Health Reform: Overall Advisory Committee Meeting
December 14, 2010
North Carolina Institute of Medicine, Morrisville
1:00pm-4:00pm
Meeting Summary

Attendees:
Workgroup Members: Lanier Cansler (co-chair), Wayne Goodwin (co-chair), Chris Collins, Bonnie Cramer, Allen Dobson, Victor Dzau, Jeff Engel, Allen Feezor, Ernie Grant, Craigan Gray, Greg Griggs, Bobbi Hapgood, Alan Hirsch, Phyllis Horns, Rep. Verla Insko, Al Koehler, Tara Larson, Ken Lewis, Karen McNeil Miller, Ben Money, Barbara Morales Burke, Aaron Nelson, John Price, William Roper, Adam Searing, Bob Seligson, Steve Shore, Craig Souza, Mike Watson, Steve Wegner

Steering Committee Members: Louis Belo, John Dervin, Julia Lerche, Rose Williams

NCIOM Staff: Kimberly Alexander-Bratcher, Thalia Fuller, Sharon Schiro, Pam Silberman, Rachel Williams, Berkeley Yorkery

Other Interested Persons: Kari Barsness, Randall Best, Marie Britt, Bob Carey, Jennie Dorsett, Laurie Ellis, Renee Godwin Batts, Tina Gordon, Lisa Harrison, Nancy Henley, Jean Holliday, Kevin Hutchinson, Amy Jo Johnson, Fred Joyner, Markita Keaton, Marc Koleman, Tracy Linton, Beth Lovitt, Shawn Parker, Ruth Petersen, Sarah Pfau, Ben Popkin, Lendy Pridgen, Maggie Sauer, Robert Seehausen, Chris Skowronek, Jim Waldinger, Elizabeth Walker Kasper, Rebecca Whittaker, Walker Wilson

Welcome and Introductions
Lanier Cansler, CPA
Secretary
North Carolina Department of Health and Human Services

Wayne Goodwin, JD
Insurance Commissioner
North Carolina Department of Insurance

Mr. Goodwin welcomed everyone to the meeting.

Updates on the Uninsured: 2009 County Data
Pam Silberman, JD, DrPH
President and CEO
North Carolina Institute of Medicine

Dr. Silberman presented county-level estimates of the number of uninsured in North Carolina. The estimates were calculated using data from the US Census and the North Carolina Employment Security Commission. These estimates give an idea of how many people will gain coverage in 2014. Her presentation can be found here: County-Level Uninsured.

The NCIOM Data Snapshot of county data can be found here: NC County-Level Estimates of Non-Elderly Uninsured.

Update on Workgroups
PowerPoint presentation: Workgroup Updates
Summary: NCIOM Updates

Pam Silberman, JD, DrPH

HBE and Insurance Oversight

The HBE and Insurance Oversight workgroup came to a consensus during the November meeting that the HBE should be a quasi-public, non-profit agency. This agency would also have to meet certain statutory responsibilities to ensure accountability. The workgroup reviewed the responsibilities of the federal government, the General Assembly, and the HBE Board and staff in establishing and maintaining the HBE. At the December meeting, the workgroup will discuss the HBE responsibilities and review draft legislation.

New Models of Care

The New Models of Care workgroup discussed North Carolina health care performance measures and cost drivers at the November meeting. North Carolina ranked 41st overall on the Commonwealth Fund's health system performance rankings. The health system performance rankings are based on five areas: access, prevention and treatment, avoidable hospital use and costs, equity, and healthy lives. Factors affecting health care costs include increases in prevalence of treated disease, changes in disease definitions, increases in utilization and price of services, new technologies, and redundancy, inefficiency and ineffectiveness. At the December meeting, the workgroup discussed cost drivers for Medicaid and potential new models to improve quality, efficiency and decrease cost. Subcommittees will examine several models and report their findings to the workgroup at the January meeting.

Sharon Schiro, PhD
Vice President
North Carolina Institute of Medicine

Quality

The Quality workgroup reviewed the results of the gap analysis at the December meeting. The analysis focused on gaps in education and data, identified initiatives in place, and identified potential responsible parties for each provision. The workgroup then identified areas where legislation would be helpful in addressing the gaps. Three subcommittees were appointed to examine education of providers, potential legislation, and transitions of care. The subcommittees will report their findings at the January meeting.

Prevention

The Prevention workgroup compared the preventive services recommended by the US Preventive Services Task Force (USPTF) and the Advisory Committee on Immunization Practices (ACIP) during its November meeting. The ACA requires private insurers to cover the USPSTF recommended clinical services that received an A or B recommendation and ACIP recommended vaccines with no cost sharing. Medicaid must provide coverage for these same services and vaccines, but Medicaid can impose minimal cost sharing for these services. However, if the state provides those services with no cost sharing, then the federal government will increase the federal medical assistance percentage (FMAP) payment to the state by one percentage point for preventive services. The Division of Medical Assistance (DMA) is comparing the cost of waiving the cost sharing provisions for preventive services versus the additional reimbursement it would receive from the federal government through the enhanced FMAP rate.

Fraud and Abuse

The Fraud and Abuse workgroup reviewed the results of its gap analysis which compared current North Carolina programs to the new ACA provisions at its December meeting. The workgroup began drafting a list of 19 topics for legislation that might be required in order to comply with the ACA. The workgroup will continue to discuss possible legislation at the next meeting in January.

Berkeley Yorkery, MPP
Project Director
North Carolina Institute of Medicine

Health Professional Workforce

The Health Professional Workforce workgroup focused on the mental health and substance abuse workforce at its November meeting. Short term options to expand this workforce include maintaining Medicaid reimbursement rates, developing recruitment strategies, supporting integrated care strategies, and increasing training of direct care workers in mental health/substance abuse issues. The workgroup will focus on short term strategies to expand the primary care workforce during its December meeting.

ACA Grants Opportunities: NC Monitoring System
Bobbi Hapgood
Executive Director
NC Network of Grantmakers

Ms. Hapgood explained the NC Network of Grantmakers website and how to sign up to receive updates on upcoming grant opportunities. The site provides a place to disseminate information among entities applying for grants. There are pages for related news, events specific to non-profits or health issues, and forums. A blog on the site puts notices of grants that have just emerged. Individuals can subscribe to the blog to receive email updates. It also provides a way for others to see who is applying to which grants. The website can be found here: http://www.ncgrantmakers.org/.

Public Comment Period

- Has the HBE planning grant already been applied for by the state?
    - North Carolina has applied for the first grant that was issued in September and we have received funding to implement the initial planning for the HBE. We have not been notified of the second cycle of grant opportunities but we expect notification by mid-February or mid-March.