



New Hampshire Chapter

American Academy of Pediatrics 
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NH AAP NEWS

November 2020 Issue

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Please Vote, but only once.

President's Corner: Understanding Health Care Cost and Utilization in NH

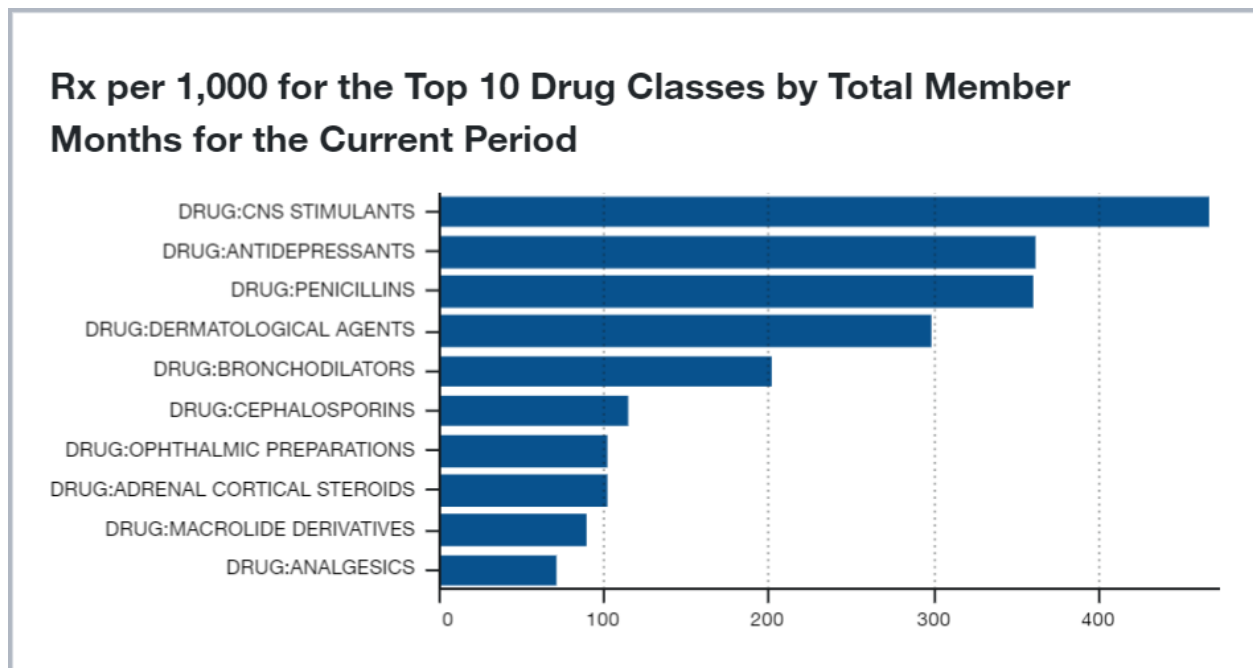
This month we wanted to call attention to a new Institute for Health Policy and Practice's Center for Health Analytics report that became available in late Sept titled **NH Claims Report Suite**. This suite provides a set of healthcare claims-based reports of utilization and cost, with the ability to subset on geographic area and sub-populations. These reports include measures on type of service, specific diseases and conditions, and use of medications. For the pediatric population data can be viewed individually for children 0-4 years or 5-17 years or combined to view the pediatric population under 18 years.

As an example, the pharmacy reports include analysis of the most common drug classes. The diagram below is an example for the commercially insured population ages 0-17, where the most common drug classes for the period from July 1, 2018 – June 30, 2019 are antibiotics. When you look at the most common prescriptions by total number of prescriptions, the meds used chronically tend to rise to the top such as CNS stimulants and antidepressants.

By the percentage of members receiving a prescription in the class, antibiotics were most common.

| Drug Class | % of Member Months Current Period | Class Cost - Current Period | Class Total Rx Current Period | Rx per 1,000 Current Period | Cost per Rx Current | PMPM Class Cost for All Members Current |
|--------------------------------|-----------------------------------|-----------------------------|-------------------------------|-----------------------------|---------------------|---|
| DRUG:PENICILLINS | 22.28% | \$380,478 | 37,764 | 360.29 | \$10.08 | \$0 |
| DRUG:DERMATOLOGICAL AGENTS | 12.95% | \$2,025,422 | 31,264 | 298.28 | \$64.78 | \$2 |
| DRUG:BRONCHODILATORS | 8.82% | \$1,500,900 | 21,195 | 202.21 | \$70.81 | \$1 |
| DRUG:CEPHALOSPORINS | 7.85% | \$276,491 | 12,125 | 115.68 | \$22.80 | \$0 |
| DRUG:MACROLIDE DERIVATIVES | 6.44% | \$266,114 | 9,510 | 90.73 | \$27.98 | \$0 |
| DRUG:OPHTHALMIC PREPARATIONS | 7.06% | \$239,882 | 10,744 | 102.50 | \$22.33 | \$0 |
| DRUG:ADRENAL CORTICAL STEROIDS | 5.77% | \$1,070,606 | 10,717 | 102.25 | \$99.90 | \$1 |

By the number of prescriptions per 1,000 members the most common were CNS stimulants.



The **Report Suite** is most easily accessed via Internet engines such as Foxfire and Mozilla as opposed to Internet Explorer. A suite of reports based on dental claims data is also available. Detailed user guides and methods documentation are included in the site.

Erik Schessler, MD
NHAAP President

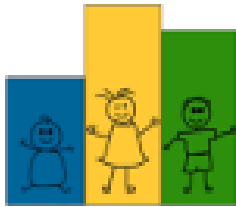
Northern New England Advocacy Collaborative (NNEAC)

NNEAC held its 3rd Annual Summit September 20-24. NNEAC is a rural, multi-state collaborative (VT, ME, NH) in Northern New England linking pediatric residencies with state AAP chapters, legislators, and parent groups to promote advocacy and curricula development. Founded by the NH AAP and the Boyle Community Pediatrics Program at CHaD in 2018, we identify common issues, share strategies, and learn from each other.

This year's summit was hosted by Vermont, and featured resident advocacy project presentations from Maine Medical, UVM, and Dartmouth (Faith Goronga R3, Mica Goldbourne R2, and Atty Moriarty R3 from Dartmouth). There were sessions with state legislators, advocacy training workshops, and a shared grand rounds among all 3 states on "Equity as a Social Determinant of Health" followed by sharing of Race and Equity

efforts among Northern New England AAP chapters and residency programs. There was an ‘Advocacy Trivia Night’ for pediatric residents, and a session on “Advocacy Topic Speed Dating” run by Advocacy Faculty including Department Chairs Lewis First from Vermont and Keith Loud from Dartmouth. Topics included school re-opening, reducing gun violence, and other timely issues.

Next year’s Summit will be hosted by the NH AAP Chapter, CHaD, and Dartmouth. If you have ideas or would like to participate, please contact The Boyle Program at Steven.H.Chapman@Hitchcock.org.



NHPIP- Behavioral Health Referral Directory for NH Pediatric Primary Care Clinicians

Finding pediatric behavioral health services for your patients can be time-consuming. To assist pediatric and family practice clinicians with this process, NH Pediatric Improvement Partnership had released the inaugural edition of the **[Behavioral Health Referral Directory for NH Pediatric Primary Care Clinicians](#)**. This resource includes a limited directory of pediatric mental health services in New Hampshire including psychiatric, behavioral health, crisis support, eating disorders, and substance- use disorder services. The directory includes information such as practice name, address, phone number, website, towns served, Medicaid acceptance, and programs or types of services. In addition, a one-page guide for efficient referral processes is provided. The directory does not currently list individual private mental health providers practicing in New Hampshire due to the changing nature of practices, providers, and insurance. However, additional providers may be included in future versions. This resource was developed as part of the NH Mental Health Care Access in Pediatrics Project with support from the Health Resources Services Administration.

Opportunities Available: This is a new section of the newsletter to highlight opportunities to get involved or for help needed. If you have something you want listed, please contact **Catrina.Watson@nhms.org**

The NH EMS Coordinating Board is looking for a pediatric representative. Meetings are every other month for a couple of hours. For more information contact **catrina.watson@nhms.org**

NH AAP meetings

The last 2020 meeting is December 9.
2021 Meetings will be April 14, June 9, September 8 and December 8. Board Meetings will be held virtually until further notice.

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Check out our new website www.nhaap.org

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