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North Carolina Medical Society
FOUNDATION
Opening Doors to Quality Health Care

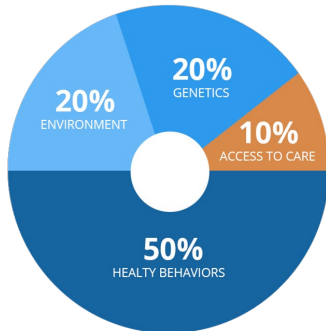
Chronic Disease

- **Three in four** Americans age 65 and older have Multiple Chronic Conditions (MCC) (*cdc.gov*)
- Medicare's total budget for 2017 was \$705.9 billion
- The 71% of people with MCC account for 93% of total Medicare spending (*cdc.gov*)
- The most prevalent individual conditions among the over-65 population include: arthritis, hypertension, pulmonary disease, diabetes, cancer, and osteoporosis

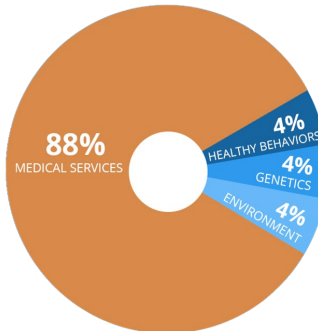
The ROI of Chronic Care Management (CCM) Services

For patients receiving CCM services, CMS spent \$1,395 PMPM in the 1st 6 months of 2015 and only \$1,192 in the 1st 6 months of 2016 showing savings (15%), (*modernhealthcare.com*,

What makes us healthy



What we spend on being healthy



Causes of Chronic Disease: (Social Determinants)

- Tobacco use
- Harmful use of alcohol
- Raised blood pressure
- Physical inactivity
- Raised cholesterol
- Overweight/obesity
- Unhealthy diet
- Raised blood glucose

A recent study showed a \$2443 (10%) decrease in expenditures for participants who reported **all of their social needs were met** in comparison to those who reported none of their social needs met after controlling for group differences. Organizations that integrate medical and social services may thrive under policy initiatives that require financial accountability for the total well-being of patients.

Expenditure Reductions Associated with a Social Service Referral Program

<https://www.liebertpub.com/doi/10.1089/pop.2017.0199>



Medicare Preventive Services

- Utilization encouraged by Medicare
- Additional preventive services being added annually
- Current move toward Value Based reimbursement

Proposed Solution:

“Community Integrated Health aims to intentionally strengthen the relationships between traditional healthcare systems and community-based organizations in order to help all community members live their healthiest lives”

- NC alliance of medical partnership summit 9/6/17

Unfortunately

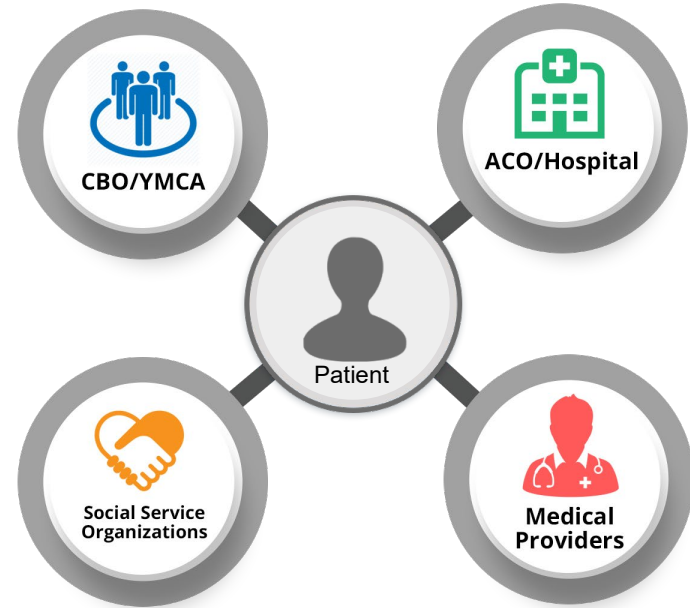
< 35% Patients are provided any individual preventive service

< 20% Patients are receiving an Annual Wellness Visit

< 13% Providers have actually filed a CCM claim

The North Carolina Medical Society Foundation Response

“Our Community Health Initiative is a coalition that fosters single source collaboration between Community Based Organizations (CBO's) currently providing services that improve health, with local healthcare providers and social support networks.”



Our Community Health Initiative Strategic Partners



- Facilities and equipment
- National footprint and Legacy
- Evidence Based Health Programs
- Certified Health Coaches



(Purpose built EHR for CBOs)

- Program Creation
- Mobile App for Patient Assessments
- Patient Engagement Engine
- Integration with EHRs and Unite Us
- Healthcare Billing Solution



- Staffing for AWWs & ACPs
- EHR integrations
- AWW scheduling service
- CCM Enrollment Service & Call Center
- Care Coordination Service
- Eligibility and Gaps in Care Analysis



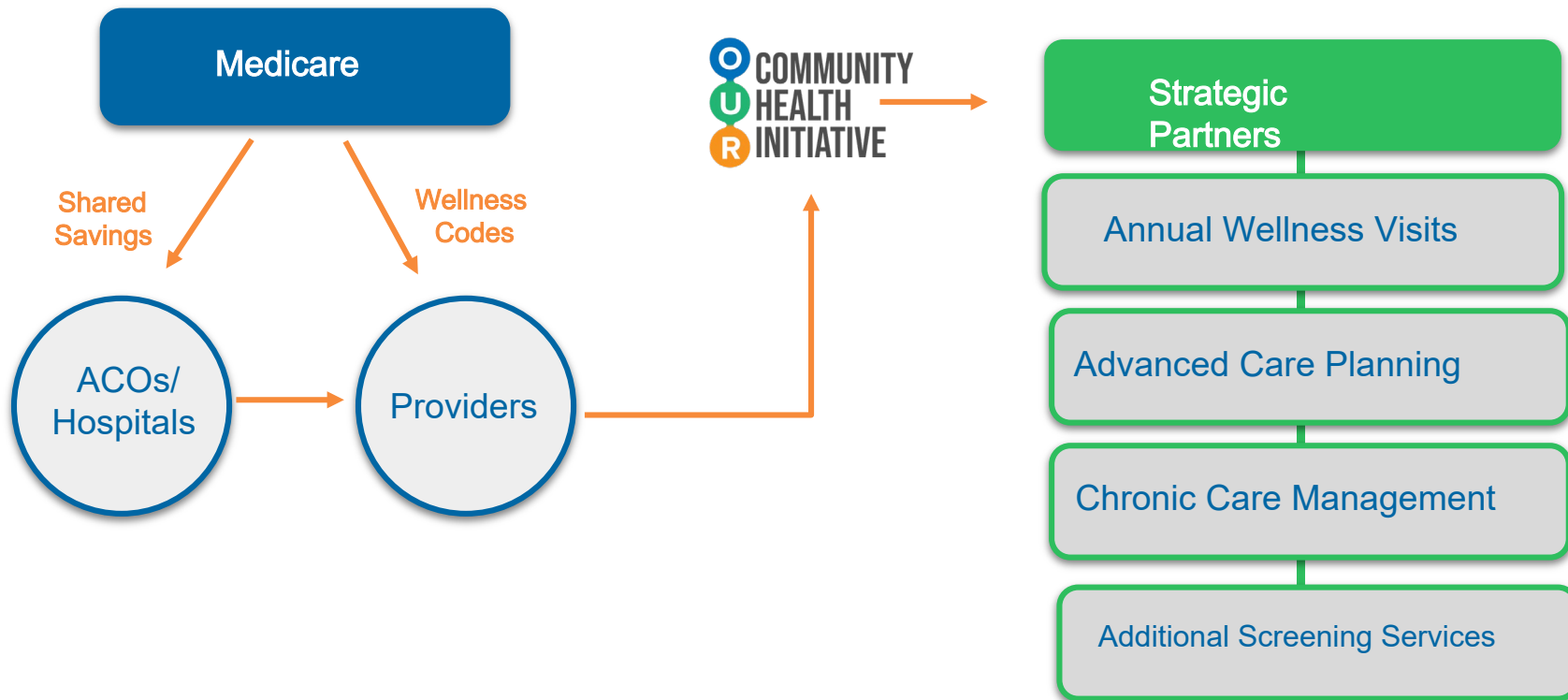
NCCARE360

- National footprint
- Integration with statewide social services
- Integration with provider EHRs
- Enrollment directly from NC CARE 360 UI



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Our CHI Integrated Care Model Flow Chart



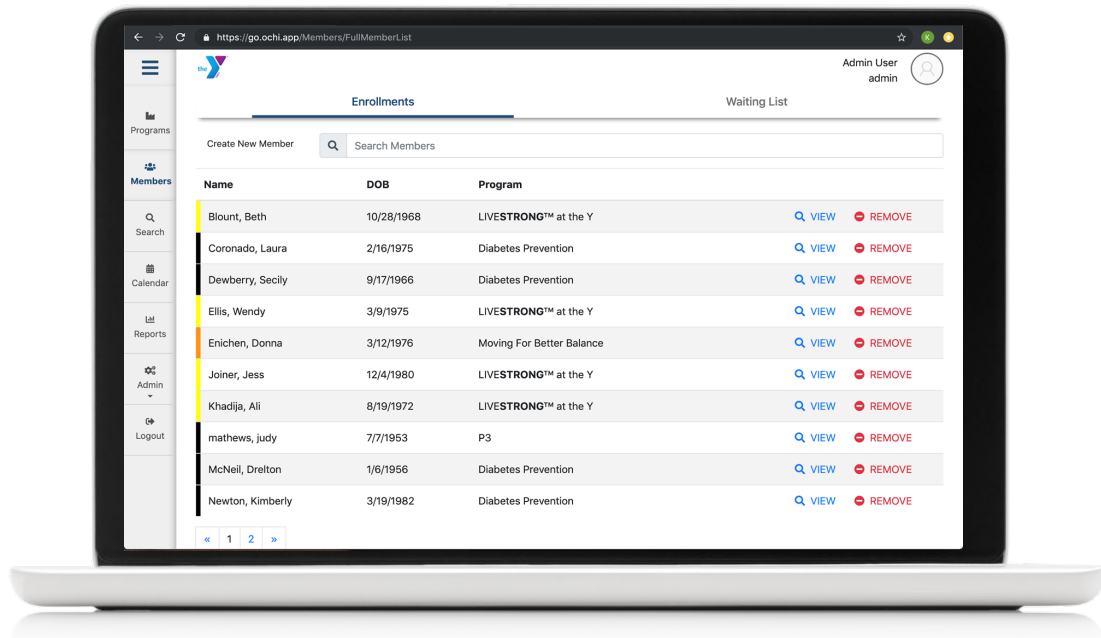
Our CHI's Technology Platform Features

Digital Referral

Imports data from Primary Care Providers (PCP) allowing for pushing patient data to the **OCHI EHR** platform.

Electronic Patient Data Transfer to PCP

Digital transfer of PCP critical MIPS/MACRA data directly from Platform via **Direct Messaging** utilizing **CCDAs and/or PDFs**.



Physician Revenue Opportunities (Annual Values)

Advance care planning (CPT codes 99497-99498)

\$ 174.43

Electrocardiogram G0403

\$ 118.21

\$ 81.00

IPPE - G0402

\$ 17.30

\$ 169.02

Annual depression screening G0444

\$ 18.38

\$ 18.38

Alcohol misuse, 15 minutes G0442

\$ 26.67

\$ 26.31

Alcohol misuse counseling face to face G0443

\$ 12.97

\$ 1,128.00

Preventive services into practice minutes G0447



Referral Management

Of all the value -based initiatives one can pursue, keeping patients within a high value referral network requires the smallest investment and delivers the highest ROI.

Why? Because each primary care physician influences an estimated \$10 million in downstream spend.

In a risk-based world, organizations that aren't measuring and tracking referrals put themselves 'at risk' of outsourcing work to other providers who aren't aligned with them clinically or financially.





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