

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide **Listening Session #1** for the September 2023 Theme-Based Meeting:

Encouraging Rural Participation in Population-Based TCOC Models

Topic: Approaches for Incorporating Rural Providers in Population-Based TCOC Model Design

Monday, September 18, 1:00 p.m. – 2:30 p.m. EDT

Listening Session Subject Matter Experts (SMEs):

- **Aisha T. Pittman, MPH** - Senior Vice President, Government Affairs, National Association of ACOs (NAACOS)
- **Jackson Griggs, MD, FAAFP** - Chief Executive Officer, Waco Family Medicine
- **Mark Holmes, PhD** - Professor, Department of Health Policy and Management, University of North Carolina Gillings School of Global Public Health, and Director, Cecil G. Sheps Center for Health Services Research

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. Challenges rural providers face with participating in population-based total cost of care (TCOC) models.
- B. Payment considerations for rural models in population-based total cost of care (TCOC) models.
- C. Attribution in rural models.

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 are some of the biggest challenges rural providers encounter with participating in population-based TCOC models and other types of alternative payment models (APMs)? How do the challenges vary among different settings, geographic regions, and rurality (e.g., population size, population density, isolation)?**
 - a) Are there specific population-based TCOC model eligibility criteria, such as attributable population size, facility type, facility size, or health information technology infrastructure requirements, that discourage or prevent rural providers from participating in these models?
 - b) Should there be a focus on specific types of rural providers, such as Critical Access Hospitals or Rural Health Clinics, in population-based TCOC models?

- a. What issues affect the participation of solo practitioners in population-based TCOC models?
 - b. What issues affect the participation of Federally Qualified Health Centers, Rural Health Clinics, and Critical Access Hospitals in population-based TCOC models?
 - c. What are some successful examples of rural providers participating in population-based TCOC models?
- 2. What special payment model design features should be considered to improve rural providers' participation in population-based TCOC models (e.g., lower risk or one-sided risk, benchmark adjustment, additional infrastructure payments, salary support)?**
 - a) How can rural providers' issues with economies of scale, low-volume, supply and demand, and capacity be addressed to encourage their participation in population-based TCOC models?
 - b) What payment model design features, such as up-front investments and providing predictable revenue streams, are likely to be the most important for encouraging rural participation in population-based TCOC models?
 - c) What considerations should be made when measuring rural providers' quality of care? What performance measures are the most appropriate for rural providers? How can rural providers' performance most appropriately be linked to payment?
 - d) What payment mechanisms have been found to be successful in incentivizing rural providers' participation in population-based TCOC models (such as capitation, per beneficiary per month payments, bundled payments, etc.)?
- 3. How should rural models handle attribution? What considerations should be made for rural providers' attribution in performance measurement?**
 - a) What approaches do rural providers currently use for attributing patients? Which approaches are optimal for inclusion in population-based TCOC models and other types of APMs? To what extent might the most optimal attribution approaches vary depending on the type of rural area (such as by population density, rurality and region)?
 - b) How can lessons learned from urban providers' attribution be applied to rural settings?
 - c) What types of rural-relevant measures are needed to more appropriately measure the performance of rural providers when taking into account their unique challenges including low patient volume and geographic isolation?
- 4. Are there any additional insights you would like to share about incorporating rural providers in population-based TCOC model design?**