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

Findings at a Glance

Comprehensive Primary Care Plus (CPC+) Model
Evaluation of the Fourth Year (2020)

MODEL OVERVIEW

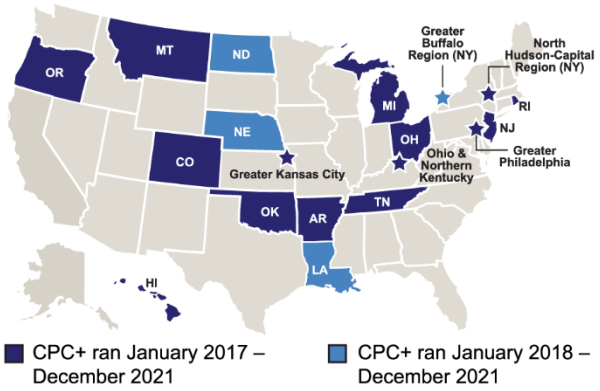
GOALS OF CPC+

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+ was the largest and most ambitious primary care payment and delivery reform model ever tested in the United States. Through CPC+, the Centers for Medicare & Medicaid Services (CMS) tested whether multipayer payment reform, actionable data feedback, robust learning activities, and health information technology (IT) vendor support enabled primary care practices to transform how they deliver care and improve patient outcomes. CPC+ required 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. CPC+ practices fell approximately evenly into two tracks. Compared to Track 1, Track 2 practices had more advanced care delivery requirements, received additional financial support, and were required to gradually shift from a fee-for-service (FFS) approach toward population-based payment; all 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+ ran through December 2021.



Across the 2017 and 2018 regions, CPC+ supported 3,070 primary care practices' efforts to improve the care they provide to over 17 million patients.

Participation remained substantial over the first four years in the 2017 regions. Ninety percent of payers and practices were still participating in CPC+ by the end of the fourth program year (PY).

	Payers	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
End of PY 4	57	2,599	13,766

For simplicity, the evaluation focuses on practices that joined CPC+ in 2017, which represents 95% of all CPC+ practices.

KEY TAKEAWAYS

In the fourth year of CPC+, practices' ability to work on CPC+ care delivery requirements was hindered by the COVID-19 pandemic. Yet, the range of supports provided by CMS, payer partners, and health IT vendors and temporary reliefs granted through changes in payment policies helped practices continue to make important changes to care. CPC+ reduced acute care utilization and acute inpatient expenditures and improved some claims-based quality-of-care measures. Some types of expenditures increased, so CPC+ did not reduce total Medicare expenditures without enhanced payments and expenditures including enhanced payments increased. However, reductions in total expenditures without enhanced payments emerged in PY 4 for Medicare Shared Savings Program (SSP) practices, especially in Track 1. The final report will further explore these positive trends.

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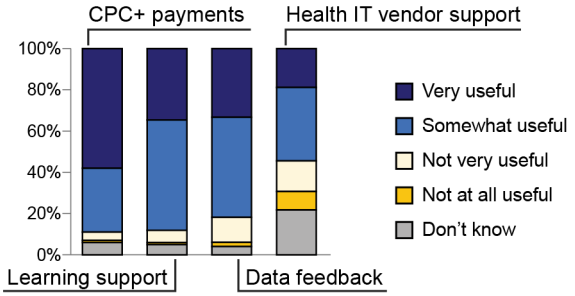
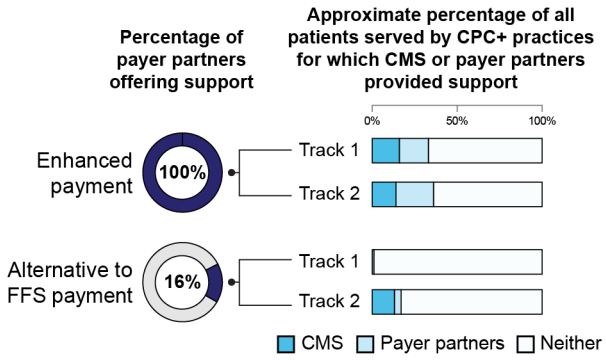
FINDINGS

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



CPC+ practices widely found the CPC+ payment, learning, and data feedback supports they received to be useful for improving primary care. Fewer practices found health IT vendor support useful.



Most or all payer partners provided enhanced payments for one-third of total patients served by CPC+ practices. In contrast, few payer partners had implemented alternative payment approaches by the end of PY 4.

Care improved for beneficiaries with behavioral health needs

Practices increased use of on-site behaviorists each year of CPC+. This investment in behavioral health integration was particularly valuable in PY 4 as the COVID-19 pandemic increased mental health care demand. Further, between 2016 and 2020, long-term opioid use and potential overuse decreased among CPC+ beneficiaries; the population included people who had a disability and were dually eligible for Medicare and Medicaid.

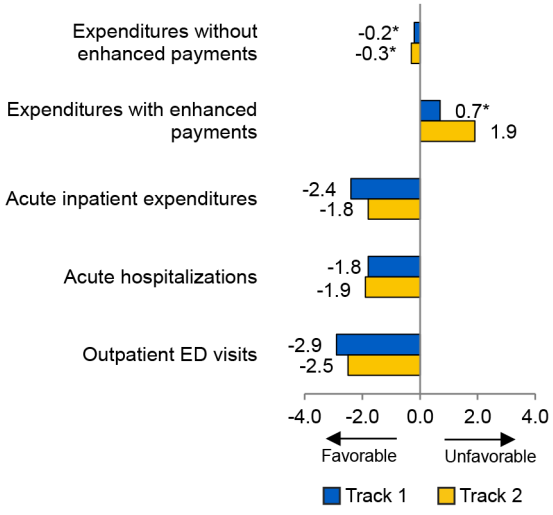
Plans for sustaining care delivery changes

Practices reported plans to continue some of the processes they put in place for CPC+ after the model ended: (1) ensuring a range of options for accessing primary care from the practice, (2) using data to guide practice improvements, and (3) providing "episodic" care management for patients who had a recent hospital admission or emergency department (ED) visit. Still, practices expect to need ongoing supports from payers to continue many aspects of this work.

What were the effects on Medicare FFS beneficiaries' outcomes?

CPC+ reduced acute care utilization. CPC+ reduced outpatient ED visits (starting PY 1), hospitalizations, and acute inpatient expenditures (starting PY 3) and improved some claims-based quality-of-care measures. Due to offsetting increases in other expenditure categories, CPC+ did not reduce total Medicare expenditures without enhanced payments, so expenditures including enhanced payments increased. However, a 1.5% reduction in total expenditures without enhanced payments emerged in PY 4 for Track 1 SSP practices.

Percentage change in PY 4 outcomes



* Percentage change not different from zero.

This document summarizes the evaluation report prepared by an independent contractor. To learn more about CPC+ and to download the full evaluation report, visit: https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus/.