



# Public Meeting on Exeter Health Resources Transaction



# WELCOME

Tom Donovan

*Director of Charitable Trusts*

*NH Attorney General's Office*



# INTRODUCTIONS

Ethan DeWitt

*Concord Monitor Journalist*

*2019 Blue Cross/Blue Shield Foundation*

*Health Coverage Fellow*

# Kevin Callahan

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CEO, Exeter Health Resources



**WENTWORTH-DOUGLASS  
HOSPITAL**  
A Mass General Community Hospital



**EXETER HEALTH RESOURCES**  
The Art of Wellness



**MASSACHUSETTS  
GENERAL HOSPITAL**

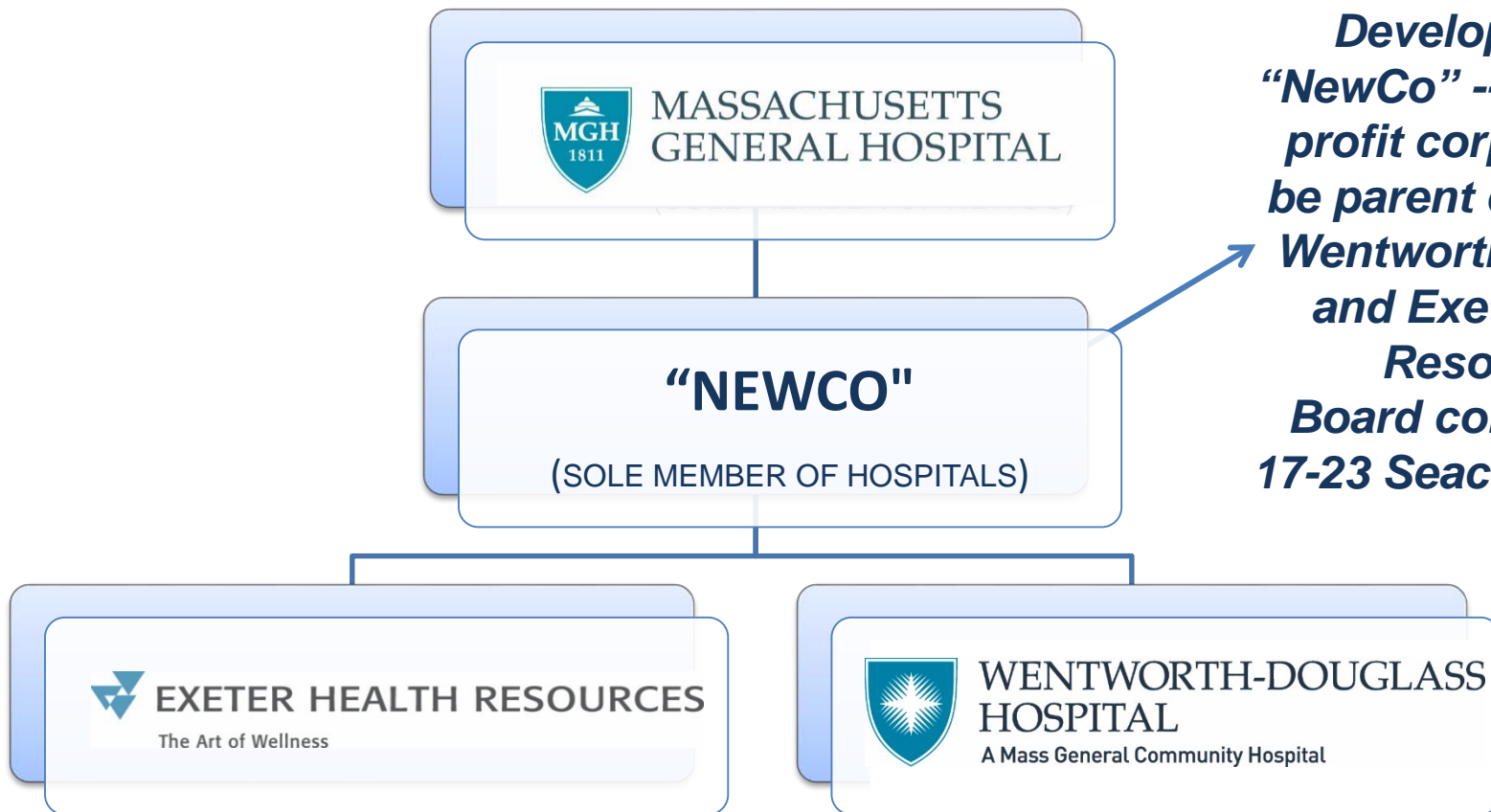
# The Challenge in Front of Us

- A 120 year history of providing care to the greater Exeter community as a small scale, mission driven, independent delivery system with Core Physicians, Exeter Hospital and Rockingham Visiting Nurse Association & Hospice
- Across the nation, and here in NH, small community hospitals face increasing challenges that have a negative impact on their ability to care for their communities
- ***The Critical Question:*** How can we continue to serve this community over the mid to long term with the best, most efficient care possible?

# Exeter's Vision for the Future

- After lengthy deliberation, our Board of Trustees realized that evolution is a necessity if we are to sustain our mission and our commitment to the communities we serve
- **Exeter's Vision:** the best of three worlds:
  - A strong tertiary affiliation to bring scale, infrastructure and advanced capabilities
  - A regional partner to help achieve sustainable local scale, support the growth and create regional access to enhanced and expanded care
  - A structure that keeps the best of Exeter's mission, traditions and values under a NH based governance structure while continuing to care for the communities we have served over the last 120 years

# New Vision for Healthcare on the NH Seacoast



***Development of  
“NewCo” -- a new non-  
profit corporation to  
be parent company of  
Wentworth-Douglass  
and Exeter Health  
Resources.  
Board composition:  
17-23 Seacoast; 4 MGH***

# What Will This Affiliation Mean For Exeter?

- Deepening the foundation for a sustainable but evolving system of care to meet the challenges of today and the future
- Creating capacity to do things we could not do on our own - notably tackling the challenges of improving a population's health
- Investing deeper in our existing clinical strengths and finding new ways to “bend our cost curve”
- Expanding access to the expertise, experience and resources of MGH
- Reinforcing partnerships with local providers and organizations such as Lamprey Health Care and Seacoast Mental Health
- Reducing many of the risks that threaten the sustainability of virtually every small health system across the country and in turn, its community's access to care
  - *Those risks are a real and present threat to Exeter and in turn – this community*



# Gregory Walker, FACHE

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President & CEO, Wentworth-Douglass Hospital



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# New Affiliation

- A not-for-profit, NH-based system
- Governance stays local
- Enhanced ability to serve health care needs of the Seacoast
- Continue to collaborate with Seacoast based healthcare partners
- Collaborative coordination of clinical programs and services across a broader geography

# Why WDH Joined MGH Family

*Wentworth-Douglass joined Mass General family 1/1/2017.*

## ➤ Scale partner to help us

- Strengthen our programs and services
- Enhance quality care
- and Grow services and provider network for more specialized care

## ➤ Successful relationship as a clinical affiliate since 2008 with programs:

- Stroke
- Cancer services including gynecologic oncology
- Trauma and acute care surgery
- Thoracic surgery

# Accomplishments

- Expanded offerings and clinical services
  - Behavioral Health
  - Cardiology (electrophysiology, heart failure, women's heart health)
  - Neuroscience (emergent tele-neurology, epilepsy, neuropsychology, mild to moderate traumatic brain injury)
  - Other Key Areas of Clinical Integration:
    - Advisory/Quality reviews of clinical service areas
    - Joint Recruitment and Retention Opportunities
    - Joint Strategic Planning
    - Multiple certified medical education credits and community education events

# Accomplishments

- **Over \$4.5 million in cost savings in supplies, capital equipment, pharmaceuticals, borrowing costs**
- **Transitions for electronic medical record & business systems**
  - PeopleSoft for HR, Payroll, Purchasing & Supply Chain
  - Epic/Partners eCare EMR system and billing – go-live 10/26/19
- **Ability to lower costs**
  - Anthem contract – evolving to upside and downside capitated risk agreement
  - Medicare ACO risk contract through Partners
  - Partners population health infrastructure

## **Nancy Pettinari, MD, CPE**

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Medical Director, Wentworth Health Partners  
Internist, Wentworth Health Partners Internal Medicine

## **Melanie Lanier, DO**

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Chief Medical Officer, Core Physicians  
Internist, Core Physicians



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# Vision for Improving Behavioral Health

- **Build on existing infrastructure**
- **Integrated program in primary care**
- **Increase access to resources**
- **eConsultation**
- **Work with world renowned MGH resources to develop programming**
  - **Regional MAT & Bridge Clinic; MGH Home Base Program; MGH tele-health services; MGH Psychiatric Academy**
- **Develop comprehensive psychiatric department**
- **Increase access to outpatient appointments**
- **Mental Health Urgent Care & more**

# Tony James

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Senior Vice President, Network Development & Integration  
Massachusetts General Hospital



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# Who is Mass General?



## History

- Chartered in 1811 by an act of the state legislature
- Third oldest general hospital in America
- Largest hospital in New England



Overview of services provided



Relationships with community hospitals

# Enhanced Ability to Serve the Health Care Needs of the Seacoast

- Increasing access in the local communities to specialists and sub-specialists – providing more specialized care locally with expanded programs and services
- Synergistic opportunities to advance care in New Hampshire – caring for patients at the right time, in the right place while improving care coordination
  - Shared Electronic Medical Records
  - System-Wide Quality and Safety Initiatives
  - Expand Behavioral Health and Substance Use Programs
- Benefits of population health management experience
- Ability to recruit and retain highly qualified professional and clinical staff across the system

# William Schleyer

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Chair, Exeter Health Resources Board of Trustees

# Carol Bailey

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Chair, Wentworth-Douglass Board of Trustees



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# Governance & Patient Care

- Wentworth-Douglass perspective
  - Relationship since joining
  - Advancements & abilities to expand care for patients
- Exeter Health Resources perspective
  - Joining a world-class institution



**Commonwealth  
Medicine**

Public & Private Health Solutions

# Analysis of Proposed Transaction

**Exeter Health Resources**

**Wentworth-Douglass Hospital**

**Massachusetts General Hospital**

Public Hearing Presentation

September 9, 2019

Prepared for

**New Hampshire Office  
of the Attorney General  
Charitable Trusts Unit**

Presented by

**Katharine London**

Principal, Health Law & Policy

**Commonwealth Medicine**

Public & Private Health Solutions

University of Massachusetts Medical School

# Agenda



**Background on Proposed Transaction**



**Hospital Profiles**



**Cost & Quality**

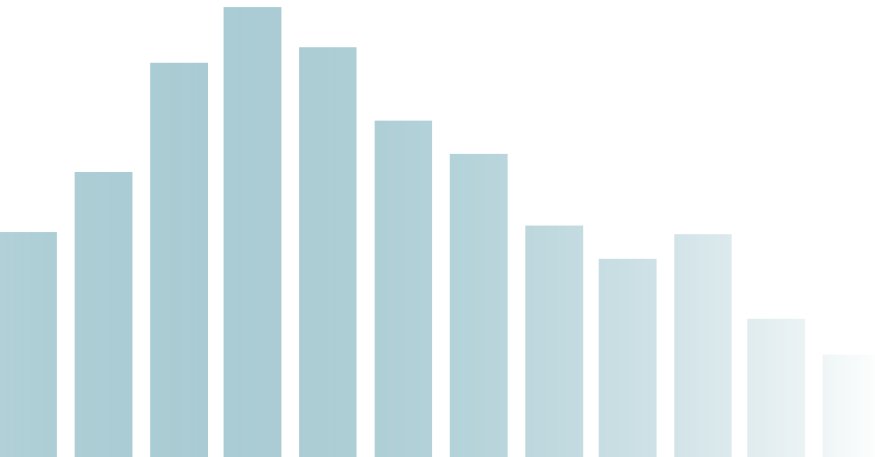


**Community Benefits vs Community Health Needs**



**Questions for Consumers to Consider**

# Background on Proposed Transaction

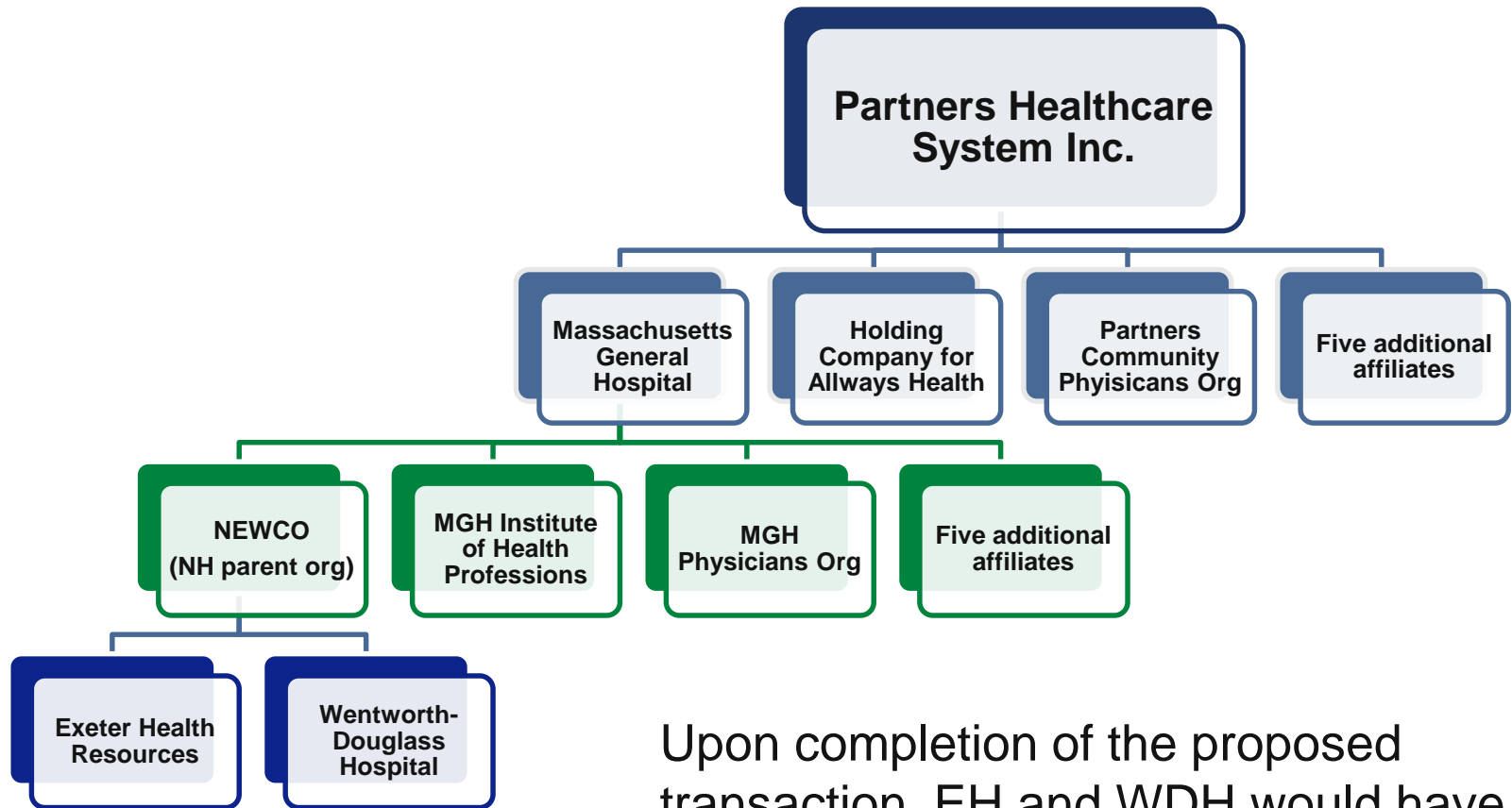


# Outline of Proposed Transaction

- In 2017, Massachusetts General Hospital (MGH) acquired Wentworth-Douglass Hospital (WDH)
- In 2019, Exeter Health Resources (EHR) and WDH proposed an affiliation with MGH. EHR includes Exeter Hospital, Core Physicians, and Rockingham VNA & Hospice
- The hospitals propose forming a new network parent that would encompass Exeter Health Resources and Wentworth-Douglass Hospital
- MGH, along with Brigham and Women's Hospital, is a founding member of Partners HealthCare System, a Boston-based integrated health care delivery system



# Partners Management Structure Post-Transaction



Upon completion of the proposed transaction, EH and WDH would have their own local boards within the larger Partners Healthcare System.

# Potential Benefits

The hospitals say the transaction will benefit the Seacoast region by:

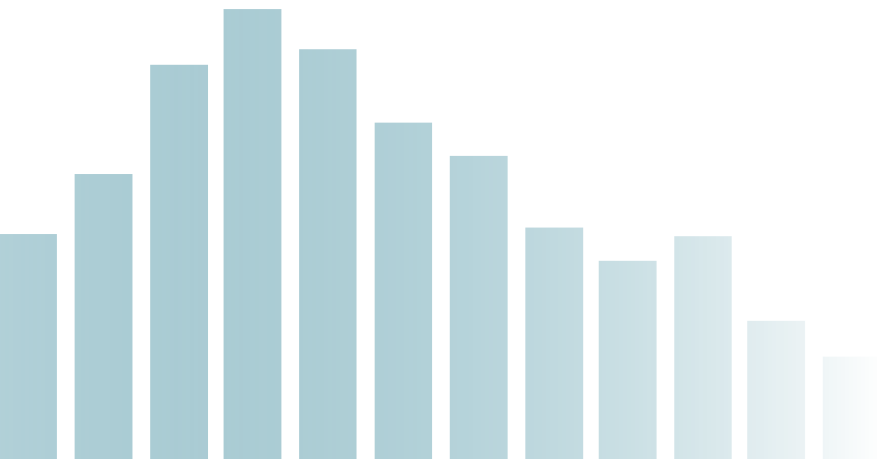
- **Increasing the availability of specialty and sub-specialty care in the region**
- **Implementing system-wide safety, clinical and quality protocols and best practices** to reduce the rate of readmissions and improve the overall patient experience and satisfaction
- **Improving coordination of clinical programs and services across the region**
- **Expanding the availability of mental health and substance use disorders services**
- **Consolidating and coordinating administrative functions** and leveraging technology advantages for greater operational efficiency and cost savings

# Potential Concerns

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

- **Increased costs for insurers or consumers** possibly due to the Partners administrative fee
- **Changes to local control of hospitals**
- **Changes to the local administrative workforce**
- **Changes to the community benefits/investment policies** at WDH or Exeter Hospital (EH)
- **Changes to the provider network** limiting consumer choice of specialists
- **New services duplicating existing services**, drawing patients away from existing local providers

# Hospital Profiles



# Organizations at a Glance

	Exeter Hospital	Wentworth-Douglass Hospital	Massachusetts General Hospital
<b>Total Number of Beds</b>	100 (FY18) <sup>1</sup>	178 (FY18) <sup>4</sup>	1,011 (FY16) <sup>7</sup>
<b>Total Outpatient Visits</b>	213,817 (FY18) <sup>1</sup>	325,537 (FY18) <sup>4</sup>	1,500,000 (FY16) <sup>7</sup>
<b>Total Charity Care*</b>	\$ 897,185 (FY18) <sup>2</sup>	\$ 1,474,582 (FY18) <sup>5</sup>	\$ 49,019,658 (FY16) <sup>8</sup>
<b>Total Employees</b>	2,345 (FY18) <sup>1</sup>	2,841 (FY17) <sup>4</sup>	25,622 (FY16) <sup>7</sup>
<b>Total Expenses</b>	\$ 205,476,283 (FY18) <sup>3</sup>	\$ 280,729,695 (FY18) <sup>6</sup>	\$ 2,674,077,046 (FY18) <sup>9</sup>
<b>Total Net Patient Service Revenue</b>	\$ 244,454,054 (FY18) <sup>3</sup>	\$ 334,984,494 (FY18) <sup>6</sup>	\$ 2,903,757,623 (FY18) <sup>9</sup>

*\*Total Charity Care for Exeter Hospital includes only expenses for Exeter Hospital. Core Physicians and Rockingham VNA and Hospice file separate Community Benefit Reports which include additional charity care expenditures.*

- EH and WDH are medium-size hospitals, MGH is very large
- EH is the smallest of these 3 hospitals by all measures

# Financial Status

All 3 hospitals' financial status is strong.

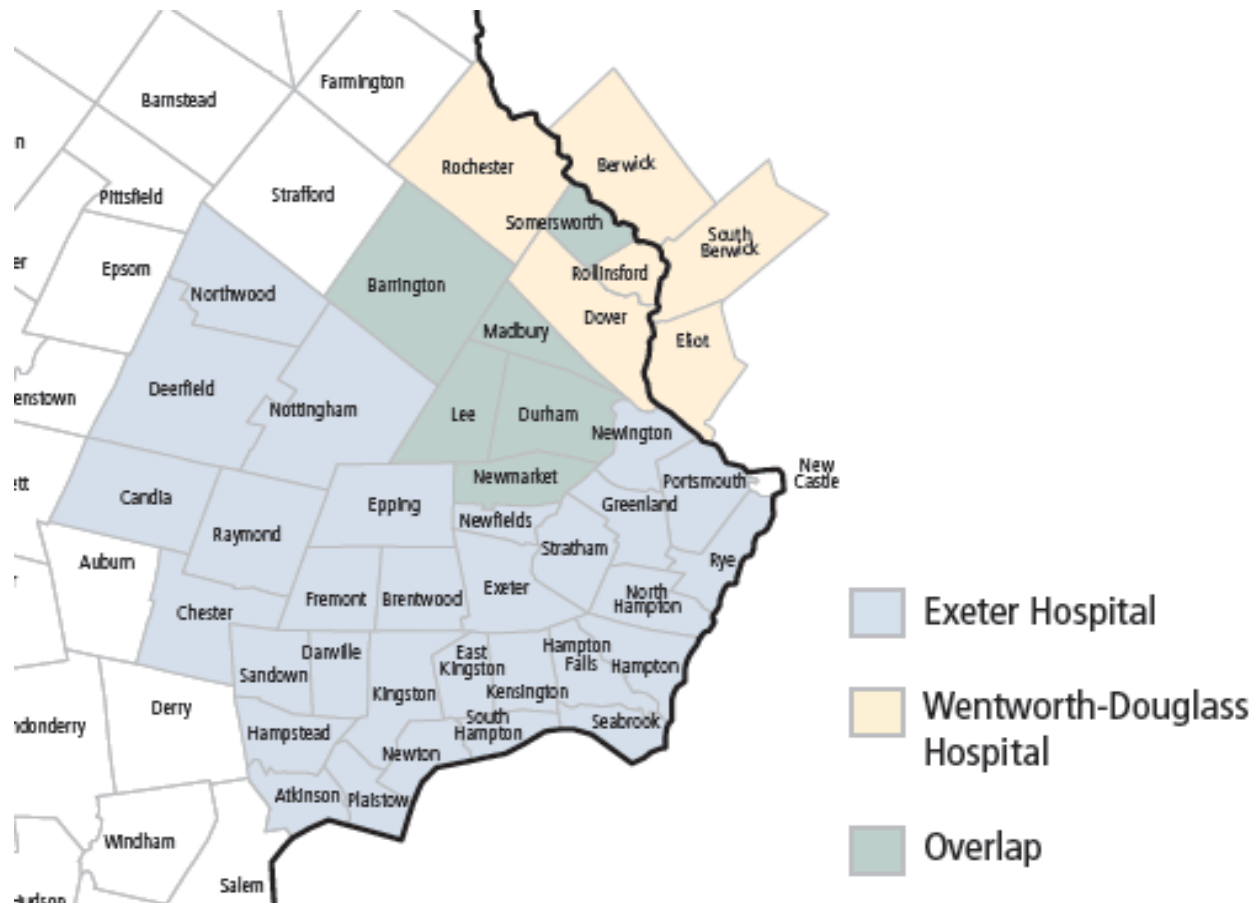
Operating Margin	2014	2015	2016	2017	Average 2014 - 2017
EH* <sup>10</sup>	2.2%	4.4%	8.7%	6.9%	5.5%
WDH <sup>11</sup>	10.6%	12.0%	10.0%	12.1%	11.2%
MGH <sup>12</sup>	5.6%	6.1%	3.9%	5.5%	5.2%
NH Statewide Industry Average**	1.1%	0.3%	2.3%	1.9%	1.4%

Total Margin	2014	2015	2016	2017	Average 2014 - 2017
EH* <sup>10</sup>	8.5%	3.1%	13.8%	16.1%	10.4%
WDH <sup>11</sup>	6.4%	6.7%	8.6%	9.1%	7.7%
MGH <sup>12</sup>	6.0%	5.0%	3.9%	5.7%	5.3%
NH Statewide Industry Average**	5.6%	3.2%	7.4%	7.8%	6.0%

*\*The authors calculated margins for EH and WDH from data reported on the CMS Hospital Form 2552-10 Cost Reports. This cost report does not include data for EHR affiliates Core Physicians and Rockingham VNA & Hospice. EHR's consolidated financial status may differ from the hospital's alone.*

*\*\*The authors calculated a combined margin for all New Hampshire acute care hospitals using data reported on the CMS Hospital Form 2552-10 Cost Reports for New Hampshire acute care hospitals.*

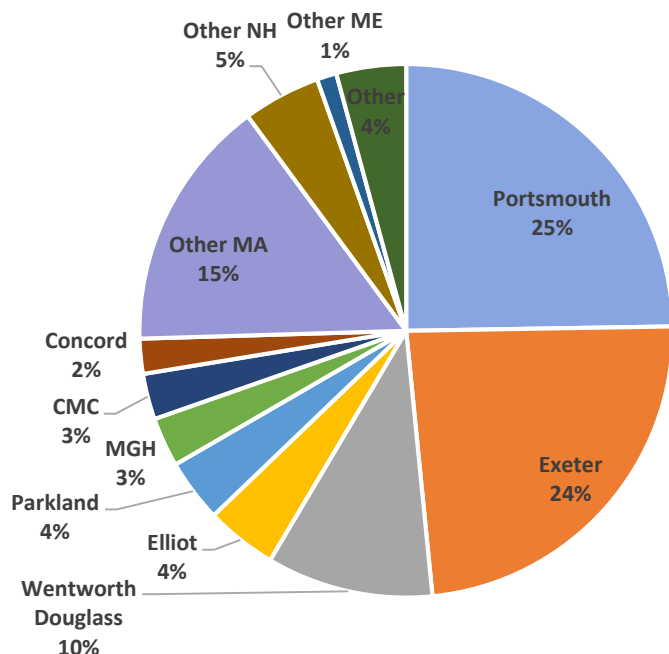
# Communities Served



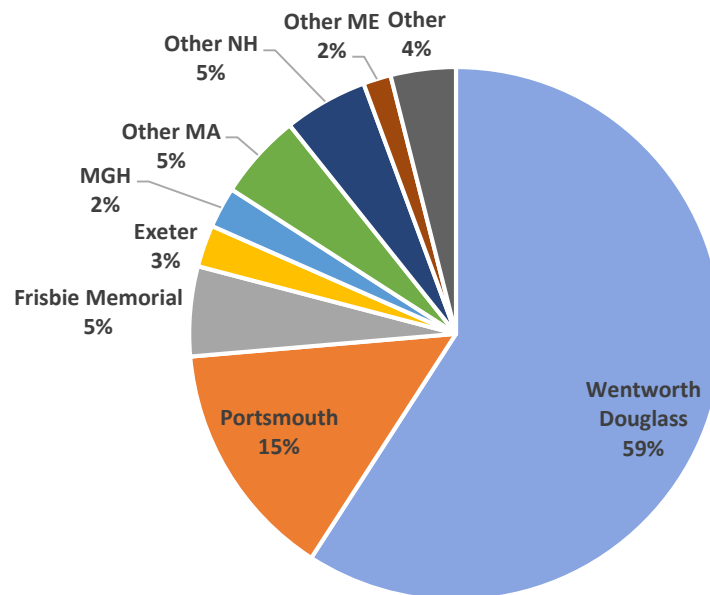
This map shows the communities that EH and WDH serve, as listed in their respective 2018 Community Benefit Reports. <sup>13, 14</sup>

# Hospitals Serving EH and WDH's NH Communities\*

Percent of Patient Days by Facility  
For NH Communities Served by Exeter Hospital



Percent of Patient Days by Facility  
for NH Communities Served by WDH

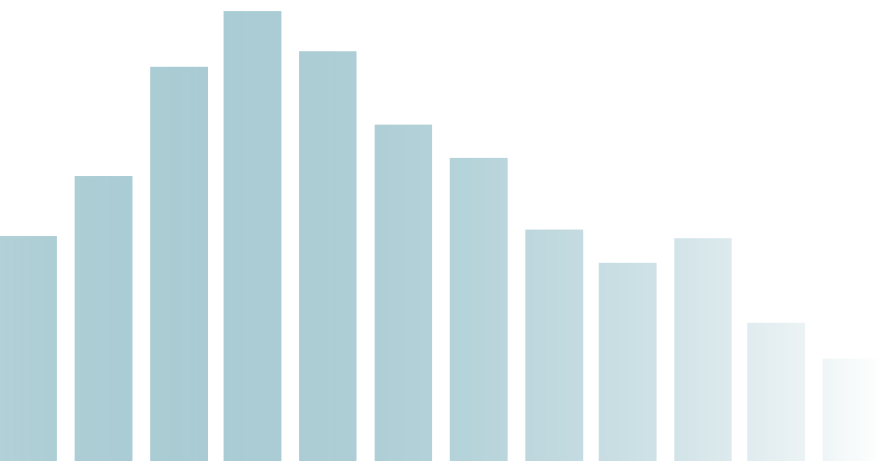


*\*Note: The patient days were calculated using data for NH patient claims only. Claims for out of state patients, including communities served in Maine, are not included.*

- Approximately 1/3 of patient days for patients who live in communities served by EH are provided by facilities outside the local area.<sup>15</sup>
- Approximately 18% of patient days for patients who live in communities served by WDH are provided by facilities outside the local area.<sup>16</sup>



# Cost & Quality



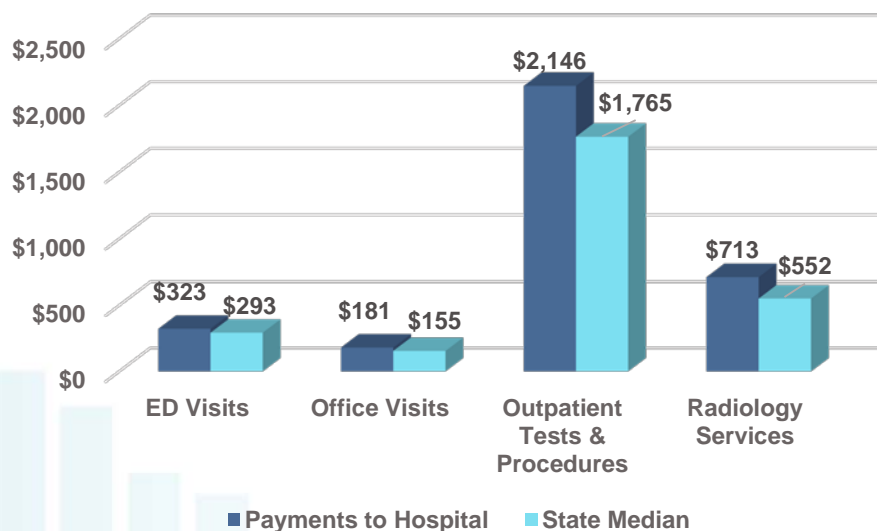
# Hospital Private Insurance Payment Levels

These charts show the average payments EH and WDH receive for the services each hospital provides, compared to the state median payment for the same sets of services.\*

- The payments both hospitals receive from private payers are higher than the state median for most services.
- WDH's payments from private insurers for emergency services are slightly lower than the state median.

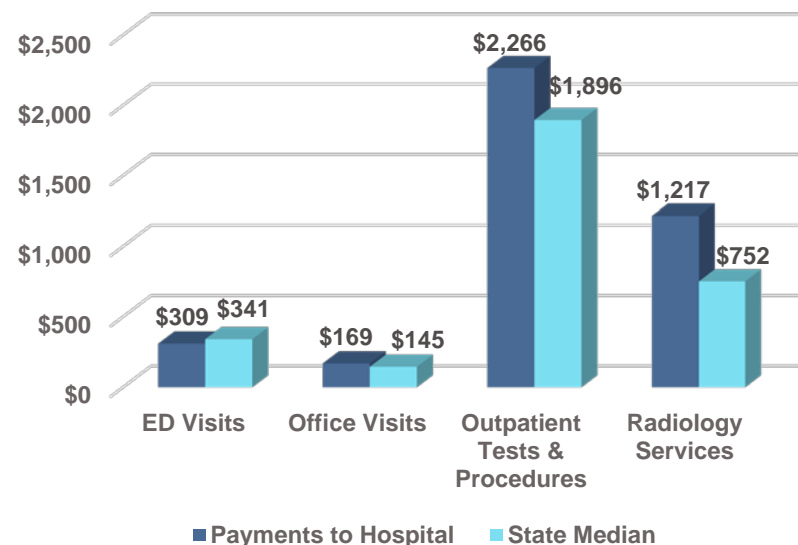
## Exeter Hospital <sup>17</sup>

Private insurance payments compared to  
NH state median



## Wentworth-Douglass Hospital <sup>18</sup>

Private insurance payments compared to  
NH state median



\*Each hospital provides a different set of services. The light blue bar shows the amount each hospital would receive, on average, if it billed for its services at the state median rate.

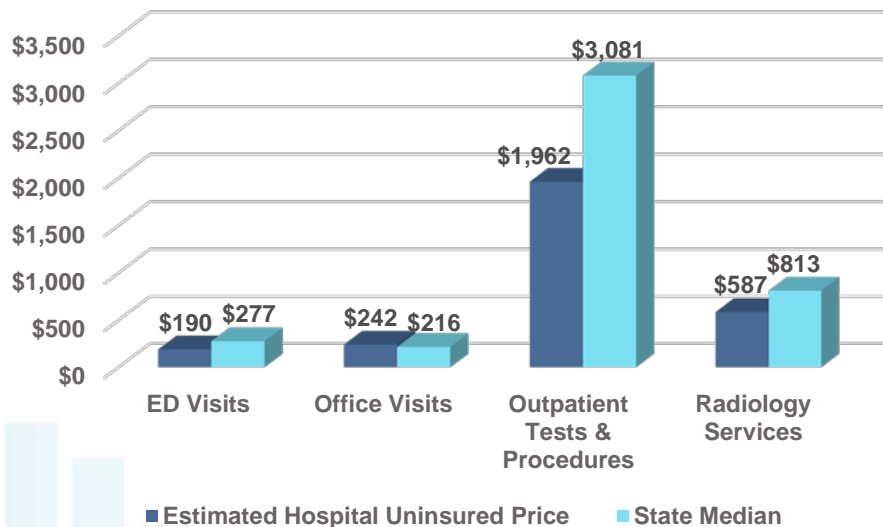
# Uninsured Prices

These charts show EH and WDH's estimated prices to uninsured patients for the services each hospital provides, compared to the state median price for the services each hospital provides.

- EH gives greater discounts to uninsured patients.

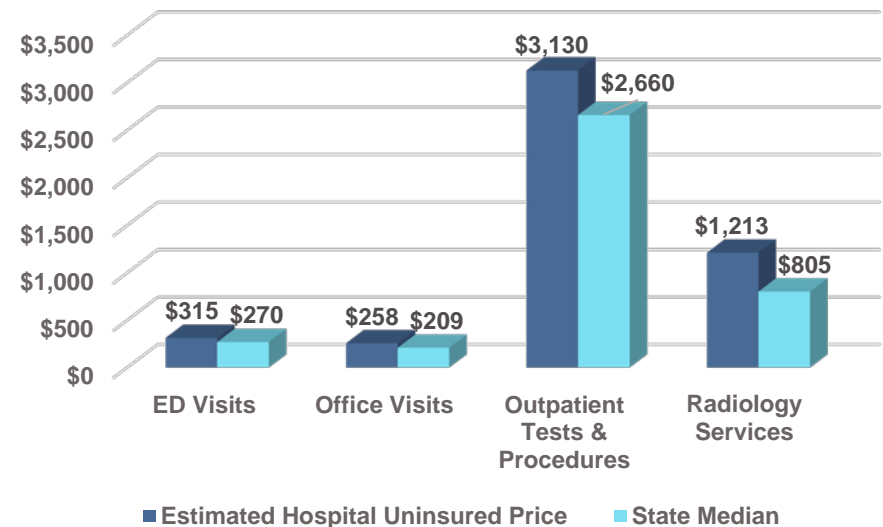
## Exeter Hospital <sup>19</sup>

Estimated uninsured prices compared to  
NH state median



## Wentworth-Douglass Hospital <sup>20</sup>

Estimated uninsured prices compared to  
NH state median



*\*Each hospital provides a different set of services. The light blue bar shows the average price if the hospital billed for its services at the state median rate.*

# Quality Ratings

<b>Quality Statistics Summary</b>				
The table below offers a view of EH, WDH and MGH performance on quality of care scores from two different sources: NH HealthCost and CMS Hospital Compare.				
<i>Source</i>	<i>Measure</i>	<i>Exeter Hospital</i>	<i>Wentworth-Douglass Hospital</i>	<i>Massachusetts General Hospital</i>
<b>NH HealthCost Quality of Care Scores <sup>21</sup></b>	Quality of Care Measures Better Than Average	5 out of 20	3 out of 19	N/A
	Quality of Care Measures Near Average	13 out of 20	13 out of 19	N/A
	Quality of Care Measures Worse Than Average	2 out of 20	3 out of 19	N/A
<b>CMS Hospital Compare <sup>22</sup></b>	Overall Rating	5 out of 5 stars	5 out of 5 stars	5 out of 5 stars
	Patient Survey Rating	4 out of 5 stars	4 out of 5 stars	4 out of 5 stars
	Percent of patients who would recommend the hospital	75% (Above national average)	84% (Above national average)	89% (Above national average)
	Percent of patients who received help as soon as they wanted it	73% (Above national average)	69% (Below national average)	67% (Below national average)
	Cancer Care Rating	Above national average	Below national average	Above national average
	Colonoscopy Follow-Up Rating	Above national average	Above national average	Above national average
	Unplanned Readmission Rating	No different than national rate	No different than national rate	No different than national rate

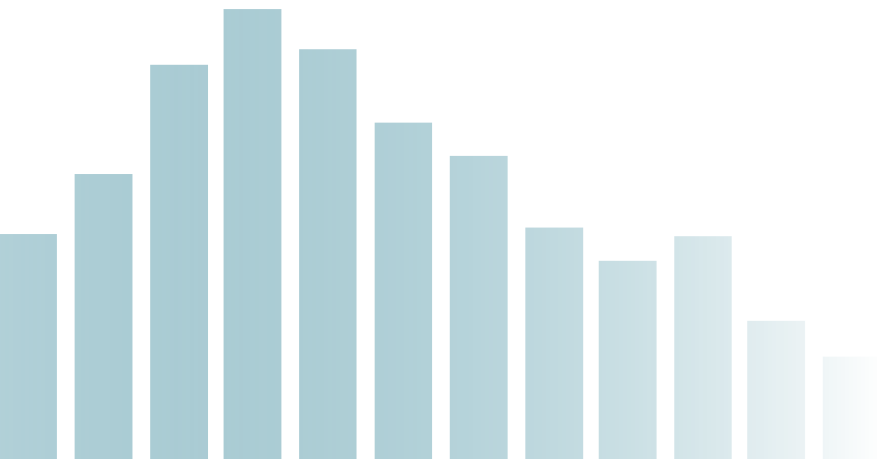
The three hospitals received similar scores overall on multiple sets of quality measures.

# Patient Experience Survey Ratings

The table below offers a view of EH, WDH and MGH performance on patient experience survey questions from CMS Hospital Compare. <sup>23</sup>					
Measure Description	Exeter Hospital	Wentworth-Douglass Hospital	Massachusetts General Hospital	NH Average	National Average
Patient survey summary star rating.	4 out of 5 stars	4 out of 5 stars	4 out of 5 stars		
Patients who reported that their nurses "Always" communicated well	86%	86%	83%	82%	81%
Patients who reported that their doctors "Always" communicated well	85%	85%	83%	82%	81%
Patients who reported that they "Always" received help as soon as they wanted	73%	69%	67%	71%	70%
Patients who reported that staff "Always" explained about medicines before giving it to them	69%	71%	66%	65%	66%
Patients who reported that their room and bathroom were "Always" clean	76%	86%	71%	78%	75%
Patients who reported that the area around their room was "Always" quiet at night	51%	63%	53%	55%	62%
Patients who reported that YES, they were given information about what to do during their recovery at home	91%	93%	90%	89%	87%
Patients who "Strongly Agree" they understood their care when they left the hospital	58%	60%	58%	54%	53%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	76%	81%	82%	72%	73%
Patients who reported YES, they would definitely recommend the hospital	75%	84%	89%	73%	72%

Measures highlighted in shades of green are scores higher than the state and national averages. Scores highlighted in shades of red are lower than the state and national averages.

# Community Health Needs and Community Benefits



**Commonwealth  
Medicine**

[commmed.umassmed.edu](http://commmed.umassmed.edu)

# Key Population Health Measures by County

Measure	Rockingham County	Strafford County	New Hampshire
Number of asthma related ED visits *	410 <sup>24</sup>	536 <sup>24</sup>	337 <sup>25</sup>
Number of diabetes related hospitalizations *	1,331 <sup>26</sup>	1,916 <sup>26</sup>	1,419 <sup>26</sup>
Number of drug related ED visits *	177 <sup>27</sup>	675 <sup>27</sup>	413 <sup>27</sup>
Persons living with a diagnosis of HIV *	208 <sup>29</sup>	107 <sup>28</sup>	108 <sup>29</sup>
Newly diagnosed chlamydia cases *	220 <sup>30</sup>	378 <sup>30</sup>	271 <sup>30</sup>
Ratio of population to primary care physicians	1,300:1 <sup>32</sup>	1,400:1 <sup>31</sup>	1,100:1 <sup>32</sup>
Ratio of population to dentists	1,460:1 <sup>32</sup>	1,430:1 <sup>31</sup>	1,370:1 <sup>32</sup>
Ratio of population to mental health providers	470:1 <sup>32</sup>	440:1 <sup>31</sup>	350:1 <sup>32</sup>

*\*Per 100,000 people*

- Both counties performed similar to, or better than the state average on many population health measures.
- Both counties have some ongoing health challenges, including those highlighted above.

# Community Health Needs Identified by EH and WDH

Exeter Hospital <sup>33</sup>	Wentworth-Douglass Hospital <sup>34</sup>
<ul style="list-style-type: none"><li>• Access to care due to insurance coverage cost barriers</li><li>• Substance abuse and addiction</li><li>• Access to mental health services</li><li>• Youth suicide prevention</li><li>• Healthcare related transportation, with an emphasis on transportation for elders and individuals with disabilities</li><li>• Affordable housing and homelessness</li><li>• Elder care and support services</li></ul>	<ul style="list-style-type: none"><li>• Affordability of care and insurance barriers</li><li>• Community health education</li><li>• Dental health and access to dental health care</li><li>• General healthcare and access to primary care services</li><li>• Mental health and access to mental health services</li><li>• Needs of the aging population</li><li>• Obesity, nutrition and physical activity</li><li>• Poverty and lack of economic opportunity</li><li>• Substance misuse and access to substance misuse treatment services</li><li>• Transportation</li></ul>

- Each hospital identified numerous community health needs in its most recent assessment.
- Several community health needs are common to both hospitals, as highlighted above.



# Benefits Provided to Surrounding Communities

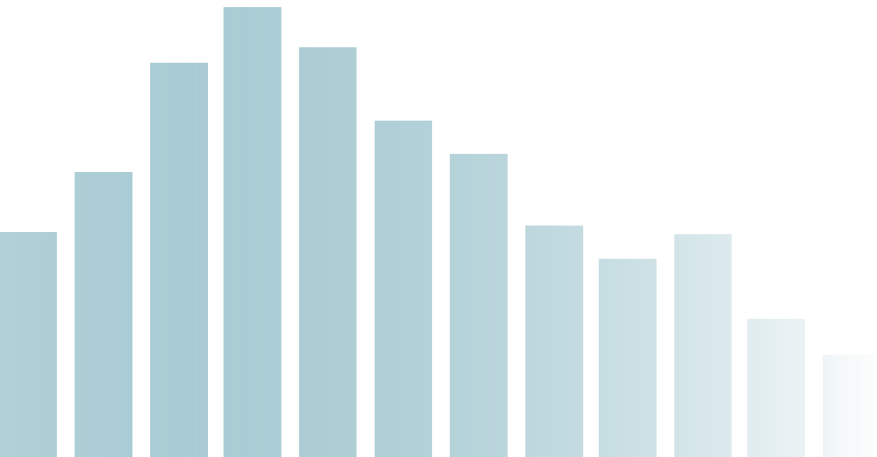
	Exeter Hospital * <sup>35</sup>	Wentworth-Douglass Hospital <sup>36</sup>
Benefit Description	Unreimbursed Costs FY 2018	
(1) Community Health	\$1,030,997	\$1,239,450
(2) Health Professions Education	\$1,784,856	\$27,754
(3) Subsidized Health Services	\$3,497,430**	\$15,652,602***
(4) Medical Research	\$385,717	\$505,718
(5) Financial Contributions	\$934,075	\$625,262
(6) Community Building Activities	\$68,772	\$348,666
(7) Community Benefit Operations	\$155,904	\$35,248
(8) Charity Care	\$897,185	\$1,474,582
<b>Total Community Benefits</b>	<b>\$8,754,936</b>	<b>\$19,909,281</b>

\*Benefits reported for Exeter Hospital includes only Exeter Hospital. Core Physicians and Rockingham VNA and Hospice file separate Community Benefit Reports, which include additional expenditures.

\*\*EH in its annual Community Benefit Report, accounts for subsidized health services for the following Core physician practices: Pulmonary and Critical Care; Infectious Disease; and Interventional Cardiology and Vascular Surgery (other medical specialties). The subsidies at these practices make up 100% of the subsidized health services section in the 2018 Community Benefits Report.

\*\*\*WDH in its annual Community Benefit Report, accounts for subsidized health services for WDH owned physician practices, including subsidies for behavioral health and dental health that were previously reported within Community Based Clinical Services until 2016. These subsidies at WDH owned physician practices make up 100% of the subsidized health services section in the 2018 Community Benefits Report.

# Questions for Consumers to Consider



# Questions for Consideration

- Is the proposed transaction in the best interest of the health care charitable trust (Exeter Health Resources) and the community?
- Will the transaction result in better access to care by making more clinical services available locally? How will the new entity encourage physicians to move their practices to NH?
- Will the transaction result in lower cost of services by providing more services locally at lower cost than in Massachusetts?
- Will the transaction result in higher local costs that outweigh any savings?
- Will the transaction improve the financial stability of the affiliated partners? Will the transaction improve the financial stability of other local health care entities?

# Questions for Consideration

- Will the transaction result in better quality and safety of clinical services available locally? Will the new entity provide tools and incentives for primary care clinicians to better coordinate their patients' care?
- Will the transaction provide better access to services for uninsured individuals? For individuals with Medicaid coverage? Medicare coverage?
- Will the transaction result in greater investment in community benefits, such as public health initiatives? Will the new entity work with local partners to strengthen their community benefit plans?
- Will the transaction increase or decrease local employment?

# 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](mailto:charitabletrusts2@doj.nh.gov)

More information about the proposed transaction is available at:

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

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# Thank You



## **Katharine London**

Public & Private Health Solutions,

Principal, Health Law & Policy

[Katharine.London@umassmed.edu](mailto:Katharine.London@umassmed.edu)

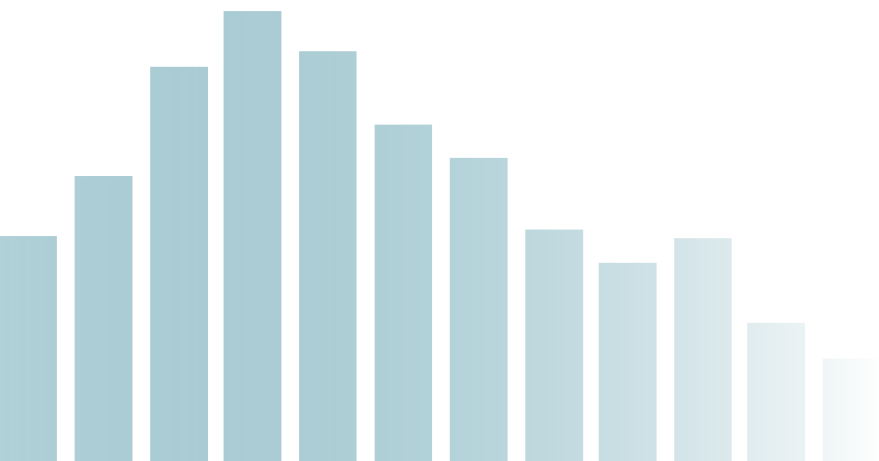
617-886-8196

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## **Commonwealth Medicine**

University of Massachusetts Medical School  
529 Main St., Charlestown, MA 02129-1120

# Appendix





# Appendix: Citations

1. NH Department of Justice. Exhibit 22g to Notice Documents for Pending Hospital Transaction between Exeter Hospital/Wentworth-Douglass Hospital/Massachusetts General Hospital. Available at <https://www.doj.nh.gov/charitable-trusts/hospitals.htm> Accessed August 29, 2019.
2. Exeter Hospital Community Benefit Report, 2018. Available at <https://www.exeterhospital.com/About-Us/Community-Benefits>. Accessed on August 29, 2019.
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# Q&A

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*2019 Blue Cross/Blue Shield Foundation*

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# 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](mailto:charitabletrusts2@doj.nh.gov)

More information about the proposed transaction is available at:

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