Community Care of North Carolina

MANAGING MEDICAID COSTS THROUGH COMMUNITY NETWORKS

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Objectives

- Review the history of Medicaid in North Carolina
- Discuss the impetus for change in Medicaid healthcare delivery
- Identify models of care piloted in North Carolina
- Discuss Disease Management initiatives implemented through community resources

History

Primary Care Management of Medicaid enrollees (Carolina Access)

- Fee for service plus $2.50 pmpm management fee
- Focus on access
- Minimal success in controlling costs

Driving Forcing for Change

- Continued rising Medicaid costs
- Continued problems with access to care
- Increased burden of chronic disease
- Lack of coordination between health care providers

Leadership

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

Jim Bernstein, Director

Vision

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

Challenges

- Lack of resources
- Complexity of the Medicaid population
- Need for coordination of community resources

Community Care of North Carolina

- Joins other community providers (hospitals, health departments and departments of social services) with physicians
- Focuses on improved quality, utilization, and cost effectiveness
- Creates community physician led networks that assume responsibility for managing recipient care

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
- Cabarrus Community Care Plan
- Carolina Collaborative Community Care
- Carolina Community Health Partnership
- Central Piedmont Access II
- 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
- Wake County Access II

PUS Access II III 4-2005

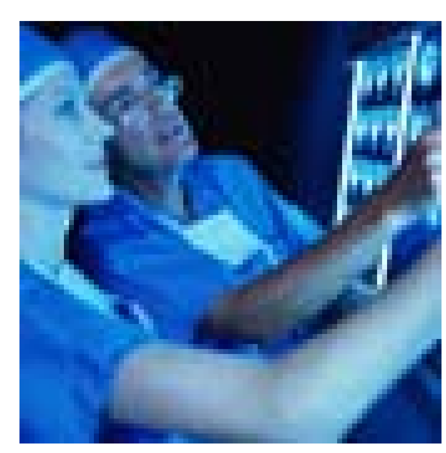
Community Care Networks

- Non-profit organizations
- Assume responsibility for local Medicaid recipients
- Develop and implement plans to manage utilization and cost
- Create local systems to improve care
- Receive $2.50 pmpm from the NC Division of Medical Assistance

Network Models

- Physician practice model
- Local network model
- County model

Strategies for Success

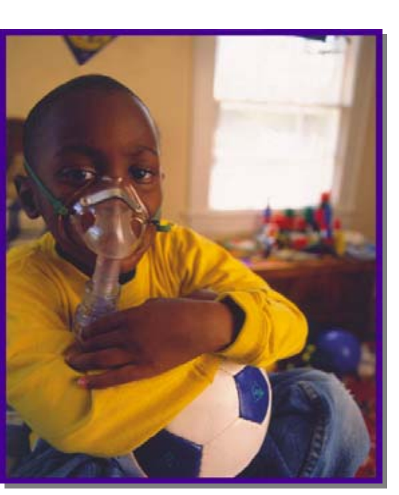


- Implement disease management initiatives
- Focus on high-cost/high-risk recipients
- Build accountability

Disease Management

- Use of evidence based guidelines
- Coordination of care through community based case management

CURRENT INITIATIVES:



Asthma

Diabetes

High Cost/High Risk Patients

CMIS – web-based case management information system

- Claims Data
- Documentation System

CURRENT INITIATIVES:

- Prescription Drugs (PAL)
- ED Utilization
- Other Network Specific Initiatives

Accountability

- Compliance with clinical standards of care
- Utilization and cost benchmarks

Statewide Impact

Community Care of North Carolina

July 1, 2003 – June 30, 2004

- **Cost – $28.5 Million**

  ($2.50 pmpm to Administrative Entities and $2.50 pmpm to CCNC Primary Care Providers)

- **Savings - $124 Million**

  (Mercer Cost Effectiveness Analysis – AFDC only for Inpatient, Outpatient, ED, Physician Services, Pharmacy, Administrative Costs, Other)

Program Caveats

- Top down approach is not effective in NC
- Community ownership
- Must partner – can't do it alone
- Incentives must be aligned
- Must develop systems that change behavior
- Have to be able to measure change
- Change takes time and reinforcement

SM

Community Care Plan

OF EASTERN CAROLINA

Basic Operating Premise

- Regardless of who manages Medicaid, North Carolina providers, hospitals, health departments and other safety net providers will be serving the patients at the LOCAL level

Community Care of North Carolina

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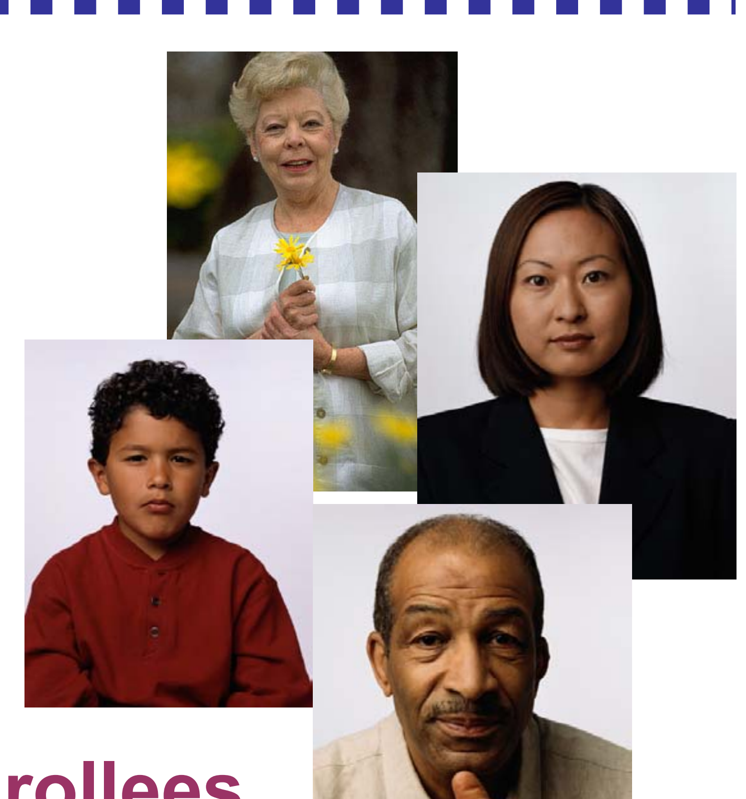
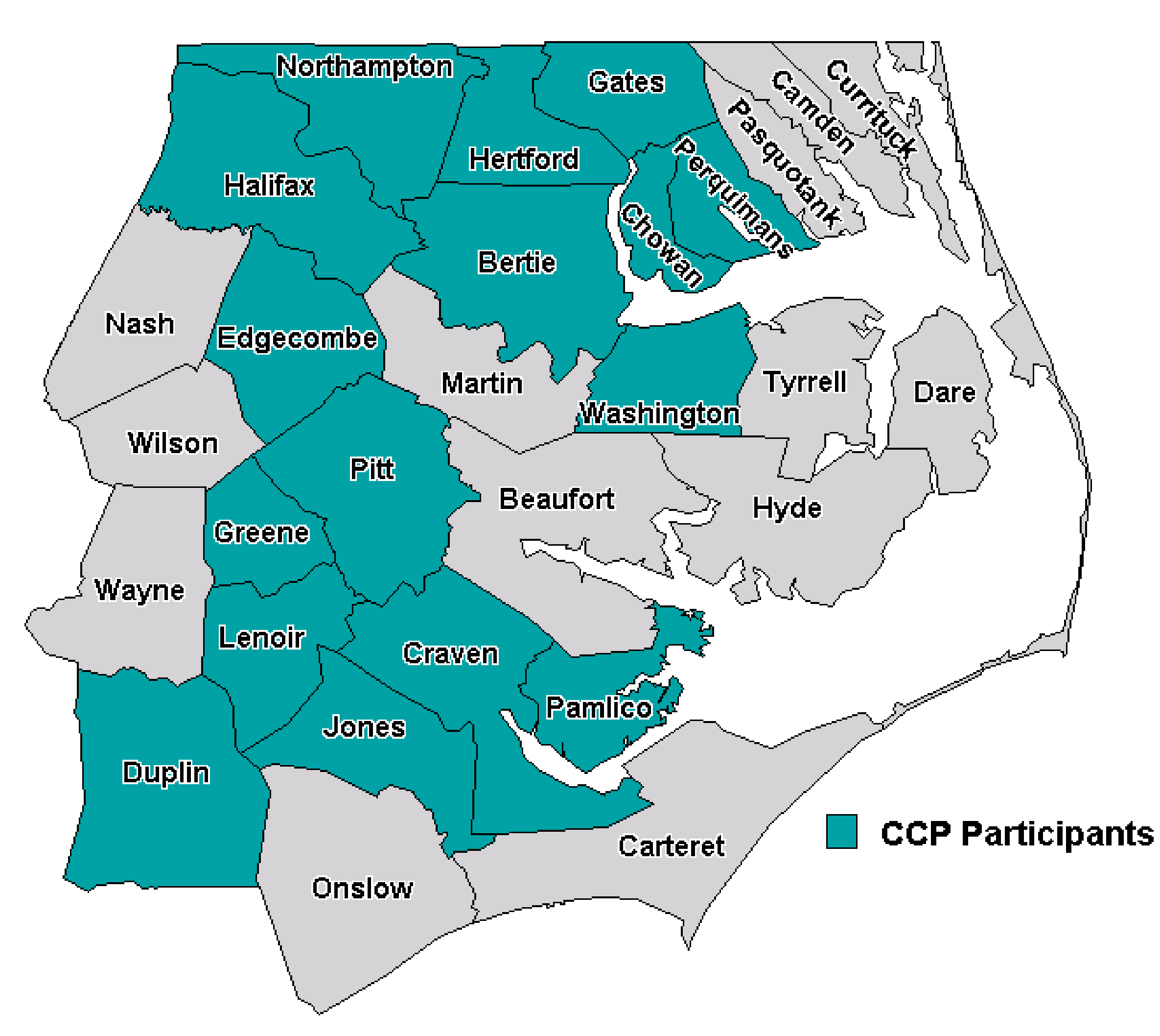
PUS Access II III 4-2005

Community Care Plan of Eastern Carolina

- 16 counties
- Over 120 providers
- Greater than 75,000 enrollees



Community Care Plan of Eastern Carolina



Community Care Plan of Eastern Carolina

- Demonstration Pilot started in 1998 in Pitt County

- Partnered with:
  - Pitt County Public Health Center
  - University Health Systems, Inc.
  - Brody School of Medicine
  - Department of Social Services
  - Private health providers

Core Strategies

- Formed physician-led care management committees to:
  - Identity compelling health issues
  - Adopt best practice clinical management
- Built accountability
  - Shared practice specific data
  - Measured compliance with clinical guidelines
- Implemented community-based case management
  - Case managers assigned to specific populations to coordinate resources and facilitate provider plan of care

Accountability

- Chart audits
- Practice profile
- PAL Scorecard

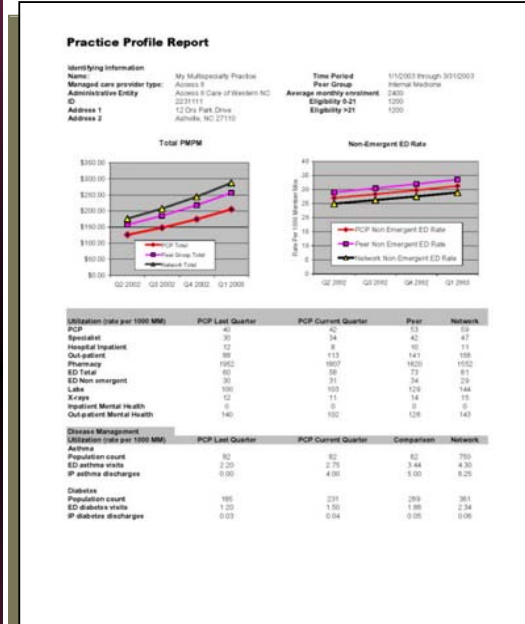
Chart Audit

Community Care of North Carolina
Asthma Disease Management Quality Initiative

Staged II, III, IV with Action Plan in Chart
Established and New Practices (Round 10 Hedis Jan - Dec 2003)

Network (Total # with Asthma Staged II, III, IV)	% with Action Plan
Access II WNC (223)	83%
Access III of Lower Cape Fear (175)	72%
AccessCare (709)	71%
Cabarrus CCP (78)	73%
Carolina CHP (80)	78%
Central Piedmont (129)	38%
CCP of Greater Mecklenburg (85)	24%
CCP of Eastern Carolina (280)	80%
Community Health Partners (83)	55%
Northern Piedmont CC (111)	20%
Partnership for Health Mgmt (75)	63%
Sandhills CCN (140)	54%
Wake County Access II (81)	58%
PROGRAM (2249)	65%

Practice Profile Report



Practice Profile Report

Identifying Information			
Name:	My Multispecialty Practice	Time Period	1/1/2003 through 3/31/2003
Managed care provider type:	Access II	Peer Group	Internal Medicine
Administrative Entity	Access II Care of Western NC	Average monthly enrolment	2400
ID	2231111	Eligibility 0-21	1200
Address 1	12 Drs Park Drive	Eligibility >21	1200
Address 2	Ashville, NC 27110		

Utilization (rate per 1000 MM)	PCP Last Quarter	PCP Current Quarter	Peer	Network
PCP	40	42	53	59
Specialist	30	34	42	47
Hospital Inpatient	12	8	10	11
Out-patient	98	113	141	158
Pharmacy	1952	1907	1620	1552
ED Total	60	58	73	81
ED Non emergent	30	31	34	29
Labs	100	103	129	144
X-rays	12	11	14	15
Inpatient Mental Health	0	0	0	0
Out-patient Mental Health	140	102	128	143

Disease Management Utilization (rate per 1000 MM)	PCP Last Quarter	PCP Current Quarter	Comparison	Network
Asthma				
Population count	82	82	62	750
ED asthma visits	2.20	2.75	3.44	4.30
IP asthma discharges	0.00	4.00	5.00	6.25
Diabetes				
Population count	195	231	289	361
ED diabetes visits	1.20	1.50	1.88	2.34
IP diabetes discharges	0.03	0.04	0.05	0.06

Detail

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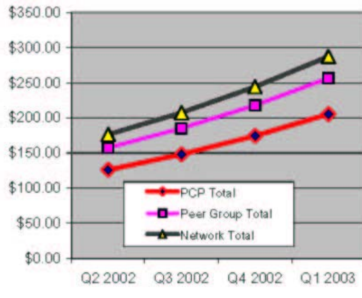
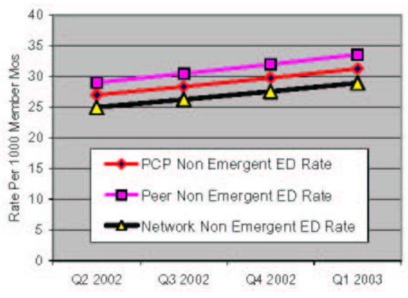
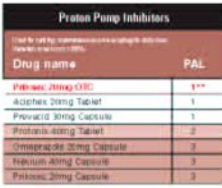
Total PMPM



Non-Emergent ED Rate



PAL – Prescription Advantage List



Proton Pump Inhibitors

Drug name	PAL
Prilosec 20mg OTC	1**
Aciphex 20mg Tablet	1
Prevacid 30mg Capsule	1
Protonix 40mg Tablet	2
Omeprazole 20mg Capsule	3
Nexium 40mg Capsule	3
Prilosec 20mg Capsule	3

H2 Antagonists

Drug name	PAL
Ranitidine 150mg Tablet	1**
Cimetidine 400mg Tablet	1**
Famotidine 20mg Tablet	1**
Nizatidine 150mg Capsule	3
Tagamet 400mg Tablet	3
Pepcid 20mg Tablet	3
Zantac 150mg Tablet	3
Axid 150mg Pulvule	3

Cholesterol Lowering Agents

Drug name	PAL
Lescol XL 80mg Tablet	1**
Lescol 40mg Capsule	1*
Lipitor 10mg Tablet	1
Pravachol 40mg Tablet	2
Zocor 20mg Tablet	3
Lovastatin 40mg Tablet	3
Altocor 40mg Tablet	3

Calcium Channel Blockers

Drug name	PAL
Calan SR 240mg Caplet SA	1**
Verapamil 240mg Cap Pellet	1**
Isoptin S.R. 240mg Tab SA	1**
Plendil 5mg Tablet SA	1*
Diltiazem ER 240mg Cap SA	1
Tiazac 240mg Capsule SA	1
Sular 20mg Tablet SA	1
Nifedical XL 30mg Tablet SA	2
Procardia XL 30mg Tablet SA	2
Norvasc 5mg Tablet	2
Verelan 240mg Cap Pellet	2
DynaCirc CR 10mg Tablet SA	3
Dilacor XR 240mg Capsule SA	3
Taztia XT 240mg Capsule	3
Adalat CC 30mg Tablet SA	3
Covera-HS 240mg Tablet SA	3
Verelan PM 200mg Cap Pellet	3

ACE Inhibitors

Drug name	PAL
Captopril 25mg Tablet	1**
Enalapril 2.5mg Tab	1**
Lisinopril 5mg Tablet	1**
Altace 2.5mg Capsule	1
Monopril 20mg Tablet	2
Mavik 2mg Tablet	2
Univasc 7.5mg Tablet	2
Aceon 4mg Tablet	3
Lotensin 20mg Tablet	3
Prinivil 5mg Tablet	3
Capoten 25mg Tablet	3
Accupril 20mg Tablet	3

Non Sedating Antihistamines

Drug name	PAL
Claritin 10mg OTC	1**
Zyrtec 10mg Tablet	2
Allegra 180mg Tablet	2
Clarinex 5mg Tablet	2

Steroid Inhalers

Drug name	PAL
Pulmicort 200mcg Turbuhaler (2)	1**
Flovent 100mcg Rotadisk (3)	1*
Flovent 44mcg Inhaler (4)	2
Azmacort Inhaler (6)	3
Qvar (2)	3
Aerobid Aerosol w/Adapter (4)	3

Beta Agonist Inhalers

Drug name	PAL
Short Acting	
Ventolin 90mcg Inh Refill (8)	1**
Proventil 90mcg Inhaler (8)	1**
Albuterol 90mcg Inhaler (8)	1**
Albuterol 90mcg Inh Refill (8)	1*
Proventil Hfa 90mcg Inhaler (8)	1
Maxair Autohaler 0.2mg Aero (8)	3
Alupent 650mcg Inhaler Comp (12)	3

Updated 11/03

Community Care of NC Prescription Advantage List (PAL)

What's New This Quarter

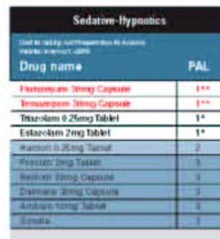
Effective Nov. 23, 2003, Medicaid will cover Prilosec OTC and Claritin OTC with a valid prescription. The addition of these two drugs will provide significant cost savings to Medicaid if utilized by providers. Please consider their use whenever appropriate.

The next PAL update will include key antibiotic classes.

- 1** > 50% below average net cost
- 1* 20-50% below average net cost
- 1 10-20% below average net cost
- 2 +/- 10% average net cost
- 3 > 10% average net cost

Atypical Antipsychotics

Drug name	PAL
Low Maintenance Dose (mg/day)	
…perdal 1mg Tablet (2)	1*
…zapine 100mg Tablet (3)	1*
…exa 5mg Tablet (1)	1*
…odon 20mg Capsule (2)	2
…quel 100mg Tablet (3)	2
…lify 10mg Tablet (1)	3
…zaril 100mg Tablet (3)	3
High Maintenance Dose (mg/day)	
…odon 80mg Capsule (2)	1*
…oquel 200mg Tablet (2)	1*
…lify 15mg Tablet (1)	1*
…zapine 100mg Tablet (4)	1
…prexa 15mg Tablet (1)	2
…perdal 4mg Tablet (2)	2
Clozaril 100mg Tablet (4)	3



Sedative-Hypnotics

Drug name	PAL
Flurazepam 30mg Capsule	1**
Temazepam 30mg Capsule	1**
Triazolam 0.25mg Tablet	1*
Estazolam 2mg Tablet	1*
Halcion 0.25mg Tablet	2
Prosom 2mg Tablet	3
Restoril 30mg Capsule	3
Dalmane 30mg Capsule	3
Ambien 10mg Tablet	3
Sonata	3

SSRI

Drug name	PAL
Fluoxetine HCL 20mg Capsule	1**
Celexa 20mg Tablet	2
Lexapro 10mg Tablet	2
Paxil 20mg Tablet	2
Prozac 20mg Pulvule	3
Zoloft 50mg Tablet	3
Fluvoxamine Maleate 50mg(5)	3
Prozac Weekly 90mg Capsule	3

ADD/ADHD

Drug name	PAL
Short Acting	
Methylphenidate 5mg Tablet	1*
Dexedrine 5mg Tablet	1
Dextroamphetamine 5mg Tab	1
Ritalin 5mg Tablet	3
Focalin 2.5mg Tablet	3
Intermediate Acting	
Dexedrine Spansule 5mg	1*
Methylin ER 20mg Tablet SA	1
D-Amphetamine 5mg Cap SA	1
Methylin ER 10mg Tablet SA	2
Metadate ER 10mg Tablet SA	3
Ritalin-SR 20mg Tablet SA	3
Amphetamine Salts 5mg Tab	3
Long Acting	
Ritalin LA 20mg Capsule	1
Ritalin LA 30mg Capsule	2
Concerta 18mg Tablet SA	3
Adderall XR 10mg Capsule SA	3
Other	
Strattera 40mg Capsule	3

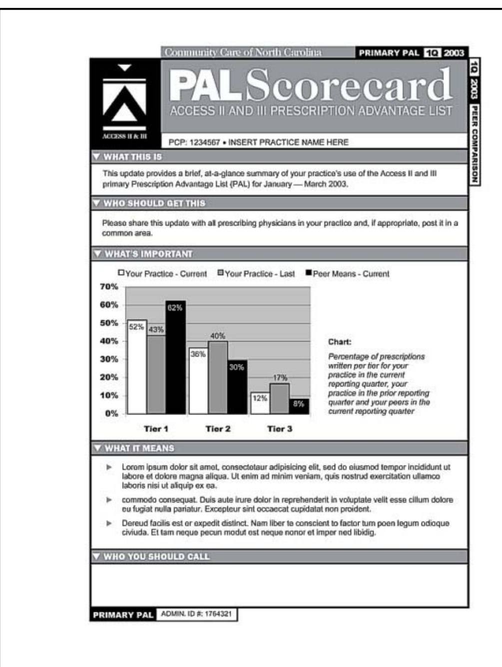
Cox 2 Inhibitors

Drug name	PAL
Vioxx 25mg Tablet	2
Celebrex 200mg Capsule	2
Bextra 10mg Tablet	2

NSAIDs

Drug name	PAL
Oxaprozin 600mg Tablet	1**
Piroxicam 20mg Capsule	1**
Indomethacin 50mg Capsule	1**
Naproxen 500mg Tablet	1**
Ibuprofen 800mg Tablet	1**
Flurbiprofen 100mg Tablet	1**
Etodolac 400mg Tablet	1**
Sulindac 200mg Tablet	1**
Diclofenac Sod 75mg Tab EC	1*
Motrin 800mg Tablet	1*
Indomethacin 75mg Cap SA	1*
Anaprox 275mg Tablet	1*
Clinoril 200mg Tablet	2
Diflunisal 500mg Tablet	2
Feldene 20mg Capsule	2
Dolobid 500mg Tablet	2
Naprosyn 500mg Tablet	2
Mobic 15mg Tablet	2
Voltaren 75mg Tablet EC	2
Lodine 400mg Tablet	3
Orudis 50mg Capsule	3
Indocin 50mg Capsule	3
Daypro 600mg Caplet	3
Diclofenac Sod 100mg Tab SA	3
Tolmetin Sodium 400mg Tab	3
Nabumetone 500mg Tablet	3
Toradol 10mg Tablet	3
Ansaid 100mg Tablet	3
Nalfon 300mg Capsule	3
Relafen 500mg Tablet	3
Voltaren-XR 100mg Tablet SA	3
Cataflam 50mg Tablet	3

PAL – Scorecard


Community Care of North Carolina — PRIMARY PAL 1Q 2003

ACCESS II & III

PAL Scorecard

ACCESS II AND III PRESCRIPTION ADVANTAGE LIST

1Q 2003 PEER COMPARISON

PCP: 1234567 • INSERT PRACTICE NAME HERE

WHAT THIS IS

This update provides a brief, at-a-glance summary of your practice's use of the Access II and III primary Prescription Advantage List (PAL) for January — March 2003.

WHO SHOULD GET THIS

Please share this update with all prescribing physicians in your practice and, if appropriate, post it in a common area.

WHAT'S IMPORTANT

Chart:

Percentage of prescriptions written per tier for your practice in the current reporting quarter, your practice in the prior reporting quarter and your peers in the current reporting quarter

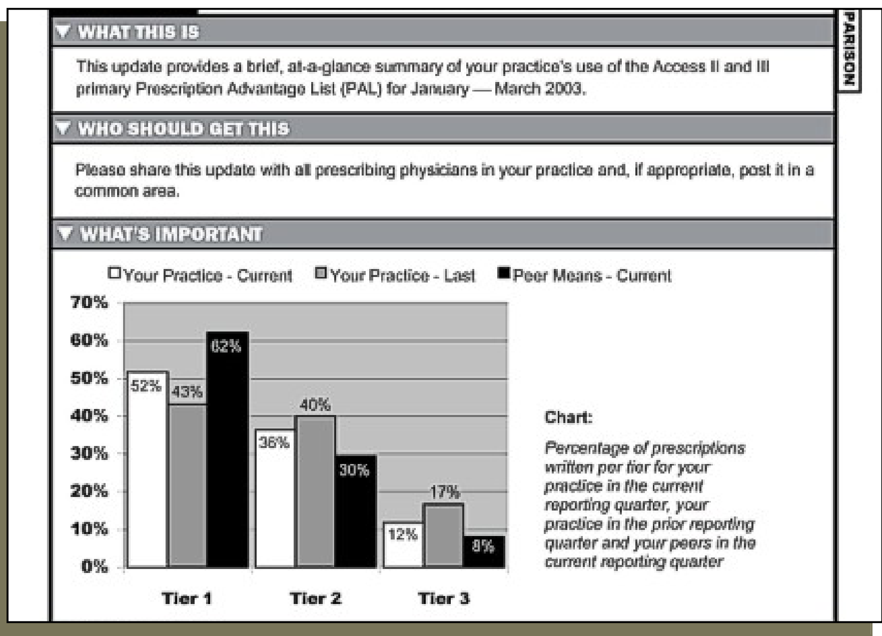
WHAT IT MEANS

- Lorem ipsum dolor sit amet, consectetaur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea.
- commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident.
- Dereud facilis est er expedit distinct. Nam liber te conscient to factor tum poen legum odioque civiuda. Et tam neque pecun modut est neque nonor et imper ned libidig.

WHO YOU SHOULD CALL

PRIMARY PAL ADMIN. ID #: 1764321

Detail



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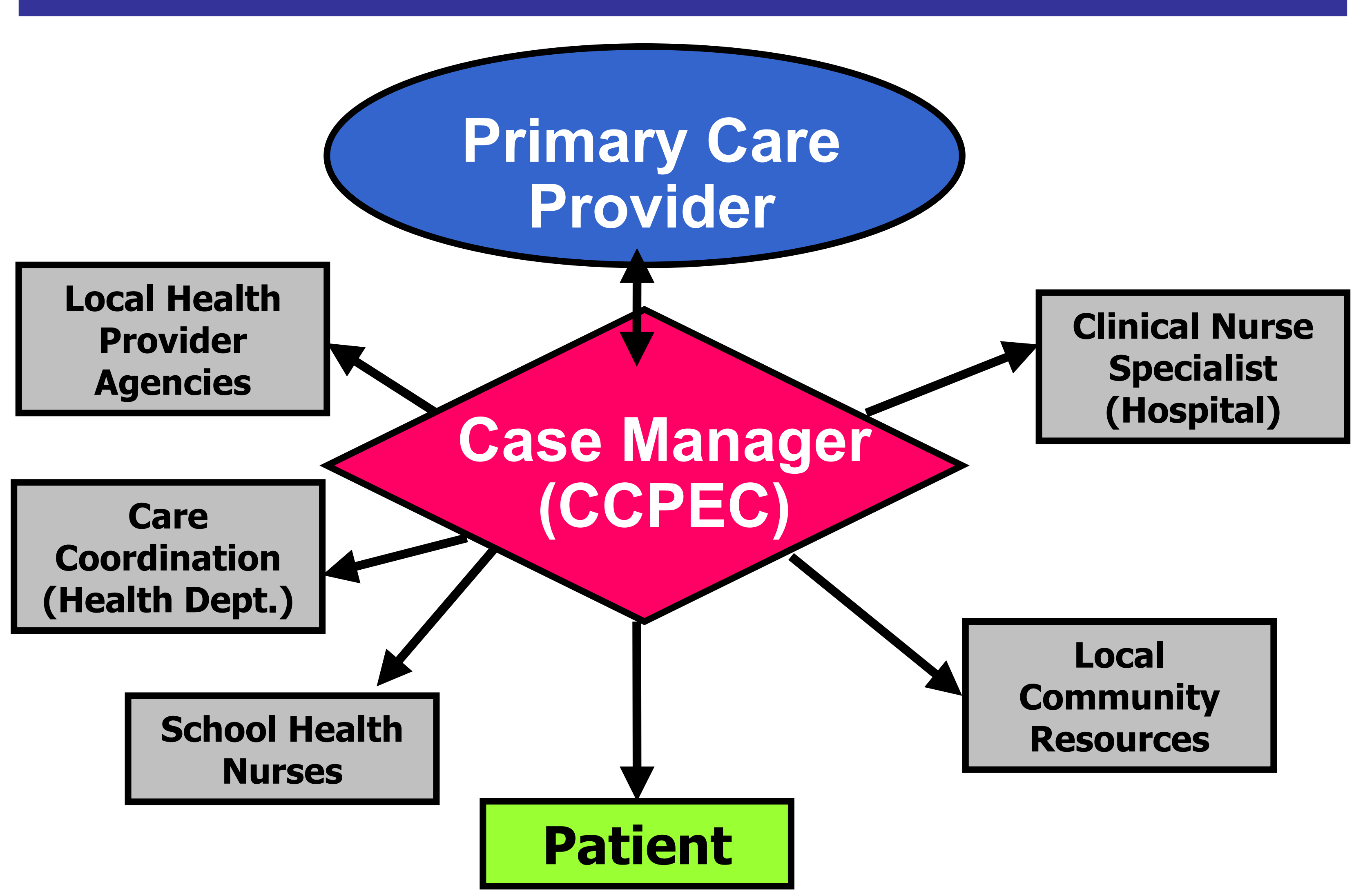
Community Based Case Management

- Funding: $2.50 pmpm fee received by Access East, Inc. from the NC Division of Medical Assistance
- Ratio of case manager to enrollees = 1:3200
- Staff: RNs and Social Workers
- Case management intensity varies based on complexity of recipient's needs

Community Case Management System



Community Based Case Management

- Case Referral Source
  - High cost data CMIS
  - Physician referral
  - Self-referral
  - Community referral (DSS, health department, school nurse, school teacher)
- Services Provided
  - Coordination of care
  - Provider feedback
  - Education (disease process, management, utilization of healthcare system)
- Where Services are Provided
  - Home
  - Provider office
  - School
  - Work
  - Other (telephone, telehealth)

Achievements

- Established access 24/7, 365 days per year
- Demonstrated measurable quality improvement
- Reduced growth rate of NC Medicaid program cost
- Generated a collaborative group of diverse health providers to monitor current programs and launch new initiatives

Access Outcomes

- Well child checks increased by 330%
- Primary care provider visits increased by 60%
- Pediatric ED utilization decreased by 45%

Quality Outcomes

- Asthma
  - Increased use of evidence-based guidelines

    Ex: 95% of patients staged have the appropriate medications prescribed
- High Risk OB
  - 92% of case management high risk patients delivered at 34 weeks or greater
  - 86% delivered at 36 weeks or greater

Financial Outcomes

- Reduced growth rate of Medicaid costs to 8%
- Decreased hospital write-offs due to unauthorized ED visits by 50%
- Increased revenues to providers related to the growth in preventative care visits

Community Care Plan of Eastern Carolina

WHY DOES THIS WORK?

Healthcare is LOCAL

- LOCAL leadership
- LOCAL partnerships
- LOCAL sharing of resources
- Integrated LOCAL care management services

Contact Information

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Community Care Plan

OF EASTERN CAROLINA