Practice self-reported progress on the five comprehensive primary care functions, as of July 2015. These figures do not represent an evaluation of this work or CPC itself.
RISK-STRATIFIED CARE MANAGEMENT

Percent of active patients empanelled at CPC practices: **99%**

Empanelment assigns patients to a practitioner or care team, as a foundation for population health management and relationships with patients.

Percent of empanelled patients who are risk-stratified at CPC practices: **91%**

Risk stratification means that a practice assigns risk status to all of its patients to help proactively identify patients with high needs.

1 in 5 empanelled patients receive care management for high or rising risk:

Care management is a primary care function tailored to patients at highest risk for adverse, preventable outcomes.

Types of care management services practices provide include:

- Follow-up during care transitions
- Developing care plans
- Patient coaching
- Tracking lab tests and referrals
- Proactive monitoring between visits

Practices risk stratify their patients by:

- **71%** clinical intuition
- **61%** practice developed clinical algorithm
- **40%** published clinical algorithm
- **24%** claims
- **19%** EHR based methodology

Practice self-reported progress on the five comprehensive primary care functions, as of July 2015.

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100% of practices offer **24/7** access to a practitioner who can access their EHR in real time. 

Other methods practices use:

- Secure email
- Telephone
- Remote visits
- Text message
- Telemedicine

Over half of practices use their EHR to track continuity of care.

Practice self-reported progress on the five comprehensive primary care functions, as of July 2015. These figures do not represent an evaluation of this work or CPC itself.
All practices focus on at least one advanced primary care strategy to support high risk patients.

Integration of behavioral health services
Assess and support the psychological and social aspects of patients' health, and coordinate mental health and substance abuse resources to address patients' needs.

Medication management
Improving effective and safe management of medication therapy, especially for individuals with multiple chronic conditions.

Self-management support
Helping patients achieve health goals and take care of their own chronic conditions via a partnership between healthcare practitioners, patients, and families.

108 practices have Behavioral Health Specialists in the practice.

63 practices have a licensed clinical social worker
29 practices have a psychologist
27 practices have another type of behavioral health specialist
7 practices have behavioral health care managers
6 practices have psychiatric nurse practitioners
6 practices have psychiatrists

74 practices have integrated pharmacists as members of the care team.

Pharmacists work on-site at the practice on average 2 days a week.

Practice self-reported progress on the five comprehensive primary care functions, as of July 2015. These figures do not represent an evaluation of this work or CPC itself.
PATIENT & CAREGIVER ENGAGEMENT

100% of practices use decision aids to support shared decision making in preference sensitive care.

I would like to....

CPC actively engages patients and caregivers as valuable partners.

Give patients and families a voice:

- 53% of practices that survey their patients regularly
- 25% of practices that regularly meet with their patient and family advisory councils (PFAC)
- 22% of practices that use both methods

Use input to guide practice improvement. Top three practice changes:

- Improvements in patient access & communication
- Changes in coordination of care during referrals & transitions of care.
- Changes in staffing, workflows, or office space

Communicate about changes. Practices typically update their patients on changes and new resources through:

- Posters, brochures, or hand-outs at the office
- Website, patient portal, or social media
- Mailings or newsletters distributed outside of office visits

Practice self-reported progress on the five comprehensive primary care functions, as of July 2015. These figures do not represent an evaluation of this work or CPC itself.
Nearly 1 in 5 practices have care compacts with local specialists to improve communication and coordinate care. Most commonly with:

- **Cardiology** (50 practices)
- **Gastroenterology** (34 practices)
- **Orthopedic surgery** (32 practices)
- **Obstetrics and gynecology** (24 practices)

and over 20 other health care providers including:
- home health agencies
- long-term care facilities
- behavioral health services

All practices track discharges from at least one hospital or Emergency Department.

Practices receive this information by:
- 70% have access to hospital EHR or portal
- 42% by fax
- 30% through a Health Information Exchange

Median rate of follow-up of patients discharged.

Percent of patients who were contacted by their care team within one week of being in the emergency department.

88%

Percent of patients who were contacted by their care team within 72 hours of a hospital stay.

90%

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