

THE UPDATE

October 2018



Community Care
OF NORTH CAROLINA

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CCNC offering medical assistance in wake of Hurricane Florence

In the aftermath of Hurricane Florence, CCNC is offering medical assistance and care coordination for North Carolinians displaced from their homes and/or those unable to get needed medical care. CCNC's Outreach and Care Coordination team is assessing needs and connecting citizens with local resources for medical care, prescription drugs, and medical devices. Last week, a CCNC care manager was able to help a woman who lost medications when transferring between shelters. Though she was originally asked at a local pharmacy to pay more than \$2,000 out of pocket to replace them, a CCNC pharmacist was able to get the medications covered and delivered directly to the patient.

CCNC staff members with expertise in discharge and transition planning have been working at shelters in Clayton and Goldsboro. Their familiarity with local resources has been extremely helpful to U.S. Public Health Service Commissioned Corps team members from out of state. Additionally, Debbie Murray, director of population health outreach and care coordination services, said CCNC's call center team has been able to link multiple displaced beneficiaries back to their local care manager and to transportation resources from Wilmington to Raleigh during road closures.

While CCNC's focus is Medicaid beneficiaries, the Outreach and Care Coordination team at CCNC also tries to help uninsured patients and those covered by Medicare or commercial insurance determine what medical services are open and available locally.

If you or someone you know needs medical assistance after Hurricane Florence, call our toll-free line at (877) 566-0943. There is no charge for our review and referral. For more information about CCNC's services, go to: <http://ccnc.care/800florence>.



Debbie Murray, RN, CMAC, CHC, CPN, CNM on the phone with a patient in need of medical services



October
29

VirtualHealth scheduled to go live later this month

CCNC's new care management system, VirtualHealth, is scheduled to go live on October 29th. This customized, state-of-the-art system has the flexibility needed to keep pace with changes in workflow, customer needs, and regulatory requirements and will boost CCNC's ability to deliver integrated, value-based care to our providers, partners, and patients.

View the digital copy of this issue online at:

<http://ccnc.care/october2018update>

Trygstad leads panel on the importance of the flu vaccine



With flu season just around the corner, Troy Trygstad, vice president of pharmacy programs at CCNC, hosted the *Pharmacy Times* panel entitled “Importance of the Flu Vaccine and Associated Complications,” where industry experts discussed the progression of immunization in pharmacy practice and how community pharmacists are playing a larger role in administering influenza vaccines.

Watch the video here: <http://ccnc.care/x>.



Senator Kamala Harris (right) discusses the legislation

CCNC's PMH program catches eye of U.S. Senator Kamala Harris

Kamala Harris, U.S. Senator from California, and 13 of her Senate colleagues have introduced federal legislation to address maternal mortality and racial disparities. The Maternal CARE Act proposes a pregnancy program modeled after CCNC's nationally

recognized Pregnancy Medical Home (PMH) program. If passed, Sen. Harris' bill would replicate CCNC's program in 10 states through \$25 million in grants, reports *HuffPost*.

CCNC's PMH approach has contributed to the narrowing gap of maternal mortality rates between black and white women in North Carolina, Sen. Harris' bill notes. In the rest of the U.S., the rate of pregnancy-related deaths in black women is three times higher than that of white women.

These results caught the attention of Sen. Harris, who told *HuffPost* she chose CCNC's program because, "It's the only statewide approach connecting the social issues affecting the health of mothers and babies to the prenatal care the mother receives."

CCNC's approach to maternal care screens women for medical and social factors that could increase health risks in pregnancy. Expectant mothers are paired with pregnancy care managers to help make prenatal and postpartum appointments, connect them with local resources, and be an emotional support they can count on throughout their pregnancy.

Read the full story from *HuffPost* at <http://ccnc.care/v>.

Medicaid to cover psychiatric collaborative care in primary care setting

Collaborative
Care Model
(CoCM)

Effective October 1, the North Carolina Medicaid program will be making it easier to integrate behavioral health services into primary care practices. Three new billing codes recognizing “psychiatric collaborative/integrated care management services” are available to treating physicians and non-physician practitioners. The state's aim is to promote the Collaborative Care Model (CoCM) – an evidence-based model of behavioral health integration designed specifically for the primary care medical home. The model is designed to provide effective treatment for mild to moderate mental health issues (typically depression and anxiety) in the primary care setting. Under the CoCM model, a behavioral health care manager and consulting psychiatrist collaborate with a primary care physician that is primarily responsible for directly treating the patient. The CoCM approach is a team- and evidence-based population health approach to behavioral health conditions that pursues a “treat-to-target” methodology – picking a depression or anxiety target score and treating until that score is achieved.

CCNC's Deputy Chief Medical Officer Dr. Jennie Byrne, who is providing educational materials on the CoCM approach to CCNC networks and North Carolina medical practices, sees great promise in the approach. “By creating a patient registry and fostering collaboration between a behavioral health care manager and a consulting psychiatrist, primary care practices can greatly enhance the behavioral health services they deliver in a practical and cost-effective way,” said Byrne.

See the September Medicaid bulletin (page 18) for details on the new CoCM codes at <http://ccnc.care/y>.

CCNC research finds link between psychiatric management and medical utilization in patients with schizophrenia

Better behavioral health care coordination can potentially have a significant impact on addressing medication adherence in patients with schizophrenia. That's the findings of a study by Carlos Jackson, PhD, chief data and analytics officer at CCNC, and Jennie Byrne, MD, PhD, CCNC's deputy chief medical officer. Their research on the association between antipsychotic adherence and medical ED utilization was recently published in the peer-reviewed medical journal, *Schizophrenia Research*.

"The reasons for nonadherence among patients with schizophrenia are multifaceted, and often not necessarily related to patient behavior or unwillingness to comply with treatment," Byrne says. "For example, many patients experience gaps in adherence due to lack of access to a provider or prescription."

The study also found that less adherence in patients generally led to higher rates of medical ED use. There are multiple possible explanations: "First, non- or partially-adherent patients may present the emergency department with symptoms and conditions that are related to poorly controlled schizophrenia," Jackson says. "Their visits, however, are codified as a medical primary diagnosis."

Another explanation is that non-adherence or partial adherence is associated with poorer self-care and medical follow-up. "This may lead to increased ED utilization for medical conditions. Since patients with schizophrenia are more likely to suffer from one or more chronic medical conditions than the general public, they are much less likely to receive adequate care for these conditions," Jackson says.

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

Dr. Fleming calls CCNC's work "outstanding"

Dr. Robert Fleming, director of the Transforming Clinical Practice Initiative at the Centers for Medicare and Medicaid Services (CMS), met with leaders from CCNC's Practice Transformation Network (PTN) to discuss evidence-based medicine and standards of practice.

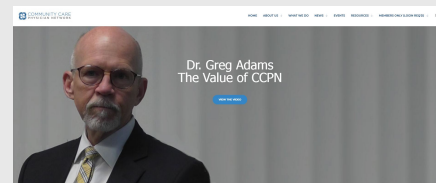
CCNC Chief Medical Officer Dr. Michelle Bucknor and the PTN team presented the transformation journey with examples from Community Care of Wake and Johnston Counties, and a visit to Kids First Pediatrics of Raleigh, a PTN enrolled practice in CCWJC's network. Together, Dr. Fleming said, all represent "highly diverse practices that are creating innovative community based health care delivery systems."

During his visit, Dr. Fleming said he rediscovered the concept of 'GLOCAL,' a term used to describe a vision of 'thinking global and acting local.' "At CCNC, they are reinforcing this idea in healthcare transformation by taking evidence-based medicine and standards of practice to tailor their execution at the community level."



From left: Erika Wagner (CCWJC), Robert Fleming (TCPI/CMS), Lynne Taylor (CCNC), and Stephanie Jenkins (CCWJC)

New CCPN website coming soon



CCPN, North Carolina's largest independent physician network, will launch a new, redesigned website at <http://communitycarephysiciannetwork.com>.

Find CCNC on social media!



fb.me/communitycarenc



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