

## Independent physicians gather for CCPN Inaugural Clinician Conference

More than 130 independent primary care physicians attended last month's [Community Care Physician Network \(CCPN\) Clinician Conference](#) in Greensboro. Speakers included NC Health & Human Services Secretary Dr. Mandy Cohen, and Craig Jones, MD, advisor to the Office of the National Coordinator for HIT. Also speaking via video was Doug Henley, MD, FAAFP, Executive Vice President and CEO of the American Academy of Family Physicians.



In her keynote address, Secretary Cohen emphasized she fully supports what is currently working with NC Medicaid, including the fact that most hospitals and physicians accept Medicaid. She described her focus as improving mental health and reintegrating it with physical health and improving health for all North Carolinians as the health care system moves toward alternate payment models.

Dr. Cohen visited the CCNC Central Office in early June to learn more about our capabilities, to hear a history of how CCNC came to be, and discuss our evolving partnership with the state.

Dr. Doug Henley, FAAFP, Executive Vice President and CEO of the



[American Academy of Family Physicians](#), spoke by video address where he emphasized his belief that CCPN could become a national model. His full address can be [viewed here](#).

### CCPN At a Glance

- 2,000 members
- 609 practices
- Serving 641,116 Medicaid enrollees or 1/3 NC Medicaid population

CCPN enrollment is currently approaching 2,000 member physicians from 609 practices around the state. These practices serve 641,116

Medicaid enrollees – or more than one-third of North Carolina's Medicaid population. Click here for the [CCPN website](#) and here for a [map of CCPN practices](#).



## DHHS public input sessions on Medicaid Waiver draw crowds

A series of public input forums gathering feedback and suggestions on Medicaid reform and the 1115 Waiver were held last month in Asheville, Greensboro, Greenville and Raleigh. CCNC is grateful to our many Network leaders who spoke at the hearings, including Community Care of the Sandhills Medical Director and CCNC, Inc. Board Member Bill Stewart, MD, who spoke in Raleigh.



Said Dr. Stewart "The new Medicaid system must preserve and expand access to care. What other state in the US can say that over 90% of all primary care providers will see Medicaid patients? Our small rural independent practices take care of some of our sickest and most complex patients. Faced with the administrative burden of three or more new insurance companies in the face of a shrinking fee schedule, these practices can easily opt-out of Medicaid. We must preserve access by our supporting primary care providers in real and meaningful ways."

Many thanks also to the many North Carolina physicians who attended and praised the work of CCNC care managers. CCNC has also filed a formal written response to the Department's Request for Information. CCNC's response to DHHS is [available here](#).

### 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)



## “Enhanced” Community Pharmacies Deliver Cost Effective Care

The latest issue of [Population Health News](#) features an article written by CCNC Pharmacy Programs Vice President Troy Trygstad, PharmD, MBA, Ph.D., detailing the benefits of the [Community Pharmacy Enhanced Services Network](#) (or CPESNSM network) in North Carolina, a network of nearly 300 community-based pharmacies that provide medication focused care coordination for Medicaid beneficiaries with chronic health issues. CPESN pharmacies consult with patients, review their health status, answer questions, synchronize medications so that they are all filled on the same day each month, arrange special packaging and offer medication education.

More than 275 community pharmacies in North Carolina are integrated into CCNC’s medical home care teams. This national movement was also highlighted in a recent issue of [Pharmacy Today](#). Eleven states — Iowa, North Carolina, Virginia, Pennsylvania, Colorado, Georgia, South Carolina, Tennessee, Arkansas, Mississippi, and Louisiana — have active CPESN networks, with other states in various stages of development. The concept was pioneered in North Carolina in 2014 after CCNC created the first CPESN network through a 3-year grant funded by the CMS Center for Medicare & Medicaid Innovation (CMMI). CCNC saw high-performing community pharmacies as untapped resources for improving care management and medication optimization. Medicaid data show that chronically-ill patients visit their local pharmacy as often as 35 times per year, far more regularly than they see their primary care physician.

CCNC recognized the untapped potential of community pharmacists and created the CPESN network as a key strategy for integrating community pharmacists into CCNC’s statewide network of healthcare teams providing high-quality and cost-effective patient outcomes.

## CCNC’s Practice Transformation Network Helping NC Practices Improve Efficiency, Quality

CCNC is working under a cooperative agreement with the Centers for Medicare and Medicaid Services (CMS) with the goal of “practice transformation” – helping medical practices develop and share comprehensive quality improvement strategies. This is an important effort to get clinician practices actively engaged in transformation and ensures collaboration among a broad community of practices. Doing so also creates, promotes, and sustains learning and improvement across the healthcare system. CCNC’s PTN is a leader in overall compliance rates for completion of practice baseline assessments. CCNC has also met the challenging timeline of moving all practices enrolled in the first year of the program through the first phase of transformation by March 31, 2017.

“We all know that big changes are coming in how healthcare providers will be reimbursed in the future. We’re working to ensure that participating practices will be ready to provide -- and report on -- high-quality care.” — Robert A. Eick, MD, MPH, Deputy Chief Medical Officer



## CCNC’s Pregnancy Medical Home develops new prioritization strategy for care management

CCNC is taking a new approach to prioritizing care management services for women in the [Pregnancy Medical Home Program](#). Working with several years of risk screening and care management data, CCNC has developed a Maternal-Infant Impactability Score™ (MIIS) that ranges from 0-1,000, with higher scores indicating women who are more likely to benefit from pregnancy care management. The aim is to concentrate care management resources on cases where CCNC can make a real difference in the

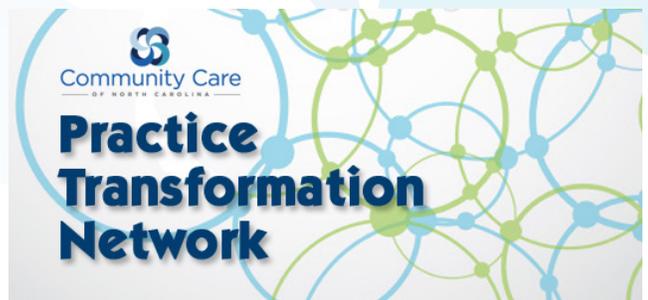


rates of low birth weight. Low birth weight is a key indicator of the health of newborns and costs to the system.

The association between care management and reduced risk of low birth weight is seen among women with an MIIS score of 200 or greater; an MIIS score  $\geq 500$  associated with a 25% reduction in low birth weight when sufficient care management intervention is provided during pregnancy. While up to 70% of the pregnant Medicaid

population has at least one low birth weight risk factor, only 25% of the pregnant Medicaid population has a MIIS score of  $\geq 200$ . This approach allows care management resources to be focused where they are most needed.

“Low birth weight is a ‘tough nut to crack,’” said CCNC Pregnancy Medical Home Medical Director Dr. Kate Menard, “but care management can make a difference, and if we focus these efforts carefully, I believe there is real potential for improvement in outcomes.”





## CCNC Data Analyst Wins Health Care Innovation Contest

Congrats to Kevin McCreery (far right in picture above), a Senior Data Analyst in Analytics, for his role in the team that won the spring AARP + UNC Digital Health Innovation Sprint. The Digital Health Innovation Sprint is an experience-based series of high-energy events designed to guide entrepreneurial-focused teams quickly through the process of maturing an idea and creating a prototype. Leveraging design thinking methodologies, the Sprint provides structure and support for teams to better define a healthcare problem and generate, develop and refine digital solutions over a two-month period.

The challenge to Kevin's team was: "How can wearables be used to seamlessly galvanize the 50+ population to take the right medications as prescribed?" Kevin's team, Life Ring, designed a fashionable, wearable device (a ring, necklace or bracelet) supported by an application promoting medication adherence via advanced scheduling, communication, and medication management tools. For instance, the device can vibrate or blink for reminders and the app on the phone can provide the user with more detailed information:

As one of four finalists, the team then pitched the idea to a panel of judges, including Andy Miller, SVP Innovation and Product Development at AARP, Nigel Smith, Director of The Hatchery at AARP, Carol Lewis, Associate Director of UNC's Center for Health Innovation, and John Reites, Chief Product Officer at Thread Research – and WON!!! They will receive a start-up package including \$10,000 in cash, six months free co-working space at American Underground, plus potential pilot opportunities with AARP and UNC.

Kevin regularly looks for ways to build improvements into CCNC processes and analytics and this is another great showcase of his talent. Congratulations to Kevin for his excellent work and support of innovation in healthcare!



## Childhood Mental Health Summit Brings Focus, Broad Collaboration

CCNC hosted a summit on Infant and Early Childhood Mental Health (IEMCH) issues on May 19th that included broad leadership from across the state, including DHHS, DMA, DPH, DSS, DMHDDSAS, DPI, professionals who care for children (NC Pediatric Society, NC Academy of Family Physicians, NC Infant Mental Health Association, NC Child First, NC Association of Social Workers, Pregnancy Medical Home), advocates for children and families (NC Early Childhood Foundation, NC Child, Prevent Child Abuse, Family Support Network, NC Association for the Education of Young Children), and foundations who support early childhood efforts in NC.

The well-attended summit was a working meeting that identified next steps for North Carolina to optimize infant and early childhood mental health. The summit was made possible through a technical assistance grant from [ZERO TO THREE](#), a national organization dedicated to improving early childhood development. North Carolina is one of ten states working with ZERO TO THREE to develop policy, training, and resource needs for IEMCH services. Key goals of the project are:

- Facilitate mental health integration in primary care;
- Expand the workforce providing infant and early childhood mental health services through training and certification;
- Develop diagnostic systems appropriate to early childhood by implementing a crosswalk of ICD-10 codes and Diagnostic Classification 0-5;
- Promote social determinants of health as criteria for Part C eligibility; and
- Promote trauma-informed practice and collaboration among clinicians of all types and childhood educators.

## CCNC In The News

- Pharmacy Today: [Community pharmacies with enhanced services link up as networks nationwide](#)
- NC Health News: [Advantages of a Rural, Small-town Medical Center NC Health News](#)
- Winston Salem Journal: [Hybrid Medicaid reform initiative draws praise](#)