Health Reform: Overall Advisory Committee
November 17, 2010
North Carolina Institute of Medicine, Morrisville
9:00am-12:00pm
Meeting Summary

Attendees:
Workgroup Members: Lanier Cansler (co-chair), Wayne Goodwin (co-chair), Tom Bacon, Rep. Jeff Barnhart, Chris Collins, Bonnie Cramer, Sam Cykert, Victor Dzau, Jeff Engel, Allen Feezor, Laura Gerald, Craigan Gray, Greg Griggs, Bobbi Hapgood, Alan Hirsch, Phyllis Horns, Rep. Verla Insko, Al Koehler, Tara Larson, Ken Lewis, Ben Money, Barbara Morales Burke, Aaron Nelson, Sen. William Purcell, Bill Pully, Steve Shore, Craig Souza, Mike Watson

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

NCIOM Staff: Thalia Fuller, Sharon Schiro, Pam Silberman, Rachel Williams, Berkeley Yorkery

Other Interested Persons: Kari Barsness, Marie Britt, Sonya Brown, Steve Cline, Tracy Colvard, Lee Dixon, Laurie Ellis, Lisa Harrison, Jean Holliday, Amy Jo Johnson, Adam Linkert, Ann Lore, Jean Parker, Mary Piepenbring, Diane Poole, Ben Popkin, Lendy Pridgen, Tim Rogers, Robert Seehausen, Chris Skowronek, Chuck Stone, Elizabeth Walker, Christine Weason, 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 and Mr. Cansler welcomed the group to the meeting.

Health Reform and Health Information Technology (HIT)
Steve Cline, DDS, MPH
Assistant Secretary
Health Information Technology
North Carolina Department of Health and Human Services

Dr. Cline explained how the health reform information technology provisions build upon the HIT provisions that were part of the American Recovery and Reinvestment Act (ARRA). The ARRA HIT provisions were intended to help improve quality and health outcomes, lower health care costs, and help consumers engage more actively in their own health. The federal government's goal is to have an electronic medical record (EMR) for every person. North Carolina is receiving a number of federal HITECH (health information technology) grants to help achieve this goal. The state will create a health information exchange (HIE) to facilitate the exchange of health information between providers so as to improve the quality of care for patients. His presentation can be found here: HIT and Health Reform.

Selected questions and comments:

- 52% of practices that are a part of the Regional Extension Center have EMRs; however, few would meet the definition of meaningful use as set by the HITECH Act. Many providers will need to either upgrade or buy new systems to meet the meaningful use provisions.
- A problem North Carolina will have is getting practices who have implemented EMR early into the HIE because either their EMR will not be compatible or they will have to re-learn how to utilize the system.
- The plan for building the HIE is to build core services, provider and patient indexes, and security services. Test sites for the HIE will be running by late spring in 2011. We expect full implementation by July 2011.

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

Dr. Silberman reviewed data on the uninsured under the age of 65 in North Carolina. Most of the uninsured in the state have someone in the family working full-time, work in small firms with 100 or fewer employees, have low incomes (<200% FPL), are members of racial or ethnic minorities, and are US citizens. In addition, almost half of the uninsured are children or young adults. Dr. Silberman also reviewed Medical Expenditure Survey (MEPS) data to help understand the number of small businesses and employees who may be eligible to purchase health insurance through the Health Benefits Exchange (HBE). Dr. Silberman's presentation can be found here: Updates on the Uninsured.

A handout with the characteristics of the uninsured in North Carolina can be found here: Characteristics of Uninsured North Carolinians.

Selected questions and comments:

- Information on who is going to be eligible for health insurance tax credits would be helpful in estimating how many people could be coming into the HBE in 2014.
    - The Department of Insurance (DOI) is currently using federal grant money for an actuarial study looking at North Carolina's potential HBE eligibles.
    - Q: Are there improvements we can make on how small businesses access health care and health insurance before 2014?
    - Right now the workgroups are focused on what needs to be implemented for 2014. But that doesn't mean we can't try to get things done along the way.
    - The ACA gives a tax credit to qualified small businesses for providing health insurance to its employees. This tax credit is available now and it is probably not as well known as it should be.
- Q: Is there a push to eliminate the five year waiting period for documented immigrants to receive Medicaid? A: North Carolina eliminated the five year waiting period for documented children and documented pregnant women effective July 2009. The ACA does not allow the states to exempt other documented residents from the five year waiting period. Undocumented persons are not eligible for Medicaid.

Update on Workgroups

NCIOM staff presented updates on a few of the Health Reform Workgroups. The presentation can be found here: NCIOM Workgroup Updates.

The NCIOM Workgroup update handout can be found here: NCIOM Update.

Selected questions and comments:

Health Benefit Exchange and Insurance Oversight
New Models of Care
Pam Silberman, JD, DrPH
President and CEO
North Carolina Institute of Medicine

- HBE and Insurance Oversight: (Handout: Responsibilities in Establishing HBE)
    - The current tax credit available to small businesses can be up to 35% of premium costs (25% for non-profit employers).
    - Q: Can you decide to switch from a federally-run HBE to a state-run HBE? A: We are not sure. If you do switch to a state-run HBE later on then you will not receive the same funding opportunities from the federal government that you can receive now.

        - Most workgroup members feel that the state should run the HBE. We should move forward with the assumption that the state will run the HBE.
    - There seems to be a gap in communication with small businesses about enrollment into Medicaid and the HBE. We need to prepare the people who are going to buy HBE plans and educate them on the tax benefit.
        - Many businesses are still fighting health reform. As 2014 gets closer they will take more notice of the changes.
        - Using employers to enroll people into the HBE system would be helpful.
- New Models of Care:
    - The Center for Medicare and Medicaid Innovation recently awarded grants to eight states to fund multipayer demonstration. North Carolina received one of the eight grants to establish a Multi-Payer Advanced Primary Care Practice Demonstration in seven rural counties. Medicaid, the State Health Plan and Blue Cross and Blue Shield of North Carolina are participating in this demonstration. These partnerships will support primary care practices and the CCNC network by providing all patients with access to care managers and patient centered medical homes. (More information about this grant is available here: CMS Innovation Center).
        - We are trying to test multi-payer primary care support to see if we can lower admission rates and emergency department utilization in rural communities where these rates are high. It is a worthy model for national demonstration.

Health Professional Workforce
Berkeley Yorkery, MPP
Project Director
North Carolina Institute of Medicine

- North Carolina was recently awarded a federal workforce planning grant. The grant will be used to develop plans to expand the primary care workforce by at least 10% over the next ten years. The NCIOM workforce workgroup will concentrate on shorter term strategies to increase the health professional workforce and improve retention and recruitment in health professional shortage areas.
- There is no shortage of people interested in a career in healthcare. However, the state may not be able to support major expansions in health professional training programs because of the budget problems. Thus, we need to explore models to use the current workforce more effectively, rather than rely on producing a lot of new health care professionals. .

- Q: Are we going to deal with regulatory policy issues and barriers to creating models of care? So many of those issues are workforce-related. A: The NCIOM workgroup will probably not spend as much time on those issues. The workgroup involved with the federal primary care planning grant will look more at regulatory issues.
    - We need to know where the gaps are. What groups aren't working at the top of the education? That information will be helpful in making policy changes.

Safety Net
Ben Money, MPH
Executive Director
North Carolina Community Health Center Association

- Safety Net:
    - The ACA includes provisions for expanding community health centers (CHC). North Carolina is submitting a total of 31 applications for federal New Access Point grants. If successful, these applications would significantly expand the number of Federal Qualified Health Centers (FQHC) in North Carolina. Of these applications, 14 are New Start applicants, 16 are existing FQHCs applying for a satellite site, and one is a FQHC look-alike. Nine New Start applicants will also submit a FQHC look-alike application. If awarded, these grants would provide access in 25 new counties.
    - National Health Service Corps (NHSC) loan repayment can be used as an incentive to bring behavioral health providers, dentists and primary care providers to underserved areas.

Public Comment Period

No further public comments were given.