Health Reform: Prevention Workgroup
Thursday, April 14, 2011
North Carolina Institute of Medicine, Morrisville
9:00am-12:00pm
Meeting Summary

Attendees:
Workgroup Members: Jeffrey Engel (co-chair), Laura Gerald (co-chair), Paula Hudson Hildebrand, Lloyd Novick, Janice Petersen, Barbara Pullen-Smith, Kenisha Riley, Meka Sales, Jeff Spade, Anne Thomas

Steering Committee Members: Ruth Petersen

NCIOM Staff: Jennifer Hastings, Sharon Schiro, Rachel Williams

Other Interested Persons: Margaret Brake, Lori Carter-Edwards, Shelisa Howard-Martinez, Markita Keaton, Andy Landis, Cindy Morgan, Beth Osborne, Chris Skowronek, Gail Stone

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

Laura Gerald, MD, MPH
Executive Director
NC Health and Wellness Trust Fund
Co-chair

Dr. Gerald welcomed everyone to the meeting.

Review and Editing of Draft Recommendations
Sharon Schiro, PhD
Vice President
North Carolina Institute of Medicine

Dr. Schiro led the workgroup in a discussion of the draft recommendations. Suggested changes and comments on recommendations related to the workgroup's selected provisions of the ACA are below. The section number of the ACA the recommendation refers to is in parentheses. Sections without recommendations are either being taken care of at the federal level or there are

still federal guidelines waiting to be released. A copy of the draft recommendations can be found here: Draft Recommendations.

Selected questions and comments:

- Maternal, infant and early childhood home visiting program (Sec. 2951).
    - Most communities have a lot of work in these areas going on already. New programs should integrate and collaborate with these existing efforts.
- Post-partum depression (Sec. 2952).
    - Q: Does this provision talk about screening at all? A: I think it is assumed that a new program includes the screening of mothers. There should be a recommendation specifically on increasing education and reimbursement for screening and improving the capacity to provide services to women who are identified through screening.
        - Many women in safety net care do not have doctors outside of the safety net. We need to address capacity to take care of those that are identified.
- Medicaid and tobacco pharmaceutical coverage (Sec. 2502).
    - In the gap section, we may want to add that although beneficiaries are covered, it requires a visit to a physician to get the prescription. That is a barrier for Medicaid patients who need these drugs.
- Employer worksite wellness programs (Sec. 1201, 2705).
    - Should recommend the development of a culture of wellness program for leaders in state agencies, public schools, local agencies, businesses, and worksites.
    - There needs to be a recommendation to address insurance coverage to make sure employers move towards addressing the coverage requirements in the ACA. Employers and insurers need to be educated on the requirements.
- Healthy lifestyle initiatives—Incentives for prevention of chronic diseases in Medicaid (Sec. 4108, 10408).
    - An existing grant to CCNC is in the process of expanding hypertension and stroke prevention. The program will aim to decrease barriers for smoking cessation and provide pharmaceutical counseling. Recommendations we make regarding this provision should be consistent with this grant.
- Coverage of preventive health services (Sec. 2713).
    - Recommendations under this section should be broken into two groups: specific to law and not specific to law.
    - The USPSTF is working on other services, not just A services and B services. These services should also be included somewhere in these recommendations.
- Prevention and Public Health Fund (Sec. 4002).
    - Q: How do people get information from the NC Network of Grantmakers? A: They can sign up to be on their email list.

        - We should include a recommendation to provide education on how to sign up for the network.
        - Q: Who could head the education piece? A: NC Network of Grantmakers should do some outreach. Also, associations, health providers and public health entities could provide some education.
    - We should fit some infrastructure recommendations, including public/private partnerships to disseminate information.
- Medicare coverage of annual wellness visit providing a personalized prevention program (Sec. 4103).
    - CCNC's multi-payer project should be included in current efforts.
    - SHIIP and AARP should provide education to enrollees on this benefit.
    - SBIRT should be involved in educating those with substance abuse disorders.
- Medicaid—Improving access to preventive services for eligible adults (Sec. 4106).
    - Q: Special provisions for clinical policy change have a significant amount of financial impact. Does that have to go outside DMA? A: Yes. DMA has to have State Budget Management's approval before there can be a policy change.
    - Q: Is there a way to calculate long-term cost savings? A: The costs of the morbidities prevented can be determined and then compared to Ms. Stone's analysis of costs to Medicaid for the additional preventive services (see Ms. Stone's presentation below).
    - There should be a recommendation to engage community leaders to do community outreach for education of the public.
    - Medicare has to provide preventive services at no cost to the patient and new, non-grandfathered plans have to do the same. Is there money that can be drawn down to address the gap in education about this benefit for patients of all payers? Maybe Medicare resources could be used to target privately-covered and the Medicaid population.
- Increasing child and adult immunizations (Sec. 4204).
    - We have an opportunity to create a vaccines for adults program. There is a lot of infrastructure for children but very little for adults. If states can purchase vaccines under federal contract, then it can significantly help the state create an adult program.
    - We need to encourage the legislature to become a universal state for childhood vaccines. Currently there are problems with reimbursing physicians for childhood vaccines due to a cap because North Carolina is not a universal state.
- Individualized wellness plans (Sec. 4206).
    - We should we include something about looking at the outcomes of these plans because it will help in finding future funding.

    - Q: Are there any plans to look at specific wellness plans or services? A: A pilot program has not been defined yet. We have to look at funding to see what kind of pilots would be feasible.
- Vital statistics system improvement (part of Diabetes Report Card provision) (Sec. 10407).
    - Gaps include that there is no funding for implementation of a death registration system. Also, there are significant problems with the birth certificate automated system.
- Centers for Excellence for Depression (Sec. 10410).
    - Should recommend connecting patients with existing centers.
    - Recommend evidence-based practices for addressing mental illness and raising awareness that these practices are available and approved.

The Infrastructure Subcommittee focused on Community transformation grants (Sec. 4201, 10403) and public health infrastructure grants as a part of their objective to identify mechanisms to assist communities with limited public health and grant writing infrastructure to respond effectively to prevention funding opportunities and to assist communities address Healthy North Carolina 2020 objectives. Their report, with their recommendations, can be found here: Report from the Prevention Subcommittee on identifying mechanisms to assist communities of greatest need with applications for and implementation of prevention-related funding opportunities.

- Q: Would we want to target youth in any initiatives through social networking? A: Targeting youth with an emphasis on social networking would be helpful because how we reach them becomes very important in the future.
    - It would also build future infrastructure.
    - Some youth projects are already doing taking advantage of social networking.
- We should take a look at other universities and what work they are doing, not just UNC. It would be helpful to build up a catalog of what is going on throughout the state.
    - We should also include other institutions that are not academic.
- There should be an emphasis on developing and strengthening existing partnerships, not just creating new ones.
- Identifying partnerships that work would set us up to be able to replicate and tailor them. Health and wellness has done this for a long time. We should identify pockets of groups that are succeeding and find ways to help those that are not.

Update on the Cost Analysis for USPS-TF and ACIP Recommendations
Gail Stone, FSA
Actuary
NC Department of Health and Human Services

Ms. Stone updated the group on the cost analysis of implementation of optional preventive Medicaid services in North Carolina (ACA, Sec. 4106). Additional services included in the analysis are the Zostavax vaccine for older adults, the Gardasil vaccine for young adults, abdominal aortic aneurysm ultrasounds for older adult males, BRCA testing for adult females, aspirin regimens for older adults, folic acid supplementation for women of child bearing age, and iron supplementation for infants. After including the additional federal medical assistance percentage (FMAP) for providing these services, the estimated extra costs to the state in 2013 is about $4 million. This amount increases to about $8.5 million per year in 2014 and 2015.

Her presentation can be found here: GAP Pricing.

Next Steps

The workgroup decided this meeting would be the last meeting in person. Comments on the draft recommendations will be done electronically. Once the recommendations are finalized, they will be sent out to the group electronically for a vote. Members that do not respond to the vote will be assumed to be in favor of the final recommendations.

Public Comment Period

No further public comments were given.