

# Community Care of NC

NCMS ACO Summit

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# Musical Chairs

- Health Planning Councils
- Health Systems Agencies
- HMOs
- PSROs
- PPOs
- IPAs
- PHOs

We all know

If you ignore your health and it will go away.

# We all know

You can't build and maintain muscle without exercise.

# We all know

You can't accumulate knowledge without study and effort.

# So need to recognize that

In today's world you can't expect to be granted authority to impact change in the way health care is delivered if you don't assume responsibility for assuring the best outcome at the best price.

# CCNC Origins

- 1988 ORDRHD Wilson County Demonstration Project
- Medicaid Waiver obtained to allow expansion of the concept across NC as Access I and later Access II
- By 1998 Carolina Access included 9 networks and 20 primary care practices and continued to demonstrate savings
- 1998 Community Care Program initiated

# CCNC Current Status

- State-wide- CCNC present in all 100 counties
- CCNC Networks are a public private partnership with a majority of NC physicians, hospitals, health departments and other providers to improve care locally
- Currently over 1 million NC Medicaid recipients are enrolled
- Provides advanced primary care (a medical home) for every Medicaid patient ( 4200 primary care physicians)
- All our academic medical centers and largest health systems are involved
- Every network provides a local organization to provide care managers, pharmacists, medical directors and other professionals to improve local healthcare delivery
- Represents a 10 year investment by NC and has been recognized nationally as a best practice
- Many states are actively developing models based on CCNC
- CCNC is in the national spot light!

# Community Care Networks

- Not for profit
- Physician led
- Board must have physicians, hospital, health dept, social services represented
- Medical Management committee representing majority of primary care practices ( medical homes)
- Accountable for quality and cost in their geographic region ( Medicaid)

# System Wide Quality Initiatives

- Asthma Disease Management
- Diabetes Disease Management
- Pharmacy Management
- Emergency Department Utilization Management
- Case management to High Cost/High Risk Patients
- Heart Failure

# Individual Network Quality Initiatives

- Assuring Better Child Development
- Chronic Obstructive Pulmonary Disease Care
- Improved Access to Non-Emergent Care
- Improving Pediatric Access Through Collaborative Care
- Diabetes Disparities
- Medical Home/ED Communication
- Assisting Primary Care Physicians in Providing Patient Behavioral Health Care
- Co-Location of medical and behavioral health care within the same practice setting

# Key Current CCNC Resources

- Contract with the State of NC to Manage Medicaid Care Quality and Cost
- Local Care Managers (#400)
- Local Medical Directors (#30)
- Primary Care Access for All Patients (4200 PCPs)
- Clinical Pharmacists Locally (#18)
- Central Staff Focused on Clinical Program Support and Implementation (#28)
- Data Center Providing Quality and Care Management Data to Networks and Practices

# Complimentary NC Assets

- AHEC
- NCHQA
- NCHIE
- BCBS, SEHP and MedCost represent a majority of insured
- DHHS /ORHCC
- Strong Foundations

# What CCNC Needs to be More Effective

- Organized Involvement of Specialists
- Stronger Analytic Staff Support
- IT Capability to Provide Risk Adjusted Performance Reports
- Predictive Modeling Systems
- Financial Capacity and Infrastructure to Engage in Risk Contracting

# How it Works Now

- The state identifies priorities and provides additional financial support through an enhanced PMPM payment to community networks and physicians
- Networks pilot potential solutions and monitor implementation (physician led)
- Networks voluntarily share best practice solutions and best practice is gradually spread to other networks
- The State provides the networks access to data
- The State does an every 2 yr retrospective evaluation of the cost savings and effectiveness of the program (Mercer Eval).

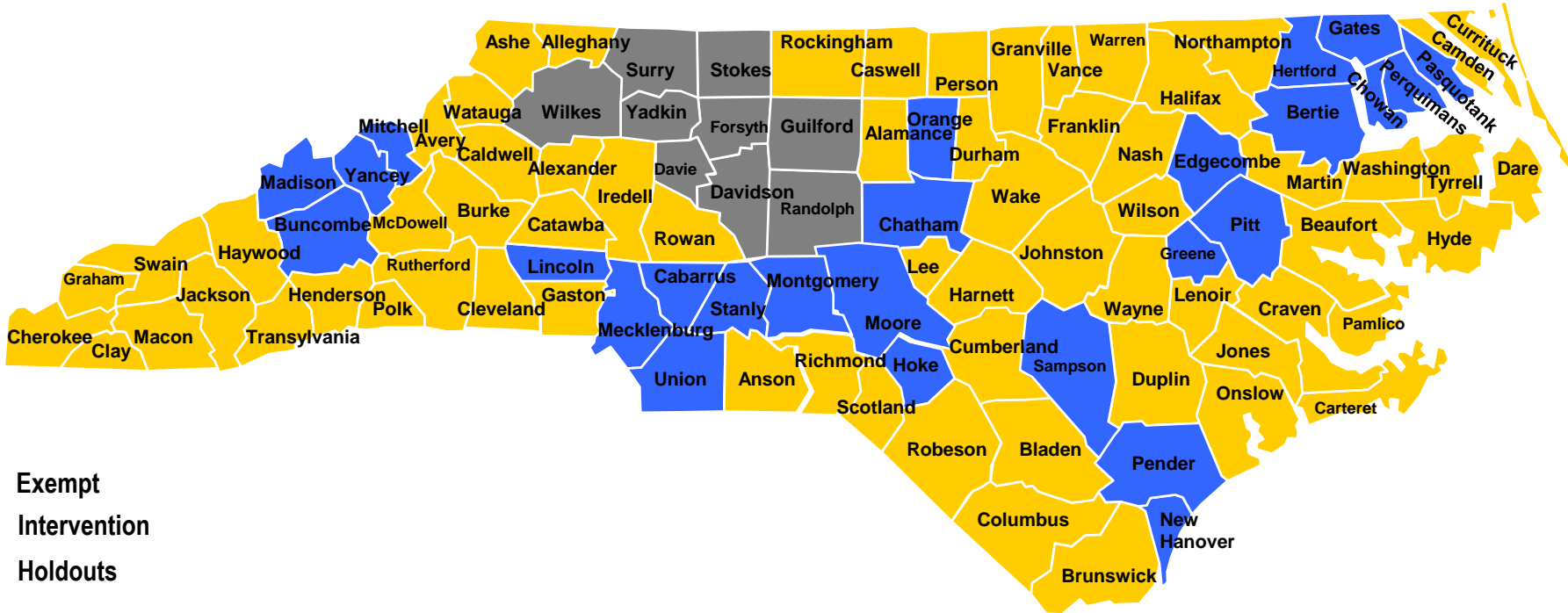
# The Results

- Quality: CCNC performance in the top 10% nationally in HEIDIS measures for diabetes, asthma and heart disease compared to managed care organizations
- Cost savings: from 2003-2007 CCNC has saved \$ 568 million for AFDC and \$400 million for ABD based on Mercer Evaluations

# Opportunities

- 646 demo
- Beacon Grant
- RECs
- SEHP changes (Active Health)
- Multi-payer Advanced Primary Care Demonstration
- ACOs

# 646 Counties

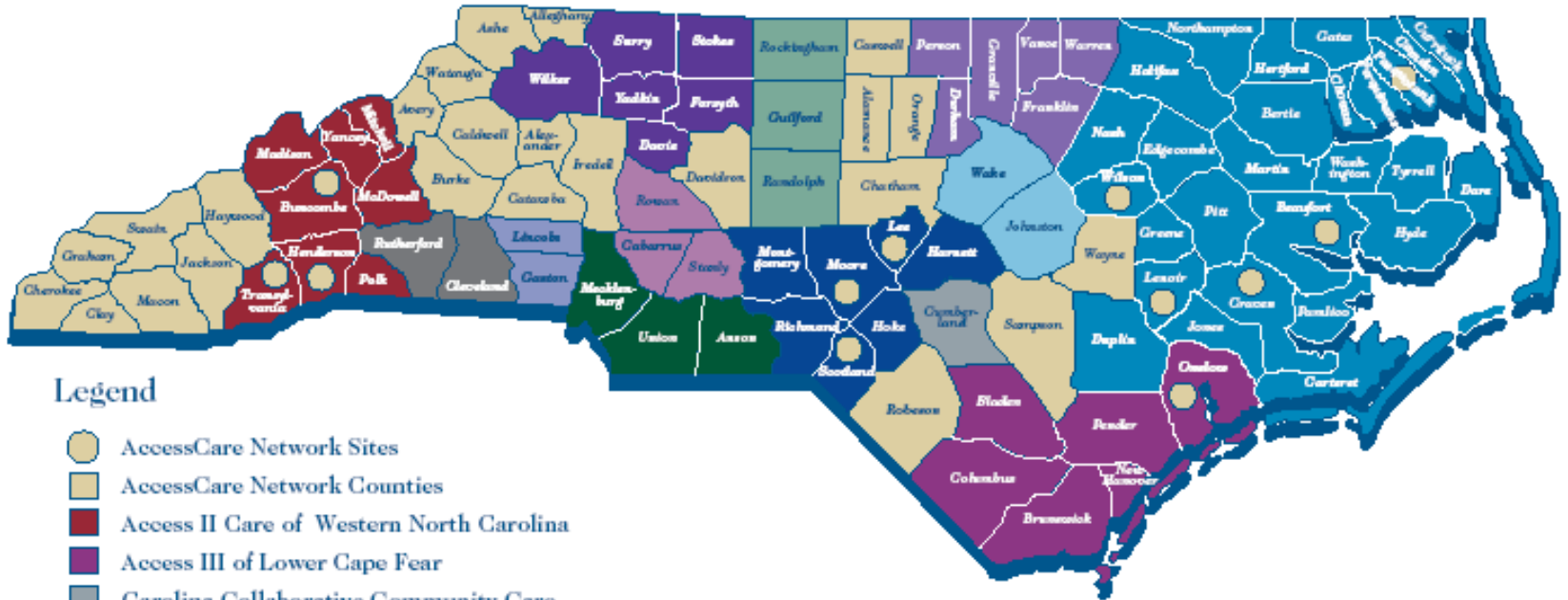


Updated: October 1, 2009



# Community Care of North Carolina

## 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

# Is CCNC an ACO?

- Regional networks
- Responsible for assigned population
- Focused on quality and costs
- Not for profit
- Medical Homes

What is missing?

P4P, clinical integration legal benchmark