

Dear Colleagues:

In 2018, the Oregon CPC+ Payer Group committed to aggregating claims data with Comagine Health in order to help payers and practices learn from the CPC+ experience. We're excited to share some initial results of that commitment and the efforts of practices participating in both CPC Classic and CPC+ ("CPC-participating practices"). Attached are two Data Bytes sponsored by the Payer Group measuring quality, utilization and cost.



The first Data Byte focused on quality shows that CPC-participating practices performed better across all payer types than non-participating practices on 24 out of 26 measures.

The second Data Byte which addressed utilization and cost highlights positive trends in emergency department utilization and avoidable emergency department visits. In addition, CPC-participating practices had lower per member per month adjusted claims-based costs for numerous service types.

While we understand we cannot claim a direct causal relationship between CPC participation and improvement on the measures, we believe these data demonstrate the value of multi-payer collaboration, data aggregation, and our work to align and cooperate with CMS and each other. We're pleased by the results and plan to investigate them further.

These Data Bytes are the first in a series that we'll be producing and disseminating in the next year. We look forward to sharing more information moving forward.

Sincerely,

The Oregon CPC+ Payer Group



The CPC+ Payer Group includes participants from: AllCare Health, CareOregon, InterCommunity Health Network CCO, Moda Health, Oregon Health Authority, PacificSource Health Plans, Providence Health Plan, Trillium Community Health, UnitedHealthcare, and Yamhill Community Care CCO.

For more information about the Oregon CPC+ Payer Group website, please visit: <http://www.cpcplusoregon.org>.

Background

Comprehensive Primary Care Plus (CPC+) is a national advanced primary care medical home model sponsored by the Centers for Medicare & Medicaid Services Innovation Center (CMMI). The model aims to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation. Oregon is one of 14 regions participating in the first round of the initiative; Oregon also participated in the previous iteration of CPC. Participating payers in Oregon have formed a group that will seek to achieve the following goals:

- *Find alignment to support sustainable primary care transformation and alleviate burdens on providers and practices*
- *Identify and share best practices*
- *Reduce fragmentation and seek simplification*
- *Change expectations of how primary care is funded*
- *Spread the model and discover and leverage shared resources*

The CPC+ Payer Group is convened and coordinated by Artemis Consulting, Comagine Health (formerly HealthInsight Oregon) and the Oregon Health Leadership Council. Questions about the group's activities may be directed to:

Diana Bianco, Artemis Consulting: diana@artemispdx.com

Dave Ross, Comagine Health, dross@comagine.org

Emilie Sites, Comagine Health: esites@comagine.org

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 only one of the programs or did not participate in either) 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.

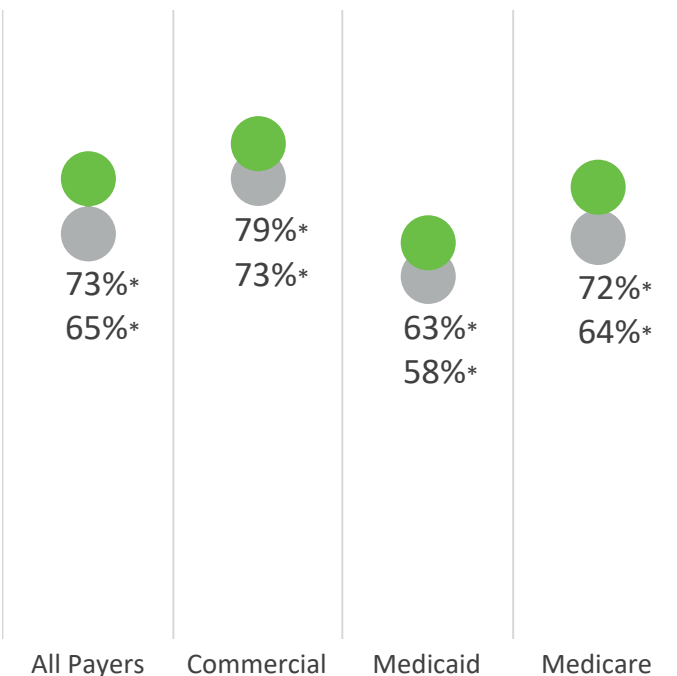
To learn more about CPC+ in Oregon visit <https://cpcplusoregon.org/>. For a description of the methods used in this analysis and for complete results visit http://cpcplusoregon.org/files/Quality_methods_complete%20results.pdf

Preventive Screenings

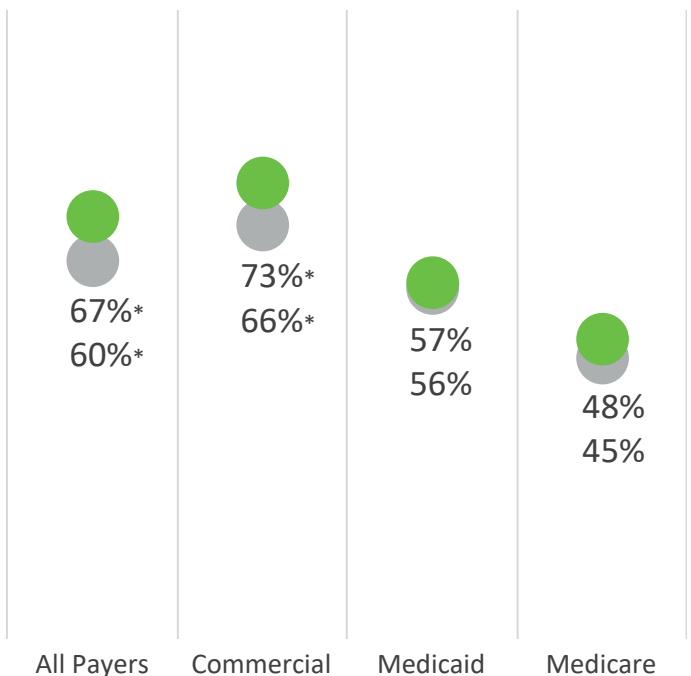
Practices participating in both CPC+ and Classic had higher performance rates than comparison practices across all payer types on Breast Cancer Screening and Cervical Cancer Screening quality measures.

■ 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.

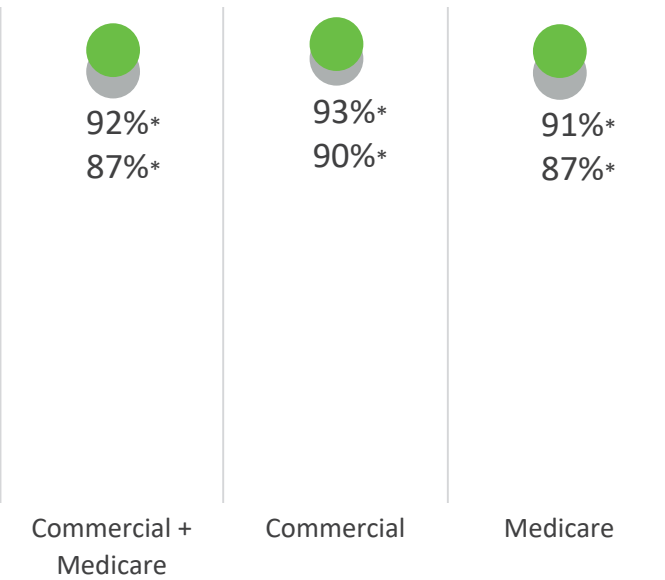
Breast Cancer Screening and Comprehensive Diabetes Care measures include Medicare Fee for Service data made available through the Medicare Qualified Entity program. Other measures include Medicare Advantage data only.

Care of Patients with Chronic Conditions

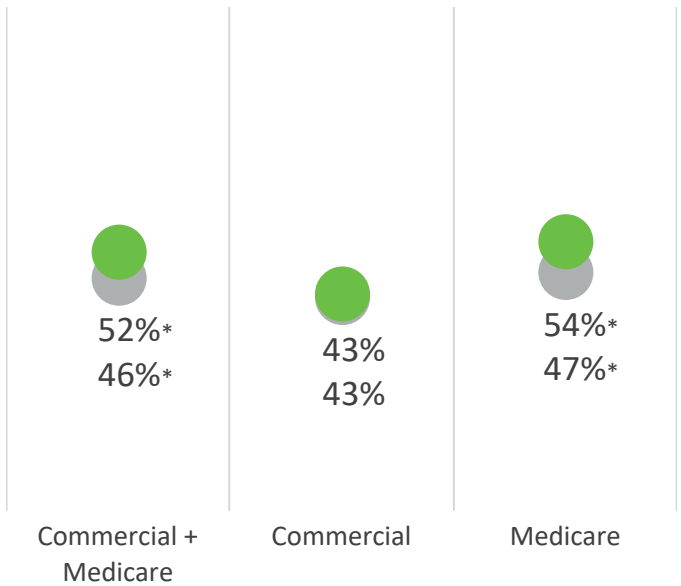
Practices that participated in both CPC Classic and CPC+ also had higher performance rates than comparison practices across all payers in Comprehensive Diabetes Care and Annual Monitoring for Patients on Persistent Medications quality measures.

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

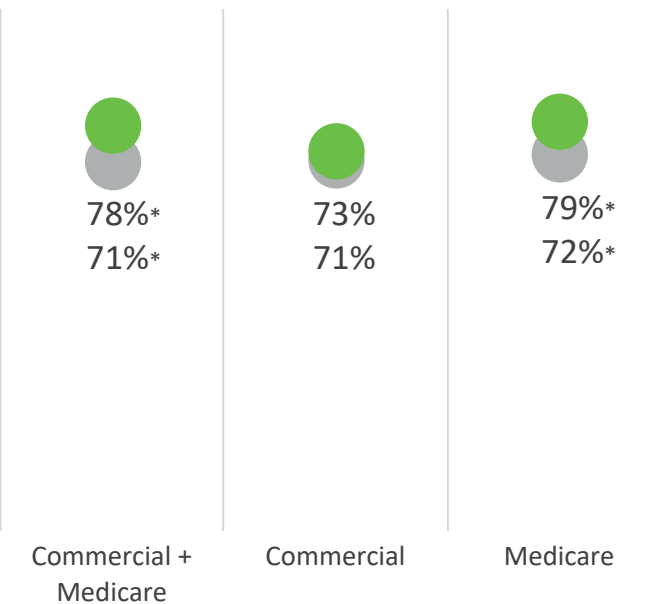
Diabetes HbA1c Testing[^]



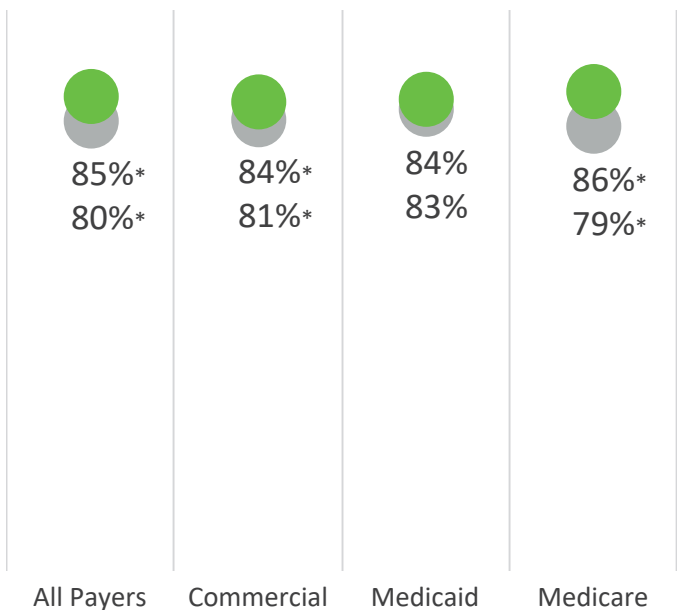
Diabetes Eye Exam Performed[^]



Diabetes Medical Attention for Nephrology[^]



Annual Monitoring for Patients on Persistent Medications - Total



[^]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	

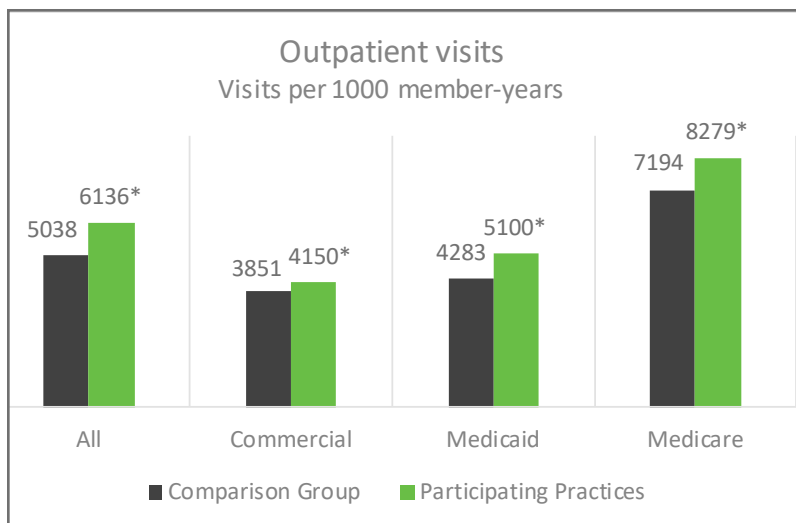
Performance data is for CY 2017. Diabetes data is for 12 months ending June 2017. Data for Medicaid not available for this time period. Practices with less than 30 patients were excluded from this analysis.

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.

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

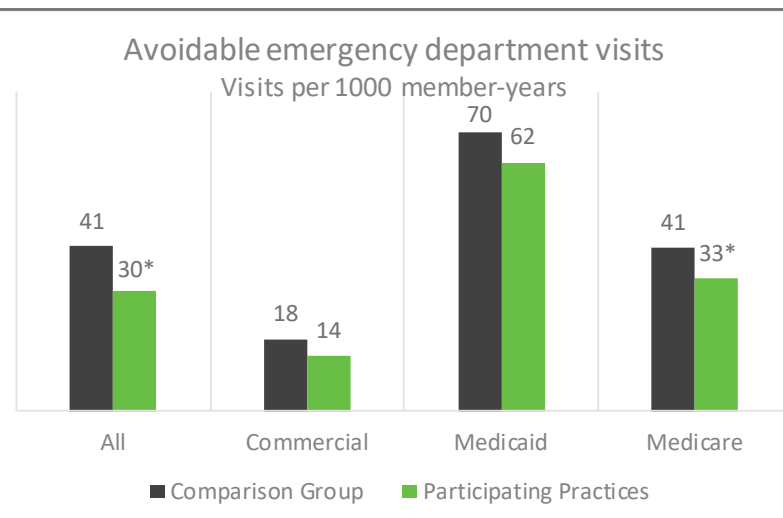
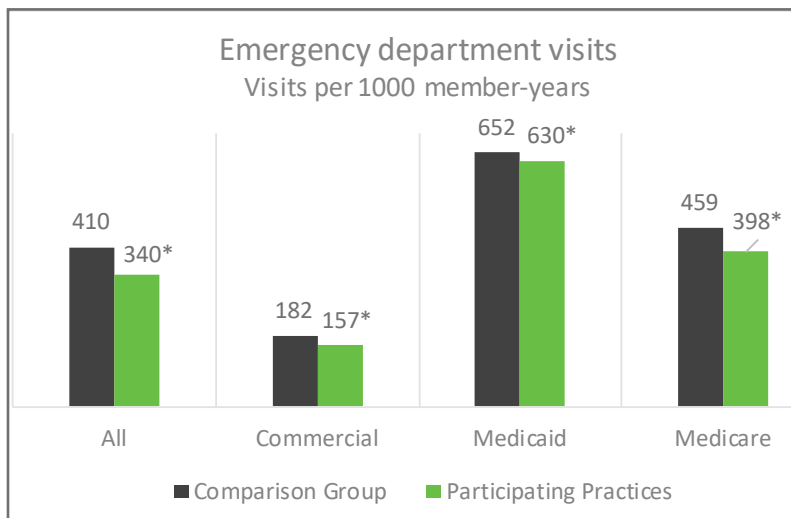
Oregon, 2017

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.

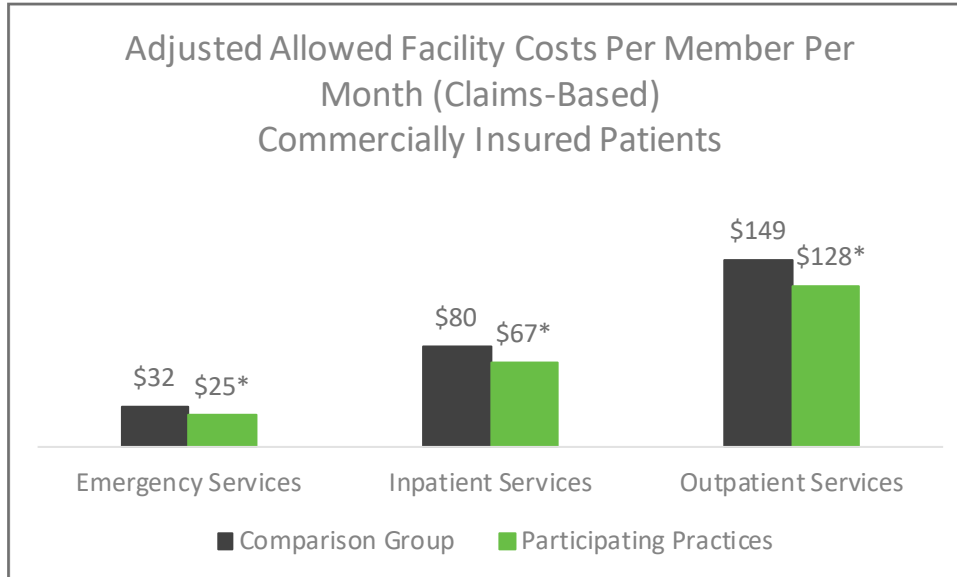


*Indicates that the difference is statistically significant (p<0.05). Data is for CY 2017. Practices with fewer than 30 patients were excluded from this analysis. Includes members aged 18 and over.

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](#).