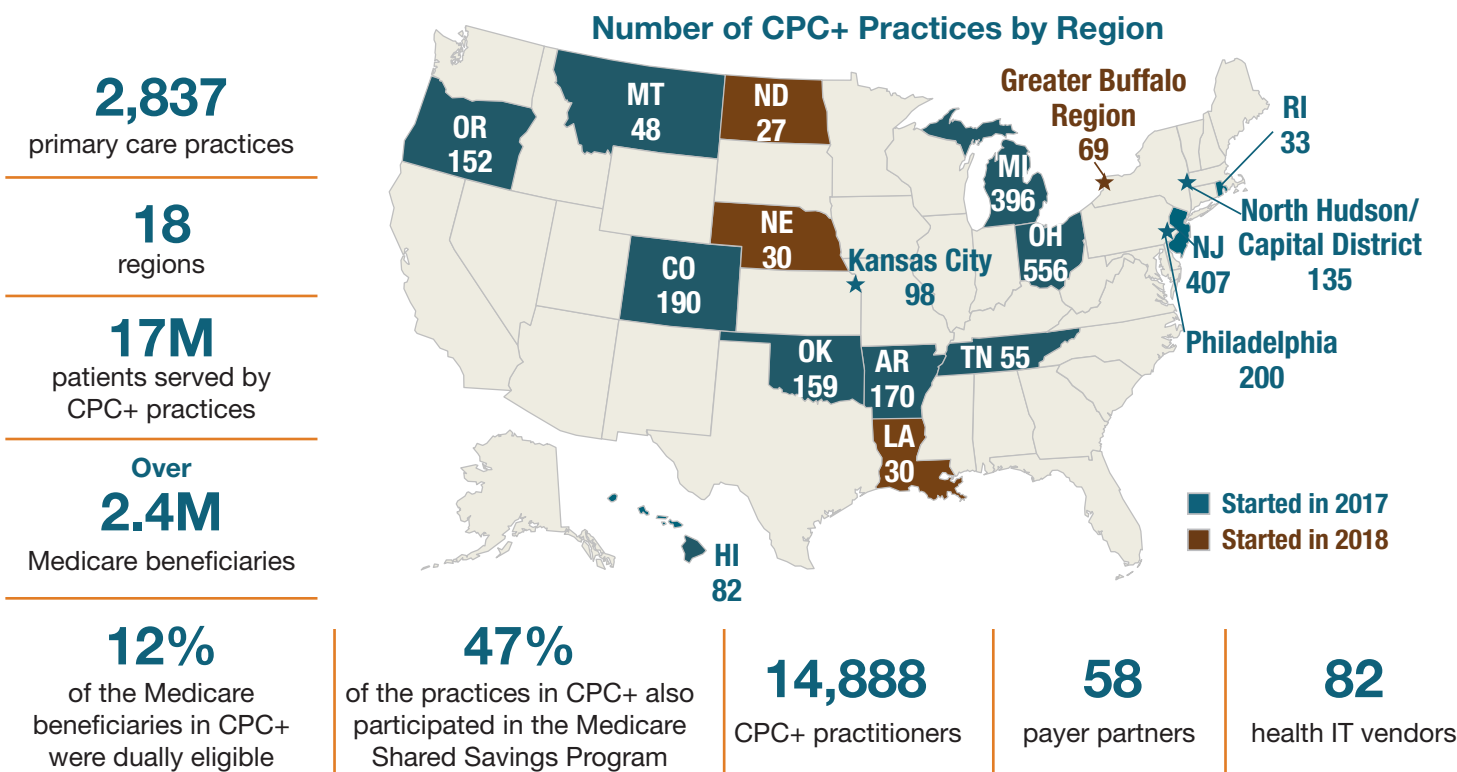
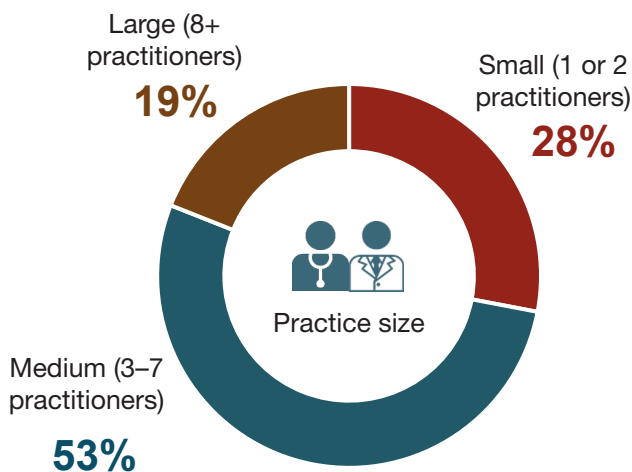


CPC+ 2019 Year in Review

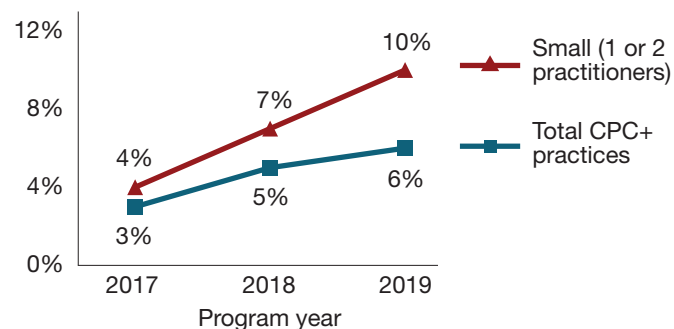
In its third year, Comprehensive Primary Care Plus (CPC+)—the Innovation Center’s largest-ever initiative to transform primary care—emphasized leveraging enhanced, accountable payments and care delivery capabilities built in the first two years to improve quality and reduce unnecessary utilization.



What CPC+ Practices Looked Like in 2019



All practices experienced increased practice mergers, withdrawals, splits, and acquisitions, with small practices affected at a greater rate (+3% from 2018).



Figures are based on data from the third year of CPC+ (December 2019). 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+ 2019 Year in Review

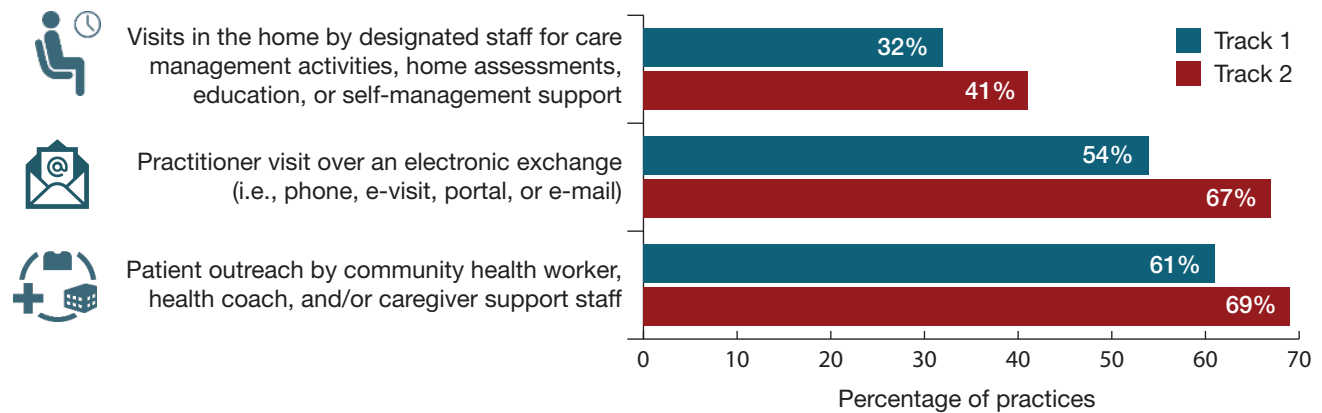
Care Delivery in 2019: Focused on Implementation and Outcomes

As CPC+ continued, practices developed and refined the following capabilities, focusing on strategies that reduce costs and improve quality.

1. Enhanced Access to Care

By investing and innovating around timely access to care, patients received the right care at the right time, potentially avoiding costly adverse events and unnecessary utilization.

Practices leveraged the flexibility of CPC+ payments to innovate and effectively meet patient needs through alternative care strategies, with Track 2 practices using their hybrid payment to increase access to care.



2. Targeted Care Management to Those with Complex Needs

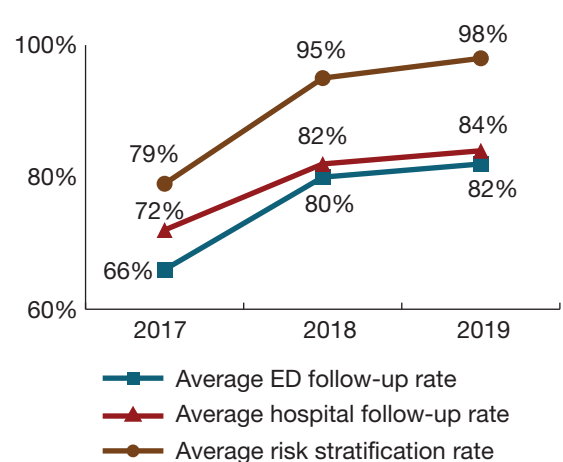
By identifying patients with complex needs and ensuring timely follow-up and relationship-based care management, practices reduced unnecessary admission and adverse events.

Practices have built care management capabilities and adopted a care team approach by increasingly delegating care management activities from practitioners to dedicated care managers. As part of care management activities, the average rates of emergency department (ED) and hospital follow-up and average risk stratification rate have increased from 2017 to 2019.

Care management staffing

69% Had practitioners perform care management activities (+3% from 2018)

98% Had care managers and other clinical and nonclinical staff perform care management activities (+2% from 2018)



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CPC+ 2019 Year in Review

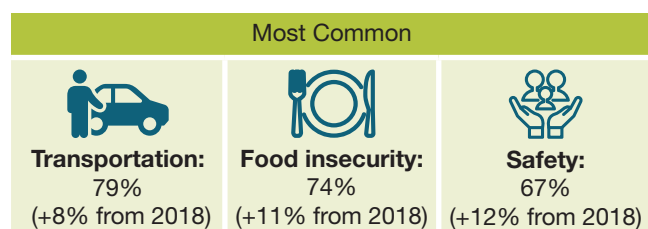
Care Delivery in 2019: Focused on Implementation and Outcomes *(continued)*

3. Built Comprehensiveness of Primary Care

In 2019, practices built relationships and implemented evidence-based approaches to increase the breadth and depth of primary care.

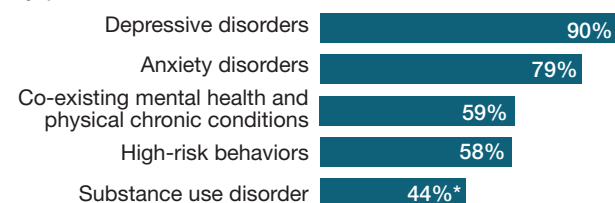
Health-related social needs

In 2019, 94% of practices implemented screening for unmet social needs (+5% from 2018). Of Track 2 practices, 100% implemented screening. The top social needs prioritized by practices to address were:



Behavioral health integration

Practices addressed patients' behavioral and medical needs by integrating behavioral health into primary care. In 2019, the top five health conditions targeted by practices were:

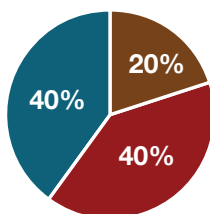


Note: Of the 44% of practices targeting substance use disorder, 86% targeted opioids, 86% targeted alcohol, and 77% targeted tobacco.

Comprehensive medication management (CMM)

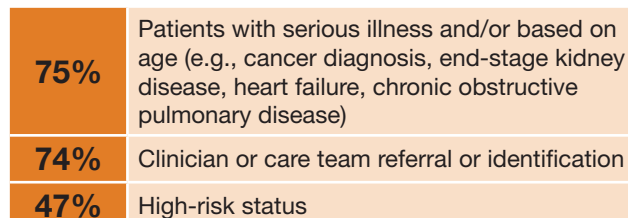
In 2019, 82% of practices took steps to implement CMM. Of Track 2 practices, 99% took steps. Practices used the following methods to deliver CMM:

- Primary care practitioners from the practice
- Co-management with a pharmacist, program, or service located at the practice
- Coordination with an external pharmacist, program, or service



Advanced care planning (ACP)

In 2019, 95% of practices took steps to implement ACP. Of Track 2 practices, 100% took steps. The most common methods practices used to identify patients for ACP were:



4. Engaged Patients and Caregivers in Guiding Practice Improvement

In 2019, practices increasingly used Patient and Family Advisory Councils (PFACs):

- 91% incorporated PFAC recommendations into practice (+7% from 2018).
- 87% communicated PFAC recommendations to patients and staff (+7% from 2018).
- 67% developed a sustainability plan for the PFAC (+5% from 2018).

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CPC+ 2019 Year in Review

Expanded Partnerships in Primary Care in 2019

Major Steps Forward in Health IT and Data Delivery in 2019

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



Optimized Use of Health IT

From 2017 to 2019, practices increased usage of certified electronic health records (EHRs) or other health IT systems to track and monitor patient outcomes.

100%

Reported using a 2015 edition certified health IT product in 2019 (+51% from 2017)

93%

Reported that care plans were integrated with their EHR or other health IT system (+7% from 2017)

Drove Improvements Using Data

Interactive data feedback tool

In 2019, more practices accessed robust quarterly performance data for attributed Medicare fee-for-service (FFS) patients.

Data aggregation regional reporting tools: Multi-payer reporting on all patients

5 CPC+ regions participated in data aggregation (same in 2018 and 2019).

Claims line feeds

318 CPC+ practices received claims line feeds (newly introduced in 2019).

83%

Logged into the data feedback tool between August and December 2019 (+25% from 2018)

Data most frequently viewed

- Utilization
- Specialty
- Patient demographics

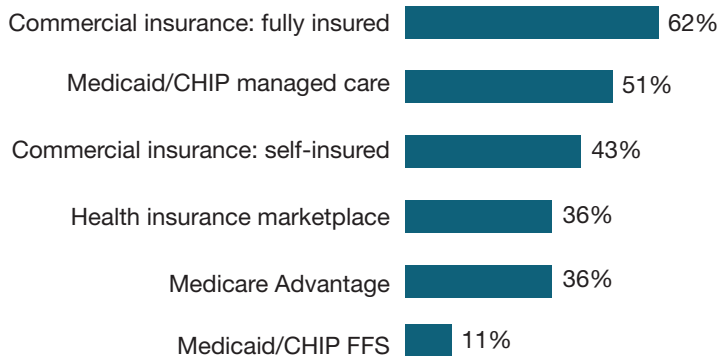
Regions



Multi-Payer Commitment to Aligned Payment Reform Evolved in 2019

CPC+ Payer Partners continued their commitment to providing payment supports to CPC+ practices in 2019.

Percent of payer partners that included various lines of business*



17% of payer partners provided alternatives to FFS payments*



- Partial capitation
- Full capitation
- Additional care management fee

* Data based on survey responses collected from 53 payers, 2017 starter regions only.

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CPC+ 2019 Year in Review

Improved Quality and Utilization Performance in 2019

Accountability for Clinical Quality, Patient Experience, and Utilization

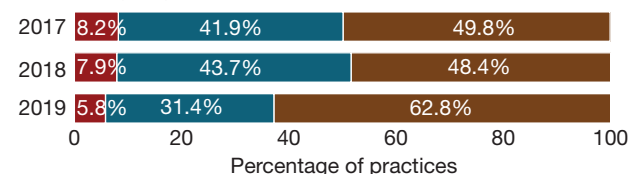
In 2019, on average, eligible practices retained 71% of their performance-based incentive payment. On average, these practices retained 85% of the PBIP *Quality Component* and 56% of the PBIP *Utilization Component*. CPC+ assessed performance on efforts to improve quality and patient experience of care (PEC) and reduce unnecessary hospital and ED utilization in 2019.

1. Quality Component Performance

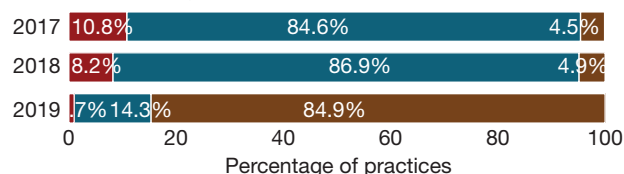
Practice performance continued to improve compared to prior years.

Clinical Quality Using Electronic Clinical Quality Measures*

Controlling High Blood Pressure (CMS165)

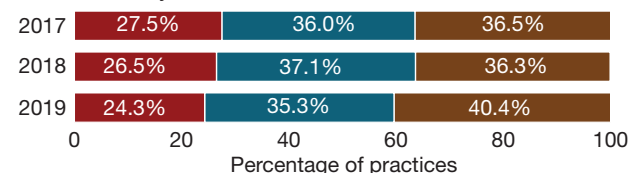


Diabetes: Hemoglobin A1c Poor Control (CMS122)



PEC

PEC Summary Score



Program Year 2019

93% Highest-scoring PEC domain
How well providers communicate

56% Lowest-scoring PEC domain
Providers support patient in taking care of own health

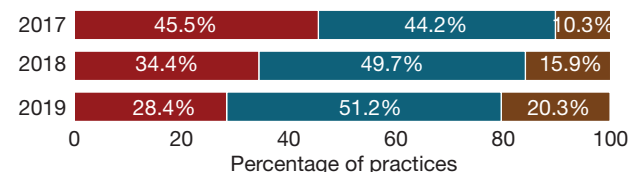
■ Under 30th percentile ■ Between 30th and 70th percentile ■ 70th percentile

* Changes in performance between 2018 and 2019 can in part be attributed to changes in benchmarks.

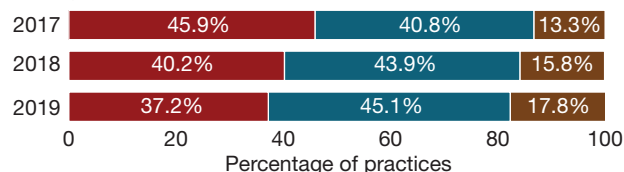
2. Utilization Component Performance

Practices demonstrated continued improvement on both utilization measures, with more practices meeting the 50th and 80th percentiles each year.

Inpatient Hospital Utilization (IHU)



Emergency Department Utilization (EDU)



■ Under 50th percentile ■ Between 50th and 80th percentile ■ 80th percentile

Quality and utilization performance results: <https://innovation.cms.gov/media/document/cpc-plus-py2019-publicresults-07012020>

2019 payment methodology paper: <https://innovation.cms.gov/files/x/cpcplus-methodology-py19.pdf>

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