

Community Care of Western North Carolina

Care Management- Making an Impact



Community Care of NC



Community Care of North Carolina

14 Networks Covering All 100 NC Counties



Map Legend

- Community Care of Western North Carolina
- AccessCare Network Sites
- AccessCare Network Counties
- Carolina Collaborative Community Care
- Carolina Community Health Partnership
- Community Care of the Lower Cape Fear
- 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



Focused Initiatives

- Patient Centered Medical Home (PCMH)
- Chronic Care Program (ABD population)
- HealthNet of WNC
- 646 Medicare Demonstration Project
- Behavioral Health Initiative
- Palliative Care
- HealthCheck
- Pregnancy Medical Home
- Care Coordination for Children (CC4C)
- Health Information Exchange (HIE)
- Innovative Approaches
- CHF Clinic
- Multi-payer Demo



System-wide results

- Community Care is **the top 10 percent in US** in HEDIS for diabetes, asthma, heart disease compared to commercial managed care.
- According to Treo analysis, Community Care's work has meant that more than **\$1 billion** in Medicaid costs have been avoided between 2007-2009.
- For FY 2011, Medicaid **expenditures are running below forecast** and below prior year (over \$500 million).
- **All savings stay in North Carolina.**

Key Strategies- Aged, Blind, Disabled



- Became clear in last 2 years that we needed to do more for the sickest population on Medicaid
- **Changed focus to Aged, Blind, and Disabled recipients-**
 - **The 30% who cost 70%, multiple chronic diseases, in and out of hospital**
- Focus on evidence-based strategies to improve transition from hospital to home, prevent readmits

From Hospital to Clinic



Discharge Planners
at Hospital
Schedule
Appointment at RN
Screening Clinic

Patient Intake
Appointment with
CCWNC RN Care
Manager

Comprehensive
Health Assessment
&
Medication
Reconciliation

New Patient
Appointment with
WNCCHS Provider;
Referral for
ongoing care
management as
appropriate

WNCCHS Nurse Screening Clinic:



- **Staffing:**
 - 3 FTE RN Care Managers
- **Clinic Services**
 - Triage patients who need to see provider right away
 - Comprehensive health screening
 - Care Management for at-risk Medicaid and uninsured clients
- Approximately **900 patients served** since January 2010
- **376 Medicaid inpatient discharges** from Mission with WNCCHS as chosen PCP
- Of those discharged patients, **237 were actually seen** in the screening clinic
- About **50% of discharged patients** screened in clinic are **uninsured**

Medicaid Patient Care Management Services



- Staffing:
 - One FT Medicaid Care Manager embedded at WNCCHS
- Provide system navigation and care coordination across the health care system such as acute care, long-term care, public health, mental health, addictions, and community programs and services
- Emphasize health promotion, illness prevention, early detection/diagnosis
- Promote the development of comprehensive, chronic disease management and self-care programs, as well as strengthen linkages with existing programs (e.g. *Living Healthy*)
- Use information technology as the backbone of system integration, linking patient records across different health care settings giving providers timely access to interventions and other important data (CMIS, Datalink, EMRs)

Uninsured Adult Patient Care Management Services



- Staffing:
 - One FTE HealthNet Care Manager embedded at WNCCHS
 - One FTE Nurse Care Manager working specifically with ED frequent fliers and homeless adults to help them establish at a primary care home (Mission Hospital Foundation funding)
- Over 50% patients coming in through the screening clinic are uninsured adults
- Work in the RN clinic for uninsured adults is largely uncompensated
- Demand far outweighs current capacity

HealthNet: Investment in Adult Uninsured Access



- Since 2007, CCWNC has served as regional coordinator for statewide **HealthNet Initiative** targeting uninsured adults
- Provided over \$800,000 of funds to safety net providers between 2007-2011
- **Goals:**
 - Assist uninsured adults establish with a primary care medical home
 - Improve access to medication, specialty care, and care management services
 - Reduce ED utilization for primary care needs (funded through Mission Hospital Foundation grant initiative)
- Partners served over 20,000 unduplicated patients in local counties; **13,067** in Buncombe Co. alone
- HealthNet funds a small portion of Nurse Screening Clinic staff time

CCWNC Contact Information



Questions:

- Jennifer Wehe, Executive Director
828-348-2818
- Richard Hudspeth, MD, Medical Director
828-348-2815