

# Comprehensive Primary Care Plus

*Transforming Primary Care in America*

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**Center for Medicare & Medicaid Innovation**

# Comprehensive Primary Care Plus

America's Largest-Ever Initiative to Transform Primary Care

## ROUND 1



5  
Years



2  
Tracks



14  
Regions



2,891  
Practice Sites



13,090  
Clinicians



>1.76 million  
Medicare Beneficiaries



53  
Payer Partners



58  
HIT Vendor Partners

## ROUND 2

5  
Years

From 2018-2022

4  
New Regions

Selected based on payer  
commitment to partnership

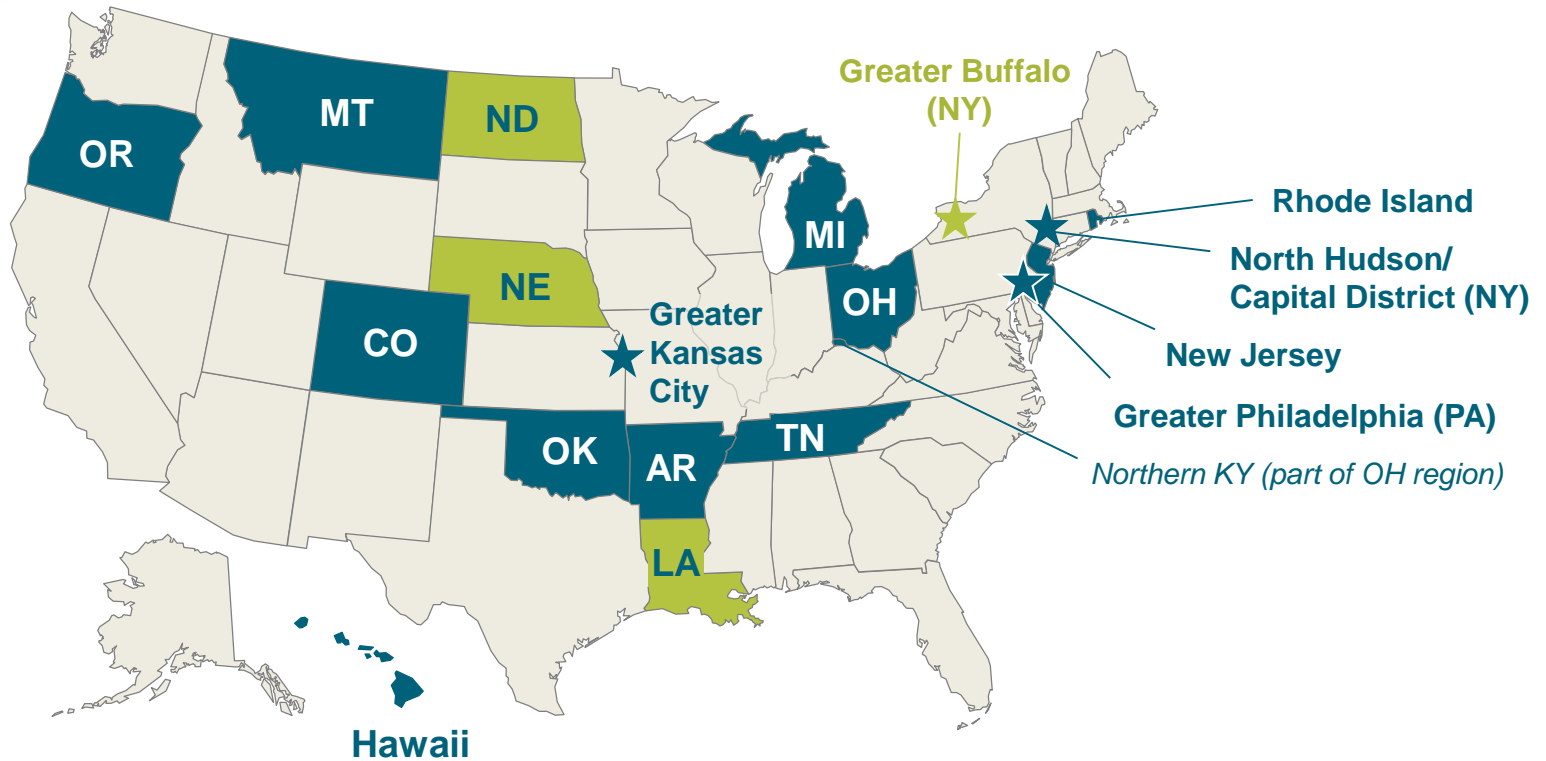
12  
New Payers

Including 5 supporting  
Round 1 regions

Up to 1,000  
New Practices

Depending on  
interest and eligibility

# CPC+ Now Offered in 18 Regions



■ = Round 1 Region   ■ = Round 2 Region

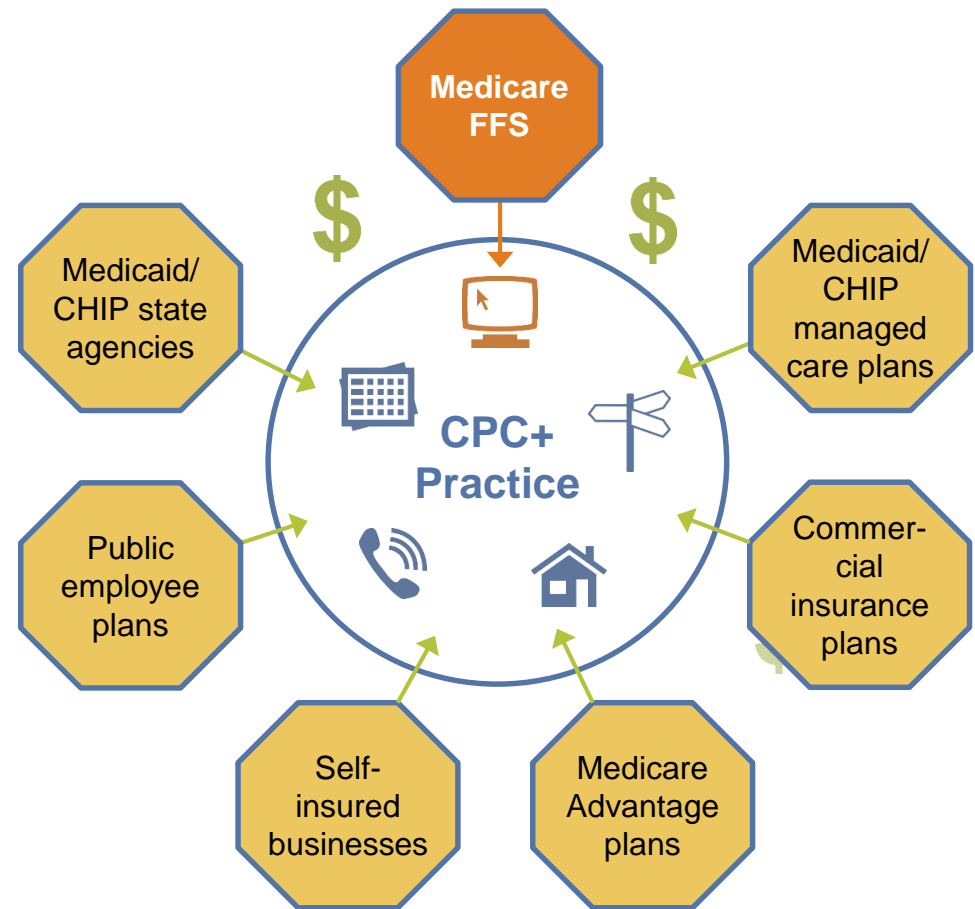
★ = Sub-state region comprising contiguous counties

# Payer Partnership is Essential

CMS partners with payers that share Medicare's commitment to strengthening primary care.

**Support from any one payer covers only a portion of a practice's population.**

Payer partners align on **enhanced payment** approach, **quality measures**, and provision of regular **cost and utilization data**.





# CPC+ Data Feedback Approach



## Attribution/Payment Data

- Quarterly list of Medicare FFS beneficiaries attributed, by risk tier
- Quarterly financial support amounts



## Quality Data

- Performance on Electronic Clinical Quality Measures and CAHPS surveys, compared to other practices

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## Data Sharing Levers

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## Cost and Utilization Data

- **Expenditures:** professional services, inpatient, outpatient, SNFs, etc.
- **Utilization:** inpatient, 30-day readmission, ED utilization



## Multi-Payer Aggregation

- Aligned report with multi-payer data
- Allows clinicians to view entire patient population
- Reduces burden; enhances care coordination and population health

# Data Aggregation Flow

Payer  
Claims  
Data



**Data Aggregation**  
Compiling and standardizing data from different sources

**Standardized Data Set**

**Analytics** making the data readable and useable

**Reporting**  
provides comparative measurement across settings

**Providers**

**Practice Transformation**  
Incorporating multi-payer information into healthcare operations for continuous improvement

# Practice Expenditure and Utilization Information (Dummy Data)

Risk Tier (all)
Age (all)
Race (all)
Gender (all)
View Beneficiary Data
Reset
600 of 600 (100%) Attributed Beneficiaries

Select from the above demographics filters to display only those beneficiaries in the below expenditure and utilization measures. Click an expenditure or utilization measure to display that measure's associated chart(s).

### Expenditures (unadjusted) Toggle 100%

Measure Name	
Current Quarter	Medicare Total %
12 Month Avg.	PBPM
<b>Medicare Total</b>	
<b>\$356.53</b>	
<b>Key Expenditures</b>	
<b>Acute Inpatient</b>	
<b>\$27.63</b>	<b>8%</b>
<b>Specialty</b>	
<b>\$219.78</b>	<b>62%</b>
<b>My Practice Primary Care</b>	
<b>\$26.92</b>	<b>8%</b>
<b>Other Practice Primary Care</b>	
<b>\$26.30</b>	<b>7%</b>

#### Breakdown of Medicare Total Expenditure

Quarter	Inpatient	Outpatient	Professional	Post Acute	Other
2016 Q4	\$73	\$71	\$72	\$72	\$69
2016 Q3	\$74	\$70	\$72	\$71	\$69
2016 Q2	\$74	\$69	\$71	\$70	\$65
2016 Q1	\$73	\$70	\$71	\$72	\$70
2015 Q4	\$72	\$70	\$72	\$72	\$70

#### Medicare Total Expenditure Comparison

Quarter	Practice Actual	Practice 12 Month Avg.	Region 12 Month Avg.
2015 Q4	\$352	\$355	\$358
2016 Q1	\$355	\$355	\$358
2016 Q2	\$353	\$353	\$358
2016 Q3	\$354	\$354	\$358
2016 Q4	\$356	\$356	\$358

12 Month Avg. Includes the last 12 months inclusive of the quarter indicated

### Utilization

Measure Name	
Current Quarter	per 1,000 beneficiary-years
12 Month Avg.	
<b>Acute Inpatient</b>	
<b>1,053</b>	
<b>Percent of Beneficiaries by Discharge Count</b>	
Zero Discharges	52%
One Discharge	26%
Two+ Discharges	22%
<b>ACSC Discharges</b>	
<b>1,029</b>	
<b>ED Visits</b>	
<b>983</b>	

#### Expenditure vs Utilization for Acute Inpatient Current Quarter

Rate per 1,000 Beneficiary-Years

Expenditure PBPM

● Other Practices In the Region ● Regional Average ■ Practice

#### Rate of Acute Inpatient Utilization Comparison

Quarter	Practice Actual	Practice 12 Month Avg.	Region 12 Month Avg.
2015 Q4	995	995	995
2016 Q1	985	985	995
2016 Q2	1000	1000	995
2016 Q3	1100	1100	995
2016 Q4	1050	1050	995

12 Month Avg. Includes the last 12 months inclusive of the quarter indicated