

North Carolina Institute of Medicine

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President & CEO

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Organizational Structure and Mission

- The NCIOM is a separate quasi-state agency that is housed within the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill (Sheps Center).
- Mission:
 - 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 healthcare for the people of North Carolina.

NCIOM Task Force Studies

- NCIOM studies issues at the request of:
 - North Carolina General Assembly (NCGA)
 - North Carolina state agencies
 - North Carolina foundations
 - Health professional organizations
 - Other nonprofit organizations
 - NCIOM Board
- Often work in collaboration with other organizations to study health issues



Task Force Process

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

Using Research to Inform Policy

- NCIOM staff and other task force experts identify and synthesize relevant research
 - Studies focus on identifying evidence-based and evidence-informed or promising policies, programs and practices
 - Information is used to inform the task force deliberation process
- Task Force uses the information to shape policy and programmatic recommendations

Implementation of Task Force Recommendations

- Task Force recommendations aimed at:
 - Policy makers (legislature, state and local agencies)
 - Health care professionals
 - Others, including: educational institutions businesses, and the faith community
- *Between 50-90% of Task Force recommendations are implemented, in whole or in part, within 3-5 years of release of the report*

Current Task Force: Accountable Care Communities

- Purpose: To study the ways in which community-based organizations and health systems can partner to address upstream determinants of health, especially as we move towards value-based payment
- Co-chairs: Dr. Ron Paulus, Secretary Cohen, Mayor Atkins, and Reuben Blackwell
- Funding: The Duke Endowment and Kate B. Reynolds
- Timeline: First meeting this week, will wrap up by end of 2018

Current Project: Bridging Local Systems

- Convene a series of Regional Leadership Summits between the LME/MCOs in NC and the county DSS agencies in their service areas
- Goal to improve collaboration and coordination in serving children, families, and adults served by both systems
- Funded by The Duke Endowment
- Publication February 2018

Current Project: Essentials for Childhood

- Purpose: Staff and organize working groups that have evolved from Essentials Task Force
- Working groups include:
 - Trauma-informed communities
 - Evidence-based practice
 - Ad hoc: messaging/public awareness, data working group
- Funding: NCDHSS via CDC grant
- Funded through September 30, 2018

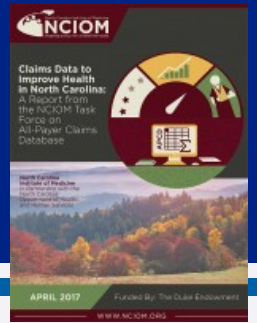
Next Up (exploratory)

- Continued work to assist with Medicaid transformation
- Health care services for people that are deaf and hard of hearing
- Palliative care
- Risk appropriate perinatal system of care
- Healthy North Carolina 2030

Recent Study: Health Care Analytics

- Purpose: To identify quality metrics that are most important for improving population health to be used in Medicaid reform
- Co-chairs: Warren Newton (AHEC), Jim Hunter (CHS), Annette Dubard (CCNC)
- Funding: Contract with Division of Health Benefits
- Published October 2017

Recent Study: All-Payer Claims Database



- An APCD is a database with all claims for all health services in a common repository.
- Includes medical, dental, behavioral, and pharmacy claims
- Can be used for population health, research, quality improvement, cost containment, consumer transparency
- Goal: to determine if an APCD is right for NC. Governance, financing, platform, etc.
- Co-Chairs: Blan Godfrey, NC State, Joe Cooper, DHHS CIO.
- Funding: The Duke Endowment
- Published March 2017

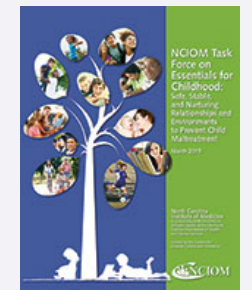
Recent study: Alzheimer's Disease and Related Dementia



- Charge: To develop a state plan addressing 16 areas named in legislation to prepare NC to best prevent dementia and meet the needs of North Carolinians with dementia and their caregivers.
- Co-Chairs: Lisa Gwyther, Director, Family Support Program, Duke University Medical Center; Doug Dickerson, State Director, AARP NC; and Goldie Byrd, Dean, Colleges of Arts and Sciences, NC A&T
- 45 additional people serving on Task Force and steering committee
- Funding: The Duke Endowment, Winston-Salem Foundation, NC DHHS, AARP NC, Leading Age NC, Alzheimer's NC, Alzheimer's Association
- Published in April, 2016. Of 33 recommendations, about 2/3 already partially or fully implemented.

Recently Completed Studies

- **Mental Health and Substance Use** (Done in partnership with NCDHSS, funded by KBR Trust, published October, 2016)
- **Patient and Family Engagement** (Done in partnership with the NCQC, NCMS, CCNC, and FNE, funded by The Duke Endowment, published March 2015).
- **Essentials for Childhood: Safe Stable and Nurturing Relationships and Environments to Prevent Maltreatment** (Done in partnership with DHHS and funded by the CDC, published March, 2015)



Recently Completed Studies

- **Rural Health Action Plan** (done in partnership with ORHCC and KBR Trust, published August 2014)
- **Early Childhood Obesity Prevention** (at the request of and funded by the Blue Cross and Blue Shield of North Carolina Foundation. In collaboration with the NC Partnership for Children, released Sept. 2013)
- **Children's Preventive Oral Health Services** (at the request of and funded by Blue Cross and Blue Shield of North Carolina Foundation, the NC Office of Rural Health and Community Care, NC Division of Public Health and in collaboration with the Oral Health Section of the Division of Public Health, released June 2013)

Common Themes in Recent Task Force Work

- Expanding access to health care
- Improving quality and efficiency
- Improving population health
- Developing new delivery systems
- Implementing evidence-based or evidence-informed strategies

Progress Implementing Past Recommendations

- Implementing Evidence-Based Strategies (Update 2016, report 2012)
 - Progress on 100% of recommendations
- Task Force on Transitions for People with Developmental Disabilities (update 2016, report 2009)
 - Progress on 79% of recommendations
- Update on Co-location in Adult care Homes (update 2016, report 2012)
 - Progress on 67% of recommendations
- Task Force on Substance Abuse (update 2013, report 2009)
 - Progress on 55% of recommendations
- Primary Care and Specialty Supply (update 2013, report 2007)
 - Progress on 76% of recommendations

Reflections on NCIOM Success

- Bring wide range of stakeholders and other interested parties to study the issue in neutral territory
- Work on issues when groups want to make a difference
 - Do not work on issues where there is no room for compromise
- Use research and evidence to inform policy options
- Help involve stakeholder groups in supporting and implementing recommendations

NCMJ Contributors

- The Duke Endowment is a co-publisher of the North Carolina Medical Journal (NCMJ), largest supporter
- Health professional associations have supported the NCMJ including:
 - NC Medical Society
 - NC Dental Society
 - NC Hospital Association
 - LeadingAge NC
- Advertising



- Nov/Dec 2017- Oral Health in North Carolina. Gary Rozier
- Sept/Oct 2017 - Musculoskeletal Health in North Carolina. Kelli Allen
- July/Aug 2017 - Accountable Care Communities. Marcus Plescia





- May/June 2017 - Role of Pharmacists in Health Care. Robert Blouin and Michael Adams



- March/April 2017 - Hearing and Vision. Sharon Williams



- Jan/Feb 2017 - Medicaid Reform. Rick Brajer

- Jan/Feb: High Cost of Health Care
- March/April: Trauma informed Communities
- May/June: Opioids
- July/August: Team-Based Care
- Sept/Oct: Environmental Health
- Nov/December: Immigrant health



Fellows Program

- Inaugural class!
- Modeled after similar programs in GA and SC
- Non-partisan. Space for questions and dialogue.
- Funded by The Duke Endowment, Blue Cross Blue Shield Foundation of NC, and Commonwealth Fund.
- 3 full days (9-4) at our office in Morrisville 1/22, 2/26, 3/19---and holding make up date April 23.

Fellows Program

- Certificate granting program. Requires attendance at a minimum of 2 sessions.
- Certificate presentation—date TBD.
- At least two policy issue briefs in response to needs identified by the class. One will be presented at certificate presentation.
- To be offered every other year (even years). Odd years will include staff program(s) and issue briefs.
- Eligible for per diem. No cost to you.

How to work with NCIOM

- Call us—rapid requests for information, extra reports and journal issues. We can also consider an issue brief around a topic of timely relevance. If we can't help you, we will try to get you to the right resource.
- Consider working with us on future legislative study bills.

NCIOM Resources

- Reports and issues of the NCMJ
- Issue briefs (see recent briefs on American Health Care Act, Options to Expand Health Insurance, and Characteristics of the Uninsured)
- Primers (health insurance, public health, mental health, Medicaid, glossary).
- County Health Data

In Return

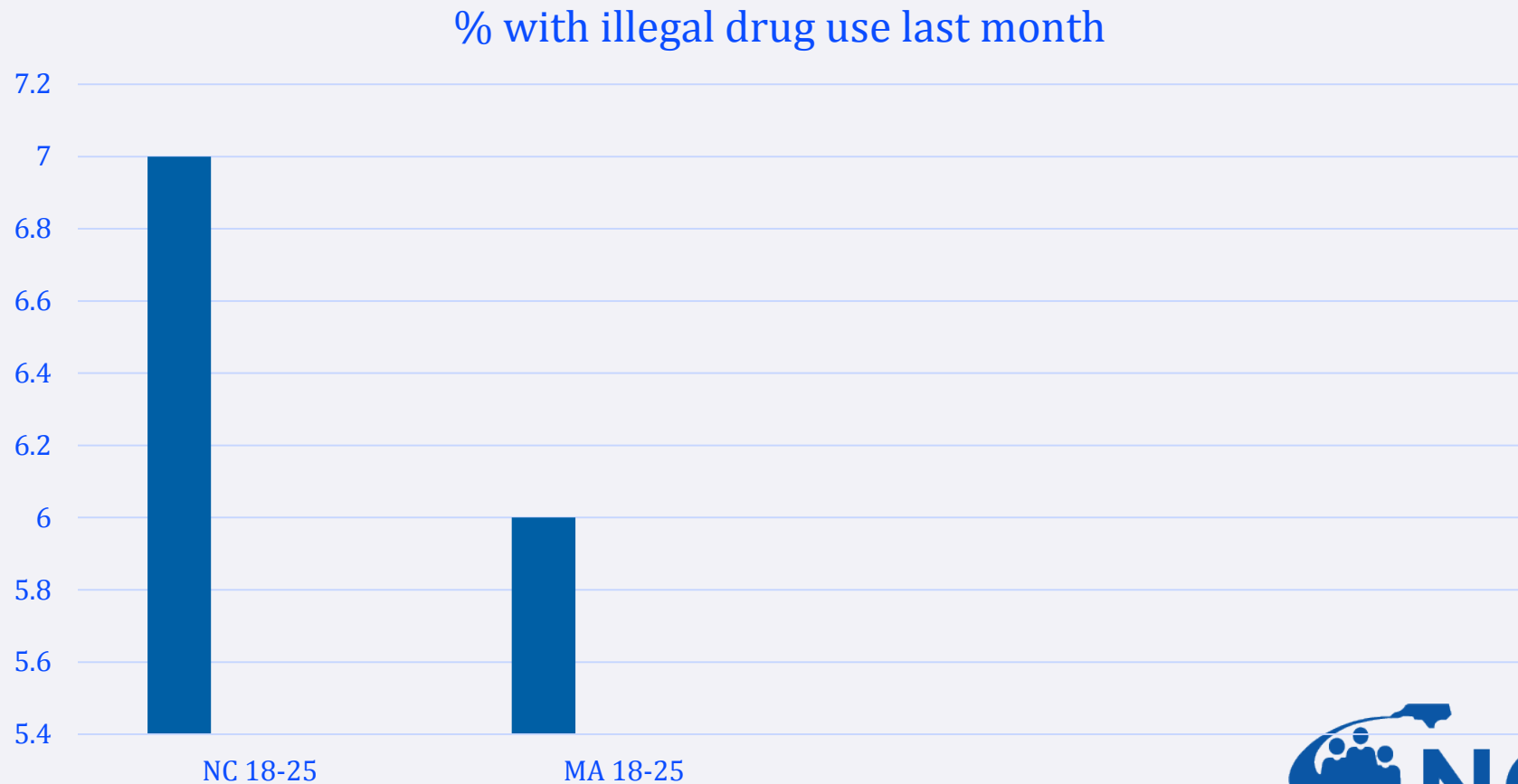
- Please give us feedback!
- Consider displaying your certificate and including reference to it on your web pages.
- Be an alumni!
 - Help us recruit class of 2020
 - Come to the 2020 certificate program
 - Consider the NCIOM when you need information to assist in health policy decision making



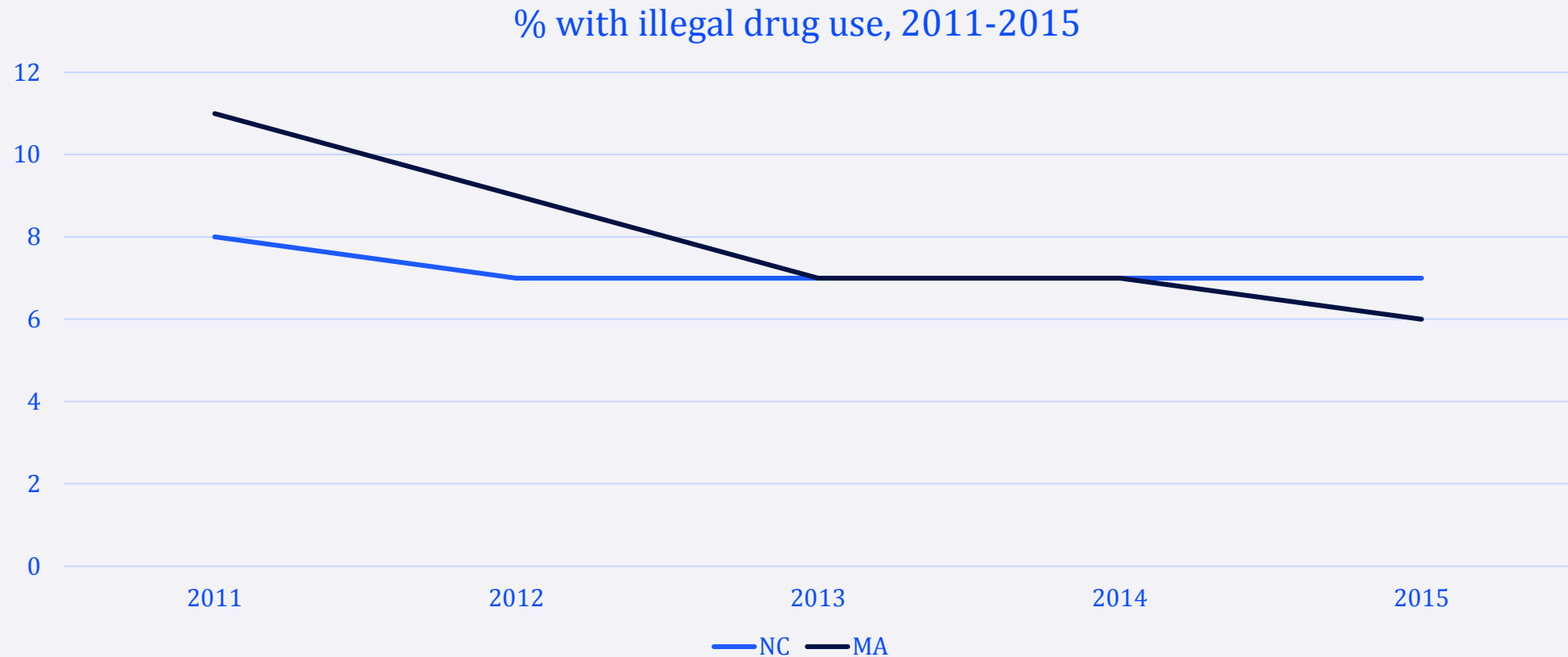
Systems Thinking

- We tend to 'diagnose' a problem with too little information.
 - What is the problem?
 - How can we fix it?
- Most health policy legislation is, at its core, non-partisan.
- Using dynamic graphs rather than static graphs can help us think about the problem in a larger context and might lead to different strategies.

Static Chart—Illegal Drug Use

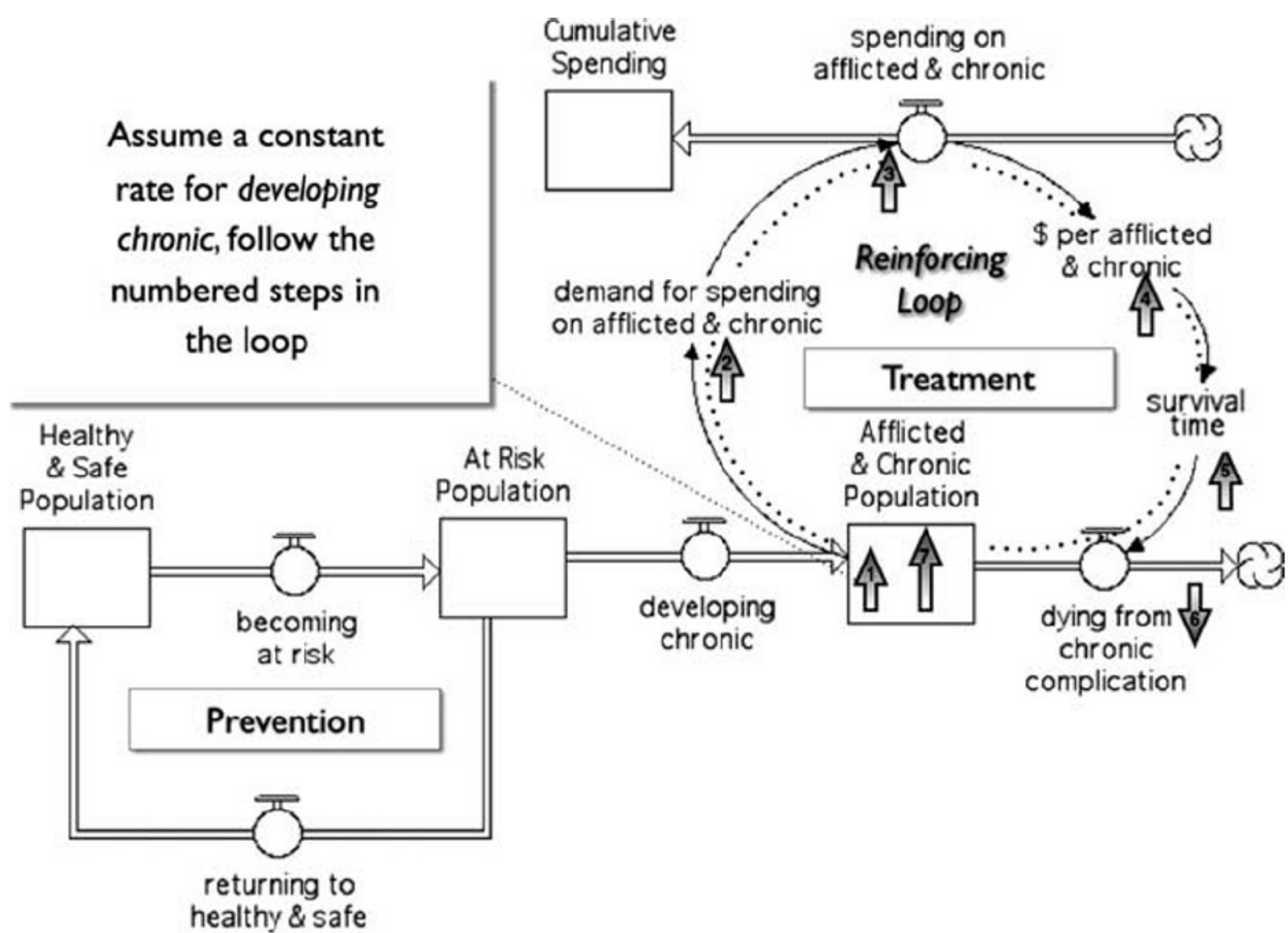


Dynamic Chart—Illegal Drug Use



Stock and Flow Map

- Depicts the interconnectedness of problems, causes, solutions, and boundaries



6 Question Framework

- 1) What is the important trend related to health in NC?
- 2) Who are the stakeholders?
- 3) Why this trend? (What is the cause, who is responsible?)
- 4) Where is there leverage to address the cause?
- 5) How will it work? Over time? Unintended consequences?
 - Health status? Health spending? Health care system? Health equity?
- 6) When will the policy impact health status? Other indicators?

Dynamic Modelling

- Assumes that policy inputs take place in a system and making one decision has to affect other decisions. E.g. spend more on health, either raise taxes or cut spending elsewhere.
- Allows the user to think about health policy inputs over time as part of a system, manipulating variables to change probable results.

ReThink Health

- An example of dynamic modelling.
- Ability to make investments and compare scenarios side by side.
- 25 year time horizon.
- Health defined broadly.
- Strong data backdrop.
- <https://www.rethinkhealth.org/resources-list/dynamic-modeling-strategy/>

Lessons from ReThink Health

- Changing systems takes time.
- Most outcomes take decades for substantial results.
- Investing in early childhood health and education tends to have some of the largest ROI.
- Unintended consequences are often surprising but make sense.

For More Information

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