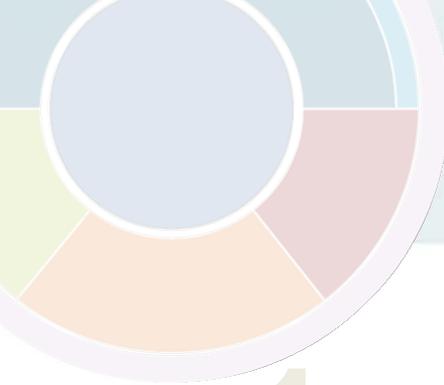


Comprehensive Primary Care **Plus**

Information for Health IT Vendors



Three Main Goals Underlie CPC+

- 1 Advance care delivery and payment to allow practices to provide more comprehensive care that meets the needs of all patients, particularly those with complex needs.
- 2 Accommodate practices at different levels of transformation readiness through two program tracks, both offered in every region.
- 3 Achieve the Delivery System Reform core objectives of **better care, smarter spending, and healthier people** in primary care.



5 

Years

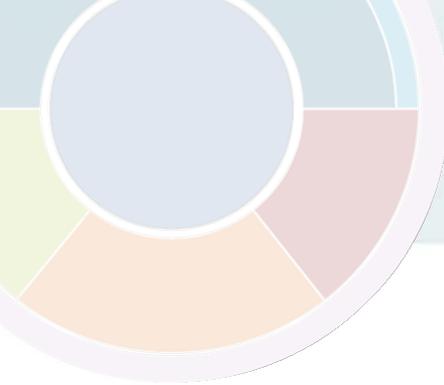
Beginning 2017, progress monitored quarterly



Up to **20** 

Regions

Selection based on payer interest and coverage



Practices Apply to Participate in One of Two Tracks

Track 1



Up to **2,500** primary care practices.



Pathway for practices ready to build the capabilities to deliver comprehensive primary care.

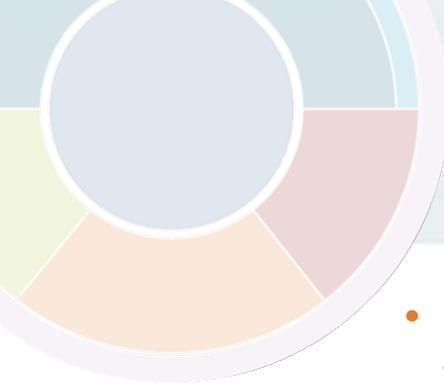
Track 2



Up to **2,500** primary care practices.



Pathway for practices poised to increase the **comprehensiveness** of care through enhanced **health IT**, improve care of patients with **complex needs**, and inventory resources and supports to meet patients' **psychosocial needs**.



Practice Eligibility Requirements Vary by Track

- CMS will solicit applications from practices within the regions chosen, beginning July 15, 2016, with applications due by September 1, 2016 at 11:59pm ET.
- Practices will apply directly to the track for which they are interested and believe they are eligible*

Track 1

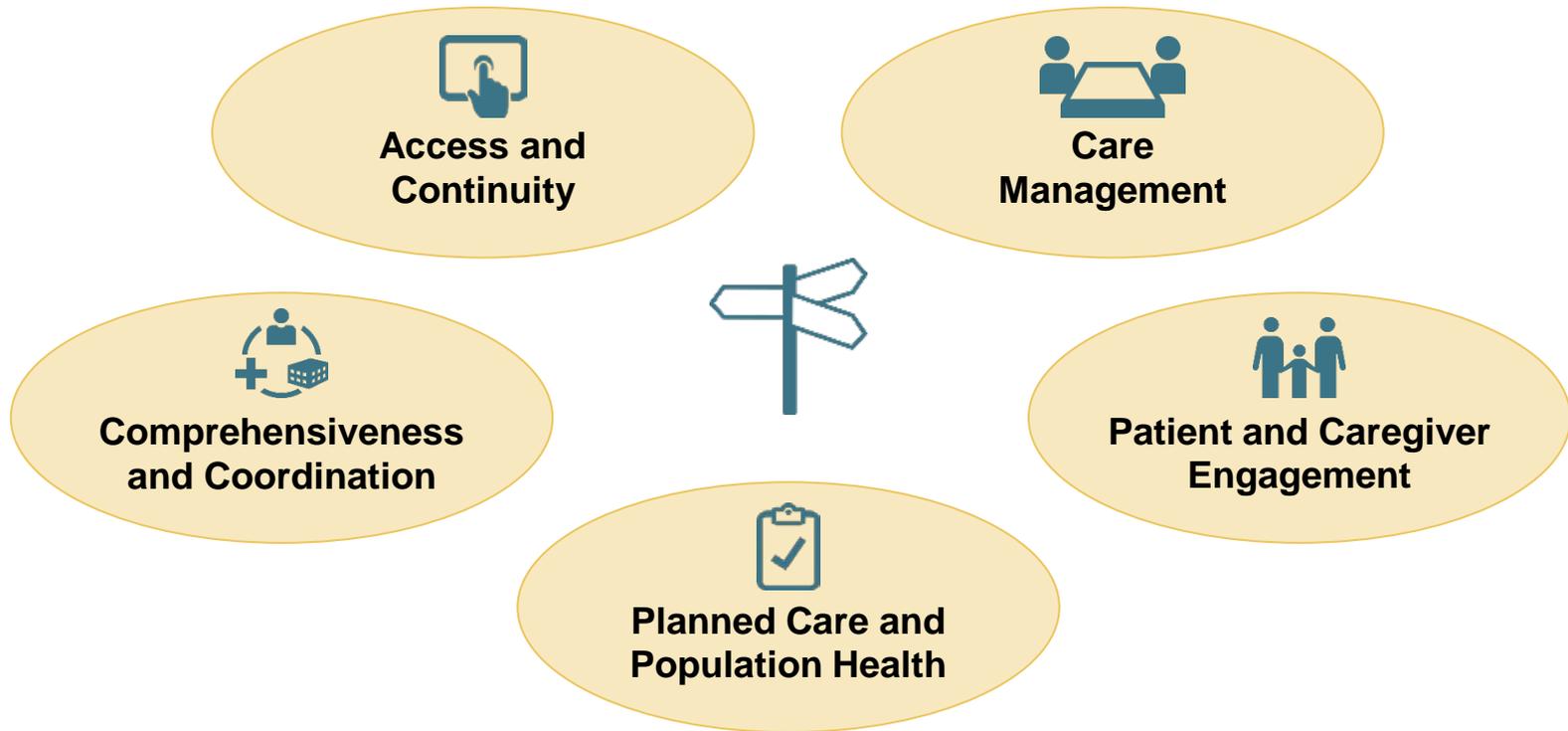
- Use of CEHRT
- Payer interest and coverage
- Existing care delivery activities must include: **assigning patients to provider panel, providing 24/7 access for patients, and supporting quality improvement activities.**

Track 2

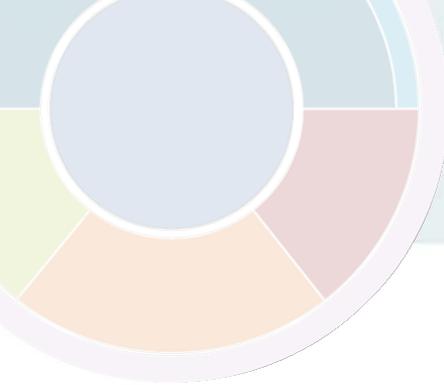
- Use of CEHRT
- Payer interest and coverage
- Existing care delivery activities must include: **assigning patients to provider panel, providing 24/7 access for patients, and supporting quality improvement activities, while also developing and recording care plans, following up with patients after emergency department (ED) or hospital discharge, and implementing a process to link patients to community-based resources.**
- Letter of support from health IT vendor that outlines the vendor's commitment to support the practice in optimizing health IT.

**CMS reserves the right to ask a practice that applied to Track 2 to instead participate in Track 1 if CMS believes that the practice does not meet the eligibility requirements for Track 2 but does meet the requirements for Track 1.*

CPC+ Functions Guide Transformation



Three Payment Innovations Support Practice Transformation



	Care Management Fee (CMF)	Performance-Based Incentive Payment	Underlying Payment Structure
Track 1	\$15 average	\$2.50 opportunity	Standard FFS
Track 2	\$28 average; including \$100 to support patients with complex needs	\$4.00 opportunity	Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)

Many Opportunities for Learning, Collaboration, and Support

CPC+ Practice Portal



Online tool for reporting, feedback, and assessment on practice progress.



Web-based platform for CPC+ stakeholders to share ideas, resources, and strategies for practice transformation.

Learning Communities



National webinars and annual National Stakeholder Meeting

- Cross-region collaboration.



Virtual and in-person regional learning sessions

- Engagement with CPC+ stakeholders.
- Outreach and support from regional learning faculty.

CPC+ Timeline to Launch



April 2016

Model announced



July 2016

Payers selected



October 2016

Practices selected



January 1, 2017

Model launch

Payer solicitation
and review period

Practice application,
vendor letter of
support and review
period

Health IT Requirements for CPC+

Practices



Vendors

(Track 2 only)



Both tracks require use of **certified health IT**.



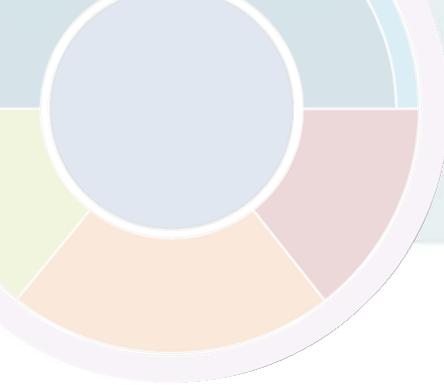
Track 2 practices will apply with a **letter of support from an health IT vendor** to facilitate the use of emerging health IT capabilities, required in Track 2.

Health IT vendors can sign a **Memorandum of Understanding** with CMS.



Health IT vendors are invited to participate in relevant **Learning System activities** with practices and payers.





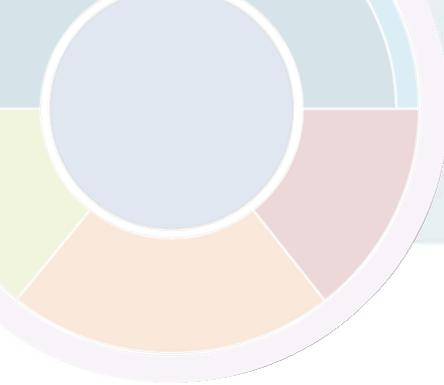
Engaging Health Information Technology Vendors in Track 2

CPC+ will feature innovative opportunities to bring together health IT vendors and primary care practices to optimize health IT for primary care delivery.

- Focuses on a core set of advanced capabilities for health IT.
- Engagement focuses on Track 2.
- Collaboration is jointly managed by CMS and the Office of the National Coordinator for Health IT (ONC).

Benefits of Participation

- Gain an accelerated understanding of the technology needs of primary care practices that are delivering advanced primary care;
- Participate alongside practices, payers, and other stakeholders in a wide range of national learning activities;
- Gain an acute understanding of the types of HIT and functionality needed to deliver optimal primary care



Certified Health IT Requirements

All Practices

- Each year, adopt certified health IT that meets the requirements of the EHR Incentive Programs.
- By the start of the 2017 performance year, adopt 2015 Edition certified technology to report on the CPC+ measure set, including technology meeting the (c)(4) filter which allows filtering of data by at least practice site address, TIN, NPI, and any combination thereof.

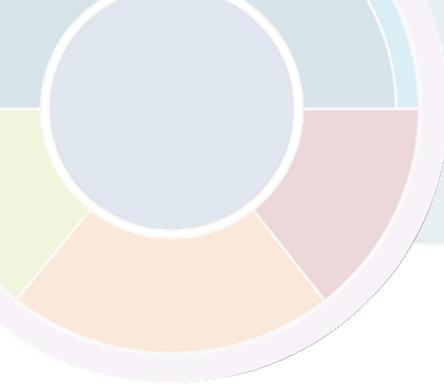
Track 2 Only

- By the end of the second program year, adopt certified health IT for “Care Plan” and “Social, Behavioral and Psychological Data” in 2015 Edition

CPC+ Quality Measure Set

- CPC practices must meet the certified health IT requirements in order to report measures.
- The final list of measures will be determined no later than November 2016.
- Providers will be required to report a subset of these measures.

CMS ID#	NQF#	MEASURE TITLE	MEASURE TYPE/ DATA SOURCE
CLINICAL PROCESS/EFFECTIVENESS (10)			
CMS65v5	0710	Depression Remission at Twelve Months	Outcome/ECQM
CMS165v5	0018	Controlling High Blood Pressure	Outcome/ECQM
CMS131v5	0055	Diabetes: Eye Exam	Process/ECQM
CMS149v5	N/A	Dementia: Cognitive Assessment	Process/ECQM
CMS127v5	0043	Pneumonia Vaccination Status for Older Adults	Process/ECQM
CMS137v5	0004	Initiation and Engagement of Alcohol and other Drug Dependence Treatment	Process/ECQM
CMS125v5	N/A	Breast Cancer Screening	Process/ECQM
CMS124v5	0032	Cervical Cancer Screening	Process/ECQM
CMS130v5	0034	Colorectal Cancer Screening	Process/ECQM
PATIENT SAFETY (3)			
CMS156v5	0022	Use of High Risk Medications in the Elderly	Process/ECQM
CMS139v5	0101	Falls: Screening for Future Falls Risk	Process/ECQM
CMS68v6	0419	Documentation of Current Medications in the Medical Record	Process/ECQM
POPULATION/PUBLIC HEALTH (3)			
CMS2v6	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Process/ECQM
CMS122v5	0059	Diabetes: Hemoglobin HbA1c Poor Control (>9%)	Outcome/ECQM
CMS138v5	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Process/ECQM
CMS147v6	0041	Preventive Care and Screening: Influenza Immunization	Process/ECQM
EFFICIENT USE OF HEALTHCARE RESOURCES (1)			
CMS166v6	0052	Use of Imaging Studies for Low Back Pain	Process/ECQM
CARE COORDINATION (1)			
CMS50v5	N/A	Closing the Referral Loop: Receipt of Specialist Report	Process/ECQM
PATIENT AND FAMILY ENGAGEMENT (2)			
N/A	0005	Consumer Assessment of Healthcare Providers and Systems (CAHPS)	Outcome/Patient Survey
UTILIZATION (2)			
HEDIS	N/A	Ambulatory care: summary of utilization of ambulatory care in the following categories: ED visits	Utilization
HEDIS	N/A	Inpatient utilization—general hospital/acute care: summary of utilization of acute inpatient care and services in the following categories: total inpatient, maternity, surgery, and medicine.	Utilization



Health IT Vendor Commitment for CPC+ Track 2

Getting Started:

- Provide participating practices with Letter of Support for application
- Sign a Memorandum of Understanding with CMS

During the Model:



Work closely with CPC practices to develop/optimize advanced **health IT capabilities**



Designate a **point of contact** available to practices



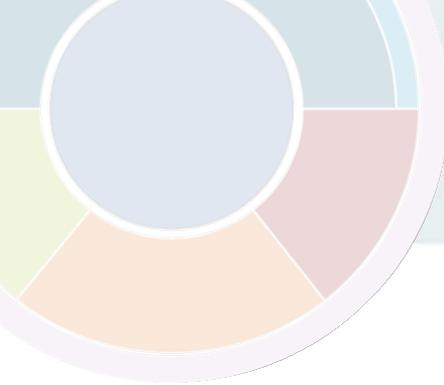
Designate an executive contact responsible for overseeing the **partnership with CMS & ONC**



Participate in monthly **conference calls** with CMS and ONC



Participate in approximately 10 national **CPC+ webinars** on advanced health IT capabilities



Health IT Capabilities Expected in CPC+ Track 2



Risk stratify the practice site patient population



Screen for social and community support needs and link the identified need(s) to practice identified resources



Empanel patients to the practice site care team



Produce and display eCQM results at the practice level to support continuous feedback



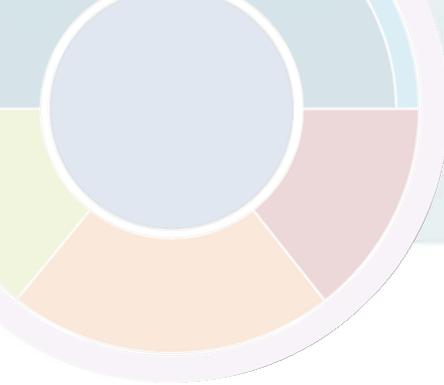
Establish patient focused care plans to guide care management



Document and track patient reported outcomes



Optional: Practice site care delivery and care touch documentation



Interested in Partnering with CPC+?

If interested in participating and partnering with CPC+ practices, please send the following information to CPCplus@cms.hhs.gov as soon as possible:

Health IT Vendor Company Name

Contact Person: Name, Telephone Number, and Email Address

Type of Health IT Products (e.g., EHR)

Information about HIT Products

- Primary Care Practices that apply to participate in CPC + will be given a master list of HIT vendors who have indicated interest in participating in this CPC+
- Your contact information will be posted to the website primary care practices use to apply to participate in CPC+

For more information, visit:

<https://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus>