

Physician-Focused Payment Model Technical Advisory Committee

Potential Questions for **Listening Session #2** 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: **Supporting Primary and Specialty Care Transformation***

Monday, March 3, 2:50 p.m. – 4:20 p.m. EST

Listening Session Subject Matter Experts (SMEs):

- **Elizabeth Mitchell**, President and Chief Executive Officer, Purchaser Business Group on Health (PBGH)
- **Joe Kimura, MD, MPH**, Chief Medical Officer, Somatus
- **Robert E. Mechanic, MBA**, Senior Fellow, Heller School of Social Policy and Management, Brandeis University, Executive Director, Institute for Accountable Care
- **Frank Opelka, MD, FACS**, Principal Consultant, Episodes of Care Solutions (Previous submitter - *The ACS-Brandeis Advanced APM* proposal)

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. Approaches for Identifying Providers with Primary Accountability for the Quality and Total Cost of a Beneficiary's Care

Question 1: *What are advantages and disadvantages of attributing the patient to the primary care provider versus using team-based attribution methods?*

- a. What are best practices to ensure primary care physicians are accountable for total cost of care? How can best practices be applied from the employer world to Medicare?
- b. How might these approaches vary depending on the type of organization that is participating?
- c. Should primary care accountability be at the physician or TIN level? If at the physician level, how can that effectively be accomplished?

B. Cascading Accountability: Developing Team-Based Attribution Methods and Aligning Specialty Payment Mechanisms and Performance Measures

Question 2: *What are effective approaches to incentivize primary and specialty providers to integrate care and provide team-based care? How might these approaches vary depending on the type of organization?*

- a. How do organizations operationalize team-based attribution in different kinds of settings (more integrated vs. less integrated)?
- b. How effective is team-based attribution in less integrated settings?
- c. How should informal and formal relationships between primary and specialty care providers be best incentivized?
- d. What are effective approaches to aligning specialty payment mechanisms?
- e. Should incentives differ between primary and specialty care providers?
- f. How are performance measures best aligned between primary and specialty care to decrease number of measures, ensure nonduplication of metrics, and decrease provider burden?

C. Approaches for Designing Nested Longitudinal and Procedure-Based Episodes in PB-TCOC Models

Question 3: *What are best approaches for operationalizing procedure-based and longitudinal nested episodes in PB-TCOC models?*

- a. What are specific options for designing procedure-based and longitudinal nested episodes in PB-TCOC models?

D. Supporting Primary and Specialty Care Transformation

Question 4: *How can organizations best facilitate data sharing between primary care and specialty providers in less integrated settings?*

- a. How might these approaches vary depending on the type of organization that is participating?
- b. How may PB-TCOC models support these efforts?

Conclusion

Wrap-up Question: *Are there any additional insights you would like to share about supporting primary and specialty care transformation?*