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

Findings at a Glance

Comprehensive Primary Care Plus (CPC+) Model
Evaluation of the Third Year (2019)

MODEL OVERVIEW

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

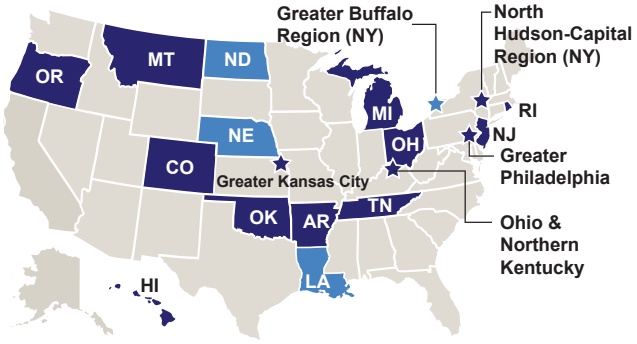
CPC+ is the largest and most ambitious primary care payment and delivery reform model ever tested in the United States. Through CPC+, CMS is testing whether multipayer payment reform, actionable data feedback, robust learning supports, and health information technology (IT) vendor support enables primary care practices to transform how they deliver care and improve patient outcomes. CPC+ requires practices to transform 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. The model is running for five years in each region.

CPC+ practices fell approximately evenly into two tracks. Compared to Track 1, Track 2 practices have more advanced care delivery requirements, receive additional financial support, and are required to gradually shift from a fee-for-service (FFS) approach toward population-based payment. These changes are intended to better support patients with complex needs.

PARTNERS AND PARTICIPANTS

CMS launched CPC+ in 2017 in 14 regions and added 4 more regions in 2018—along with 79 public and private payers and 68 health IT vendors.

CPC+ supports 3,070 primary care practices' efforts to improve the care they provide to over 17 million patients.



The evaluation focuses on practices that joined CPC+ in 2017 because they represent 95 percent of all CPC+ practices.

Participation remained substantial over the first three years in the 2017 regions. Over 90 percent of payer partners and practices were still participating in CPC+ by the end of the third program year (PY).

	Payer partners	Practices	Practitioners
Start of PY 1	63	2,905	13,204
End of PY 2	64	2,716	13,528
End of PY 3	60	2,675	13,739

FINDINGS

What support did CMS, payer partners, and health IT vendors provide?

CPC+ provided practices with substantial supports. CMS and payer partners continued to provide CPC+ practices with enhanced and alternative payments, data feedback, and learning activities. Notably, CMS and payer partners provided enhanced payment beyond what practices receive for traditional services, resulting in median payments of approximately $136,000 to Track 1 practices and $269,000 to Track 2 practices.

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FINDINGS (continued)

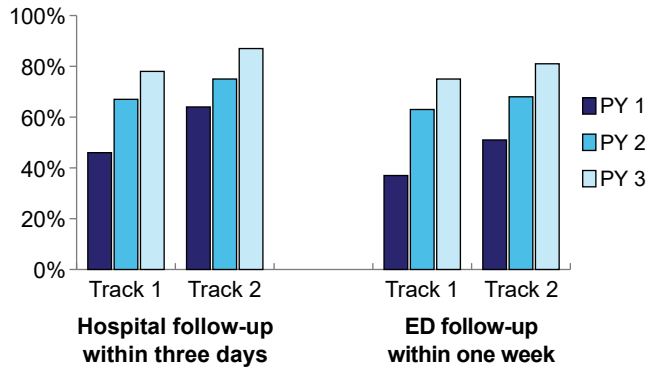
In PY 3, payers made no progress in shifting away from historically common fee-for-service payment for traditional services. CMS and 17 percent of payer partners paid Track 2 practices a lump sum in advance—before the practices provided these traditional services—and correspondingly reduced or eliminated FFS payments for the services.

Health IT vendors continued to support advanced health IT functionalities for Track 2 practices.

How did practices improve care delivery?

Drawing on the substantial supports provided by CPC+, practices continued to improve care delivery in 2019.

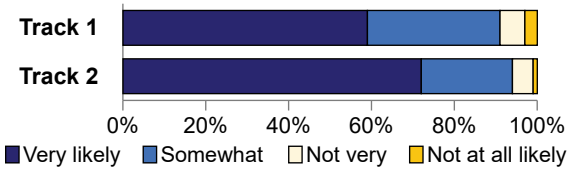
For example, more CPC+ practices provided episodic care management services each program year.



While practices made improvements, they also had more work to do. For example, practices needed to provide longitudinal care management services to a larger proportion of their high-risk patients.

They also needed to integrate behavioral health services more thoroughly and to offer alternatives to traditional office visits (such as scheduled phone or video visits) to more patients.

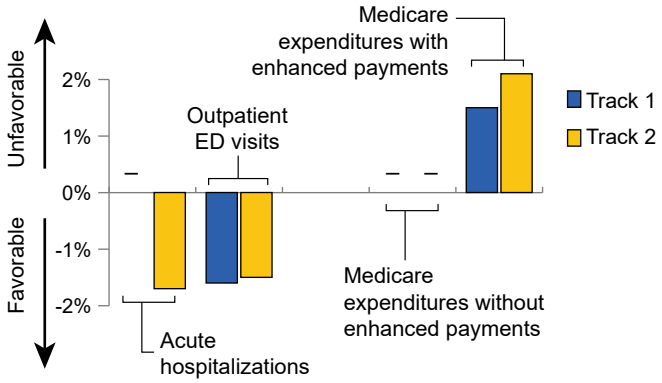
Most practices in the third year reported that they were likely to participate in CPC+ again if they could.



What were the effects on Medicare fee-for-service (FFS) beneficiaries' outcomes?

Primary care transformation takes time to implement. For Medicare FFS beneficiaries in Track 2 practices, small reductions in hospitalizations emerged in the third year. There were also small, persistent improvements in emergency department visits and some quality-of-care outcomes. However, CPC+ increased CMS's expenditures for Medicare beneficiaries when including CMS's enhanced payments.

Percentage impacts in PY 3



KEY TAKEAWAYS

In the third year of CPC+, practices continued to use the substantial supports CMS, payer partners, and health IT vendors provided to make important changes in care. As expected at this stage of care delivery changes, there were only a few small favorable effects on service use and quality-of-care measures for Medicare FFS beneficiaries, while total Medicare expenditures including enhanced payments increased. Future reports will describe the final two years of CPC+.