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.

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. 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.

“Dr. Earls has been instrumental in raising awareness of the importance of early screening,” said CCNC President and CEO Dr. Allen Dobson.

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.”
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 combating 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.

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.
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<td>Cheyenne, Wyoming</td>
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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; 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.

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. The 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 Glendenin, MSW.

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](#)