Community Care of North Carolina

Elizabeth Cuervo Tilson, MD, MPH, FACP, FAAP

Medical Director, Community Care of Wake and Johnston Counties

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Medicaid challenges

- Rising costs

- Lowering reimbursement can reduce access and increase emergency department use

- Reducing eligibility or benefits limited by federal “maintenance of effort” raises burden of uninsured on community and providers

- The highest cost patients are also the hardest to manage (e.g. chronic diseases, disabled, mentally ill)
North Carolina’s Response:
Community Care of NC

- Statewide medical home & care management system
- Established to improve access to, quality of and coordination of care and decrease cost of care
- Quality driven, system oriented
- Private-public partnership (all savings stay in NC)
- Community based, locally driven, provider led
- Utilizes population level and individual level management strategies
How this is Operationalized

- Builds on framework of Carolina Access Medicaid
  - Patients are linked to a primary care medical home
- 14 local Networks across all 100 NC counties with more than 4500 Primary Care Physicians (1360 medical homes)
- Over one million Medicaid enrollees
Source: CCNC 2011
Local Networks

- Provide resources to primary care homes to better manage Medicaid population

- Join primary care homes with other segments of the health care system (e.g. hospitals, health departments, mental health agencies, social services) to create local systems of care

- Utilize local care managers (600), pharmacists (26), psychiatrists (14) and medical directors (20)

- Pilot potential solutions, monitor implementation, share best practices

- Are capable of and responsible for managing recipient care
Patient

Primary Care Home

QI Support

Multidisciplinary management support

Community links and resources
How it is supported at the state level

- Financial support through per member per month (PMPM) payments to networks
- Financial support via fee-for-service and PMPM payments to participating providers
- Jointly identified priorities and accountability measures
- Processes for data feedback and evaluation on program, network, and practice level
- Access to HIT and data
Key program Asset- Access to data

- Informatics Center - Medicaid claims data
  - Utilization (ED, Hospitalizations)
  - Providers (Primary Care, Mental Health, Specialists)
  - Diagnoses
  - Medications
  - Labs
  - Costs
  - Individual and Population Level Care Alerts

- Real Time data
  - Hospitalizations, ED visits, Provider referrals
Main Program Activities

- Chronic Disease Management Initiatives (e.g. Asthma, Diabetes)
- Quality Improvement Initiatives
- Hospital Transition Care
- Emergency Department Utilization
- Integration of Physical and Mental Health
- Prevention Initiatives
- Pharmacy Initiatives
- Palliative Care
- Access to Primary Care
- Support of IT Initiatives
- Nurse and Social Worker care management of high cost patients
Care Management Strategies

- Population management strategies

- Use data (claims and real time) to identify, prioritize, and stratify target population

- Dynamic intensity status (Heavy, Medium, Light, very light)
Care Management Goals

- Facilitate self-management of chronic conditions
- Strengthen link to Primary Care Provider
- Coordinate services across providers and sectors
System-wide results

- Top 10% in US in HEDIS for diabetes, asthma, heart disease compared to commercial managed care.

- More than $700 million in state Medicaid savings since 2006 (Mercer).

- Adjusting for severity, costs are 7% lower than expected. Costs for non-Community Care patients are higher than expected by 15 percent in 2008 and 16 percent in 2009 (Treo Solutions).

- For the first three months of FY 2011, per member per month costs are running 6 percent below FY 2010 figures.

- For FY 2011, Medicaid expenditures are running below forecast and below prior year (over $500 million).

- More than $1 billion in Medicaid costs have been avoided between 2007-2009 (Treo Solutions).
DHHS Performance Measures for Community Care

Per Member Per Month Cost (ABD Non-Dual Enrollees)

Fiscal Year Results (Cumulative)

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Medicaid costs lower than expected

Total spending for CCNC enrollees has been lower than expected for the past 3 years*.

* Adjusting for the severity of illness in the population
Building on Success

- Pregnancy Medical Homes
- Multi-payer models
  - Medicare 646 demo (22 counties)
  - Beacon Community (3 counties), all payers
  - Multi-payer primary care demo (7 rural counties)
    Medicare, Medicaid, Blue Cross and Blue Shield of North Carolina, State Employees Health Plan
  - New major employer initiative (40,000 patients)
Thank you!

Elizabeth Cuervo Tilson, MD, MPH, FACP, FAAP

btilson@wakedocs.org
919-792-3621