



NCIOM Task Force on All Payer Claims Database

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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

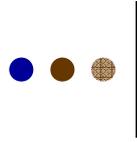
NCGS §90-470



NCIOM Board Membership

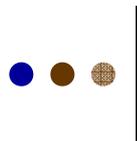
- Members appointed to the Board of Directors
 - Includes leaders from the major health professions, the hospital industry, the health insurance industry, State and county government and other political units, education, business and industry, the universities, and the university medical centers.





NCIOM Studies

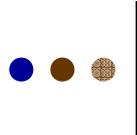
- NCIOM studies issues at the request of:
 - North Carolina General Assembly
 - North Carolina state agencies
 - Health professional organizations
 - NCIOM Board of Directors
- Often work in partnership with other organizations to study health issues



Task Force Process

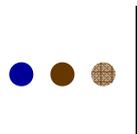
- NCIOM creates broad-based task forces to study health issues facing the state
 - Task Forces generally comprised of between 30-60 people
 - Task Forces are guided by co-chairs who run the meetings
 - Task Force members typically include representatives of state and local policy makers and agency officials,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





Task Force Process (cont'd)

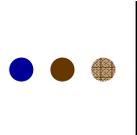
- Task Force work guided by a smaller steering committee
 - People with expertise or knowledge of the issue
 - Help shape the agenda and identify potential speakers
- Presentations
 - May include research summaries and/or statistics, descriptions of programs, challenges or barriers to best practices,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



Task Force Process (cont'd)

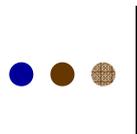
- NCIOM staff
 - NCIOM staff will prepare agendas, invite speakers, gather information, and identify evidence-based studies when available to inform the Task Force's work
 - Staff write first draft of the report, and seek input from the Task Force and Steering Committee members





Task Force Process (cont'd)

- 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
- NCIOM Board of Directors
 - Board members must review the report before finalized
- Reports distributed widely
 - Shorter 4-6 page Issue Brief



Recent NCIOM Studies

- Some recent studies include:
 - Mental Health and Substance Use (2016)
 - Dementia Capable North Carolina (2016)
 - Patient and Family Engagement (2015)
 - Essentials for Childhood (2015)
 - Rural Health Action Plan (2014)
 - Promoting Healthy Weight for Young Children: A Blueprint for Preventing Early Childhood Obesity in North Carolina (2013)
 - The North Carolina Oral Health Action Plan for Children Enrolled in Medicaid and NC Health Choice (2013)
 - Examining the Impact of the Patient Protection and Affordable Care Act in North Carolina (2013)





Recommendations

- Typically made to legislators, executive agencies, professional associations, county government units, health systems, educational institutions, funders, and insurers.
- Determined by consensus, voting when needed.
- Principals such as effectiveness, evidence, feasibility, fiscal and political climate considered



Updates

- Studies are updated 3-5 years after issuing a final report to catalogue action in response to recommendations.
- NCIOM Task Force Recommendations have a 50-80% track record of partial or full implementation.





- NCIOM also publishes the *NCMJ*
 - Each issue contains a special focus area with articles and commentaries discussing specific health issues
 - One of the issues of the *NCMJ* will include an issue brief (6-10 pages) about the Task Force's work and recommendations
 - *NC Medical Journal* circulated in print to more than 4,000 people and electronically to more than 150,000 people.



- The Duke Endowment
- Department of Health and Human Services
- Institute for Emerging Issues





Task Force on All Payer Claims Database

- Focus on Triple Aim
- Cost of healthcare as % of GDP
- Tremendous variation in care, cost and quality
- Movement towards transparency
- Movement towards consumer directed spending and patient engagement



APCD

- 22 states have an APCD or are actively developing an APCD
- Include 'all claims', and depending on governance, inpatient, outpatient, behavioral health, pharmacy, dental. Special challenges: VA claims, pre-paid health plans, Medicare, and ERISA governed employer sponsored plans.



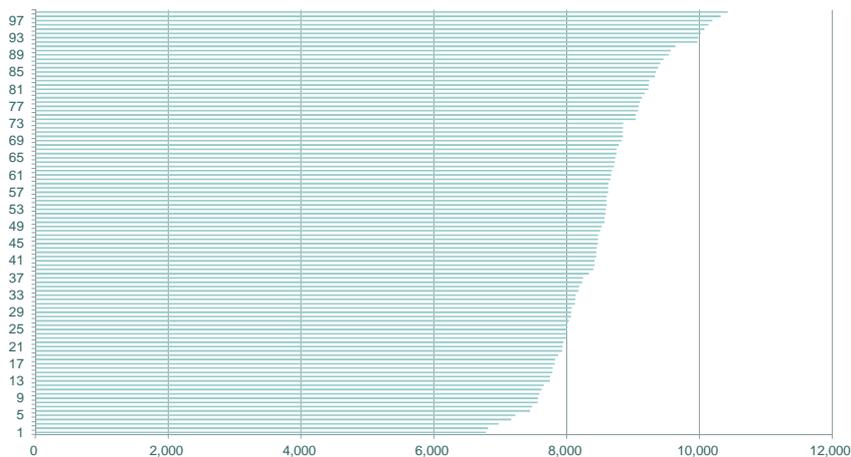


Uses of an APCD

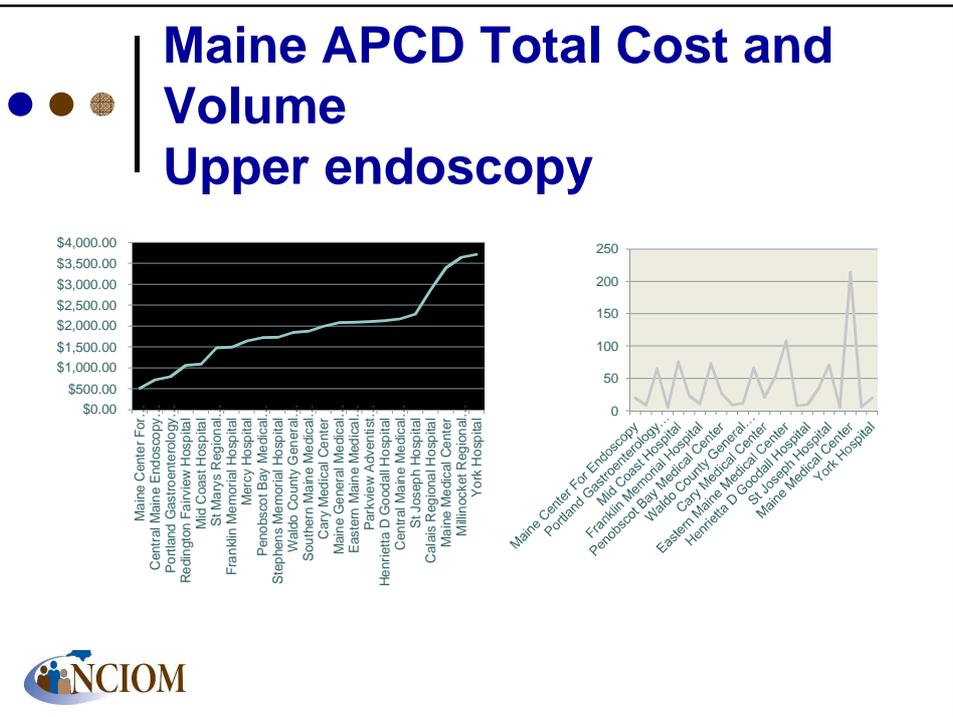
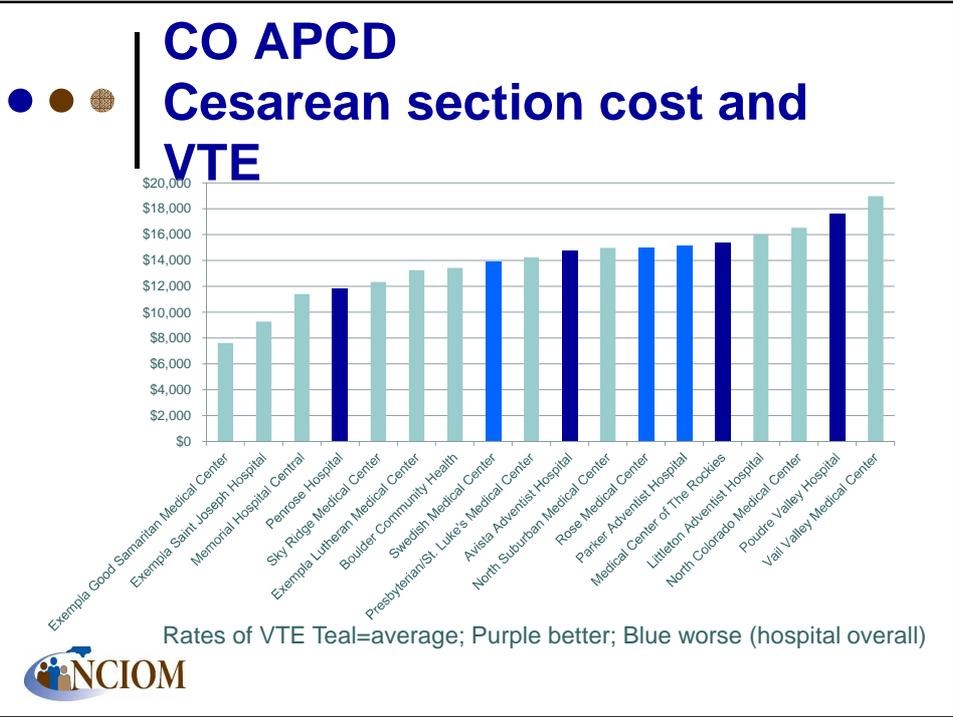
- Public health surveillance
- Health system planning/QI
- Payer planning/QI
- Employer assessment of cost, comparison shopping
- Consumer directed query (at the level of the individual or consumer advocacy organization)
- Health services research



Variation is cost



Adjusted Cost per Medicare Enrollee by County, Dartmouth Atlas, 100 counties





Charge to Task Force

- Is an APCD right for NC?
 - Current climate? Medicaid reform. Rapidly developing HIE.
- If yes:
 - Voluntary or involuntary?
 - Governance
 - Financing
 - Interface
 - Space cases



For More Information

- Websites: www.nciom.org
www.ncmedicaljournal.com
- Key contacts:
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