

# **NC Institute of Medicine**

## **2018 Annual Meeting**

### **Team-Based Care**

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# NCIOM

- The NCIOM was chartered by the NC General Assembly in 1983 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

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)

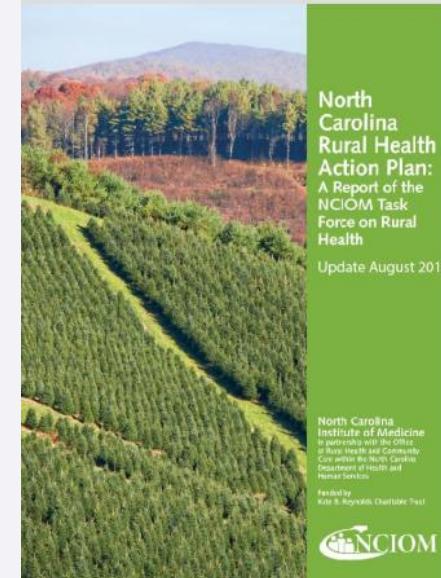


# Implementation of Task Force Recommendations

- 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 50-100% of task force recommendations are implemented, in whole or in part, within 3-5 years of release of the report*

# Highlights from updates

- 3-5 years after a Task Force is complete, we review progress on implementation of recommendations.
- Rural Health Action Plan (2014)-KBR and ORH
  - 6 priority areas, 5 partially implemented, 1 fully implemented
  - Economic Development
    - 2018 NCGA passes Growing Rural Access To Technology (GREAT) program---\$10 million investment in broadband
    - NCWorks Career Coach program in community college system
  - Early Care and Education
    - Enhanced child care subsidies focused on tier 1 and 2 counties



# Rural Health Action Plan

## – Healthy Eating and Active Living

- Healthy Corner Store Initiative (NCGA \$500,000)
- 50 new farmer's markets and half to all farmer's markers accept SNAP

## – Behavioral Health

- CCNC toolkit for integrated care
- Integrated care under Medicaid transformation

## – Access (health Insurance)

- Highly successful outreach and enrollment into Exchange plans (500,000 North Carolinians)

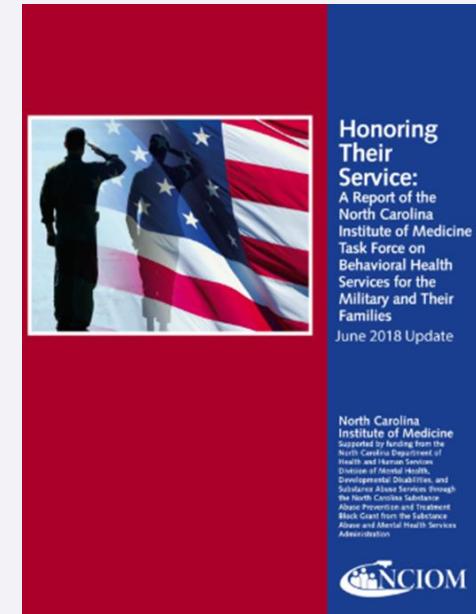
## – Access (recruitment and retention)

- SL 2018-88 (HB998)—study bill to incentivize rural medical education, maximize federal funding



# Behavioral Health Services for the Military

- 13 recommendations, 7 fully implemented, 6 partially implemented
- Service Gap Analysis
  - SL 2011-85 to DMHDDSAS
- Appropriate services for screening and assessment of traumatic brain injury
  - SL 2011-85
- AHEC training for health needs of military
  - 7500 clinicians training in ‘Treating the Invisible Wounds of War’
- Expansion of co-location and integrated care
  - \$8.3 million grant from SAMHSA



# Legislative Health Policy Fellows Program



# Welcome!

