Community Care of North Carolina

L. Allen Dobson, Jr., MD
Super Utilizer Summit
February 11 &12, 2013

- 1,620 participating primary care practices
- 1.25 million Medicaid and 140,000 HealthChoice enrollees
  - ✓ 22,560 uninsured in HealthNet programs
  - ✓ 25,000 privately insured in pilot programs

Legend

- ● AccessCare Network Sites
- ☐ AccessCare Network Counties
- ☐ Community Care of Western North Carolina
- ☐ Community Care of the Lower Cape Fear
- ☐ Carolina Collaborative Community Care
- ☐ Community Care of Wake and Johnston Counties
- ☐ Community Care Partners of Greater Mecklenburg
- ☐ Carolina Community Health Partnership
- ☐ Community Care Plan of Eastern Carolina
- ☐ Community Health Partners
- ☐ Northern Piedmont Community Care
- ☐ Northwest Community Care
- ☐ Partnership for Community Care
- ☐ Community Care of the Sandhills
- ☐ Community Care of Southern Piedmont

Source: CCNC September 2012

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Each network has:

- Clinical Director
  - ✓ A physician who is well known in the community
  - ✓ Works with network physicians to build compliance with care improvement objectives
  - ✓ Provides oversight for quality improvement in practices
  - ✓ Serves on the State Clinical Directors Committee

- Network Director to manage daily operations

- Care Managers to help coordinate services for enrollees/practices – many embedded in local practices

- Pharmacists for Med management of high cost patients

- Psychiatrists for mental health integration

- OB champions, QI specialists, etc.

Challenge = Opportunity
Medicaid Admissions / Readmissions

Community Care of North Carolina

Name	Billing Provider	Date Of Admission	Discharge Date	Readmit 30 Days	Primary Diagnosis
	NEW HANOVER REGIONAL MEDICAL	08-27-2012	09-04-2012		ATHEROSCLEROSIS W INTERM
	NEW HANOVER REGIONAL MEDICAL	09-12-2012	09-14-2012	Yes	OTHER POSTOPERATIVE INFECTION
	BRUNSWICK NOVANT MEDICAL	09-27-2011	09-30-2011		FETOPELV DISPROPOR-DELIV
	NEW HANOVER REGIONAL MEDICAL	09-30-2011	10-01-2011	Yes	OTHER PUERPERAL INFECTION POST CONDITION OR COMPLICATION
	NEW HANOVER REGIONAL MEDICAL	02-07-2012	02-10-2012		VIRAL ENCEPHALITIS NOS
	NEW HANOVER REGIONAL MEDICAL	02-19-2012	02-20-2012	Yes	OTHER CONVULSIONS
	UNC HOSPITALS	02-20-2012	02-27-2012	Yes	UNSPECIFIED CAUSES OF ENCEPHAL MYELITIS & ENCEPHALOMYELI
	UNC HOSPITALS	03-07-2012	04-05-2012	Yes	MAL NEO SPINAL MENINGES
	UNC HOSPITALS	06-03-2012	06-28-2012		PHLEBITIS INTRCRAN SINUS

Challenge = Opportunity
Emergency Department Overuse

- Local emergency room "high-flyers"

- Small number of people driving high percentage of ER costs.

ED High Utilizer Report by Hospital

NEW HANOVER REGIONAL MEDICAL

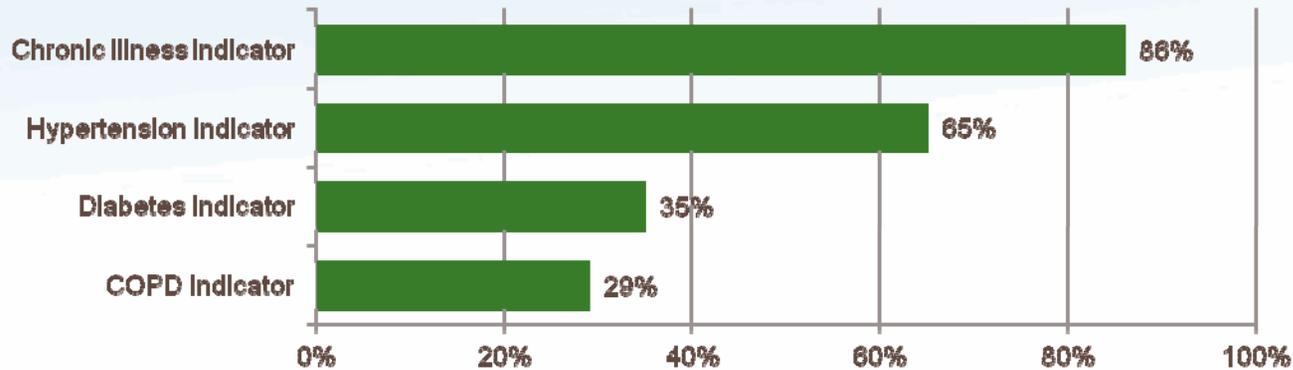⊞ Parameter Selections:

⊞ Report Details:

Count of Patients returned 28

Count of Visits returned 845

MID	Client Name	Date Of Birth	Total Number of ED Visits to Your Hospital	Total Number of ED Visits
			35	35
			27	27
			22	22
			20	20
			20	20
			20	22
			9	30
			7	36
			6	25
			5	20
			5	28

Complex patients drive ER usage*

Community Care of North Carolina

Prevalence of Chronic Illness

Indicator	Percentage
Chronic Illness Indicator	86%
Hypertension Indicator	65%
Diabetes Indicator	35%
COPD Indicator	29%

Prevalence of Mental Health Issues

Indicator	Percentage
Mental health indicator	83%
Depression indicator	59%
Substance abuse indicator	48%
Bipolar indicator	33%
Schizophrenia/schizoaffective disorder	21%
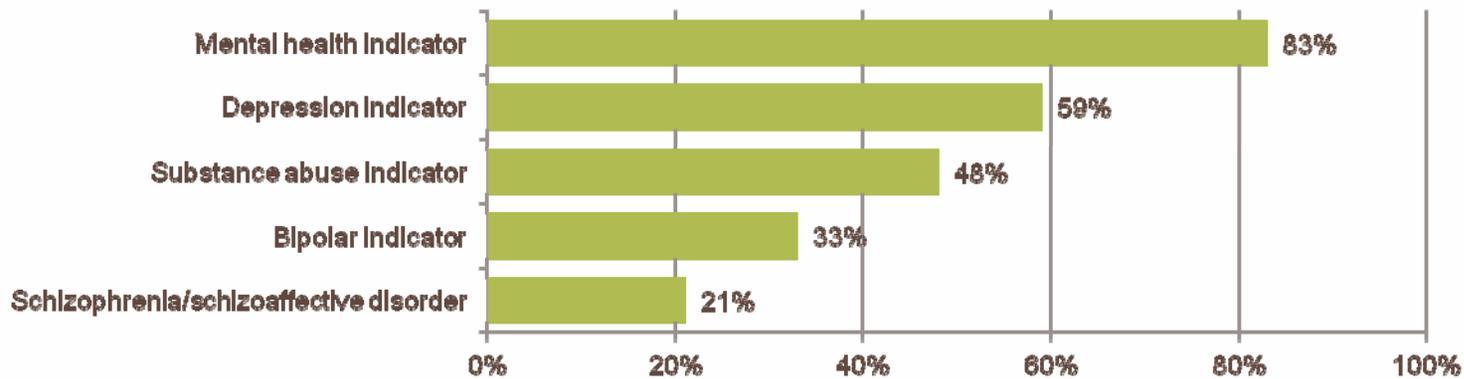
* Analysis of 1,394 NC Medicaid recipients with **20 or more ED visits** in State Fiscal Year 2011.

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Challenge = Opportunity Medication Confusion

Most common drug therapy problems at care transitions (20,673 patients)

- Patient not taking medication prescribed at discharge (4,747 or 23%)

- Status of patient's chronic medication(s) not addressed at discharge (4,581 or 22%)

- Patient non-adherent to therapy (3,962 or 19%)

- Patient taking medication at a different dose or interval than prescribed (3,879 or 19%)

About 6% of drug therapy problems considered "urgent" - imminent rehospitalization if not resolved)

Data based on a representative sample of 20% of patients receiving medication reconciliation/review services

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Consolidated Medication List

Prescription Fill History ⦿ Current Regimen ○ Con   Opti

Fill Date	Drug Description	Class	AI	Prescriber
12/12/12	LISINOPRIL TAB 20MG	HYPOTENSIVES ...	0.36	JAN MAREE PI ...
12/11/12	ACCU-CHEK TES AVIVA PL	DIAGNOSTICS		RICHARD ANTH ...
12/09/12	OMEPRAZOLE CAP 40MG	ANTI-ULCER/O ...		JAN MAREE PI ...
12/06/12	METFORMIN TAB 1000MG	DIABETIC THE ...	0.93	JAN MAREE PI ...
12/04/12	NICOTINE DIS 14MG/24H	CNS STIMULAN ...		JAN MAREE PI ...
12/01/12	BACLOFEN TAB 10MG	MUSCLE RELAX ...		BRANDON RYA ...
11/30/12	BENZTROPINE TAB 1MG	ANTIPARKINSO ...		BRETT A GURK ...
11/21/12	METOPROL TAR TAB 50MG	CARDIOVASCUL ...	1.01	JAN MAREE PI ...
11/18/12	NAPROXEN TAB 500MG	ANTIARTHRITI ...		BRANDON RYA ...
11/15/12	QUETIAPINE TAB 400MG	ANARACTICS - ...	0.75	BRETT A GURK ...
11/15/12	DIVALPROEX TAB 500MG ER	ANTICONVULSA ...	1.09	BRETT A GURK ...
11/15/12	PERPHENAZINE TAB 8MG	ANARACTICS - ...		BRETT A GURK ...
11/11/12	METHOCARBAM TAB 500MG	MUSCLE RELAX ...		ERIC RAYBUR ...
11/07/12	VENLAFAXINE CAP 150MG ER	PSYCHOSTIMUL ...	1.05	BRETT A GURK ...
11/06/12	NABUMETONE TAB 500MG	ANTIARTHRITI ...		KYRA F WILLI ...
11/01/12	CYCLOBENZAPR TAB 10MG	MUSCLE RELAX ...		JAN MAREE PI ...
10/18/12	PENICILLN VK TAB 500MG	PENICILLINS		WILLIAM E RI ...
10/18/12	CHANTIX PAK 0.5& 1MG	CNS STIMULAN ...	1 Fill	JAN MAREE PI ...
10/02/12	NICOTINE DIS 21MG/24H	CNS STIMULAN ...		JAN MAREE PI ...
9/24/12	METAXALONE TAB 800MG	MUSCLE RELAX ...		KYRA F WILLI ...
9/11/12	ACCU-CHEK MIS MLTICLIX	MEDICAL SUPP ...		RICHARD ANTH ...
7/18/12	ADVAIR DISKU AER 250/50	BRONCHIAL DI ...	0.63	RICHARD ANTH ...
6/22/12	GABAPENTIN CAP 300MG	ANTICONVULSA ...	1.09	BRETT A GURK ...
1/18/12	METFORMIN TAB 500MG ER	DIABETIC THE ...	0.93	RICHARD ANTH ...
1/16/12	JANUVIA TAB 100MG	DIABETIC THE ...	1 Fill	CLAUDE ROOF ...

Community Care of North Carolina

Transitional Care Program

- Core components of CCNC Transitional Care
  - ✓ Face-to-face contact
  - ✓ Comprehensive medication management
  - ✓ Patient/caregiver self-management education, "red flags"
  - ✓ Timely outpatient follow-up with informed medical home
  - ✓ Collaboration with partners/ resources to maximize reach and avoid duplication of services.
- Local flexibility, many local innovations
- Automatic notification of hospital admissions via Informatics Center started 12/10
- 56 hospitals now participating (2/3 of discharges)

North Carolina Community Care Networks Informatics Center Report Site

Home > AccessCare Standard Reports > Patient-Level Utilization Reports >

Current Hospital Visits – Your Hospitals

View | Properties | History | Subscriptions

New Subscription

Visit Type	Inpatient	Hospital	University of North Carolina Hos
Aged/Blind/Disabled	Yes, No,	Dual	Dual, Non-Dual,
Admission Date	0-24 Hours, 24-48 Hours, 3-7 Da	Age	
Discharge Status	Not Discharged, Last 2 Days	Admission Diagnosis	
Transitional Care Priority	Yes	CCNC Priority	
LME Priority	Yes, No	Currently CCNC Enrol	
CPI Priority	Yes, No	Include CC4C records?	Yes
Include LME records?	Yes	Include PMH records?	Yes

Real-time notification of hospital admission. Priority flagging based on overall risk profile using historical claims.

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MID	Hospital Patient ID	Name	Admit Date	Admit Time	Discharge Date	Discharge Time	Discharge Status	Disposition
			8-6-2012	7:10 AM			Not Discharged	
			8-6-2012	6:04 AM			Not Discharged	
			8-6-2012	2:13 AM			Not Discharged	
			8-5-2012	4:09 AM			Not Discharged	
			8-4-2012	11:47 AM	8-6-2012	7:06 PM	Last 2 Days	Routine discharge
			8-3-2012	11:58 PM			Not Discharged	

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Patient Example: 58 year old man with severe diabetes, kidney disease and Hepatitis C; recently hospitalized with aspiration pneumonitis/acute respiratory failure; re-hospitalized with colitis and hepatic coma.

Community Care
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Provider Portal

Community Care of North Carolina

Welcome: Annette Dubard

Logout | Feedback | Support | Links | Survey | My Profile

- ○ Medicaid ID
- ○ Last Name   Exact   Birth Date   mm/dd/yyyy
- ○ Last M

Search

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| Home | Patient List | Patient Profile | Report Sit |
| Care Team | Medications | Visit History | |

Patient has had 2 ED visits and 4 hospitalizations, across three different facilities, over the past year.

Inpatient Visits - 4

Admit Date	Discharge Date	Diagnosis 1	Diagnosis 2	Diagnosis 3	Facility
		DIABETES WITH RENAL MANIFESTATIONS, TYPE II (NON-INSULIN-DEP	CLOSTRIDIUM DIFF PSEUDO	CHRONIC HEP C W/O HEPATIC COMA	UNC HOSPITALS
		FOOD/VOMIT PNEUMONITIS	ACUTE RESPIRATORY FAILURE	ENCEPHALOPATHY UNSPECIFIED	DUKE UNIVERSITY HOSPITAL
		DIABETES W HYPEROSMOLARITY COMA TYPE II,(NIDDM) UNCONTROLLED	CHRONIC KIDNEY DISEASE STAGE III (MODERATE)	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II(NON-INSUL	UNC HOSPITALS
		DIABETES W HYPEROSMOLARITY COMA TYPE II,(NIDDM) UNCONTROLLED	CHRONIC KIDNEY DISEASE STAGE III (MODERATE)	DIABETES WITH RENAL MANIFESTATIONS, TYPE II (NON-INSULIN-DEP	UNC HOSPITALS

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Emergency Department Visits - 2

Admit Date	Admit Day	Admit Hour	Primary Diagnosis	Secondary Diagnosis	Facility
	Monday		DIAB W MANIF NEC ADULT	HEADACHE	DUKE UNIVERSITY HOSPITAL
	Saturday		NAUSEA WITH VOMITING	DIABETES UNCOMPL ADULT	DURHAM REGIONAL HOSPITAL

Medication Review
What is he supposed to be taking? What is he *really* taking?

	Consolidated Medication List	Meducation		North Carolina Drugs of Choice information

Prescription Fill History ⦿ Current Regimen ○ Complete History   Options: Print Regimen | Print Pocket Med List

Fill Date	Drug Description	Qty	Days	Paid	Class	DOC	Gap	AI	Prescriber	Pharmacy	Source
7/14/12	ACCU-CHEK TES AVIVA PL	100	25	$59	DIAGNOSTICS					GURLEYS PHAR ...	MNC
7/13/12	LOSARTAN POT TAB 50MG	30	30	$7	HYPOTENSIVES ...			1 Fill		GURLEYS PHAR ...	MNC
7/13/12	BUPROPION TAB 75MG	60	30	$36	PSYCHOSTIMUL ...	✓		0.76		GURLEYS PHAR ...	MNC
7/13/12	TRAMADOL HCL TAB 50MG	180	30	$10	ANALGESICS, ...	✓					
7/04/12	KETOCONAZOLE SHA 2%	120	30	$20	FUNGICIDES	✓					
6/29/12	OXCARBAZEPIN TAB 150MG	120	30	$19	ANTICONVULSA ...	✓					
6/29/12	OXYCOD/APAP TAB 5-325MG	20	4	$3	ANALGESICS, ...	✓					
6/27/12	CARVEDILOL TAB 12.5MG	180	30	$7	CARDIOVASCUL ...	✓					
6/27/12	AMLODIPINE TAB 10MG	30	30	$0	CARDIOVASCUL ...	✓					MNC
6/27/12	OMEPRAZOLE CAP 20MG	30	30	$3	ANTI-ULCER/O ...	✓					
6/27/12	LISINOPRIL TAB 5MG	30	30	$0	HYPOTENSIVES ...	✓					
6/27/12	GABAPENTIN CAP 300MG	60	30	$3	ANTICONVULSA ...	✓	DC				
6/27/12	SIMVASTATIN TAB 10MG	30	30	$0	LIPOTROPICS	✓				GURLEYS PHAR ...	MNC
6/27/12	NOVOLOG MIX INJ FLEXPEN	15	30	$250	DIABETIC THE ...					GURLEYS PHAR ...	MNC
6/27/12	FUROSEMIDE TAB 20MG	30	30	$0	DIURETICS	✓		1.22		GURLEYS PHAR ...	MNC
5/10/12	UNIFINE PNTP MIS 6MM	200	30	$28	MEDICAL SUPP ...					GURLEYS PHAR ...	MNC
5/03/12	ONDANSETRON TAB 4MG ODT	120	30	$39	ANTINAUSEANT ...					GURLEYS PHAR ...	MNC
4/30/12	LANTUS INJ SOLOSTAR	15	21	$221	DIABETIC THE ...					GURLEYS PHAR ...	MNC
4/30/12	INSULIN SYRG MIS 0.3/31G	100	25	$29	MEDICAL SUPP ...					GURLEYS PHAR ...	MNC
4/30/12	CARVEDILOL TAB 25MG	90	30	$7	CARDIOVASCUL ...	✓	DC?	1.27		GURLEYS PHAR ...	MNC
4/27/12	FUROSEMIDE TAB 40MG	30	30	$2	DIURETICS	✓	DC?	1.22		GURLEYS PHAR ...	MNC
4/27/12	METRONIDAZOL TAB 250MG	36	12	$3	ANTIPARASITI ...	✓				GURLEYS PHAR ...	MNC (1)

Other Entries ⦿ Active ○ All

Added On	Drug Description	Frequency	Class	DOC	List Type	Site	Added By	Source
5/04/12	AMLODIPINE TAB 5MG		CARDIOVASCUL ...	✓	Discha ...	UNC Hospitals	Automated Feed	UNCH (1)
5/04/12	COREG TAB 25MG		CARDIOVASCUL ...		Discha ...	UNC Hospitals	Automated Feed	UNCH (1)
5/04/12	ADULT LOW DOSE ASA EC 81		ANALGESICS, ...		Discha ...	UNC Hospitals	Automated Feed	UNCH (1)
5/04/12	VITAMIN D3 400 UNIT TABLE		VITAMINS, FA ...		Discha ...	UNC Hospitals	Automated Feed	UNCH (1)
5/04/12	GABAPENTIN CAP 300MG		ANTICONVULSA ...	✓	Discha ...	UNC Hospitals	Automated Feed	UNCH (1)
5/04/12	NOVOLIN N INJ U-100		DIABETIC THE ...		Discha ...	UNC Hospitals	Automated Feed	UNCH (1)
5/04/12	METRONIDAZOL TAB 250MG		ANTIPARASITI ...	✓	Discha ...	UNC Hospitals	Automated Feed	UNCH (1)
5/04/12	LIPITOR 40 MG TABLET		LIPOTROPICS		Discha ...	UNC Hospitals	Automated Feed	UNCH (1)
5/04/12	TRAMADOL HCL 50 MG TABLET		ANALGESICS, ...		Discha ...	UNC Hospitals	Automated Feed	UNCH (1)
4/30/12	LIPITOR TAB 40MG		LIPOTROPICS		Discha ...	UNC Hospitals	Automated Feed	UNCH (1)

20 medicines in patient's possession based on prescription fill history. Additional 10 (unmatched) medicines listed on hospital discharge summary.
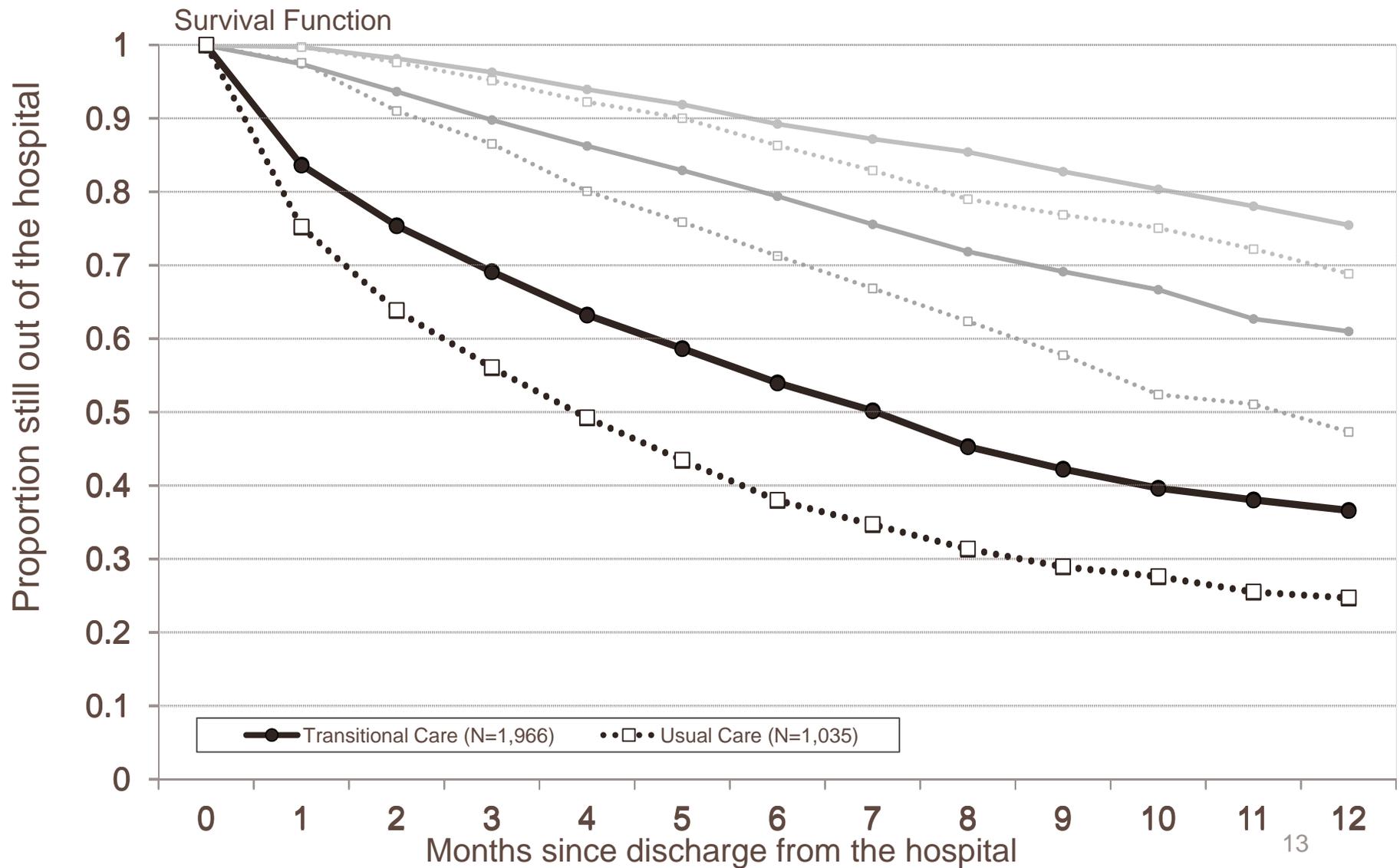
Transitional Care Team in Action

- **RN care manager and health educator visit diabetics patient's home 2 days after discharge**

  - ✓ Note chaotic household; patient "completely confused" about hospital events; unaware that blood sugar had been >1000 at admission; seemed very "absent-minded"

  - ✓ CM decide to accompany patient to f/u PCP visit

- **Follow-up home visit by H Ed. and registered dietician**

  - ✓ Instruct brother-in-law on "red flags" and use of glucometer
  - ✓ Provide bus pass to endocrinology appointment

- **Network pharmacist consultation**

  - ✓ Clarify active med list

  - ✓ Correspond with endocrinologist to recommend simplifying insulin regimen for better manageability, switch to pen due to visual impairment

Time to First Readmission for Patients Receiving Transitional Care Versus Usual Care
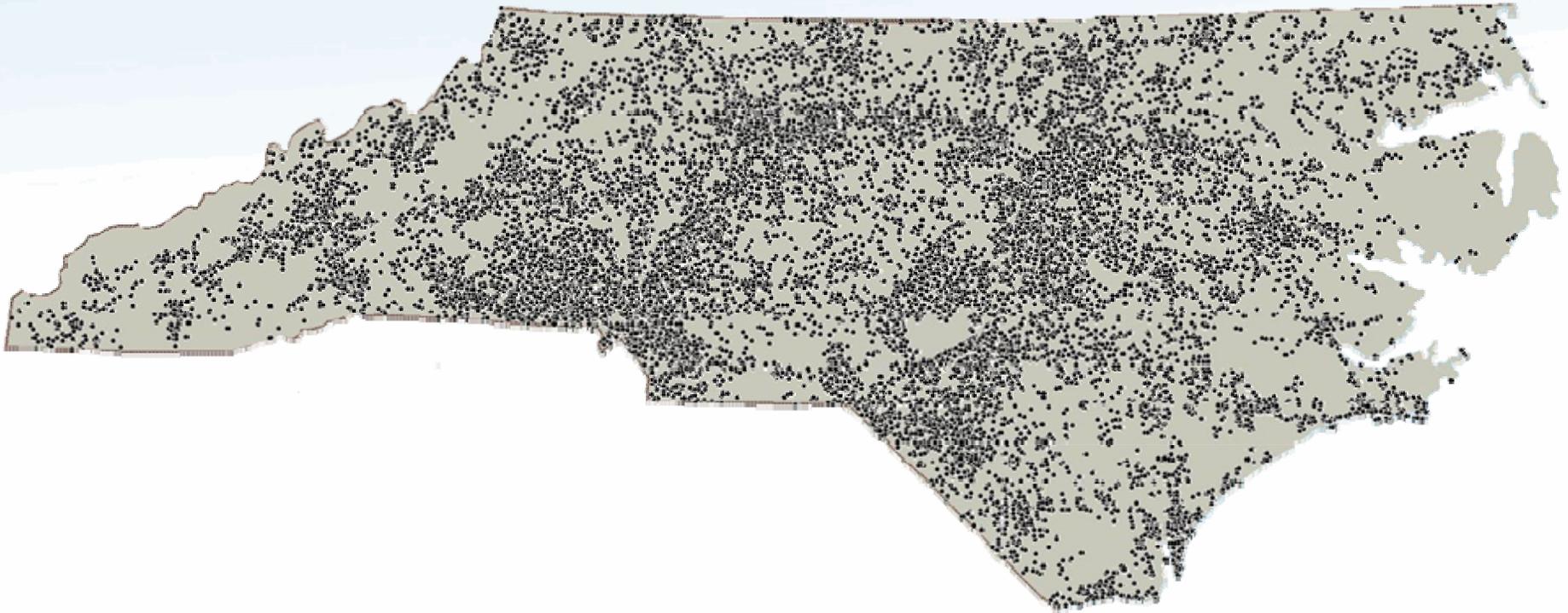## Lighter shaded lines represent time from initial discharge to second and third readmissions
(Significant Chronic Disease in Multiple Organ Systems, Levels 5 & 6; ACRG3 = 65-66)

Example of an ACRG with a HIGH risk of readmission that benefited from transitional care.

Survival Function

Proportion still out of the hospital

Months since discharge from the hospital

Transitional Care (N=1,966) Usual Care (N=1,035)

Geographical Reach of CCNC Transitional Care Interventions

Each dot represents the home address of a client who received transitional care services between July 2011 and June 2012. As of December 2012, we are providing transitional care management for approximately 4500 patients per month.

Return on Investment

Patients needing transitional care to avert 1 hospital admission in the coming year:

- ## Complex, chronic patients = 6

  - ✓ Non-mental health discharges = 5.6

  - ✓ Mental health discharges = 7.2

- ## Healthier patients = 133

CCNC's Transitional Care Program significantly reduces future hospital admissions – especially for the most complex chronic patients.

Providing Transitional Care to 2300 "priority" patients every month prevents 4600 re-hospitalizations per year.

Priority Patient List

...identification of individuals who are incurring preventable hospital costs **and** are most likely to benefit from care management outreach

Priority Patients With Above Expected Hospital Utilization

View | Properties | History | Subscriptions

New Subscription

Practice County	BLADEN, BRUNSWICK, COLUMB ▾	Practice
Client County	ALAMANCE, BERTIE, BLADEN, B ▾	Age
Most Recent Preventable Service Date within Last Six Months	Yes, No ▾	Most Recent Deferral Date > 90 Days
Quad 2 Indicator (Primary MH Condition)	Yes, No ▾	Quad 4 Indicator (MH and Other Condition)	Yes, No ▾
Greater than 19 Narcotic Fills in Past 12 Months	Yes, No ▾	Care Status	, Deferred, Heavy, Inactive, Lig ▾
Newly CCNC Enrolled	Yes, No ▾		

|◁ ◁ 1 of 2 ? ▷ ▷| 100% ▾ [ ] Find | Next Select a format ▾ Export 🔃 🖨

⊞ Show Care Management

Count of patients returned 1,228

MID	Name	Gender	Date Of Birth	Age	Enrollment Phone	CMIS Phone	Client County	Total Potentially Preventable Hospital Cost (Actual - Expected)	Total Actual PPA, PPR and PP ED	Total Expected PPA, PPR and PP ED
							NEW HANOVER	138,666	155,363	16,696
							PENDER	58,811	69,699	10,888
							BRUNSWICK	58,114	69,668	11,554
							COLUMBUS	57,001	72,140	15,138

Prioritizing the Population

Actual-to-Expected Difference

CRG#1
$0 $1K $2K $3K $4K $5K $6K $7K $8K $9K $10K $11K $12K $13K $14K $15K $16K $17K $18K $19K $20K

Actual-to-Expected Difference

CRG#2
$0 $1K $2K $3K $4K $5K $6K $7K $8K $9K $10K $11K $12K $13K $14K $15K $16K $17K $18K $19K $20K

Actual-to-Expected

CRG#3
$0 $1K $2K $3K $4K $5K $6K $7K $8K $9K $10K $11K $12K $13K $14K $15K $16K $17K $18K $19K $20K
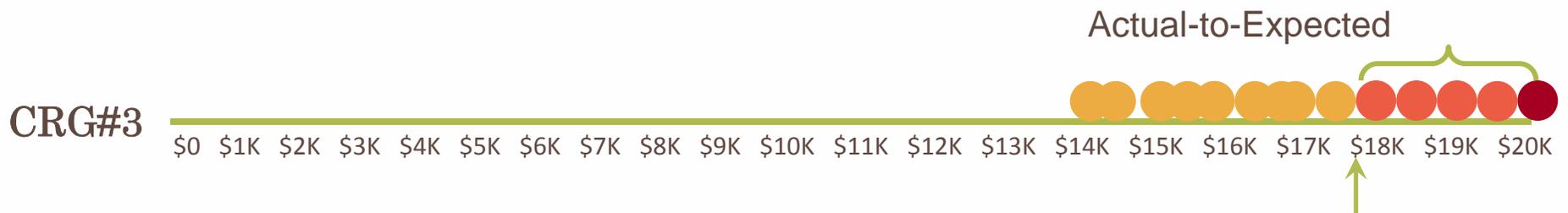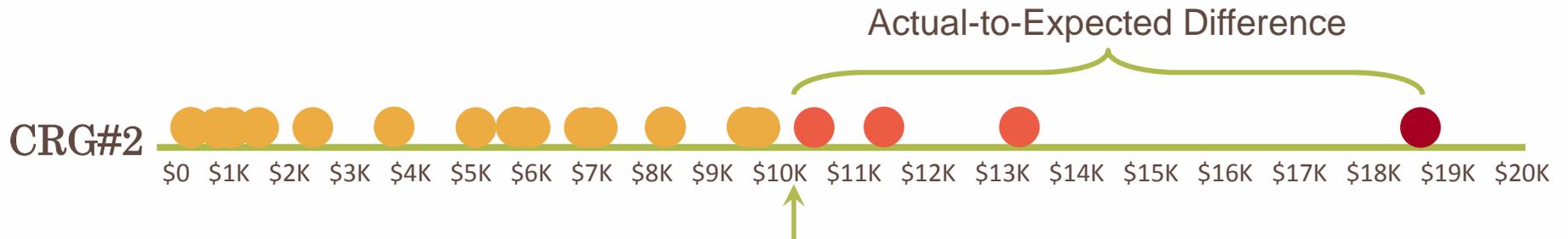
↑ = Expected Hospital Costs for Specific Clinical Risk Groups

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Care Management Interventions for High Risk Patients

- Medical home linkage
- Medication reconciliation
- Goal setting and care plan development
- Health education
- Self management coaching
- Motivational interviewing
- Preparation for provider visits
- Linkage to community resources

More information?

www.communitycarenc.org

adobson@n3nc.org

Thank You!