Community Care of NC

Advancing Accountable Care in NC

Community Care of North Carolina

Overview

- **Current Status**
  - CCNC structure and resources
  - Our results
  - Other related CMS projects
- **Vision**
- **Next Steps**

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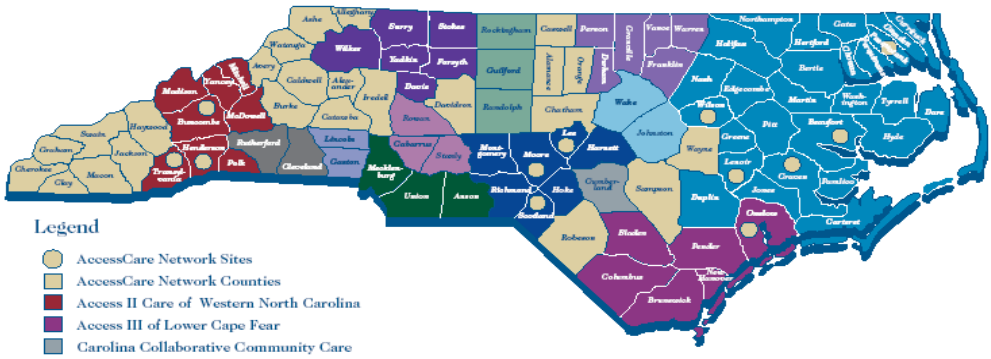
Access II and III Networks



Legend

- AccessCare Network Sites
- AccessCare Network Counties
- Access II Care of Western North Carolina
- Access III of Lower Cape Fear
- Carolina Collaborative Community Care
- Carolina Community Health Partnership
- Community Care of Wake / Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Northern Piedmont Community Care
- Northwest Community Care Network
- Partnership for Health Management
- Sandhills Community Care Network
- Southern Piedmont Community Care Plan

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CCNC's Statewide System

Critical mass from NC's 10-year investment

- **Capacity: 14 not-for-profit(501C3) regional networks + 4200 primary care physicians (1,350 medical homes- 94% of NC PCPs) + all NC hospitals + other providers**
- **Population: More than 1.1 million Medicaid enrollees + 50,000 uninsured + SCHIP+ new populations**
- **Local resources: funds 600 care coordinators, 25 pharmacists, 15 psychiatrists, 22 local medical directors**

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CCNC Network Design

- Not-for-profit collaborative community organizations (501C3), including the majority of PCPs, the hospital(s), the health department, social services and other providers
- Shared responsibility for the improving quality and controlling costs for Medicaid recipients in the community (network of medical homes)
- Physician leadership
- State provides data and resources to enhance local systems of care

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CCNC Network Structure

Existing, significant shared infrastructure (public-private partnership)

- **Informatics center and "central office" program support**

Growing multi-payer capacity

- **Major Medicare 646 demo (22 counties — 30,000 duals and 180,000 Medicare- 2012)**
- **Primary care demo (7 counties — 150,000 patients)**
- **State Health Plan Medical Home Initiative**
- **Employer initiative (First in Health)**

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Complementary CMS/DHHS Initiatives in NC (and more to come)

- Health Information Exchange (HIE) – NC HIE ($12.9 million)
- Regional Extension Center – NC AHEC ($13.6 million)
- Beacon Community – Southern Piedmont Community Care Plan/CCNC ($15.9 million)
- CHIPRA (CCNC) ($9.3 million)
- 646 demo (CCNC)
- ONC challenge grant (HIE and CCNC)
- Multi-payer primary care demo (CCNC)
- Dual eligible planning grant (DMA &CCNC)

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Our Results

- Quality: CCNC performance in the top 10 percent nationally in HEDIS measures for diabetes, asthma, heart disease compared to MCOs
- Cost savings: More than $1.5 billion dollars from 2007 through 2009 — (Treo Solutions)

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Where to from here?

Higher Health Care Spending is Not Associated with Better Quality

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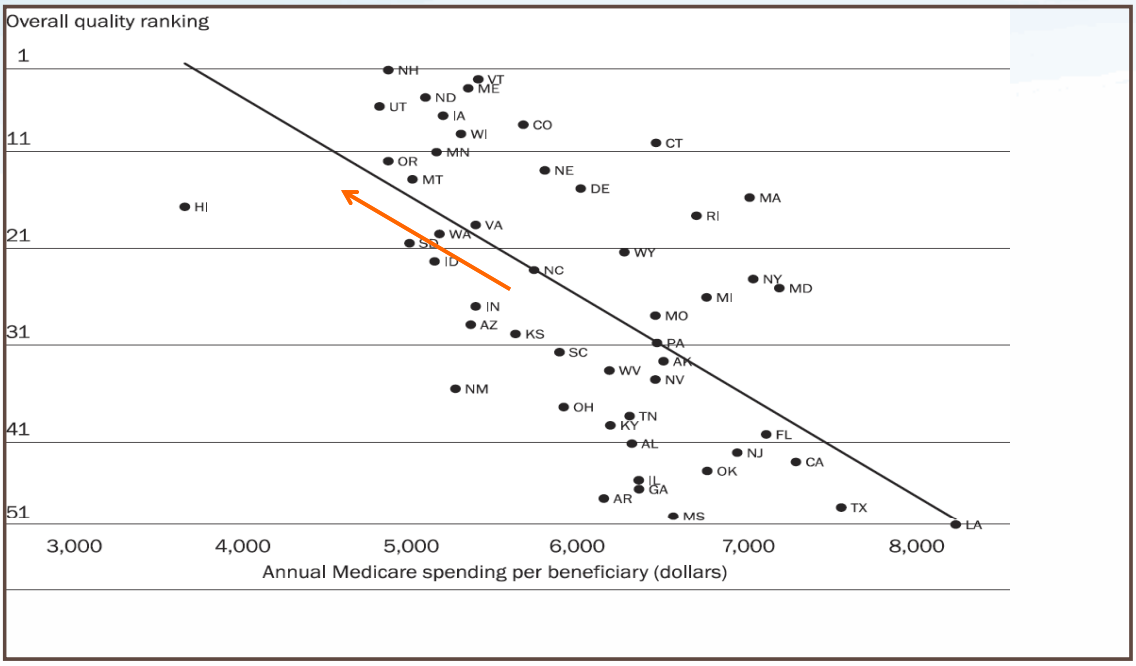

Source: Baicker et al. Health Affairs web exclusives, October 7, 2004

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Our Vision

We propose to use CCNC to develop a statewide model for accountable care that is:

- **Collaborative across a diverse set of provider networks**
- **Able to provide, measure and improve quality**
- **Cost efficient**
- **Adaptable, and**
- **Engaging to clinicians and their patients**

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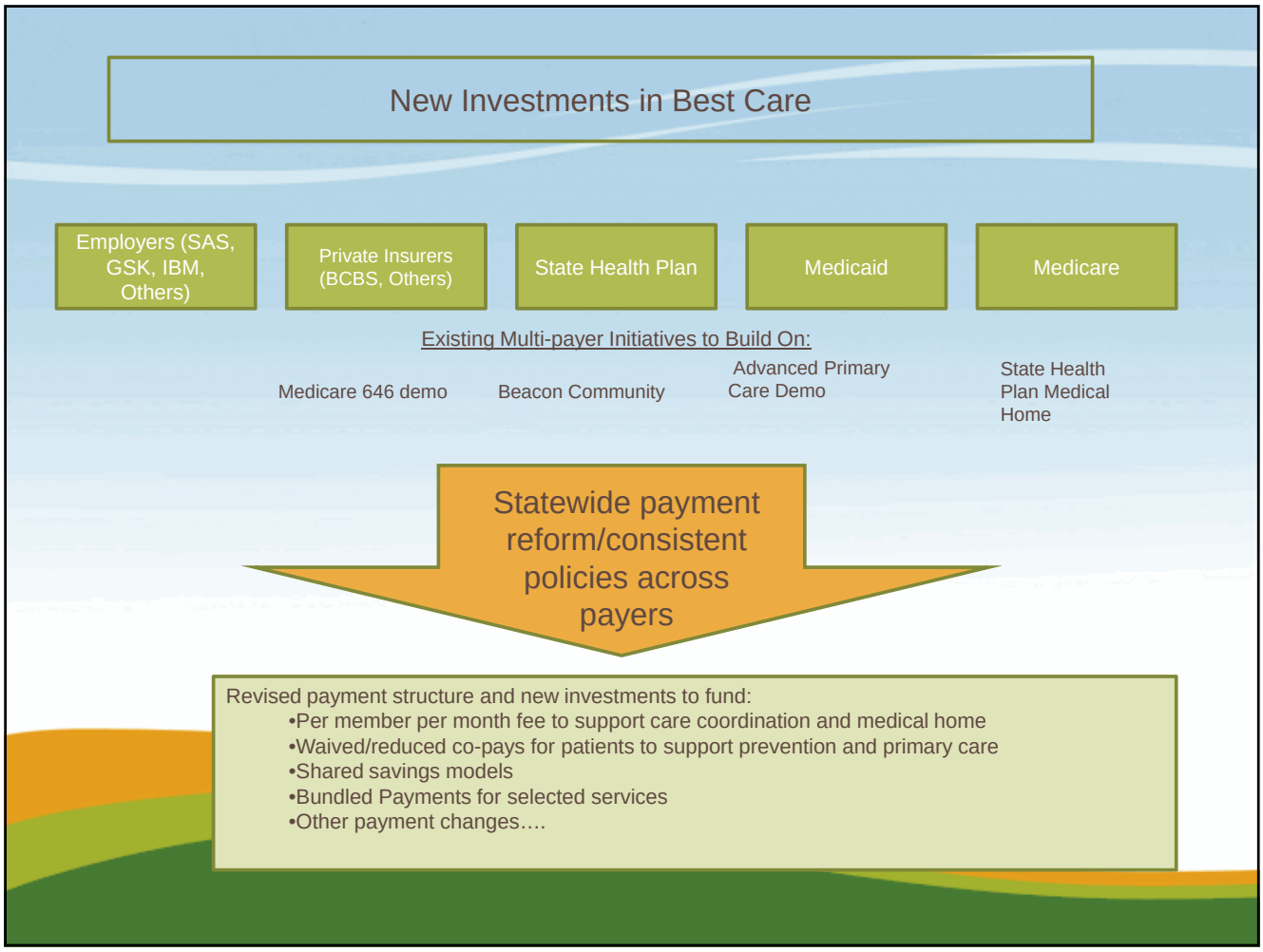
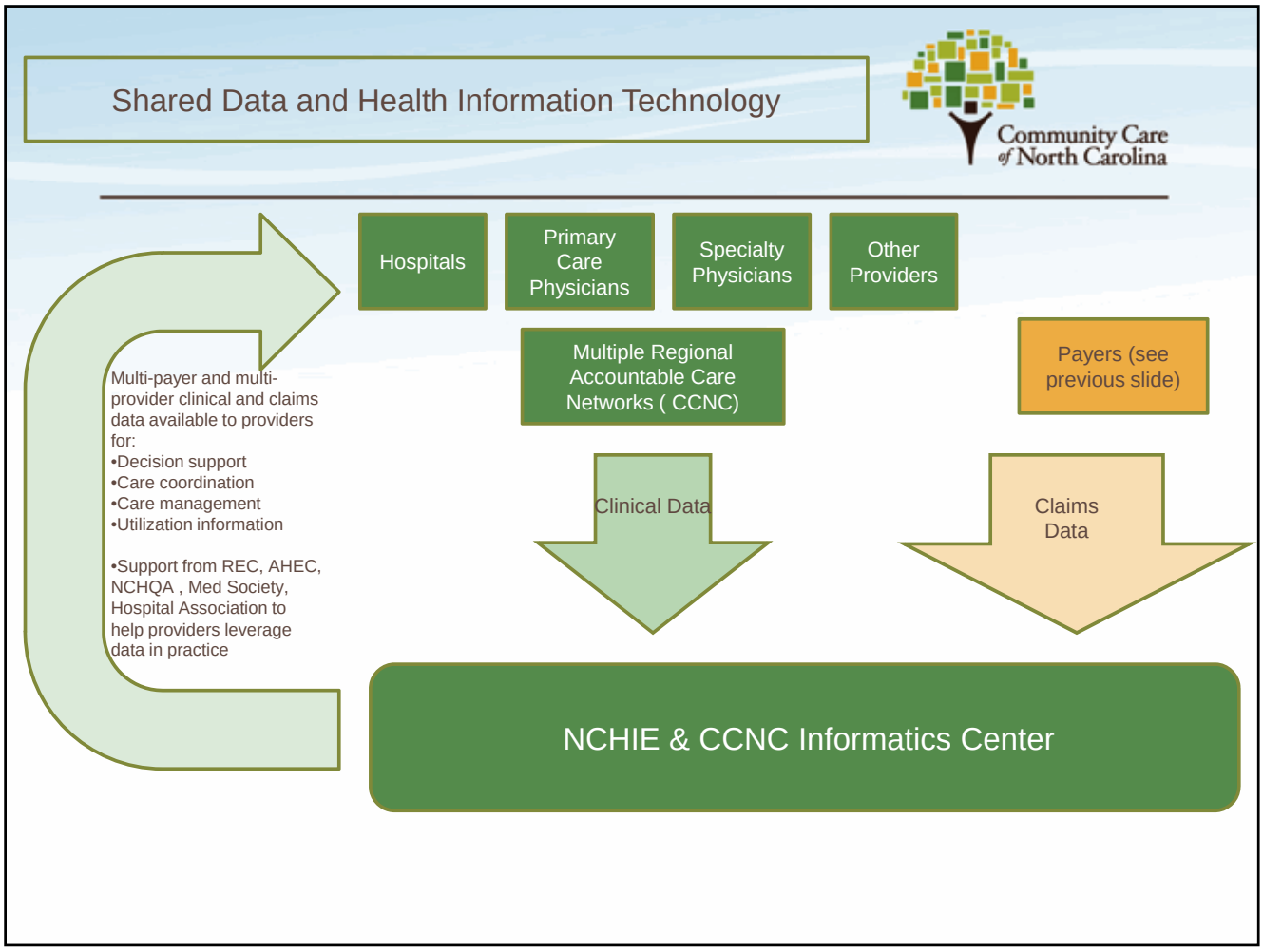

New Investments in Best Care
Employers (SAS, GSK, IBM, Others)
Private Insurers (BCBS, Others)
State Health Plan
Medicaid
Medicare
Existing Multi-payer Initiatives to Build On:
Medicare 646 demo
Beacon Community
Advanced Primary Care Demo
State Health Plan Medical Home
Statewide payment reform/consistent policies across payers
Revised payment structure and new investments to fund:
•Per member per month fee to support care coordination and medical home
•Waived/reduced co-pays for patients to support prevention and primary care
•Shared savings models
•Bundled Payments for selected services
•Other payment changes….


Shared Data and Health Information Technology
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Hospitals
Primary Care Physicians
Specialty Physicians
Other Providers
Multiple Regional Accountable Care Networks (CCNC)
Payers (see previous slide)
Multi-payer and multi-provider clinical and claims data available to providers for:
•Decision support
•Care coordination
•Care management
•Utilization information
•Support from REC, AHEC, NCHQA , Med Society, Hospital Association to help providers leverage data in practice
Clinical Data
Claims Data
NCHIE & CCNC Informatics Center

A Collaborative Approach will Facilitate Development of Accountable Care

- Encourages collaboration within communities and across the state
- Provides opportunities for clinicians to:
  - Share best practices
  - Use data in more sophisticated ways
  - Gain experience with shared savings models
  - Develop quality and care management tools that will be useful across diverse patient types
  - Engage commercial payers in Triple Aim opportunities as they are identified

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Next steps for CCNC

- Enhance the Informatics Center and Provider Portal as a shared resource for all communities
- Invite specialists to join CCNC
- Implement multipayer projects
- Work with NCHA, IHI on new best practices (e.g., reducing readmissions)
- Build infrastructure to facilitate ACO development
- Strive to give North Carolina the best health care system in the country

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CCNC could facilitate ACO development

Potential Roles:

- **A CCNC Network as an ACO**
- **A CCNC Network providing services to several ACOs (care management and medical home)**
- **CCNC Informatics Center & Central Office supporting multiple overlapping ACOs**
- **CCNC providing the framework and state-wide agreement with CMS for ongoing ACO development (Medicaid and FFS Medicare) in NC**

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CCNC advantage

- Flexible structure that invests in the community (rural and urban) – and is locally run
- Fully implemented in all 100 counties
- Very low administrative costs because of shared infrastructure
- Ability to manage the entire Medicaid population (even the most difficult) Medicare and other populations
- Proven, measurable results
- Team effort by NC providers that has broad support
- Open and transparent
- Built with physician leadership

Recommendation

- Continue to build on the CCNC local platforms
- Recruit our specialist to join their primary care colleagues in CCNC
- Establish CCNC Informatics Center as the trusted data source for state wide multi-payer data and analytics (CMS, BCBS and others) enriched with clinical information from the HIE
- Work together to design a proposal to provide a short and long term solution for NC Medicaid
- Agree on a standard set of quality and efficiency measures
- Establish a set of principles and a platform for ACO development and other innovations in NC
- Use CCNC to develop an NC agreement with CMS to support ACO development and a standard shared savings methodology that is transparent and sound.
- Be the premiere state in the United States for health care innovation

"Unite the Tribes"

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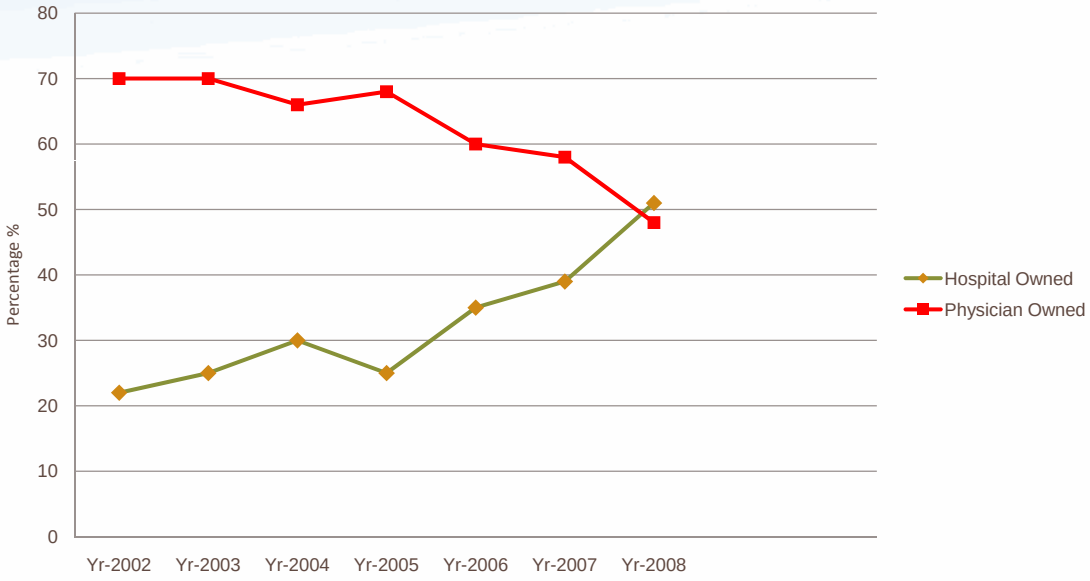
Medical Practice Ownership in the USA

Trend in Hospital Ownership of Medical Practices is Compelling...



Source: MGMA Physician Compensation & Production Survey

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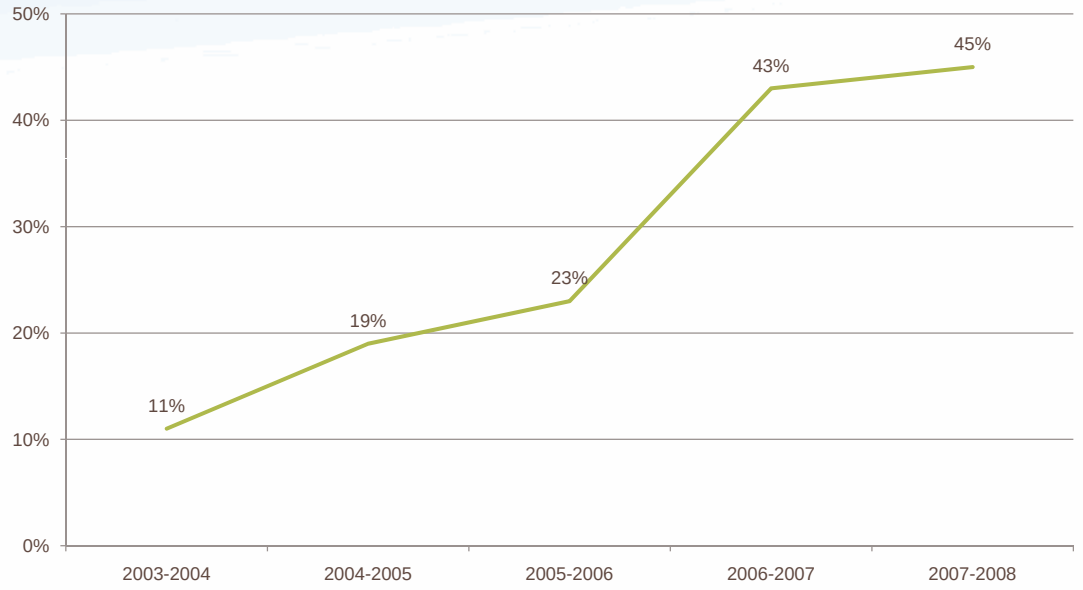
% of Hospitals Offering Physician Employment (2003-2008)



Source: SG2 Healthcare Intelligence, "Building a Successful Employed Medical Group," 2009; Merritt Hawkins & Assoc., 2008

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