# Table of Contents

UNH Land, Water, and Life Acknowledgement ........ 3
Director’s Note ........................................... 4
Diversity, Equity, and Inclusion .................... 5
IHPP Highlights .......................................... 7
IHPP Funders ............................................. 10
IHPP Focal Areas & Leadership Team ............. 11
  Delivery System & Payment Reform ................. 13
  Health Analytics & Informatics ...................... 17
  Health Law & Policy .................................. 20
Long Term Care & Aging .............................. 23
  Public Health & Health Promotion .................. 26
Contact Us ............................................... 29
UNH Land, Water, and Life Acknowledgement

As we all journey on the trail of life, we wish to acknowledge the spiritual and physical connection the Pennacook, Abenaki, and Wabanaki Peoples have maintained to N’dakinna (homeland) and the aki (land), nebi (water), olakwika (flora), and awaasak (fauna) which the University of New Hampshire community is honored to steward today.

We also acknowledge the hardships they continue to endure after the loss of unceded homelands and champion the university’s responsibility to foster relationships and opportunities that strengthen the well-being of the Indigenous People who carry forward the traditions of their ancestors.
Director's Note

The Institute for Health Policy and Practice had another remarkable year.

We are grateful to our funders and collaborators for their support. It is through these partnerships that we are able to continue the work to improve health systems for individuals in New Hampshire and across the country.

In October of 2022, Jo Porter announced her decision to step down as IHPP Executive Director. Under her eight years of leadership, IHPP produced over $33 million in grants and contracts funds, our team doubled in size, and our projects exemplified IHPP’s vision to yield optimal health for all people. One of the most important lessons I learned from Jo is the motto “aces in their places.” Jo sees and builds upon the strengths of each individual on the team. IHPP is strong because of her leadership. Each team member is strong because of her leadership. I am strong because of her leadership. On behalf of the entire IHPP team, THANK YOU, Jo!

We gathered in-person to explore further our diversity, equity, inclusion, and justice work; work we see as integral to our mission and vision. It was also a year where we celebrated many team and individual accomplishments. This report provides an overview of the breadth of our work at IHPP. For more in-depth content, please visit our website or reach out to anyone on our team to learn more.

Laura Davie, MA
Interim Director, IHPP

“Leading IHPP and the people that make up its team has been my greatest honor and achievement. I believe firmly in its work. The dedication and talent of the members of the organization has been awe-inspiring to me countless times and in countless ways.”
— Jo Porter, IHPP Executive Director, 2015-2022
Diversity, Equity, and Inclusion
Race and Equity Committee

In the spring of 2022, IHPP gathered to explore diversity, equity, and inclusion by engaging in a series of conversations and activities focused on race and racism, intersectional equity, and othering and belonging. Facilitated by Michele Holt-Shannon and Jamaal Downey from NH Listens, these activities allowed our team to come away with a stronger sense of how to sustainably promote these concepts within our work. Our goal is for everyone at IHPP to feel empowered, have a sense of belonging, and believe that we are all doing our best work together. This opportunity allowed us, as a team, to strengthen our connections, build our resilience, and continue to foster a culture of equity and belonging.

IHPP Accessibility Committee

The IHPP Americans with Disabilities Act (ADA) Committee was formed as another step in meeting the IHPP mission to increase equity and access. This committee is dedicated to incorporating ADA measures within all materials and presentations to make IHPP resources accessible to all.
The Institute for Health Policy and Practice (IHPP) is an applied research institute located within the College of Health and Human Services at the University of New Hampshire.

IHPP conducts and disseminates high-quality, cutting-edge applied research and policy work that enables health system partners to implement evidence-based strategies to improve population health.
USA Readership Distribution

This map shows where IHPP publications were downloaded across the US in 2022.
Worldwide Readership Distribution

This map shows where IHPP publications were downloaded across the world in 2022.
# IHPP Funders

<table>
<thead>
<tr>
<th>Administration for Community Living</th>
<th>NH Charitable Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers for Medicare and Medicaid Services</td>
<td>NH Children’s Health Foundation</td>
</tr>
<tr>
<td>Core Physicians, LLC</td>
<td>NH Community Behavioral Health Association</td>
</tr>
<tr>
<td>Endowment for Health, Inc.</td>
<td>NH Department of Administrative Services</td>
</tr>
<tr>
<td>Foundation for Seacoast Health</td>
<td>NH Department of Health &amp; Human Services</td>
</tr>
<tr>
<td>Headrest</td>
<td>NH Healthcare Workers Climate Action, Inc.</td>
</tr>
<tr>
<td>Health Resources and Services Administration</td>
<td>NH Telehealth Alliance</td>
</tr>
<tr>
<td>Lamprey Healthcare, Inc.</td>
<td>StratCommRx</td>
</tr>
<tr>
<td>MCD Global Health</td>
<td>University of Massachusetts</td>
</tr>
<tr>
<td>National Association of Health Data Organizations</td>
<td>University of Vermont</td>
</tr>
</tbody>
</table>
IHPP Focal Areas & Leadership Team
Leadership Team

Jo Porter, MPH  
Director (2022)

Amy Costello, MPH  
Director of Health Analytics and Informatics

Laura Davie, MA  
Director of Long-Term Care and Aging  
Interim Director (2023)

Lucy Hodder, JD  
Director of Health Law and Policy

Jeanne Ryer, MSc, EdD  
Director of Delivery System and Payment Reform

Marcy Doyle, DNP, MHS, MS, RN, CNL  
Director of Clinical & Quality Improvement

Focal Areas

Delivery System & Payment Reform  
Health Analytics & Informatics  
Health Law & Policy  
Long Term Care & Aging  
Public Health & Health Promotion
Delivery System & Payment Reform
New Hampshire Pediatric Improvement Partnership

Mental Health Care Access in Pediatrics

Primary care clinicians throughout New Hampshire joined a virtual learning series “Promoting child and family resilience and healing during a pandemic.” The Project ECHO® case-based format provided education on pediatric mental health topics combined with real-time access to interdisciplinary experts.

New mental health referral options and care partnerships were formed between the mental health specialists and primary care providers participating in the session and caring for NH children. Pediatric and family practitioners additionally received access to psychiatric telehealth consultations (provider to provider) for mental health care of individual children.

This 10-session series led to the following outcomes:

- **Active participation from 49 providers working across 6 NH counties.**
- **A reported 98% increase in participant confidence** in assessing and responding to the mental, social, and emotional impacts of the pandemic on children, teens, and their families.
- **An update to the web-based pediatric behavioral health directory** to reflect changes to the NH crisis care landscape.

**Funded By:**

This work is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $445,000 with 20% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
New Hampshire Pediatric Improvement Partnership

Trauma Informed Care

Experts in Adverse Childhood Experiences (ACEs) expanded training throughout NH to increase the knowledge and capacity of pediatric and family practitioners and their staff to screen and respond to childhood trauma. Facilitators, trainers and experts utilized evidence, materials and methods found successful in Phase 1.

Outcomes included:

- **Additional funding for the expansion of the project through the spring of 2024**, inclusive of previous work and expansion to new practices.
- **Trauma 101 and 102 presentations that reached 350 professionals** from 16 pediatric and family health primary care clinics across the state.
- Survey results which indicated that **100% of attendees completing the survey agreed that the material was effective**, and that the information is important.
- **The engagement of four additional practices** in implementation and connection to community partners.
- The inclusion of **screening results and referral information from over 1,100 children and qualitative data reviewed from over 100 meetings**.

OUR MISSION
Promoting the delivery of optimal quality health care for all NH children.

The New Hampshire Pediatric Improvement Partnership is a state-level multi-disciplinary collaborative of private and public partners dedicated to improving health care quality for all NH children through the use of systems and measurement-based quality improvement processes.
Delivery System Improvements

Quality Measure and Clinical Operation Alignment

IHPP engaged with health care teams from all of New Hampshire’s Community Behavioral Health Centers in collaborative learning to create a Shared Group Vision for improving collection and performance of three identified National Quality Forum measures.

Results of these efforts included:

- **Collaboration with all 10 NH Community Behavioral Health Centers**, which provided services to almost 45,000 clients.
- Full participation in 7 learning collaboratives, 63 individual center facilitations, and 1 small group strategy session.
- A total of 100% of centers that achieved measurement reporting accuracy.
- A 20% improvement among screening rates for 80% of centers.
- A 361% increase in screening rates for suicide risk in children and adolescents.

Substance Use Disorder Site Self-Assessments

Consulting for Exeter Health Resources, both inpatient and outpatient departments were assessed for readiness to offer substance use disorder treatment services throughout their system.

Outcomes included:

- **Conduction of assessments with 6 inpatient and outpatient departments** within one healthcare system.
- **Development of an Enhanced Maine Health Access Foundation Site Self-Assessment** to evaluate behavioral health integration and substance use treatment.
- **Qualitative analysis**, including identification, examination, and interpretation of patterns and themes.
- **Identification of strengths, opportunities, and next steps** for each department as well as the overall system.
Health Analytics & Informatics
Data Tools and Reports

Launching of www.ihppdata.org

A one-stop shop for all things Health Analytics and Informatics-related at IHPP!

The site currently houses the NH Claims Report Suite, which contains NH medical, pharmacy, and dental claims data, and the NH HealthWRQS site, which contains and allows users to run reports on NH Behavioral Risk Factor Surveillance System (BRFSS) data.

Updating the NH Claims Report Suite

Throughout 2022, the Center for Health Analytics (CHA) worked diligently to update the NH Claims Report Suite to Version 2022.4, slated for release early 2023. Updates included the following improvements:

- Data for the four most recent analytic periods are now available,
- Most reports now include trend line visualizations,
- Suite restructuring includes the use of tabs for ease of navigation among individual reports, and
- Filtering of selections for visualizations and crosstabs.

Transforming the NH HealthWRQS site

Slated for release in early 2023, the NH Health Web Reporting and Query System (HealthWRQS) has been transformed to feature a sleek new design and updated BRFSS data through 2019. The new site will include data spanning 21 topic categories and nearly 100 survey questions. Topics will include health care access, alcohol consumption, tobacco and e-cigarettes, general health, quality of life, and more.

Exploring DEI Data

We explored current practices around the collection of sex, sexual orientation and gender identity (SOGI), and race, ethnicity, and language (REaL) data among All-Payer Claims Databases (APCDs) and Hospital Discharge Data with the National Association of Health Data Organizations (NAHDO).

Social Determinants of Health: APCD and Hospital Discharge Data Standards and Collection Practices, published in November 2022

https://scholars.unh.edu/ihpp/148/
Pediatric Claims Data

NH Medicaid and commercial payer claims were collected and analyzed to inform Mental Health Care Access in Pediatrics work, and to identify patterns and trends related to pediatric mental health care utilization.

This research resulted in the following:

- **Two published Mental Health Care Access in Pediatrics Reports** analyzing 2019-2020 pediatric mental health care claims
- Descriptive analysis of the burden of pediatric mental health conditions and comorbidities with other mental health conditions.
- Analysis of mental health treatment and utilization, who provided mental health care and prescribed mental health pharmaceuticals to children, and the rate of selected mental health pharmaceutical classes.
- And findings that showed that in 2020, primary care providers prescribed a higher percentage of mental health medications to Medicaid insured children and teens than psychiatric providers.

*New Hampshire Children and Teens Experiencing Mental Health Disorders: An Analysis of 2019 Healthcare Claims Data*, published in April 2022
https://scholars.unh.edu/ihpp/142/

https://scholars.unh.edu/ihpp/151/

**Funded By:**
This analysis is supported by the U.S. Department of Health and Human Services (HHS) as part of an award totaling $445,000 with 20% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
Health Law & Policy
Equitable and Affordable Health Care:
A Shared Responsibility

Rising health costs and affordability problems are impacting individuals and families and disrupting healthcare access across the country and in New Hampshire.

We are asking ourselves: how will we build an accountable, affordable, and equitable healthcare system for tomorrow? In an effort to answer that, Health Law and Policy has been convening conversations and engaging in research on what can be done to improve New Hampshire’s healthcare. On June 22, 2022, over 200 participants, both in person and online, joined a discussion. A summary document, titled “Equitable and Affordable Healthcare: A Shared Responsibility,” provides an overview of the event hosted by Health Law and Policy Programs, UNH Franklin Pierce School of Law and the Institute for Health Policy and Practice (IHPP).

The event, supported by the Endowment for Health, brought together federal, state, and local policy makers, health care professionals, managed care organizations, research institutes, advocacy groups, and consumers/patients from New Hampshire and across the country.

Learn more at https://chhs.unh.edu/institute-health-policy-practice/focal-areas/health-law-policy/annual-health-law-policy-symposium

Graphic Recording by Kate Crary

Graphic Recording is the art of listening, and organizing information while creating artistic images in live time. We are pleased to share the graphic recording mural that captured the conversation and learning that took place during the session.
Medicaid Enrollment Transition

Throughout 2022, Health Law and Policy partnered with New Hampshire Medicaid and the Department of Health and Human Services to support stakeholder engagement in preparation for the end of Medicaid’s continuous enrollment requirement.

New Hampshire, like other states, provided continuous Medicaid coverage for tens of thousands of Medicaid enrollees during the federal Public Health Emergency, and in exchange, received additional dollars to support Medicaid services. The Health Law and Policy team supported over 18 outreach events to a wide spectrum of stakeholders. The largest of these events was a January 19, 2022 webinar presentation entitled, “Medicaid Continuous Coverage During the Pandemic: DHHS Strategies for Future Benefit Transitions,” which was attended by almost 300 people, and included a cross-agency team to discuss Medicaid continuous coverage transitions in 2022. The HLP team has supported communications, strategies, and outreach across the state to support a smooth transition.

UNH Healthcare Vitals Blog

In August 2022, UNH Health Law and Policy launched a new monthly blog, called “UNH Healthcare Vitals.”

In health policy, things change by the minute! Federal, state, local litigation, legislation, regulation and policy responses impact the future of our Granite State. “Did You Know” offers our readers brief updates on our perspective of what’s new, what’s changed, and how it impacts life in New Hampshire.

UNH Healthcare Vitals is produced by the UNH Franklin Pierce School of Law Health Law and Policy Programs and UNH Institute for Health Policy and Practice. It is written by Director and Professor of Law, Lucy Hodder, JD and Senior Associate, Deb Fournier, JD.
Long-Term Care & Aging
Creative Collaboration: Service to the Community

The backbone of the service delivery system, community-based organizations are often challenged with the time and resources to design, coordinate, or facilitate planning and research.

The Long-Term Care and Aging focus area, as a collaborative partner with the Center on Aging and Community Living (CACL), received grants from local nonprofit organizations, state and federal partners, and statewide endowments to create change in the New Hampshire aging system and network.

Services to the community included:

- **Conducting our 5th year of facilitating the New Hampshire Chapter of the National Association of Social Workers annual strategic planning meeting.** Staff worked directly with the Board of NHNASW to map out their goals, objectives, and plans for the upcoming year. This year’s strategic planning was centered around themes related to the workforce, with a particular focus on engaging new social workers and strengthening professional networks in New Hampshire.

- **Hosting three focus groups for Granite State Independent Living (GSIL) to evaluate the effectiveness of GSIL’s annual satisfaction survey for individuals using consumer directed personal care services.** Specifically, the satisfaction survey collects feedback from consumers regarding their experiences, allowing GSIL to address consumers’ concerns and adjust programming. Across the focus groups, 13 individuals attended and provided input which was qualitatively analyzed for themes. Based on these results, recommendations were provided to improve and revise the annual survey.

- **Partnering with the UNH ECHO Hub in offering Project ECHO: Aging, Community, and Equity (PEACE).** Over 45 community-based organizations and medical practices participated from Maine, New Hampshire, Vermont, and Northern New York. The eight-session series, hosted online, addressed the COVID-19 pandemic’s effects on the mental and cognitive health of older adults living in rural areas and explored equitable, person-centered approaches to support the individuals and their formal and informal caregivers. Each session, comprised of both a didactic and a case-based presentation, provided participants the opportunity to explore new concepts, connect with other cohort members, and recognize the value of interdisciplinary approaches.

Institute for Health Policy and Practice | 2022 Annual Report | 24
WellnessLink: NH’s COVID-19 Vaccination and Education Assistance Go-To for Older Adults

In 2022, IHPP, under a contract with NH DHHS’s Bureau of Elderly and Adult Services, provided research and support in the launching of WellnessLink: NH’s one-stop resource for COVID-19 related concerns of older people.

When calling the WellnessLink hotline number, individuals receive no-cost-to-them, easy to understand, accurate coordination, information and follow-up care for COVID-19 testing and vaccinations.

WellnessLink is a statewide program administered by the Partnership for Public Health (ServiceLink of Belknap County and Winnipesaukee Public Health Network) and funded by the Centers for Disease Control and Prevention and the Administration on Community Living.

In addition to providing education and information about COVID-19 vaccinations, boosters, and testing, WellnessLink’s focus is on targeting older people who are unable to easily leave their homes and experience barriers to COVID-19 resources. To understand the landscape of this population in NH, CACL engaged JSI Research and Training Institute, Inc (JSI) to complete an environmental scan of marketing campaigns aimed at addressing vaccination hesitancy and barriers for older people.

Recommendations from the scan were then funneled into a marketing campaign, launched in the Spring of 2022. To date, WellnessLink has created partnerships with acute care professionals, local public health networks and community organizations, and continues to serve as a resource for older people looking for accurate and up to date COVID-19 vaccination information.
Public Health & Health Promotion
Using Data to Inform Policy and Practice: The State Maternal and Child Health Epidemiologist

Since 2003, IHPP has contracted with the NH Division of Public Health Services to staff the role of the State Maternal and Child Health (MCH) Epidemiologist. For almost two decades, Dr. David Laflamme provided expertise and guidance in this position. Dr. Carolyn Nyamasege began her tenure as the MCH Epidemiologist in May of 2022. Dr. Nyamasege does epidemiological analysis of state and national data sets related to maternal and child health such as births, deaths, hospital discharge (emergency room and hospitalization), all payer claims including Medicaid, as well as Pregnancy Risk Assessment Monitoring (PRAMS).

Collaborative Work to Strengthen Information Exchange Toward Policy Development

The MCH epidemiologist works in collaboration with the Northern New England Quality Improvement Network (NNEPQIN) which acts as NH’s Perinatal Quality Collaboration (PQC) to timely provide data and present on various emerging topics on maternal health issues experienced in NH.

FIGURE 1. TOTAL COUNT AND RATE OF SEVERE MATERNAL MORBIDITY INDICATORS, 2016-2020

NH HOSPITAL DISCHARGE DATA

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rate per 1,000 Deliveries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amniotic Fluid Embolism</td>
<td>1</td>
</tr>
<tr>
<td>Aneurysm</td>
<td>2</td>
</tr>
<tr>
<td>Sickle Cell Disease</td>
<td>2</td>
</tr>
<tr>
<td>Cardiac Arrest/ Ventricular Fibrillation</td>
<td>3</td>
</tr>
<tr>
<td>Conversion of Cardiac Rhythm</td>
<td>3</td>
</tr>
<tr>
<td>Severe Anesthesia Complications</td>
<td>5</td>
</tr>
<tr>
<td>Puerperal Cerebrovascular Disorders</td>
<td>11</td>
</tr>
<tr>
<td>Ventilation</td>
<td>0.8</td>
</tr>
<tr>
<td>Pulmonary Edema/ Acute Heart Failure</td>
<td>0.0</td>
</tr>
<tr>
<td>Shock</td>
<td>0.0</td>
</tr>
<tr>
<td>Air and Thrombotic Embolism</td>
<td>0.5</td>
</tr>
<tr>
<td>Sepsis</td>
<td>4.7</td>
</tr>
<tr>
<td>Adult Respiratory Distress Syndrome</td>
<td>5.7</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>6.2</td>
</tr>
<tr>
<td>Acute Renal Failure</td>
<td>8.6</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>13.3</td>
</tr>
<tr>
<td>Disseminated Intravascular Coagulation</td>
<td>27.8</td>
</tr>
<tr>
<td>Blood Transfusions</td>
<td>74.0</td>
</tr>
</tbody>
</table>

The Epidemiologist also analyzes and shares annual data on NH Severe Maternal Morbidity (SMM) rates disaggregated by race, payer, age, etc. as shown to the left.
The MCH Epidemiologist Continues to Perform Monthly PRAMS Sampling Using Vital Records Birth Certificate Data

The weighted PRAMS surveillance data is used to generate interactive dashboards and data briefs on various MCH topics which are published on the NH DHHS Data Portal and the Pregnancy Risk Assessment Monitoring Services page.

The MCH Epidemiologists Performs Timely Linkages for Various Data Needs

Monthly linkages are made between the mother’s information on the birth certificate records and the death record to identify pregnancy associated deaths for CDC reporting using Maternal Mortality Review Information Application (MMRIA). The cases are reviewed and included in ongoing assessment of maternal mortality in NH as reported in the most recent maternal mortality publication.

INFORMATION EXCHANGE AND DATA INTEROPERABILITY

- Provides data on status of Maternal Health topics which are presented in various platforms such as the 2022 New England Maternal Health Summit Video and a PowerPoint presentation.
- Prepares quarterly reports and presents data on timeliness of sample collection to Newborn Screening program and Newborn Screening advisory committee. This data is shared with birthing hospitals to inform on specimens collected outside of 24 to 48 hours for quality improvement.
- Responds to external data requests on various topics such as substance use exposure during pregnancy, prenatal care engagement of birthing people with SUD, unplanned location births, rural maternity care and distribution of health care providers in NH among other topics.
- Tracks trends of teen pregnancies in various NH counties to inform the family planning team.
- Supervises and provides data to an intern working collaboratively with MCH and NNEPQIN to generate a comprehensive report on the status of Maternal Health in New Hampshire.
- Disseminates relevant data findings to various stakeholders such as NNEPQIN meetings, webinars, and national conferences, prepare data briefs and manuscripts for publication.
- Participates in various grant writing and provide MCH data to prove for the need of the grant and identify areas that need intervention.
- Generates NH Maps with overlapping information on various MCH topics such as unplanned birth locations, counties with higher proportion of birthing people who have less prenatal care visits and locations of Community Health Workers who work with the home visiting programs.