



North Carolina Institute of Medicine: Task Force Overview

NC IOM Task Force on
Substance Abuse Services
October 15, 2007

Overview

- **Background on the North Carolina Institute of Medicine**
- **Task Force Process**
- **Charge to the Task Force**

NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
 - ❑ Be concerned with the health of the people of North Carolina
 - ❑ Monitor and study health matters
 - ❑ Respond authoritatively when found advisable
 - ❑ Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS §90-470

NC IOM Membership

- Members appointed by the Governor for 5-year terms
 - Includes representatives from government; the health professions; business and industry; the hospital, nursing facility, and insurance industries; the voluntary sector; faith communities and the public at large
- Governed by 27 member board
 - Includes representatives from the health professions; academic health centers; NC AHEC Program; NC Hospital Association; NC Medical Society; NC Health Care Facilities Association; BCBSNC; NC Department of Health and Human Services; and other community and business organizations

NC IOM Studies

- NC IOM studies issues at the request of:
 - North Carolina General Assembly
 - North Carolina State Agencies
 - Health professional organizations
 - NC IOM Board
- Often work in partnership with other organizations to study health issues

Task Force Process

- Typically, NC IOM creates broad-based task forces to study health issues facing the state
 - Task Forces generally comprised of between 30-60 people
 - Task Forces are guided by Co-Chairs who run the meetings
 - Task Force members typically include representatives of state and local policy makers and agency officials, health professionals, insurers, business and community leaders, consumers and other interested individuals
 - Meetings are open to the public

Task Force Process

- Task Force work guided by a smaller steering committee
 - People with expertise or knowledge of the issue
 - Help shape the agenda and identify potential speakers
- Presentations
 - May include research summaries and/or statistics, descriptions of programs, challenges or barriers to best practices, national developments
 - Presenters may include task force members, researchers, national or state leaders, state health care professionals, consumers, or NC IOM staff

Task Force Process

- NC IOM staff
 - NC IOM staff will prepare agendas, invite speakers, gather information and identify evidence-based studies (when available) to inform the Task Force's work
 - Staff write first draft of the report
- Task Forces generally run from 9-18 months
 - Approximately first two-thirds of meetings are for fact-finding, to identify the problem and identify potential solutions
 - Last third of meetings are to discuss and refine recommendations, review draft copies of the report
 - ***Task Force and Steering Committee members are encouraged to comment on written materials and recommendations throughout the process***

Task Force Process

- Task Force report
 - Report is circulated several times before being finalized
 - Task Force members may be asked to prioritize recommendations
 - Task Force members will take final vote on the recommendations and report
- NC IOM Board of Directors
 - Board members review the report before finalized
- Reports distributed widely

Recent NC IOM Studies

- Some recent studies include:
 - Chronic Kidney Disease (report expected: Spring 2008)
 - Health Literacy (2007)
 - Ethical Issues in Pandemic Influenza Planning (2007)
 - Examining trends in Primary Care and Specialty Supply (2007)
 - Covering the Uninsured (2006)
 - Healthcare Safety Net (2005)

NC Medical Journal

- NC IOM also publishes the *NC Medical Journal*
 - Each issue contains a special focus area with articles and commentaries discussing specific health issues
 - Typically, one of the issues of the *NC Medical Journal* will focus on a Task Force's work
 - Issue brief describes the Task Force's work and recommendations
 - *NC Medical Journal* circulated to more than 30,000 people across the state

NC IOM Task Force on Substance Abuse Services

- NC General Assembly asked NC IOM to convene a task force to study substance abuse services in North Carolina (Sec. 10.53A(b)-(d) of Session Law 2007-323)

Charge to NC IOM Task Force on Substance Abuse Services

1. Identify the continuum of services needed for treatment of substance abuse services, including but not limited to prevention, outpatient services, residential treatment and recovery supports
 - Need to look at services available through public and private systems, but focus on availability of services through the Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Charge to NC IOM Task Force on Substance Abuse Services

2. Identify evidence-based models of care or promising practices in coordination with the NC Practice Improvement Collaborative for the prevention and treatment of substance abuse and develop recommendations to incorporate these models into the current substance abuse service system of care
3. Examine different financing options to pay for substance abuse services at the local, regional and state levels
 - Task Force shall also consider different reimbursement methodology, including but not limited to fee-for-service, grant funding, case rates and capitation

Charge to NC IOM Task Force on Substance Abuse Services

4. Examine the adequacy of the current and future substance abuse workforce, including but not limited to credentialed substance abuse counselors, availability of substance abuse workers throughout the State and reimbursement levels
 - Task Force shall develop a workforce education plan, if needed
5. Develop strategies to identify people in need of substance abuse services, including people who are dually diagnosed as having mental health and substance abuse problems
 - Task Force shall also examine strategies for providing substance abuse services to people identified through State hospitals and the judicial and social services systems

Charge to NC IOM Task Force on Substance Abuse Services

6. Examine barriers that people with substance abuse problems have in accessing publicly funded substance abuse services and explore possible strategies for improving access
7. Examine current outcome measures and identify other appropriate outcome measures to assess the effectiveness of substance abuse services, if necessary

Charge to NC IOM Task Force on Substance Abuse Services

8. Make recommendations on the implementation of a cost-effective plan for prevention, early screening, diagnosis and treatment of North Carolinians with substance abuse problems.
 - Task Force shall identify any policy changes needed to implement the plan and develop cost estimates associated with different recommendations
 - Task Force shall also examine existing public and private financing options and explore how existing funding could be used more effectively to pay for recommended services

Report to the North Carolina General Assembly

- NC IOM Task Force on Substance Abuse Services is required to submit its interim report and recommendations to the 2008 General Assembly
- Final report to be submitted no later than the convening of the 2009 General Assembly
- NC IOM typically reviews the progress on Task Force recommendations approximately 18-24 months after the release of a report

For More Information

- Websites: www.nciom.org
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