

North Carolina Institute of Medicine

*Shaping Policy for a
Healthier State for 30 Years*



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"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, including health care access, quality care, and population health. In this vital role, the NCIOM convenes leaders from across the state to examine pressing health care issues and develop thoughtful strategies to improve health outcomes. 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

From the President & CEO



Dear NCIOM Members, Collaborators, and Supporters:

This year, the North Carolina Institute of Medicine (NCIOM) is celebrating 30 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 served on the editorial board of the *NCMJ* and written articles for the *NCMJ*. I also want to recognize the North Carolina General Assembly, North Carolina Department of Health and Human Services, North Carolina Department of Insurance, North Carolina foundations, and other funders that have invested in the work of the NCIOM over the past 30 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 consensus. 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 *NCMJ*, jointly published by the NCIOM and The Duke Endowment, is another vehicle to distribute task force findings, 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 thirty years, we look forward to working with you, shaping policy for a healthier state.

Sincerely,

A handwritten signature in black ink that reads "Pam Silberman". The signature is fluid and cursive, with the first name "Pam" and last name "Silberman" clearly distinguishable.

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. Throughout its 30 years of service to the state, the NCIOM has been the leading source of information and public policy recommendations aimed at improving population health, health care access, and health care quality.

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.

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

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 six 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.

“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 emphasis on evidence-based policy ensures that task force recommendations focus on programs, policies and services that have been proven to have a positive impact. Focusing on evidence-based strategies is particularly important in public health where there are limited resources to positively impact population health. 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

History of the North Carolina Institute of Medicine

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.



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."

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.

"Shifting our focus to prevention is a necessary step to improving population health. The NCIOM is one of the leaders in this effort in North Carolina. With the publication of the Prevention Action Plan, the NCIOM laid out a blueprint for how individuals, communities, health professionals, businesses, and the state can work together to increase the focus on prevention and improve the health and well-being of North Carolinians. The importance of changing our culture to be more self responsible for maintaining healthier lifestyles is paramount to any successful reform efforts."

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

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).

1994–2005

In 1994, Davis and the Board of Directors asked Gordon H. DeFrieze, 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. DeFrieze 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. In 1999, Pam C. Silberman, JD, DrPH, became Vice President.



Gordon H. DeFrieze, PhD

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

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).



E. Harvey Estes, Jr, MD

2005–2013

In 2005, Pam C. Silberman, JD, DrPH, Associate Director for Policy Analysis, Cecil G. Sheps Center for Health Services Research and Clinical Professor, Department of Health Policy and Management, School of Public Health, University of North Carolina at Chapel Hill was selected as the NCIOM's fourth President. Mark Holmes, PhD, Health Economics and Finance Research Fellow, Cecil G. Sheps Center for Health Services Research, UNC-CH was selected as Vice President and served from 2005- 2010. Sharon Schiro, PhD, Associate Professor, Department of Surgery, UNC-CH served as Vice President in 2011-2012. Adam Zolotor, MD, DrPH, Associate Professor, Director Maternal and Child Health Services, Department of Family Medicine, UNC-CH, and Associate Medical Director, North Carolina Child Medical Evaluation Program, was selected as Vice President in 2012.

In 2006, after 10 years of Estes' leadership as Chair of the Board, William K. Atkinson, II, PhD, MPH, MPA, President and CEO of WakeMed Health and Hospitals, became the third Chair. He served in this position for three years (2006-2008). Samuel W. "Woody" Warburton, MD, Professor of Community and Family Medicine, Duke University Medical Center followed as Chair and served from 2009-2011. Thomas J. Bacon, DrPH, Executive Associate Dean and Director, North Carolina Area Health Education Centers Program, was elected to serve from 2012-2014.

In 2005, The Duke Endowment agreed to partner with the NCIOM in publishing the *North Carolina Medical Journal* (NCMJ). At that time, Silberman and Eugene W. Cochrane, Jr, President of The Duke Endowment, became copublishers of the NCMJ. Former President DeFries remained Editor-in-Chief until 2007. Thomas C. Ricketts, III, PhD, MPH, Deputy Director of the Cecil G. Sheps Center for Health Services Research and Professor of Health Policy and Management at UNC-Chapel Hill, assumed the role of the NCMJ's Editor-in-Chief in 2007, followed by Peter Morris, MD, MPH, MDiv in 2012.

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). *Prevention for the Health of North Carolina: Prevention Action Plan* (2009), *Healthy North Carolina 2020: A Better State of Health* (2011), *Growing Up Well: Supporting Young Children's Social-Emotional Development and Mental Health in North Carolina* (2012), *Improving North Carolina's Health: Applying Evidence for Success* (2012), *Examining the Impact of the Patient Protection and Affordable Care Act in North Carolina* (2013), and *The North Carolina Oral Health Action Plan for Children Enrolled in Medicaid and NC Health Choice* (2013). A current Task Force is examining rural health in North Carolina.

"We are proud to join the NCIOM in publishing the North Carolina Medical Journal. The NCMJ provides insight into the major health problems and policy issues facing the state from a variety of perspectives. As such, the NCMJ plays an effective role in ensuring that health professionals, policy makers, and others across the state are well informed about current issues in health and health care in North Carolina."

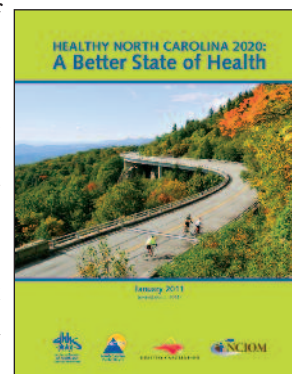
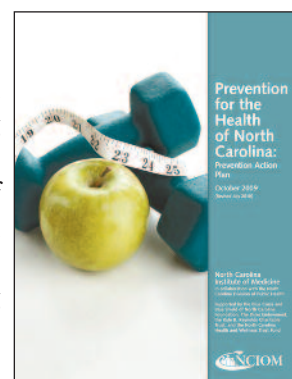
— Mary L. Piepenbring
Director of Health Care
Vice President, The Duke Endowment

Making Significant Contributions

For the People of North Carolina

Throughout its 30-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 population health, 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:

- **Improving population health:** North Carolinians face a high burden of chronic disease and other preventable health problems. North Carolina ranked 37th in the country in overall population health in 2008 (with 1 being best), and 38th in premature deaths. Investing in prevention can reduce this heavy burden by saving lives, reducing disability, and, in some cases, reducing health care costs. In 2008, the NCIOM convened the Prevention Task force in collaboration with the Division of Public Health (DPH) of the North Carolina Department of Health and Human Services. The goal of this Task Force was to identify evidence-based recommendations to reduce the preventable risk factors contributing to the leading causes of death and disability in North Carolina. As a result of this work, the Governor's Task Force for Healthy Carolinians asked the NCIOM to help the state develop the Healthy North Carolina 2020 (HNC 2020) plan. This work was in collaboration with DPH, the State Center for Health Statistics, and the Office of Healthy Carolinians and Health Education. The objectives and targets developed by the HNC 2020 project are driving state and local-level activities to improve population health. Together, the HNC 2020 objectives and the Prevention Action Plan form the basis of a statewide effort to improve population health. The 2012 Task Force on Implementing Evidence-Based Strategies in Public Health further built on these efforts by developing recommendations to assist public health professionals in the identification and implementation of evidence-based strategies within their communities to improve population health. This work, along with that of many others, is starting to make a positive health impact. In 2012, North Carolina was ranked 33rd in overall population health. The state has also made positive improvements in many of the Healthy NC 2020 objectives.

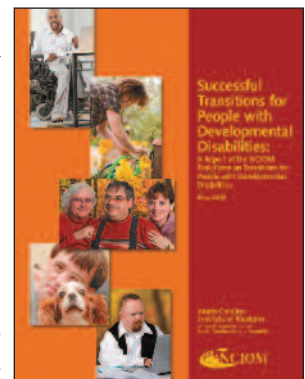
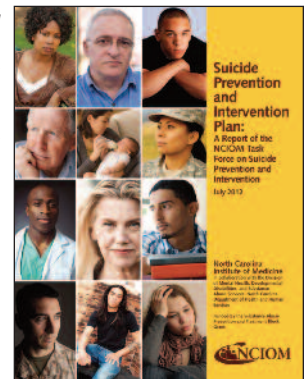


“We asked the NCIOM to convene the Prevention Task Force because of their strong track record of developing workable solutions to address the very real health problems facing our state. The recommendations developed by this Task Force have helped guide efforts to improve the health and well-being of North Carolinians at both the state and local levels.”

— Leah Devlin, DDS
Former State Health Director



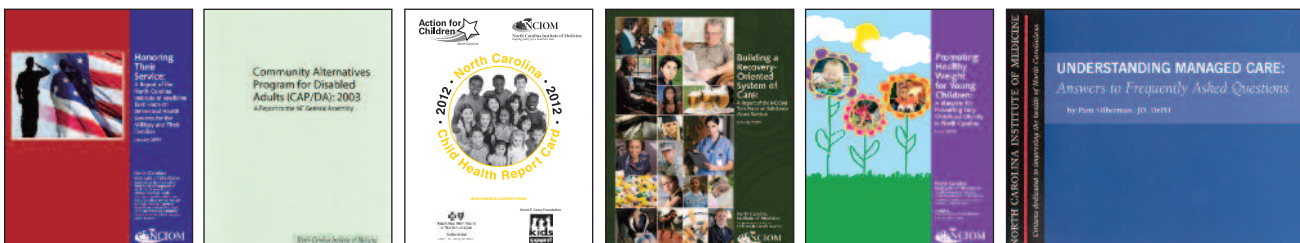
- **Strengthening North Carolina's systems addressing mental and behavioral health:** Over the past five years the NCIOM has convened many Task Forces in partnership with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the North Carolina Department of Health and Human Services. The Task Force on Substance Abuse Services made recommendations to improve the statewide substance abuse delivery system and shift the system's focus more towards recovery. The Task Force on Transitions for People with Developmental Disabilities looked at the needs of individuals living with developmental disabilities and made recommendations to ensure that people with intellectual and developmental disabilities receive the kinds of coordinated services and supports they need to help them through life transitions. The Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families look at the myriad of systems serving young children and their families and made recommendations to increase coordination between North Carolina's early childhood systems that support the social-emotional development and mental health of young children. The Task Force on Suicide Prevention and Intervention developed recommendations to improve the statewide suicide prevention and response system. The implementation of recommendations from these task forces is helping to improve North Carolina's systems for addressing the mental and behavioral health needs of our state.



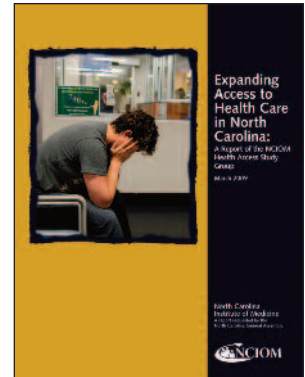
“The NCIOM has been a valuable partner in our efforts to improve North Carolina’s mental health, intellectual and developmental disabilities, and substance abuse systems. One of the NCIOM’s greatest strengths is bringing together diverse groups of policy makers and stakeholders and identifying shared goals and consensus recommendations. The recommendations developed by NCIOM task forces have led to improvements in the delivery of mental health, intellectual and developmental disabilities, and substance abuse services in our state.”

—Flo Stein, MPH

Chief, Community and Policy Management, Divisions of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services



- **Expanding coverage for the uninsured:** The NCIOM has been involved in numerous efforts aimed at expanding access to affordable health insurance coverage and promoting access to care for the uninsured and underinsured in North Carolina. This work has included Task Forces that focused on uninsured pregnant women, children, and people with preexisting health problems. NCIOM Task Force recommendations led to the expansion of Medicaid coverage for pregnant women, creation of the Health Choice program, and creation of Inclusive Health, North Carolina's high-risk pool.

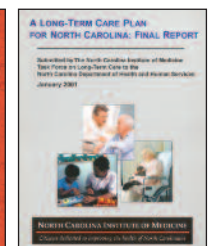
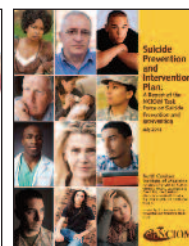
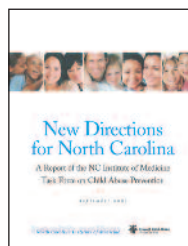
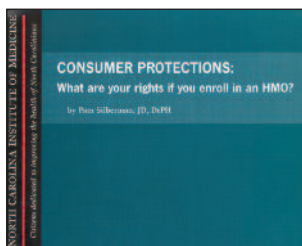
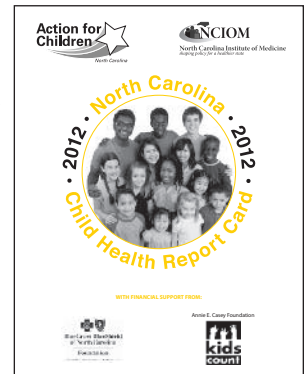


“The North Carolina General Assembly created the NC Health Insurance Risk Pool, in large part built on the NCIOM’s recommendations. In 2009, The NC Health Insurance Risk Pool, or Inclusive Health, started covering North Carolinians with pre-existing conditions who were locked out of the market for affordable health coverage. Enrollment peaked at over 17,000 in January 2013. The pool will close on December 31, 2013 after assisting its members to transition to exchange coverage.”

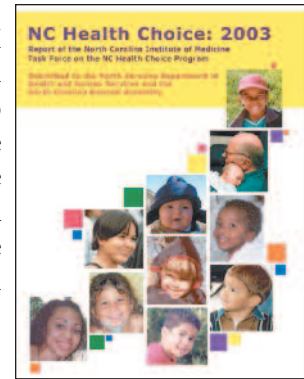
— Michael Keough
Executive Director of Inclusive Health

Most recently, the NCIOM was asked by the North Carolina Department of Insurance and the North Carolina Department of Health and Human Services to convene workgroups to examine the Patient Protection and Affordable Care Act to ensure that the decisions the state makes in implementing the ACA serve the best interest of the state as a whole. More than 250 individuals from across the state representing diverse interests were involved in the workgroups. This work has helped different groups understand the new law and helped the state understand steps needed to implement the new requirements.

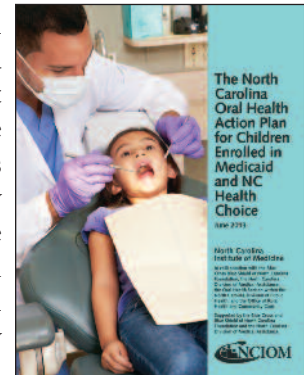
- **Improving child health:** For almost 20 years, the NCIOM has produced the North Carolina Child Health Report Card with Action for Children North Carolina. The report card includes more than 35 leading child health indicators summarized in an easy-to-read document. The purpose of the Report Card is to heighten awareness – among policymakers, practitioners, the media, and the general public – of the health of children and youth across our state. Every year the Report Card highlights the successes North Carolina has achieved in meeting the health needs of our children, as well as the challenges we still face. The Report Card is widely used by state agencies, policy makers, and advocates working to improve the health and well-being of North Carolina’s children. In addition to the Child Health Report Card, the NCIOM has convened numerous task forces focused on children’s health including the Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families, the Task Force on Adolescent Health, the Task Force on Child Abuse Prevention, and others.



- **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.



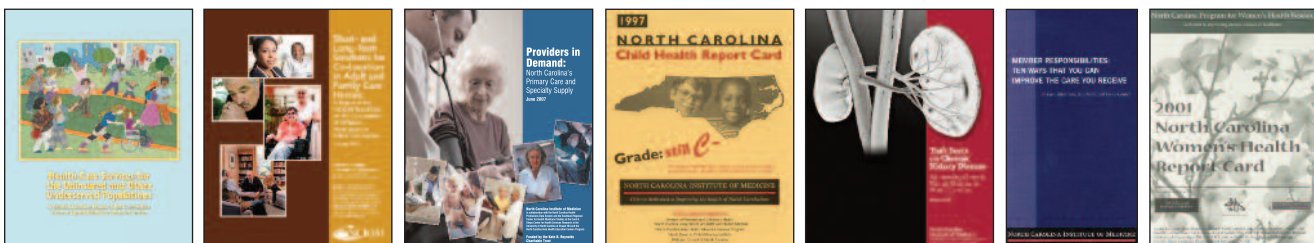
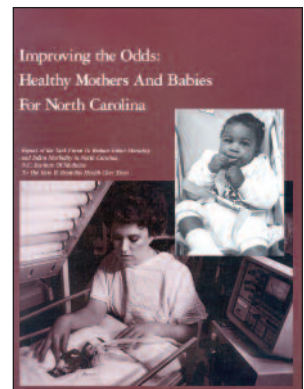
- **Improving access to dental care for low-income people:** In 1999, the North Carolina General Assembly charged the North Carolina Department of Health and Human Services to evaluate and recommend strategies to increase dentist participation in Medicaid and improve access to dental services for the 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. Recommendations from the 2013 North Carolina Oral Health Action Plan for Children Enrolled in Medicaid and NC Health Choice will further help increase utilization of preventive services by low-income children.



“The North Carolina Oral Health Action Plan for Children Enrolled in Medicaid and NC Health Choice will make a difference in the lives of many disadvantaged children in North Carolina for years to come.”

— Mark Casey, DDS, MPH
Dental Director, Division of Medical Assistance,
North Carolina Department of Health and Human Services

- **Reducing the state's high infant mortality rate.** North Carolina historically 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. This Task Force was requested and funded by the Kate B. Reynolds Health Care Trust. 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.



- **Increasing the capacity of North Carolina's health care safety net.** Today, there are more than 1.5 million people who are uninsured in North Carolina. 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 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 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 NCIOM is a trusted unbiased source of accurate, evidenced-based health care analysis and recommendations. The NCIOM Safety Net Task Force process was invaluable in providing guidance to help strengthen and expand the health care safety-net. Through this forum health care safety net organizations came together, set aside turf issues, and worked together to expand access and improve quality of care for under- and uninsured in our state”

**— E. Benjamin Money, Jr. MPH
President & Chief Executive Officer,
NC Community Health Center Association**

- **Examining the adequacy of North Carolina's health workforce:** The NCIOM examined the current and projected supply of physicians, nurse practitioners, and physician assistants in 2005. The Task Force found that if nothing changed, North Carolina would effectively lose approximately one-quarter of its physicians by 2030. 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. Campbell University also relied on the Task Force report in deciding to create a new osteopathic medical school in North Carolina. 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 nursing schools have expanded their enrollment and new nursing programs have been established.



“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, which will begin graduating approximately 150 community-based osteopathic physicians each year beginning in 2017.”

**— Ronald W. Maddox, PharmD
Vice President of Health Programs, Dean of the College of Pharmacy and Health Sciences,
Campbell University**



- **Addressing the behavioral health needs of the military and their families:** North Carolina has a sizeable military population, many of whom have served multiple tours of duty in Afghanistan and Iraq over the past decade. The two most common health issues diagnosed in service members of the wars in Iraq and Afghanistan who seek care at the US Department of Veterans Affairs (VA) are musculoskeletal and mental health problems. In 2009, the North Carolina General Assembly asked the North Carolina Institute of Medicine to study the adequacy of mental health, developmental disabilities, and substance abuse services funded with Medicaid and state funds that are currently available to active and reserve component members of the military, veterans, and their families and to determine any gaps any services. The Task Force made recommendations to improve the provision of services and supports to meet the behavioral health needs of service members in the state when federal resources are not available. In June 2011, the North Carolina General Assembly passed legislation based on the Task Force recommendations. The legislation increased access to services provided by the North Carolina National Guard; provided additional training and workshops professionals, law enforcement, and education professionals; and enhanced the collaboration across local, state, and federal organizations that began with the Governor's Focus on Service Members, Veterans, and their Families and continues to support North Carolina's military community.

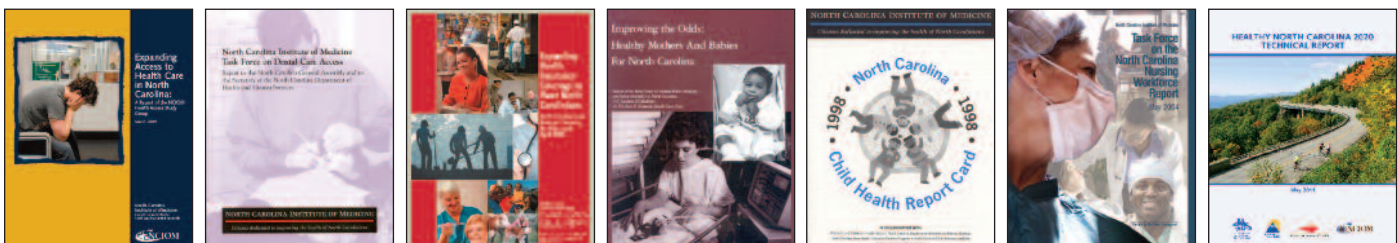
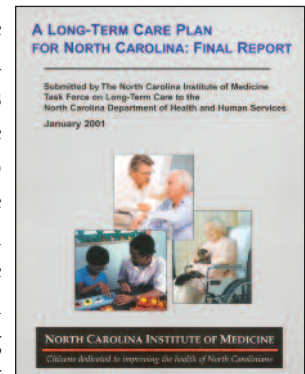


“NCIOM’s Honoring their Service report succeeds in looking across and beyond traditional medical domains to consider the full impact of military deployment on Service Members, Veterans, families and their communities. As such it has already taken its place as a national best practice to be emulated at county, state and federal levels.”

— Harold Kudler, MD

Associate Director, VA Mid-Atlantic Health Care Network Mental Illness Research, Education and Clinical Center, US Department of Veterans Affairs

- **Developing a comprehensive long-term care plan.** The NCIOM Long-Term Care Task Force 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.



North Carolina Medical Journal

A journal of health policy analysis and debate



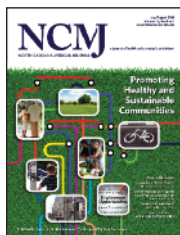
One of the oldest health professional publications in the country, the *North Carolina Medical Journal* (NCMJ) was founded by the North Carolina Medical Society in 1849. In 2002 the North Carolina Institute of Medicine (NCIOM) took over publication of the journal, and in 2005 The Duke Endowment became a copublisher. Cosponsors of the journal include The Carolinas Center for Medical Excellence, the North Carolina Dental Society, the North Carolina Health Care Facilities Association, the North Carolina Hospital Association, and the North Carolina Medical Society.



Distribution of the *NCMJ* has grown from 10,500 readers in 2002 to more than 30,000 today. Published six times per year, the journal is distributed to health professionals, state and local health policy leaders, and business and community leaders throughout the state and the nation. In addition to the print edition of the journal, all content is freely available on the journal's Web site: www.ncmedicaljournal.com.



Under the leadership of the NCIOM, the *NCMJ* was restructured to focus on specific health problems facing the state. Each issue of the journal has a health policy forum that includes an issue brief followed by shorter commentaries and sidebars, all of which provide a range of perspectives on the targeted health problem. Each issue of the journal also contains peer-reviewed original articles. One of the other benefits of the relationship between the NCIOM and the *NCMJ* is that the journal helps to distribute Task Force findings broadly throughout the state. The issue brief for each NCIOM Task Force report is published in a special section of the journal, which serves to expand the audience for these reports.



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