The CPC Comprehensive Implementation Guide

Comprehensive Primary Care is an initiative of the Centers for Medicare & Medicaid Services Innovation Center

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Introduction

The Centers for Medicare & Medicaid Services Innovation Center, in partnership with national and regional commercial payers, engaged practices in the Comprehensive Primary Care (CPC) initiative, a four-year, multi-payer model designed to strengthen primary care by way of transformed delivery of care supported by payment reform.

This Implementation Guide illustrates how participating CPC practices and payers worked toward achieving the CPC aims of better care for individuals, better health outcomes for the population, and a reduction in the total cost of care through improvement in care. Beginning in fall 2012, nearly 500 primary care practices from seven regions across the United States began to make complex and far-reaching changes in the delivery of care.

Over the life of the model, the practices worked to build and refine specific capabilities to deliver care in five primary care functions which at the start of the initiative were not supported through the fee-for-service payment system. Implementation of these primary care functions were supported by strategic use of new revenue, use of data to drive improvement, optimal use of health information technology (health IT) and multi-payer population-based care management payments.

The development of these capabilities was initially guided by the requirements of the CPC Milestones. Over the course of the model, practices refined these capabilities using a variety of data sources reflecting utilization, quality, and patient experience.

Although this Guide reflects the work of CPC practices, it is our hope that any primary care practice seeking to develop these capabilities will find this material useful in guiding that work.

Sections in this Guide

The sections listed below are contained within the portfolio as unique documents.

Introduction

- How to Use This Guide
- The CPC Model

Driver 1: Comprehensive primary care functions

- 1.1 Access and Continuity
- 1.2 Planned care and population health
- 1.3 Risk-stratified care management
- 1.4 Patient and caregiver engagement
- 1.5 Coordination of care

Driver 2: Use of enhanced, accountable payment

- 2.1 Strategic use of practice revenue
- 2.2 Build practice analytic capability

Driver 3: Continuous improvement driven by data

- 3.1 Culture of improvement
- 3.2 Internal measurement and review

Driver 4: Optimal use of health information technology

- 4.1 EHR-based quality reporting
- 4.2 Data exchange
- 4.3 Continuous improvement of health IT

Driver 5: Environment to support primary care

- 5.1 Engaged community
- 5.2 Aligned payment reform

Appendix

- Resources

TMF Health Quality Institute

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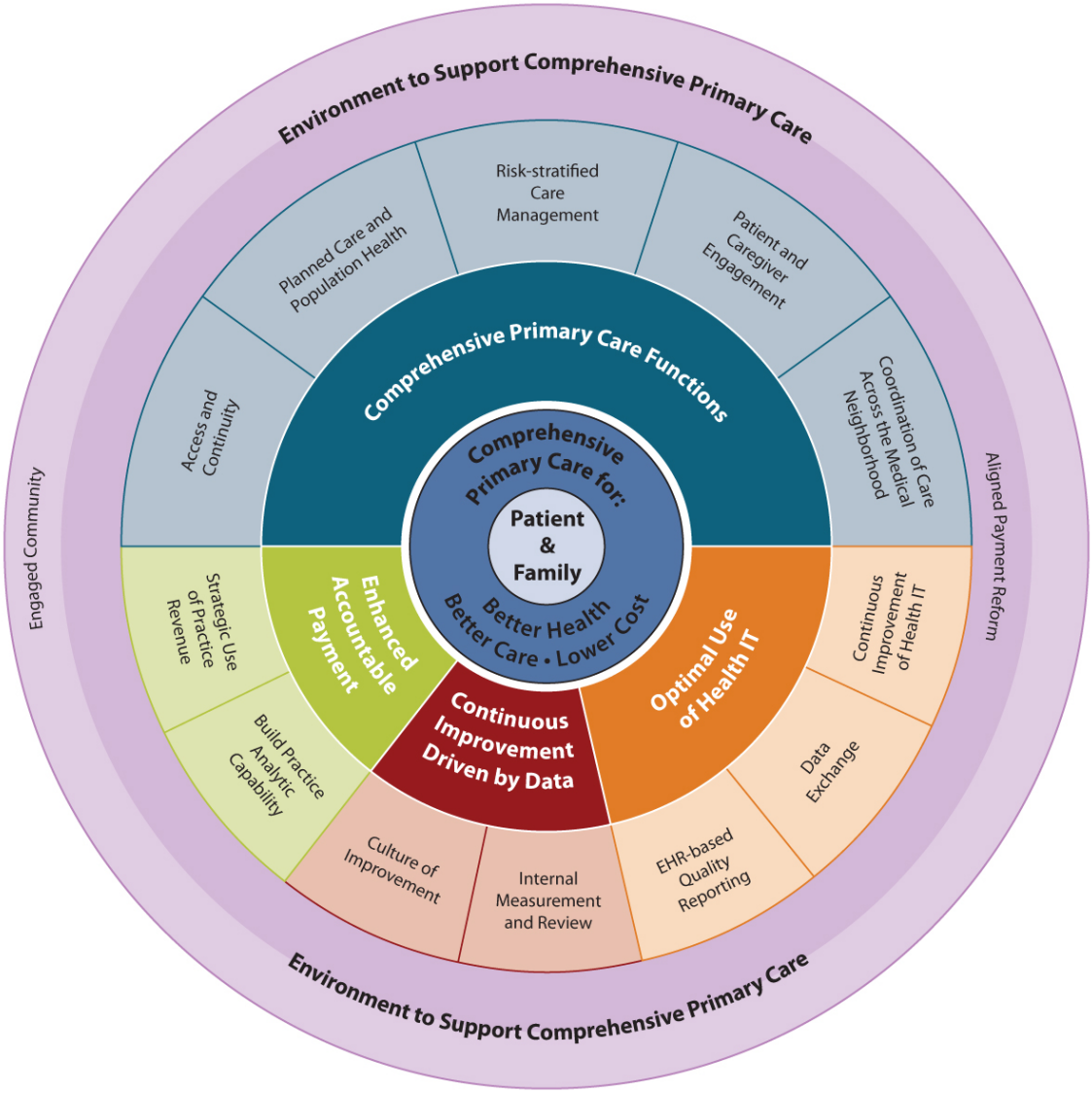
The CPC Model

The CPC Model is a framework for practices centered on patients, family, and caregivers with the aims of achieving better health, better care as well as lower costs. The model is organized into five Primary Drivers that are further supported by related Secondary Drivers. Each of the CPC Primary Drivers represents a category of practice improvement opportunities that work in concert to achieve CPC goals.

The Comprehensive Primary Care Functions (Driver 1) and its supporting secondary drivers span the entire top half of the Model, they work in tandem with the three drivers below — Use of Enhanced Accountable Payment, Continuous Improvement Driven by Data and Optimal Use of Health IT — as well as the encompassing fifth driver, Environment to Support Comprehensive Primary Care.

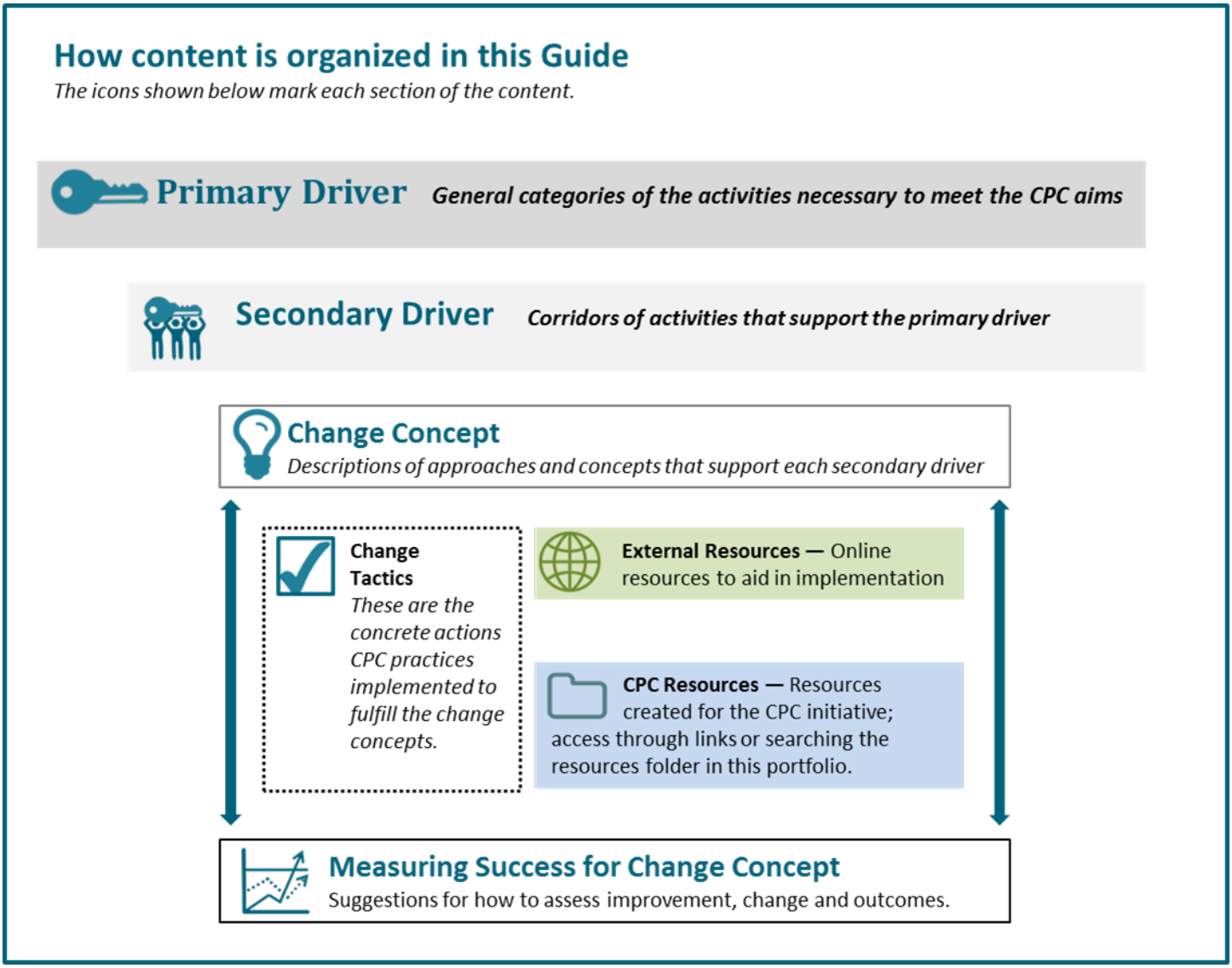


How to use this Guide

This Guide is organized by the CPC Model — see below for an illustration of the organization. The model has five **Primary Drivers**, each in turn supported by **Secondary Drivers**. The Secondary Drivers describe key corridors of work for each Primary Driver. Within each Secondary Driver, **Change Concepts** describe approaches for accomplishing the work. Examples of the concrete planning steps for that work are described by the **Change Tactics,** which are the ways practices tested or implemented these ideas. To help practices evaluate and measure their tactical work as it relates to the Change Concept, each Change Concept section concludes with a description of how to **Measure Success for Change Concept**.

Resources and tools

Applicable **External (online) resources** and **CPC resources** appear in each section. Readers can connect directly to external tools through hyperlinks. If the CPC resource is available online, it is hyperlinked. All CPC resources are filed in the resources folder in this portfolio.

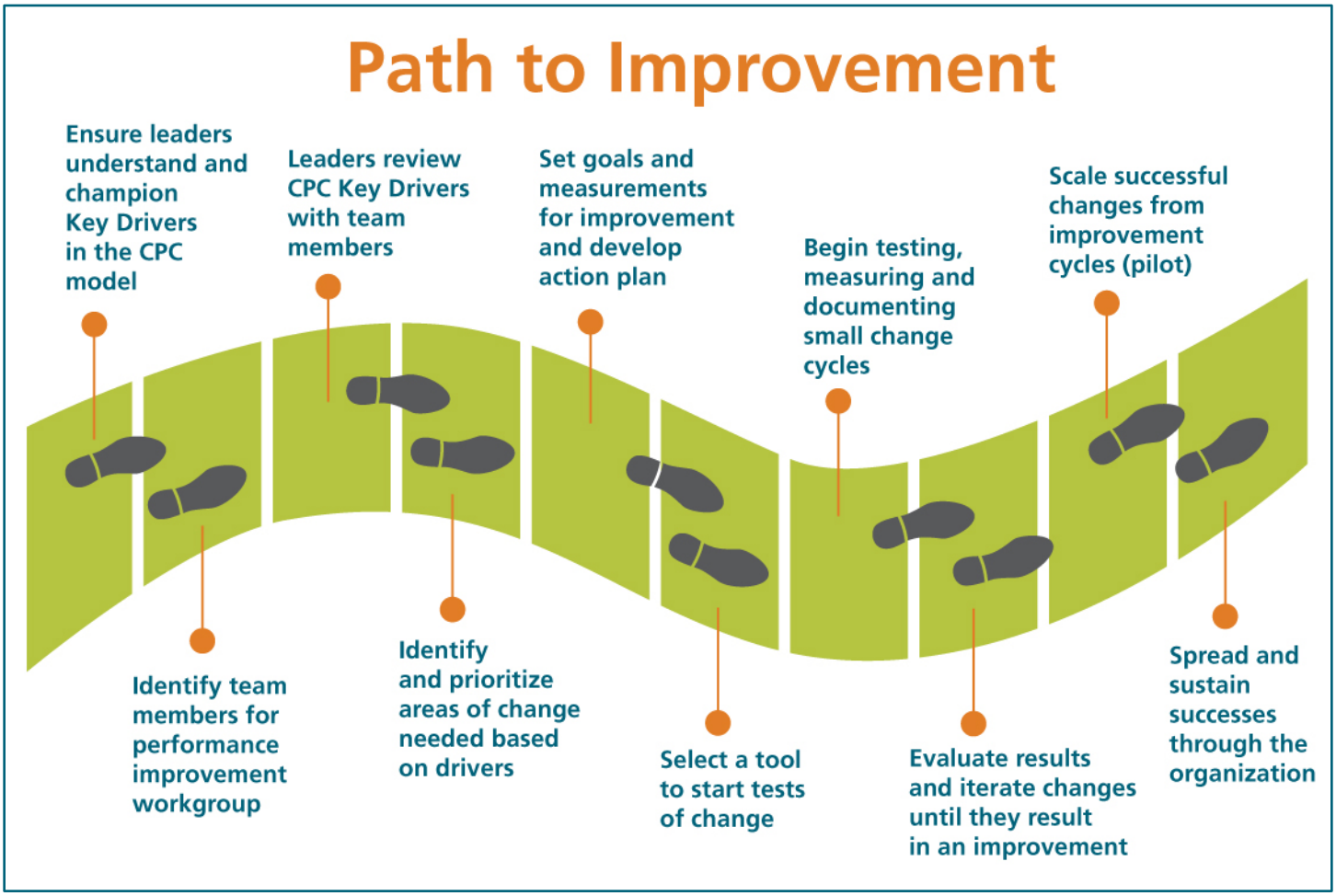


Getting started

Feedback from CPC participating practices indicated that they would have benefited from additional performance improvement knowledge prior to attempting to implement changes within their practices. Therefore, in addition to understanding how this guide is organized, it is also important to develop an actionable process for how you will use this resource in your practice. Recognizing that every practice is unique in size, experience and operational procedures, the Path to Improvement graphic (below) outlines a general approach to planning, designing, implementing and evaluating the changes that you may choose to make in your practice.

Critical to the success of any change initiative is to first understand **why** there is a need for change. Leaders in your practice should spend time to gain an understanding of the five Primary Drivers in the CPC model to effectively champion them for your organization. Because the drivers work in concert, a general understanding of all five drivers will ensure that your practice takes a comprehensive view of how each driver will influence and affect the others before you implement specific change tactics.

The Path to Improvement graphic below outlines a high-level process that can be used to approach improvements in your practice. Although this process is outlined to work in conjunction with this initiative, it incorporates many change management best practices and could be applied to almost any change that you would like to implement. Details for these steps are provided in the table on the following pages.



The Path to Improvement

This table expands on the concepts introduced in the Pathways graphic on page iii.

Process Step	Description
Ensure leaders understand and champion Key Drivers in the CPC model	After leaders have an overall understanding of the drivers, they need to be able to clearly articulate that message to others. When people understand why change is needed and sense that there is leadership support, they are far more likely to be open to the change.
Identify team members for performance improvement workgroup	Identify a workgroup that can analyze, identify, prioritize and guide the areas of change that would benefit your practice. The work of this team should focus on creating a clear vision for what changes they will propose for your practice as well as how those changes will be implemented, adopted, measured and sustained.
Leaders review CPC Key Drivers with team members	In addition to leaders, this workgroup should also have a big-picture understanding of the drivers as well as be open-minded regarding change processes that seek to result in achieving the CPC aims of improving care and lowering costs.
Identify and prioritize areas of change needed based on drivers	Draw on available data, resources and experts. Take into consideration how things work today and what drivers could bring the most benefit to your practice. To address the cause of the problem, you will need to identify its true source. When identifying and prioritizing needed changes first determine what is happening and then determine why it is happening – this will give you critical insight into how to figure out how to reduce the likelihood that it will continue to happen.
Set goals and measurements for improvement and develop action plan	Your workgroup should spend time planning proposed changes by mapping out the road ahead and setting the goals for the changes that your practice will implement. This plan should provide a picture of where the teams are going, why they are going there, who will be affected, identify top risks and who is going to be engaged to help. To do this, the workgroup should be able to clearly articulate and document these items: • Define the problem to be addressed, the change scope, potential risks and the desired results • Who will be directly involved in the change and what their roles and responsibilities will be as well as any additional resources that will be needed (for example, access to data) • How long it will take to implement the change as well as the time commitment of the resources that will be involved in the implementation • What deliverables the workgroup will produce, and • How the workgroup will communicate and measure progress Remember these parameters when creating goals: S — Specific, not vague M — Measurable A — Actionable and attainable R — Relevant, directly contributes to your goals T — Time-based, has a deadline I — Incremental, shows progress over time *For more information on this improvement process, see Driver 3: Continuous Improvement Driven by Data.*

Process Step	Description
Select a tool to start tests of change (PDSA, 5s cycle, A3-9 Box, etc.)	Because all changes do not result in an improvement, small-scale tests of proposed changes will help your practice to determine whether the change will result in an improvement that is appropriate for your needs, adoptable, and sustainable. A number of change management methods can conduct change feasibility testing, including these: • PDSA: http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx • 5s Cycle: https://www.isixsigma.com/tools-templates/5s/practical-approach-successful-practice-5s/ • A3-9 Box: http://www.a3thinking.com/ Consult the resources mentioned above and choose a method that will work best in your specific environment.
Begin testing, measuring and documenting small change cycles	Remember to treat each test as a learning experience. It is not uncommon for a test to produce unintended consequences that result in the need for additional changes to produce improvements in your targeted goals.
Evaluate results and iterate changes until they result in an improvement	Evaluate the nature and quality of the changes tested using qualitative and quantitative data. Review and reflect on how your change is working – determine what is going well and what could be improved, and then make any needed adjustments based on inspection and feedback findings.
Scale successful changes from improvement cycles (pilot)	***Scale:*** *to implement a tested change that has demonstrated improvement to a broader group. For example, a change tested with patients scheduled on Wednesdays would apply to all patients. Scale differs from "spread" (see next row in this table).* Implementation involves integrating and building capability and ownership for the change into your practice. Depending on the size of your practice, you may be able to implement the change in a linear fashion so that changes proceed sequentially. In larger practices you may have to take a wave-based approach that seeks to implement the change across multiple areas (for example, if you have multiple offices in your practice, you may want to implement the change practice-by-practice as opposed to a "big bang" approach where the change is implemented everywhere at the same time). Remember for any scale of change, it is important to consider how the change may spill over into other areas not directly affected by the change.
Spread and sustain successes through the organization	***Spread:*** *the process of implementing a successful test (or pilot) into other parts of the organization. This is the step after "scale" (see above), which focuses on expanding the test.* Whether the reason for change is due to challenges or a continuous improvement opportunity, it is important to keep people informed. Create buy-in and influence change effectiveness by keeping your team informed. Share what worked with others. To ensure adoption, make certain that the change is monitored and properly maintained to see it enculturated into regular operations.