

May 2018

Issue 24

# CCPNUpdate

*Special Edition: From Keynotes to Breakout Sessions,  
Highlights from CCPN's Second Annual Clinician Conference*

## Highlights

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## Announcements

*The CCPN Board of Managers approved extending the enrollment fee waiver for OB/GYN and Behavioral Health clinicians joining CCPN through July 31, 2018.*

[May Medicaid Bulletin](#)

 **COMMUNITY CARE**  
Physician Network

### ***DHHS Leader Provides State Perspective on Care Management***

How does the NC Department of Health and Human Services see Medicaid Managed Care?

Dave Richard, Deputy Secretary for Medical Assistance, shared this information during his conference presentation.

North Carolina's goals for Medicaid Managed Care are to measurably improve health, maximize value to ensure program sustainability, and increase access to care.

In working to reach these goals under Medicaid Managed Care, Mr. Richard discussed the division of responsibilities between DHHS and Medicaid managed care organizations, measuring quality of care, and the role of care management.



*Dave Richard*



*CCPN Board of Manager members (L-R) Drs. Terry Daniel, Stephen Hsieh, and Rueben Rivers are joined by Dr. Conrad Flick at the Adult Medicare Advantage breakout session.*

He also shared that there will be issues to work out as the transition to Medicaid Managed Care occurs and the current status of the federal waiver.

Mr. Richard ended his presentation by thanking Medicaid providers for what they do.



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## Second Annual Clinician Conference Draws Strong Attendance

*From Allen Dobson, MD, CCPN Chairman*

Thank you to the nearly 200 CCPN clinicians who attended the Second Annual CCPN Clinician Conference and made the conference such a great success.

We had fantastic speakers and opportunities to network with other independent clinicians from across the state.



The conference theme this year was *"Better Together: Defining the Future of Health Care in North Carolina"*.

I believe we are taking steps as a community of clinicians to meet this goal. I am energized and excited by what we can accomplish for the people of North Carolina at this moment in time.

I hope you will continue to share with us how we can help you succeed in the new healthcare environment and know we will continue to work on your behalf in all that we do.

If you were not able to attend the conference this year we hope you can join us next year for this great event!

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## Achieving Whole Person Care

Whole person care is an overarching goal of CCPN.

Dr. Mike Lancaster, Medical Director at SouthLight Healthcare, shared his vision of whole person care and what this means in a value-based health care system during his presentation at the Second Annual CCPN Clinician Conference.

Whole person care encompasses primary physical health care, behavioral health care, specialty care, and addressing social determinants of health.

Dr. Lancaster shared data on how a behavioral health diagnosis can impact the cost of treating physical health chronic conditions and how integrating behavioral health services can impact this cost of care. In a value-based care system, there will be a focus on prevention, wellness, and relationships, which should lead to creative interventions to address the whole person.

This will lead to improved experiences for patients and clinicians across the healthcare continuum.

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## Message from the CEO

During my presentation on day one of the Clinician Conference, I was pleased to make two new announcements.

First, after CCPN raised the issue with United Healthcare regarding payment for after-hours care, UHC will now pay an additional fee for after-hours care to North Carolina clinicians for all lines of business, including commercial. North Carolina will be the only state to receive this additional reimbursement at this time.

Second, CCPN has signed an agreement with Carolina Health Alliance, which is offering a new kind of insurance that cuts out the middleman, including the insurance company, thus creating large savings.

It does have reinsurance that kicks in automatically if there are more expenses than premium revenue. It also has a "DPC" element that covers preventative care, sick visits, and some labs, which is paid at a PMPM rate. All other CPT codes are paid at 150% Medicare. Additionally, there is no co-pay or deductible for the patient and their family if they see you as a Primary Care doctor. Generally, this plan will be offered to large self-insured businesses.

Email or call us for more information at the contact addresses found at the bottom of page 6, or feel free to email me directly at [swegner@ncaccesscare.org](mailto:swegner@ncaccesscare.org).



*Steve Wegner, MD*

## Board of Managers

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

*Debbie Ainsworth,  
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Washington, NC*

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

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

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



*Board of Managers Member  
Dr. Larry Mann addresses a  
point during the Clinician  
Conference.*



## Getting Involved

*CCPN Committees focus on the core work of the organization.*

*If you want to learn more or get involved in one or more, contact*

*Shelley Keir at [skeir@communitycarenc.org](mailto:skeir@communitycarenc.org)*

## CCPN Committees

- *Quality Improvement*
- *Nominating*
- *Marketing/ Education*
- *Technology/ Data/Reporting*
- *Practice Guidelines*
- *Compliance & Peer Review*

## Blue Cross Leader Hails Role of Primary Care Physicians

In his address to the conference attendees, Dr. Patrick Conway shared his vision for Blue Cross Blue Shield of North Carolina and the state of North Carolina as healthcare is transitioning to value based care.

Dr. Conway advocated for approaching complex problems within the healthcare system in new innovative ways and specifically called out the central importance of primary care as part of this approach. He believes the pace of change needs to speed up and shared data, which shows that costs, not utilization, are driving the unsustainable rise in health care spending.

During the question and answer portion of his presentation Dr. Conway dis-



*Dr. Patrick Conway (L) speaks with conference attendees after his presentation.*

cussed his ideas around premium increases and how they impact small business owners (such as independent physicians) and Blue Cross Blue Shield's changes to its NCQA certification requirements.

## Breakout Sessions Provide Additional Options for Engagement

All the breakout sessions were well attended and had great audience participation.

The Pediatric session included topics such as avoiding unnecessary emergency department visits and improving referral processes.

In the Behavioral Health breakout session there was a lot of discussion about the different ways to integrate behavioral health and primary care.

The Adult Medicare Advantage session covered topics such as quality data reporting and RAF coding.

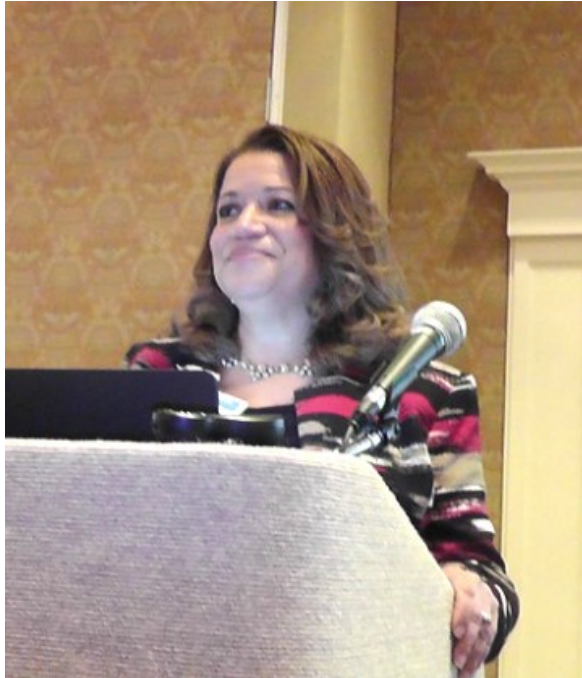


*Dr. Mike Lancaster, right, speaks during the Behavioral Health Breakout Session.*

## Quality Improvements Benefit Patients and Physicians

Dr. Michelle Bucknor, Chief Medical Officer for CCNC, spoke on many topics related to quality improvement and quality reporting within a clinically integrated network.

However, the major theme of her talk was focused on how independent physicians can address the challenges of transitioning to value based care.



Dr. Bucknor advocated for independent physicians to develop a strategy that includes organizing and relying upon a patient focused care team, identify the focus areas for quality improvement initiatives, and structure a business plan that is effective and efficient.

Another important factor to remember is that movement to value-based care can be a way to increase clinician satisfaction.

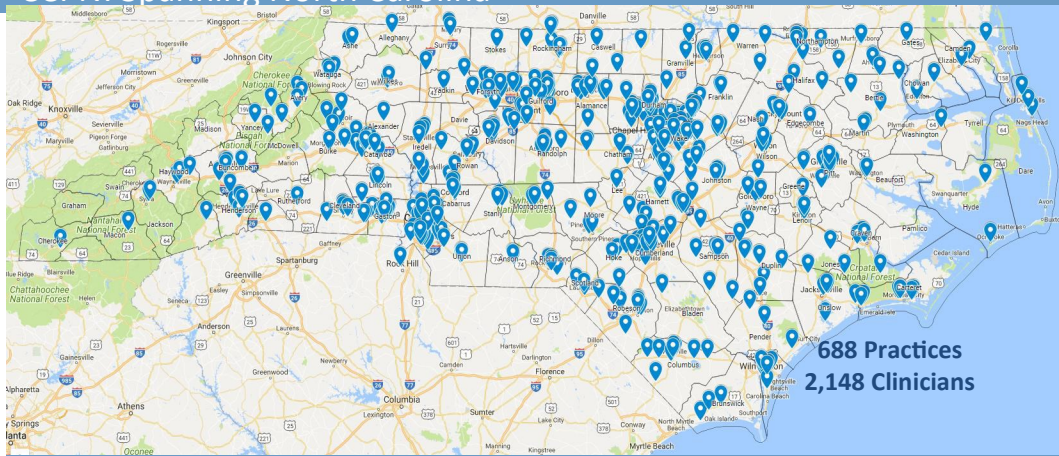
Physician burnout is a critical issue and can not be overlooked in health care reform.

Dr. Bucknor shared updated quality data on the CCPN Quality Improvement measures and additional quality measures that may be required under Medicaid Reform.

She encouraged physicians, if they are not already doing so, to contact their CCNC networks to get similar data for their practice/network.

In closing, Dr. Bucknor discussed the Transforming Clinical Practice Initiative Practice Transformation Networks and how practices can benefit from this initiative. For additional information on this please contact Andy Smitley at [asmitley@communitycarenc.org](mailto:asmitley@communitycarenc.org)

## CCPN: Spanning North Carolina



## Welcome New Practices

Family Primary Care, PLLC

G&G Healthcare, PC

October Road, Inc.

Signet Healthcare, Inc

Smoker & Folkner

Family Practice

The Cognitive Connection

## Value-Based System Provides Efficiencies

Dr. Art Jones, Principal, Health Management Associates gave the final presentation at the Second Annual CCPN Clinician Conference.

Dr. Jones started his presentation with a universal truth about serving patients: in order to provide quality care, a clinician must understand a patient's physical health needs, behavioral health needs, and their community.

Dr. Jones believes it is more effective and efficient to provide this quality care in a value-based system for many reasons.

First, care can be delivered in a variety of ways and locations that are not reimbursed in a traditional fee-for-service model.

In addition, care team members can operate at the top of their licenses, which improves patient flow and staff morale.

Dr. Jones ended his talk by discussing reasons why some clinicians may not want to move to a value-based care system, but why it is critical to do so at this point in time.

He also made several recommendations about contract language and negotiations for CCPN to consider as discussions with Medicaid managed care organizations and other payers continue.

[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!

Contact:  
Jon York at  
[jyork@communitycarenc.org](mailto:jyork@communitycarenc.org)

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