

Community Care of North Carolina

" Medical Homes and Community Networks"

L. Allen Dobson ,Jr. MD FAAFP
Vice President- Carolinas Healthcare System
Chair -Board of Directors
NC Community Care Networks, Inc

Comments

- Community Care of NC – status overview
- Are our practices ready for Medical Home status?
(IPIP/AHEC and NCHQA)
- What about quality? (NCHQA)
- What's Next for Community Care- new
populations? (646 , Care+Share/HealthNet)

The Cost Equation

Eligibility/Benefits + Reimbursement Rate + Utilization = Cost

- Eligibility and Benefits – how many you cover and what you cover
- Reimbursement - what you pay
- Utilization - how many services are provided

We just have to figure out how to manage utilization and it is all about the delivery system!!!

CCNC- Primary Goals

- *Improve the care of the Medicaid population while controlling costs*
- *Develop Community based networks capable of managing populations in partnership with the State*
- *Fully Develop the Medical Home Model (enhanced PCCM)*



- HOME
- NEXT
- LAST

COMMUNITY CARE OF NORTH CAROLINA: BIOGRAPHICAL INFORMATION

Under the Community Care program (CCNC), North Carolina is building community health networks that are organized and operated by community physicians, hospitals, health departments and departments of social services. By establishing primary care based provider networks, the program is putting in place the local systems that are needed to achieve long-term quality, cost, access and utilization objectives in the management of care for Medicaid recipients.

CCNC is a statewide program.

- 934,489 Medicaid Recipients, 104,703 Health Choice Recipients, 1,360 practices, and approx. 4,500 primary care providers
- Patient population: Medicaid & Health Choice
- Duration: 1998 - present

Timeline





Community Care of North Carolina

Access II and III Networks

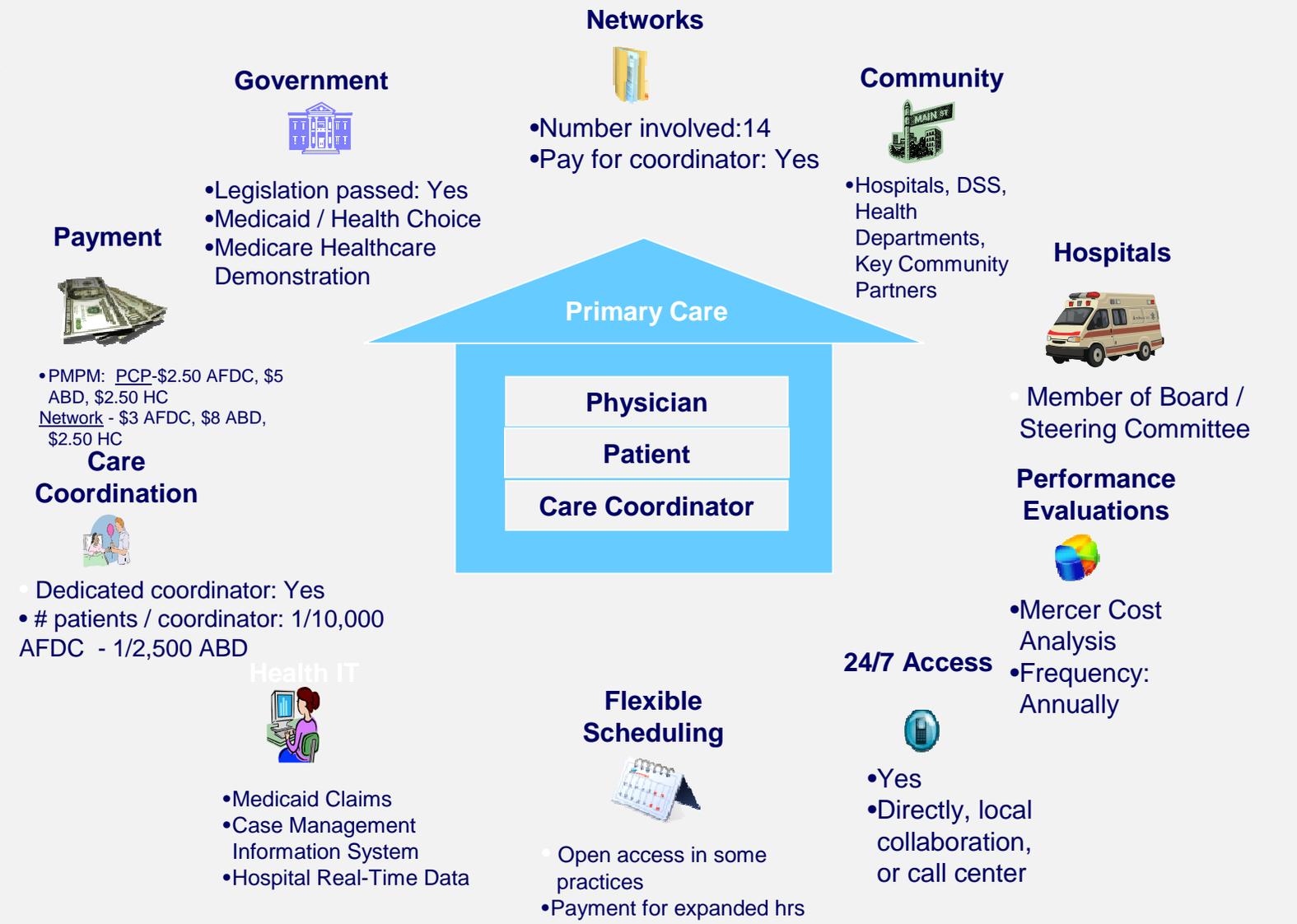


Legend

-  AccessCare Network Sites
-  AccessCare Network Counties
-  Access II Care of Western North Carolina
-  Access III of Lower Cape Fear
-  Carolina Collaborative Community Care
-  Carolina Community Health Partnership
-  Community Care of Wake / Johnston Counties
-  Community Care Partners of Greater Mecklenburg
-  Community Care Plan of Eastern Carolina
-  Community Health Partners
-  Northern Piedmont Community Care
-  Northwest Community Care Network
-  Partnership for Health Management
-  Sandhills Community Care Network
-  Southern Piedmont Community Care Plan

COMMUNITY CARE OF NORTH CAROLINA : MEDICAL HOME DESIGN

Our model



COMMUNITY CARE OF NORTH CAROLINA : RESULTS

Health

- Hosp. admissions: 7 per 1000 MM
- Hosp. readmissions: New Project
- ED visits: 68 per 1000 MM
- Other results:
 - Asthma
 - 40% decrease in hospital admission rate
 - 16% lower ED rate
 - 93% received appropriate maintenance medications
 - Diabetes
 - 15% increase in quality measures

Cost / Productivity

- Total Savings: AFDC - \$135 Million / ABD - \$400 Million (2006-2007)

Satisfaction

- Patient: CAHPS Survey
- Physician: CAHPS Survey
- Care Manager: Local networks conduct surveys

Key Attributes of our CCNC Medicaid Medical Home

- Provide 24 hr access
- Provide or arrange for hospitalization
- Coordinated and facilitate care for patients
- Collaborate with other community providers
- Participate in disease management/prevention/quality projects
- Serve as single access point for patients

Each Network Now Have:

- Part- time paid Medical Director- role is oversight of quality efforts, meets with practices and serves on State Clinical Directors Committee
- Clinical Coordinator- oversees the overall network operations
- Care Managers- small practices share/large practices may have their own assigned
- Now all networks have a PharmD to assist with medication management of high cost patients

“As we increase network activities we also increase the PMPM network payment”

Key Innovations

- Provider networks organized by local providers and are physician led
- Evidenced based guidelines are adapted by consensus rather than dictated by the state
- Primary Care Medical Homes are given the resources for care coordination and get timely feedback on results
- Inclusion of other safety net providers and human service agencies

“We are about building local systems of care rather than changing how we pay for services”

NC Healthcare Quality Alliance (GQI)

- All-payor involvement (BCBS, SEHP, Medicaid major collaborators)
- Quality- 5 key diseases measured (asthma, diabetes hypertension, congestive heart failure and post MI treatment)
- State-wide effort using CCNC as foundation
- Practice Support-Focus on local expert assistance for practice redesign (AHEC providing services to practices)

646 Medicare Redesign Demonstration Waiver

North Carolina's Proposal for System
Redesign

Community Care of NC
Managing 250,000 Medicare recipients

CCNC has applied for a 646 Medicare demonstration

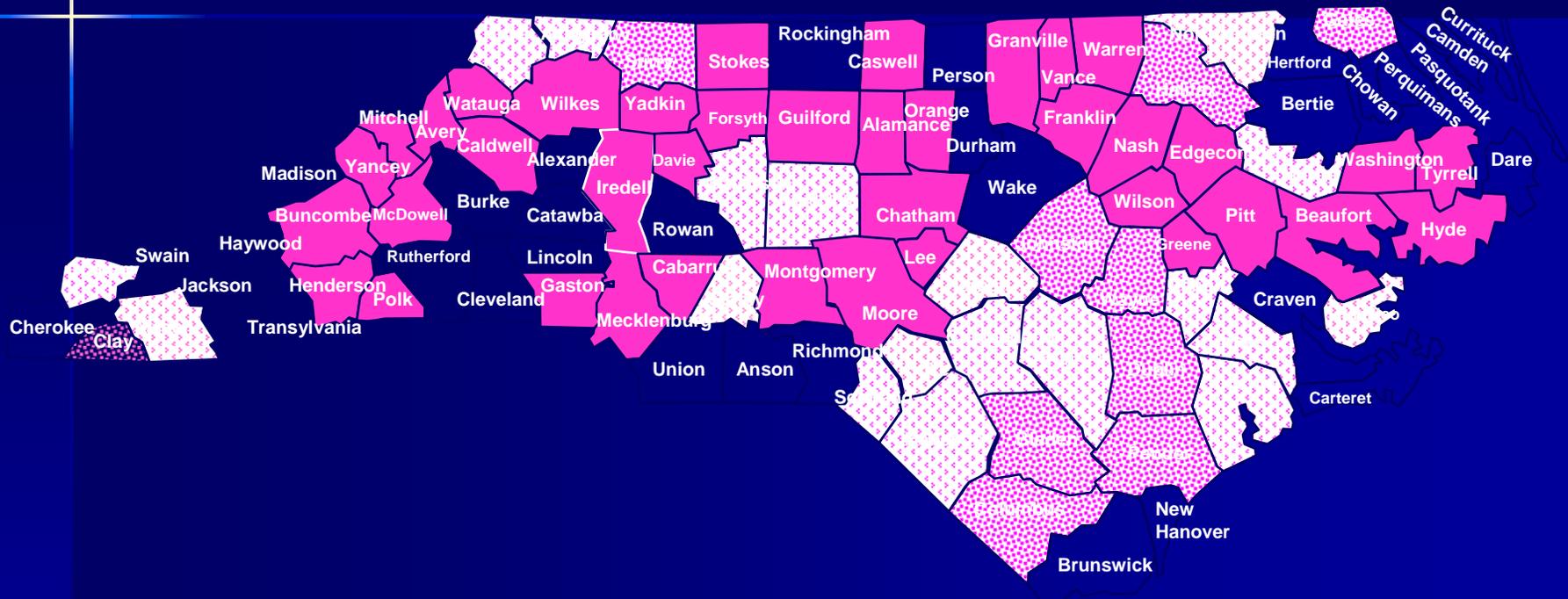
- Manage the duals
- Manage at risk elderly
- Voluntary
- Shared savings model
- Reinvestment of savings in (quality, HIT, new services for elderly, P4P and community support for the uninsured)

Improving the Health Care Safety Net

- Health care professionals and institutions have taken a leadership role in expanding the safety net
- NCGA and foundations provide critical funding
 - Primary care: Project Access, Free Clinics, CCNC
 - Medication assistance: NC Rx
 - Local foundations have also helped fund a new program “Care+Share” and NCGA has funded community integration efforts: Health Net

Collaborative Networks of Care

Funded by HealthNet



-  HealthNet Funded Site SFY 2008-09
-  Medical Access Program Sites Targeted for HealthNet Funding SFY 2009-10 if funding available
-  Other Communities Targeted for HealthNet Funding SFY 2009-10 if funding available

What I want you to remember about Community Care

- Building the primary care system is the foundation
- The success of CCNC is the investment in a local “virtual” health system
- The Public-Private partnership changes the relationship between “payor” and “provider”- shared responsibility for the program
- Innovation comes from engaging those who provide the care- physician leadership a must