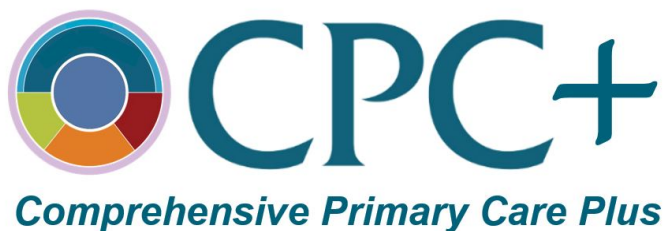


Evaluation of



**OVERVIEW OF THE INDEPENDENT
EVALUATION OF CPC+**

April 6, 2018



Overview of the Independent Evaluation of CPC+

The Centers for Medicare & Medicaid Services (CMS) has contracted with Mathematica Policy Research, an independent research firm, to evaluate Comprehensive Primary Care Plus (CPC+).

What research questions will the evaluation seek to answer?

- Who participates in CPC+?
- What payments, data feedback, and learning supports does CPC+ provide?
- How do CPC+ practices transform care delivery?
- What are the effects of CPC+ on cost, quality, and patient and practitioner experience?

What data sources will the evaluation use?

Interviews with:

- CMS and its contractors, including learning and data feedback contractors
- CPC+ payer and health IT vendor partners
- CPC+ practices and health systems representatives

Program data including:

- CMS's rosters of participating payers and practices
- CPC+ payer and practice application data
- Care delivery requirement, financial, and electronic clinical quality measure data CPC+ practices submit to CMS

Surveys of:

- CPC+ payers
- CPC+ and comparison practices and practitioners, and CPC+ staff
- Medicare FFS beneficiaries from CPC+ and comparison practices

Claims and enrollment data on:

- Medicare FFS beneficiaries
- Medicaid FFS beneficiaries (where feasible)



How will Mathematica study CPC+ implementation?

Mathematica will analyze qualitative and quantitative data to comprehensively examine how CPC+ is being implemented, what is working well, and how CPC+ can be improved. More specifically, we will (1) track CPC+ participation over time; (2) describe supports to practices, including payment, learning activities, and data feedback from Medicare and other payers, and health IT support from health IT vendor partners; (3) examine how practices change care delivery to meet the five CPC+ functions and associated care delivery requirements; and (4) assess the potential to sustain, spread, and scale CPC+. We will analyze CPC+ implementation overall and separately by track, Medicare Shared Savings (SSP) participation, and key practice, payer, and vendor characteristics. The implementation findings will offer timely, formative feedback for program refinements, inform the evaluation's other data collection efforts, and guide interpretation of impact findings.

How will Mathematica evaluate the effects of CPC+?

Mathematica will compare changes in outcomes over time for CPC+ practices with those of a comparison group of practices that were similar to CPC+ practices before CPC+ began. The evaluation will assess the effects of CPC+ on outcomes for Medicare fee-for-service (FFS) beneficiaries and, where possible, Medicaid FFS beneficiaries.

To form the comparison group, Mathematica selected practices that are not participating in CPC+ but were similar to CPC+ practices before CPC+ began in other ways. Specifically, the CPC+ and comparison practices had similar (1) Medicare patients (with similar characteristics, conditions, Medicare expenditures, hospitalizations, and emergency department use); and (2) practice characteristics (such as size, health system ownership status, prior experience with primary care transformation and with electronic health records, and rural/urban location).

Why use a comparison group design?

CPC+ practices are different from the general population of practices that provide primary care in CPC+ regions. Most notably, CPC+ practices are more likely to have had prior experience with primary care transformation and with electronic health records. Comparing CPC+ practices to a comparison group, instead of to all practices in a region, helps ensure that any observed differences in performance are due to CPC+ and not due to prior differences in the characteristics of practices or their patients.

For CPC+ and comparison practices, Mathematica will use claims, surveys, and other data to track the effects of CPC+ on delivery of care; practitioner and beneficiary experience; and Medicare and Medicaid FFS expenditures, service use, and quality of care. For claims-based outcomes, Mathematica will compare the change in outcomes for CPC+ practices to the change in outcomes for comparison practices. All CPC+ practices will remain in the study sample whether or not they remain in CPC+. If CPC+ practices make significantly larger favorable changes than comparison practices, Mathematica can conclude that CPC+ had a positive impact.



When will findings be available?

Mathematica will produce annual evaluation reports for CMS. CMS will distribute them to CPC+ participants and share them publically on its CPC+ website. Mathematica's reports will show results separately for Track 1 and Track 2 practices, as well as separately for practices participating in CPC+ only and those participating in both CPC+ and SSP at the start of CPC+. Mathematica will not report findings at the region level. The first report, anticipated to be released in 2019, will cover the first year of CPC+ for 2017 starters. The second report, anticipated to be released in 2020, will cover the first year of CPC+ for both 2017 and 2018 starters, and the second year of CPC+ for 2017 starters.

What is my role in the CPC+ evaluation?

Practices, payers, and health IT vendors that participate in CPC+ will play a vital role in Mathematica's evaluation of CPC+. Through interviews, surveys, and other data collection efforts, stakeholders will provide important perspectives on how CPC+ is being implemented and how to improve CPC+, and they will help CMS understand the effects CPC+ has on the quality and cost of care. We describe CPC+ stakeholders' roles in the evaluation in additional detail in the remainder of this memo.

CMS and Mathematica sincerely appreciate your cooperation with the independent evaluation of CPC+. Mathematica will provide CPC+ stakeholders with additional details before each data collection activity. If you have questions about CPC+ or the evaluation, please contact CPC+ Support at CPCPlus@telligen.com or at 1-888-372-3280.

Practices' role in the CPC+ evaluation

Practices play a vital role in Mathematica's evaluation of CPC+. Whenever possible, Mathematica will use program data that practices are already providing to CMS as part of their ongoing participation in CPC+. For example, Mathematica will draw on the data that practices report to CMS on their progress toward meeting CPC+ care delivery requirements.

Mathematica will also collect survey data from all participating practices and qualitative data from a small sample of CPC+ practices (see Table 1). **Mathematica will only report data from practices in aggregate; it will not attribute interview comments to specific individuals or practices in any reports.**

Table 1. CPC+ evaluation primary data collection from CPC+ practices

Data source	Why is Mathematica collecting these data?	Who will Mathematica collect the data from? ^a	What do practices need to do?
Practice survey	To track CPC+ practices' changes to care delivery and perceptions of CPC+, and collect information on practice characteristics.	All CPC+ practices	All practices complete surveys. 2017 starters: Spring 2017, Summer 2018, Winter 2019-2021 2018 starters: Spring 2018, Summer 2019, Winter 2020-2022
Practitioner, staff surveys	To track care delivery and understand the impact of CPC+ on practice culture, teamwork, and practitioner and staff satisfaction.	Sample of practitioners and staff from all CPC+ practices	Selected practitioners and staff will complete surveys. 2017 starters: Winter 2019 and 2021 2018 starters: Winter 2020 and 2022
Early experiences interviews with practices	To gain insight into the CPC+ orientation process and early facilitators or barriers encountered during the start of CPC+.	Up to 22 practices with a range of characteristics	Selected practices participate in 30- to 60-minute interviews. 2017 starters: Fall 2017 2018 starters: Fall 2018
Site visits to deep-dive practices	To understand how practices approach the CPC+ goals and change their care delivery, and to gain insight into the barriers and facilitators that influence their work.	108 practices with a range of characteristics	Selected practices participate in 1- to 1.5-day site visits and 60- to 90-minute telephone interviews. 2017 starters: Site visits, spring 2018 and 2020; Interviews, fall 2019 and 2021 2018 starters: Site visits, spring 2019 and 2021; Interviews, fall 2020 and 2022
Interviews on practice coaching	To understand how the in-person coaching provided by CPC+ practice facilitators is supporting care delivery changes.	Up to 15 practices that received in-person coaching	Selected practices participate in interviews. 2017 starters: Summer 2018 and 2020
Site visits to exemplar practices	To gain insight into practices' strategies for changing care delivery, and factors that facilitate change in practices that show the most improvement in outcomes.	About 72 practices that exhibit strong improvements in care delivery or outcomes	Selected practices will participate in a 1.5- to 2-day site visit. 2017 starters: 2019 or 2021 2018 starters: 2021

^a Mathematica will interview both 2017 and 2018 starters and practices from both tracks.

Payer partners' role in the CPC+ evaluation

Payer partners play a critical role in Mathematica's evaluation of CPC+ by sharing information on the crucial supports they provide to participating practices and sharing important perspectives on how to improve CPC+. To collect this information, Mathematica is asking payer partners to complete a survey each year and to participate in three rounds of interviews (see Table 2). To reduce the reporting burden on payers, CMS and Mathematica are working to align their data collection efforts. To that end, Mathematica plans to share with CMS the information that payers provide in their surveys (unless payers request that Mathematica not share the data with CMS). When possible, Mathematica will pre-populate the surveys so that payers do not have to re-enter information that has not changed. (Note: Although Mathematica plans to share with CMS the data that payers provide in their surveys, Mathematica will not share interview notes with CMS staff or with others.)

CMS and Mathematica acknowledge that payers view much of the information that will be collected as proprietary, and will ensure that this information remains confidential. **Mathematica and CMS will only report data from payers in aggregate; we will not attribute interview comments to specific individuals or payers in any reports.**

Table 2. CPC+ evaluation primary data collection from payer partners

Data source	Why is Mathematica collecting these data?	Who will Mathematica collect the data from?	What do payers need to do?
Payer survey	To develop insight into payers' approaches to CPC+, such as specific lines of business and numbers of attributed lives included in CPC+, and payers' CPC+ payment approaches.	All payers	Complete a survey. 2017 CPC+ regions: Each fall, 2017–2021 2018 CPC+ regions: Each fall, 2018–2022
Payer interviews	To understand payers' CPC+ design decisions, the barriers and facilitators they face in moving toward CPC+ objectives (such as data aggregation), their perspectives on the value of CPC+, and their support for practices that are not participating in CPC+.	All payers	Participate in three rounds of 60- to 90-minute interviews. 2017 CPC+ regions: Fall 2017, fall 2019, and summer 2021 2018 CPC+ regions: Fall 2018, fall 2020, and summer 2022



Health IT vendor partners' role in the CPC+ evaluation

CPC+ vendor partners play an important role in Mathematica's evaluation of CPC+. Mathematica reviewed health IT vendor partner's letters of support to understand how these partners planned to support CPC+ practices to use health IT to improve care delivery. Mathematica is also interviewing a subset of health IT vendor partners to understand how vendors are building practices' understanding of existing health IT functionalities, how vendors are developing and refining functionalities over time, key challenges to developing new functionalities and working with practices, and vendors' overall perspectives on CPC+ (Table 3). **Interviews will be confidential; Mathematica will not share interview notes with other parties, including CMS or other vendor partners, and will not attribute quotes or examples to specific vendors in its reports.**

Table 3. CPC+ interviews with health IT vendor partners

Data source	Why is Mathematica collecting these data?	Who will Mathematica collect the data from?	What do vendors need to do?
Interviews with health IT vendor partners	To understand (1) how vendors build practices' understanding of existing health IT functionalities, refine functionalities over time, and develop new functionalities; (2) the effect of participating in CPC+ on vendors' relationships with practices; and (3) perspectives on how CPC+ could be improved.	Up to 15 vendor partners, selected to represent different vendor sizes and types, and vendors supporting different CPC+ health IT functionalities. Mathematica will interview health IT vendor staff who are knowledgeable about CPC+ implementation, product design and development, and marketing.	Representatives from selected health IT vendor partners will participate in 30- to 60-minute interviews in fall 2017, 2019, and 2022.