



N.C. Department of Health  
and Human Services

# **North Carolina's Statewide Medical Examiner System**

## **2014 Medical Examiner Study Group Findings and Recommendations**

**Joint Legislative Oversight Committee on Health and Human Services**

**Medical Examiner Subcommittee**

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## Caveats

The National Association of Medical Examiners (NAME) sets accreditation standards for ME systems. These **minimum standards** describe basic services and functions that an ME system should provide its citizens to ensure accuracy of and confidence in the system's findings related to manner and cause of death. Families of decedents as well as law enforcement partners require and deserve to have this confidence in their ME system.

North Carolina's statewide ME system does not currently meet these minimum NAME standards.



## Caveats

***Existing OCME budgeted resources (state appropriations and autopsy/ME fees) are neither sufficient to support existing ME system services nor adequate to make system-wide improvements*** necessary to move our state toward meeting NAME accreditation standards.

- Any increases in funding to OCME, regardless of the source, should not be offset by reductions in existing funding (state appropriations). ***This action will only result in a system that maintains the status quo and which currently is not sufficient to serve its many customers.***
- Current funding gaps are described in these recommendations, as are new activities that must be implemented for NC's ME system to meet minimum NAME standards.



## **Recommendation Objectives**

**Support the Statewide ME System Regional Model**

**Improve Quality of Death Scene Investigations**

**Support Existing Statewide Autopsy Services**



**OBJECTIVE**

**SUPPORT THE STATEWIDE ME SYSTEM REGIONAL MODEL**

## **Recommendations**

**SHORT-TERM**

1. Upgrade the Medical Examiner Information System (MEIS)
2. Continue to fully support statewide body transportation costs through centralized state resources and a master agreement

**MID-TERM**

1. Develop a funding strategy to address the need for 2 additional regional autopsy centers; address crumbling or undersized infrastructure in 3 existing regional autopsy centers
2. Seek accreditation of OCME and regional autopsy centers once prerequisites are met



**OBJECTIVE**

**IMPROVE QUALITY OF DEATH SCENE INVESTIGATIONS**

**Recommendations**

**SHORT-TERM**

1. Increase the statutory ME fee from \$100/case to \$250/case
2. Mandate ME orientation and training, and fund recurring training costs of \$100,000 at OCME to support this effort

**MID-TERM**

1. Evaluate the use of Medicolegal Death Investigators (MDIs) while maintaining existing system using appointed MEs
2. Develop a strategy of state/local funding to provide 0.5 MDI FTEs per 100,000 population in our state



**OBJECTIVE**

**SUPPORT EXISTING STATEWIDE AUTOPSY SERVICES**

## **Recommendations**

**SHORT-TERM**

1. Fully support the 3 existing regional autopsy centers by reimbursing them for closer to their stated costs to perform autopsies.
2. Support additional forensic pathology fellowship positions (approximately \$250,000 recurring annually) at both WFU and ECU.



**OBJECTIVE**

**SUPPORT THE STATEWIDE ME SYSTEM REGIONAL MODEL**

# **Upgrade Medical Examiner Information System (MEIS)**

- Obsolete technology is no longer supported
- Not accessible by most MEs in the State
- Does not support real-time reporting
- Does not automatically create billing invoices (currently a manual process by OCME staff)
- Unable to respond to and track requests for information, data, and reports from citizens, legislators, and other stakeholders
- Meet national accreditation standards
- Better support real-time field ME investigations and reporting
- Improve data analysis for trends in cause of death
- Improve overall reporting and billing functions





**OBJECTIVE**

**SUPPORT THE STATEWIDE ME SYSTEM REGIONAL MODEL**

# **Upgrade Medical Examiner Information System (MEIS)**

Internal resources identified

- 2 FTEs - 1 programmer and 1 operations
- Will support MEIS system upgrades and ongoing system functions

Estimated costs for an in-house technology upgrade

- \$1.655 million (non-recurring)\*
- \$20,000 (recurring)

\*Optional non-recurring mobile device cost of \$540,000



**OBJECTIVE**

**SUPPORT THE STATEWIDE ME SYSTEM REGIONAL MODEL**

# **Continue to Support Statewide Body Transportation Costs**

- No entity officially designated for transportation system oversight throughout NC
- No standardized process for communicating guidelines and enforcing procedures
- Potential for multiple negotiated contracts and administrative burden to regional autopsy centers
- Potential for logistical and contractual disparity among transportation vendors
- Formalize current efficient and effective state-operated system
- Ensure consistent guidelines and standards for transporters are clearly communicated, monitored and enforced
- Reduce the potential for appearance of favoritism in service provision at local level
- Reduce the logistical burden on local resources by using a state master agreement



**OBJECTIVE**

**SUPPORT THE STATEWIDE ME SYSTEM REGIONAL MODEL**

# **Continue Supporting Statewide Body Transportation Costs**

- SFY 14-15 OCME \$1M budget expansion item will cover gap in transportation costs
- Note: Transportation rates have not been adjusted since 2004 and have not kept pace with increased fuel costs
- OCME is developing an RFP for new statewide transporter agreements
- Body transportation costs are expected to increase, therefore, **future inflationary adjustments to account for new transportation rates will need to be considered for OCME to continue this centralized function**



**OBJECTIVE**

**SUPPORT THE STATEWIDE ME SYSTEM REGIONAL MODEL**

# **Funding Strategy for Additional Regional Autopsy Centers**

- Crumbling or undersized infrastructure in 3 existing regional autopsy centers
- Potential for strained resources and slower response times due to increased autopsy volume
- Unable to meet national accreditation standards
- Fierce competition to recruit and employ board-certified forensic pathologists (500 nationally)
- Meet national accreditation standards associated with employing qualified personnel
- More effectively serve rural jurisdictions
- Accommodate increasing autopsy volume and better serve growing population
- Strengthen effective regional model to continue to serve NC long-term



**OBJECTIVE**

**SUPPORT THE STATEWIDE ME SYSTEM REGIONAL MODEL**

## **Funding Strategy for Additional Regional Autopsy Centers**

**2 free-standing, state-owned autopsy facilities in  
southeastern NC (Wilmington) and western NC (Asheville)**

Estimated one-time costs per facility

Construction on purchased or state-owned land	\$12,383,000
Equipment	\$650,000

Estimated recurring costs per facility

Staff (8 FTEs)	\$705,000
Operations & maintenance	\$474,955



**OBJECTIVE**

**SUPPORT THE STATEWIDE ME SYSTEM REGIONAL MODEL**

# **Funding Strategy for Addressing Crumbling or Undersized Infrastructure in 3 Existing Regional Autopsy Centers**

**Replace ECU and WFU facilities using purchased or state-owned land**

Estimated one-time costs

ECU construction      \$11,526,000

WFU construction      \$12,383,000

**Expand Mecklenburg County ME Office**

Estimated one-time cost

\$750,000 (per county estimate)



**OBJECTIVE**

**SUPPORT THE STATEWIDE ME SYSTEM REGIONAL MODEL**

**Seek National Accreditation**

- The National Association of Medical Examiners accreditation applies to offices and systems, not individual practitioners
- Standards emphasize policies and procedures
- Represent minimum standards, not guidelines
- Accredited environment for forensic pathologists to practice his or her profession
- Accreditation demonstrates agency performs at high level of competence and public service
- Accreditation aids materially in developing and maintaining high-caliber death investigations for NC counties
- More details will be provided in upcoming full report



**OBJECTIVE**

**IMPROVE QUALITY OF DEATH SCENE INVESTIGATIONS**

## **Increase Statutory Medical Examiner Fee per Case**

- Challenge to recruit and retain medical examiners
  - Since Sept. 2013
    - MEs appointed: 56
    - MEs inactive: 63
    - Net loss of 9 MEs in 12 months
  - Fee has not been increased since 2005; not keeping pace with increased number and complexity of cases or rising fuel and supply costs
- Strengthen ME recruiting and retention efforts
  - Better recognize volunteer, part-time investment by MEs
  - Provide additional incentive to recruit and retain physicians preferred as MEs
  - Assist with costs associated with travel and supplies





**OBJECTIVE**

**IMPROVE QUALITY OF DEATH SCENE INVESTIGATIONS**

# **Increase Statutory Medical Examiner Fee per Case**

**Increase the ME fee from \$100/case to \$250/case**

Estimated increased annual statewide  
cost to counties and OCME **\$1,490,420**

Assumes the current statutory language defining state and county payment responsibilities for ME fees is unchanged

Based on 6-year (calendar year) averages of annual costs paid for ME cases, as extracted from the MEIS



**OBJECTIVE**

**IMPROVE QUALITY OF DEATH SCENE INVESTIGATIONS**

# **Mandate Medical Examiner Orientation and Training**

- Currently no official orientation or training courses exist
- No dedicated instructors to develop and oversee medical examiner training program
- No assurance that MEs are keeping pace with knowledge of or improvements in medicolegal death investigations
- Consistent application of guidelines, policies and processes statewide
- Faster integration of newly appointed MEs into the practices used in NC
- Improved knowledge and use of OCME and system resources by county MEs
- Provide MEs with updated skills and knowledge in fast-changing field to better serve NC citizens
- Ability to target specific training needs throughout the state



**OBJECTIVE**

**IMPROVE QUALITY OF DEATH SCENE INVESTIGATIONS**

## **Mandate Medical Examiner Orientation and Training**

- Identified an internal FTE to serve as statewide Training Coordinator
- SFY 14-15 OCME \$1M budget expansion item will partially support training program development and implementation
- \$100,000 in recurring funds are needed to fully implement the ME orientation and training program



**OBJECTIVE**

**IMPROVE QUALITY OF DEATH SCENE INVESTIGATIONS**

## **Evaluate Use of Medicolegal Death Investigators (MDIs)**

- Public perceives that MEs should begin each investigation with a visit to the death scene
- Visits to every death scene are not feasible in a system supported by voluntary, part-time MEs and are not required in NC, which results in inconsistent investigations
- 2001 Medical Examiner Study Group recommended establishing MDI positions
- Trained MDIs could serve as adjunct investigators to assist MEs; however, there are no national education or training requirements for an MDI position
- OCME would set minimum education standard of at least an associates degree in an appropriately related field of study
- OCME would require training and certification by the American Board of Medicolegal Death Investigators (ABMDI)



**OBJECTIVE**

**IMPROVE QUALITY OF DEATH SCENE INVESTIGATIONS**

## **Evaluate Use of Medicolegal Death Investigators (MDIs)**

The American Academy of Forensic Science (AAFS) recommends 0.5 MDI FTEs per 100,000 population or about 50 MDIs for NC

<b>Estimated salary &amp; fringes cost*</b>	<b>\$57,000 per MDI</b>
<b>For statewide coverage</b>	<b>\$2.85 million</b>

\* Does not include operational support such as supplies and transportation



**OBJECTIVE**

**SUPPORT EXISTING STATEWIDE AUTOPSY SERVICES**

## **Reimburse Autopsy Centers for Closer to Stated Autopsy Costs**

- Autopsy fees have not kept pace with inflation and increases in basic operating expenses, such as supplies, equipment and salaries for board-certified forensic pathologists
- ECU and WFU have reported that they cannot continue to perform autopsies within the current fee structure
- Autopsy costs vary among centers, based on overhead and other expenses
- A standardized autopsy cost would be established across all centers, based on current self-reported costs per autopsy and on a Sept. 2014 DHHS Controller's Office study of OCME's cost per autopsy
- The new fee would provide additional reimbursement amounts for regional autopsy centers
- Increased ability to recruit and retain board-certified forensic pathologists



**OBJECTIVE**

**SUPPORT EXISTING STATEWIDE AUTOPSY SERVICES**

# **Reimburse Autopsy Centers for Closer to Stated Autopsy Costs**

## **Current Autopsy Reimbursement for 3 regional centers**

Statutory Fee	\$1,250 per autopsy
Supplemental Funds via OCME Contract	<u>\$ 400 per autopsy</u>
<b>Total</b>	<b>\$1,650 per autopsy</b>

## **Regional Autopsy Center Self-Reported Costs per Autopsy (2014)**

ECU	\$3,579
WFU	\$2,630
Mecklenburg ME Office	\$2,816

Mecklenburg County ME Office's self-reported costs appear to be a good representation of cost, since Mecklenburg functions solely to complete autopsies and related activities.



**OBJECTIVE**

**SUPPORT EXISTING STATEWIDE AUTOPSY SERVICES**

## **Reimburse Autopsy Centers for Actual Autopsy Costs**

Based on a cost study completed by the DHHS Controller's Office in Sept. 2014, OCME's cost per autopsy is \$2,813. This excludes OCME's costs for centralized ME system functions such as the MEIS, transportation and toxicology services.





**OBJECTIVE**

**SUPPORT EXISTING STATEWIDE AUTOPSY SERVICES**

## **Support WFU & ECU Forensic Pathologist Fellowships**

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|--|--|
| <ul style="list-style-type: none"><li>• Approximately 500 practicing board-certified forensic pathologists nationally</li><li>• Tough competition to recruit and retain</li><li>• Level of expertise needed to receive accreditation</li></ul> | <ul style="list-style-type: none"><li>• Strengthen a pipeline of forensic pathologists, increasing stability in the NC ME system</li><li>• Reduce relocation cost challenges</li></ul> |
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**OBJECTIVE**

**SUPPORT EXISTING STATEWIDE AUTOPSY SERVICES**

## **Support WFU & ECU Forensic Pathologist Fellowships**

- DHHS is providing an internal resource (1 FTE) to fund an additional forensic pathology fellow at OCME for SFY 15-16
- Institutional resources are not available to fund similar positions at WFU and ECU
- Funding was recommended, but not included in the final SFY 14-15 budget