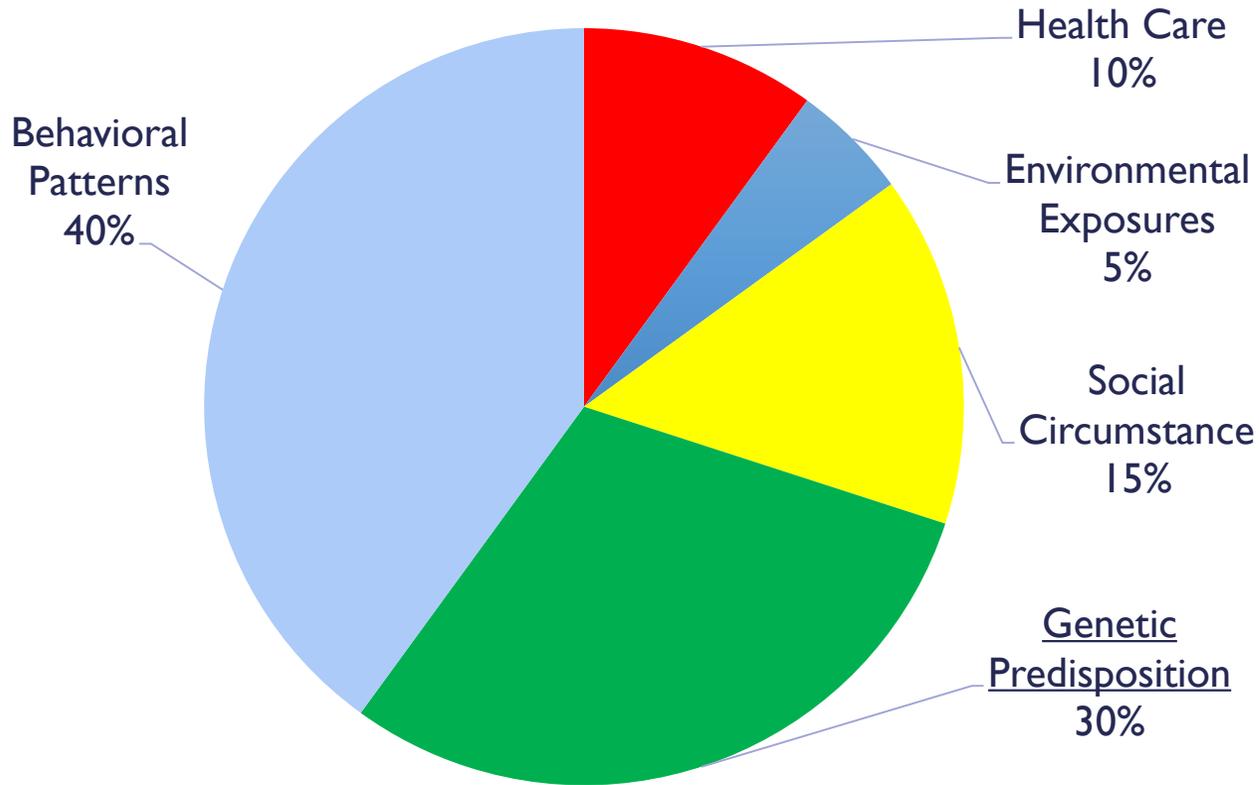


Public Health 3.0: DHHS Vision for Public Health & Population Health

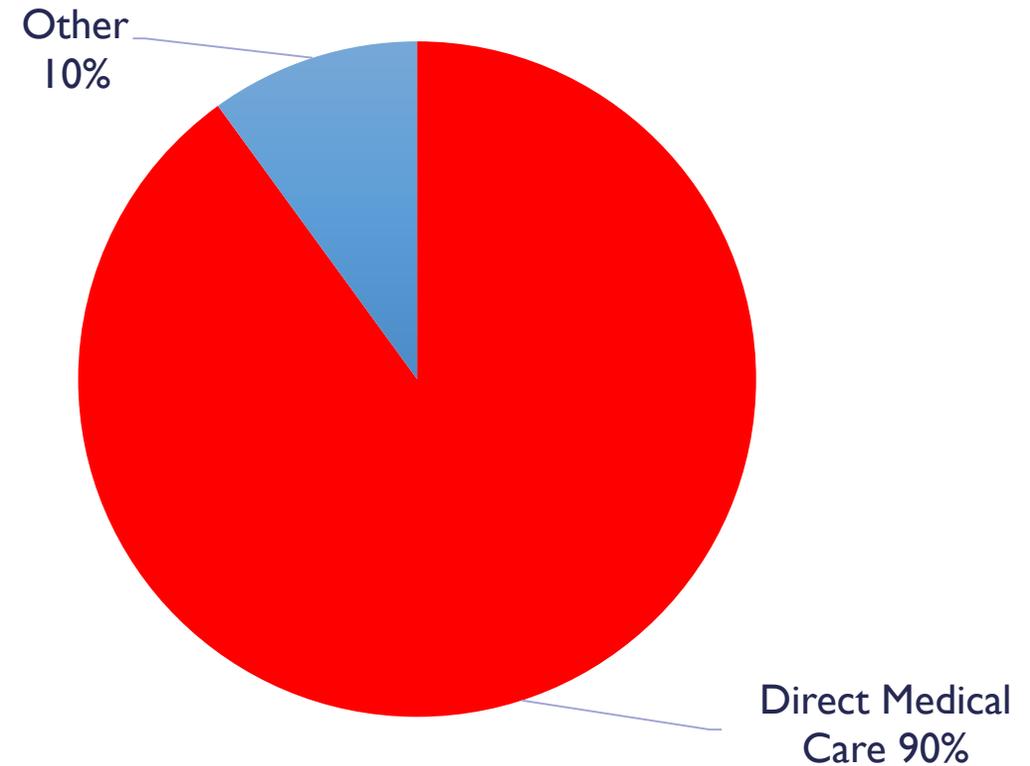
UNC Gillings School of Public Health
December 7, 2017

Buying Health

Drivers of Health



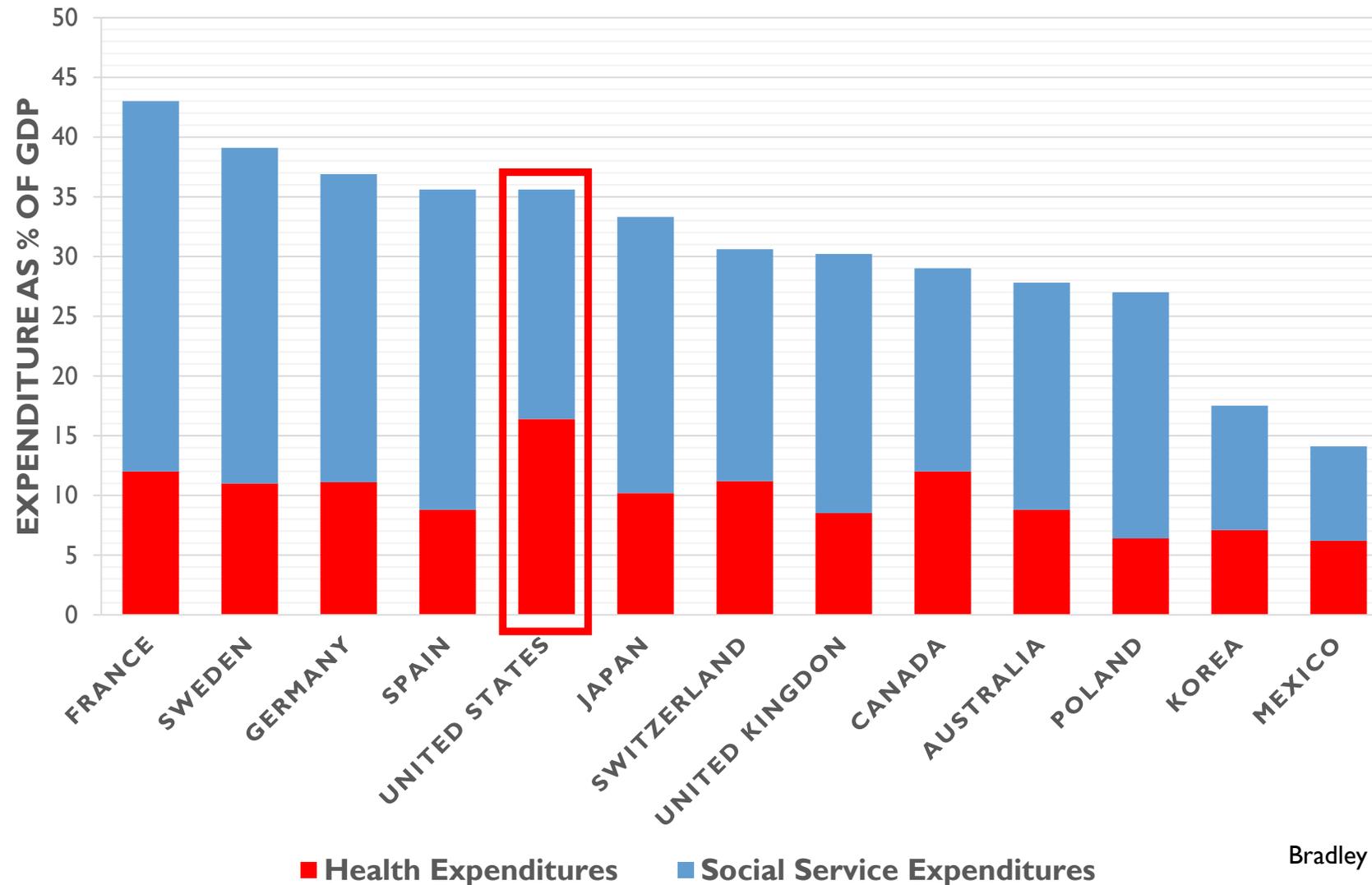
Health Care Spending



Schroeder SA. N Engl J Med 2007

The single greatest opportunity to improve health lies in addressing a person's unmet social needs.

Buying Health: Health & Social Services Expenditure by Country



DHHS Vision for Addressing Social Determinants of Health

We envision a North Carolina that optimizes health and well-being for all people by effectively stewarding resources that bridge our communities and our healthcare system.

North Carolina's Transition to Public Health 3.0

Public Health 1.0

- Late 19th/ 20th cent.
- Breakthroughs in medicine, lab science, epidemiology
- Uneven access to care and public health
- Infectious diseases

Public Health 2.0

- 1988 - today
- Preventive services
- Chronic diseases
- Surveillance
- Access to care
- Uneven local capacity

Public Health 3.0

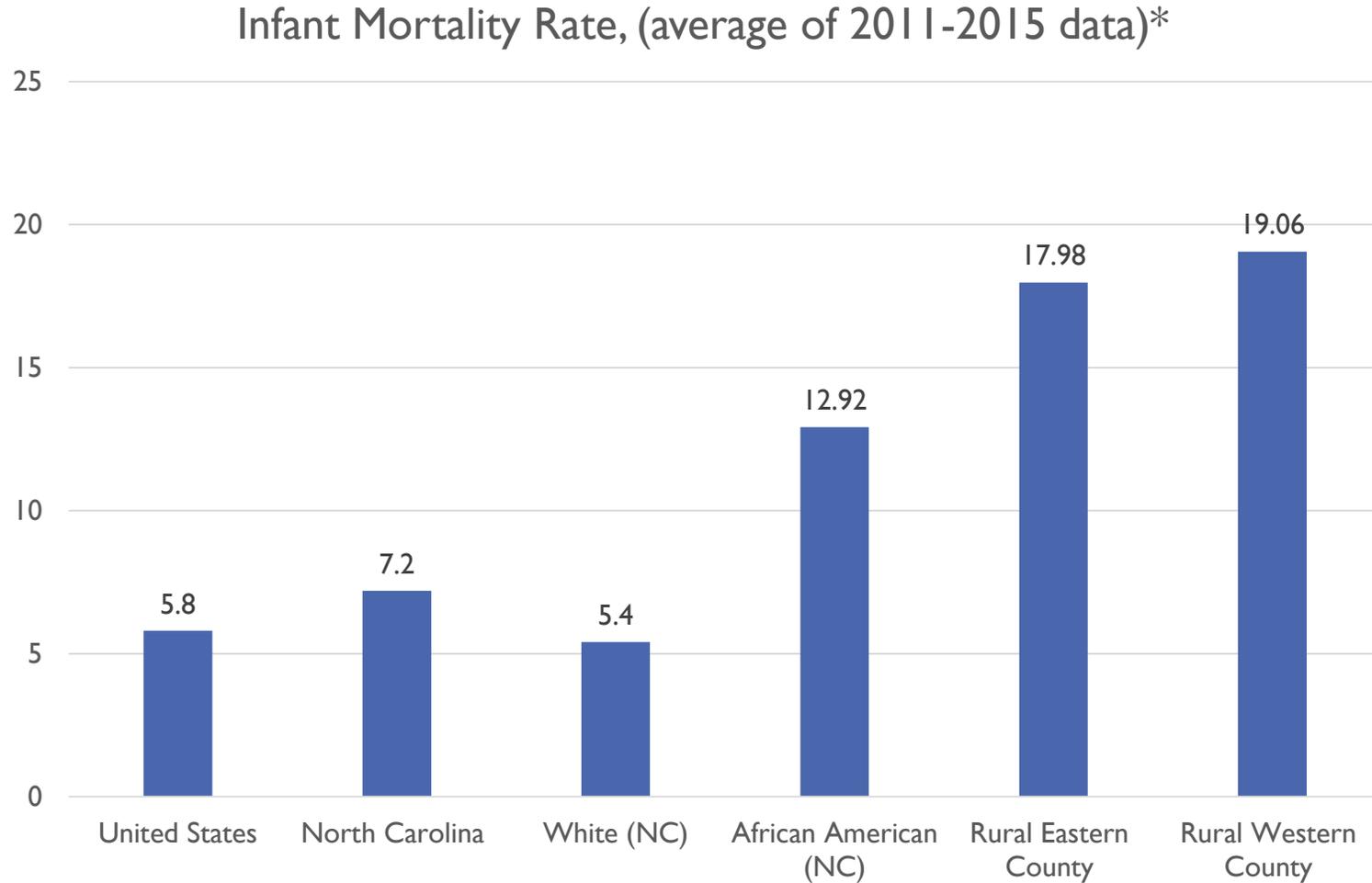
- Today - Future
- Social determinants of health
- Equal access to health, not just healthcare
- Cross-sector actions

North Carolina Health Indicators

National Rank

55%	of births in NC are unintended	41
19%	of North Carolinians smoke	33
30.1%	of North Carolinians are obese	30
29%	of low income adults in NC went without care due to cost	46
8.9%	of NC infants are low birth weight	41
23.7%	of NC kids live in poverty	43
16.7%	of NC households are food insecure	42
47.3%	of NC women have experienced intimate partner violence	47

North Carolina has an infant mortality rate of 7.2



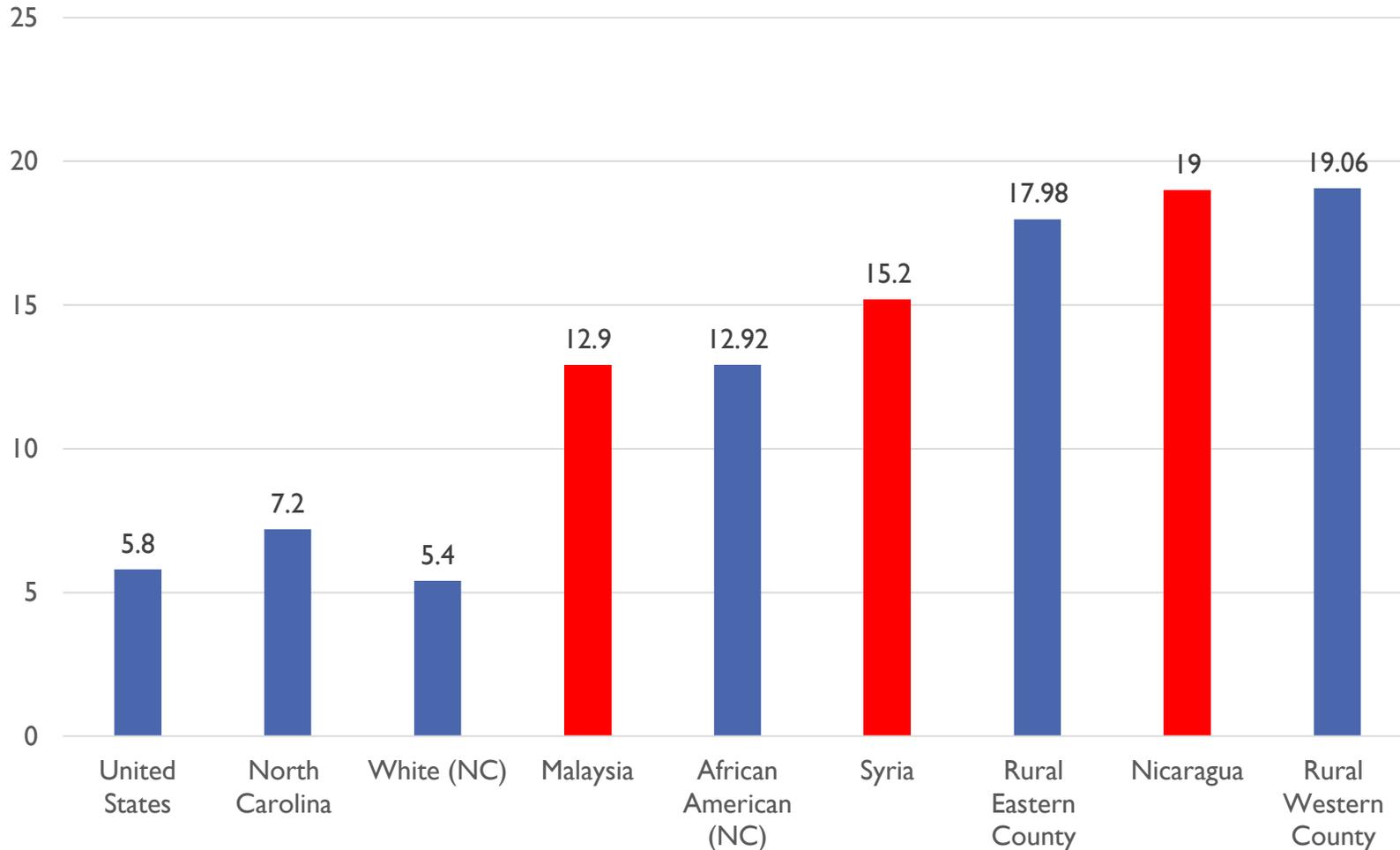
Factors that drive IMR:

- Access to pre-natal care
- Overall health of mom
- Poverty

*Data is based on 5 year average 2011-2015. These rates are based on small numbers and are therefore unstable

Disparities across race, region and rural/urban

Infant Mortality Rate, (average of 2011-2015 data)*



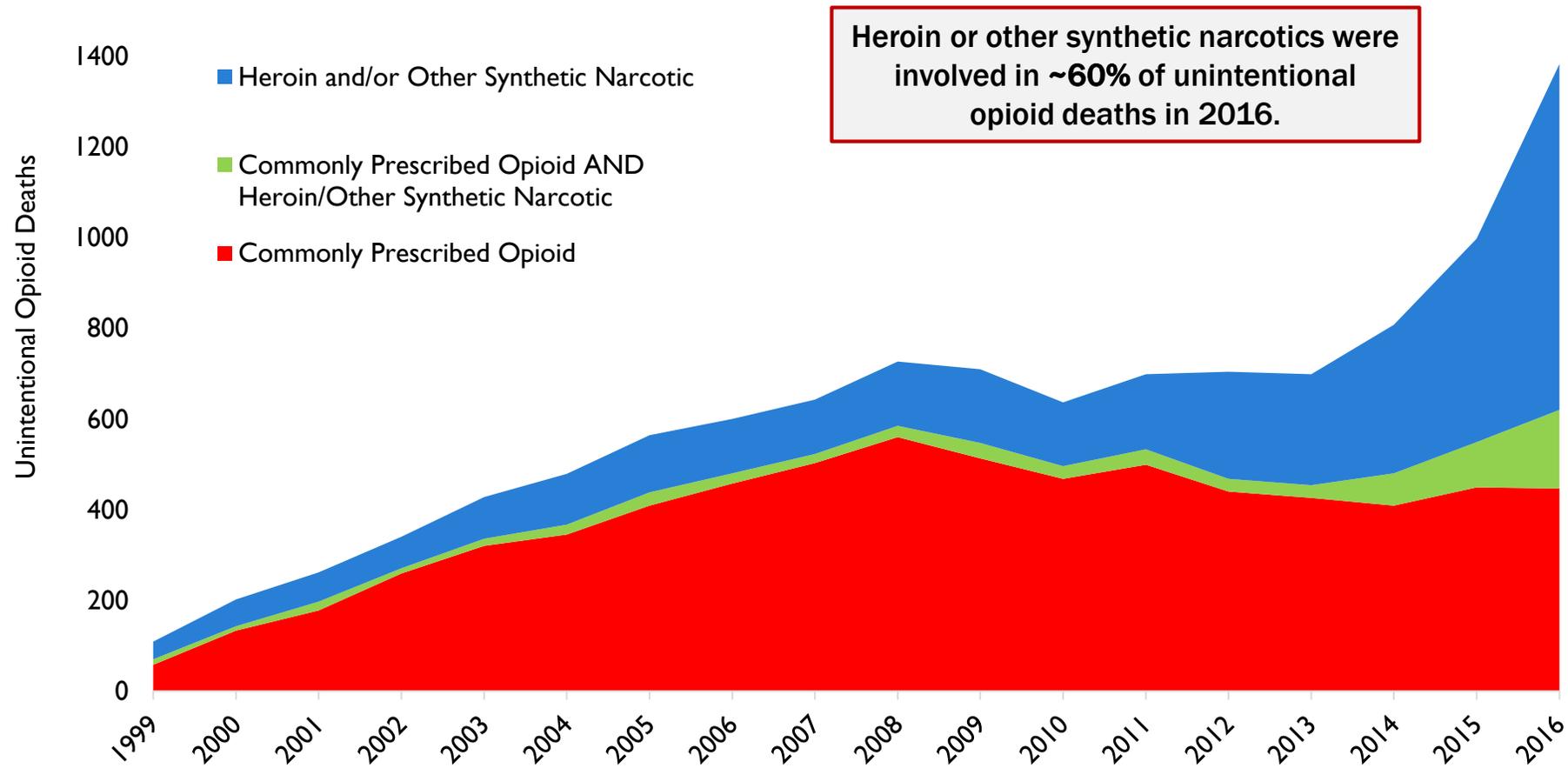
Factors that drive IMR:

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Unintentional Opioid Overdose Deaths by Opioid Type

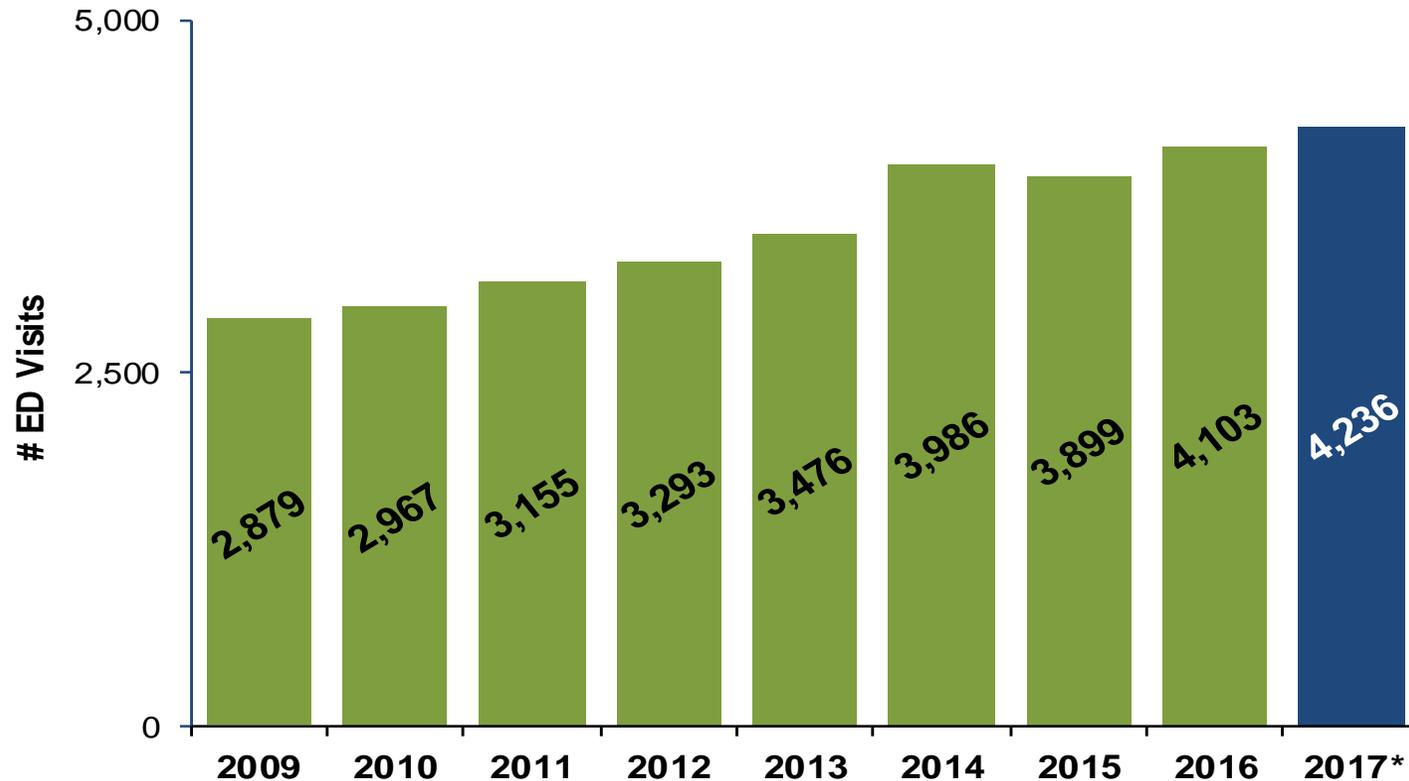
North Carolina Residents, 1999-2016



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016
Unintentional medication/drug (X40-X44) with specific T-codes by drug type, Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4.
Analysis by Injury Epidemiology and Surveillance Unit

Opioid Overdose ED Visits on Track to Hit Record High in 2017

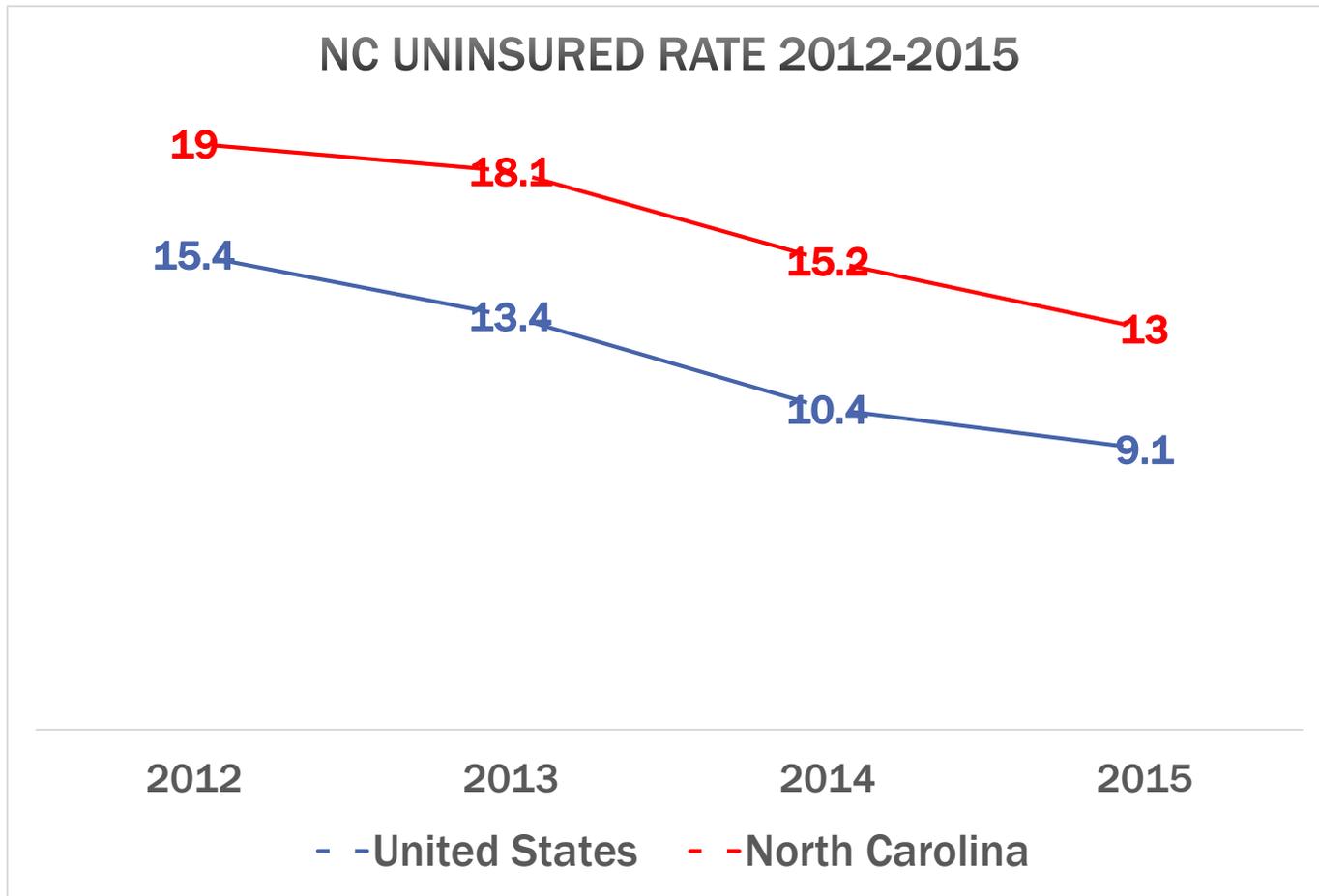
Opioid Overdose ED Visits by Year: North Carolina, 2009-2017 YTD



Opioid Overdose ED Visits by Insurance Coverage

Private insurance	14%
Medicaid/Medicare	27%
Uninsured/ Self-pay	50%
Other/Unknown	9%

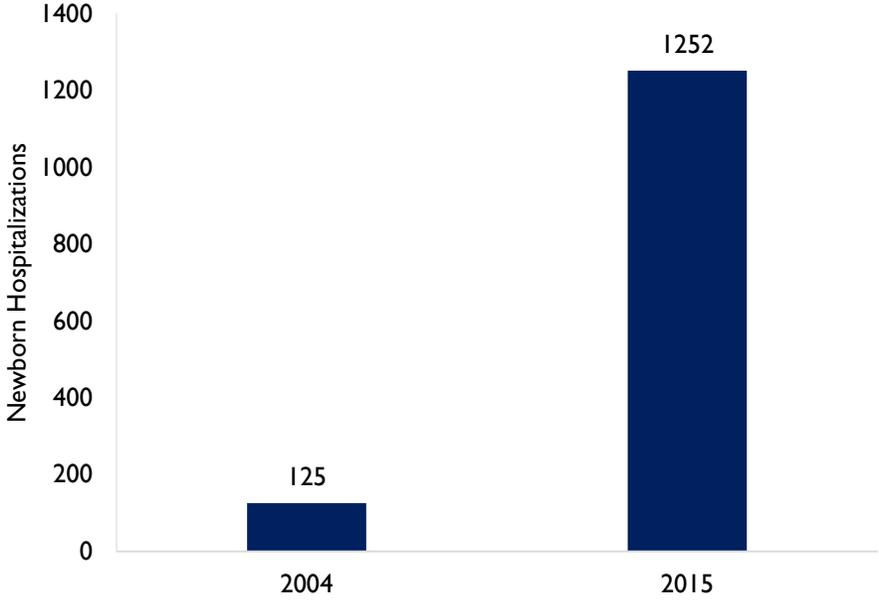
13% of North Carolinians are Uninsured



- Areas hardest hit by the opioid crisis like Wilmington (#1 city in the nation for opioid abuse rates) and Hickory (#5) have high uninsured rates, leaving folks unable to get treatment
 - New Hanover County (Wilmington): 14.2% uninsured
 - Catawba County (Hickory): 13.9% uninsured

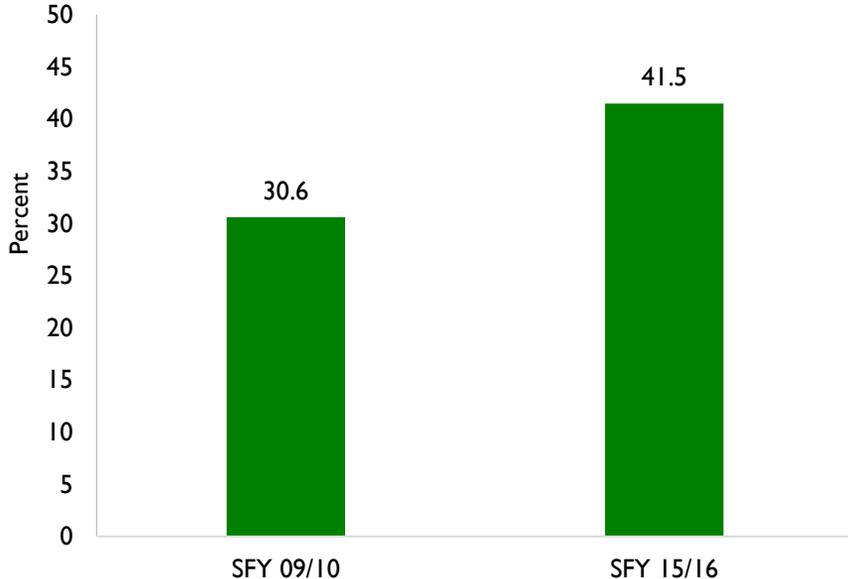
The epidemic is devastating our families...

**Number of Hospitalizations
Associated with Drug Withdrawal in
Newborns
North Carolina Residents, 2004-2015**



Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2004-2015 and Birth Certificate records, 2004-2015
Analysis by Injury Epidemiology and Surveillance Unit

**Percent of Children Entering Foster
Care in NC with Parental
Substance Use as a Factor in Out-
of-Home Placement
SFY 09/10-15/16**

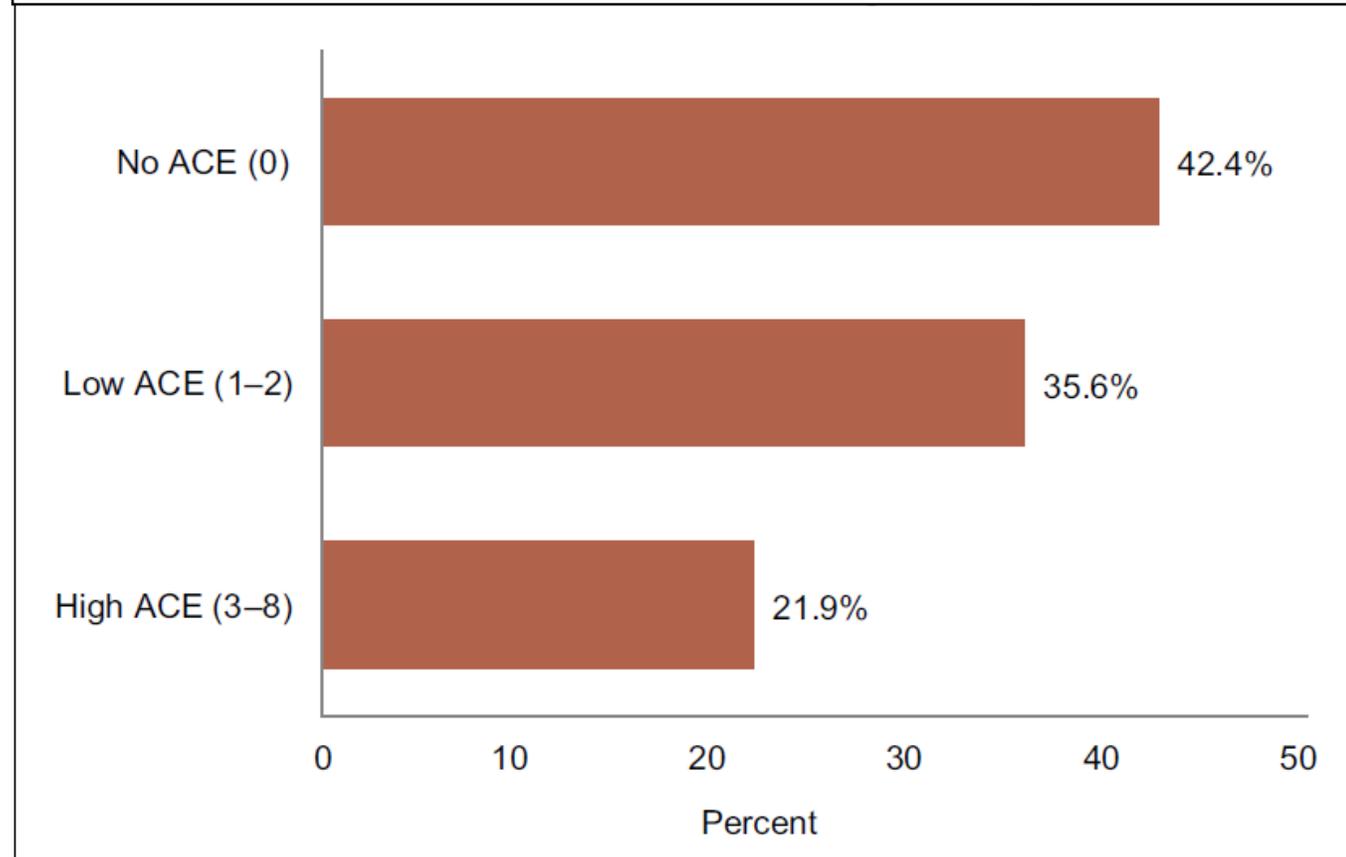


Source: NC DHHS Client Services Data Warehouse, Child Placement and Payment System
Prepared by Performance Management/Reporting & Evaluation Management, July 2016

Adverse Childhood Experiences (ACEs) in North Carolina

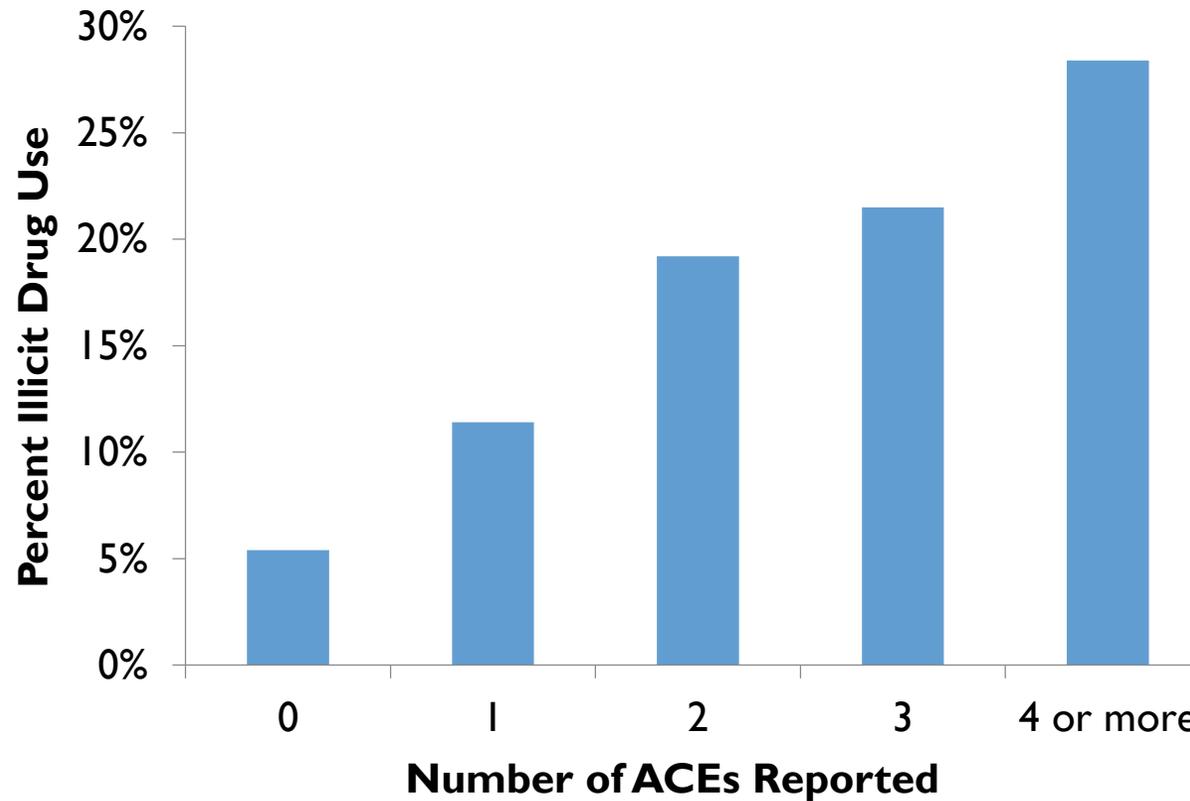
- NC ranks 30th in US in prevalence of ACEs
 - 24.3% of children experienced 2+ ACEs
- Trauma/ ACEs increase risk of behavioral, physical and mental health issues

Prevalence of ACE Groups among NC Adults



ACEs is Correlated with Illicit Drug Use and Injection Drug Use

Childhood Experiences vs. Illicit Drug Use



DHHS Priorities

Medicaid Transformation

Opioid Crisis

**Early Childhood Health
and Education**

Medicaid Transformation

Medicaid covers more than 2 million people \$13 Billion/Year



45%

people with a disability

30%

children

15%

seniors

Medicaid Transformation Timeline

Follow our progress at: <https://www.ncdhhs.gov/nc-medicaid-transformation>

- **April 2017:** Public hearings and Request for input
 - **Aug. 2017:** Published detailed Proposed Program Design
 - **Nov. 2017:**
 - Released two Requests for Information (RFI)
 - Released a proposed PHP capitation rate setting methodology
 - Released White Papers: Supplemental Payments; Tailored Plans
 - Submitted amended 1115 waiver to CMS**
 - **Next 3-4 months:** Release of additional concept papers
 - **Feb. 2018:** Anticipated CMS approval of revised waiver
 - **Spring 2018*:** Release Request for Proposal (RFP)
 - **July 2019*:** Phase one of managed care goes live
- * Assuming timely CMS approval and other activities

Medicaid Managed Care Proposed Program Design

- Based on best practices from other states and building on the existing infrastructure in NC
- Vision: Advance high value care; Improve population health; Support providers; Build a sustainable program
- Key themes:
 - Improve health and well-being of North Carolinians
 - Focus on health of the whole person
 - Support clinicians in delivering high-quality care at good value
 - Addresses both medical and non-medical drivers of health



North Carolina Medicaid and
NC Health Choice
Amended Section 1115
Demonstration Waiver
Application

Prepared by
North Carolina Department of Health and Human Services
Nov. 20, 2017

Physical and Behavioral Health Integration

- Consistent with best practices from other states while building on what is working in NC today
- Single point of accountability for care and outcomes; reduces clinical risk and gives beneficiaries one insurance card
- Most Medicaid beneficiaries (<90%) would enroll in Standard Plans
- A smaller number with significant BH or I/DD needs would be enrolled in Tailored Plans
 - Access to expanded service array

Promoting Quality, Value and Population Health

- **Statewide Quality Strategy**
 - Single set of statewide quality measures to assess performance and drive progress
- **Care Management**
 - Build on what's working well today
 - Advanced medical homes
 - Enhanced payments to strengthen ability of primary care practices (PCPs) to offer increased access to care for beneficiaries, integrated care, strong preventive care, etc.
 - Data analytics capabilities
- **Value-Based Payment**
 - Population health metrics, appropriateness of care
 - Incentivize prepaid health plans to use alternative payment models
- **Address health-related social needs and reduce health inequities**

Addressing Social Determinants as Part of Overall Health

- **Standardized screening for unmet social needs**
 - Developing statewide standardized screening tool focused on unmet social needs
 - Domains: Housing stability & quality, food access, transportation, interpersonal violence
 - Tool will be rolled in gradually to give time for provider training, capacity and workflow
- **Resource Database and Navigation**
 - Up-to-date list of benefits/ community services and access points to services
 - Used to connect individuals with unmet social needs to resources
 - Statewide, open-source resource
- **Evidence-Based Public-Private Regional Pilots**
 - DHHS will scale, strengthen and sustain existing innovative initiatives that aim to more closely link healthcare and social services
 - Focused on evidence-based interventions
 - Evaluation and scaling

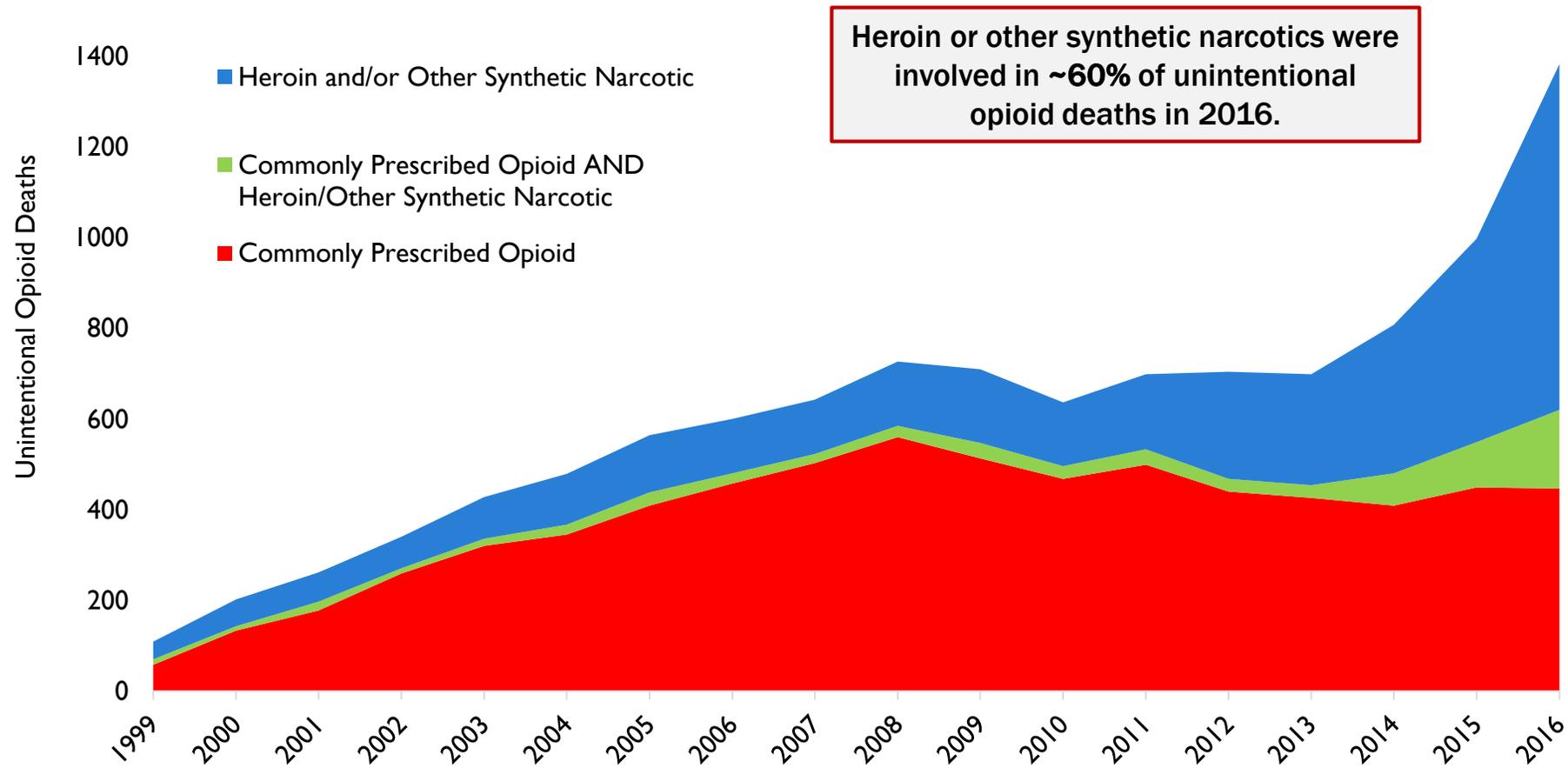
Supporting Providers through Transition

- **Education and training through Regional Provider Support Centers**
- **Cut down administrative burden**
 - Centralized credentialing process; uniform policies; single electronic application
- **Ensure transparent and fair payments to providers**
- **Support workforce initiatives**
 - Address shortages identified in a statewide workforce evaluation
- **New tools to combat the Opioid Crisis**
- **Support telehealth initiatives**

Opioid Epidemic

Unintentional Opioid Overdose Deaths by Opioid Type

North Carolina Residents, 1999-2016



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016
Unintentional medication/drug (X40-X44) with specific T-codes by drug type, Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4.
Analysis by Injury Epidemiology and Surveillance Unit

In 2016, over 1,360 North Carolinians DIED from opioid overdose, an over 25% increase over 2015.

In 2016, EMS reversed an opioid overdose using naloxone more than 13,000 times.

North Carolina Opioid Action Plan Focus Areas

- 1. Create a coordinated infrastructure**
- 2. Reduce oversupply of prescription opioids**
- 3. Reduce diversion of prescription drugs and flow of illicit drugs**
- 4. Increase community awareness and prevention**
- 5. Make naloxone widely available and link overdose survivors to care**
- 6. Expand treatment and recovery oriented systems of care**
- 7. Measure our impact and revise strategies based on results**

STOP Act– Prescriber Provisions

- Limits first-time prescriptions of targeted controlled substances for acute pain to ≤5 days
- Prescriptions following a surgical procedure limited to ≤7 days
- Allows follow-up prescriptions as needed for pain
- Limit does not apply to controlled substances to be wholly administered in a:
 - hospital, nursing home, hospice facility, or residential care facility
- Dispensers not liable for dispensing a prescription that violates limit

Effective January 1, 2018

DHHS Medicaid Changes & Naloxone Distribution

- **Addressing the Opioid Crisis through changes to Medicaid**
 - In August, implemented prior approval for opioid analgesic doses which:
 - Exceed 120 mg of morphine equivalents per day
 - Are greater than a 14-day supply of any opioid, or,
 - Are non-preferred opioids on the NC Medicaid Preferred Drug List (PDL)
 - In November, prior authorization removed for suboxone film.
- **DHHS Naloxone Distribution**
 - DHHS purchased and distributed nearly 40,000 naloxone kits in October.
 - Distribution via opioid treatment programs, NC Harm Reduction Coalition, EMS agencies/first responders, and other community partners

Early Childhood Health & Education



Give all NC children a strong start

- Expand access to health care for our kids.
 - One in every 11 children in North Carolina (9.4%) is uninsured
- Improve birth outcomes in North Carolina.
 - Over half of all pregnancies are unintended
 - Increase investment in prenatal and perinatal care as well as a focus on health more broadly
- Invest in high-quality child care that helps prepare children for school and life academically, socially, and emotionally
 - Smart Start, NC Pre-K, child care subsidies
- Strengthening families and keeping children in their homes with their parents
 - Rethinking Child Protective Services; two generational strategies
- Social Services System and Child Welfare Reform
 - The Family-Child Protection and Accountability Act

Questions