STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Laurie Harding (First / Middle / Last) Work Phone No. 603-667-7734

Work Address: 56 Jenkins Rd Lebanon, NH 03766

Office/Appointment/Employment held: State Representative

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: See below (First / Middle / Last)

RECEIVED
NOV 28 2011
NEW HAMPSHIRE
SECRETARY OF STATE

Post Office Address:

Occupation:

Principal Place of Business:

If source is a Corporation or other Entity:

~~Name of Corporation~~ or Entity: National Academy of State Health Policy

Name of Corporate/Entity Representative: Mary Henderson

Work Address of Representative: 10 Free St. 2nd floor, Portland, ME

Food and/or beverages consumed pursuant to RSA 15-B:6, II with **value over $25.00**

Value of Honorarium: 0 Date Received: 0 ***If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.*** Exact Estimate

Value of Expense Reimbursement: $450 Date Received: 10/20/11 ***A copy of the agenda or an equivalent document must be attached to this filing.*** Exact Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Day long conference in Washington DC focusing on Shared Decision making. 30 individuals who were interested in this topic were invited to participate. My constituent, Dianne has shown leadership in this area & I wanted to go

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Anna L. Harding — Signature of Filer

11/21/11 — Date Filed

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

NATIONAL ACADEMY
for STATE HEALTH POLICY

Advanced Patient-Centered Care:
Federal and State Implementation of Shared Decision Making

Supported by the Foundation for Informed Medical Decision Making
October 20, 2011

Washington Marriott
1221 22nd Street, NW
Washington D.C.

Agenda

As states consider how to improve the quality of health care and control costs many are focusing on the shared decision making (SDM) process regarding "preference sensitive" care. Evidence indicates that SDM improves knowledge of treatment choices, increases the proportion of patients with realistic perceptions of benefits and harms, lowers decisional conflict, reduces the number of patients that are passively involved in decision making, reduces the number of patients undecided after counseling, and improves agreement between patient values and the treatment option chosen. SDM also has been shown to reduce the frequency of more invasive surgical procedures for preference sensitive conditions without adversely affecting health outcomes.

States and the federal government are viewing SDM models as potential patient-centered tools for improving both quality outcomes and cost-effectiveness. In this context, the Affordable Care Act (ACA) directs the Secretary of Health and Human Services to establish standards and a certification process for patient decision aids. Although this provision was not funded, federal officials remain interested in the value of SDM in improving health care delivery.

The goals of this meeting are to:

a) Support states that are implementing or considering a SDM model by providing information and analysis, and by providing an opportunity for emerging states to consider ways of implementing the practice in light of current and emerging models of care delivery, and

b) Provide state policy makers and experts the opportunity to inform federal administrators about their experience as the federal government considers the best way to incorporate SDM into their health reform efforts.

8:30 – 9:00 a.m.	**Welcome and Overview** This section will include introductions, a review of the agenda and the meeting's goals, and a summary of a draft issue brief developed to inform, and be informed by, the meeting. This review will provide the status of SDM implementation, including legislative and regulatory progress. It will highlight issues to be discussed throughout the day. **Alan Weil,** Executive Director, National Academy for State Health Policy (NASHP)
9:00 – 10:00 a.m.	**Shared Decision Making (SDM) and Reforming Health Care Delivery** Leaders in SDM will set the backdrop for the day's focus. They will discuss its potential impact on quality and cost in light of data showing questionable variation in utilization of preference sensitive health care services. Topics of discussion will include: • What is the national picture for preference sensitive care and under what circumstances is SDM particularly appropriate? • What are common issues and concerns about implementing SDM? • What have been some of the successes/lessons in doing so? • What needs to happen to make SDM policies and practices improve and spread? **Speakers** **Ben Moulton,** Senior Legal Advisor, Foundation for Informed Medical Decision Making (FIMDM) **Karen Merrikin,** Senior Policy Advisor, Group Health Cooperative, Washington State
10:00 – 10:15 a.m.	**Break**

10:15 – 11:30 a.m.	**Why is SDM Important to States?** This session is intended to evoke discussion on the key motivations and challenges of state policy makers and administrators in promoting greater use of SDM in their states. Discussants will describe the experience in their states and discuss: • What has prompted states to invest in SDM? • Where does SDM fit within state agendas (patient engagement, health reform, medical homes, quality and efficiency, value-based purchasing)? • What are some of the key challenges states have faced in moving forward their agendas? • How do states engage and inform providers to encourage them to participate? **Discussants:** **Marie Maes-Voreis,** Health Care Homes Program Director, Minnesota Department of Health and Member of Minnesota Shared Decision Making Collaborative **Leah Hole-Curry,** Medical Administrator, Washington State Department of Labor and Industries **Karynlee Harrington,** Executive Director, Dirigo Health Agency, Maine
11:30 a.m. – 12:45 p.m.	**Lunch – Improving End of Life Care with Shared Decision Making** This session will feature a presentation demonstrating how SDM can be used to improve palliative care. The presentation will include information on research surrounding the use of videos and other patient decision aids. **Lunch Speaker:** **Angelo Volandes**, Practicing Internal Medicine Physician, Junior Faculty Member at Harvard Medical School and Department of Medicine, Massachusetts General Hospital

12:45 – 2:00 p.m.	**What are the Levers for Incorporating SDM into State Policy?** Discussion in this session will focus on identifying states' points of leverage with which to promote SDM and the most effective way to work with the provider community. • What incentives can states create to encourage provider adoption of SDM in their practices? • What are the relative roles of purchasers, plans, and providers in pursuing SDM? • How can states move toward implementing SDM (pilot projects, health plan contracts, ACO models, etc)? • What are the financial implications of implementing SDM? **Discussants:** **Lisa Dulsky Watkins,** Associate Director, Vermont Blueprint for Health, Vermont Department of Health Access **Lee Partridge,** Senior Health Policy Advisor, National Partnership for Women and Families **Leah Binder,** Chief Executive Officer, The Leapfrog Group for Patient Safety
2:00 – 3:00 p.m.	**How Do We Measure the Value of SDM?** This session will focus on assessing the value of SDM for patients, providers and purchasers. Speakers will discuss outcomes that have been measured and considerations going forward. Topics include: • How do we measure success in terms of patient care and satisfaction? • What outcomes have been measured and what should be measured? • How do we measure the financial costs and savings? • What changes in SDM policies and practices would improve outcomes? **Discussants:** **Sarah Scholle,** Assistant Vice President for Research, National Committee for Quality Assurance (NCQA) **Karen Sepucha,** Assistant Professor of Medicine, Massachusetts General Hospital **Dawn Stacey,** Associate Professor, University of Ottawa; Co-Chair, International Patient Decision Aid Standards group
3:00 – 3:15 p.m.	**Break**

3:15 – 4:15 p.m.	**How Does State Experience Inform State and Federal Implementation?** This session will assess the need, challenges, and opportunities for using state experience to inform additional state efforts and the ACA provisions related to SDM. Key questions for discussion include: • What are the key lessons from state experience thus far that could help states move forward in implementing SDM? • What state lessons could be applied to ACA implementation? **Discussants**: **Eileen Cody,** Chair, House Health and Wellness Care Committee, Washington State House of Representatives **Jean Slutsky,** Director, Center for Outcomes and Evidence, Agency for Healthcare Research and Quality (AHRQ) **Dorothy Teeter,** Senior Advisor for Policy and Programs, Center for Medicare and Medicaid Innovation
4:15 – 4:30 p.m.	**Wrap Up** **Alan Weil,** NASHP **Ben Moulton,** FIMDM Participants will identify the key "take-aways" from the meeting and new ideas for advancing SDM.