Legislative Commission on the Interdisciplinary Primary Care Workforce

May 23, 2024 2:00-4:00pm – NH Hospital Association, 125 Airport Road, Concord 03301 Conference Room 1

Join the meeting now

Meeting ID: 233 524 382 245

Passcode: YmG3kE

Agenda

2:00 - 2:10	**Attendance & Introductions**
2:10 – 2:55	**Affordability and Equitability in Healthcare: Mapping a Way Forward;** Deborah H. Fournier, JD, Director, Health Law and Policy, Institute for Health Policy & Practice, University of New Hampshire
2:55 – 3:25	**Supporting the Health Care Workforce Pipeline through Higher Education-** Sarah Truckle**,** Vice President of Business Operations, Vermont State University.
3:25 - 4:00	**Legislative & Updates**– Group discussion
4:00	**Adjourn**

Next meeting: Thursday June 27, 2024 from 2:00-4:00pm at NH Hospital Association, 125 Airport Rd. Concord, NH

State of New Hampshire

COMMISSION ON THE INTERDISCIPLINARY PRIMARY CARE WORKFORCE

DATE: May 23, 2024 TIME: 2:00 – 4:00pm

LOCATION: NH Hospital Association, 125 Airport Rd, Concord, NH 03301 – Conference Room 1 & Zoom Conferencing

TO: Members of the Commission and Guests

FROM: Amara Hartshorn

MEETING DATE: May 23, 2024

Members of the Commission:
Mary Bidgood-Wilson – Commission Chair
Kristine Fjeld-Sparks, Director, NH Area Health Education Center– Vice-Chair
Lisa Bujno Administrator-Chief Quality Officer Ammonoosuc Community Health Services
Jeanne Ryer, Director, NH Citizens Health Initiative, Institute for Health Policy & Practice, UNH
Patricia Shute, APRN, Coos County Family Health Services
Pamela DiNapoli, Director, Health Law & Policy, Institute for Health Policy & Practice, UNH
Kim Mohan, Executive Director, NH Nurse Practitioner Association
Dianne Castrucci, Executive Director, NH Alcohol & Drug Abuse Counselors Association
Laurie Harding, Upper Valley Community Nursing Project - Past Commission Chair
Stephanie Pagliuca, Senior Director, Workforce Development & Recruitment, Bi-State Primary Care Association
Karen Prazar, NP Representative, Lamprey Health Care

Guests:
Danielle Hernandez, Administrator, Health Profession Data Center, Rural Health & Primary Care
Paula Smith, Director, Southern NH Area AHEC
Deborah Fournier, Director, Health Law and Policy, Institute for Health Policy and Practice, UNH
Kris van Bergen-Buteau, Director of Workforce Dev. North Country Health Consortium
Geoff Vercauteren, Director of Workforce Development, Network4Health, Catholic Medical Center
Amara Hartshorn, Program Assistant, Rural Health and Primary Care
Christine Keenan, Administrative Director of Graduate Medical Education, PRH
Helen Cornman, Director, NNE System Transformation for Primary Care (NNEST-PC) - Community & Family Medicine/Geriatric Center of Excellence (GCOE)
Donald Kollisch, Associate Professor of Community and Family Medicine, Dartmouth Geisel School of Medicine
Sarah Truckle, Vice President of Business Operations - Vermont State University
Rumyana Radzhova, Mental Health Counselor
Katie Lesnyk, State Government Relations Assistant, NHHA

Meeting Discussion:

2:00 – 2:10 **Attendance & Introductions**

2:10 – 2:55 **Presentation Summary: Affordability and Equitability in Healthcare**

Presenter: Deborah H. Fournier, JD, Director, Health Law and Policy, Institute for Health Policy & Practice, University of New Hampshire

- **Affordability as Equitability:**
  - Affordability is inherently tied to equitability because financial burdens in healthcare disproportionately affect marginalized populations.
- **Healthcare Costs and Spending:**
  - Healthcare expenditures have tripled over the past two decades, growing faster than the national income, with healthcare now constituting nearly 20% of the U.S. GDP.
  - A significant portion of healthcare spending is on hospital services, which, along with prescription drugs, contributes substantially to the overall growth in costs.
- **Impact on Individuals and Families:**
  - Even with insurance, many Americans struggle to afford care, leading to delayed treatment and increased financial insecurity.
  - Deductibles have grown significantly, outpacing wage growth and placing a larger financial burden on families, particularly those with chronic conditions.
- **Comparison to Other Countries:**
  - Despite spending twice as much on healthcare as other wealthy nations, the U.S. has poorer health outcomes, such as lower life expectancy.
- **State-Level Insights:**
  - In New Hampshire, healthcare costs mirror national trends, with hospital care being the largest expense. The average family's healthcare premiums and deductibles are rising faster than wages.
- **Social Determinants of Health:**
  - There is an ongoing debate about the role of social services in improving health outcomes. The U.S. spends less on social services compared to other countries, which may contribute to poorer health outcomes.
- **Healthcare Market Dynamics:**

  - Issues such as cost-shifting, aging populations, and market consolidation in hospitals and physician practices are driving up prices without necessarily improving quality.

- **Regulatory Gaps:**
  - The U.S. has not effectively regulated healthcare prices, leading to high costs without corresponding improvements in care.

Discussion:

- **Local Impacts and Access Issues:**
  - In regions like New Hampshire's North Country, transportation and access to care are significant barriers, exacerbating the challenges of affordability.
- **Potential Policy Responses:**
  - There was recognition of the need for state-level policy interventions to address these issues, with a follow-up session planned to explore specific policy options that could be implemented without federal involvement

<u>**2:55 – 3:25**</u> **Supporting the Healthcare Workforce Pipeline through Higher Education**

Presenter: Sarah Truckle, Vice President of Business Operations, Vermont State University

Overview of Vermont State University's Healthcare Programs:

- **Nursing Career Ladder Program:**
  - Offers a 1 + 1 + 2 model:
    - Practical Nursing Certificate (LPN) in 1 year.
    - Associate Degree in Nursing (ADN) for RN licensure in the next 1 year.
    - Bachelor of Science in Nursing (BSN) online in 2 additional years.
  - A Master's program is available for nurse educators or advanced clinical practice.
  - Focuses on non-traditional students, allowing flexibility in progression.
- **Respiratory Therapy Program:**
  - Only program of its kind in Vermont.

    - Public-private partnership with the University of Vermont Health Network has stabilized and grown the program.

- **Radiologic Science Program:**
    - Provides training in medical imaging.
    - High success rates: 98% pass rate on certification exams and 100% employment post-graduation.
- **Paramedicine Certificate Program:**
    - Offered in partnership with career technical centers for high school students.
    - Enables high school seniors to earn a paramedic certificate soon after graduation.
- **Clinical Mental Health Counseling Program:**
    - Master's program with weekend classes.
    - Focuses on substance use and youth counseling, addressing critical needs in Vermont.
- **Dental Hygienist Program:**
    - The only program in Vermont, addressing a significant shortage.
    - Includes a community-serving dental clinic for hands-on student training.

Key Strategies for Workforce Development:

- **Flexible Learning Modalities:**
    - In-person, online, and hybrid options are provided to accommodate working students.
    - Night and weekend classes cater to non-traditional students, primarily those aged 25-35 transitioning into healthcare careers.
- **Partnerships with Employers:**
    - Cohorts tailored to specific employers, facilitating the transition of employees into nursing and other healthcare roles.
    - Dual enrollment and clinical placements are emphasized to integrate education with real-world experience.
- **Incentivizing Clinical Placements and Faculty Recruitment:**

- Forgivable loans and scholarships for faculty, coupled with state and federal funding, support recruitment.
- Simulation labs are used extensively to overcome clinical placement limitations, particularly in specialized areas like labor and delivery.

- **Leveraging State and Federal Funding:**
  - Vermont State University has utilized various funding sources, including congressionally directed spending, legislative funding, and Medicaid investment funds under the 1115 waiver, to expand healthcare education programs.

Challenges and Opportunities:

- **Clinical Placement Limitations:**
  - Rural settings pose challenges in securing diverse clinical placements, requiring creative solutions like expanded simulation labs.
- **Need for Masters-Level Educators:**
  - The shortage of qualified educators is a barrier to further program expansion.
- **Nursing Compensation:**
  - Competitive market rates for nurses, especially with per diem shifts, make faculty recruitment difficult.
- **Retention of Graduates in Vermont:**
  - The program's success in retaining graduates within the state, with 83% of nursing graduates staying in Vermont, highlights the effectiveness of flexible pathways and local partnerships.

3:25 – 4:00 **Legislative & Group Discussion**

Legislative Updates:

- **SB 456**:
  - **Objective:** Establish a loan repayment program for qualified nursing professionals. Amended to appropriate $300,000 to the State Loan Repayment Program to contract with eligible nurses under current program policy.
  - **Status:** The bill was amended by the Senate, but the House voted ITL (Inexpedient to Legislate), effectively stopping it. There is still a possibility that the

language could be attached to another bill if it remains a priority for Senator Gannon. There are ongoing discussions with the New Hampshire Hospital Association.

- **HB 1609:**

  ○ **Objective:** Extend the Commission on the Primary Care Workforce and authorize data sharing between the Office of Professional Licensure and Certification (OPLC) and the State Office of Rural Health.

  ○ **Status:** The bill has passed and is awaiting the House's concurrence with a minor amendment. Expected to proceed to the Governor's Office for signature without issue.

- **SB 403:**

  ○ **Update:** Passed the House and is expected to move to the Governor's desk for signature.

Commission Updates:

- **Preceptor Recognition:**

  ○ New Hampshire AHEC is seeking nominations for preceptors across various disciplines, with plans to publish an e-book and hold a recognition event in the fall.

- **Center on Rural Addiction Focus Groups:**

  ○ **Request:** Citizen's Health Initiative is the partner for the Center on Rural Addiction. Requesting help to recruit 50 clinicians who prescribe Medication-Assisted Treatment (MAT) for substance use disorder to participate in focus groups. Emphasis on personal outreach to secure participants.

- **Dental Residency Program:**

  ○ The first three residents from the new Advanced Education in General Dentistry residency program will graduate in June. The program continues to recruit for the next cohort.

- **Network4Health Update:**

  ○ The organization is nearing the end of its funding and will likely end in July. A final all-partners meeting is scheduled for June to review accomplishments.

- **Next Commission Leadership:**

  ○ Reminder that a new chair is needed as the current chair's term ends next month. Members are encouraged to consider stepping into the role.

4:00 pm **Adjourn**

Affordability and Equitability in Healthcare:

Mapping a Way Forward

Legislative Commission on the Interdisciplinary Primary Care Workforce Meeting

NHHA and Online

May 23, 2024

“The cost of health isn’t a single problem, it’s a multi-dimensional one…”

“…There’s national health spending, consumer out-of-pocket costs, federal health spending (mostly for Medicare and Medicaid), state health spending (mostly Medicaid), employer premiums, and….[the most recently popular topic] getting better “value” for the health care dollar.

[Of this list]…two health cost problems stand out as legitimate health policy crises: **Affordability, especially for people who are sick and need a lot of health care; and national health spending.”**

The Two Health Care Cost Crises, January 18, 2024, Kaiser Family Foundation

National Health Expenditure Data

"U.S. National Health Expenditure Accounts Since 1964, the U.S. Department of Health and Human Services1 (HHS) has published an annual series of data presenting total national health expenditures (NHE).

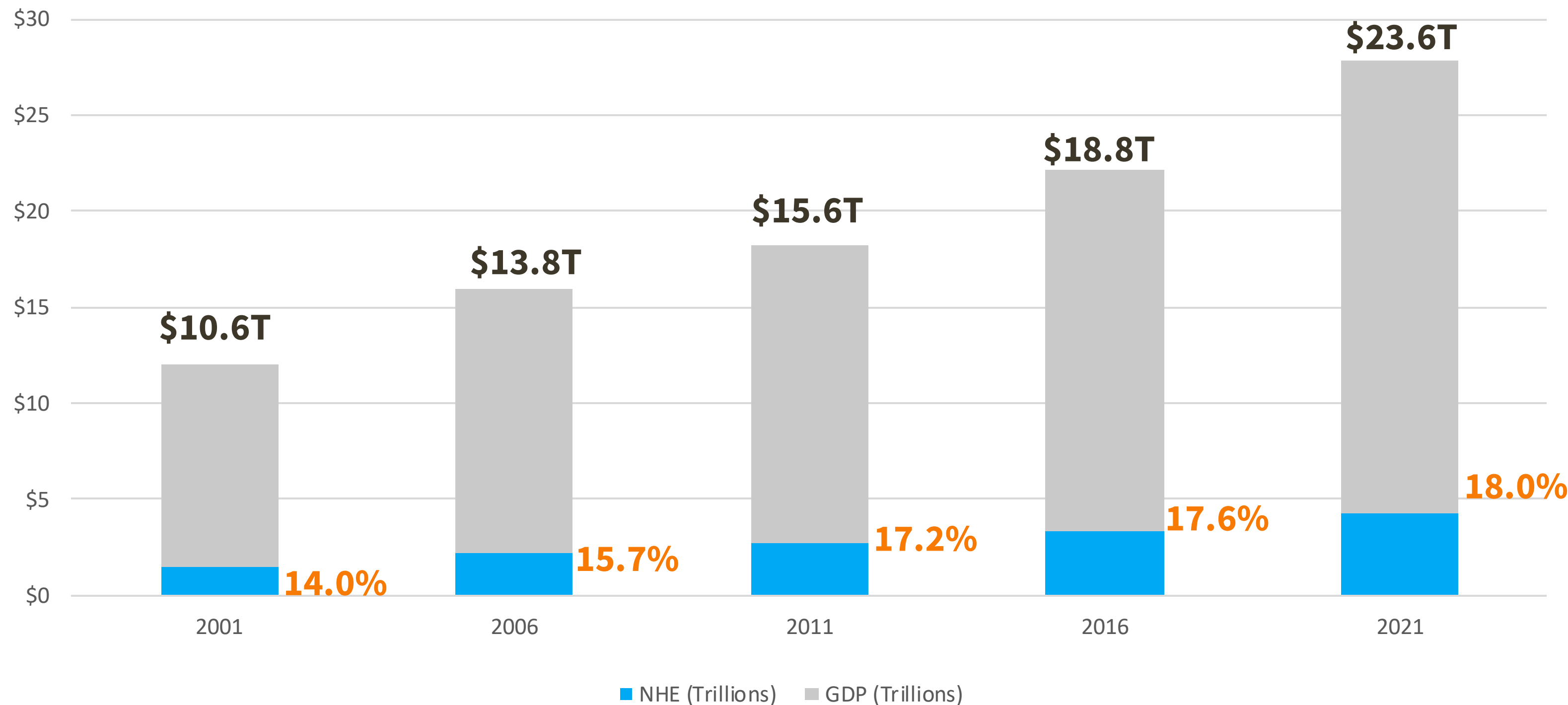
These estimates, termed National Health Expenditure Accounts (NHEA), are compiled with the goal of measuring the total annual dollar amount of health care consumption in the U.S., as well as the dollar amount invested in medical sector structures and equipment and non-commercial research to procure health services in the future.

The NHEA are generally compatible with a production-based accounting structure such as the National Income and Product Accounts (NIPA).

Three primary characteristics of the NHEA flow from this framework. **First,** the NHEA are comprehensive because they contain all of the main components of the health care system within a unified mutually exclusive and exhaustive structure. **Second,** the NHEA are multidimensional, encompassing not only expenditures for medical goods and services, but also the payers that finance these expenditures. **Third,** the NHEA are consistent because they apply a common set of definitions that allow comparisons among categories and over time. "

https://www.cms.gov/files/document/definitions-sources-and-methods.pdf

Over the last two decades, national health care spending has nearly tripled, growing faster than national income to comprise almost $1 out of every $5 of our country's gross domestic product.

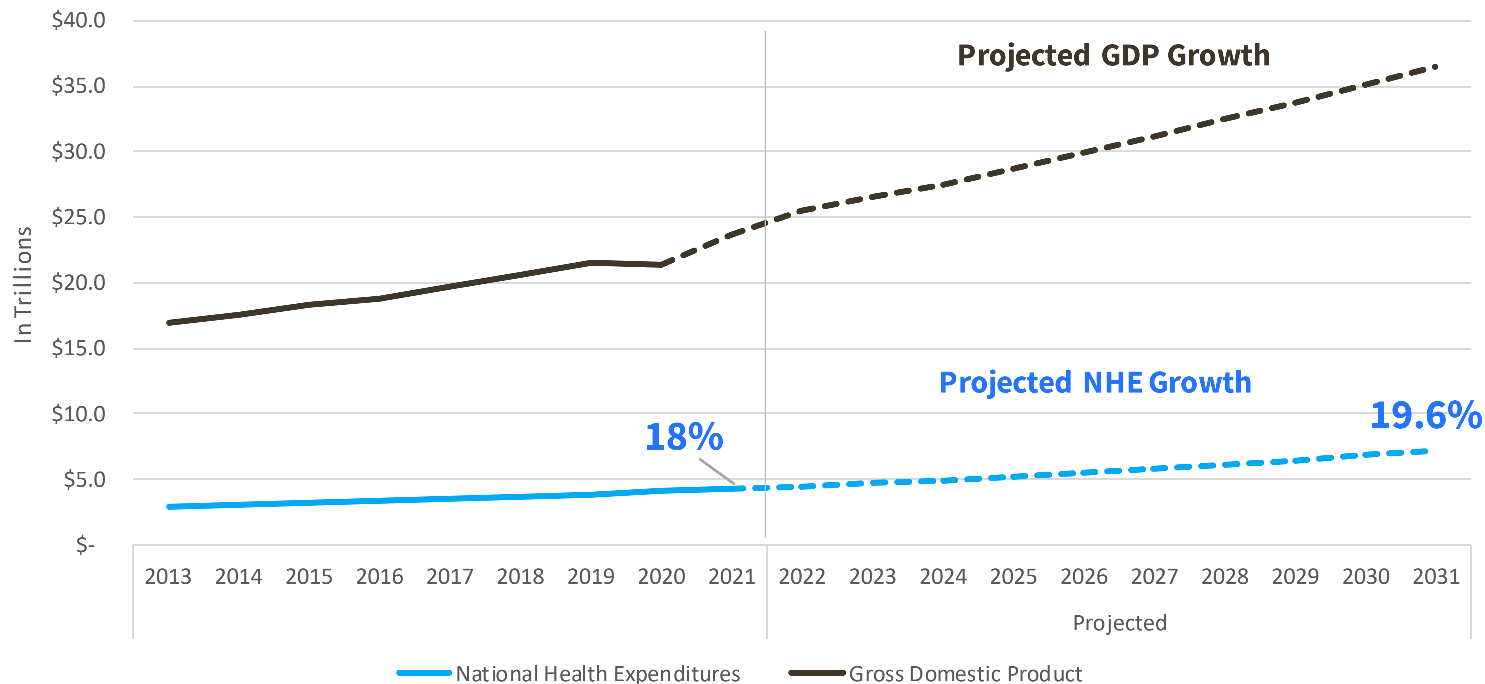


Takeaways:

- Over the last two decades, NHE has nearly tripled. In 2001, NHE totaled approximately $1.5 trillion, growing to nearly $4.3 trillion dollars by 2021.
- Average annual growth in NHE (3.8%) has outpaced GDP growth (1.3%) over the same period.
- In 2021, NHE represented 18% of the nation's GDP.

Data Source(s): Historical and projected NHE data and projected GDP data from Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Accounts Data. Updated July 19, 2023. Available at: https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected. Accessed July 31, 2023. Historical GDP data from The Bureau of Economic Analysis, National Income and Product Accounts. Updated September 28,2023. Available at: https://www.bea.gov/itable/national-gdp-and-personal-income. Accessed October 2, 2023. (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information.

National health care spending is projected to continue to grow and take up a greater share of GDP.

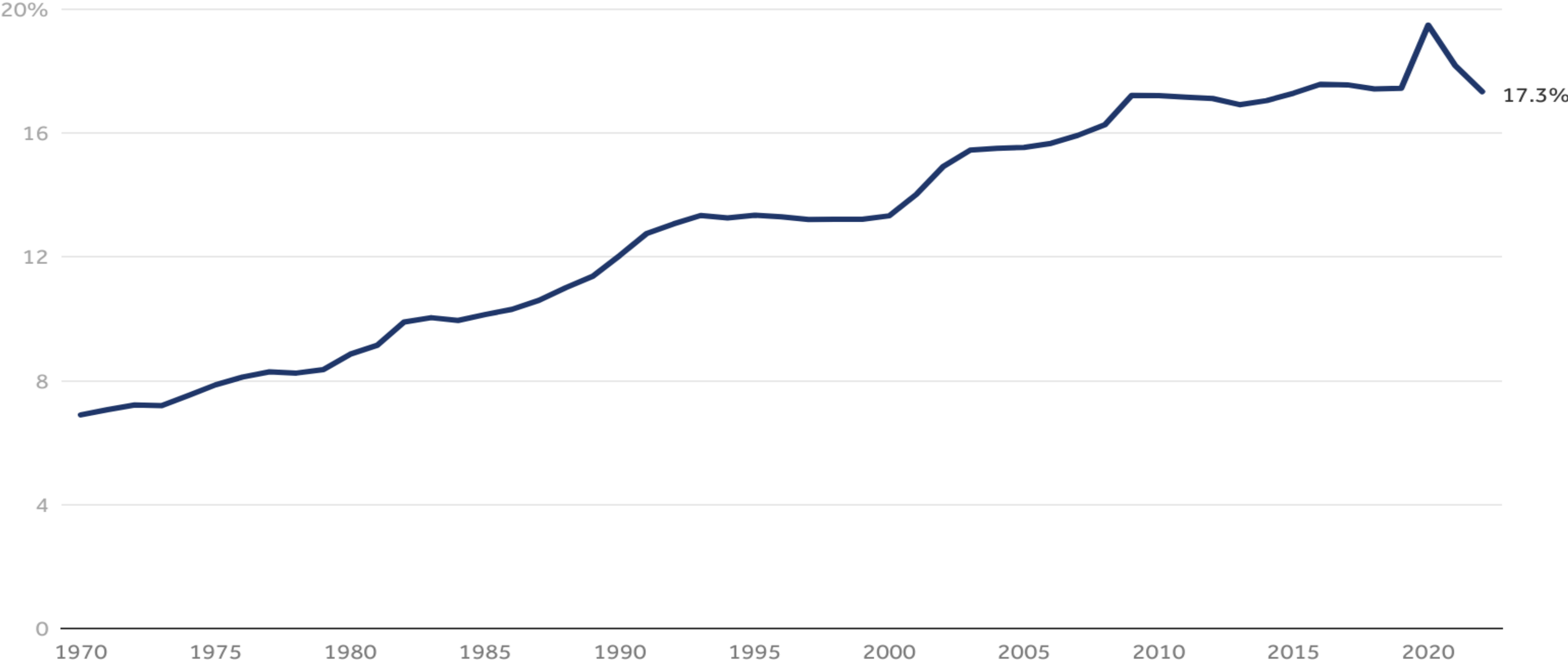


Takeaways:

- The Centers for Medicare and Medicaid Services (CMS) projects that NHE will grow from $4.3 trillion to $7.2 trillion over the next decade, outpacing GDP growth to comprise a greater share of our national income (increasing from 18% in 2021 to 19.6% by 2031).
- Government spending is projected to comprise almost half of all national health care spending by 2031 (49%), up from 46% in 2019 and comparable to pandemic-level spending in 2021.

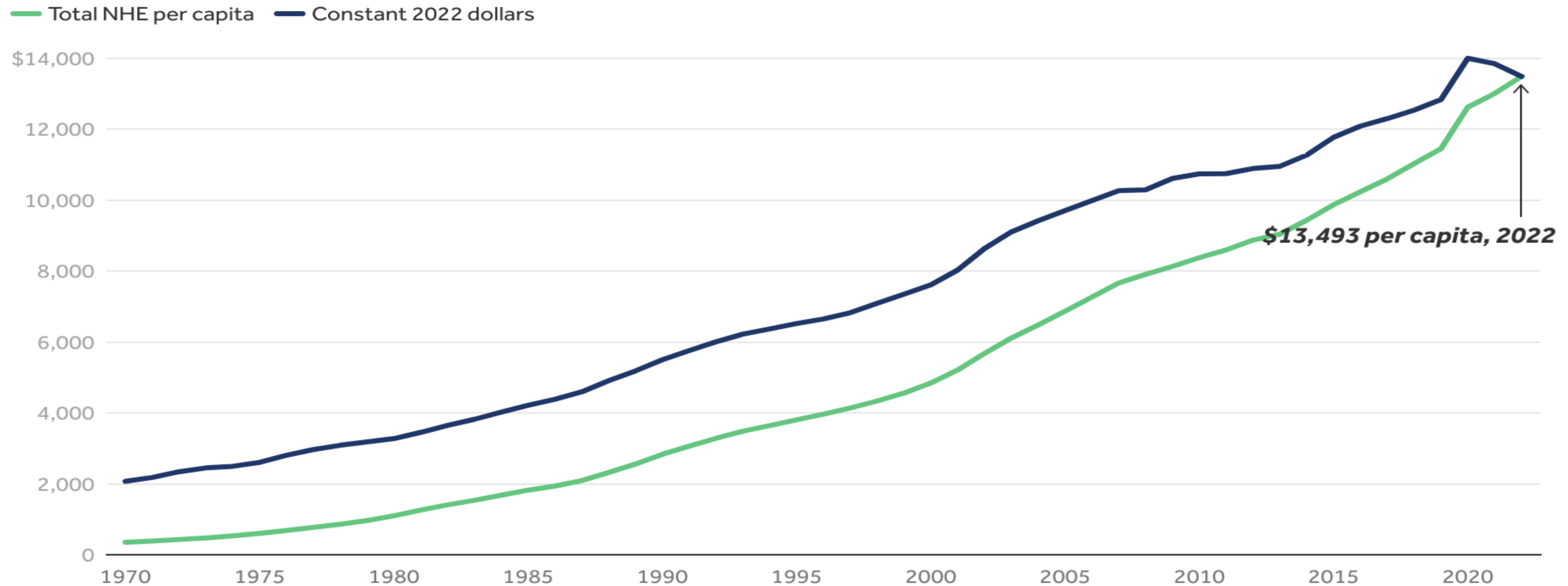
Data Source(s): Historical and projected NHE data and projected GDP data from Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Accounts Data. Updated July 19, 2023. Available at: https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected. Accessed July 31, 2023. Historical GDP data from The Bureau of Economic Analysis, National Income and Product Accounts. Updated September 28,2023. Available at: https://www.bea.gov/itable/national-gdp-and-personal-income. Accessed October 2, 2023. (CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information.

Health spending as a share of GDP fell to pre-pandemic levels in 2022.



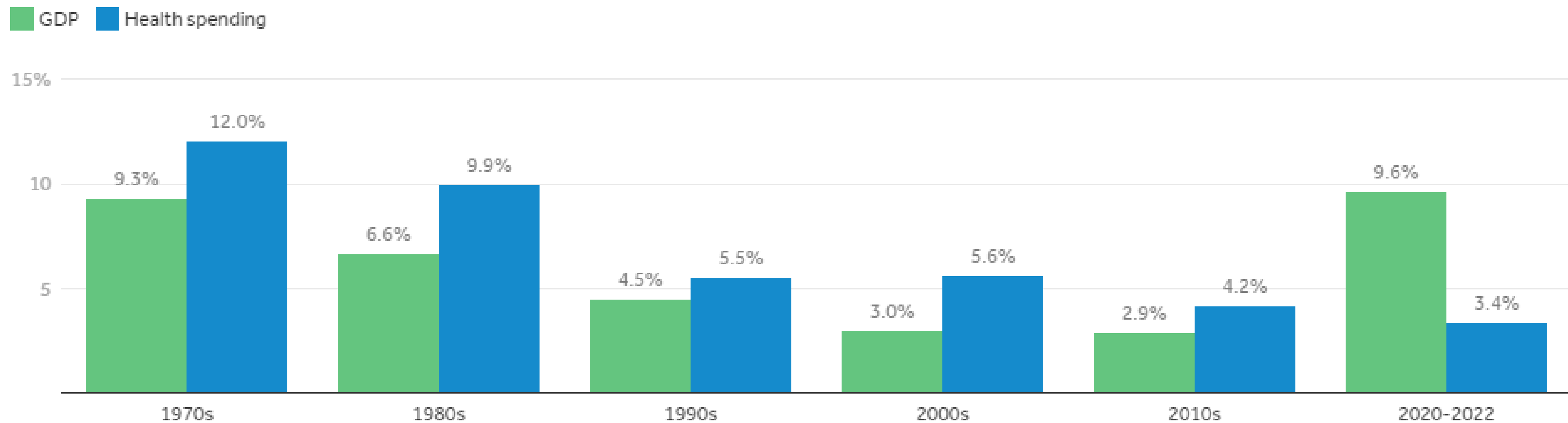
https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#Average%20annual%20growth%20rate%20of%20GDP%20per%20capita%20and%20total%20national%20health%20spending%20per%20capita,%201970-2022

Per capita spending did not decrease.



HTTPS://WWW.HEALTHSYSTEMTRACKER.ORG/CHART-COLLECTION/U-S-SPENDING-HEALTHCARE-CHANGED-TIME/#TOTAL%20NATIONAL%20HEALTH%20EXPENDITURES,%20US%20$%20PER%20CAPITA,%201970-2022

Healthcare spending grew faster than GDP every decade until 2020.



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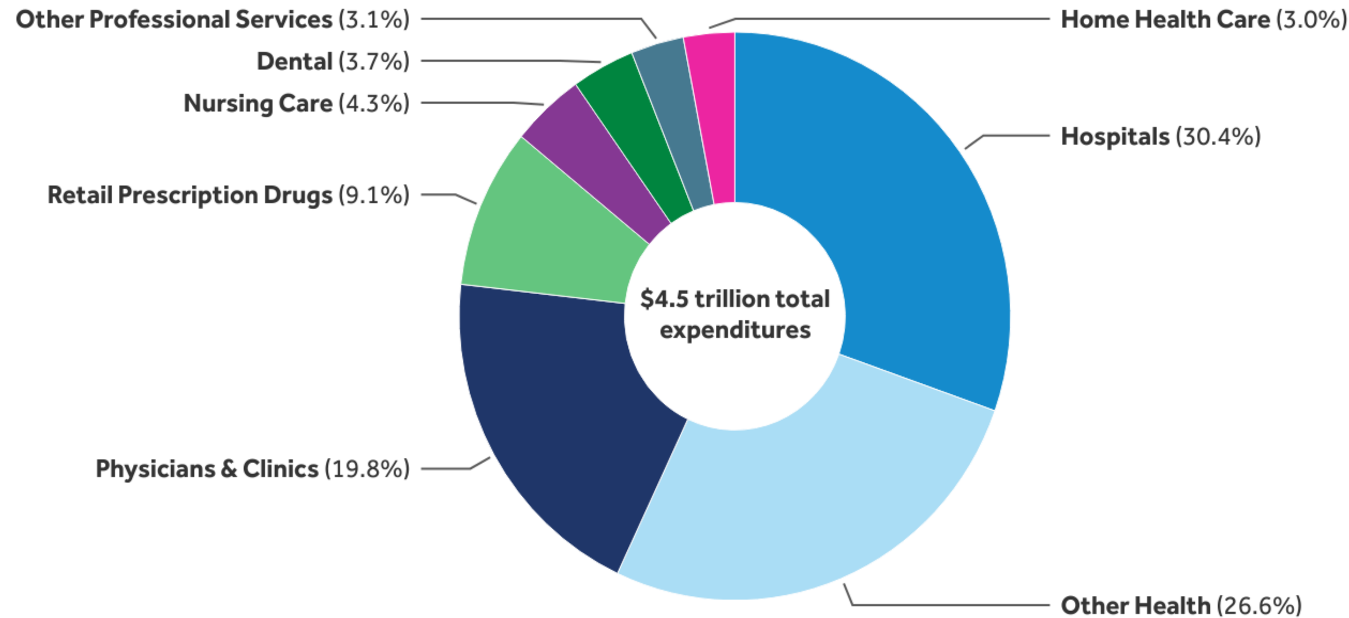
Healthcare is now a $4.5 trillion dollar enterprise in the US.

Relative contributions to total national health expenditures, by service type, 2022



Note: "Other Health" includes spending on durable and non-durable products; residential and personal care; administration; net health insurance; and other state, private, and federal expenditures. "Other professional services" includes spending for services provided by chiropractors, optometrists, physical, occupational, and speech therapists, podiatrists, private-duty nurses, and others. Nursing care represents expenditures for nursing care facilities and continuing care retirement communities.

Source: KFF analysis of National Health Expenditure (NHE) data

Peterson-KFF **Health System Tracker**

HTTPS://WWW.HEALTHSYSTEMTRACKER.ORG/CHART-COLLECTION/U-S-SPENDING-HEALTHCARE-CHANGED-TIME/#TOTAL%20NATIONAL%20HEALTH%20EXPENDITURES,%20US%20$%20PER%20CAPITA,%201970-2022

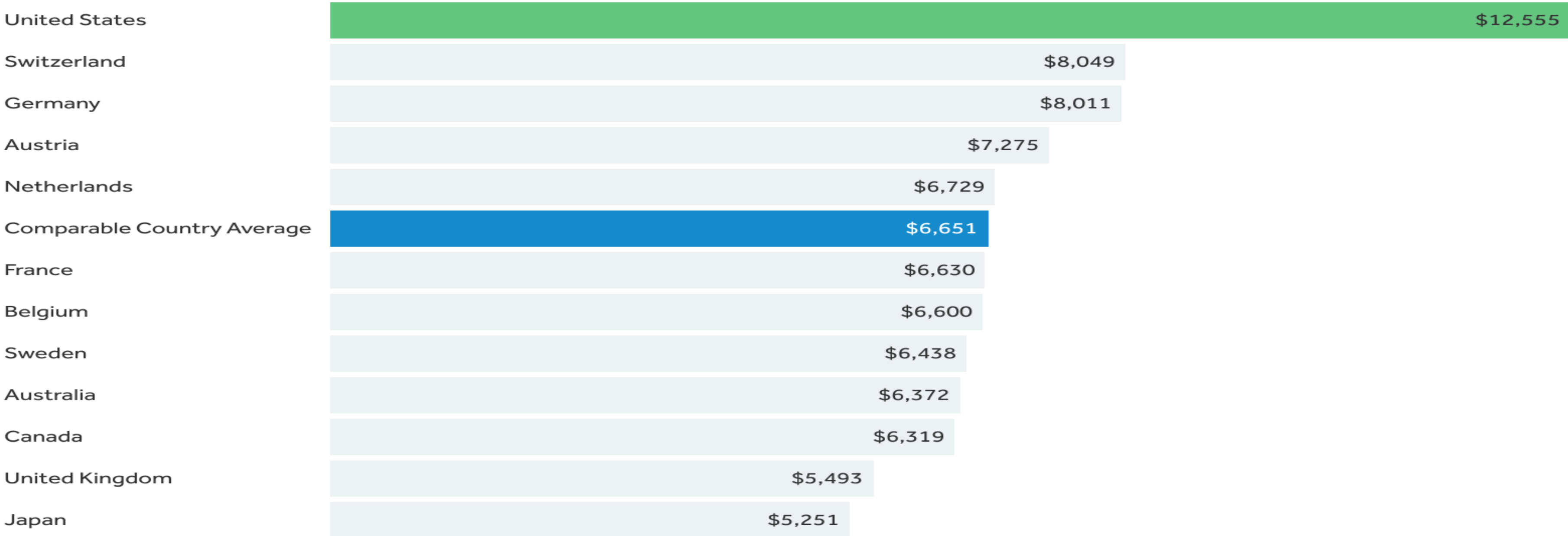
What is observable in the NHE 2022 data

“Total national health expenditures grew by $175 billion in 2022 from 2021. **About one-third of that growth in spending can be attributed to increases in spending on top 2 categories: hospital expenditures and retail prescription drugs**.

An increase in administration costs, physician and clinic expenditures, long-term services, and medical goods also contributed to the growth. Dental service expenditures increased by just 0.3% in 2022, much slower than the growth of 18.2% rebound in 2021 after a drop in the first year of the pandemic.”

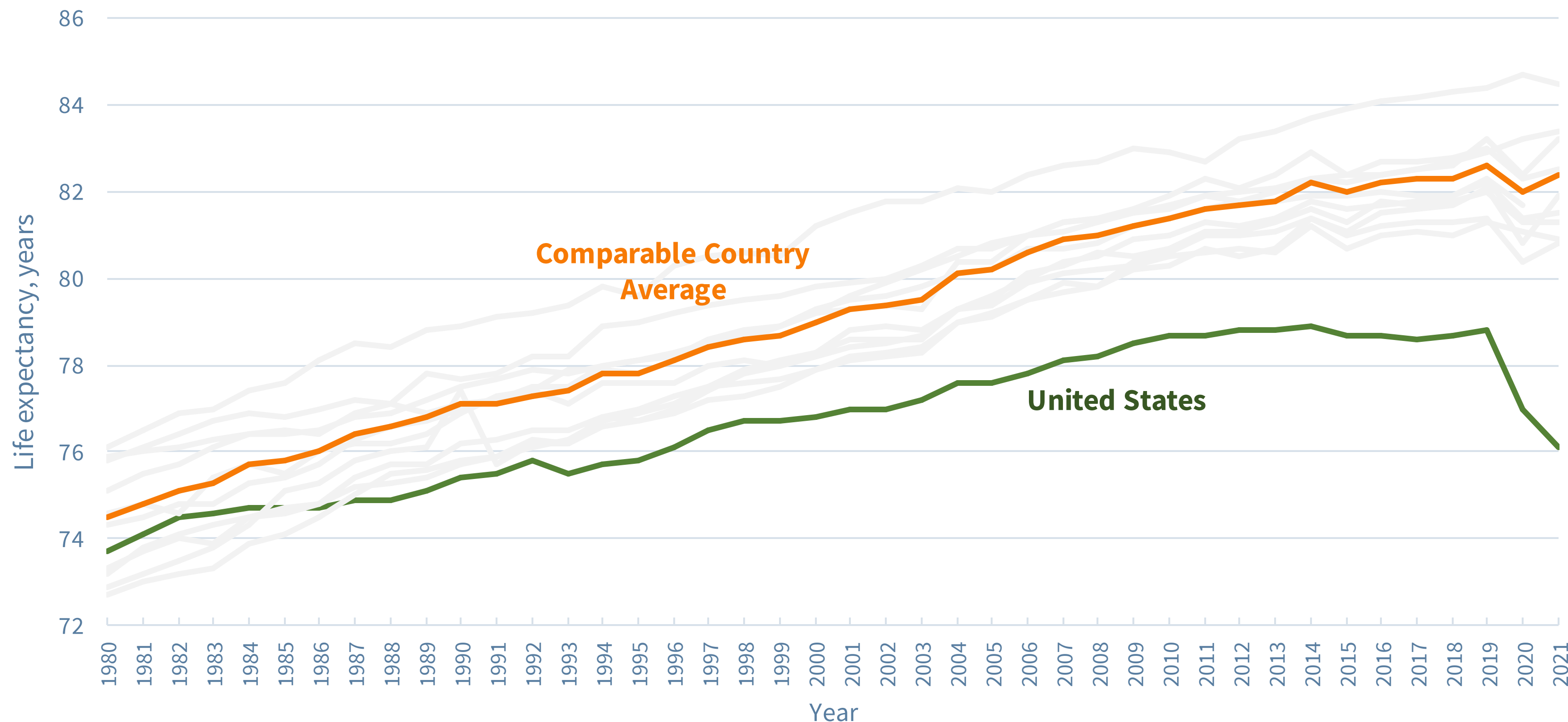
HTTPS://WWW.HEALTHSYSTEMTRACKER.ORG/CHART-COLLECTION/U-S-SPENDING-HEALTHCARE-CHANGED-TIME/#TOTAL%20NATIONAL%20HEALTH%20EXPENDITURES,%20US%20$%20PER%20CAPITA,%201970-2022

US spends twice as much as other countries on healthcare.



https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/#Health%20expenditures%20per%20capita,%20U.S.%20dollars,%20PPP%20adjusted,%202022

The US has lower life expectancy than comparable nations, and this gap worsened during the COVID-19 pandemic.

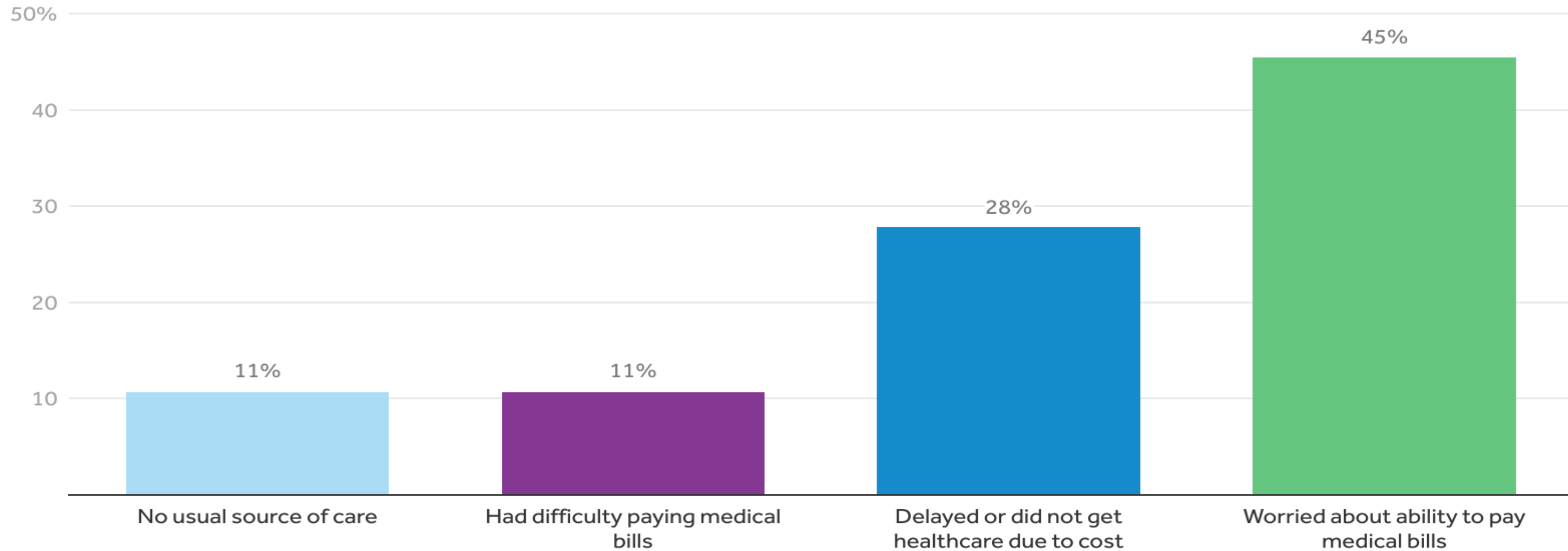


***Takeaways*:**

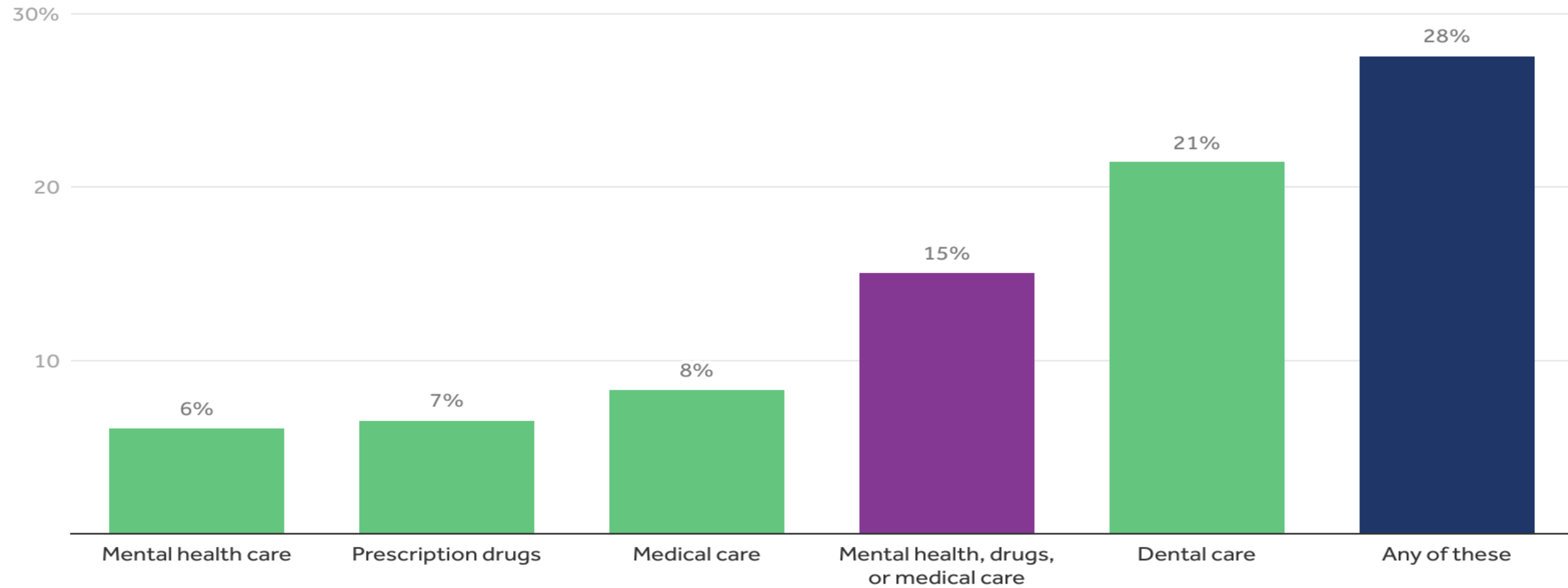
- Despite the higher rate of health care spending, life expectancy at birth in the US continues to lag that of peer countries (76.1 years vs. 82.4 years) for both men and women.
- Life expectancy in most countries decreased between 2019 and 2021 due to the COVID-19 pandemic, but the decrease in life expectancy in the US was far more acute than that experienced in peer countries (-2.7 years vs. -0.2 years).

Note: Dollars are adjusted for purchasing power parity (PPP)

Data Source(s): Peterson-KFF Health System Tracker. How does U.S. life expectancy compare to other countries? Accessed July 31, 2023. See also: Peterson-KFF Health System Tracker. How does health spending in the U.S. compare to other countries? Accessed August 17, 2023.



https://www.healthsystemtracker.org/chart-collection/cost-affect-access-care/#Percent%20of%20adults%20who%20reported%20barriers%20to%20accessing%20medical%20care,%202022
Each year, the NHIS conducts a cross-sectional household interview survey of approximately 87,500 persons in 35,000 households.



Source: KFF analysis of National Health Interview Survey (NHIS) data

Peterson-KFF **Health System Tracker**

HTTPS://WWW.HEALTHSYSTEMTRACKER.ORG/CHART-COLLECTION/COST-AFFECT-ACCESS-CARE/#PERCENT%20OF%20ADULTS%20(AGE%2018%20YEARS%20AND%20OLDER)%20WHO%20REPORT%20DELAYING%20AND/OR%20GOING%20WITHOUT%20CARE%20DUE%20TO%20COST,%20BY%20TYPE%20OF%20CARE,%202022

EACH YEAR, THE NHIS CONDUCTS A CROSS-SECTIONAL HOUSEHOLD INTERVIEW SURVEY OF APPROXIMATELY 87,500 PERSONS IN 35,000 HOUSEHOLDS.

This was from 2018, prior to COVID-19.

Nearly a quarter of respondents put off care due to cost

That percentage nearly doubled when counting only those with chronic conditions

Percent who say they or a family member have done the following in the past year

	NO CHRONIC CONDITION IN FAMILY	WITH CHRONIC CONDITION	
		All	Highest deductible
Postponed or put off care	23%	42%	60%
Treated at home instead of seeing doctor	28	41	58
Avoided doctor-recommended test or treatment	15	31	44
Not filled a prescription or skipped doses	12	23	35
Yes to any	40	60	75

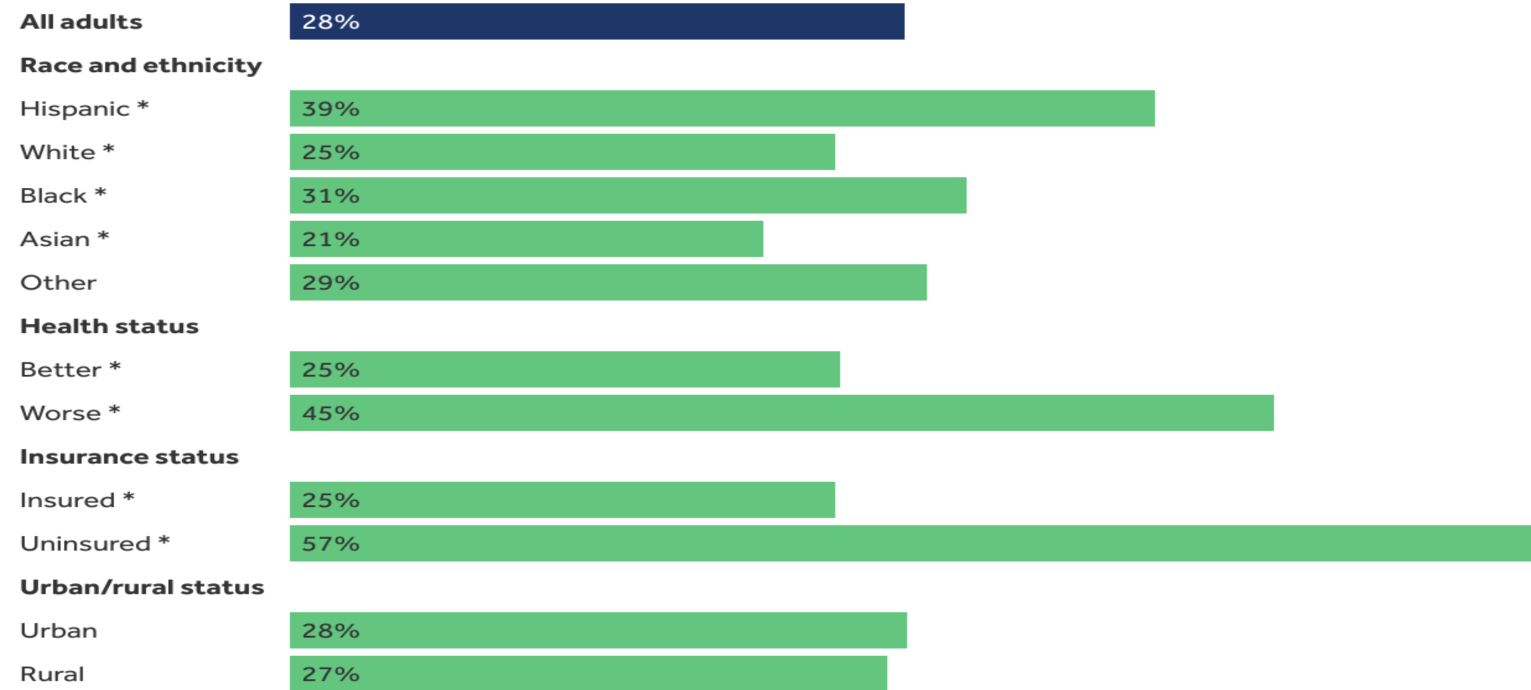
Data: Kaiser Family Foundation; Chart: Axios Visuals

By the numbers: Take people with employer coverage who have a chronic condition such as hypertension, asthma, a serious mental health condition, diabetes, heart disease or cancer. It's not a small group; just over half of those with employer coverage say someone in their family is currently receiving treatment for one of these or another chronic condition.

- **6 out of 10 people in this group** report that they or a family member skipped or postponed medical care or prescription drugs they needed because of costs, or tried a home remedy instead.
- **High deductibles can make things worse:** Among those with chronic conditions whose deductibles are at least $3,000 for an individual or $5,000 for a family, three-quarters report skipping or postponing some type of care.
- **About half** — 49% — say they or a family member had problems paying medical bills or difficulty affording their premiums, deductibles or co-pays in the last year.

https://www.axios.com/2019/05/08/sick-people-affordability-health-care

The Kaiser Family Foundation/Los Angeles Times *Survey of Adults with Employer-Sponsored Health Insurance* is based on interviews with a probability-based sample of 1,407 respondents between the ages of 18 and 64 who reported having health insurance from an employer or union (excluding those covered by a parent's employer). Interviews were administered online and by telephone from September 25 through October 9, 2018 in English and Spanish.

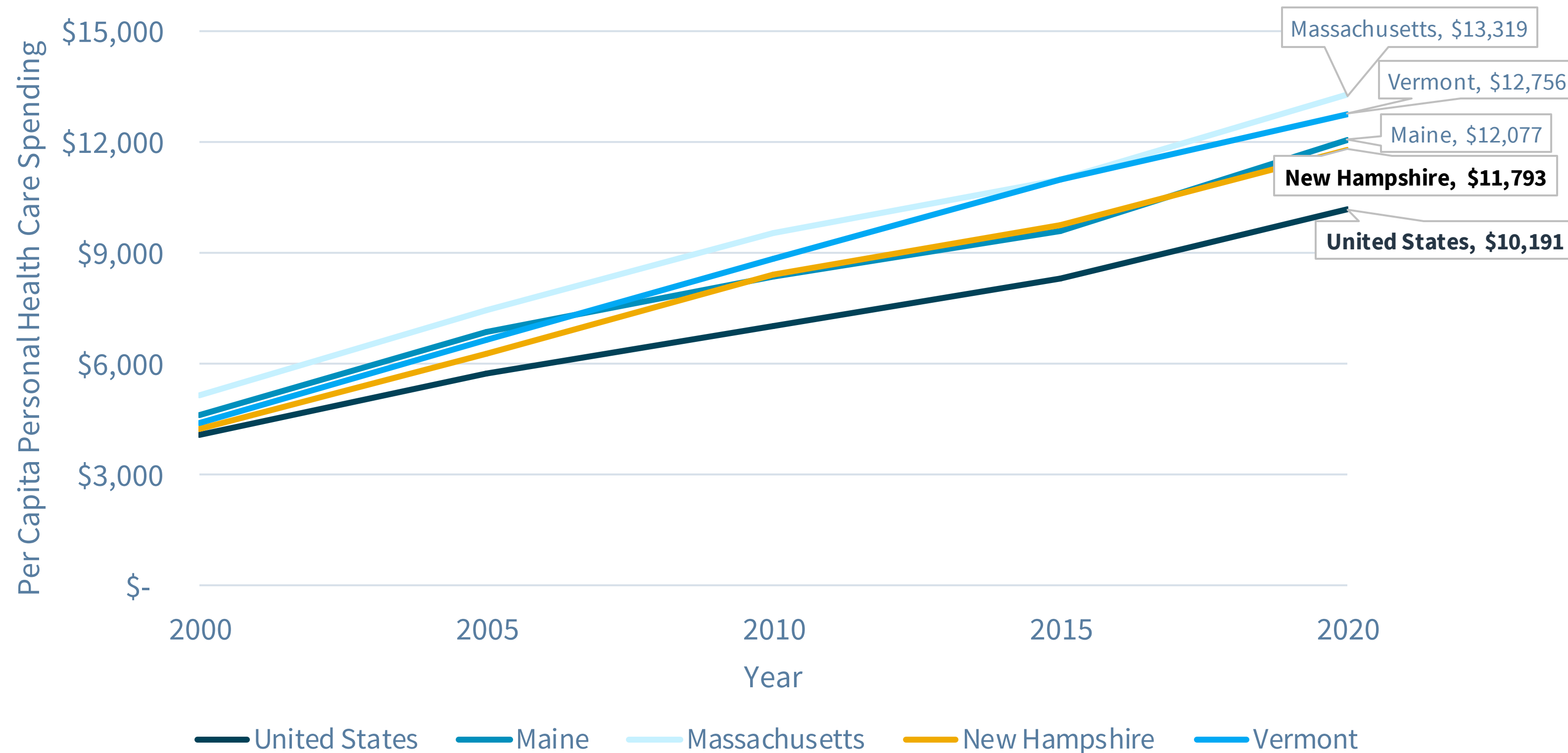


https://www.healthsystemtracker.org/chart-collection/cost-affect-access-care/#Percent%20of%20adults%20(age%2018%20years%20and%20older)%20who%20report%20delaying%20and/or%20going%20without%20care%20 due%20to%20cost,%20by%20type%20of%20care,%202022

Each year, the NHIS conducts a cross-sectional household interview survey of approximately 87,500 persons in 35,000 households.

New Hampshire Healthcare Cost Data

Since 2000, New Hampshire's health care expenditures have more than doubled to nearly $11,800 per person.

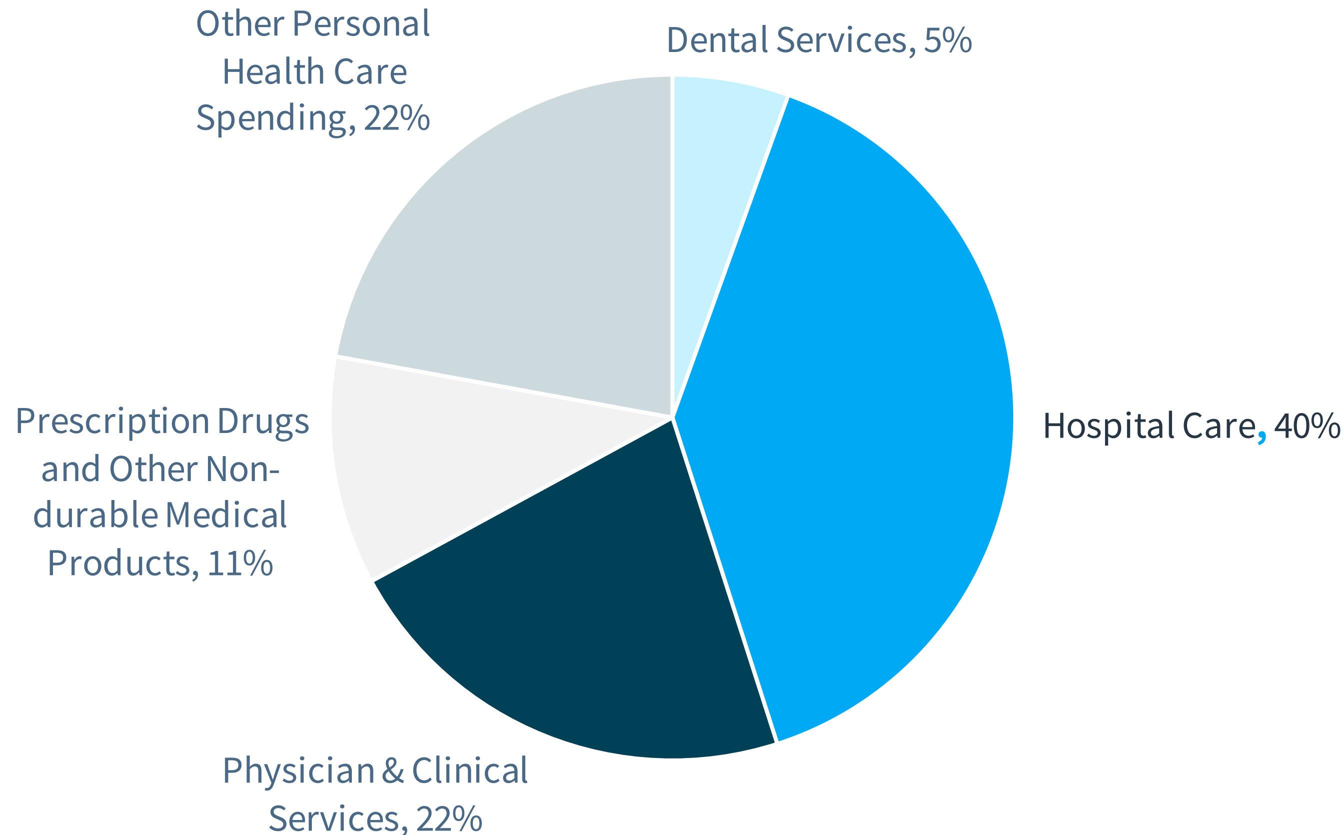


Takeaway:

- In 2000, NH per capita spending on health care was roughly $4,236—it has more than doubled over the previous two decades.

Data Source(s): Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Data: Health Expenditures by State of Residence, 1991-2020. Accessed June 22, 2023. See CMS National Health Expenditures (NHE) and State Health Expenditure Accounts (SHEA)) for full information.

In 2020, hospital care comprised 40% of per capita personal health care spending in New Hampshire.



Takeaways:

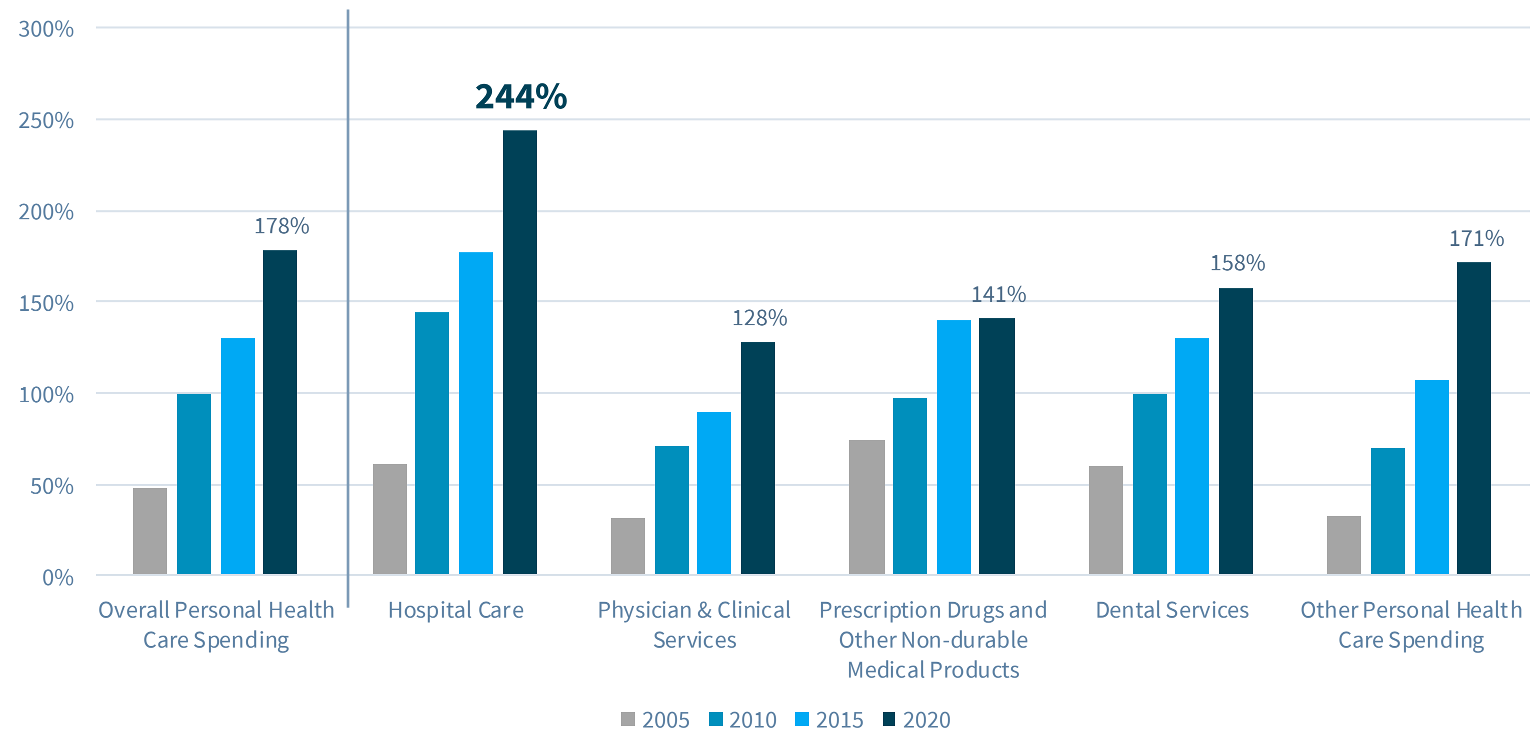
- Hospital care comprised the greatest proportion of personal health care spending in 2020 (40 percent). Hospital care comprises all services provided by hospitals to patients, including room and board, ancillary charges, services of resident physicians, drugs administered in the hospital, and any other services billed by hospitals.
- Physician and clinical services comprised 22 percent of per capita personal health care spending in New Hampshire in 2020.

Data Source(s): Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Data: Health Expenditures by State of Residence, 1991 - 2020. Accessed July 31, 2023.

Rate of spending on hospital care services has quadrupled in New Hampshire since 2000. The rate of growth for hospital spending in recent years slowed; rate of growth for pharmacy spending has increased.

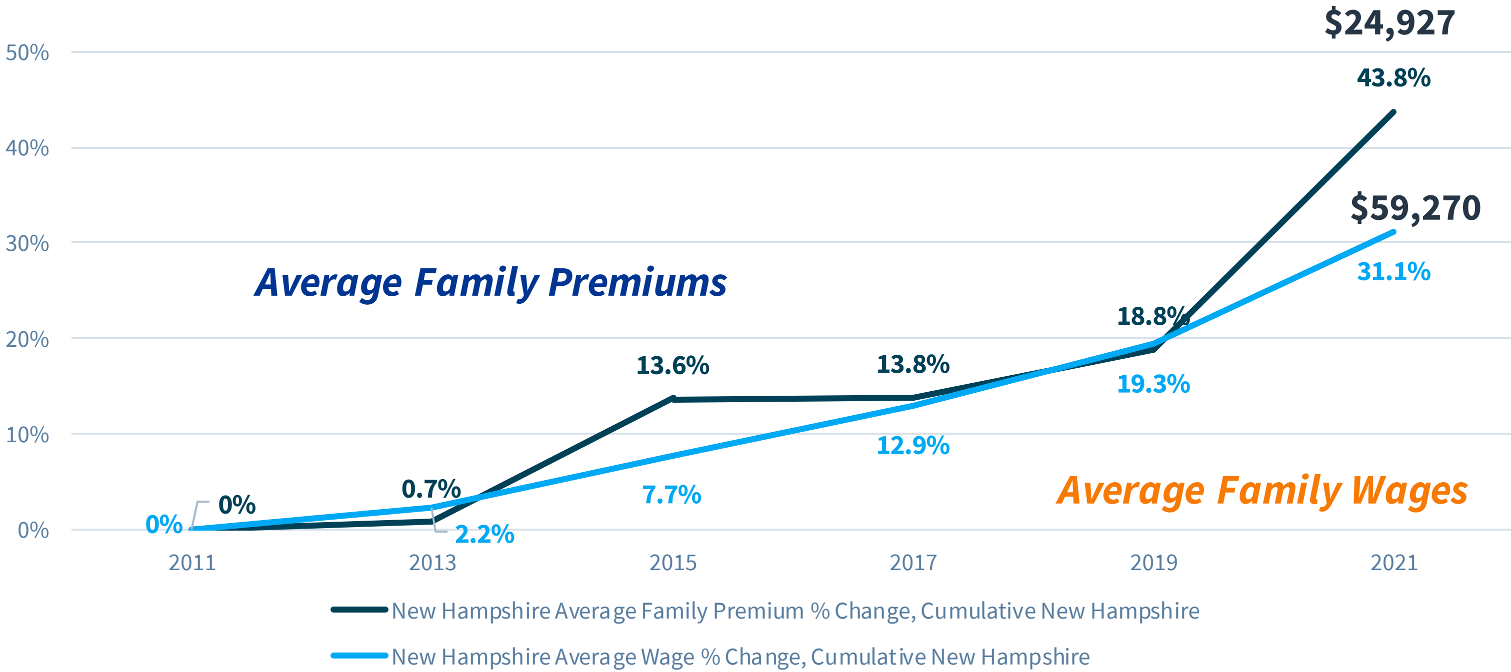
Takeaways:

- In addition to consuming the largest share of personal health care spending in New Hampshire from 2000 to 2020, Hospital Care grew at the fastest rate, quadrupling (+244%) over the period.
- Physician & Clinical Services, which includes services provided by medical professionals in health care establishments, more than doubled (+128%) in the same time period.
- Prescription Drugs (adjusted for rebates) and Dental Services spending grew at 141% and 158%, respectively over the 20-year period.



Note: Estimates of prescription drug spending includes Services, Office of the Actuary, National Health Statistics Group. National Health Expenditure Data: Health Expenditures by State of Residence, 1991 - 2020. Accessed July 31, 2023. retail sales of products that are available only by a prescription. Prescription drug estimates are adjusted to account for manufacturers' rebates that reduce insurers' net payments for drugs. **Data Source(s):** Centers for Medicare & Medicaid

Health insurance premiums for New Hampshire families continue to rise faster than earnings.

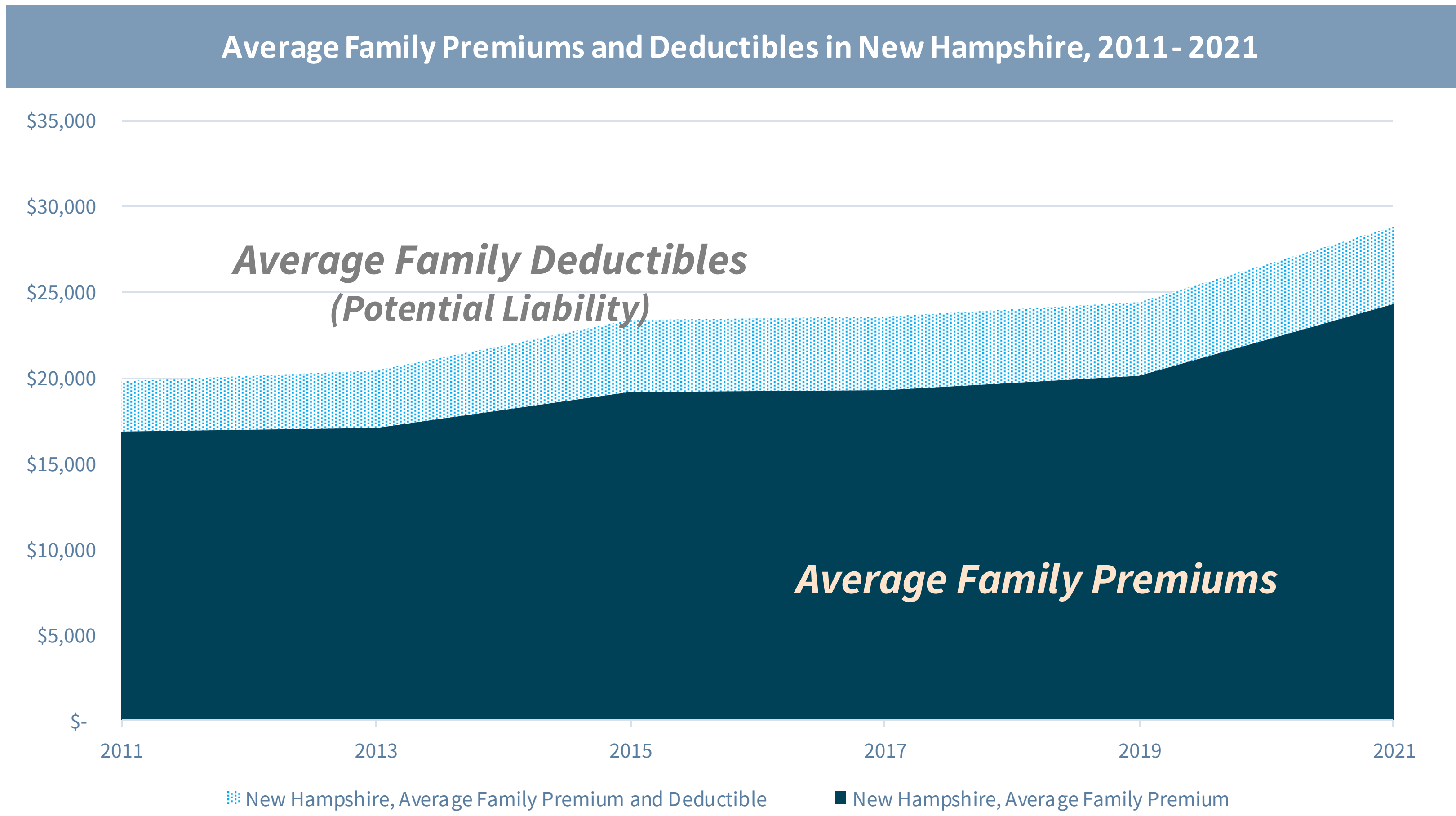


Takeaway:

- From 2011 to 2021, average family health insurance premiums in New Hampshire grew faster than average wages (44% and 31%, respectively).

Data Source(s): Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey (MEPS) Insurance Component (IC).

Families in New Hampshire are paying more in premiums but getting less coverage as the size of their deductibles grow.

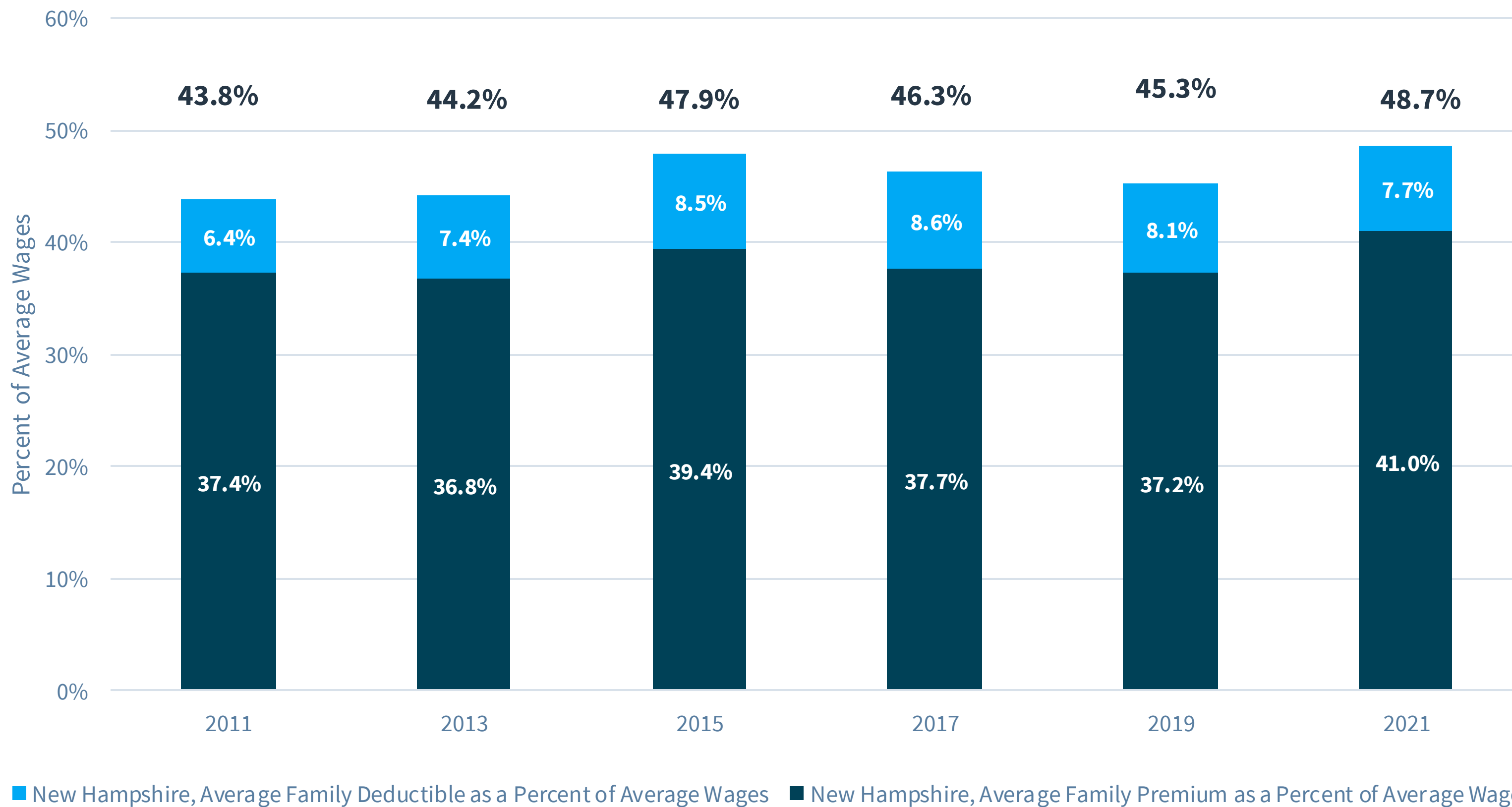


Takeaway:

- Over the 10 years from 2011 to 2021, deductibles in New Hampshire grew from $2,887 to over $4,500.
- That is an increase of 73%, compounding the effect of health care premium growth on the health care costs and liabilities facing New Hampshire families.

Data Source(s): Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey (MEPS) Insurance Component (IC). Accessed July 31, 2023.

In New Hampshire, the cost burden of health insurance spending on premiums and deductibles has increased over the past 10 years.



Takeaway:

- From 2011 to 2021, average premiums and deductibles as a share of average wages in New Hampshire grew from 44% to 49%, demonstrating the increasing cost burden of health insurance spending on New Hampshire families.

Data Source(s): Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey (MEPS) Insurance Component (IC).

Snapshot of Healthcare Cost & Affordability in New Hampshire

New Hampshire has been working to address high healthcare costs, but there is still a way to go.

Annual per person costs for health care are

$11,793

Since 2000, New Hampshire's per person health care expenditures have more than doubled.

40% *of all personal health care spending went towards hospital care in 2020*

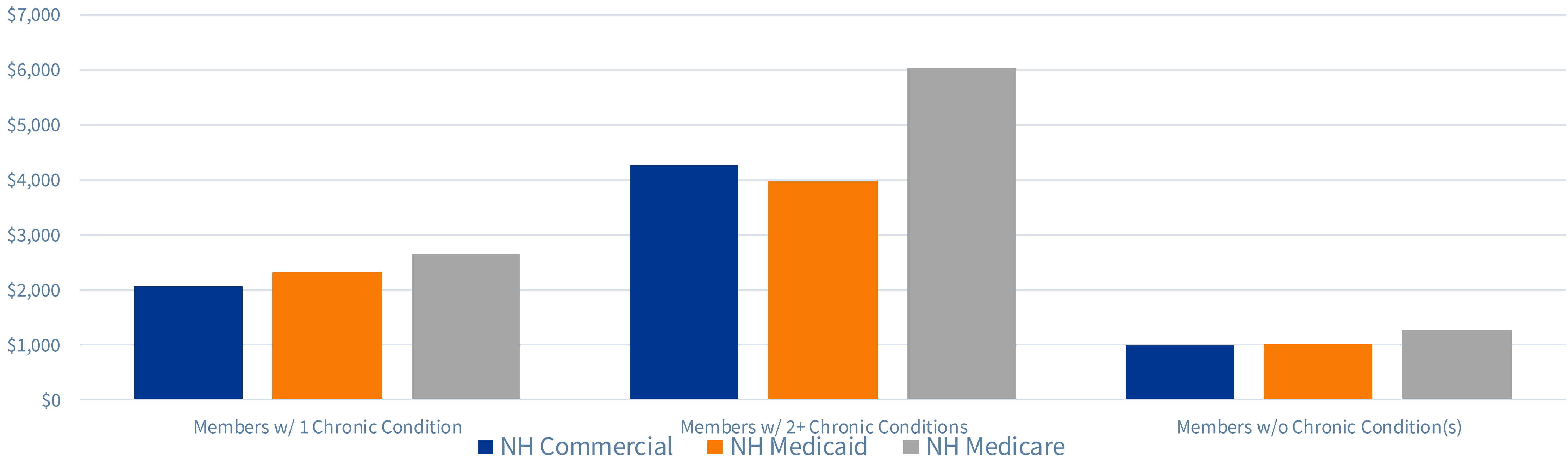
Spending on hospital care services has quadrupled in New Hampshire since 2000.

Percentage average premiums and deductibles represent of average NH wages

49%

Health insurance premiums for New Hampshire families are rising faster than earnings.

Allowed amount of payment (payment from insurer AND from patient) for those with multiple chronic conditions is higher

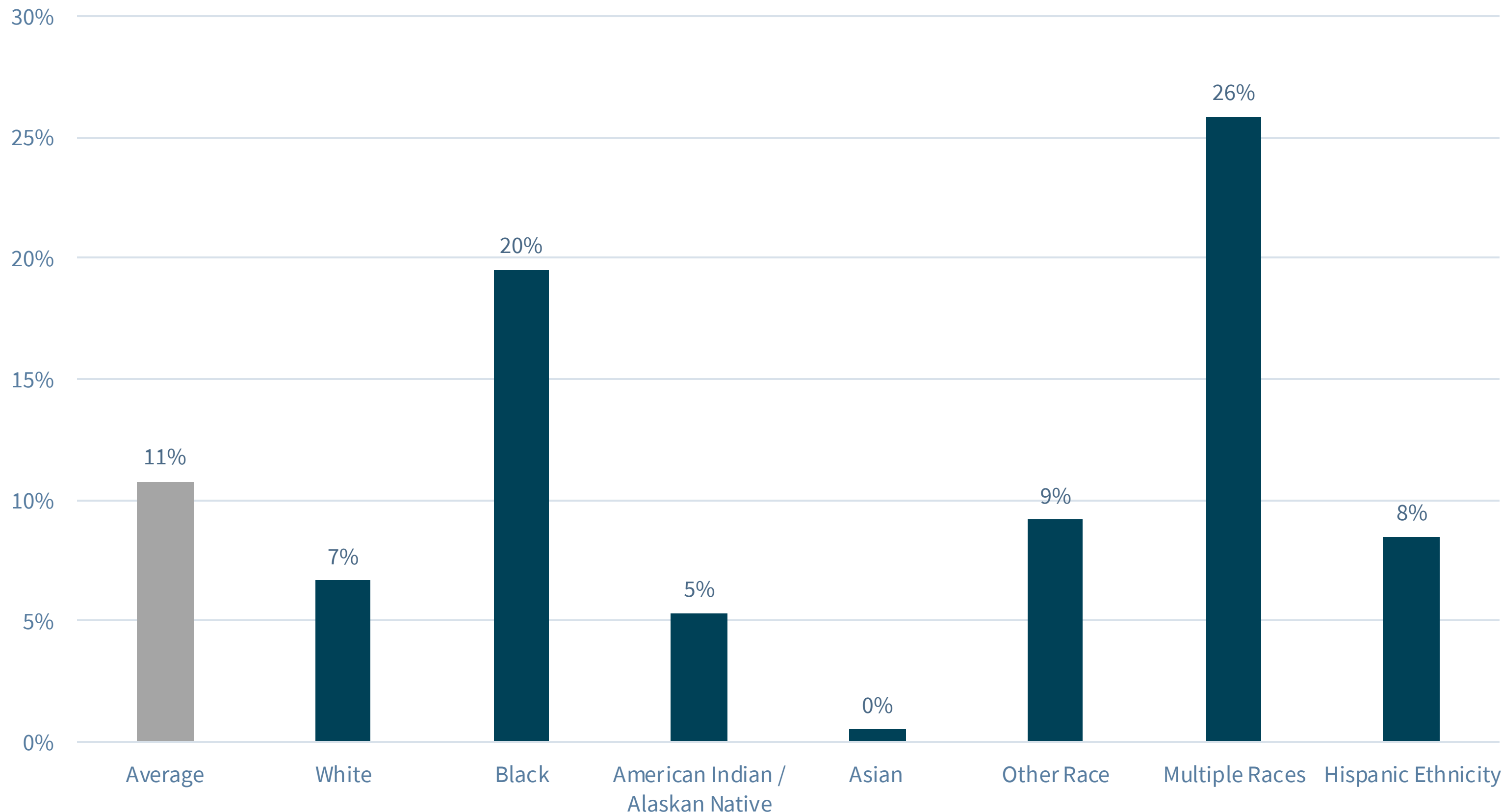


Source: Institute for Health Policy and Practice. (2023). *NH Claims Report Suite*. [Dashboard]. Durham, NH: Center for Health Analytics and Informatics.

Asthma, CHF (Congestive Heart Failure), COPD (Chronic Obstructive Pulmonary Disease), Diabetes, Hypertension, CVD, Cardiovascular Disease, Mood Disorder-Depressed, Mood Disorder-Bipolar and Anxiety Disorder/Phobia

11% of all New Hampshire residents and 26% of residents identifying as multi-racial did not get care because of cost.

Respondents in New Hampshire That Needed To See A Doctor But Could Not Due to Cost, 2021



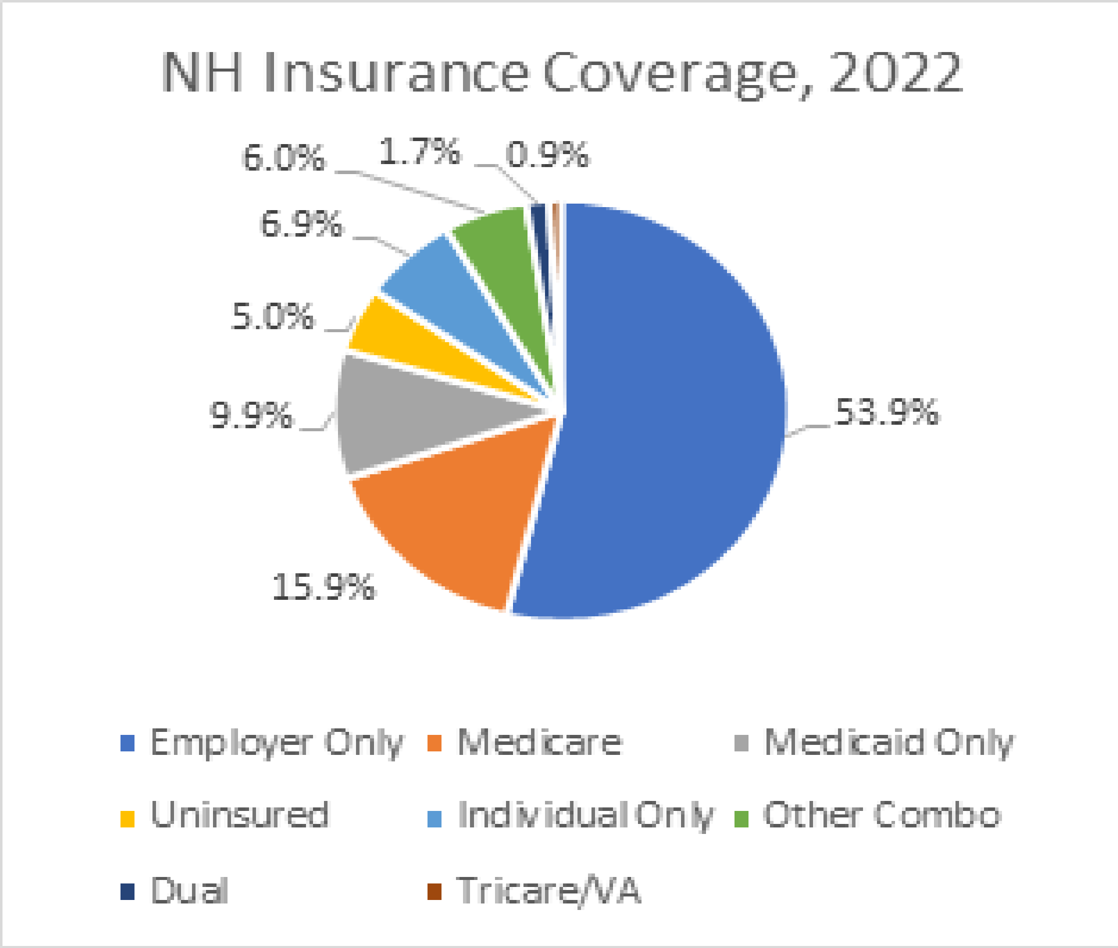
Takeaways:

- In 2021, over one in every four multi-racial nonelderly adults in New Hampshire reported that they could not see a doctor when they needed to due to cost (26%), more than twice the rate of white New Hampshire residents (11%).
- Nonelderly adults who were Black (20%), of Hispanic ethnicity (8%), or of another race (9%) also reported higher financial barriers to care access than white individuals (7%) .

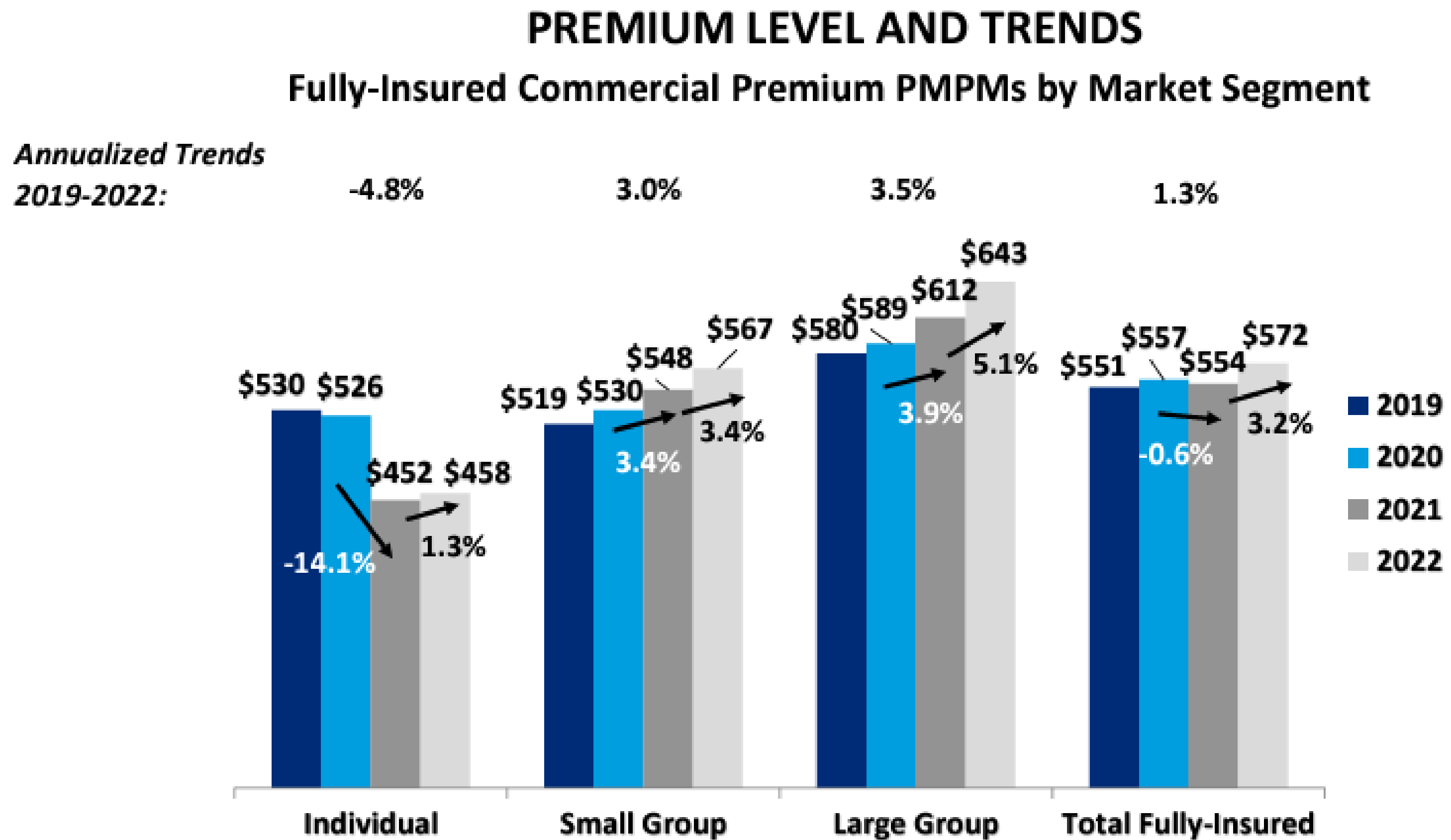
Data Source(s): Behavioral Risk Factor Surveillance System (BRFSS), 2021. Values included include weighted proportion of individuals in each race / ethnicity category who responded "Yes" to the question "Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?" BRFSS treats race and ethnicity as mutually exclusive categories. Accessed August 27, 2023. BRFSS annual sample is approximately 150,000-200,000 adults each year.

Vast majority of New Hampshire residents are insured (95%) and the majority of those have employer sponsored insurance (53.9%)

Five percent of the NH population is uninsured

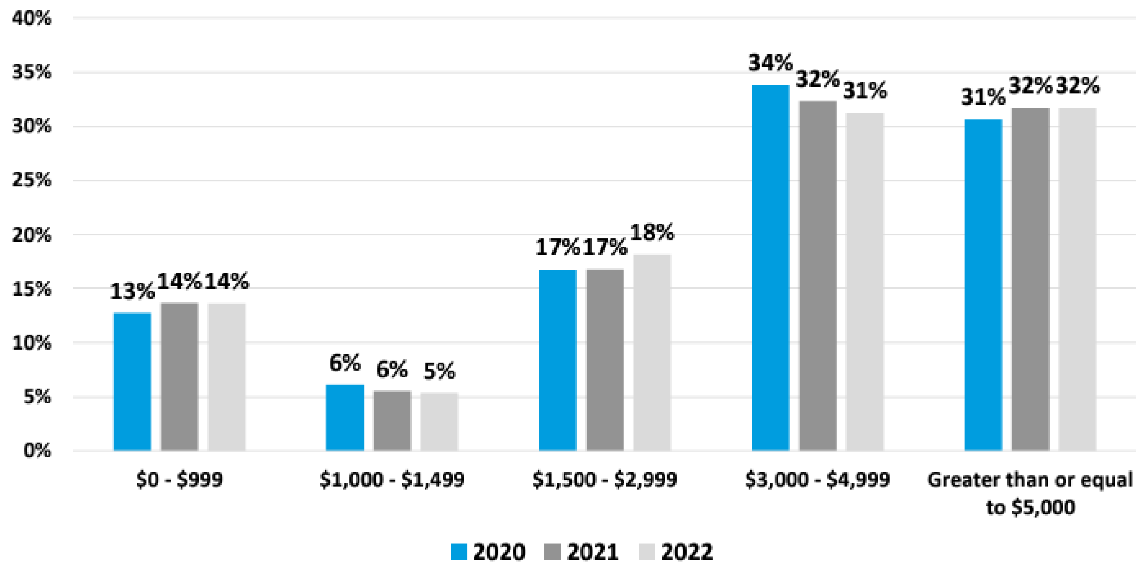


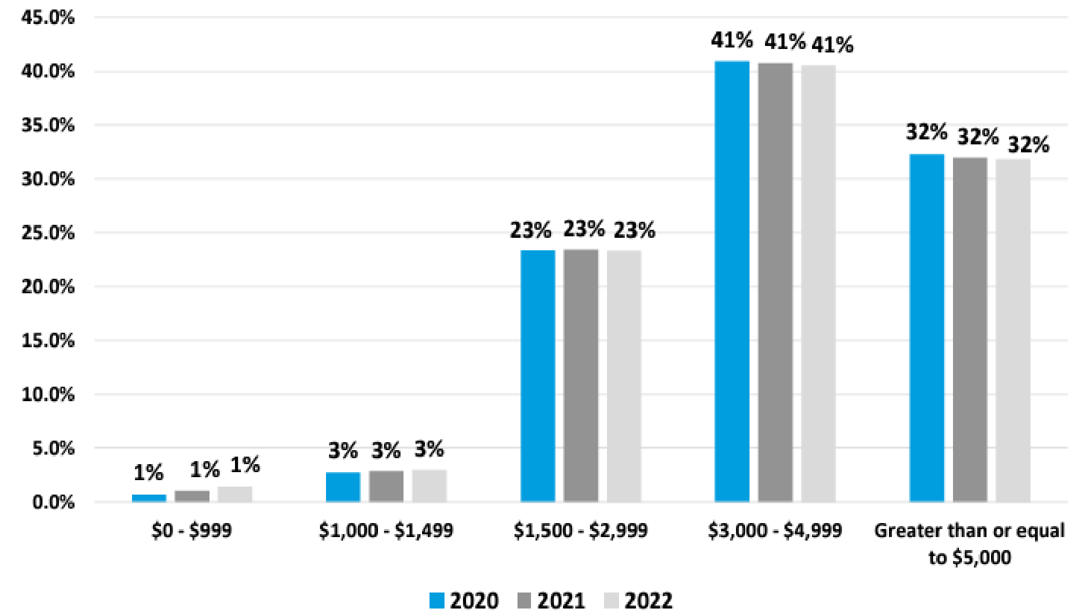
Premiums continue to rise across NH insurance market segments



2022 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - December 2023

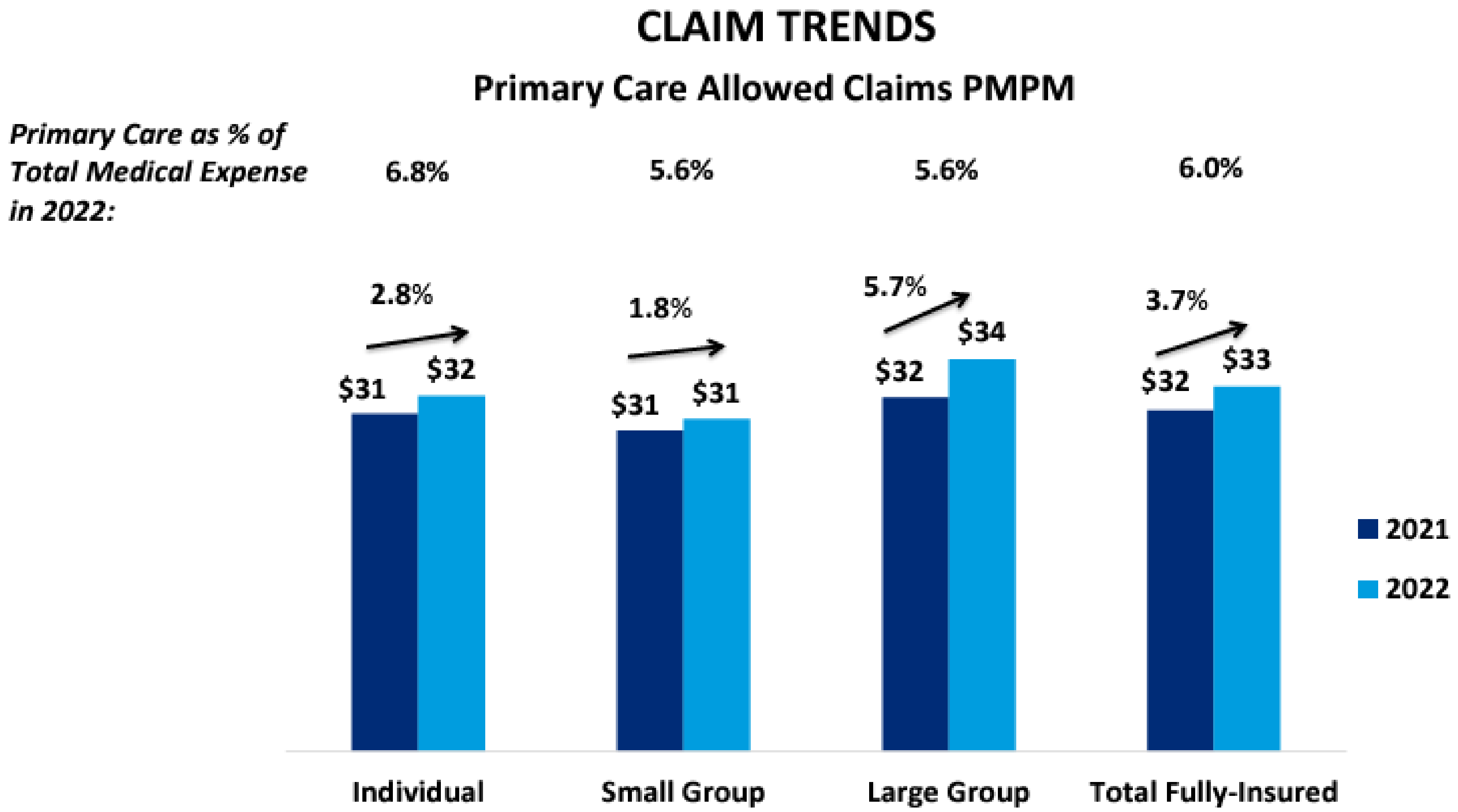
More than 60% of deductibles in the NH large group market and more than 70% of deductibles in the NH small group market are $3,000 or more.





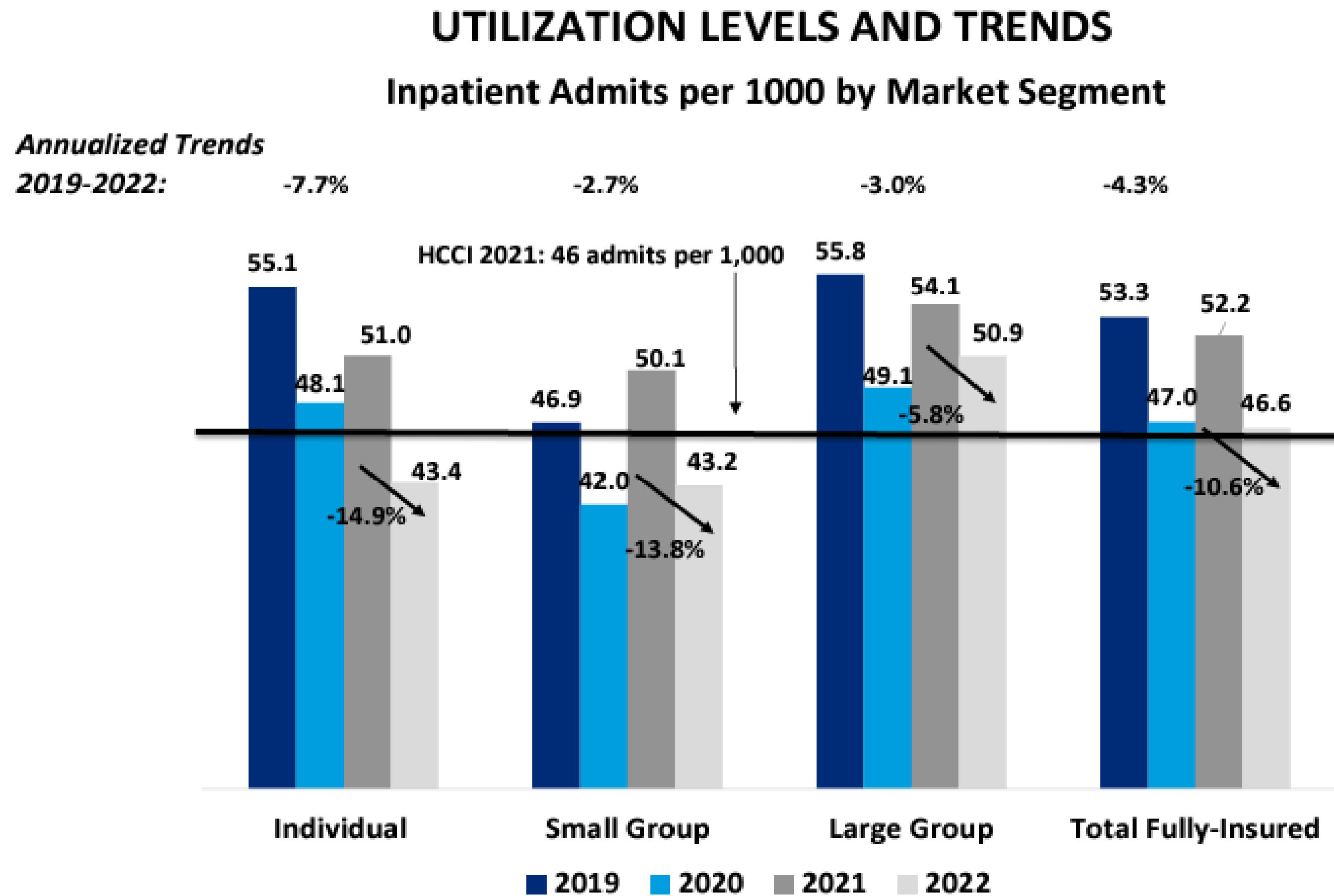
2022 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - December 2023

Primary care remained a small percentage of allowed commercial claims.



2022 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - December 2023

Inpatient admissions decreased in each of the Fully-Insured market segments from 2021 to 2022 after increasing from 2020 to 2021.



2022 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - December 2023

High healthcare costs are contributing to increasing levels of health care-driven debt.

Share of New Hampshire with Medical Debt in Collections, 2022

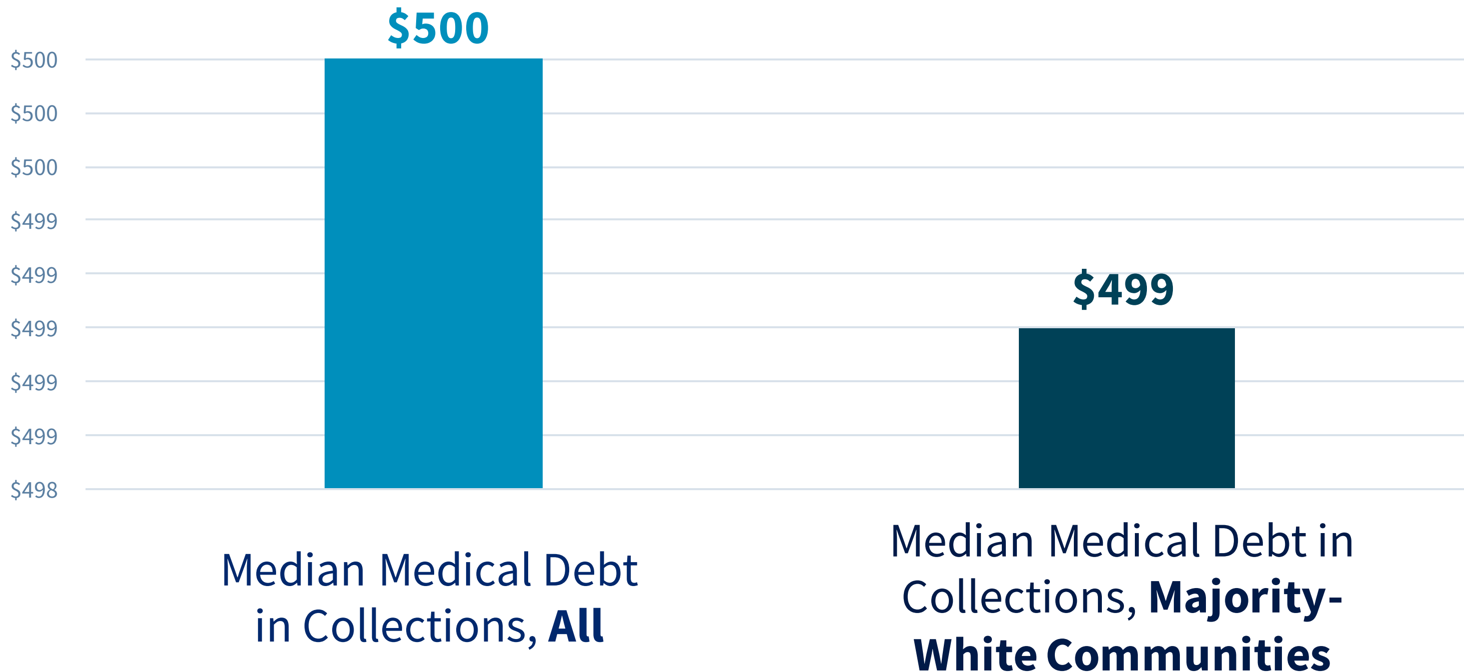
1 in every 17 individuals in New Hampshire have some amount of medical debt in collections.

Takeaways:

- "Medical debt" is a balance an individual may owe for health care services after the payment due date. Medical debt can appear on credit reports, lower credit scores, or go to collections *(as shown)*. For some, medical debt can lead to bankruptcy, home foreclosures, or evictions.
- **Nationally, 1 in 10 individuals has some amount of medical debt in collections**. Rates of medical debt are higher in communities of color (18%) than in majority-white communities (11%).
- In New Hampshire, 1 in 17 individuals has some amount of medical debt in collections (6%), which is roughly 78,000 people.

Data Source(s): The Urban Institute. Debt in America: Interactive Map. Accessed July 31, 2023. See also: KFF. Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills.

In New Hampshire, individuals that have medical debt in collections owe a median of $500.



Takeaways:

- Most adults with health care debt report that the bills that led to their debt were from a one-time or short-term medical expense, which is often unexpected. As deductibles continue to grow, they can leave households more vulnerable to these unexpected and increasingly large medical bills.
- Nationally, individuals who have medical debt in collections owe a median of $677. New Hampshire with medical debt in collections owe a median amount of $500.

Data Source(s): The Urban Institute. Debt in America: Interactive Map. Accessed July 31, 2023. See also: KFF, Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills.

Considerations in Cost Drivers Policy Menu

Low Social Services Spending

Some analyses suggest lower social services spending drives poorer outcomes, which in turn could be driving spending.

Some analyses suggest that countries that spend more on healthcare spend more on social services.

Other analyses suggest that that social services spending is no substitute for health care and while it will improve outcomes, will not decrease spending.

Social Spending and Needs in the United States and 27 Comparable High-Income Countries*

Spending Category	2015 Average Spending Per Capita	
	United States	Comparable Countries
	$	$ (95% CI)
Total social spending (excluding health), including cash and in-kind benefits	9169	8402 (7084–9720)
Old age: Pensions, early retirement pensions, home help, and residential services for the elderly	6522	4268 (3676–4860)
Survivors: Pensions and funeral expenses	370	474 (316–632)
Incapacity-related: Care services, disability benefits including those from occupational injury or accident legislation, employee sickness payments, rehabilitation services	1003	1346 (1012–1681)
Family: Child allowances and credits, maternity and parental leave, early childhood education, single-parent payments	360	1107 (857–1357)
Active labor-market: Employment services, training, employment incentives, integration of the disabled, direct job creation, start-up incentives	59	264 (178–350)
Unemployment: Compensation and severance pay, early retirement for labor-market reasons	111	428 (282–573)
Housing: Housing assistance, allowances, and rent subsidies	146	163 (104–222)
Other: Various benefits to low-income households or other social services. For the United States, includes Supplemental Nutrition Assistance Program and refundable part of Earned Income Tax Credit	447	367 (249–486)

https://doi.org/10.1377/hlthaff.2018.05187

The Relationship Between Health Spending And Social Spending In High-Income Countries: How Does The US Compare?

Irene Papanicolas, Liana R. Woskie, Duncan Orlander, E. John Orav, and Ashish K. Jha

https://doi.org/10.1377/hlthaff.2018.05187

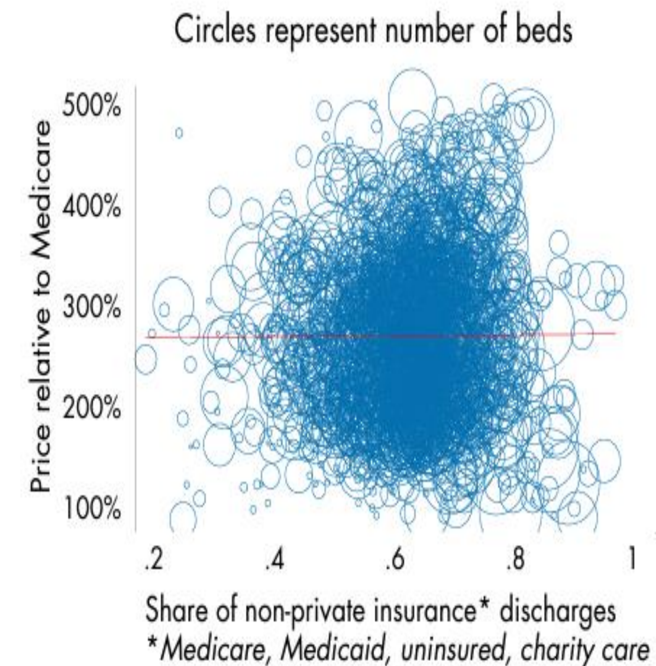
10.1377/forefront.20191112.848045

Cost Shift from Public Payers to Commercial Payers is Called Into Question

"**Conclusions:** Policymakers should view with a degree of skepticism most hospital and insurance industry claims of inevitable, large-scale cost shifting. Although some cost shifting may result from changes in public payment policy, it is just one of many possible effects. Moreover, changes in the balance of market power between hospitals and health care plans also significantly affect private prices. "

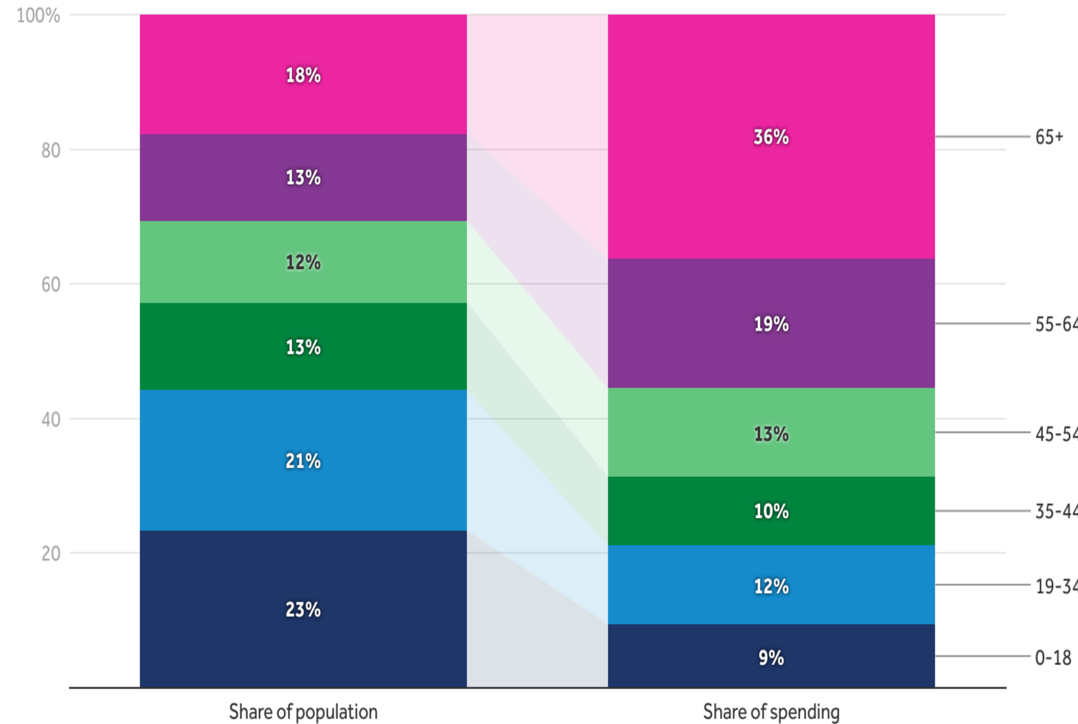
Frakt AB. How much do hospitals cost shift? A review of the evidence. Milbank Q. 2011 Mar;89(1):90-130. doi: 10.1111/j.1468-0009.2011.00621.x. PMID: 21418314; PMCID: PMC3160596.

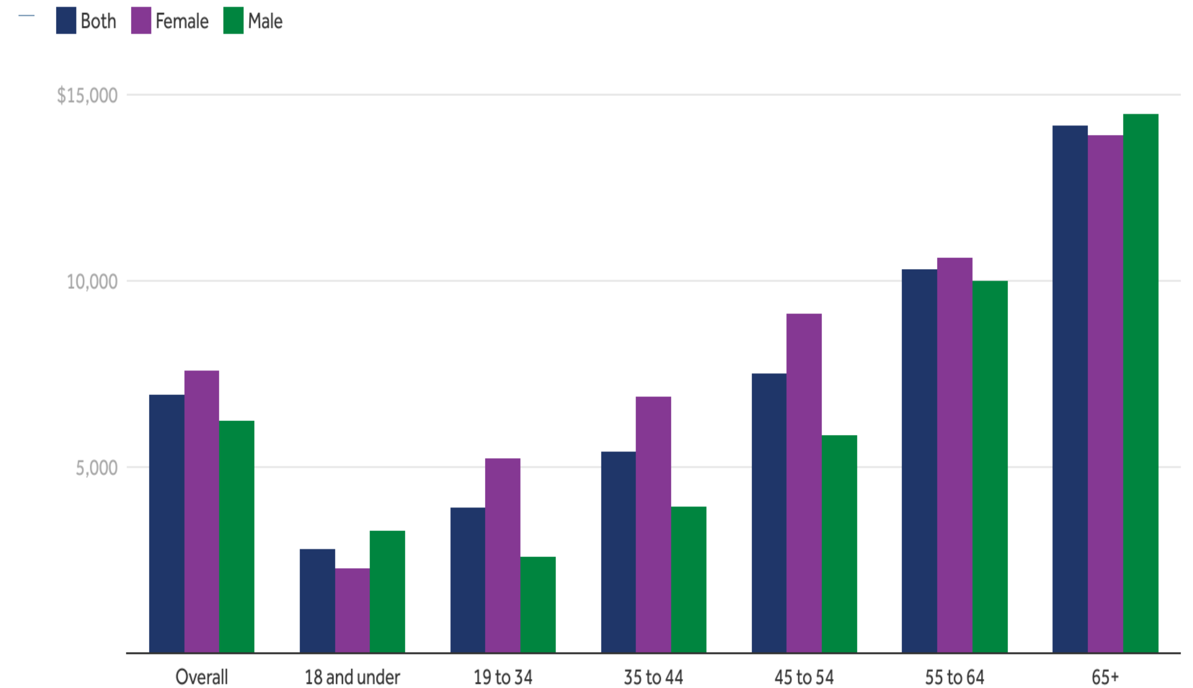
Non-private patients doesn't explain hospital prices



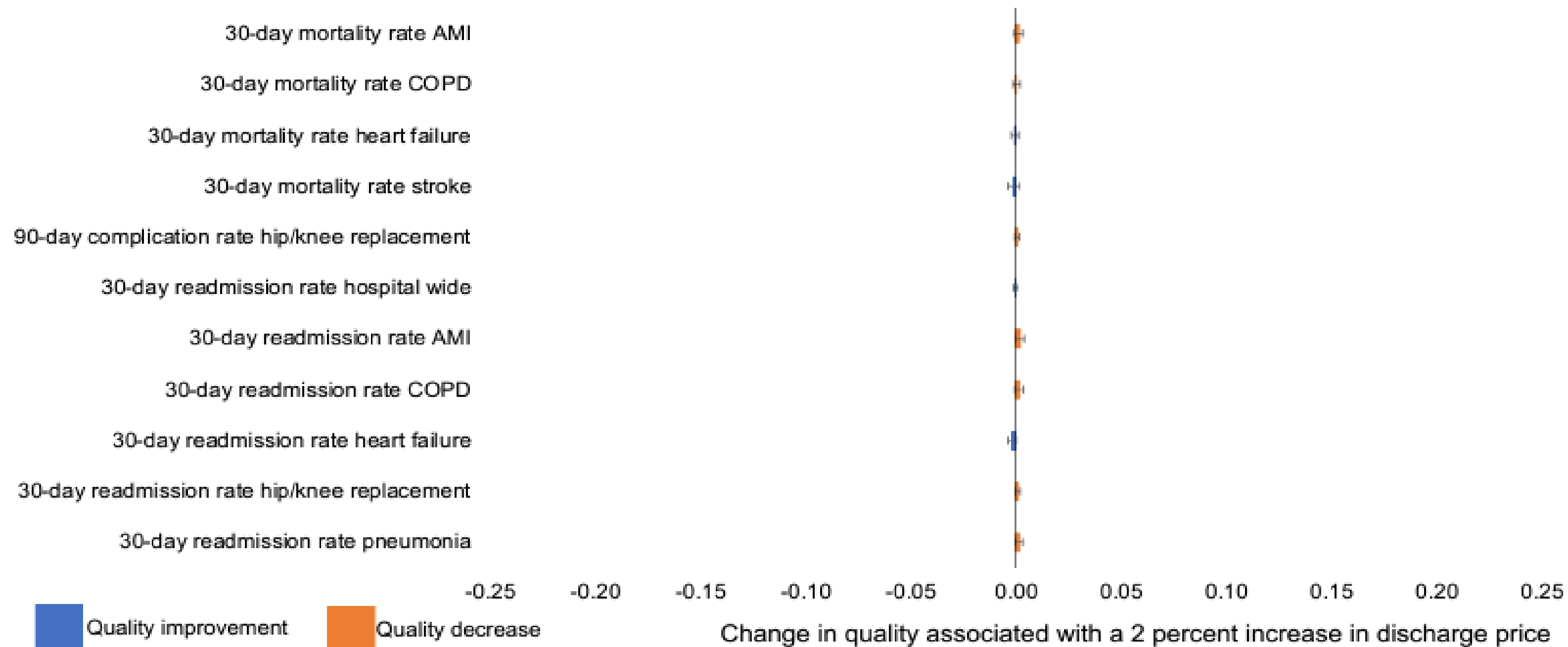
SOURCE: RAND HOSPITAL PRICE TRANSPARENCY PROJECT, NHID ANNUAL HEARING, OCTOBER 2023

Growing Aging Population





Quality and Cost Correlation Isn't Airtight

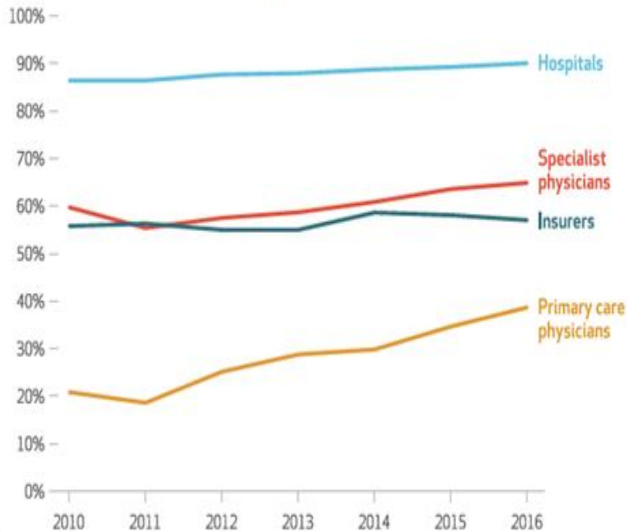


Source: Crespin, Daniel J., and Christopher Whaley. 2022. "The Effect of Hospital Discharge Price Increases on Publicly Reported Measures of Quality." *Health Services Research*.

Healthcare Consolidation Gets a Lot of Attention

EXHIBIT 2

Percentages of Metropolitan Statistical Areas (MSAs) whose Herfindahl-Hirschman Index (HHI) was above 2,500 for hospitals, physician organizations, and health insurers, 2010–16



% of markets that are highly concentrated:

90% of hospital markets

65% of specialty physician markets

57% of insurer markets

39% of primary care markets

Source: Fulton, BD. Health Care Market Concentration Trends in the United States: Evidence and Policy Responses. Health Affairs. 2017;36(9):1530-1538.

Evidence of the impact of consolidation

Clear evidence that provider consolidation significantly ⇧ prices

- Horizontal hospital consolidation increases prices 20-60% (Cooper et al. 2020)
- Horizontal physician consolidation increases prices 8-26% (Austin & Baker 2015)
- Vertical consolidation associated with 14.1% increase in physician prices (Capps, Dranove, Ody 2019)

Mixed evidence on consolidation's impact on quality

- Hospital mergers did not affect patient outcomes, readmissions, or mortality, but patient satisfaction declined (Beaulieu et al. 2020)
- Hospital ownership of physician practices led to higher readmission rates and no better quality measures (McWilliams et al. 2013, Neprash et al. 2015)

Source: Assessing Provider Consolidation and Effects on Prices: Erin Fuse Brown. NCSL State Policy Seminar: Levers to Address Health Costs, June 6, 2022

High Prices

HealthAffairs

COVID-19 Topics Journals Forefront Podcasts

RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 22, NO. 3

It's The Prices, Stupid: Why The United States Is So Different From Other Countries

Gerard F. Anderson, Uwe E. Reinhardt, Peter S. Hussey, and Varduhi Petrosyan

PUBLISHED: MAY/JUNE 2003 Full Access https://doi.org/10.1377/hlthaff.22.3.89

BREAK OUT SESSIONS

We adapted a menu of policy options and their descriptions from a Catalyst for Payment Reform publication for Break Out Sessions

Combinations of State-Based Health Care Policies to Constrain Commercial Prices and Rebalance Market

- You have each been assigned one category of policy options: Transparency, Cost, or Affordability. You should have a packet with a copy of the policy menu and narrative descriptions of the options in your assigned category.
- You will break out into groups focused on evaluating the policy options in your assigned category.
- Your charge is to review the options in your category and come to a decision about the one option you would choose as a next step in that category for NH.
- You will then return to the large group and report out on the option your group chose and why you did so.

https://www.catalyze.org/product/combinations-of-state-based-health-care-policies-to-constrain-commercial-prices-and-rebalance-market-power/

Transparency, Cost and Affordability Policy Menu

Healthcare Transparency & OverSight	Healthcare Cost	Healthcare Affordability
All Payers Claim Database	Ban Anti-Competitive Contracting	Require Large Employers to Offer Narrow Networks
Health Policy Commission	AG Has Comprehensive Notice and Approval Authority Over Healthcare Transactions	Cap Commercial Insurance Premium/OOP Increases Through Affordability Standards
Cost-Growth Benchmark	Regulate Hospital Facility Fees	Cap Commercial Provider Prices
Database of Audited Hospital Financial Statements	Global Hospital Budgets and/or All Payer Rate Setting	Public - Option Insurance Plan

The policy menu created by CPR was developed deliberately excluding the below topics. You are hereby instructed to exclude these from your considerations as well.

"a. *Pharmaceutical Prices:* Although pharmacy costs continue to accelerate and absorb a larger share of total health care expenditures, the inflation factors driving drug prices and pharmacy benefit managers' (PBM) spend differ notably from the economic drivers of the care delivery system, and moreover, may be better suited for federal policy.

b. *Single Payer Health Care:* Single payer health care necessitates a fundamental and comprehensive reworking of the current health care system. This is not to say that single payer health care has no place in state policy discussion, but rather that reform on this scale will render nearly all other policy pathways irrelevant.

c. *Care Delivery*: Because this report focuses on commercial markets, where prices (not utilization) drive nearly two thirds of health care cost inflation, CPR excluded policies that focus exclusively on improving the quality and efficiency of care delivery. While these approaches may ultimately have an impact on total health care spend, their impact on health care prices is indirect, at best.

d. *Federal Policy:* Lastly, because of the project's focus on states, CPR excluded policies that apply exclusively to the federal government."

Final Thoughts
It’s a Wicked Problem Because…

Transparency + Oversight will not on their own arrest cost. But they will facilitate identifying solutions.

Arresting cost will not on its own yield affordability. Even if no additional costs were added today, there are have 20 years of cost growth increases built into the current structure.

Providing affordability relief without a long-term plan also doesn’t address cost and their drivers or produce oversight.

What is a next step on the path forward?

Thank You!

DEBORAH.FOURNIER@UNH.EDU

617.480.3516

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2024 PRECEPTOR RECOGNITION AWARDS

Presented by the New Hampshire Area Health Education Center Network

We want to recognize some extraordinary preceptors who are engaging in teaching and learning with our health professions students. We appreciate their contribution to building our health care workforce pipeline and want to honor their hard work.

Preceptors and clinical supervisors help to build the pipeline for the health care workforce here in NH. We are looking to celebrate their commitment to teaching and learning.

Preceptors contribute immensely to the education of our incoming health career workforce, and the experiences and learning that occurs when working with patients and clients in community settings is invaluable for many students.

Nominations are open through June 1st

Click Here for the Nomination Form

View the 2023 Preceptor Recognition Awards eBook Here

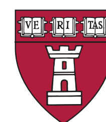
Southern NH AHEC

NH AHEC Program Office

Northern NH AHEC

Rural Track Dental Residency Programs in New Hampshire

Addressing access to rural health care with respect to underserved and vulnerable populations



HARVARD
School of Dental Medicine

Thank you

for your interest in our new residency programs focused on rural oral health in New Hampshire – a one-year Advanced Education in General Dentistry (AEGD) program and an enhanced two-year Dental Public Health (DPH) Residency with rural tracks.

Access to oral health care can be challenging for rural populations, particularly for medically complex and special needs individuals. The shortage of oral health professionals will become more acute as individuals are retaining more of their teeth. To help meet this growing need, Harvard School of Dental Medicine (HSDM) in partnership with Bi-State Primary Care Association, Dartmouth-Hitchcock Medical Center (DHMC), and six other rural care delivery sites including Federally Qualified Community Health Centers (FQHC's) established these two programs to address the gap in training related to rural healthcare delivery and serving vulnerable and underserved populations. Through immersion in rural and underserved community settings, residents in our AEGD and enhanced DPH rural track programs will gain experience working with and treating patients in the communities where they live and work. Having residents train and work in rural communities across New Hampshire under experienced mentors will offer them new skills and perspectives on their roles in addressing the oral and overall health needs, and challenges faced, of the population.

The partnership between HSDM, DHMC, New Hampshire's training sites and Bi-State Primary Care Association not only expands the pipeline of dental professionals training in the state, it also creates opportunities for dentists to become more proficient in providing quality healthcare focused on population health as well as being recruited to New Hampshire permanently after completing their formal post-doctoral dental training. Graduates of these programs will be well prepared to take on essential leadership roles in New Hampshire's dental community, as well as, in other rural and underserved areas in the U.S.

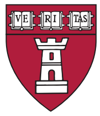
The Advanced Education in General Dentistry residency program with Rural Track (AEGD-RT) will focus on providing clinical care for underserved and vulnerable populations, and will incorporate interdisciplinary, interprofessional, and population health approaches in rural NH.

The Dental Public Health program with Rural Track (DPH-RT) will add a clinical component with a focus on caring for underserved and vulnerable populations, and will incorporate interdisciplinary, interprofessional and health approaches with emphasis on rural care delivery and health promotion in NH.

Sincerely,

Catherine Hayes, DMD, SM, DMSc
Program Director, Dental Public Health Residency
Harvard School of Dental Medicine

John A. Zdanowicz, DMD, MPH
AEGD Program Director
Assistant Professor, Oral Health Policy and Epidemiology
Harvard School of Dental Medicine



HARVARD
School of Dental Medicine

For more information:

AEGD Program - Rural Track
Visit: hsdm.harvard.edu/aegd-program-rural-track

Dental Public Health - Rural Track
Email: age_admissions@hsdm.harvard.edu

MAINE

VERMONT

NEW HAMPSHIRE

MASSACHUSETTS

CONNECTICUT

RHODE ISLAND

"Although we are in a rural setting, with all of its benefits, we are a large institution in an academic community and serve as a tertiary care resource and therefore have the opportunity to treat patients with both simple and very complex problems.

- DARTMOUTH HITCHCOCK MEDICAL CENTER, DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

Coos County Family Health

Mission

Improving the health and wellbeing of our community through the provision of innovative, personalized comprehensive oral health care services of the highest quality to everyone regardless of economic status.

Common procedures and services offered

- X-rays
- Fillings
- Extractions
- Exams
- Dental hygiene
- Sealants
- Fluoride treatments

Differentiators

Located in the North Country, Coos County Family Health (CCFHS) offers residents the opportunity to address an acute need. In this region, more than 2 in 10 adults have not had access to a dentist in the past five years, more than double the statewide average. With the highest median age in NH and the largest proportion of residents over the age of 65 residing in the North Country area, residents will have an opportunity to serve the dental needs of this unique population. Residents will also have the opportunity to be exposed to the Consortium model of health care access, as CCFHS is a member of the North Country Health Consortium.

Sayali Gawand, DMD

Dr. Sayali Gawand, dental director at Coos County Family Health, is a graduate of the Henry Goldman School of Dental Medicine at Boston University, and the UCLA School of Dentistry in Los Angeles, California where she obtained advanced clinical training in AEGD. Prior to coming to the United States, she attended dental school in Government Dental College in Mumbai, India. Dr. Gawand is a general dentist who is interested in ensuring that all people have access to excellent and affordable dental care.

ABOUT THE REGION

Located just miles from the Canadian border in the North Country, Berlin is a small city that is big on culture and its French-Canadian heritage. Natural resources and activities abound, beginning with the nearby White Mountain National Forest and the nation's oldest ski club.

LOCATIONS

Coos County Family Health Services has multiple health center locations throughout Coos County including Berlin, Colebrook, and Gorham with dental services provided out of one of the Berlin locations.

2/10

adults in the North Country have not had access to a dentist in five years.

STAFF

- 1.5 FTE dentists
- 2 FTE hygienists
- 4 FTE dental assistants
- 1 FTE front desk staff
- 1 FTE dental operations coordinator

EQUIPMENT

- 4 operatories with air purifiers
- 4 mounted x-ray units
- 1 Panorex machine

CoosFamilyHealth.org

Dartmouth-Hitchcock Medical Center, Department of Oral and Maxillofacial Surgery

Mission

We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Common procedures and services offered

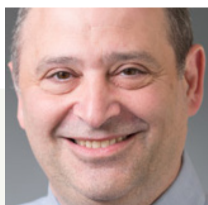
- Alveolar cleft palate repair
- Extraction of wisdom teeth
- Local anesthesia and IV sedation
- Oral cancer and oral lesions, evaluation and treatment
- Orthognathic surgery to correct or alter jaw alignment

Differentiators

At the Dartmouth-Hitchcock Medical Center Department of Oral and Maxillofacial Surgery, residents will be exposed to a wide variety of oral and dental pathology both benign and malignant. They will have a great opportunity to participate in the evaluation of complex oral lesions, perform a variety of extractions and biopsies and have firsthand interaction with radiologists who specialize in imaging studies of the mouth and face.

Rocco R. Addante, MD, DMD

Dr. Rocco Addante has served as an Oral and Maxillofacial Surgeon and Professor of Surgery at Dartmouth Hitchcock Medical Center since 1980. He is a graduate of the Harvard School of Dental Medicine and Harvard Medical School and completed an Oral and Maxillofacial Surgery residency at Massachusetts General Hospital and General Surgery residency at Beth Israel Deaconess Medical Center in Boston, MA.



James E. Stahl, MD, MPH

Dr. James Stahl has been with Dartmouth Hitchcock Medical Center since 2015. He is a graduate of McGill University Medical School and completed an Internal Medicine residency at North Shore University Hospital and Memorial Sloan-Kettering Hospital, New York, NY, and a fellowship in Clinical Decision Making, Informatics, Telemedicine, and Public Health at New England Medical Center, Tufts University School of Medicine.

ABOUT THE REGION

Separated from Vermont by the Connecticut River, in New Hampshire's Upper Valley, Hanover is best known as home to Dartmouth College. The town is rich in amenities and local culture and attracts visitors from afar who enjoy its village charm and many nearby natural resources.

LOCATIONS

Dartmouth Hithcock's flagship hospital is in Lebanon, New Hampshire, where the Department of Oral and Maxillofacial Surgery is located. Dartmouth also has multiple clinic sites throughout New Hampshire.

25 patients per day

13,500+
permanent employees in NH and VT

STAFF

- 1 FTE oral surgeon
- 1 PT oral surgeon
- 1 FTE physician's assistant
- 2 FTE surgical assistants
- 1 FTE RN
- 1 FTE LPN

EQUIPMENT

- 3 treatment rooms
- 1 Panorex machine
- Dental lab facilities

Dartmouth-Hitchcock.org

Dental Health Works!

Mission

To help provide dental care to the residents of Cheshire County who have limited access to oral health services, though all are welcome at Dental Health Works!

Common procedures and services offered

- General family dentistry
- Emergency services
- Exams
- Prophylaxis
- Fillings
- Pediatric
- Dentures
- Crown and bridge
- Implants
- Extractions

Differentiators

Dental Health Works sees not only state sponsored insurance patients, but also works closely with other agencies to provide care to other at-risk populations who would otherwise not have access to dental care. This includes patients with developmental and physical disabilities, pregnant mothers who are being treated at the local hospital, and the homeless. We are the only practice in this corner of the state to work with these groups. Additionally, we collaborate closely with the local medical community.

Stephen Hoffman, MD, DMD

Dr. Stephan Hoffman founded and became Director of Dental Health Works in Keene, NH in 2002. He received his DMD from University of Medicine and Dentistry of New Jersey (now Rutgers). He completed a General Practice Residency and second year Fellowship at Danbury Hospital in Danbury, CT.

ABOUT THE REGION

Known for having the widest paved main street in the world, Keene is the hub of the Monadnock region and features a rich history of arts, culture and character. Home to Keene State College, Keene is one of the most beautiful and unique towns in New England.

LOCATIONS

Dental HealthWorks is located in Keene, NH and serves patients from all over the Cheshire County and Monadnock region.

40-50
new patients per month

600-700
patient visits per month

STAFF

- 2 FTE dentists
- 3 FTE hygienists
- 3 FTE dental assistants
- 3 FTE administrative staff

EQUIPMENT

- 7 dedicated dentist operatories
- 4 dental hygiene/flexible operatories
- Digital and panoramic radiography
- Rotary endodontics

DentalHealthWorks.org

Greater Seacoast Community Health

Mission

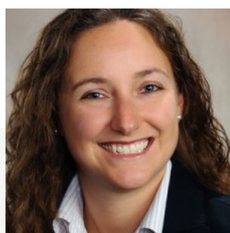
To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay.

Common procedures and services offered

- Diagnostic services
- Preventive services
- Restorative services
- Prosthetics
- Endodontics
- Oral surgery
- Standby
- Emergency services

Differentiators

Greater Seacoast Community Health (GSCH) houses the largest public health program in the state, complete with new buildings featuring wonderful natural light and updated equipment. One of the new buildings will house five dental operatories in Portsmouth and will be completed in 2022. GSCH has a long-standing relationship with two dental schools as part of their externship program. They also have an impressive medical residency program.



Whitney Goode, DMD

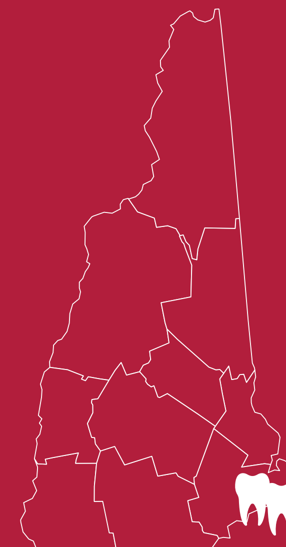
Dr. Whitney Goode joined Greater Seacoast Community Health in August of 2007 and has served as Dental Director since August of 2009. She is a graduate of Tufts University School of Dental Medicine and holds a bachelor's degree in Chemistry from Kalamazoo College in Kalamazoo, Michigan. Dr. Goode is an active member of the American Dental Association and the New Hampshire Dental Society. She serves as an Adjunct Assistant Clinical Professor at the University of New England School of Dental Medicine and Clinical Instructor at Tufts University School of Dental Medicine in the Department of Public Health and Community Service.

ABOUT THE REGION

Founded nearly 400 years ago and with a long seafaring heritage, Portsmouth is an oceanfront city rich in history, culture and natural beauty. Shops and cafes abound in the bustling downtown area among class architecture, gardens, parks and oceanfront views.

LOCATIONS

Greater Seacoast Community Health is a network of community health centers that serve communities in both Rockingham and Strafford County including Dover, Epping, Exeter, Hampton, Portsmouth, Rochester, and Somersworth. Dental services are provided at the Somersworth and Portsmouth locations.



PORTSMOUTH
SOMERSWORTH

83%

Health Center patients with incomes below 200% of the federal poverty level

STAFF

- 2 FTE dentists
- 2 FTE hygienists
- 5 FTE dental assistants
- 4 FTE administrative staff

EQUIPMENT

- 3 dedicated dentist operatories
- 4 dental hygiene/flexible operatories
- 2 sets of portable dental equipment
- Full radiography
- Rotary endodontics

GetCommunityHealth.org

Harbor Care Health and Wellness Center

Mission

To ensure that all people we serve receive integrated, personalized, end-to-end care, services, and supports that enable their paths to successful lives.

Common procedures and services offered

- Exams
- Emergency services
- Cleanings
- Deep cleanings
- Fillings
- Extractions
- Sealants
- Fluoride treatments
- X-rays
- Dentures
- Root canals
- Crowns
- Night guards

Differentiators

The friendly, approachable team at Harbor Care Health and Wellness Center strives to achieve an interdisciplinary approach. They have experience treating the underserved and underinsured homeless population, making complex treatment plans, managing difficult situations and working with a diverse population. They have a firm understanding of the sliding fee scale format and policies and procedures of an FQHC and get involved in compliance maintenance.

Neha Gupta, DMD

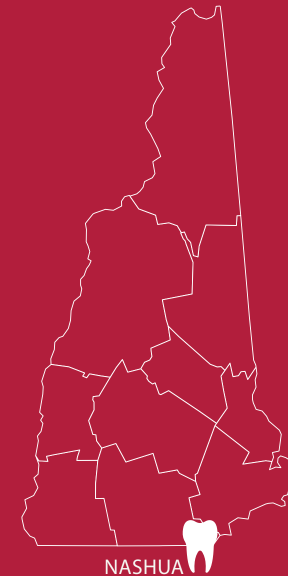
Prior to joining Harbor Care as Dental Director and Dentist in 2020, Dr. Gupta worked at several dental practices in New Hampshire and Massachusetts and remains dual licensed to practice in both states. Dr. Gupta is an honors graduate of the Henry M. Goldman School of Dental Medicine at Boston University and holds a post graduate diploma in Medicolegal Services from Symbiosis International University in Lavale Pune, India.

ABOUT THE REGION

Nashua hugs the Massachusetts border and features a vibrant downtown, historic mill buildings and riverfront views. Founded in 1673 the "Gate City," is rich in culture and diversity through generations of families who migrated to make it their hometown.

LOCATIONS

Harbor Care is located in Nashua and serves the Greater Nashua and surrounding Southern NH communities.



Co-located with medical department, behavioral health and pharmacy in house.

STAFF

1 FTE dentist

2 FTE dental assistants

4 FTE administrative staff

EQUIPMENT

4 operatories

1 mobile unit

1 set of portable dental equipment

Radiology capabilities: 3 mounted x-ray units, 1 Nomad handheld unit, 1 Panorex

Intraoral cameras and TV monitors

HarborCareNH.org

Mid-State Health Center

Mission

To provide sound primary health care to the community accessible to all regardless of the ability to pay.

Common procedures and services offered

- Exams
- Teeth cleaning
- Oral hygiene instruction
- Periodontal evaluations
- Scaling and root planning
- Sealants
- Fluoride treatments
- Infant oral health assessments
- Fillings
- Crowns and bridges
- Dentures
- Tooth extractions
- Nightguards, athletic mouthguards, and sleep appliances

Differentiators

The team at Mid-State Health Center is heavily focused on mission and a creative approach to care delivery. They utilize workforce models that incorporate dental care personnel of every level, CDA, RDH, EFDA, CPHDH, dental student extern and now dental resident. Their dentists are GPR trained with a dedicated focus on health equity, addressing gaps in oral health care, integrated whole body health care, minimally invasive techniques, innovative care delivery models and the importance of oral health throughout the entire lifespan. They deliver oral health services outside the four walls of the dental clinic in primary care medicine settings and schools.

Kelly Perry, DMD

Dr. Perry is a graduate of Tufts University School of Dental Medicine and completed a General Practice Residency at the University of California School of Dentistry. Prior to joining Mid-State Health Center as Dental Director in 2014, Dr. Perry worked as a Dentist at a rural health center in Redway, CA.

ABOUT THE REGION

Located in the White Mountains and bisected by the Pemigewasset River, Plymouth is a quintessential New England college town surrounded by natural beauty. With the Lakes Region to the south and mountains to the north, the town is a magnet for the outdoor adventurer.

LOCATIONS

Mid-State Health Center serves Lakes Region communities with locations in Plymouth and Bristol. Dental services are offered out of the Bristol office.

118
full-time employees

STAFF

2 FTE dentists

2 FTE certified public health hygienists

1 FTE expanded function dental assistants

2.5 FTE dental assistants

3 FTE front desk staff

EQUIPMENT

5 operatories in Bristol

1 operatory in Plymouth: one room with mobile equipment for CPHDH

2 sets of portable dental equipment: one in Plymouth and one for school-based oral health program

Full radiology capabilities mounted x-ray equipment and Panorex in Bristol, Nomad in Plymouth and schools

MidStateHealth.org

Oral Healthcare at Home, Inc.

Mission

To promote total health through the delivery of quality preventive oral health care for the homebound in a patient centered, compassionate and holistic manner. Interprofessional integration of skilled dental providers into the home healthcare space as well as a strong research ethic is paramount to our mission.

Common procedures and services offered (in-home)

- Skilled dental hygiene care
- Customized care plans
- Interim therapeutic restorations
- Caregiver support and education
- In-service education

Differentiators

Oral Healthcare at Home, Inc. serves homebound elderly and residential care facility residents. They have the ability to visit sites for medical record review, inter professional collaboration, and potential research into medical-dental integration into home healthcare. They have experience working with frail and memory impaired patients in their residences. Residents should expect orientation to working with Teledentix software, initially developed by Dr. Paul Glassman, that will allow for record review, video conferencing and experience with Teledentistry.

Joan K. Fitzgerald, RDH, BS, CPHD

Joan K. Fitzgerald, RDH, BS, CPHDH, is founder and Clinical Director of Oral Healthcare at Home. Joan received her A.S. in Dental Hygiene from New Hampshire Technical Institute and B.S. in Business from Granite State College. Joan is a member of the American Dental Hygienists Association, serving on the Board of Trustees and two terms as President of the NH ADHA. Joan is dedicated to mentorship of the next generation of oral health professions and hosted Master of Science in Dental Hygiene students from the Massachusetts School of Pharmacy and Health Sciences as a student experience site for four years.

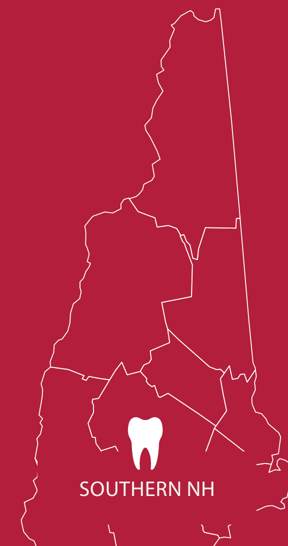
ABOUT THE REGION

Manchester is the largest city in Northern New England but maintains a small-town vibe. With roots going back to its mill-town past, the riverfront city features numerous amenities and attractions that appeal to foodies, artists, history buffs and outdoor adventurers alike.

LOCATIONS

Oral Healthcare at Home provides services in the community to homebound populations throughout Southern New Hampshire.

We bring the operatory to the patient through the use of a mobile supply cart. We keep it simple and low tech with the exception of our laptop, electronic record and intraoral camera for record retention.



STAFF

1 PT dentist

1 PT dental Hygienist

EQUIPMENT

1 mobile operatory

1 intraoral camera

We utilize the patient's own living arrangement/furniture/setting to provide care. Attention to risk assessment through saliva testing and medical management of oral disease with caries arrest and stabilization of tooth structures takes precedence. Administrative procedures are organized from the faculty's home office in Manchester, NH.

OralHealthcareAtHome.com

New Hampshire Resources

New Hampshire Board of Dental Examiners
OPIC.nh.gov/Board-Dental-Examiners

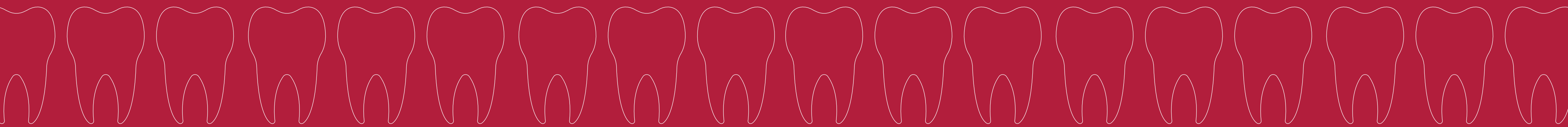
Bi-State Recruitment Center
BiStateRecruitmentCenter.org

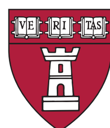
New Hamsphire Dental Society
NHDS.org

New Hampshire Oral Health Coalition
NHOralHealth.org

"The work we do is essential to the health and wellness of our patients and our rural community. Working in an integrated health care setting allows me to break down the barriers that have always separated dentistry from medicine. Most importantly, I live and work in a place that I love! A place with wild spaces, mountains, rivers, and lakes. Living and working in a rural community allows me to reap the benefits of time spent in nature, to slow down, to find balance."

- MID-STATE HEALTH CENTER DENTIST -





HARVARD
School of Dental Medicine

For more information:

AEGD Program - Rural Track
Visit: hsdm.harvard.edu/aegd-program-rural-track

Dental Public Health - Rural Track
Email: age_admissions@hsdm.harvard.edu

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