



Jeffrey A. Meyers
Commissioner

Marcella Jordan Bobinsky
Acting Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-7922 1-800-852-3345 Ext. 7922
Fax: 603-271-8705 TDD Access: 1-800-735-2964



February 2, 2016

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a memorandum of agreement with the New Hampshire Department of Corrections, 105 Pleasant Street, Concord, NH 03301, to implement a quality improvement project that will improve hypertension management within the inmate population in an amount not to exceed \$44,000, effective upon Governor and Executive Council approval through June 29, 2017. 100% Federal Funding.

Funds are available in the following account for State Fiscal Year 2016 and State Fiscal Year 2017, with the authority to adjust encumbrances between State Fiscal Years through the Budget Office, without further approval from the Governor and Executive Council, if needed and justified.

05-95-90-902010-1227 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMBINED CHRONIC DISEASE

Fiscal Year	Class/ Account	Class Title	Job Number	Current Budget Amount	Increase/ (Decrease)	New Budget Amount
SFY 2016	102-500731	Contracts for Prog Svc	90017317	\$0	\$22,000	\$22,000
SFY 2017	102-500731	Contracts for Prog Svc	90017317	\$0	\$22,000	\$22,000
			Sub Total	\$0	\$44,000	\$44,000

EXPLANATION

The purpose of this memorandum of agreement is to improve hypertension control in the New Hampshire Department of Corrections population through the implementation of a quality improvement project, which uses a team based approach that will assist staff with managing hypertension issues among the inmate population.

The New Hampshire Department of Corrections will implement a quality improvement project utilizing the guide, Ten Steps to Control Blood Pressure in New Hampshire. The project will increase the use of team-based care by providers, pharmacists, and nurses. The team-based approach will ensure accuracy of blood pressure measurement as well as improve workflow to better manage patients with hypertension. Co-management of patients by multi-disciplinary teams is a cost-effective way to improve hypertension control.

According to the most recent National Inmate Survey, hypertension is the most common chronic condition among state and federal prisoners and jail inmates. From 2002 to 2007, prison healthcare spending in New Hampshire increased by 20%. Chronic diseases, including high blood pressure, along with an aging inmate population, have been identified as drivers of healthcare costs.

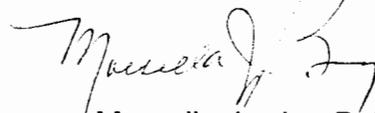
Should Governor and Executive Council not authorize this Request, the ability to reduce the health and economic burden from heart disease and stroke through hypertension management may be jeopardized. An increase of the health and economic burden of not managing hypertension within the incarcerated community will negatively impact New Hampshire citizens.

Area served: Statewide.

Source of Funds: 100% Federal Funds from the U.S. Centers for Disease Control and Prevention.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Marcella Jordan Bobinsky
Acting Director

Approved by: 
Jeffrey A. Meyers
Commissioner

HYPERTENSION QUALITY IMPROVEMENT PROJECT



DEPARTMENT OF HEALTH & HUMAN SERVICES MEMORANDUM OF AGREEMENT

Between

DIVISION OF PUBLIC HEALTH SERVICES

And

DEPARTMENT OF CORRECTIONS



1. GENERAL PROVISIONS

- 1.1. This Memorandum of Agreement (MOA) is between the New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), 29 Hazen Drive, Concord NH 03301, and the New Hampshire Department of Corrections (DOC), 105 Pleasant Street, Concord, NH 03301.
- 1.2. The purpose of this MOA is to improve hypertension control in New Hampshire Department of Corrections population through the implementation of a quality improvement project.
- 1.3. This MOA is effective from date of Governor and Executive Council approval through June 29, 2017, with the opportunity to renew for one additional year, pending satisfactory performance.

2. DEPARTMENT OF CORRECTIONS RESPONSIBILITIES

- 2.1. The DOC shall design and implement a comprehensive quality improvement approach to hypertension control within the DOC utilizing the Ten Steps for Improving Blood Pressure Control in New Hampshire (<http://www.dhhs.state.nh.us/dphs/cdpc/documents/tensteps-bpcontrol.pdf>). The DOC shall:
 - 2.1.1. Form a team that includes representation from management and clinical staff.
 - 2.1.2. Provide a list of team members to DHHS that includes, but is not limited to:
 - 2.1.2.1. Names of team members.
 - 2.1.2.2. Titles of team members.
 - 2.1.2.3. Identification of whether the team member is management or clinical staff.
 - 2.1.3. Customize the Ten Steps for Improving Blood Pressure Control in New Hampshire to accommodate available DOC resources and the degree of individual readiness. The DOC shall, at minimum, complete:
 - 2.1.3.1. Step 1: Engaging providers and staff
 - 2.1.3.2. Step 2: Agreeing on a shared vision and measures (includes baseline data collection).
 - 2.1.3.3. Step 3: Understanding the current process and flow
 - 2.1.3.4. Step 4: Creating algorithms for hypertension care
 - 2.1.3.5. Step 5: Ensuring accuracy of blood pressure measurement
 - 2.1.3.6. Step 7: Manage Patient Registries
 - 2.1.3.7. Step 9: Engaging Patients
- 2.2. The DOC shall Designate a Project Director who shall, at a minimum:
 - 2.2.1. Oversee the Hypertension Quality Improvement Project.



- 2.2.2. Monitor the Hypertension Quality Improvement Project.
- 2.2.3. Report to the DHHS Program Manager.
- 2.3. The DOC shall submit one (1) invoice per month to DHHS by e-mail to DPHSCcontractBilling@dhhs.state.nh.us. Invoices shall:
 - 2.3.1. Include activities performed during the billing month.
 - 2.3.2. Only include amounts specified in Attachment A, Budget and Attachment B, Budget, which shall reflect allowable costs that include:
 - 2.3.2.1. Salaries & benefits of program staff and/or consultants.
 - 2.3.2.2. Meeting expenses.
 - 2.3.2.3. Travel.
 - 2.3.2.4. Training for staff.
 - 2.3.2.5. Educational materials.
 - 2.3.2.6. Promotional materials.
 - 2.3.2.7. Data collection and evaluation costs.
 - 2.3.2.8. Postage.
 - 2.3.2.9. Supplies.
 - 2.3.2.10. Subcontracts as approved by DHHS.
 - 2.3.2.11. Equipment as approved by DHHS.
 - 2.3.2.12. Software and telephone costs.
- 2.4. The DOC shall, within thirty (30) days of both parties fully executing this Memorandum of Agreement (MOA), submit a work plan to DHHS that includes but is not limited to:
 - 2.4.1. Detailed activities for each step identified in Section 2.1.3.
 - 2.4.2. Performance measures for each activity.
 - 2.4.3. Personnel responsible for implementing each activity.
 - 2.4.4. Timeline for completing each activity.
- 2.5. The DOC shall attend an in-person kick off meeting that shall be scheduled within thirty (30) days of both parties fully executing this Memorandum of Agreement (MOA).
- 2.6. The DOC shall submit baseline data to DHHS, no later than April 30, 2016, that includes information on the prevalence of hypertension within the prison population as well as the number of adults with known high blood pressure who have achieved blood pressure control.
- 2.7. The DOC, by June 29, 2016, shall develop and populate a patient hypertension registry with indicators that include, but are not limited to:



- 2.7.1. Hypertension diagnosis.
 - 2.7.2. Last blood pressure value.
 - 2.7.3. Diabetes diagnosis.
 - 2.7.4. Last hemoglobin A1c value.
 - 2.7.5. Self-management plan.
 - 2.7.6. Medication adherence.
- 2.8. The DOC shall complete a final year one report by submitting a Quality Improvement Charter to DHHS no later than June 29, 2016, which shall include but not be limited to:
- 2.8.1. An assessment of the health problems in the DOC prison population.
 - 2.8.2. The current process for hypertension management in the DOC prison population.
 - 2.8.3. The changes that will be implemented as a result of this project.
 - 2.8.4. A measurement plan of how and what data will continue to be collected.
 - 2.8.5. A sustainability plan that details how progress will be sustained after the end of this MOA.
 - 2.8.6. Tools and resources, including protocols for patient flow and medication algorithms used or developed during the project.
- 2.9. The DOC shall submit a year two work plan to DHHS no later than July 31, 2016, which shall include, but not be limited to:
- 2.9.1. Activities that sustain progress made in year one.
 - 2.9.2. Changes that will be implemented to improve hypertension management.
 - 2.9.3. Identification of factors that have led to undiagnosed hypertension.
 - 2.9.4. Quality improvement activities that will improve diabetes control among the inmate population, with baseline data on the prevalence of diabetes and diabetes control rates submitted no later than August 31, 2016.
- 2.10. The DOC shall complete a final year two report by submitting an updated Quality Improvement Charter to DHHS no later than June 29, 2017, which shall include, but not be limited to, elements outlined in 2.8.1 through 2.8.6 above.
- 2.11. The DOC shall submit a year 2 data report no later than June 29, 2017 that shall include information on the prevalence of hypertension within the prison population as well as the number of adults with known high blood pressure who have achieved blood pressure control.

3. DEPARTMENT OF HEALTH & HUMAN SERVICES RESPONSIBILITIES

- 3.1. The Department of Health & Human Services (DHHS) shall transfer funds to the Department of Corrections (DOC) upon the receipt of monthly invoices, described in Section 2.3, for up to a maximum of \$22,000 in SFY16 and \$22,000 in SFY17.



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- 3.2. The DHHS shall coordinate with the DOC to:
- 3.2.1. Develop effective procedures to evaluate program effectiveness.
 - 3.2.2. Provide evidence based tools and resources for use during project implementation.
 - 3.2.3. Provide technical assistance through in-person meetings and conference calls, which shall be conducive to both parties' schedules.

New Hampshire Department of Health and Human Services
Hypertension Quality Improvement Project



Marcella Jordan Bobinsky
Marcella Jordan Bobinsky, MPH
Acting Director
NH Division of Public Health Services

2/4/16
Date

Jeffrey A. Meyers
Jeffrey A. Meyers, Acting Commissioner
NH Department of Health and Human Services

2/7/16
Date

William L. Wrenn
William L. Wrenn, Commissioner
NH Department of Corrections

1/27/16
Date

Paula Mattis
Paula Mattis, MSW, FACHE
Director of Medical and Forensic Services

1/25/16
Date

Carlene Ferrer
Carlene Ferrer, RN, MPH
Director of Nursing
NH Department of Corrections

January 15, 2016
Date

The preceding Memorandum of Agreement, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2/12/14
Date

Meggy A. Yaple
Name: Meggy A. Yaple
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting).

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: New Hampshire Department of Corrections
Budget Request for: Hypertension Quality Improvement Project

Budget Period: 01/01/2016 - 6/30/2016

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 14,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,000.00
2. Employee Benefits	\$ 4,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,000.00
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 22,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,000.00

0.0%

Indirect As A Percent of Direct

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: New Hampshire Department of Corrections

Budget Request for: Hypertension Quality Improvement Project

Budget Period: 07/01/2016-06/30/2017

Line Item	Total Program Cost		Contractor Share / Match		Funded by DHHHS contract share		Total
	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	Direct Incremental	Indirect Fixed	
1. Total Salary/Wages	\$ 15,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,000.00
2. Employee Benefits	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,000.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 22,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,000.00

Indirect As A Percent of Direct 0.0%