

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide Listening Session #2 for the June 2023 Theme-Based Meeting:

Improving Management of Care Transitions in Population-Based Models

Topic: Financial Incentives for Improving Care Transition Management

Tuesday, June 13, 9:10 a.m. – 10:40 a.m. EDT

Listening Session Subject Matter Experts (SMEs):

- **Richard J. Gilfillan, MD, MBA**, Former President, Trinity Health and Geisinger Health Plan, and Director, Center for Medicare and Medicaid Innovation (Retired)
- **Mary D. Naylor, PhD, RN**, Marian S. Ware Professor, Gerontology, School of Nursing, and Director, NewCourtland Center for Transitions and Health, Penn Nursing, University of Pennsylvania
- **Grace Terrell, MD, MMM**, Chief Product Officer, IKS Health

Committee Discussion and Q&A Session

To assist in grounding the Committee's discussion, the questions for the presenters will focus on the following areas:

- A. Financial Incentives to Improve Care Transition Management
- B. Designing Alternative Payment Models to Support the Transitional Care Model
- C. Designing Care Transition Incentives that Encourage Value-Based Care

After each SME provides an 8-10-minute presentation, Committee members will ask the presenters questions.

The questions below are sample questions that Committee members may ask.

1. How should incentives be structured to yield the greatest improvements in care transition management? For example, should incentives be tied to specific provider activities or performance, or should providers have flexibility to use program incentives across a range of approved activities?
 - a) What proactive care delivery innovations should financial incentives encourage to improve quality of and patient experience with care transition management (such as promoting appropriate use of health information technology, telehealth, discharge planning, etc.)?
 - b) What incentives are most applicable for addressing specific barriers to improving care transition management between settings?
 - c) What incentives are most applicable for addressing specific barriers experienced by specific types of providers, such as independent practices and providers in rural areas?

- d) What incentives have the most potential to improve care transition management for certain specialties or procedures? Does effectiveness of certain types of incentives vary by specialty or procedure? If so, how?
2. How does the University of Pennsylvania's Transitional Care Model improve care transition health outcomes while reducing unnecessary spending?
- a) How can Alternative Payment Models support the providers' and health systems' adoption of effective care transition management models, such as the Transitional Care Model, or key activities within these models?
 - b) What are some barriers to providers and other entities adopting the Transitional Care Model? Do these barriers vary based on geographic or demographic factors?
 - c) Is the Transitional Care Model more effective for certain procedures or conditions? If so, why?
 - d) How can Alternative Payment Models improve care transitions between settings and levels of care, including transitions from curative to palliative care?
 - e) Within the Transitional Care Model, which providers or other entities hold accountability for care transition management activities?
 - f) How can Alternative Payment Models help health systems target underserved populations for improved care transition management?
3. How can financial incentives be leveraged to encourage value-based care as it relates to care transition management?
- a) What characteristics of ineffective care transition management should financial incentives target to improve quality of and patient experience with care transition management and reduce total cost of care (TCOC)?
 - b) What payment methodologies should be used to incentivize improvements in care transition management, such as capitation, per beneficiary per month payments, or bundled payments? Which payment mechanisms are most effective in incentivizing improvements in care transition management?
 - c) Since many care transition models are nurse-driven, what opportunities exist for developing an interdisciplinary team (IDT) payment model to incentivize care transition management activities?
 - d) How do the financial incentives embedded within fee-for-service payment models affect the adoption of care transition management best practices? Are there financial incentives that can be used within fee-for-service payment models to improve care transition management?
4. How is the quality and effectiveness of care transition management measured?
- a) What care process measures target care transition management?

- b) What are the most relevant patient experience indicators of successful care transition management?
- c) What direct measures of care transition management best quantify quality?
- d) What utilization, quality and outcome measures are most related to the effectiveness of care transition management?
- e) To which provider or entity should patient outcomes related to care transition management be attributed?
- f) Are there additional considerations that should be made with respect to measuring quality of care transition management for patients with multifaceted needs, including patients with behavioral health care needs or health-related social needs (HRSNs)?

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide Listening Session #3 for the June 2023 Theme-Based Meeting:

Improving Management of Care Transitions in Population-Based Models

Topic: Addressing Care Transitions in Alternative Payment Model Design

Tuesday, June 13, 10:50 a.m. – 12:20 p.m. EDT

Listening Session Subject Matter Experts (SMEs):

- **John Birkmeyer, MD**, President, Sound Physicians
- **Marc Rothman, MD, CMD**, Chief Medical Officer, Signify Health
- **Lewis G. Sandy, MD, FACP**, Co-Founder, SuLu Consulting LLC (former SVP, Clinical Advancement, UnitedHealth Group)

Committee Discussion and Q&A Session

To assist in grounding the Committee's discussion, the questions for the presenters will focus on the following areas:

- A. Incorporating Care Transitions in Designing Nested Models for Setting-Specific Episodes of Care
- B. Payment Features and Performance Measures Related to Managing Care Transitions
- C. Addressing Care Transition Management in Attribution and Benchmarking

After each SME provides an 8-10-minute presentation, Committee members will ask the presenters questions.

The questions below are sample questions that Committee members may ask:

1. Based on your organization's experience operating within episode-based models, how should episode-based, setting-specific Alternative Payment Models be designed to support the improvement of care transition management? How can the design of population-based models support improvements in care transition management?
 - a) Should bundled payment methodology take costs associated with improving care transition management into account? If so, how should those costs be accounted for?
 - b) How can episode-based models and population-based models encourage the adoption of established transition care management models?
 - c) How should these models identify the accountable provider or entity when measuring the quality and effectiveness-of-care transition management?
 - d) How should episode-based models and population-based models incorporate care transition management into performance measurement?

- e) How should accountability for care transition outcomes be shared between physicians and facilities within these models? How should accountability for care transition outcomes be shared between different physicians such as
 - f) How should episode-based models and population-based models support providers in addressing the impact of social determinants of health on successful care transitions (such as transportation)?
2. Based upon your organization's experience supporting successful care transitions, how should care transition management quality and outcomes be measured?
- a) What care process measures are most relevant for targeting improvements in care transition management?
 - b) What are the most relevant patient experience indicators of successful care transition management, such as understanding of and ability to implement a care plan?
 - c) What utilization and quality measures are most related to the quality and effectiveness of care transition management?
 - d) Are there additional considerations that should be made with respect to measuring quality of care transition management for patients with multifaceted needs, including patients with behavioral health care needs or health-related social needs (HRSNs)?
3. In addition to financial incentives, how else can Alternative Payment Models influence care transition management through their model design?
- a) How should attribution approaches account for care transition management? To which provider or entity should financial accountability and patient outcomes related to care transition management be attributed?
 - b) Should benchmarks account for care transition management? If so, how?
 - c) What incentives have the most potential to improve care transition management for certain conditions, specialties or procedures? Does effectiveness of certain types of incentives vary by condition, specialty or procedure? If so, how?
 - d) How should performance measures addressing care transition management and associated performance incentives such as pay for reporting or pay for performance be incorporated into model design?
4. Based on your organization's experience, are there differences in the quality of care and cost outcomes related to care transitions between providers engaged with an Accountable Care Organization and providers that operate within a fee-for-service model?
- a) What are the most effective approaches for supporting providers that operate within a fee-for-service model in improving care transition management?

- b) What are the most effective approaches for supporting providers that operate within accountable care organizations and population-based payment models in improving care transition management?