

Data Byte

Health Care Quality: Comparing Practices Participating in CPC Classic and CPC+ with Non-Participating Practices

Oregon, 2017

Supplemental Information

Background

Comprehensive Primary Care Plus (CPC+) is a federal initiative that seeks to strengthen primary care through care delivery transformation and multi-payer payment reform¹. Oregon was one of 18 regions selected by the Centers for Medicare & Medicaid Services (CMS) to join the program, which began in 2017. CPC+ builds upon the Comprehensive Primary Care Initiative (CPCi, or CPC Classic), in which Oregon participated². CPC+ is consistent with many of Oregon's innovations, which include delivery system transformation, investment in primary care and an emphasis on value-based payment models. In Oregon, the 14 participating health plans have come together as the Oregon CPC+ Payer Group to explore areas of alignment within the CPC+ program as well as other value-based payment programs.

In order to be considered a successful model, the CPC+ program must demonstrate, among other improvements, increased quality and constant costs, decreased costs and constant quality or increased quality and reduced costs. CMS has completed a full evaluation of the CPC Classic program and an analysis of the first year of CPC+ and found little evidence among the Medicare FFS population to support significantly improved quality³, a finding which is not unexpected in an evaluation of the first year of a five-year program. The CMS evaluations did not examine other lines of business in their analysis, which inspired us to conduct an analysis across all lines of business.

Comagine Health holds two contracts in support of the CPC+ program:

1. Comagine Health is one of the conveners of the Oregon CPC+ Payer Group, a multi-payer collaborative supporting the CPC+ program in Oregon.

¹ <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus/>

² <https://innovation.cms.gov/initiatives/comprehensive-primary-care-initiative/>

³ <https://www.mathematica-mpr.com/news/first-annual-report-from-the-comprehensive-primary-care-plus-evaluation-points-to-early-progress>

2. Comagine Health is the data aggregator for CPC+ in Oregon, providing data intake, aggregation and reporting services to the entire Oregon region.

The two contracts are fulfilled by different staff and are managed separately.

CPC+ Payer Group members were interested in examining the impact of participation in CPC Classic and CPC+ on quality measure results across lines of business and funded this analysis. The analysis was conducted by Comagine Health's data aggregation and analytics staff.

Methodology

Comagine Health chose to examine the 62 Oregon primary care practices that participated in CPC Classic and continued on with the CPC+ program in 2017. We compared these with Oregon primary care practices that did not participate in both programs (*i.e.*, either participated in only one of the programs, or did not participate in either). For each measure, we took the average of all practices in each group where the practice had at least 30 attributed primary care patients in the measure denominator. This analysis included quality measure results for the measures Comagine Health computes for its adult cost of care reporting, across all payers, as well as broken down by payer type: commercial, Medicaid and Medicare (fee-for-service and Advantage combined). Medicare fee-for-service data is available through Comagine Health's participation in the Medicare Qualified Entity program.

We used Generalized Linear Model regression to compare rate scores and percent scores by CPC program participation status (participating vs. comparison) for all measures. We stratified by payer group. Statistical significance was set at $P < 0.05$. Mean values were generated by measure for each CPC status. All analyses were conducted using SAS Software 4.0 (SAS Institute Inc., Cary, NC, USA).

The quality measures included in the Data Byte were selected based on several criteria:

- Showed statistically significant results ($p < .05$) in at least the all payer combined category
- Have been selected as priority measures by the CPC+ Payer Group as well as by commercial payers and Medicaid
- Fit into one of two groupings (preventive screenings or care of patients with chronic conditions) that reflect the focus areas of the CPC+ program⁴

All measures are from calendar year 2017, except the comprehensive diabetes care measures. Due to data integrity issues with those three measures in the calendar year 2017 data, they are based on the 12 months ending June 30, 2017. Medicaid data was not available for that time period.

⁴ <https://innovation.cms.gov/Files/x/cpcplus-practicecaredlvreqs.pdf>

Almost all measures are HEDIS measures, based on 2018 specifications. Exceptions are:

- Follow-up after Emergency Department visit for mental illness, both 7-day and 30-day follow-up, are HEDIS 2017 specifications
- The three comprehensive diabetes care measures are HEDIS 2016 specifications
- The three opioid measures are Pharmacy Quality Alliance measures (2017 specifications)
- The three generic prescription fill measures are Comagine Health-created measures (2016 specifications)

Measure descriptions are available in Comagine Health's [Technical Appendix](#).

Complete results of this analysis are available [here](#).

Additional resources regarding CPC+:

<https://innovation.cms.gov/Files/reports/CPC+2017-Summary.pdf>

<https://innovation.cms.gov/Files/x/cpcplus-practiceslidepres.pdf>

Click [here](#) for more information about Comagine Health and [here](#) for more information about Comagine Health's data aggregation program, the Oregon Data Collaborative. Click [here](#) to learn more about the Oregon CPC+ Payer Group.