

Highlights

Quality Focus • P. 2

Fall Update Meeting
Highlights • P. 3

Resources

- [November Medicaid Bulletin](#)

Face-to-Face Meetings Boost Physician Engagement

From Allen Dobson, MD, Chairman

As CCPN continues to grow across the state, we want to ensure that we enhance our ability to communicate with our CCPN physicians and office staff.



We want to keep the lines of communication open to hear new ideas and strategies from our participating clinicians and practice managers and to make sure each of you know about CCPN and the services and contracts we can offer to your practices.

To help us accomplish this we will be launching meetings across the state in 2018 - Local CCPN Conversations and Updates.

The first pilot meeting was held in August in Winston-Salem. Dates and locations are being finalized and will be published soon.

More recently we provided a CCPN update at Community Care Partners of Greater Mecklenburg's independent clinician dinner in Charlotte in October (see story on page 3) and are planning an update at Community Care of Wake and Johnston Counties' medical policy meeting in Raleigh in early November.

I also am pleased to announce that we will be having a second annual CCPN Clinician meeting in spring 2018.

We are excited to once again have this unique opportunity to meet with all of

you. Look for the upcoming "Save the Date" announcement and please plan to attend. We look forward to hearing from you at these upcoming meetings about how we can make CCPN work for you.

If you have questions or have updated contacts for you or your office manager that we need to know about as we begin outreach for these meetings, please contact Shelley Kittrell skittrell@n3cn.org.

Important Reminders

- **The enrollment fee is waived through December 31, 2017 for OB/Gyn practices and for psychiatric/psychologist groups joining CCPN.**
- **Direct Primary Care through EverMed is now available. [Click for more information.](#)**
- **Group Vaccine Purchases for member practices offer savings for practices. [See more information here.](#)**

Quality Focus: Spindale Family Practice

Spindale Family Practice, a CCPN practice also enrolled in PTN, is located in the western part of North Carolina known as the “Isothermal Belt.” This Family Medicine practice is meeting the challenge of engaging patients and families in improving care, one family at a time.

The practice’s approach for Quality Improvement began by identifying high risk patients who would benefit the most from support involving the entire care team. The practice quickly discovered high-risk doesn’t only mean identifying the patients with multiple chronic medical conditions, but it also means identifying individuals’ daily living conditions or “social determinants of health.”

The QI team, collaborating with the PTN coach, decided to define “high-risk patients” as patients with Diabetes, High Blood Pressure and a Mental Health diagnosis. Medicare and Medicaid were identified as “social determinants” for these patients. Patients having these payers are known to lack access to care and large segments of the population lack adequate healthcare coverage. (1)

Once patients are identified as high risk using these criteria, providers and staff are implementing care plans for these patients. However, they are also implementing care plans for patients who fall outside of these criteria but may also benefit from care planning. These patients are personally selected by the



Rusty Washburn, MD, right, discusses a patient with Sherry Harris, Medical Office Assistant.

providers and staff and include elderly couples who live alone, patients who have limited family support, amputees, and patients who are recently widowed.

When patients, families and caregivers are involved with improving the patients’ health, patients’ compliance with keeping office visits, taking medications as prescribed and being more active in their care improves. This involvement also leads to a reduction in ED visits and Inpatient Admissions. Current Medicaid data (KPIS) available ending June 2017 indicates inpatient admissions are 59% below expected rate and emergency department usage is 14% below expected rate for Carolina Access patients enrolled in this practice.

(1) Social Security Act of 1965 (Title XIX/Medicaid Act), 42 U.S.C. 1396, Pub. L. No. 89-97.

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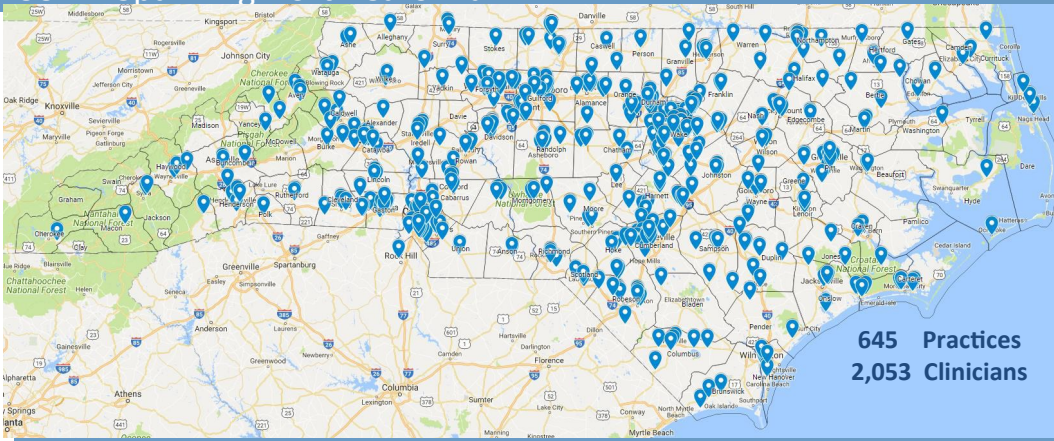
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CCPN: Spanning North Carolina



Welcome New Practices

A Plus Family Care
Premier Women's Care
Edgecombe County Health
Department

CCPN Staff Brief Physicians At Regional Meetings

CCPN staff continue to recruit independent primary care physicians across the state and educate them about the key components of CCPN including its work to support physicians in providing quality care and preparing for new payment models.



Denise Levis Hewson, Chief Operating Officer for CCPN (*shown above presenting in Charlotte*), has recently spoken at meetings in Charlotte and Raleigh promoting the benefits of joining the CCPN network.

Some highlights from these presentations include current participation numbers, information on the Adult and Pediatric

Quality Improvement Committees, and CCPN contracts and pilot programs such as group vaccine purchasing, the EverMed Direct Primary Care program and an Aetna Medicare Advantage initiative.

If you would like more information about joining CCPN please contact Shelley Keir at skeir@n3cn.org.

[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!

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