

# The COMPREHENSIVE PRIMARY CARE INITIATIVE:

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**I**n the spring of 2012, primary care practices in selected markets will have the opportunity to participate in a demonstration project that will offer enhanced payment to those who provide comprehensive primary care. This article describes the project, called the Comprehensive Primary Care Initiative (CPCI), how to participate if (or when) the opportunity presents itself in your market, and what this development means for family medicine.

## What's in it for practices

CPCI is a four-year, multipayer initiative led by the Centers for Medicare and Medicaid Services (CMS) that is designed to test a service delivery model based on comprehensive primary care and a blended payment model that includes a monthly, per-patient care management fee and the potential to share in any savings to the Medicare program, in addition to traditional fee-for-service payment.

The monthly care management fee paid by CMS will average approximately \$20 per beneficiary during the first year, according to estimates. That amounts to an additional \$4,000 per month for a practice with the minimum 200 Medicare beneficiaries. Because CPCI is a multipayer program, practices will also receive compensation from private insurance companies, Medicaid, and other payers that join the initiative. The additional revenue could be enough to support the kind of quality and efficiency initiatives necessary in practices that function as patient-centered medical homes (PCMHs).

## What's in it for family medicine

CPCI is the latest CMS effort to test whether delivery system and payment reform can impact the “triple-aim” of

better health, better care, and lower expenditures. It signals a growing awareness of the need for dramatic change in how the United States pays for primary health care services.

As CMS describes it, “Primary care is critical to promoting health, improving care, and reducing overall system costs, but it has been historically underfunded and undervalued in the United States.” Such statements, as well as the advent of the Center for Medicare and Medicaid Innovation, which will oversee the program, and an ongoing demonstration project called the Multipayer Advanced Primary Care Practice, are signs of progress.

## Next steps

CMS is reviewing applications from payers to identify five to seven markets in which there is sufficient commitment to actually implement the initiative. CMS will announce the chosen markets later this year and invite primary care practices in those areas to apply to participate. CMS plans to accept up to 75 practices in each market.

Practices will be chosen in part based on their ability to deliver “comprehensive primary care” as evidenced by the following elements:

- Risk-stratified care management,
- Access to and continuity of care,
- Planned care for chronic conditions and preventive care,
- Patient and caregiver engagement,
- Coordination of care across the medical neighborhood.

## About the Author

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# What You Need to Know

In short, “comprehensive primary care” means that the practice functions as a PCMH, although CMS has not stated that formal designation as a PCMH will be required to participate in the demonstration project.

Physicians who want to position their groups to take advantage of CPCI or other opportunities that might come their way but whose practices are not yet on the road to becoming a PCMH should consider moving in

- Be geographically located in a CMS-selected market,
- Provide first contact and ongoing primary care,
- Be led by a board-certified primary care physician (a family physician, internist, general practitioner, or geriatrician, as defined by CMS) or an advanced practice nurse (where permitted by state law) providing mostly primary care services,
- Be composed predominantly of primary care providers,

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that direction. A potential first step is implementing an electronic health record or electronic registry. Practice transformation resources are available on the AAFP website at <http://www.aafp.org/pcmh>, through TransforMed at <http://www.transformed.com>, and, of course, in *FPM*.

Practices must also meet the following eligibility requirements:

- Function as an integrated entity if consisting of multiple sites,
- Have a federal National Provider Identifier and Tax Identification Number,
- Have at least 60 percent of revenues generated by participating payers,
- Use an electronic health record system or electronic registry,
  - Have a minimum of 200 eligible patients who have Medicare as their primary insurer and are not enrolled in a Part C plan (Medicare Advantage) or similar plan.

If CPCI is successful, CMS has the authority to expand the program, at its discretion, beyond the five to seven test markets, even before the conclusion of the four-year demonstration. Now is the time for payers and practices to step up to the plate. **FPM**

Send comments to [fpmedit@aafp.org](mailto:fpmedit@aafp.org).

### LEARN MORE ABOUT THE COMPREHENSIVE PRIMARY CARE INITIATIVE

Center for Medicare & Medicaid Innovation website  
<http://innovations.cms.gov/initiatives/cpci/>

“The Comprehensive Primary Care Initiative: Qualification Requirements and How You Can Benefit”  
Free webinar co-sponsored by the AAFP and TransforMed  
Feb. 1, 2012, 1 p.m. CST  
<http://www.aafp.org/cpci>