



## **HEALTH REFORM: OVERALL ADVISORY COMMITTEE**

**Thursday, February 16, 2012**

**North Carolina Institute of Medicine, Morrisville**

**10:00am – 3:00 pm**

**Meeting Summary**

### **ATTENDEES**

*Members:* Wayne Goodwin (co-chair), Steve Cline, Chris Collins, Sam Cykert, Jeff Engel, Allen Feezor, Laura Gerald, Ernie Grant, Craigan Gray, Greg Griggs, Bobbi Hapgood, Alan Hirsch, Karen McNeil-Miller, Ben Money, John Price, Adam Sering

*Steering Committee and NCIOM Staff:* Louis Belo, Kimberly Alexander-Bratcher, Thalia Fuller, Julia Lerche, Emily McClure, Lauren Short, Pam Silberman, Anne Williams, Berkeley Yorkery

*Other Interested people:* Renee Goodwin Batts, Jean Holliday, Tia Jones, Markita Keaton, Andy Landes, Ann Lore, Shelli Neal, Ben Popkin, Robert Seehausen, Elizabeth Walker Kasper, Walker Wilson

### **WELCOME**

*Wayne Goodwin, JD*

*Insurance Commissioner*

*NC Department of Insurance*

Commissioner Goodwin welcomed everyone and thanked them for their continued service on this work.

### **POTENTIAL RECOMMENDATIONS FROM HEALTH REFORM WORKGROUPS**

*Pam Silberman*

*President & CEO*

*North Carolina Institute of Medicine*

*Berkeley Yorkery*

*Project Director*

*North Carolina Institute of Medicine*

The workgroup reviewed and made comments on the drafts of the following chapters of the Health Reform report:

- Health Professional Workforce
- Prevention
- New Models of Care
- Fraud and Abuse

Drafts were emailed to all Overall Advisory Committee members.

### *Selected Discussion:*

- Health Professional Workforce
  - Some workgroup members expressed concern over the Governor's executive Order 85 that merges the Division of Public Health (DPH) and the Office of Rural Health and Community Care (ORHCC). It takes DPH six months, on average, to

execute a contract, whereas ORRHC takes less than a month. Members suggested emphasizing the point that ORHCC should retain enough independence and flexibility to execute contracts in a timely manner, in order to be able to successfully recruit health professionals into underserved communities.

- Workgroup members suggested that the chapter more clearly address the provider pay disparity that acts as a disincentive for providers to be primary care physicians rather than specialists. This is also true for nurse practitioners and physician assistants.
- Prevention
  - The workgroup discussed the recommendation for the availability of over-the-counter nicotine replacement therapies (NRT). The evidence-based strategy is a combination of NRT and counseling as part of comprehensive tobacco cessation services—NRT alone is not an evidence-based strategy. The workgroup suggested that individuals should be able to receive over-the-counter NRT either through the Quit line, or with a physician prescription.
- New Models of Care
  - The workgroup recommended that the chapter make clearer that the consumers should also be actively involved in the design and implementation of new models of care.

#### **NEXT STEPS**

The next meeting will be held on Wednesday, March 14<sup>th</sup>. Revisions to these chapters will be emailed to committee members beforehand.