In its second year, Comprehensive Primary Care Plus (CPC+)—America’s largest-ever initiative to transform primary care—added new regions, participants, and partners to continue their efforts to strengthen primary care.

2,879 primary care practices

18 regions

APPROX.

15 M Patients served by CPC+ practices

OVER

2 M Medicare patients

11% Of patients dually eligible for Medicare and Medicaid

48% Of practices in the Medicare Shared Savings Program

14,810 CPC+ practitioners

56 payer partners

73 health IT vendors

What CPC+ Practices Look Like in 2018

4% of all practices underwent a merger, withdrawal, split, or acquisition in 2018

Small practices had the greatest increase (3 percentage points) in the number of practices that underwent a merger, withdrawal, split, or acquisition from 2017 to 2018

Figures based on data from the second year of CPC+ (2018). These figures do not represent an evaluation of this work or CPC+ itself. For more information, visit https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus.
CPC+ 2018 Year in Review

Care Delivery in 2018: Focus on Testing and Refining

As CPC+ continues, practices target their care to those with the highest needs and prioritize what matters most to patients through the following 3 approaches.

1. Ensure Access to Relationship-Based Primary Care
Access to your primary care teams increases the likelihood that patients get the right care at the right time.

In 2018, out of all CPC+ practices:

- 99% Provided same or next-day appointments
- 77% Provided office visits on the weekend, in the evening, or in the early morning

Compared with 2017, CPC+ practices increased alternative care options for patients in 2018:

- +30% Telehealth and e-visits (47% of practices in 2018)
- +17% Medical group visits (22% of practices in 2018)
- +14% Alternative locations (46% of practices in 2018)

2. Intensify Breadth and Depth of Primary Care
Practices increased capabilities and added services to build on the patient-care team relationship at the heart of effective primary care.

Addressing social needs

- More practices implemented screening for unmet social needs in 2018 (89% of practices) compared with 2017 +10%

Social service resources and supports

- Of practices prioritized at least one social need to address in their patient population in 2018 85%

Most common:
- Transportation, 71%
- Health-related services, 71%
- Nutrition and food, 66%

Behavioral health integration strategies

- More practices addressed behavioral health needs using an integrated behavioral health model in 2018 (98% of practices) compared with 2017 +7%
- Primary Care Behaviorist Model, 42%
- Care Management for Mental Illness, 31%

Behavioral health needs

Integrating behavioral health in primary care addresses patients’ behavioral and medical needs

- Targeted Mental Health Conditions in 2018
  - Depressive Disorders 87%
  - Anxiety Disorders 75%
  - Complex/Chronic Conditions 64%
  - High-Risk Behaviors 61%

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3. Target Care Management for Those at Highest Risk
Practices focused their resource-intensive care management efforts on the population of patients that could benefit most.

In 2018, CPC+ practices improved their approaches to target care management services for high-risk patients

Practices were more effective in their targeting of longitudinal care management resources in 2018 than in 2017, decreasing total number of patients in longitudinal care management by 6%.

### Average risk stratification rates continued to grow steadily

<table>
<thead>
<tr>
<th>Month</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td>50%</td>
<td>79%</td>
</tr>
<tr>
<td>Jun</td>
<td>52%</td>
<td>82%</td>
</tr>
<tr>
<td>Sept</td>
<td>62%</td>
<td>87%</td>
</tr>
<tr>
<td>Dec</td>
<td>79%</td>
<td>91%</td>
</tr>
<tr>
<td>Mar</td>
<td>62%</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Risk Stratification.** In 2018, CPC+ practices risk stratified empaneled patients to address medical needs, behavioral diagnoses, and health-related social needs.

### Average hospital and ED follow-up rates improved together

<table>
<thead>
<tr>
<th>Month</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar</td>
<td>54%</td>
<td>66%</td>
</tr>
<tr>
<td>Jun</td>
<td>58%</td>
<td>68%</td>
</tr>
<tr>
<td>Sept</td>
<td>63%</td>
<td>72%</td>
</tr>
<tr>
<td>Dec</td>
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<td>74%</td>
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<td>Mar</td>
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<td>Jun</td>
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<td>74%</td>
</tr>
<tr>
<td>Sept</td>
<td>68%</td>
<td>79%</td>
</tr>
<tr>
<td>Dec</td>
<td>68%</td>
<td>80%</td>
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</table>

**Hospital Follow-up.** In 2018, an increasing percentage of CPC+ practices ensured that patients who had a hospital admission received follow-up interaction within 72 hours or 2 business days of hospital discharge.

**Emergency Department (ED) Follow-up.** In 2018, an increasing percentage of CPC+ practices ensured that patients who visited the ED received follow-up interaction within 1 week of ED discharge.

In 2018, care managers were responsible for key care management activities in CPC+ practices

### Care Manager Responsibilities in 2018

<table>
<thead>
<tr>
<th>Percentage of Total Practices</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>68%</td>
<td>Navigating patients to community and social services</td>
</tr>
<tr>
<td>62%</td>
<td>Management of care transitions (hospital, ED discharges)</td>
</tr>
<tr>
<td>52%</td>
<td>Developing and monitoring care plans</td>
</tr>
<tr>
<td>50%</td>
<td>Providing patient education and self-management support</td>
</tr>
</tbody>
</table>

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CPC+ 2018 Year in Review

Expanding Partnerships in Primary Care in 2018

Major Steps Forward in Health IT and Data Delivery in 2018
Practices provided innovative care supported by enhanced health IT and actionable data.

Optimizing Use of Health IT in 2018
+21%
More practices submitted electronic clinical quality measures (eCQMs) via QRDA III in 2018 (48% of practices) compared with 2017

+23%
More practices used a 2015 Edition Certified Health IT Product in 2018 (72% of practices) compared with 2017

In 2018, Sources of Data Added to Drive Improvements

Interactive data feedback tool launched in August 2018
Provides access to robust quarterly performance data for attributed Medicare fee-for-service (FFS) patients

58%
Of practices logged into the Data Feedback Tool between August and December 2018

Data aggregation regional reporting tools: Multi-payer reporting on all patients
5 CPC+ regions participate in data aggregation: 2 new regions (June 2018) and 3 existing regions (September 2017)

Data Most Frequently Viewed
Utilization, 72% of users
Specialty, 72% of users

REGIONS

CO
OH
OK
OR
Philadelphia

Started in 2017
Started in 2018

Multi-Payer Commitment to Aligned Payment Reform Evolved in 2018
State Medicaid agencies and commercial payers committed to start providing alternative to fee-for-service payments in 2018. Progress to achieve this goal varied.

Alternative to FFS payment approaches reported by payers in 2018*

- Providing payments to all contracted CPC+ Track 2 practices: 20%
- Providing payments to some contracted CPC+ Track 2 practices: 10%
- Payment approach already developed, planning implementation: 15%
- Payment approach being developed: 33%
- Not planning to implement an alternative approach: 23%

Payer partners’ most common alternatives to FFS payment in 2018*

- Partial capitation
- Full capitation
- Additional care management fee

*Data based on survey responses collected from 40 payers

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CPC+ 2018 Year in Review

2017 Quality & Utilization Assessed for the First Time in 2018

Accountability for Clinical Quality, Patient Experience, and Utilization
In Fall 2018, most eligible practices retained some of their performance-based incentive payment (PBIP). Performance was assessed based on their efforts to improve quality and patient experience of care and reduce unnecessary hospital and emergency department utilization in 2017.

Performance-Based Incentive Payment (PBIP)

<table>
<thead>
<tr>
<th>Average percentage of PBIP retained by eligible practices in Program Year 2017</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>58%</strong></td>
<td><strong>$14,000</strong></td>
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