

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](#).

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.

Complete Results: Quality Measures

Payers	All payers							Commercial							Medicaid							Medicare							Measure specifications		
	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Measure steward	Specifi-cation year	Risk adjusted							
Metrics	N	mean	SD	N	mean	SD		N	mean	SD	N	mean	SD		N	mean	SD	N	mean	SD					N	mean	SD	N	mean	SD	
Measures																															
Annual Monitoring for Patients on Persistent Medications - ACE Inhibitors or ARBs	361	80.2%	9.5%	61	84.9%	6.3%	0.0003	188	81.1%	9.9%	57	83.9%	6.9%	0.0500	136	82.5%	9.4%	30	82.6%	11.5%	0.9346	193	79.1%	11.0%	57	85.8%	8.3%	0.0001	HEDIS	2018	N
Annual Monitoring for Patients on Persistent Medications - Diuretics	294	81.7%	8.6%	60	85.6%	5.8%	0.0009	118	81.9%	8.9%	49	83.7%	5.7%	0.1904	95	84.1%	9.6%	20	82.9%	7.5%	0.6085	149	81.0%	9.5%	56	86.9%	7.4%	0.0001	HEDIS	2018	N
Annual Monitoring for Patients on Persistent Medications - Total	386	80.4%	9.4%	61	84.8%	5.9%	0.0004	259	80.7%	10.6%	60	83.8%	6.8%	0.0272	193	82.5%	10.4%	40	84.3%	9.8%	0.3211	249	79.5%	11.3%	57	85.7%	7.5%	0.0001	HEDIS	2018	N
Antidepressant Medication Management: Continuation Phase Treatment	143	42.2%	15.1%	47	48.3%	9.2%	0.0099	36	61.5%	16.9%	25	52.5%	9.8%	0.0196	78	34.8%	13.5%	14	32.9%	7.2%	0.6121	17	71.4%	16.8%	4	58.0%	4.7%	0.1376	HEDIS	2018	N
Antidepressant Medication Management: Effective Acute Phase Treatment	143	54.4%	12.8%	47	60.2%	9.7%	0.0043	36	71.2%	11.0%	25	64.3%	10.1%	0.0155	78	46.5%	11.5%	14	47.8%	8.8%	0.702	17	77.7%	11.3%	4	71.5%	5.2%	0.3053	HEDIS	2018	N
Appropriate Treatment for Children With Upper Respiratory Infection	78	98.6%	1.5%	5	99.0%	1.2%	0.5948	25	98.6%	1.2%	2	100.0%	0.0%	0.1158	58	98.8%	1.5%	4	99.3%	1.0%	0.5824								HEDIS	2018	N
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	78	40.1%	14.4%	20	47.2%	12.8%	0.0481	30	34.2%	13.5%	12	46.9%	12.2%	0.0075	24	42.4%	14.8%	3	43.0%	6.1%	0.9437								HEDIS	2018	N
Breast Cancer Screening*	416	64.6%	12.6%	61	73.4%	6.6%	0.0001	263	73.5%	10.2%	59	79.0%	6.1%	0.0001	168	57.9%	11.4%	40	63.2%	8.0%	0.0053	364	64.1%	13.1%	61	72.1%	7.5%	0.0001	HEDIS	2018	N

Payers	All payers							Commercial							Medicaid							Medicare							Measure specifications		
Program participation	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Measure steward	Specification year	Risk adjusted
Metrics	N	mean	SD	N	mean	SD		N	mean	SD	N	mean	SD		N	mean	SD	N	mean	SD		N	mean	SD	N	mean	SD				
Measures																															
Cervical Cancer Screening	415	60.4%	12.0%	61	67.4%	7.9%	0.0001	326	66.1%	11.3%	61	72.8%	7.5%	0.0001	310	56.0%	11.6%	55	56.9%	8.8%	0.575	36	44.9%	10.9%	16	47.9%	10.8%	0.3614	HEDIS	2018	N
Chlamydia Screening in Women	246	44.2%	11.9%	42	46.6%	8.5%	0.2070	98	40.4%	10.5%	35	42.8%	9.8%	0.2303	178	47.1%	12.9%	21	51.2%	9.3%	0.1649								HEDIS	2018	N
Comprehensive Diabetes Care - Eye Exam Performed*	318	46.3%	10.3%	58	51.5%	7.9%	0.0003	54	42.5%	10.8%	30	43.2%	11.4%	0.7795								286	47.5%	10.9%	58	53.6%	8.1%	0.0001	HEDIS	2016	N
Comprehensive Diabetes Care - HbA1c Testing*	318	87.2%	9.9%	58	91.6%	3.4%	0.0011	54	89.8%	6.6%	30	92.8%	3.2%	0.0231								286	87.0%	10.3%	58	91.4%	3.6%	0.0014	HEDIS	2016	N
Comprehensive Diabetes Care - Medical Attention for Nephrology*	318	70.9%	14.8%	58	77.9%	7.6%	0.0005	54	71.2%	15.3%	30	73.0%	9.6%	0.5716								286	72.4%	14.6%	58	78.7%	8.0%	0.0016	HEDIS	2016	N
Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up	28	63.3%	11.2%	4	66.8%	7.4%	0.5525								22	61.8%	10.8%	1	58.0%	.	0.736								HEDIS	2017	N
Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up	28	42.0%	11.8%	4	46.5%	10.0%	0.4798								22	40.2%	10.8%	1	35.0%	.	0.6395								HEDIS	2017	N
Generic Prescription Fills: Antidepressants	504	99.0%	1.7%	61	98.9%	1.0%	0.5802	459	99.1%	1.6%	61	99.0%	1.6%	0.5160	445	98.7%	3.2%	60	98.6%	1.8%	0.6574	369	99.3%	2.2%	61	99.2%	1.2%	0.7639	QCORP	2016	N
Generic Prescription Fills: Antihyperlipidemics	428	99.1%	1.8%	61	99.3%	0.8%	0.4679	376	98.8%	2.5%	61	99.3%	1.2%	0.1301	340	99.8%	0.8%	60	99.7%	0.9%	0.5239	365	98.9%	2.9%	61	99.3%	0.9%	0.3070	QCORP	2016	N
Generic Prescription Fills: Antihypertensives	457	99.0%	2.4%	61	99.2%	0.8%	0.3934	422	98.6%	2.8%	61	98.7%	1.0%	0.7473	383	99.6%	2.3%	60	99.7%	1.1%	0.6828	408	99.1%	2.8%	61	99.4%	0.7%	0.3463	QCORP	2016	N

Payers	All payers							Commercial							Medicaid							Medicare							Measure specifications		
Program participation	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Non-participating			Classic and Plus			p-value comparing non-participating to Classic and Plus	Measure steward	Specification year	Risk adjusted
Metrics	N	mean	SD	N	mean	SD		N	mean	SD	N	mean	SD		N	mean	SD	N	mean	SD		N	mean	SD	N	mean	SD				
Measures																															
Statin Therapy for Patients With Cardiovascular Disease - Rate 1; Received Statin Therapy	50	79.4%	9.0%	35	82.4%	6.4%	0.0908	6	80.0%	9.8%	5	81.6%	4.2%	0.7438								13	80.2%	11.5%	18	83.2%	7.6%	0.3994	HEDIS	2018	N
Statin Therapy for Patients With Cardiovascular Disease - Rate 2; Adherence	29	77.2%	6.2%	26	77.7%	6.6%	0.7955	3	76.7%	3.1%	3	80.3%	3.1%	0.2155								11	80.7%	6.1%	14	81.3%	6.7%	0.8318	HEDIS	2018	N
Statin Therapy for Patients With Diabetes - Rate 1; Received Statin Therapy	245	60.5%	11.6%	57	63.9%	8.0%	0.0352	87	58.7%	11.8%	48	59.5%	10.0%	0.6600	84	60.2%	11.1%	22	62.0%	10.9%	0.5008	65	72.4%	9.2%	43	73.7%	7.4%	0.4357	HEDIS	2018	N
Statin Therapy for Patients With Diabetes - Rate 2; Adherence	158	66.9%	10.5%	53	72.8%	6.7%	0.0002	40	73.3%	8.9%	29	73.7%	6.4%	0.8548	54	55.3%	10.0%	11	57.9%	11.7%	0.4385	50	76.6%	7.2%	33	78.6%	8.4%	0.2560	HEDIS	2018	N
Use of Imaging Studies for Low Back Pain	118	80.6%	7.3%	40	84.3%	5.2%	0.0038	42	85.2%	5.9%	28	86.0%	5.5%	0.5598	65	78.4%	8.4%	7	81.4%	8.8%	0.3693								HEDIS	2018	N
Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer	294	0.1%	0.3%	58	0.1%	0.4%	0.1918	97	0.1%	0.4%	47	0.1%	0.5%	0.9224	156	0.1%	0.5%	38	0.1%	0.5%	0.7289	89	0.1%	0.5%	45	0.1%	0.3%	0.8762	PQA	2017	N
Use of Opioids at High Dosage in Persons Without Cancer	294	2.2%	2.3%	58	2.1%	1.6%	0.6605	97	2.5%	2.4%	47	2.1%	1.7%	0.3818	156	1.4%	2.2%	38	1.6%	2.7%	0.6266	89	3.2%	3.1%	45	2.8%	2.6%	0.4812	PQA	2017	N
Use of Opioids from Multiple Providers in Persons Without Cancer	302	2.8%	2.9%	58	2.7%	2.4%	0.9078	101	1.7%	2.1%	47	2.0%	1.9%	0.4263	163	4.5%	3.7%	39	5.3%	3.8%	0.1926	92	1.1%	2.0%	45	1.3%	1.7%	0.6652	PQA	2017	N
Legend																															
N = number of clinics reporting																															
SD= standard deviation of the mean																															
* = results include Medicare FFS data from the Medicare Qualified Entity program																															
p<0.05 are statistically significant. These are highlighted in green with dark green text.																															
For every measure except the three opioid measures, a higher rate is an improvement.																															