



# Comprehensive Primary Care Plus (CPC+)

*A new model for primary care in America*

Strengthening primary care is critical to promoting health and reducing overall health care costs in the U.S. **CPC+** brings together Medicare, commercial insurance plans, and State Medicaid agencies to support primary care practices in transforming the way they care for patients.

## How do CPC+ practices transform care delivery?

Practices participate in one of two program tracks. The track dictates the care delivery capabilities practices develop and the payment structure they receive.

### Comprehensive Care



Patient Access



Care Management and Coordination



Patient Engagement and Population Health



Capabilities and Payment by Track

### Financial Support



Care Management Payments



Incentive Payments for Quality and Utilization

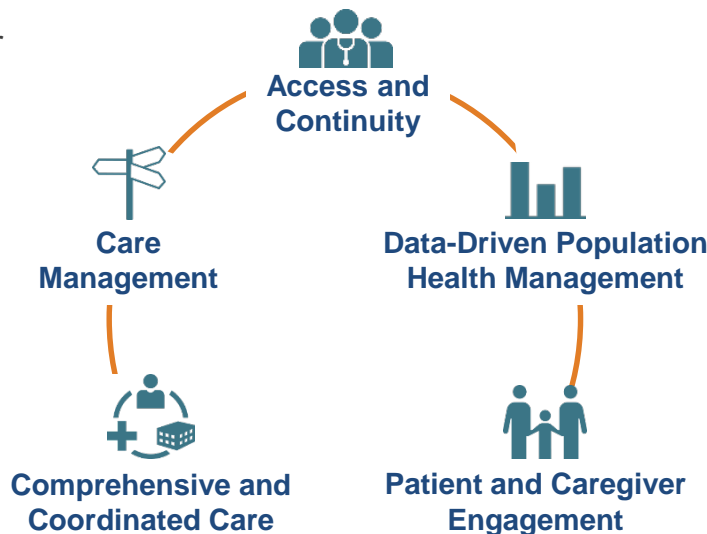


Alternative to Fee-for-Service Payment Structure (in Track 2 only)

## Comprehensive Primary Care Functions

Practices focus their efforts on the **Comprehensive Primary Care Functions**.

Practices in both tracks employ the same functions to transform care delivery; however, the intensity and focus of delivery differ in each track.



Track 1 practices add these services to visit-based, FFS care.

Track 2 practices redesign visit *and* non-visit based care, to increase the depth, breadth, and scope of care with particular focus on patients with complex needs.



# Examples of CPC+ Transformation Activities

Track 1

Track 2

## Access and Continuity



24/7 patient access



Assigned care teams



Alternative care delivery approaches (e.g., eVisits, group visits, home visits)

## Care Management



Risk stratified patient population



Short and long-term care management



Care plans for high-risk chronic disease patients

## Comprehensive and Coordinated Care



Identifying high volume/cost specialists serving population



Behavioral health integration



Follow-up on patient hospitalizations



Psychosocial needs assessment and inventory resources and supports

## Patient and Caregiver Engagement



Convening a Patient and Family Advisory Council



Supporting patients' self-management of high-risk conditions

## Data-Driven Population Health Management



Analysis of payer reports to inform improvement strategy



At least weekly care team review of all population health data

Please download the [CPC+ Care Delivery Requirements](#) for details about the CPC+ care delivery model.

## For More Information:



[CPC+ Website](#)

[Care Delivery Video](#)

