Community Care
OF NORTH CAROLINA

Improving care through shared knowledge

Provider Innovation and Delivery System Reform

Allen Dobson, Jr., MD
President and CEO

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Community Care of North Carolina Today

CCNC at a Glance	
1800+	Participating medical practices
1.6 million	Enrolled Medicaid beneficiaries
100	All NC counties covered
14	Regional offices
1000+	Transitional care patients/month

Key Innovations

- Community pharmacy integration
- Behavioral health integration
- Moving beyond risk to impactability
- Organizing the delivery system

Diversified Care Teams

CCNC medical homes

- Primary care physician
- Care manager
- Pharmacist
- Behavioral health
- Community health workers

Diversified Care Team

"Community Pharmacy Enhanced Services Network" or CPESN – 261 pharmacies across NC

- Assist the care team with patient engagement and longitudinal management – strong, long-term relationships with patients
- Remove barriers to medication adherence such as health literacy or cognitive deficits
- Offer specialized services such as delivery, non-English labeling or specialized packaging
- Support the patient's understanding of medication administration and storage

CPESN pharmacies see complex patients 35 times/year vs. 3.5 times/year for a physician

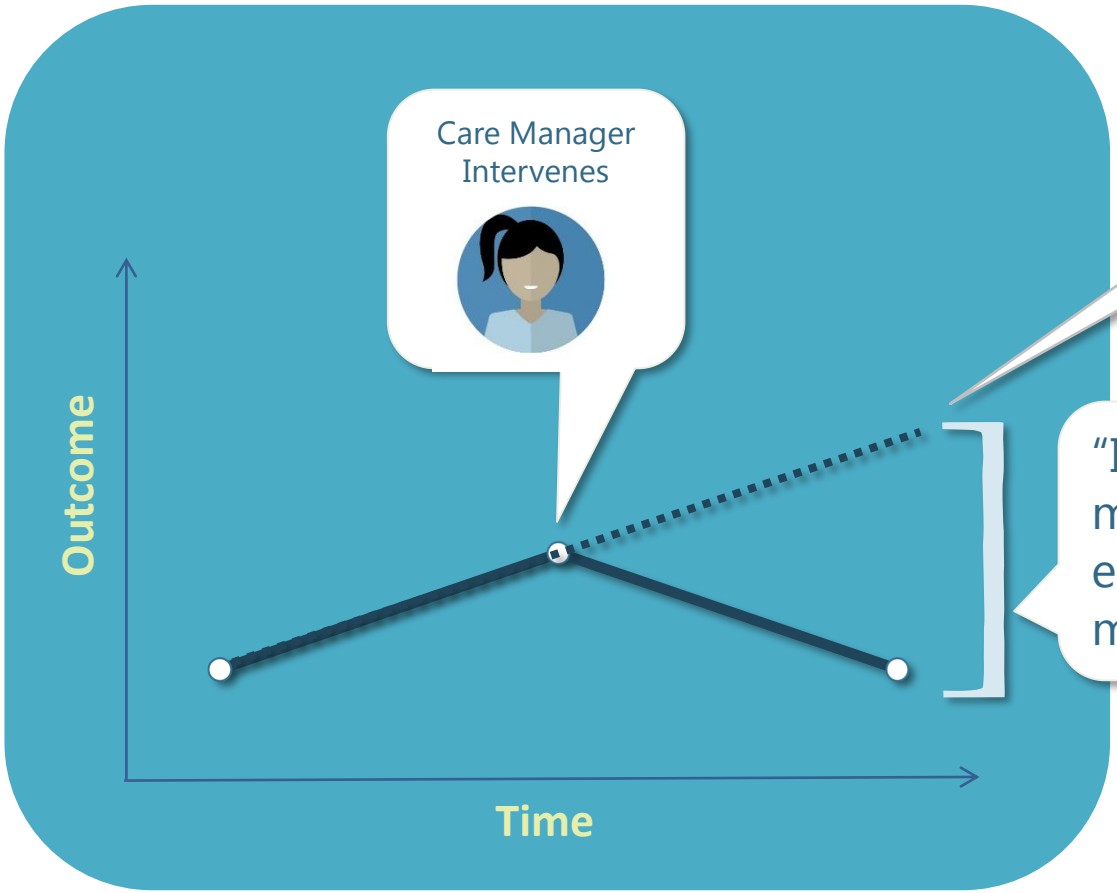
98% of patients utilizing a CPESN pharmacy feel their care is coordinated among their providers

CPESN Community Pharmacy Enhanced Services Networks

Behavioral health integration

- CCNC's statewide primary care medical homes lay the foundation for evidence-based models of integrated care
- Through the Practice Transformation Network (PTN) grant, CCNC is providing intensive technical assistance to 84 practices
- Evidence-based models of integrated care:
  - SBIRT for substance use
  - Collaborative Care with psychiatry consultation
  - Primary Care Behavioral Health with embedded behavioral health providers in a team-based approach
- Excellent return on investment (6:1 for the collaborative care model) and improvement in quality of care – sometimes with the greatest improvement in MEDICAL outcomes
- Recent literature suggests engagement with primary care improves medication adherence in patients with schizophrenia.

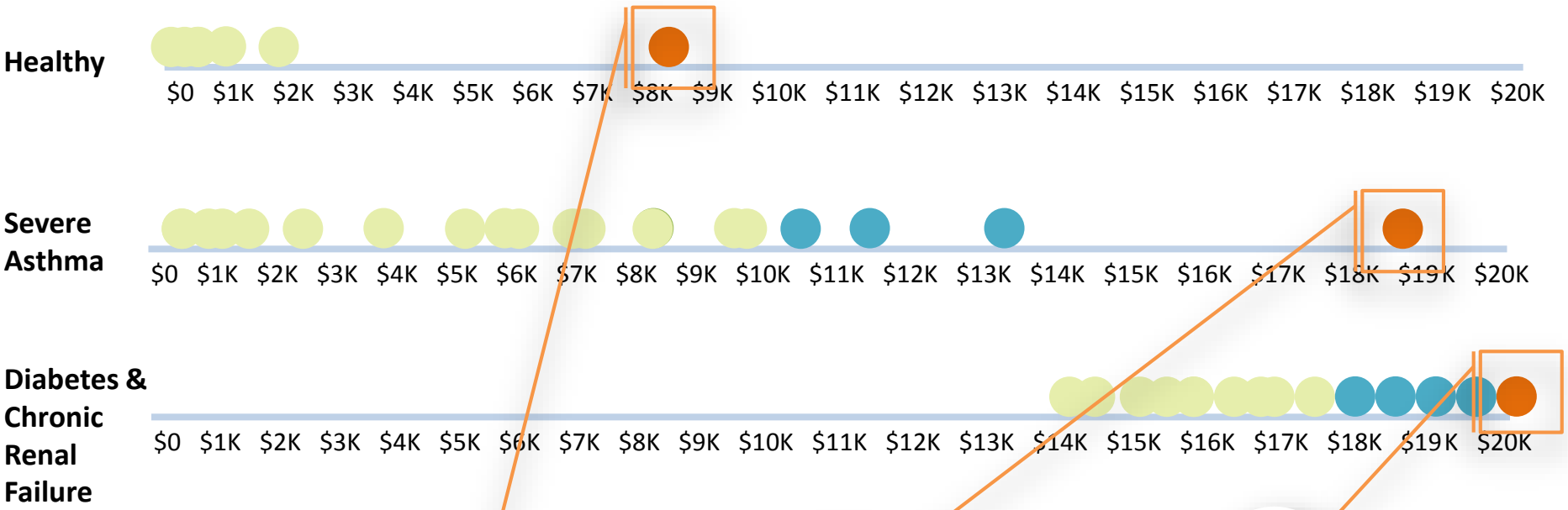
The Sweet Spot: Optimizing ROI requires a focus on impactability



"Risk" predicts where a person is expected to be in the future.

"Impactability" predicts how much change can be expected through care management intervention.

Conditions Themselves Don't Drive Impactability



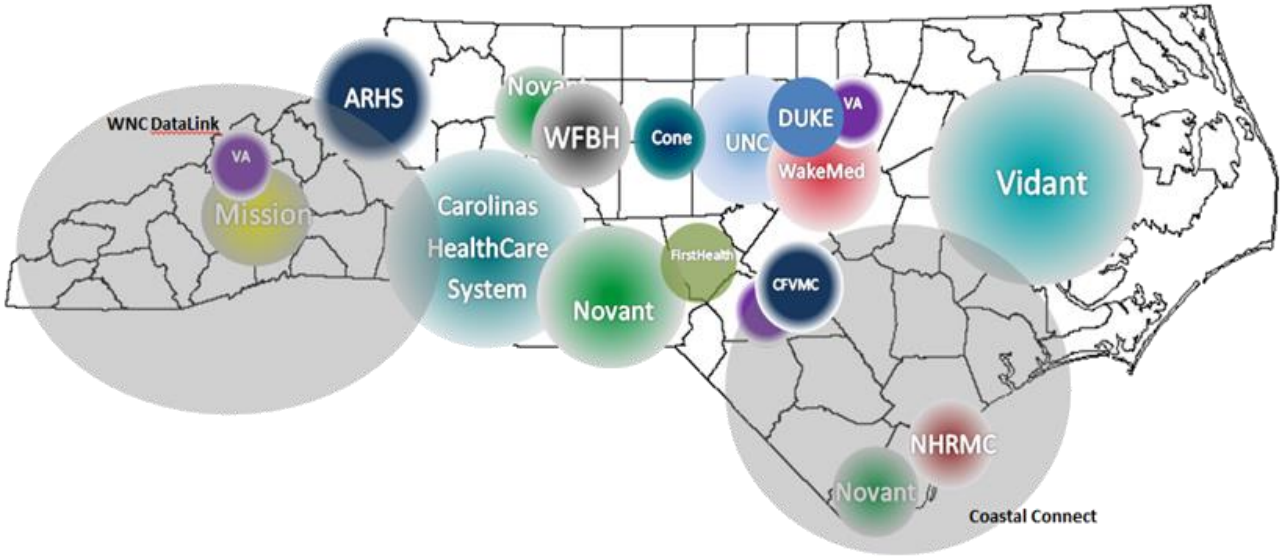
John is in a Healthy risk group, with no chronic conditions. However, unlike other Healthy individuals, he frequently uses the emergency room for routine matters.

Joyce has Severe Asthma. However, she has many more acute exacerbations and hospital visits than most people with Severe Asthma.

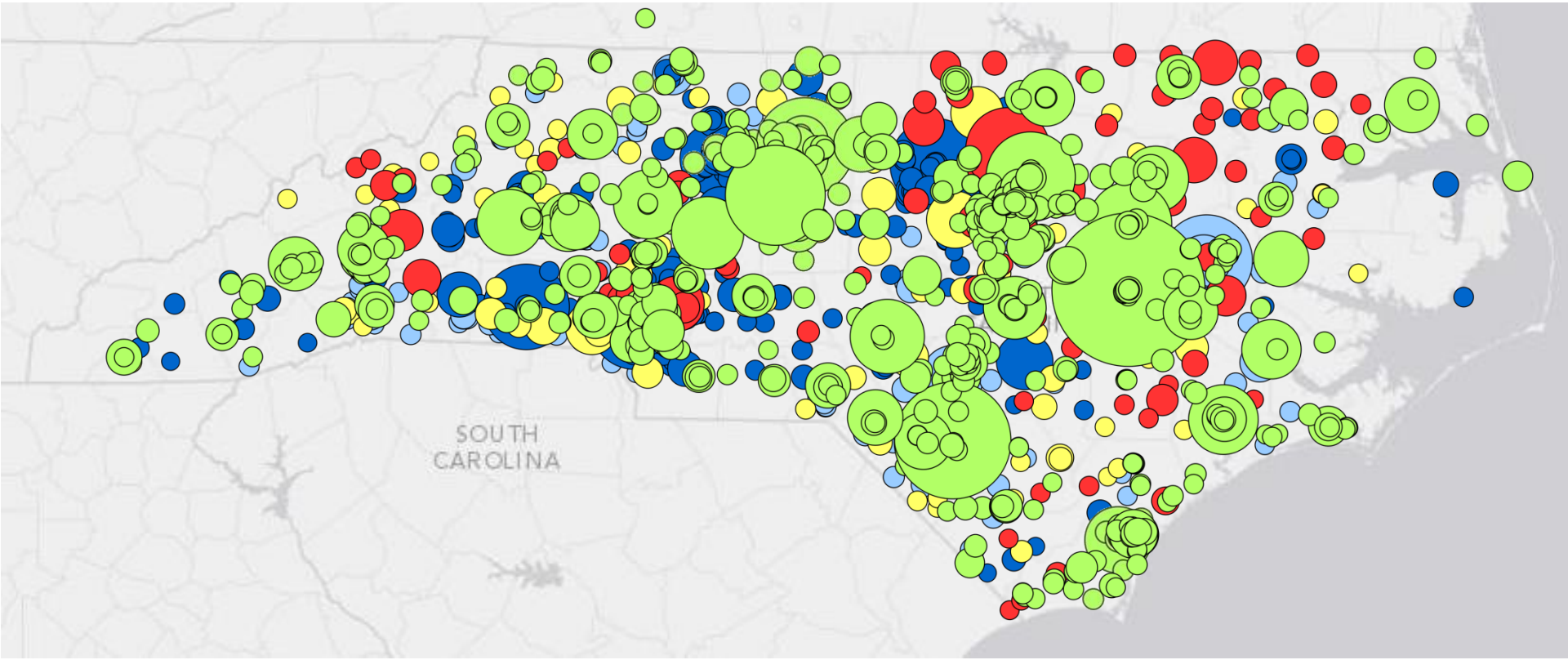
Mark has both Diabetes and Chronic Renal Failure, and so is expected to be a high utilizer. However, even for patients like him, his cost and utilization is an outlier.

Independent physicians critical to access

- Half of Medicaid recipients are cared for in practices with 3 or fewer physicians
- In NC, 53% of CCNC practices are independent and care for 63% of the Medicaid population
- Smaller practices care for disproportionately sick patients

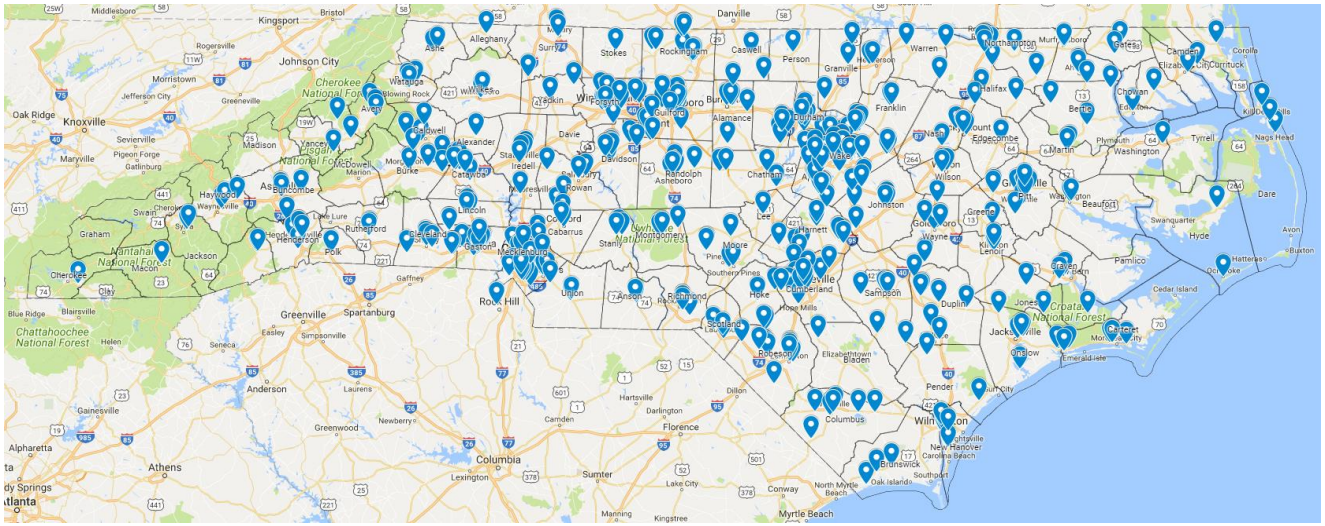


CCNC Primary Care Landscape:



Large Health System Owned Practices
Other Hospital Owned Practices
Federally Qualified Community Health Centers
Other Safety Net (RHC, LHD, other)
Independents

Community Care Physician Network



- Clinically-integrated network
- 2000+ clinicians in 600+ practices across NC
- Serve 1/3 of Medicaid patients (641,000)
- 48% urban, 52% rural
- Solo – 34%; 5 or fewer clinicians – 74%
  10 or more clinicians – 13%

Physician Specialties	%
Pediatrics	43%
Family Medicine	35%
Internal Medicine	15%
OB/GYN	4%
Other	4%

COMMUNITY CARE Physician Network

NC's Future Medicaid Structure

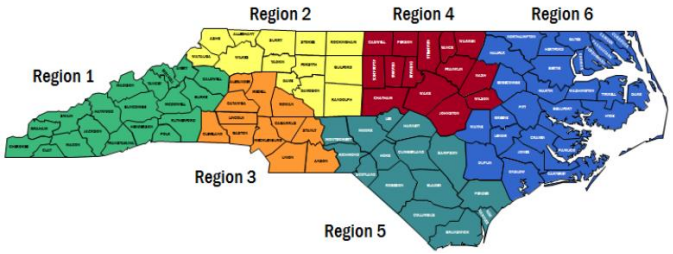
NC Health and Human Services

LME-MCOs (mental health)

Commercial Health Plans

Provider-led Plans

Advanced Medical Homes



- Social determinants of health
- Behavioral integration
- Data and quality improvement
- Transformation to "value based" care