# THE UPDATE

July 2018

Community Care OF NORTH CAROLINA

## IN THIS ISSUE



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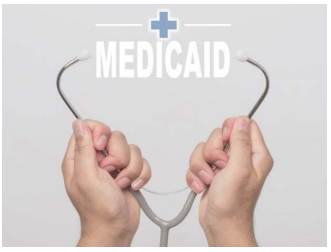
## CCPN, NCPOP join forces to serve NC Medicaid




Community Care Physicians Network (CCPN) and North Carolina Provider Owned Plans, Inc. (NCPOP) have announced plans to partner in the new Medicaid managed care system to go live in 2019. NCPOP, a collaboration of 11 North Carolina health systems and Presbyterian Healthcare Services, will contract with CCPN's clinically-integrated network of clinicians and establish a care management arrangement supporting CCPN Advanced Medical Homes. CCPN's 2,200 member clinicians currently serve Medicaid beneficiaries in more than 700 practices across the state.

"Independent practices are the backbone of primary care in North Carolina," said Gregory L. Adams, MD, FAAP, a member of the CCPN Board of Managers and a pediatrician with Blue Ridge Pediatric and Adolescent Medicine in Boone, North Carolina. "CCPN's clinician leadership will work collaboratively with NCPOP to strengthen these practices and improve care that is delivered to Medicaid beneficiaries. This will preserve access to care and help the new Medicaid system be successful."

"This partnership reinforces the commitment that both NCPOP and CCPN have to the citizens and healthcare providers in North Carolina" said Dev Sangvai, MD, MBA, Associate Chief Medical Officer for Duke University Health System and co-chair of NCPOP's Physician Leadership Council. "By working together we can achieve the scale, scope, and geographic reach necessary to be successful in value-based care."

To view the joint news release, go to http://ccnc.care/h. Coverage by the Triangle Business Journal is available here http://ccnc.care/k.

## Clinical services aligned under new business unit: Population Health Solutions

CCNC's clinical business teams have been realigned under a single unit to boost the efficiency of services provided to both current and future customers. The new division will be led by Jamie Philyaw, MSW, CCM, who has been named senior vice president of population health solutions. Philyaw has deep clinical and administrative experience, including previous posts as CCNC vice president of care management, network director at Community Care of Wake & Johnston Counties, behavioral health program manager, and social work case manager.

*See "Population Health Solutions" on page 4*

# CCWJC recognized nationally for filling gaps in health care system

US News and World Report featured the work of Advanced Practice Paramedics and Community Care of Wake and Johnston Counties (CCWJC), in an article on innovative efforts to improve care coordination in local communities. Through a partnership with Wake County's Advanced Practice Paramedic program, CCWJC helps patients at risk for emergency room admission or readmission by providing preventative health care services in their own home.

> "Sometimes it feels like guerilla health care. Whatever it takes," Ben MacDonald, a nurse case manager at CCWCJ, told US News and World Report. "We work with people where they're at, physically, mentally, medically."

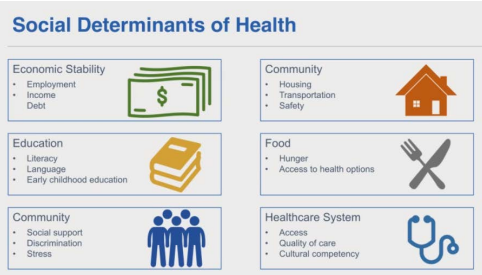
Patients who receive a home visit from CCNC are 50 percent less likely to have a 30-day readmission compared to those receiving less intense forms of transitional care. CCNC's Transitional Care model provides "on the ground" care managers who know how to reconnect health care siloes and access local resources that can make a real difference in patients' lives.

# CCNC, VirtualHealth, and Lyft Webinar: 80% of a patient's health is determined by non-clinical factors

Jamie Philyaw and Dr. Michelle Bucknor teamed up in June with VirtualHealth and ride service Lyft to present a webinar on "Navigating Social Determinants of Health." The partners discussed how to improve care management and population health by better addressing social determinants of health. "The presence or absence of health is a complex outcome which is influenced by many factors including genetic, environmental, economic, social, and political circumstances. Healthcare only contributes a small percentage," said Dr. Bucknor. "Right now we have the opportunity to influence the areas of environmental exposure, social circumstance, and individual behavior."

Philyaw explained that CCNC's care management services evolved from a focus on single disease initiatives to a whole-person approach that considers how social determinants impact patients' ability to manage their chronic diseases.

"Data analytics and technology that enable our care management interventions are critical components of our care management program. Our multidisciplinary care team utilizes Motivational Interviewing techniques to conduct a comprehensive needs assessment. This allows us to develop an individualized care plan in collaboration with the patient," said Philyaw. "The care plan includes goals and interventions to address social barriers such as housing, transportation, food and nutrition, and toxic stress." Philyaw stressed the importance of this approach in treating high-risk populations.




Lyft has set a goal of eliminating transportation barriers to health care. According to Lyft, transportation issues prevent 3.6 million Americans from getting to or from a doctor's appointments, and 25% of lower-income patients have missed or rescheduled appointments due to lack of transportation. Lyft aims to cut those numbers in half by 2020.

View the webinar at: http://ccnc.care/vhsdohwebinar.

# Tilson, Henley receive awards for contributions in health care in NC

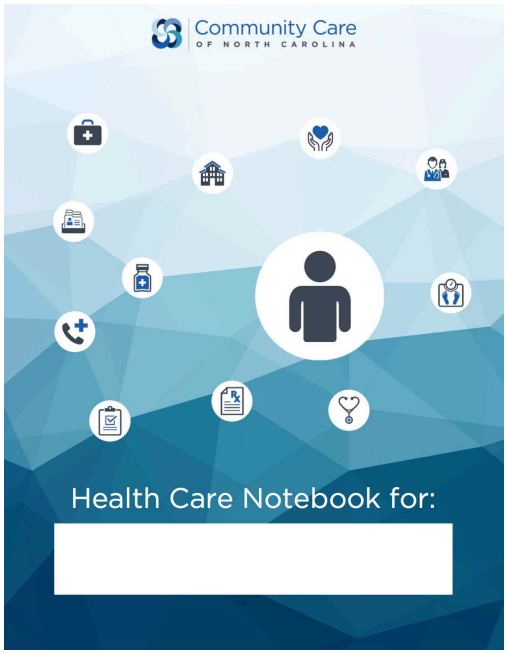
Betsey Tilson, MD

Congratulations to Betsey Tilson, MD, State Health Director at the North Carolina Department of Health and Human Services (NC DHHS), and Nancy Henley, MD, Medicaid Chief Medical Officer, on being recognized for their contributions to health care in North Carolina.

Tilson received the Woodrow Wilson Award for Distinguished Government Services from the Johns Hopkins Alumni Association, an honor given to alumni for their public service as elected or appointed officials. Tilson served as Chief Network Medical Director for CCNC before joining NC DHHS in 2017.

Nancy Henley, MD

Henley received the Nick Jeralds Award from SHIFT NC, an honor given to recognize the work of a North Carolinian in the prevention of teen pregnancy.



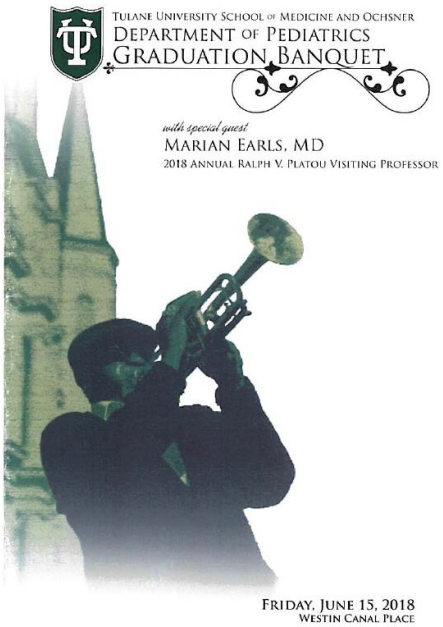

# CCNC Launching New and Improved Patient Tool

CCNC is in the process of launching a revamped Health Care Notebook, a key patient self-management tool offered to all CCNC complex care management patients. The notebook encourages self-management and helps patients record information related to their health in one location. Patients are encouraged to take the notebook to appointments with all health care providers.

Barb Mueske, RN, a care manager from one of CCNC's networks, Community Care Partners of Greater Mecklenburg, said the new notebook was well received at a patient education meeting this month. "All the patients felt that it would be extremely useful and really liked the improved functionality and design.

Barbara McNeill, MSN, RN-BC, Clinical Education Specialist, leads CCNC's Patient Education Workgroup, which includes clinicians from CCNC networks across North Carolina. McNeill said the group redesigned the notebook with patient-focused features to make it more useful for CCNC enrollees. "Our aim is to look constantly for opportunities to improve," said McNeill. "In this case, we incorporated feedback from both patients and care managers and I believe made some changes that will make the Patient Notebooks more effective and improve the experience of our patients."

# Dr. Marian Earls brings CCNC experience to Tulane University as visiting professor




Marian Earls, MD, deputy chief medical officer and director of pediatrics programs at CCNC, was the 2018 Annual Ralph V. Platou Visiting Professor at the Pediatric Grand Rounds and the Tulane-Ochsner Pediatric Resident graduation banquet for Tulane University's School of Medicine in New Orleans, Louisiana.

At the Grand Rounds Lecture, Dr. Earls spoke about integrating developmental, social-emotional, and psychosocial screening into pediatric preventive care, including a discussion of the success of the Assuring Better Child Health and Development (ABCD) project, a CCNC effort she has led since 2000. She also spent two days in sessions with residents of the pediatrics program and primary care pediatricians.

"We have learned a lot through effective collaborations with leading pediatricians across our state," said Dr. Earls. "I was gratified to be able to share some of those learnings with new pediatricians just beginning their careers."

# WellCare hosts first "North Carolina Medicaid Matters" events

Clinically-integrated network Community Care Physicians Network (CCPN) participated in "Medicaid Matters" meet-and-greet events hosted by health plan WellCare in Pinehurst and Raleigh in June.

WellCare provided information to practice managers and providers about upcoming changes in the Medicaid program and how WellCare can help with the transition. CCPN was on hand to describe the benefits of CCPN and recruit new providers to the network.

WellCare and CCNC are partnering in a bid to serve North Carolina Medicaid beneficiaries under the state's new managed care system that will go live in 2019.

CCPN staff talk with a physician in Raleigh, NC

Community Care
OF NORTH CAROLINA

# Population Health Solutions

*continued from page 1*

The business unit will consist of clinical integration (care management and clinical programs) and clinical operations, a field-based care management staff of 150. "The aim of the reorganization is increased alignment, enhanced efficiencies, and greater cohesion across CCNC's programs and services," said CCNC Chief Operating Officer Tom Wroth, MD.

"This streamlined structure will enable our teams to work more efficiently towards a unified set of goals, enhancing our service delivery for networks, providers, customers, and patients," said Philyaw.

Sheri McCall, RN-BC, MSN, CCM, will continue as vice president of clinical operations with an expanded role to include leadership over CCNC field operations and CCNC's Call Center. A new position, vice president of clinical integration, population health solutions has been created, which will have direct oversight of clinical programs and care management.

A second business unit, the Office of Chief Medical Officer, led by Michelle Bucknor, MD, MBA, will provide clinical oversight and strategic vision across Population Health Solutions. The Office of the Chief Medical Officer will include quality management, quality improvement, practice transformation, and physician leaders in adult medicine, behavioral health, pediatrics, and maternal health.

**Jamie Philyaw, MSW, CCM**

Senior Vice President of Population Health Solutions

**Michelle Bucknor, MD, MDA**

Chief Medical Officer

**Sheri McCall, RN-BC, MSN, CCM**

Vice President of Clinical Operations

# Aetna, CCNC map out how they will serve NC Medicaid in 2019 and beyond

Senior executives of Aetna were in town June 26 for a day-long meeting to work out details of how the two companies will bring the strengths of both organizations together to improve quality of the care delivered to Medicaid beneficiaries under the new managed care system. "We had a productive and exciting discussion," said Tom Wroth, MD, "and we made a lot of progress in designing a strong, unified, community- and patient-centered approach to care."

Dr. Tom Wroth (in foreground) leads discussion with Aetna Medicaid partners

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