Questions to Guide Roundtable Panel Discussion for the March 2024 Theme-Based Meeting:

Developing and Implementing Performance Measures for Population-Based Total Cost of Care (PB-TCOC) Models

Topic: Stakeholder Perspectives on Best Practices for Measuring Quality and Spending Outcomes in PB-TCOC Models

Tuesday, March 26, 9:10 – 10:40 a.m. EDT

Panel Discussion Subject Matter Experts (SMEs):

- **Danielle A. Whitacre, MD, CMD** – Chief Medical Officer, Bloom Healthcare

- **Brian Smith, MD, MPH** - Family Physician, Versailles Family Medicine

- **Adrian F. Hernandez, MD MHS** - Executive Director, Duke Clinical Research Institute, and Vice Dean, Duke University School of Medicine

- **Moon Leung, PhD** - Senior Vice President, Chief Informatics Officer, SCAN Health Plan

Committee Discussion and Q&A Session

To assist in grounding the Committee's theme-based discussion, this portion of the theme-based discussion will examine the following areas:

A. Identifying meaningful performance measures.

B. Patient experience and patient-reported outcome measures.

C. Linking financial incentives with performance measures.

D. Addressing challenges related to collecting and reporting performance data.

At the beginning of the panel discussion, the facilitator will briefly introduce each panelist, noting that full bios are available on the ASPE PTAC website (to be posted before the public meeting). The facilitator will give each panelist an opportunity to provide a brief two to three-minute framing of what they do and what they think about the topic that is being discussed.

The facilitator will then ask the italicized questions below and will invite the panelists to answer the questions. For most questions, the facilitator will begin by inviting SMEs to provide their expertise and perspectives for each topic. Panelists will also have an opportunity to respond to follow-up questions from Committee members.

NOTE: In the interest of ensuring balance across different perspectives and questions, the facilitator will encourage all panelists to keep each response to a few minutes.

A. Identifying Meaningful Performance Measures

Question 1: *What types of performance measures are most effective for measuring and improving quality of care and outcomes in population-based total cost of care models?*

a) What kinds of performance measures are most important for improving outcomes and driving care delivery transformation?

   a. Which performance measures are most meaningful to organizations, providers and patients? To what extent are these performance measures appropriate for being linked with payment?

b) Are there gaps that exist between what is currently being measured and the kinds of measures that would be most meaningful for measuring the performance of PB-TCOC organizations?

   a. Where do opportunities exist for enhancing existing performance measures? Are there additional kinds of performance measures that should be included in PB-TCOC models?

c) How prescriptive should PB-TCOC models be in identifying the kinds of performance measures that participating organizations should be using? For example:

   a. Should PB-TCOC models identify a streamlined number of organizational-level performance measures, while giving participating organizations flexibility in determining how they want to incentivize their participating providers?

   b. Should PB-TCOC models also identify required provider-level measures (overall, and/or for nested episodes)?

   c. Should PB-TCOC models provide data or technical assistance to assist participating organizations in developing performance incentives for participating providers?

d) How can PB-TCOC models draw on innovative approaches and lessons learned related to measuring performance in other programs such as Medicare Advantage, the Medicare Shared Savings Program, Medicaid managed care plans, and commercial health plans?

B. Patient Experience and Patient-Reported Outcomes Measures

Question 2: *What is the role of patient -reported outcomes measures in measuring the performance of PB-TCOC models?*

a) What are the most effective approaches for measuring patient/caregiver experience and patient-reported outcomes?

b) To what extent can patient/caregiver-reported experience and outcome measures be used to measure the overall care that is being provided in PB-TCOC models?

    a. To what extent can the use of patient/caregiver-reported experience and outcome measures be sufficient for determining if patient-centered, proactive, efficient, effective and coordinated care is being provided? If so, which measures?

    b. Is there also a need for PB-TCOC models to include other types of performance measures relating to those processes and outcomes (e.g., readmission rates, ED visits, follow-up visits)?

c) What are some best practices for incorporating patient-centered outcome measures, such as patient preferences and patient experience, into PB-TCOC models?

d) Which models have successfully implemented patient-centered measures to improve quality of care? What are some lessons learned from their implementation?

e) What are some examples of innovative patient-reported outcomes measures that are being developed? What evidence exists regarding the effectiveness of those measures?

f) What administrative costs do providers experience related to collecting patient-reported experience measures (such as through the Consumer Assessment of Healthcare Providers and Systems (CAHPS))?

g) What opportunities exist for collecting additional information on patient experience and patient-reported outcomes?

C. Linking Financial Incentives With Performance Measures

Question 3: *How can financial incentives be linked with performance measures in ways that incentivize improvements in the quality and efficiency of care?*

a) What kinds of performance-based payment approaches have been most effective related to incentivizing value-based care?

b) Should performance-related financial incentives in PB-TCOC models be at the organization level, or at the provider or provider group level? Why?

c) How can several organization-level performance measures be combined in a way that is relevant for payment?

d) How should performance benchmarks be set in PB-TCOC models (for example, based on attainment, achievement, comparison with peers, etc.)?

e) What kinds of challenges have providers experienced related to performance incentives in value-based payment programs? How can these challenges be addressed while avoiding unintended consequences?

h) How can PB-TCOC models draw on innovative approaches and lessons learned related to performance-based payment incentives in other programs such as Medicare Advantage, the Medicare Shared Savings Program, Medicaid managed care plans, and commercial health plans?

D. Addressing Challenges Related to Collecting and Reporting Performance Data

Question 4: *What challenges exist related to collecting and sharing accurate and timely data on spending and quality outcomes, and how can these challenges be addressed?*

a) What kinds of challenges do providers and Accountable Care Organizations encounter related to collecting and reporting performance measures?

b) Is it more difficult to collect data for certain kinds of performance measures? If so, why?

c) What kinds of approaches have been effective in improving the collection and reporting of performance data in PB-TCOC models while minimizing related administrative costs?

d) What approaches have been successful in improving the timeliness of sharing performance data with providers participating in these models?

Question 5: *Are there any additional insights you would like to share about best practices for measuring quality and spending outcomes in PB-TCOC models?*