THE UPDATE

December 2018



Message from the CEO

It's been a great year for Community Care of North Carolina.

Over the last twelve months we've replaced our care management technology platform to more efficiently connect physicians, patients and care managers. It's been an undertaking that has involved all of Community Care of North Carolina. Together we've logged countless hours, to include weekends and evening working collaboratively with our partner VirtualHealth, to develop new ways to more efficiently



connect busy physicians to their patients and care managers. This has been a major achievement and important step for us as we transition to and work in a commercial managed care marketplace.

In November we learned that CCNC earned a second, three-year accreditation in complex care management from NCQA. Both these achievements required a massive amount of effort across the entire CCNC family.

Our analytics team has developed a new, innovative tool that cuts through massive amounts of data, criteria, metrics and requirements to enable practices to smartly and resourcefully conduct population health management for their patients. Simply said, this new CCNC product helps physicians quickly sort through multiple health plan requirements in an efficient way to improve outcomes and patient satisfaction and to reduce the administrative costs of the practice.

Last month the CCNC Board of Directors approved management's recommendations to build out the "new" CCNC to meet the needs of North Carolina's future Medicaid system. We have now completed a full year of integration with AccessCare and will begin early in 2019 to onboard others whose boards choose this path, a major step that will enable us to operate more efficiently and preserve our statewide footprint.

With nearly 2,400 physician members Community Care Physician Network is now one of the largest – if not the largest – clinically integrated networks in the country. Together CCNC and CCPN share a common vision – ensuring on-going access to primary care for patients across the state.

We have completed the recruitment phase of our PTN work. Our PTN team achieved 94% of our goal of 3,000 by enrolling 2,829 clinicians overall. The entire team is to be congratulated!

In January we will welcome four new CCNC and NCCCN Board members to our governance structures. Paul Grundy, M.D., HealthTeamWorks, Tom Bacon, Sheps Center, Roxanne Townsend, M.D., Health Management Associates, and Jeffrey Sims, UNC School of Public Health.

Thank you, everyone, for your hard work, dedication and championing of CCNC and what we have built together over a nearly 20-year period. The eyes of the nation are upon us, seeking to learn how we navigate this new world of commercial managed care while maintaining North Carolina's enviable track record of quality, low cost care and an open door to access across rural and urban communities. We view Medicaid reform as an opportunity for CCNC to evolve and to continue playing a positive and constructive role in our state.

We wish you the very best for the holiday season and look forward to working with you next year.

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View the digital copy of this issue online at:

http://ccnc.care/december2018update

Reaching AMH Tier 3 with CCNC

Advanced Medical Homes
Supporting
Advanced
Medical Homes

CCNC, together with CCPN, can help practices around the state achieve the Department of Health and Human Services' (DHHS) Advanced Medical Home (AMH) Tier 3 status. Practices need to reach five categories of requirements to attest to Tier 3 and without the right partner, this could be cost prohibitive and time consuming. Go to http://ccnc.care/amh for more detailed information on how CCNC can help your practice reach the quality goals of a Tier 3 AMH.

CCNC receives three-year case management accreditation from NCQA

CCNC has received a new, three-year complex case management accreditation from the National Committee for Quality Assurance (NCQA). This accreditation is the culmination of an extensive process of reviewing CCNC operations and a strong commitment to continuously enhance the quality of CCNC's services.



3 YEARS

"We're pleased to once again receive NCQA's highest level of case management accreditation," said CCNC Chief Operating Officer Tom Wroth, MD. "We have worked hard to ensure all policies and procedures essential to good case management are in place and continuing to improve at CCNC. I would like to commend staff who managed this rigorous process while continuing to help North Carolina Medicaid recipients get better care. This accreditation is another sign of CCNC's readiness for the state's transition to a Medicaid Managed Care system in 2019."

The three-year accreditation, which is effective October 31, 2018 through October 31, 2021, recognizes CCNC's compliance with best practices in case management, including:

- + Effective management of patients as they move between care settings
- + Patient-centered assessments to determine care needs
- + Personalized and patient-centered care plans
- + Access to qualified case management staff
- + Patient monitoring to track care-goal progress

To view the news release, go to: http://ccnc.care/ncga.

Tork Wade awarded for outstanding career in health



Tork Wade (above) honored for expanding access to healthcare in rural North Carolina

Congratulations to Tork Wade, executive vice president for business and provider partnerships at CCNC, on receiving the Jim Bernstein Community Health Career Achievement Award at the Jim Bernstein Health Leadership Fund Dinner & Lecture last month.

Wade spent over three decades at the NC Office of Rural Health where he worked to develop community-owned and operated primary care practices in underserved rural communities. He was also pivotal in designing the Carolina ACCESS program and has worked with CCNC since its earliest inception. Tork's work continues at CCNC, where he remains committed to improving the health of vulnerable populations.

"I am honored to receive the Jim Bernstein Community Health Career Achievement Award," said Wade. True to Tork's legendary humility, most of his acceptance remarks were directed to praising the efforts of Jim Bernstein, his team at the Office of Rural Health, and numerous community partners and physicians who he says made possible successful efforts improve rural health.



CCNC launches state-of-the-art care management platform



Last month, CCNC successfully launched VirtualHealth, a new care management platform, for use by more than 2,000 users, including CCNC care managers, participating medical practices, and local public health partners. The implementation of VirtualHealth is aimed greatly at improving user experience and enhancing workflow activities by making it easier to quickly prepare comprehensive

care plans and communicate among the care team. Integrated in the tool is an improved in interface for providers—the VirtualHealth Provider Portal. Using the Portal, practices can securely view patient claims, detailed care plans, comprehensive needs assessments, and electronically refer patients to care managers. Portal capabilities include case notes, form-based data entry, alerts management, risk stratification, medication and formulary lists, laboratory results and imaging claims, document management, and many other enhanced functionalities.

"To continue patient work while instituting a new and improved care management system took tremendous effort," said Jamie Philyaw, senior vice president, population health solutions for CCNC. "I would like to commend Central Office and Network teams for putting in the long hours and sustained effort needed to successfully launch the new system. Kudos also to VirtualHealth, who have proven to be the right choice as our partner in this effort."

The new system will continue to evolve as additional functionality and enhancements will be implemented over the coming months.

New collaborative care model in NC strengthens psychiatric care services in primary care

CCNC Deputy Chief Medical Officer and North Carolina Psychiatric Association President-Elect, Jennie Byrne, MD, says the state's adoption of the collaborative care model codes is an important development for patients in North Carolina. The 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 collaborative care model is our best, evidence-based model for psychiatrists to deliver population-based mental health services," Byrne told *Psychiatric News.* "It has a demonstrated return on investment and is an opportunity to provide value when psychiatrists are in scarcity. The model allows psychiatrists to be 'workforce multipliers,' teaching our primary care colleagues and serving a larger population than we can see one on one."



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