

THE UPDATE

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Community Care
OF NORTH CAROLINA

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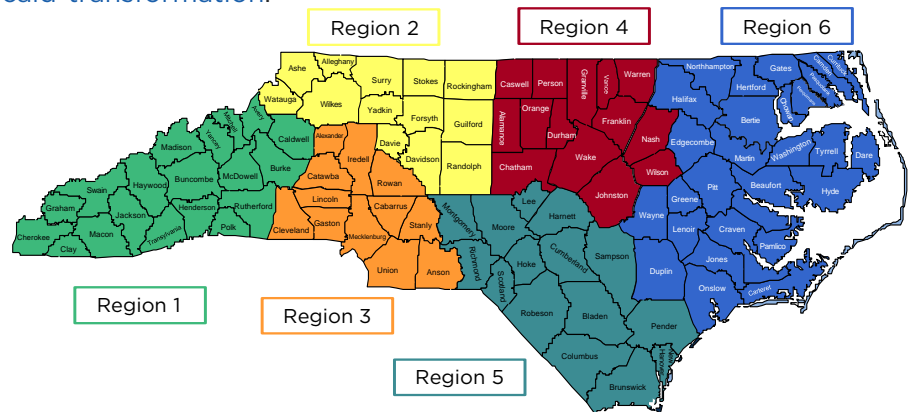
<http://ccnc.care/september2018update>

North Carolina issues first Medicaid managed care RFP

The NC Department of Health and Human Services issued the long-awaited Request for Proposal for the new managed care system on August 8. Prepaid health plans and provider-led organizations have until October 12 to submit bids on the contract. An Evaluation Committee of state employees will review bids and is expected to announce contract awards on February 4, 2019.

There will be four statewide contracts and two regional, provider-led contracts in Regions 2, 3, 4 and 5. In regions 1 and 6, only one regional PLE will be awarded per region will join the four statewide contracts. See this map for details: <http://ccnc.care/regionsmap>. The new system will "go live" in regional phases, with Phase 1 expected to launch in November 2019 and Phase 2 expected to launch in February 2020.

Detailed information about the RFP and the transition to Medicaid managed care is available on the DHHS Medicaid Transformation site: <https://www.ncdhhs.gov/medicaid-transformation>.



CCPN, Gateway Health announce collaborative partnership to serve NC's dual-eligible population

COMMUNITY CARE
PHYSICIAN NETWORK

+

Gateway Health.

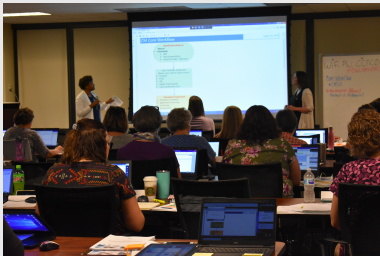
Community Care Physician Network (CCPN) and Gateway Health have announced a collaboration to serve beneficiaries in Dual Eligible Special Needs Plans (D-SNPs) in North Carolina. Under the agreement, CCPN's clinically integrated network of more than 2,200 clinicians in 700 practices across NC will provide medical services to its members and intensive care management outreach for patients. CCPN will also deliver provider support services, assist with risk stratification and targeted analytics and collect and report annual quality data and outcomes.

See "Gateway partnership" on page 4

CCNC prepares for new system upgrade

Training began last month for CCNC's new care management system. The new VirtualHealth platform will provide a state-of-the-art care management documentation system.

Core trainers from around the state came into CCNC's central office in Raleigh to begin training on the new program.



Andrew Clendenin named VP of Clinical Integration Care



Beginning September 1, 2018, Andrew Clendenin, MSW, will serve as the vice president of clinical integration in CCNC's recently aligned Population Health Solutions unit, leading both Care Management and Clinical Programs/Integrated Health.

Clendenin joined CCNC in 2016 as the director of behavioral health and was previously the director of integrated health at Community Care of the Sandhills (CCS) where he led quality improvement, pediatrics, maternal health, and behavioral health programs.

Clendenin has been a staunch advocate for integrated health care and has led the development of innovative programs through community-based networks of care. In his time at CCNC, Clendenin has developed an integrated care technical assistance model built to support primary care practices interested in pursuing evidence-based models of integrated care.

"I am honored for the opportunity to lead the integration of our clinical and care management programs," said Clendenin. "Having worked with the Community Care organization for over six years, I am excited to promote an integrated, team-based population health approach and furthering CCNC's commitment to improving the health of our communities."

Clendenin has represented CCNC and integrated health by presenting at many state and national conferences, including the World Congress Payors Behavioral Health Management Summit in Washington, DC (2017) and the Centers for Medicaid/Medicare Services, Transforming Clinical Practice National Expert Panel in Baltimore, Maryland (2017). In May 2018, Clendenin presented at the World Congress Integrating Behavioral Health and Primary Care Models Summit in Orlando, Florida.

"I am excited to work with Andrew in his new role and am confident that his leadership will be instrumental in moving us forward in the this new health care landscape," said Jamie Philyaw, MSW, CCM, senior vice president of population health solutions.

CCNC pediatric leader advises D.C. policy group on integrating behavioral health into pediatric practices

Marian Earls, MD, deputy chief medical officer and director of pediatric programs at CCNC, brought her pediatric expertise to a round table discussion on the evolving landscape of behavioral health integration at the Bipartisan Policy Center in Washington, D.C. last month. Dr. Earls was invited by Ben Miller, PsyD, chief strategy officer at the Well Being Trust, to represent the American Academy of Pediatrics (AAP), where she serves as chair of the Mental Health Leadership Work Group that is focused on mental health integration in primary care pediatrics.

Dr. Earls spoke to an audience of health system senior executives and agency policy leaders on the workforce readiness and payment barriers in behavioral health. The need for developing and expanding the workforce, she says, has become urgent as states move to integrate psychiatrists into pediatric primary care. "There are simply not enough child psychiatrists available," says Dr. Earls.

"North Carolina has a history of trying to integrate behavioral health services into primary care practices," Dr. Earls says. "I was grateful for the opportunity to highlight the importance of integrating behavioral health in pediatrics and to take part in a discussion about the best path forward with leaders passionate about finding solutions."

Taiwan's Health and Welfare Delegation visits CCNC

Taiwan's Ministry of Health and Welfare Delegation recently met with leaders from CCNC to discuss various programs and strategies in healthcare currently implemented in both areas.

Pictured: Dr. Tom Wroth presenting delegation leader, Deputy Minister Jui-Yuan Hsueh, with a gift.



Readmissions to ED 54 percent lower than expected in Western NC



Research by Community Care of Western North Carolina was recently cited in a joint report by Appalachian Regional Commission (ARC), the Robert Wood Johnson Foundation (RWJF), and the Foundation for a Healthy Kentucky.

The report named several "bright spots" in Appalachia in which health outcomes were notably better than expected. On the list was Madison County, NC, where CCWNC reported potentially preventable readmissions to the emergency department were 54 percent lower than expected.

Media coverage of the report credits the area's strong primary care infrastructure and collaboration, particularly access provided by the Hot Springs Health Program. Go to <http://ccnc.care/p> to see the other three N.C. counties named "bright spots" of health in Appalachia.

Adverse childhood experiences are forever, says CCLCF outreach coordinator

So concludes Community Care of the Lower Cape Fear's Jane Kinlaw, LPN, in an article on adverse childhood experiences (ACEs), the potentially traumatic events that can have long lasting effects on the health and well-being of children. The article, first in a three part series examining ACEs, trauma informed care, and resiliency, was featured in Whiteville, North Carolina's *News Reporter*.

Kinlaw says ACEs are surprisingly common, although typically concealed and unrecognized. "Adverse childhood experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. These potentially traumatic experiences are common among U.S. children, with more than one in four having been exposed to economic hardship and poverty within the first five years of life."



"One in five has experienced parental divorce or separation, and one in 10 has lived in a household where an adult has an alcohol or drug problem. More troubling still, more than one in 10 children nationally—about one in six—has experienced three or more adverse childhood experiences," says Kinlaw. "These findings have important implications for children's health and well-being, and punctuates the need for increased attention to early detection including social, emotional, and depression screenings as well as trauma informed treatment of children affected by these experiences."

Continue reading the article here: <http://ccnc.care/adversechildhood>.

Gateway partnership

Continued from page 1

“We’re excited by the potential to improve the care experience for both patients and health care providers,” said CCPN CEO Steve Wegner, M.D., J.D. “Many dually eligible recipients have complex health care needs and we are familiar with what it takes to serve this population well. Gateway’s commitment to serving this population aligns well with that of CCPN members. We will work closely with Gateway to find new and better ways to improve health care outcomes and the patient experience.”

“Gateway Health is uniquely positioned to deliver access to quality healthcare to the D-SNP population and has been doing so with success for more than a decade. CCPN will ensure we stay connected with our members in North Carolina, and be a valuable partner to these often vulnerable members,” said Patricia J. Darnley, president and CEO, Gateway Health.

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

CCNC releases new Transitional Care update

CCNC recently released a “one pager” on its Transitional Care program that briefly describes the program, how the Transitional Care Impactability Score™ works, and the results CCNC has achieved, including a 27% reduction in inpatient admissions and a 48% reduction in potentially preventable readmissions.

Transitional Care Gets Results

27%↓

Reduction in inpatient admissions

48%↓

Reduction in potentially preventable readmissions

\$128M↓

2017 savings for CCNC beneficiaries compared to unenrolled population

For more information about core components of CCNC Transitional Care, or to download the document, please see CCNC’s website:
<http://ccnc.care/transitionalcare>.

Community Care of the Sandhills to partner with FirstHealth as part of \$600,000 grant

Community Care of the Sandhills—CCNC’s local network serving Harnett, Hoke, Lee, Montgomery, Moore, Richmond, and Scotland counties—is partnering up with FirstHealth of the Carolinas to combat the opioid crisis with the help of a \$600,000 grant from Health Resources and Services Administration.



Learn more at: <http://ccnc.care/s>.

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