

Preliminary Recommendations from the Task Force on the Primary Care and Specialty Workforce

In North Carolina and around the country, the growth in the provider supply has not kept pace with the growth in the overall population or the increase demand for health services. North Carolina is likely to be faced with a serious provider shortage over the next 20 years given the growth in the population, aging of the population, and increase in chronic diseases. There are two different approaches the state can take to address this problem: restructure the healthcare delivery and finance system to create new, and more efficient, systems of care or increase provider supply. These options are not mutually exclusive. In addition to the projected overall provider supply shortage, the state is currently facing a significant maldistribution problem. North Carolina is a largely rural state and access to healthcare in rural areas has historically been a challenge. Some urban communities also face serious access barriers. The state also faces a significant shortage of minority providers. In addition, North Carolina needs to have an appropriate mix of provider types, especially with respect to primary care and specialty care, which are critical to the cost-effectiveness and quality of care for the entire population.

To examine these issues, the North Carolina Institute of Medicine (NC IOM) convened a Task Force to study the primary care and specialty workforce. The work was funded by the Kate B. Reynolds Charitable Trust. The Task Force was chaired by E. Harvey Estes, Jr., MD, Distinguished Professor Emeritus in the Department of Community and Family Medicine at Duke University. Approximately 30 other members, representing medical schools, hospitals, health systems, healthcare providers, medical societies, and NC Area Health Education Centers Program also served on the Task Force. The NC IOM Task Force on the Primary Care and Specialty Workforce met over a period of 12 months and made the following preliminary recommendations about how North Carolina can avoid a provider supply crisis.

The table below shows the abbreviated recommendations and the areas of concern they each address. The recommendations in their entirety are presented after the table.

Table Legend

* Recommendations that are in bold font have been identified as priority recommendations.

** Recommendations that examine the mix of specialists are marked with a "X". The recommendations that apply to specific provider specialties are listed as: PC (primary care focused), Del (providers who deliver babies), Psych (psychiatrist or mental health providers), Surg (general surgeons), Ger (geriatrics), DO (Doctors of Osteopathy), PA (physician assistants specifically), NP (nurse practitioners specifically) or CNM (certified nurse midwives specifically).

** The column entitled "new models" includes any recommendation that focuses on new models of delivering care to meet the changing healthcare needs of the population, including but not limited to interdisciplinary team training or greater use of telemedicine.

Recommendation*	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Overall Provider Supply						
A1. NC General Assembly should appropriate \$170,000 to support and expand the health professional workforce research center and create an ongoing Health Workforce Policy Board	✓	✓	✓	✓	✓	✓
A2. NC foundations should help fund new models of care for improving the quality and efficiency of primary and specialty care, and if effective payers should support these efforts	✓				✓	
A3. NC General Assembly should appropriate \$2.5 million to the Carolinas Center for Medical Excellence and \$4.8 million to the NC Medical Society Foundation to support information technology for practices	✓				✓	✓
A4. NC medical schools should increase enrollment by 30%	✓	✓	✓	✓	✓	
A5. If A4 cannot be done, NC General Assembly should consider the creation of a new medical school	✓	✓	✓	✓	✓	
A6. NC General Assembly should appropriate funds to pay for allocated seats for NC students in osteopathic schools in other states	✓			DO		
A7. NC physician assistant and nurse practitioner programs and ECU's Nurse Midwifery program should increase student enrollment by 30%	✓	✓	✓	PA, NP, CNM, Ger., Psych	✓	
A8. NC General Assembly should financially encourage health professional schools that address the unmet health needs of the state's population and should require reporting to ensure accountability	✓	✓	✓	✓	✓	
A9. NC General Assembly should appropriate \$13 million to AHEC to support expanded clinical rotations and primary care residency programs	✓	✓	✓	PC	✓	
A10. NC residency programs should consider seeking joint accreditation by the American Osteopathic Association	✓			DO		
A11. NC Office of Rural Health and Community Care, in collaboration with other groups, should conduct marketing and outreach campaigns to emphasize the positive practice environment in NC	✓					✓
A12. NC General Assembly should help maintain and improve the positive regulatory environment for physicians	✓				✓	✓
A13. Institutes of higher education and AHEC should offer courses that would increase the supply of practice managers and improve the skills of existing practice managers	✓	✓				✓

Recommendation*	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Maldistribution						
B1. NC Department of Public Instruction, institutes of higher education, and AHEC should collaborate to create, coordinate, and expand health professional pipeline programs for underrepresented students		✓	✓			
B2. Medical schools should create targeted programs and modify their admission policies to increase the number of students with an expressed interest in serving underserved populations		✓				
B3. NC General Assembly should incentivize providers to practice in underserved areas		✓				
B4. NC foundations should fund regional, multi-county demonstrations to test new models of care to serve patients in rural and urban underserved areas, and if effective payers should support these efforts		✓			✓	
B5. NC General Assembly should appropriate \$1,615,600 to the Office of Rural Health and Community Care to recruit and provide financial incentives for practitioners in underserved areas	✓	✓	✓			
Underrepresented Minorities						
C1. NC and its medical and health professional schools should consider and implement strategies to expand the number of underrepresented minority healthcare providers			✓			
C2. NC medical and health professional schools should recruit and admit more bilingual and bicultural students, offer Spanish medical language courses, and build cultural sensitivity training into their curricula			✓			
C3. AHEC should expand existing Spanish language programs and cultural competency and cultural sensitivity training			✓			
C4. NC General Assembly should create a grants program to incentivize medical schools and health professional training programs to produce more bilingual and bicultural healthcare professionals			✓			
C5. NC community college system should put a greater emphasis on recruiting and training bilingual and bicultural staff to work in medical offices			✓			
C6. AHEC should evaluate existing minority health professional pipeline programs and expand the most successful programs, develop a statewide student tracking system across the educational pipeline, and provide practice support to underrepresented minority health professionals who practice in underserved areas			✓			
C7. NC General Assembly should appropriate funding to diversity programs that lost Title VII funding			✓			

Preliminary Recommendations

Recommendation*	Overall Supply	Maldistribution	Underrepresented Minorities	Specialty Supply**	New Models of Care***	Practice Environment
Specialty Supply						
D1. State Employees' Health Plan and Division of Medical Assistance should enhance payments to primary care providers to value diagnostic and cognitive skills, incentivizing medical home and chronic disease case management				PC		✓
D2. NC General Assembly should help maintain and improve positive regulatory environments for non-physician providers				PA, NP, CNM		
D3. NC OB/GYN Society, AHEC, ECU's Nurse Midwifery program, NC Academy of Family Physicians, and NC medical schools should encourage the acceptance of certified nurse midwives in practice				CNM		
D4. NC General Assembly should appropriate \$206,000 annually to expand ECU's Nurse Midwifery program by 30%				CNM		
D5. NC General Assembly should appropriate \$2 million to provide malpractice premium subsidies for delivery services in medically underserved areas		✓		Del		
D6. NC medical schools, health professional programs, specialty societies, and AHEC should expand the mental and behavioral health and psychopharmacology components of training				Psych		
D7. NC General Assembly and NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should provide funding to targeted rural communities to establish new models of care to serve public patients in rural and underserved communities		✓		Psych	✓	✓
D8. NC General Assembly, public and private insurers and payers, NC Division of Medical Assistance, and NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should pay for psychiatric consultations for primary care providers and psychiatric services provided by primary care providers, and ensure the adequacy of reimbursement levels for mental and behavioral health services		✓		Psych	✓	

RECOMMENDATIONS

Overall Provider Supply Recommendations

Recommendation A1. (Priority Recommendation)

- a) The NC General Assembly should appropriate \$170,000 to support and expand the health professional workforce research center charged with examining current and future needs for health professionals, which is housed within the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. Research should be conducted at the individual practitioner level, as well as the practice level. The Center will expand its current research to include analyses that:
- 1) Identify the need for physicians, nurse practitioners, physician assistants, and certified nurse midwives to meet the healthcare needs of the state 5, 10, and 20 years into the future;
 - 2) Identify new models of care that can improve the quality and efficiency of care offered by North Carolina providers;
 - 3) Examine the distribution of physicians, nurse practitioners, physician assistants, and certified nurse midwives across the state;
 - 4) Examine trends in the supply of minority health professionals in comparison to the general population;
 - 5) Examine trends in the numbers of primary care and specialty providers by specialty area;
 - 6) Examine changes in health status and socio-demographic factors that might influence future healthcare needs, so as to examine the mix of the healthcare professionals necessary to address the state's healthcare needs; and
 - 7) Identify barriers that affect entry into the health professional workforce or continued practice, if any.
- b) The NC General Assembly should create an ongoing Health Workforce Policy Board that is charged with developing strategies to address impending health professional workforce shortages. The Board will include representation from the NC Office of the Secretary, NC Department of Health and Human Services, NC Office of Rural Health and Community Care, NC Area Health Education Centers Program, five North Carolina academic health centers, relevant professional associations and licensing boards, NC Hospital Association, NC Medical Society Foundation, and non-medical public members. The Board shall identify strategies to:
- 1) Develop new models of care that encourage quality and efficiency of healthcare services;
 - 2) Increase the overall supply of physicians, nurse practitioners, physician assistants, and certified nurse midwives to meet the unmet health needs of the state's growing population;
 - 3) Encourage more health professionals to practice in health professional shortage areas;
 - 4) Establish priorities for which types of provider specialties are most needed to meet the healthcare needs of the state;
 - 5) Increase the supply of underrepresented minorities in the profession;
 - 6) Ensure the mix of health professionals is appropriate to meet the changing healthcare needs of the state; and

- 7) Address barriers that affect entry into the health professional workforce or continued practice, if any.

The Health Workforce Policy Board should report its findings and proposed recommendations, on an annual basis, to the NC Board of Governors and the NC General Assembly.

Recommendation A2. (Priority Recommendation)

In order to develop and implement new models of care,

- a) North Carolina foundations should help fund new models of care for improving the quality and efficiency of primary and specialty care across North Carolina. The new models should be evaluated to determine if they improve quality of care and/or efficiency.
- b) The State Health Plan, Division of Medical Assistance, and private insurers should modify reimbursement policies to support the long-term viability of new models that have been shown to improve quality and/or efficiency.

Recommendation A3. (Priority Recommendation)

The NC General Assembly should appropriate:

- a) \$2.5 million to the Carolinas Center for Medical Excellence to increase the number of practices that receive technical assistance under the Doctor's Office Quality-Information Technology project and to expand this assistance to include pediatric offices; and
- b) \$4.8 million to the NC Medical Society Foundation to provide grants to small or solo practitioners to purchase health information technologies to improve quality performance and practice efficiencies.

Recommendation A4. (Priority Recommendation)

The North Carolina medical schools should increase enrollment by 30% (AAMC recommendation). The expansion can be accomplished through an increase in enrollment on the existing campuses or through a satellite campus. In expanding the programs, medical schools should consider changing the admissions criteria or using other strategies to increase the overall supply of physicians practicing in the state, increase the numbers of physicians who set up practice in underserved areas, increase the number of physicians who specialize in shortage specialties, increase the number of underrepresented minority physicians practicing in the state, and enhance interdisciplinary team training.

Recommendation A5.

If the current medical schools are unable to increase enrollment by 30%, then the NC General Assembly should consider the creation of a new public allopathic or osteopathic medical school, or provide incentives to encourage the development of a new private medical school. Specifically:

- a) The NC General Assembly should appropriate funds to build a new state-supported allopathic or osteopathic medical school that will focus on increasing the supply of physicians who practice in North Carolina, particularly those willing to practice in medically underserved areas or in shortage specialties. Special consideration should be given to create a medical school that focuses on increasing the number of underrepresented minority physicians in the state, increasing the overall supply of physicians practicing in the state, increasing the number of physicians who set up practice in underserved areas, increasing the number of physicians who specialize in shortage specialties, and enhancing interdisciplinary team training.

- b) Alternatively, as part of the state’s efforts to increase economic development in communities across the state, the Department of Commerce should consider incentives to attract private osteopathic or allopathic medical schools into the state.

Recommendation A6.

The NC General Assembly should appropriate funds to pay for allocated seats for North Carolina students admitted to osteopathic schools in other states (e.g., Alabama or Kentucky model) with an obligation that the students return to practice in North Carolina.

Recommendation A7.

- a) The North Carolina physician assistant (PA) programs should increase student enrollment by 30%. The expansion can be accomplished through an increase in enrollment on the existing campuses or through satellite campuses. In expanding the programs, PA schools should consider changing the admissions criteria or using other strategies to increase the overall supply of PAs practicing in the state, increase the numbers of PAs who set up practice in underserved areas, increase the number of PAs who specialize in shortage specialties (including but not limited to geriatrics and behavioral health), increase the number of underrepresented minority PAs practicing in the state, and enhance interdisciplinary team training.
- b) The North Carolina nurse practitioner (NP) schools should increase student enrollment by 30%. In expanding the programs, NP schools should consider changing the admissions criteria or using other strategies to increase the overall supply of NPs practicing in the state, increase the numbers of NPs who set up practice in underserved areas, increase the number of NPs who specialize in shortage specialties (including but not limited to geriatrics and behavioral health), increase the number of underrepresented minority NPs practicing in the state, and enhance interdisciplinary team training.
- c) The Nurse Midwifery program at East Carolina University should increase student enrollment by 30%.

Recommendation A8. (Priority Recommendation)

- a) The NC General Assembly should provide financial support to encourage or reward health professional schools that produce physicians, nurse practitioners, physician assistants, and certified nurse midwives that fill the unmet health needs of the state’s population. Incentives should be provided to increase the overall supply of healthcare providers and appropriately distribute the physicians, nurse practitioners, physician assistants, and certified nurse midwives practicing in the state. Enhanced funding should be provided to:
 - 1) Increase the number of physicians, nurse practitioners, physician assistants, and certified nurse midwives who set up and maintain practices in underserved areas;
 - 2) Increase the number of physicians, nurse practitioners, physician assistants, and certified nurse midwives who obtain qualifications for and practice in shortage specialties, as identified by the Health Workforce Policy Board;
 - 3) Increase the number of practicing physicians, nurse practitioners, physician assistants, and certified nurse midwives who are members of underrepresented minorities; and
 - 4) Encourage interdisciplinary team training, that includes physicians, nurse practitioners, physician assistants, certified nurse midwives, nurses, and other health professionals (such as pharmacists, social workers, allied health, etc.).

- b) In order to determine the effectiveness of various training programs in meeting the healthcare workforce needs of North Carolina, the NC General Assembly should amend NCGS §143-613 to require medical schools, physician assistant programs, nurse practitioner programs, and certified nurse midwife programs to report information, on an annual basis, to the Health Workforce Policy Board, the Board of Governors of the University of North Carolina, and the NC General Assembly. The medical schools and nurse practitioner, physician assistant, and certified nurse midwife programs shall cooperate with the Health Workforce Policy Board to identify, on an annual basis, the following data and information:
- 1) The number and location of graduates who are in active patient care practice and the number of graduates who are no longer in active patient care practice by year of graduation;
 - 2) The percentage of graduates who enter residencies in primary care specialties or other specialties that are deemed as shortage areas in North Carolina (as defined by the Health Workforce Policy Board);
 - 3) The percentage of all graduates who practice in federally-designated health professional shortage areas in North Carolina and in areas specified by the Health Workforce Policy Board as shortage areas; and
 - 4) The number and percentage of underrepresented minorities who are enrolled and who graduate from these schools and programs, and where they practice.
- The residency programs in North Carolina that qualify physicians in family medicine, general pediatrics, general internal medicine, and primary care obstetrics and gynecology shall cooperate with the Health Workforce Policy Board to identify, on an annual basis, the practice status and location of physicians completing those programs.

Recommendation A9. (Priority Recommendation)

The NC General Assembly should appropriate \$13 million to the NC Area Health Education Centers Program (AHEC) to support additional and expanded clinical rotations for health science students and to support the expansion of AHEC-based primary care residency programs.

- a) Funds should be utilized to develop new clinical training sites for students, pay stipends to community preceptors who supervise and teach primary care students, and provide housing, library, and other logistical support for students in community settings. Enhanced payments should be made to preceptors who practice in health professions deemed as shortage areas.
- b) Funds to expand North Carolina residency programs should support residencies at the academic health centers and at AHEC. Strong preference in the allocation of funds should be given to residency programs that produce practitioners who remain in the state to practice, work in health professional shortage areas, develop interdisciplinary team skills, and/or practice in specialty shortage areas, as identified by the Health Workforce Policy Board. Special consideration should be given to residency programs that increase the number of underrepresented minority physicians in the state.

Recommendation A10.

NC residency programs should consider seeking joint accreditation by the American Osteopathic Association, along with the existing accreditation by the Accreditation Council for Graduate Medical Education.

Recommendation A11.

The NC Office of Rural Health and Community Care, in collaboration with the Community Practitioner Program of the NC Medical Society, NC Area Health Education Centers Program, and the professional medical societies should conduct marketing and outreach campaigns that emphasize the positive aspects of healthcare practice in North Carolina.

Recommendation A12.

The NC General Assembly should help maintain and improve the positive regulatory environment for physicians. Alterations to the regulatory environment should lead to:

- a) More out-of-state physicians migrating to North Carolina;
- b) Fewer practicing physicians leaving North Carolina;
- c) Physicians retiring later in their careers;
- d) More physicians treating underserved populations in underserved communities;
- e) More physicians maintaining a full scope of services offered; and
- f) Greater quality and efficiency of healthcare offered to North Carolinians.

Possible areas to consider include, but are not limited to: ensuring adequate provider reimbursement, providing practice supports to help practitioners provide quality care in an increasingly complex healthcare environment, addressing rising malpractice costs, and addressing any other barriers that discourage physicians from continuing to provide services in North Carolina.

Recommendation A13. (Priority Recommendation)

The University of North Carolina system, NC community colleges, NC independent colleges and universities, and NC Area Health Education Centers Program should offer courses that would increase the supply of practice managers across the state, and particularly in underserved areas, and improve the skills of existing practice managers.

Separate Maldistribution Recommendations

Recommendation B1.

The NC Department of Public Instruction, NC Community College System, University of North Carolina, NC Area Health Education Centers Program, and other related programs should collaborate to create more intensive programs and coordinate and expand existing health professional pipeline programs for underrepresented minority and rural middle and high school students likely to enter health careers so that they can be offered continuing opportunities for enrichment programs in middle, high school, and college, and so they can continue to receive support in health professional and medical schools.

Recommendation B2.

Duke University School of Medicine, Brody School of Medicine at East Carolina University, University of North Carolina at Chapel Hill School of Medicine, and Wake Forest University School of Medicine should create targeted programs and modify their admission policies to increase the number of students with an expressed interest in serving underserved populations and/or practicing in rural areas of North Carolina. The targeted programs should be designed to provide intensive and longitudinal educational and clinical opportunities to practice with medically underserved populations in medically underserved areas of the state.

Recommendation B3. (Priority Recommendation)

The NC General Assembly should explore other financial incentives to encourage providers to practice in underserved areas. Examples could include tax credits for

practitioners in underserved areas, *locum tenens* support, or increased Medicaid, State Health Plan, and/or NC Health Choice payments.

Recommendation B4. (Priority Recommendation)

North Carolina foundations should fund regional, multi-county demonstrations to test new models of care to serve patients in rural and urban underserved areas.

- a) The new models should be developed collaboratively between the NC Office of Rural Health and Community Care, NC Area Health Education Centers Program, healthcare systems, medical schools, other health professional training programs, and other appropriate groups, and should be designed to test new models of care that focus on integrating care, management of chronic illness, and prevention. Such models should emphasize the creation of medical homes and interdisciplinary practice environments to enhance care to underserved populations.
- b) The new models should be evaluated to determine if they improve access, quality of care, and/or efficiency.

The State Health Plan, Division of Medical Assistance, and private insurers should modify reimbursement policies to support the long-term viability of successful models of care for underserved populations.

Recommendation B5. (Priority Recommendation)

The NC General Assembly should appropriate \$1,615,600 to the NC Office of Rural Health and Community Care (ORHCC). Of these amounts:

- a) \$350,000 should be appropriated to provide technical assistance to communities to help identify community needs and practice models that can best meet the community needs and to provide technical assistance to small practices or solo practitioners practicing in medically underserved communities or serving an underserved population;
- b) \$1.2 million should be appropriated to pay for loan repayment and financial incentives to recruit physicians, physician assistants, nurse practitioners, and certified nurse midwives to rural and underserved communities; and
- c) \$65,500 should be appropriated to expand the number of ORHCC staff who recruit practitioners into health professional shortage areas.

ORHCC should place a special emphasis on recruiting underrepresented minority, bilingual, and bicultural providers to work in underserved areas.

Separate Minority Provider Recommendations

Recommendation C1. (Priority Recommendation)

The state and existing medical and health professional schools should consider strategies to expand the number of underrepresented minority physicians, nurse practitioners, physician assistants, and certified nurse midwives. These strategies may include but are not limited to:

- a) Developing minority-focused health professional schools in historically minority public or private colleges and universities;
- b) Creating satellite campuses with historically minority public or private colleges and universities;
- c) Expanding minority scholarship programs;
- d) Developing healthcare mentorship programs in historically minority public or private colleges and universities to encourage more underrepresented minorities to consider health professions;

<p>e) Hiring faculty and chairs in health professional schools who are members of underrepresented minority groups; and</p> <p>f) Modifying admission policies to facilitate the enrollment of minority applicants.</p>
<p>Recommendation C2. (Priority Recommendation)</p> <p>The North Carolina medical and health professional schools should:</p> <p>a) Recruit and admit more bilingual and bicultural students into their health professional classes;</p> <p>b) Offer and encourage students to take Spanish medical language courses as part of their health professional training;</p> <p>c) Develop innovative programs to prepare more bilingual and bicultural graduates; and</p> <p>d) Build cultural sensitivity training into their curricula.</p>
<p>Recommendation C3.</p> <p>The NC Area Health Education Centers Program should work collaboratively with key partners to:</p> <p>a) Expand its existing Spanish language programs to train more interpreters and practicing health professionals; and</p> <p>b) Expand its cultural competency and cultural sensitivity training for all health professionals.</p>
<p>Recommendation C4.</p> <p>The NC General Assembly should create a grants program to incentivize medical schools and health professional training programs to produce more bilingual and bicultural healthcare professionals. For example, grants could be awarded to:</p> <p>a) Create opportunities for intensive language training and immersion courses to produce bilingual and bicultural healthcare professionals; and</p> <p>b) Incentivize students to become bilingual and have a greater understanding of different cultures by providing loan forgiveness or scholarships to healthcare professionals who meet certain bilingual and cultural competency requirements.</p>
<p>Recommendation C5.</p> <p>The NC Community College System should put a greater emphasis on recruiting and training bilingual and bicultural medical office staff, nurses, and allied health professionals.</p>
<p>Recommendation C6. (Priority Recommendation)</p> <p>The NC Area Health Education Centers Program should work collaboratively with key partners to:</p> <p>a) Evaluate existing minority health professional pipeline programs and expand the most successful programs, particularly those with a focus on intensive, longitudinal programs that work with small numbers of students over a longer period of time;</p> <p>b) Develop a statewide, uniform student tracking and evaluation system across the educational pipeline, which is shared by pre-college and university health career advisors and counselors; and</p> <p>c) Provide practice support to underrepresented minority health professionals who choose to practice in underserved areas. Support can include, but not be limited to, the creation of community mentoring programs or other strategies to support the retention of underrepresented minorities in underserved areas.</p>
<p>Recommendation C7.</p> <p>The NC General Assembly should appropriate funding to diversity programs across the</p>

state that lost federal support due to the reduction of Title VII funding.
Separate Specialty Recommendations
Recommendation D1. (Priority Recommendation) The State Health Plan and Division of Medical Assistance should enhance payments to primary care providers to value diagnostic and cognitive skills, particularly those payments that incentivize the provision of a medical home and that provide chronic disease case management services through the use of case managers.
Recommendation D2. The NC General Assembly should help maintain and improve the positive regulatory environments for physician assistants, nurse practitioners, and certified nurse midwives.
Recommendation D3. The NC OB/GYN Society, NC Area Health Education Centers Program, East Carolina University Nurse Midwifery program, NC Academy of Family Physicians, and North Carolina medical schools should change the practice environment to encourage the acceptance of certified nurse midwives into the practice.
Recommendation D4. The NC General Assembly should appropriate \$206,000 annually to expand the East Carolina University Nurse Midwifery program by 30%.
Recommendation D5. (Priority Recommendation) The NC General Assembly should appropriate \$2 million to provide malpractice premium subsidies (similar to the Rural Obstetrical Care Incentive Program) for physicians and certified nurse midwives who provide delivery services in medically underserved areas.
Recommendation D6. North Carolina medical schools, health professional programs, specialty societies, and NC Area Health Education Centers Program should strengthen and expand the mental and behavioral health and psychopharmacology components of training and continuing education to increase competencies in mental and behavioral healthcare for all graduates, with a special emphasis in integrating behavioral health and primary care. Innovative approaches may include special tracks in psychology/behavioral health, better integration of behavioral health content into current curricula, post-graduate programs in behavioral health, and education for psychiatrists and other mental health professionals in working collaboratively with primary care professionals in more integrated models of care.
Recommendation D7. (Priority Recommendation) The NC General Assembly and the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should provide funding to targeted rural communities to establish new models of care to serve public patients in rural and underserved communities. <ol style="list-style-type: none">a) These new models of care should be developed collaboratively with the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, NC Area Health Education Centers Program, NC Office of Rural Health and Community Care, academic healthcare institutions; primary care and specialty societies.b) The models should include psychiatrists and other mental health professionals and have close linkages to primary care providers in the service area.c) In order to improve the professional environment in these settings, these sites should qualify for higher levels of reimbursement, have strong linkages to academic health centers, and have a strong focus on integrated care.

Recommendation D8. (Priority Recommendation)

The NC General Assembly, public and private insurers and payers (including but not limited to the State Health Plan), NC Division of Medical Assistance, and NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should pay for:

- a) Psychiatric consultations for primary care providers and other clinicians, either through face-to-face consultations or telemedicine;
- b) Services provided by primary care providers to patients who have been diagnosed with a psychiatric diagnosis; and
- c) Reimbursement levels for mental and behavioral health services through Medicaid, NC Health Choice, and State Health Plan, and other payers should continually be evaluated to assure they are adequate to meet the costs of care across the state, particularly in underserved areas.