Summary and Outcomes of the first 3 years of the Comprehensive Primary Care (CPC) Initiative - focus Oregon

What is CPC?

A public-private innovation project involving Medicare, Medicaid, and multiple private payers to foster primary care transformation and to support primary care infrastructure. The 4 year project was started by CMMI at the end of 2012, implemented in 7 regions. Oregon has 65 clinics participating. Commercial payers are Regence and Providence. Medicaid/CCO-affiliated payers are CareOregon and Tuality Health Alliance.

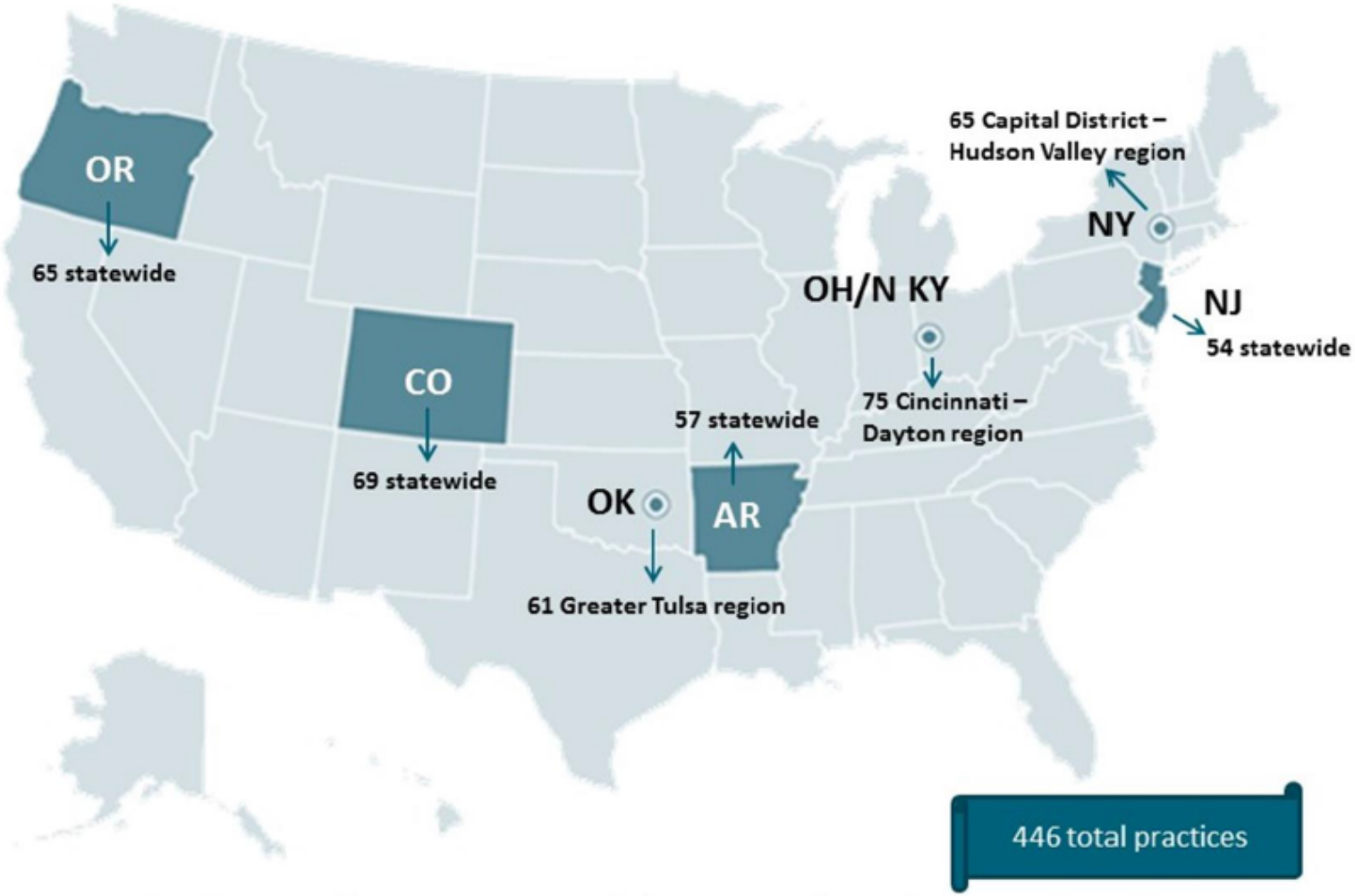
CPC payers have accountability to:

- Pay a Per Member Per Month (PMPM) "care management fee" (amount set by individual payers) plus build in a "shared savings" component that clinics can receive if total cost of care drops and clinics also meet quality benchmarks
- Participate in collaborative and data sharing activities

CPC clinics have accountability to:

- Transform care and provide expanded services across their entire patient population, regardless of payer
- Submit a budget for the upfront (PMPM) investment they expect to receive
- Participate in collaborative learning activities
- Meet multiple "Milestones" to guide their transformation activities, which are aligned with Oregon's Patient-Centered Primary Care Home Program standards.

CPC Regions and Participating Practices



Practice count as of March 1, 2016. Abbreviations in report include NY = New York: Capital District – Hudson Valley Region; OH/N KY = Ohio & Northern Kentucky: Cincinnati – Dayton Region, OK = Oklahoma – Greater Tulsa Region.

Example of a "Milestone"

Milestone 4 – Patient/Caregiver Engagement: Top six practice changes across all CPC regions, implemented as a result of patient/caregiver feedback in the fourth quarter.

Scheduling
222 Practices

Front Office & Waiting Area
216 Practices

Care continuity
196 Practices

ED Follow-up
126 Practices

Shared Decision-making strategies
98 Practices

Hospital care transitions
92 Practices

Note: Each practice can report on more than one change implemented.
Source: Q4 2015 Milestone Practice Reporting, Question 4.4. This measure only reported in Q1 and Q4 2015.

OREGON: CPC Transformation to Date

35%
IMPROVEMENT
PCMH-A
SCORE

SHARED SAVINGS

TARGET →	OUTCOME
$739	$758

KEY DEMOGRAPHICS

NUMBER OF PRACTICES	MULTI-SITE OR SYSTEM
65	75%

PROVIDERS
MD/DO/NP/PA
704

MEDICARE FFS PATIENTS	TOTAL ACTIVE PATIENTS
52,740	544,036

PUBLIC AND PRIVATE PAYERS 6

CARE MANAGEMENT

112,572
patients receiving care management

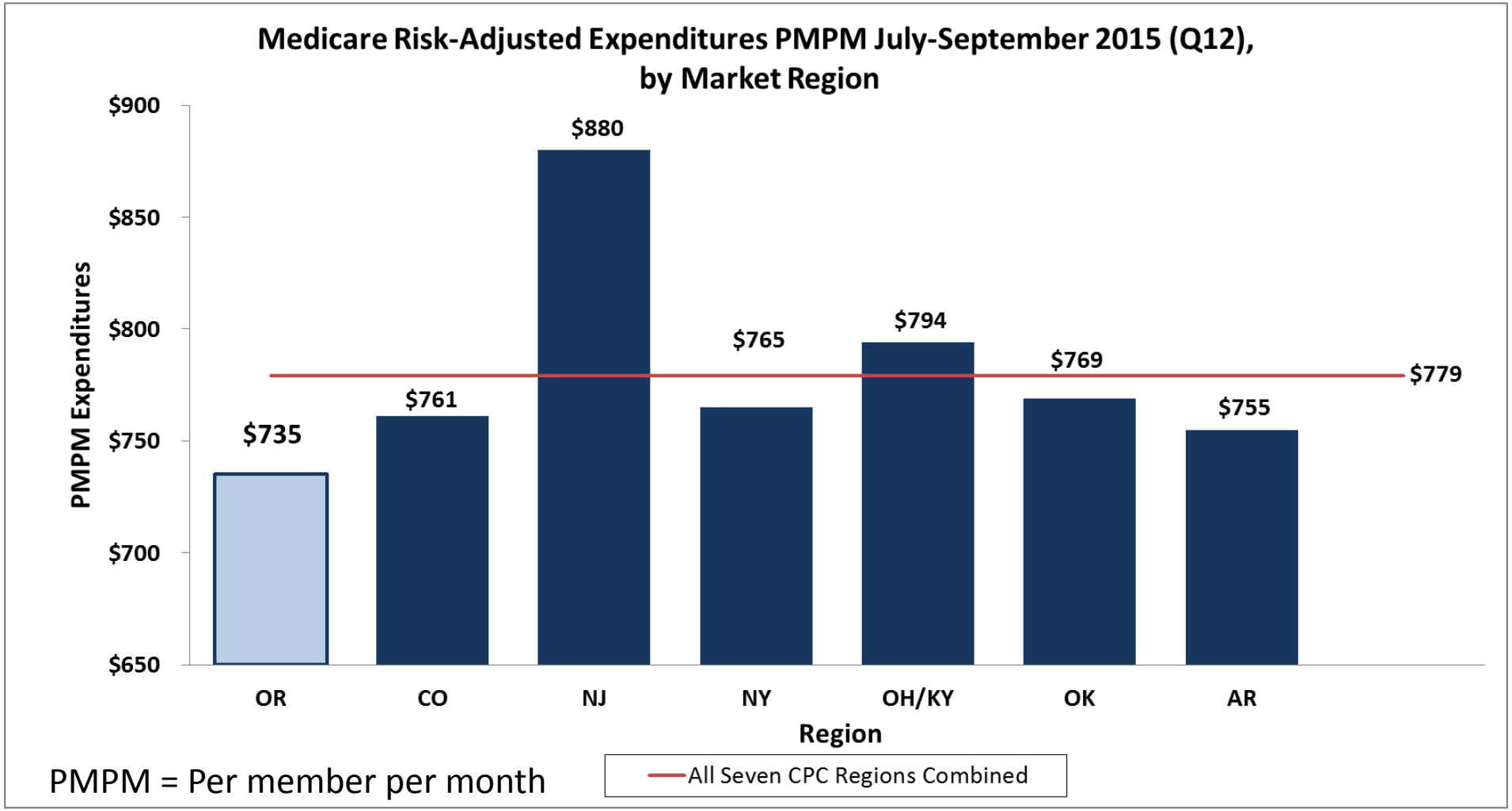
TRANSITIONS OF CARE

86% of hospitalized patients received follow-up within 2 days of discharge.

84% of ED patients received follow-up within a week of discharge.

PCMH-A = Patient Centered Medical Home Assessment tool

2015 data: Oregon has the lowest overall cost and is below the $739 shared savings target in this quarter - demonstrating total cost of care savings



PMPM = Per member per month

Lower rates of hospitalization, re-hospitalization, ER use - Oregon performance is better in every category than the average of all the CPC-regions

Table 4a. Hospital Admissions, Admissions for ACSCs, ED Visits, and 30-Day Unplanned Readmissions: Rates per 1,000 (unadjusted) for All Attributed Medicare Patients

	Q11 Preliminary Estimates		Percentage Change from Year Prior to CPC to Year Ending March 2015 (through Q10)[a]	
Service Category	**In Your Region**	**In All Seven CPC Regions**	**In Your Region**	**In All Seven CPC Regions**
Hospital Admissions (per 1,000 patients per year)				
Rate of Hospital Admissions for Any Cause	249	284	-8.1%	-7.6%
Rate of Hospital Admissions for ACSCs	51	61	-12.6%	-8.8%
ED Visits (per 1,000 patients per year)				
Rate of Total ED Visits	685	673	-1.1%	1.3%
Rate of outpatient ED visits[b]	522	475	0.5%	3.6%
Rate of ED visits that led to a hospital admission	163	198	-5.9%	-3.9%
Unplanned Readmissions (per 1,000 hospital discharges)				
Rate of 30-Day Unplanned Hospital Readmissions	*(based on 2,809 hospital discharges)*	*(based on 20,984 hospital discharges)*		
	133	140	-5.4%	-3.4%

Source: Medicare claims data.

Notes: The analysis sample for the data reported here is comprised of patients attributed to CPC practices for the current quarter. Data for the most recent quarter represent preliminary estimates, adjusted to account for the lag in filing and processing Medicare claims.

[a] Numbers indicate the percentage and direction of change from the year immediately preceding the start of CPC (October 2011–September 2012) to the most recent 12-month period after CPC began for which complete claims data are currently available (April 2014–March 2015).

[b] Excludes ED visits that resulted in a hospital admission.

ACSCs = Ambulatory Care (primary care) Sensitive Conditions