

Physician-Focused Payment Model Technical Advisory Committee

Potential Questions for Subject Matter Expert (SME) Listening Session Presenters June 8, 2022

There will be three listening sessions as part of the June public meeting on population-based total cost of care models. The first session on Wednesday, June 8 will include three SMEs. Each listening session presentation will be 8-9 minutes. Following the presentations, the Committee members will have the opportunity to pose questions to the presenters.

To facilitate the Committee's discussion with the listening session participants, we have provided some "General Questions" that could potentially be asked of all of the listening session participants. We have also provided some potential questions that may be relevant for each presenter, based on information included in their slide presentations. Committee members can choose to use these questions if desired.

General Questions:

- What are best practices for providing patient-centered care for various types of patients in population-based models – including beneficiaries that rarely need to see specialists; beneficiaries with chronic conditions that require transitions both between specialty care and primary care (including high-cost beneficiaries whose care may be managed by a specialist)?
- What care delivery model innovations and design features have the most significant impact on driving reductions in total cost of care (TCOC) models?
- What model design features are most important for supporting providers' and organizations' success in being able to take on financial risk?
- What are best practices for providing screening and referral for addressing health-related social needs and social determinants of health (SDOH) in these models? Should this kind of screening be provided broadly, or targeted to higher-risk patients?
- What are best practices for managing some of the trade-offs involved in designing care delivery models?
- What are best practices for monitoring the performance of model participants, and measuring the overall success of population-based TCOC models?

Listening Session on Wednesday, June 8, 2022

Questions for Christopher Chen, MD, ChenMed

- What are best practices associated with developing care delivery models for beneficiaries with multiple chronic conditions?
- How do patients become aligned with a ChenMed practice? Do they maintain their choice to see other primary care providers? Can they see specialists outside of ChenMed's preferred providers?

- What care delivery model features are most important for driving improvements in quality and outcomes; and reducing TCOC, particularly based on what you have observed at ChenMed?
- What are some best practices for improving care coordination between primary care providers and specialty providers? ChenMed puts the risk with primary care (Slide 9) as the “general contractor,” but how can specialists be incentivized to share accountability?
- What practical advice do you have for providers who are interested in participating in population-based TCOC models? What infrastructure, training and other tools are needed to support participation in these kinds of value-based arrangements?
- What role can participation in population-based TCOC models have on advancing health equity? What are best practices for addressing SDOH in these models?
- Given the importance of addressing health equity, what are best practices for developing care delivery models for Black, Indigenous, and people of color (BIPOC) and other underrepresented groups like the population ChenMed serves? What role can participation in population-based TCOC models have on advancing health equity? What are best practices for addressing SDOH in these models?

Questions for Paul Leon, RN, BSN, PHN, Illumination Foundation and Palav Babaria, MD, Chief Quality Officer and Deputy Director of Quality and Population Health Management at California Department of Health Care Services

- How do you train providers to participate in the value-based payment models? What are some of the key skills they need to have to effectively participate?
- In your experience, what incentives to participate in these models have been the most effective to encourage participation?
- What are the best practices for identifying and investing in unmet needs of essential services for the vulnerable population? How should care delivery models refer patients and coordinate for unmet needs of essential services? Could the investment in a broad range of essential services lead to “medicalization” of SDOH? Can this investment be eventually harnessed to provide preventive care (e.g., school lunches in third world countries to immunize children and provide wellness visits)?