

Comprehensive Primary Care (CPC) Initiative

Primary Care

- Primary care is critical to achieving the three part aim of promoting health, improving care, and reducing overall system costs.
- Current visit-based fee-for service system may not provide resources for comprehensive primary care.
- CMS is exploring new care delivery and payment models.

Practice and Payment Redesign through the CPC initiative

- A major barrier to transformation in *practice* is transformation in *payment*.
- CPC initiative will test a practice redesign model supported by a new payment model over 4 years:

Practice Redesign

- Provision of core primary care functions
- Better use of data

Payment Redesign

- PBPM care management fee
- Shared Savings opportunity

Practice and Payment Redesign through the CPC initiative

Supportive Multipayer Environment

Enhanced, accountable payment

Continuous improvement
driven by data

Optimal use of health IT

Comprehensive primary care
functions:

- Risk-stratified care management
- Access and continuity
- Planned care for chronic conditions and preventive care
- Patient and caregiver engagement
- Coordination of care across the medical neighborhood

Comprehensive
primary care

Aim:
*Better health,
Better care,
Lower cost*

Practice Redesign:

5 Comprehensive Primary Care Functions

1. Risk-stratified care management
2. Access and continuity
3. Planned care for chronic conditions and preventive care
4. Patient and caregiver engagement
5. Coordination of care across the medical neighborhood

Practice Redesign: Additional Support for Primary Care Practices

- Commitment from public and private payers to share data with practices on utilization and the cost of care for aligned beneficiaries.
- Shared learning to help practices effectively share their experiences, track their progress and rapidly adopt new ways of achieving improvements in quality, efficiency and population health.

Payment Redesign: 3 Components of Medicare Payment in the CPC initiative

- Medicare fee-for-service remains in place
- Average \$20 PBPM fee (risk-adjusted) to support increased infrastructure to provide CPC for first 2 years
 - *Reduced to an average of \$15 PBPM in years 3 and 4*
- Opportunity for Shared Savings in years 2, 3, and 4
 - *Calculated at the market level*
 - *Practice share determined by size, acuity and quality metrics*

Collaboration with Payers and Purchasers

- Individual health plans, covering only their members, cannot provide enough resources to transform primary care delivery.
- Solicitation to Payers (9/28/11) invited public and private insurers to apply to collaborate with CMS in purchasing high value primary care in communities they serve.

Why are so many payers interested?

- This initiative is testing the idea that more support for primary care will lead to
 - Better health
 - Better care
 - Decreased health system costs
- Many payers believe this is likely true, and they are willing to invest in a test
- This test will inform national payment policy for primary care in Medicare.

What will be the level of enhanced payment provided by other payers?

- The level and method of enhanced payment by other payers will vary within the market.
- Payers individually responded to the CPC solicitation and were not able to coordinate payment methods or levels.
- This approach maintains a competitive environment.

What would it mean for your practice to participate in the CPC Initiative?

- More resources to practice
 - Multiple payers, including CMS, will be paying you a monthly care management fee
- More data about your population
 - Each payer will provide data on cost of care and resource use for your patients
- Rewards for quality outcomes
 - Standard quality measures (e.g., for DM, BP)
- Opportunity to share savings with CMS and other payers, contingent on quality outcomes

How will your practice be different?

- You will use your EHR systematically to support patient care
 - Assure structured data
 - Communicate information to others
 - Know how well you are doing with ALL your patients
- Proactive risk assessment of ALL patients
- Dedicated staff to support care management, transitions
- Supported time not seeing patients to do this work

Selected markets in the CPC initiative

- Arkansas: Statewide
- Colorado: Statewide
- New Jersey: Statewide
- New York: Capital District-Hudson Valley Region
- Ohio and Kentucky: Greater Cincinnati-Dayton Region
- Oklahoma: Greater Tulsa Region
- Oregon: Statewide

Practice Selection

Practice Selection Goals

- Innovation Center will select approximately 75 primary care practices in each market.
- Selected practices will agree to provide comprehensive primary care and meet related program criteria for which they will receive enhanced payment.
- Selected practices will enter into agreements with Innovation Center and separately enter into agreements with participating payers.

Practice Eligibility Criteria

- Geographically located in a selected CPC market
- Declares willingness to transform to meet 5 key elements of comprehensive primary care
- Has at least 60% of their revenues generated by payers participating in this initiative
- Submits claims using CMS 1500 (formerly HCFA 1500) form
- Does not participate in other Medicare shared savings program
- Serves a minimum of 150 Medicare fee-for-service beneficiaries

Additional Practice Eligibility Criteria

For practices owned by a health system, IPA, academic institution, insurance entity, or other parent owner:

- Each individual practice site must apply separately
- If the same combination of TIN and NPIs use multiple physical sites, we will treat all physical locations as one site
- Each individual practice site must attach a commitment letter from their parent owner:
 - Committing to segregate funds paid in conjunction with the CPC initiative.
 - Assure that all funds flowing through this initiative will be used to support infrastructure and/or provide salary support in this practice.

Initial Practice Selection Criteria

- Electronic health records (EHR) system
 - Preference for Stage 1 Meaningful Users
- Derive a minimum of 60% of their current payer mix from participating payers
 - Preference for practices with the highest participating payer mix
- Any Primary Care Medical Home Recognition
 - Preference for practices in the highest tier/level
- Any participation in practice transformation activities in the last three years

Weighting of Practice Selection Scoring Factors

Use of Electronic Health Records

Percentage of revenue from
CPC initiative payers

Recognition as a
medical home

Participation in
practice
transformation

Additional Selection Factors

Innovation Center may also consider additional selection factors:

- Geographic Diversity
- Serving a high number of Medicaid beneficiaries
- Diversity of practice ownership structures