

What Does the Research Tell Us?

First Year Findings from the Comprehensive Primary Care Initiative

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The Comprehensive Primary Care Initiative

- **4-year multipayer model launched by CMS in October 2012**
 - Includes Medicare, Medicaid FFS (5 regions), and 29 private payers
- **~500 practices with ~2,100 clinicians in 7 regions, serving ~2.5 million patients (1.6 million of these are attributed to practices)**
- **Tests advanced primary care:**

Access and continuity

Planned care for chronic conditions and preventive care

Risk-stratified care management

Patient and caregiver engagement

Coordination of care across the medical neighborhood

- **Annual milestones to promote these functions**
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CPC Delivers a Substantial Intervention to Practices

- **CPC provides three types of supports to practices:**
 - **Enhanced payment via care-management fees (in addition to regular payments), and incentives through shared savings**
 - Total CPC payment to the median practice was \$226,000 (\$70,000 per clinician) in PY2013 (19% of 2012 total practice revenue)
 - **Feedback reports and data files**
 - Medicare provides reports and patient-level data files quarterly
 - Majority of non-Medicare payers provide data feedback, but content and frequency varies
 - **Technical assistance and collaborative learning networks**
 - Funded by CMS and provided by TMF and several other organizations
 - Other payers provide limited support

Practices Worked Hard in CPC's First Year to Start Changing Care Delivery

- **Vast majority of practices met PY2013 Milestones**
- **Work related to risk stratification, care management, and shared decision making were particularly challenging**

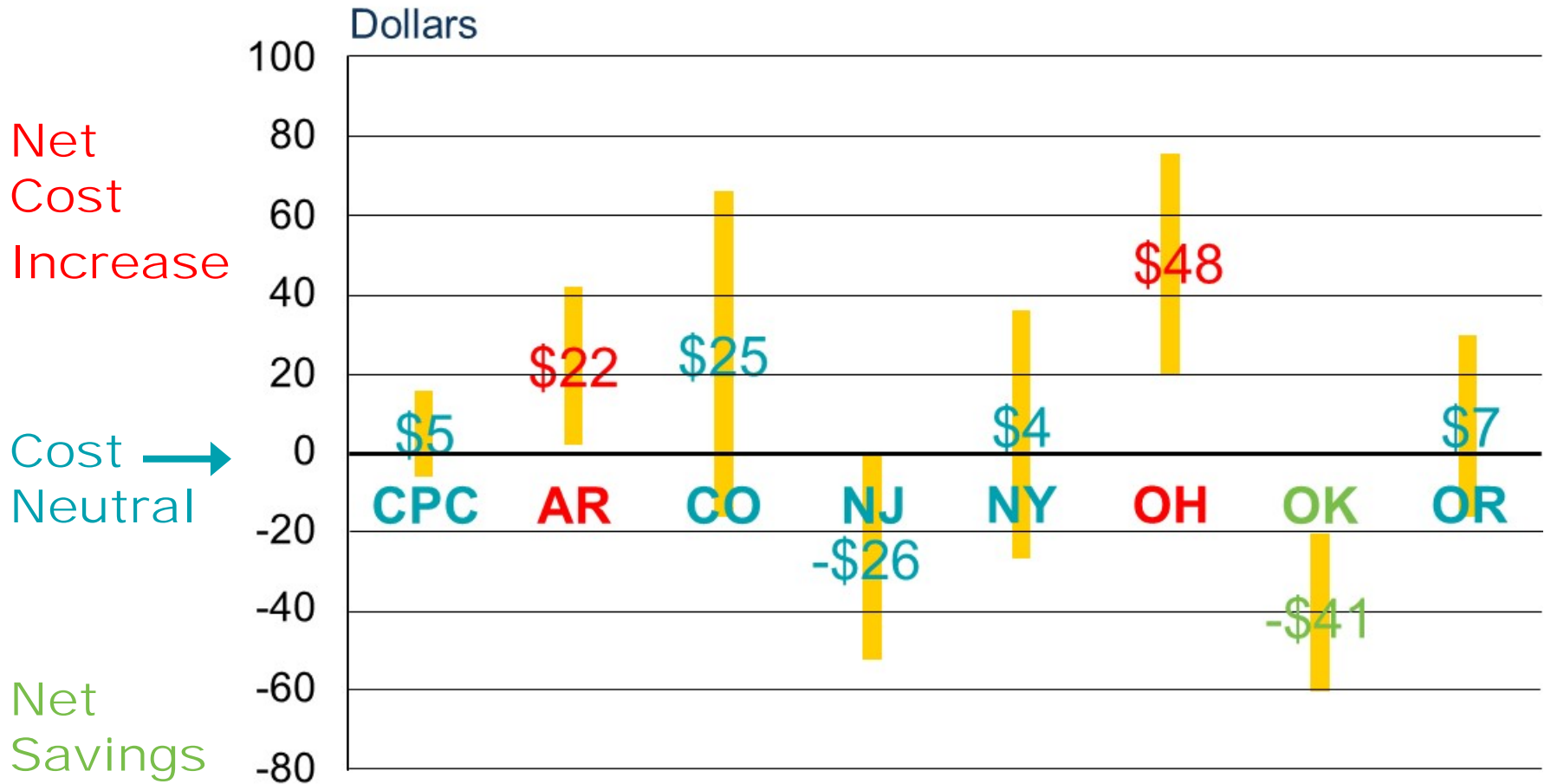


CPC Had a Promising Impact on Medicare Fee-For-Service Beneficiaries in Year 1

- **Reduced total monthly Medicare FFS expenditures—not including care management fees—relative to comparison group by \$14 per beneficiary (or 2 percent)**
- **This offset a large part of Medicare’s monthly care management fees, which average \$20 per beneficiary**
- **Expenditure cost impacts were primarily driven by reductions in:**
 - **Hospitalizations, especially in NY, NJ, and OK**
 - **Outpatient ED visits, especially in OK and OR**



CPC's 12-Month Impacts on Average Monthly Medicare FFS Expenditures with Fees Varied by Region (\$)



Interpret Impact Findings Cautiously

- **Possible unobserved differences between CPC and comparison groups before CPC began**
- **Favorable findings concentrated in several regions and occurred earlier than expected**
- **Unexpected results for some measures in some regions**
- **Additional qualitative and quantitative evidence needed to assess nature and extent of practice transformation, and link to impacts**
- **Stay tuned for additional analyses**

For More Information

- Debbie Peikes
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- CMMI's public CPC website
<http://innovation.cms.gov/initiatives/comprehensive-primary-care-initiative/>

