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CENTER FOR MEDICARE & MEDICAID INNOVATION

Findings at a Glance

Global and Professional Direct Contracting (GPDC) Model

Evaluation of the First Performance Year (2021)

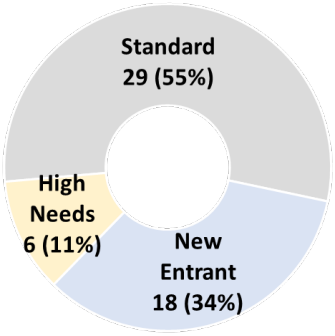
Model overview

The Global and Professional Direct Contracting (GPDC) Model is a voluntary, accountable care organization (ACO) model that builds on CMS' previous ACO initiatives to improve beneficiary health outcomes, improve quality of care, and reduce costs by offering participating Direct Contracting Entities (DCEs) greater flexibility and options to take on financial risk. This report covers the first performance year (PY) 2021, which was nine months (April-December).

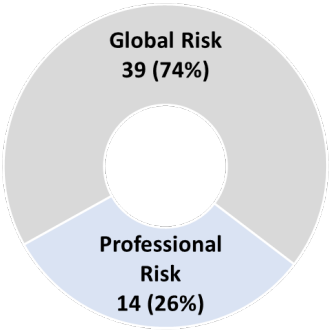
In January 2023, continuing and new participants transitioned to the ACO Realizing Equity, Access, and Community Health (ACO REACH) Model, as GPDC was redesigned and renamed to emphasize health equity, provider leadership, and beneficiary protections. Future evaluation reports will incorporate results from ACO REACH.

PY 2021 Participants

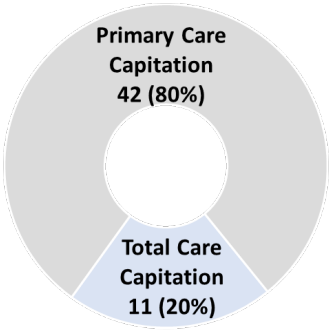
DCEs by Type



DCE Risk-Sharing Elections



DCE Payment Mechanism Elections



72% **DCEs identified as physician practice organizations**

54% **DCEs had prior experience in Medicare ACO initiatives**

Median DCE Size (Minimum / Maximum)	Standard DCEs	New Entrant DCEs	High Needs DCEs
Participating and Preferred Providers	130 (39 / 2,000)	118 (6 / 718)	93 (18 / 191)
Aligned Beneficiaries	7,184 (3,269 / 64,085)	2,128 (429 / 9,683)	295 (214 / 624)

In PY 2021, DCEs focused on managing avoidable utilization.

Most DCEs entered the model with **robust data-sharing capacity**, **data analytic tools**, and experience with **population health management**.

DCEs' most highly prioritized strategies for population health management focused on **avoidable utilization (90%), complex or population-specific care management (90%), and investments in primary care (63%).**

This document summarizes the first annual report prepared by the contractor conducting the independent evaluation of the GPDC Model. For more information about the model and to download the full report, visit https://innovation.cms.gov/innovation-models/gpdc-model.

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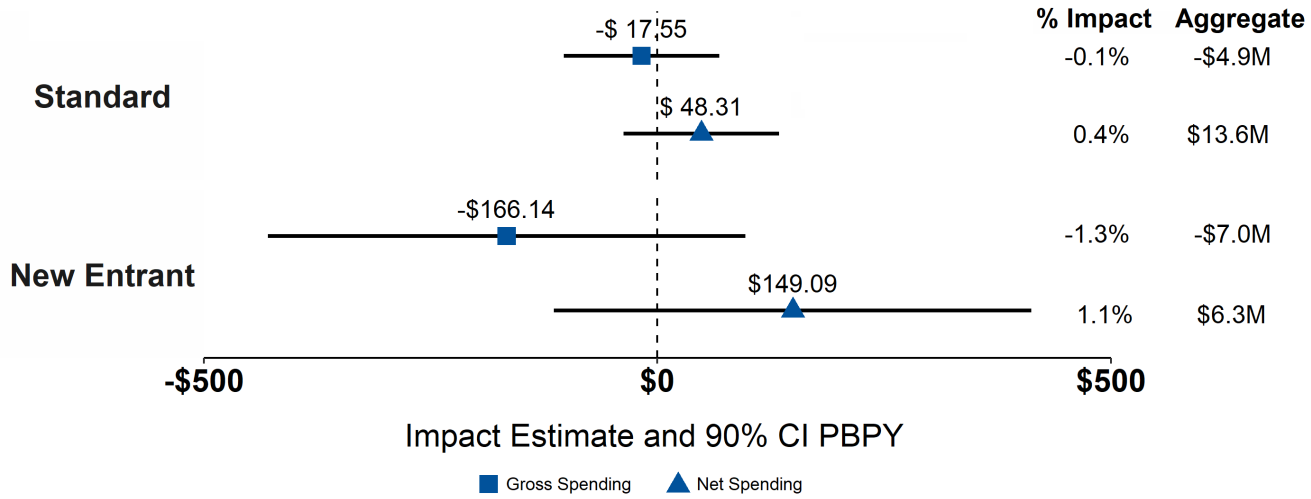
No significant impact on gross or net expenditures in PY 2021.



NOTES: Impact estimates are relative to a comparison group. PBPY = per beneficiary per year; CI = confidence interval; M = millions; due to the low number of High Needs DCEs in PY 2021, they were not included in the PY 2021 Evaluation.

Standard DCEs reduced high-cost care; New Entrant DCEs reduced ED visits.

	Standard DCEs	New Entrant DCEs
Acute care hospitalizations	⇩	⇩
Skilled nursing facility days	⇩	⇩
Emergency department visits	⇩	⇩

NOTE: Yellow arrows indicate significant findings at p<0.10; white arrows indicate non-significant findings.

Limited impacts on quality of care

3.5% **Standard DCEs reduced hospitalizations for ambulatory care sensitive conditions**

No significant impact on **all-condition readmissions** or **timely follow-up after acute exacerbation of chronic conditions** for Standard or New Entrant DCEs

NOTE: All-condition readmission was tied to payment in PY 2021 and timely follow-up will be tied to payment in PY 2022.

Key Takeaways from PY 2021

In their first performance year, DCEs established a population health management infrastructure for high-priority strategies focused on reducing unnecessary utilization and investing in primary care capacity. Although the GPDC Model did not impact gross or net Medicare spending in PY 2021, Standard DCEs reduced utilization and spending in high-cost settings. New Entrants' utilization reductions were limited to emergency departments. High Needs DCEs were not evaluated due to small sample sizes.

Future evaluation reports will examine changes in implementation and impact in subsequent model years that include additional model participants who joined the GPDC model in PY 2022 and in PY 2023 as part of ACO REACH.