COMMUNITY CARE OF NORTH CAROLINA AWARDED THE $100,000 HEARST HEALTH PRIZE IN PARTNERSHIP WITH THE JEFFERSON COLLEGE OF POPULATION HEALTH

NEW YORK AND PHILADELPHIA, March 8, 2016—Hearst Health, a division of Hearst, and the Jefferson College of Population Health of Thomas Jefferson University, today announced that Community Care of North Carolina (CCNC) in Raleigh is the winner of the inaugural Hearst Health Prize, a $100,000 award given in recognition of outstanding achievement in managing or improving health. The announcement was made by Gregory Dorn, MD, MPH, president of Hearst Health, and David B. Nash, MD, MBA, dean of the Jefferson College of Population Health, at the 16th annual Population Health Colloquium in Philadelphia.

Community Care of North Carolina is recognized for its model for managing transitional care for North Carolina Medicaid beneficiaries discharged home after hospitalization. The program is delivered to 2,600 Medicaid recipients a month, with a strong focus on identifying individuals with chronic medical conditions at risk for hospitalization or readmission. Program participants receive medication management, education for condition self-management and timely outpatient communication with the medical home to follow up on clinical and social issues that can affect their health outcomes, such as medication confusion, behavioral health or substance abuse issues, transportation or cost barriers, low health literacy, and social isolation.

The statewide program achieved measurable improvements. The rates of hospitalization and readmission for the target population have declined by 10 percent and 16 percent, respectively, since 2008. Total Medicaid costs were reduced by 9 percent (cited by the North Carolina Office of the State Auditor). The program also established real-time data connections with 87 hospitals, representing 78 percent of all Medicaid hospitalizations in the state.

“On behalf of Community Care of North Carolina, Dr. Annette DuBard and her team, and all the dedicated healthcare providers in North Carolina, I want to thank Hearst Health and the Jefferson College of Population Health for this recognition,” said L. Allen Dobson, Jr., MD, President and CEO of Community Care of North Carolina. “The use of robust health analytics along with a statewide infrastructure and a network of physicians and hospitals has allowed us to manage the toughest patients well. Our drive to improve the health of North Carolinians has been grounded in collaboration and the use of data that have shown us how to improve outcomes and to reduce costs. We are pleased to receive this honor, but even more pleased to have improved care for millions of...
North Carolinians and to have helped advance the national knowledge over what works in healthcare, and how to innovate successfully on a large scale.”

“We are delighted that Community Care of North Carolina has been awarded the first-ever Hearst Health Prize for its transitional care management program that improves clinical outcomes for Medicaid beneficiaries and lowers costs in a healthcare system that serves 1.4 million people,” Dorn said. “Community Care of North Carolina’s program is highly scalable and replicable and it is our hope that the Hearst Health Prize provides a new national forum to share these practices with other programs to improve the health of vulnerable populations.”

“The more than 125 submissions the judges evaluated for the Hearst Health Prize reflect the broad range of models and interventions that are being implemented in the U.S. as health systems attempt to transform from acute episodes of care to patient-centered accountable care and community-integrated service delivery,” said Nash, who served as a judge for the Prize. “Community Care of North Carolina’s successful care transition program is an important contribution to the field of population health and its impact is far-reaching, as we hope other programs across the country will gain insights from this model.”

Community Care of North Carolina earned the highest overall score for the following criteria established for the Hearst Health Prize: the program’s population health impact or outcome, demonstrated by measurable improvement; use of evidence-based interventions and best practices to improve the quality of care; scalability and sustainability; promotion of engagement, collaboration and communication; and innovation. The evaluation was made by a distinguished panel of judges:

- Nancy-Ann DeParle, JD
- A. Mark Fendrick, MD
- Tejal K. Gandhi, MD, MPH, CPPS
- H. Stephen Lieber, CAE
- Mark McGellan, MD, PhD
- David B. Nash, MD, MBA
- Valinda Rutledge, MBA, MSN
- James M. Schibanoff, MD
- Mark D. Smith, MD, MBA

“I was impressed with the Hearst Health Prize applications, which were incredibly inspiring,” said A. Mark Fendrick, MD, director, Center for Value-Based Insurance Design and a professor in the department of Internal Medicine and the department of Health Management and Policy at the University of Michigan, and one of the judges. “I have served on a number of award selection committees, but have yet to be in a situation with so many outstanding and worthy applications.”

Community Care of North Carolina was the winner among three finalists. The two other finalists for the Hearst Health Prize were:
• Centering Healthcare Institute for CenteringPregnancy, an innovative approach to prenatal care that has reached more than 125,000 pregnant women in 400 practice sites across the country. It is a group care delivery model that brings together women with similar due dates for an extended time with their clinical provider to receive three components of care: health assessment, interactive learning and community building.

• Jersey City Medical Center—Barnabas Health for the Wealth from Health®, Inc. program, which provides incentives to engage patients, families and caregivers in education, care management and healthy behaviors. It serves adults and children with complex chronic diseases, including asthma, sickle-cell anemia, HIV, renal stage disease and behavioral health issues (approximately 2,500 individuals).

The call for submissions for next year's Hearst Health Prizewill open in the spring of 2016. For more details about the Hearst Health Prize, go to http://www.jefferson.edu/HearstHealthPrize.

About Hearst Health
The Hearst Health network includes FDB (First Databank), Zynx Health, MCG, Homecare Homebase, Hearst Health International, Hearst Health Ventures and the Hearst Health Innovation Lab (http://www.hearsthealth.com). The mission of the Hearst Health network is to help guide the most important care moments by delivering vital information into the hands of everyone who touches a person's health journey. Each year in the U.S., care guidance from the Hearst Health network reaches 84 percent of discharged patients, 174 million insured individuals, 41 million home health visits, and 4 billion prescriptions.

About the Jefferson College of Population Health
The Jefferson College of Population Health (JCPH) is the first and only school of its kind in the country. Established in 2008, it is part of Thomas Jefferson University, a leading academic health center founded in Philadelphia in 1824 as Jefferson Medical College (now Sidney Kimmel Medical College). The College is dedicated to exploring the policies and forces that define the health and well-being of populations. Its mission is to prepare leaders with global vision to examine the social determinants of health and to evaluate, develop and implement health policies and systems that will improve the health of populations and thereby enhance the quality of life. Jefferson College of Population Health provides exemplary graduate academic programming in population health, public health, health policy, healthcare quality and safety, and health economics outcomes research. Its educational offerings are enhanced by research, publications and continuing education and professional development offerings in these areas.

About Community Care of North Carolina (CCNC)
CCNC is a community-based, public-private partnership that takes a population management approach to improving health care and containing costs for North Carolina's most vulnerable populations. Through its 14 local network partners, CCNC creates "medical homes" in all 100 counties for Medicaid beneficiaries, individuals that are eligible for both Medicare and Medicaid, privately-insured employees and uninsured people. http://www.communitycarenccom
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**Media Contacts:**
Paul Luthringer, Hearst, 212-649-2540, paul@hearst.com  
Lydia Rinaldi, Hearst Business Media, 212-649-2398, lrinaldi@hearst.com

**Business Contacts:**
Rochelle Abbott, Hearst Health, 310-954-5675, rabbott@hearst.com  
Alexandria Skoufalos, Jefferson College of Population Health, 215-955-2822, alexis.skoufalos@jefferson.edu