



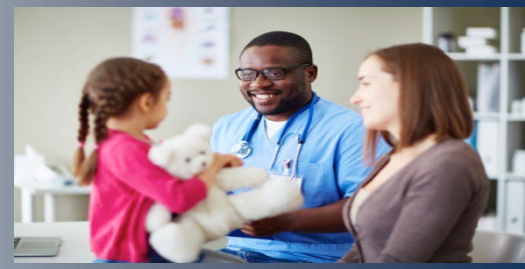

North Carolina Primary Care Innovations

For National Academies of Sciences, Engineering, and Medicine
Standing Committee on Primary Care

May 20, 2024

A Foundation of Robust Primary Care in North Carolina

North Carolina has invested in a strong primary care foundation, grounded in whole-person care

Strong primary care access

NC Medicaid has significantly higher primary care provider acceptance rates compared to national averages (76%): according to the NC Academy of Family Physicians, 9 out of 10 family providers serve Medicaid patients

Closing gaps in quality

Leveraging strong access to care, NC Medicaid partners with primary care providers to monitor and improve quality outcomes, including maternal and behavioral health measures

Focus on alignment and value

NC is focused on increasing integration of HRSN and behavioral health in primary care through strong care management offerings, and utilizing value-based payment models to drive quality improvement

Source: NC Peds and NC AFP Survey on Primary Care. April 2022

Primary Care in Broader Medicaid Efforts

Medicaid Expansion is providing increased access to primary care medical homes for many people who have gone years without stable, affordable coverage

Investing in integrated, community-based care management has created strong linkages between primary care practices, behavioral health providers, specialists, and community-based resources within a managed care model

Expanding NC's first-in-the-nation Healthy Opportunities program through NC's next 1115 Waiver will increase access to non-medical services to address members' unmet social needs across the state

Focusing on Multi-Payer Collaboration, including NC's Primary Care Payment Task Force, to align quality measures, improve data infrastructure, and enhance health equity efforts

Key Milestones and Achievements

In NC Medicaid's first few years of managed care, we have been successful in **maintaining high primary care access** through medical home investment, while **continuing to innovate**. NC has improved health care coverage, multi-payer alignment, access to health-related social supports, telehealth and integrated behavioral health

- Over 450,000 people have coverage through Medicaid expansion
- NC selected for CMMI's **Making Care Primary** model, supporting multi-payer alignment and building on NC's Advanced Medical Home (AMH)
- More than 288,000 Healthy Opportunities services (housing, nutrition, etc.) delivered to more than 20,000 members across 33 rural counties
- Telehealth adoption during the COVID-19 pandemic expanded access to care
- Over 50,000 unique individuals received integrated physical and behavioral health care management

Where We're Headed

Going forward, we are focused on several key initiatives:

- Developing an aligned approach to CMMI's **Making Care Primary** model
- Strengthening **local care management efforts** and ensuring **access to key services for priority populations** including justice-involved individuals, high-risk pregnant people, at-risk children and youth, and people with behavioral health needs
- **Closing gaps in quality outcomes** where disparities exist
- Working with the **Health Information Exchange to leverage clinical and social data**
- Successfully **launching Tailored Plans** for people with behavioral health, I/DD, and TBI needs **and the Children and Families Specialty Plan** for families involved in the foster care system

Federal Support: What's Needed

Federal government should provide support to increase primary care funding and CMS should offer flexibilities for states to tailor innovations to local needs and state-specific Medicaid platforms.

	Sustainable Primary Care Funding	State-Led Innovation
Barriers for NC Medicaid	• Despite strong provider participation, primary care resources are not sufficient • Innovations require investing in both payment and infrastructure, especially for safety net providers • State budgets remain a significant constraint	• While recent CMMI models focus on states and specifically Medicaid, states struggle to synergize new innovations with existing programs • NC Medicaid is a leader in addressing HRSN, and adoption of new CMS models (MCP) should build upon progress NC has already made
Support Needed	• Enhanced federal funding specifically for primary care services (may require Congressional action) • Expanded authority to support provider capacity building through rates, not just one-time payments	• More flexibility for states to tailor CMS models to incorporate existing programs • Tools and federal authority templates to support streamlined adoption of new innovations