may in fact have been well served to keep our focus on the work of the policy teams and their specific deliverables. We now believe that we have the basis not only to talk about the goals of the Initiative but also to bring forward a modest record of accomplishment. We intend to work very vigorously in the second year at creating not only a public communication plan about the Health Initiative, but in creating a public dialogue about critical issues that we, as a state, must address in order to create a more robust and effective health and health care system.

In summary, we are deeply appreciative for the support, flexibility, partnership, engagement, and hard work of literally hundreds of people who have helped us in this first year. We look forward to 2007 and the years that follow as we assure that the vision, goals and focus of the Health Initiative become a permanent part of our state's life.