

Comprehensive primary care initiative improves care delivery

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(HealthDay)—Introducing the Comprehensive Primary Care Initiative

(CPC), a health care delivery model developed by the Centers for Medicare and Medicaid Services (CMS), improves primary care delivery but does not reduce Medicare spending enough to cover care management fees, according to a study published online May 23 in *Health Affairs*.

Deborah Peikes, Ph.D., from Mathematica Policy Research in Princeton, New Jersey, and colleagues tested whether the CPC [health care delivery](#) model, which provided multipayer support of 502 primary care practices across the country, would improve primary care [delivery](#) and care quality, or reduce spending. The initiative's effects on care delivery and outcomes for fee-for-service Medicare beneficiaries attributed to initiative practices were assessed relative to those attributed to matched comparison practices.

The researchers found that there were improvements in primary care delivery for CPC practices, including care management for high-risk patients, enhanced access, and improved coordination of care transitions. Relative to comparison practices, the growth of emergency department visits in CPC practices slowed by 2 percent. The reduction in Medicare spending was not sufficient to cover care management fees or appreciably improve physician or beneficiary experience or [practice](#) performance on a limited set of quality measures based on Medicare claims.

"As CMS and other payers increasingly use alternative payment models that reward quality and value, CPC provides important lessons about supporting practices in transforming care," the authors write.

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