



**ANNUAL
MEETING 2018**
TEAM-BASED CARE

Welcome!

#NCIOM2018





North Carolina Institute of Medicine

Overview of 2017-2018

Adam Zolotor, MD, DrPH
President & CEO

September 7, 2018

Agenda

- **Overview of 2017-2018 NCIOM Activities**
- New Website
- NCMJ
- Upcoming Projects
- Overview of Today's Agenda
- Special Thanks



Health Care Analytics

- Co-chairs: Dr. Annette Dubard, Dr. Jim Hunter, Dr. Warren Newton
- Funding: NC DHHS
- Identified measures in five areas: population level, health system level, cost, patient experience of care, and workforce well-being.
- Serves as foundation for measuring and driving quality in Medicaid Transformation.



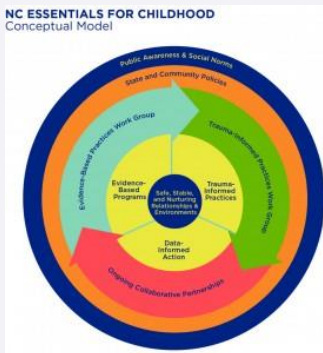
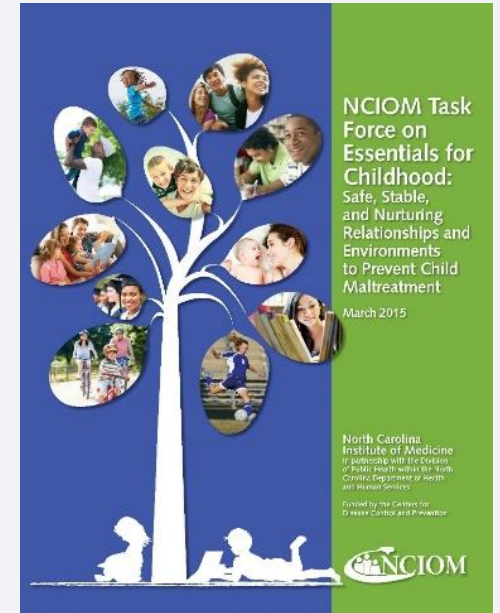
Legislative Health Policy Fellows

- 1 day per month for 3 months every other year. Focus on systems thinking, evidence-informed policy decision making, access to resources and experts, and contents of timely importance.
- 16 'graduates' of our first program!
- More issue briefs
- Planning session(s) for legislative staff
- Funded by BCBS Foundation of NC, The Duke Endowment, Commonwealth Fund, and Cone Health Foundation.



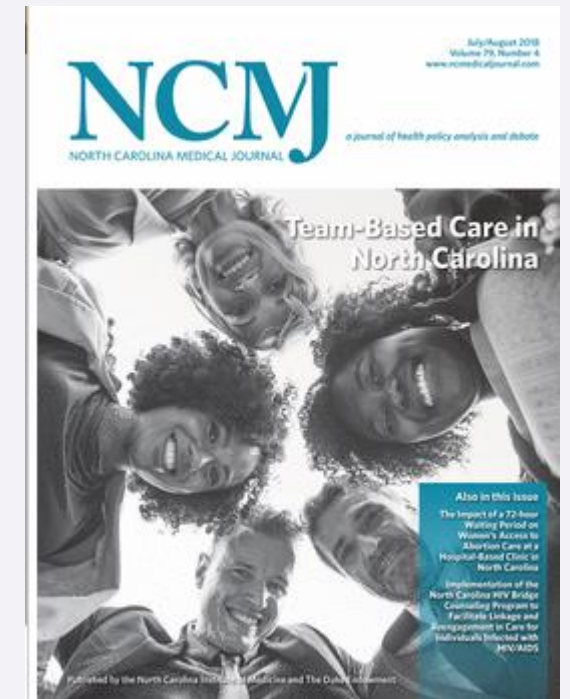
Essentials for Childhood

- Funded by NC DHHS with support from the Centers for Disease Control and Prevention
- Ongoing support of work groups from Task Force (2014-2015). CDC grant just renewed!
 - Evidence-based practice work group
 - Trauma informed practices work group
 - Alignment of Task Force Recommendations with other statewide initiatives (Think Babies, CFTF, Pathways, Early Childhood Action Plan)
 - Work across stakeholder groups (Pathways, especially data group, Children's Council, Early Childhood Advisory Council, etc.)



Accountable Care Communities

- Co-chairs: Secretary Mandy Cohen, Dr. Ron Paulus, Mayor Miles Atkins, & Reuben Blackwell
- Funded by Kate B. Reynolds Charitable Trust and The Duke Endowment
- Goal is to develop and support models of partnership between health systems and CBOs to address social determinants.
- Aligns with Medicaid transformation and overall state initiatives related to healthy opportunities (including pilots and resource platform), move to value-based purchasing.
- Final report January 2019.



Issue Briefs & Data Reports

NORTH CAROLINA
CHILD HEALTH
 Report Card
 2018

Special Focus: Financial Security, Opportunity, and Health

Join the Conversation
 #ChildHealthNC

NC Child
 www.ncchild.org

NCIOM
 www.nciom.org

NCIOM
 ISSUE BRIEF
 JUNE 2017

**Characteristics
 of Uninsured
 North Carolinians**

Impact of the Individual
 Mandate Penalty Repeal
 January 2018

Issue Brief
 NCIOM
 North Carolina Institute Of Medicine

In December 2017, the United States Congress passed a sweeping new tax bill, the Tax Cuts and Jobs Act (Public Law No. 115-97), the largest such legislation since the 1980's. The bill contains many changes to both individual and corporate tax rates, deductions, and other elements of the tax code, and repeals the Affordable Care Act's individual mandate penalty. In this brief, we examine the potential impact of this repeal on insurance coverage, health care costs, and population health in North Carolina.

Under the Patient Protection and Affordable Care Act legislation of 2010 (also known as the Affordable Care Act, ACA, or "Obamacare"), individuals are required to purchase health insurance or pay a penalty on their federal income taxes—this is known as the individual mandate. Under the Affordable Care Act, the penalty was 2.5% of family income, to be assessed as no less than \$695 per adult, plus an additional \$34750 per child, up to a family maximum of \$2,085.¹ Under the new tax bill, the requirement to purchase insurance remains in place, but there will no longer be a tax penalty for failing to purchase health insurance.²

In its analysis of the tax bill, the Congressional Budget Office (CBO) estimates that the repeal of the individual mandate could result in up to 13 million fewer people with health insurance by 2027. Of these 13 million, 5 million fewer would have individual market coverage, 5 million fewer would have Medicaid coverage, and 3 million fewer would have employer coverage.^{3,4}

One of the primary reasons given for repealing the individual mandate is that savings from the repeal have been estimated at \$539 billion over the next 10 years.⁵ These estimated savings, primarily in the form of lower federal costs for premium tax credits and Medicaid, allowed lawmakers to include temporary reductions to individual tax rates and permanent reductions in corporate tax rates in the tax bill.⁶ While some experts argue that the CBO projections of individuals who will lose health insurance coverage due to the repeal of the individual mandate penalty are overstated, if fewer people lose coverage, then there will also be less savings to the federal government.

Individual Market Coverage

In 2017, 12.2 million Americans received health insurance coverage through the ACA individual health insurance market, including 549,158 North Carolinians.^{7,8} Of these individuals, the CBO estimates that as many as 5 million will lose coverage by 2027 if North Carolina is similarly affected, approximately 225,000 fewer North Carolinians would be insured.^{9,4}

Many estimated to lose coverage would do so by opting out of purchasing health insurance coverage because the penalty has been removed. It is estimated that healthy consumers would be more likely to make this choice than those who are less healthy. As healthy (thus lower cost) people leave the market, insurers would need to increase premiums for the less healthy (and costlier) people who remain, as rules for guaranteed issue¹⁰ and essential health benefits have not changed. The CBO projects that individual premiums would be 10% higher each year than previous projections (See **Figure 1**).¹¹ Because of these

1. The CBO's report does not take into account the distribution of cost-sharing reduction payments announced by the administration in October 2017. In a January 10, 2018 presentation, CBO stated that they are working to revise their baseline estimates. NCIOM will revise impact estimates in this issue brief, if needed, after new CBO estimates are published.

2. Additional rules subject to effect projected to come from changes in benefit payments by employers and insured and people, Medicaid payments, and other effects on revenues and outlays.

3. "House and Senate" is used to describe situations where a health insurance policy is offered to all eligible applicants without regard to health status.

4. CBO's health benefit coverage projections are based on the assumption that the ACA's guaranteed issue and community rating provisions will be phased out by 2027. For more information on the CBO's assumptions, see the CBO report at: https://www.cbo.gov/publications/2018/01/18-tax-act-coverage-estimates



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New Materials on Website

- Primers
 - State Agencies
 - Divisions of Medical Assistance and Health Benefits
 - Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
 - Division of Public Health
 - Health Systems
 - Public Mental Health, Developmental Disabilities, and Substance Abuse Services
 - Community Care of North Carolina
 - Health Insurance
 - Medicaid and CHIP
 - Medicare
 - Private Health Insurance
 - Glossaries
 - Health Care Terms
 - State and Federal Health Departments/Agencies/Divisions



Data Health Map

NORTH CAROLINA HEALTH PROFILE

INTERACTIVE COUNTY MAP

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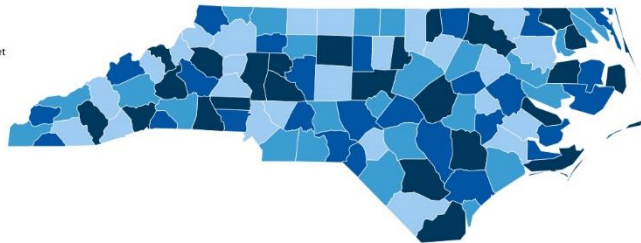
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- Uninsured Rate
- Population
- Percentage on Medicaid
- Median Household Income

Filter By *Uninsured Rate*

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- 25-50% Title
- 50-75% Title
- 75-100% Title



County by Name

- | | | | | |
|-----------|-------------------|------------------|---------------|--------------|
| Alamance | Chowan | Halifax | Moore | Stanly |
| Alexander | Clay | Harnett | Nash | Stokes |
| Alleghany | Cleveland | Haywood | New Hanover | Surry |
| Anson | Columbus | Henderson | Northampton | Swain |
| Ashe | Craven/Cumberland | Hertford | Onslow | Transylvania |
| Avery | Curruck | Hoke | Orange | Tyrrell |
| Beaufort | Dare | Hyde | Pamlico | Union |
| Bertie | Davidson | Iredell | Pasquotank | Vance |
| Bladen | Davie | Jackson/Johnston | Pender | Wake |
| Brunswick | Duplin | Jones | Perquimans | Warren |
| Buncombe | Durham | Lee | Person | Washington |
| Burke | Edgecombe | Lenoir | Pitt | Watauga |
| Cabarrus | Forsyth | Lincoln | Polk/Randolph | Wayne |
| Caldwell | Franklin | Macon | Richmond | Wilkes |
| Camden | Gaston | Madison | Robeson | Wilson |
| Carteret | Gates | Martin | Rockingham | Yadkin |
| Caswell | Graham | McDowell | Rowan | Yancey |
| Catawba | Granville | Mecklenburg | Rutherford | |
| Chatham | Greene | Mitchell | Sampson | |
| Cherokee | Guilford | Montgomery | Scotland | |



DURHAM COUNTY

[Back to Map](#)

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| Classification | Urban/Rural | Urban |
|---|---|----------|
| Tier | | 1 |
| Metro/Micro/Neither | | Metro |
| Economic Wellbeing | Percent Living in Poverty | 19.2% |
| | Unemployment Rate | 5.5% |
| | Median Household Income | \$50,889 |
| | Percent adults who report being away or usually away or absent often (having enough money to pay their mortgage) | 15.4% |
| | Percent people spending more than 30% of their income on retail housing (2018, 2019) | 42% |
| | Percent adults who report being away or usually away or absent often (having enough money to buy nutritious food) | 9.2% |
| Education | Four year high school graduation rate | 79.6% |
| | Percent of adults aged 25-44 years with some post secondary education (2014) | 71.2% |
| | Percent Children in child care in a center such as a day caring (by higher quality centers) (2014) | 7% |
| Physical Activity & Nutrition | Adult obesity (percent of adults that report a BMI >=30) | 29% |
| | Physical healthy percent of adults aged 18 and over reporting no leisure time physical activity | 20% |
| | Limited access to healthy foods (percent of population with no low-income grocery store close to a grocery store) | 6% |
| | Fast food restaurants (percent of restaurants that are fast food establishments) (2012) | 55% |
| | Diabetes (Percent of adults aged 20 and above with diagnosed diabetes) | 9% |
| Substance Abuse | Traffic crashes that are alcohol-related (2011) | 1.94% |
| Mental Health | Poor mental health days | 2.5% |
| | Suicide rate (per 100,000 population (2009-2011)) | 6.7% |
| Uninsured Data at the County Level | Percent Uninsured (Year: 2012) | 19.8% |
| Health Care Professional to Population Ratio (Professionals per 10,000) | All Physicians | 74.7% |
| | Primary Care Physicians | 16.2% |
| | Nurse Practitioners | 13.6% |
| | Physician Assistants | 11.7% |
| | Psychiatrists | 90% |
| | General Surgeons | 37% |
| | Dentists | 6.5% |

[DOWNLOAD SUMMARY](#)

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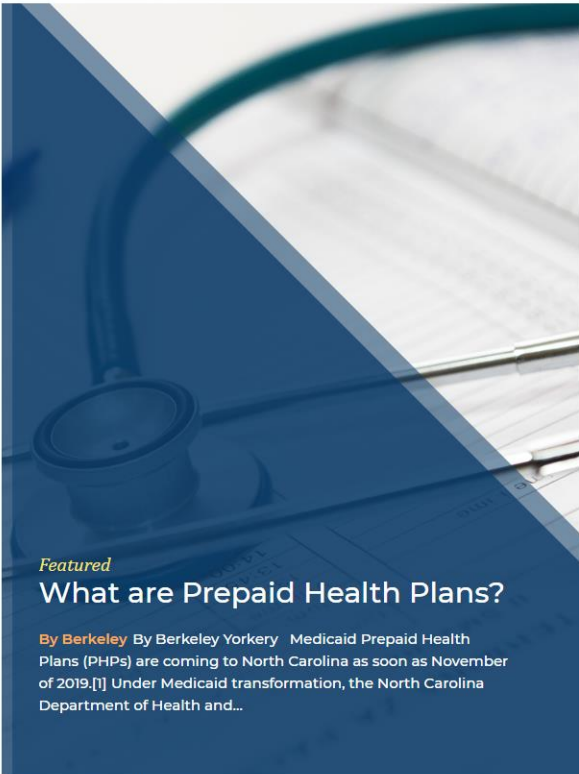
Last Updated: August 24, 2017



New Blog



BLOG



Featured
What are Prepaid Health Plans?

By **Berkeley** By Berkeley Yorkery Medicaid Prepaid Health Plans (PHPs) are coming to North Carolina as soon as November of 2019.[1] Under Medicaid transformation, the North Carolina Department of Health and...

nciom.org/what-are-prepaid-health-plans/



Featured
A Growing Crisis

By **Adam Zolotor** By Adam Zolotor, MD, DrPH The headline in the New York Times on August 15 should alarm us all. A record was set of 72,000 overall drug overdose deaths...

[READ MORE](#)



Featured
What Does an Accountable Care Community Look Like?

By **Brieanne Lyda-McDonald** By Brieanne Lyda-McDonald With the growing understanding of the important role social determinants of health (SDOH) play in health outcomes, health systems and community stakeholders around the country are...



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- 78 (5) – Musculoskeletal Health
- 78 (6) – Oral Health
- 79 (1) – High Cost of Care
- 79 (2) – Addressing Adverse Childhood Experience
- 79 (3) – The Opioid Crisis
- 79 (4) – Team Based Care

Upcoming Issues

- 79 (5) – Environmental Health
- 79 (6) – Rural Health
- 80 (1) – Newborn Screening
- 80 (2) – Immigrant and Refugee Health
- 80 (3) – Health Care Workforce and Education
- 80 (4) – Technology in Health Care
- 80 (5) – Prison Health
- 80 (6) – Diabetes

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Upcoming work

- Healthy NC 2030---setting goals for population health
- Serious Illness Care
- Access to Services for the Deaf and Hard of Hearing Population

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Today's Agenda

- 945-1015: What is Team-Based Care
- 1025-1105: Breakout 1- Team-Based Care in Practice
- 1115-1220: Breakout 2- Implementing Team-Based Care
- 1220-140: Lunch and Keynote
- 150-250: Breakout 3-Non-traditional teams
- 300-330: Insurer Perspective of Funding Team-Based Care
- 330-400: Closing remarks—where next?



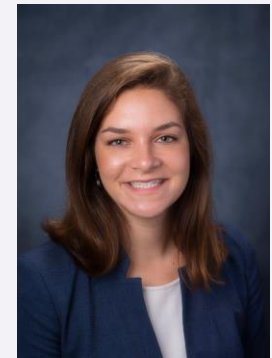
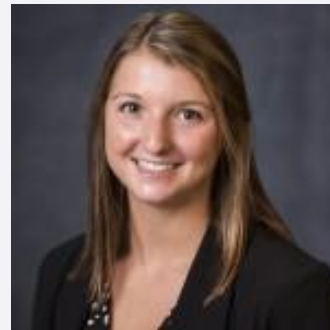
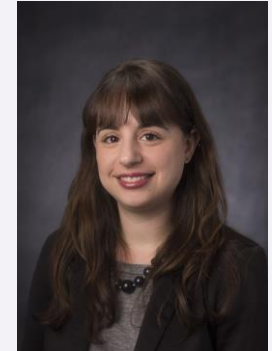
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- Check out our new blog at NCIOM.org

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- And for those inclined, consider financial support to help advance our mission. This support will help us produce more issue briefs, additional analysis, and improved communication. See the back of the Annual Report for more information.



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