

# What Psychiatrists & Psychologists Need to Know

## What is CCPN ?

**Community Care Physician Network, LLC (CCPN)**, is a clinically-integrated network of over 2,000 of North Carolina's independent primary care physicians and other providers focused on 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 and clinicians to succeed in the new health care environment.



## What does CCPN mean for my practice ?

CCPN is led by clinicians who are delivering patient care. These clinicians understand the value that psychiatrists and psychologists can bring to patient care as healthcare moves from fee-for-service to pay-for-performance payment models. Therefore, CCPN is now actively recruiting psychiatrists and psychologists as CCPN participants.

Psychiatrists and psychologists face many of the same hurdles as other independent health care providers with regard to healthcare reform. Like primary care physicians, pediatricians and other medical specialists, psychiatrists and psychologists can benefit from being a part of CCPN, because it is committed to:

- ◆ Determining what supports and services psychiatrists and psychologists need to remain independent, but integrated within a new health system by demonstrating the quality and value of their services.
- ◆ Providing CCPN psychiatrists and psychologists the opportunity to develop clinical improvement initiatives, establish quality metrics and participate in governance of the organization.
- ◆ Creating a vehicle capable of contracting with all payers (private and public) seeking a high-performing network.
- ◆ Supporting the integration of behavioral health into primary care by bringing the two participant groups together for training and strategic planning.
- ◆ Enhancing existing relationships and partnerships with providers, community organizations, and public health.

## Provider-led



## Patient-focused

### How it works

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

**Governance** – CCPN is governed by a board composed primarily of participating clinicians (75% of whom must be physicians), ensuring that CCPN operates in the best interests of practices and patients. Participating clinicians will develop clinical improvement initiatives and establish quality goals.

**Non-Exclusive Model** – CCPN is an open, non-exclusive network. It seeks to collaborate rather than to compete, offering prospective Provider-Led Entities (PLEs), Managed Care Organizations (MCOs) and other payers all-insurers access to an extended, high-functioning, primary care infrastructure and value-added specialty services. An insurer seeking to ensure patient access across a rural area, for example, may do so quickly and cost-effectively through a contract with CCPN. CCPN will look for opportunities to collaborate with other programs with aligned quality and cost effectiveness goals.

**Joining Fee** – For practices with fewer than 15 clinicians, there is a one-time enrollment fee of \$75 per clinician. For practices or IPAs with more than 15 clinicians, the one-time enrollment fee is \$50 per clinician. The fee has been waived through April 30, 2018

**Value** – Through CCPN, independent practices can collect quality and cost data that demonstrate value to payers – both public and private. Practices will be able to consider participating in contracts with payers, hospitals, employers and other health care entities.

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Initially, CCPN will offer population health management infrastructure provided by Community Care of North Carolina, Inc. including:

- ◆ 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
- ◆ Population stratification to serve unique populations
- ◆ Behavioral health integration
- ◆ Palliative care

Other centralized services and supports under consideration include:

- ◆ Group Purchasing
- ◆ Back office support such as coding and billing
- ◆ Commission on Accreditation of Rehabilitation Facilities (CARF) —health home and National Committee for Quality Assurance (NCQA) Patient-Centered Specialty Practice Recognition
- ◆ 24/7 Nurse Advice Line

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