

Community Care of North Carolina

State Perspective

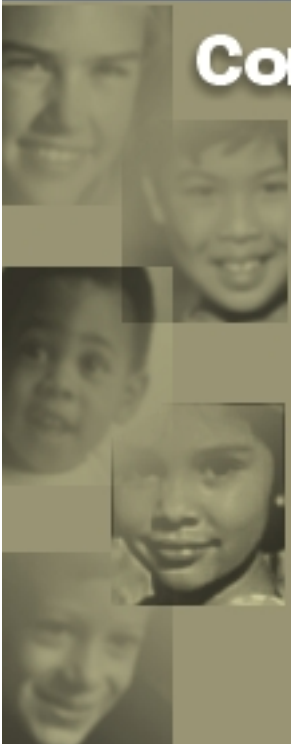
FoCUS

October 15, 2008

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President, NCCCN



ACCESS II & III



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
- Fully develop the Medical Home



#1 Policy to improve access
–FAIR PAY

#2 Policy to improve access
–FAIR PAY

Steve Berman, MD, et al. Factors That Influence the Willingness of Private Primary Care Pediatricians to Accept More Medicaid Patients. Pediatrics Vol. 110 No. 2 August 2002, pp. 239-248



#3 Policy to improve access

- Physician leaders & community partners

#4 Policy to improve access

- Smart & dedicated policy makers

#5 Policy to improve access

- Infrastructure



NC's Medical Home Model Compared to Other States

- Management and Organization:
 - State Medicaid officials have made a commitment to physicians and the local community by establishing an innovative management & organizational structure

 - NC is the only state with its own organized network of primary care physician practices
(Last – NCCCN)



Community Care Networks

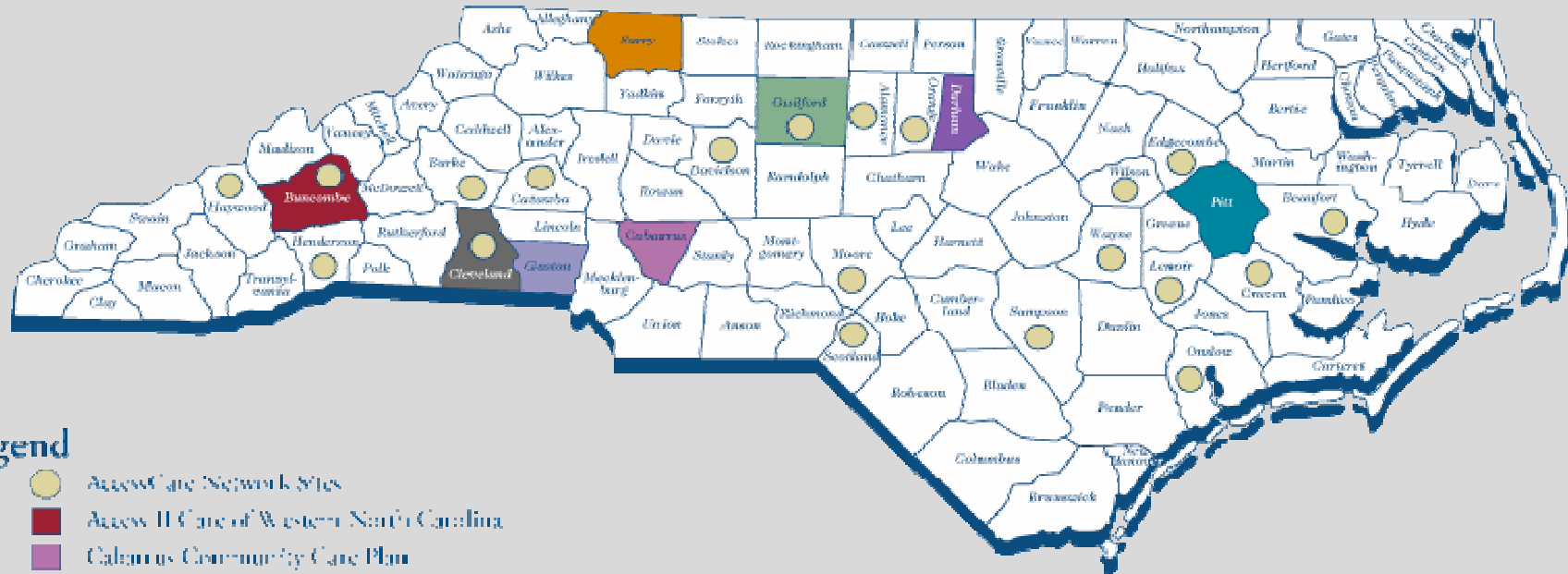
- Non-profit organizations
- Comprised of safety net providers and private providers
- Steering committees
- Medical management committees
- Receive \$3.00 PM/PM from State
- Hire care managers/medical management staff





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

1998



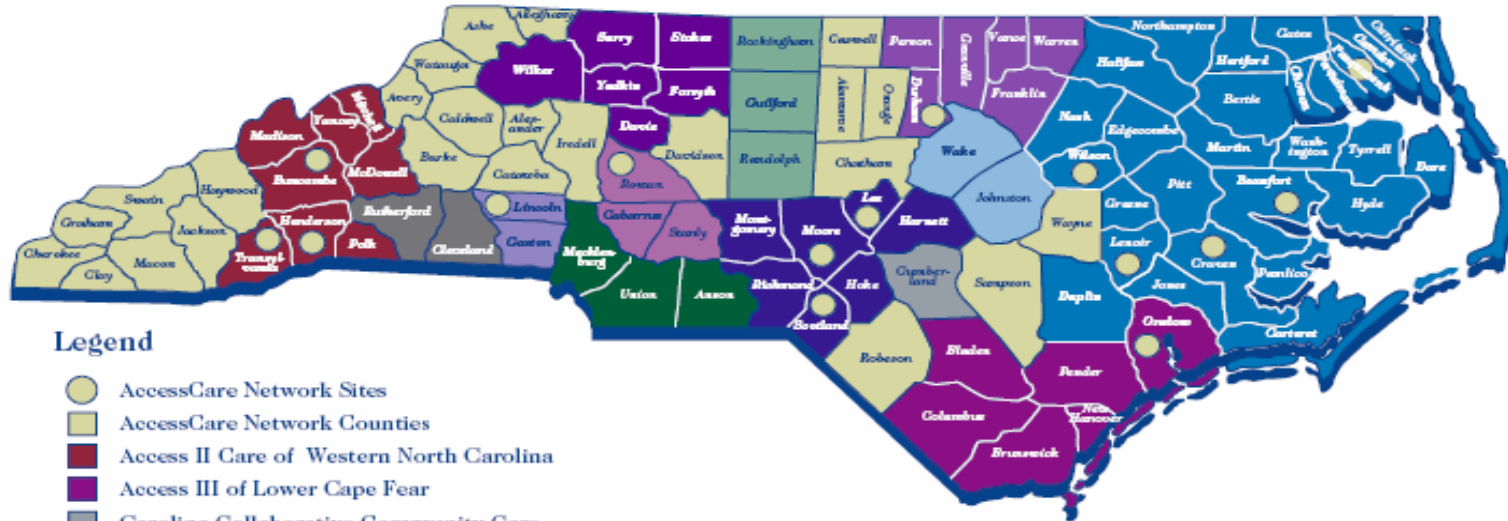
Legend

- AccessCare Network Sites
- Access II Care of Western North Carolina
- Calamus Community Care Plan
- Carolina Community Health Partnership
- Community Care Plan of Eastern Carolina
- Community Health Partners
- DeLoren Community Health Network
- Partnership for Health Management
- Sunx County Health Network



Community Care of North Carolina

Access II and III Networks



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

Each Network Now Has:

- Part-time paid Medical Director
- Clinical Coordinator
- Care Managers
 - Dual Reporting
 - Care facilitator
- PharmD



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



Basic Operating Premise for CCNC

- We wanted to transform Medicaid management from a regulatory function to a health management function.
- We must carefully balance between cost containment and quality improvement efforts.
- The belief that a “medical home/primary care provider” is an essential component of good healthcare.



Current Initiatives

- Chronic Care
- Care Coordination
- Disease Management
- Pharmacy Management
- Dental Screening and Fluoride Varnish
- Case Management of High Cost-High Risk



Chronic Illness Care

- A medical home that can provide a “continuous healing relationship”
- Use of care team
- Effective evidence-based treatment
- Support for patient self-management
- Systematic follow-up and planned encounters
- More intensive management for high risk patients and for those not meeting goals
- Coordination across settings and professionals
- Registries

Ed Wagner, MD



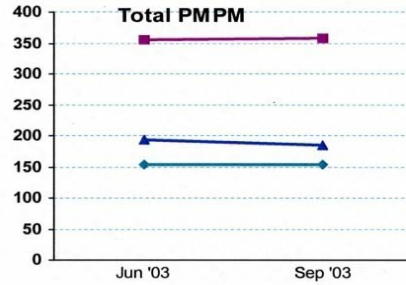


YourPractice Profile

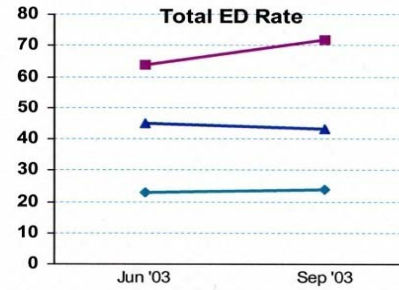
Community Care Peer Review Summary

Name: Goldsboro Pediatrics Pa
Managed Care Provider Type: Access II - III
Administrative Entity: AccessCare
PCP Number: 8901644
Address1:
Address2:

Time Period: Quarter ending Sep, 03
Peer Group: PEDIATRICS
Avg. Monthly Enrollment: 10762
Eligibility 0 - 21: 10690
Eligibility > 21: 72



PCP	154	153
Network	356	358
Peer Group	193	185

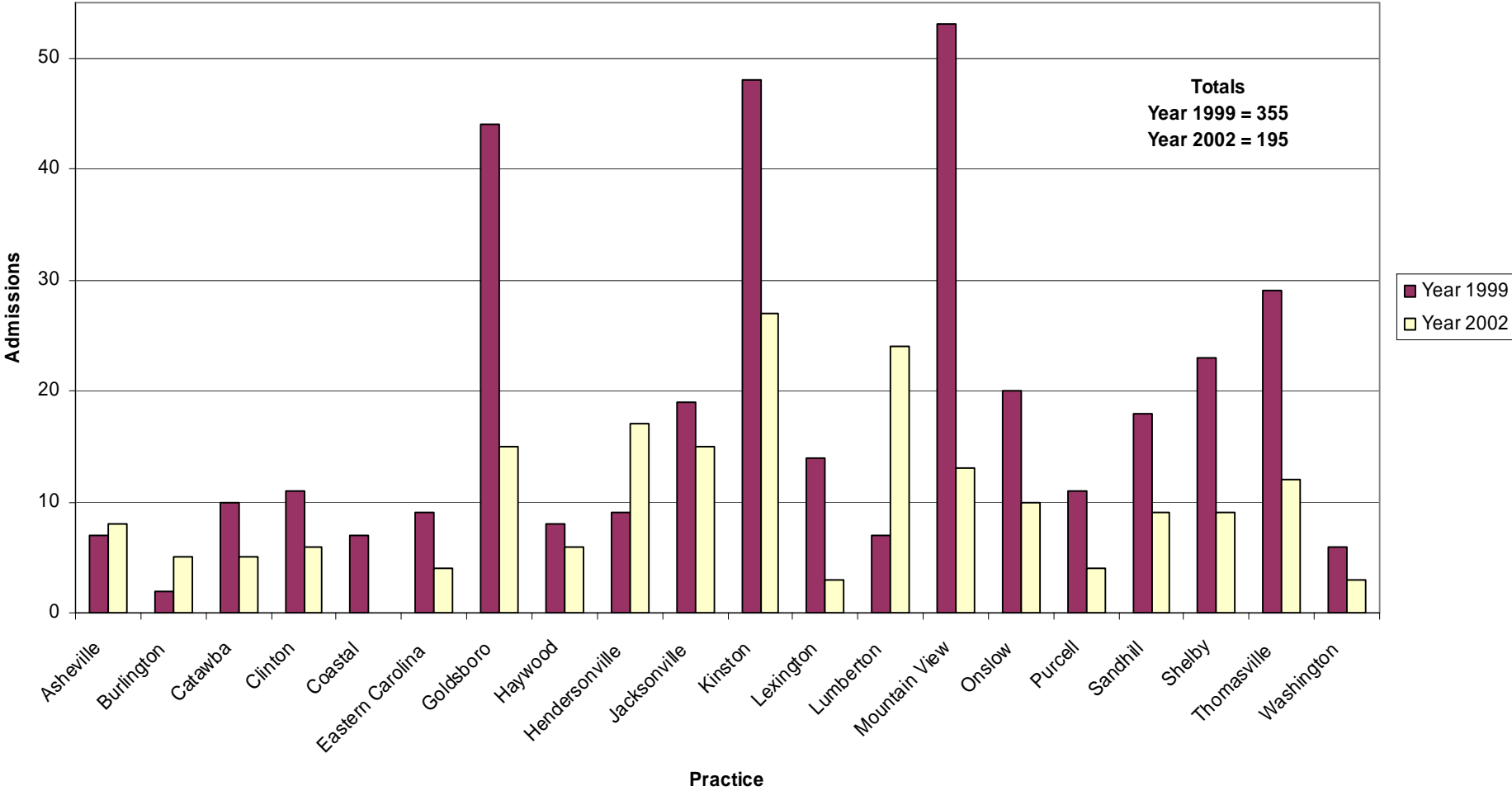


PCP Rate	23	24
Network Rate	64	72
Peer Group Rate	45	43

	PCP Last Quarter		PCP Current Quarter		Peer		Network	
	Rate	PMPM	Rate	PMPM	Rate	PMPM	Rate	PMPM
PCP	356	\$19.31	361	\$19.77	356	\$19	346	\$19
Specialist	85	\$9.16	83	\$9.35	103	\$11	217	\$24
Hospital Inpatient	3	\$16.53	3	\$20.55	3	\$13	10	\$51
Hospital Outpatient	50	\$16.98	44	\$13.18	65	\$23	163	\$47
Pharmacy	429	\$26.55	410	\$25.14	506	\$29	1489	\$99
ED Total	23	\$5.31	24	\$5.23	43	\$9	72	\$18
ED Non emergent	6	\$1.4	7	\$1.29	16	\$3	34	\$6
Labs	31	\$0.52	39	\$0.69	22	\$1	71	\$2
X-Rays	4	\$0.87	8	\$1.14	2	\$1	4	\$2
Inpatient Mental Health	1	\$2.8	1	\$2.05	1	\$2	2	\$7
Out-patient Mental Health	123	\$13.7	123	\$14.79	179	\$26	290	\$31

Disease Management	PCP Last Quarter	PCP Current Quarter	Peer
Asthma			
Case Count	436	344	
Case Rate	3.68%	3.20%	
ED Asthma Visits (rate per 1000 MM)	11.91	16.41	11.46
IP Asthma Visits (rate per 1000 MM)	0.85	3.28	2.36
Diabetes			
Case Count	22	24	
Case Rate	0.23%	0.27%	
Eye Exam	18.18%	16.67%	23.65%
Lipid Test	9.09%	16.67%	17.06%
HbA1c Tests	31.82%	37.50%	45.27%

AccessCare Network Gastroenteritis Admissions: 1999 vs. 2002



Prescriptions

- Prescription Advantage List (PAL)
 - Not a Preferred Drug List (PDL) or Prior Authorization
 - A voluntary effort to help control rising pharmacy costs in NC Medicaid
 - An educational tool based solely on cost



Instant Approval

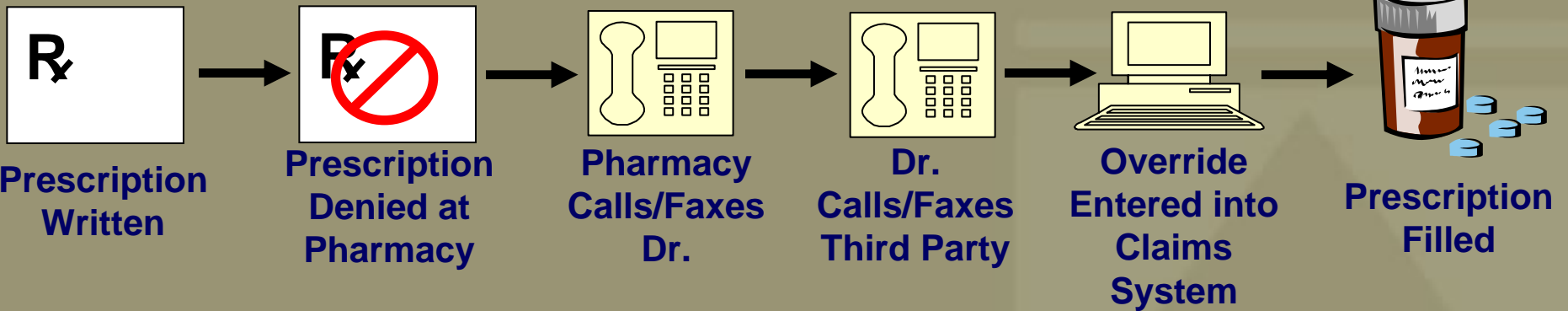
- Prior Approval
 - Requires Third-Party administration
 - Expensive and Time-consuming
- Instant Approval
 - Prescriber given opportunity to bypass prior authorization system with proper documentation on prescription
 - Reduces potential for gap in therapy caused by traditional prior authorization



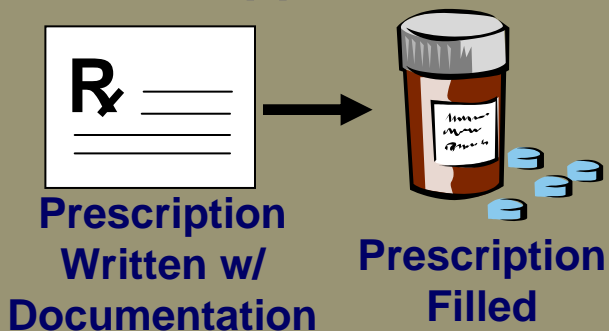
Instant Approval

Proton Pump Inhibitor Example

Traditional PA



Instant Approval



*can write IA criteria on any prescription, regardless of format or origin



- 2) **Prescribers:** *In your own handwriting*, please indicate **one** of the following applicable exemption criteria for override in the space provided below for the medication:

Originally Prescribed PPI	Aciphex 20mg tab	Quantity	30
Directions for use & route of administration			

- “Failed Omeprazole 40mg for 30 days” (within the last 12 months)
- Erosive “Esophagitis grade C” or “Esophagitis grade D” (**Esomeprazole (Nexium) only**)
- “Cannot swallow tablets” or “Cannot swallow capsules”

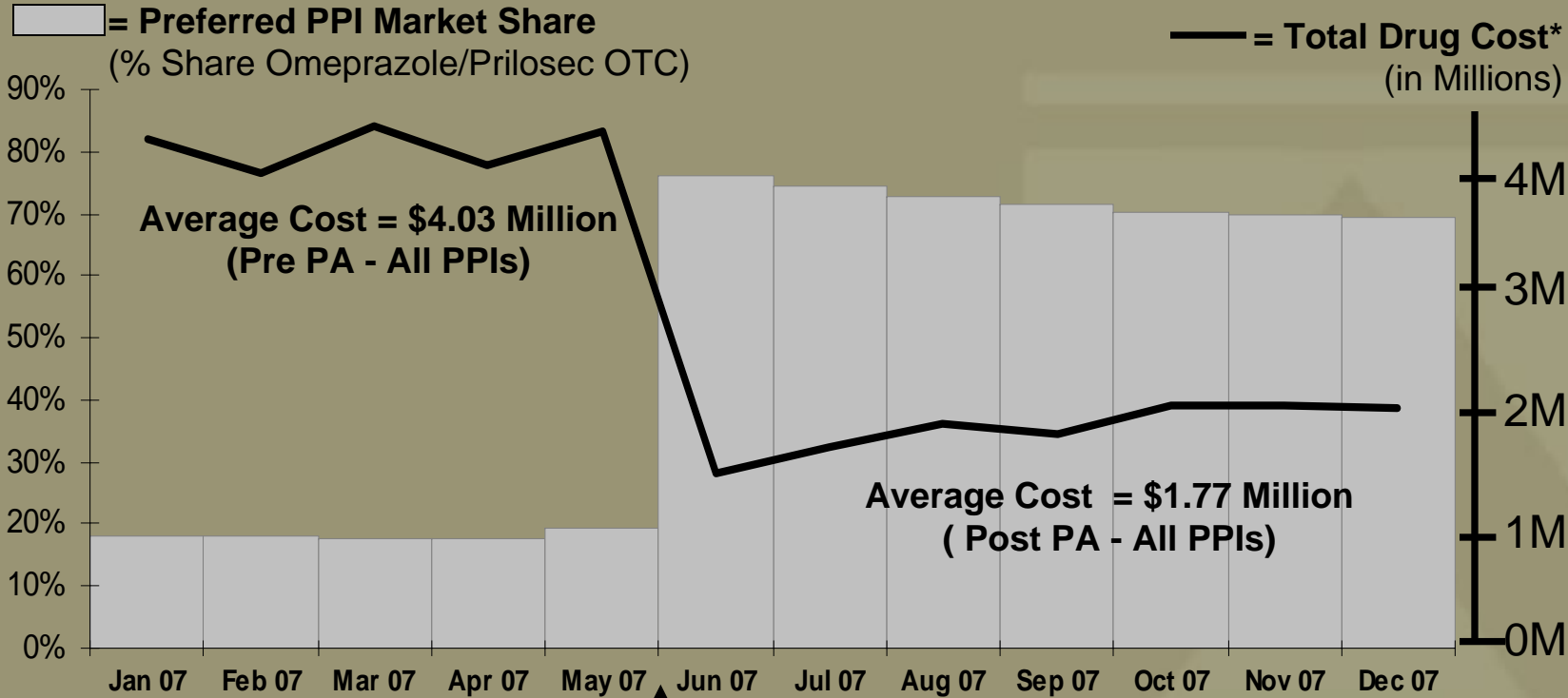
Note: “Dispense as written” or “Brand medically necessary” is only applicable for Prilosec 20mg or 40mg, and can only be used after the above criteria have been documented on the face of the prescription.

Exemption Criteria (*write exactly as shown*) _____ **Refill #** _____

(**Pharmacist**– For exemption criteria, use override code 1 in PA field or 2 in submission clarification field. If patient pregnant or breastfeeding, indicate 2 in the pregnancy indicator field or V22 or V23 in the diagnosis field **Override begins June 1, 2007.**)



Preferred Market Share and Total Drug Cost of All Proton Pump Inhibitors (By month, 2007)



Start of Prior Authorization / Instant Approval

*Pre-Rebate



What helped us Succeed?

- State leadership with vision and support
- Meet with the Clinical Directors regularly and let them set the program's priorities and initiatives
- Listen to what they say and when possible make appropriate policy revisions to align incentives



What helped us Succeed? (cont.)

- Hold networks accountable and give them and their clinical leadership all the credit - they deserve it!
- Formed the Physician Advisory Group- “PAG” in 2004
- The CCNC clinical directors are the core of PAG
- PAG reviews Medicaid policies and makes recommendations



- Savings
 - Wasteful, inefficient care*
 - Health information technology*
 - Preventative Care
- Community Care of North Carolina:
 - Legislature: Strong endorsement SFY 2005 and 2006 results \$231 million saved (Mercer)

*The Commonwealth Fund. Public Views on Shaping the Future of the U.S. Health System.

