

# Primary Care Initiatives at CMMI



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# Primary Care Status Quo

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- Fee-For-Service incents high-volume, office-based care.
- Primary care practices have insufficient incentive to coordinate care across settings.
- Primary care practitioners have significant professional dissatisfaction.

# Primary Care Initiatives at CMMI

- **Comprehensive Primary Care initiative (CPC)**
- **Advanced Primary Care Request for Information (RFI)**
- Multi-Payer Advanced Primary Care Practice Demonstration (MAPCP)
- Independence at Home (IAH)
- State Innovation Models (SIM)

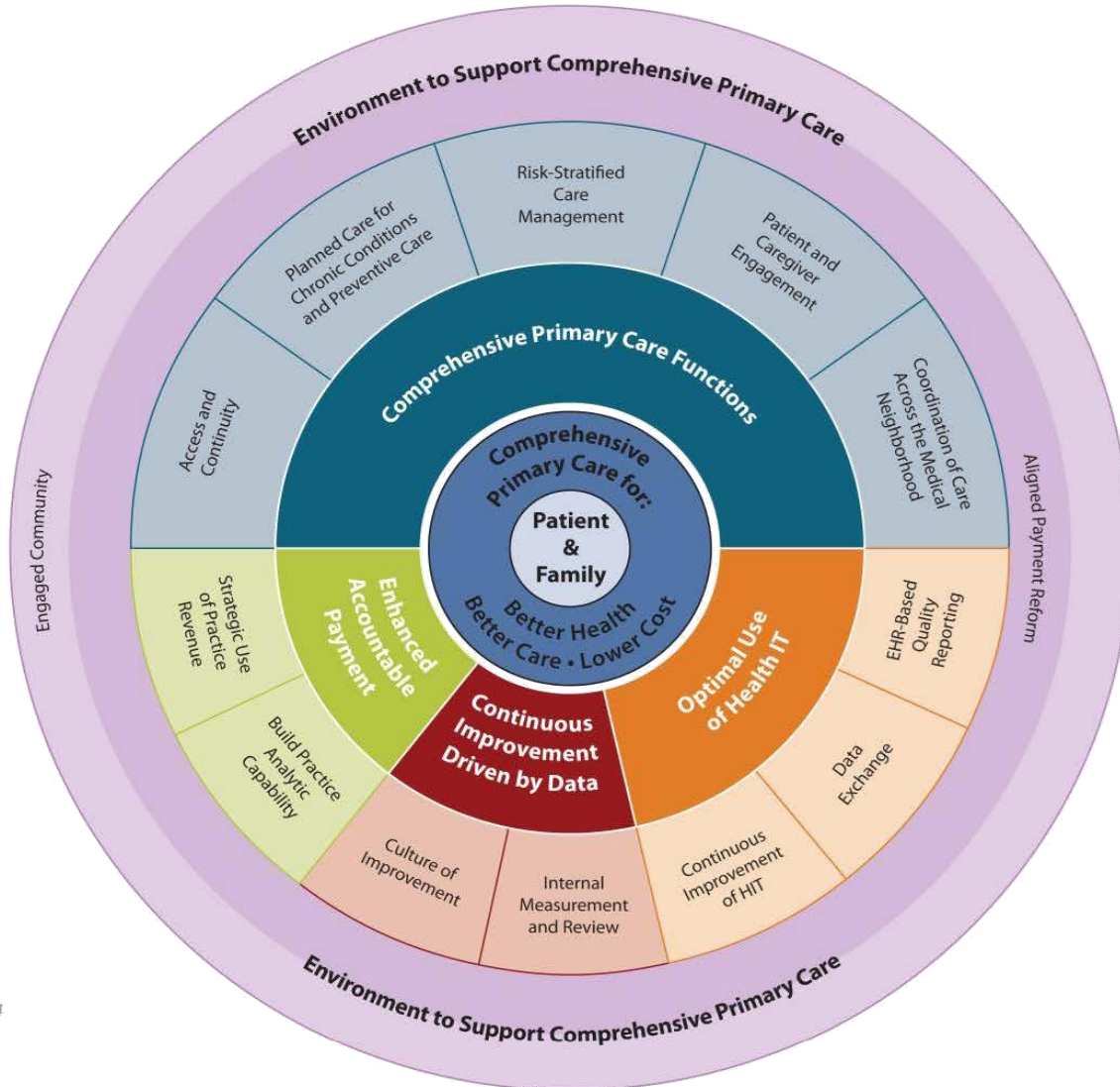
# Practice and Payment Redesign Through the CPC initiative

- A major barrier to transformation in *practice* is transformation in *payment*.
- CPC is testing two models simultaneously in 2013-16:

Payment Redesign: PBPMs, shared savings

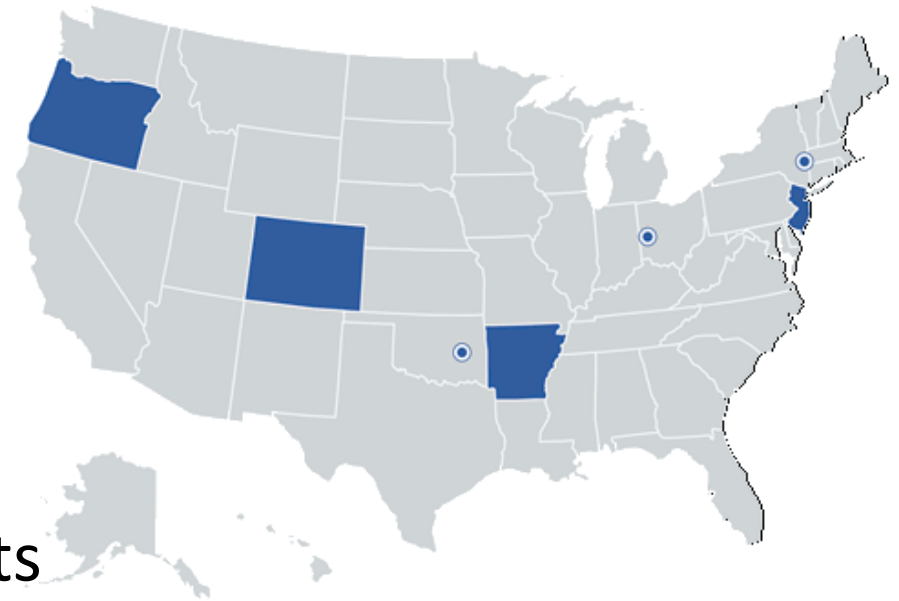
Practice Redesign: 5 CPC functions, HIT, use of data

# The CPC Driver Diagram



# CPC Vital Statistics (March 2015)

- 7 regions
- 482 practices
- 38 payers
- 2,600+ providers
- ~2.7 million active patients
- ~335,000 Medicare FFS attributed patients
- ~65,000 Medicaid FFS attributed patients



Source: Centers for Medicare & Medicaid Services

For more information, please visit the [Comprehensive Primary Care initiative website](#).

# The 9 CPC Milestones

The CPC Milestones are designed to:

1. Indicate active testing and implementation of change at the practice level.
2. Provide defined “corridors of action” leading to capability for all 5 CPC functions.



# The 9 CPC Milestones

1. Budget
2. Risk Stratification and Care management; ONE advanced care management strategy
3. Access
4. Patient Experience
5. Use Data to Guide Improvement
6. Care Coordination across the Medical Neighborhood
7. Shared Decision Making
8. Participation in Learning Community
9. Meaningful Use



# CPC Results to Date

Results from the first year suggest that CPC has generated nearly enough savings in Medicare health care expenditures to offset care management fees.

- The expenditure impact estimates differ across the seven regions.
- Over 90 percent of practices successfully met all first-year transformation requirements.
- Additional time and data are needed to assess impact on care quality.

# Request for Information

- Issued a Request for Information (RFI)
  - Closed March 16<sup>th</sup> but available here:  
<http://innovation.cms.gov/Files/x/apcrfi.pdf>
- Responses inform design of the next generation of model(s) for advanced primary care

# Advanced Primary Care (APC)

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- Encourage more comprehensive primary care delivery, especially in the care of patients with complex needs
- Move payment from encounter-based towards value-driven, population-based care

# APC Practice Redesign

- Care provided with greater depth and breadth and through longitudinal relationships between patients and primary care providers.
- Closer connections between primary care and other clinical care (“the medical neighborhood”) and community-based services.

# APC Payment Redesign

Population-based payments (PBPs) could cover two components, both severity-adjusted:

- Care management services (non-visit based)
- A portion of the expected FFS payment for the primary care basket of services

# Conclusion

- CMS' commitment to primary care:
  - Comprehensive Primary Care initiative (CPC)
  - Advanced Primary Care Request for Information (RFI)
  - Multi-Payer Advanced Primary Care Practice Demonstration (MAPCP)
  - Independence at Home (IAH)
  - State Innovation Models (SIM)
  - Medicaid Health Homes
  - Chronic Care Management Fee (CCM)