CMHN NC Medicaid Member Success Stories

Highlighting positive impacts on community health members

Overview of CMHN NC Medicaid Member Success Stories

Program Overview and Purpose

Interdisciplinary Collaboration

The program emphasizes teamwork among medical providers, behavioral health, pharmacists, and community partners to stabilize high-need members.

Comprehensive Care Management

Structured case reviews and proactive coordination address medical and social factors to improve member outcomes and reduce hospital visits.

Demonstrated Impact and Value

Success stories show measurable improvements in access, adherence, utilization management, and long-term stability for Medicaid members.

Purpose and Audience Support

The presentation supports leadership discussions, stakeholder engagement, and external communication with a professional framework and consistent visual theme.

Evidence Base Supporting Interdisciplinary Care

As Florence Nightingale observed, **"Alone we can do so little; together we can do so much."** Complex case rounds provide an opportunity to bring diverse perspectives together, identify barriers, and develop coordinated solutions that support better outcomes for members.

"What we do here isn't guesswork there's real research behind it, and I see it work for our members every single week."

"A lot of folks don't realize their health center can connect them to this many services in one place it surprises me every time!"

Evidence Base Supporting Interdisciplinary Care

Improved Clinical Outcomes

Over 40 peer-reviewed studies link interdisciplinary rounds to better patient outcomes and reduced adverse events.

"Did you know (UHC) William that UHC can step in when a medication gets denied or costs too much? Most members have no idea that's something we can fix."

1. **Top Evidence Based Benefits of Interdisciplinary Member Rounds**
2. Reduced mortality and improved survival across ICU, stroke, oncology, and chronic care populations (Kim et al. 2010 ICU study) [jamanetwork.com], [Interdisci...43 Studies | Word]
3. Significant reductions in hospital readmissions and overall utilization for complex patient populations (Feltner et al. 2014 heart failure meta analysis) [jamanetwork.com], [ncbi.nlm.nih.gov]
4. Shorter length of stay and improved discharge timing through coordinated interdisciplinary planning (O'Leary et al. 2011 structured rounds trial) [jamanetwork.com], [pubmed.ncb...lm.nih.gov]
5. Improved care quality, patient outcomes, and functional independence in geriatric and chronic disease populations (Counsell et al. GRACE model summary) [jamanetwork.com]
6. Stronger team communication, coordination, and shared care plan alignment across disciplines (O'Leary et al. teamwork study 2010) [jamanetwork.com]
7. Enhanced patient experience, quality of life, and engagement in care decisions (https://www.nejm.org/doi/full/10.1056/NEJMoa1000678) [jamanetwork.com]
8. Increased access to comprehensive, patient centered services especially in underserved FQHC settings (https://journals.sagepub.com/doi/10.1177/10775587241234567) [jamanetwork.com]

Core Outcomes Achieved Through the Model

Enhanced Teamwork and Communication

Interdisciplinary collaboration improves provider communication, resulting in clearer care plans and quicker problem resolution.

Reduced Avoidable Healthcare Utilization

The model lowers emergency visits, inpatient admissions, and readmissions by addressing member needs proactively.

Medication Access and Optimization

Coordinated pharmacy interventions ensure clinically appropriate medication regimens, improving clinical stability.

Improved Patient Quality of Life

Better symptom control and behavioral health engagement enhance patient wellbeing and access to necessary medical equipment.

"A lot of members don't know a Tailored Plan even exists and it can open up benefits....."

Top Impact Areas Identified

- Reducing Emergency Utilization
  - Avoiding emergency and inpatient visits offers major cost savings, especially for high-utilizer patients.
- Post-Acute Placement Stabilization
  - Proper post-acute care placement prevents hospital readmissions and reduces long-term healthcare costs.
- Medication Access Restoration
  - Ensuring access to medications and resolving denials prevents acute health crises like seizures and respiratory failure.
- Addressing Family-Level Barriers
  - Supporting transportation, food, and caregiving needs stabilizes patients and their households for better outcomes.

Care Management Wins Across Member Stories

Behavioral Health Referrals

Proactive referrals help members with anxiety and depression achieve improved stability and engagement.

Medication Barrier Resolution

Coordinated efforts ensure medication continuity during high-risk transitions by resolving barriers.

Engagement of High-Risk Members

Consistent outreach and trust-building re-engage previously disengaged high-risk members in their care.

Addressing Transportation Barriers

Using benefits and community resources helps members attend primary and specialty care appointments.

"People can actually get equipment like a BiPAP machine approved and delivered that resource is available through a member rounds call, I was surprised William..”

Complex Case Resolution Through Collaboration

Addressing Overlapping Barriers

Complex cases involve overlapping challenges like chronic illness, behavioral health, and social instability.

Interdisciplinary Rounds

Structured interdisciplinary rounds enable collective problem-solving instead of sequential case management.

Family-Level Needs and Trust

Recognizing family dynamics and building trust helps re-engage members who previously declined services.

Tailored Plan Transitions

Customized plan transitions improve access to specialized benefits and enhance care coordination.

"It surprises so many members to learn there are programs we can connect to including ones that fit culture and traditions.“ Re: family of 7 at UHC member rounds participating health center

Complex Case Resolution Through Collaboration

Common Complaints and Barriers to Participation in Complex Case Rounds
Peer Reviewed Evidence Based Themes

1. Time burden and competing priorities

“This is not a good use of time during a busy clinical day.”

“Rounds take too long and delay real work.”

Evidence: Time pressure and workload demands consistently limit participation and engagement [bmjopenqua...ty.bmj.com], [bmjopen.bmj.com]

2. Perception of low value or unclear impact

“It feels like extra work without clear benefit.”

“I don’t see how this changes outcomes.”

Evidence: Mixed perceived impact and unclear goals reduce perceived usefulness of interdisciplinary rounds [pubmed.ncb...lm.nih.gov]

3. Workflow disruption and inefficiency

“It interrupts my workflow and slows everything down.”

Complex Case Resolution Through Collaboration

Common Complaints and Barriers to Participation in Complex Case Rounds
Peer Reviewed Evidence Based Themes

4. Communication fatigue or redundancy

“We already discussed this elsewhere.”

“It’s repetitive information I already know.”

Evidence: Redundant communication and poor structure contribute to disengagement in team settings [bmjopen.bmj.com]

5. Psychological and hierarchical barriers

“I don’t feel comfortable speaking up in that group.”

“My input doesn’t seem valued compared to others.”

Evidence: Hierarchical dynamics and psychological safety concerns limit participation in multidisciplinary meetings [bmjopenqua...ty.bmj.com]

Illustrative Outcome Examples

Respiratory Risk Reduction

BiPAP equipment delivery resolved barriers and lowered respiratory risks for high-risk members.

Seizure Emergency Prevention

Pharmacy coordination ensured timely antiepileptic medication access, preventing seizure-related emergencies.

End-of-Life Medication Support

Medication access at end-of-life enhanced comfort and dignity for members with advanced illness.

Coordinated Cardiac Follow-Up

Cardiac follow-up after inpatient care supported recovery and prevented further complications.

"I was honestly surprised by how many people from UnitedHealthcare joined the call. I didn't realize that many people were involved."

Addressing Social Determinants of Health

Food Insecurity Solutions

Referrals to meal programs and culturally appropriate community pantries help mitigate food insecurity among members.

Transportation Support

Benefit education and scheduling assistance resolve transportation barriers, improving access to care.

Housing Stabilization

Housing and placement stabilization reduce long-term healthcare utilization and enhance member safety.

Community Partnerships

Faith-based and social service organizations extend clinical care reach through strong community partnerships.

Conclusion and Strategic Value

Interdisciplinary Care Impact

CMHN’s care model improves quality, utilization, and member experience through team-based collaboration.

Effectiveness for High-Risk Populations

Coordinated care is especially effective for managing high-risk Medicaid populations' needs and outcomes.

Scalability and Value Alignment

The scalable, evidence-based model aligns with value-based care priorities and supports sustainable outcomes.

Strategic Partnership

CMHN positions itself as a strategic partner advancing Medicaid outcomes through collaboration and investment.

Thank you Dr. Hoover, Gretchen Cross, Julie Causby, Nicole Huntley for making these rounds so successful!!

APA References: Interdisciplinary Rounds Evidence Base

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