# CDPHP® Enhanced Primary Care (EPC) Initiative

## From Volume to Value: Providing the right care, at the right time, and seeing results!

### Background

In 2008, after noting a decline in the number of graduating medical students choosing to become primary care physicians, CDPHP® set out on a mission to save the field of primary care medicine while improving the value and quality of care for members. The result was the creation of the CDPHP Enhanced Primary Care (EPC) initiative, a patient-centered medical home (PCMH) model that rewards doctors for spending more time with their sickest patients. A guiding principal of the EPC model is that each patient has an ongoing relationship with a primary care practice (PCP) that delivers continuous, comprehensive, and coordinated care.

A cornerstone of the EPC program is a unique payment model that rewards PCPs for their efforts to keep patients healthy. The program departs from the traditional fee-for-service model, which incentivizes doctors to provide more, not better care. Instead, EPC moves doctors to a global payment model, with the addition of a significant bonus opportunity. These two payment structures combine to give physicians the opportunity to increase their earning potential by an average of 40 percent.

Now in its seventh year, the EPC program includes 193 physician practices, 836 network clinicians, and nearly 250,000 CDPHP members.

**193**
PHYSICIAN PRACTICES

**836**
NETWORK CLINICIANS

**242,066**
CDPHP MEMBERS

"This unique payment model enhances, rather than discourages, our ability to be real primary care doctors, which means taking care of our patients both inside and outside the office. We're communicating electronically with patients, offering group visits, and providing educational sessions on smoking cessation and diabetes management. We even have a patient advisory council that provides feedback on how we're doing!"

Holly K. Cleney, MD
*Community Care Physicians, P.C. | Latham Medical Group*

### Methods

*CDPHP recently completed a three-year analysis of the EPC program. To be included, members must have been enrolled in a commercial, Medicaid, or Medicare product, and must be at least 18 years old. Members with a pediatric PCP, and those with extremely high costs, were excluded from the analysis. Comparisons were made between members receiving care from a PCP participating in the EPC program and members receiving care from a non-EPC practice. The groups of members were matched based on several characteristics, including age, sex, and risk score, so that the comparisons were statistically valid.*

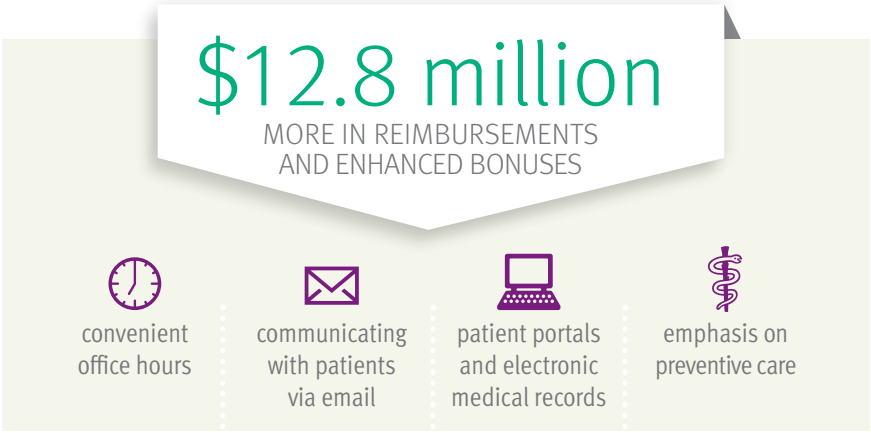
### Results

In 2014, CDPHP realized a cost savings of **$20.7 million directly related to the EPC program**. Approximately 60 percent of this savings was experienced by members within the commercial market, while approximately 20 percent was experienced by the sickest 10 percent of members in the Medicaid and Medicare markets.

**$20.7 million**
SAVINGS IN 2014

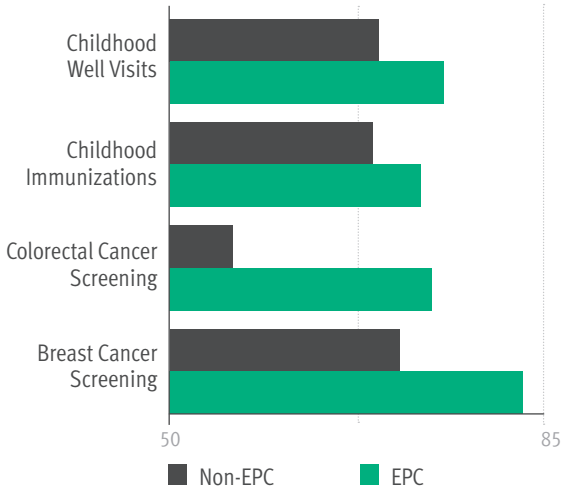
*(over)*

EPC providers received an estimated **$12.8 million more in reimbursements and enhanced bonuses than if they had not participated in the program**. In exchange for these increased payments, CDPHP encouraged physicians to change the way they deliver care to patients. This often involves convenient office hours, communicating with patients via email, the use of patient portals and electronic medical records, and an overall emphasis on preventive care.




There were 1.5 fewer primary care visits per 1,000 members per month (PKPM) to EPC providers than expected. In contrast, more vulnerable members had higher than expected primary care visits (Medicaid: 3.0 PKPM; Medicare: 1.4 PKPM; sickest 10% of members: 8.4 PKPM). Combined, these findings suggest EPC providers are shifting their focus to members with greater needs while reducing the need to see members more frequently than necessary.

Similarly, EPC providers are impacting how members obtain care outside the primary care setting. Shifts in the use of outpatient services among EPC members lowered total costs by approximately $11.4 million. Similarly, shifts in prescription fills and radiology services among EPC members also lowered total costs by $4.1 million and $3.1 million, respectively.




"Moving to the patient-centered medical home model has been a monumental transformation in the way in which we deliver care. This model requires a continuous investment of time, energy, and financial resources on the part of physician practices to ensure success. We are grateful that we have a health plan, such as CDPHP, in our region that understood this dynamic and created the Enhanced Primary Care initiative to support its participating physicians in their quest for excellence."

William R. Tetreault, MD
*Capital*Care *Family Practice Guilderland*

In addition to cost savings, the program has also produced impressive quality results. From 2010 to 2014, EPC sites showed significant improvements on a series of quality measures that included breast and colorectal cancer screenings, childhood immunizations, childhood well visits, and more. Throughout the analysis, quality scores for EPC sites rose from 71 to 77 percent. During the same time period, quality scores for non-EPC sites rose from 65 to 68 percent. The findings prove that EPC sites are not only performing at a higher level than non-EPC sites, but they are improving at a faster rate.

## Conclusion

Research has suggested that a PCMH program needs to mature before experiencing meaningful cost savings, and the CDPHP EPC program is no different. With an estimated cost savings of $20.7 million in 2014 overall, or $17.11 per EPC member per month, and a shift in how members utilize health services that more appropriately reflects their medical needs, EPC providers are impacting both overall costs and patterns of care. As the EPC program continues to mature, CDPHP will monitor and evaluate its impact.

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Enhanced Primary Care
*The CDPHP® Medical Home*