

Highlights

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The Success of CCPN

As I recently reviewed the CCPN Mission Statement (see top of page 2), I was reminded of why CCPN was first created and what the organization has accomplished in less than two years.

North Carolina's independent physicians are an essential part of the solution as healthcare reform moves forward.

With NC Medicaid managed care on the horizon and commercial payers moving quickly towards value-based reimbursement models, CCPN exists to advocate for independent physicians and provide them with the tools they need to thrive.

First and foremost CCPN is investing in systems to help physicians improve the quality of care delivered in their practices and successfully report the data which reflects the care they have delivered and the impact on their patient population.

We have executed contracts with payers who are competing for the Medicaid contract as well as other commercial plans.



Allen Dobson, M.D., Chairman

We are working continually to execute agreements which can lower the cost of doing business for our participating practices. In short, we are working for you. You can learn more specifics about all of these items at the regional Conversations and Updates meetings currently taking place across the state or on our website

www.communitycarephysiciansnetwork.com.

What I want you to remember is that at CCPN, you and your patients are our top priority.

If you have any questions or concerns you would like to share with me please contact me at adobson@communitycarenc.org.

CCPN Mission Statement

Our mission is to establish a physician-led, innovative, high performing enterprise across NC, which will support continuous quality improvement through evidence-based data metrics and best practices. We will strive to lower operating cost and support reimbursement models which reflect the value of the care provided and allow practices and patients to thrive.

CCPN Vision Statement

To create a network of exceptional healthcare providers who prosper through optimizing quality improvement and patient outcomes in a value-based healthcare environment.

Physician Highlight



Diego Garza, M.D.

Diego Garza, MD, MPH, has a vision where patients who need high-quality behavioral health services are able to access these services no matter where they live in North Carolina.

Dr. Garza is working to make this vision a reality through his work as Director of Telehealth at Carolina Partners in Mental HealthCare.

Dr. Garza has first-hand experience with telemedicine and the impact it can have on patients' access to care.

After completing his medical training he helped develop and implement the biggest federally funded telemedicine program in Mexico. Upon completing his Master in Public Health Degree at UNC, where he also worked as Project Director for a Teleophthalmology initiative,

he began his work at Carolina Partners hoping to utilize telemedicine to reach underserved populations across North Carolina.

Through the Telepsychiatry/ Teletherapy program which Dr. Garza currently oversees, 700 - 800 patients per month receive telemedicine visits from one of 30 participating clinicians.

Dr. Garza believes that as the health care system becomes more focused on health outcomes, it won't matter where services are delivered as long as the patients are receiving the quality care they need.

He looks forward to working with CCPN's independent clinicians to collaborate with colleagues and learn from each other about innovative ways to deliver care which will ultimately result in better patient outcomes.

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!

Contact:
Jon York at
jjork@communitycarenc.org

CCPN Regional Conversations and Updates

CCPN held its first Regional Conversations and Updates meeting in Raleigh on August 23rd. Other regional meetings occurred in Shelby, Charlotte and Asheville the week of September 16th. The meetings were well attended by CCPN providers and practice staff. Meeting attendees were very engaged, and there was robust discussion around Medicaid reform, payer contracting and data reporting.

We are excited to announce other regional meeting dates and times.

- Thursday, October 4th in Southern Pines for pediatric providers, at 6:00pm
- Wednesday, October 10th in Pinehurst at 5:30 pm
- Tuesday, October 23rd in Fayetteville at 6:00 pm (rescheduled due to Hurricane Florence)
- Additional meetings are being scheduled across the state, including the Greensboro meeting that was cancelled due to the hurricane

The Board of Managers will share important updates and exciting opportunities for CCPN clinicians pertaining to Medicaid Reform. Dinner will be served at all of these meetings.

Register [here](#) for any of these meetings.



Dr. Greg Adams presenting at the Asheville regional meeting

Hurricane Florence

CCNC is pitching in to help with Medical Assistance in the aftermath of Hurricane Florence.

For more details, visit the [CCNC website](#).

For information on assistance and those who need help buying food after the hurricane please visit [this link](#).

For HIE information about accessing patient information after Hurricane Florence please visit [this link](#).

2019 Annual Clinician Conference

Mark your calendars for the 3rd Annual Clinician Conference to be held at the Grandover Resort in Greensboro on May 19 — May 20, 2019.

SAVE THE DATE

Sunday, May 19 - Monday, May 20 ■ Grandover Resort, Greensboro



3rd Annual Clinician Conference



CCPN Offers Advanced Medical Home Support

Understanding North Carolina Medicaid's new Advanced Medical Home program and choosing your practice's Advanced Medical Home participation tier is critically important.

As a member of Community Care Physician Network (CCPN), you are entitled to receive assistance in evaluating which Advanced Medical Home tier option is right for you. Some important points to remember as you evaluate your options:

Current CCPN/CCNC practices will be grandfathered in as a Tier 2 Advanced Medical Home if they take no action to become a Tier 3 Advanced Medical Home.

By participating in CCPN, you will receive the needed analytical and population management infrastructure to attain Tier 3 Advanced Medical Home status.

CCPN has value-based provider contracts in place with managed care entities competing for the Medicaid contract in which care management will be delivered through the CCPN/CCNC infrastructure already in place.

Careful consideration must be given by each practice to determine what additional advantages, if any, there are to obtaining Tier 3 Advanced Medical Home status.

For those practices wishing to pursue Tier 3 Advanced Medical Home design-

ation, CCPN staff in collaboration with CCNC will help develop a "blueprint" for implementation and help answer questions you may have about completing the attestation process.

While not all aspects of the Tier 3 Advanced Medical Home program have been defined (particularly around payments and incentives practices can receive) the attestation process in NC TRACKS will begin on October 1, 2018 and end on January 31, 2019.

Practices may have to make participation decisions before all the relevant information is available. Primary care practices that want to participate as a Tier 3 Advanced Medical Home during the first year of the new Medicaid managed care program must complete the attestation process by January 31, 2019.

We are here to help you navigate in the new Medicaid world. If you would like to receive assistance, please email Tiffany Ferguson-Cline at:

tferguson-cline@communitycarenc.org and include your name and practice name and address. We will ensure a Provider Relations staff member contacts you.

Thank you and we look forward to assisting you and your practice.

Story ideas?

If you have suggestions about articles you would like to see in the CCPN Update, please contact:

Shelley Kittrell at skittrell@communitycarenc.org

Map of PHP Regions



Board of Managers

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

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

*Allen Dobson, M.D.,
Chairman
Mt. Pleasant, NC*

*Beverly Edwards, M.D.,
Ahoskie, NC*

*Tagbo Ekwonu, M.D.,
Charlotte, NC*

*Stephen S. Hsieh, M.D.,
Lexington, NC*

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

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

QI Collaboration: Catawba Pediatric Associates

Catawba Pediatric Associates, P.A. serves children from birth through college age located in Catawba County and surrounding areas. Their mission is to “be responsive to our community's health care needs by delivering high quality health related services. All services provided by Catawba Pediatric Associates, P.A. will be delivered by quality and committed staff, and will be accessible to our patients and families”.

The practice has demonstrated a strong commitment to their mission by becoming a member of Community Care Physician Network (CCPN), and graduating from CCNC's Practice Transformation Network (PTN) in May.

Non-emergent ED utilization was identified as an improvement opportunity in March 2018, and the practice set a goal to reduce utilization by 20% by December 31, 2018. The target population was identified using multiple data sources including CCNC's Provider Portal, hospital discharge reports, and direct access to the local hospital's EMR.

Interventions such as identifying high priority populations (patients seen during office hours; high utilizers), utilizing

a care team approach to provide direct patient follow-up after visits, and disseminating patient education materials were implemented as catalysts for improvement.

Comparing Medicaid claims data for dates March 1 – August 31, 2017 to March 1 – August 31, 2018 shows a reduction of 18.36% in the number of non-emergent ED visits. Additionally, internal data collection indicates there has been a 3% reduction in the number of patients utilizing the ED during office hours.

As North Carolina transitions to Medicaid Managed Care, improving clinical outcomes and reducing cost by decreasing unnecessary utilization will be especially important in value based payment models

As demonstrated by Catawba Pediatrics' non-emergent ED project, quality improvement methodologies such as utilizing data to identify opportunities, establishing goals, implementing impactful strategies, and tracking progress are essential to successful quality improvement efforts.

The Importance of Depression and Opportunities for Improving Depression-Related Outcomes

Major depressive disorder (MDD) is a commonly occurring, seriously impairing, and often recurrent mental disorder, affecting approximately 16.2 million American adults, or 6.7% of U.S. population aged 18 and older in any given year.^{1,2} Currently the leading cause of disability among Americans aged 15-44, if kept on its current trajectory, MDD is positioned to become the second leading cause of disability worldwide by the year 2020 (second only to heart disease).^{1,3-7}

Almost no bodily organ is immune to the effects of depression and its associated maladaptive health risk behaviors, and as such depression is a risk factor for (as well as consequence of) a multitude of diseases, most impactful to the system being those of a preventable chronic or multi-chronic nature and suicide, the tenth leading cause of death nationwide.^{1,6,8-14} As of 2014, direct and indirect costs of depression totaled \$210.5 billion USD annually, only 38% of which was due to MDD itself as opposed to comorbid conditions.^{1,7,10,15-19}

Despite this evidence, depression, like other mental disorders, is often not deemed to be on par with other chronic physical health conditions in terms of its effect on overall health.⁶ In a new statewide QI project led by CCNC, a cross-section of CCPN and other primary care practices, pharmacies, and care managers are working in a multidisciplinary fashion to increase patient adherence to antidepressant medication per clinical guidelines, monitoring impact using nationally-aligned (HEDIS)/NQF technical specifications.

This tactic has strong potential for health (including chronic disease) and health practice cross-benefits and will continue to grow in importance as reimbursement methodologies are tied to proving value to the consumer.

Interested in helping shape future similar initiatives that could positively impact your practice? Contact skittrell@communitycarenc.org to learn more about and to become a member of CCPN's Quality Improvement Committee.

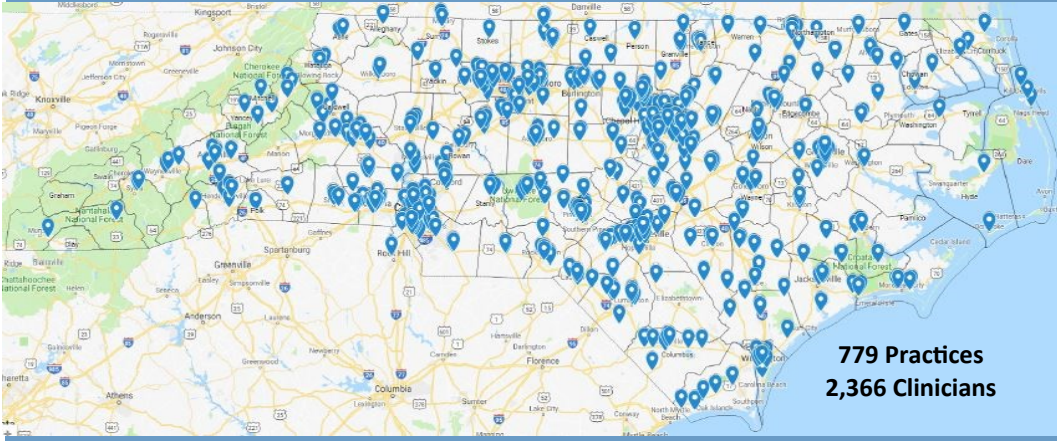
For the complete list of references please visit: <http://ccnc.care/11>

Medicare RAF Training

If you attended the Medicare Risk Factor Adjustment training on August 30 and would like to receive continuing education credit please complete the survey which was sent to you after the training by Monday October 15.

If you need the survey link re-sent to you or you have any questions please contact Shelley Kittrell at skittrell@communitycarenc.org.

CCPN: Spanning North Carolina



Welcome New Practices

Allcare Medical Center PLLC
Caring for Children
East Cary Family Physicians
Gapover M.D. PLLC
Gaston Family Care, PA
Henderson County Department
of Public Health
Lincoln Pediatrics Clinic, PA
Scala Medical Clinic
Seaside Pediatrics
Shipyards Medical Center
The Pisgah Institute for Psycho-
therapy and Education, PA

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

Acronyms Explained

As discussions about health care reform and Medicaid managed care continue, a lot of acronyms are being used. Please find below a list of some of the acronyms you may hear:

PHP - Prepaid Health Plan. The NC Department of Health and Human Services will select PHPs to serve Medicaid beneficiaries and provide services to beneficiaries consistent with applicable state and federal laws through the Medicaid managed care program.

PLE - Provider Led Entity. A type of Prepaid Health Plan which may be selected by the NC Department of Health and Human Services to serve Medicaid beneficiaries under Medicaid managed care. There are specific guidelines which an entity must meet to be considered a PLE such ownership and physician governance, as well as holding a PHP license issued by the NC Department of Insurance.

AMH - Advanced Medical Home. The North Carolina Department of Health and Human Services' program that is the primary vehicle for delivering care management as the state transitions to Medicaid managed care.

PTN - Practice Transformation Networks. Practice Transformation Networks are part of the Center for Medicare and Medicaid Services' (CMS) Transforming Clinical Practice Initiative. CCNC is a Practice Transformation Network.

CIN - Clinically Integrated Network. A Clinically Integrated Network is a group of clinicians who have come together to improve health care delivery, impact utilization, and attain a high quality of care in the management of a patient population. CCPN is a Clinically Integrated Network.

MCO - Managed Care Organization(s). This term is often used as a general term to describe many types of managed care organizations. In discussions regarding North Carolina's transition to Medicaid managed care, MCO may be used to describe a type of Prepaid Health Plan which may be selected to serve Medicaid beneficiaries under Medicaid managed care.

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