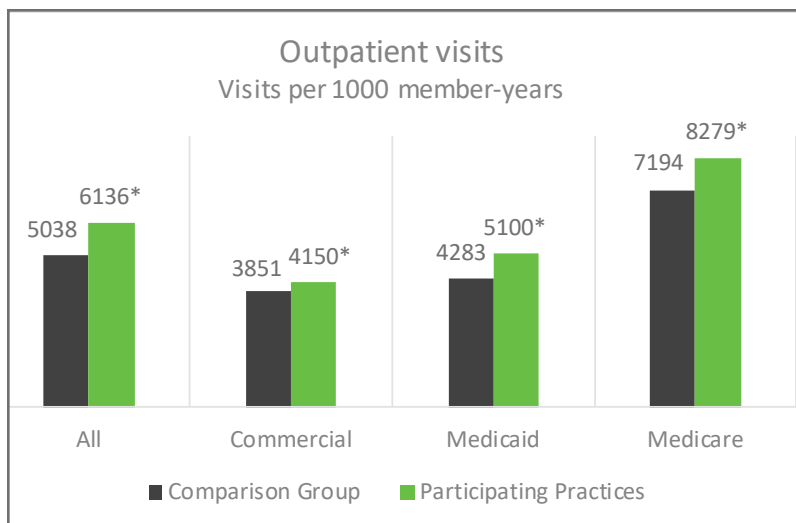


# Health Care Utilization and Cost: Comparing Practices Participating in CPC Classic and CPC+ with Non-Participating Practices

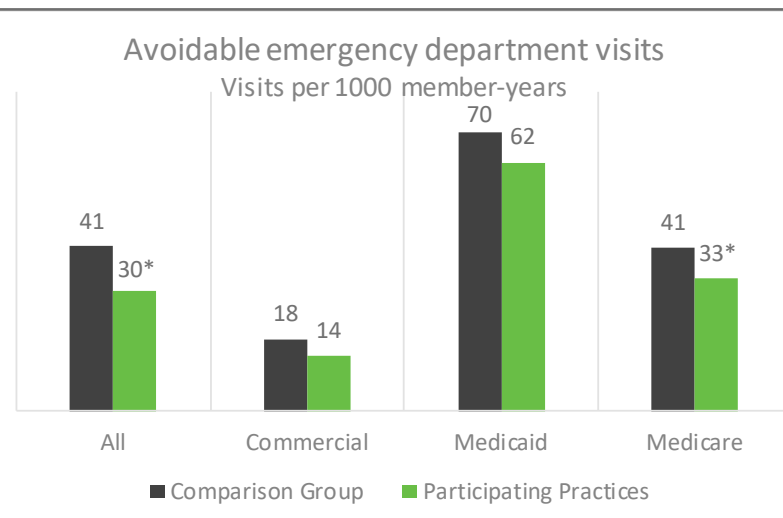
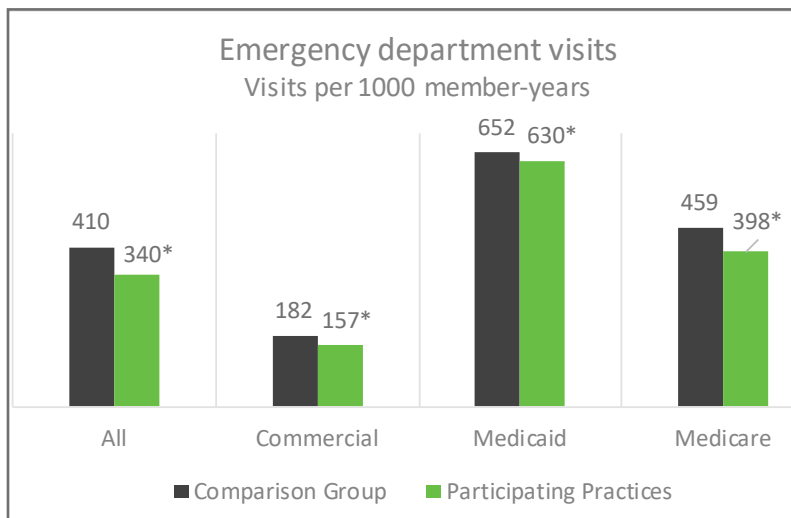
## Oregon, 2017

Comprehensive Primary Care initiative (CPC Classic) and Comprehensive Primary Care Plus (CPC+) are Centers for Medicare & Medicaid Services (CMS) initiatives that seek to strengthen primary care through care delivery transformation and multi-payer payment reform. Oregon has participated in the programs since CPC Classic began in 2012.



**Participating practices (Oregon practices that participated in both CPC Classic (2012-2016) and Plus (2017-present), n=61) had significantly more adult outpatient visits than comparison practices (those that participated in only one of the programs or did not participate in either, n=406), across all payer types.**

**Participating practices had lower adult emergency department (ED) utilization and fewer avoidable ED visits than comparison practices. Significance varied by payer.**

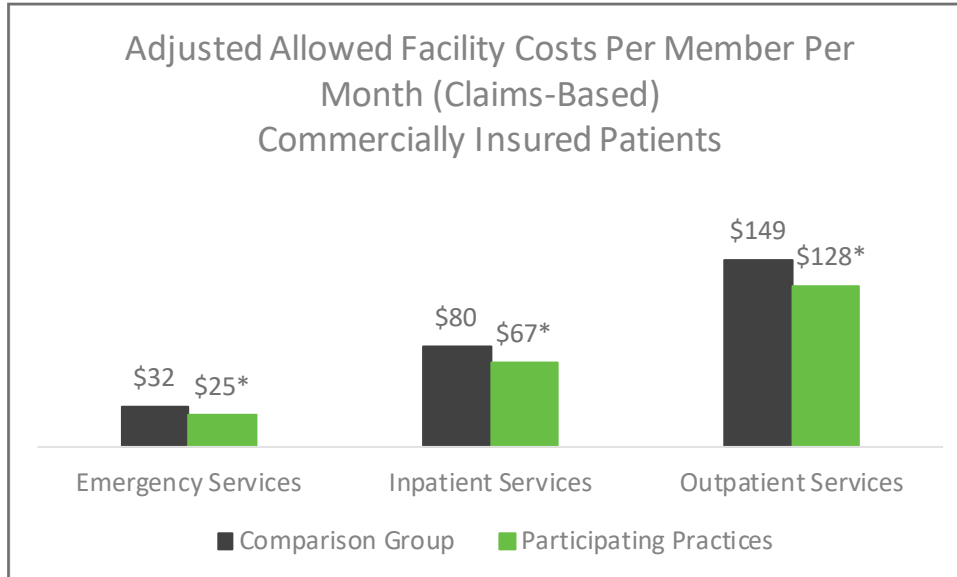


\*Indicates that the difference is statistically significant (p<0.05). Data is for CY 2017. Practices with fewer than 30 patients were excluded from this analysis. Includes members aged 18 and over.

Utilization measures include Medicare Fee for Service data made available through the Medicare Qualified Entity program.

## Participation in both CPC programs was associated with lower risk-adjusted costs of care than the comparison group among commercially insured patients.

This analysis reflects only claims-based facility costs; related professional services and alternative payment methodologies are not reflected. This analysis includes cost measures that are primarily claims-based, minimizing the impact of not including alternative payment methodologies.



Practices participating in both CPC Classic and CPC+ had lower per member per month adjusted claims-based costs of adult emergency services, inpatient services and outpatient facility costs among commercially-insured patients. Differences were statistically significant across all three service areas.

Cost measurements were adjusted for practices' average risk score. Practices participating in both CPC Classic and CPC+, on average, had adult patient populations that were more likely to be hospitalized or become high-resource users (were sicker) than the comparison group.

In the commercial population, the average adjusted risk of the participating practices was 1.06 and the comparison practices' average risk score was .96.

Additional funds are being paid to CPC-participating practices through care management fees and performance-based incentive payments. Because these payments are not captured in claims data and given the CPC models' emphasis on the use of alternative payment methodologies, the lower claims-based spending on outpatient services we see in practices participating in CPC Classic and CPC+ is to be expected, even in the setting of increased outpatient utilization.

\*Indicates difference was statistically significant ( $p < 0.05$ ). Data is from CY 2017. Practices with fewer than 30 patients were excluded from this analysis. Measures of utilization include Medicare Fee for Service data made available through the Medicare Qualified Entity program. To learn more about CPC+ in Oregon visit the Oregon CPC+ payer group [website](#). A description of the methods used in this analysis and complete results are available [here](#).