



**COMMUNITY CARE
LOWER CAPE FEAR**



CCLCF YEAR IN REVIEW 2023

CCLCF Celebrated its 20th Year in 2023!



A Message From Angela Ives, RN, CCM CCLCF Executive Director



I have been fortunate to be part of CCLCF since its inception. In 2003, we were known as Access III of the Lower Cape Fear and the focus was chronic care management in our region. This year we are celebrating 20 years, ever expanding our ability to partner to improve the health of the community and provide connection to resources for eligible Medicaid, Medicare, privately insured, underinsured, and the uninsured patients. To celebrate, our staff came together at the New Hanover County Arboretum to share success stories, reminisce, laugh, and give thanks to each other's unwavering commitment over the past 20 years. The staff received a special cookbook that includes their own recipes and success stories — a gift we had also given years ago. Though the earlier cookbook had different recipes and successes, the same level of expertise, dedication and quality care remains.



TWO DECADES OF IMPROVING LIVES TOGETHER

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Message from Dr. Michelle Jones, Medical Director, CCLCF



As 2023 comes to a close, we celebrate not just this year but the 20 years Community Care of the Lower Cape Fear (CCLCF) has provided care to patients, practices, and community organizations in our southeastern region.

The year was 2003. Dr. Dan Gottovi was CCLCF medical director and Dr. Jim Jones was board chair. The pair met to discuss ... met to discuss the expanding Medicaid experiments known as Access II and Access III. These programs were designed to increase physician participation with Medicaid while providing high-quality, coordinated, and cost-effective care.

Dr. Jones became the second medical director and under his guidance, six counties were recruited, along with care managers to help physicians and practices expand the care they provided. The initial work of what was then Access III of the Lower Cape Fear was in chronic disease care management. But, it soon became evident that pharmacists, nutritionists, and behavioral specialists were required to assist in coordinating care for such complex patients.

As data analytics were used to calculate costs, care shifted more to a chronic care model with emphasis on the transition from hospital or nursing home to home. In July 2011, Dr. Jones tapped Pediatrician Dr. Henry Hawthorne to become associate medical director. CCLCF had the honor of Dr. Hawthorne's leadership for over 10 years, despite him having over already having over 40 years of a full and successful career in pediatrics.

Upon Dr. Jim Jones' retirement, Dr. Robert "Chuck" Rich was brought on as medical director for adult medicine. His expertise in the use of opioids aided the education of providers and patients. Our area was well prepared for the STOP ACT of 2018 which required significantly more oversight in the prescribing of opioids. In 2015, Dr. Hawthorne transitioned into the role of Medical Director after the retirement of Dr. Chuck Rich. Under Dr. Hawthorne the care spectrum expanded to the prenatal populations and to end of life care. Beneficiaries also grew as payers now included as payers now included Medicare and the state health plan.

2020 brought a COVID-19 pandemic as well as Dr. Hawthorne's retirement. Dr. Michelle Jones joined CCLCF in the fall of the year. By the next spring, North Carolina Medicaid was managed by five prepaid health plans and much of CCLCF's care management funding was reduced. Always resilient, CCLCF was awarded the North Carolina Department of Health and Human Services (NC DHHS) Healthy Opportunities Pilot as a lead pilot entity. This pivot allows a greater reach to the community and opportunity to work with unique partners and over 50 human service organizations. The impact of this organization has been far-reaching to families in these communities. The real rewards belong to the staff, executives and the medical directors who have had the privilege of serving this great organization.

The History of CCLCF-20 years

Logo Evolution Over the Years



2003:

Started with a focus on chronic diseases for North Carolina Medicaid

2009:

We shifted to a more comprehensive Chronic Care model with emphasis on Transitional Care, from hospital to home

2011:

Expanded in new directions across the spectrum of care, from prenatal to end-of-life issues, and across new populations including Medicare, state health plan, and Blue Cross and Blue Shield of North Carolina

2015:

CCLCF received National Committee for Quality Assurance accreditation care management Accreditation for complex case management and began to focus on providing Care Management services and analytics beyond Medicaid

2023:

CCLCF continues to grow with our new Pathway to Wellness program, Perinatal Nurse Champion Grant, Healthy Opportunities Pilot and multipayor programs. Read below to find out more.

CCLCF's Board of Directors gathered for a special 20 year anniversary meeting in October to celebrate the board's dedication and commitment to CCLCF.



CCLCF Achievements Spanning 20 years



Annie E. Casey Innovations in American Government Award

In 2007, CCLCF was awarded the prestigious Annie E. Casey Innovations in American Government Award from the Ash Institute at the Kennedy School of Government at Harvard University.

Health Care Innovation Awards: North Carolina

Project Title: "Building a statewide child health accountable care collaborative: the North Carolina strategy for improving health, improving quality, reducing costs, and enhancing the workforce"

Community Care of North Carolina (CCNC) began a three year program in August 2012 called the Child Health Accountable Care Collaborative (CHACC) to improve the quality and cost-effectiveness of care associated with children who have complex, chronic illnesses. Full article can be found [here](#).



CCNC Awarded the Inaugural Hearst Health Prize

In 2016, CCNC was awarded the \$100,000 inaugural Hearst Health prize in recognition of outstanding achievement in managing or improving health.



CCLCF's Partnership With Physician Quality Partners Helped Generate \$9.7 Million In Savings

CCLCF's partnership with Physician Quality Partners (PQP), New Hanover Regional Medical Center's Accountable Care Organization (ACO), helped PQP generate \$9.7 million in savings while earning a top quality score of 98.75 percent. Since 2016, CCLCF's PQP care team has provided complex care management to engage and provide whole health care to Medicare beneficiaries served by PQP.



Live Oak Bank Grant April 2021

CCLCF was awarded a two-year grant for Help Hub Care Navigation through Live Oak Bank to continue our work and provide opportunities for improvement in data collection to show the positive return on investment for members and the community when working with a health navigator.

The team has provided health navigation and care coordination services to over 280 individuals assisting, with a variety of needs including, but not limited to, resources for dental care, eye exams and glasses, medication assistance, connecting to primary care and specialist providers and assisting with enrollment in health care coverage programs.



CCLCF Selected As One of Three Healthy Opportunities Network Leads

In May 2021, NC DHHS announced the selection of CCLCF as one of three regions of the state as being selected as a network lead, marking a major milestone towards launching the nation's first comprehensive program to test evidence-based, non-medical interventions designed to reduce costs and improve the health of Medicaid beneficiaries. The groundbreaking program creates a systematic approach to integrating and financing non-medical services that addresses housing stability, transportation access, food security and interpersonal safety into the delivery of health care.



CCLCF Awarded Innovation Award

CCLCF, along with another entity, partnered with Trillium for a pediatric pilot devoted to two local practices with the goal to provide whole person care to patients with intellectual and developmental delays. The Pilot ended in June and CCLCF was among the recipients of the 2022 Innovation Awards through i2i Center for Integrative Health for this work.



CCLCF Receives Certificate of Registration for Pathway to Wellness

CCLCF received its Certificate of Registration for The Pathway to Wellness logo Service Mark effective April 24, 2023. This logo represents a few of CCLCF's programs, including care navigation, diabetes prevention program, and care navigation for Medicare patients.



UNC Duke Endowment Grant Awarded to CCLCF

CCLCF, in partnership with UNC and Bladen County, were awarded the Duke Endowment Grant to expand a much-needed behavioral health care pilot project for children in the rural county. CCLCF will play an important role by providing pharmacy expertise and management by Dr. Debra Barnette, as well as bringing on a community health worker to partner with schools' social workers to help families connect to community supports. Click on the link [here](#) to read the article published by UNC Healthcare.



Dr. Debra Barnette

- CCLCF's Kim Thrasher, PharmD, BCACP, FCCP, CPP continued supporting the Carolina Complete Health care managers, providers and members in the Comprehensive Medication Review and Interdisciplinary Care Team.
- Dr. Megan Rose participated on a panel at the North Carolina Institute of Medicine (NCIOM) conference June 6, 2023.
- In addition, Dr. Kim Thrasher continues work at Duplin Health Department to help patients manage diabetes, hypertension and hypercholesterolemia. Her work has helped patients achieve their clinical goals, including those involving blood pressure or blood glucose and passing their annual physical examination, which allowed them to keep their commercial driver's license and maintain their livelihood.
- Over 70 English- and Spanish-speaking patients were referred for diabetes self-management education and support classes. Eleven have completed the program and several others are still in it.
- CCLCF has earned Full Status Plus from the CDC for our distance (remote) DPP lifestyle change program for 5 years!
- Our Wilmington Health CDC Diabetes Prevention Program cohort achieved great results: Out of 18 participants, 72% had a 5-7% weight loss and 11% had a 4% weight loss. 45% had an A1C drop of ≥ 0.2 and 45% had an A1C drop $= 0.1$. Participants also continually and consistently increased their periods of activity over the course of the curriculum.



Dr. Megan Rose



Dr. Kim Thrasher



Cape Fear HealthNet Duke Endowment Grant



Cape Fear HealthNet has been contracted by Cape Fear HealthNet, which was awarded a two-year grant by The Duke Endowment, to develop an evidence-based care management program for their uninsured patients. The program will specifically focus on those with complex medical condition or who have high emergency department and hospital utilization.

For the 2023 year through October, 362 referrals were engaged as a part of CCLCF's Specialty Referral Navigation Program with Cape Fear Health Net. **As of 11.12.2023, 70% of patients working with the Care Navigator attended their specialty appointment(s) (254/362, an increase from 55% in April 2023).**

CCLCF Perinatal Nurse Champion (PNC) Highlights

The NC Maternal Health Innovations Grant promotes collaboration among all healthcare workers caring for the perinatal population. The CCLCF PNC connects with an extensive network of inpatient and outpatient providers in the 14 counties comprising Region V of North Carolina. These providers include doulas, nurses, care managers, social workers, CNMs, physicians and other community providers caring for pregnant or postpartum people.

A survey of the 14 county health departments identified patient needs for specific medical supplies. These supplies were provided to the local health departments.

Spinning Babies classes were provided to 44 labor support staff, teaching them maternal positions that ease the birth process, decreasing the chance of a C-Section. In addition, the grant supported several nurses becoming Advanced Fetal Monitoring teachers.

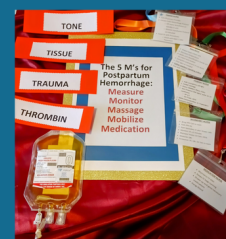
Educational videos and resources were created and shared regarding the *I Gave Birth Initiative* with two Region V Hospital teams. This extensive program increases awareness and treatment of the maternal warning signs at all community levels.

To facilitate transition from postpartum care to well-women care, a much-needed document was created for obstetrical providers sharing validated Primary Care Providers in all 14 counties accepting Medicaid patients.

An exciting new educational offering called "Hemorrhage Escape Room Simulation" was rolled out by the PNC and is offered in Perinatal Care Region V. This lively and interactive program targets inpatient obstetrical nurses, offering free educational credits while practicing managing a postpartum hemorrhage.



UNC Southeastern Cervical Mannikin Kits



Hemorrhage Escape Room Materials

Cape Fear Healthy Opportunities Pilot



HOP is in full swing across 33 counties in NC! Eligible Medicaid Managed Care members can receive non-medical interventions (or services) to address food insecurity, housing instability, non-medical transportation issues and interpersonal safety and toxic stress. Forty-nine Health Service Organizations (HSOs) are contracted to deliver these services within our six-county region.

CF HOP Business Solutions Center

Through generous grants from Kate B. Reynolds Charitable Trust and Blue Cross and Blue Shield of North Carolina Foundation, CCLCF created a Business Solutions Center (BSC) for network HSOs. The BSC offers free training including Nonprofit Finance, grant writing, Excel training, QuickBooks, Mental Health First Aid and Yoga Village Healing for Healthcare Workers. So far, 134 HSO staff members took advantage of our trainings in 2023! The BSC also offers free interpretive services and a bookkeeping consultant to help HSOs with reporting and budget planning.



Cape Fear HOP 2023 Year In Review

- In 2023, our network served close to **5,000 members**.
- **45 HSOs** accepted over **25k referrals** for 27 services across all five HOP sectors. 95% of our HSOs averaged less than two days to accept referrals.
- All of this work added up to **80,000 services delivered** to HOP members.



+1,500
Utility Set-Ups



+50,000
Healthy Food Boxes



+125
Home Accessibility & Remediation Repairs



+33,000
Healthy Meals



+5,000
Fruit & Vegetable Boxes & Vouchers



+2,500
Clients Received Housing Navigation & Support Services



+350
Clients received Transportation services

Kate B. Reynolds
Charitable Trust



BlueCross BlueShield
of North Carolina

Foundation

CCLCF Medicare Program

Local support for providers and their patients

Annual Wellness Visits Chronic Care Management Transitional Care Management

In 2023, the Medicare team onboarded Dawson Med Primary and Urgent Care to the practices we serve for chronic care management (CCM). This addition has allowed our dedicated care managers to serve as an extension to practices, providing education for chronic conditions and connecting to community resources for Social determinants of health SDOH needs. Utilizing their immense knowledge and experience and using motivational interviewing and behavioral change techniques the program continues to help patients reduce A1C, blood pressure and BMI as well as close care gaps, improve patient experience and Hierarchical Condition Categories (HCC) scores.



Proud partner of Wilmington Health, LLC



Proud partner of Dawson Med

Care Management for Carolina Complete Health

CCLCF Care Team provides care coordination, complex care management and long-term support and services (LTSS) care management to Carolina Complete Health (CCH) members in Region 5 - Pender, New Hanover, Brunswick, Columbus and Bladen counties.

The CCH care team has had a busy year, serving members with (LTSS) and members with physical and behavioral health complex needs while also assisting with Healthy Opportunities Pilot (HOP) enrollment. The care managers complete thorough assessments, create individualized care plans and do home visits when necessary as well as connect members to our HOP team for SDOH needs. Currently we have over 260 members enrolled in HOP to obtain services for food, housing, transportation and interpersonal safety.



Healthcare Navigation at the Help Hub

Our Help Hub Health Navigators have assisted over 200 individuals with health-related services so far in 2023 including (but not limited to): obtaining eye exams and prescription glasses, linking to dental services and dentures, medication copay assistance, assisting with obtaining health care coverage, connection to local community resources, providing health education for a variety of chronic conditions, and more!



Care Management Partnership with Access East

CCLCF provides care coordination, complex care management and provider support services to local contracted primary care providers and their members in our six-county region.

We continue to serve local Tier 3 practices with care management and practice support. For practice support, the Health Plans 2023 Annual Evaluations rated all of our practices at 100%. These categories are Risk Stratification, Comprehensive Assessments Complete, Care Plan Completion, Transitional Care Process for High Risk and Transitional Care for Tracking Criteria. Penetration rate also shows that our practices' scores were significantly higher than with other AMH Tier 3/CINs. Most of the CCLCF practices have met or are above state target rate for quality measures such as controlling high blood pressure, hemoglobin A1C for poor control (>9%), cervical cancer screenings, chlamydia screenings, well visits in the first 30 months of life and well child and adolescent well checks.

Housing Navigation Care Management through CF HOP

The CCLCF Housing Navigation team has received many referrals for for housing navigation, support and sustaining services in Bladen County. We are currently working with 24 members/families to assess for housing preferences and needs as well as finding affordable housing, developing stability and long-term financial plans, coordinating with other HSOs for housing support services, and more in order to help our members obtain sustainable housing for themselves and their families. We are working to expand housing navigation to all six CCLCF counties.



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