CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Findings at a Glance

Comprehensive Primary Care Plus (CPC+) Model
Evaluation of Second Year (2018)

MODEL OVERVIEW

CPC+ is the largest and most ambitious primary care payment and delivery reform ever tested in the United States.

GOALS OF CPC+

Increase access to—and improve the quality and efficiency of—primary care, which ultimately is intended to achieve better health outcomes at lower cost

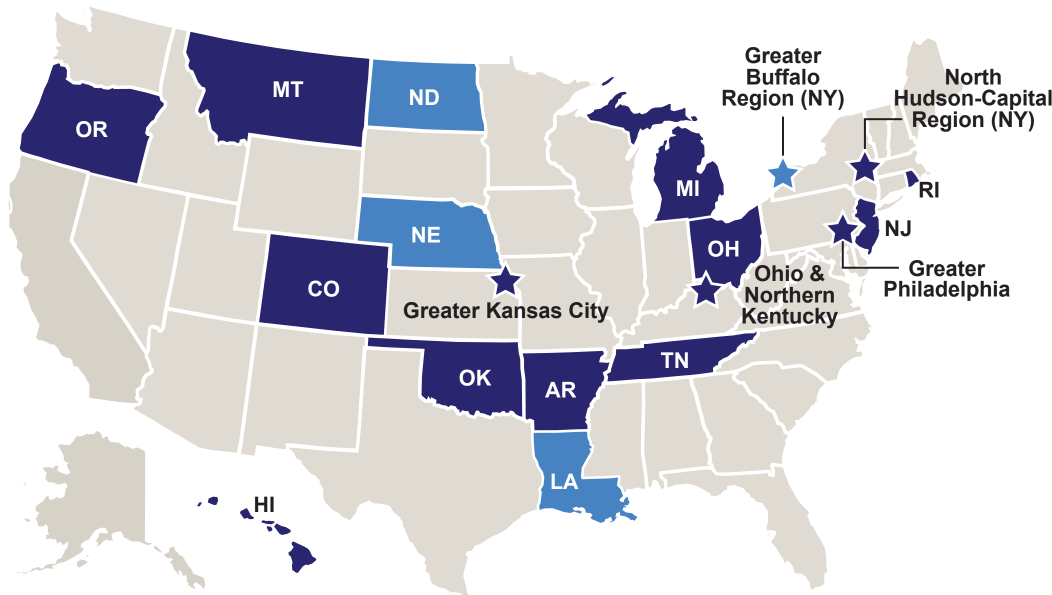
Primary care practices are transforming across five care delivery functions: (1) access and continuity, (2) care management, (3) comprehensiveness and coordination, (4) patient and caregiver engagement, and (5) planned care and population health.

CPC+ practices are split into two practice tracks, with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices across the country.

CMS launched CPC+ in January 2017 in 14 regions and added 4 more regions in January 2018. CMS partnered with 79 public and private payers and 68 health IT vendors across the 18 CPC+ regions. CPC+ supports 3,070 primary care practices' efforts to improve the care they provide to over 17 million patients. CPC+ will run for five years in each region.

PARTNERS AND PARTICIPANTS

Diverse regions, payers, and practices joined CPC+ starting in 2017 and 2018



PY = Program Year; M = millions.

Stakeholders involved at the start of CPC+

2017 regions	
Regions:	14
Payers:	71
Practices:	2,905
Practitioners:	13,209
Patients:	16.3M
Health IT vendors:	66

2018 regions	
Regions:	4
Payers:	8
Practices:	165
Practitioners:	1,135
Patients:	1.1M
Health IT vendors:	8

Total	
Regions:	18
Payers:	79
Practices:	3,070
Practitioners:	14,344
Patients:	17.4M
Health IT vendors:	68

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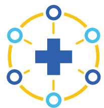
FINDINGS

CPC+ continued to provide practices with significant supports in the second program year, including enhanced and alternative payments, data feedback, individualized and group learning supports, and health IT vendor support. Most notably, CMS and payer partners provided enhanced payments in the second year over and above what practices receive for traditional services, resulting in median payments of approximately $122,000 to Track 1 practices and $264,000 to Track 2 practices. Additionally, CMS and one-fifth of payers used an alternative to the historically common fee-for-service (FFS) payment approach to pay Track 2 practices for traditional services. These payers provided a lump sum payment to practices in advance—before the practices provided these traditional services—and correspondingly reduced or eliminated FFS payments for those services.



CPC+ practices continued to change care delivery in 2018. In the second year of CPC+, practices continued to actively embrace the hard work of implementing the model, focusing on care management, behavioral health integration, and planned care and population health.

As in the first year of CPC+, practices thought their work was making a difference, but found aspects challenging. Practices have additional work to do to more fully integrate new services into their workflows and offer new services to more patients who could benefit.

Primary care transformation takes time to implement. For Medicare FFS beneficiaries, CPC+ had a few, very small favorable impacts on service use and quality of care in the first two years. However, CPC+ slightly increased CMS' expenditures for these beneficiaries by 2 to 3 percent, or by over $1.1 billion across the two tracks, when including the enhanced payments CMS made to practices.

KEY TAKEAWAYS

In the second year of the initiative, practices used the CPC+ supports to build on their progress from the first year and continue to make important changes in care. These changes included adding care management processes and staff to help patients with complex needs manage their conditions, integrating behavioral health care into their practices, and establishing formal processes with hospitals and emergency departments to improve care transitions. Although practices made beneficial changes to care delivery, many indicated that additional payments, more timely and user-friendly data feedback, and stronger health IT support would be helpful in achieving the five Comprehensive Primary Care Functions. As expected at this stage of care delivery changes, there were few favorable effects on cost, service use, and quality for Medicare FFS beneficiaries.

Future reports will examine the remaining three years of the model, focusing on how supports and practice transformation unfold, effects on physician experience, and whether effects on patient outcomes emerge as CPC+ practices deepen and expand care delivery changes. Finally, reports will discuss implications for sustainability and spread of the model.

This document summarizes the evaluation report prepared by an independent contractor. To learn more about CPC+ and to download the full evaluation report, visit: https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus/.