

# Analyzing the Impact of Comprehensive Primary Care Program Participation in Oregon

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Comagine Health, formerly Oregon Health Care Quality Corporation, Qualis Health and HealthInsight, is a national, nonprofit, health care consulting firm.

As a trusted, neutral party, we partner with health care organizations to address key challenges. In all our engagements, we draw upon our expertise in analytics, quality improvement, care management, health information technology and research.

**Approximately 200  
professional staff**

- Data analysts
- Health information technology specialists
- Medical directors and nurses
- Case managers
- Clinical reviewers
- Quality improvement experts

# 2019 claims data summary: Oregon Data Collaborative

80%

Fully Insured  
Commercial  
population

23%

Self Insured  
Commercial  
population

100%

Medicaid  
population

87%

Medicare FFS  
and Medicare  
Advantage  
population

# Background

- **Comprehensive Primary Care Classic (CPC Classic) and Comprehensive Primary Care Plus (CPC+):** CMS initiatives to strengthen primary care through care delivery transformation and multi-payer payment reform
- Oregon has participated since CPC Classic began in 2012
- Comagine Health, along with Artemis Consulting and the Oregon Health Leadership Council convenes the 12 payer CPC+ Payer Group
- In 2018, the Oregon CPC+ Payer Group committed to aggregating claims data with Comagine Health in order to help payers and practices learn from the CPC+ experience. CMS joined as a partner.

# Analysis of the CPC+ Program in Oregon

- Mathematica evaluation observed Medicare FFS population– didn't address multi-payer needs
- Analyses from The Health Collaborative in Ohio demonstrated how APCD data could be used to analyze the model, sparked interest in the Oregon Payer Group about using the Oregon Data Collaborative for similar analyses
- “Data Bytes” approach allowed for targeted analyses that could be generated faster than a full-scale evaluation, responsive to payer and other stakeholder interest in the model's progress

# Methodology

CPC participating group consisted of Oregon primary care practices that participated in both CPC Classic and CPC+

Comparison group consisted of Oregon primary care practices that participated in only one CPC program, or did not participate in either

Measure results with fewer than 30 individuals in the denominator were suppressed

Except for Comprehensive Diabetes Care quality measures, all data were from 2017

Medicare fee-for-service data is available through Comagine Health's participation in the Medicare Qualified Entity program

Complete results and methodology descriptions for both Data Bytes are available on the [Oregon CPC+ Payer Group website](#).

**Question 1:**  
**Is participation in CPC programs associated with any changes in the quality of care provided?**

# Results

CPC-participating practices had higher performance rates than comparison practices across all payers on 24 out of 26 measures

- Difference was statistically significant for 14 measures

Quality Measure	Results
Annual Monitoring for Patients on Persistent Medications - ACE Inhibitors or ARBs	✓*
Annual Monitoring for Patients on Persistent Medications - Diuretics	✓*
Annual Monitoring for Patients on Persistent Medications - Total	✓*
Antidepressant Medication Management: Continuation Phase Treatment	✓*
Antidepressant Medication Management: Effective Acute Phase Treatment	✓*
Appropriate Treatment for Children With Upper Respiratory Infection	✓
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	✓*
Breast Cancer Screening	✓*
Cervical Cancer Screening	✓*
Chlamydia Screening in Women	✓
Comprehensive Diabetes Care - Eye Exam Performed	✓*
Comprehensive Diabetes Care - HbA1c Testing	✓*
Comprehensive Diabetes Care - Medical Attention for Nephrology	✓*
Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up	✓
Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up	✓
Generic Prescription Fills: Antidepressants	✗
Generic Prescription Fills: Antihyperlipidemics	✓
Generic Prescription Fills: Antihypertensives	✓
Statin Therapy for Patients With Cardiovascular Disease - Rate 1; Received Statin Therapy	✓
Statin Therapy for Patients With Cardiovascular Disease - Rate 2; Adherence	✓
Statin Therapy for Patients With Diabetes - Rate 1; Received Statin Therapy	✓*
Statin Therapy for Patients With Diabetes - Rate 2; Adherence	✓*
Use of Imaging Studies for Low Back Pain	✓*
Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer	✗
Use of Opioids at High Dosage in Persons Without Cancer	✓
Use of Opioids from Multiple Providers in Persons Without Cancer	✓



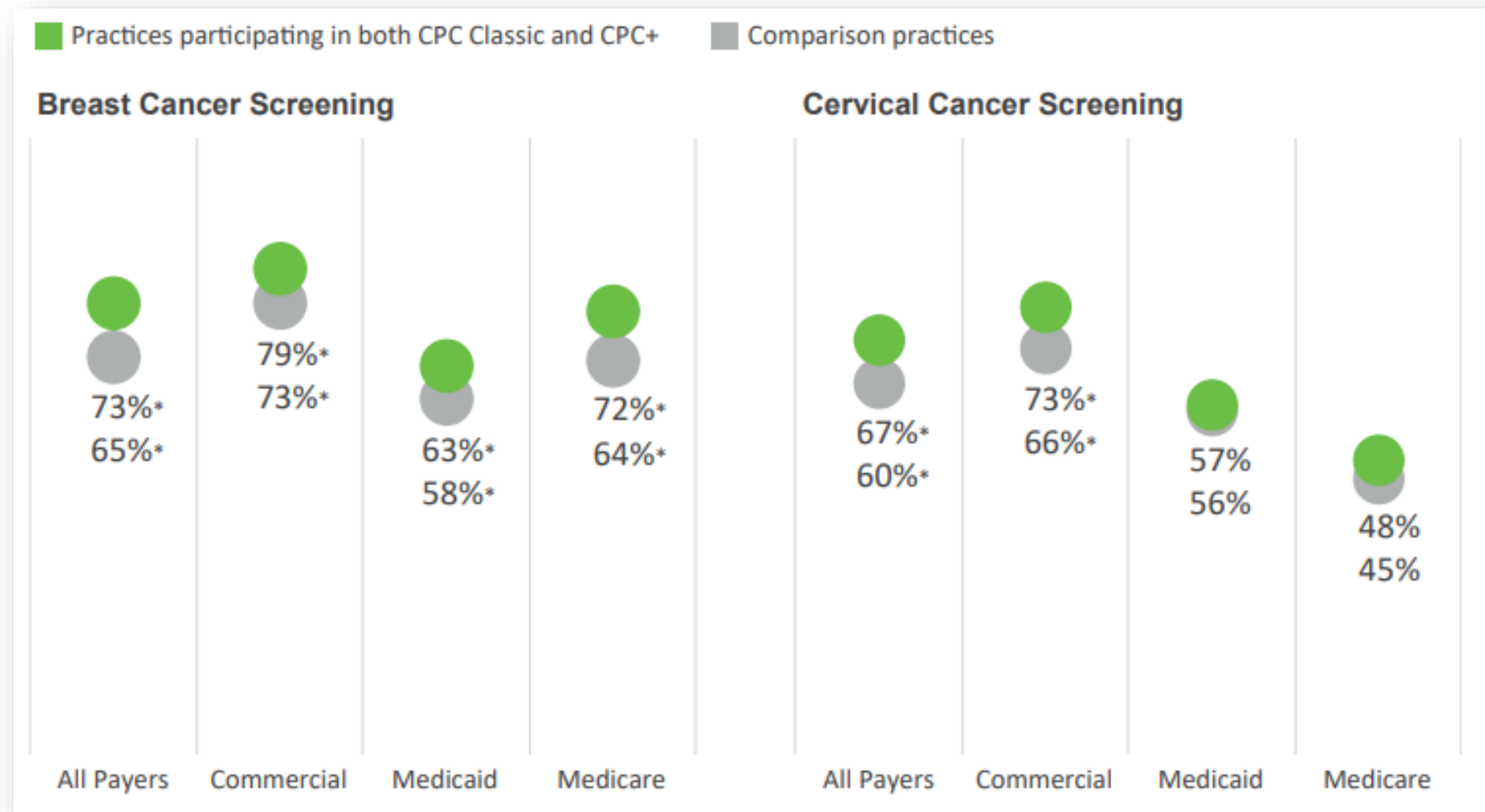
Practices participating in both CPC Classic and CPC+ had higher performance rates



Difference was statistically significant (p<0.05)



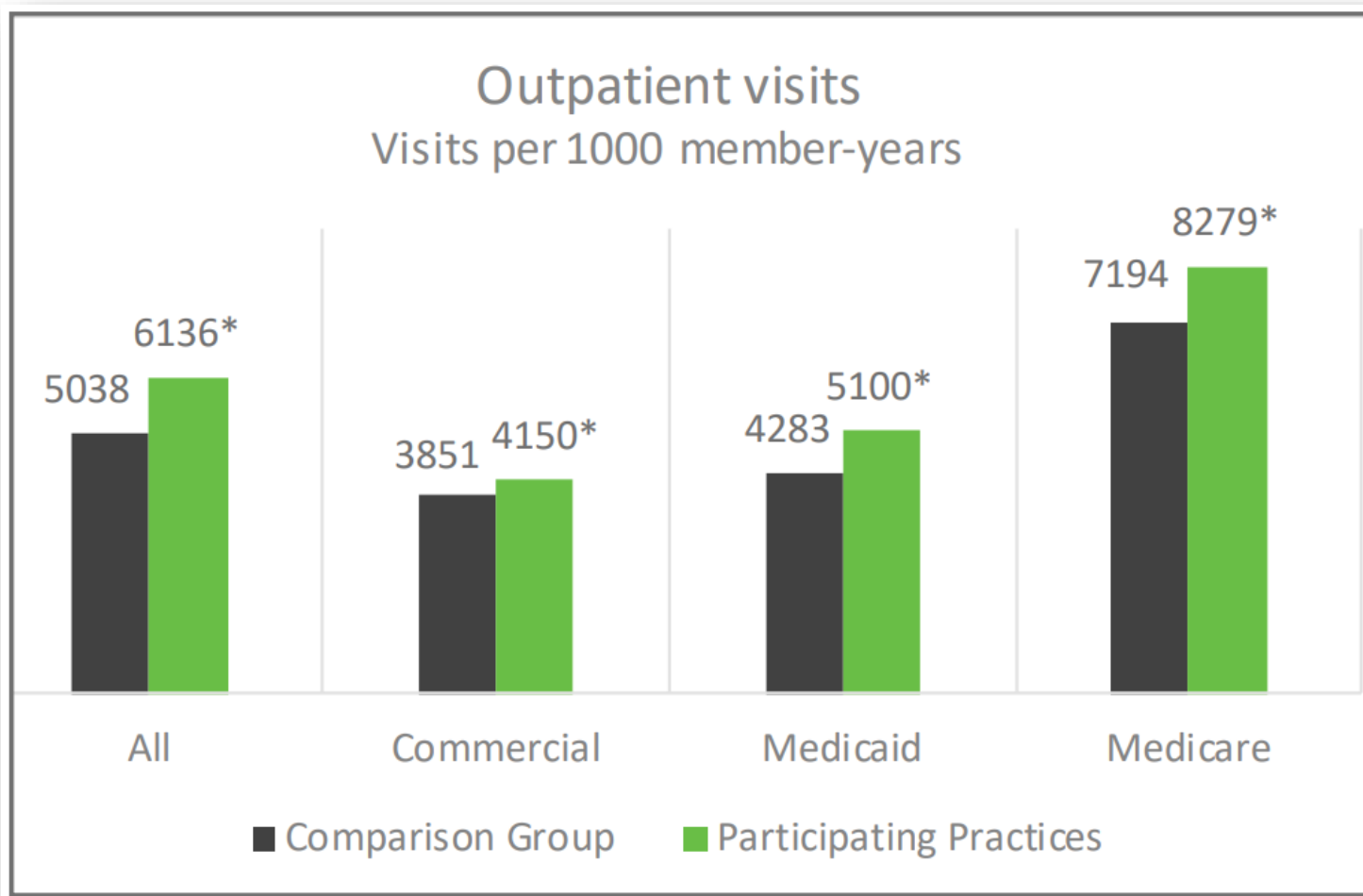
# Selected results by payer type



## **Question 2:**

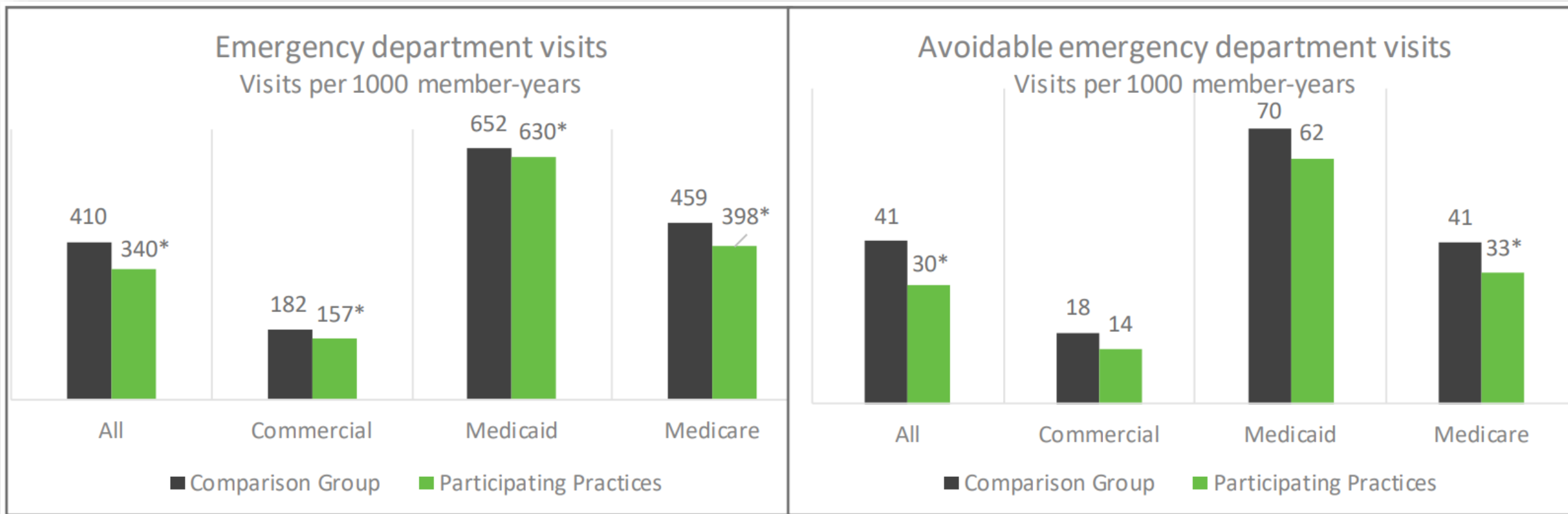
**Is participation in CPC programs associated with any changes in the utilization and cost of health care?**

# Results



**Participating practices had significantly more adult outpatient visits than comparison practices, across all payer types**

# Results

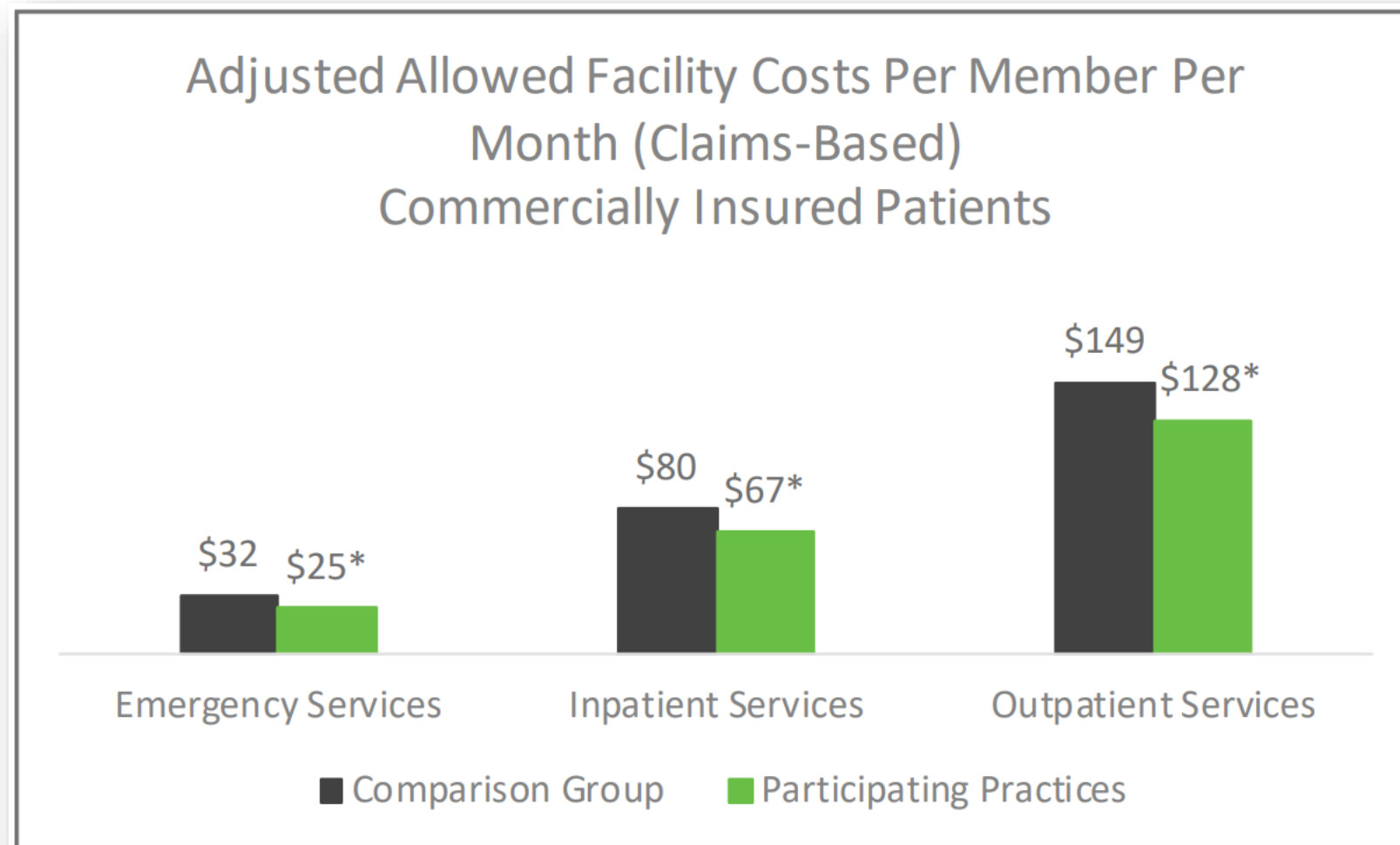


**Participating practices had lower adult emergency department (ED) utilization and fewer avoidable ED visits than comparison practices. Significance varied by payer.**

# Results

Participation in both CPC programs was associated with lower risk-adjusted costs of care than the comparison group among commercially insured patients.

This analysis reflects only claims-based facility costs; related professional services and alternative payment methodologies are not reflected. This analysis includes cost measures that are primarily claims-based, minimizing the impact of not including alternative payment methodologies.



# Significance

- CPC program participation is associated with improved quality, cost and utilization
- Resulting analyses reflect care transformation at the population level using multi-payer aggregated claims data
- These analyses demonstrate the value of aggregating multi-payer claims to drive care transformation and to drive future policy decisions throughout the health system
- **Assessing program impact can have significant policy implications and guide future decision-making**

# What's next?

The Oregon CPC+ Payer Group has requested five more Data Bytes by December 2021

- Primary care quality, 2015-18
- Primary care cost and utilization, 2015-18
- Behavioral health care quality, 2015-19
- Behavioral health care utilization and cost, 2015-19
- Care transitions, 2015-19