



North Carolina Institute of Medicine

25th Anniversary Symposium

Pam Silberman, JD, DrPH
President & CEO

July 24, 2008





Overview

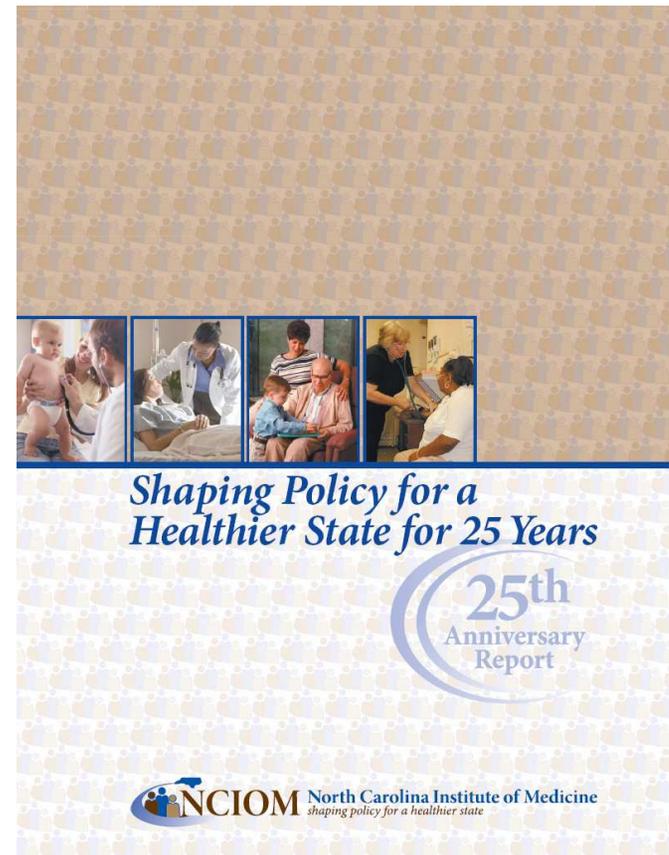
- 25th Anniversary
- Recent NCIOM Work
- *North Carolina Medical Journal (NCMJ)*
- Special Thanks





25th Anniversary

- Report
 - History
 - Significant Contributions
 - *NC Medical Journal*
 - Publications
 - Governor's Appointments
 - Contributors, funders, and collaborators



● ● ● | Recent Task Force Work

- Current Task Forces & Other Related Work
 - Substance Abuse Services
 - Prevention
 - Adolescent Health
 - Governor's Quality Initiative
- Two New Task Forces
 - Transitions for People with Developmental Disabilities
 - Access and Affordability of Care
- Recently Completed Task Forces
 - Chronic Kidney Disease (2008)
 - Health Literacy (2007)
 - Ethical Issues in Pandemic Influenza Planning (2007)
 - Examining Trends in Primary Care and Specialty Supply (2007)
 - Covering the Uninsured (2006)

● ● ● | Substance Abuse Services

- Many North Carolinians are addicted to alcohol or drugs
 - 250,000 people report illicit drug dependence
 - 550,000 people report alcohol dependence or abuse
- Substance abuse is a chronic illness that can be addressed through a comprehensive set of services and recovery supports
 - Fewer than 10% of the above individuals receive treatment in North Carolina through DMHDDSAS
- NC General Assembly asked NCIOM to study this problem (2007)





Substance Abuse Services

- Priority recommendations in interim report released in May 2008 include:
 - Increased funding for prevention
 - Increased tobacco and alcohol taxes to reduce youth consumption
 - Funding and expansion of SBIRT model in primary care and outpatient settings (screening, brief intervention, and treatment)
 - DMHDDSAS should develop a recovery-oriented system of care that addresses current access barriers
- Final report expected in 2009

● ● ● | Prevention Task Force

○ Prevention

- NCIOM working with the Division of Public Health and many other organizations to develop a Prevention Action Plan for the state
- Examining the underlying causes of the leading causes of years of life lost to disability
 - First meeting - April 2008
 - Funded by: the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, the NC Health and Wellness Trust Fund, and the Kate B. Reynolds Charitable Trust
 - Plan to be presented at statewide summit in Fall of 2009





Adolescent Health Task Force

- NCIOM working with the North Carolina Multi-site Adolescent Research Consortium for Health's More Between 10 and 20 Project
 - First meeting - May 2008
- Funded by The Duke Endowment
- Task Force will look at unintentional injury, chronic illness, substance use, mental health, sexual behavior and violence
- Report to be presented at a statewide summit in Fall of 2009

● ● ● | **Governor's Quality Initiative: NC Healthcare Quality Alliance**

- Since August 2006, NCIOM has helped to staff an initiative aimed at improving healthcare quality delivered to all North Carolinians
- Announced by Governor Easley in April 2008, partners include payers (BCBSNC, Medicaid, NC SHP), providers (NCMS, NCHA), practice support organizations and projects (CCNC, AHEC, IPIP), NCIOM, NCFAHP, and many others
- Funded by payers: NC HWTF, CHCS, NGA, BCBSNC



- ● ● | **Governor's Quality Initiative:
NC Healthcare Quality
Alliance**

- Three-pronged strategy:
 - Common set of quality measures
 - Reporting back to practices on performance
 - Public reporting on community performance
 - Practice support to assist with QI
 - Support delivered via different, proven models (IPIP, CCNC)
- Board of Directors currently being seated



● ● ● | Two New Task Forces

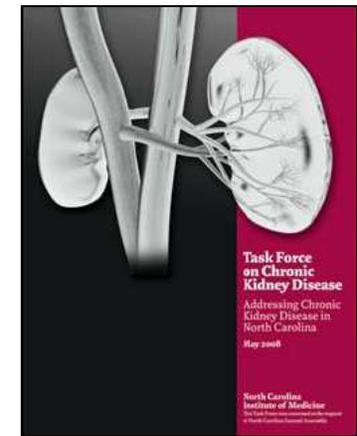
- NC General Assembly directed the NCIOM to study:
 - Transitions for people with developmental disabilities from one life setting to another (Sec. 10.15(s) of HB 2436)
 - Report due on or before March 1, 2009
 - Access to appropriate and affordable health care for all North Carolinians
 - Report due to the Joint Legislative Oversight Committee on Health no later than Jan. 15, 2009



Chronic Kidney Disease



- Chronic kidney disease (CKD) is the ninth leading cause of death in the United States
 - Most people are unaware they have kidney disease
 - Once identified, chronic kidney disease can be managed so it will not progress to ESRD
- NC General Assembly (2006) asked the NCIOM to study CKD and make recommendations for prevention, early screening, diagnosis, and treatment

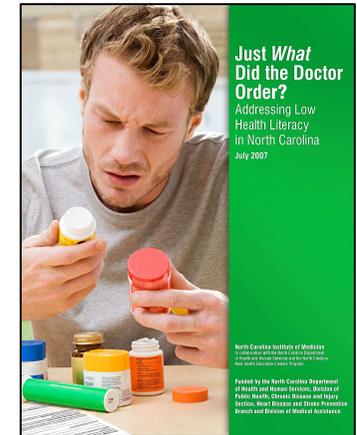


● ● ● | **Chronic Kidney Disease**

- Some of task force priority recommendations include:
 - Increased funding for diabetes education and screening for at-risk individuals
 - Labs automatically compute estimated glomerular filtration (eGFR) rates for all blood creatinine samples
 - Increased training for primary care providers (PCPs) and disease/case managers around care for people with CKD
 - Greater coordination between nephrologists and PCPs



Health Literacy

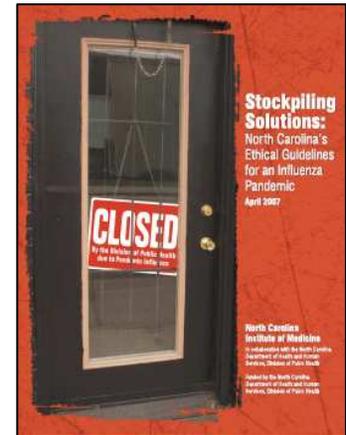


- Definition: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions
- More than 40% of North Carolinian adults read at only a basic or below basic level
 - Cannot read a bus schedule or bar graph
 - Cannot write a simple letter explaining an error on a bill
- Even those who can read may have low health literacy.

Addressing Health Literacy Problems

- Quality improvement, patient safety, and health improvement efforts are predicated on informed consumers who actively engage in their own care
- Strategies to improve provider-patient communication include:
 - Increase awareness and education in provider communities to improve ability to communicate
 - Improve drug labels and enhance medication counseling
 - Consider new delivery models (e.g., group visits, lay health advisors)
 - Develop systems/processes to ensure materials can be understood by all

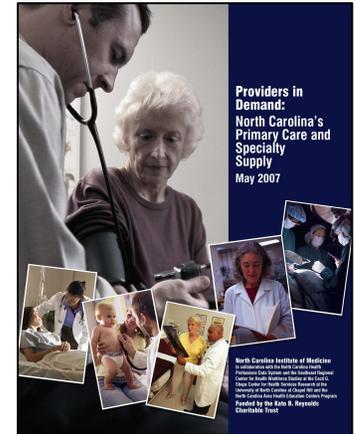
Ethics and Pandemic Influenza



- We are overdue for an influenza pandemic
- An influenza pandemic would put considerable strain on the health care system and society for many months
 - Such circumstances would require tough choices – best considered prior to event onset
- Task Force developed ethical guidelines to follow in event of pandemic influenza
 - NC report has become a model for other states

Provider Supply

Primary Care and Specialty Workforce



- North Carolina—and the nation—is facing a looming shortage in primary care and specialty providers
 - Without any changes, NC likely to experience a decrease of ~25% in physician supply by 2030 (physician:population)
 - With growth in PAs and NPs, NC will experience 8-20% decline
- Other problems
 - Maldistribution
 - Underrepresented racial and ethnic minority providers
 - Lack of primary care providers and other specialties



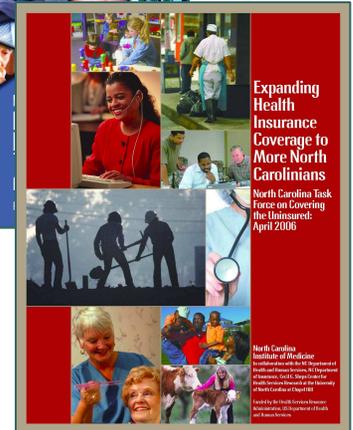
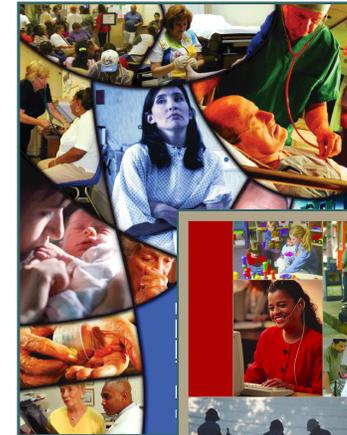
Actions Taken to Address Provider Shortages

- NC General Assembly appropriated planning money to expand medical school enrollment at the University of North Carolina at Chapel Hill and East Carolina University
 - Satellite campuses at Carolinas Healthcare System, MAHEC, and cities in eastern NC
- Planning underway to expand residency programs
- Expansion of PA and NP schools



Uninsured & Health Care Safety Net

- More than 1.5 million non-elderly (20%) were uninsured in NC in 2006
- Between 1999-2000 and 2005-2006:
 - North Carolina's increase in the percentage of uninsured non-elderly was double that of the nation's (NC: 25%, US: 12% increase)
 - North Carolinians lost employer-sponsored insurance at nearly double the national rate (NC: 11%, US: 6% decrease)





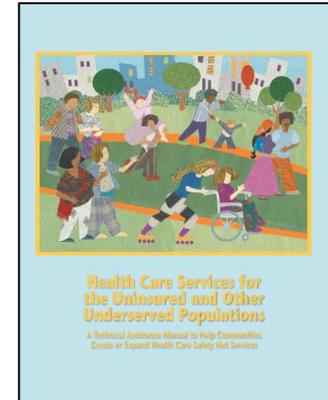
Uninsured in North Carolina

- 78% of the uninsured in North Carolina are either:
 - Employed by, or in the family of someone employed by, a small employer with <25 employees (41%)
 - Have low family incomes (e.g., <200% of the federal poverty guidelines) (58%)
- Safety net services available, but not sufficient to meet all the needs of the uninsured

Increasing Coverage and Access for the Uninsured

- The NC General Assembly:
 - Expanded NC Health Choice and created NC Kids Care to cover more uninsured children (up to 250% FPG)
 - Created a high-risk pool for medically uninsurable (effective Jan. 1, 2009)
 - Provided funding to support and expand the health care safety net

Other Safety Net Resources

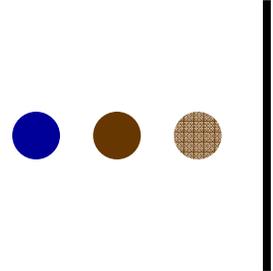


- The Duke Endowment and other foundations are helping to create a technical assistance center to develop community collaborations for uninsured
- NCIOM launched www.nchealthcarehelp.org that includes information about safety net organizations throughout the state (BCBSNC Foundation & TDE)
- NCIOM developed a technical assistance manual to help community groups establish or expand safety net resources in their communities (BCBSNC Foundation)



Common Themes in Recent Task Force Work

- Expanding access to health care
 - Expanding coverage to the uninsured and strengthening the health care safety net
- Improving quality and efficiency
- Focus on health promotion and prevention
 - Primary prevention and chronic disease management
- Developing new delivery systems
 - Work with interdisciplinary teams of professionals, and more active involvement of communities
- The important connection between education and health



Other NCIOM Work

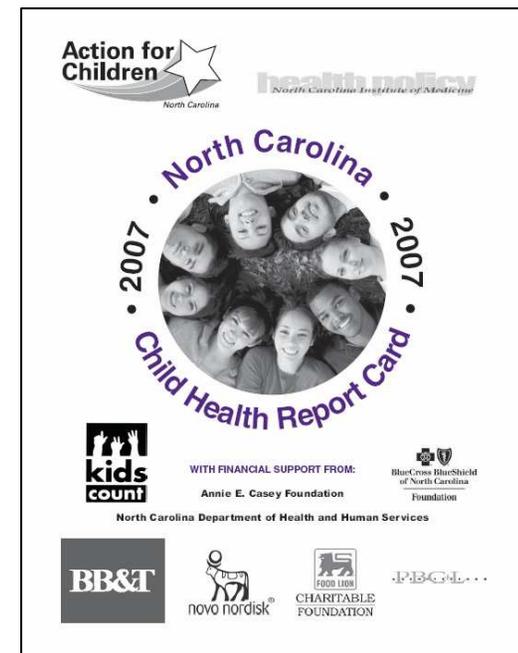


Update on Past Task Force Reports

- Recent updates include:
 - Uninsured and Safety Net Reports (Update 2008, Reports 2006, 2005)
 - Progress on 75% of the safety net recommendations and 62% of the covering the uninsured recommendations
 - Child Abuse Prevention (Update 2008, Report 2005)
 - Progress on 75% of the recommendations
 - Nursing Report (Update 2007, Report 2004)
 - Progress made on 89% of recommendations
 - Long-Term Care Report (Update 2007, Report 2001)
 - Progress on 80% of recommendations

● ● ● | Child Health Report Card

- Since 1995, NCIOM has produced an annual Child Health Report Card with Action for Children North Carolina (formerly NC Child Advocacy Institute)



North Carolina Medical Journal

- Distribution > 36,000
- Co-published with The Duke Endowment
- Each issue contains a special focus area with invited commentaries, and peer-reviewed scientific articles on other health topics
- 2008 issues
 - Taking Care of Those Who Serve (Jan/Feb)
 - Data and Health Policy (March/April)
 - Chronic Kidney Disease (May/June)
- Thomas C. Ricketts, III, PhD, MPH, *Editor-in-Chief*
- Christine Nielsen, MPH, *Managing Editor*



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Special Thanks to Task Force Chairs

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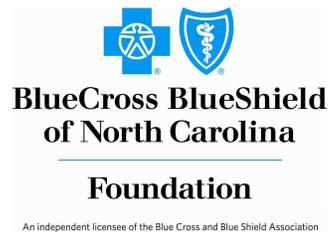
Special Thanks to Others Involved with NCIOM

- Thanks to NCIOM members and other individuals who have participated on NCIOM Task Forces, steering committees, or other work groups
- We also want to recognize the hard work of all the legislators, state policy makers, health professionals and others who support the NCIOM and who have worked to address key health issues facing the state



Special Thanks to Our Contributors

- We want to thank our major financial sponsors:



North Carolina General Assembly



The Duke Endowment

- *Other financial supporters include:* Blue Cross and Blue Shield of North Carolina, Carolinas Center for Medical Excellence, Cecil G. Sheps Center for Health Services Research, Center for Health Care Strategies, Inc., Duke University Health System, East Carolina University Brody School of Medicine, NC Association of Pharmacists, NC Dental Society, NC Foundation for Advanced Health Programs, NC Health Care Facilities Association, NC Hospital Association, NC Medical Society, NC State Health Plan, University Health Systems of Eastern Carolina, University of North Carolina at Chapel Hill, UNC Health Care, Wake Forest University School of Medicine, WakeMed Health and Hospitals



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