

Physician-Focused Payment Model Technical Advisory Committee

Potential Questions for **Listening Session #3** for the

March 2025 Theme-Based Meeting:

Reducing Barriers to Participation in Population-Based Total Cost of Care (PB-TCOC) Models and Supporting Primary and Specialty Care Transformation

Topic: How to Maximize Participation of Beneficiaries in Accountable Care and Improve the Sustainability of Effective PB-TCOC Models

March 4, 10:50 a.m. – 12:20 p.m. EST

Listening Session Subject Matter Experts (SMEs):

- **David Muhlestein, PhD, JD**, Chief Executive Officer, Simple Healthcare
- **Sanjay K. Shetty, MD, MBA**, President, CenterWell, Humana
- **Sean Cavanaugh, MPH**, Chief Policy Officer, Aledade
- **Karl Koenig, MD, MS**, Executive Director of the Musculoskeletal Institute, Division Chief of Orthopaedic Surgery, and Associate Professor of Surgery and Perioperative Care, Dell Medical School, The University of Texas at Austin

Committee Discussion and Q&A Session

After each SME provides an 8–10-minute presentation, the Committee discussion will focus on questions raised by Committee members in response to the SMEs' presentations.

The following are examples of questions that Committee members may ask.

A. Identifying Pathways for Maximizing Participation of Different Types of Organizations in PB-TCOC Models

Question 1: *What are some specific pathways that should be developed for maximizing the participation of different kinds of provider organizations in PB-TCOC models (e.g., small/rural PCP practices, medium/large PCP practices, large multi-specialty groups, large IDSs, or other types of organizations)?*

- a. What are the main barriers that affect the participation of different kinds of provider organizations in PB-TCOC models, and what are specific approaches that can help to reduce these barriers for specific kinds of organizations?
- b. What kinds of organizational characteristics and similarities are most important for identifying a streamlined set of pathways for maximizing participation in PB-TCOC models?

- c. Should a separate pathway be developed for organizations that are being assisted by conveners/enablers?
- d. Are there additional pathways that should be considered for other kinds of organizations that are likely to be providing accountable care to Medicare beneficiaries in the future?
- e. What are specific model design components that could be used to create a shell or template model to serve as a framework for creating a long-term approach for incentivizing accountable care across different kinds of organizations?
- f. What kinds of payment structures, risk structures and performance measures are needed in order to incentivize each of these different kinds of organizations to participate in PB-TCOC models?
- g. What are some approaches that could be used for testing new innovations within a streamlined set of PB-TCOC models (for example, to address specific conditions, gaps or disparities)?

B. Considerations for Incentivizing Participation of Primary Care Practices

Question 2: *What are some specific examples of payment parameters that should be included in Pathways that are designed to increase the participation of different types of primary care practices in PB-TCOC models? How might the most appropriate approach vary depending on the kind of practice (e.g., small/rural, medium/large) ?*

- a. What kind of payment model should be used (e.g., FFS plus risk, capitation, nested episode payment)?
- b. How should benchmarks be calculated?
- c. What performance measures should be used?
- d. How should performance measures be linked with payment?
- e. How should performance measures and payments be adjusted for risk?
- f. Should the Pathway(s) include both upside and/or downside risk?
- g. How should the Pathways incentivize primary and specialty care transformation?
- h. What kinds of waivers might be appropriate?

C. Considerations for Incentivizing Participation of Integrated Delivery Systems

Question 3: *What are some specific examples of payment parameters that should be included in Pathways that are designed to increase the participation of different kinds of integrated delivery systems in PB-TCOC models? How might the most appropriate approach vary depending on the kind of system (e.g., small/medium, large, multistate)?*

- a. What kind of payment model should be used (e.g., FFS plus risk, capitation, nested episode payment)?
- b. How should benchmarks be calculated?
- c. What performance measures should be used?
- d. How should performance measures be linked with payment?

- e. How should performance measures and payments be adjusted for risk?
- f. Should the Pathway(s) include both upside and/or downside risk?
- g. How should the Pathways incentivize primary and specialty care transformation?
- h. What kinds of waivers might be appropriate?
- i. What other kinds of incentives are needed in order to encourage these provider organizations to participate in population-based models? How can incentives be adjusted to reach all providers across the entire organization?

D. Considerations for Incentivizing Participation of Specialists

Question 4: *What are the most important Pathways for increasing the participation of specific kinds of specialists and specialist groups in PB-TCOC models (e.g., physician-owned, rural, hospital-owned, payer-owned, IDS, small/medium, large, single-specialty, multispecialty, loosely integrated)?*

- a. What kind of payment model(s) should be used (e.g., FFS plus risk, capitation (condition-specific vs. team-based), nested episode payment)?
- b. How should benchmarks be calculated?
- c. What performance measures should be used?
- d. How should performance measures be linked with payment?
- e. How should performance measures and payments be adjusted for risk?
- f. Should the Pathway(s) include both upside and/or downside risk?
- g. How should the Pathways incentivize primary and specialty care transformation?
- h. What kinds of waivers might be appropriate?
- i. What other kinds of incentives are needed in order to encourage these providers to participate? How can incentives be adjusted to reach all providers across the entire organization?

Conclusion

Wrap-up Question: *Are there any additional insights you would like to share on maximizing participation of beneficiaries in accountable care and improving the sustainability of effective PB-TCOC models?*