Improving care through shared knowledge

CCNC Workgroup Update – May 2017

Work groups developed out of Strategic Plan

Strong Regional Network Involvement in all

- Collaborative Decision Making (Framework Agreement)
- Business Development (Process oriented)
- Care Management Optimization (Jamie)
- Branding (Betsey)
- Provider Services (Anne)
- IT (Hazen)
- Enterprise Structure – function, relationships, shared services, structure (Tara)

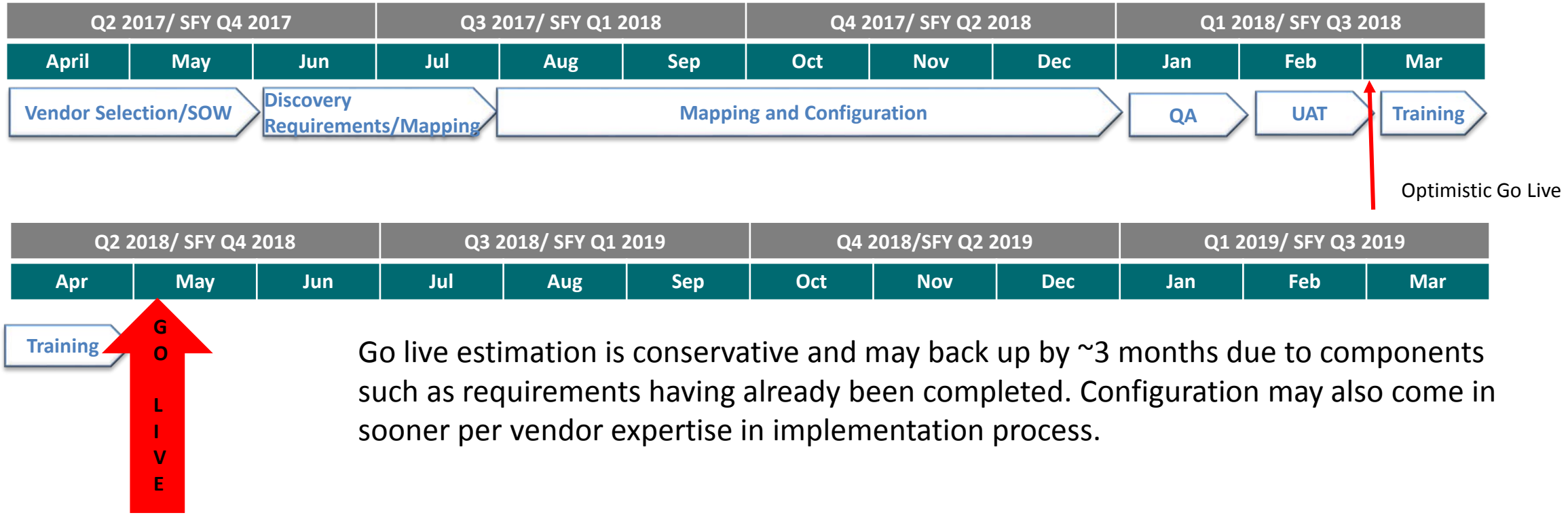
Care Management Platform Implementation

- ✓ CM Optimization closed out phase one of project plan on 5/18
- ✓ Next phase will be CM Platform Implementation workgroup
- ✓ ZeOmega- Jiva has been selected as the CM platform
- ✓ Expanded Super Users to include Pharmacy, Pediatrics, and Pregnancy
- ✓ SMEs will be consulted for configuration of assessments and workflow logic
- ✓ *CCNC is currently assessing resource allocation for implementation and contract deliverables with ZeOmega are being solidified*
- ✓ Estimated go live is May 2018

Care Management Platform Implementation Roadmap

Assumptions:

- *Contracting/SOW (statement of work) for initial discovery is completed by May 19, 2017*
- *Configuration of CM module only*



Go live estimation is conservative and may back up by ~3 months due to components such as requirements having already been completed. Configuration may also come in sooner per vendor expertise in implementation process.

Final Project Items

- Job Descriptions
- Program Service Offerings
- Care Management Program Metrics

Job Descriptions

- Developed for CM positions in the proposed staffing model; expected to evolve as we take on new business and solidify enterprise structure
- Over 100 Network job descriptions were reviewed and consolidated in collaboration with Human Resource workgroup
  - ❖ Care Manager
  - ❖ Patient Care Coordinator
  - ❖ Supervisor, Care Management
  - ❖ Manager, Care Management
  - ❖ Director, Care Management
  - ❖ Medical Director
  - ❖ Integrated Care Coordinator
  - ❖ Pharmacist
  - ❖ Pharmacy Assistant
  - ❖ Dietitian
  - ❖ Hospital Liaison
  - ❖ Practice Liaison
  - ❖ Community Health Worker

CCNC Core Program Offerings

- Care Management
  - ✓ Transitional Care
  - ✓ Complex Care Management
  - ✓ Pregnancy
  - ✓ Health Check
  - ✓ Sickle Cell
  - ✓ Foster Care
  - ✓ Palliative Care
  - ✓ Asthma
  - ✓ Specialty Pharmacy (Hep C)

  *Programs inclusive of all high risk/impactable patients with multiple chronic conditions

Specific Program Enhancement Offerings

- Program Offerings will target patients with lower risk scores with prescribed interventions and tools for both Adults and Pediatrics
- *These are not considered disease management programs*
  - Asthma
  - COPD
  - Cardiac (CAD, CHF)
  - Chronic Kidney Disease
  - Diabetes
  - HIV
  - Hypertension

Community Care
OF NORTH CAROLINA

Improving care through shared knowledge

Branding Workgroup
Report to Network Directors
May 17, 2017

VALUE PROPOSITION

From the mountains to the coast, from large cities to small towns, Community Care of North Carolina is transforming health care. Informed by statewide data and predictive analytics, community-based care-managers work with local physicians and diverse teams of health professionals to develop whole-person plans of care that connect people to the right local resources. We advance patient-centered practice models and connect different segments of the local health systems. This proven population health management approach delivers better health outcomes at lower costs.

Tagline: *No one knows our North Carolina communities the way we do.* *To be changed*

VISION STATEMENT

To make North Carolina First in Health – to be changed

MISSION STATEMENT

To improve the health and quality of life of all North Carolinians through person-centered care and community collaboration.

VALUES

Accountability: We acknowledge and assume responsibility for our actions, decisions, and services. We continually assess and evaluate our activities and results, analyze, share, and use this information to determine the effectiveness of our services and ensure continuous high quality and value.

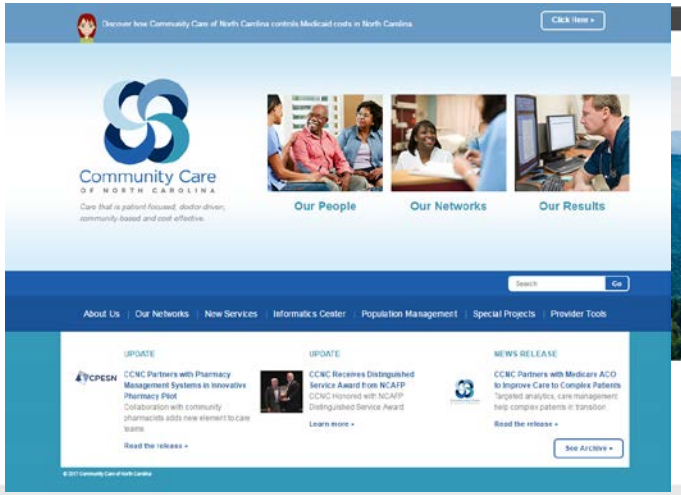
Collaboration: We believe the health of a population is directly related to the strength of the collaboration within the community's system of care. We support stewardship and systems of care that are mutually beneficial for patients, providers, and payers.

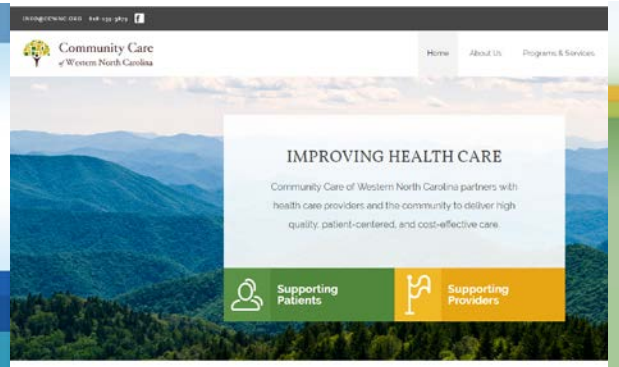
Excellence: We are committed, patient-centered, community-focused and results-oriented. We use data and knowledge to conduct continuous quality improvement to achieve the best outcomes in cost, quality, and experience for patients, providers, and payers.

Innovation: We embrace the changing health care landscape and pursue new and creative ideas to positively impact our communities and help patients and providers successfully adapt to this change. Through a culture of innovation we strive to do the right thing, do it well, and do it together.

Website rebuild/upgrade

- Communitycarenc.org platform: Drupal – built off templated, open source code.
- Striking balance between:
  - Marketing and use as content archive
  - Content as member benefit – versus publicly available Network sites
  - How to handle Network websites on communitycarenc.org "network template" versus independent sites





Branding Campaign

"Propeller" mark and system

- Phase 1 – July 1
  - Brand rules (color palette, fonts, logo usage, etc.)
  - Templates (MS Word letterhead, PowerPoint deck, business cards, employee badges, etc.)
  - Context on brand – the collaborative agreement

- Phase 2 – September 1 "
  - Unify central office email domains, network email domains as @communitycarenc.org
  - Unify network websites as "blue" brand (reskin).

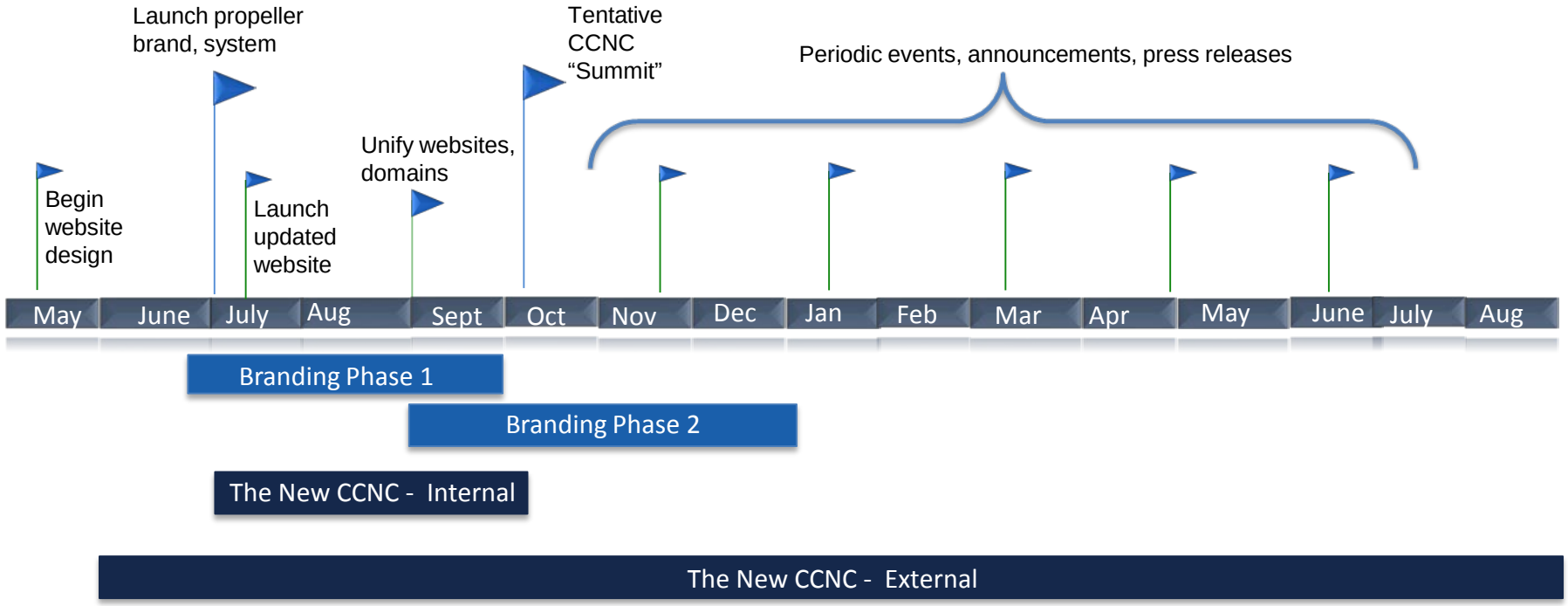
“The New CCNC” Campaign

- Internal – July 1
  - Share final mission/vision/values of the collaborative
  - Recognize what has changed for CCNC – and what is timeless
  - Coordinate events at Central Office and Networks to celebrate the new CCNC. Fun, upbeat.
  - Promote understanding of the new brand and our leading products
  - Celebrate what differentiates us from competitors
  - Arm employees with info - “brand ambassadors”
  - Core message: *We have changed and improved. Our mission remains the same.*

“The New CCNC” Campaign

- External – July 1, 2017 to June 2018
  - Seek earned media through series of announcements – letters of intent, new contracts, clinical and/or business milestones, expansion of CCPN, CPESN, etc.
  - Create events to celebrate the new CCNC, our future; perhaps partner with state chamber, boys and girls clubs, etc.
  - Rob Lamme/Sara Lang– work with networks on newsletters (standard content, personalized by network) to enhance connections with local stakeholders and legislators.
  - Editorial Board meetings at selected locations
  - Core message: *We are still here – and we are awesome!*

Timeline



Milestones hit

- ✓ Branding recommendations to NWDs on April 19
- ✓ Begin brand system design by April 21
- ✓ Begin web design process by May 15
- ✓ Mission/vision recommendations to NWDs on May 17

Community Care
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Enterprise Structure Workgroup Update

Enterprise Structure Guiding Principles

Enterprise structure will:

1. Support our mission and core competencies
2. Support our differentiators* at the central and community level
   - local relationships with providers and community agencies, the ability to deploy local clinical programs, boots on the ground care management
3. Allow enterprise to decrease overhead to achieve sustainability
4. Support highly efficient clinical program delivery by centralizing shared functions/services and implementing effective IT platforms

Assumptions

Critical Assumptions of Environment for Enterprise Structure Planning

1. The current Medicaid revenue stream to Networks and N3CN ($112M) will end with N3CN contract termination in July 2019. There will be a small "residual" contract negotiated by DHB/DMA with CCNC for carved out Medicaid populations not attributed to Prepaid Health Plans which will result in providing less than ¼ of current revenue.

2. CCNC/Networks will need to decide on this Enterprise Structure on a timeline that allows the organizations to form and become operational by 7/2019.

3. The Networks and the Central Office will need to markedly decrease overhead and operating expenses to remain viable. Current 'overhead' expense is approximately $24M for networks and central office and will need to be reduced by at least 50% to $8 - $12M. The Networks and Central Office may decrease overhead by designing consolidated corporate services (e.g. finance, payroll, HR, benefits), clinical functions (e.g. consolidating call center functions), and operational functions (e.g. managing health department contracts). The Networks and Central Office will need to achieve operational efficiencies in their clinical services by committing to standardized workflows and staffing ratios. Networks will take risk/reward on outcomes related to care management activity.

4. Revenue replacement will primarily come from contracting with 3 MCOs for Medicaid complex care management. We will aim to contract with 1 MCO on a broad range of clinical programs as a 'most favored nation' partner. This may account for 60% of revenue replacement. Medicare Advantage, CPC+, the BCBSNC exchange population, the uninsured, and the Duals are other possible revenue streams.

5. Networks and CCNC will transition to a structure that demands efficiencies in process, systems, staffing ratios and overhead while maintaining a local presence.

6. While overhead will need to decrease, CCNC and Networks will need to support CCNC program differentiators at the central and community/local level to distinguish us from competitors. Local presence includes clinical and operational leadership and staff at the local level that can sustain partnerships necessary to drive CCNC clinical programs (care management, provider services). Networks will collaborate with health care delivery systems which will begin to address social determinants of care as they take risk for a given portion of a community population. Health systems will be contracting with Networks to access community resources as they begin screening patients for social determinants of care. Patient referrals will be made to Networks to access resources.

What is Local Presence

- Community convener - Neutral party (Switzerland)
- Provider relationships (health care and social services)
- Proactively addressing social determinants of health
- Local community knowledge that informs program development, delivery of person centered care management, and meeting providers where they are on the delivery continuum
- Integrated programs and initiatives through local relationships

Enterprise Structure

- Model Evaluation
- Decision and Scoring Matrix
- AccessCare

Provider Networks

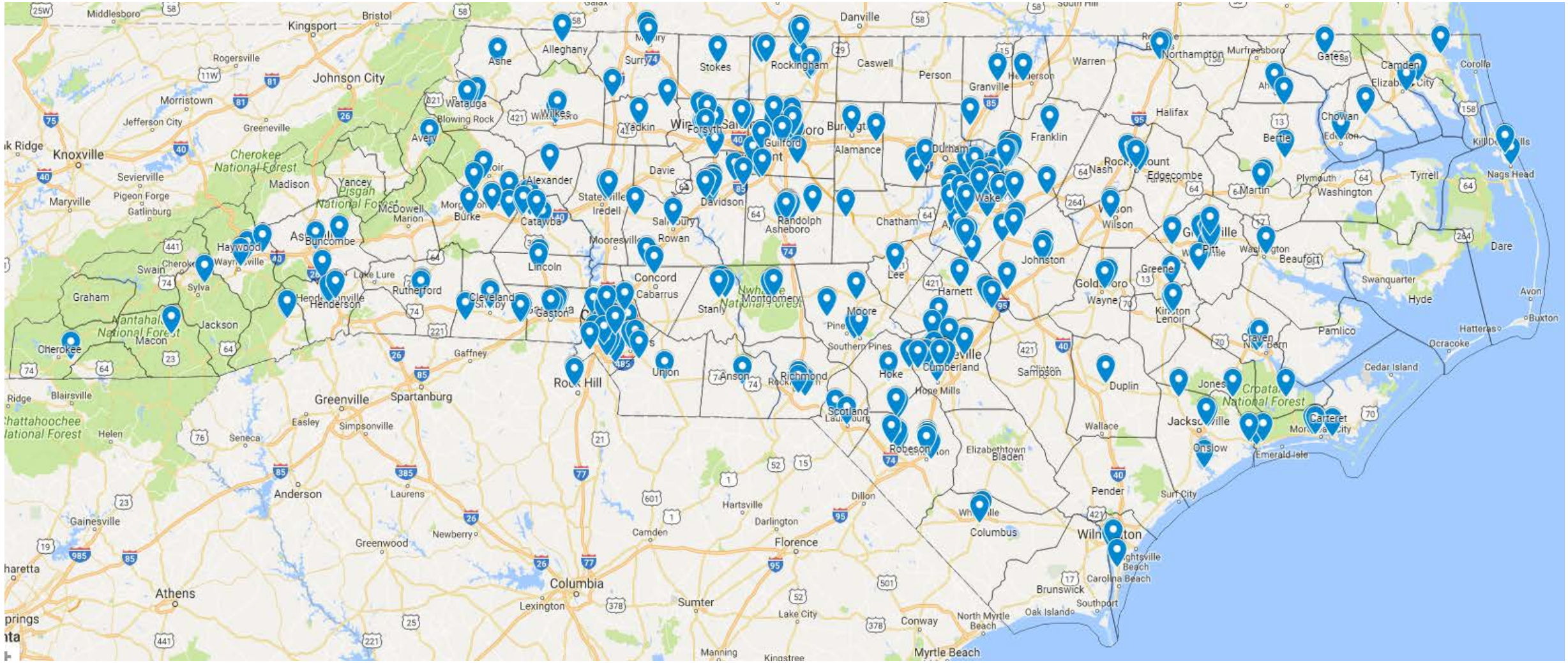
Community Care Physician Network

Community Pharmacy Enhanced Services Network

Community Care Physician Network – March 2017

Number of Practices	Number of Clinicians
616	1992

CCWJC -- Number of Practices	CCWJC -- Number of Clinicians
96 (15.5%)	307 (15.4%)



CCPN

- Inaugural Meeting – May 21-22, 2017
- Pending LOI