Health Reform: Prevention Workgroup
Friday, December 17, 2010
North Carolina Institute of Medicine, Morrisville
1:00pm-4:00pm
Meeting Summary

Attendees:
Workgroup Members: Jeffrey Engel (co-chair), Alice Ammerman, Dorothy Cilenti, Carolyn Dunn, Calvin Ellison, Brian Harris, Debra Harris-Hawkins, Jennifer MacDougall, Lloyd Novick, Beth Osborne, Janice Petersen, Jessica Schorr Saxe, Anne Thomas, R.W. Watkins

Steering Committee Members: Lisa Harrison, Rebecca King, Ruth Petersen, Serena Weisner

NCIOM Staff: Sharon Schiro

Other Interested Persons: Mary Edwards, Kevin Ryan, Roytesa Savage

Welcome and Introductions
Jeffrey Engel, MD, State Health Director, NC Division of Public Health, NC Department of Health and Human Services, Co-chair

Dr. Engel welcomed everyone to the meeting.

USPS-TF and ACIP Recommended Clinical Preventative Services Currently Paid for by Medicaid: Cost Analysis Results
Balancing the cost of additional preventative services against the federal medical assistance percentage (FMAP) increase of one percent: Is it worth it?
Cost Analysis Committee

The gap analysis subcommittee is working on the gap and cost analysis for implementation of the United States Preventive Services Task Force (USPS-TF) and the Advisory Committee on Immunization Practices (ACIP) recommendations. The fiscal impact of adding breast cancer susceptibility (BRCA) testing for women age 18 and older with a family history is three to three and a half million starting in 2012. The subcommittee will continue its work and give another update at the next meeting.

Selected questions and comments:

- Q: What assumptions were used to define population? Not every person would receive tests and the number of Medicaid eligibles will increase. A: We may not have considered

the number of people who will come onto Medicaid with health reform. We can get the information on the percentage of women who will meet the criteria.

- Q: Will implementation require a legislative change? A: No, just a policy change within the Division of Medical Assistance.

Workgroup Discussion on Specific Provisions

- Reasonable break times and appropriate facilities for working mothers
  - Gaps include:
    - Education
    - The current North Carolina law provides an exception to the indecent exposure law, but it doesn't mandate reasonable break times, appropriate facilities, or seem to cover pumping.
    - No gap in terms of legislation to cover requirement of the ACA, since the mandate will be federal.
    - Impacts employers with 50+ employees
    - Comments: Should state go beyond 50+ employees?
      - How many employers and women would this impact?
      - Possible recommendation is to expand to include employers of < 50. All working mothers need at least reasonable break time, but a new facility may be an undue hardship. One benefit for businesses is that women may return earlier.
- Screening of pregnant women for smoking: 4107 vs. 2502
  - Risk assessment is a part of pregnancy medical homes. Medicaid also provides coverage for smoking and tobacco cessation counseling visits. May need to educate practices not enrolled in medical home model on billing.
  - Need better way to access Quitline and an automated mechanism to get patients connected to this service. During an office visit, patients get a stack of materials. It is hard to follow-up on since so much is squeezed in to an office visit.

Workgroup Discussion on Medicaid and Tobacco Control (postponed from last meeting)

- Should Medicaid provide support to QuitLine with the goal of reducing the number of smokers in the Medicaid and uninsured populations?
- How does the cost of the program balance the reduction in cost for healthcare former smokers?

Review of Recommendations

- Education on reimbursement and how to bill/code. Practitioners may not be aware of what's reimbursable. Codes are clearer for pediatricians than for providers that treat adult populations. Also, some of the third party payers are also paying for smoking cessation.

- Recommendation: Improve penetration of preventive services currently offered by providing information and identifying primary office/organization that's tracking the preventive services.
    - Improve utilization of preventive services currently offered in North Carolina by providing education on which services are reimbursed and how to be reimbursed.
    - The bidirectional health information exchange makes it so that accessing a patient's health record prompts the provider that something is due. It would require the collaboration of CCNC and the Department of Public Health. There also may be federal money to do this type of practice promotion.
    - Education of patients with handouts, public campaign on prevention, etc.
    - Health information technology should be a part of recommendation. One challenge is internet access so that patients can access patient portals.
    - Preventive pieces should be part of quality checks in emergency rooms.
- Cost analysis
    - The workgroup wants North Carolina to align with USPS-TF and ACIP recommendations unless cost is prohibitive.
    - It is very complicated to figure out net cost. If we provide BRCA testing, then we have to build in the cost of additional testing. But there are possible long-term savings. There are lots of variables to consider in figuring out whether there are short-term vs. long-term cost savings.
    - North Carolina is not only state that's grappling with this issue. What are other states doing? Need to consider projected utilization. Have other states looked at health pay-backs? We should contact other states who are working on these problems.
    - What is Medicare requiring? It is easier if Medicaid and Medicare are requiring the same things.
- Prevention is one more thing that we should ask providers to do. We need systems on the provider level and the patient level to link patients to preventive services and multiple mechanisms/resources to provide interventions.

Next Meeting

Dr. Engel reminded the workgroup members about the State Health Directors Conference. Dr. Judy Munroe, Centers for Disease Control (CDC), will be the speaker. One new area of interest to the CDC is direct-to-community funding. She's also director of state tribal, local, and territorial support.

Public Comment Period

No further public comments were given.