Updates on CPC+

June 30, 2016
Maryland’s Primary Care Strategy

- DHMH Office of Population of Health Improvement is focusing on the development of primary care strategies and models for the State

- Strategy includes:
  - Care redesign, coordinated care management
  - Payment reform and alignment - volume to value
  - Quality focus with standard measures

- Models include:
  - Medical Home Models
    - CPC+; CPC+-like; PCMH
  - Care Redesign Payment Initiatives
    - CCM; Complex & Chronic Care Improvement Program
CPC+ Timeline

- April 2016: Model announced
- July 2016: Payers selected
- October 2016: Practices selected
- January 1, 2017: Model launch

- June 2016: 2 Maryland payer applications submitted
- September 2016: Practice applications due

- Payer solicitation and review period
- Practice application, vendor letter of support and review period

- ACO practices are also permitted to apply
The Current CPC+ Opportunity

- Two Maryland payers (CareFirst and Amerigroup) have submitted CPC+ applications to CMMI
  - If they are awarded a demonstration project, there will be an immediate opportunity to leverage CPC+ across multiple payers to support transformation of primary care
  - Maryland may also pursue a broader implementation approach
- If they are not awarded, there may be an opportunity to pursue a Maryland-specific, CPC+ like program
  - This will probably take longer to implement than the national CPC+ model, but CMMI has expressed support for this idea
Leveraging the CPC+ Opportunity: Discussion Questions for the Next Meeting

- If Maryland payers are awarded, how should we leverage CPC+?
  - What are the staging and the short-term/long-term possibilities?

- What should we do if we don’t get the award?
  - Pursue a Maryland-specific model?
  - Use the CPC+ as framework for a general primary care model?

- What would need to happen to support leveraging this opportunity?
Primary Care is the Foundation for Person-Centered, Value-Based Care

- Facing similar challenges in 1766, Dr. John Gregory defined a fiduciary responsibility for health care providers.
  - Remuneration and prestige were only happy side effects of the relationship. - 1766

We shall not cease from exploration, and the end of all our exploring will be to arrive where we started and know the place for the first time.

*T. S. Eliot*