

# Patient-Centered Primary Care COLLABORATIVE

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## CPC+ TALKING POINTS

### DESCRIPTION:

“[Comprehensive Primary Care Plus](#)” (CPC+) is the largest-ever Centers for Medicare & Medicaid Services (CMS) initiative to transform and improve primary care delivery nationwide.

- ❖ CPC+ is a multi-payer, valued-based initiative – including Medicare fee-for-service (FFS), Medicare Advantage, Medicaid, and commercial health plans.
- ❖ It is designed to enhance and support primary care practices providing five comprehensive primary care functions for patients and their families:
  - (1) access & continuity of care;
  - (2) risk-stratified care management;
  - (3) planned care for chronic conditions and preventive care;
  - (4) patient and caregiver engagement; and
  - (5) comprehensiveness and coordination of care.
- ❖ CPC+ drives change by providing practices with better payment, aligned quality and utilization reporting requirements, data sharing, and peer learning and support.
- ❖ It is expected to benefit 3.5 million Medicare FFS beneficiaries – as well as millions more Medicare Advantage, Medicaid, and commercial patients – whom CPC+ is expected to serve.
- ❖ The goal is to recruit 5,000 practices nationwide, in up to 20 different regions, depending on participation.

### PCPCC PUBLIC STATEMENT:

The [PCPCC commends CMS](#) for its leadership in supporting advanced primary care through regionally based multi-payer initiatives. As outlined in our [annual patient-centered medical home evidence report](#) highlighting 30 medical home initiatives across the country, those with the most impressive cost and utilization outcomes participated in multi-payer collaboratives.

### ROLE OF HEALTH PLANS & EMPLOYERS:

Because CPC+ is structured around multi-payer collaboration that enables practices to change care delivery for their entire patient population, both public and private payer engagement is crucial. CMS will select the CPC+ regions according to where there is sufficient interest from multiple payers. Commercial payers willing to make similar payment arrangements, provide claims data feedback, and align quality measures with CMS will play a critically important role in driving the success of CPC+. The PCPCC encourages commercial plans to demonstrate their commitment to high-performing primary care by [submitting a payer proposal](#) to partner with CMS before the June 1, 2016 deadline.

As a significant stakeholder in health system reform, employers are increasingly interested in supporting high-performing primary care and multi-payer engagement. A recent [issue brief](#) we developed in partnership with the National Business Group on Health describes the primary care imperative for employers and their workforce.

### ORIGINAL CPC:

The CPC+ builds from the original Comprehensive Primary Care (CPC) Initiative launched in 2012, which supported primary care practices in making stepwise care delivery changes consistent with high performing comprehensive primary care.

- ❖ It included 500 practices in 7 regions across the country, and 38 private health plans participated.
- ❖ Early evaluations of CPC demonstrated measured improvement in total monthly Medicare expenditures (\$11 per beneficiary per month) as well as some summary measures of quality of care for patients with diabetes.

- ❖ In addition, the independent evaluators identified important opportunities to further scale and spread high-performing primary care. These “lessons learned” are incorporated into CPC+ and represent the next step in advanced primary care for both care delivery and payment design.

## CHANGES FROM ORIGINAL CPC:

Highlights:

- ❖ **Comprehensive Primary Care Payment Model:** CPC+ offers a new hybrid payment track (Track 2) blending Medicare FFS and global payment for evaluation and management services (E&M). This *offers primary care practices the flexibility they need to deliver care based on patient needs* – whether over the phone, via email, in alternative locations (such as senior centers), or through longer visits for patients with complex needs – placing priority on the healing relationship between clinicians, care teams, and the patients they serve. [Track 1 is similar to the original CPC.]
- ❖ **Provides Upfront Incentives:** CPC+ replaces shared savings with pre-paid bonus incentives tied to practice-level performance of utilization and quality (addressing time lag and regional aggregation issues in the original CPC).
- ❖ **Addresses Needs of Highest-Risk Patients:** CPC+ adds an additional payment tier for patients with complex needs (ensuring that psychosocial needs of the highest risk patients and their caregivers are addressed).
- ❖ **Includes HIT Vendors:** CPC+ incorporates health information technology vendors to partner in improving real time clinical data sharing.
- ❖ **Expands Patient & Family Engagement:** CPC+ expands the role of patient and family engagement to assist in quality improvement efforts.