

Community Care of North Carolina



ACCESS II & III

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

Presented by: Denise Levis Hewson, RN, BSN, MSPH

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

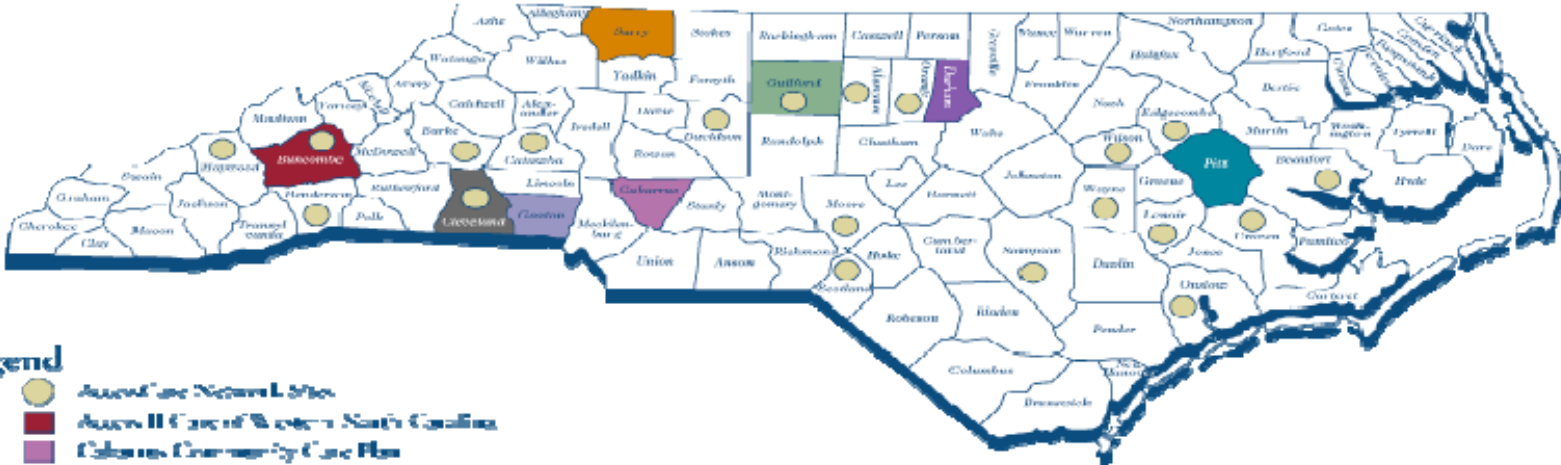
Community Care of North Carolina Builds on PCCM Program

- 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

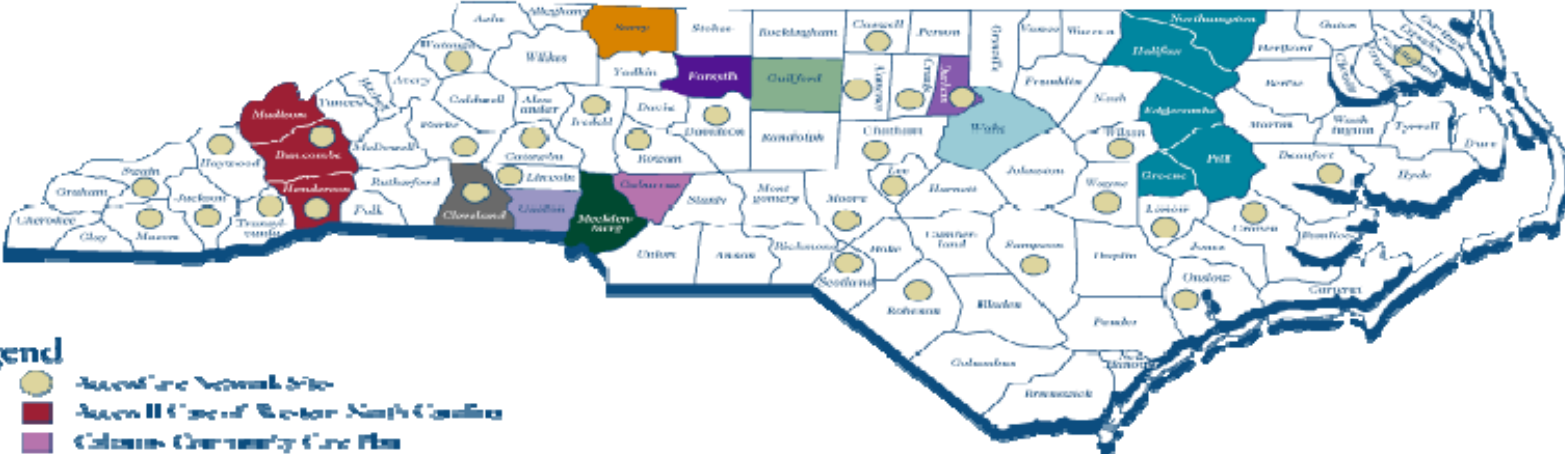
- Access II Network Sites
- Access II Care of Western North Carolina
- Eastern Community Care Plan
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Western Community Health Network
- Partnership for Health Management
- South County Health Network

1998
Enrollment – 119,198



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

2002



Legend

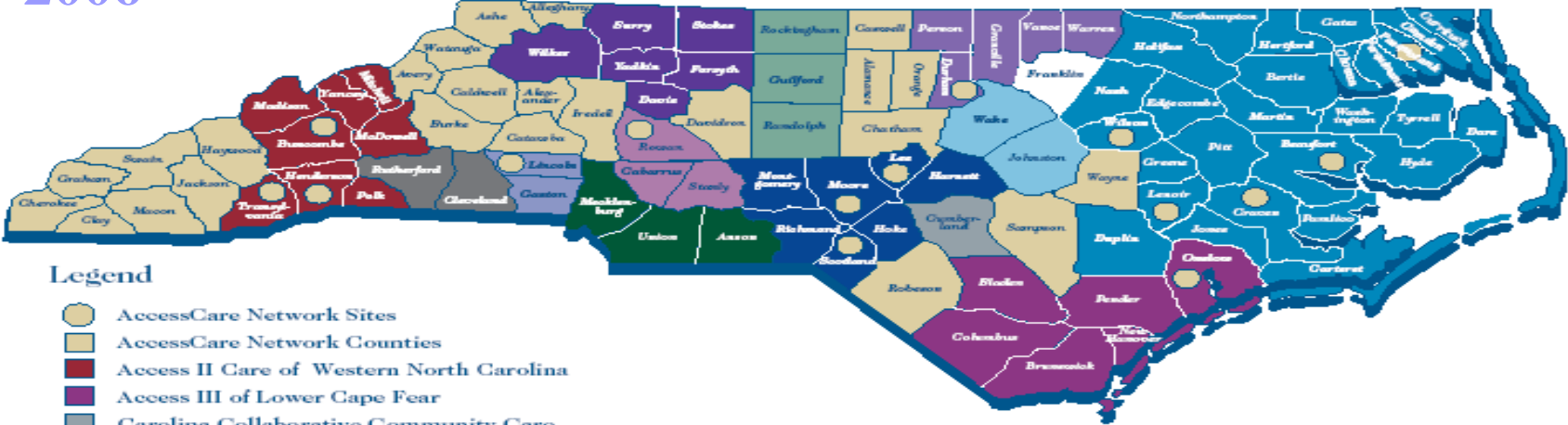
- Access Care Network Sites
- Access II Care of Western North Carolina
- Calamus Community Care Plan
- Carolina Community Health Partnership
- Central Piedmont Access I
- Community Care Partners of Greater Mecklenburg
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Durham Community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

2002
Enrollment – 298,169



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

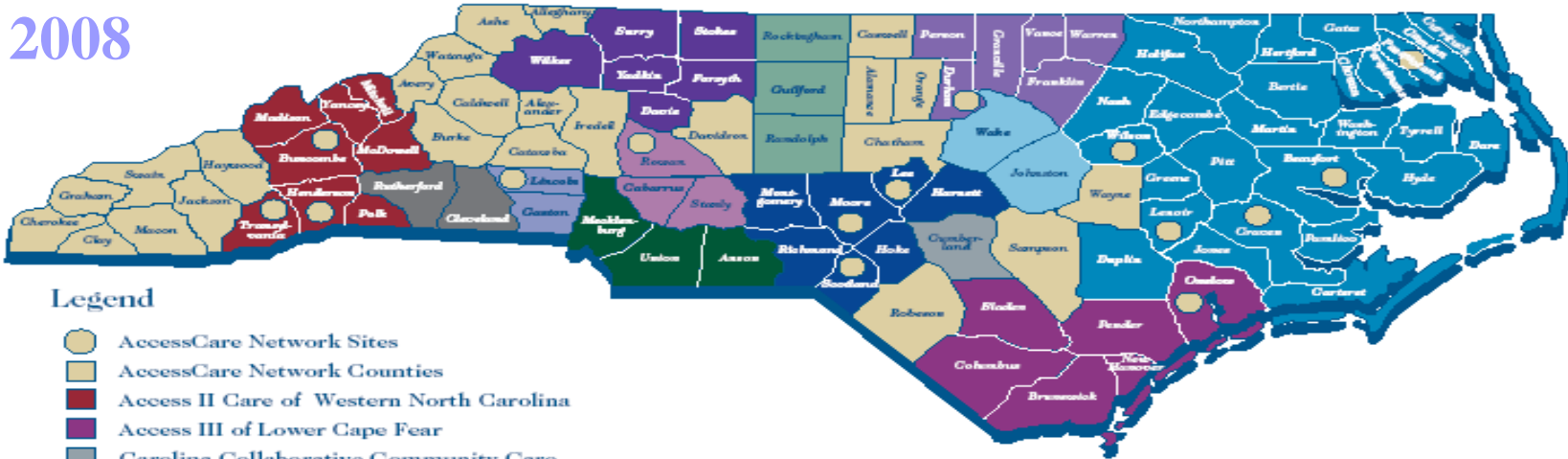
2006
Enrollment - 724,393

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
- Northern Piedmont Community Care
- Northwest Community Care Network
- Partnership for Health Management
- Sandhills Community Care Network
- 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

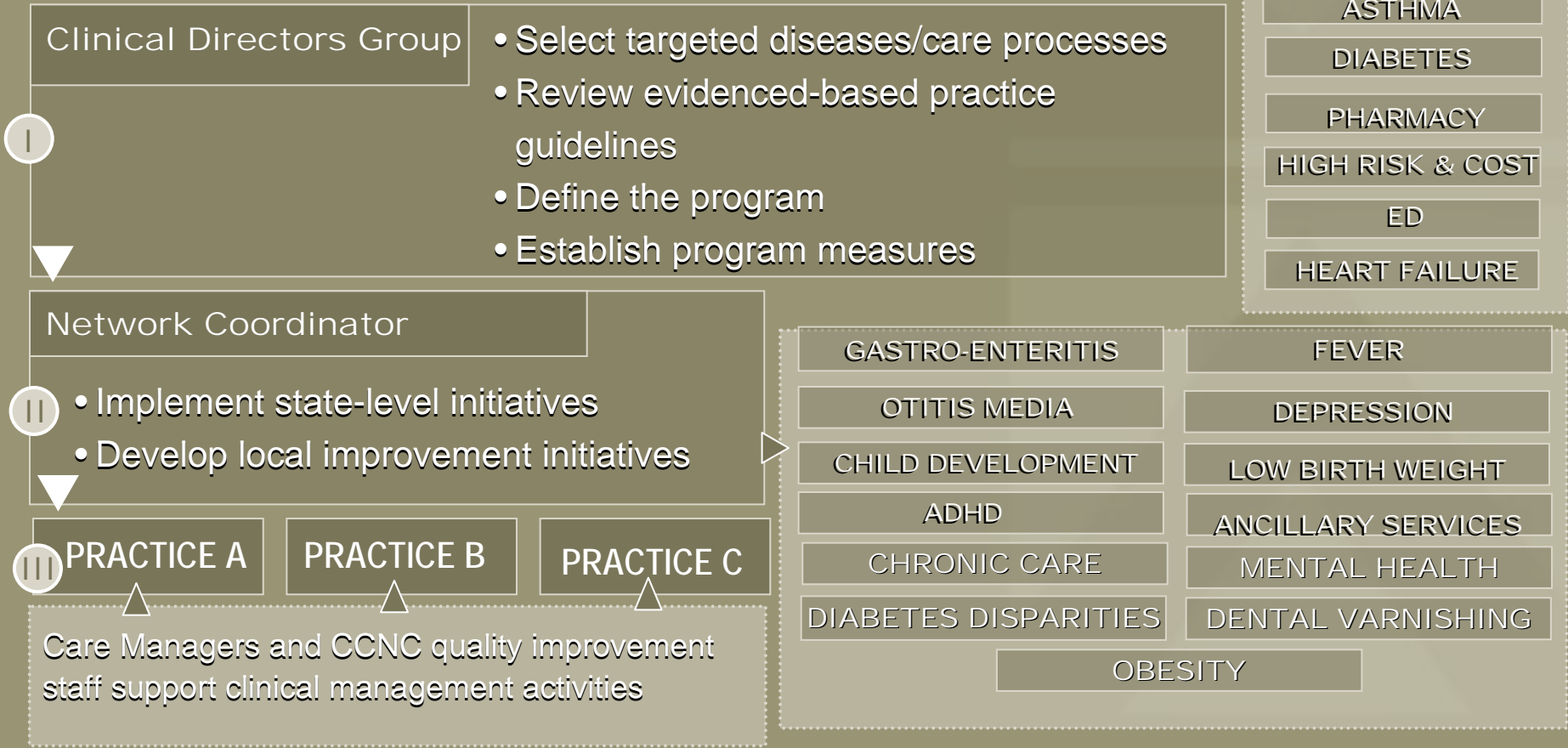
Community Care Networks:

- 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%!

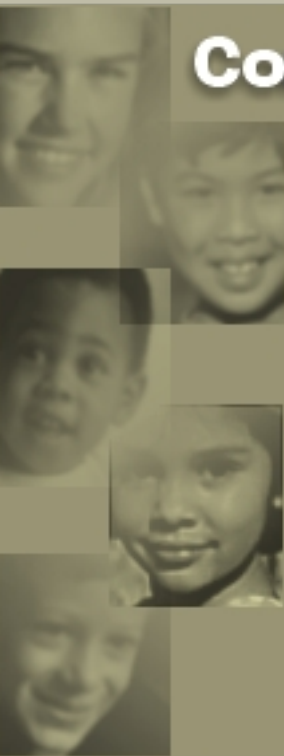
“Community Care of North Carolina” *in the news...*

- 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

