September 2018
Issue 28

CCPNUpdate

Highlights

Announcements

September Medicaid Bulletin

COMMUNITY CARE Physician Network

Message from the CEO

Steve Wegner, M.D.

On August 9, the North Carolina Department of Health and Human Services issued its Medicaid Managed Care Prepaid Health Plan Request for Proposal (RFP).

CCPN has been working for months and continues to work to prepare for the changes coming to North Carolina's Medicaid program.

The RFP contains an enormous amount of information which will directly impact North Carolina's independent physicians no matter which pre-paid health plans are selected to serve North Carolina's Medicaid patients.

NC DHHS has created a web site (https://www.ncdhhs.gov/medicaid-transformation) dedicated to sharing information about the Medicaid program transformation.

In addition there is a web site which provides information about how care management services will be structured through the new Advanced Medical Home program (https://medicaid.ncdhhs.gov/advanced-medical-home).

CCPN and CCNC have the expertise to assist our CCPN practices in obtaining Advanced Medical Home (AMH) Tier Three certification. For more information on AMH Tier Three certification requirements and what we can do to support practices in reaching an AMH Tier Three designation, please see the article on page 5.

I want to strongly encourage you to visit these web sites and participate in the webinars and meetings which NC DHHS is hosting to learn more about the Medicaid program changes and how they will impact you.

CCPN will continue to keep you posted on what we are doing to support our clinicians during this transition through our Conversations and Updates regional meetings and our newsletter.

I can confidently say CCPN is well positioned for success moving forward. If you have any questions please email me at swegner@ncaccesscare.org.

CCPN Regional Conversations and Updates

Dr. Larry Mann speaking at the meeting

CCPN held the first regional Conversations and Updates meeting in Raleigh on August 23.

Dr. Larry Mann, a CCPN Board of Manager and pediatrician at Jeffers, Mann and Artman Pediatrics, presented to a crowd of 31 CCPN providers and practice administrators.

Dr. Mann helped facilitate robust discussion among the group around quality metrics and reporting, payer contracting, and Direct Primary Care.

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

- Thursday, September 13 in **Greensboro** at 6:00 pm
- Tuesday, September 18 in **Shelby** at 5:30 pm
- Wednesday, September 19 in **Charlotte** at 5:30 pm
- Thursday, September 20 in **Asheville** at 5:30 pm
- Tuesday, September 25 in **Fayetteville** at 6:00 pm
- Thursday, October 4 in **Southern Pines** for pediatric providers at 6:00 pm
- Wednesday, October 10 in **Pinehurst** at 5:30 pm

All meetings will provide dinner at the time listed above. The meeting will start approximately 30 minutes after dinner.

The Board of Managers will share important updates and exciting opportunities for CCPN clinicians pertaining to Medicaid Reform.

Register here for regional meetings.

We plan on holding more meetings throughout the state in October. More locations and dates will be announced soon.

Please contact Jessica Whelan at jwhelan@communitycarenc.org with any questions.

Annual Conference

Mark your calendars for the 3rd Annual Clinician Conference happening on May 19-May 20, 2019 in Greensboro, NC.

For more details, visit our website.

COMMUNITY CARE Physician Network

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

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QI Collaboration

PTN Practice Assessments at Morse Clinic

The Morse Clinic is an organization dedicated to the treatment of opiate addiction and operates eight clinics located in rural and urban parts of the greater Triangle region.

They offer Medication Assisted Treatment, a well-researched, evidence-based treatment approach for addiction to heroin, prescription pain medication, and other opiates. Morse Clinic enrolled each of its eight clinics in Community Care Physician Network (CCPN) in September 2017 and enrolled into Community Care of North Carolina's Practice Transformation Network (PTN) in October 2017.

Cameron Graham, Practice Transformation Coach for Morse Clinic, has met monthly with their executive leadership team of clinic directors to guide their quality improvement efforts related to preparing for Medicaid reform and value based payment arrangements. She has coached them through practice assessments to establish a baseline and benchmark their processes and progress, a SWOT analysis (Strengths-Weaknesses-Opportunities-Threats), and a workflow analysis of their intake processes across each clinic. In addition she has provided on-site clinic shadowing and observation and quality improvement training for leadership staff.

Workgroups at Morse Clinic walking through a SWOT analysis

"Our participation in CCNC's practice transformation efforts and in CCPN has helped us streamline our management and workflow processes, enhance communication across each of the eight clinic locations, and improve our delivery of care for people in North Carolina suffering from the opioid crisis. Being enrolled in a large-scale quality improvement effort happening across the state and nation, and simultaneously enrolled in a clinically integrated network, helps connect our group of clinics and staff located in one region of the state to cross-cutting integrated, whole-person, value-based care initiatives happening across the country," reports Dr. Eric Morse, MD, President, CEO, and Medical Director of Morse Clinic. Dr. Morse is an addiction psychiatrist trained in the proper use of methadone and buprenorphine, in addition to practicing medicine at Carolina Performance.

The next phase of their practice transformation work will include on-site quality improvement training and coaching of staff at each of the eight clinics.

Morse Clinics operate in Raleigh, Hillsborough, Siler City, Henderson, Clayton, Dunn, Roanoke Rapids, and Zebulon.

Board of Managers Update

The CCPN Board of Managers met on August 16 in Greensboro. The Board members discussed the regional Conversations and Updates meetings and plans to have a member of the Board of Managers at each meeting if possible.

The Board also received an update from the Quality Improvement committee and discussed finalizing the choice for the nurse advice line in the next few weeks.

Medicare RAF Training

Dr. Robert Resnik presented "What You Need to Know About Medicare Risk Adjustment Training" to over 35 people on August 30. If you attended this training and would like to receive continuing education credit, please make sure you have completed your survey and included your name/email address so your certificate can be sent to you.

If you are a CCPN member and would like to receive a recording of the webinar, please contact Shelley Kittrell at skittrell@communitycarenc.org. Continuing education credit is only available to those who attended the training on August 30. Please complete the survey and include your name.

Collaborative Care Model 101

What is the Collaborative Care Model and how does it impact primary care providers?

The Collaborative Care Model (CoCM) is an evidence-based model of behavioral health integration that is designed for the primary care medical home. The model is currently billable to Medicare and NC Medicaid; CPT codes record the total monthly time *per patient per month* and use the NPI of the PCP. If done correctly, the CPT codes can financially sustain the model in most practice settings.

The model has 4 essential elements:

Team-Driven: the PCP is the leader of the CoCM team, which includes two new team members – an embedded behavioral health care manager (BHCM) and a consulting psychiatrist

Population-Focused: CoCM uses screening and a registry to treat a defined population within the primary care practice – often patients who screen positive for depression and/or anxiety

Measurement-Guided: similar to treatment for other chronic conditions like hypertension, standardized BH rating scales (like the PHQ-9) are used as *behavioral health vital signs*, and repeated measurements (e.g. PHQ-9 score) target specific measurable outcomes

Evidence-based: the CoCM literature is extensive, includes all ages, different targeted populations, with an established Return on Investment (ROI) - (up to 6:1)

Interested in learning more?

Contact jbyrne@communitycarenc.org or aclendenin@communitycarenc.org

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

COMMUNITY CARE Physician Network

CCPN Offers Advanced Medical Home Support

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
jyork@communitycarenc.org

Under the new North Carolina Medicaid managed care program, care management will be delivered through the Advanced Medical Home program.

The North Carolina Department of Health and Human Services (NC DHHS) has identified guiding principles for care management under the Advanced Medical Home program. These include:

- Access to appropriate care management
- Care management that involves multidisciplinary teams
- A preference for local care management
- Care manager access to timely and complete enrollee-level information
- Access to programs and services that address unmet health-related resource needs

NC DHHS has outlined three different tiers of care management activity which include identifying the party responsible for care management and how Advanced Medical Home payments will be made to practices based on these tiers.

Information from NC DHHS's webinars on the Advanced Medical Home program can be found at https://medicaid.ncdhhs.gov/advanced-medical-home.

Community Care Physician Network (CCPN), in collaboration with Community Care of North Carolina (CCNC) has developed a support service available to independent CCPN physicians who desire to become a Tier 3 Advanced Medical Home (AMH) under Medicaid managed care.

Below is a list of some of the "Key Advanced Medical Home Requirements" which must be provided by a Tier 3 Advanced Medical Home. CCPN and CCNC have the tools and experience to meet these requirements and can provide these services for CCPN practices.

Key Tier 3 Advanced Medical Home (AMH) Requirements

* Risk stratify all empaneled Medicaid patients and identify a "priority population" for care management
* Perform a Comprehensive Assessment on each priority patient and assign a care manager
* Use a documented Care Plan for each patient receiving care management
* Utilizing ADT data, track empaneled patients' utilization in other venues, including nearby hospitals and related facilities
* Implement a systematic, clinically appropriate care management process for responding to high-risk ADT alerts
* Provide short-term, transitional care management, along with medication reconciliation to all empaneled patients who are at risk of readmission or other poor outcomes
* Support self-management training and connect patients to needed community resources

More information about the Advanced Medical Home program and how CCPN and CCNC can support practices which desire to be a Tier 3 Advanced Medical Home will be provided at the upcoming regional Conversations and Updates meetings. If you have additional questions please contact Shelley Kittrell at skittrell@communitycarenc.org.

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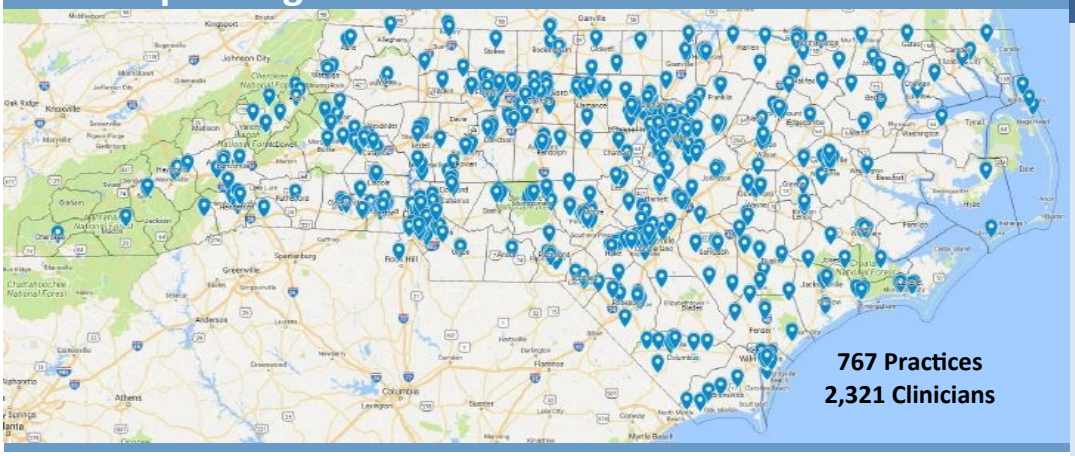
CCPN: Spanning North Carolina



Are You Ready for Value-Based Care?

Last Chance to sign up for Free Practice Coaching is September 27, 2018!

Don't miss the opportunity to participate in the Practice Transformation Network (PTN) program that will help you deliver high quality, value-based care in the most efficient practice settings.

Participation gives you:

- Assistance from an onsite **Transformation Coach**
- **Innovative tools** to help you save money
- Assistance in qualifying for **CMS payment incentives**
- Support from **Clinical Experts** who will help you get more out of your EHR
- Expertise in **understanding your data**
- Resources and **Pharmacy support** to drive better medication adherence
- Assistance from **Behavioral Health Integration** Specialists

Dr. Gregory Adams participates in the PTN program which has provided him and his office staff with invaluable assistance. He had this to say about his experience with PTN: "PTN has helped us with data collection for quality improvement and assisting with NCQA recertification."

This is your last chance to make a commitment to prepare for the future before this **no cost option ends.** Enrollment closes September 27, 2018!

Am I eligible for Practice Transformation Support?

- NOT currently enrolled in an accountable care organization (ACO)
- HAVE a functioning EHR
- NOT already in the CCNC-PTN

Want to join? Contact Jennifer Cockerham at 919-745-2390 or jcockerham@communitycarenc.org.

Contact Us

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Steve Wegner, MD,
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2300 Rexwoods Drive
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Raleigh, NC 27607

Welcome New Practices

Advanced Medical Group, PA

Ajay K. Ajmani, MD PA

Ankle and Foot Surgery Podiatry Clinic

Atkins Family Practice, PA

Ave Marie Family Practice

Black River Family Practice

Black River Health Center

Burrell Family & Obstetrical Care, PA

Duplin OB-GYN, PA

FHC Montgomery County Primary Care Corp—West

Firsthealth Cardiology—Hoke

Granville Vance Public Health and Primary Care

Harnett County Health Department

Karen L. Smith, MD, PA

LCD Medical, PLLC (Robert Deucher, MD)

Leslie Murphy, MD

Maple Hill Medical Center

Onslow Pediatric Associates

Pender County Health Dept.

Pinehurst Family Care Center, PA

Pinehurst Medical Clinic, Inc.

Click for a full list of CCPN practices

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