

North Carolina Community Care: Statewide Model for Integrated Care

North Carolina Institute of Medicine

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North Carolina Community Care



Our Vision and Key Principles



- Develop a better healthcare system for NC starting with public payers
- Strong Primary care is foundational to a high performing healthcare system
- Additional resources needed to help physicians manage populations
- Timely data is essential to success
- Must build better local healthcare systems (public-private partnership)
- Physician leadership is critical
- Improve the quality of the care provided and cost will come down
- A risk model is not essential to success- shared accountability is!



Current Community Care Resources

- 14 State Regions to support PCP(Networks)
- 4,200 primary care physicians in 1400 practices
- 600 local care managers
- 30 local medical directors
- 52 clinical and administrative pharmacists
- 19 Network psychiatrists
- 14 Behavioral health coordinators
- 28 central staff members supporting clinical program implementation

Each CCNC Network Has:



- A Clinical Director
 - A physician who is well known in the community
 - Works with network physicians to build compliance with CCNC care improvement objectives
 - Provides oversight for quality improvement in practices
 - Serves on the State Clinical Directors Committee
- A Network Director who manages daily operations
- Care Managers to help coordinate services for enrollees/practices
- A PharmD to assist with Medication Management of high cost patients
- Psychiatrist to assist in mental health integration
- Palliative Care and Pregnancy Home Coordinators

Co-Location Models of Collaboration



Community Care
of North Carolina

Focus should be targeted across 3 domains (A, B, C).

	1	2	3	4	5
	Minimal collaboration	Basic collab. at a distance	Basic collab. on-site	Close collab. in partly integr system	Close collab. in fully integr system
	Sharing of facilities., systems, communic., culture, power *	*	*	*	*
MH	No one knows my name	I help your pts.	I am your consultant	We are a team in the care of our patients	We also teach others how to be a team and design the care system
Med	Who are you?	You help my pts. but not me	You help me as well as my pts.		

A. Encourage collaboration beyond basic referrals, in which PCPs form formal collaborative relationships with a particular MH/SA provider's service, i.e. a group that is comprised of the PCP's patients. Screening, curriculum, patient expectations, and sharing of information is common knowledge and part of the PCP's face-to-face referral with the patient. Collaboration for psych/med pharmacologic tx could come next. This model could be the launching point for building interest in part-time co-location.

B. On-site collaboration may begin with the activity in box A and may be as limited as one group or one day of co-located BH service. A clinic that is already co-located may be interested in increasing its level of collaboration. Communication and roles between providers are predictable, leading to clinical creativity and an increase in service provision as appropriate (clinical, logistical, relational, cultural, and fiscal resources/factors are considered). Consultants are available to assist in increasing and initiating collaboration as appropriate.

C. Consultant role is to assist providers in initiating a realistic co-location plan based on assessment, comfort, resources, and clinical intent. Increasing current collaboration and/or providing consultation to renovate current routines, such as improving coding and billing.



Initial Focus of Integrated Care Initiative

- Navigating the MH/SA system
- Motivational Interviewing
- Generic prescribing in depression- depression guidelines
- Other:
 - Screening tools- prevention/early intervention
 - Anti-psychotic prescribing in children and adolescents
 - Pain management- Chronic Pain Initiative
 - Palliative care

Lessons Learned

- **Primary Care is foundational**
- **Data essential (timely and patient specific)**
- **Additional community based resources to help manage populations needed (best is located in practice)**
- **Collaborative local networks builds local accountability and collaboration**
- **Physician leadership essential**
- **Must be flexible (healthcare is local) and incremental**
- **Make wise choices of initiatives (where you can make a difference- success breeds success)**



More information?

www.communitycarenc.org