

## Highlights in this issue

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### Resource Corner

- [September Medicaid Bulletin](#)

## Regional Meetings Begin in Winston-Salem

From Allen Dobson, MD, Chairman

I am excited to share with you that our first CCPN regional meeting in Winston-Salem on August 10 was a great success. The meeting attendees had the opportunity to interact with each other, meet three of the Board of Managers from their region as well as learn about the vision and future of CCPN.



provider services activities and membership figures. *(See the article on page 2 for more information on other topics covered at the meeting.)*

This is just the beginning of our efforts to engage our physicians across the state in meaningful conversations about the challenges and opportunities that lie ahead and how CCPN can support our physicians moving forward. Look for more information on upcoming regional meetings in future newsletters and our website. If there is anything you would like addressed at the regional meetings, please let us know.

The three Managers from the CCPN Board that attended and presented were Drs. Terry Daniel, Stephen Hsieh, and Ted Nifong. They participated in the meeting by giving updates on CCPN's quality improvement and

We will be sending out details on vaccine group purchasing very soon. *(See page 4 for highlights.)* Again, we appreciate all that you are doing to provide great health care in North Carolina.



*Providers listen during August 10 CCPN Regional Meeting.*

## August Board Meeting Covers a Range of Topics

The CCPN Board of Managers held a face-to-face meeting in Greensboro on August 3. The board discussed laboratory services at length, including whether to identify CCPN practice pilot sites for a potential laboratory services vendor collaboration.

Direct Primary Care was another topic that the board discussed. The board reviewed specifics of certain DPC models and agreed to continue investigating DPC and its applicability to CCPN.

Updates were given on the latest CCPN Member meeting in June and on continued discussions with health care plans that may want to contract with CCPN.

Dr. Steve Wegner reported on the work of the Vaccine Group Purchasing study group and Denise Levis Hewson briefed the board on preparations for the upcoming regional meetings.

## Winston-Salem Regional Meeting Connects Board and Providers



**Representatives from the CCPN Board of Managers take questions:  
From left are Drs. Stephen Hsieh, Terry Daniel and Ted Nifong.**

The first regional CCPN meeting was held in Winston-Salem August 10, and the turnout was great. The robust agenda included updates by representatives from the Board of Managers on membership, quality improvement, and provider services, discussion about how physician payment is going to change under new quality-based payment models, and information on CCPN practice supports and services. One of the main goals for the meeting was to make sure all attendees understood the terminology being used to describe new quality-based payments (e.g. – at-risk payments, gainsharing, etc.). Participants were surveyed before and after this section of the meeting, and it was determined that participants' understanding of these terms improved as a result of this meeting. The update on CCPN supports and services included information on group vaccine purchasing and direct primary care. The meeting concluded with an open discussion led by Drs. Terry Daniel, Stephen Hsieh, and Ted Nifong (from the Board of Managers). Dates for upcoming regional meetings will be announced soon.

## 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.,  
Chairman  
Mt. Pleasant, NC*

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

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

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

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

## PDSA: Big Improvements Through Small Changes

Engaging with practices on quality improvement will be key to making CCPN a success.

For CCPN practices that also are part of the Practice Transformation Network initiative, this is already under way through use of PDSA Cycles.

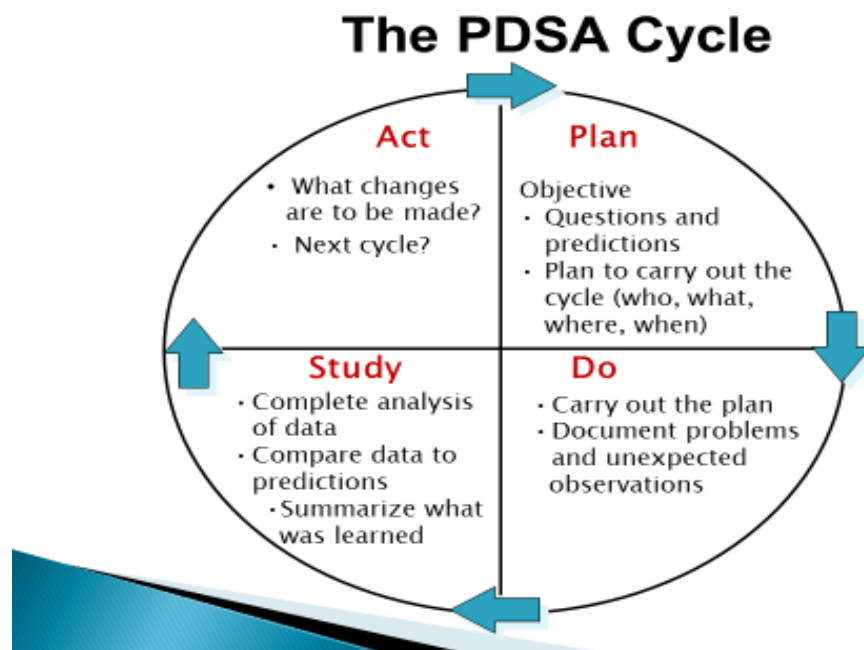
PDSA – Plan, Do, Study Act – Cycles help practices adapt quality improvement ideas to their specific practice through a methodical approach, which keeps work manageable.

By identifying what needs to be changed and an objective for how to change it, this implementation process allows for quick assessment of what works and what doesn't.

Moving forward, CCPN will engage all of its practices in quality improvement activities, through PDSA cycles and other quality improvement initiatives. This will include sharing quality improvement success stories, tips, and other important information each month in the newsletter.

## Quality Focus:

## Better Understanding the Plan-Do-Study-Act Cycle



## The Benefits:

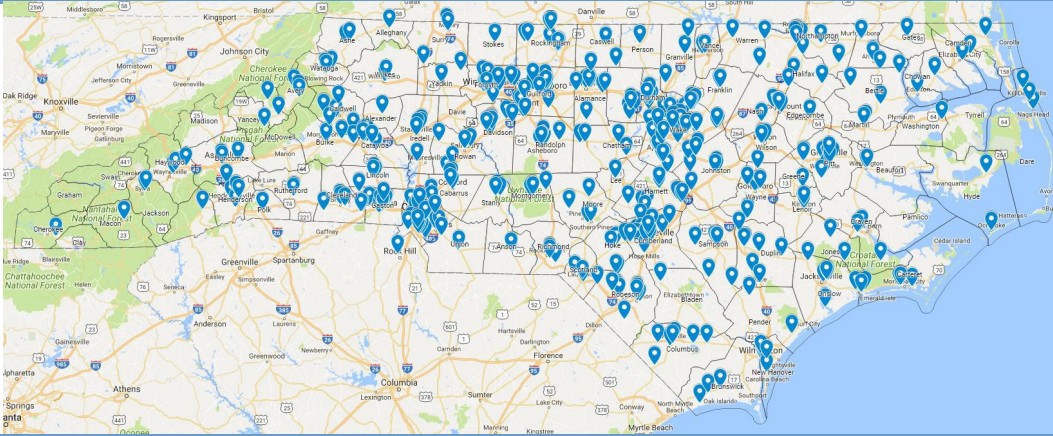
- Adapt good ideas to the local environment
- Keep focus on learning through methodical approach & predictions
- Keep work manageable: think small
- Support rapid implementation
- Avoid re-work, unnecessary planning

## Tips For Small Scale Testing:

- Involve others to review and get feedback on viability
- Test with a few engaged team members first before involving others
- Test a change in concert with existing processes to better determine improvements
- Test at one site-one provider- one patient
- Test over short time period - one day



## CCPN: Spanning North Carolina



As of September 1, 2017 627 Practices 2,025 Clinicians

## Welcome New Practices

Kids First Pediatrics of  
Raeford and Fayetteville

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

Coming soon....

### Group Vaccine Purchasing

- ◆ Ease & efficiency of ordering and competitive pricing
- ◆ Online ordering offering additional discounts
- ◆ Ordering directly from manufacturer with ~ 7.5% discount from catalogue pricing
- ◆ Semi-annual rebates to practices
- ◆ Leveraging highest rebate tier for all practices
- ◆ Discounts on medical & office supplies as well as scientific refrigeration
- ◆ No fee to join GPO

### Direct Primary Care

CCPN will be the exclusive primary care network of EverMed DPC in NC.

- ◆ Projected life pool ~ 200,000+, including dependents, for small and large self-insured companies
- ◆ Clinics control their patient panel volume
- ◆ Consistent practice revenue and minimal administration
- ◆ Able to participate in other DPC programs too

## Contact Us

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## 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?

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