

**CCNC/ Community Care Plan, Eastern NC
NC HealthNet/ HealthAssist**

**MANAGING MEDICAID and
UNINSURED CARE THROUGH
COMMUNITY
NETWORKS in Eastern NC**

Lessons Learned

October 30th, 2009

Vision

- **A coordinated system of care for Medicaid and uninsured care recipients that improves quality of care while controlling costs**



Visionary Leadership

Jim Bernstein, Founding Director

- **NC Office of Research, Demonstrations, and Rural Health Development**
- **Now NC Office of Rural Health and Community Care**



Community Care of North Carolina

- **A state-coordinated Medicaid care management system**
- **Community physician-led networks assume responsibility for managing recipient care**
- **Focuses on improved quality, utilization, and cost effectiveness**
- **Requires creation of close partnerships among primary care providers, hospitals, health departments, and social services.**

Financing

- \$2.50 PM/PM to provider
- \$2.50 PM/PM to network
- Increased PM/PM for ABD care management
- 2008 ABD savings estimate (Mercer) \$400m

The Eastern NC Version- Formal Structure

ACCESS EAST, an independent 501(c) 3

Houses and Operates:

Community Care Plan of Eastern NC
HealthAssist (originally an HCAP project,
now a part of NC HealthNet)

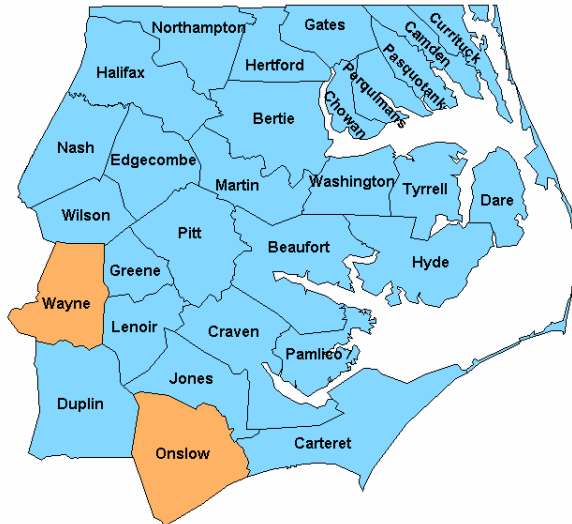
Built and Owns:

The James D Bernstein Community
Health Center

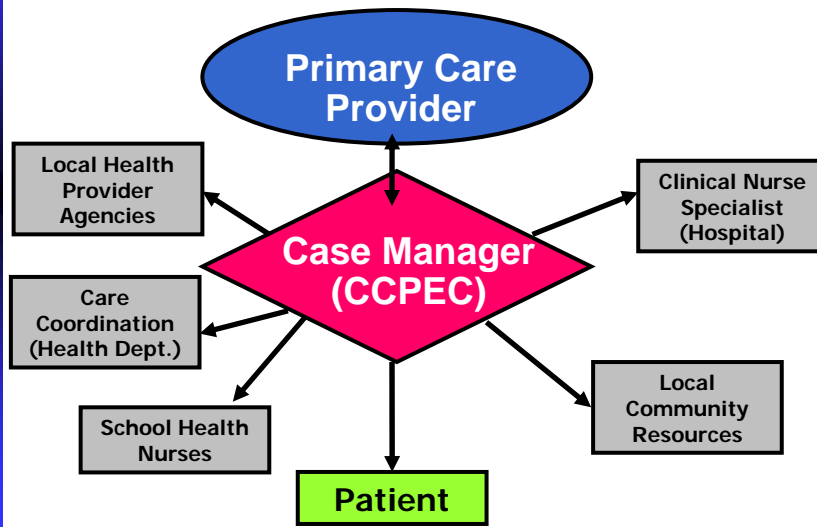
Leases:

The Bernstein Center to Greene County
Health Care (a CHC), East Carolina
University, and Pitt Community College

Community Care Plan of Eastern Carolina



Community Case Management System



Community Care Plan of Eastern Carolina

- 27 counties
- Over 165 providers
- Greater than 100,000 enrollees



HealthAssist and the Bernstein Center

- Uninsured care management based on CCNC's operating principles
 - ◆ the primary care medical home
 - ◆ care management
 - ◆ medication assistance
 - ◆ AND...
 - ◆ access to free or deeply discounted specialty care
 - ◆ community-based basic skills education



Informal Structure



The Eastern NC Community Health Consortium

- Access East
- CCPENC
- HealthAssist
- Greene County Healthcare
- Hospital/ Health System
- Public Health
- Medical Society
- University
- Social Services
- Transportation services

A Novel Approach

- Included in all meetings, with equal voices are:
 - ◆ Those who direct the work
 - ◆ Those who do the work

Rough Numbers

- Medical home for over 20,000 uninsured patients
- About 1600 enrolled in HealthAssist for additional services, about 600 actively receiving services at a given time

Funding Sources

- HRSA (CHC)
- NC HealthNet
- In-kind personnel, space, donated services from entities ranging from hospital/health system to individual physicians

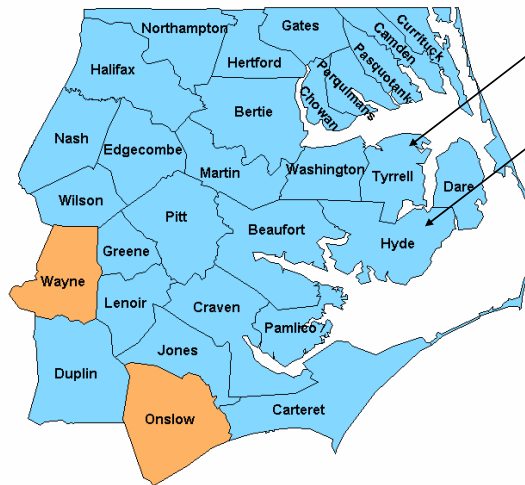
The Big Problems

- Support staffing necessarily *very* lean
- Huge burden of uninsured rural adults with preventable complex chronic conditions, e.g....
 - ◆ Entering necessary data into EHR for one patient takes provider on avg. 45 minutes
 - ◆ EHR's don't communicate
- Primary care demand far exceeds capacity
- Specialty service gaps

Across the Region

- A serious shortage of primary care providers
- Major economic, social, and educational problems
- Health care system fragile and weakly linked
- Daunting, institutionalized local conflicts and challenges

Some Examples.....



Some Eastern NC Needs Relative to Healthcare Reform

- A real safety net or fallback option
- Premium subsidies
- Incentives for creation of local and regional partnerships
- EHR implementation support
- Small employer options/ assistance
- Primary care recruitment/ retention incentives from student education to community practice
- Incentives for creation of innovative, team-based models