CCNC’s Community Pharmacy Enhanced Services Network Going National

CCNC’s Community Pharmacy Enhanced Services Network (CPESN), includes more than 250 community pharmacies across North Carolina and brings the expertise of community-based pharmacies -- and the benefits of their long relationships with patients -- to the CCNC care team. “Enhanced” pharmacies take a population health approach to patient care, providing supportive clinical guidance to patients and additional services such as care plan reinforcement, patient-centered activation programs and in-home delivery. The aim is better patient engagement, leading to better medication adherence and an improved health trajectory.

The CPESN concept has shown so much promise that a number of states are interested in setting-up similar programs, and CCNC is partnering with the National Association of Community Pharmacists (NCPA) to provide leadership and direction. As part of the effort, excitement was high at the annual NCPA convention in New Orleans early last month for the kickoff of “CPESN USA,” a national effort to explore the potential of closer collaboration between patient-centered medical home teams and community pharmacists. CCNC Vice President, Pharmacy Programs Troy Trygstad says that so far four states have launched CPESNs or are preparing to do so and community pharmacy networks in another dozen states are in the process of implementing launch preparations.

“Primary care physicians often see patients only two or three times a year, even those with chronic conditions,” notes Dr. Allen Dobson. “But in CCNC’s population it’s not unusual for a patient to interact with a local pharmacist 25- or even 30-times a year. Long-term relationships are common, and that can be very helpful in assessing how patients are doing and convincing them to work more closely with their primary care provider when they need help. This gets more value out of their medication and can help keep them out of the hospital.”

For trade press coverage of the event, click here.

CCNC’s Dr. Dobson Advises Wyoming Officials on Medicaid Reform

When officials in Wyoming began contemplating significant changes to their Medicaid program, they turned to the National Governors Association (NGA) to help them engage national experts to advise them on key aspects of their new program, including primary care infrastructure, collaboration with physician leaders and essential metrics for driving quality improvement. CCNC’s record of strong return on investment for care management was of keen interest, and Allen Dobson, President and CEO of CCNC, was one of two experts brought in to help Wyoming’s Medicaid planning group. The other was Dr. Craig Jones, former Director of the Vermont Blueprint for Health, a program established to guide statewide transformation of how healthcare is delivered in Vermont.

According to Frederick Isasi, Health Division Director at the NGA Center for Best Practices, CCNC’s presentation was very well-received: “Dr. Dobson is one of our very best national experts. His real-world experience and sophisticated understanding of how to change the delivery of care, change payment, and engage the community provided Wyoming with incredibly useful expert guidance integral to the state’s efforts to transform care for their most vulnerable Medicaid enrollees.”

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CCNC’s Dr. Marian Earls to Provide Leadership on National Screening Initiative

An important three year national project aiming to improve in-practice developmental screening rates recently tapped CCNC’s Dr. Marian Earls. Dr. Earls has been appointed to the Screening in Practice Initiative’s National Advisory Board on Screening and will also chair its Learning Collaborative’s Technical Assistance Project Advisory Committee (TA PAC). The committee will provide expertise to the Learning Collaborative on early brain development, toxic stress, resiliency, social determinants of health, and practice transformation as part of the overall initiative.

Screening in Practice is seeking to increase rates of early childhood screening, referral, and follow-up for developmental milestones, maternal depression, and social determinants of health. The Learning Collaborative is one of the key components of the project and will feature a diverse group of twenty pediatric primary care practices from around the country. Their task will be to measure, evaluate, and improve screening, referral, and follow-up by leveraging quality improvement methods.

The AAP to Use CCNC Video for Training on Adolescent Depression Screening

A CCNC video on adolescent development screening will be featured by the American Academy of Pediatrics as part of “EQIPP Bright Futures – Middle Childhood and Adolescence,” an effort to educate pediatricians on the importance of preventive medicine, including adolescent depression screening. The video can be viewed here. Recharge by viewing the video here.

Latest CCNC Data Brief Shows Importance of Targeting Interventions

CCNC has just released a data brief showing the potential for significant savings by providing transitional care services to high-risk dual Medicare/Medicaid beneficiaries. Importantly, savings were more modest in the moderate risk strata of patients, and there were no savings in the lowest risk strata. This underscores the importance of selective and targeted deployment of transitional care resources toward patients identified in advance as most likely to benefit. Click here to read the brief. Previous briefs are also available on the CCNC website.

Pregnancy Medical Home Project Wins at Perinatal Conference

A poster detailing CCNC’s Pregnancy Medical Home’s Postpartum Quality Improvement Project won Best Poster at the annual North and South Carolina Perinatal Partnership Conference in Myrtle Beach in September. The poster, entitled “It’s Not a “Six-Week Visit: Improving the Medicaid Postpartum Visit Rate in North Carolina’s Pregnancy Medical Home Program,” was presented by CCNC’s Kate Berrien, RN, BSN, MS, Director of Maternal Health Programs, Doris Robinson, RN-BC, MSN, CCM, PMH Nurse Coordinator at Community Care of the Lower Cape Fear, and Allison Wood, RN, BSN, CCM, Pregnancy Medical Home Nurse Coordinator at Northwest Community Care.
CCNC On The Road...

December 4 - 7, 2016 - Institute for Healthcare improvement (IHI) - 28th Annual National Forum on Quality Improvement in Health Care, Orlando, Florida
Kate Berrien
Topic: Innovating Upstream: and Population Health and Maternity Medical Homes
Carlos Jackson
Topic: More than Medical: the impact of Social Determinants of Health on Utilization Risk

December 7,2016 - National Governor's Association Policy Academy, Philadelphia, PA.
Allen Dobson, MD
Topic: Developing State-Level Capacity to Improve Health and Reduce Cost of Populations with Complex Care Needs

December 8-9, 2016 in Tampa, FL - ACO Operational Excellence Conference
Topics: How ACOs Achieve the Triple Aim; Insights from ACO Stakeholders to Achieve Operational Excellence
CCNC’s Annette DuBard, MD, MPH and Troy Trygstad

June 23-26, 2017 - 2017 Case Management Society of America Conference, Austin, TX
Avera White and Ginger Wilder
Topic: Real World Care Management Expertise and Risk Stratification
Barbara McNeill
Topic New Kids on the Block -- Bridging the Practice Gap care managers.
Debbie Murray
Topic: Cross-Sector System Improves Continuum of Care for Sickle Cell Patient

Care Management Staff to Present Work at National Case Management Society Conference

Several members of the CCNC’s central office Care Management Team have been selected as presenters at the 2017 Case Management Society of America Conference in Austin, Texas June 23rd-26th. Avera White and Ginger Wilder will present at a session entitled “Real World Care Management Expertise and Risk Stratification,” discussing CCNC Impactability Scores™ and how they enhance identification and prioritization of patients who can benefit most from care management. Two posters were also chosen for presentation, with Barbara McNeill presenting “New Kids on the Block -- Bridging the Practice Gap, a poster describing CCNC’s newly implemented “competency-based orientation system” developed for new care managers. Debbie Murray will present a poster entitled “Cross-Sector System Improves Continuum of Care for Sickle Cell Patients” describing the process developed by CCNC’s Call Center in collaboration with community partners that is improving care for Sickle Cell patients in North Carolina. Thanks to the Care Management team for representing CCNC at this national conference!

Behavioral Health “Whole Patient” Care is Focus of CCNC Workgroup.

The CCNC Behavioral Health Integration team has scheduled three regional meetings with representatives from the Network Behavioral Health, Quality Improvement and Care Management teams. The first meeting was held on October 18th (hosted by CHP), followed by meetings on October 24th (hosted by CCPEC) and October 26th (hosted by CCWJC). The focus of the meetings is to discuss how our primary care integration efforts align with the FY2017 CCNC goals and to identify barriers to integrated care in the primary care setting. Topics of discussion include building the network capacity to assess practices for their readiness to adopt an evidence-based model of integrated care and

CCNC Media Links...

News coverage on CCNC, Medicaid reform and other relevant health care issues is noted below.

MEDICAID REFORM
Charlotte Observer: 223 ER visits in 15 months? Time to change the system.

HEALTH IT
Health IT Analytics: How Data-Driven Care Management Improves Population Health in NC

PARTNERSHIPS
Triangle Business Journal: CCNC Secures Partnership with ACO

OPIOID/OVERDOSE ISSUES
Mt. Airy News: Sheriff paints bleak picture of abuse issue

PHARMACY
Drug Topics: NCPA Launches Enhanced Services Initiative for Independent Community Pharmacists