

At a Glance: Health and Health Care Priorities and Challenges in North Carolina

NAM Vital Directions for Health and Health Care Symposium

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North Carolina: A Historical Perspective

- North Carolina had more men rejected for service in World War II due to health
- Governor Broughton created the North Carolina Hospital and Medical Care Commission (“Poe Commission”) to address underlying problems



OMK. 20 Health Conditions that May Not Allow You to Join the Military. May 8, 2019.

Poe Commission: Good Health Plan

- Poe Commission focused on seven areas:
 - 1) More physicians
 - 2) More hospitals
 - 3) Affordability of care (and more insurance)
 - 4) Addressing health disparities
 - 5) More community resources to treat people with mental illness
 - 6) Greater funding for public health
 - 7) School health program
- *“The ultimate purpose of this program should be that no person in North Carolina shall lack adequate hospital care or medical treatment by reason of poverty or low income.”*

Fast Forward to the 1960s-70s and later...

- North Carolina became a leader in developing and supporting delivery reform:
 - First Physician Assistant program (Duke University, 1965)
 - One of the first nurse practitioner programs (UNC, 1969)
 - North Carolina passed landmark legislation authorizing nurse practitioners to practice under the supervision of physicians (1975)
 - North Carolina created the first state Office of Rural Health (1973)
 - One of the first 11 AHEC programs in the country (UNC, 1972)
 - Community Care of North Carolina (CCNC) (began in 1988, award winning Medicaid primary care case management program)

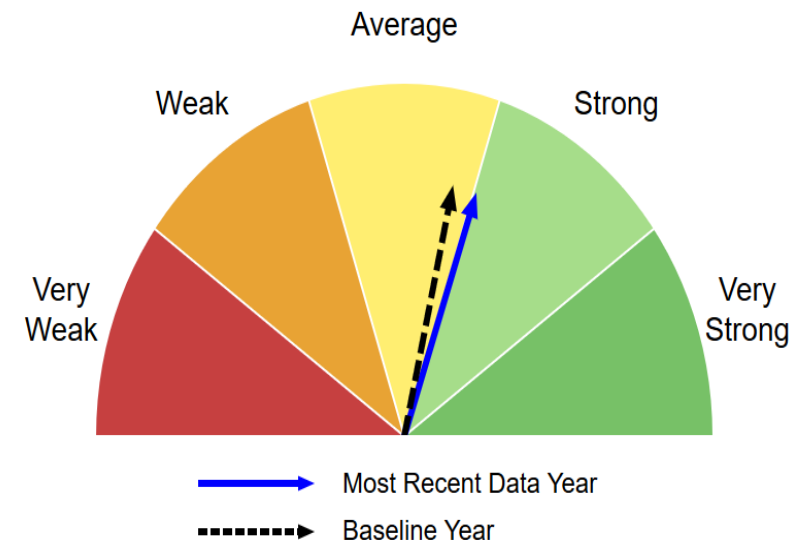
North Carolina doing somewhat better...in supply and access to clinical care services

- As a result of past efforts, North Carolina supply of providers and hospital beds improved across the state
 - But North Carolina still below average in percent of primary care providers and dentists to population
- Significant access barriers remain, particularly in rural areas [4]
 - 82 counties with geographic or population HPSA for primary care
 - 84 counties with geographic or population HPSA for mental health
 - 74 counties with geographic or population HPSA for dental health
- North Carolina one of 14 states that have not expanded Medicaid, leaving ~215,000 uninsured low income adults in the “Medicaid gap” (2017)
 - 11th in the percentage of adults who reported not seeking care in the last 12 months when they needed because of costs (BRFSS, 2018)

North Carolina's quality of clinical care is generally good

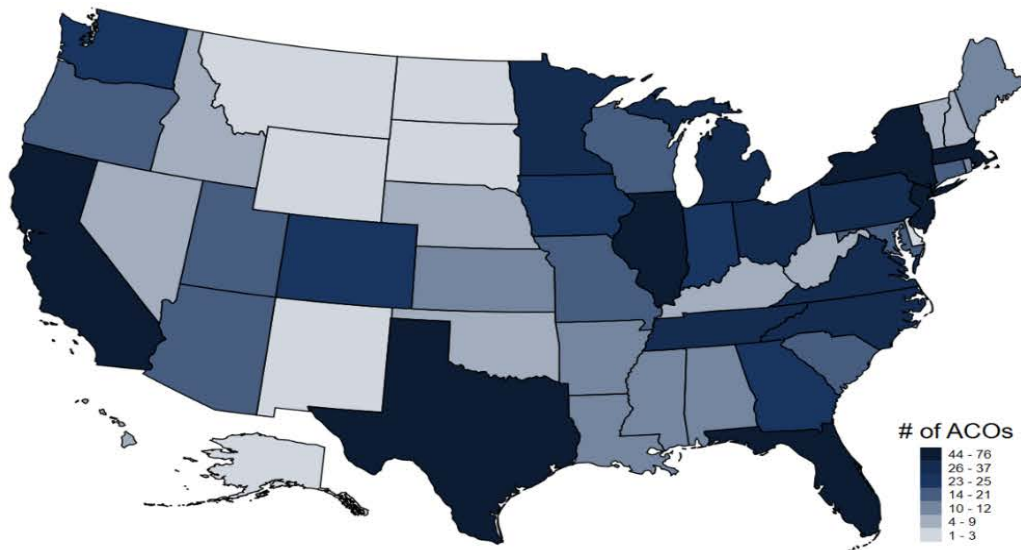
- Some of the areas where NC is strong or very strong include:
 - Person centered care
 - Care coordination
 - Acute care
 - Chronic care
 - Hospital care, home health & hospice
- Some of the areas where NC is weak or very weak include:
 - Mental health and substance abuse
 - HIV/AIDS
 - Care for the uninsured
 - Nursing home care

AHRQ: National Healthcare Quality and Disparities Report, 2019



NC About Middle of the Pack in Terms of ACO Adoption

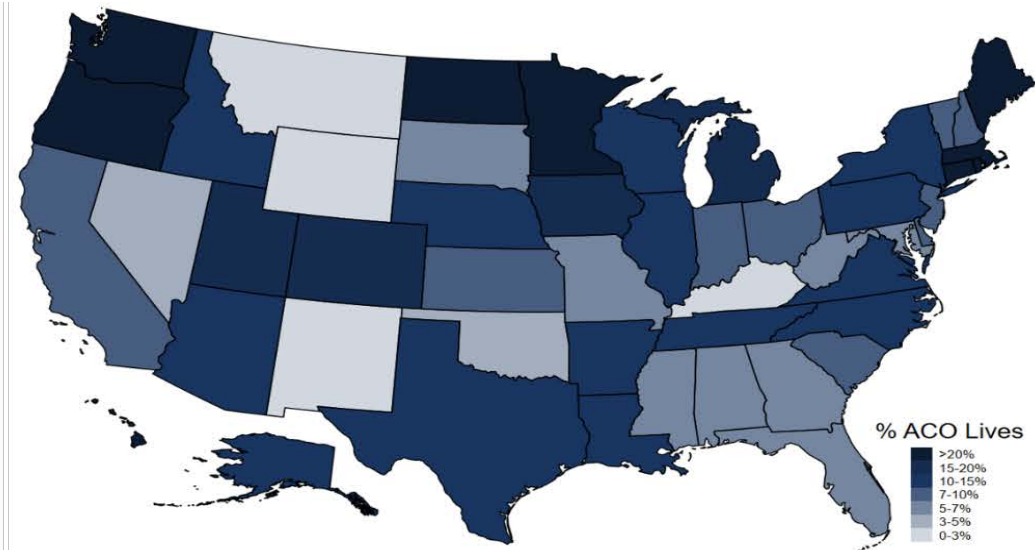
Estimated Number of ACOs operating within State



Total of 1,586 ACOs contracts

- Commercial ACOs contracts: 55%
- Medicare: 38%
- Medicaid: 7%

Estimated Percentage of population in an ACO by State

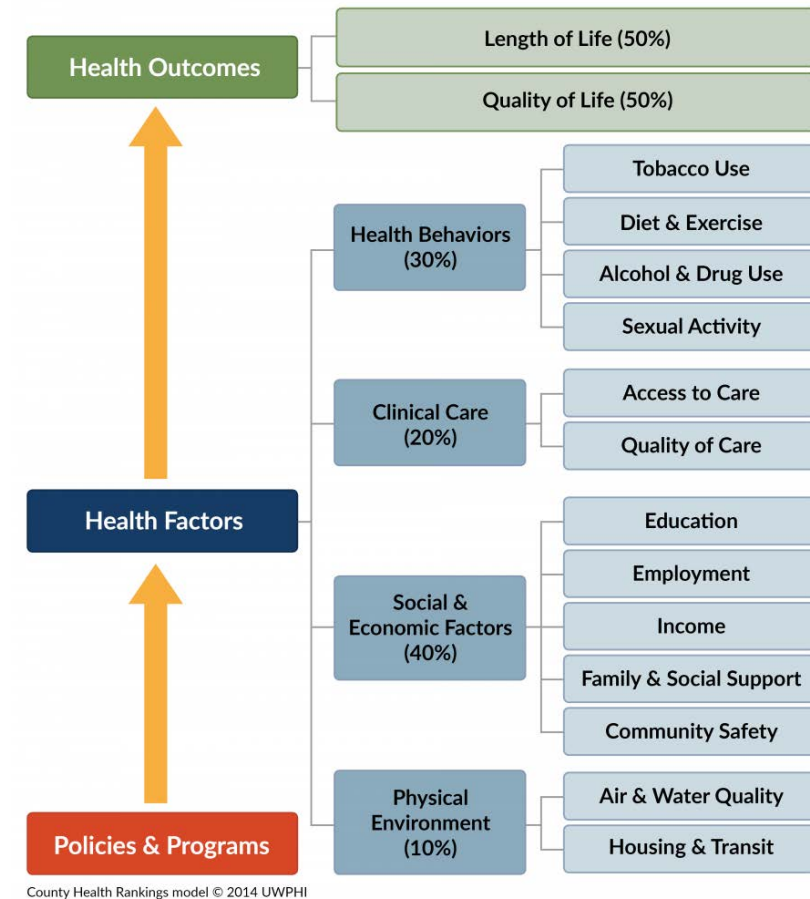


ACOs cover 32.7 million lives

- Commercial populations: 60% plus of enrollees
- Medicare: 30%
- Medicaid: 10%

North Carolina's Biggest Challenges are in Non-Clinical Care Drivers of Health

- North Carolina at the bottom of the states in socioeconomic drivers of health:
 - 40th in children in poverty
 - 35th in health disparities
 - 45th in median household income
 - 42nd in insurance coverage
 - 42nd in public health funding
- Leading to worse health outcomes in key areas:
 - 41st in infant mortality
 - 43rd in low birthweight
 - 35th in premature deaths



North Carolina is a Study in Contrasts

Strengths:

- History of innovation
- History of collaboration
- Quality of clinical care
- Take up of new delivery models
- Medicaid transformation and focus on socioeconomic drivers of health

Continuing Challenges:

- Provider supply and maldistribution
- Insurance coverage
- Socio-economic factors including percent of children in poverty, median household income
- Health disparities
- Many health status indicators

Panelists

- Karen L. Smith, MD, FAAFP, Family Physician/Owner Medical Practice, Medical Director, Aledade NC ACO
- Steve Neorr, Senior Vice President of Population Health, Cone Health and Senior Vice President and Chief Administrative Officer, Triad HealthCare Network
- John Lumpkin, MD, MPH, President Blue Cross and Blue Shield of North Carolina Foundation and Vice President, Drivers of Health Strategy, for Blue Cross and Blue Shield of North Carolina