

# Community Care of North Carolina



ACCESS II & III

Communities Connect  
"Putting the Pieces Together..."  
The North Carolina Experience  
June 2, 2008 – Seattle, Washington

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# Basic Operating Premise

- Regardless of who manages Medicaid, North Carolina's physicians, hospitals, health departments and other safety net providers will be serving the patients.
- Through Community Care, DHHS is partnering with North Carolina's **safety net providers** to build the needed improvements in care for Medicaid and other low-income populations.
- Our care systems must become as adept at caring for patients with chronic illness as they are treating patients with acute illness.

# Primary Goals

- Improve the care of the Medicaid population while controlling costs
- Develop Community Networks capable of managing recipient care
- Develop the systems needed to improve chronic illness

## Action Steps:

- Assure that people get care when they need it
- Obtain quality care
- Implement best practice guidelines
- Manage Medicaid costs
- Build local care systems

# Historical Perspective

- **Late 80s** Planned for Carolina Access PCCM Program
- **1991** – PCCM Program started in 5 county demonstration with a 1915B Waiver
- **By February 2000** the PCCM expanded to:
  - 99 Counties (Only 1 County HMO)
  - 543,900 Enrollees

# Community Care of North Carolina

- **Mid 90s** –The State asked large Medicaid providers to help manage the Medicaid population (> 2000 PCCM enrollees)
- 1998 – Started Community Care of North Carolina with 9 Networks and enrollment of ~ 119,000

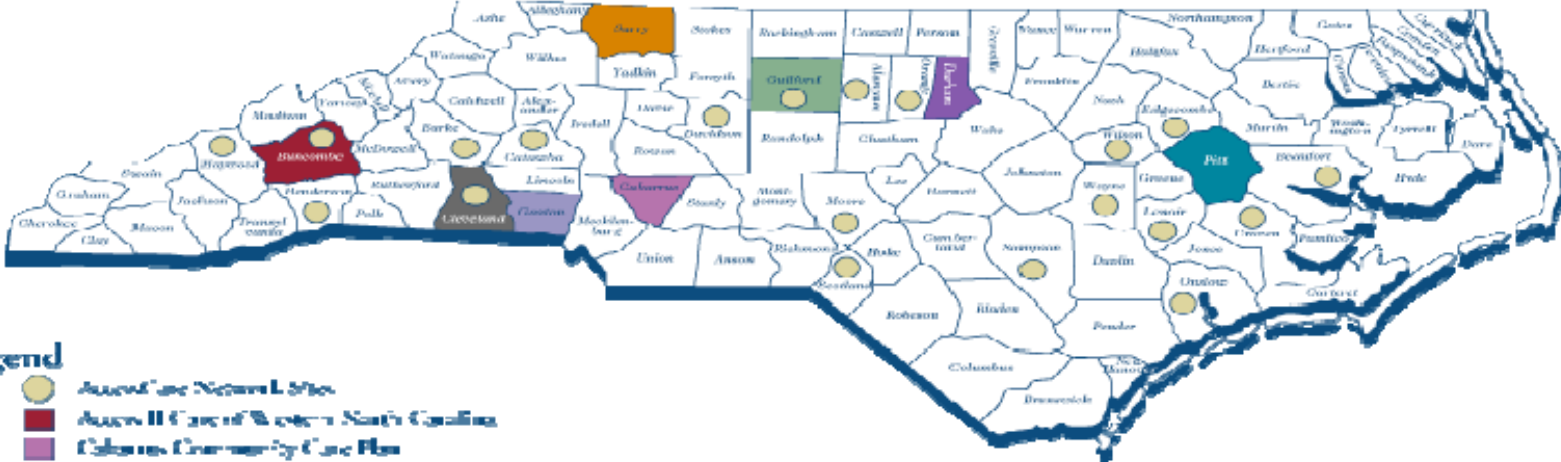
# Community Care of North Carolina Builds on PCCM Program

- Joins other community providers (hospitals, health departments and departments of social services) with physicians
- Creates community networks that assume responsibility for managing recipient care



# Community Care of North Carolina (Access II and III Networks)

1998



### Legend

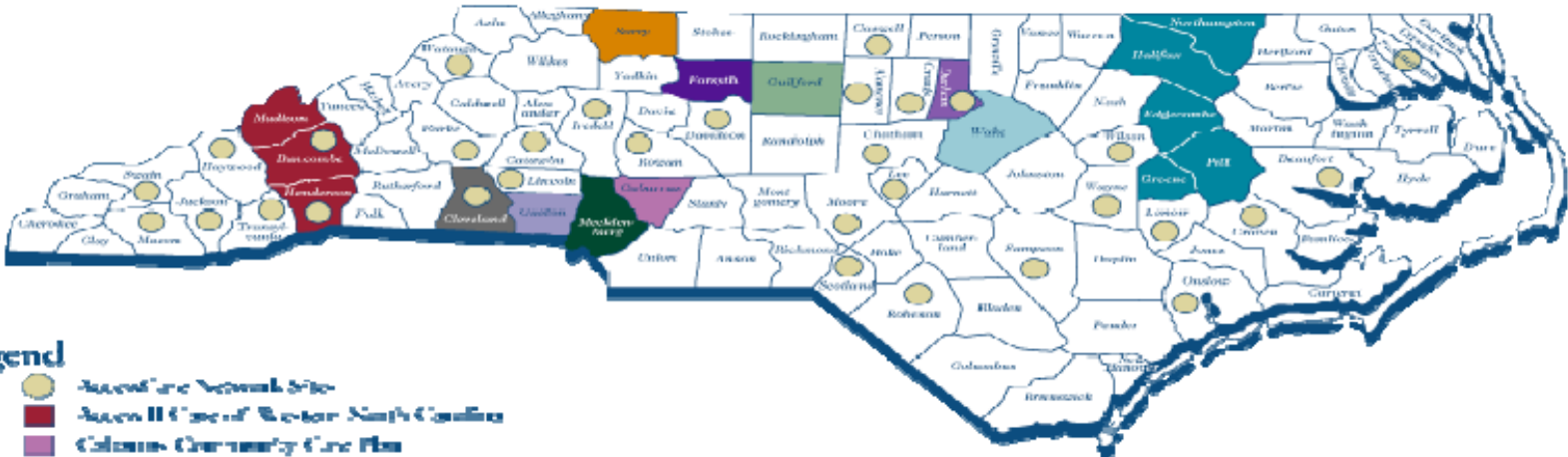
- Access III Network Sites
- Access II Care of Western North Carolina
- Charlotte Community Care Plan
- Carolina Community Health's Partnership
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Eastern Community Health Network
- Partnership for Health Management
- Santa Cruz County Health Network

1998  
Enrollment – 119,198



# Community Care of North Carolina (Access II and III Networks)

2002



### Legend

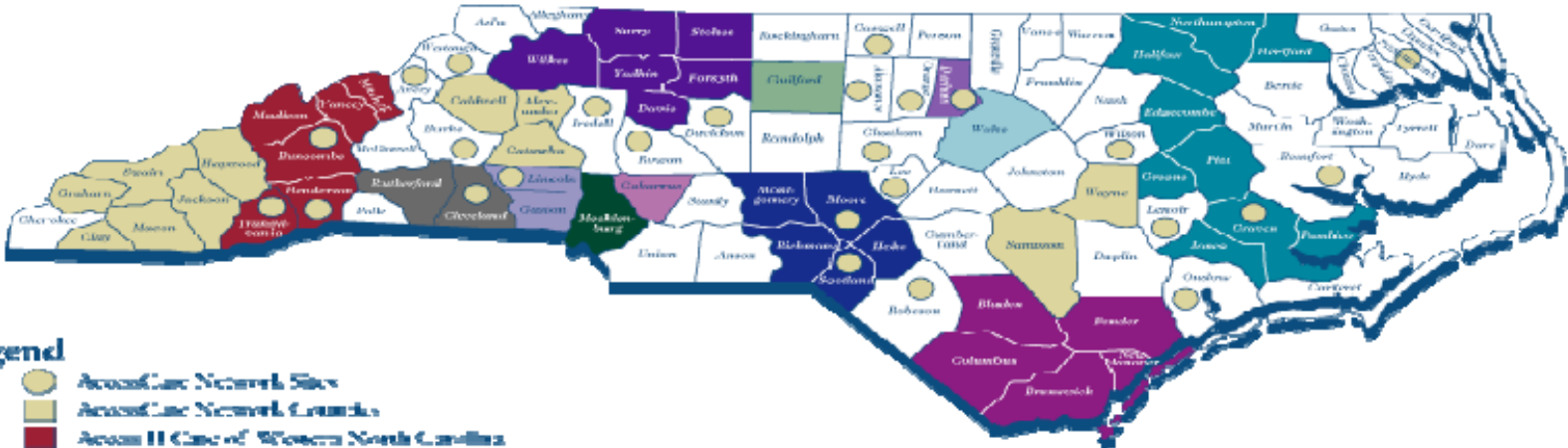
- Access Care Network Sites
- Access II Care of Western North Carolina
- Calamus Community Care Plan
- Carolina Community Health Partnership
- Central Piedmont Access I
- Community Care Partners of Greater Mecklenburg
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Durham Community Health Network
- Partnership for Health Management
- Wide County Access II
- State County Health Network

2002  
 Enrollment – 298,169



# Community Care of North Carolina (Access II and III Networks)

2003



### Legend

- Access Care Network Sites
- Access Care Network Counties
- Access II Care of Western North Carolina
- Access III of Central-Cape Fear
- Cabarrus Community Care Plan
- Carolina Community Health Partnership
- Central Piedmont Access II
- Community Care Partners of Central Piedmont
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Durham Community Health Network
- Partnership for Health Management
- Hillsborough Community Care Network
- Wake County Access II

2003

Enrollment – 466,486



# Community Care of North Carolina Access II and III Networks

2006



### Legend

- AccessCare Network Sites
- AccessCare Network Counties
- Access II Care of Western North Carolina
- Access III of Lower Cape Fear
- Carolina Collaborative Community Care
- Carolina Community Health Partnership
- Community Care of Wake / Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Northern Piedmont Community Care
- Northwest Community Care Network
- Partnership for Health Management
- Sandhills Community Care Network
- Southern Piedmont Community Care Plan

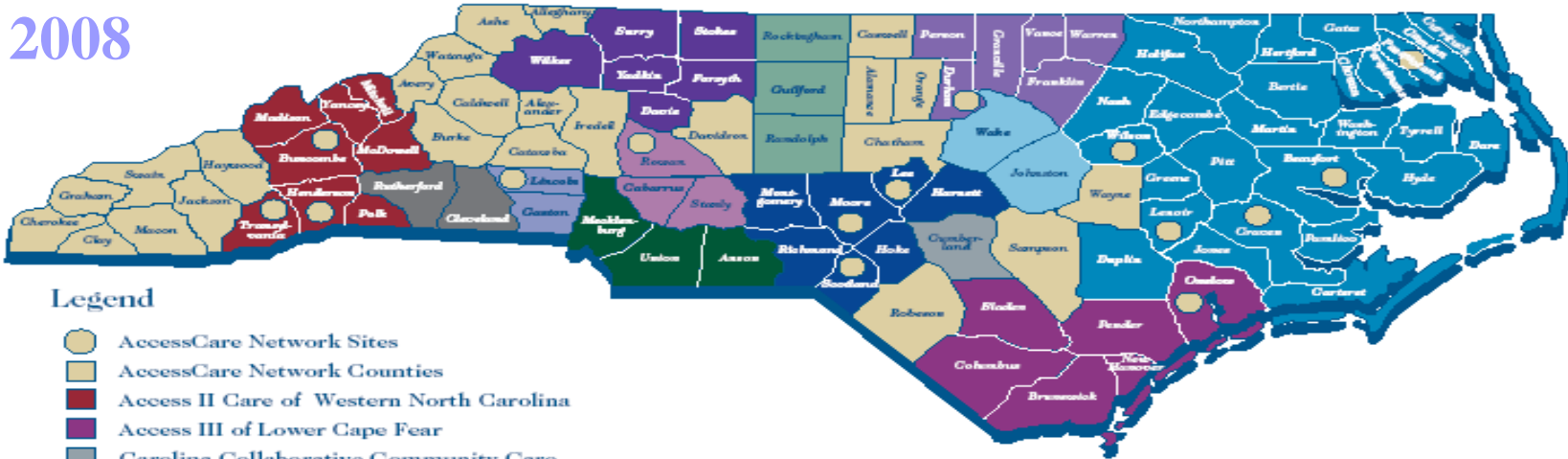
2006  
Enrollment - 724,393

PUS Access II 9/06



# Community Care of North Carolina Access II and III Networks

2008



### Legend

- AccessCare Network Sites
- AccessCare Network Counties
- Access II Care of Western North Carolina
- Access III of Lower Cape Fear
- Carolina Collaborative Community Care
- Carolina Community Health Partnership
- Community Care of Wake / Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Community Care Plan of Eastern Carolina
- Community Health Partners
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- Southern Piedmont Community Care Plan

2008  
Enrollment 808,720

POS Access II III 6-2007

# Community Care of North Carolina Today

- Focuses on improved quality, utilization and cost effectiveness of chronic illness care
- **14** Networks with more than **3500** physicians, **1200** Medical Homes and **808,720** plus enrollees

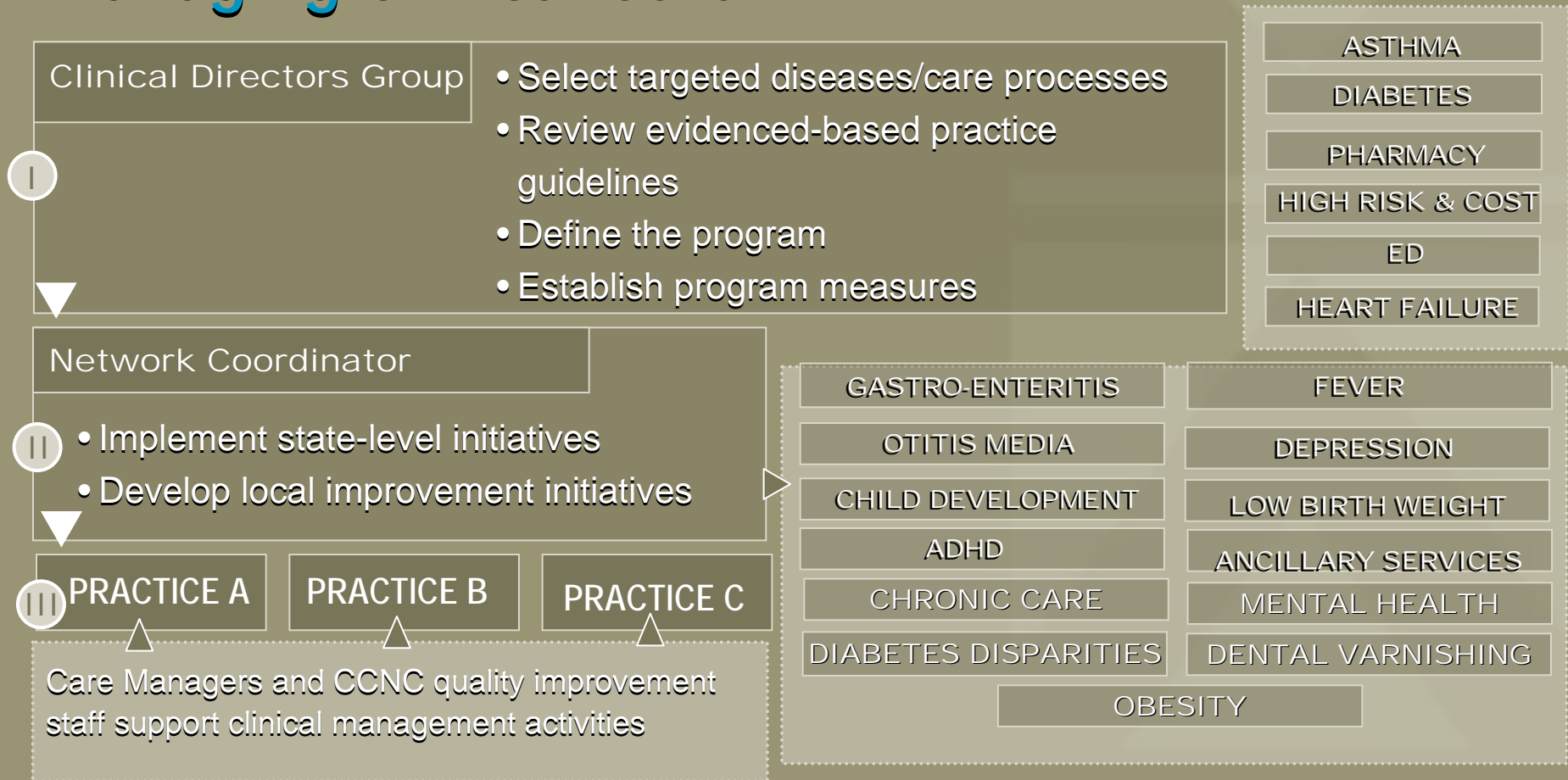
# Community Care Networks:

- Non-profit organizations
- Comprised of safety net providers
- Steering committees
- Medical management committees
- Receive \$3.00 PM/PM from the State
- Hire case managers/medical management staff

# What Networks Do

- Assume responsibility for Medicaid recipients
- Identify costly patients and costly services
- Develop and implement plans to manage utilization and cost
- Create the systems to improve care
- Manage Enrolled Health Choice recipients

# Managing Clinical Care



# Key Program Areas in Managing Clinical Care:

- Implementing best practices — quality improvement processes
- Implementing disease management
- Managing high-risk patients
- Managing high-cost services
- Building accountability through monitoring & reporting

# Current Disease and Case Management Initiatives

- Asthma
- Diabetes
- High cost services
  - ED
  - Pharmacy
- High risk enrollees
- Heart Failure

# Community Care of North Carolina

## July 1, 2002 – June 30, 2003

- Cost - \$8.1 Million  
(Cost of Community Care Operations)
- Savings - \$60,182,128 compared to FY02
- Savings - \$203,423,814 compared to FFS

(Mercer Cost Effectiveness Analysis – AFDC only for Inpatient, Outpatient, ED,  
Physician Services, Pharmacy, Administrative Costs, Other)

# Community Care of North Carolina

## Cost Savings for SFY 2004

### July 1, 2003 – June 30, 2004

- Cost - \$10.2 Million  
(Cost of Community Care Operations)
- Savings - \$124 million compared to SFY03
- Savings - \$225 million compared to FFS
- SFY 2005 and 2006 results \$231 million saved

*NC Medicaid Administrative costs only 6%!*

# “Community Care of North Carolina” *in the news...*

- October 3, 2007: Community Care of North Carolina wins the 2007 Annie E. Casey Innovations in American Government Award given by the Kennedy School of Government at Harvard University

# Lessons Learned

1. Top down approach is not effective in N.C.
2. Community ownership
3. Can't do it alone - must partner
4. Incentives must be aligned
5. Must develop systems that change behavior
6. Have to be able to measure change
7. Change takes time and reinforcement



# Community Care of North Carolina

# Thank You

