Questions to Guide Listening Session #3 for the March 2024 Theme-Based Meeting:
Developing and Implementing Performance Measures for Population-Based Total Cost
of Care (PB-TCOC)

*Topic: Issues Related to Selecting and Designing Measures for PB-TCOC Models*

Tuesday, March 26, 1:00 – 2:30 p.m. EDT

Listening Session Subject Matter Experts (SMEs):

- **Karen E. Joynt Maddox, MD, MPH**, Practicing Cardiologist, Barnes-Jewish Hospital; Associate Professor, Washington University School of Medicine and School of Social Work; and Co-Director, Center for Advancing Health Services, Policy & Economics
- **Mark Friedberg, MD, MPP**, Senior Vice President, Performance Measurement & Improvement, Blue Cross Blue Shield of Massachusetts
- **Nick Frenzer**, Population Health and Information Executive, Epic

**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. Evidence regarding the impact of different kinds of performance-based payment incentives on desired outcomes.

B. Best practices for designing performance-based payment incentives for population-based total cost of care models from a payer perspective.

C. Improving data collection and timeliness of data sharing of performance information with providers.

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. **What performance-based payment incentives have achieved the desired outcomes in population-based total cost of care models?**
   
a. What financial or other payment incentives have proven effective at driving care transformation in population-based total cost of care models?
b. Are there financial incentives that have yielded successful health outcomes in other alternative payment models? If so, how can the lessons learned from these incentives be applied to population-based total cost of care models?

c. What differences in quality improvement are generated with financial incentives that are upside-only as compared to those that are upside and downside?

d. What has been the relative impact of single-sided risk and two-sided risk associated with performance measures on contributing to improvements for beneficiaries?

e. What are some options for shared savings and financial incentives in which low-resourced health settings can participate?

2. What are best practices for designing performance-based payment incentives for population-based total cost of care models?

   a. What performance-based payment incentives have achieved desired outcomes in population-based total cost of care models?

   b. What has worked well with implementing performance-based payment incentives in population-based total cost of care models and what are the areas for improvement?

   c. What are some lessons learned from financial incentives in other models and programs that can be applied to population-based total cost of care models?

3. What strategies can be taken to improve the timeliness of performance measures’ data collection and the sharing of the resulting data with providers?

   a. What strategies can software companies that develop tools to collect and maintain medical records take to improve the implementation, interoperability, and ease of use of their software?

   b. How can data sharing between settings and organizations be incentivized or facilitated further?

   c. What additional resources do healthcare settings need to improve their data collection processes?

4. Are there any additional insights you would like to share about performance measurement in population-based total cost of care models?