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How are Other States Providing Healthcare Information to Policymakers, Patients and the Public?

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About this Paper

This paper is one of a series of reports to be published by the NH Center for Public Policy Studies on the broad topic of health-care finance and insuring the New Hampshire workforce. The Concord-based Endowment for Health has sponsored this research.

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Executive Summary

In recent years there has been an increasing interest in healthcare information. New types of healthcare information, such as information on prices and charges, have become available. There has also been an exponential growth in the amount of available healthcare information.

This paper focuses on information on health prices, costs, and quality. The paper's primary objective is to provide information on other states' efforts New Hampshire could adopt in order to expand the amount of useful healthcare information available to the New Hampshire's policymakers, patients and the public.

Several states were identified as being leaders in providing healthcare information: California, Maine, Massachusetts, Minnesota, New York, Utah and Vermont. The paper provides profiles of the health information laws and agencies of each state and provides an overview of the health information that is made available.

Key findings of the report are:

- State health information systems are typically developed over a number of years.
- Public-private partnerships have often been used in developing state health information systems.
- To date, state health information systems provide information mostly on hospitals, and only a few states provide information on physicians and other providers.
- Health information is provided in a variety of forms including data sets, reports, PowerPoint presentations, FAQs, and online query databases.
- While the leading states have been working to expand healthcare information for several years, some beginning as early as the 1970s, New Hampshire is a latecomer to this effort.
- Presently, Maine and New Hampshire are the only states which have authorized comprehensive claims data banks.
- New Hampshire's comprehensive claims data bank, the Comprehensive Health Information System, has the potential to move New Hampshire far ahead of other states with respect to some dimensions of health information.

How are Other States Providing Healthcare Information to Policymakers, Patients and the Public?

Introduction

One of the key recommendations of the 2004 New Hampshire *Pillars Project* convened by the Endowment for Health was:

To keep our health system healthy, we need accurate information on all aspects of the system, and that information needs to be broadly available.¹

The primary objective of this paper is to provide information on other states' efforts New Hampshire could adopt in support of this *Pillars Project* objective. The focus is on information of value to citizens or policymakers for making decisions about health policy and information of value to patients for making choices about healthcare providers and health insurance.²

Information on health costs, prices, and quality is the primary focus of this paper. Information such as incidence of particular diseases or other public health data are not considered here.

This paper is organized as follows. Background on the information explosion in healthcare is provided first. Important national sources of healthcare information for policymakers, patients and the public are described next. To the extent that the federal government, non-profit and commercial entities provide such information, there is a smaller role for state government. Following the section on national information sources are several state profiles that describe health information laws and agencies of each state and provide an overview of healthcare information made available. These states were chosen because they appear to be leaders in providing healthcare

Healthcare Finance Definitions

Charge: The "list price" for a healthcare service. Most payers actually pay less than the charge amount because of discounts and fixed payment rates of public programs. Charges are the most commonly available measure.

Price: Payment or the amount actually paid for a service.

Cost: The value of resources used in producing a good or service, such as a healthcare service. Such resources would typically include wages, equipment, medical supplies, heat, light, etc. In popular usage it is common to use "cost" in a general way to refer to either "expenditure" or "price."

¹ The Endowment for Health, "Stepping Up to the Future: A Healthier Healthcare System for New Hampshire," The Pillars Project, A Report to New Hampshire from the Citizens Roundtable on Health Costs and Coverage, executive summary. www.endowmentforhealth.org/docs/59.pdf.

² Another paper with the same objective of furthering the transparency goal of the *Pillars Project* is "Searching for Useful Healthcare Prices" at www.unh.edu/nhcpps/health/hcprices.pdf. It focuses specifically on healthcare prices: what is available in New Hampshire at present, and how health price information can be helpful to both policymakers and patients (consumers).

information. The section on state information concludes with a description of health information in New Hampshire and a comparison of New Hampshire to the states previously profiled. The conclusion summarizes lessons that can be drawn from these state examples. It also highlights particular state innovations that New Hampshire may want to consider implementing.

New Hampshire and other states are just beginning to provide information on some types of health information, such as health prices. Considerable change in the amount and type of health price information is being implemented quickly by both federal and state governments. It is valuable for one state to learn from other efforts about what types of information are most valuable, and which are the best ways to make this information available.

Information for this paper is derived from a number of sources. News digests issued by American Health Line and iHealthBeat have been particularly helpful as have been recent issues of *Health Affairs*.³ The all-purpose tool Google facilitated web searches. Detailed information on states identified as engaging in health information innovations was gathered from states' websites, and in some cases phone calls were made to state agencies.

The Explosion of Health Information

In recent years there has been an increasing interest in healthcare information. Several factors appear to have stimulated this transparency movement. Certainly the Institute of Medicine's *To Err is Human* stimulated an interest in medical errors and quality of medical care. Rising healthcare costs have prompted an interest in measuring what healthcare is being delivered. Interest in consumer directed healthcare has stimulated an interest in healthcare prices. Federal and state policymakers have also become aware of the importance of healthcare information. As one healthcare expert notes:

Trying to create an accountable system or a well-functioning healthcare marketplace without accurate, accessible, meaningful and timely data is an exercise in futility. It simply cannot be done—and health policymakers need to come to grips with that basic fact of life.⁴

In recent years, federal agencies, state governments, and nonprofits have been working to make more healthcare information available to policymakers, patients and the general public.⁵ New

³ See for example the September/October 2005 issue of *Health Affairs* which features a number of articles on health information technology.

⁴ George C. Halvorson, "Wiring Healthcare," in *Health Affairs*, Vol. 24, No. 5, September/October 2005, p. 1266. See also, "Transparency in Healthcare: The Time Has Come," by Sara R. Collins, Ph.D., and Karen David, Ph.D., The Commonwealth Fund, March 2006, http://www.cmwf.org/publications/publications_show.htm?doc_id=361215.

⁵ According to J.D. Kleinke, the lack of readily available healthcare information is a classic market failure. That is, the operation of the free market will not provide adequate information in the healthcare market, even though society as a whole would be better off with such information. For that reason, government action is necessary. According to Kleinke, "obfuscation pays—and not just for PBMs, but for hospitals, nursing homes, and health insurers, all of which publicly claim to want to disclose data on their outcomes and yet fight every third-party effort to do so. . .Lack of information, gross inefficiency, and shoddy quality generate more money for providers, and health insurers who should be motivated to do something about this are captive to competing business agendas that compel them to block access to information, slow down transactions, and hold onto money in the short run, even at the expense of persistently gross inefficiency and shoddy quality over the long run." J.D. Kleinke, "Dot-Gov: Market Failure and

kinds of healthcare information have also been made available. Public health information such as information on health status has been available for some time. More recently, information on quality of healthcare has grown, and now the movement toward making the healthcare sector transparent has extended to information on healthcare prices or charges.⁶

One example of the exponential growth in healthcare information is provided in a recent survey of hospital public reporting. As recently as 1987, there was no systematic reporting of hospital performance. In 1998 ten websites were reporting on hospital performance; in 2004 47 such sites existed. As of 2004, 17 states had at least one comparative hospital performance website.⁷

Some healthcare information is available only in paper form, such as many clinical records. Other information may be available in electronic form, but one provider's electronic information may be incompatible with electronic information systems used by other providers. The national effort to adopt electronic medical records is primarily intended to help make providers more efficient and enable them to reduce medical errors. However, the trend toward putting healthcare data in digital form will also make it easier and less expensive for policymakers to obtain aggregate health data. At the same time, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) places important restrictions on access to health data in the interests of preserving patient confidentiality and preventing fraud.

National Information Sources

To the extent that necessary healthcare information is provided by the federal government or credible national organizations, the need for state government efforts to ensure such information is available is lessened. This section describes some of the more important national sources of healthcare data of interest to policymakers, patients and the general public:

- Hospital Compare is hosted by the U.S. Department of Health and Human Services. It is an easy-to-navigate, patient-oriented website that focuses on measures of clinical effectiveness.⁸
- Nursing Home Compare is hosted by Medicare. It allows an individual to find nursing homes within a specified zip code and it provides information on various quality indices for individual nursing homes, and compares those measures to the New Hampshire and U.S. average.⁹
- Home Health Compare, also hosted by Medicare, is set up the same way as Nursing Home Compare, which makes it easy to find agencies in a convenient location.

the Creation of a National Health Information Technology System," *Health Affairs*, Vol. 24, No. 5, September/October 2005, pp. 1252-1253.

⁶See "Searching for Useful Healthcare Prices" which focuses specifically on healthcare prices--what is available in New Hampshire at present, and how health price information can be helpful to both policymakers and patients (consumers). www.unh.edu/nhcpps/health/hcprices.pdf

⁷"The State-of-the-Art of Online Hospital Reporting: A Review of Forty-Seven Websites," Delmarva Foundation, September 2004,

www.delmarvafoundation.org/html/public_reporting_summit_052604/WebSummariesFinal9.2.04.pdf.

⁸www.hospitalcompare.hhs.gov.

⁹www.medicare.gov/NHCompare.

Information on alternative agencies is limited to the types of services provided, and does not include measures of quality.¹⁰

- Health Plan Report Card is hosted by The National Committee for Quality Assurance. It provides basic quality information on health plans specified by the individual accessing the site.¹¹ The report card does not provide price information, but reminds the individual that annual premiums, deductibles, and co-pays are important when choosing a health plan.

State Examples

California

Health Information Laws. The oldest and largest piece of healthcare transparency legislation in California is the Knox-Keene Healthcare Service Plan Act of 1975. This act is actually a set of laws with amendments dated as recently as 2004. This 40-plus page legislation comprises various reporting requirements for hospitals and HMOs. The programs described below fall under this act unless specifically noted otherwise.

The Payers' Bill of Rights (AB1627), enacted and signed into law by outgoing Governor Gray Davis in 2003, requires charge disclosure by all state-licensed hospitals. The requirements of this statute take full effect in 2006. Each year hospitals must submit charge lists, called chargemasters, to the Office of Statewide Health and Planning Development along with a list of 25 commonly charged services or procedures and a report of change in gross revenue attributable to charge changes.

Health Information Agencies. The central agency overseeing the implementation of California's healthcare data collection and transparency systems is the Office of Statewide Health Planning and Development (OSHPD). This agency collects and makes available healthcare data provided by healthcare providers under state law.¹² The systems in place for collecting and distributing this data are described below. The OSHPD's Healthcare Information Division operates healthcare databases. The Healthcare Information Resource Center (HIRC) collects and publishes financial data, utilization data and facility listings for the state's hospitals, long-term care facilities, clinics, home health agencies, and hospices. It also collects patient discharge data. These data come primarily from two sources:

- Medical Information Reporting for California (MIRCal) is a database for information to which hospitals must report on inpatient discharges, emergency department encounters, and ambulatory surgery encounters. MIRCal was created to comply with Senate Bill (SB) 1973, enacted in 1998.

¹⁰ www.medicare.gov/HHCompare.

¹¹ hprc.ncqa.org.

¹² The data is accessible from their website: www.oshpd.cahwnet.gov/HID/.

- Automated Licensing Information and Report Tracking System (ALIRTS), another data collection system operated by this agency, collects license and utilization data on California healthcare facilities.

Financial Information. Most of the health information available to the public is accessible online at the HIRC website.¹³ This includes financial utilization and discharge data for hospitals, long-term care facilities, clinics, and home health agencies and hospice. Hospital financial reports include revenue figures but not a breakdown of charges or prices by service. Chargemasters for each hospital, which must be posted at hospital sites, are also available on CD from the HIRC for \$10 and can be ordered by phone.

Quality. The OSHPD publishes outcomes reports based on the data it collects. The currently available California Hospital Outcomes Program (CHOP) reports cover heart attack, coronary artery bypass graft (CABG), pneumonia, and intensive care outcomes. The data for these reports come from several reporting programs, some voluntary, others (like the California CABG Outcomes Reporting Program (CCORP)) mandated by law.¹⁴

Maine

Health Information Laws. Maine has one of the most extensive and oldest data reporting systems of any state, dating back to the early 1980s. The primary healthcare information disclosure statute in effect today is Title 22, Chapter 1683. Passed in 1995, it has been amended several times, most recently in 2003.

The law calls for maintenance of the following databases:

- Financial: includes hospitals' costs of operation, revenues, assets, liabilities, fund balances, other income, rates, charges, prices and units of services. This database dates back to 1987.
- Scope of services: bed capacity by service provided, special services, ancillary services, physician profiles in the aggregate by clinical specialties, and nursing services.
- Inpatient and outpatient discharge records: hospital discharge data set for each patient discharged from the facility and for each hospital outpatient service (beginning in 1992). Maine is currently the only state that requires hospitals to report 100 percent of outpatient services.
- Ambulatory procedures and surgery: Beginning in 1990, the state began collecting data on about 150 non-hospital or ambulatory procedures.
- Emergency room procedures: Actually a subset of the inpatient and outpatient databases, this database was created as a standalone in 2002.

The statute further requires the Maine Health Data Organization to produce several reports annually, using the data described above:

¹³ www.oshpd.ca.gov/hqad/hirc.htm

¹⁴ This legislation charged OSHPD with establishing a mandatory CABG surgery data reporting program for all California non-federal hospitals that perform heart bypass surgery. CCORP collects clinical data from hospital cardiac units and reports risk-adjusted outcomes annually at the hospital level and bi-annually at the surgeon level. This program began data collection in January 2003 and replaces the voluntary reporting program. CCORP was established by Senate Bill 680, Statutes of 2001. (From OSHPD website)

- A general report on healthcare quality (with the Maine Quality Forum).
- Average prices for hospitals' 15 most common non-emergency procedures.
- A report on the 10 most common services and procedures performed by osteopathic and allopathic physicians in a private office setting.
- A report comparing Maine to other states by the state's 15 most common diagnosis-related groups, the 15 most common outpatient procedures for all hospitals in the State, and the 15 most common procedures for non-hospital healthcare facilities in the State.

Health Information Agencies. By law, the Maine Health Data Organization (MHDO) is the central healthcare data collection agency for the state of Maine. This organization, founded in 1996, was charged with continuing the work of the phased-out Maine Healthcare Finance Commission (MHCFC) which had been compiling healthcare information into databases since 1983 when the legislature made reporting of inpatient data mandatory. The MHDO actually maintains hospital records dating back to 1980 since a private organization, the Maine Health Information Center, was collecting data voluntarily for several years before the inception of the MHCFC. The law was amended in 2003 with the implementation of Dirigo, the state's universal healthcare pilot program. The amendment created a partnership between the MHCFC and the Maine Quality Forum, the quality component of the state healthcare program. Both organizations maintain websites.¹⁵

The legislature established the Maine Health Data Processing Center in 2001. This non-profit, public/private organization was charged with creating and maintaining a first-of-its kind database of information on all medical, pharmacy and dental claims beginning in 2003. The legislation requires anyone who pays claims on behalf of Maine residents to submit copies of all claims. According to the Maine Health Information Center, "The Claims Data Bank is the nation's first comprehensive, publicly-available repository of statewide medical, pharmacy and dental insurance claims data." (New Hampshire became the second state to authorize such a data bank when it authorized the Comprehensive Healthcare Information System in 2003). The MHDO and the MHIC oversee distribution of data collected by the Maine Health Data Processing Center, which receives 60 percent of its funding from the MHDO and the other 40 percent from the private Maine Health Information Center.

Financial Information. The Maine Health Forum provides links to data on quality, hospital costs and charges and patient satisfaction at its website under the heading "Consumer Reports." This includes comparisons of hospitals by charge, average charges for fifteen most common procedures for the state and for individual facilities, as well as hospital financial information. Financial, utilization and discharge data from the state databases is available to the public, but most of the datasets must be purchased from the Maine Health Data Organization. The price for clinical data sets varies depending on the entity purchasing the data and the type of data and time period covered. Prices range from over \$100 to several thousand dollars.

Quality. Quality data are also linked to the Maine Health Forum website under "Consumer Reports". Users can view ratings of hospitals by state and private organizations as well as patient

¹⁵ The Maine Health Data Organization website is available at: mhdo.maine.gov/imhdo. The Maine Quality Forum maintains a website at: www.mainequalityforum.gov/.

satisfaction data for individual hospitals and comparisons of facilities by patient satisfaction rates.

The Maine Quality Forum website provides data on variation in admission rates and frequency of surgical procedures by community. For example, one can view a table on diabetes admission rates or hysterectomy admission rates by Hospital Service Area. The Forum also provides charts from data on mortality rates, adverse effects, infections, post-surgery pneumonia, and other complications for groups of similar hospitals. For instance, one can find mortality rates for 2001 for the state's three large medical centers.

Massachusetts

Health Information Laws. Legislation relating to health information has not had the prominence in Massachusetts that it has had in some other states. This appears to be the result of the state's interesting health policy history. Until the mid 1990s, the health sector was highly regulated, with the Rate Setting Commission given authority to control hospital charges. In 1996 the state abolished that commission as part of its deregulation of the state's healthcare sector. The commission was replaced by the Division of Healthcare Finance and Policy, which now plays a critical role in providing health information.

A recent health information issue relates to hospital staffing. State legislators are currently considering two bills regarding staffing ratios in hospitals. One bill would require reporting of staffing ratios; a second would impose mandatory staffing ratios.¹⁶ (See additional information in discussion of quality below.)

Health Information Agencies. The Massachusetts Division of Healthcare Finance and Policy (DHCFP) is the state agency responsible for delivering health related data to the public. Data are available from the Division's website under the headings "Healthcare Quality and Cost Information" (geared toward consumers) and "Data Catalog" (data geared toward researchers).¹⁷

A group of health-related organizations joined to form the Massachusetts Health Data Consortium in 1978. The members, who include various departments of the Commonwealth of Massachusetts and a wide range of private health organizations, envisioned the Consortium as an independent agent for healthcare information. The consortium maintains databases based on discharge data from DHCFP, augmented to improve the quality of the data.¹⁸

Massachusetts Health Quality Partners is another independent, public-private partnership, created in 1955, that provides information on healthcare quality. This group reports on quality in two ways: comparative clinical data and patient surveys.¹⁹

¹⁶ For information on the issues involved, see a summary of a recent conference held by the New England Public Policy Center of the Federal Reserve Bank of Boston at www.bos.frb.org/economic/neppc/briefs/2005/briefs051.pdf.

¹⁷ www.mass.gov/dhcfp/

¹⁸ www.mahealthdata.org/

¹⁹ www.mhqp.org

Financial Information. The DHCFP issues easy-to-use consumer reports on a variety of conditions that include quality and price information. For example, the Hip Fracture Mortality Report shows quality and price ratings, volume and length of stay for each hospital in the state. The price and quality ratings do not provide numerical figures but are assigned based on a hospital's mortality rate or prices compared to the average. Similar information is available for a variety of conditions grouped by specialty. Also available is a report on utilization rates for maternity procedures that includes the same price ratings as the other consumer reports and also a rating for utilization based on averages. The website provides volume reports for specific procedures by hospital and by physician. Price ratings are based on the average insurance payments to the hospital for a specific procedure.

Online access to extensive databases is also available from DHCFP. Hospital databases include financial and hospital cost information as well as utilization rates, uncompensated care pool claims, and data on preventable hospitalizations. These include inpatient, outpatient, acute care, and emergency department data. A long-term care database includes financial and utilization data as well as wage data by facility. The state also maintains an HMO rate analysis database.

The discharge databases from the Massachusetts Health Data Consortium include total charges, routine care charges and special care charges for each discharge. The inpatient, emergency dept, and observation stay databases are available for purchase on CD; according to the Consortium website, the price for data varies according to intended use. Price quotes are available on request.²⁰

Quality. Besides the quality data included in the consumer reports discussed above, the DHCFP website provides an online database of results from nursing home performance surveys based on periodic state inspections. Users can compare nursing homes based on performance scores on all aspects of operation and care.

Massachusetts Health Quality Partners clinical data is searchable by geographic area, physician name or practice name. For example, selecting a provider and selecting "women's health" produces a report with ratings based on standards like breast cancer or cervical cancer screenings. Ratings are displayed for each standard. The ratings are derived by comparing the selected medical group to average scores across the country. This organization made news in early February 2006 by becoming one of the first in the country to publish data on the quality of care provided by physicians.²¹ Although this report found that medical care provided by Massachusetts' doctors exceeded the national average by most measures, there was significant variation among the medical groups.

Last year, over 75 Massachusetts hospitals joined Patients First, a voluntary initiative backed by the Massachusetts Hospital Association that makes hospital staffing ratios public via the organization's website.²² Interested members of the public can look up staffing plans for any one of the participating hospitals for a specific unit. The staffing plans show the average daily

²⁰ www.mahealthdata.org/data/order/index.html

²¹ Liz Kowalcyk, "Bay State doctors rate among best," *The Boston Globe*, February 10, 2006. The website is www.mhqp.org.

²² www.patientsfirstma.org/

number of patients in the unit as well as the number of each staff in the unit for each shift on each day of the week.

Minnesota

Health Information Laws. In 2004, the legislature passed the Adverse Health Events Reporting Law which requires hospitals and outpatient surgery facilities to report 27 types of adverse health incidents. Examples include surgery on the wrong site and disability as a result of an error.

Health Information Agencies. Minnesota Governor Tim Pawlenty began a state campaign to address state healthcare issues including access to information on cost and quality. In 2003 he announced the formation of the Citizens Forum on Healthcare which has since released two reports on containing healthcare costs based on meetings with communities throughout the state.²³ One product of the Forum's findings was the Governor's Health Cabinet which was created in 2004. Members of the Cabinet include the state's Employee Relations Commissioner, Human Services Commissioner, Finance and Commerce commissioners, and the Labor Commissioner. Among other things this group was responsible for the creation of the Minnesota Health Information website²⁴, which provides information on financial and quality resources and data. The website serves as a clearinghouse of sorts for healthcare data on expenditures, charges and quality. In addition to state-initiated data and reports, the website provides links to outside data resources, many of which are accessible online by the general public.

Financial Information. Each year the state collects data on all healthcare expenditures from providers and health plans. These are published on the state website and are available to the public, but the charges reported are aggregate, rather than individual. For instance, the report that is available online shows each hospital's total expenditures for a particular service. Hospitals are also required by law to report capital expenditures and prescription drug expenditures. Additional price information is available through other organizations like Blue Cross Blue Shield, but this information is accessible to limited groups, such as members.

Quality. The Department of Health's Compliance Monitoring Division reports annually on the quality of managed care organizations operating in the state. These reports are based on audits and examination by department personnel. Each year the Department of Health publishes a report cataloguing adverse events by facility as well as any actions taken to address the errors.

New York

Health Information Laws. New York has two transparency laws: The Patient Health Information and Quality Improvement Act of 2000 and the Managed Care Bill of Rights (1996). The Center for Consumer Health Information provides basic information about the two laws which is summarized below.

²³ *Listening to Minnesotans: Transforming Minnesota's Healthcare System* and *Listening to Minnesotans: The First Step towards Building a Better Healthcare System.*

²⁴ www.minnesotahealthinfo.org

The Patient Health Information and Quality Improvement Act of 2000 has two components. It provided for state collection of healthcare data on providers, practitioners and healthcare plans and it established the Patient Safety Center which oversees initiatives like:

- New York Patient Occurrence Reporting and Tracking System (NYPORTS) which requires hospitals to report adverse events and do a root cause analysis for “serious occurrences.”
- Publication of clinical guidelines. Recent releases include guidelines for office-based surgery and pre-operative protocols.
- New York Patient Safety and Patient/Resident Safety Award Program to reward providers who are leaders in the state’s efforts to achieve a 50 percent reduction in medical errors over the next five years (national goal set by Institute of Medicine). Each year awards are presented to two hospitals, two nursing homes, an adult care facility and a federally-qualified healthcare center. Awardees receive grants up to \$200,000 for further error-reduction efforts.

The Managed Care Bill of Rights requires HMOs to disclose information to consumers about benefits and coverage and provide a means for handling complaints/disputes. This Bill of Rights does not include a requirement to report to any state agency.

Health Information Agencies. New York’s Center for Consumer Health Information, a division of the state’s Department of Health, is the main information resource for the state’s healthcare data and transparency laws.²⁵

Financial Information. The Department of Health publishes annual discharge data reports that include aggregate charge information for hospitals like average total charge of stay by diagnosis or principal procedure and/or by sex and length of stay.

In 2004, under the direction of Attorney General Eliot Spitzer, the Attorney General’s Office launched AG Rx, a prescription drug price website.²⁶ The website provides prices for 150 common prescription drugs for 1000 pharmacies across the state. The New York chapter of AARP has assisted in surveying pharmacies. State law requires pharmacies to make this same information available to the public on site upon request.

Quality. Hospital profiles available from the Center for Consumer Health Information report on performance. Performance reports are based on measures taken to treat patients with common ailments such as heart failure and diabetes. These profiles also report number of procedures performed for 15 common procedures. The same website provides searchable physician profiles that show basic information about the doctor as well as any legal action taken against him or her. Research on the early impact of providing outcomes information has found that it can have a negative impact. In the short run, providing information on the outcomes of coronary artery bypass graft (CABG) surgery led doctors and hospitals to avoid performing cardiac surgery on sicker patients.²⁷

²⁵ The web address is: www.health.state.ny.us/nysdoh/healthinfo/patientsafety.htm

²⁶ www.NYAGRx.org

²⁷ David Dranove, Daniel Kessler, Mark McClellan, and Mark Satterthwaite, “Is More Information Better? The Effects of ‘Report Cards’ on Healthcare Providers,” NBER Working Paper No. 8697.

Utah

Health Information Laws. The Utah Health Data Authority Act of 1990 is the primary law governing collection and disclosure of state health data. It established a Health Data Committee and charged it “to direct a statewide effort to collect, analyze, and distribute healthcare data to facilitate the promotion and accessibility of quality and cost-effective healthcare.” Hospitals must report all inpatient and ambulatory surgery discharges to the committee. Health plans must comply with state collection of customer satisfaction data and performance measurement data and are subject to state audit and evaluation. The law does not permit the disclosure of personally identifiable health data.

Health Information Agencies. Utah’s Health Data Committee (HDC) collects hospital discharge records, including charges for inpatient services, outpatient surgery and emergency services, from all licensed facilities in the state. The Office of Healthcare Statistics is the arm of the Health Data Committee responsible for making information available to the public.

Financial Information. Each year the Committee’s Office of Healthcare Statistics publishes these data in various formats ranging from a brochure entitled *Utah Hospital Consumer Guide* which lists average inpatient charges for the ten most common conditions reported by hospitals, to a large-scale report called *Utah Hospital Utilization and Charges Profile* which includes all discharge data and charges for 62 common conditions for each hospital. Both of these publications are easily accessible from the Committee’s websites.²⁸ In addition, all the information collected is included in a database that anyone can view and search online. For instance, someone could search a specific hospital for charges for appendectomies and the number performed in a given year or range of years on patients meeting certain demographic qualifications such as age and sex.

A law passed last year requires the HDC to publish Healthcare Consumer’s Reports on an annual basis to compare hospitals based on charges, quality standards and safety standards for specific services. The first report published under this law, *The 2005 Utah Hospital Comparison Report for Maternity and Newborns*, is now available from the HDC website.

The Utah Insurance Department publishes annual reports on the health insurance market that include premiums collected by company and market share information. These reports are available at the Insurance Department website.²⁹

Quality. The Health Data Committee is responsible for publishing quality data as required by law for health plans operating in the state. HMOs are required to report specific enrollee satisfaction data which is compiled and published by the Office of Healthcare Statistics each year for use by the public. The committee also conducts evaluations of the performance of each HMO and publishes the results annually in a separate report. Both reports are available online. The committee also performs periodic evaluations of state Medicaid programs which they publish on their website.

²⁸ www.health.utah.gov/hda and health.utah.gov/myhealthcare/

²⁹ insurance.utah.gov/consumer_Health.html

The Utah Insurance Department's annual *Health Insurance Market Report* includes data on complaints filed against HMOs.

The new Hospital Comparison reports will include quality information for all hospitals in the state. For example, the first report on maternity and newborns reports obstetric injury rates for each hospital.

Vermont

Health Information Laws. Transparency requirements for hospitals and managed care plans fall under two laws: Act 53 and Rule 10.

Act 53. Enacted by the legislature in 2003, 18 V.S.A. ch. 9405 (commonly known as Act 53) sets out reporting standards for hospitals, among other things. To comply with the law, each hospital must publish regular reports on quality, patient safety, financial health and costs and charges. In addition, hospitals must publish a community needs assessment every four years. The particular reporting requirements, based on the 2001 Institute of Medicine recommendation, were compiled by a committee comprised of state officials and healthcare industry representatives. Report data include:

- Quality and patient-safety data based on responses to standardized patient satisfaction surveys completed by patients rating 11 aspects of their care.
- Charges for selected services.
- Budget and financial information.
- Financial health indicators.
- Capital investments.

Based in part on this information, the Department of Banking, Insurance, Securities & Healthcare Administration (BISCHA) commissioner is required to put together a four-year Health Resource Allocation Plan (HRAP) which includes an evaluation of existing healthcare resources and recommendation for future allocation of resources.

Rule 10. Rule 10 falls under the regulatory power of the HCA. This rule includes reporting requirements for HMOs. As part of a quality analysis requirement, HMOs must provide annual quality improvement reports that include:

- Monthly reviews of targeted diagnoses and treatments.
- Information on over-utilized or under-utilized services.
- Outcomes evaluation.
- Provider performance reviews.
- Evaluation of access.

Health Information Agencies. Vermont's Healthcare Administration Division (HCA) of the Department of Banking, Insurance, Securities and Healthcare Administration (BISHCA) is the state agency responsible for ensuring compliance with the Vermont's healthcare transparency laws.³⁰

³⁰ The agency's website is available at: www.bishca.state.vt.us/HcaDiv/hcdefault.htm.

Financial Information. The Act 53 Hospital Report Cards include a report of each facility's actual and average gross charges for ten common inpatient services and ten common outpatient services. These reports also include hospital financial information such as revenues, capital expenditures, operating margin compared to budget, and cost shift. Reports are also available on aggregate health expenditures for the state.

Quality. Hospital Report Cards also include quality data including ratings for each hospital for treatment of heart attack, heart failure and pneumonia patients. They also include results from patient satisfaction surveys.

New Hampshire³¹

Health Information Law. One law enacted in 1985 requires nursing homes, hospitals, and residential care facilities to file healthcare data with the Commissioner of Health and Human Services.³² These data range from patient census data to financial information such as average patient day charges. Some of these data are publicly available through the uniform hospital discharge data set. However, as the department does not summarize and prepare an annual report from the submitted data, it is not clear what other data has actually been collected.

In 2003, the New Hampshire legislature authorized the creation of a Comprehensive Healthcare Information System (CHIS) modeled after the claims data bank established in Maine.³³ This is a system of payer claims data for all commercially insured individuals or Medicaid recipients who are New Hampshire residents. The system is under development, but when it is up and running in 2006, it will be a rich source of information on such things as:

- Trends in payments for and use of healthcare services
- Use of specific procedures and therapies
- Use of services and payments for treating selected diseases
- Use of preventive services
- Geographical variations in use and payments per service.³⁴

Health Information Agencies. At present, the state has not created any independent health information agency. The Insurance Department and the Department of Health and Human Services share responsibility for CHIS. Price data provided online by state agencies is described below. The New Hampshire Institute for Health Policy and Practice, associated with the University of New Hampshire, hosts a website inventory of non-financial healthcare data. At present, the New Hampshire Center for Public Policy Studies hosts a number of financial and other analytical reports on its website that have been funded by the Endowment for Health as part of a special project on Healthcare Finances.

³¹ Some of this information has already been presented in "Searching for Useful Healthcare Prices" at www.unh.edu/nhcpps/health/hcprices.pdf.

³² RSA 126:25.

³³ RSA 420-G:111-a.

³⁴ PowerPoint "Uses of CHIS Data: Maine's Experience" Prepared by the Maine Health Information Center for the New Hampshire Citizens Health Initiative Finance and Information Systems Team, October 12, 2005.

Financial Information. The CHIS will contain some price data in 2006 but the rules for releasing these data have not yet been finalized. At present, data on pharmaceutical prices are available on a website sponsored by the Office of Information Technology entitled “New Hampshire’s Medicine Cabinet.”³⁵ The New Hampshire Insurance Department hosts a site entitled NH Health Cost which lists some typical prices of common inpatient and outpatient services using data from 2003-4 insurance claims.³⁶ At present the Insurance Department is expanding its website and the Department of Health and Human Services is building a website of its own with certain health price information.

Quality. No state agency or public/private entity is engaged in providing healthcare quality data. Within the last year, the Foundation for Healthy Communities and Northeast Healthcare Quality Foundation initiated a website, NH Quality Care, which posts four indicators of hospital quality.³⁷ This website also notes the various quality projects in which New Hampshire hospitals are engaged.

Comparison of New Hampshire to Other States. Appendix A is a table that compares healthcare information provided by New Hampshire, California, Maine, Massachusetts, Minnesota, New York, Utah, and Vermont. It focuses on the agencies responsible for providing health data, the entities subject to reporting requirements, and the availability of financial and quality data.³⁸

With the exception of New Hampshire, the states featured in this review were chosen because they appear to be leaders in the movement to expand health information for policymakers, patients and the general public. So it is no surprise that the healthcare information available in New Hampshire is modest compared to that available in California, Maine, Massachusetts, Minnesota, New York, Utah and Vermont. While the leading states have been working to expand available healthcare information for several years, some beginning as early as the mid 1970s, New Hampshire is a late comer to this effort. But being a late comer has its advantages. New Hampshire can avoid spending resources on health information areas being addressed by the federal government. In addition, New Hampshire can learn from other states and avoid the mistakes made by the leaders in this area. The Comprehensive Health Information System has the potential to move New Hampshire far ahead of other states with respect to some dimensions of health information, but that potential has not yet been realized.

³⁵ www.egov.nh.gov/medicine-cabinet.

³⁶ www.nhhealthcost.org.

³⁷ www.nhqualitycare.org.

³⁸ It proved difficult to obtain hard numbers for staffing levels for state health data agencies, so this information was not included in the table. One primary problem in obtaining numbers is that these agencies often overlap with other state agencies. From phone calls to various states we found that seventy-four employees work exclusively for the Health Information Division of California’s Office of Statewide Health Planning and Development. Nine employees work on health data in the Maine Health Data Organization. The Minnesota’s Governor’s Health Cabinet is comprised of six commissioners of other state departments with one employee providing clerical support. Each department head also has at least one employee within his or her agency that works with the Cabinet. Utah’s Office of Healthcare Statistics has an eight-member staff. Finally, the Vermont Healthcare Administration Division has 21 employees, who work on health data among other responsibilities.

Conclusions

- 1. State health information systems are typically developed over a number of years.** For example, California's healthcare information system was started in 1975 and Maine's system dates back to the 1980s.
- 2. To date, state health information systems provide most information on hospitals.** Data on other parts of the health system are much more limited. For example, Massachusetts is one of the few states to make available data on other providers.
- 3. Public-private partnerships have often been used in developing state health information systems.** Two examples are the Massachusetts Health Data Consortium (an independent organization which has both state agencies and private organizations as members) and the Maine Health Data Processing Center (which uses both state and private funding to maintain a claims database).
- 4. State-provided healthcare information is provided in a wide variety of forms on the California website.** One can order data sets, download reports or PowerPoint presentations, or view FAQs. Both administrative and clinical files are available.
- 5. Presently, Maine and New Hampshire are the only states which have authorized comprehensive claims data banks.** As Maine developed its system before New Hampshire, Maine's experience can be invaluable for New Hampshire. For example, the utility of the database will be expanded if Medicaid and Medicare data can be included, and Maine's efforts to accomplish this can be helpful for New Hampshire.
- 6. One of the first efforts to measure quality of care provided by physicians was instituted in 2006 in Massachusetts.** Clinical data collected from the state's largest insurers showed that the average quality of primary care in Massachusetts is high relative to the rest of the U.S., but that quality varies significantly among the state's medical practices.
- 7. Given the enormous amount of healthcare information that is available, creation of a single state clearinghouse or some type of coordinating body can be valuable.** In Minnesota, the Governor's Health Cabinet created such a clearinghouse which has information on expenditures and charges, quality, health conditions, staying healthy, and a variety of other health-related websites.
- 8. Sometimes provision of healthcare data can have a negative impact.** For example, researchers have found that the publication of outcomes data on coronary artery bypass graft (CABG) surgery in New York led doctors and hospitals to avoid performing cardiac surgery on sicker patients.
- 9. Utah provides an online query database as part of its healthcare information offerings.** For example, one can obtain statistics on the frequency of a specific medical procedure performed on a specific demographic group. Another useful Utah health information product is an annual report on the health insurance market that contains information on average premium rates and changes in rates over time.

10. Vermont publishes an annual report on hospitals that contains information on capital expenditure plans and estimated dollar amount of cost-shifting. This annual state report is based on a law that mandates hospitals to report certain quality and financial information to the state.

Appendix A: Survey of Health Data of Selected States

What state or public/private agencies have primary responsibility for health data?							
NH	CA	ME	MA	MN	NY	UT	VT
<ul style="list-style-type: none"> • NH Insurance Dept • NH Dept of Health & Human Services • UNH Institute for Health Policy & Practice 	<ul style="list-style-type: none"> • Office of Statewide Health Planning & Development • Healthcare Information Division • Healthcare Information Resource Center • CA Hospital Outcomes Program • CA CABG Outcomes Reporting Program 	<ul style="list-style-type: none"> • ME Healthcare Data Organization • ME Health Information Center (private) • ME Healthcare Finance Commission (phased out) • ME Quality Forum • ME Health Data Processing Center 	<ul style="list-style-type: none"> • MA Division of Healthcare Finance and Policy • MA Health Data Consortium • MA Health Quality Partners 	<ul style="list-style-type: none"> • MN Dept of Health • Citizens Forum on Healthcare Costs • Governor's Health Cabinet • MN Hospital Association 	<ul style="list-style-type: none"> • NY Dept of Health Center for Consumer Health Information • Patient Safety Center 	<ul style="list-style-type: none"> • UT Health Data Committee Office of Healthcare Statistics • UT Dept of Insurance 	<ul style="list-style-type: none"> • VT Dept of Banking, Insurance, Securities and Healthcare Administration • Healthcare Administration Division

What entities are subject to reporting requirements?							
NH	CA	ME	MA	MN	NY	UT	VT
<ul style="list-style-type: none"> • Health plans under CHIS to NH Insurance Dept • Licensed providers under RSA 126 to NH Dept of Health & Human Services 	<ul style="list-style-type: none"> • Hospitals • Long-term care facilities • Clinics • Home health agencies • Hospices • Health Plans 	<ul style="list-style-type: none"> • Hospitals • Non-hospital healthcare facilities • Physicians • Dentists • Pharmacies 	<ul style="list-style-type: none"> • Hospitals • Long-term Care facilities • Providers 	<ul style="list-style-type: none"> • Hospitals • Outpatient surgery facilities • Health plans 	<ul style="list-style-type: none"> • Hospitals • Nursing homes • Adult care facilities • Healthcare centers • Health plans • Providers • Practitioners • Pharmacies 	<ul style="list-style-type: none"> • Hospitals • Ambulatory surgical facilities • Health plans 	<ul style="list-style-type: none"> • Hospitals • Health plans

What type of charge or price information is available?							
NH	CA	ME	MA	MN	NY	UT	VT
<ul style="list-style-type: none"> • Typical price for a variety of procedures available on NH Health Cost website (NH Insurance Dept) • State website posts drug prices for many pharmacies (NH Office of Information Technology) 	<ul style="list-style-type: none"> • Hospital charge lists (chargemasters) and charges for 25 most common services submitted to state annually and made available at website or hospital location • List of 25 most common services easy to obtain; must submit an e-mail request for chargemaster (a large file) 	<ul style="list-style-type: none"> • Report on charges for hospitals' 15 most common non-emergency procedures 	<ul style="list-style-type: none"> • Hospital ratings for prices for select procedures compared to state average • Total charges, routine care charges and special care charges for all inpatient, emergency and observation stay discharges 	<ul style="list-style-type: none"> • Hospital charges • These are aggregate charges, rather than charges for individual procedures 	<ul style="list-style-type: none"> • Aggregate charge information for hospitals for procedures by demographic and diagnostic variables • Prices for 150 common drugs 	<ul style="list-style-type: none"> • Average charges for 62 common conditions for each licensed hospital • Number of discharges and aggregate charges by diagnosis category • Average health insurance premiums • Hospital charges comparison reports for specific services 	<ul style="list-style-type: none"> • Hospitals' actual and average gross charges for ten common inpatient services and ten common outpatient services • BISHCA report comparing prices of different hospitals

What type of quality information is available?							
NH	CA	ME	MA	MN	NY	UT	VT
<ul style="list-style-type: none"> • Clinical quality of NH hospital care in 4 selected areas (NH Quality Care by Foundation for Healthy Communities & Northeast Healthcare Quality Foundation) 	<ul style="list-style-type: none"> • Hospitals have voluntary and some mandatory requirements for reporting certain outcomes (e.g., pneumonia outcomes) 	<ul style="list-style-type: none"> • General report on healthcare quality • Hospital ratings by state and by patients • Admission rates and frequency rates by procedure 	<ul style="list-style-type: none"> • Hospital quality ratings for select procedures compared to state average • Nursing home performance survey results • Provider ratings based on clinical standards • Hospital staffing ratios (voluntary) 	<ul style="list-style-type: none"> • Reports on quality of managed care plans by the Dept of Health • Complaints against providers 	<ul style="list-style-type: none"> • Hospital profiles with clinically-based performance reports • Hospitals required to report adverse events • Clinical guidelines published 	<ul style="list-style-type: none"> • Report on performance of health plans • Evaluations of Medicaid programs • Complaints against insurers • Hospital quality and safety rates for select services 	<ul style="list-style-type: none"> • Hospital reports every 4 years include quality and patient-safety data based on patient satisfaction surveys

What other data on healthcare finances are regularly made available?							
NH	CA	ME	MA	MN	NY	UT	VT
None	<ul style="list-style-type: none"> • Construction data • Facility data • Healthcare community data 	<ul style="list-style-type: none"> • Hospital financial reports 	<ul style="list-style-type: none"> • Hospital financial reports • Financial and wage data for long-term care facilities 	<ul style="list-style-type: none"> • Hospital capital expenditures • Hospital prescription drug expenditures 	None	<ul style="list-style-type: none"> • Insurance premium information • Insurance market information 	<ul style="list-style-type: none"> • Hospital financial reports

Appendix B: Websites Mentioned in the Paper

National Information Resources	
www.hospitalcompare.hhs.gov/	Hospital Compare is an easy-to-navigate, patient-oriented website that focuses on measures of clinical effectiveness hosted by the U.S. Department of Health and Human Services.
www.medicare.gov/NHCompare	Nursing Home Compare, hosted by Medicare, allows an individual to find nursing homes within a specified zip code. It provides information on various quality indices for individual nursing homes, and compares those measures to the New Hampshire and U.S. average.
www.medicare.gov/HHCompare	Home Health Compare, hosted by Medicare, is set up the same way as Nursing Home Compare, which makes it easy to find agencies in a convenient location. Information on alternative agencies is limited to the types of services provided, and does not include measures of quality.
www.ncqa.org/	Health Plan Report Card, hosted by The National Committee for Quality Assurance, provides basic quality information on health plans specified by the individual accessing the site.
California	
www.oshpd.cahwnet.gov/HID/	The Office of Statewide Health Planning and Development Healthcare Information Division website provides links to discharge and financial databases as well as hospital charge data.
www.oshpd.ca.gov/hqad/hirc.htm	The Office of Statewide Health Planning and Development Healthcare Quality & Analysis Division website provides links to discharge and financial databases as well as outcomes studies and quality reports.
Maine	
mhdo.maine.gov/imhdo/	The Maine Health Data Organization website provides a list of datasets available to the public and ordering information.
www.mainequalityforum.gov/	The Maine Quality Forum website provides quality analysis and medical variation information and ratings for hospitals and physicians.

http://www.fchn.org/DirigoHealth/	The Maine Health Forum is a health information clearing house with links to information on quality, hospital charges and costs, and patient satisfaction. This includes comparisons of hospitals by charge, average charges for fifteen most common procedures for the state and for individual facilities, as well as hospital financial information.
Massachusetts	
www.mass.gov/dhcfp/	The Massachusetts Division of Healthcare Finance and Policy (DHCFP) website provides access to price and quality reports by condition and volume reports by hospital and provider. The website also provides links to hospital, long-term care and HMO databases that include financial data.
www.mahealthdata.org/	The Massachusetts Health Data Organization website provides information for ordering data reports based on discharge data from DHCFP, augmented to improve the quality of the data.
www.mhqp.org	The Massachusetts Health Quality Partners website provides links to quality reports with clinically-based ratings for hospitals and physician practices. The website also provides results from its patient satisfaction survey.
www.patientsfirstma.org/	Patients First, created by the Massachusetts Hospital Association and the Massachusetts Organization of Nurse Executives, provides access to staffing plans voluntarily submitted by Massachusetts hospitals.
Minnesota	
www.minnesotahealthinfo.org	The Minnesota Health Information website provides links to data on charges, prices and quality from public and private sources.
New York	
www.health.state.ny.us/nysdoh/healthinfo/patientsafety.htm	The Patient Safety Center, hosted by the New York Department of Health, provides links to cost, charge and quality reports for hospitals, providers, HMOs, and nursing homes as well as general information on state transparency laws. It also provides access to clinical guidelines and discharge databases.

www.NYAGRx.org	AG Rx, a prescription drug price website hosted by the Attorney General's Office, provides prices for 150 common prescription drugs for 1,000 pharmacies across the state.
Utah	
www.health.utah.gov/hda	The Office of Healthcare Statistics website provides access to databases and reports with hospital-specific charge information as well as annual quality reports.
health.utah.gov/myhealthcare/	My Healthcare in Utah, hosted by the Utah Department of Health, provides links to hospital report cards and comparison reports as well as quality reports on health plans. The website also provides links to non-public data sources.
insurance.utah.gov/consumer_Health.html	The Office of Consumer Health Assistance website links to annual reports on the health insurance market that include premiums collected by company and market share information.
Vermont	
www.bishca.state.vt.us/HcaDiv/hcdefault.htm	The Healthcare Administration website provides links to hospital report cards, health insurance market information, hospital financial reports, and state healthcare expenditure reports.
New Hampshire	
http://www.egov.nh.gov/medicine-cabinet	New Hampshire's Medicine Cabinet, sponsored by the Office of Information Technology, provides data on pharmaceutical prices.
www.nhhealthcost.org	NH Health Cost, hosted by the New Hampshire Insurance Department, lists some typical prices of common inpatient and outpatient services using data from 2003-4 insurance claims.
www.nhqualitycare.org	NH Quality Care, initiated by Foundation for Healthy Communities and Northeast Healthcare Quality Foundation, posts four indicators of hospital quality. This website also notes the various quality projects that New Hampshire hospitals are engaged in.

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