



North Carolina Institute of Medicine

Review of 2008-2009 Activities

Pam Silberman, JD, DrPH
President & CEO
August 25, 2009



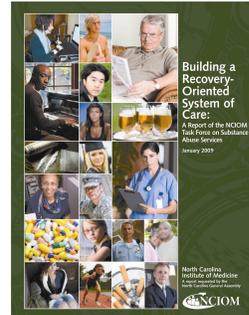
NCIOM Task Forces

- Substance Abuse Services
- Expanding Access to Health Care
- Transitions for People with Intellectual and other Developmental Disabilities (I/DD)
- Prevention
- Adolescent Health





Substance Abuse Services



- The North Carolina General Assembly (NCGA) charged the NCIOM with studying the state's substance abuse services system
- Chaired by: Dewayne Book, MD; Representative Verla Insko; Senator Martin Nesbitt, Jr., JD
 - Included 51 other members
 - Met over 15 months (Oct. 2007-Dec. 2008)
- Final report: January 2009



3



Substance Abuse: Problem

- ~ 600,000 people age 12 or older reported alcohol or drug addiction or abuse in North Carolina (2006-2007)
 - More than 200,000 people report illicit drug dependence, and approximately 470,000 people report alcohol dependence or abuse
 - Fewer than 10% of these individuals receive treatment
- Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) is the lead agency responsible for overseeing prevention and treatment services



4



Addiction Creates Huge Costs to Society

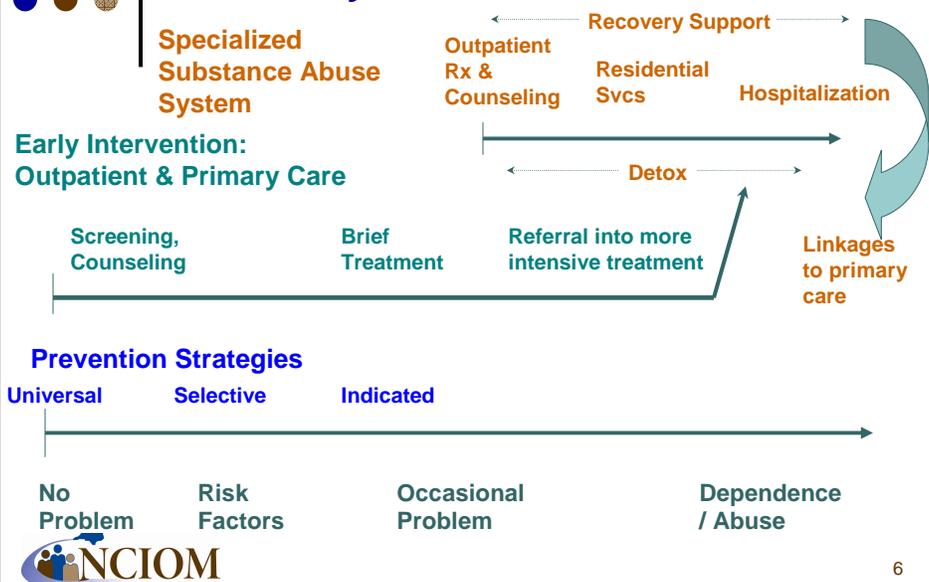
- Alcohol or drug use and abuse is a contributing factor in:
 - Child abuse and neglect cases — 75% of cases where children are removed from the home
 - Motor vehicle fatalities — 5% of all motor vehicle crashes and more than one-quarter of all motor vehicle deaths
 - Criminal activity — 90% of people who enter the prison system
 - Juvenile delinquency — 43% of youth in juvenile justice system



5



Comprehensive Substance Abuse Services System



6



Prevention: Priority Recommendations

- The NCGA should appropriate \$1.9-\$3.7 million to DMHDDSAS to fund 6 comprehensive prevention pilots
- The NCGA should increase the tobacco tax to the national average, with additional funds used to support prevention activities
- The NCGA should appropriate \$610,000 to support efforts to reduce high-risk drinking on college campuses
- The NCGA should prohibit smoking in all public places, including restaurants and bars
- The NCGA should increase the tax on beer and wine



7



Early Intervention: Priority Recommendations

- The NCGA should appropriate \$1.5 million to expand use of Screening, Brief Intervention, and Referral into Treatment (SBIRT) in CCNC, other primary care and outpatient settings
- The NCGA should enact substance abuse parity and ensure reimbursement for screening, counseling, and treatment services and remove reimbursement barriers to co-location



8



Treatment: Priority Recommendations

- The DMHDDSAS should develop a plan for a recovery- oriented system of care that ensures that services are provided in a timely fashion, with intensity appropriate to needs, and for sufficient duration
- The NCGA should provide funding for additional staff for DMHDDSAS to implement recommendations
- The NCGA should appropriate \$750,000-\$2 million to create scholarship programs to encourage people to become qualified addiction specialists

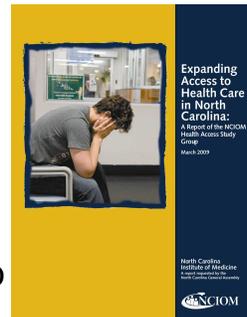


9



Expanding Access to Health Care

- The NCGA charged the NCIOM with creating a study group to examine ways to expand access to affordable care in North Carolina
- Chaired by Representative Hugh Holliman; Senator Tony Rand, JD; L. Allen Dobson, Jr., MD, FAAFP
 - Included 38 additional members
- Final report: March 2009



10



Access Problems

- Uninsured: More than 1.5 million North Carolinians lacked coverage (2006-2007)
- Approximately four-fifths of uninsured are in one or more of three groups:
 - Children in families with incomes below 200% FPG (14% of all non-elderly uninsured)
 - Adults with incomes below 200% FPG (46% of all non-elderly uninsured)
 - In a family with at least one full-time employee of small employer with 25 or fewer employees (36% of all non-elderly uninsured)



11



Access Problems

- North Carolina is losing coverage faster than the nation as a whole
 - The NCIOM estimated that with recent downturn in the economy, North Carolina had the fastest percentage growth in uninsured in the country between 2007-2009
- Costs: Overall health care costs and premiums are growing much faster than wages or general inflation
- Providers: Not enough providers to meet needs if everyone were insured



12



Coverage: Priority Recommendations-Children

- Approximately 60% of uninsured children are currently eligible, but not enrolled in Medicaid or NC Health Choice
 - The NC Division of Medical Assistance should simplify the enrollment and recertification process and work with others to identify and enroll eligible children
 - The NCGA should remove the cap on NC Health Choice and expand coverage to children with incomes up to 250% FPG



13



Coverage: Priority Recommendations-Adults

- Almost half of all uninsured are adults with incomes less than 200% FPG
 - The DMA should conduct outreach and simplify enrollment to enroll eligible adults
 - The NCGA should direct DMA to seek a Medicaid 1115 waiver to develop a low-cost limited benefits package to enroll low-income adults
 - The NCGA should identify strategies to provide interconceptional care to low-income women who have had prior high-risk births



14



Safety Net and Provider Supply: Priority Recommendations

- The NCGA should appropriate \$8 million to expand the availability of safety net services and \$2.2 million to create community collaborative networks of care for the uninsured
- The NCGA should support primary care providers by:
 - Continuing to support CCNC, and continue Medicaid payment rates at 95% of Medicare rates
 - Increasing Medicaid reimbursement rates to providers in health professional shortage areas
 - Providing \$1.9 million to ORHCC to recruit and support providers in underserved areas



15



Transitions for People with Intellectual and other Developmental Disabilities (I/DD)

- The NCGA charged NCIOM with examining transitions for people with I/DD, including:
 - Aging out of high school or foster care
 - Transitioning from large ICFs-MR to smaller housing in the community
 - Transitioning when an aging parent or caregiver dies or can no longer care for them
- Chaired by: James Bodfish, PhD; Adonis Brown; Leza Wainwright



- Included 32 additional members
- Final report: May 2009

16



Transitions for People with I/DD

- There are more than 100,000 people in North Carolina with I/DD
 - I/DD is a condition which manifests before age 22 and leads to substantial functional limitations
 - DMHDDSAS is the lead agency charged with overseeing services provided to people with I/DD
- For successful transitions, people with I/DD need a comprehensive, coordinated, and accessible system of services and supports



17



Priority Recommendations

- *Leadership and expertise:* The state should develop a transition plan which identifies needed supports, services, and funding
 - The NCGA should fund positions at the state and local level to help with transitions
- *Data:* North Carolina should develop a waiting list to determine the number of people needing services and the specific types of services needed



18



Priority Recommendations

- *Financing:* NC DHHS should adopt a validated assessment instrument to determine intensity of support needs and use this to allocate resources
- *Case management and direct care workers:* NC DHHS should develop a plan to improve the competencies, skills, and retention of case managers and direct care workers



19



Priority Recommendations

- *Community capacity:* People with I/DD need services and supports to help them live as independently as possible in the community
 - Services and supports include but are not limited to: crisis services, employment supports, housing, and assistive technology



20



NCIOM Recommendations (2009): Some *Early Successes*

o Access to Care:

- The NCGA appropriated \$17.1 million (SFY 2010) and \$21.9 million (SFY 2011) to expand NC Health Choice enrollment by 7% in 2010 and an additional 3% in 2011
 - The NCGA directed DMA to implement outreach and enrollment simplifications
- The NCGA appropriated \$5 million in recurring funds to expand safety net capacity, and \$2 million in recurring funds to support HealthNet
- NC DHHS submitted a proposal to US DHHS to pilot a low-cost insurance product through CCNC networks to low-income adults*



NCIOM * US DHHS will decide on which states to fund in September 21



NCIOM Recommendations (2009): Some *Early Successes*

o Substance Abuse Services:

- The NCGA appropriated \$1 million in recurring funds to fully fund mobile crisis teams that were partially funded in FY 2009
- The NCGA “strongly encourages” LMEs to use a portion of their funds for prevention and education activities
- The NCGA passed legislation to prohibit smoking in bars and restaurants and to give local government the authority to ban smoking in most other public places
- The NCGA increased the taxes on tobacco and alcohol



NCIOM



NCIOM Recommendations (2009): Some *Early Successes*

- People with Intellectual and other Developmental Disabilities
 - The NCGA appropriated \$0.6 million in recurring funds to fully fund START crisis services that were partially funded in FY 2009
 - The NCGA directed DMHDDSAS to continue to test an assessment tool to determine intensity of support needs



23



But Some New Challenges

- Because of the tight budget, the NCGA made significant cuts in the DMHDDSAS budget for services and supports to people with I/DD, including:
 - Supplemental state-funded services to people with CAP-MR/DD (\$16 million recurring)
 - \$9.5 million to reduce state and community funding for services that are not core to the mission of the Division
- Additionally, the General Assembly maintained a cap on NC Health Choice enrollment



24

● ● ● | Other NCIOM Work

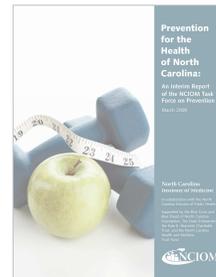
- NCIOM finalizing two other task forces:
Prevention and Adolescent Health
- New task force work
- *North Carolina Medical Journal*



25

● ● ● | Prevention

- Prevention Task Force
 - Chaired by: Leah Devlin, DDS, MPH; Jeffrey Engel, MD; William Roper, MD, MPH; Robert Seligson, MA, MBA
 - Included 45 additional members
 - A collaboration with NC Division of Public Health
 - Funded by Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, The North Carolina Health and Wellness Trust Fund, and Kate B. Reynolds Charitable Trust
 - Interim report: March 2009



26



Prevention Summit: October 8th

- *Prevention for the Health of North Carolina: North Carolina Prevention Plan* will be released at a statewide Prevention Summit on October 8th at the downtown Greensboro Marriot
 - Thomas R. Frieden, MD, MPH, Director of the Centers for Disease Control and Prevention will be the keynote speaker



27

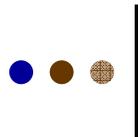


Adolescent Health: The Metamorphosis Project

- Adolescent Health Task Force
 - Chaired by: Steve Cline, DDS, MPH; Carol Ford, MD; Howard N. Lee, MSW
 - 39 additional members
 - A collaboration with NC Multi-site Adolescent Research Consortium for Health (NC MARCH), UNC Department of Pediatrics, Adolescent Health Program; Action for Children North Carolina; and NC Division of Public Health
 - Funded by The Duke Endowment
 - *The Metamorphosis Adolescent Health Plan* will be released at a statewide Adolescent Health Summit on December 15th at the Carolina Inn, Chapel Hill



28

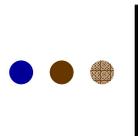


New Task Force Work

- The North Carolina General Assembly asked the NCIOM to create task forces to study:
 - Access to care
 - The availability of Medicaid and state funded behavioral health services for active duty, reserve, and veteran members of the military and National Guard
 - Strategies to address issues within adult care homes that provide residence to persons who are frail elderly and to persons suffering from mental illness or other behavioral health conditions
- NCIOM also working with the Governor's Task Force for Healthy Carolinians to seek funding to create the Healthy North Carolina 2020 plan



29



North Carolina Medical Journal

- The *North Carolina Medical Journal* is published every two months and has a distribution of over 30,000
 - Co-published by the North Carolina Institute of Medicine and The Duke Endowment
- Each issue contains a special focus area as well as peer-reviewed scientific articles
 - Issues also include special articles on:
 - Spotlight on the Safety Net
 - Running the Numbers
 - Philanthropy Profile
 - Tarheel Footprints
 - Health Reform (beginning January/February 2009)



30



2008 Issues Since Last Annual Meeting



- July/August: Creating a Community to Combat Cancer
Walter L. Shepherd, MA; North Carolina Comprehensive Cancer Program
- September/October: Healthy Aging in North Carolina
Janice I. Wassel, PhD; UNC Greensboro Gerontology Program
- November/December: School Health Policy in North Carolina
Paula Hudson Collins, MHDL, RHEd and Howard N. Lee, MSW; North Carolina State Board of Education



31



2009 Issues To Date



- January/February: The Face of Addiction and the Pathways to Recovery
NCIOM Task Force on Substance Abuse Services
- March/April: Patient Advocacy
Elizabeth A. French, MA and Jo Anne L. Earp, ScD; UNC Chapel Hill Gillings School of Global Public Health
- May/June: Community Care of North Carolina: Building Medical Homes
L. Allen Dobson, Jr., MD, FAAFP and Denise Levis Hewson, RN, BSN, MSPH; Community Care of North Carolina



32



Current and Upcoming Issues



- July/August: Can We Be Healthy While Our Economy is Unhealthy?
Mark Holmes, PhD;
North Carolina Institute of Medicine
COMING SOON
- Future topics will include:
 - Women's health and wellness
 - Developmental disabilities
 - Prevention



Special Thanks to the NCIOM Board

- | | | |
|--|--------------------------------------|-------------------------------|
| ○ Samuel W. (Woody) Warburton, MD, <i>Chair</i> | ○ Lanier Cansler, CPA | ○ Darlyne Menscer, MD |
| ○ Thomas J. Bacon, DrPH, <i>Vice-Chair</i> | ○ Timothy S. Carey, MD, MPH | ○ Peg O'Connell, JD |
| ○ Karen L. Smith, MD, FAAFP, <i>Secretary</i> | ○ Linda R. Cronenwett, PhD, RN, FAAN | ○ Hilda Pinnix-Ragland, MBA |
| ○ Mary P. (Polly) Johnson, RN, MSN, FAAN, <i>Treasurer</i> | ○ Leah Devlin, DDS, MPH* | ○ William A. Pully, JD |
| ○ William B. Applegate, MD, MPH | ○ L. Allen Dobson, Jr., MD, FAAFP | ○ Barbara K. Rimer, DrPH |
| ○ William K. Atkinson II, PhD, MPH, MPA | ○ Victor J. Dzau, MD | ○ William L. Roper, MD, MPH |
| ○ H. David Bruton, MD | ○ Jeffrey P. Engel, MD | ○ Robert W. Seligson, MA, MBA |
| | ○ Robert Greczyn, Jr. | ○ Sherwood Smith, Jr., JD |
| | ○ Phyllis Horns, RN, DSN, FAAN | ○ J. Craig Souza |
| | ○ Michael J. Lewis, MD, PhD* | ○ George C. Stokes* |
| | | ○ Michael Tarwater, FACHE |
| | | ○ Charles F. Willson, MD |



* Retired in 2008-2009



Special Thanks to the NCIOM/ NCMJ Staff and Leadership

NCIOM

- o **Mark Holmes, PhD**
Vice President
- o **Kimberly M. Alexander-Bratcher, MPH**
Project Director
- o **Thalia S. Fuller**
Administrative Assistant
- o **Jennifer Hastings, MS, MPH**
Project Director, Director of Communications

- o **Jesse Lichstein, MSPH**
Project Director
- o **Adrienne R. Parker**
Director of Operations
- o **Berkeley Yorkery, MPP**
Project Director

- o **Christine Nielsen, MPH**
Managing Editor
- o **Phyllis Blackwell**
Assistant Managing Editor

NCMJ

- o **Thomas C. Ricketts III, PhD, MPH**
Editor-in-Chief
- o **John W. Williams, Jr. MD, MHS**
Scientific Editor

Interns

- o **Heidi Carter**
- o **Corey Davis, JD**
- o **Lindsey Haynes**
- o **David Jones, MSPH**
- o **Julia Lerche, MSPH**
- o **Catherine Liao**



35



Special Thanks to Others Involved with NCIOM

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



36



Special Thanks to Our Contributors

- We want to thank our major financial sponsors:



North Carolina General Assembly



The Duke Endowment

- *Other financial supporters include:* American College of Physicians, 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, University Health Systems of Eastern Carolina, University of North Carolina at Chapel Hill, UNC Health Care, Wake Forest University School of Medicine



37



For More Information

- Websites: www.nciom.org
www.ncmedicaljournal.com
www.nchealthcarehelp.org
- Key contacts:
 - Pam Silberman, JD, DrPH, President & CEO, NCIOM
919-401-6599 ext. 23 or pam_silberman@nciom.org
 - Mark Holmes, PhD, Vice President, NCIOM
919-401-6599 ext. 24 or mark_holmes@nciom.org
 - Jennifer Hastings, MS, MPH, Director of Communications,
NCIOM 919-401-6599 ext. 22 or jennifer_hastings@nciom.org
 - Tom Ricketts III, PhD, MPH, Editor-in-Chief, *NC Medical Journal*
919-966-5541 or tom_ricketts@nciom.org
 - Christine Nielsen, MPH, Managing Editor, *NC Medical Journal*
919-401-6599 ext. 25 or christine_nielsen@nciom.org



38