

# Health Care Quality: 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.

Oregon practices that participated in both CPC Classic (2012-2016) and Plus (2017-present) performed better across all payer types than comparison practices (those that participated in CPC Classic only or did not participate in either program) on 24 out of 26 quality measures we examined, though results varied by payer type. In 14 of those quality measures, the differences were statistically significant.

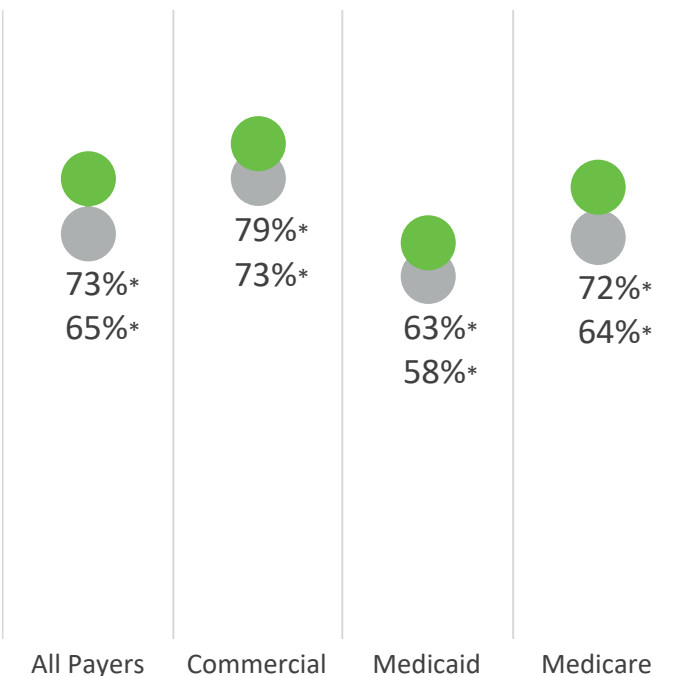
To learn more about CPC+ in Oregon visit <https://cpcplusoregon.org/>. For a description of the methods used in this analysis and for complete results visit [http://cpcplusoregon.org/files/Quality\\_methods\\_complete%20results.pdf](http://cpcplusoregon.org/files/Quality_methods_complete%20results.pdf)

## Preventive Screenings

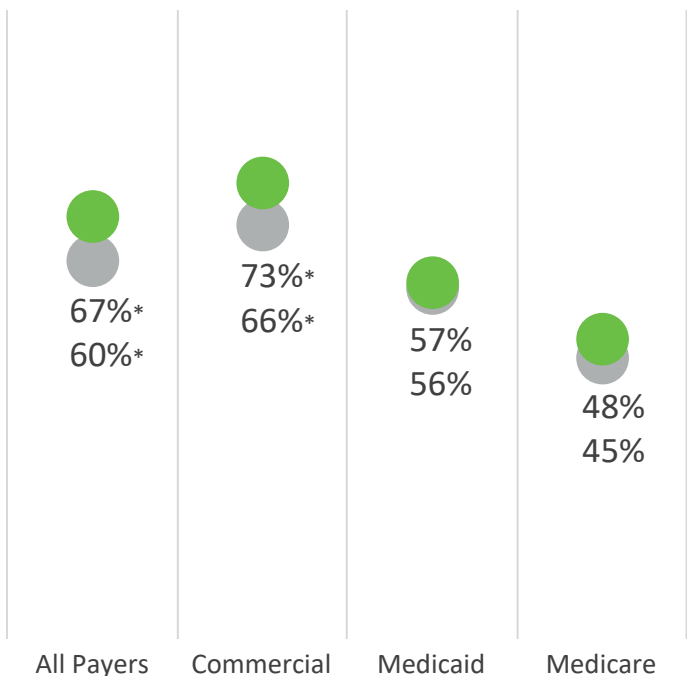
Practices participating in both CPC+ and Classic had higher performance rates than comparison practices across all payer types on Breast Cancer Screening and Cervical Cancer Screening quality measures.

■ Practices participating in both CPC Classic and CPC+   ■ Comparison practices

### Breast Cancer Screening



### Cervical Cancer Screening



\*Indicates that the difference is statistically significant ( $p < 0.05$ ). Performance data is for CY 2017.

Practices with less than 30 patients were excluded from this analysis.

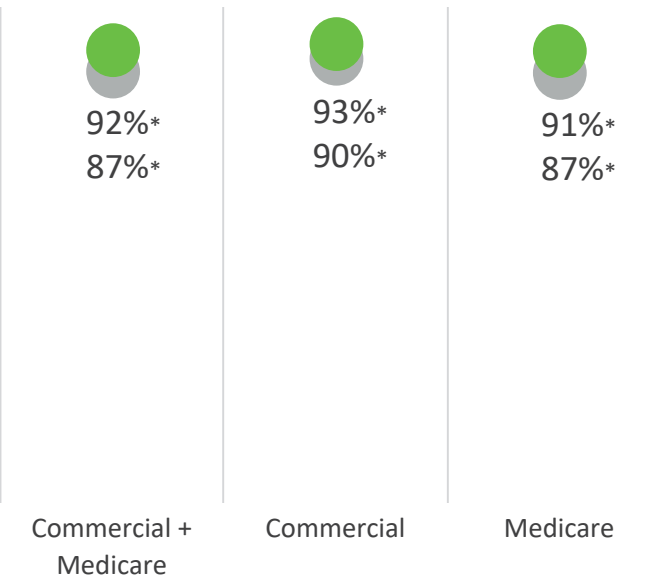
Breast Cancer Screening and Comprehensive Diabetes Care measures include Medicare Fee for Service data made available through the Medicare Qualified Entity program. Other measures include Medicare Advantage data only.

## Care of Patients with Chronic Conditions

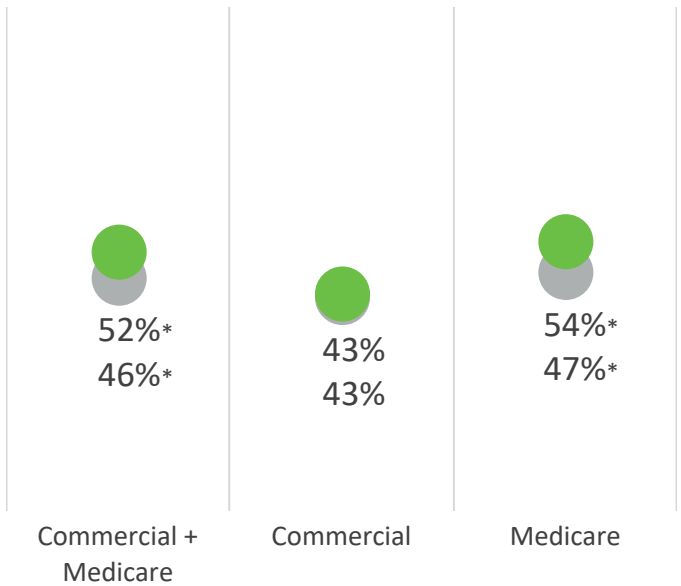
Practices that participated in both CPC Classic and CPC+ also had higher performance rates than comparison practices across all payers in Comprehensive Diabetes Care and Annual Monitoring for Patients on Persistent Medications quality measures.

■ Practices participating in both CPC Classic and CPC+   ■ Comparison practices

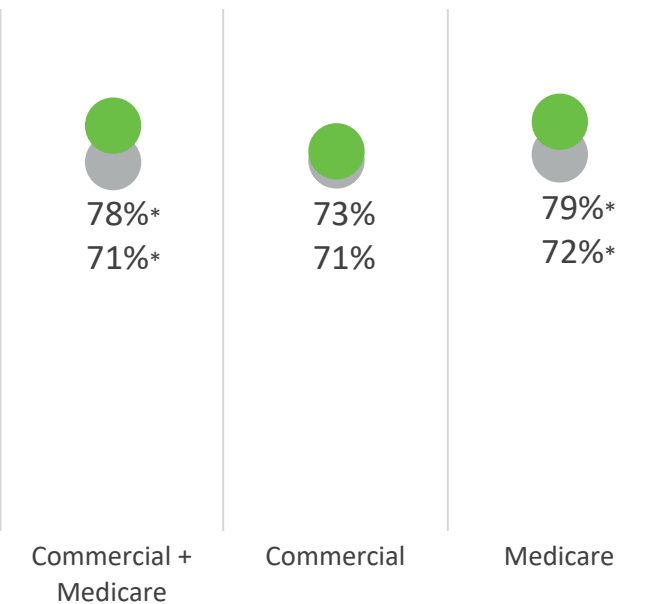
### Diabetes HbA1c Testing<sup>^</sup>



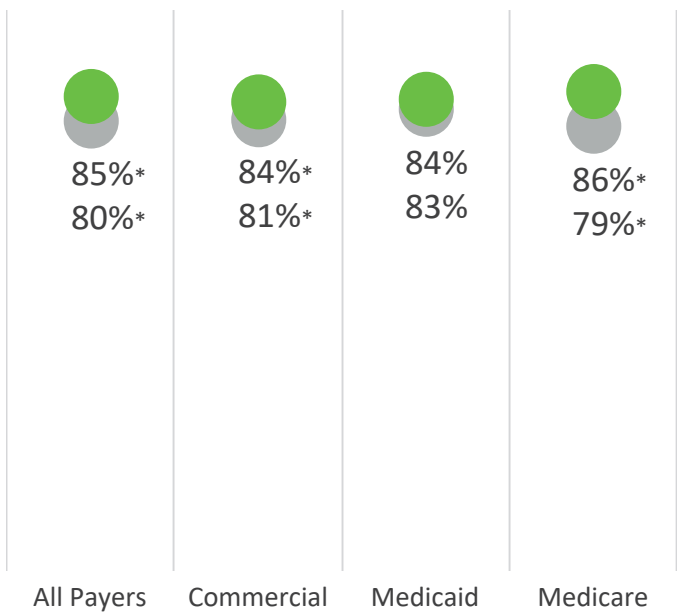
### Diabetes Eye Exam Performed<sup>^</sup>



### Diabetes Medical Attention for Nephrology<sup>^</sup>



### Annual Monitoring for Patients on Persistent Medications - Total




<sup>^</sup>Diabetes data is for 12 months ending June 2017. Data for Medicaid not available for this time period.

\*Indicates difference is statistically significant (p<0.05).

## All Payer Results

**Practices that participated in both CPC Classic and CPC+ had higher performance rates than comparison practices across all payers on most measures.**

-  Practices participating in both CPC Classic and CPC+ had higher performance rates
-  Difference was statistically significant ( $p < 0.05$ )

Quality Measure	Results
Annual Monitoring for Patients on Persistent Medications - ACE Inhibitors or ARBs	 *
Annual Monitoring for Patients on Persistent Medications - Diuretics	 *
Annual Monitoring for Patients on Persistent Medications - Total	 *
Antidepressant Medication Management: Continuation Phase Treatment	 *
Antidepressant Medication Management: Effective Acute Phase Treatment	 *
Appropriate Treatment for Children With Upper Respiratory Infection	
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	 *
Breast Cancer Screening	 *
Cervical Cancer Screening	 *
Chlamydia Screening in Women	
Comprehensive Diabetes Care - Eye Exam Performed	 *
Comprehensive Diabetes Care - HbA1c Testing	 *
Comprehensive Diabetes Care - Medical Attention for Nephrology	 *
Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up	
Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up	
Generic Prescription Fills: Antidepressants	
Generic Prescription Fills: Antihyperlipidemics	
Generic Prescription Fills: Antihypertensives	
Statin Therapy for Patients With Cardiovascular Disease - Rate 1; Received Statin Therapy	
Statin Therapy for Patients With Cardiovascular Disease - Rate 2; Adherence	
Statin Therapy for Patients With Diabetes - Rate 1; Received Statin Therapy	 *
Statin Therapy for Patients With Diabetes - Rate 2; Adherence	 *
Use of Imaging Studies for Low Back Pain	 *
Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer	
Use of Opioids at High Dosage in Persons Without Cancer	
Use of Opioids from Multiple Providers in Persons Without Cancer	

Performance data is for CY 2017. Diabetes data is for 12 months ending June 2017. Data for Medicaid not available for this time period. Practices with less than 30 patients were excluded from this analysis.

Breast Cancer Screening and Comprehensive Diabetes Care measures include Medicare Fee for Service data made available through the Medicare Qualified Entity program. Other measures include Medicare Advantage data only.