

Nikki's Story Shows the Success of Community Care of North Carolina

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This profile of a typical North Carolina Medicaid patient illustrates the holistic approach of Community Care of North Carolina, which results in better patient outcomes and cost savings.

To better understand how Community Care of North Carolina (CCNC) is helping children with asthma, consider Nikki (not her real name), a 12-year-old child living in poverty. Nikki is an actual Medicaid recipient with severe asthma. Challenge is a fact of life for her, but her story is one of success. It is a story that illustrates the rich benefits to Medicaid patients and to the state of North Carolina that come from the incredible success of the state's homegrown health coordination program. Through the efforts of CCNC, Nikki's story has become a narrative of health, hope, and savings.

In the 2 years prior to her enrollment in CCNC, Nikki visited hospital emergency departments 9 times and urgent care clinics 6 times. The cost to Medicaid for care of her asthma was \$12,000, and even with all of that care, her asthma remained uncontrolled.

Rather than merely treating Nikki's illness each time she had problems breathing, North Carolina has aggressively looked toward lasting solutions, because we cannot afford a generation of sick children. CCNC therefore takes a holistic approach to Nikki's care. Her health care providers are treating her symptoms and also looking at other factors, such as her potential for childhood obesity, her attendance at school, and how she is affected by where she lives. With the whole picture in view, her chances for success increase exponentially.

Housing Conditions

Children like Nikki are likely to live in places that make them sicker. Asthma experts note that poverty is an important factor in disease severity. In poor neighborhoods, children are exposed to many asthma triggers, including cockroaches, air pollution from nearby industrial plants, cigarette smoking and second-hand smoke, gas and other chemical fumes, and lack of air conditioning.

Education and Productivity

Nikki's asthma may be costing her an education and dim-

ming both her career prospects and the state's chances for future economic development. Asthma is the leading cause of absences from school due to chronic illness; absences due to asthma total about 10 million days per year nationwide [1]. Approximately 1 in 11 children is affected [2]. Nikki's chronic health problem may be one that she inherited. Children who have 1 parent with asthma have a 1 in 3 chance of developing the disease, and that risk rises to a 7 in 10 chance when both parents have asthma [3]. For adults, asthma is the fourth-leading cause of work absenteeism or "presenteeism"—just showing up but not really working [3]. Fourteen million workdays per year are missed or are less productive because of asthma [2]. Industries consider such data when choosing locations for new plants.

Childhood Obesity

A child with asthma who is also obese faces major health challenges that can be costly for Medicaid. Asthma experts say that weight increases can lead to respiratory tract inflammation and can cause changes in mechanical lung function, while also lowering the residual capacity of the lungs [4]. Alarming, childhood obesity rates among youth ages 2-19 years have climbed from 5% (1971-1974) to nearly 17% (2007-2008) [5]. Childhood obesity can lead to a life of other chronic problems, including increased blood pressure, headaches, double vision, sleep apnea, acid reflux, gallstones, type 2 diabetes, high cholesterol levels, and problems with bones and joints. Any one of these diseases would make it more costly to treat Nikki, and the likely combination of these conditions could make her less employable.

North Carolina's Solution

It is fortunate that primary care physicians in North Carolina have aligned with CCNC to help youngsters like Nikki. In-depth knowledge of her medical history and constant vigilance against all of the factors that might negatively influence her health can save Nikki from unnecessary complications. By focusing on the patient, CCNC spares the

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Medicaid program unnecessary expense and saves precious state health dollars.

After she enrolled in CCNC, Nikki's primary care physician helped to educate her and her parents about asthma self-management and medications. The CCNC case manager also called in county environmental services to assess Nikki's home for asthma triggers. Nikki and her family also gained access to indispensable and cost-effective resources that could save money later by preventing the complications whose costs have the greatest potential to skyrocket.

The results for Nikki and for the state are noteworthy. In the first 2 years of Nikki's work with CCNC physicians and case managers, she required only 1 visit to a hospital emergency department and just 3 trips to urgent care centers. The cost of her asthma care dropped to \$2,000—just one-sixth of the amount that was spent on her care during the preceding 2 years. Some would call that cost savings. The former head of the federal Centers for Medicare and Medicaid Services, Donald M. Berwick, called it a reduction of waste; we are ceasing to do "stuff we don't need to do." Berwick and others believe that between 20% to nearly half of what we spend on health care is wasted, whether by being spent on unneeded treatment or through bureaucratic inefficiency [6].

For CCNC, Nikki's case is just 1 in more than a million success stories. CCNC is a public-private partnership that provides a framework that allows the private health care community to manage the care of many of North Carolina's Medicaid beneficiaries. The program has a variety of initiatives that focus on improving the health of patients while saving the state valuable dollars that can be focused on other health priorities. CCNC works to stem the use of hospital emergency departments, knowing that avoidance of high-cost care benefits patients and the state. CCNC also provides nurses and social workers to better manage the care of high-cost patients. In addition, CCNC provides medical homes for pregnant women and assists Medicaid patients in making the transition to other treatment sites following hospital care.

Substantial savings for the state have been the result. A recent third-party evaluation by Mercer estimated that CCNC's savings in Aid to Families with Dependent Children totaled \$568 million over the past 4 years. Treo Solutions

estimated that CCNC has saved approximately \$1.5 billion in its Medicaid program (2007-2009) [7]. The structure of CCNC and the savings it has generated have made North Carolina the envy of many states. One of the accolades that CCNC has received is the Innovation in American Government Award from the Kennedy School of Government at Harvard University.

Although the praise is nice, the patients matter most. Nikki, her parents, and others whose care is managed by CCNC now have better lives. They are better able to go to school or to work with the hope of further improving their lives. In addition, the state reaps savings today and sees a brighter future for its citizens going forward. This partnership focuses its efforts on outcomes that are important to people, ensures that limited resources are used appropriately, and reinvests savings locally to further benefit enrollees. **NCMJ**

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