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- [Quality Metrics](#)
- [MIPS Webinar](#)

How to Implement the New Meaningful Use Component of MIPS

July 7, 2017
 3:00-4:30 pm Eastern /
 12:00-1:30 pm Pacific
[REGISTER NOW](#)

Aetna Collaboration Paves the Way for the Future

From Allen Dobson, MD, Chairman

On June 21, CCPN announced an exciting new collaborative agreement with Aetna, the national health benefits company, to better serve rural North Carolina communities participating in Aetna's Medicare Advantage plan. The agreement takes effect in January 2018 and presents an opportunity for the experience to help provider groups prepare for the eventual move to Medicaid managed care.



The Aetna collaboration demonstrates the positive momentum under way at CCPN. It follows directly in the wake of our inaugural Clinician Conference in May. It's important for you to know that CCPN's physician leaders are building on the foundation of this meeting to continue to connect with you in 2017 and 2018.

CCPN is planning a series of regional education meetings over the coming months that will bring together practice managers, clinicians, and CCPN staff to discuss important issues such as quality improvement and reporting, practice operations, and value-based payment reform. As we all know, practice transformation deadlines are coming fast, and we believe education sessions such as these will provide you, our members, with information that is vital for your success in this new environment. There is nothing more important in my view.

The first education session is being planned for the northwest region, with subsequent ones to be rolled out across the state shortly thereafter. Your CCPN team is developing the content now, so if there's specific information you want to hear about at these education sessions, tell us and we will bring it forward. Meanwhile, thank you for being a part of this roughly 2,000-strong organization. We are growing and working hard to deliver an impact for you that makes a difference.



Dr. Chip Watkins presents on MACRA at the CCPN Meet and Greet held in Hobgood in June.

How to Connect

The NC HIEA is hosting monthly “How to Connect” calls with prospective participants to walk through the onboarding process and answer questions.

Calls will be held the last Monday of every month at 12:00 pm. To participate in this month’s call held on July 31, 2017, click [here](#) to register.

For a complete list of NC HealthConnex participants [click here](#).



Poised for Growth: HIE Legislation

Adjustments to the *HIE Act* were included in North Carolina’s *2017 Appropriations Act*, which became law July 1, 2017.

Changes include:

Connection Timeline Revisions:

- Hospitals as defined by [G.S. 131E-176 \(3\)](#), physicians licensed to practice under [Article 1 of Chapter 90 of the General Statutes](#), physician assistants as defined in [21 NCAC 32S .0201](#), and nurse practitioners as defined in [21 NCAC 36 .0801](#) who provide Medicaid services and who have an electronic health record system shall connect by June 1, 2018.
- All other providers of Medicaid and state-funded services shall connect by June 1, 2019.
- Prepaid Health Plans (PHPs), as defined in [S.L. 2015-245](#), will be required to connect to the HIE per their contracts with the NC Division of Health Benefits (DHB). Clarifies that PHPs are required to submit encounter and claims data by the commencement of the contract with NC DHB.
- Clarifies that Local Management Entities/Managed Care Organizations (LMEs/MCOs) are required to submit encounter and claims data by June 1, 2020.

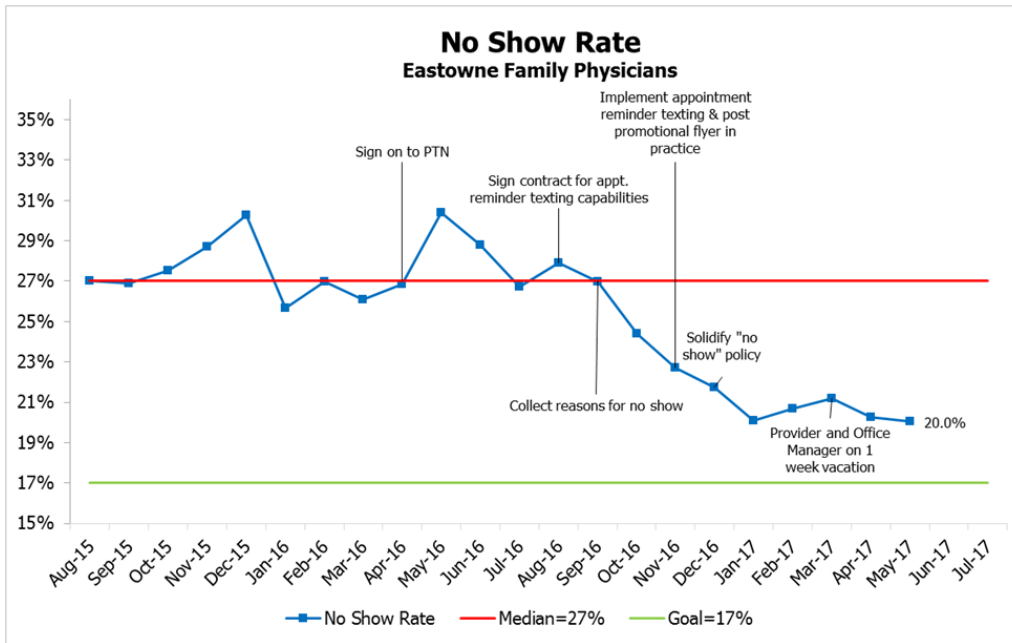
Other Changes:

- Allows NC DIT to establish an extension process in consultation with NC DHHS to grant limited extensions of time for providers to establish connectivity to the HIE network if such providers can “demonstrate ongoing good faith effort to take necessary steps to establish such connectivity.” More information on this process will be available in a future update.
- Clarifies that 42 C.F.R. Part 2 programs (i.e., federally assisted substance use disorder treatment facilities) are ex-

empt from sending data pertaining to substance use disorder treatment services, pursuant to federal law. Providers who participate in these programs will still be required to send clinical data that is not subject to these restrictions.

- Repeals the emergency opt out provision ([G.S. 90-414.10\(e\)](#)). When a patient opts out of the HIE, his/her data is sent to the HIE, but it is blocked from being shared with any of the HIE’s authorized users (those accessing the HIE for treatment, payment, or other HIPAA-covered purposes). The former law allowed for a treating provider to access the record of a patient who had opted out in the case of a medical emergency. The NC HIEA requested the repeal of this provision because the current HIE technology only allows for a privacy officer at the NC HIEA or SAS to open a patient record that had been blocked due to an opt out request. For example, an ER physician would not be aware that a patient record exists in the HIE for a patient who has opted out. The NC HIEA expects the impact of this change to be minor, as the current opt-out rate is >0.1% of patients with records in the HIE.
- Requires a joint study to be conducted by NC DHHS, NC DIT, and the State Health Plan to better understand which data elements providers other than hospitals, doctors, and mid-level practitioners collect electronically, and whether those data elements have clinical meaning for HIE users. This is a priority for the NC HIEA and our partner agencies to provide clarity to these provider types impacted by the mandate. Final findings and recommendations will be submitted to the Joint Legislative Oversight Committee on Health and Human Service and the Joint Legislative Oversight Committee on Information Technology by April 1, 2018.
- Provides funding in the amount of \$3M non-recurring funds (one year) to upgrade the existing HIE environment and \$9M annual recurring funds (two years) for staffing, operations, analytics environment deliverables, and technical integrations.

Quality Focus: Reducing Patient “No Show” Rate



Eastowne Family Physicians, located in the Community Care Partners of Greater Mecklenburg (CCPGM) network, has been a CCPN practice since March 2016 and a Practice Transformation Network (PTN) participant since April 2016. Dr. Tagbo Ekwonu and his staff identified reducing the no-show rate as a top priority QI project. Between August 2015 and August 2016 the practice had a 27% no-show rate of missed appointments. Beginning October 2016 Allie Gayheart, PTN Coach, worked with the practice using Quality Improvement (QI) tools to identify patient barriers to attending medical appointments and to monitor improvement progress over time.



Allie Gayheart

QI interventions include:

- To supplement reminder phone calls, staff call patients who did not show up for their appointment using motivational interviewing skills to

ask why. Responses are documented by staff

- Practice invested in text messaging appointment reminder capabilities where patients can cancel or confirm their appointment via text message
- Practice advertised the new text message feature by placing flyers throughout the practice
- Practice instilled a no show policy for patients that had 3 consecutive no shows would not be able to schedule an appointment, they would be considered as a walk-in patient



Dr. Tagbo Ekwonu

Since the inception of the project the no show rate has been reduced by 7% leading to a 20% no show rate for June 2017. While the two most common scenarios/reasons for no shows are the patient is unable to be reached by phone and the patient forgot about the appointment, the practice continues to make improvement efforts including hiring a Care Manager/Retention Specialist, examining the current scheduling policy and analyzing the text message response rate report.

New Quality Payment Program Resources Available

The Centers for Medicare & Medicaid Services (CMS) has posted new resources on the Quality Payment Program [website](#) to help clinicians successfully participate in the first year of the [Merit-based Incentive Payment System \(MIPS\)](#).

Some website resources:

[An Introduction to Group Participation in MIPS in 2017](#)

[CMS-Approved Qualified Clinical Data Registries \(QCDRs\) Vendor List for 2017](#)

[Consumer Assessment of Healthcare Providers & Systems \(CAHPS\) for MIPS – CMS-Approved Survey Vendor List](#)

[MIPS Measures Guide for Primary Care Clinicians](#)

Additional resources are available in the [Resource Library](#) section of the Quality Payment Program website.

CCPN: Spanning North Carolina



As of July 1, 2017

625 Practices

2,008 Clinicians

CCPN

Board of Managers

*Greg Adams, M.D.,
Boone, NC*

*Debbie Ainsworth, M.D.,
Washington, NC*

*Terry Daniel, M.D.,
Vice Chairman
Eden, NC*

*Allen Dobson, M.D.,
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Lexington, NC*

*Larry D. Mann, M.D.,
Raleigh, NC*

*Ted Nifong, M.D.,
Winston-Salem, NC*

*Reuben Rivers, M.D.,
Fayetteville, NC*

Board of Managers Update

The CCPN Board of Managers met June 16. The agenda for the meeting included a special presentation from Neil Williams, PharmD, and other operational updates. Neil Williams gave the Board an overview of the Medication Management LLC clinical trial activities, and the BOM agreed to pass the information on to member physicians who are interested in learning more. The Board made recommendations on updating the Operating Agreement to allow additional managers to be added to the board to accommodate behavioral health and OB/GYN physicians. The BOM also approved the start of regional education sessions to give CCPN physicians the opportunity to learn more in the coming months about payer contracts and other pertinent CCPN information. Northwest Community Care will host the first regional meeting. **The CCPN joining fee waiver for behavioral health and OB/GYN physicians has been extended by the Board to September 30, 2017.**

An update on clinical integration and discussions with payers were also provided. The next meeting of the Board of Managers will be Aug. 3.

Welcome New Practices

Central Avenue Pediatrics
and Family Medicine

Farmville Internal
Medicine

Galleria Pediatrics and
Family Medicine

Piedmont Internal Medicine,
Pulmonary and Infectious
Disease, PA

Reply OB/GYN and Fertility

Sharon Lakes Medical
Associates

[Click for a full list of
CCPN practices](#)



Tell Us What's Changed

Have clinicians joined or left
your group?

Have you recently changed
addresses, phone numbers, or
tax identification numbers?

Please let us know!

Getting Involved

Want to know more about
CCPN committees and how
you can get involved with
CCPN?

Contact
Shelley Keir at:
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Contact Us

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