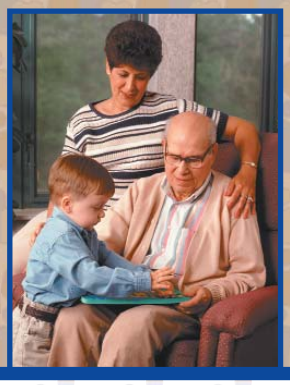

Shaping Policy for a Healthier State for 25 Years

25th Anniversary Report

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

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"The members of the NCIOM Board of Directors are a dynamic group of individuals committed to enhancing health in North Carolina. As a Board, we review pressing health issues in the state and identify those most critical for the NCIOM to study. The Board is similar in composition to NCIOM task forces in that membership is diverse and multiple points of view help shape the advice we provide for the NCIOM. We use our expertise to help guide the NCIOM, and in turn, learn from the work of the task forces about how to improve health and health care delivery in the state."

— William K. Atkinson, II, PhD, MPH, MPA
Chair, NCIOM Board of Directors
President & CEO, WakeMed Health and Hospitals

From the President & CEO

Dear NCIOM Members, Collaborators, and Supporters:

This year, the North Carolina Institute of Medicine is celebrating 25 years of improving health and health care in North Carolina. It is an honor to serve as President and CEO at such a momentous time. On behalf of the NCIOM, I would like to express appreciation to all who have made this anniversary possible by contributing to the development and cultivation of the NCIOM either through service on the Board of Directors, in the general membership, or on a task force, as well as to those who have submitted articles to the *North Carolina Medical Journal*. I also want to recognize the North Carolina foundations and other funders that have invested in the work of the NCIOM over the past 25 years, current and past staff for their expertise and hard work, as well as the commitment of all our other supporters and collaborating partners. The dedication, resources, and energy of these individuals and groups are essential not only to the development of NCIOM recommendations to improve health in North Carolina, but to bringing these recommendations to life.

In the early 1980s, visionary leaders in the state recognized the need for an independent, nonpartisan organization to help identify solutions for health issues confronting North Carolina. The NCIOM was established in 1983 to meet this need. In conceptualizing how the organization might operate, it was clear that consensus-building would be a core strategy of the NCIOM in its work to develop actionable solutions to address important health issues. The task force approach has become a time-tested model for achieving this goal. Comprised of state and local policy makers, representatives from different health professions and other health care organizations, insurers, business representatives, consumers, and other interested individuals, task forces intensely study issues over the course of approximately one year and consider evidence-based strategies to address these problems. Because they are broadly constituted, each task force is able to consider issues and potential solutions from a variety of perspectives. Ultimately, task force members collectively find solutions that balance their individual interests with those represented by others so that agreed-upon recommendations truly speak to the greater common good.

The NCIOM broadly disseminates task force findings and reports to all who look to it for unbiased health policy advice, including state and local policy makers, health care professionals, and other key community leaders. *The North Carolina Medical Journal*, jointly published by the NCIOM and The Duke Endowment, is another vehicle to distribute task force recommendations, as well as to objectively consider other important health problems. Legislators and health policy makers perform a great service to the state as they turn the recommended solutions from these sources into policies to improve the health of North Carolinians.

North Carolina faces many challenges familiar to us, some that are just emerging, and yet others which are still unknown. With your continued active involvement with the North Carolina Institute of Medicine, we are poised to tackle these challenges and others on the horizon. Over the next quarter century, we look forward to working with you, shaping policy for a healthier state.

Sincerely,

Pam C. Silberman, JD, DrPH
President & CEO

North Carolina Institute of Medicine

Shaping Policy for a Healthier State

The North Carolina Institute of Medicine (NCIOM) was chartered by the North Carolina General Assembly in 1983 to serve as a non-political source of analysis and advice on major health issues facing the state.[1] Throughout its 25 years of service to the state, the NCIOM has been the leading source of information and public policy recommendations for health and health care issues.

The mission of the North Carolina Institute of Medicine is two-fold:

- To seek constructive solutions to statewide problems that impede the improvement of health and efficient and effective delivery of health care for all North Carolina citizens
- To serve an advisory function at the request of the Governor, the General Assembly, and/or agencies of state government; and to assist in the formation of public policy on complex and interrelated issues concerning health and health care for the people of North Carolina

To fulfill its mission, the NCIOM convenes diverse working groups of knowledgeable and interested individuals to study complex health problems. These individuals donate their time and expertise to examine health issues and develop workable policy solutions.

While most of the health issues studied by the NCIOM are undertaken at the request of the Governor, the North Carolina General Assembly, or an agency of state government, other studies are initiated when identified by the NCIOM Board of Directors or other organizations. The NCIOM often collaborates with other organizations on task force studies. The work of the NCIOM generally falls into five major topic areas: access to care, underserved or vulnerable populations (eg, children and adolescents, frail and older adults, people with disabilities, racial and ethnic minorities), health professions workforce, prevention and health promotion, and quality.

The membership of the NCIOM consists of leading citizens and professionals appointed by the Governor for five-year renewable terms. Members of the NCIOM are drawn from the health and legal professions, government, education, business, private philanthropy, and the hospital, long-term care, and insurance industries. Additional member groups include the voluntary sector, the faith community, and the public at large.The NCIOM is governed by a Board of Directors that includes representation from the major health care institutions and organizations across the state, including the five academic health centers and other leading health care systems, the Area Health Education Centers (AHEC) Program, Blue Cross and Blue Shield of North Carolina, the North Carolina Department of Health and Human Services, the North Carolina Division of Public Health, the North Carolina Healthcare Facilities Association, the North Carolina Hospital Association, the North Carolina Medical Society, the North Carolina State Health Plan, and other health, business, and community leaders. The NCIOM is housed, for administrative purposes, in the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill.

1 N.C.G.S.§ 90-470.

"The North Carolina Institute of Medicine provides invaluable analysis and has helped develop sensible recommendations that address some of the state's most critical health issues—whether it's improving the quality of care for all North Carolinians, examining the supply of health care professionals, or improving access to care for the uninsured. The NCIOM is the primary place that we can turn for objective, non-partisan analysis and advice on key state health issues. The work of the NCIOM is highly respected among physicians and other health care professionals."

— Robert W. Seligson, MBA
Member, NCIOM Board of Directors
Executive Vice President & CEO, North Carolina Medical Society

The Herald-Sun/File Photo by Jim Thornton

James E. Davis, MD, Chair of the NCIOM Board of Directors from 1983-1996 (left) and Ewald (Bud) W. Busse, MD, NCIOM President from 1987-1994.

This photo was taken on August 28, 1987 for an article published in the Durham Morning Herald entitled "Its Time Has Come: NC Institute of Medicine Puts Plans Into Action."

History of the North Carolina Institute of Medicine

"North Carolina is the first state in the nation to have a legislatively created organization like the North Carolina Institute of Medicine. It is a respected organization that state government leaders turn to for advice in solving some of the state's most pressing health issues. The NCIOM has become a model for other states looking for ways to develop workable solutions to difficult health problems. The leaders who came together to form the NCIOM should be proud; their vision has led the way to many lasting and positive changes for this state. We are truly fortunate to have the NCIOM serving this state and its people."

— Governor Mike Easley

The Beginning: 1983 – 1984

The NCIOM was formed under the leadership of a group of senior faculty from the University of North Carolina at Chapel Hill and Duke University, as well as leading physicians from Durham, Raleigh, and surrounding communities. Legislation was introduced in the North Carolina General Assembly in 1983 by Senator Kenneth Royall of Durham. The legislation promised a one-time state appropriation of $25,000 if the leaders of the NCIOM could raise as much as $250,000 to launch the organization. The Kate B. Reynolds Charitable Trust provided a generous grant in this amount and the NCIOM was created. Specifically, the legislation (NCGS §90-470) charged the NCIOM 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

In 1983, James E. Davis, MD, former President of the North Carolina Medical Society and the American Medical Association, became the first Chair of the NCIOM Board of Directors. Davis served as Chair for over 13 years.

1984 – 1987

The first President of the NCIOM was John Sessions, MD, Professor of Medicine and Gastroenterology at University of North Carolina at Chapel Hill. Sessions served as President from 1985 until 1987. Margie R. Matthews became Executive Director of the NCIOM in 1986 and remained in the position until 1987. The NCIOM was hosted administratively by the Duke University Medical Center and provided office space in the city of Durham.

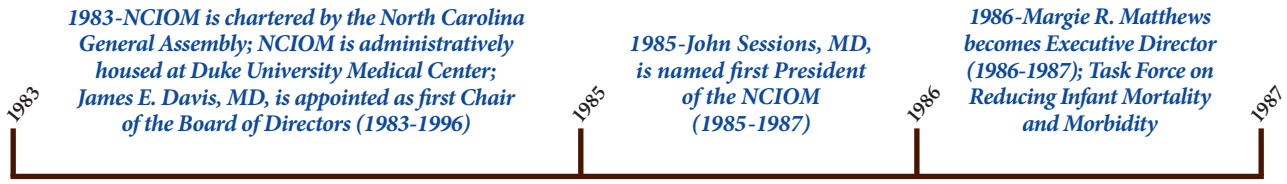
John Sessions, MD

1987 – 1994

In 1987, Ewald (Bud) W. Busse, MD, Professor of Psychiatry and Dean Emeritus at the Duke University School of Medicine, became the second President of the NCIOM, a position he held for eight years.

Some of the reports issued by the NCIOM during this period include *Improving the Odds: Healthy Mothers and Babies for North Carolina* (1988), *Strategic Plan to Assist the Medically Indigent of North Carolina* (1989), and *Universal Access at an Affordable Cost: Ensuring Health Care Services for All North Carolinians* (1993).

NCIOM Historical Timeline: 1983-2008



NOTE: Task forces appear in the year they were formed.

1994 – 2005

In 1994, Davis and the Board of Directors asked Gordon H. DeFriese, PhD, Professor of Social Medicine and Director of the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, to become the third President of the NCIOM. DeFriese was President for more than 11 years until 2005. At the time he became President, administration of the NCIOM moved to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. In 1996, E. Harvey Estes, Jr, MD, former Chair of the Department of Community and Family Medicine at Duke University Medical Center, replaced Davis to become the second Chair of the Board of Directors. Pam C. Silberman, JD, DrPH, became Vice President in 1999.

Gordon H. DeFriese, PhD

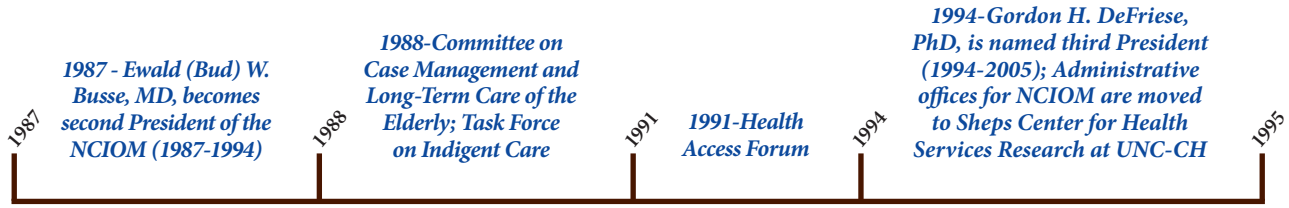
In 2002, the NCIOM began publishing the *North Carolina Medical Journal*, which was founded by the North Carolina Medical Society in 1849. DeFriese assumed leadership of the *Journal* and became both Editor-in-Chief and Publisher.

E. Harvey Estes, Jr, MD

Some of the reports published by the NCIOM during this period include *Final Report of the Task Force on Child Health Insurance* (1997), *NC Institute of Medicine Task Force on Dental Care Access* (1999), *Comprehensive Child Health Plan* (2000), A *Long-Term Care Plan for North Carolina: Final Report* (2001), *Report on the North Carolina Institute of Medicine Task Force on the NC Health Choice Program* (2003), *NC Latino Health, A Report of the Latino Health Task Force* (2003), *Task Force on the North Carolina Nursing Workforce Report* (2004), *North Carolina Healthcare Safety Net Task Force Report* (2005), *New Directions for North Carolina: A Report of the NC Institute of Medicine Task Force on Child Abuse Prevention* (2005), and *Evidence-Based Approaches to Worksite Wellness and Employee Health Promotion and Disease Prevention* (2005).

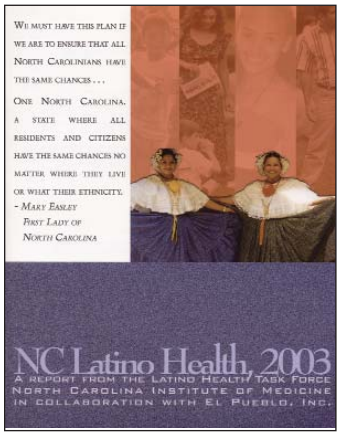
"The North Carolina Institute of Medicine has been highly effective in shaping health policies. About eight years ago, the Board asked the staff to evaluate whether Task Force recommendations were implemented. We found that between 50-75% of task force recommendations were implemented—in whole or part—within two years after the release of the reports. Of greater importance, these recommendations have led to expanded insurance coverage, increased access to care, better quality of care, and improved health status."

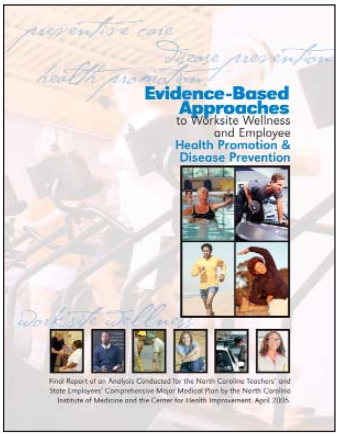
— Gordon H. DeFriese, PhD
NCIOM President, 1994-2005
Professor of Social Medicine and Epidemiology Emeritus, University of North Carolina at Chapel Hill

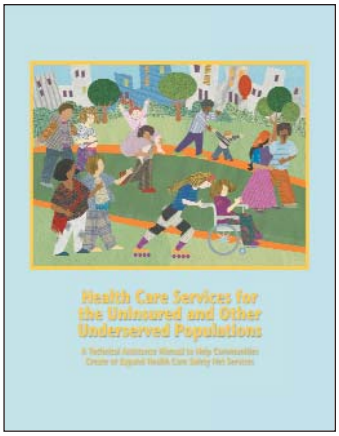


"We did not fully anticipate the impact the NCIOM would have in shaping positive health policies when we provided the initial funding in 1983. Over the years, we have come to rely on the work of the NCIOM and have helped fund studies on dental care access, the health care safety net, Latino health, prevention, and the primary care and specialty supply. We review NCIOM recommendations and incorporate many of them into our grant making decisions. The work of the NCIOM has played a critical role in improving health care access and quality of care for many of the state's underserved populations."

— John Frank
Director, Health Care Division, Kate B. Reynolds Charitable Trust







1995 — *1995-First NC Child Health Report Card*

1996 — *1996-E. Harvey Estes, Jr, MD, becomes second Chair of the Board of Directors (1996-2006); Statewide review of Community Health Assessments*

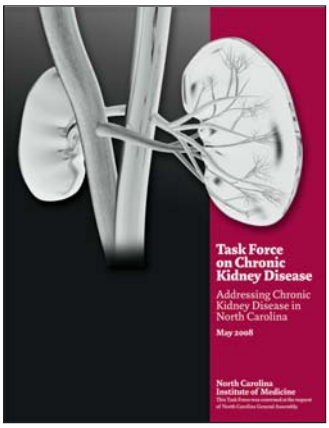
1997 — *1997-Task Force on Child Health Insurance; Interstate Regional Conference on Medicine and Public Health*

1998

2005 – 2008

In 2005, Pam C. Silberman, JD, DrPH, was asked to become the NCIOM's fourth President, and Mark Holmes, PhD, was selected as Vice President. In 2005, The Duke Endowment agreed to partner with the NCIOM in publishing the *North Carolina Medical Journal*. At that time, Silberman and Eugene W. Cochrane, Jr, President of The Duke Endowment became co-Publishers of the *Journal*. Former President DeFriese remained Editor-in-Chief. In 2006, after 10 years of Estes' leadership as Chair of the Board, William K. Atkinson, II, PhD, MPH, MPA, President & CEO of WakeMed Health and Hospitals, became the third Chair. Thomas C. Ricketts, III, PhD, MPH, Deputy Director of the Cecil G. Sheps Center for Health Services Research and Professor of Health Policy and Administration at the University of North Carolina at Chapel Hill, assumed the role of the *Journal's* Editor-in-Chief.

Some of the reports issued by the NCIOM during this period include *Expanding Health Insurance Coverage to More North Carolinians* (2006), *Stockpiling Solutions: North Carolina's Ethical Guidelines for an Influenza Pandemic* (2007), *Providers in Demand: North Carolina's Primary Care and Specialty Supply* (2007), *Just What Did the Doctor Order? Addressing Low Health Literacy in North Carolina* (2007), and *Addressing Chronic Kidney Disease in North Carolina* (2008). Current task forces are addressing the important issues of substance abuse services, adolescent health, and prevention. The NCIOM is also working with the Governor's Office and many other health care partners in developing a statewide quality improvement initiative.



"In every state, on any issue, someone must take the lead. Someone must build consensus. Someone must put forward workable solutions that address the real problems. In North Carolina, that someone is the North Carolina Institute of Medicine. Policy makers listen when health care speaks through the NCIOM."

— William A. Pully, JD
Secretary, NCIOM Board of Directors
President, North Carolina Hospital Association

1998-Task Force on Dental Care Access; First Women's Health Report Card

1999-Task Force on Long-Term Care; Task Force for a Comprehensive Child Health Plan; First recurring NCIOM appropriations; Contract with State Auditor around mental health reform

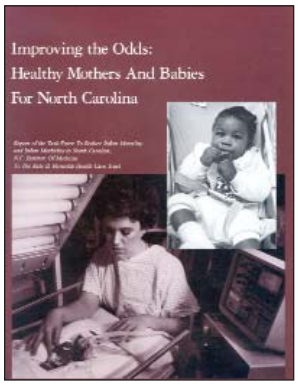
2002-NCIOM begins publishing the North Carolina Medical Journal (NCMJ); NCIOM President Gordon H. DeFriese, PhD, becomes Editor-in-Chief and Publisher; www.ncmedicaljournal.com is launched; NCIOM studies the Community Alternatives Programs for Disabled Adults (CAP/DA); Task Force on Latino Health

1998 — 1999 — 2002 — 2003

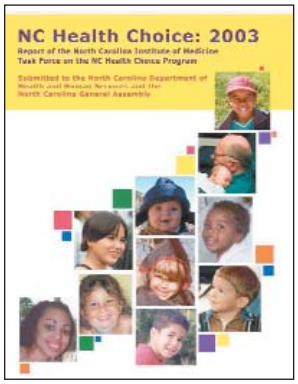
Making Significant Contributions

For the People of North Carolina

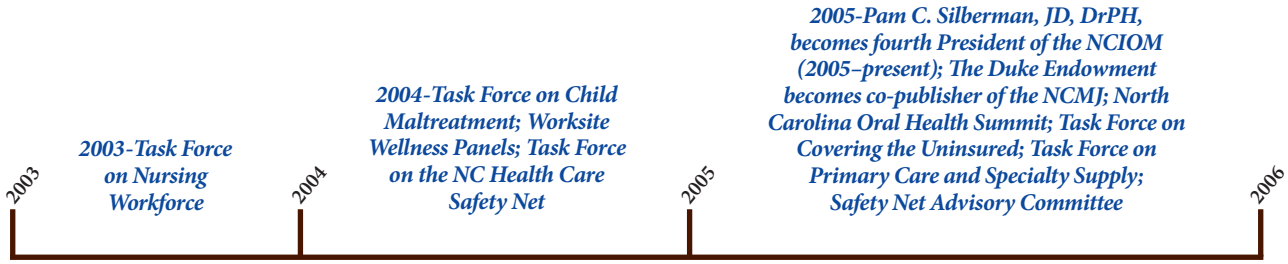
Throughout its 25-year history, the NCIOM has played a major role in shaping policies to improve the health of North Carolinians. The work of the NCIOM, individual task force members, and partnering organizations has led to positive changes in public and private health policies and the availability and delivery of health care services. These changes have improved health care access and quality of care for millions of North Carolinians. The NCIOM is proud to have played an integral role in many health policy developments in the state, such as:

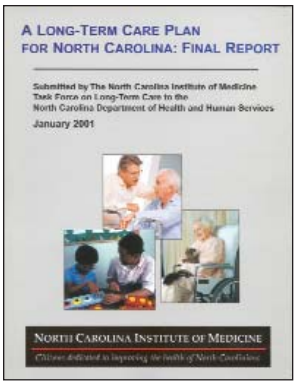


- *Reducing the state's high infant mortality rate.* North Carolina historically has had one of the highest infant mortality rates in the country. The NCIOM studied this issue in 1988 and made numerous recommendations to assure affordable and accessible comprehensive prenatal care. Many of these recommendations were implemented, including Medicaid expansion to cover pregnant women with incomes up to 185% of the federal poverty guidelines and increasing Medicaid obstetrical fees to encourage obstetrical providers to serve Medicaid-eligible women. Other NCIOM recommendations led to the development of the maternity care coordination program, as well as enhanced funding for family planning and nutrition services.

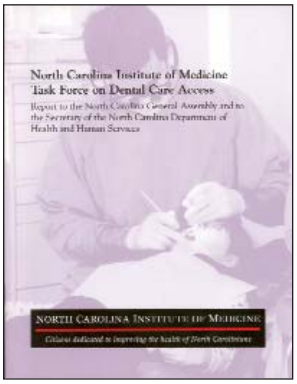


- *Contributing to the development of the NC Health Choice program.* The NCIOM was asked in 1997 by the Secretary of the North Carolina Department of Health and Human Services to design a plan to provide health insurance coverage to uninsured children. This plan later became the basis for the NC Health Choice program. Because of the NCIOM's initial involvement with the program, the NCIOM was later asked in 2003 to study ways to ensure the long-term financial solvency of the program. Many of the recommendations of the NCIOM Task Force on the NC Health Choice program were subsequently enacted by the North Carolina General Assembly.

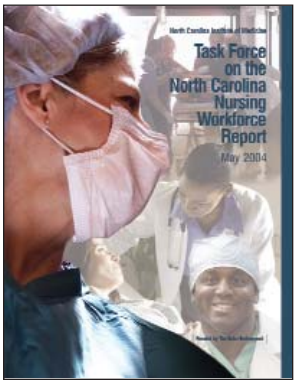




- *Developing a comprehensive long-term care plan.* The NCIOM Task Force on Long-Term Care was created in 1999 in response to a request from the North Carolina Department of Health and Human Services. The Task Force offered numerous recommendations aimed at strengthening the infrastructure of long-term care services, improving the quality of services, and assuring an adequate workforce to serve the state's long-term care industry. As a result of these recommendations, the state developed the North Carolina NOVA program (New Organizational Vision Award), which is a special licensure category that recognizes workplace excellence in long-term care. The state also implemented multiple other strategies to strengthen the direct care workforce, including job classifications and a new training curriculum. The Task Force report also led to more equitable distribution of funding for home and community-based services; the creation of a statewide, web-based information and assistance system for use by consumers and providers; and new initiatives to improve quality of care.



- *Improving access to dental care for low-income people.* In 1999, the North Carolina General Assembly charged the North Carolina Department of Health and Human Services to evaluate and recommend strategies to increase dentist participation in Medicaid and improve access to dental services for the low-income population. The Task Force helped provide the evidence needed to support increases in the reimbursement rates paid to dentists, and as a result, more dentists now participate in Medicaid. In addition, Medicaid-eligible children can now receive prophylactic fluoride varnishes from their pediatrician. Recommendations from the 2005 NCIOM Oral Health Summit, held in collaboration with the Oral Health Section of the Division of Public Health, also supported the development of the new dental school at East Carolina University.



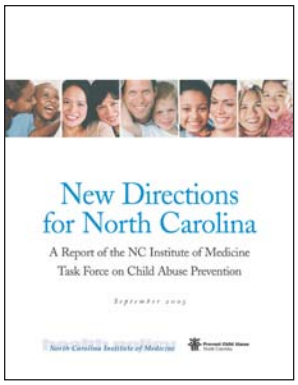
- *Estimating the adequacy of North Carolina's nursing workforce supply.* In 2003, the NCIOM undertook a study of the nursing workforce. The Task Force on the North Carolina Nursing Workforce identified different barriers that limited the supply of new nurses, including the lack of nursing faculty. Since the Task Force report, the North Carolina General Assembly created a nurse faculty scholarship program, which expanded the number of masters level trained nurse educators. In addition, most of the state's nursing schools have expanded their enrollment and new nursing programs have been established. Between 2003 and 2006, there was a 35.5% increase in new enrollment in practical nurse education (PNE) programs, an 11.5% increase in enrollment in associate degree nursing (ADN) programs, and a 33.8% increase in prelicensure bachelor of science nursing (BSN) programs. Also as an outgrowth of the report, the North Carolina Board of Nursing mandated that all nursing education programs receive national accreditation by 2015, and launched new initiatives to improve the transition of nurses from school to practice.

***2006**-William K. Atkinson, II, PhD, MPH, MPA, is named third Chair of the Board of Directors (2006 – present); Task Force on Chronic Kidney Disease; Task Force on Ethics and Pandemic Influenza Planning; Task Force on Health Literacy; Governor's Quality Initiative*

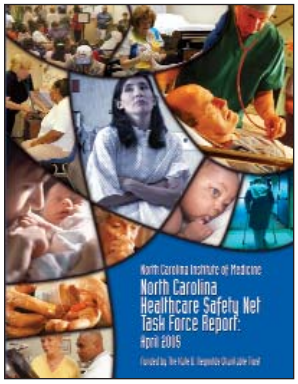
***2007**-Thomas C. Ricketts, III, PhD, MPH, becomes Editor-in-Chief of the NCMJ; Task Force on Substance Abuse Services; North Carolina General Assembly increases recurring appropriations*

***2008**-25th Anniversary; www.nchealthcarehelp.org is launched; Task Force on Prevention; Task Force on Adolescent Health; Safety Net and Uninsured Summit*

2006 2007 2008 2009



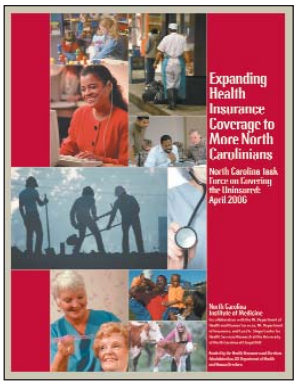
- *Enhancing child maltreatment prevention efforts.* The NCIOM Child Maltreatment Task Force was convened in 2004 to develop recommendations for preventing child maltreatment in North Carolina. One of the Task Force's most notable achievements is the creation of the Alliance for Evidence-Based Family Strengthening Programs. This Alliance includes funders, state agencies, and other organizations that are working together to promote and fund evidence-based family strengthening programs in North Carolina, focusing on the most critical risk and protective factors for child maltreatment and school readiness.



- *Increasing the capacity of North Carolina's health care safety net.* Today there are more than 1.5 million uninsured North Carolinians, and this number is increasing rapidly. The lack of insurance coverage affects the uninsured person and his or her family, and also has an impact on health care institutions that have a mission to serve the uninsured. In 2004, the NCIOM created the NC Health Care Safety Net Task Force to study ways to expand and strengthen the health care safety net to serve more uninsured North Carolinians. The North Carolina General Assembly appropriated funds to help support and expand safety net services, in part due to the Task Force's work and findings. The NCIOM also helped develop a technical assistance manual to help communities create or expand health care safety net services, and recently launched a safety net website (www.nchealthcarehelp.org) to help uninsured North Carolinians locate health care organizations that provide services on a free or reduced cost basis.

"The North Carolina Institute of Medicine is widely known and respected for facilitating effective health policy; however, I believe that one of its most impactful legacies lies in its leadership and support of the state's health care safety net and the uninsured. The NCIOM has constructed a forum and fostered a culture where safety net organizations must set aside individual turf issues and work together for the needs and betterment of all our citizens. This has increased state-level coordination and fostered local community collaborations. In addition, the click-of-a-mouse access that the NCIOM launched with www.nchealthcarehelp.org gives thousands of uninsured residents the ability to find safety net providers. Through its stellar leadership, thorough understanding of issues, and successful track record of making the impossible possible, the NCIOM is improving access to care for the under/uninsured."

— Sonya Bruton, MPA
Executive Director, North Carolina Community Health Center Association



- *Expanding coverage for the uninsured.* After the release of the report of the Task Force on the North Carolina Health Care Safety Net, the NCIOM examined options to expand health insurance coverage to the uninsured. As a result of this study, the North Carolina General Assembly enacted a high-risk pool to provide more affordable health insurance coverage to people with preexisting health problems. The North Carolina General Assembly also expanded health insurance coverage to cover more uninsured children, but part of this effort has been put on hold until 2009, when Congress reauthorizes the State Children's Health Insurance Program.

- *Increasing the supply of primary care providers and specialists to address future workforce shortages.* The NCIOM examined the current and projected supply of physicians, nurse practitioners, and physician assistants in 2005. If nothing changes, North Carolina will effectively lose approximately one-quarter of its physicians by 2030. The Task Force considered a range of options to address this problem, including increasing the number of medical school graduates and expanding North Carolina residency programs. In response to this study, the North Carolina General Assembly appropriated funding to begin planning expansion of the medical school class size at the University of North Carolina at Chapel Hill and at East Carolina University. With this expansion, new students would spend their third and fourth years in clinical rotations in Charlotte, Asheville, or selected cities in eastern North Carolina.

- *Providing rapid response to state agencies and the legislature.* The NCIOM provides timely health care data and analysis to the legislature, government agencies, and the Governor's office. Through rapid analysis of secondary data, the NCIOM helps to provide state and local policy makers with information needed to make informed decisions.

"The North Carolina Institute of Medicine plays an important role in connecting academic research to policy makers and other health leaders. This convening function provides a common meeting ground for health care providers, policy makers, and advocates to meet and discuss the most important health challenges facing our state's residents. The NCIOM staff synthesize research, identify state and national experts, and gather other information relevant to specific health problems facing our state. This information, collected in an unbiased and transparent fashion, is considered in task force deliberations so that final recommendations can be based on the best evidence available at the time."

— Timothy S. Carey, MD, MPH
Member, NCIOM Board of Directors
Director, Cecil G. Sheps Center for Health Services Research
University of North Carolina at Chapel Hill

North Carolina Medical Journal

The state's journal of health policy analysis and debate

The *North Carolina Medical Journal* was founded by the North Carolina Medical Society in 1849 and is one of the oldest health professional publications in the country. In 2002, the NCIOM became publisher of the *North Carolina Medical Journal*. The Duke Endowment became a co-publisher in 2005. Under the leadership of the NCIOM, the *Journal* has been restructured so that each issue focuses attention on a specific health problem. Every issue has a health policy forum section that includes an issue brief followed by shorter commentaries on major health issues facing the state.

One of the many benefits of the relationship between the NCIOM and the *North Carolina Medical Journal* is that the *Journal* helps to widely distribute task force findings throughout the state. *Journal* issues regularly cover topics studied by NCIOM task forces, such as North Carolina's primary care and specialty workforce supply, covering the uninsured, and chronic kidney disease. In addition, the *Journal* covers topics that are not the focus of task force studies. Recent issues have dealt with topics such as data and health policy, health care for veterans, patient-practitioner communication, and emergency medical services.

Published six times a year, the *Journal* reaches health professionals, state and local health policy leaders, and business and community leaders throughout the state and nation. Distribution of the *Journal* has grown from 10,500 in 2002 to more than 36,000 today. In addition, the number of people who read the *North Carolina Medical Journal* online has increased significantly over the last two years. Between April 2006 and April 2008, the website experienced a 47% increase in the number of hits (with more than 80,000 hits in April 2008). During this time, there was a 32% increase in the number of unique users with almost 11,000 unique users accessing the *Journal* online in April.

2008

Chronic Kidney Disease in North Carolina. May/June 2008.
Data and Health Policy. March/April 2008.
Taking Care of Those Who Serve. January/February 2008.

2007

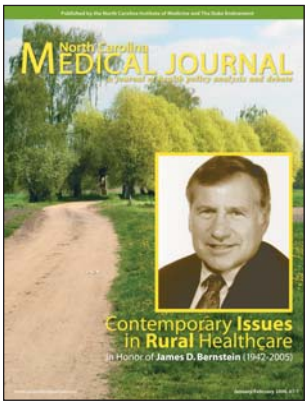
Arthritis in North Carolina. November/December 2007.
Effective Patient-Practitioner Communication. September/October 2007.
Emergency Medical Services in North Carolina. July/August 2007.
North Carolina's Primary Care and Specialty Workforce. May/June 2007.
Laboratory Medicine and Clinical Pathology: Changing Paradigms of Practice. March/April 2007.
Pandemic Influenza Preparedness in North Carolina. January/February 2007.

"We are proud to join the North Carolina Institute of Medicine in publishing the North Carolina Medical Journal. The Journal disseminates important information about key state health issues. Its strength lies in its ability to explore health problems from a variety of perspectives. Readership is growing and more people now read it online. Its articles have helped shape state laws, health and human services policies, and the work of health care professionals and local community groups."

— Eugene W. Cochrane, Jr
Co-Publisher, North Carolina Medical Journal
President, The Duke Endowment

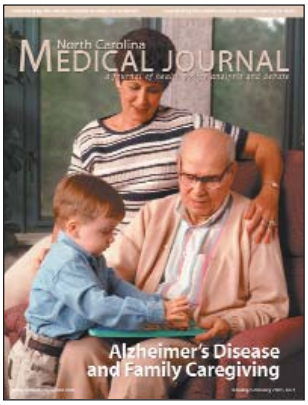
2006

Worksite Health Promotion and Wellness: Affecting the Bottom Line? November/December 2006.
Sexually Transmitted Disease: The Unspoken Epidemic. September/October 2006.
Confronting the Problems of Overweight and Obesity. July/August 2006.
Covering the Uninsured. May/June 2006.
Prostate Cancer: Screening, Diagnosis, Treatment, and Follow-Up Care. March/April 2006.
Contemporary Issues in Rural Healthcare. January/February 2006.



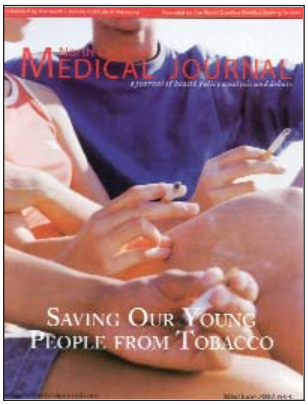
2005

Access to Dental Care. November/December 2005.
Preventing Child Abuse and Neglect. September/October 2005.
Quality of Long-Term Care: Nutrition as a Critical Dimension. July/August 2005.
Innovations in Community-Based Primary Care. May/June 2005.
The North Carolina Healthcare Safety Net. March/April 2005.
Alzheimer's Disease and Family Caregiving. January/February 2005.



2004

Eliminating Racial and Ethnic Disparities. November/December 2004.
Quality of Care and Performance Improvement. September/October 2004.
New Directions in End-of-Life and Palliative Care. July/August 2004.
Infant Mortality in North Carolina: A New Perspective on a Persistent Problem. May/June 2004.
North Carolina Nursing Workforce. March/April 2004.
Organ Donation and Transplantation. January/February 2004.



2003

The Cost of Prescription Drugs. November/December 2003.
Mental Health Reform: The Challenge of Bridge Building Across Multiple Care Systems. September/October 2003.
Medical Malpractice: Crisis or Not? July/August 2003.
Latino Health in North Carolina. May/June 2003.
Improving Diabetes Care in North Carolina. March/April 2003.
The Future of Managed Care. January/February 2003.

2002

The Epidemic of Childhood Overweight and Obesity. November/December 2002.
Preparing for Bioterrorism. September/October 2002.
The Place of Primary Care. July/August 2002.
Saving Our Young People from Tobacco. May/June 2002.
Direct Care Workers in Long-Term Care. March/April 2002.
Access to Care for the Uninsured. January/February 2002.

Complete issues are available at www.ncmedicaljournal.com.

Publications

Task Force Reports

North Carolina Institute of Medicine Task Force on Substance Abuse Services. Interim Report to the North Carolina General Assembly. This Task Force was convened at the request of the North Carolina General Assembly. May 2008.

Addressing Chronic Kidney Disease in North Carolina. This Task Force was convened at the request of the North Carolina General Assembly. In collaboration with the Chronic Disease and Injury Section, North Carolina Department of Health and Human Services and the National Kidney Foundation of NC. May 2008.

Just What Did the Doctor Order? Addressing Low Health Literacy in North Carolina. In collaboration with the North Carolina Department of Health and Human Services and the North Carolina Area Health Education Centers Program. Funded by the Heart Disease and Stroke Prevention Branch, Chronic Disease and Injury Section, Division of Public Health, and the Division of Medical Assistance, North Carolina Department of Health and Human Services. August 2007.

Providers in Demand: North Carolina's Primary Care and Specialty Supply. In collaboration with the North Carolina Health Professions Data System and the Southeast Regional Center for Health Workforce Studies at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill and the North Carolina Area Health Education Centers Program. Funded by the Kate B. Reynolds Charitable Trust. June 2007.

Stockpiling Solutions: North Carolina's Ethical Guidelines for an Influenza Pandemic. In collaboration with the Division of Public Health, North Carolina Department of Health and Human Services. Funded by the Division of Public Health, North Carolina Department of Health and Human Services. April 2007.

Expanding Health Insurance Coverage to More North Carolinians. A Report of the North Carolina Institute of Medicine Task Force on Covering the Uninsured. In collaboration with the North Carolina Department of Health and Human Services, North Carolina Department of Insurance, and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. Funded by the Health Resources and Services Administration, US Department of Health and Human Services. May 2006.

New Directions for North Carolina. A Report of the North Carolina Institute of Medicine Task Force on Child Abuse Prevention. In collaboration with Prevent Child Abuse North Carolina. Funded by The Duke Endowment. September 2005.

North Carolina Healthcare Safety Net Task Force Report. Funded by the Kate B. Reynolds Charitable Trust. April 2005.

"The North Carolina Institute of Medicine plays a vital role in convening leaders from across the state to create innovative but thoughtful strategies to improve health outcomes for people living here. These health issues are often complex, and the diversity of expertise and experience that the NCIOM comprises in its membership and its task forces is critical to developing sound health policy in our state that benefits us all."

— Leah Devlin, DDS, MPH
Member, NCIOM Board of Directors
State Health Director

Task Force on the North Carolina Nursing Workforce Report. In collaboration with the North Carolina Nurses Association, the North Carolina Center for Nursing, the North Carolina Board of Nursing, the North Carolina Hospital Association, and the North Carolina Area Health Education Centers Program. Funded by The Duke Endowment. May 2004.

NC Latino Health, 2003. A Report of the Latino Health Task Force. In collaboration with El Pueblo, Inc. Funded by the Kate B. Reynolds Charitable Trust and The Duke Endowment. February 2003.

NC Health Choice: 2003. Report of the NC Institute of Medicine Task Force on the NC Health Choice Program. Funded by the North Carolina Department of Health and Human Services. February 2003.

A Long-Term Care Plan for North Carolina: Final Report. Submitted by the North Carolina Institute of Medicine Task Force on Long-Term Care to the North Carolina Department of Health and Human Services. Funded by the North Carolina Department of Health and Human Services. January 2001.

Comprehensive Child Health Plan: 2000-2005. Task Force Report to the North Carolina Department of Health and Human Services. Funded by the North Carolina Department of Health and Human Services. May 2000.

NC Institute of Medicine Task Force on Dental Care Access. Report to the North Carolina General Assembly and to the North Carolina Department of Health and Human Services. Funded by the Kate B. Reynolds Charitable Trust and The Duke Endowment. May 2000.

Final Report of the Task Force on Child Health Insurance. Report to the Secretary of the North Carolina Department of Health and Human Services. Funded by the North Carolina Department of Health and Human Services. November 1997.

Universal Access at An Affordable Cost: Ensuring Health Care Services for All North Carolinians. A Proposal of the Health Access Forum. Funded by the Kate B. Reynolds Charitable Trust and The Mary Norris Preyer Fund. January 1993.

Strategic Plan to Assist the Medically Indigent of North Carolina. Report of the Task Force on Indigent Care. Funded by the Kate B. Reynolds Charitable Trust. July 1989.

Developing a System of Coordinated Home and Community Care Services in North Carolina: A Plan to Develop a Community Options Program for the Elderly. Report of the Task Force on Case Management and Long-Term Care of the Elderly. In collaboration with the Center for Aging Research and Educational Services, School of Social Work, University of North Carolina at Chapel Hill. December 1988, March 1989, August 1989 (revised).

Improving the Odds: Healthy Mothers and Babies for North Carolina. Report of the Task Force to Reduce Infant Mortality and Morbidity in North Carolina. Funded by the Kate B. Reynolds Charitable Trust. November 1988.

Other Reports

2005 North Carolina Oral Health Summit Access to Dental Care. Summit Proceedings and Action Plan. In collaboration with the Oral Health Section, Division of Public Health, North Carolina Department of Health and Human Services. Funded by the Association of State and Territorial Dental Directors and the National Governors Association. October 2005.

Evidence-Based Approaches to Worksite Wellness and Employee Health Promotion and Disease Prevention. Analysis conducted for the North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan. In collaboration with the Center for Healthcare Improvement. Funded by the North Carolina Teachers' and State Employees' Comprehensive Major Medical Plan. April 2005.

Community Alternatives Program for Disabled Adults (CAP/DA). Report to the North Carolina General Assembly. February 2003.

The Form, Variety and Use of Community Health Assessments: An Analysis of North Carolina Studies. In collaboration with the North Carolina Hospital Foundation. Funded by The Duke Endowment. October 1997.

Christakos AC. ***Infant Mortality in North Carolina; An Inventory of Efforts to Reduce Infant Mortality with Recommendations for the Future.*** January 1991.

Report Cards and Consumer Educational Materials

North Carolina Safety Net Website (www.nchealthcarehelp.org). Developed in collaboration with participating organization members of the Safety Net Advisory Council (SNAC), including the Division of Public Health, North Carolina Department of Health and Human Services; the North Carolina Area Health Education Centers Program; the North Carolina Association of Free Clinics; the North Carolina Community Health Center Association; the North Carolina Hospital Association; the North Carolina Medical Society; and the North Carolina Office of Rural Health and Community Care. Funded by the Blue Cross and Blue Shield of North Carolina Foundation and The Duke Endowment. Launched June 2008.

Health Care Services for the Uninsured and Other Underserved Populations. A Technical Assistance Manual to Help Communities Create or Expand Health Care Safety Net Services. Developed in collaboration with participating organization members of the Safety Net Advisory Council (SNAC). Funded by the Blue Cross and Blue Shield of North Carolina Foundation. April 2008.

"The North Carolina Institute of Medicine has explored some of the most critical health issues facing our state, including health care access, provider supply, and quality of care. One of the NCIOM's greatest strengths is identifying emerging health problems and examining them from a variety of different perspectives. The NCIOM has helped diverse groups of policy makers and stakeholders identify shared goals and consensus recommendations. As a result, many of the NCIOM recommendations have been implemented."

— Robert Greczyn, Jr
Member, NCIOM Board of Directors
President & CEO, Blue Cross and Blue Shield of North Carolina

North Carolina Child Health Report Cards. In collaboration with Action for Children (formerly the North Carolina Child Advocacy Institute), and at various times with the Women's and Children's Health Section, Division of Public Health, North Carolina Department of Health and Human Services; the North Carolina Area Health Education Centers Program; the North Carolina Pediatric Society; the North Carolina Child Fatality Task Force; and the Wellness Council of North Carolina. Funders have included: KIDS COUNT; the Annie E. Casey Foundation; the Blue Cross and Blue Shield of North Carolina Foundation; the North Carolina Department of Health and Human Services; Capital Bank; Mission Children's Hospital; Robert T. Kent, DDS, MS, PA, Orthodontics for Children and Adults; BB&T; Novo Nordisk; the Food Lion Charitable Foundation; and PBC+L Architecture. 1995-2007.

Choosing a Nursing Home: A North Carolina Consumer Guide. Prepared in collaboration with Medical Review of North Carolina, Inc, The Centers for Medicare and Medicaid Services, AARP-NC, Duke University Center on Aging and Human Development, Friends of Residents in Long-Term Care, North Carolina Association of Non-Profit Homes for the Aging, North Carolina Department of Health and Human Services, North Carolina Health Care Facilities Association, North Carolina Hospital Association, North Carolina Long-Term Care Ombudsman Program, North Carolina Medical Society, UNC Institute of Aging, and the members of the North Carolina Quality Standards Work Group formed by the Division of Facility Services of the North Carolina Department of Health and Human Services. Funded by Medical Review of North Carolina, Inc. 2003.

Silberman P, Skinner AC. ***A Consumers Guide to Health Insurance and Health Programs in North Carolina.*** Funded by the North Carolina Area Health Education Centers Program. 2003.

North Carolina Women's Health Report Card. Prepared in collaboration with the Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill; the State Center for Health Information and Statistics; the North Carolina Obstetrical and Gynecological Society; North Carolina Equity; North Carolina Council on Women; North Carolina Department of Health and Human Services; NC Area Health Education Centers; Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill School of Medicine; Department of Epidemiology, University of North Carolina at Chapel Hill School of Public Health; and the NC Medical Society. 1998, 2001.

Silberman P. ***North Carolina Programs Serving Young Children and Their Families.*** Funded by the North Carolina Council on Developmental Disabilities. 1999.

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Silberman P. ***Consumer Protections: What Are Your Rights If You Enroll in an HMO?*** Funded by the North Carolina Council on Developmental Disabilities. 1999.

Silberman P, Costich E. ***Member Responsibilities: Ten Ways That You Can Improve the Care You Receive.*** Funded by the North Carolina Council on Developmental Disabilities. 1999.

Sutton Elsberg L, Silberman P. ***People with Disabilities and Chronic Illness: Questions You Should Ask Your Health Plan.*** Funded by the North Carolina Council on Developmental Disabilities. 1999

NCIOM reports and other publications are available at www.nciom.org.

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Kate B. Reynolds Charitable Trust
North Carolina Department of Health and Human Services
North Carolina General Assembly
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East Carolina University Brody School of Medicine
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North Carolina Dental Society
North Carolina Foundation for Advanced Health Programs
North Carolina Health Care Facilities Association
North Carolina Hospital Association
North Carolina Medical Society
North Carolina State Health Plan
University of North Carolina at Chapel Hill
UNC Health Care
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Other Collaborators

AARP
Action for Children North Carolina
Association for Home and Hospice Care of North Carolina
Carolinas HealthCare System
Community Care of North Carolina
El Pueblo
Governor's Institute on Alcohol and Substance Abuse
National Governor's Association
National Kidney Foundation of North Carolina
North Carolina Academy of Family Physicians
North Carolina Academy of Physician Assistants
North Carolina Area Health Education Centers Program
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North Carolina Council of Churches
North Carolina Council of Community Programs
North Carolina Council on Developmental Disabilities
North Carolina Department of Crime Control and Public Safety
North Carolina Department of Insurance
North Carolina Department of Juvenile Justice and Delinquency Prevention
North Carolina Department of Public Instruction
North Carolina Division of Aging
North Carolina Division of Health Service Regulation
North Carolina Division of Medical Assistance
North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services
North Carolina Division of Public Health
North Carolina Division of Social Services
North Carolina Health Access Coalition
North Carolina Health Professions Data System
North Carolina Medical Board
North Carolina Medical Society Foundation
North Carolina Multisite Adolescent Research Consortium for Health
North Carolina Nurses Association
North Carolina Office of Minority Health and Health Disparities
North Carolina Office of Rural Health and Community Care
North Carolina Osteopathic Medical Association
North Carolina Pediatric Society
North Carolina Prevention Partners
Old North State Medical Society
Prevent Child Abuse North Carolina
University of North Carolina

Legislation Establishing the NCIOM

§ 90 470. Institute of Medicine

The persons appointed under the provisions of this section are declared to be a body politic and corporate under the name and style of the North Carolina Institute of Medicine, and by that name may sue and be sued, make and use a corporate seal and alter the same at pleasure, contract and be contracted with, and shall have and enjoy all the rights and privileges necessary for the purposes of this section. The corporation shall have perpetual succession.

The purposes for which the corporation is organized are to:

(1) Be concerned with the health of the people of North Carolina;
(2) Monitor and study health matters;
(3) Respond authoritatively when found advisable;
(4) Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions.

The 18 initial members of the North Carolina Institute of Medicine shall be appointed by the Governor.

The initial members are authorized, prior to expanding the membership, to establish bylaws, to procure facilities, employ a director and staff, to solicit, receive and administer funds in the name of the North Carolina Institute of Medicine, and carry out other activities necessary to fulfill the purposes of this section.

The members shall select with the approval of the Governor additional members, so that the total membership will not exceed a number determined by the Board of Directors in its bylaws. The membership should be distinguished and influential 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.

The North Carolina Institute of Medicine may receive and administer funds from private sources, foundations, State and county governments, federal agencies, and professional organizations.

The director and staff of the North Carolina Institute of Medicine should be chosen from those well established in the field of health promotion and medical care.

For the purposes of Chapter 55A of the General Statutes, the members appointed under this section shall be considered the initial board of directors.

The North Carolina Institute of Medicine is declared to be under the patronage and control of the State.

The General Assembly reserves the right to alter, amend, or repeal this section. (1983, c. 923, s. 197; 1995, c. 297, s. 1; 2007 25, s. 1.)

New location for the headquarters of the North Carolina Institute of Medicine.

Background photo: NC Division of Tourism; photographer Bill Russ

North Carolina Institute of Medicine

630 Davis Drive, Suite 100
Morrisville, NC 27560
919.401.6599

www.nciom.org
www.ncmedicaljournal.com