

NCIOM Task Force on Serious Illness Care

Overview of Task Force Process and Charge

Adam Zolotor, MD, DrPH

President & CEO

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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 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



Recent NCIOM Studies

- Some recent studies include:
 - Accountable Care Communities (2019)
 - Metrics to Drive Improvements in Health: A Report of the Task Force on Health Care Analytics (2017)
 - Claims to Improve Health in North Carolina: A Report from the NCIOM Task Force on All-Payer Claims Database (2017)
 - Transforming North Carolina's Mental health and Substance use Systems: A Report from the NCIOM Task Force on Mental Health and Substance Use (2016)
 - Dementia-Capable North Carolina: A Strategic Plan for Addressing Alzheimer's Disease and Related Dementia (2016)
 - Patient and Family Engagement: A Partnership for Culture Change (2015)
 - Task Force on Essentials for Childhood: Safe, Stable, and Nurturing Relationships and Environments to Prevent Child Maltreatment (2015)



NCMJ

- NCIOM also publishes the *North Carolina Medical Journal*
 - Each issue contains a special focus area with articles and commentaries discussing specific health issues
 - We plan to publish the executive summary of the Task Force in the NCMJ as well as devoting a issue to palliative care in 2020.
 - *NC Medical Journal* circulated to more than 170,000 people across the state



Task Force Process

- NCIOM creates broad-based task forces to study health issues facing the state
 - Task Forces generally comprised of 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 background research and data, 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
 - The report will contain a series of recommendations developed by the Task Force to address gaps in serious illness care, and also will include background data and research to provide context to these recommendations.

Task Force Process (cont'd)

- Task Force report
 - Report is circulated several times before being finalized
- NCIOM Board of Directors
 - Board members must review the report before it is finalized
- Reports distributed widely, other dissemination
 - Shorter 4-6 page Issue Brief
 - Update published 3-5 years after report is published.

Task Force Process (cont'd)

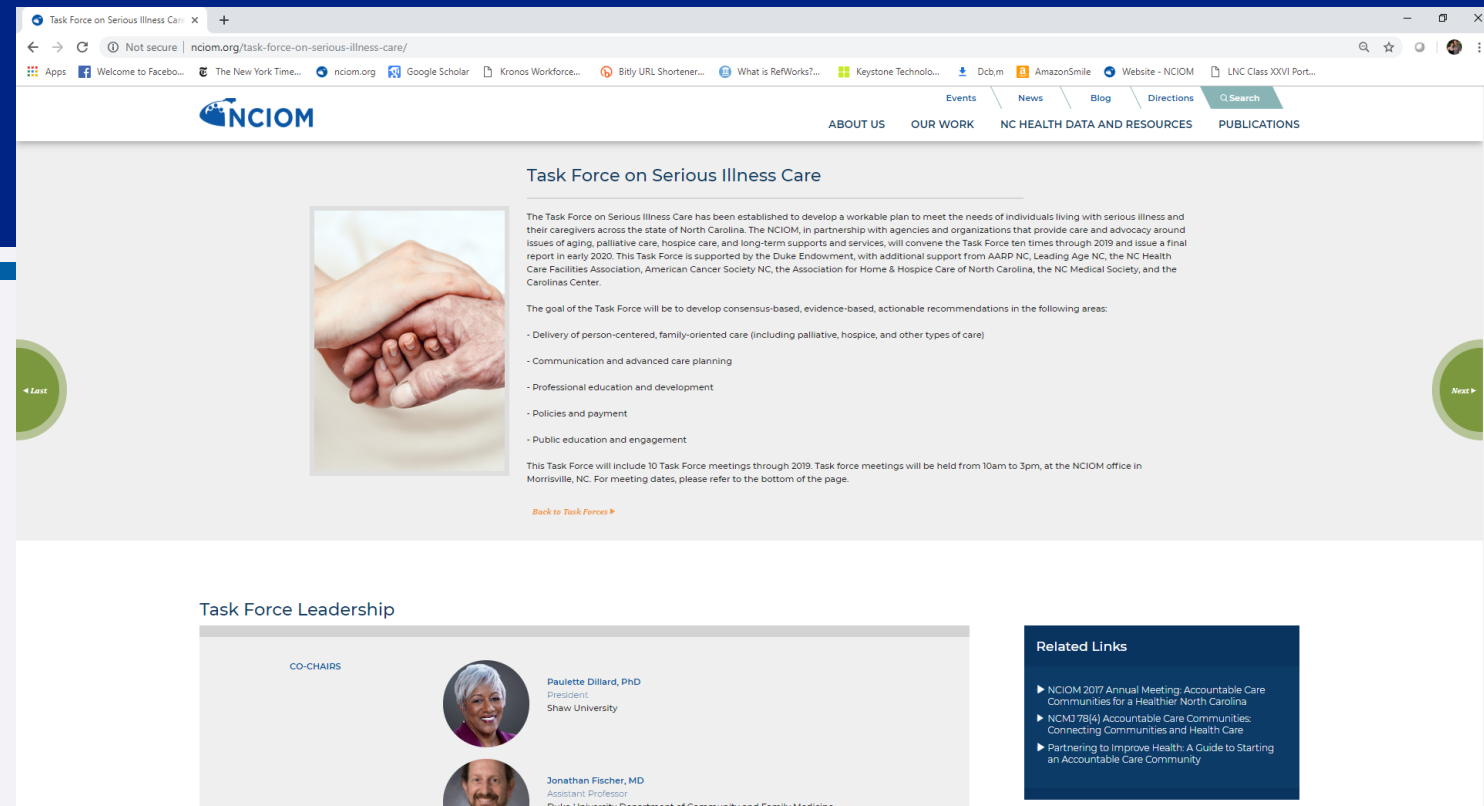
- Members are asked to attend (or call in) for the majority of meetings. They are occasionally asked to read to and respond to emailed materials between meetings.
- All Task Force members (and steering committee members) are expected to read the report and give feedback before final publication as the report is issued by the task force.
- Task Force (and steering committee) members are occasionally asked to provide special assistance in writing a small section of the report (perhaps 1 paragraph), framing of recommendations, or attending an extra conference call particular to their expertise.
- Subcommittees or special work groups will occasionally meet outside of the Task Force meetings to address particular issues.



Meeting Materials on NCIOM Website

- We know that Task Force members may have conflicts for some of the meetings
 - We host webinars and conference calls for each meeting so that you can follow online or participate over the phone
 - We post meeting summaries and all meeting presentations on our website.
 - Calendar and directions also available on the NCIOM website:

<http://nciom.org/task-force-on-serious-illness-care/>



The screenshot shows the NCIOM website page for the Task Force on Serious Illness Care. The page features the NCIOM logo at the top left and a navigation menu with links for Events, News, Blog, Directions, and a Search bar. Below the navigation, there are links for ABOUT US, OUR WORK, NC HEALTH DATA AND RESOURCES, and PUBLICATIONS. The main content area is titled "Task Force on Serious Illness Care" and includes a photograph of two hands clasped together. The text describes the task force's mission to develop a workable plan to meet the needs of individuals living with serious illness and their caregivers across the state of North Carolina. It lists the goal of the task force and the areas of focus: delivery of person-centered, family-oriented care; communication and advanced care planning; professional education and development; policies and payment; and public education and engagement. A "Back to Task Forces" link is provided at the bottom of the main content area. Below this, there is a "Task Force Leadership" section with a "CO-CHAIRS" heading and two profiles: Paulette Dillard, PhD, President of Shaw University, and Jonathan Fischer, MD, Assistant Professor at Duke University. To the right of the leadership section is a "Related Links" box with three links: "NCIOM 2017 Annual Meeting: Accountable Care Communities for a Healthier North Carolina", "NCMJ 78(4) Accountable Care Communities: Connecting Communities and Health Care", and "Partnering to Improve Health: A Guide to Starting an Accountable Care Community".



Task Force Charge

This Task Force represents a partnership of the NCIOM with the Carolinas Center, AARP North Carolina, NC Health Care Facilities Association, Association for Home & Hospice Care of North Carolina, the Duke Endowment, professional associations representing individuals and facilities that care for people with serious illness, and others, who have all committed funds and/or talent to the project.

The Task Force will meet ten times through 2019-20 to develop consensus-based, evidence-based, and actionable recommendations.



Task Force Charge (cont.)

The Task Force will examine:

1. Delivery of person-centered, family-oriented care, including palliative, hospice, and other types of care – including assessment of gaps in hospital-based palliative care teams; opportunities to extend palliative care services in community settings including ambulatory settings, home health, and long-term care.
2. Communication and advance care planning - consideration of technical and legal issues around completion and utilization of advanced care planning documents including Medical Orders for Scope of Treatment, do-not-resuscitate orders, Power of Attorney, and living wills.
3. Professional education and development - examine training issues for physicians, nurses, gerontologists, and chaplains.
4. Policies and payment systems - examine models in other states to develop recommendations around best practices for financing; impact of costs of care on individuals, families, health systems, and the state.
5. Public education and engagement- assess opportunities to engage in health care provider and community dialogs about cultural norms around caring for individuals with serious illness, palliative care, long-term supports and services, and other caregiver issues.



Task Force Charge (cont.)

The Task Force will also elevate principles of health equity throughout the Task Force process.

“Health Equity is not the sole responsibility of one individual or one agency, but is the collective responsibility of us all to do better, be better, and help others...”

N.C. Office of Minority Health and Health Disparities



For More Information

- Support for this Task Force comes from the Duke Endowment, AARP NC, and LeadingAge.
- Websites: www.nciom.org
www.ncmedicaljournal.com
- Key Contacts:
 - Adam Zolotor, MD, DrPH, President & CEO, NCIOM
919-445-6150 or adam_zolotor@nciom.org
 - Michelle Ries, MPH, Project Director
919-445-6153 or michelle_ries@nciom.org

