## 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 1960 so and later...

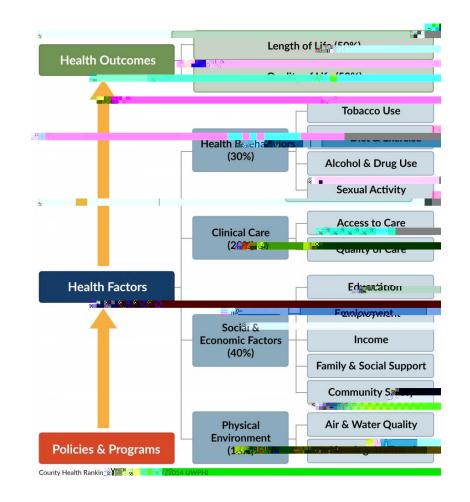
- North Carolina became a leader in developing and supporting delivery reform:
  - First Physician Assistant program (Duke University, 1965)
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# North Carolina doing somewhat better...in supply and access to clinical care services

 As a result of past efforts, North Carolina supply of providers and hospita beds improved across the state

## 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:
  - 40<sup>th</sup> in children in poverty
  - 35<sup>th</sup> in health disparities
  - 45<sup>th</sup> in median household income
  - 42<sup>nd</sup> in insurance coverage
  - 42<sup>nd</sup>



### 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
- Socioeconomic factors including percent of children in poverty, median household income
- Health disparities
- Many health status indicators

### Panelists

- Karen L. Smith, MDAAFP, Family Physician/Owner Medical Practice, Medical Director, Aledade NC ACO
- SteveNeorr, 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