



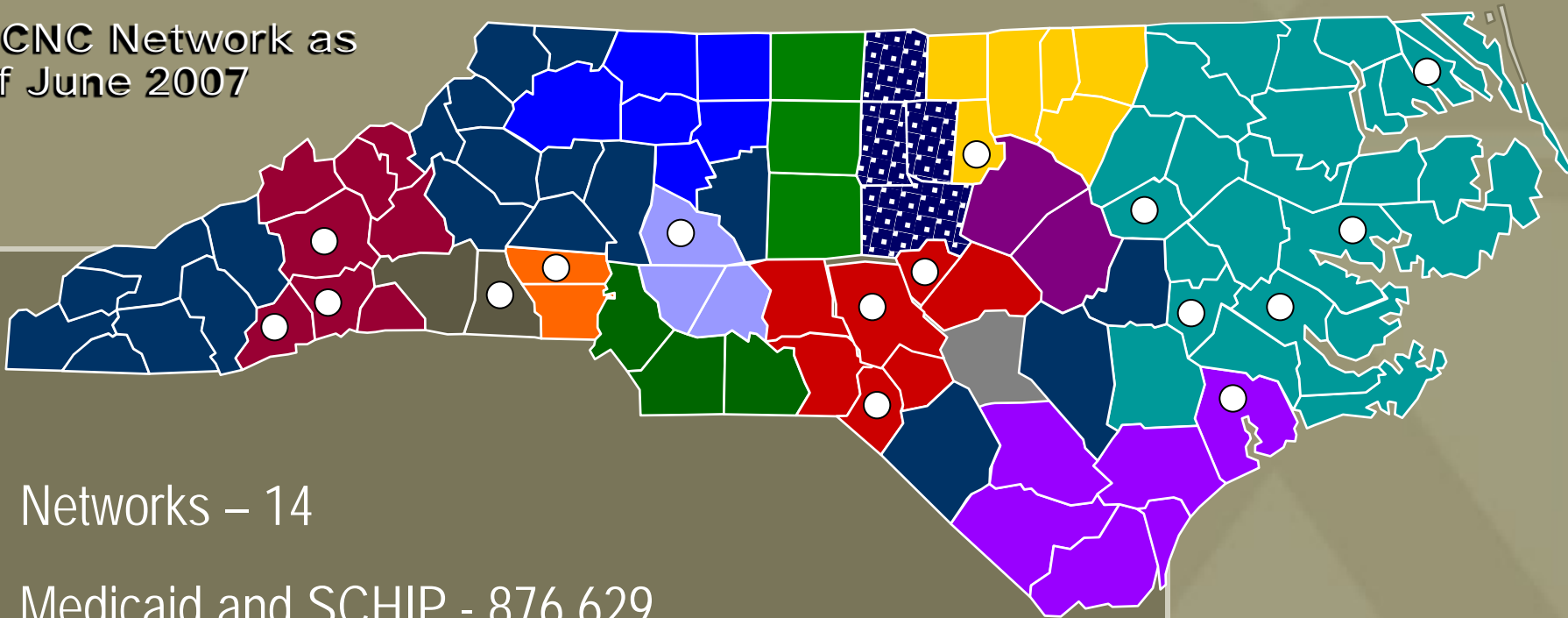
Community Care of North Carolina

Medical Homes and Community Networks

Steven E. Wegner, JD, MD

Physicians Advisory Committee
North Carolina Community Care Network

CCNC Network as
of June 2007



- Networks – 14
- Medicaid and SCHIP - 876,629
- Primary Care Physicians - 3500

○ AccessCare Network Sites
■ AccessCare Network Counties



- #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



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

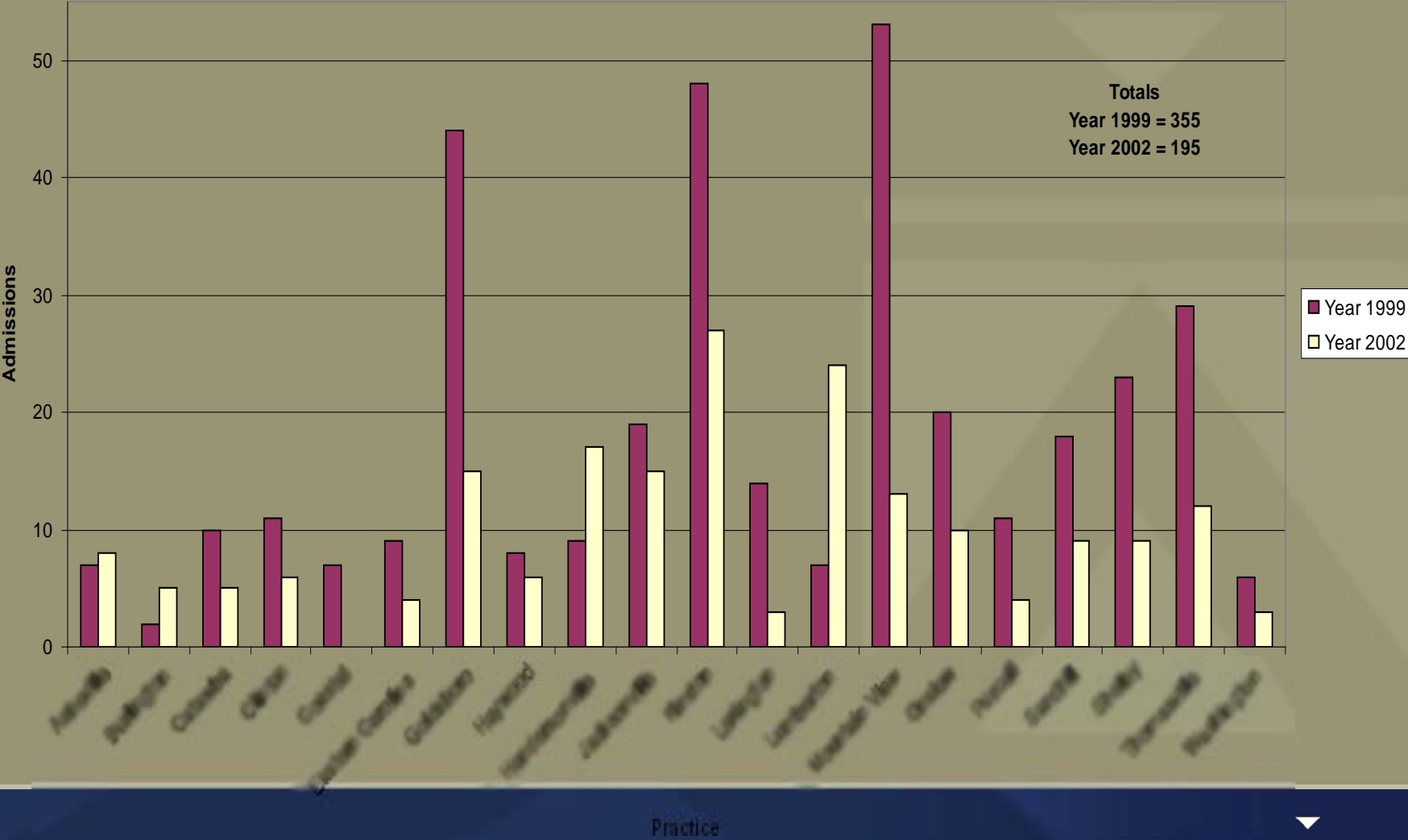


Each Network Now Has:

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



AccessCare Network Gastroenteritis Admissions: 1999 vs. 2002



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



Key Innovations

- Provider networks organized by local providers and are physician led
- Evidence based guidelines are adopted by consensus rather than dictated by the state
- Medical Homes are given the resources for care coordination and get timely feedback on results
- Inclusion of other safety net providers and human service agencies

“We are about building local systems of care rather than changing how we pay for services”



- 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.



Key Components Co-location

- PCP who use evidence based screening tools to identify patients & refer to the Behavioral Health Provider
- Behavioral Health Providers who function in a brief model refer more traditional /complex to specialty mental health
- Practices and Behavioral Health Providers to provide evidence based care
- Patients to show improvement
- Providers find value & able to sustain the position
- Model is cost effective for payer



Partnerships

- ICARE (www.icarenc.org)
 - Partnership with medical societies for reviewing, posting & training on evidence based tools
 - Policy and planning team with special emphasis on coding and payment
 - Developing links to community resources
 - Partnering with AHEC – certificate for primary care behavioral health provider



The Uninsured



NCGA funds to expand services to uninsured (Comm. Health Ctr. grants). Federal and other state funds, NC foundations also support these organizations.

