North Carolina Institute of Medicine

Overview of 2011-2012 Activities & Achievements

Pam Silberman, JD, DrPH
President & CEO
August 23, 2012

NCIOM North Carolina Institute of Medicine
shaping policy for a healthier state

Agenda

- Overview of 2011-2012 NCIOM Activities
- Upcoming Projects
- Overview of Today's Agenda
- Special Thanks

NCIOM

NCIOM Task Forces and Major Projects, 2011-2012

- Health Reform Workgroups
- Suicide Prevention and Intervention
- Mental Health, Social, and Emotional Needs of Young Children and Their Families
- Implementing Evidence-Based Strategies in Public Health
- Early Childhood Obesity Prevention

NCIOM

Health Reform Workgroups

- Public-private workgroups convened at the request of North Carolina Department of Health and Human Services (DHHS) and North Carolina Department of Insurance (DOI) to determine how to best implement health reform in the state.
  - *Overall Advisory Committee*
    Co-Chairs: former DHHS Secretary Lanier Cansler, CPA; DHHS Secretary Al Delia, DOI Commissioner Wayne Goodwin, JD
  - *Eight work groups*
    Health Benefit Exchange and Insurance Oversight; Health Professional Workforce; Medicaid Provisions and Elder Law; New Models of Care; Prevention; Quality; Safety Net; Fraud and Abuse

NCIOM

Health Reform Workgroups

- Supported by:
  - Kate B. Reynolds Charitable Trust
  - The Duke Endowment
  - Blue Cross and Blue Shield of North Carolina Foundation
  - The John Rex Endowment
  - Cone Health Foundation
  - Reidsville Area Foundation, Inc.
- More than 260 people involved in the workgroups.
- Interim report released March 2011; draft final report released in May 2012 (pending Supreme Court decision).

NCIOM

Overview of Health Reform

- By 2014, the ACA requires most people to have health insurance and most employers to provide health insurance—or pay a penalty.
  - The ACA builds on our current system of public coverage, employer-based insurance, and individual (non-group) coverage.
- New funding for prevention; efforts to expand the health workforce; the health care safety net; and greater emphasis on quality measurement and reporting, and testing new payment and delivery models.

NCIOM

US Supreme Court

- US Supreme Court heard challenges to the constitutionality of the ACA in March
- Chief Justice Roberts issued the opinion for the majority of the court
  - Upheld the constitutionality of the individual mandate
  - Held that the Medicaid expansion, as initially enacted, was unconstitutionally coercive to the states.
    - Essentially, created a voluntary Medicaid expansion.
  - Left the rest of the ACA intact.

NCIOM

Impact on North Carolina

- State data suggests that 700,000 uninsured people could gain coverage in 2014. Of these,
  - 300,000 (~43%) would be eligible for subsidized coverage through a newly created Health Benefits Exchange. (Milliman report, 2011)
  - 400,000 (~57%) would gain coverage through the Medicaid expansion, *if* the state chooses to expand Medicaid. (Division of Medical Assistance, preliminary estimates, 2011)
    - The federal government pays almost all (100-90%) of the costs of "newly eligibles," but only ~64% of the costs of "existing eligibles."
    - The Division of Medical Assistance is in the process of updating its estimates of the potential eligibles and costs.

NCIOM

Most Low-Income Uninsured are Ineligible for Subsidies

- The ACA envisioned that most low-income people would gain coverage through Medicaid.
- If states chooses not to expand Medicaid, low income people (with incomes <100% FPL) will not be eligible for subsidies in the Health Benefits Exchange.
  - The ACA limits subsidies to individuals with incomes that exceed 100% FPL (Sec. 1401, amending Sec. 36B(c)(1) of the Internal Revenue Code).

NCIOM

New ACA Funding in North Carolina

- North Carolina agencies and organizations have received ACA funding to:
  - Expand health professional training programs
  - Create new community health center programs or delivery sites
  - Invest more in primary and secondary prevention
  - Improve health care quality
  - Test new models of care that will lead to better health outcomes, improved population health, and reduce health care cost escalation

NCIOM

ACA Creates Many Challenges

- The ACA presents many new challenges to the state.
  - If state chooses not to expand Medicaid, the poorest people will lack insurance coverage and they will be ineligible for subsidies.
  - May not be sufficient provider supply in 2014 to handle health care needs of newly insured, and will continue to be maldistribution issues.
  - Cuts in Medicare reimbursement for some providers and health plans.
  - We do not yet have the “magic bullet” that will ensure better quality and reduced health care costs.

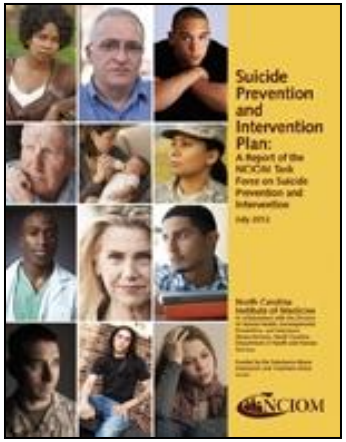
NCIOM

ACA Provides New Opportunities

- However, ACA offers many opportunities, including:
  - Removes barriers to insurance coverage for people with preexisting health problems, and expands coverage to more of the uninsured.
  - Makes health insurance coverage more affordable to many (although some people may have to pay more for coverage).
  - Expands coverage of preventive services and focuses more heavily on primary prevention.
  - Increases emphasis on improving quality of care.
  - Has potential to reduce longer term cost escalation.

NCIOM

Suicide Prevention and Intervention



- Task Force convened at request of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).
  - Funded by the Substance Abuse Prevention and Treatment Block Grant
- Task Force was charged with developing a suicide prevention and intervention plan for DMH/DD/SAS.
  - Co-Chairs: Debra Farrington, MSW, LCSW, Network Manager, OPC Community Operations Center; Flo Stein, MPH, Chief, Community Policy Management Section, DMH/DD/SAS.
  - 22 other members

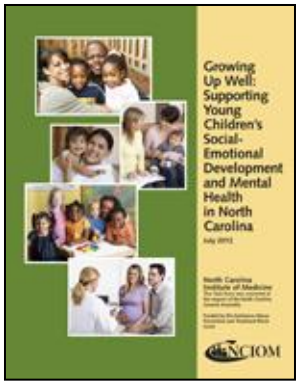
NCIOM

Suicide Prevention and Intervention

- Suicide is one of the top ten causes of death for people ages 5-64 in North Carolina.
  - More than 1,000 North Carolinians die from self-inflicted injuries; 6,000 hospitalized, and 8,000 treated in hospital emergency departments each year.
- The Task Force made eight recommendations including implementation of evidence-based prevention, early intervention, crisis services, treatment, recovery supports for people who have attempted suicide, and postvention services for others who have been touched by the suicide death of another.

NCIOM

Mental Health, Social, and Emotional Needs of Young Children and Their Families



- Task Force convened at request of the North Carolina General Assembly.
  - Funded by the Substance Abuse Prevention and Treatment Block Grant
- Task Force was charged with evaluating the current systems serving the social-emotional and mental health needs of young children and their families.
  - Co-Chairs:Marian Earls, MD, FAAP, Lead Pediatric Consultant, CCNC; Beth Melcher, PhD, Chief Deputy Secretary for Health Services, DHHS; John Thorp, MD, Division Director and Distinguished Professor, Department of Obstetrics and Gynecology, University of North Carolina Health Care
  - 37 other members

NCIOM

Mental Health, Social, and Emotional Needs of Young Children and Their Families

- Recommendations include:
  - Creating a coordinated, integrated system to meet the social-emotional and mental health needs of young children and their families.
  - Promoting awareness and understanding of the importance of young children's social-emotional and mental health.
  - Improving treatment to meet the social-emotional and mental health needs of young children and their families.
  - Developing the professions that work most closely with young children, especially early educators and health care practitioners.

NCIOM

Implementing Evidence-Based Strategies in Public Health

- Task Force charged with developing recommendations to assist public health professionals in implementing evidence-based strategies (EBS) to address Healthy NC 2020 objectives.
  - Task Force convened at request of the North Carolina Center for Public Health Quality, the Center for Healthy North Carolina, and the Division of Public Health (DPH). Funded through the Centers for Disease Control and Prevention's National Public Health Improvement Initiative
  - Co-Chairs: Alice Ammerman, DrPH, Director, Center for Health Promotion and Disease Prevention, Professor, Department of Nutrition, Gillings School of Global Public Health, UNC; Laura Gerald, MD, State Health Director, DPH, DHHS; Gibbie Harris, Health Director, Buncombe County Health Department.
  - 30 other members. Report to be released Fall, 2012.

NCIOM

Implementing Evidence-Based Strategies in Public Health

- Task Force examined options to support implementation of evidence-based programs, policies, and clinical interventions to improve population health.
- Three key steps involved in implementing EBS, including:
  - Selecting EBS that meets community health priorities.
  - Implementing EBS with fidelity.
  - Evaluation to ensure intervention implemented with fidelity and achieving positive health outcomes.
- Reciprocal obligations between the Division of Public Health and local health departments.

NCIOM

Early Childhood Obesity Prevention Task Force

- Task Force was convened at request of the Blue Cross and Blue Shield of North Carolina Foundation (BCBSNC Foundation).
  - In collaboration with the BCBSNC Foundation and North Carolina Partnership for Children.
  - Co-Chairs: Kathy Higgins, President, Blue Cross and Blue Shield of North Carolina Foundation, Olson Huff, MD, Chair, Board of Directors, North Carolina Partnership for Children.
    - Includes 70 other members.

NCIOM

Early Childhood Obesity Prevention Task Force

- The Task Force is charged with developing strategies and a work plan to implement national and state recommendations to address early childhood obesity (children ages 0-5 years).
  - Three workgroups focusing on: clinical, community and environment, and policy recommendations.
  - Broadly looking at strategies to promote healthy nutrition and increased physical activity, limit screen time, and support healthy births and breastfeeding through clinical, community and environment, and policy strategies.
- Report to be released early 2013.

NCIOM

NCMJ

NORTH CAROLINA MEDICAL JOURNAL

- The *NCMJ* is published every two months and has a distribution of 30,000.
  - Co-published by the NCIOM and The Duke Endowment.
  - Oversight provided by 35 Editorial Board members.

- Each issue contains a special focus area, as well as peer-reviewed original research.
  - Approximately 250 people wrote or contributed to one or more articles in 2011-2012.

NCIOM

NCMJ
NORTH CAROLINA MEDICAL JOURNAL

2011-2012 Issues

- July/Aug 2011. Future of Nursing in North Carolina.
  The Future of Nursing and the Health of North Carolinians: The North Carolina Summit. Wilmoth MC
- Sept/Oct 2011. Confronting the Diabetes Epidemic.
  The State of Diabetes in North Carolina. Konen J, Page J.
- Nov/Dec 2011. Agricultural Health.
  Harvest of Need: Addressing Health and Safety Challenges on North Carolina's Farms. Tutor-Marcom R, Irons T.

NCIOM

NCMJ
NORTH CAROLINA MEDICAL JOURNAL

2011-2012 Issues

- Jan/Feb 2012. Care Transitions.
  Improving Care Transitions Means More Than Reducing Hospital Readmissions. Cykert S.
- Mar/Apr 2012. Oral Health,
  Oral Health in North Carolina: Innovations, Opportunities, and Challenges. Rozier RG.
- May/June 2012. Are We on the Right Path? North Carolina's Evolving Mental Health System.
  Public Behavioral Health Care Reform in North Carolina: Will We Get It Right This Time Around? Swartz M, Morrissey J.

NCIOM

NCMJ
NORTH CAROLINA MEDICAL JOURNAL

Current and Upcoming Issues

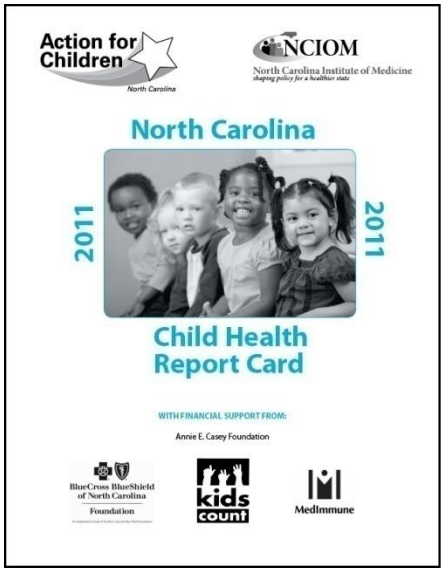
- July/Aug 2012. Promoting Healthy and Sustainable Communities.
  Forging New Partnerships to Build Healthier Communities for a Healthier State. Petersen R, Hunkins J, Riegel L, Smith L.

- Future topics, 2012-2013:
  - Social Determinants of Health (Sept/Oct 2012)
  - Heart Disease and Stroke (Nov/Dec 2012)

NCIOM

North Carolina Child Health Report Card

- 2011 marked the 17th annual Report Card.
- The Report Card is jointly produced by the NCIOM and Action for Children North Carolina.
- Includes more than 30 indicators of child and youth health and well-being.



Agenda

- Overview of 2011-2012 NCIOM Activities
- **Upcoming Projects**
- Overview of Today's Agenda
- Special Thanks

Substance Abuse Services

- Task Force will be convened at request of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
- The Task Force will begin with an update from the 2009 Task Force report and then examine:
  - Updated information on the need for substance abuse treatment services.
  - Evidence-based or best practices for substance abuse prevention and treatment.
  - Need for delivery system reforms, including the impact of the ACA on substance abuse services.
  - Financing options.

NCIOM

Other Potential Task Forces

- Exploring potential new Task Forces on:
  - Addressing the health needs of rural North Carolina.
  - Improving oral health for children in the Medicaid program.
  - Examining new payment and delivery models in Medicaid.

NCIOM

Agenda

- Overview of 2011-2012 NCIOM Activities
- Upcoming Projects
- **Overview of Today's Agenda**
- Special Thanks

2012 NCIOM Annual Meeting

- The theme of this year's meeting is on the evolving mental health system in North Carolina.
  - Historically, North Carolina's mental health system has faced many problems.
  - Move to managed behavioral health care offers new opportunities and challenges.
  - The ACA provides new opportunities with expanded insurance coverage, mental health and substance abuse parity, and more options for home and community based services.

NCIOM

2012 NCIOM Annual Meeting Agenda

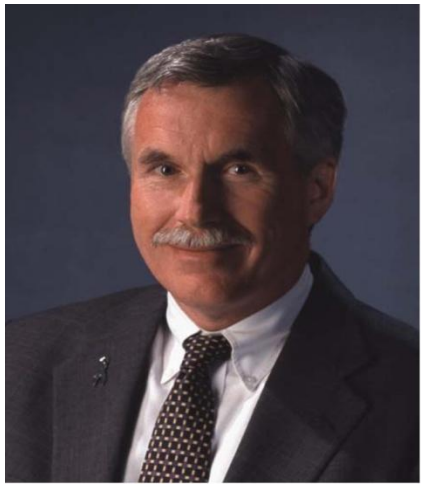
- Mid morning (10:15-11:45)
  - 1915B/C waivers: What does it mean for quality, access and services?
  - Primary and secondary prevention: What works?
- Early afternoon (1:30-3:00)
  - Co-location and integrated care
  - Supported housing
- Mid afternoon (3:15-4:45)
  - Strategies to reduce hospital bed-boarding
  - Mental health and substance abuse parity in private insurance plans

NCIOM

2012 NCIOM Annual Meeting Agenda

- Keynote address: Getting Mental Health Right in Challenging Times

  Mike Hogan, PhD
  New York Commissioner
  of Mental Health



NCIOM

Agenda

- Overview of 2011-2012 NCIOM Activities
- Upcoming Projects
- Overview of Today's Agenda
- **Special Thanks**

Special Thanks to the NCIOM/NCMJ Staff & Leadership

NCIOM Staff

- **Kimberly M. Alexander-Bratcher, MPH**
  Project Director
- **Thalia S. Fuller**
  Administrative Assistant
- **Jennifer Hastings, MS, MPH**
  Project Director
  Interim Managing Editor, NCMJ
- **Adrienne R. Parker**
  Director of Operations
- **Sharon Schiro, PhD**
  Former Vice President
- **Anne Williams**
  Research Assistant
- **Berkeley Yorkery, MPP**
  Project Director
- **Adam Zolotor, MD, MPH, DrPH**
  Vice President

NCMJ Staff

- **Scott O'Brien, MA, MPH**
  Former Managing Editor
- **Phyllis Blackwell**
  Assistant Managing Editor

NCMJ Editors

- **Thomas C. Ricketts, III, PhD, MPH**
  Former Editor-in-Chief
- **Peter Morris, MD, MPH, Mdiv**
  Editor in Chief
- **John W. Williams, Jr, MD, MHS**
  Scientific Editor
- **George Jackson, PhD, MHA**
  Asst. Scientific Editor

Interns

- **Krutika Amin**
- **Libby Betts**
- **Emily McClure, MSPH**

NCIOM

Special Thanks to the NCIOM Board

- Thomas J. Bacon, DrPH, *Chair*
- Polly Johnson, RN, MSN, FAAN, *Vice-Chair*
- Phyllis Horns, RN, DSN, FAAN, *Treasurer*
- Darlyne Menscer, MD, *Secretary*

- William K. Atkinson, II, PhD, MPH, MPA
- Lanier Cansler, CPA
- Timothy S. Carey, MD, MPH
- Linda R. Cronenwett, PhD, RN, FAAN
- Paul Cunningham, MD, FACS
- L. Allen Dobson, Jr., MD, FAAFP
- Victor J. Dzau, MD
- Marian Earls, MD, FAAP
- Laura Gerald, MD
- Ron Maddox, PharmD
- John McConnell, MD
- Ben Money, Jr. MPH
- Peg O'Connell, JD
- Hilda Pinnix-Ragland, MBA
- William A. Pully, JD
- Barbara K. Rimer, DrPH
- William L. Roper, MD, MPH
- Robert W. Seligson, MBA
- Karen L. Smith, MD, FAAFP
- J. Craig Souza
- Michael Tarwater, FACHE
- Samuel (Woody) Warburton, MD
- Charles F. Willson, MD
- Brad Wilson, JD

NCIOM

Special Thanks to Others Involved with the NCIOM in 2011-2012

- Thanks to the approximately 400 people including NCIOM members and others who participated on NCIOM task forces, steering committees, subcommittees, and other workgroups, and the 250 people who contributed to the NCMJ.
- We also want to recognize the hard work of all the legislators, state policymakers, health professionals, and others who support the NCIOM and who have worked to address key health issues facing the state.

NCIOM

Special Thanks to Our Contributors & Supporters

- *We want to thank our major financial contributors:*

BlueCross BlueShield of North Carolina Foundation
An independent licensee of the Blue Cross and Blue Shield Association

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

dhhs nc department of health and human services

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

NC Division of Public Health

NCPH North Carolina Public Health

KATE B. REYNOLDS CHARITABLE TRUST

NCGA NORTH CAROLINA GENERAL ASSEMBLY

THE DUKE ENDOWMENT

North Carolina DEPARTMENT OF INSURANCE

- *Other financial supporters include:* Carolinas Health Care System, Cone Health Foundation, ECU Health Sciences Division, Duke University Health System, John Rex Endowment, North Carolina Dental Society, North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, North Carolina Health Care Facilities Association, North Carolina Hospital Association, North Carolina Medical Society, Reidsville Area Foundation, UNC Health Care System

NCIOM

For More Information

- Websites: www.nciom.org
  www.ncmedicaljournal.com
  www.nchealthcarehelp.org
- Key contacts:
  - Pam Silberman, JD, DrPH, President & CEO, NCIOM
    919-401-6599 ext. 23 or pam_silberman@nciom.org
  - Adam Zolotor, MD, MPH, DrPH, Vice President, NCIOM
    919-401-6599 ext. 24 or adam_zolotor@nciom.org
  - Peter Morris, MD, MPH, MDiv, Editor-in-Chief, *NCMJ*
    peterjmorrismd@gmail.com
  - Jennifer Hastings, MS, MPH, Interim Managing Editor, *NCMJ*
    919-401-6599 ext. 22 or jennifer_hastings@nciom.org

NCIOM