



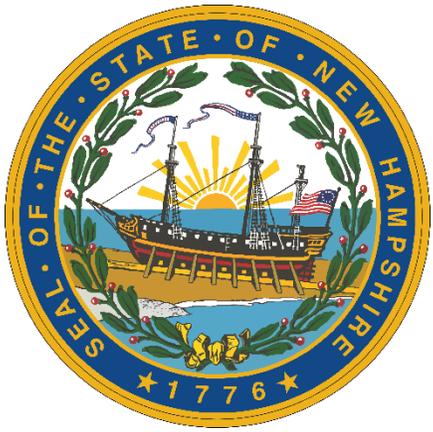
Public Meeting on Proposed Transaction Between

Dartmouth-Hitchcock Health and GraniteOne Health

Manchester High School West

October 7, 2021

6:30 p.m. to 8:30 p.m.

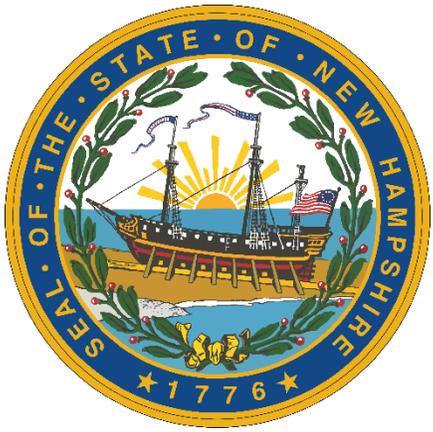


WELCOME

Thomas J. Donovan

Director of Charitable Trusts

NH Attorney General's Office



INTRODUCTIONS

Scott Spradling, Moderator



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Medicine**

Analysis of Proposed Transaction

**Dartmouth-Hitchcock Health
GraniteOne Health**

Public Hearing Presentation – Manchester

Katharine London

Principal, Health Law & Policy

Commonwealth Medicine

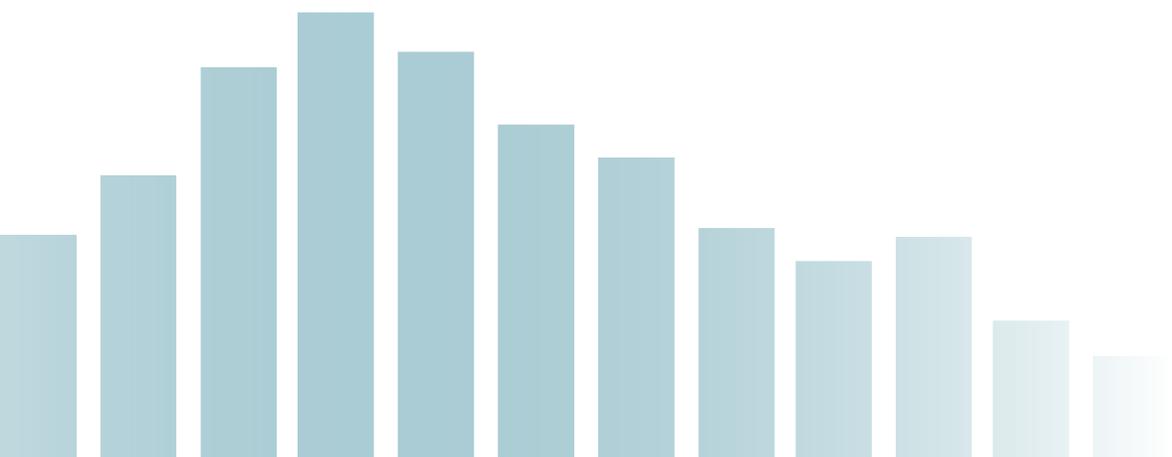
UMass Chan Medical School

October 7, 2021

Agenda

-  Background on Proposed Transaction
-  Hospital Profiles
-  Cost & Quality
-  Community Health Needs & Community Benefits
-  Questions for Consumers to Consider

Background on Proposed Transaction



Introduction

- On December 30, 2019, GraniteOne Health (GO) filed a notice of a proposed transaction with Dartmouth-Hitchcock Health (D-HH).
- These systems propose to combine to form a NH-based, integrated, and regionally distributed health care system called Dartmouth-Hitchcock Health GraniteOne (D-HH GO).¹

Potential Benefits²

D-HH and GO say the transaction will benefit NH by:

- Making it easier for patients to access services close to home by providing more specialty services at each system location in person and through telehealth. D-HH GO would also build new inpatient beds at Catholic Medical Center (CMC).
- Improving the availability of mental health and substance use disorder services in the region.
- Containing costs overall by offering more services at lower cost locations in New Hampshire and consolidating and coordinating administrative functions.
- Improving health outcomes and patient safety using strategies such as continuous quality improvement, population health management, and standardizing best practices.
- Improving coordination of patient care through integrating primary, specialty, and hospital care through a regional care delivery model.
- Investing in clinical programming, workforce development, and infrastructure.
- Supporting Dartmouth Hitchcock Health's (D-HH) function as the only academic medical center in New Hampshire by providing enough patients to sustain the most specialized clinical services and research activities, as well as training locations for students.

Potential Concerns

Stakeholders have noted some concerns about the proposed transaction, including the possibility of:

- Higher rates for services at some locations. Some facilities may face increased costs for administrative services provided through the larger system. Some facilities may need to invest in their infrastructure and additional administrative services to align with the system.
- Challenges accessing services outside the D-HH GO system, especially for Carroll County residents. For example, if a patient's insurance network does not include D-HH GO, the patient might need to travel a longer distance to get to an in-network provider.
- Expense and risk from debt financing for new construction and improvements at CMC and critical access hospitals. These hospitals would depend on D-HH GO to pay this debt.
- Changes in management of or access to patient services:
 - at Catholic facilities that follow the Ethical and Religious Directives (ERDs) for Catholic Health Care Services, and
 - at secular facilities that provide services that do not comply with these directives.
- Changes to local control of hospitals, including the local administrative workforce and the operational, reporting, and management structures of the hospital systems.

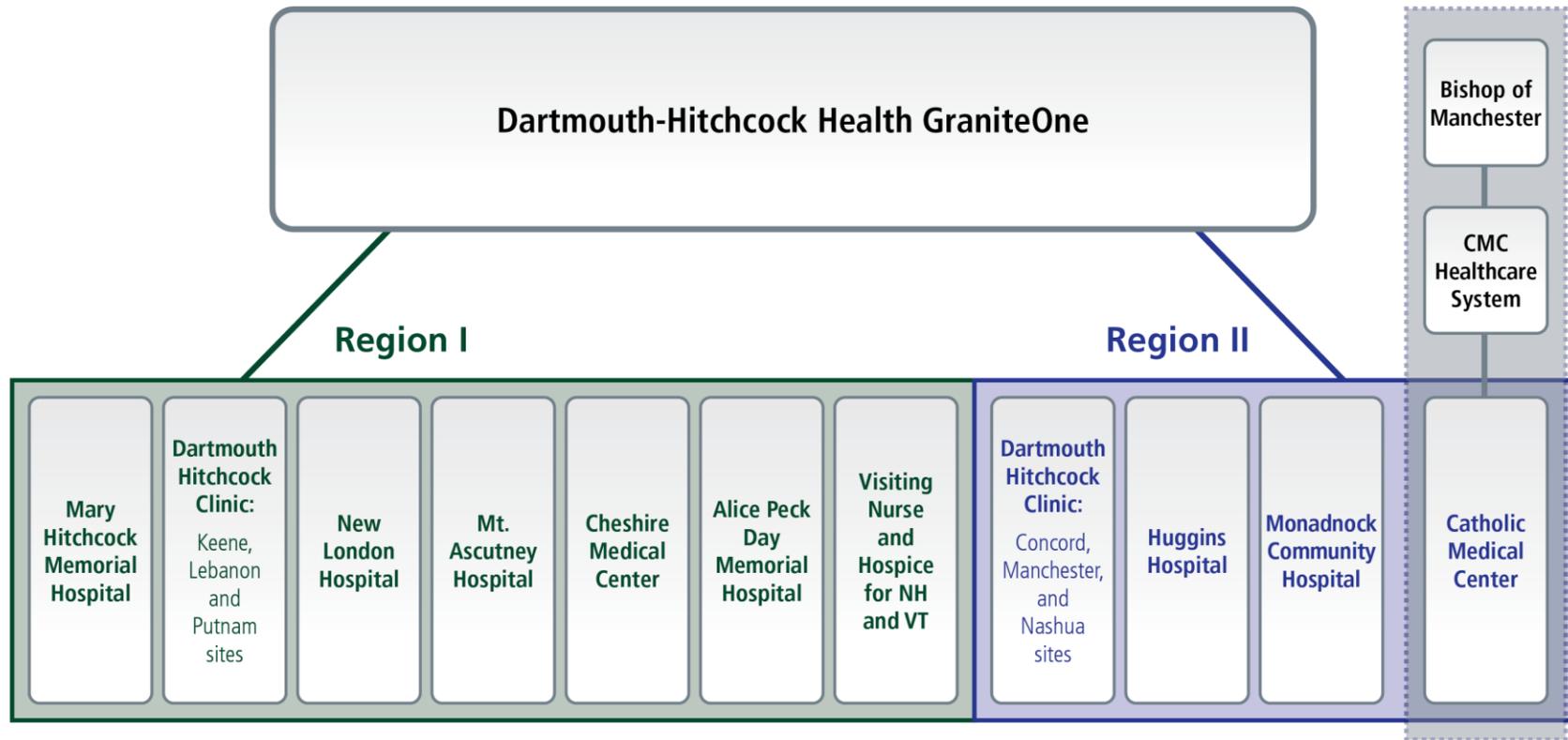
Previous Proposal^{3,4}

- In February 2009, CMC and D-HH proposed combining. That transaction would have set up a system board led by D-HH that would review and approve decisions regarding joint operations. D-HH services in conflict with the ERDs would have been kept separate. At the time, some stakeholders expressed concerns whether this structure would affect the mission of either hospital, or would expand or limit access to abortion, contraception, and sterilization.
- The Charitable Trusts Unit objected to the transaction based upon its governance structure, risk of cost increases, and use of surplus. Ultimately, the transaction did not take place.
- The parties state in the notice documents that the current proposal is materially different from the previous proposal in terms of its governance structure, the approval by the Bishop of Manchester, and the health care marketplace in southern New Hampshire.

Proposed Transaction: Corporate Governance and Boards⁵

- D-HH will change its name to “Dartmouth-Hitchcock Health GraniteOne” and reconstitute its Board. The Combination Agreement lays out the structure of the Board and the number of seats assigned to each entity.
- The organizations propose that D-HH GO would continue to be the parent organization of all D-HH facilities, MCH and HH.
- D-HH GO and CMC Healthcare System (CMCHS) would be co-corporate members (parent organizations) of CMC.
- The D-HH GO system board would oversee each hospital member board. The system board would have the power to make certain decisions. Each individual member board would continue to make many decisions for its facility, subject to system board oversight. The Bishop of Manchester and CMCHS would continue to oversee CMC's Catholic identity and adherence to the ERDs.
- Initial terms on the system board would automatically renew for a second three-year term. As a result, the system board most likely would have no change in membership for the first four years. No Trustee would serve more than nine years.

Proposed Governance Structure: Diagram



Proposed Governance Structure: Board of Trustee Terms⁵

D-HH Designees	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
#1	Original Term			Auto Renew			Renew or Replace		
#2	Original Term			Auto Renew			Renew or Replace		
#3	Original Term		Auto Renew			Renew or Replace			
#4	Original Term		Auto Renew			Renew or Replace			
#5	Original Term	Auto Renew			Renew or Replace				
#6	Original Term	Auto Renew			Renew or Replace				
#7	Original Term	Auto Renew			Renew or Replace				
GOH Designees									
#1	Original Term			Auto Renew			Renew or Replace		
#2	Original Term			Auto Renew			Renew or Replace		
#3	Original Term		Auto Renew			Renew or Replace			
#4	Original Term		Auto Renew			Renew or Replace			
#5	Original Term	Auto Renew			Renew or Replace				
EX OFFICIO									
System Parent CEO									
Region 1 President									
Region 2 President									
TOTAL	15	15	15	15	15	15	15	15	15

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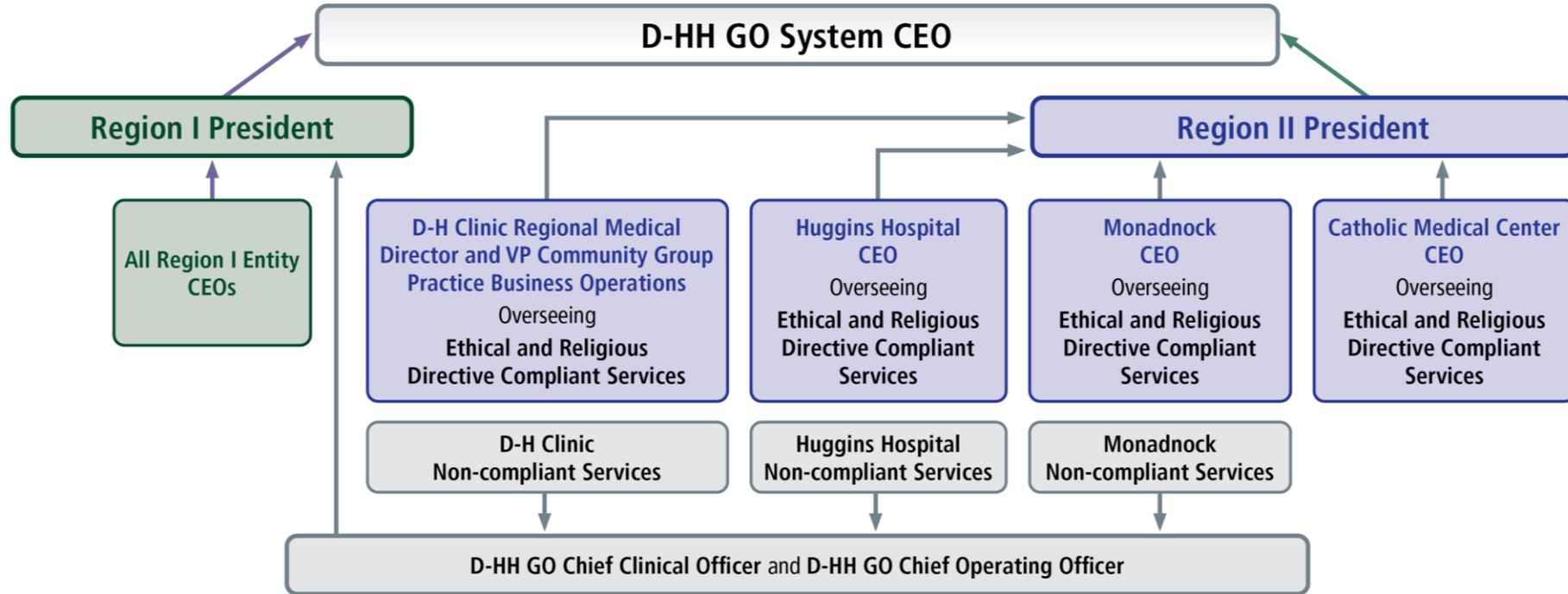
Green	D-HH Designee and Auto Renew Term; D-HH Ex Officio
Blue	GOH Designee and Auto Renew Term; GOH Ex Officio
Orange	First Renewal Election by Reconstituted Board or Officer Appointment



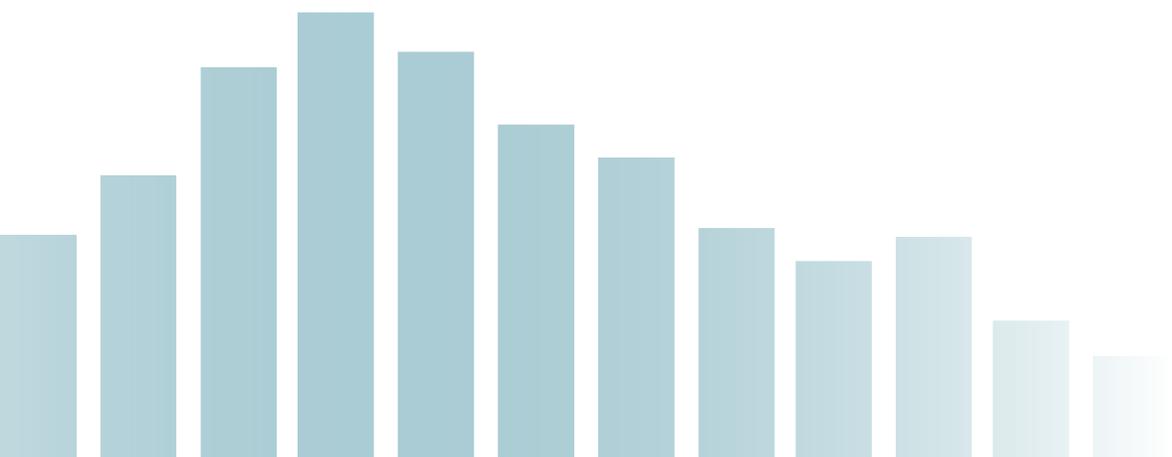
Proposed Transaction: Regional Management Structure⁶

- The proposed transaction would create one integrated system with two regions. Region presidents would be responsible for overseeing and coordinating the system strategies, clinical initiatives, and operational programs for the region.
- Region I would be managed by its president, who initially will be Joanne Conroy, MD, the current president and CEO of D-HH. Region II would be managed by its president, who initially will be Joseph Pepe, MD, the current president and CEO of GO. Going forward, different individuals could serve in each of these roles. The regional management structure is subject to review in two years.
- A designated individual would oversee the strategic initiatives and clinical and operational programs in Region II. As the initial Region II president, Dr. Pepe would oversee only services that comply with the ERDs.
- The Region I president would oversee Region II services that do not comply with ERDs. In the future, if the Region II president is not affiliated with CMC, Region II may have a different reporting structure.

Proposed Regional Management Structure – Diagram



Hospital Profiles



Focus on Key System Members: Hospitals at a Glance*

- Cheshire and MHMH are members of D-HH.
- CMC is a member of GO.
- MHMH is the largest facility in New Hampshire.

	Dartmouth-Hitchcock Health		GraniteOne Health
	Cheshire Medical Center (FY19)	Mary Hitchcock Memorial Hospital (FY19)	Catholic Medical Center (FY19)
Total Number of Staffed Beds	98 ⁷	396 ⁷	261 ⁷
Bed Occupancy Rate**	52.5% ⁸	77.1% ⁸	70.0% ⁸
Total Charity Care (millions)	\$2.0 ⁹	\$11.8 ¹⁰	\$5.3 ¹¹
Total Charity Care (% of Total Revenue)	0.9%	0.8%	1.3%
Total Community Benefits (millions)***	\$6.2 ⁹	\$75.1 ¹⁰	\$14.2 ¹¹
Total Expenses (millions)	\$227.1 ⁸	\$1,483.5 ⁸	\$430.6 ⁸
Total Net Patient Service Revenue (millions)	\$198.9 ⁸	\$1,141.9 ⁸	\$428.5 ⁸
Total Revenue (millions)	\$223.8⁸	\$1,467.5⁸	\$466.6⁸

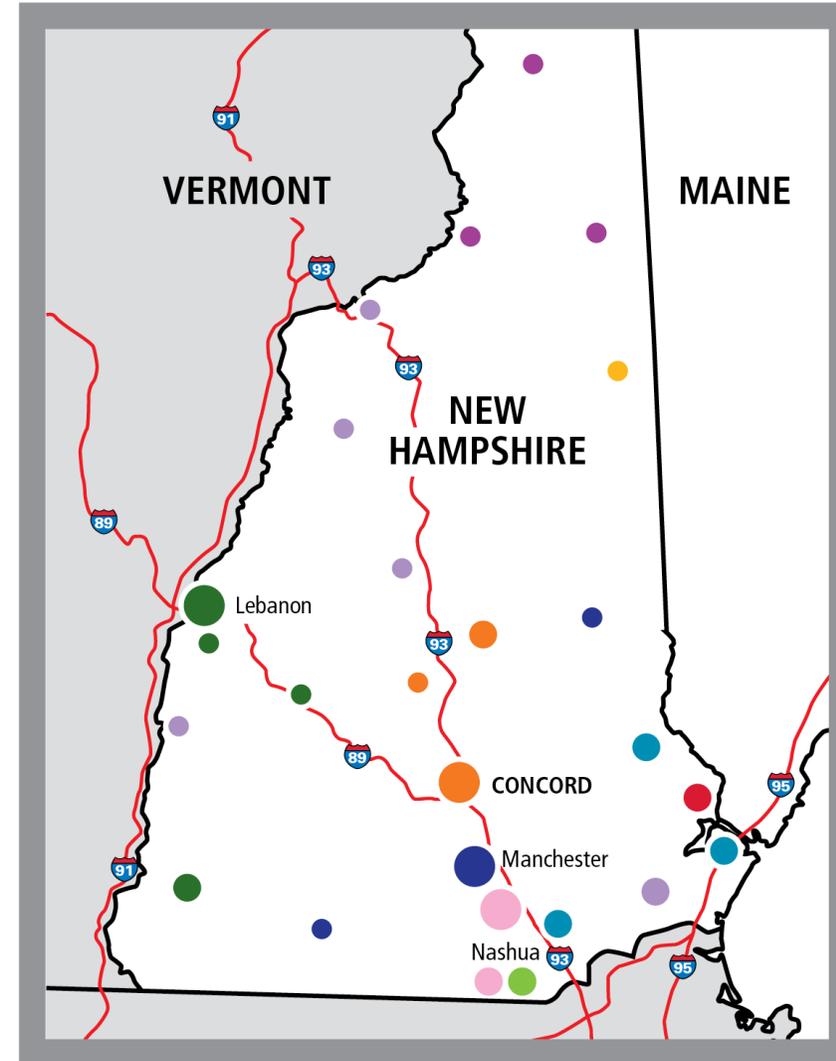
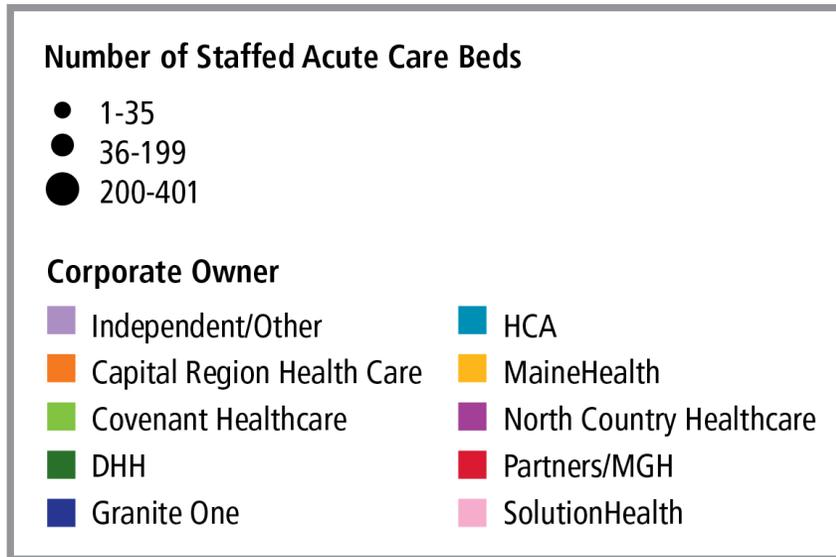
*Comparison of the three largest hospitals only. Does not include physician practices.

**Bed occupancy rate is computed by dividing patient days by the number of total bed days available.

***Includes community health services, health professions education, subsidized health services, research, financial contributions, community building activities, community benefit operations, and charity care.

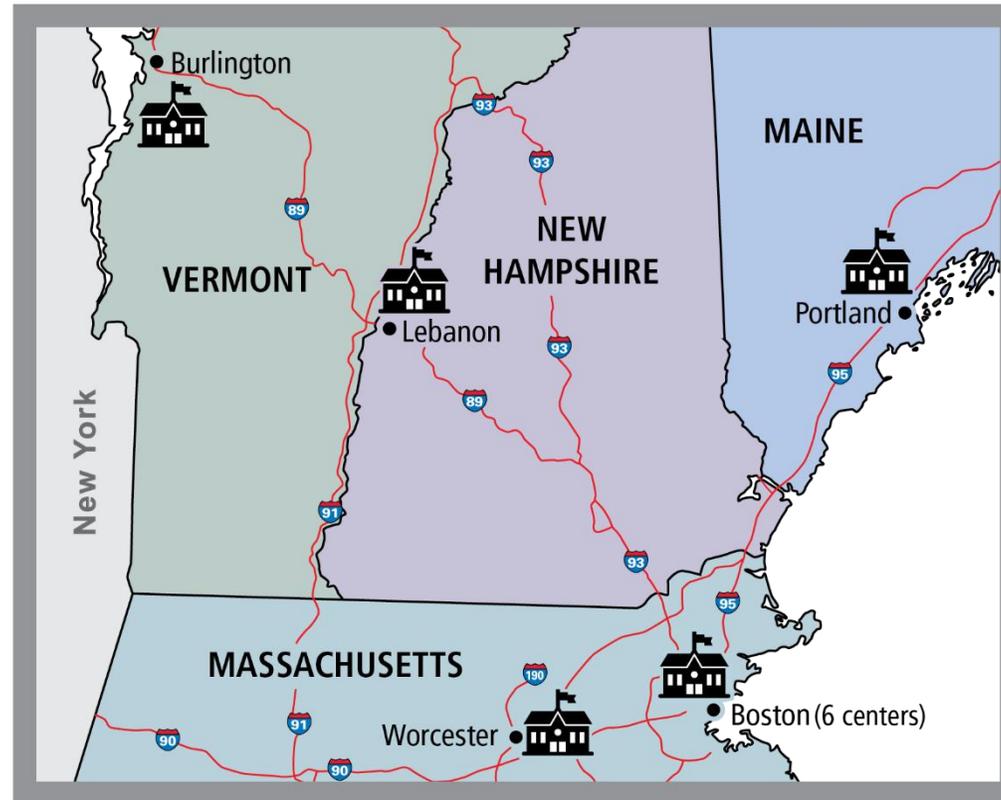
Hospital Size and Ownership Across New Hampshire 8,12

This map shows the locations of New Hampshire hospitals, their sizes, and their corporate owner (if applicable).



Academic Medical Centers in Northern New England¹³

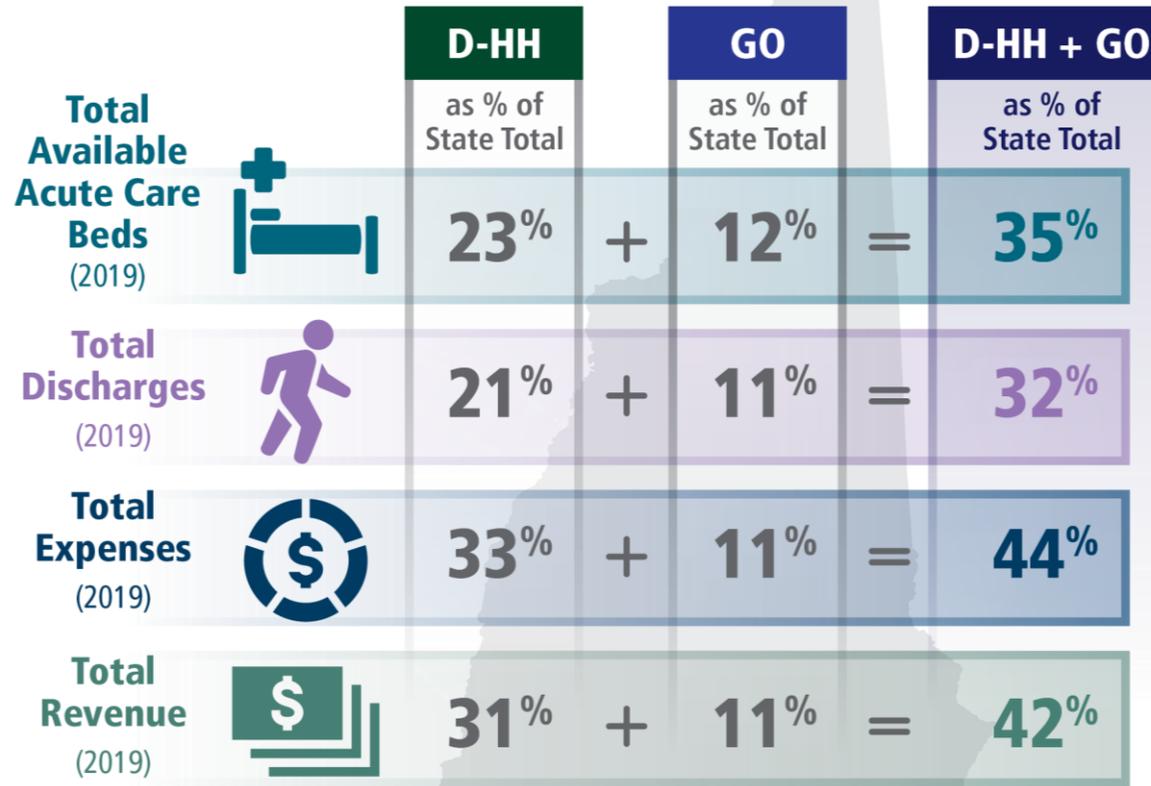
This map shows the locations of academic medical centers in New Hampshire and bordering states. Many residents of southeastern New Hampshire travel to Boston for specialty hospital care rather than to D-HH.



Comparing D-HH and GO vs New Hampshire ⁸

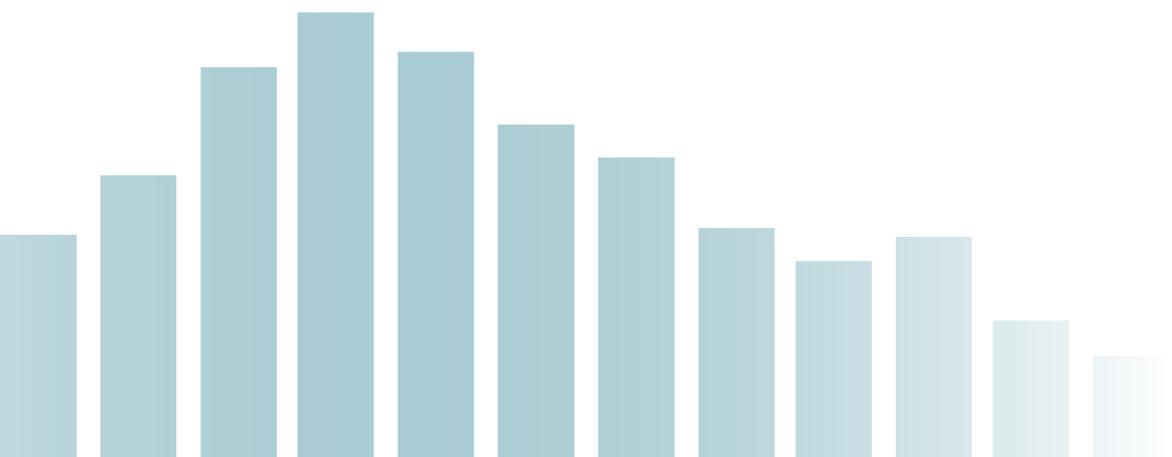
Together, D-HH and GO would make up a third of New Hampshire's total hospital available acute care beds* and discharges, and greater than 40% of the state's total hospital expenses and revenue.

These discharge, expense, and revenue data include care provided to in-state and out-of-state residents. D-HH, for example, cares for a large number of Vermont residents.



*Data on "Total Available Acute Care Beds" retrieved from CMS Hospital Form 2552-10 Cost Reports for all NH Acute Care Facilities for FY2019. The number of beds available may differ from the number of beds staffed at each hospital.

Cost & Quality



Hospital Payment Levels: Private Insurance Payments¹⁴

This table compares the average payment each hospital receives from the three largest private health plans for the services it provides in each category to the state median payment for the same sets of services. Two of these hospitals report payments from all three payers in all service categories.

		Dartmouth-Hitchcock Health		GraniteOne Health								
		Cheshire Medical Center	Mary Hitchcock Memorial Hospital & DH Clinics*	Catholic Medical Center								
<table border="1"> <tr> <td>Higher</td> <td>Health plan pays hospital a rate more than 10% higher than the state median</td> </tr> <tr> <td>Similar</td> <td>Health plan pays hospital a rate similar to the state median</td> </tr> <tr> <td>Lower</td> <td>Health plan pays hospital a rate more than 10% lower than the state median</td> </tr> <tr> <td>Not Reported</td> <td>Data not reported</td> </tr> </table>	Higher	Health plan pays hospital a rate more than 10% higher than the state median	Similar	Health plan pays hospital a rate similar to the state median	Lower	Health plan pays hospital a rate more than 10% lower than the state median	Not Reported	Data not reported	Anthem NH	Lower	Higher	Lower
	Higher	Health plan pays hospital a rate more than 10% higher than the state median										
	Similar	Health plan pays hospital a rate similar to the state median										
	Lower	Health plan pays hospital a rate more than 10% lower than the state median										
Not Reported	Data not reported											
Emergency Visits	CIGNA	Higher	Higher	Similar								
	Harvard Pilgrim HC	Higher	Higher	Higher								
Office Visits	Anthem NH	Not reported	Higher	Similar								
	CIGNA		Higher	Higher								
	Harvard Pilgrim HC		Higher	Higher								
Outpatient Tests and Procedures**	Anthem NH	Not reported	Higher	Higher								
	CIGNA	Similar	Higher	Similar								
	Harvard Pilgrim HC	Similar	Lower	Higher								
Radiology Services	Anthem NH	Lower	Higher	Similar								
	CIGNA	Higher	Higher	Similar								
	Harvard Pilgrim HC	Lower	Higher	Higher								

*Facilities included in this analysis are as follows: Dartmouth-Hitchcock Medical Center, MHMH, and the Dartmouth-Hitchcock clinics located in Concord, Keene, Lebanon, Manchester, Nashua, and Walpole.

Outpatient Tests and Procedures does not include radiology services or facility fees for ED and office visits.

Source: Authors' analysis of NH Comprehensive Health Care Information System (CHIS) Group Medical Plans and Uninsured Claims only, FY2020 Q2. Authors calculated the median payment by insurer by service for each hospital and median payment by insurer by service for the state as a whole. The chart shows the average of the median payment the hospital received for each service category, weighted by the hospital's service mix. The chart compares this amount to the average state median payment amount for each service weighted by the hospital's service mix.

Hospital Payment Levels: Uninsured Payments* 14

This table compares the discounted rate that each hospital charges uninsured patients for the services it provides in each category, compared to the state median rate for the same sets of services. Cheshire and Catholic Medical Center give greater discounts to uninsured patients than Mary-Hitchcock Memorial Hospital.

		Dartmouth-Hitchcock Health		GraniteOne Health
		Cheshire Medical Center (FY19)	Mary Hitchcock Memorial Hospital (FY19)	Catholic Medical Center (FY19)
Higher	Hospital charges uninsured patients a rate more than 10% higher than the state median			
Similar	Hospital charges uninsured patients a rate similar to the state median			
Lower	Hospital charges uninsured patients a rate more than 10% lower than the state median			
Not Reported	Data not reported			
Emergency Visits	Uninsured estimate	Lower	Higher	Lower
Office Visits	Uninsured estimate	<i>Not reported</i>	Higher	Lower
Outpatient Tests and Procedures**	Uninsured estimate	Lower	Higher	Lower
Radiology Services	Uninsured estimate	Lower	Higher	Lower

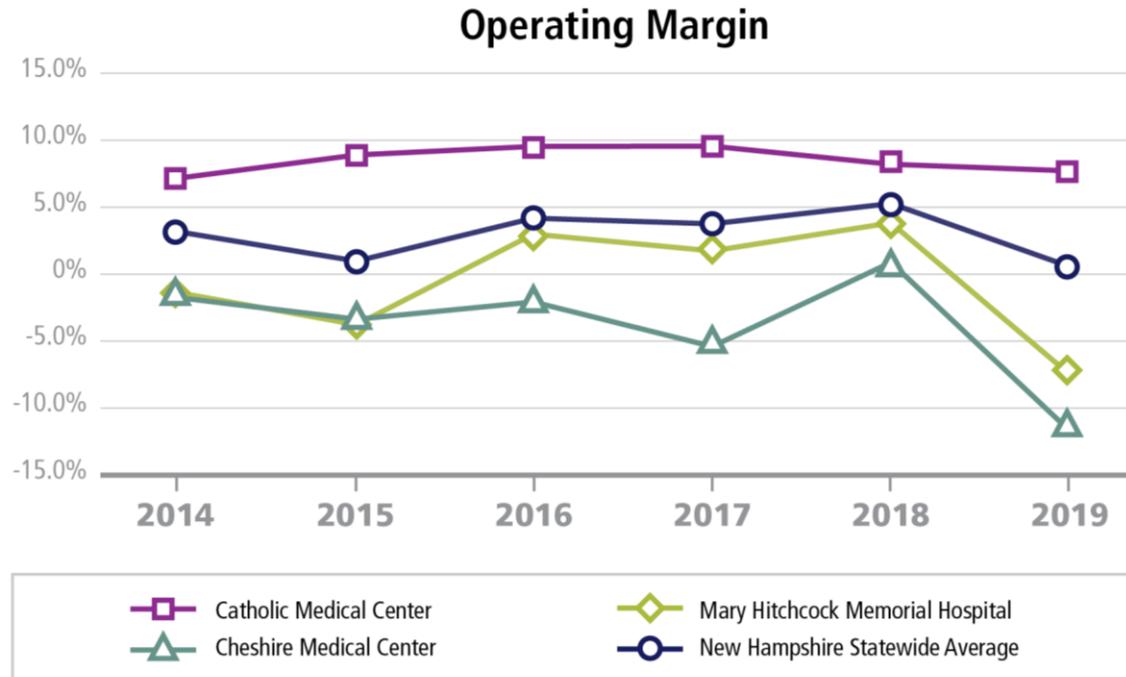
*NH HealthCost estimates the price each hospital offers to uninsured individuals based on the hospital's charges less the discount the hospital offers to uninsured patients for the mix of services the hospital provided to insured patients.

**Outpatient Tests and Procedures* does not include radiology services or facility fees for ED and office visits.

Source: Authors' analysis of NH Comprehensive Health Care Information System (CHIS) Group Medical Plans and Uninsured Claims only, FY2020 Q2. Authors calculated the median payment by insurer by service for each hospital and median payment by insurer by service for the state as a whole. The chart shows the average of the median payment the hospital received for each service category, weighted by the hospital's service mix. The chart compares this amount to the average state median payment amount for each service weighted by the hospital's service mix.

Hospital Financial Analysis: Operating Margin* 8

- CMC's operating margins were positive and higher than the state average from 2014-2019. Its total margins were positive and higher than the statewide average each year over the same period.**
- Cheshire's operating margins were generally negative over the period reviewed, except for 2018. The hospital saw a large decline in its operating margin in 2019. Cheshire's total margins were worse than the statewide averages in all years, and negative in five out of six years.
- MHMH's operating margins were negative in 2014 and 2015, low but positive from 2016 through 2018, with a dramatic decrease in 2019. MAMH's federal 2019 data encompasses activity from July 1, 2019, through June 30, 2020, which includes the first few months of the pandemic. Its operating margins were lower than the state average for all years reviewed. MHMH's total margins were lower than the statewide average for all years reviewed and negative in three out of six.



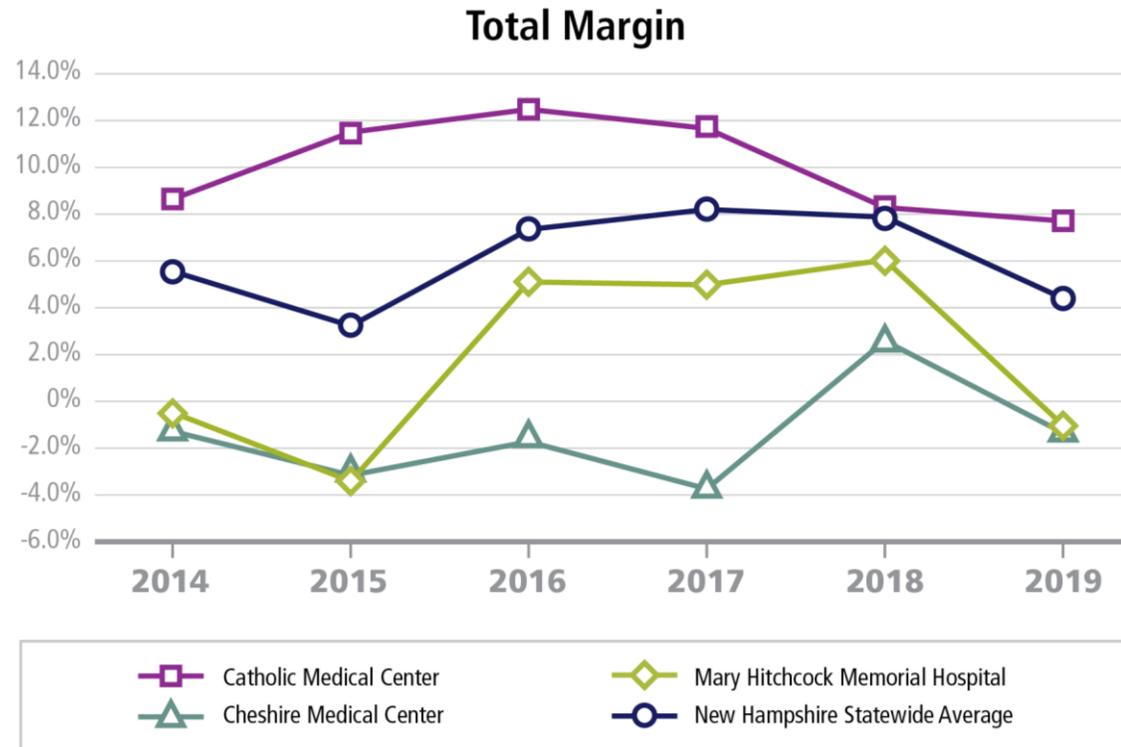
*Data included in this analysis only pertains to the hospitals themselves, not any physician practices owned by the hospital or the hospital systems each facility is associated with. Data for 2014-2019 derived from each hospital's CMS 2552-10 Cost Report. Data is reported by each hospital's federal filing year. A hospital's federal filing year begins on the first day of the hospital's fiscal year on or after the beginning of the federal fiscal year (October 1).

For example, federal 2019 data for Catholic, Huggins and Monadnock encompasses activity from October 1, 2018 through September 30, 2019, while federal 2019 data for Alice Peck Day, Mary Hitchcock, Cheshire, and New London encompasses activity from July 1, 2019 through June 30, 2020, which includes the first few months of the pandemic.

**Includes only the period 7/1/17-9/30/17. In 2017, Catholic Medical Center changed its fiscal year end from June 30 to September 30. It filed two CMS 2552 reports for the fiscal year, one for the full year 7/1/16-6/30/17, and the other for the quarter 7/1/17-9/30/17. Unfortunately, only the single quarter report is available from CMS.

Hospital Financial Analysis: Total Margin* 8

- CMC's total margins were positive and higher than the statewide average each year over the same period.**
- Cheshire's total margins were worse than the statewide averages in all years, and negative in five out of six years.
- MHMH's total margins were lower than the statewide average for all years reviewed and negative in three out of six.



*Data included in this analysis only pertains to the hospitals themselves, not any physician practices owned by the hospital or the hospital systems each facility is associated with. Data for 2014-2019 derived from each hospital's CMS 2552-10 Cost Report. Data is reported by each hospital's federal filing year. A hospital's federal filing year begins on the first day of the hospital's fiscal year on or after the beginning of the federal fiscal year (October 1). For example, federal 2019 data for Catholic, Huggins and Monadnock encompasses activity from October 1, 2018 through September 30, 2019, while federal 2019 data for Alice Peck Day, Mary Hitchcock, Cheshire, and New London encompasses activity from July 1, 2019 through June 30, 2020, which includes the first few months of the pandemic.

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Hospital Quality Snapshot – Comparison ^{15,16}

MHMH and CMC perform similarly on multiple sets of NH HealthCost and CMS Hospital Compare quality measures, while Cheshire scored lower on several measures.

Source	Measure*	Dartmouth-Hitchcock Health		GraniteOne Health
		Cheshire Medical Center	Mary Hitchcock Memorial Hospital	Catholic Medical Center
New Hampshire HealthCost Quality of Care Scores	Quality of Care Measures Better Than Average	2 out of 14	4 out of 15	1 out of 13
	Quality of Care Measures Near Average	3 out of 14	5 out of 15	5 out of 13
	Quality of Care Measures Worse Than Average	9 out of 14	6 out of 15	7 out of 13
U.S. Centers for Medicare and Medicaid Services (CMS) Hospital Compare	Overall Rating** (out of 5 stars)	★★★	★★★★★	★★★★★
	Patient Experience Summary Star Rating*** (out of 5 stars)	★★★	★★★	★★★
	Unplanned Readmission Rating****	No Different Than the National Rate		

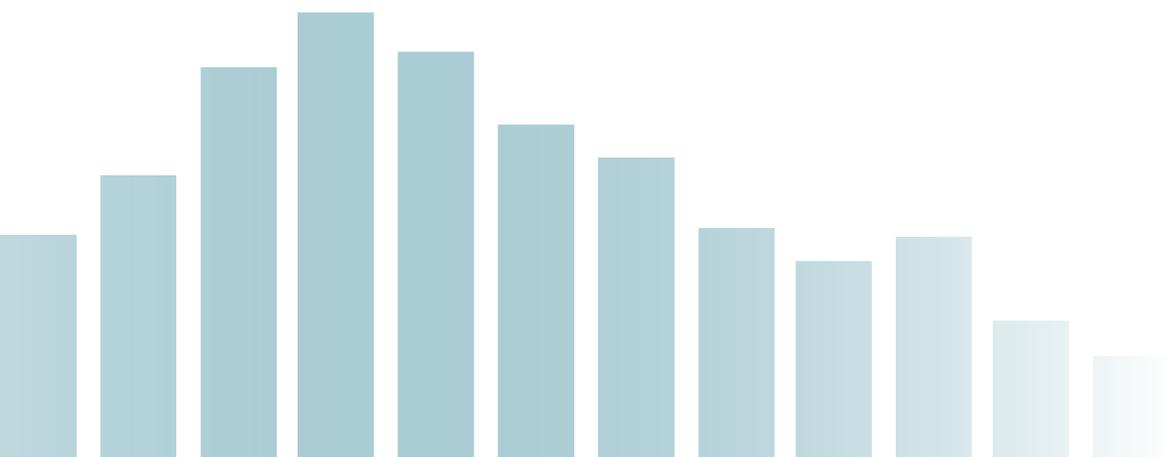
*Measures highlighted in shades of green are scores higher than the state or national average, shades of yellow are scores at or near the state or national average, and shades of red are scores lower than the state or national average.

**This measure summarizes more than 100 measures of mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging.

***This measure summarizes how patients recently discharged from the hospital responded to a survey about their hospital experience. The survey asked questions like how well a hospital's doctors and nurses communicated with the patient.

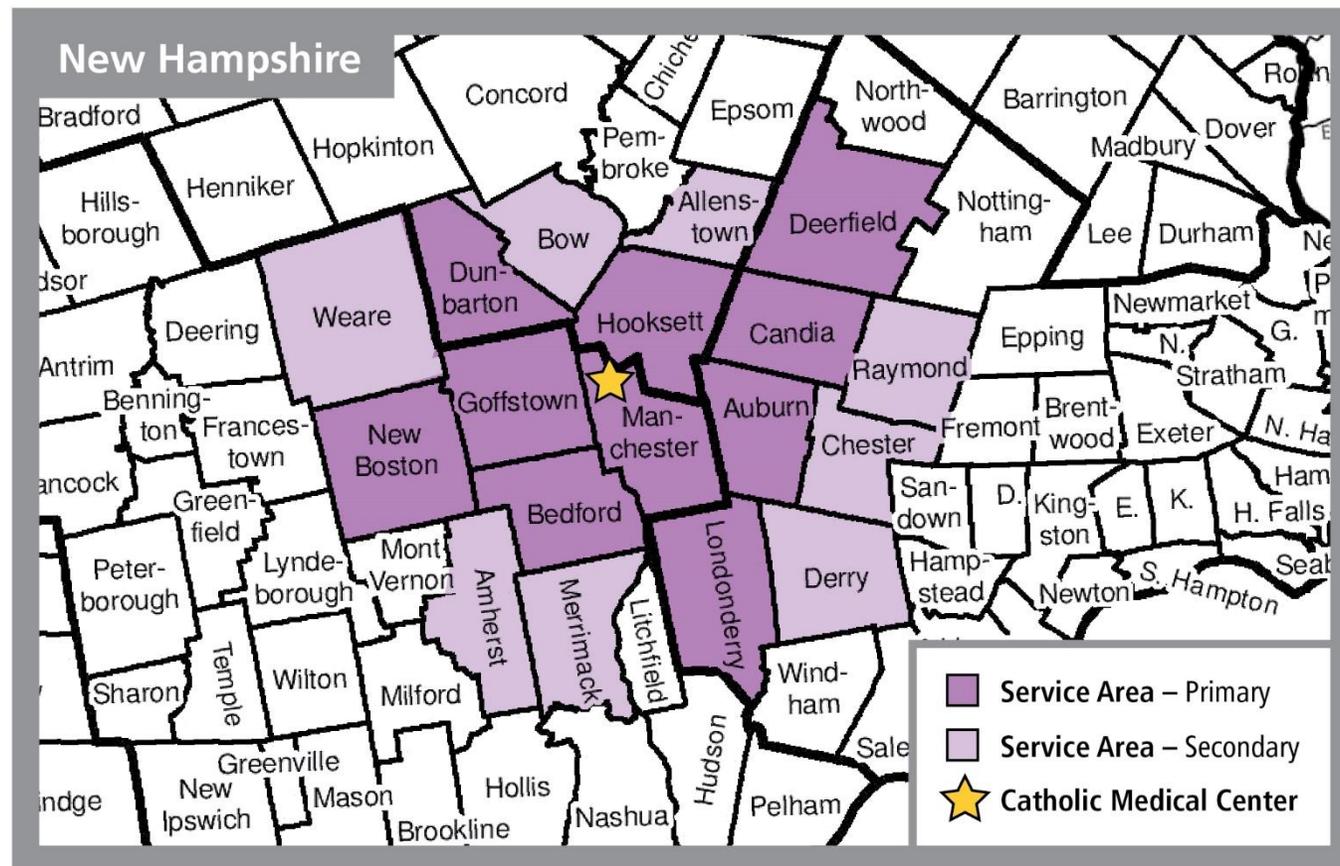
****Share of patients readmitted to the hospital within 30 days of discharge.

Community Health Needs and Community Benefits



Communities Served by Catholic Medical Center* 11

The communities shaded in shades of **purple** are the ones Catholic Medical Center identifies as its primary and secondary service areas.



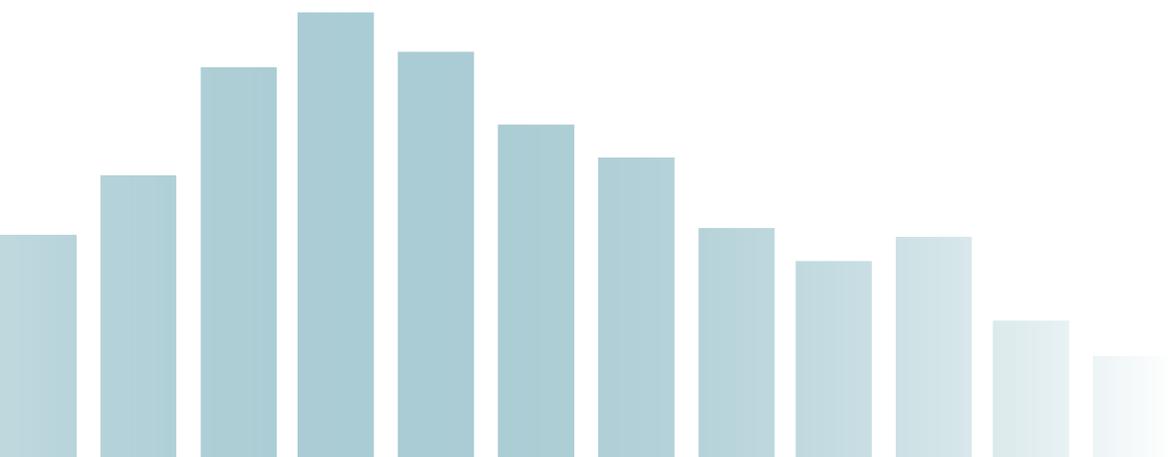
*This map shows the communities reported by the hospital as its primary service area; it does not reflect an anti-trust analysis.

Community Health Profile

- Manchester City and Hillsborough County, which includes CMC, performed similar to or better than the state average on most population health measures.
- However, Manchester City and Hillsborough County do have some health challenges, such as those highlighted below.

Measure	Manchester City	Hillsborough County	New Hampshire
Number of diabetes related hospitalizations per 100,000 adults	1,688.0 ¹⁷	1,409.0 ¹⁷	1,419.0 ¹⁷
Number of drug related deaths per 100,000 people	54.2 ¹⁸	29.0 ¹⁹	25.3 ¹⁹
Number of newly diagnosed chlamydia cases per 100,000 people	555.3 ²⁰	320.6 ²⁰	267.3 ²⁰
Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,900.0 ¹⁸	6,600.0 ¹⁸	6,400.0 ¹⁸
Persons in poverty, percent	14.1% ²¹	7.5% ²¹	7.3% ²¹

Questions for Consumers to Consider



Questions for Consideration

- Is the proposed transaction in the best interest of the community?
- Will the transaction provide financial stability for D-HH clinics and hospitals? For GO clinics and hospitals? For competitor clinics and hospitals?
- Will the transaction result in higher in-state costs for care?
- Will the transaction bring new revenues into the state?
- Will the transaction result in better access to care or will it create access issues? In particular, will the transaction result in better or worse access to:
 - Primary care?
 - Mental health and substance use disorder services?
 - General hospital services?
 - Specialty physician and specialty hospital services?
- Will the transaction maintain access to services for uninsured individuals? For individuals with Medicaid coverage? Medicare coverage?
- Will the transaction increase or decrease local employment?

Questions for Consideration

- Will the transaction maintain or improve the quality and safety of clinical services available locally?
- Will the needs of each local community served by its member hospital be considered when the D-HH GO system sets priorities?
- How much local control will member hospitals and entities retain following the merger?
- Will a patient being treated at a facility covered by the ERDs (e.g., CMC) be informed that procedures and practices not allowed under the ERDs can be accessed at other system facilities?
- How will D-HH GO ensure that patients seeking treatment that is prohibited under the ERDs are aware of their options within the D-HH GO system?
- How will D-HH GO ensure patients being treated within facilities governed by the ERDs are compliant with the ERDs?
- How will the transaction affect the hospitals' and Dartmouth's Geisel School of Medicine's ability to attract primary care and specialist physicians? How will it affect their ability to bring funding for research into the state?

Questions and Comments

Comments regarding the proposed transaction may be sent to:

Director of Charitable Trusts
Department of Justice
33 Capitol Street
Concord, NH 03301

or by email to: charitabletrusts2@doj.nh.gov

More information about the proposed transaction is available at:

<https://www.doj.nh.gov/charitable-trusts/hospitals.htm>

Thank You



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Commonwealth Medicine

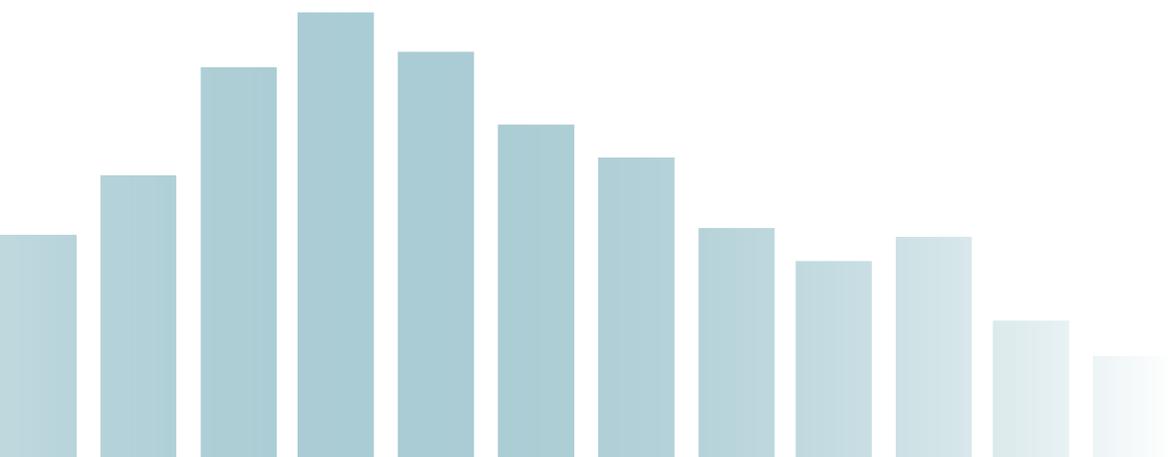
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Appendix



Appendix: Citations

1. NH Department of Justice, Office of the Attorney General, Charitable Trusts Unit: Pending Hospital Transactions. Available at <https://www.doj.nh.gov/charitable-trusts/hospitals.htm>. Accessed on April 17, 2020.
2. NH Department of Justice. Pending Hospital Transaction between GraniteOne Health and Dartmouth-Hitchcock Health, Joint Notice, Sections I and V. Available at <https://www.doj.nh.gov/charitable-trusts/graniteone-health.htm>. Accessed on April 17, 2020.
3. Zimmerman, R. (2009, October 15). A Controversial Hospital Deal Unfolds in NH. WBUR. Retrieved from <https://www.wbur.org/commonhealth/2009/10/15/a-controversial-hospital-deal-unfolds-in-nh>
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5. NH Department of Justice. Pending Hospital Transaction between GraniteOne Health and Dartmouth-Hitchcock Health, Combination Agreement Articles 3.3 and 3.4. Available at <https://www.doj.nh.gov/charitable-trusts/graniteone-health.htm>. Accessed on April 17, 2020.
6. NH Department of Justice. Pending Hospital Transaction between GraniteOne Health and Dartmouth-Hitchcock Health, Combination Agreement Article 4.2. Available at <https://www.doj.nh.gov/charitable-trusts/graniteone-health.htm>. Accessed on April 17, 2020.
7. New Hampshire Department of Justice, Office of Charitable Trusts: Hospitals' Responses to Second Information Requests. Available at <https://www.doj.nh.gov/charitable-trusts/graniteone-health.htm>. Accessed on March 25, 2020.
8. Data retrieved from CMS Hospital Form 2552-10 Cost Reports for Catholic Medical Center, Cheshire Medical Center, Dartmouth-Hitchcock Medical Center, and all other NH Acute Care Facilities for FY2014 - FY2019. Data is reported by each hospital's federal filing year. A hospital's federal filing year begins on the first day of the hospital's fiscal year on or after the beginning of the federal fiscal year (October 1). For example, federal 2019 data for Catholic, Huggins and Monadnock encompasses activity from October 1, 2018 through September 30, 2019, while federal 2019 data for Alice Peck Day, Mary Hitchcock, Cheshire, and New London encompasses activity from July 1, 2019 through June 30, 2020, which includes the first few months of the pandemic.
9. Cheshire Medical Center Community Benefits Report, 2019. Available at https://www.cheshire-med.com/documents/pdf/2019_comm_benefits_reporting.pdf. Accessed on February 12, 2020.
10. Mary Hitchcock Memorial Hospital Community Benefits Report, 2019. Available at <https://www.doj.nh.gov/charitable-trusts/community-benefits-2019.htm>. Accessed on March 3, 2020.
11. Catholic Medical Center Community Benefit Report, 2019. Available at <https://www.doj.nh.gov/charitable-trusts/documents/2019-catholic-medical.pdf>. Accessed on July 7, 2020.
12. Hospital ownership data retrieved from multiple sources.
13. Locations of Academic Medical Centers in Massachusetts and New Hampshire retrieved from a search of Google Maps for "Academic Medical Centers."

Appendix: Citations

14. New Hampshire Comprehensive Health Care Information System (NH CHIS). NH CHIS Group Medical Plans and Uninsured Claims only, FY2020 Q2. Weighted average of median payment amounts compiled by the authors and staff of the New Hampshire Insurance Division.
15. NH HealthCost Profiles: Catholic Medical Center, Cheshire Medical Center, and Dartmouth-Hitchcock Medical Center. Available at <https://nhhealthcost.nh.gov/quality/select>. Accessed on July 7, 2020.
16. Medicare Hospital Compare Profiles: Catholic Medical Center, Cheshire Medical Center, and Dartmouth-Hitchcock Medical Center. Available at <https://www.medicare.gov/hospitalcompare/search.html>. Accessed on April 22, 2020.
17. New Hampshire Department of Health and Human Services, Division of Public Health Services: NH Health Wisdom Database, Diabetes community profile. Available at https://wisdom.dhhs.nh.gov/wisdom/#CommunityProf_0F445A18E89649B0BED6B50CA7F86382_Anon. Accessed on May 2, 2021.
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19. New Hampshire Information and Analysis Center: New Hampshire Drug Monitoring Report, 2020 Overview Report. Available <https://www.dhhs.nh.gov/dcbcs/bdas/documents/dmi-2020-overview.pdf>. Accessed May 2, 2021.
20. New Hampshire Department of Health and Human Services, Division of Public Health Services: New Hampshire STD/HIV Surveillance Program 5 Year Data Summary Report 2015-2019. Available at <https://www.dhhs.nh.gov/dphs/cdcs/documents/std-hiv-recent.pdf>. Accessed on May 2, 2021.
21. United States Census Bureau: Quick Facts. Available at <https://www.census.gov/quickfacts/fact/table/peterboroughtownhillsboroughcountynewhampshire,hillsboroughcountynewhampshire,NH,US/RHI225219>. Accessed on May 2, 2021.

West High School – Manchester New Hampshire
Thursday, October 7, 2021

WE ARE



STRONGER



TOGETHER



Welcome

Dartmouth-Hitchcock Health GraniteOne

A system that will meet today's challenges and prepare for the future of health care.



Catholic Medical Center:

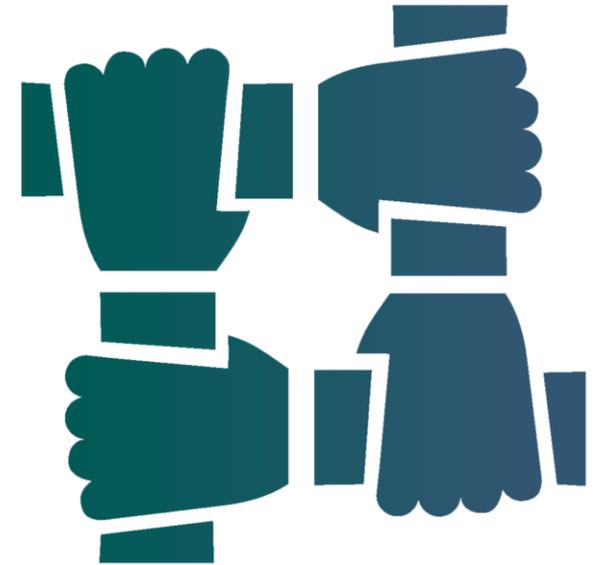
- Name & Catholic Identity
- Mission & Vision
- Local Board

As a system, we will be able to offer:

- Increased access to services
- Broader high-quality care
- Greater value for patients

The right combination for our community

- Dartmouth-Hitchcock Health is a natural partner
- Nearly 20 years of collaborating on patient care
- Respect for each other's missions & cultures
- Continue and expand the work we are doing for our patients and community



We will increase access by



Building capacity in Southern New Hampshire



Strengthening support for rural hospitals



Coordinating care to meet patient needs in the right place, right time



Integrating information systems for a shared health record



Increasing telehealth services

A closer look – behavioral health

Across the system:

- Invest \$20M+ over the next 5 years
- Hire more than 40 clinical care providers including 20+ psychiatrists, social workers, psychiatric nurses
- Integrate behavioral health into primary care
- Intervene early with proactive care and support: intensive outpatient program (IOP), mobile crisis, tele-psychiatry
- Expand medication assisted treatment for primary care
- Increase general & specialty outpatient psychiatry
- Address behavioral health needs for hospital inpatients to assure their care
- Provide crisis services for emergency department patients and add involuntary beds at DHMC



A closer look – pediatrics



- 67% of the state's pediatric population is in Southern NH
- Children's Hospital at Dartmouth-Hitchcock (CHaD) is NH's only full-service children's hospital
- Increase local access to pediatric outpatient, sub-specialty & emergency services with CHaD clinicians at CMC
- Enable more complex deliveries at CMC's Special Care Nursery

More specialty care options in Southern NH

- Increase surgical cancer treatment in Southern NH
- Expand access to clinical trials
- Ensure consistent, wrap-around care for cancer across the state
- Provide more complex surgical heart & vascular procedures
- Expand research and graduate medical education opportunities
- Support rural hospitals
- More comprehensive bariatric program overall with integrated services (surgical, medical, pediatric)
- Align primary care practices to offer surgery alternatives



NH's only Academic Medical Center benefits patients & staff across the state

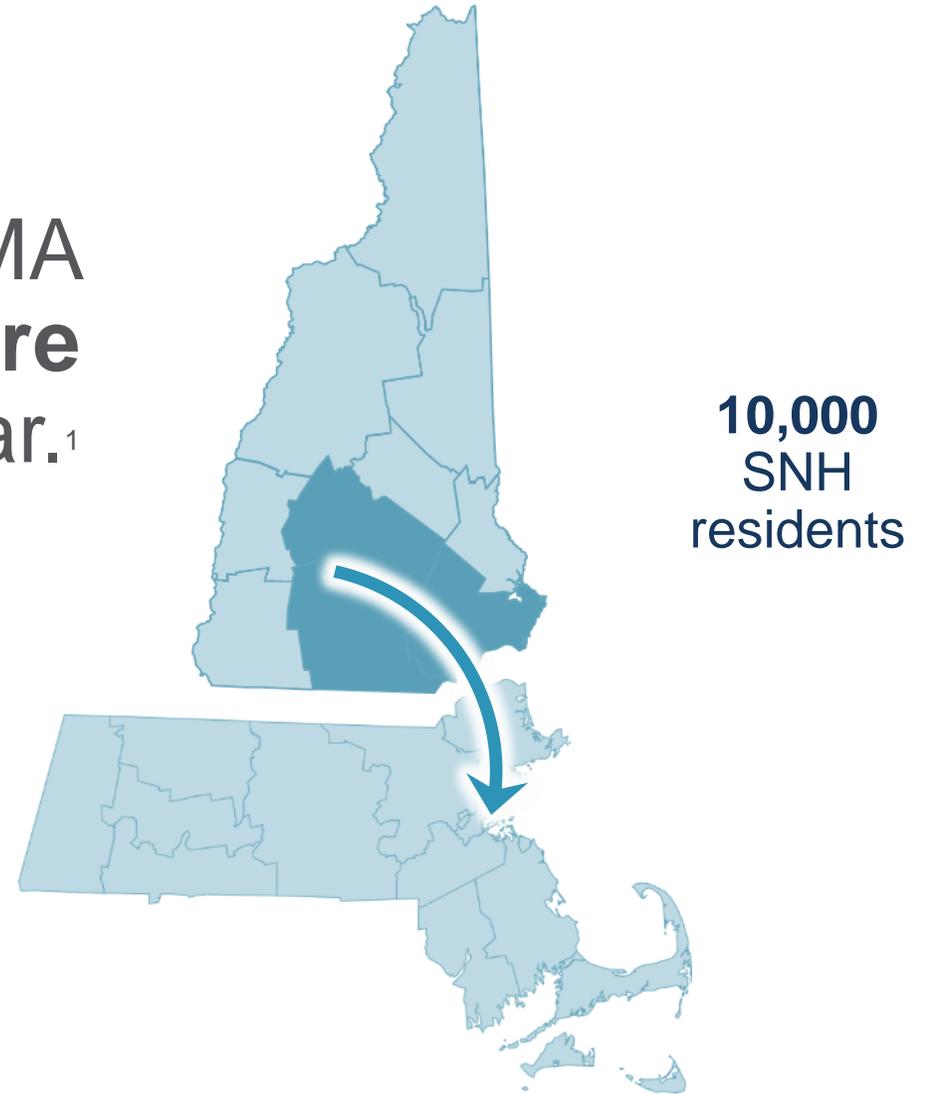
- State-of-the Art Science
- Cutting-Edge Research
- Clinical Trial Access
- Infrastructure and Metrics
- Workforce Development
- Career Progression



Closer to home, lower costs

NH residents go to higher-cost MA hospitals for specialty care **more than 10,000 times** per year.¹

Roughly 80% of them could be treated at CMC if it had capacity.²



Closer to home, better costs

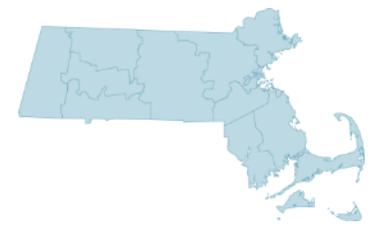
For **Commercial Insurance**,
Massachusetts hospital rates* are

67%

higher than CMC and

41%

more expensive than NH*₁



For **Medicare**,
Massachusetts hospitals are

15%

more expensive
than CMC₂



Benefits + convenience + cost = value

- ✓ Great care, more affordable, closer to home
- ✓ Greater access to academic medicine, training and educating the next generation of great clinicians & researchers
- ✓ Financial stability for hospitals in the system with access to affordable capital
- ✓ Each hospital maintains payer negotiations, already lower cost than MA

CMC's Catholic mission

The Combination preserves CMC's Catholic identity 100%

- Bishop's reserved powers are maintained and undiluted
- CMC's local control stays intact – board, name & leadership
- *Nihil Obstat* issued by Bishop prior to agreement being signed
- Combination vetted by leading Catholic ethicists



Our mission remains intact, our vision is supported

- Patients continue to get the care they do today with more options.
- Community benefits & charity care will be maintained or increase.
- Fundraising, assets, donor-restricted & endowment funds remain under local control.
- We commit to bringing innovation to our communities to make sure people get the care they need when and where they need.

WE ARE



STRONGER



TOGETHER





Questions and Answers

- Request to speak by sign-up at the registration table, or if joining by Zoom, click the “hand” icon.
- When called on to speak, state your name, community, and organization you represent (if any).
- Please refrain from personal attacks and from use of profanity.



Comments May Be Submitted to the Director of Charitable Trusts on or before
October 15, 2021:

Director of Charitable Trusts
NH Department of Justice
33 Capitol Street
Concord, NH 03301

Or by email to: charitabletrusts2@doj.nh.gov

More information about the proposed transaction is available at www.doj.nh.gov/charitable-trusts