

**North Carolina
Institute of Medicine**

A Beacon of Light Now Visible in Other States

**25
Years**

In the beginning... 1983-1994

- **Approach to the General Assembly with request to create the NC Institute of Medicine, modeled after the IOM of The National Academies in Washington (which was created by the U.S. Congress in 1971).**
- **Legislation authorized the creation of the NC IOM and provided \$25,000 for initial support, with condition that an additional \$250,000 be raised.**
- **Kate B. Reynolds Charitable Trust provided this initial grant support in 1983.**
- **Duke University Medical Center offered to host the Institute in Durham offices**

Names of importance

- William J. Cromartie, MD
- Joint Conference Committee on Medical Care
- James E. Davis, MD
- Senator Kenneth Royall
- John T. Sessions, MD
- Ewald W. (Bud) Busse, MD, DSc
- Duke University Medical Center

Legislative intent

- **An objective, non-political source of advice and guidance with regard to the state's most pressing issues and problems affecting the health and healthcare of North Carolinians**
- **An independent state agency (not a 501(c)(3) tax-exempt, non-profit organization)**
- **Serving at the request of the Governor, the General Assembly and agencies of state government**
- **Free to initiate its own inquiries when health issues demand this kind of focused attention**

Early projects and initiatives

- **Long-term care**
- **Infant mortality**
- **Medically indigent**
- **Access to care (Kate B. Reynolds Charitable Trust & Mary Norris Preyer Fund)
("The Friday Commission")**
- **Medicine-Public Health Initiative (RWJF)**

A lighthouse with a glowing light beam cutting through a stormy, dark sky. The lighthouse is white with a black top section. The light beam is bright yellow and illuminates the surrounding clouds. The sky is dark with some greenish-blue highlights. The lighthouse has a small window on its side.

***1994 - 2005:
A TRANSITION PERIOD***

Names of importance

- C. Edward McCauley (and NC Hospital Association)
- E. Harvey Estes, Jr., MD (Chair, NC IOM)
- J. David Bruton, MD (Secretary, NC DHHS)
- Pam C. Silberman, JD, DrPH
- Kate B. Reynolds Charitable Trust
- The Duke Endowment
- Blue Cross and Blue Shield of North Carolina Foundation
- Cecil G. Sheps Center for Health Services Research, UNC-CH
- North Carolina Medical Society (NCMJ)

Major changes in 1990s

- **Offices moved from Durham to Chapel Hill, with UNC-CH as host in 1994 (located at the Cecil G. Sheps Center for Health Services Research)**
- **Enlarged Board of Directors**
- **New Chair of the Board in 1996**
- **Extended statewide membership representation**
- **Broader span of topical interests**
- **Increased number and frequency of major reports and policy analyses**

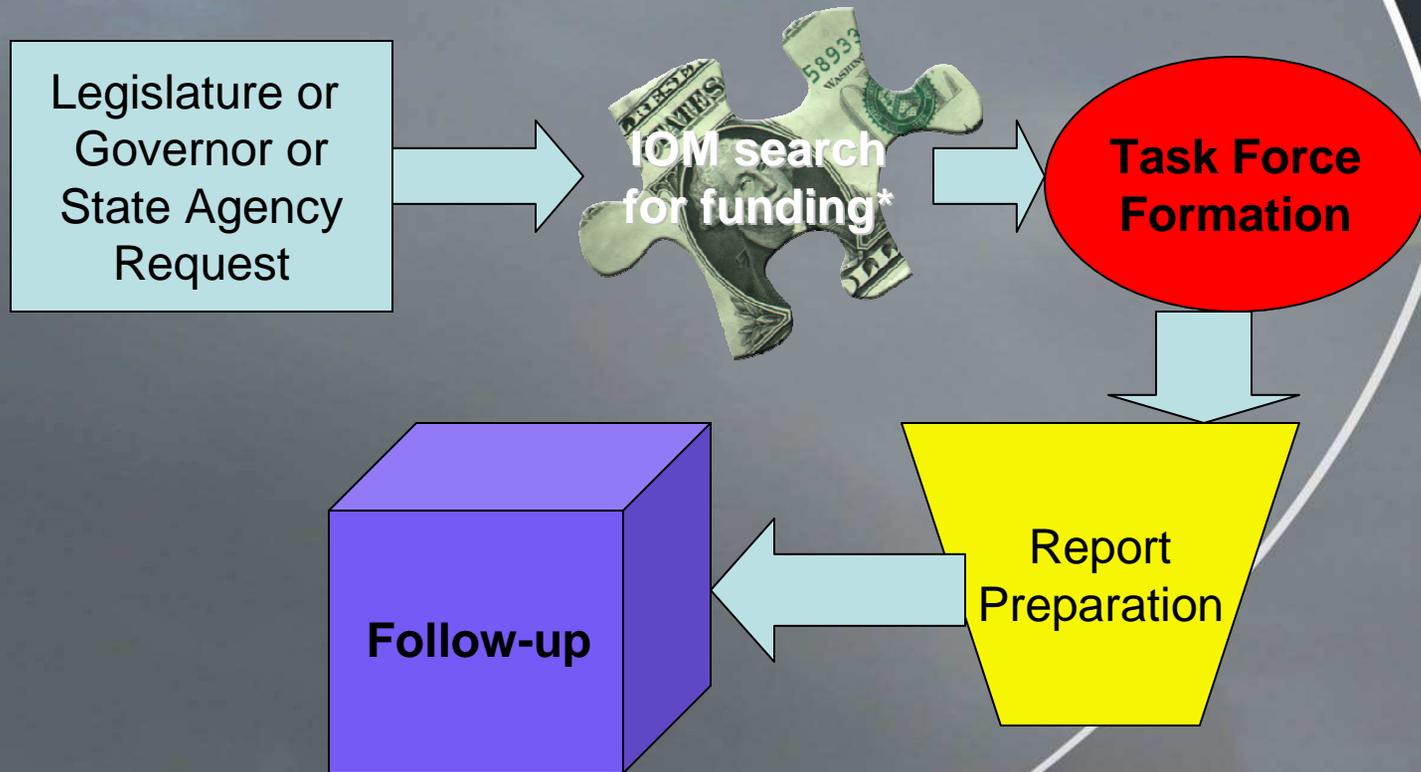
Significant change since 1998

- **First legislative action to provide permanent financial support for the Institute (\$200,000 per year) in 1998**
- **In 2000, moved offices back to Durham, but with continuing support for rental of offices from UNC-CH**
 - **Funds from four academic health centers and Blue Cross Blue Shield enabled construction (renovation) of 50-seat conference facility and adjacent catering kitchen and additional storage and office space.**
- **Blue Cross Blue Shield of North Carolina Foundation made available in 2003 sufficient funds to facilitate:**
 - **President and CEO to be engaged 100% time**
 - **Vice President to be engaged a minimum of 50% time**
 - **critical infrastructural support**

Names of importance

- North Carolina Hospital Association (William Pully and Hugh Tilson, Jr.)
- North Carolina General Assembly
- Carmen Hooker Odom (Secretary, NC DHHS)
- The Duke Endowment
- Kate B. Reynolds Charitable Trust
- Blue Cross and Blue Shield of North Carolina Foundation
- University of North Carolina at Chapel Hill

Principal mode of operation:



* If request does not come with supporting funds

Our goals in these studies:

- Consensus on **WHAT** the problems are.
- **WHICH** are the most pressing and in need of action.
- What **CAN** be done about it (options).
- **WHICH** options are most feasible/difficult to achieve.

Once consensus reached. . .

- “Advocacy” is an issue
- NC IOM does not advocate!
- That’s the role of others.
- Our job: to shed light on a set of problems, make sure we understand these problems, garner data needed for such analyses, render a careful analysis, and make these findings/observations/recommendations available.

Problems (yes, we have them)

- Things don't stand still while analyses are underway.
- Money continues to be thrown at the problems we are studying.
- Stakeholders still trying to go after any support they can find.
- Many points of view have taken years to solidify and these perspectives are difficult to change.
- Not everyone shares the same view of what the problems are, or how they should be addressed.

Changing this system. . .

- Rarely can be done from the top-down.
- Usually involves incremental change, and lots of local initiatives.
- Most lasting changes have begun when all stakeholders are at the table to discuss policy options.
- A non-political, independent source of this type of analysis can be a valuable asset as states face the issues we know they will face in the years ahead.

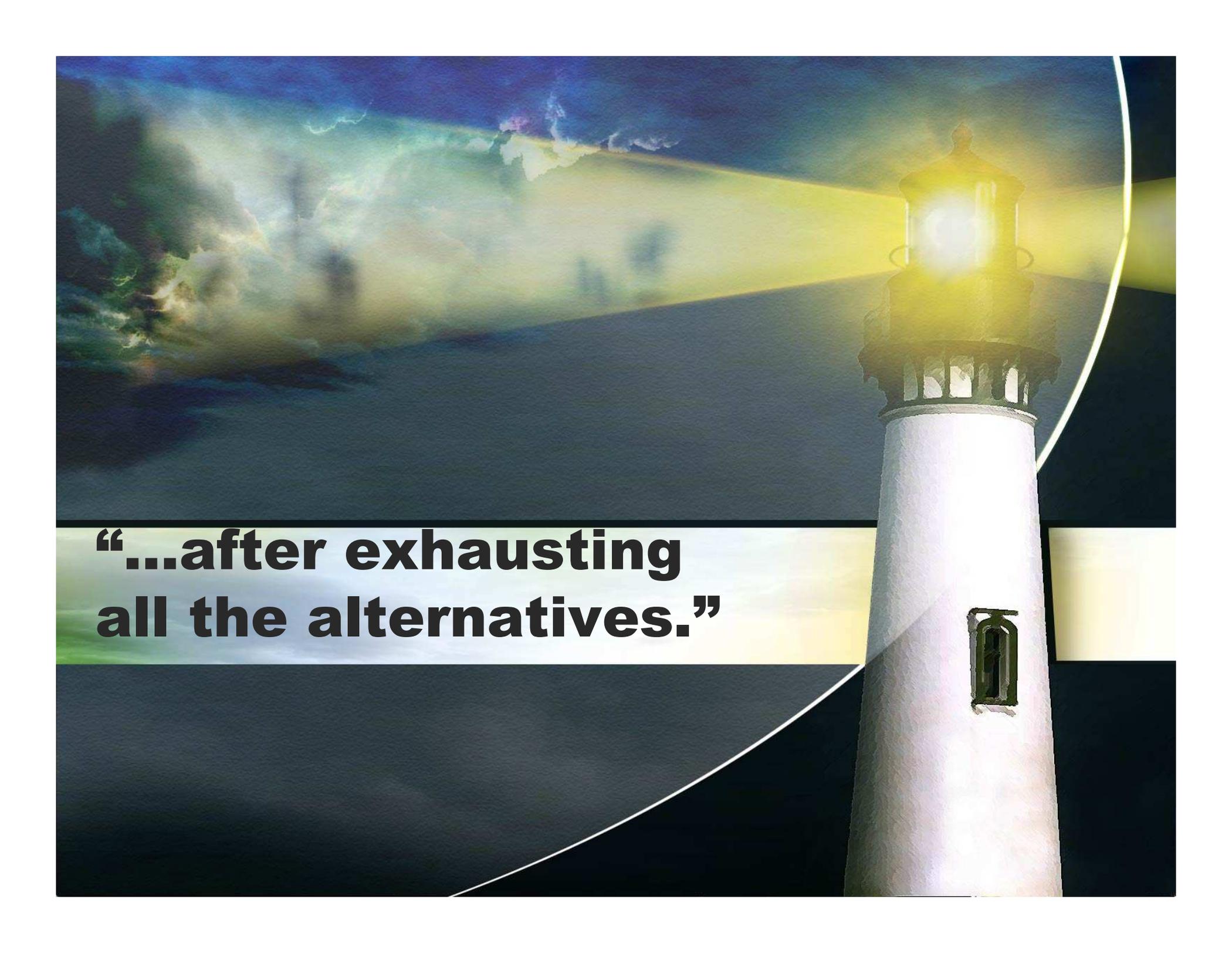


Two states now following
our lead

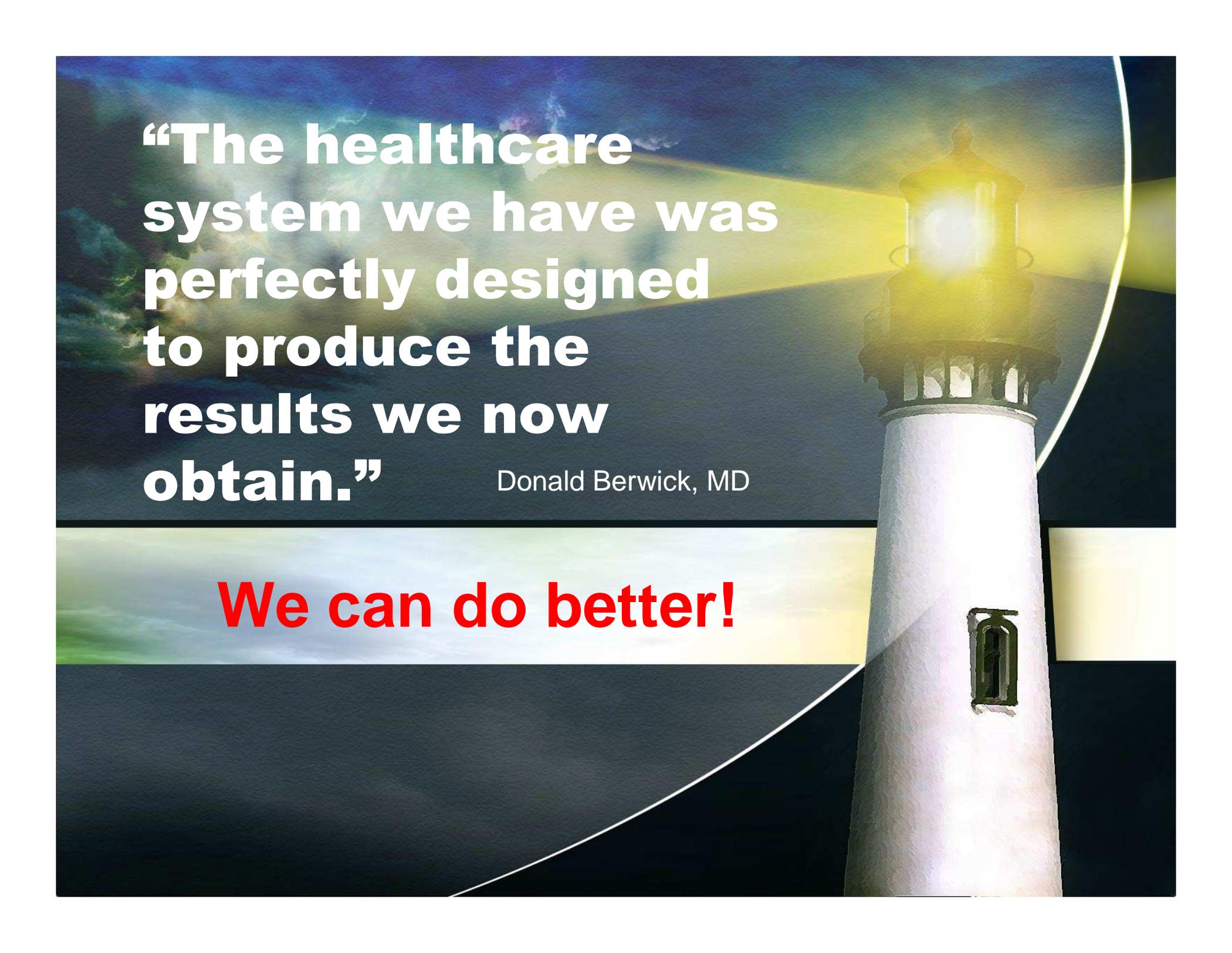


Thinking about “health reform,” and all our collective efforts to address these issues in our state, we recall the words of Sir Winston Churchill:

“Americans always do the right thing. . .”



**“...after exhausting
all the alternatives.”**



“The healthcare system we have was perfectly designed to produce the results we now obtain.”

Donald Berwick, MD

We can do better!