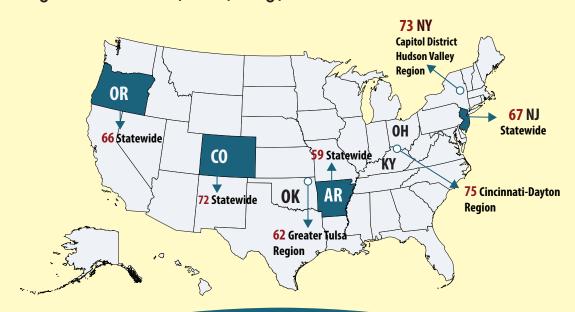




The seven CPC regions & number of participating practices (in red.)



KEY DEMOGRAPHICS



474 Practice Sites





approximately

2200 Practitioners

MD/DO, NP, PA practitioners



approximately

2.7 Million Active Patients





38 Public and Private Payers



RISK-STRATIFIED CARE MANAGEMENT

Percent of active patients empanelled at CPC practices.

99%



Empanelment assigns patients to a practitioner or care team, as a foundation for population health management and relationships with patients.

Percent of empanelled patients who are riskstratified at CPC practices.

Risk stratification means that a practice assigns risk status to all of its patients to help proactively identify patients with high needs.

1 in 5 empanelled patients receive care management for high or rising risk.

Care management is a primary care function tailored to patients at highest risk for adverse, preventable outcomes.

Types of care management services practices provide include:

- ⇒ Follow-up during care transitions
- Developing care plans
- Patient coaching
- Tracking lab tests and referrals
- Proactive monitoring between visits



Practices risk stratify their patients by:

clinical intuition

practice developed clinical algorithm

published clinical

algorithm

claims

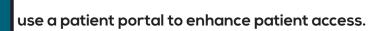


EHR based methodology

ACCESS AND CONTINUITY

100% of practices offer 24/7 access to

a practitioner who can access their EHR in real time.

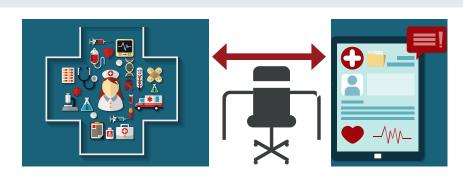






Over half

of practices use their EHR to track continuity of care.

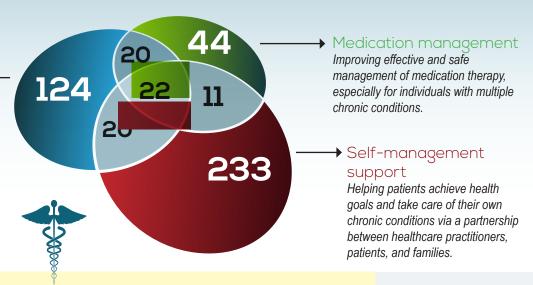


PLANNED CARE FOR CHRONIC CONDITIONS & PREVENTIVE CARE

All practices focus on at least one advanced primary care strategy to support high risk patients.

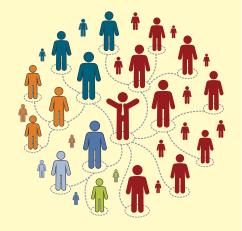
Integration of behavioral health services 4

Assess and support the psychological and social aspects of patients' health, and coordinate mental health and substance abuse resources to address patients' needs.



108 practices have BEHAVIORAL HEALTH SPECIALISTS in the practice.





- 63 practices have a licensed clinical social worker
- **29** practices have a psychologist
- **27** practices have another type of behavioral health specialist
- 7 practices have behavorial health care managers
- **6** practices have psychiatric nurse practitioners
- 6 practices have psychiatrists

practices have integrated pharmacists as members of the

care team.

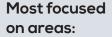


Pharmacists work on-site at the practice on average 2 days a week.

PATIENT & CAREGIVER ENGAGEMENT

100%

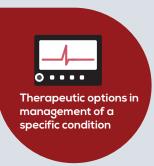
of practices use decision aids to support shared decision making in preference sensitive care.













CPC actively engages patients and caregivers as valuable partners.

Give patients and families a voice:

- ⇒ **53%** of practices that survey their patients regularly
- ⇒ **25%** of practices that regularly meet with their patient and family advisory councils (PFAC)
- ⇒ 22% of practices that use both methods

Use input to guide practice improvement. Top three practice changes:

- ➡ Improvements in patient access & communication
- ⇒ Changes in coordination of care during referrals & transitions of care.
- Changes in staffing, workflows, or office space





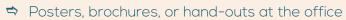






Communicate about changes. Practices typically update their patients on changes and new resources through:









Mailings or newsletters distributed outside of office visits







COORDINATION OF CARE ACROSS THE MEDICAL NEIGHBORHOOD

Nearly 1 in 5 practices have care compacts with local specialists to improve communication and coordinate care. Most commonly with:

> Cardiology (50 practices)



Gastroenterology

(34 practices)



Orthopedic surgery

(32 practices)



Obstetrics and gynecology

(24 practices)



and over 20 other health care providers including:

- ⇒ home health agencies
- ⇒ long-term care facilities
- ⇒ behavioral health services







All practices track discharges from at least one hospital or **Emergency Department.**

Practices receive this information by:

70% have access to hospital EHR or portal

42% by fax

30% through a Health Information Exchange

Median rate of follow-up of patients discharged.

Percent of patients who were contacted by their care team within one week of being in the emergency department.



Percent of patients who were contacted by their care team within 72 hours of a hospital stay.



