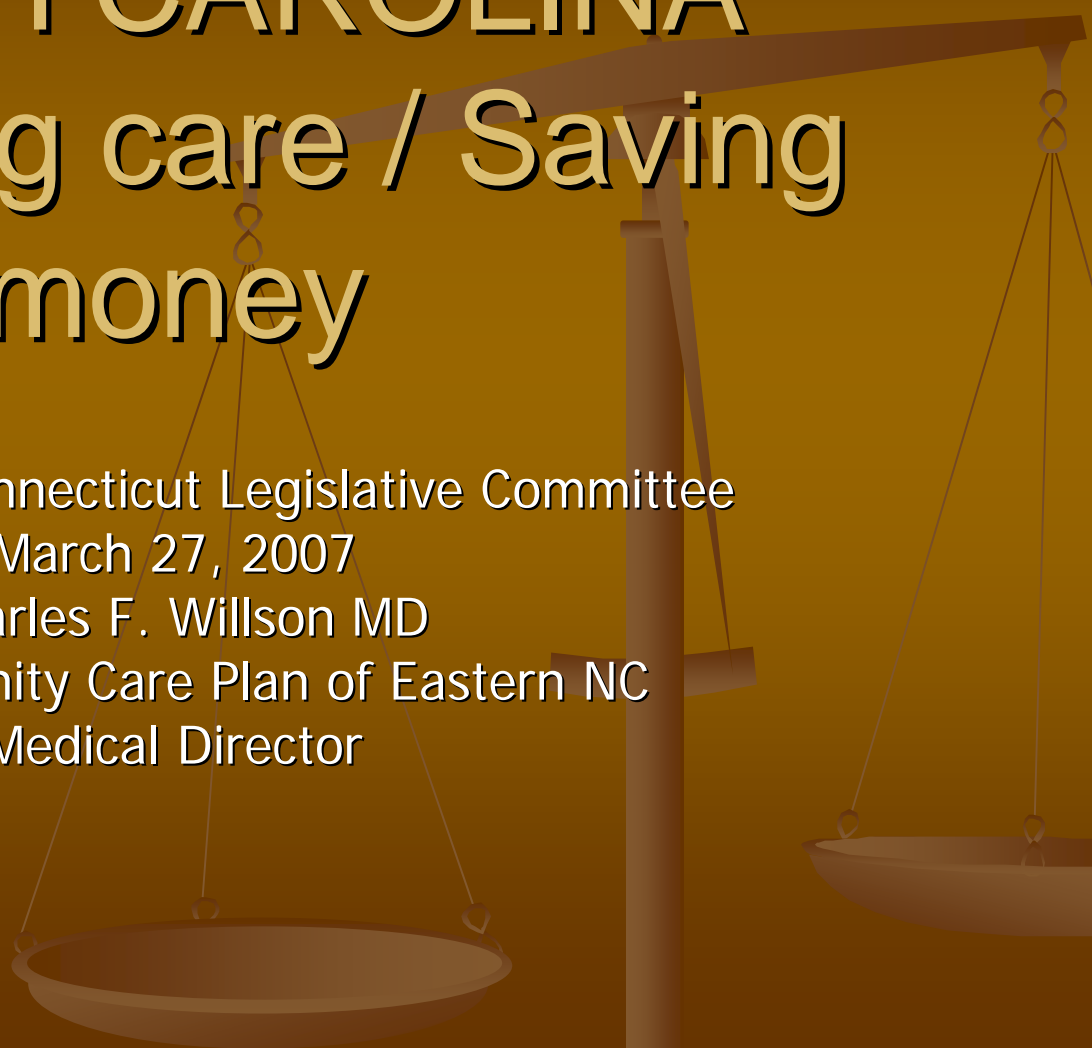


COMMUNITY CARE OF NORTH CAROLINA

Improving care / Saving money



Presented to Connecticut Legislative Committee

March 27, 2007

Charles F. Willson MD

The Community Care Plan of Eastern NC

Medical Director

Crossing the Quality Chasm

What we have

- Snapshot visits
- Professional autonomy and control
- Paper record
- Decisions based on opinion
- Try to “Do no harm”
- Secrecy/Ignorance
- System reactivity
- Professional roles rule

What we need

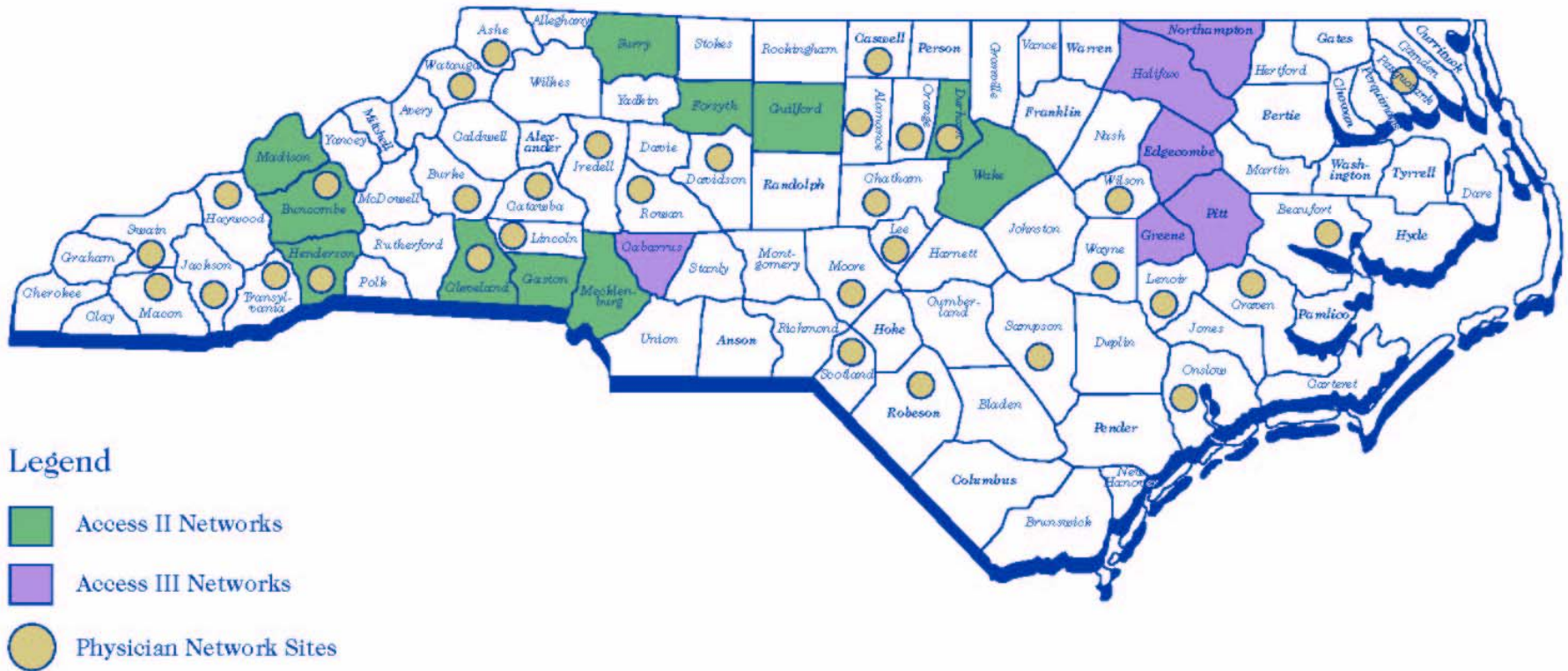
- Continuous healing relationships
- Care customized
- Patient centered/control
- Information flows freely
- Evidence-based care
- A system of safety
- Transparency
- Needs anticipated
- Cooperation among docs

The Essentials of CCNC

- Networks of Primary Care Offices
- Governmental Partnership
- Community Partnerships
- Physician Champions
- Resources to manage patients
- Adequate reimbursement



Access II and III North Carolina's Community Care Networks



Legend

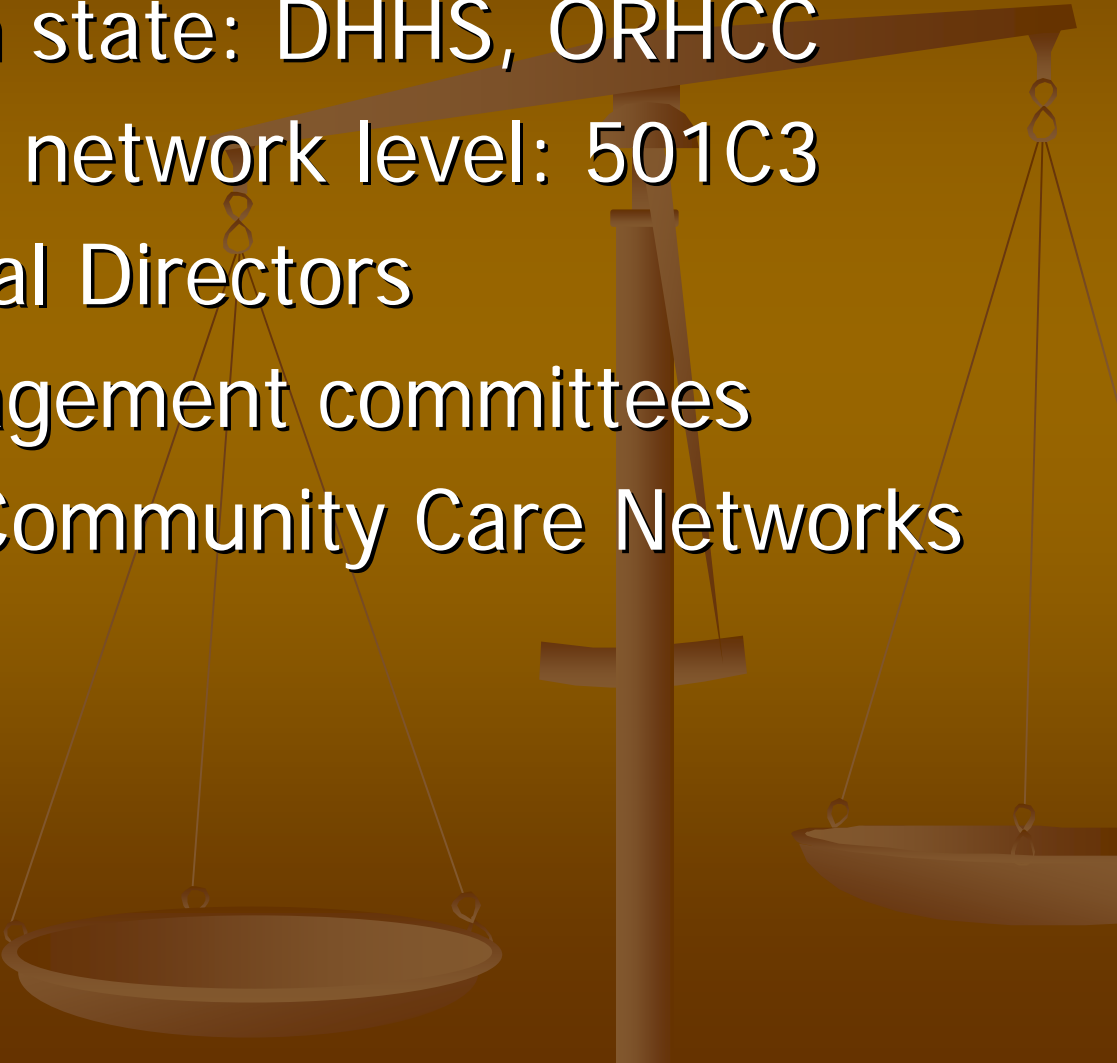
- Access II Networks
- Access III Networks
- Physician Network Sites

Our Assumptions

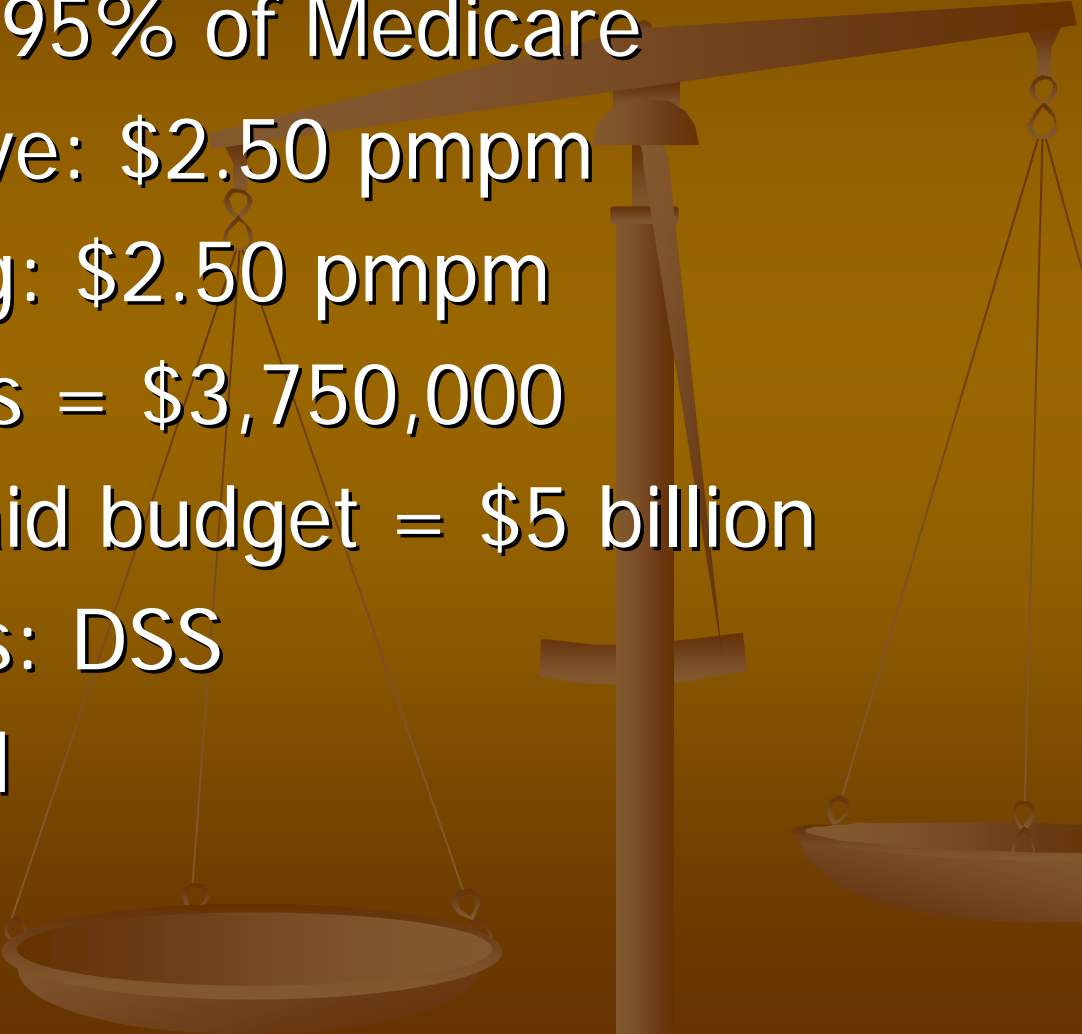


- Better access to an enhanced primary care medical home will improve outcomes
- Higher quality care will lead to improved outcomes
- Better access and higher quality will bring cost savings
- Better reimbursement will bring a better network
- Healthcare is based on local resources
- Data will drive the system

Our structure

- Partnership with state: DHHS, ORHCC
 - Fiscal entities at network level: 501C3
 - Statewide Clinical Directors
 - Local care management committees
 - North Carolina Community Care Networks Inc. 501C3
- 

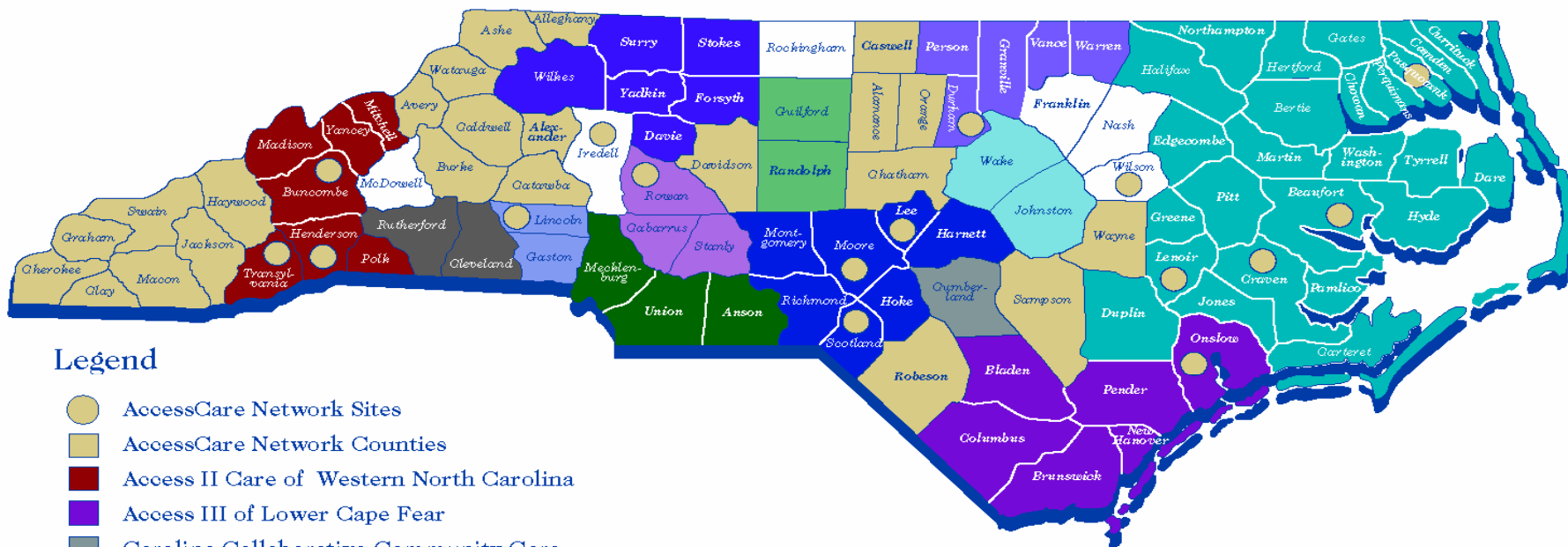
Reimbursement/Costs

- Fee for service: 95% of Medicare
 - Practice Incentive: \$2.50 pmpm
 - Network funding: \$2.50 pmpm
 - 750,000 patients = \$3,750,000
 - Total NC Medicaid budget = \$5 billion
 - Enrollment costs: DSS
 - Data costs: ORH
- 



Community Care of North Carolina

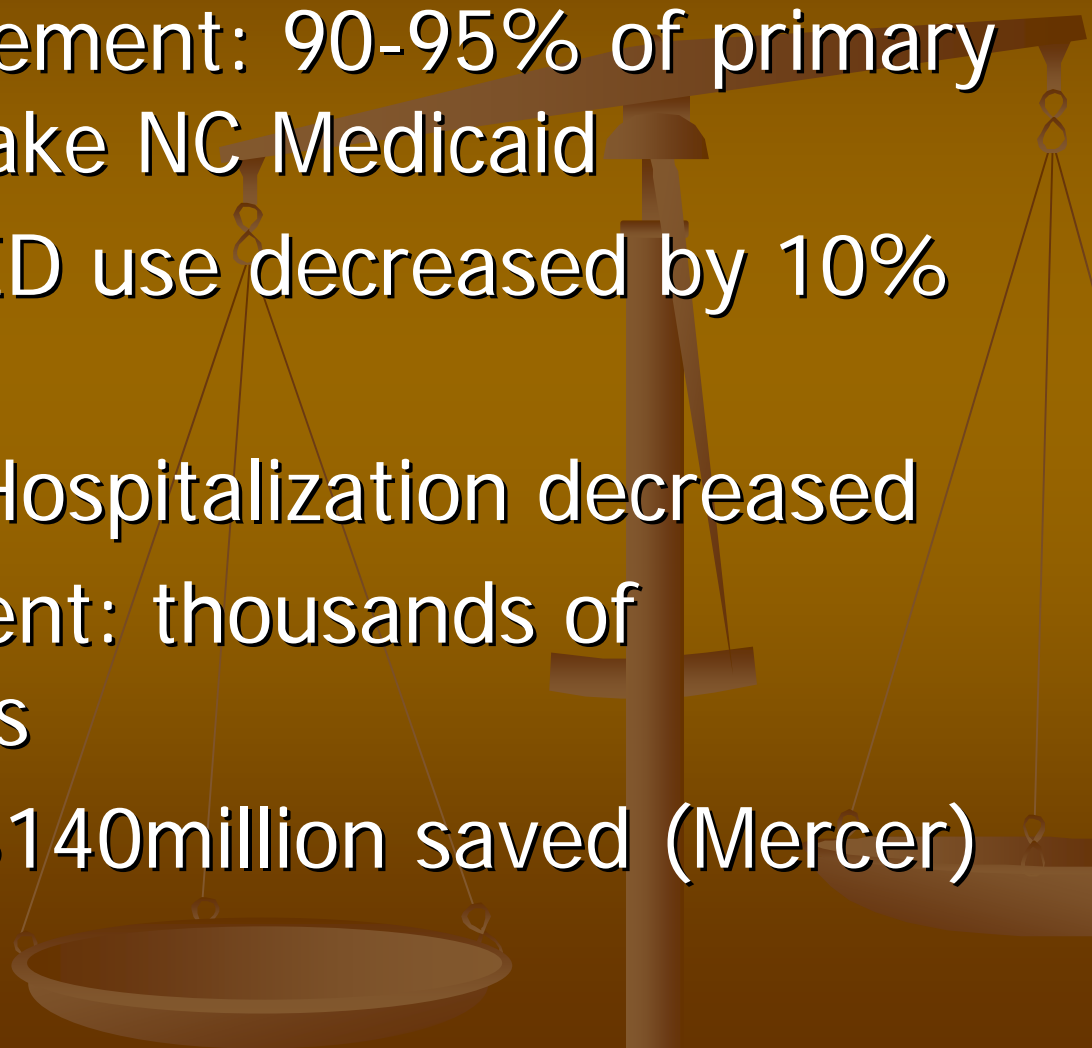
Access II and III Networks



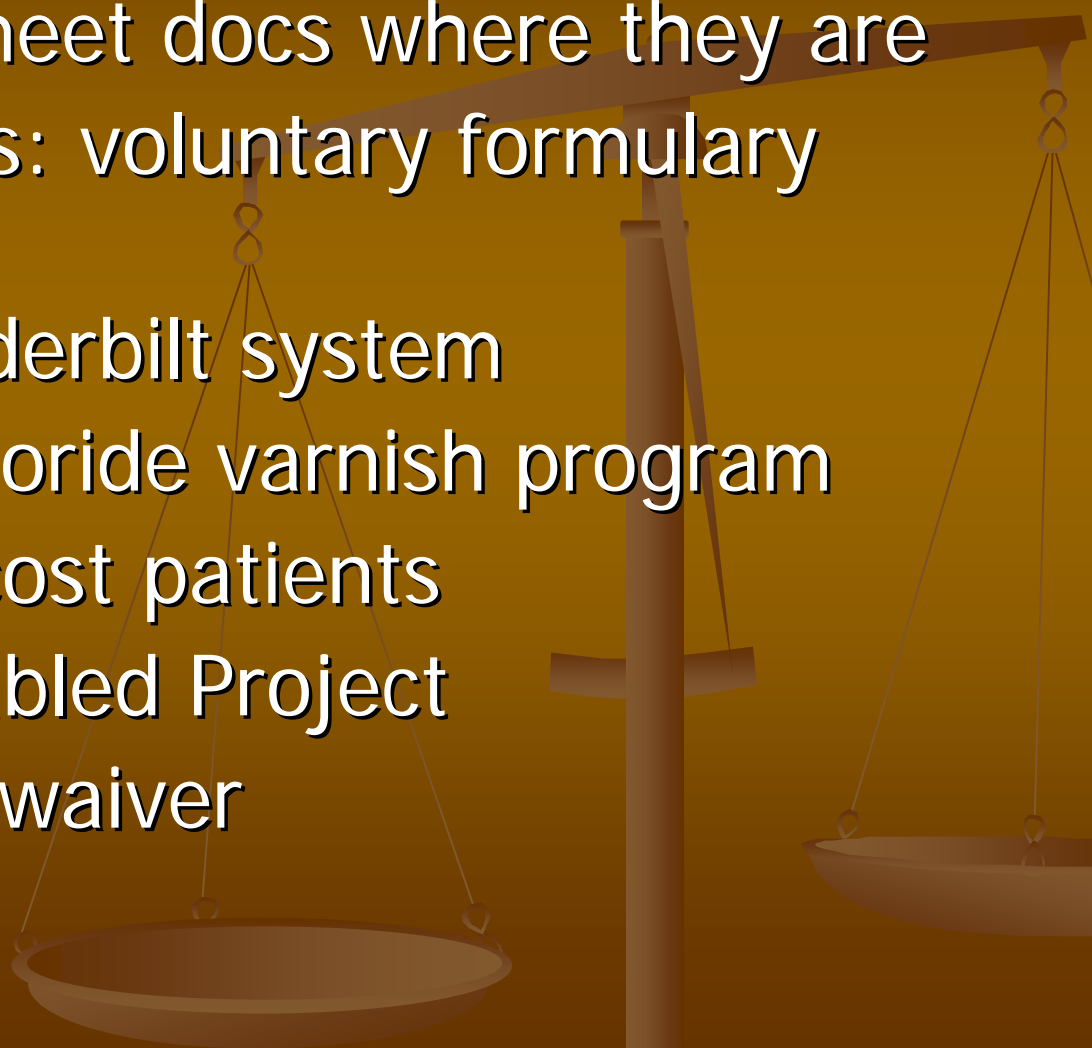
Legend

-  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
-  Central Piedmont Access II
-  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
-  Partnership for Health Management
-  Sandhills Community Care Network
-  Southern Piedmont Community Care Plan

Results

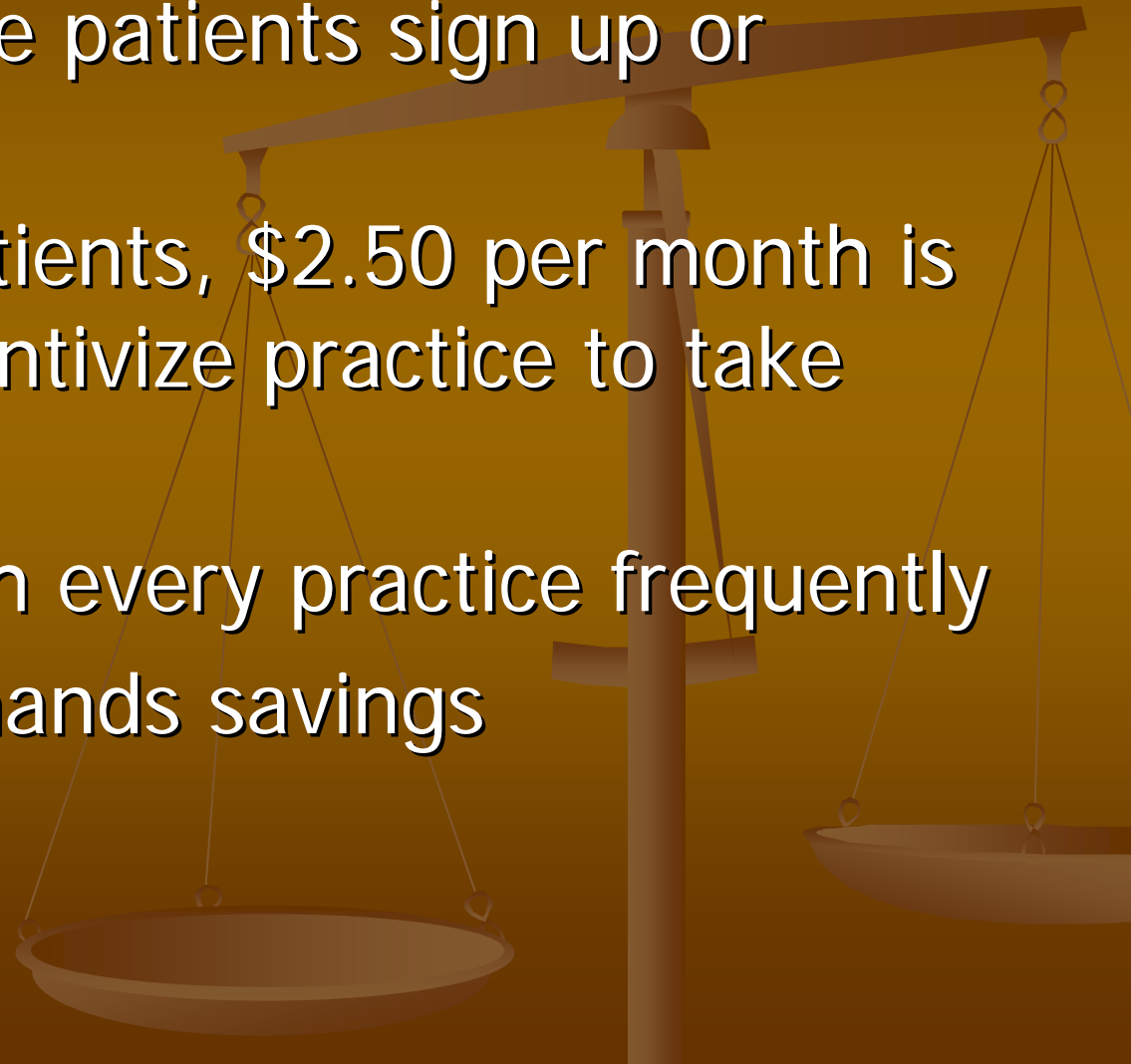
- Better reimbursement: 90-95% of primary care practices take NC Medicaid
 - Better access: ED use decreased by 10% per year
 - Better quality: Hospitalization decreased
 - Care management: thousands of individual stories
 - FY 2006: over \$140million saved (Mercer)
- 

CCNC: a template for innovation

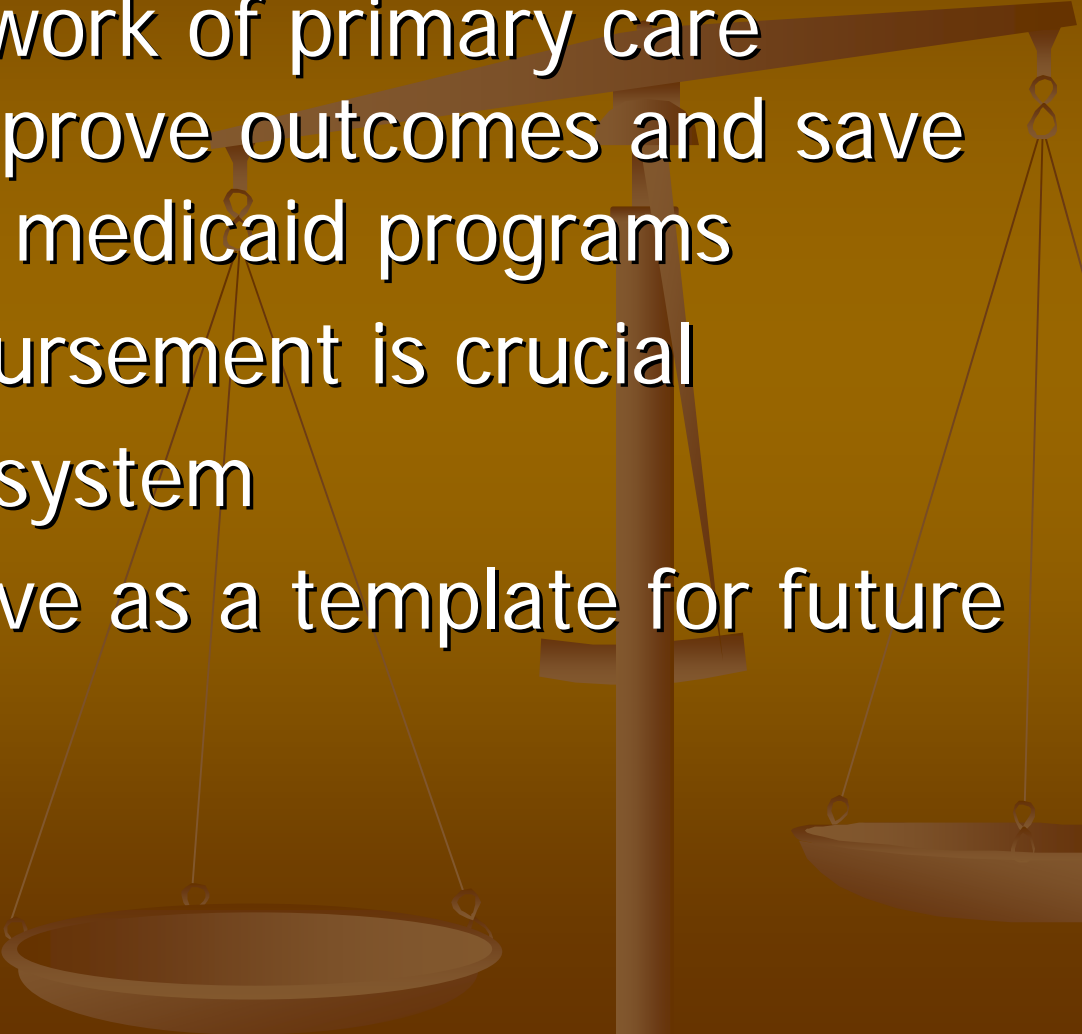
- Hassle factor: meet docs where they are
 - Medication costs: voluntary formulary (PAL)
 - ADHD: the Vanderbilt system
 - Dental care: Fluoride varnish program
 - High use/High cost patients
 - Aged/Blind/Disabled Project
 - Medicare (646) waiver
- 

Weaknesses of our program

- No stick to make patients sign up or comply
- For complex patients, \$2.50 per month is too little to incentivize practice to take patients
- Difficult to touch every practice frequently
- Legislature demands savings



CCNC: Take Home Message

- A statewide network of primary care practices can improve outcomes and save money for state medicaid programs
 - Adequate reimbursement is crucial
 - Data drives the system
 - Network will serve as a template for future innovation
- 

Are We “Crossing the Quality Chasm?”

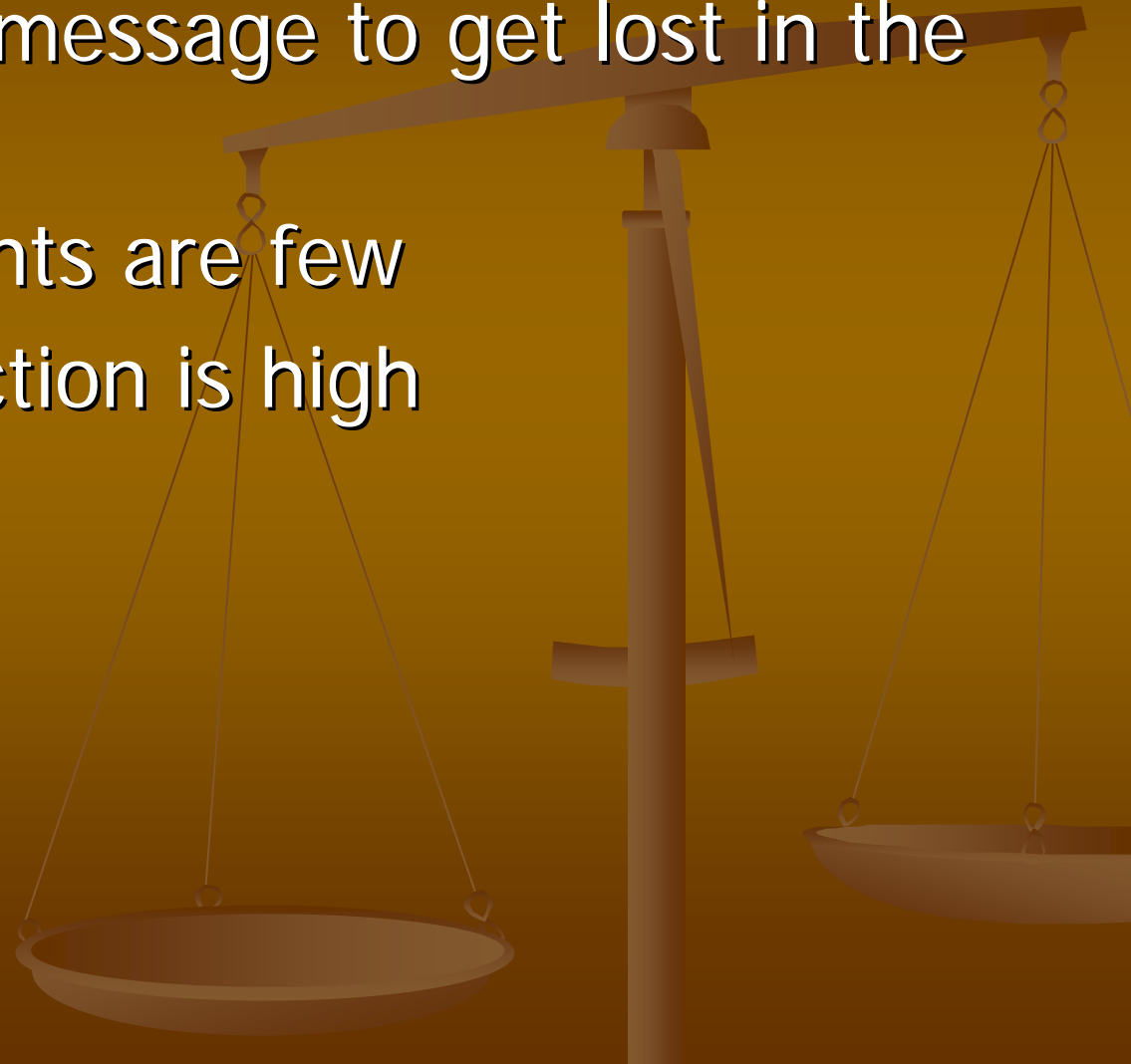
- Continuous care
- Needs anticipated
- Cooperation among physicians
- Transparency
- Information support
- Evidence-based disease management
- Care is standardized then customized



Appendix:

Several snapshots

- Don't want the message to get lost in the details
- Patient complaints are few
- Practice satisfaction is high





Your Program Profile

Community Care Peer Review Summary

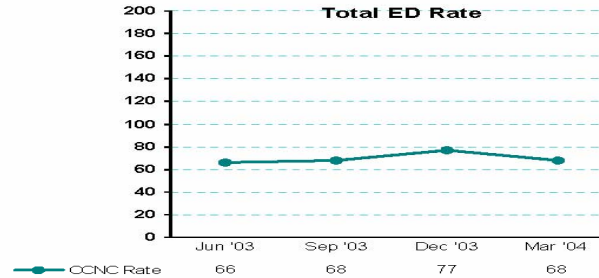
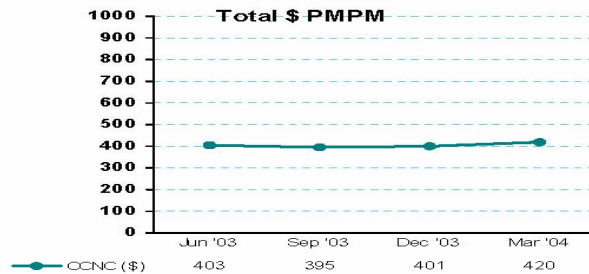
Managed Care Provider Type: Community Care of North Carolina

Time Period: Quarter ending Mar, 04

Avg. Monthly Enrollment: 517586

Eligibility 0 - 21: 393279

Eligibility > 21: 124307

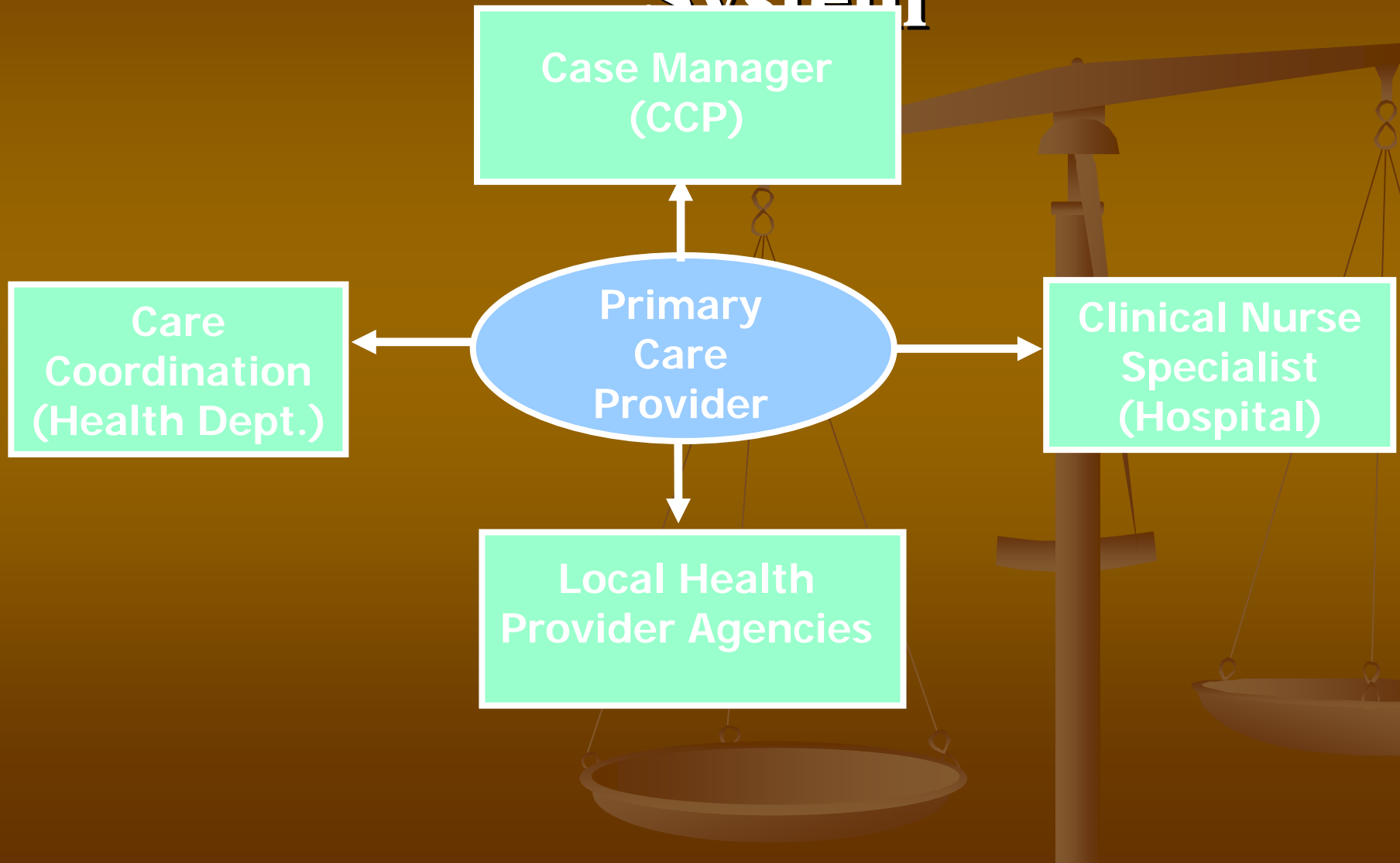


Utilization	CCNC Qtr End 9/03		CCNC Qtr End 12/03		CCNC Qtr End 3/04	
	Rate	PMPM	Rate	PMPM	Rate	PMPM
PCP	320	\$20	354	\$20	327	\$20
Specialist	227	\$25	221	\$24	218	\$28
Hospital Inpatient	12	\$55	12	\$55	12	\$58
Hospital Outpatient	204	\$56	203	\$56	220	\$60
Pharmacy	1659	\$109	1803	\$119	1797	\$123
ED Total	68	\$19	77	\$20	68	\$20
ED Non emergent	32	\$7	36	\$7	33	\$8
Labs	73	\$3	78	\$3	74	\$3
X-Rays	6	\$3	6	\$3	7	\$4
Out-patient Mental Health	252	\$34	252	\$31	205	\$27

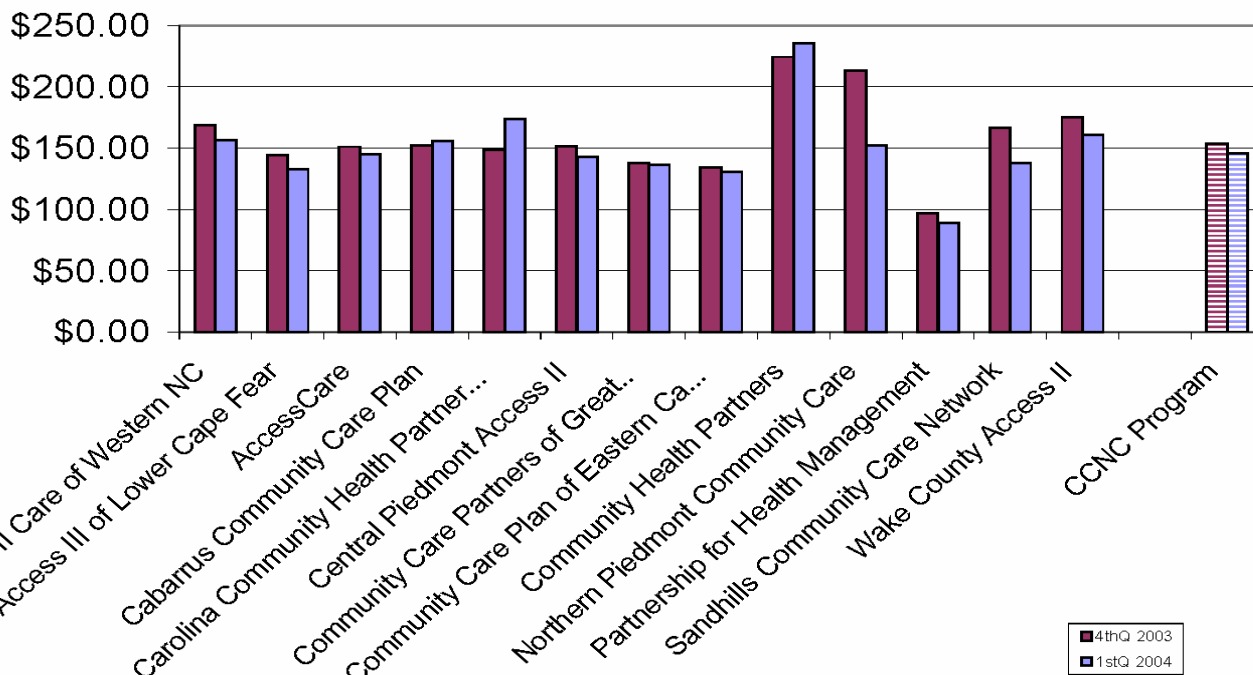
Disease Management	CCNC Qtr End 9/03	CCNC Qtr End 12/03	CCNC Qtr End 3/04
Network and Program Asthma			
Case Count	10140	10279	19406
Case Rate	2.00%	2.00%	3.77%
ED Asthma Visits (rate per 1000 MM)	14.04	16.93	13.00
IP Asthma Visits (rate per 1000 MM)	2.76	4.51	3.57
Network and Program Diabetes			
Case Count	9688	9760	13949
Case Rate	2.44%	2.44%	2.71%
Eye Exam (12 months reviewed)	20.48%	20.06%	26.63%
Lipid Test (12 months reviewed)	40.52%	41.00%	42.15%

Questions? Need additional information? Call (919) 715-1453.

Community Case Management System

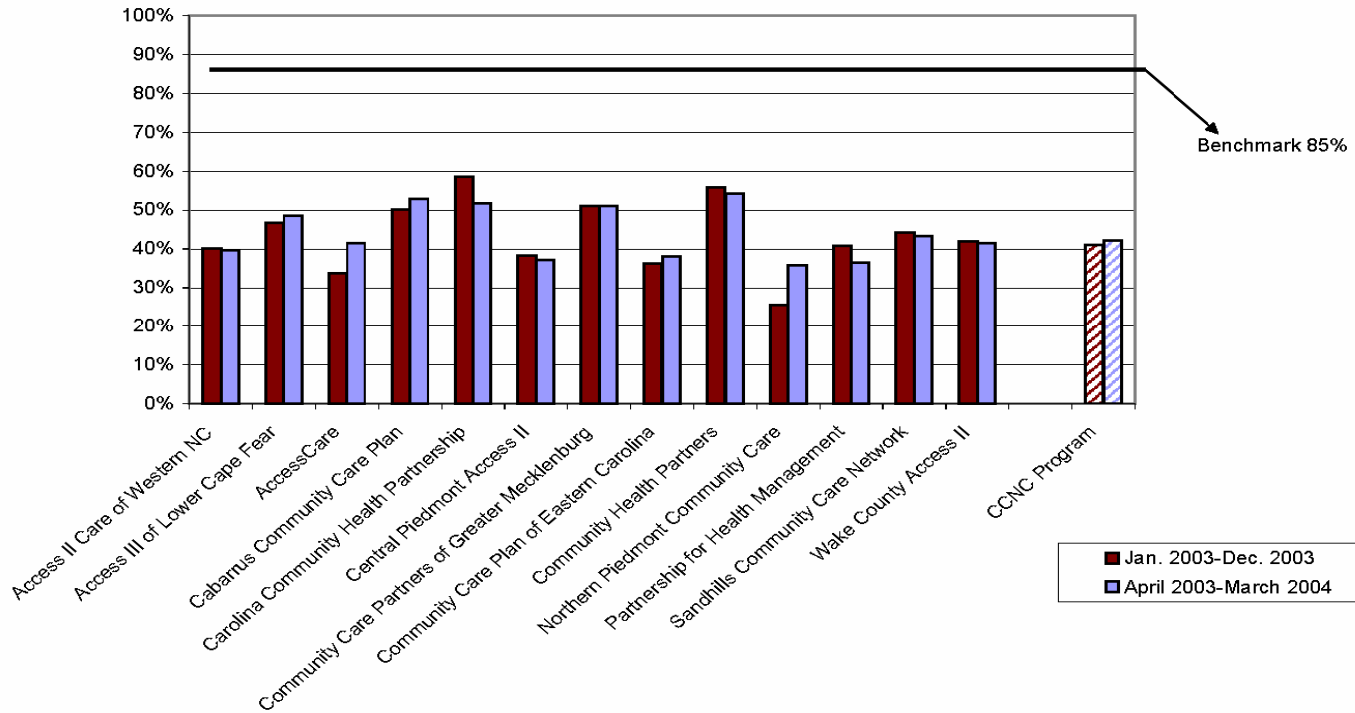


Cost* PMPM of Pediatric Practice Patients



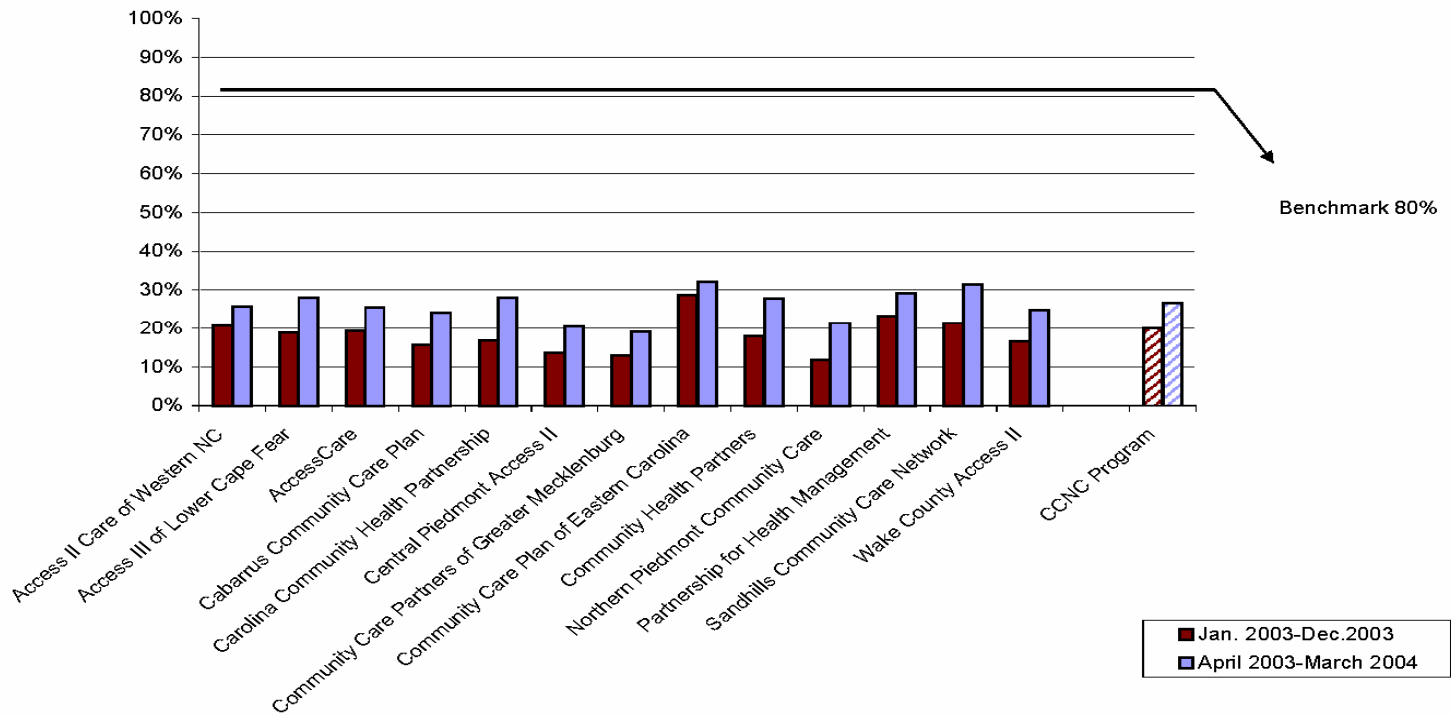
* Costs for emergency room, pharmacy, pcp visits, specialist visits, hospital outpatient, inpatient and outpatient mental health

Percent of Diabetics Receiving Lipid Tests



Source Data: Practice Profiles

Percent of Diabetics Receiving Eye Exams



■ Jan. 2003-Dec. 2003
 ■ April 2003-March 2004

Source Data: Practice Profiles