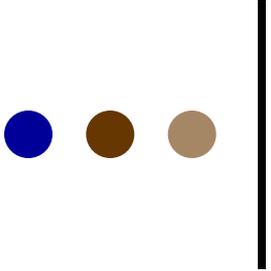


North Carolina Institute of Medicine

*Overview of 2012-2013
Celebration of 30 Years*

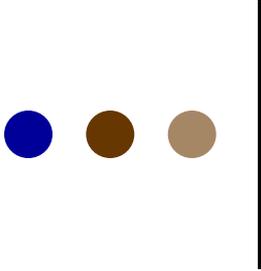
Pam Silberman, JD, DrPH
President & CEO
September 9, 2013





Agenda

- **Overview of 2012-2013 NCIOM Activities**
- Upcoming Projects
- 30th Anniversary Celebration
- Special Thanks



Rural Health Action Plan

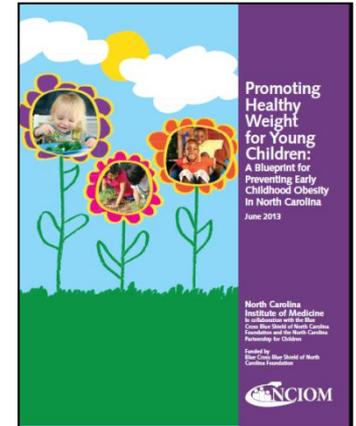
- At the request of the Office of Rural Health and Community Care (ORHCC) and the Kate B. Reynolds Charitable Trust
 - Co-Chairs: Chris Collins, MSW, Acting Director, ORHCC; Paul Cunningham, MD, Dean, Senior Associate Vice Chancellor for Medical Affairs, Brody School of Medicine; Donna Tipton-Rogers, EdD, President, Tri-County Community College.
 - Task Force members: Includes 42 other task force members from rural communities and statewide organizations with a mission to serve rural communities

Rural Health Action Plan

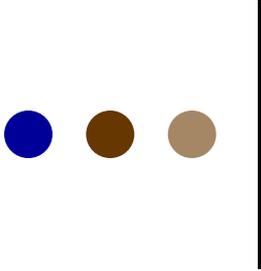
- About one-in-three North Carolinians live in a rural (non-metropolitan area).
 - People living in rural areas have worse health outcomes on most measures than those living in urban areas.
- Task Force charged with developing a Rural Health Action Plan to provide policy makers, funders, and stakeholder organizations with action steps to improve rural health.
 - NCIOM Task Force is hosting 8 rural community meetings to seek input from people living in rural areas before finalizing the report.

Early Childhood Obesity Prevention

- 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, Past Chair, Board of Directors, North Carolina Partnership for Children.
 - Includes 70 other members.

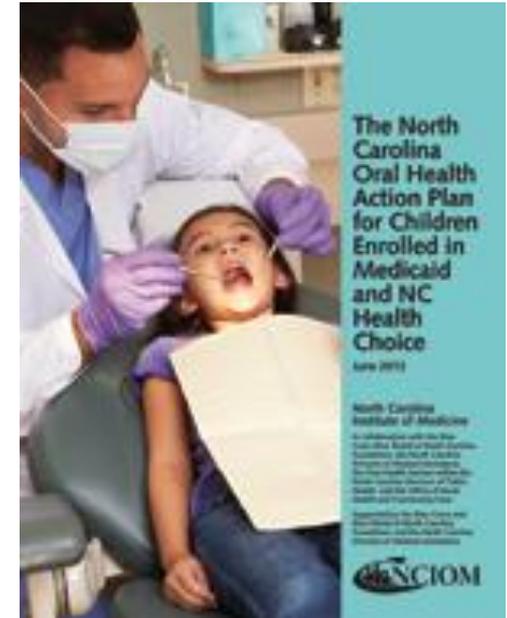


Early Childhood Obesity Prevention Task Force

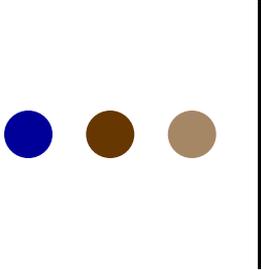
- The Task Force was charged with developing strategies and a work plan to implement national and state recommendations to address early childhood obesity (children ages 0-5 years).
 - Three workgroups focusing on: clinical, community and environment, and policy recommendations.
 - Broadly looking at 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 this month.

Preventive Dental Services for Children

- Task Force was convened to help the Division of Medical Assistance (DMA) develop a dental action plan to improve access to preventive oral health services for children enrolled in Medicaid and NC Health Choice, as required by the Centers for Medicare and Medicaid Services.



- The Task Force was a collaboration between DMA, the Blue Cross and Blue Shield of North Carolina Foundation (BCBSNCF), the Oral Health Section within the North Carolina Division of Public Health, and the Office of Rural Health and Community Care.
- Co-chairs: Mark Casey, DDS, MPH, Dental Director, Division of Medical Assistance, North Carolina Department of Human Services; Frank Courts, DDS, Chair, Physicians Advisory Group Dental Committee; Marian F. Earls, MD, FAAP, Lead Pediatric Consultant, Community Care of North Carolina



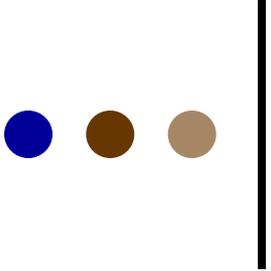
Preventive Dental Services for Children

- The Task Force developed a plan to increase the proportion of children ages 1-20 enrolled in Medicaid or CHIP who receive any preventive dental services and the proportion of children ages 6-9 who receive a dental sealant on a permanent molar tooth by 10 percentage points over 5 years, including:
 - More education and outreach to families
 - Educating dental professionals on the evidence behind sealants
 - Piloting a new type of school-based program
- Final report released in July

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





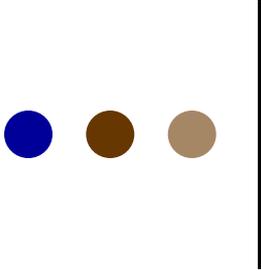
Health Reform Workgroups

- 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.
- Final report issued January 2013.

Evidence-Based Strategies in Public Health

- Task Force developed 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 released September 2012.



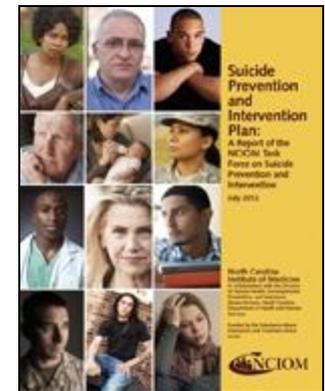
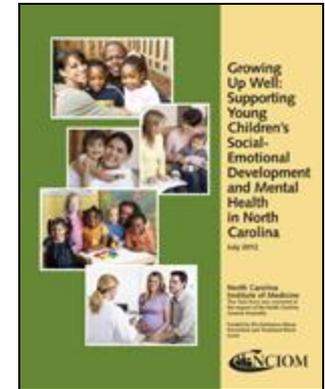


Implementing Evidence-Based Strategies in Public Health

- Task Force examined options to support implementation of evidence-based programs, policies, and clinical interventions to improve population health.
- The report outlines key steps needed to implement EBS, including:
 - Select EBS that meets community health priorities.
 - Implement EBS with fidelity.
 - Evaluate to ensure intervention implemented with fidelity and achieving positive health outcomes.
- Both state and local health departments have reciprocal obligations to help implement EBS with success.

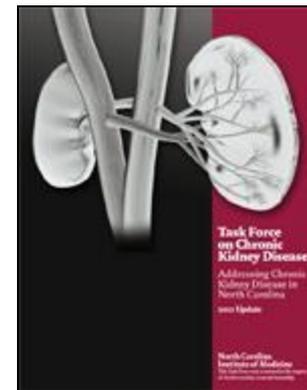
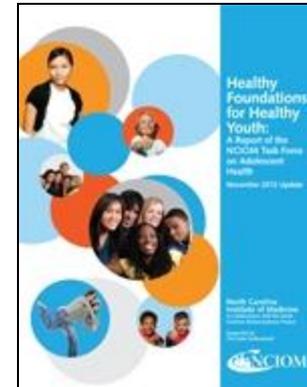
Released Two Other Reports in 2012-2013

- Growing Up Well: Supporting Young Children's Social-Emotional Development and Mental Health in North Carolina (July 2012)
- Suicide Prevention and Intervention Plan: A Report of the NCIOM Task Force on Suicide Prevention and Intervention (July 2012)



Two Task Force Updates in 2012-2013

- Update to the NCIOM Task Force on Adolescent Health Report : Healthy Foundations for Healthy Youth (2012)
- Update to the NCIOM Task Force on Chronic Kidney Disease: Addressing Chronic Kidney Disease in North Carolina (2012)



- 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 270 people wrote or contributed to one or more articles in 2012-2013.

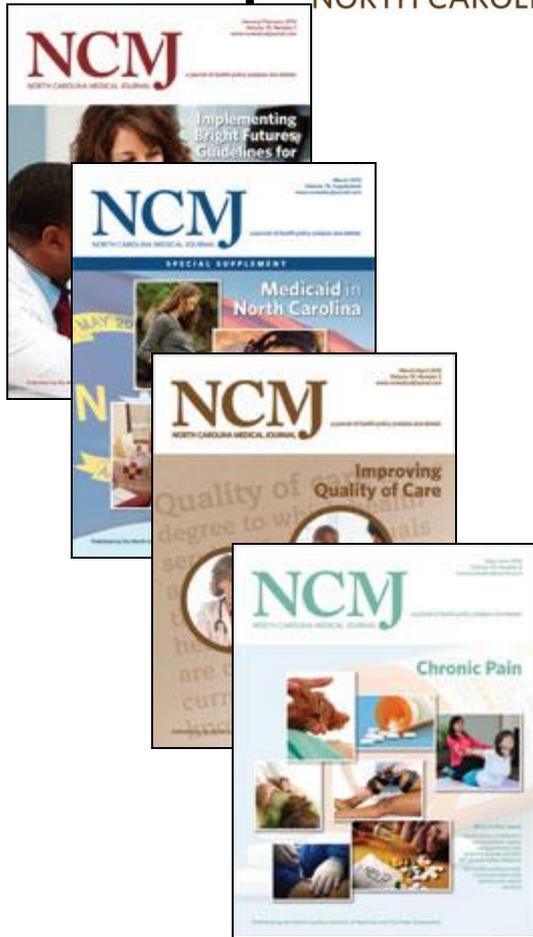


- July/Aug 2012. Promoting Healthy and Sustainable Communities
Forging New Partnerships to Build Healthier Communities for a Healthier State. Peterson R, Hunkins JA, Riegel LD, Smith L.
- Sept/Oct 2012. Social Determinants of Health
Social Determinants of Health. Gerald L.
- Nov/Dec 2012. Heart Disease and Stroke
30,000 Fewer Heart Attacks and Strokes in North Carolina: A Challenge to Prioritize Prevention. Bertoni AG, Ensley D, Goff DC.

NCMJ

NORTH CAROLINA MEDICAL JOURNAL

2012-2013 Issues



- Jan/Feb 2013. Bright Futures.
Implementing Bright Future Guidelines for Well-Child Care in North Carolina. Foy JM.
- March 2013 Special Supplement:
Medicaid in North Carolina
A Look at North Carolina's Medicaid Program. Cansler LM.
- Mar/Apr 2013. Improving Quality of Care
Transforming Quality of Care in North Carolina. Newton W, Bradley D.
- May/June 2013. Chronic Pain
Chronic Pain: Challenges and Opportunities for Relieving Suffering. Rowe J, Caprio AJ.

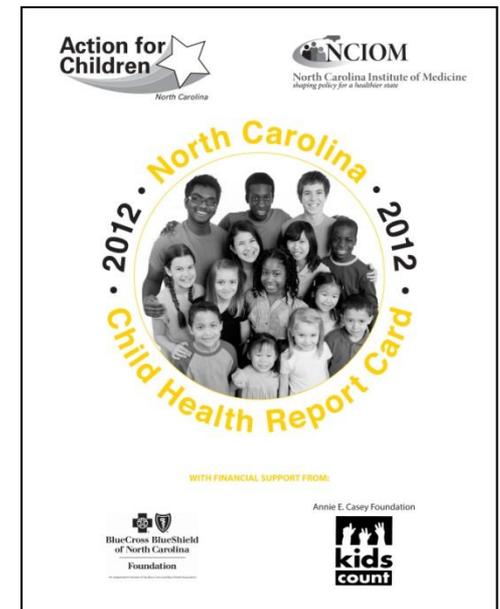


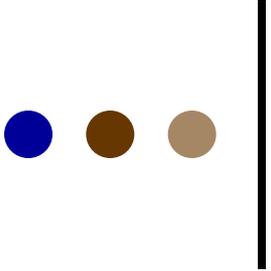
- July/Aug 2013. Ushering in a New Era in Health Care
Implementing the Affordable Care Act in North Carolina. The Rubber Hits the Road. Silberman P.
- Sept/Oct 2013: Respiratory diseases
- Nov/Dec 2013: Genetics

- 2014 Upcoming Issues
 - Jan/Feb: Innovations in health professional education
 - March/Apr: Imaging
 - May/June: Data driven improvements in care and patient outcomes

North Carolina Child Health Report Card

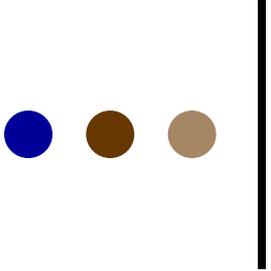
- 2012 marked the 18th annual Report Card.
- The Report Card is jointly produced by the NCIOM and Action for Children North Carolina.
- Includes more than 30 indicators of child and youth health and well-being.





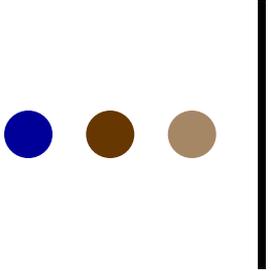
Agenda

- Overview of 2011-2012 NCIOM Activities
- **Upcoming Projects**
- 30th Anniversary Celebration
- Special Thanks



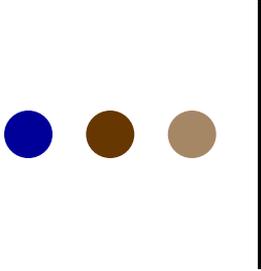
Upcoming Task Forces

- Partnering with the Division of Public Health to create a task force to update strategies on child maltreatment prevention
- Exploring potential new Task Force on:
 - Patient engagement



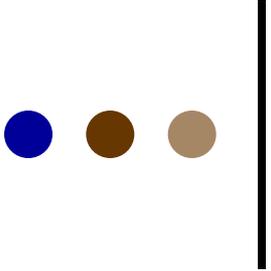
Agenda

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30th Anniversary Celebration

- The NCIOM was created by the North Carolina General Assembly (NCGA) in 1983
 - Initial funding for the NCIOM came from a grant from the Kate B. Reynolds Charitable Trust and the NCGA
- Over the last 30 years we have studied issues broadly related to insurance coverage, health professional supply, access, quality, prevention, costs, and care for underserved populations (children, older adults, people with disabilities, health disparities)

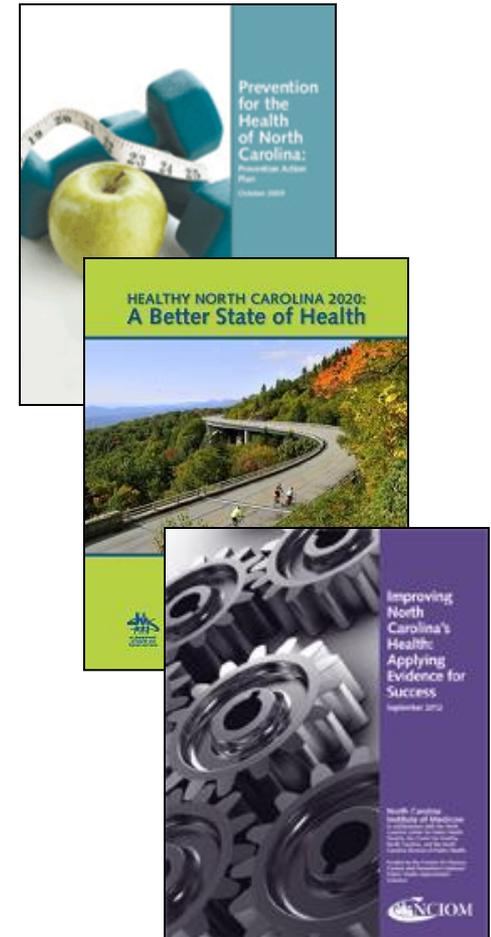


NCIOM Success

- The NCIOM reconvenes task forces 2-3 years after the release of a report to determine what actions have been taken, if any, to implement task force recommendations.
 - Typically, between 50-80% of task force recommendations are implemented, in whole or in part, within the first 3-5 years.

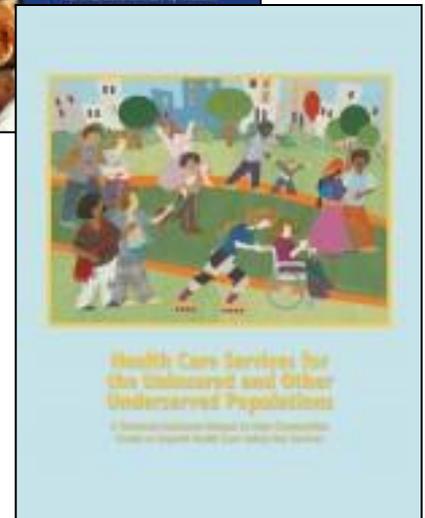
Selected Past Successes

- NCIOM Task Force on Prevention (2009) led to the Healthy NC 2020 plan (2011), and later the Task Force on implementing evidence-based strategies in local health departments.
 - Health departments are required to select at least 2 of the Healthy NC 2020 objectives as part of their community health assessment and action plan, and identify evidence-based strategies to address underlying problems.



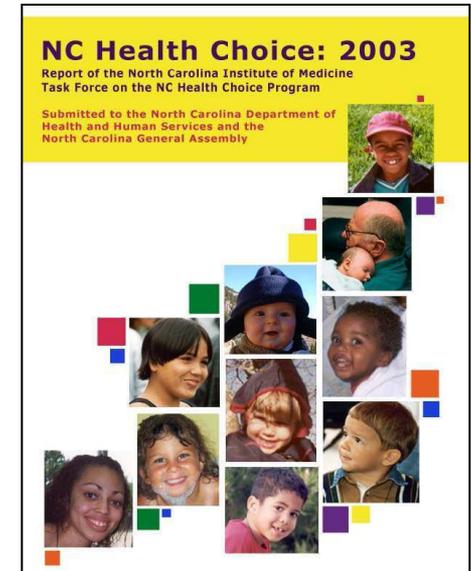
Selected Past Successes

- NCIOM Safety Net Task Force (2005) helped led to legislative funding to expand and strengthen the existing safety net system (community health grants) and to coordinated systems of care for the uninsured (HealthNet funding).



Selected Past Successes

- NCIOM Task Force on Child Health Insurance (1997) helped lead to the creation of the NC Health Choice program in 1998.
 - NCIOM was later asked to help develop strategies to ensure the long-term financial sustainability of the program.

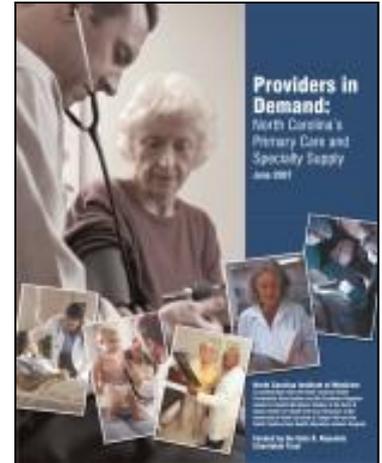


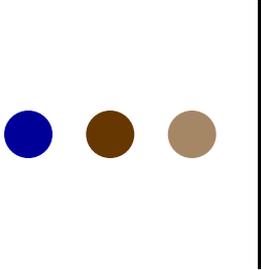
Selected Past Successes

- NCIOM Task Force on Primary Care and Specialty Supply (2005) helped lead to the creation of a new osteopathic medical school at Campbell University.
- *“The findings of NCIOM task forces on the need for more physicians to meet the health needs of our state were critical to the decision to open Campbell’s new School of Osteopathic Medicine...”*

- Ronald W. Maddox, PharmD,

Vice President of Health Programs, Dean of the College of Pharmacy and Health Sciences, Campbell University

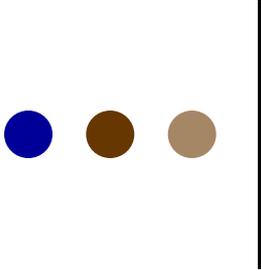




30th Anniversary Celebration

*“Throughout its history, the North Carolina Institute of Medicine has played a critical role in shaping policy to advance the health and well-being of North Carolinians. For 30 years, the NCIOM has taken the lead in exploring some of the most critical issues facing our state....
Recommendations from the NCIOM have led to many lasting and positive changes for this state.”*

- Thomas J. Bacon, DrPH, Chair, NCIOM Board of Directors,
Former Director, North Carolina Area Health Education Centers
Program

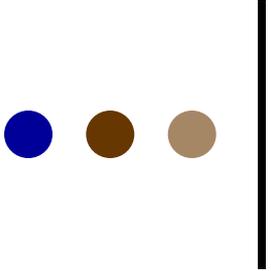


30th Anniversary Celebration

“During my years in North Carolina state government, first as a member of the House of Representatives and then as Deputy Secretary and then Secretary of NCDHHS, I and my colleagues recognized the valuable asset we had in the NCIOM. The NCIOM has provided invaluable research, analysis and advice on key state health issues in a non-partisan manner. ...The NCIOM’s leadership in this area has helped public health officials in North Carolina implement effective policy solutions that have proven results.”

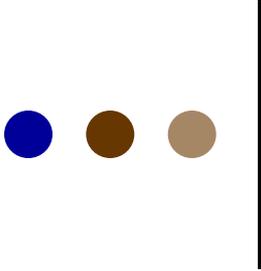
- Lanier M. Cansler, CPA, Former Secretary, North Carolina Department of Health and Human Services, President, Cansler Collaborative Resources





Agenda

- 30th Anniversary Celebration
- Overview of 2011-2012 NCIOM Activities
- Upcoming Projects
- **Special Thanks**



Thanks to the Past NCIOM Leaders

- Presidents/CEO:

- John Sessions, MD (1985-1987)
- Ewald (Bud) Busses, MD (1987-1994)
- Gordon DeFriese, PhD (1994-2005)

- Board chairs:

- James E. Davis, MD (1983-1996)
- E. Harvey Estes, Jr. MD (1996-2006)
- William K. Atkinson, II, PhD, MPH, MPA (2006-2009)
- Samuel (Woody) Warburton, MD (2009-2012)
- Thomas J. Bacon, DrPH (2012-present)

Special Thanks to the NCIOM/NCMJ Staff & Leadership

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- **Thalia S. Fuller**
Administrative Assistant
- **Jennifer Hastings, MS, MPH***
Project Director
- **Adrienne R. Parker**
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- **Anne Williams***
Research Assistant

- **Berkeley Yorkery, MPP**
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- **Adam Zolotor, MD, MPH, DrPH**
Vice President

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- **George Jackson, PhD, MHA**
Asst. Scientific Editor

Interns

- **Krutika Amin***
- **Libby Betts***
- **Liz Chen**
- **Andrew Olson***



* Left the NCIOM in 2012-2013.

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*
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- Brad Wilson, JD



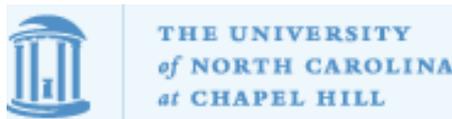
*Left NCIOM Board in 2013.

Special Thanks to Others Involved with the NCIOM in 2012-2013

- Thanks to the more than 400 people including NCIOM members and others who participated on NCIOM task forces, steering committees, subcommittees, and other workgroups, and the approximately 270 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.

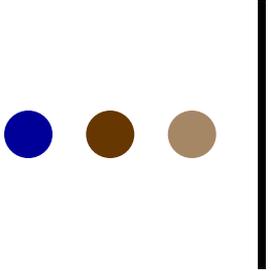
Special Thanks to Our Contributors & Supporters

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



- *Other financial supporters include:* Campbell University, Carolinas Center for Medical Excellence, Carolinas Health Care System, Cone Health Foundation, Duke University Health System, East Carolina University, North Carolina Area Health Education Centers Program, North Carolina Dental Society, North Carolina Health Care Facilities Association, North Carolina Medical Society, Reidsville Area Foundation, University of North Carolina at Chapel Hill, Wake Forest Baptist Medical Center





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www.ncmedicaljournal.com
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 - Peter Morris, MD, MPH, MDiv, Editor-in-Chief, *NCMJ*
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 - Kay Downer, MA, Managing Editor, *NCMJ*
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