



A Clinically Integrated Network Bringing Value and Quality to Healthcare Delivery

Practices: 667

Clinicians: 2,136

Healthcare reform is upon us and it is clear that reimbursement models are changing. New approaches to payment focus on **value over volume**. Can an independent practice survive in this new environment? We believe the answer is an unconditional YES!

The physician leaders of the NC Academy of Family Physicians, the NC Community Health Center Association and the NC Pediatric Society came together and asked Community Care of North Carolina to help them set up a vehicle for independent practices to thrive.

Enter **Community Care Physician Network, LLC (CCPN)**, a clinically-integrated network of independent physicians and other providers aimed at improving the quality of healthcare they deliver. The aim is to preserve North Carolina's proven community-based population management infrastructure and help prepare medical practices to succeed in the new health care environment.

CCPN Objectives include:

1. Supporting independent primary care clinicians in the transition to value-based care.
2. Working collaboratively with specialists and hospitals to improve the quality and efficiency of patient care and to keep costs under control.
3. Maximizing the value of North Carolina's proven medical home model and population health management infrastructure. Implementing a high-performing network of independent primary care clinicians able to compete and thrive in Medicaid reform efforts.
4. Enhancing existing relationships and partnerships with providers, community organizations and public health.
5. Sharing accountability and rewards for hitting quality targets.

CCPN Service Offerings:

- ✓ Quality data collection & reporting
- ✓ Care and disease management
- ✓ "Practice transformation" coach through CCNC's *Practice Transformation Network* initiative
- ✓ Transitional support across providers and settings
- ✓ Comprehensive medication management

Opt-Out Ability – CCPN’s participating practices choose the contracts they wish to participate in without being forced into “all-or-nothing” choices.

Governance – CCPN is governed by a board that must be comprised of 75% participating physicians, ensuring that CCPN operates in the best interest of all clinicians and patients. Participating clinicians will develop clinical improvement initiatives and establish quality goals.

Non-Exclusive Model – CCPN offers both public and private payers access to an extended high functioning primary care infrastructure. CCPN seeks to collaborate rather than to compete and will continue to look for opportunities to partner with other programs that are aligned in quality and cost effectiveness goals.

Enrollment Fee – For clinicians in practices with fewer than 15 clinicians there is a one-time enrollment fee of \$75 per clinician. For clinicians in practices or IPAs with more than 15 clinicians, the one-time enrollment fee is \$50 per clinicians. The fee has been waived through April 30, 2018 for psychiatrists, psychologists, and OB/GYN providers, as well as for Primary Care Clinicians who join both Community Care of North Carolina (CCNC) and CCPN at the same time.

Additional Centralized Services - Other centralized services and supports under consideration by physician-members include:

- ✓ Quality Reporting and EHR Support
- ✓ Group Purchasing
 - Vaccine
 - Medical and Office Supplies
 - Health Benefits
 - Credentialing
 - 24/7 nurse advice
- ✓ Payer Negotiations

Through CCPN, independent practices can **demonstrate value to payers** – both public and private.

CURRENT CCPN CLINICIAN PROFILE:

Over 2000 primary care providers

A variety of practice settings

- Pediatric practices (28%)
- FQHCs (25%)
- Family Medicine practices (21%)
- Internal Medicine practices (13%)
- Health Departments (5%)
- Psychiatric practices (5%)
- OB/GYN practices (2%)

Approximate 50/50 split between urban and rural county practices

**For more information contact:
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