

CCNC Update

Community Care of North Carolina

6/8/2015

Edition 1, Volume 1

CMS, RTI find value in medical homes

Interventions with chronically ill Medicare beneficiaries improve care, lower costs

A recent report from Research Triangle Institute (RTI) and the Centers for Medicare & Medicaid Services (CMS) shows that NCCCN provides *substantial, statistically-significant savings* for care provided to Medicare beneficiaries enrolled in patient-centered medical homes.

Estimates of annualized per-capita savings ranged from: **\$189 per beneficiary** when attributing beneficiaries to primary care practices on *one-touch attribution logic*; to **\$251 per beneficiary** when attributing beneficiaries to practices based on *plurality assignment* (an approach now in common use for Medicare ACOs); to **\$568 per beneficiary for NCCCN-enrolled beneficiaries**.

For the 25,484 NCCCN enrollees, estimates of total Medicare savings in the final year of the demonstration amount to \$14.5 million. The study also reported lower rates of ED use and

hospitalization compared to an out-of-state control group, and cost reductions for diabetes, vascular disease, end-stage renal disease and high-risk patients.



About nine million people in the United States are covered by both Medicare and Medicaid, primarily low-income seniors and people with disabilities, collectively costing more than \$250 billion. Dually-eligible individuals (those who qualify for Medicare, but whose low income make them eligible for Medicaid) have been the focus of several initiatives aimed at improving the quality and coordination of their care.

Pregnancy Medical Home reduces low-weight births

The cost of caring for a low birth weight infant in the first year of life can be up to 10 times higher than for a healthy infant, so even a modest improvement in birth weight can result in significant cost savings to the state.

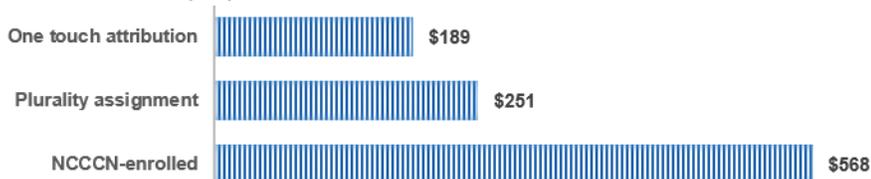
Statewide, 390 practices participate in the PMH program, representing 90 percent of the care delivered to pregnant Medicaid beneficiaries. Obstetricians attribute improved birth weight in newborns as a positive outcome of the well visits by care managers in the program.

“Last year, North Carolina had the lowest rate of elective deliveries before 39 weeks among all southern and states,” said PMH Project Manager **Kate Berrien, RN, BSN, MS**.

Details on the PMH program are in this [press release](#).

North Carolina's primary care medical home infrastructure is vital to providing consistent, coordinated care that drives better outcomes. — Annette DuBard, MD, MPH

DUALS (646) ESTIMATED ANNUAL SAVINGS PER BENEFICIARY



Community Care
OF NORTH CAROLINA

2300 Rexwood Drive, Ste. 100
Raleigh, NC 27607 919.745.2350
www.communitycarenc.org

Dr. Dobson speaks to national health IT workgroup

Details success with integrating data across the continuum of care

“Physicians need actionable insights, not 64-page CCDs,” said **L. Allen Dobson, Jr. MD**, CEO of Community Care of North Carolina, at a June 2 meeting of The Office of the National Coordinator (ONC) in Arlington, VA. As a panelist presenting testimony to the Health IT Policy Committee, Dr. Dobson discussed several CCNC programs including Transitional Care,



PHARMACeHOME, and Pregnancy Medical Home.

“When it comes to Health IT, it really does ‘take a village,’” he said.

Dr. Dobson outlined the complex web of data flow needed to support

a true community system of care, including administrative data, health information exchange data and provider derived data.

Remarks were part of an event hosted by the ONC’s Advanced Health Models and Meaningful Use Workgroup, an organization seeking to identify innovative, integrated health models that focus on improving outcomes and community supports through advanced Health IT.

Commencement Events

CCNC leaders speak to graduates

Mars Hill University, Mars Hill, NC



Dr. Jim Jones, CCNC Founder, gave the commencement address at Mars Hill University on May 9 and also received an honorary doctorate. Dr. Jones told graduates, “Find something that you can fall in love with, and jump in with both feet. A career is what you get paid for and a calling is what you were created for.” For more details, on the event, please [see the Mars Hill site](#).

Campbell University School of Pharmacy & Health Sciences, Buies Creek, NC



Dr. Allen Dobson gave the commencement address for graduates at Campbell University on May 8, 2015. He shared personal experiences from his journey through medicine over the last three decades and encouraged the class to listen to their patients, collaborate as often as possible, and to maintain professional integrity as they enter a world of service. [Campbell University’s website](#) has all the details.

Upcoming Events

40 Under 40 Luncheon

June 11, 2015 – Prestonwood Country Club, Cary, NC. Troy Trygstad is one of the lucky few to be honored at this event in Raleigh. Congrats to Troy!

NC Chapter of Healthcare Information and Management Systems Society (HIMSS) Annual Convention

June 8-9, 2015 – Wilmington, NC
More info available [here](#).

2015 NCAFP Mid-Summer Family Medicine Digest

June 28-July 3, 2015 – Myrtle Beach, SC
Click [here](#) for complete event information.

NCHICA 11th Academic Medical Center Conference: *Securely Connecting Communities for Improved Health*

June 22-24, 2015 – Chapel Hill, NC
For more information, go [here](#).

Other events and presentations

Targeted interventions double savings

“At a recent Predictive Analytics workshop sponsored by NCHICA, **Annette DuBard, MD, MPH** and **Marya Upchurch,**



MPH, MA spoke about CCNC’s work with the NC Community Health Center Association and using

CCNC’s new data tools to maximize care management return-on-investment. The pair explained that CCNC is moving away from disease management for all high-risk patients toward a focus on *impactability* – using new tools to predict which patients will benefit most from care management. “Targeting the most impactable



patients generates almost twice as much savings as a focus on the highest risk patients,” said Dr. DuBard. “Using impactability scores, we make better use of our care management budget.”

Each patient is a snowflake

In his latest article for *Pharmacy Times*, **Pharmacy Director Troy Trygstad, PharmD, PhD, MBA** discusses how each patient experience with medication is unique, and lists key patient adherence principles learned through the Pharmacy Home Project. Dr. Trygstad emphasizes team-based, multi-setting, multidisciplinary, whole-patient care delivery, and developing individualized drug plans that are shared with all providers in a system of care. Read more about Dr. Trygstad’s “lessons learned” in the latest [Pharmacy Times](#).



Interested in receiving this publication directly?
[Click here](#) to sign up.

And please don't forget to follow us on social media!



Wise management of resources

“While many tools exist for targeting the highest ‘risk’ patients, CCNC has developed tools to target the most ‘impactable’ patients,” said **Carlos Jackson, PhD.**



Dr. Jackson presented to the North Carolina Medical Group Management Association (NCMGMA) at their 2015 Spring Conference. Jackson, CCNC’s Assistant Director of Program Evaluation, discussed the use of tools to wisely manage care management resources to maximize impact on overall population health, cost and utilization.

DuBard: Look for insights, savings hiding in study results

At a May 14 symposium on Comparative Effectiveness Research at RTI, **Dr. Annette DuBard** urged participants to “dig deeper” and consider carefully whether they’re asking the right questions. She also cautioned about “the danger of focusing on the wrong question just because answering it is measurable and publishable. She highlighted the Child Health Care Accountable Collaborative (CHACC) as an example of how apparently modest savings overall can mask more significant savings for particular subgroups of the target population.

Digging Deeper

