

CPC+ 2018 Year in Review

In its second year, Comprehensive Primary Care Plus (CPC+)--America's largest-ever initiative to transform primary care--added new regions, participants, and partners to continue their efforts to strengthen primary care.

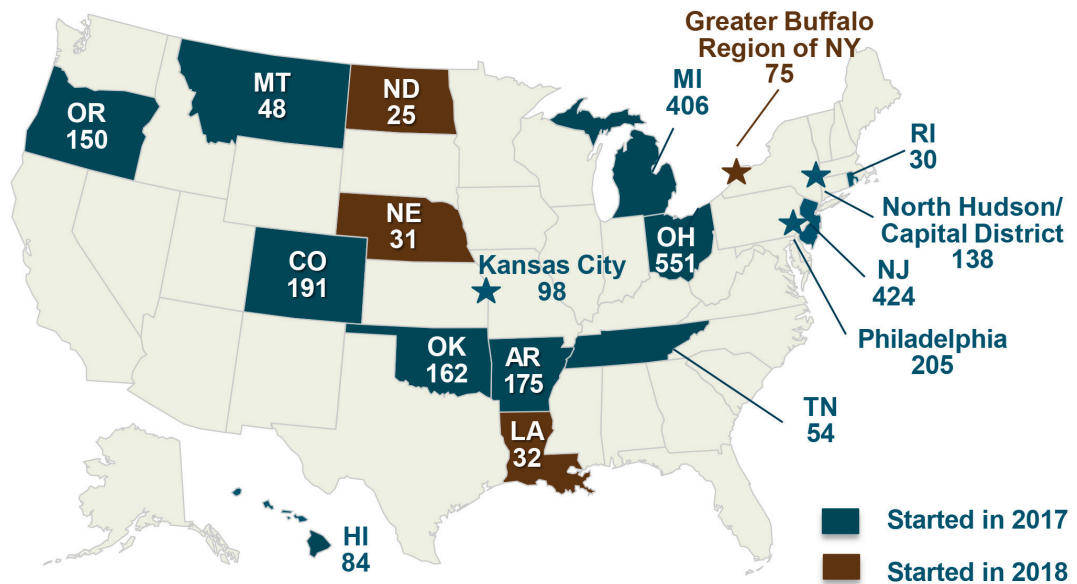
Number of CPC+ Practices by Region

2,879
primary care practices

18
regions

APPROX.
15 M
Patients served by
CPC+ practices

OVER
2 M
Medicare patients



11%
Of patients dually eligible
for Medicare and Medicaid

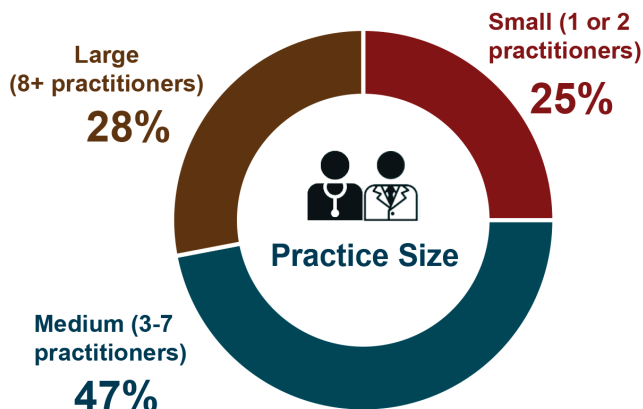
48%
Of practices in the Medicare
Shared Savings Program

14,810
CPC+ practitioners

56
payer partners

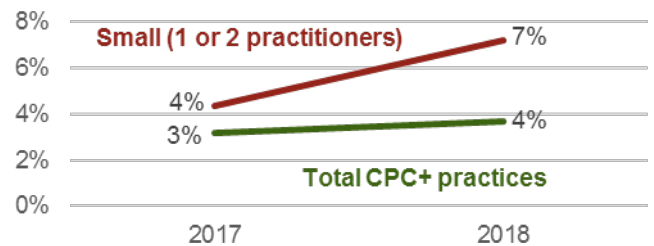
73
health IT vendors

What CPC+ Practices Look Like in 2018



4% of all practices underwent a merger, withdrawal, split, or acquisition in 2018

Small practices had the greatest increase (3 percentage points) in the number of practices that underwent a merger, withdrawal, split, or acquisition from 2017 to 2018



Figures based on data from the second year of CPC+ (2018). These figures do not represent an evaluation of this work or CPC+ itself. For more information, visit <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>.



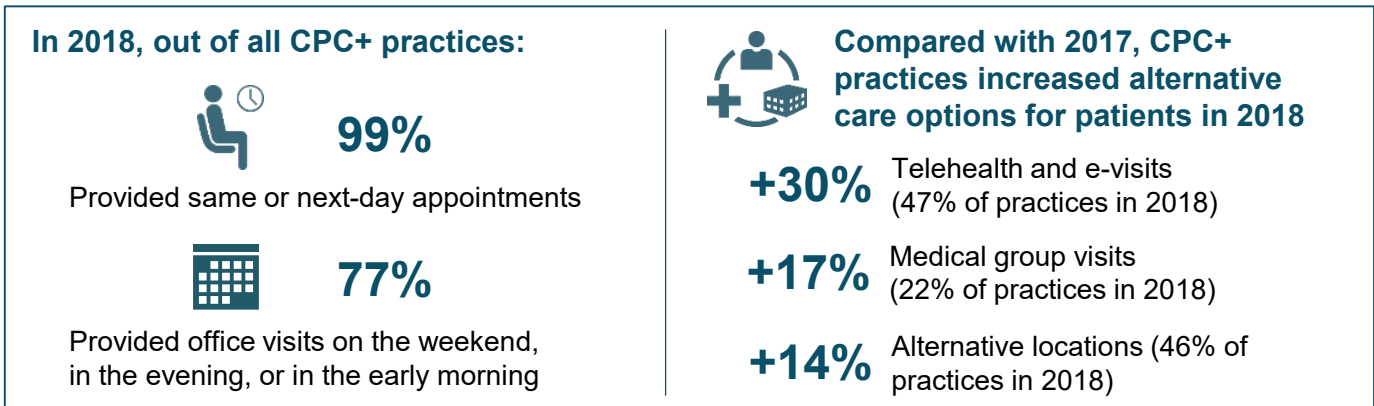
CPC+ 2018 Year in Review

Care Delivery in 2018: Focus on Testing and Refining

As CPC+ continues, practices target their care to those with the highest needs and prioritize what matters most to patients through the following 3 approaches.

1. Ensure Access to Relationship-Based Primary Care

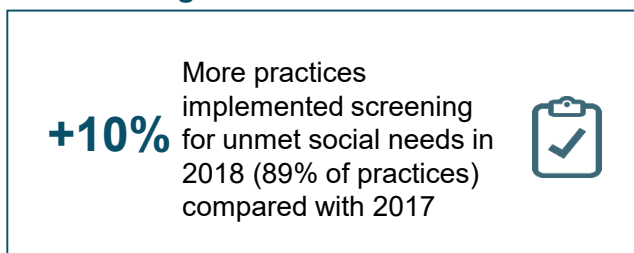
Access to your primary care teams increases the likelihood that patients get the right care at the right time.



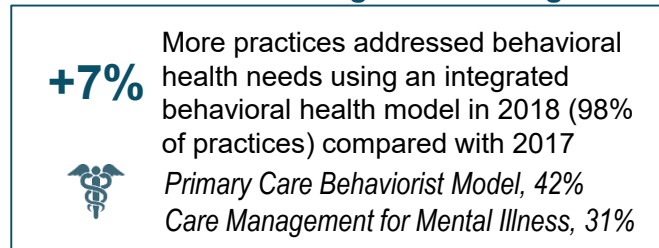
2. Intensify Breadth and Depth of Primary Care

Practices increased capabilities and added services to build on the patient-care team relationship at the heart of effective primary care.

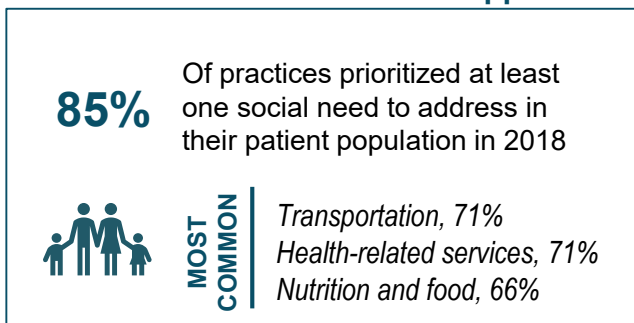
Addressing social needs



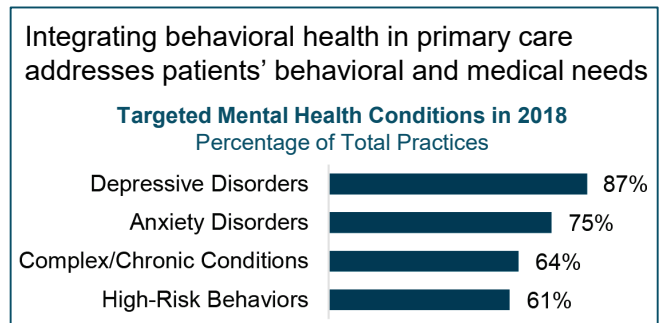
Behavioral health integration strategies



Social service resources and supports



Behavioral health needs



Figures based on data from the second year of CPC+ (2018). These figures do not represent an evaluation of this work or CPC+ itself. For more information, visit <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>.



CPC+ 2018 Year in Review

Care Delivery in 2018: Focus on Testing and Refining

3. Target Care Management for Those at Highest Risk

Practices focused their resource-intensive care management efforts on the population of patients that could benefit most.

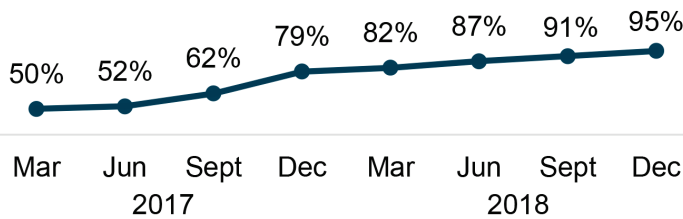
In 2018, CPC+ practices improved their approaches to target care management services for high-risk patients



8%

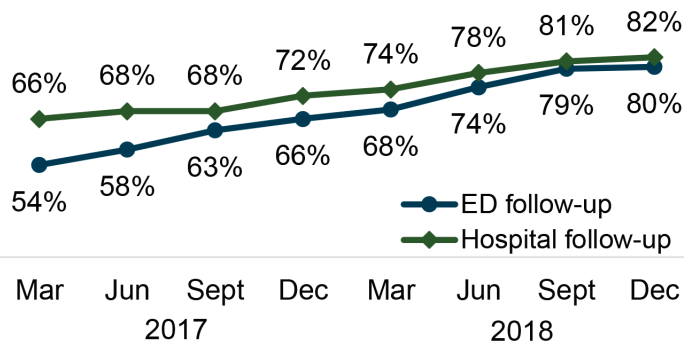
Practices were more effective in their targeting of longitudinal care management resources in 2018 than in 2017, decreasing total number of patients in longitudinal care management by 6%.

Average risk stratification rates continued to grow steadily



Risk Stratification. In 2018, CPC+ practices risk stratified empaneled patients to address medical needs, behavioral diagnoses, and health-related social needs.

Average hospital and ED follow-up rates improved together



Hospital Follow-up. In 2018, an increasing percentage of CPC+ practices ensured that patients who had a hospital admission received follow-up interaction **within 72 hours or 2 business days** of hospital discharge.

Emergency Department (ED) Follow-up. In 2018, an increasing percentage of CPC+ practices ensured that patients who visited the ED received follow-up interaction **within 1 week** of ED discharge.

In 2018, care managers were responsible for key care management activities in CPC+ practices



Care Manager Responsibilities in 2018

Percentage of Total Practices

68%

Navigating patients to community and social services

52%

Developing and monitoring care plans

62%

Management of care transitions (hospital, ED discharges)

50%

Providing patient education and self-management support

Figures based on data from the second year of CPC+ (2018). These figures do not represent an evaluation of this work or CPC+ itself. For more information, visit <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>.



CPC+ 2018 Year in Review

Expanding Partnerships in Primary Care in 2018

Major Steps Forward in Health IT and Data Delivery in 2018

Practices provided innovative care supported by enhanced health IT and actionable data.

Optimizing Use of Health IT in 2018

+21%

More practices submitted electronic clinical quality measures (eCQMs) via QRDA III in 2018 (48% of practices) compared with 2017

+23%

More practices used a 2015 Edition Certified Health IT Product in 2018 (72% of practices) compared with 2017

In 2018, Sources of Data Added to Drive Improvements

Interactive data feedback tool launched in August 2018

Provides access to robust quarterly performance data for attributed Medicare fee-for-service (FFS) patients

58%

Of practices logged into the Data Feedback Tool between August and December 2018

Data Most Frequently Viewed

Utilization, 72% of users
Specialty, 72% of users

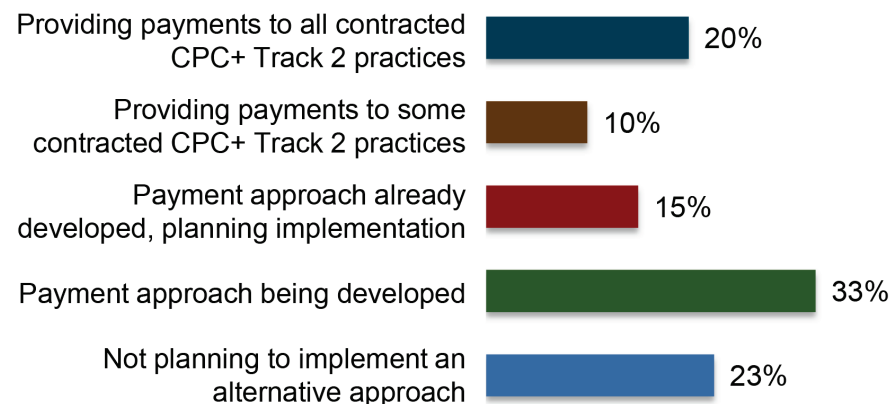
Data aggregation regional reporting tools: Multi-payer reporting on all patients
5 CPC+ regions participate in data aggregation: **2 new regions** (June 2018) and **3 existing regions** (September 2017)



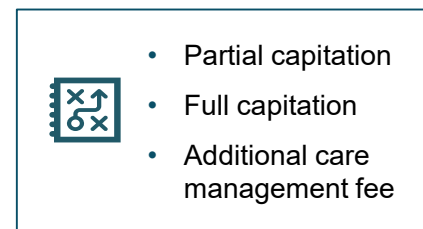
Multi-Payer Commitment to Aligned Payment Reform Evolved in 2018

State Medicaid agencies and commercial payers committed to start providing alternative to fee-for-service payments in 2018. Progress to achieve this goal varied.

Alternative to FFS payment approaches reported by payers in 2018*



Payer partners' most common alternatives to FFS payment in 2018*



*Data based on survey responses collected from 40 payers

Figures based on data from the second year of CPC+ (2018). These figures do not represent an evaluation of this work or CPC+ itself. For more information, visit <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>.



CPC+ 2018 Year in Review

2017 Quality & Utilization Assessed for the First Time in 2018

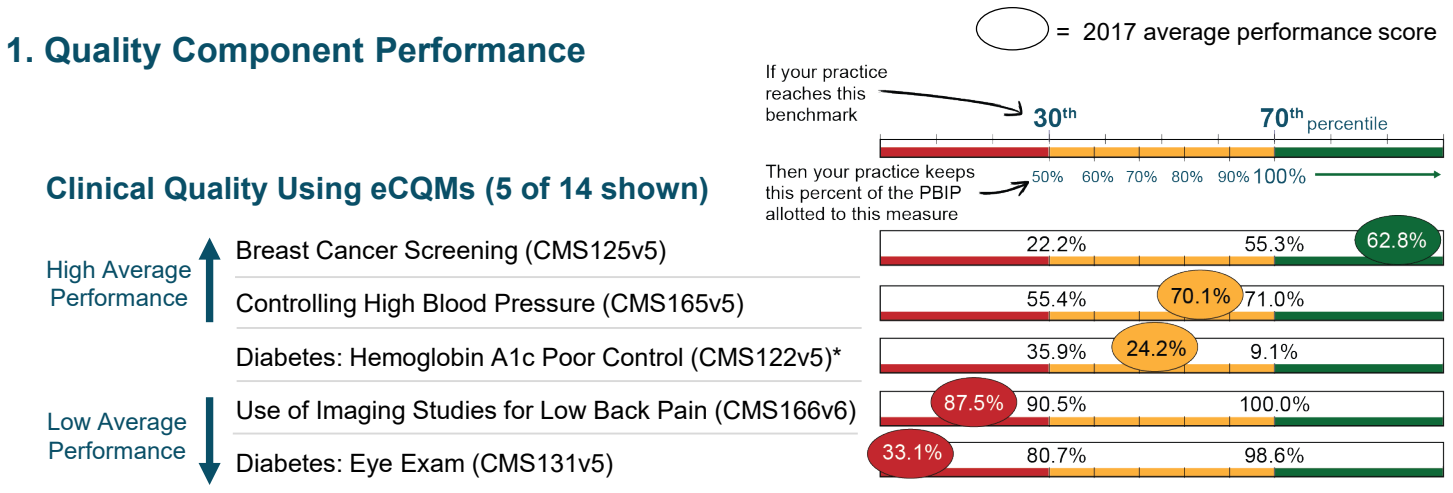
Accountability for Clinical Quality, Patient Experience, and Utilization

In Fall 2018, most eligible practices retained some of their performance-based incentive payment (PBIP). Performance was assessed based on their efforts to improve quality and patient experience of care and reduce unnecessary hospital and emergency department utilization in 2017.

Performance-Based Incentive Payment (PBIP)

58%	Average percentage of PBIP retained by eligible practices in Program Year 2017	OVER \$14,000	Average amount of PBIP retained by eligible practices in Program Year 2017
------------	--	----------------------	--

1. Quality Component Performance



Clinical Quality Using eCQMs (5 of 14 shown)

High Average Performance ↑

- Breast Cancer Screening (CMS125v5)
- Controlling High Blood Pressure (CMS165v5)
- Diabetes: Hemoglobin A1c Poor Control (CMS122v5)*

Low Average Performance ↓

- Use of Imaging Studies for Low Back Pain (CMS166v6)
- Diabetes: Eye Exam (CMS131v5)

Patient Experience of Care Using CAHPS



Highest-scoring CAHPS domain
How well providers communicate, 93%

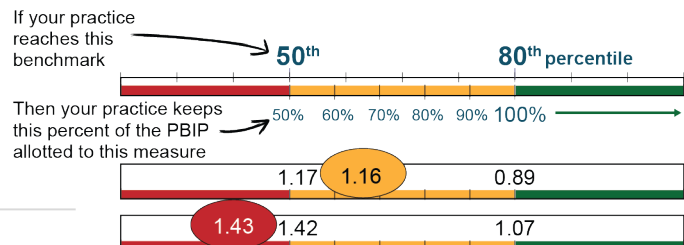
Lowest-scoring CAHPS domain
Providers support patient in taking care of own health, 54%

2. Utilization Component Performance

Utilization Measures



- Inpatient Hospital Utilization (IHU)*
- Emergency Department Utilization (EDU)*



eCQMs: electronic clinical quality measures

CAHPS: Consumer Assessment of Healthcare Providers and Systems

* Reverse-coded measure

Figures based on Program Year 2017 data made available during the second year of CPC+ (2018). These figures do not represent an evaluation of this work or CPC+ itself. For more information, visit <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>.

