

## Maternal Depression Addressed Sooner in CCNC's Pregnancy Medical Home

When it comes to postpartum depression screening, the earlier the better, say physicians with CCNC's [Pregnancy Medical Home program](#) (PMH). Depression can have a major negative influence on both a new mother and her infant. That's why PMH has launched a statewide effort to improve the percentage of mothers receiving comprehensive postpartum care within 60 days of giving birth. Moving the traditional "six-week postpartum visit" to a 3-4 week period was a key best practice, as were reminder phone calls, rapid phone outreach to patients missing visits, setting up the postpartum visits before delivery, and confirming patients have scheduled visits before discharge from the hospital. The shorter time frame allows clinicians to address breastfeeding challenges or maternal depression sooner, promotes access to contraception before the risk of an unintended pregnancy, and provides more time to stay within the recommended timeframe should the patient miss the initial appointment.

According to the [PMH Care Pathway on Postpartum Care and the Transition to Well-Woman Care](#), the optimal timing for the postpartum visit is between 14-42 days after delivery. This time frame aligns with [recent recommendations from the American College of Obstetricians and Gynecologists](#) on the importance of postpartum visits within 6-weeks of birth.

Comprehensive postpartum visits enable new mothers to receive timely follow-up to any pregnancy complication. The visits also offer the opportunity for ongoing chronic disease management, the initiation of family planning discussions, and helps providers



transition mothers to well-woman or "interconception" care that reduces their risks of complications in future pregnancies.

Forty-five PMH practices from across CCNC's 4 networks are currently participating in the project. Practices represent a wide cross section and include many private OB/GYN offices, several health department maternity clinics, a number of academic medical center OB clinics, and one family medicine practice. As part of the project, each practice completed a formal chart review/claims audit process that allowed them to measure their postpartum visit rate. Practices identified missed opportunities and

workable strategies for improvement. CCNC's OB teams are now working on spreading this and other successful strategies to the 340 PMH practices across the state.

The project will continue through the end of 2016. Participating sites will continue to test changes and monitor their postpartum visit rates. For additional information, please contact CCNC's Kate Berrien, Director, Maternal Health Programs, at ([kberrien@n3cn.org](mailto:kberrien@n3cn.org)).

## New Policy on Well-child Visits Boosts Perinatal Depression Screening

"Primary care clinicians caring for infants have important opportunities to promote healthy social-emotional development through screening for postpartum depression in early infancy," said CCNC's Director of Pediatric Programs Marian Earls, M.D., MTS, FAAP. "Medicaid policy and reimbursement now support systematic screening and identification of community resources for treatment and referral of the depressed mother. North Carolina is one of the first states to take this step."

The long-term, negative health effects of maternal depression on the infant, mother and family are now well known. CMS has authorized state Medicaid agencies to provide the service as part of well-child visits, but North Carolina is one of the first states to do so.

In North Carolina, the Division of Medical Assistance (DMA) has begun including routine postpartum depression screening as part of EPSDT infant visits from ages 1-month to 6-months. The 99420 CPT code is being used for all postpartum depression screens of the mother for the benefit of the infant. CCNC has already developed a [convenient handout that outlines key coding information](#).

"Dr. Earls has been instrumental in raising awareness of the importance of early screening,"

**CCNC President and CEO Dr. Allen Dobson**

Pediatrics practices working to become familiar with maternal depression screening should refer to the [AAP's Bright Futures and Preventive Services Coding checklist](#) for key information.

Note: Beginning in January of 2017, CPT Code 99420 will be revised, and a new code will added to address the service.

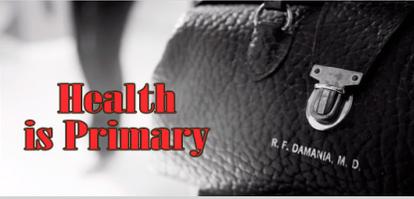
"Dr. Earls has been instrumental in raising awareness of the importance of

early screening," said CCNC President and CEO Allen Dobson. Earls was the lead author of AAP's oft-cited 2010 report entitled, "[Incorporating Recognition and Management of perinatal and postpartum Depression into Pediatric Practice](#)."



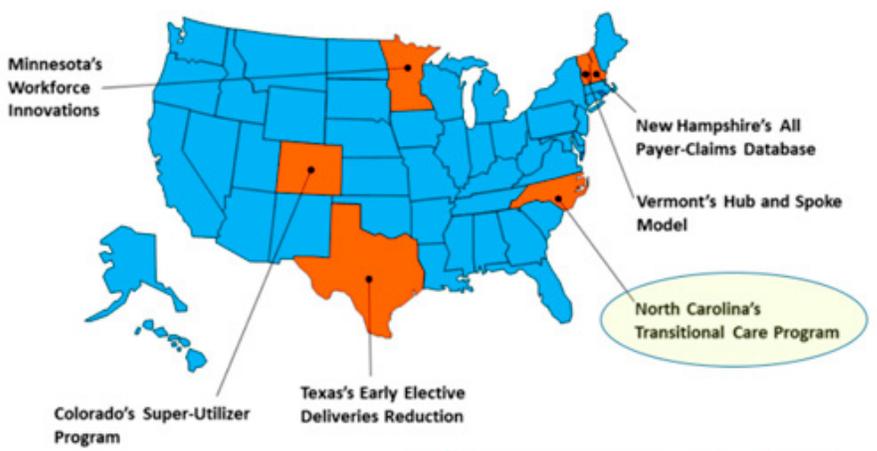
# US Surgeon General Urges Healthcare Industry to Join Opioid Fight

In a historic letter sent to 2.3 million of the nation's healthcare providers and leaders, US Surgeon General Vivek Murthy, MD, MBA, has made an impassioned plea for help in tackling the national opioid crisis. Surgeon General Murthy outlines the devastating effects of opioid abuse on today's US communities and offers three simple steps health providers can take to join the fight. Dr. Murthy asks providers to educate themselves on prescription opioid abuse, to screen patients for potential issues (including directing them to evidence-based treatment where necessary), and urges providers to begin talking about and treating addiction as a chronic disease. Murthy also asks all readers to formally pledge their commitment to defeating the opioid epidemic by registering at <http://turnthetidex.org/join>, a national effort to engage healthcare stakeholders across the country in a simple but powerful movement. Join the fight by registering today!



## Check Out the ZDoggMD Health is Primary Video

A music video produced by rapper-physician Zubin Damania, MD, of Las Vegas that speaks to the importance of primary care is a great source of inspiration. Released at the American Academy of Family Physicians' 2016 National Conference in July, the video is one of many featured on [ZDoggMD's YouTube channel](#). Self-described by the producer as a "...purveyor of the finest medical satire," the channel's growing family of videos has been viewed more than 11M times. Had a hard day seeing patients? Recharge by viewing the [video here](#).



## National Medicaid Officials Laud CCNC's Transitional Care Innovations

CCNC's Transitional Care program is one of six "effective Medicaid-public health collaborations" featured in a recent webinar co-hosted by the [Association of State and Territorial Health Officials \(ASTHO\)](#) and the [National Association of Medicaid Directors](#). The webinar detailed six case studies on Medicaid-public health collaborations, including

[CCNC's Transitional Care Program](#), which was recognized for innovation and strong results. The webinar was designed to initiate discussions, bridge gaps and to share innovative practices and policies between public health and Medicaid agencies. To read the ASTHO case study, visit their [Medicaid-Public Health case studies page](#)



## National Governor's Association White Paper highlights CCNC's approach to metrics and calculating ROI for Transitional Care

A recent White Paper issued by the NGA highlights population health metrics for "High-Need, High-Cost Programs" in 10 states and 1 U.S. territory.

The paper summarizes results from a 3-year effort to provide states with the core metrics necessary for an effective evaluation of programs targeting high-need, high-cost Medicaid patients. See Table Six for information on CCNC's primary care/transitional care model and relevant metrics.

## Northern Piedmont Community Care collaboration showcased by National Academy for State Health Policy

A new publication from the [National Academy for State Health Policy](#) on collaborations combatting the rural opioid epidemic showcases two CCNC-led efforts: Project Lazarus and Vance County-based Project VIBRANT. Project VIBRANT is reducing unintentional opioid overdose deaths in NC's Granville-Vance region by leveraging a number of existing local and state-level relationships. The program is working to expand access to naloxone through partnerships with the Granville-Vance District Health Department, Duke University's Division of Community Health, Northern Piedmont Community Care, local pharmacies, drug treatment centers, police and sheriff departments, and several other community-based organizations. NASHP's publication highlights a number of successful strategies states are using to deploy emergency interventions to reduce opioid overdose deaths, improve access to care, and provide better treatment services in rural areas. [Download NASHP's primer](#); overviews of Project Lazarus and Project VIBRANT appear beginning on page 9.



### Connect with CCNC on Social Media!

Facebook: [www.facebook.com/communitycarenc](http://www.facebook.com/communitycarenc)

Twitter: [www.twitter.com/@communitycarenc](http://www.twitter.com/@communitycarenc)

LinkedIn: [www.linkedin.com/company/n3cn](http://www.linkedin.com/company/n3cn)

# CCNC On The Road...

Date/Location	Event	Speaker
October 5, 2016 - Cheyenne, Wyoming	National Governors Association <i>Topic: Impact of CCNC results on redesigning Wyoming's Medicaid system</i>	CCNC, Inc. President and CEO <b>Dr. Allen Dobson</b>
October 6, 2016 - Washington, DC	Partnership to Fight Chronic Disease <i>Topic: Optimizing Medicine Use to Improve Health, Lower Costs: Integrating Pharmacy into Primary Care.</i>	Troy Trygstad, PharmD, MBA, PhD
October 15, 2016 - Boston, MA.	<a href="#">Food and Nutrition Conference and Expo (FNCE 2016)</a> <i>Topic: the movement toward pay-for-value and impact on registered dieticians</i>	Dr. Allen Dobson
December 8-9, 2016 in Tampa, FL)	<a href="#">ACO Operational Excellence Conference</a> <i>Topics: (DuBard) How ACOs Achieve the Triple Aim; (Trygstad) Insights from ACO Stakeholders to Achieve Operational Excellence</i>	CCNC's Annette DuBard, MD, MPH and Troy Trygstad

## CCNC CIO George Bakolia in Triangle Business Journal Spotlight



Don't miss the "spotlight" on CCNC Chief Information Officer George Bakolia in last Friday's issue. [Click here to view.](#)

## Efforts to More Safely Manage Pain Continuing at CCNC

Although the Project Lazarus Grant has come to an end, CCNC's commitment to the [Chronic Pain Initiative](#) continues. The current focus will be on broadening understanding of pain management and building the capacity of CCNC network care management teams and provider partners to better serve patients with chronic pain and substance use disorders. This fall, representatives from each CCNC network will convene to discuss ongoing approaches with the goal of crafting formal recommendations to enterprise leadership. For more information on CCNC's ongoing pain management efforts, contact CCNC's Director of Behavioral Health Integration, [Andrew Clendenin](#), MSW.

## Latest CCNC Data Brief: Medication Compliance Linked to ED Use Among Patients with Schizophrenia

Medicaid patients with schizophrenia often have complex healthcare needs, so poor antipsychotic medication adherence is often overlooked when they present to the Emergency Department (ED). In CCNC's latest Data Brief -- [Emergency Department Use Among Patients with Schizophrenia: The Impact of Medication Adherence](#) -- investigators Morgan Hardy, MPH, Carlos Jackson, PhD, and Jennie Byrne, MD, PhD, analyze the relationship between behavioral health medication adherence and ED utilization in this key population. Medicaid patients with schizophrenia have high ED use rates, and while this group often has multiple chronic conditions, primary ED diagnosis is rarely related to these. The brief presents actionable data and analysis for all professionals managing ED utilization.

Data Brief | September 14, 2016 | Issue No. 8

### Emergency Department Use Among Medicaid Patients with Schizophrenia: The Impact of Medication Adherence

Authors: Morgan Hardy, MPH; Carlos Jackson, PhD; and Jennie Byrne, MD, PhD

**KEY POINTS FROM THIS BRIEF:**

- Medicaid patients with schizophrenia have high rates of emergency department (ED) use, especially for medical, non-behavioral health conditions.
- Lower adherence to antipsychotic medications is associated with increased emergency department use, particularly for medical visits.
- Although frequent ED utilizers with schizophrenia often have multiple chronic conditions, the primary diagnosis associated with their ED visits are rarely related to these chronic conditions.
- Care management efforts to decrease utilization among patients with schizophrenia should consider antipsychotic adherence as a potentially high-impact area of focus.

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**Background**

Medicaid patients with schizophrenia have high rates of costly acute care utilization for both psychiatric and medical conditions.<sup>1-3</sup> These patients suffer from a disproportionate burden of under-treated chronic illnesses, creating extremely complex care needs.<sup>4,5</sup> Adherence to an antipsychotic medication regimen is of particular concern for patients with schizophrenia, given that a large majority of these patients experience gaps in medication use.<sup>6</sup> Non-adherent and partially adherent patients have predictably worse health outcomes.<sup>7</sup> Studies have shown that non-

adherence is associated with higher rates of readmission, longer lengths of stay, and higher costs.<sup>8,9</sup> The results are similar for behavioral health admissions and all-cause admissions. Little is known, however, about the relationship between non-adherence to anti-psychotic medication and emergency department (ED) use. This link between poorly controlled mental illness and high health care utilization is becoming increasingly important as state Medicaid agencies seek to control costs through integrated case management strategies.<sup>10</sup>

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## CCNC Media Links...

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

### MEDICAID REFORM

*News Observer:* [As NC seeks to privatize Medicaid, nonprofit touts cost savings](#)

### CLINICALLY INTEGRATED NETWORKS

*Winston Salem Journal:* [Independent Physicians in Triad link with NC Statewide Network](#)

### PEDIATRICS

*WRAL:* [Developmental Screenings Help NC Kids with Disabilities](#)

### PHYSICIANS

*Kaiser/Washington Post:* [Concerns for small practices under Medicare's New Payment System](#)

### OPIOID/OVERDOSE ISSUES

*Daily Advance - Elizabeth City:* [Drug Abuse Epidemic Continues](#)

*Mt. Airy News:* [Focus Changes for Project Lazarus](#)

*Sanford Herald:* [Naloxone: a tool to buy time](#)

*Yadkin Ripple:* [Project Lazarus hosts seminar on trauma](#)