

# THE UPDATE

November 2018



Community Care  
OF NORTH CAROLINA

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## CCNC, MediQuire collaborate on practice transformation



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CCNC & MediQuire recently announced a collaborative effort to help North Carolina primary care practices more effectively use EHR data as they transition to value-based payment models.

MediQuire is providing a clinical integration tool for measuring and reporting quality that taps into clinical data in practices' EHRs. The approach will greatly improve their ability to measure and report on quality metrics under Medicaid and other programs.

“We see tremendous value in this data solution,” said CCNC President and CEO L. Allen Dobson, Jr., MD. “By harnessing EHR data in a physician-friendly way, we can improve quality of care and produce better quality reports, ensuring that primary care physicians are fully compensated under value-based payment systems. This can let doctors focus on patient care, rather than managed care contracts or complicated data flows.”

CCNC and MediQuire will be working initially with practices participating in the Transforming Clinical Practice Initiative sponsored by the Centers for Medicare and Medicaid Services. Participating practices receive an at-a-glance dashboard that shows how the practice is performing on value-based contracts with payers and allows drill down to patient-level data to facilitate outreach and closure of care gaps.

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

## CCWJC pharmacist honored with Don Blanton Award

Cheryl Viracola, PharmD, network pharmacy program manager at Community Care of Wake & Johnston Counties, was awarded the Don Blanton Award at the 2018 North Carolina Association of Pharmacists Annual Convention in Winston Salem, NC earlier this month.



The Don Blanton Award is presented to the pharmacist who has contributed most to the advancement of pharmacy in North Carolina during the previous year. Dr. Viracola has provided education to North Carolina pharmacists on the expanded role they can play in fighting opioid dependency.

“We are excited for Cheryl to have received this prestigious honor,” said Patty Myrick, director of clinical operations at CCWJC. “It’s wonderful to see her leadership and passion recognized.”

View the digital copy of this issue online at:

<http://ccnc.care/november2018update>

# CCNC's model for data-driven population health management

Navigating Social  
Determinants:  
A Population  
Health Perspective

AN EXECUTIVE SUMMARY  
OF A VIRTUALHEALTH WEBINAR

CCNC found that impactable patients—defined as those who can be positively affected by care management interventions—on average visit about 14 different health care providers & are admitted to 2.5 different hospitals in any given year. Read more in VirtualHealth's new white paper on navigating social determinants here: <http://ccnc.care/10>.

## CCNC pediatric leaders discuss pediatric EHR needs at national summit

CCNC's Dr. Marian Earls, deputy chief medical officer, and Kern Eason, pediatric program manager, brought their pediatric expertise to a packed house of chief information officers, clinicians, and IT professionals at the Health IT Summit in Durham, NC in September. Dr. Earls and Eason stressed the need to enhance functionality of pediatric electronic health records (EHRs) to improve patient safety and quality outcomes.

"CCNC has been helping to guide EHR to develop more efficient screening tools that fit the needs of pediatric practices," Dr. Earls said. "We're also working to develop affinity groups through which smaller practices can come together to share best practices and quality standards."

Dr. Earls and Eason were invited to speak by *Healthcare Informatics*, who published an article earlier this year on CCNC's efforts to enhance pediatric EHR functionality.

"As we move to value-based payment approaches in pediatrics," said Eason, "we need to address cost, lack of structured data, and the need for practical ways to meet patient volume demands."



Dr. Marian Earls (left) presents at  
Health IT Summit in Durham



## CCNC advises companies on how palliative care can support caregiver employees

Debbie Murray, RN, CMAC, CHC, CPN, CNM, director of CCNC's population health outreach and care coordination services, presented alongside Jonathan Fischer, assistant professor in Duke University's department of community and family medicine, in a live webinar on palliative care last month.

The webinar, co-sponsored by Catalyst for Payment Reform and the Center to Advance Palliative Care, was aimed at employers seeking to support staff who take on the role of caregiver for a family member.

"Discussion focused on the human and financial costs associated with patients suffering from serious illness and how palliative care can help reduce stress for patients and families," said Murray. "The demonstrated success of CCNC's palliative care program was shared as a case study of how agencies can put a palliative care plan into place."

## Funds available for practices affected by Florence through NCMS Foundation

The North Carolina Medical Society Foundation is offering financial assistance to help practices impacted by the hurricane and flooding through their disaster relief program. The program is intended to help physicians with expenses not covered by insurance, including relocating or rehabilitating the medical practice, aiding essential medical practice staff, rebuilding patient records, and replacing equipment, signage, medical laboratory supplies, and other similar costs. Go to [www.ncmedsoc.org/disasterrelief](http://www.ncmedsoc.org/disasterrelief) for more details.

# CCWNC staff helping to transform free clinics

Quality improvement specialists from Community Care of Western North Carolina (CCWNC) and other CCNC networks are working one-on-one with QI teams from free clinics across the state to help them achieve Patient-centered Medical Home (PCMH) recognition from the National Committee for Quality Assurance (NCQA).

“The core components of the PCMH model are patient access, care coordination, transition of care, and quality improvement,” says CCWNC Quality Improvement & Clinical Services Director Kathi Slack. “We’re helping free clinics identify gaps in capabilities needed for PCMH status, whether it’s running reports from EHRs, improving clinical outcomes, or moving to a team-based care approach.”

The initiative combines the efforts of CCWNC, CCNC’s local network covering 15 counties in western North Carolina, the North Carolina Association of Free & Charitable Clinics and the Blue Cross Blue Shield of North Carolina Foundation. CCWNC is coordinating with five other CCNC networks—Community Care of Wake & Johnston Counties, Community Care of the Lower Cape Fear, Community Care of the Sandhills, Community Care Partners of Greater Mecklenburg, and Community Health Partners—to offer real-time coaching to participating clinics across the state to help move them to a patient-centered medical home (PCMH) model.



## Readmission rates may provide misleading picture of health system quality

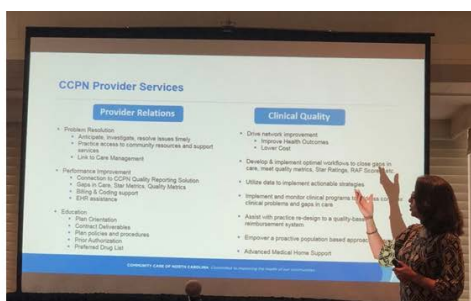
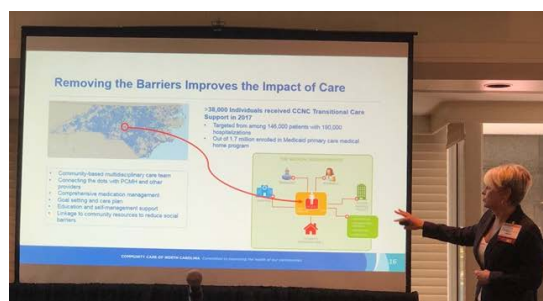


CCNC’s Chief Data & Analytics officer Carlos Jackson, weighs in on how the Hospital Readmissions Reduction Program can be improved on pages 7 & 8 in the latest issue of *Readmissions News*:  
<http://ccnc.care/16>

# CCNC, CCPN leaders present on the “dynamic duo” of care management and provider services

Jamie Philyaw, senior vice president of population health solutions at CCNC, and Jennifer Cockerham, senior vice president of provider relations and recruiting for Community Care Physician Network, shared insights from North Carolina at America’s Health Insurance Plans (AHIP’s) National Conference on Medicaid in Washington, D.C.

Philyaw’s and Cockerham’s presentation explored the collaboration between CCNC’s award-winning complex care management program, and CCPN, a clinically integrated network of independent providers, and their efforts to achieve the “quadruple aim” and improve health outcomes for NC’s most vulnerable populations.



Jamie Philyaw (left) and Jennifer Cockerham (right) present at AHIP Medicaid conference

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