Arkansas begins a new program in January that will improve our citizens’ health, provide better health care and save health care dollars. Called CPC+, it is the next step in the Centers for Medicare and Medicaid Services’ (CMS) very successful Comprehensive Primary Care (CPC) Initiative and its earlier patient-centered medical home (PCMH) program.

Four years ago Arkansas was chosen by CMS to be one of seven regions to participate in the new CPC initiative, called CPC classic. CMS was acutely aware that a health care system that utilized traditional fee-for-service payments was not financially sustainable. CMS launched an initiative to transform American health care to a value-based payment system. These initiatives support practices that elect to redesign their practices to accommodate a value-based system. These initiatives support practices that elect to redesign their practices to accommodate a value-based system. The CPC classic’s initial four-year pilot program included 69 primary care practices across Arkansas. CPC classic ends Dec. 31 and its successor program — CPC+ — will begin Jan. 1, 2017.

### Importance of PCPs

A key element of the CPC initiative is aligning patients with a primary care provider (PCP). Studies have shown that patients who have a relationship with a PCP have healthier outcomes than those without a PCP. These patients have better continuity of care, are more compliant with their treatment and more engaged in their own health. Strengthening primary care is critical in reducing overall health care costs.

Payers have worked to educate patients about the importance of having a PCP, not only when they become ill, but also to receive preventive care that will keep them healthy. Arkansas Blue Cross and Blue Shield sent letters to those who had not seen a PCP during the past two years asking them to select a PCP. Some employer groups require the selection of a PCP upon enrollment. Value-based programs require providers to manage a population of payments, making it essential to identify the patient population.

Payers who choose to be part of CPC classic agreed to support practices in both payment and practice redesign efforts. Payers participating in CPC classic include Arkansas Medicaid, Arkansas Blue Cross and Blue Shield, QualChoice and Humana. Additionally, several self-funded employers also supported this initiative, including Arkansas Blue Cross and Blue Shield employee group, Arkansas State and School employee group, Baptist Health and Walmart.

### Successful in Arkansas

CPC classic has been a great success for Arkansas patients, practices and payers. Over the past four years Arkansas has been recognized nationally for its CPC classic accomplishments in two areas: strong payer collaboration supporting the practices, and individual practices’ progress in improving patient care and lowering costs. Improved care coordination has been an area of special growth and development in Arkansas. Emphasis on coordination improves patient care by closing gaps in care, ensures communication with specialists and hospitals, and educates patients about their health and treatments. Arkansas practices participating in CPC classic have seen improvement in reducing readmissions, hospital admissions, emergency room visits and generic pharmaceutical dispensing.

### Next Step: CPC+

Arkansas was selected in August to be one of the 14 markets in the CPC Plus Will Continue Health Improvement, Lower Costs
CPC+ program. The CPC+ markets that are statewide include Arkansas, Colorado, Hawaii, Michigan, Montana, New Jersey, Ohio, Oklahoma, Oregon, Rhode Island and Tennessee. Smaller, sub-state regions include greater Kansas City, New York’s North Hudson-Capital region, Northern Kentucky and greater Philadelphia.

CPC+ will build on and expand the significant progress accomplished by CPC classic. It is expected that many more practices will join the CPC+ program. To incentivize practices to join CPC+, they will receive extra payments in the form of a monthly care-management fee if they agree to provide specific services. All providers — Medicare, Medicaid and private insurance — will make these payments. Additionally, practices can share in the savings if they meet certain performance standards that demonstrate improvements in patient outcomes and quality of care. If they fail to meet these benchmarks, the shared savings payments have to be paid back.

CPC+ offers two tracks to accommodate practices at different levels of practice transformation readiness. Both tracks include care management fee support and quality-based payments. Track 1, foundational in nature, is intended to be a pathway for practices ready to build their capabilities to deliver comprehensive primary care.

Track 2 is for practices that have the capability to support patients with complex medical needs. These are the most expensive patients that providers and payers care for, and where the greatest savings can be captured. Track 2, building upon track 1, includes more complex activities to increase the comprehensiveness of care, such as enhanced health information technology and supporting individuals with psychosocial needs. Track 2 practices will be required to have a commitment from their electronic medical record system vendor to support the program in tracking, documenting and reporting quality metrics.

The three main goals of CPC+ are:

- To advance care delivery and payment, allowing practices to provide more comprehensive care, especially for patients with complex needs and/or chronic conditions
- Accommodate practices at different levels of transformation readiness by offering two program tracks
- Achieve the triple aim of better care, smarter spending and healthier people in primary care

To achieve these goals, CPC+ enrolled practices will make changes in the traditional way they have delivered care, focusing on:

- **Access and continuity of care**, which can include 24/7 patient access and assigned care teams for track 1 providers; e-visits and expanded office hours for track 2 providers
- **Care management**, including risk stratification and care management at track 1; care plan development for patients with high-risk chronic diseases at track 2
- **Clinical and community coordination** means track 1 providers will focus on transitions of care; track 2 providers will add behavioral health services
- **Patient and caregiver engagement** at the track 1 level can include developing a patient/family advisory council; track 2 providers will increase patients’ self-management of high-risk/chronic conditions
- **Planned care and population health** will include payer report analysis and improvement strategies for track 1; care teams’ review of population health data at track 2

Individual practices interested in joining CPC+ had to apply directly to CMS. Selected practices will be announced in October.

The payers participating in Arkansas CPC+ are Arkansas Blue Cross and Blue Shield, Arkansas Health & Wellness Solutions, Arkansas Medicaid, Arkansas Superior Select, HealthSCOPE Benefits, QualChoice Health Plan Services, Inc. Self-insured employers include Arkansas Blue Cross and Blue Shield, Baptist Health, Arkansas State and School employee group and Walmart.

Today, about 220 practices across Arkansas are working on PCMH transformation activities through CPC classic or the PCMH grant to the state. Many of the state’s successful PCMH activities and quality metrics mirror both the CPC classic and CPC+ requirements.

Arkansas Medicare beneficiaries, in combination with the commercial CPC classic members, have brought significant financial support to primary care practices over the past four years. That opportunity will continue to grow with CPC+. Multi-payer support is critical to continue the important work of transforming health care to a value-based system. Arkansans deserve a system that improves care, improves their health and uses health care resources in the most efficient and effective way.

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