

THE UPDATE

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Community Care
OF NORTH CAROLINA

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<http://ccnc.care/august2018update>

CCPN, UnitedHealthcare to serve NC Medicaid beneficiaries together



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Community Care Physician Network (CCPN) and UnitedHealthcare have announced plans to work together when North Carolina's new Medicaid managed care system launches in 2019. UnitedHealthcare will contract with CCPN's 2,200 independent primary care providers in more than 700 practices across the state to enhance patient care and reduce health care costs.

UnitedHealthcare is a major provider of public sector health care, serving Medicaid recipients in 25 states plus Washington D.C., including over six million beneficiaries.

"We're excited to bring the benefits of CCPN's high-performing primary care practices to UnitedHealthcare's Medicaid beneficiaries with this new relationship," said Steve Wegner, M.D., J.D., CEO of CCPN. "We're ready to work hand-in-hand with UnitedHealthcare to enhance quality, patient experience, health outcomes and physician satisfaction."

"We believe our work together will lead to innovative approaches to meeting the needs of the people we serve across the state," said Anita Bachmann, CEO of UnitedHealthcare Community Plan of North Carolina. "CCPN delivers high-quality health care and, most importantly, understands its patients, their unique health care needs and the communities it serves. We believe CCPN's physician-driven and patient-focused care will complement UnitedHealthcare's local and national experience and innovative programs."

To view the joint news release, go to <http://ccnc.care/united>.

England's National Health Service seeks insights from CCNC impactability

The British National Health Service, which covers more than 64 million in England and the UK, is bringing CCNC's Dr. Carlos Jackson to London to present on the concept of the Impactability Score™. The British interest was piqued by the peer-reviewed study published in Population Health last fall detailing CCNC's strong return-on-investment with this targeted approach to care management.

The NHS, which recently celebrated its 70th anniversary, is struggling with rising costs and scarce health care resources, so allocating those resources more efficiently is a top priority. Also, as a single-payer system, the NHS has a tremendous amount of detailed data on UK residents, providing vast quantities of raw data to run through the impactability process.

Dr. Jackson will be discussing his work with CCNC on August 7th in London at a "working party" (workgroup) of thought leaders of Integrated Care Organizations – the British equivalent of Accountable Care Organizations (ACOs). The group is led by Geraint Lewis, the Chief Data Officer for NHS England.

CCNC's approach to leveraging community pharmacies featured in industry publication

In an article by *MultiBriefs*, CCNC is recognized for its work in expanding the role of community pharmacists through collaboration with medical practices to lower the cost of care.

The article details the creation of a Community Pharmacy Enhanced Services Network (CPESN) in early 2014 and the establishment of common protocols for data transmission, quality assurance, and care management services – such as delivery, medication synchronization, and patient education – to broaden capacity for patient-centered care and prevent readmissions.

"By tracking the cost of care across the network, CPESN revealed that while complex patients had double the healthcare spending of other patients in the system, that rate leveled off after pharmacists began coordinating care with medical practices," reports Lia Novotny, consultant at athenahealth. "Patient outcomes also improved – patients who were customers of member pharmacies consistently scored 4 to 5 percent higher on medication adherence than those of other pharmacies."

Find the full article at:
<http://ccnc.care/i>.



Community Care of Lower Cape Fear hosts Medicaid reform meeting

Community Care of the Lower Cape Fear (CCLCF) held a meeting to help local physicians learn more about North Carolina's upcoming Medicaid transformation. More than 100 local clinicians attended the event at the Terraces on Fir Tyler in Wilmington. Details of what will change in Medicaid and likely timelines for the transition to managed care were discussed. Information on how CCLCF and Community Care Physicians Network (CCPN) can support practices and patients through the transformation was also presented.

"We want our independent practices to understand that CCPN, a physician-led, clinically integrated network, can help them prepare and thrive as North Carolina Medicaid transforms," said Randy Barrington, Director of Provider Services for CCLCF.

Speakers for the event included Jay Ludlam, Assistant Secretary for Medicaid Transformation, NC Department of Health and Human Services. Mr. Ludlam detailed the State's plans for Medicaid Transformation. Patricia Lewis, RHIT, CHTS-PW, with the Coastal Connect Health Information Exchange (CCHIE) discussed the strategic use of a regional Health Information Exchange (HIE). The perspective of a practicing, independent physician was provided by Gregory L. Adams, M.D., FAAP, Blue Ridge Pediatric & Adolescent. Dr. Adams, who serves on the CCPN Board of Managers, emphasized the importance of independent primary care physicians working together to manage the changes need to survive and thrive in the new managed care system.

"We want to help you manage populations," Dr. Adams told clinicians in the audience, "because ultimately that's where we're going to be graded and where the money is going to flow. The way we're paid is going to change... and physicians need to know where they are financially in a timely manner, so they can make adjustments... That's why we need a network like CCPN."

This meeting was important now more than ever because depending on state and federal approvals, Medicaid and NC Health Choice programs will shift from a predominantly fee-for-service delivery model to managed care which will include providing whole person, value-based care.



Pictured left to right: Robert Lee "Chuck" Rich, Jr. MD; Gregory Adams, MD, FAAP; Jay Ludlam, JD; Randy Barrington, MBA, CPHQ

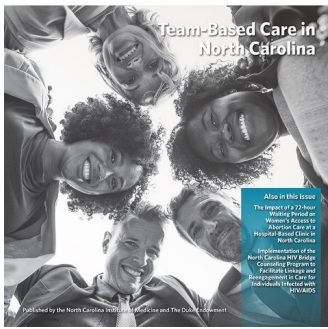


Inside the event

Community Health Partners recognizes "Shining Stars"

Community Health Partners (CHP), CCNC's local network serving Gaston and Lincoln Counties, recognized outstanding employees with their inaugural "Shining Star" awards at a meeting on July 26 in Gastonia. Shining Star awards recognize employees performing above and beyond expectations with an exceptional work ethic and positive attitude.

See "Shining stars" on page 4



NC Medical Journal features CCWNC in article on integrated behavioral health providers

The *NC Medical Journal*'s latest issue, "Team-Based Care in North Carolina," published an article by Eric Christian, MAEd, LPC, NCC, director of behavioral health integration at Community Care of Western Carolina, on how chronic medical and common behavioral health conditions have been shown to

benefit from team-based care approaches that include integrated behavioral health providers (BHPs).

"Integrated care allows BHPs to receive 'warm handoffs' of patients from primary care providers and perform brief interventions," writes Christian. "This permits face-to-face discussions to relay concise medical and psychosocial histories and clear goals of care in the presence of the patient."

For BHPs, he says that integrated care requires a team-based approach in both implementation and execution, and "has the ability to promote the Quadruple Aim: encompassing health care outcomes, patient satisfaction, provider work/life experience, and the cost of care."

Successful integrated care allows BHPs to be involved in activities outside of typical mental health and/or substance use concerns, Christian says. "Shared space, exposure to daily clinical encounters, interprofessional education, brief lectures, case presentations, and shared common psychoeducational materials allow team members to learn about one another's skill and build team cohesion."

To view the article, go to <http://ccnc.care/n>.

CCNC's research published in peer-reviewed journal shows majority of primary care physicians find value in enhanced pharmacy services

More than 85% of primary care practice responders agree that working with a CPESN pharmacy can help improve patient health outcomes, a study by Trista Pfeifferberger, director of quality assurance and improvement for CPESN, and Kristin Lundeen, director of pharmacy at CCNC, found. Their research on the perceived values and barriers of enhanced pharmacy services from care managers and primary care practice responders was recently published in the *Journal of the American Pharmacists Association*.

Practice responders reported statistically less familiarity with enhanced pharmacy services than care managers did, Pfeifferberger says. "When provided with a list of CCNC's CPESN pharmacies in their county, 71% of care managers stated that they collaborated with these enhanced pharmacies to provide care to patients beyond traditional dispensing. For primary care practice responders, this number was only 44%."

To achieve a deeper integration of community pharmacists into the larger healthcare team, Pfeifferberger says establishing relationships between pharmacists of CPESN pharmacies and providers beyond traditional dispensing activities is important. "Provider outreach and education around these enhanced services offered by community-based pharmacies are necessary to maximize this collaboration."

Find the full article here: <http://ccnc.care/o>.

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Carolina Health Alliance



Advisory Board points out how CCNC's care management helps surmount EHR barriers

CCNC's care management system has gained recognition nationally for its impact on reducing admissions and emergency department (ED) visits. The program is led by Jamie Philyaw, MSW, senior vice president of population health solutions at CCNC.

In *Managed Healthcare Executive*, Philyaw discusses how CCNC's care managers go above and beyond to build trust between patients and care teams. "Care managers help engage patients in improving their health, leading to better outcomes, and fewer ER visits and readmissions," says Philyaw.



CCNC patient with care manager

Significant factors in reducing readmissions are patient's location, living situation, and receptiveness, but according to Kristen Barlow, senior consultant at The Advisory Board, EHR costs can also play a role. "EHR vendors charge for their software based on a per-user license basis and post-acute care providers can't afford access to all of their healthcare partners' EHR platforms," says Barlow.

"This is why CCNC's approach of embedding care managers in hospitals and physician practices is key," says Philyaw. "Embedded staff have access to providers' EHRs, which gives them greater insight into what's happening with patients. It's a win-win."

CCNC's approach clearly has advantages: for 2017, inpatient admissions for CCNC enrollees are 28% below expected, and ED visits are 8.4% below expected.

To read the article in its entirety, go to: <http://ccnc.care/m>.

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"Shining Stars"

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The first awards went to:

Abeer Elkhoully, Network Pharmacist – for an eagerness to learn that over her two years with CHP led her to become one of the top performers in CCNC and catapulted CHP to the top spot for overall productivity in medication reviews across the CCNC system.



Pictured left to right: Abeer Elkhoully, Mary Ellen Pike, and LaShana Owens

LaShana Owens, OB Care Manager –

A master of Motivational Interviewing, LaShana is known for her ability to diffuse difficult situations through a calm demeanor and systematic approach to problem-solving. She was recently recognized by CCNC for outstanding productivity and performance in reaching 97.7% her patients with a 95.5% rate of patient engagement.

Mary Ellen Pike, CHP Accreditation Specialist and Lead Care Manager –

Mary Ellen was recognized for her work on the statewide workgroup managing CCNC's NCQA accreditation. Mary Ellen serves as a subject matter expert on accreditation, working closely with both CHP staff and other CCNC Networks to answer questions and provide technical support on this complex process. Her work ensures that CHP's policies, procedures, and workflows meet all NCQA requirements.