

THE UPDATE

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Community Care
OF NORTH CAROLINA

CCNC quality report shows strong program performance

Inpatient Admissions 28.5% below expected; ED visits 13.7% below expected

The Annual Quality Report for State Fiscal Year 2019 finds that CCNC continues to effectively manage cost and utilization for enrolled Medicaid populations through high-performing primary care and effective care management. CCNC's focus on continuous quality improvement enhances care delivery, resulting in fewer ED visits, inpatient admissions, readmissions, and lower total health care costs.

"I am pleased to report strong program performance in the midst of significant changes in the State's Medicaid delivery system," said CCNC Chief Medical Officer, Tom Wroth. "We look forward to continuing to work together with North Carolina's Division of Health Benefits to improve health outcomes and reduce the cost of care for Medicaid and NC Health Choice beneficiaries."

The report displays 22 measures in four categories—primary care case management, pediatrics, maternal health, and behavioral health—of which nine are benchmarked against the 2017 NCQA HEDIS national Medicaid MCO mean.

Overall program performance is measured through claims data across chronic conditions, population specific preventive care, and utilization measures. Highlights from the report include:

- **Primary Care Case Management:** Actual rates for the Key Performance Indicators continue to outperform expected rates. Actual inpatient admissions are 28.5% below expected admissions and ED visits are 13.7% below expected.
- **Pediatrics:** Well child visit rates for children in the first 15 months of life exceed the Medicaid MCO HEDIS mean and continue to increase. There has also been significant improvement in adolescent preventive care with both well visits and immunizations rates increasing.
- **Maternal Health:** Almost 80% of pregnant women in the Pregnancy Medical Home program undergo a comprehensive risk screening. There has also been an increase in early entry to prenatal care and postpartum follow-up visits as a result of CCNC's statewide initiative launched in 2018.
- **Behavioral Health:** The rate of Medicaid members who have been hospitalized in psychiatric facilities having adequate follow up continues to be above the HEDIS mean for all ages.

As part of CCNC's commitment to continuous quality improvement, the annual quality review is used to stimulate and facilitate quality improvement efforts at CCNC's networks and medical homes. For more information, contact Paul Mahoney at pmahoney@communitycarenc.org.

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Tom Wroth speaks on PCPCC panel

Recently, CCNC's Dr. Tom Wroth, chief medical officer (center), was featured on a panel at the Patient-Centered Primary Care Collaborative (PCPCC) Annual Conference in Washington, D.C., where he spoke about innovations in primary care and the transition to value-based care in North Carolina.

Dr. Wroth was joined by industry leaders from across the nation on the panel, "Innovations in Primary Care Payment and Delivery," where panelists evaluated primary care practices with proven results, discussed advancing strategies to strengthen primary care, and advocated for payment and delivery reforms, including additional investment in primary care.



NC infant mortality decreases for third straight year, hits all time low



The North Carolina Department of Health and Human Services (NC DHHS) recently announced that infant deaths in NC in 2018 reached the lowest rate recorded since the metric was first tracked 31 years ago. This marks the third year straight the rate declined.

In an article by WECT News, Nicholas Bodenheimer, MD, lauded CCNC's efforts: "I think North Carolina as a whole is doing a good job. I think Community Care of North Carolina [and its Medicaid

program reach] a lot of women of diverse backgrounds [with] the pre-natal care and support they need." Bodenheimer is an OBGYN at Novant Health Brunswick Medical Center.

CCNC's Pregnancy Medical Home program aims to improve birth and maternal health outcomes by offering incentives to medical practices to help patients understand medical terminology and encourage them to keep postpartum appointments. Women facing a high risk of pregnancy-related complications are paired with a care manager to coordinate care between providers and evaluate non-medical barriers to care, such as substance abuse or barriers to secure housing.

Analysis of CCNC's model has shown lower rates of low-birth weight babies, a decrease in the amount of C-section deliveries, and an increase in rural access to obstetrical care for program participants in North Carolina.

Find the press release by NC DHHS at <http://ccnc.care/dhhsinfmtal> and the article by WECT news at <http://ccnc.care/2j>.

CCNC-collaborated pharmacist care plan tool goes national



CCNC helped pioneer the Pharmacist eCare Plan (PeCP), a platform for pharmacists to improve care coordination with patients outside the doctor's office. The platform, which reduces redundant manual data entries, automates clinical quality measurements, and speeds data sharing between pharmacies and CCNC. The program was piloted in North Carolina and is now operating nationwide.

The PeCP creates a care plan that includes "social determinants of health, an adherence assessment, interventions made by the pharmacy team, clinical goals, and referrals to other members of the healthcare team," said Amina Abubakar, PharmD, CEO of Rx Clinic Pharmacy. Abubakar was an early adopter of PeCP and a practicing pharmacist in Charlotte, NC, according to an article by the Office of the National Coordinator for Health Information Technology (ONC).

Read the article here: <http://ccnc.care/pecponc>.

CCNC analytics leader details how to maximize value of healthcare data to Rhode Island's Medicaid ACOs

In a recent webinar, Dr. Carlos Jackson, Ph.D., chief data and analytics officer at CCNC, discussed CCNC's Impactability™ approach and presented evidence of its effectiveness to Rhode Island Accountable Entities—that state's Medicaid Accountable Care Organizations.



The webinar, hosted by the Center for Health Care Strategies as part of their Complex Care Innovation Lab, focused on the importance of seeing the complete picture of the services delivered to accountable populations, not just what is evident “within the four walls” of a particular provider's office.

Speaking about CCNC's experience with using data to effectively manage the population, Dr. Jackson shared the following key points:

- In our experience in North Carolina Medicaid, only 1/3 of the total spend for members enrolled in a health system practice occurs within the four “walls” of the health system
- In these same health system practices, at least 1/3 of inpatient admissions occur outside of the health system
- Furthermore, the highest cost, most complex patients, are much more likely to receive care outside of the health system

The webinar was well received by the healthcare stakeholders in the audience, who noted that the information was useful and relevant to their work.

State suspends implementation of Medicaid Managed Care



The NC Department of Health and Human Services (DHHS) has announced a delay in the launch of the new Medicaid Managed Care system originally scheduled for

February 1, 2020. DHHS said that since “the General Assembly adjourned last week without providing required new spending and program authority for the transition to managed care... implementation and open enrollment for NC Medicaid must be suspended.”

Until the new system launched, NC Medicaid will continue to operate under the current Primary Care Case Management (“fee-for-service”) model. See the DHHS news release for details: <http://ccnc.care/delay>.

CCNC Board, CCPN physicians hold retreat in Chapel Hill



CCNC congratulates PQP on improving quality, saving \$5.3 million



Physician Quality Partners (PQP), New Hanover Regional Medical Center's Accountable Care Organization (ACO), announced earlier this month that its Medicare Shared Savings Program ACO improved care quality for more than 18,000 Medicare beneficiaries and saved more than \$5.3 million in Medicare spending in 2018. PQP achieved a quality score of 95.12 percent and reduced average cost of care by \$282 per beneficiary.

“Congratulations to PQP on great work,” said CCNC President L. Allen Dobson, Jr., MD. “We are proud to be a partner with PQP in harnessing the power of healthcare analytics with CCNC's CareImpactSM application and helping to support the delivery of transitional care and complex care management. PQP is really making a difference in the community.”

For details on the PQP announcement, see the news release here: <http://ccnc.care/pqp>.