



# Comprehensive Primary Care Plus (CPC+)

## Technical Assistance

### CHALLENGE

CPC+, a Centers for Medicare & Medicaid Services (CMS) model, required practices to implement care management, integrate behavioral health, address health-related social needs, engage patients through patient and family advisory councils, and offer additional services such as enhanced access and comprehensive medication management. Participating practices in the Kansas City region were new to this model of care and level of patient support.

### SOLUTION

CMS and its contractors provided learning supports to CPC+ practices through the creation of a Regional Learning Network (RLN). The RLN provided practice facilitator support to the practices. Practice facilitators had local knowledge and expertise of the healthcare culture in their region and created learning events and coaching opportunities relevant to the practices in their region. KFMC served as the Greater Kansas City RLN entity.

### OUTCOME

KFMC Health Improvement Partners (KFMC) practice facilitators provided support to practices by creating learning activities that encouraged practices to network with each other and share best practices. Practice facilitators worked directly with individual practices to prioritize, analyze, understand and apply data to their practice changes. KFMC also provided coaching on workflows, practice roles, and how to integrate new team members into the care team.

### ABOUT CPC+

CPC+ is a national advanced primary care medical home model that aims to strengthen primary care. Through CPC+, CMS is testing the idea that multi-payer payment reform, robust learning supports, actionable data feedback and health IT vendor support foster primary care transformation, which will improve the quality and efficiency of the care patients receive. Over 2,500 practices across 18 regions participated in CPC+. The Greater Kansas City region was comprised of nearly 100 primary care practices across 5 counties in the Kansas City Metro area. Over 105,000 Medicare fee-for-service beneficiaries were impacted by practice CPC+ participation in the region.



**“Our Practice Facilitator from KFMC contributed to our success in CPC+ by building a trusting relationship with our clinic leaders and staff from the very beginning of the program.”**

— Amy Turpen, Practice Manager, The Kearney Clinic

## SUCCESSSES

Analysis\* of measurable results of the model through the end of Performance Year (PY) 2019 demonstrated participating practices made meaningful changes to care delivery processes during the first three years of the project and have indicated that continued support would help them continue this progress. Practice transformation is a complex process that takes time to implement. Changes in care delivery take some time before they are apparent in patient outcomes. Practices participating in CPC+ rated individual practice coaching as one of the most valuable learning resources available to them through the program.

\*Independent Evaluation of Comprehensive Primary Care Plus (CPC+); Third Annual Report. (2021). <https://innovation.cms.gov/data-and-reports/2021/cpc-plus-third-annual-eval-report>

**1.5%**  
decrease

Out-patient Emergency Department (ED) visits for Medicare Fee-for-Service (FFS) beneficiaries declined compared to non CPC+ practices.

**95%**  
reported  
improvement

Participating practices report participation in CPC+ improved the quality of care delivered to patients.

## Greater Kansas City Data



16.09% relative improvement in the average total Performance Based Incentive Payment (PBIP)\* score from PY2017 to PY2019



43% increase in total PBIP dollars earned from PY2017 to PY2019



23.67% relative improvement in the average Quality Component of the PBIP score from PY2017 to PY2020

\*KC Region Final 2020 PBIP Report. The PBIP is pre-paid and subject to recoupment in whole or in part based on practice performance on quality and utilization metrics. The PBIP is 50% quality and 50% utilization.

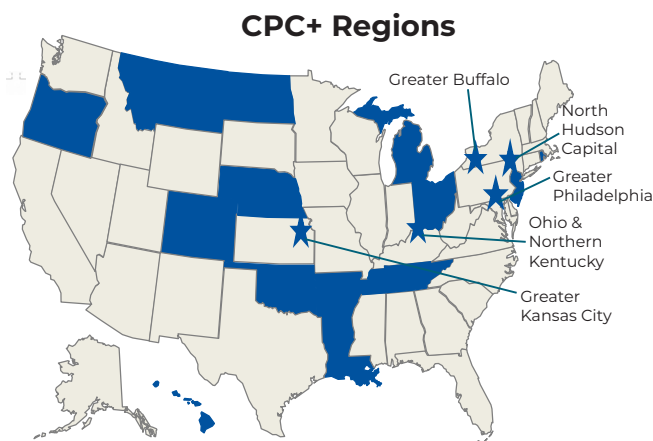
**“The support that we received was excellent. Our facilitators were responsive and knowledgeable. The education and support they provided helped us find solutions to challenges that we faced along the way. It was comforting to know that they were just an e-mail or phone call away.”**

— Lori Norris, Operations and Compliance Manager  
Meritas Health, 7 CPC+ practices



## DRIVERS OF IMPROVEMENT

Behavioral Health and Care Management were the biggest drivers of improvement, as you cannot address a patient's physical health without also addressing their behavioral and social health needs, and not without care management driving the bus. KFMC helped practices understand the different facets of care management and provided resources and education on care management principles and practices. Success also required practices to develop a culture and a team where the physician felt comfortable saying "this isn't my area of expertise" and involving other members of the care team for certain aspects of care delivery. KFMC practice facilitators guided practices through the culture shift to team-based care by providing coaching on workflows, practice roles, and how to integrate new team members into the care team.



## USE OF DATA

Practices in CPC+ had access to claims based utilization and cost data for their attributed beneficiaries from both CMS and payer partners in the region.

Data from payers is typically just a piece of the pie, as practices are most likely to make changes in care delivery based on quality of care, patient experience or utilization data, versus cost data. KFMC practice facilitators worked directly with individual practices to prioritize, analyze, understand and apply data to their workflow changes and taught them how to make their data actionable.

## Learning & Networking Activities

- In-person conferences for all practice staff
- Virtual care manager meetings
- In-person care manager trainings
- In-person and virtual practice coaching
- Facilitation of meetings between participating practices
- Creation of resource guide for care managers
- Guiding quality improvement activities

## THE FUTURE OF HEALTHCARE

As healthcare continues the transition from volume-based to value-based care, "business as usual" will no longer be sustainable. A greater emphasis will be placed on proactive, versus reactive, patient care. Practices will need to look at their care teams and develop a plan to provide care management, behavioral health, and other value-added supports for patients. This will require practices to adopt a team-based care model, with all team members working at the top of their license, as well as forming partnerships with community organizations that can support patients in addressing their social determinants of health.

The COVID-19 pandemic has further strained the nation's healthcare system, especially primary care. The rapid changes in healthcare utilization have shined a light on the inadequacies of a FFS payment system. As a result, many are seeking a system focused on value-based payment models that allow for consistent, flexible payment solutions. Recognizing the challenges and opportunities that exist in value-based care are essential to a successful transition.

## CALL TO ACTION

KFMC helps practices leverage data and technology to achieve and sustain higher-performing care delivery processes. Our data-driven insights guide transitions to new, value-based care models and improved patient outcomes.

**To get in touch with our team, call us at 785-271-4152 or visit [kfmc.org](http://kfmc.org).**