

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide the **Roundtable Panel Discussion** 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: Perspectives of Chief Financial Officers (CFOs) / Chief Executive Officers (CEOs) on Reducing Barriers to Participation in PB-TCOC Models

Monday, March 3, 10:40 a.m. – 12:10 p.m. EST

Panel Discussion Subject Matter Experts (SMEs):

- **Christopher Crow, MD, MBA**, Chief Executive Officer and Co-Founder, Catalyst Health Group
- **Chase Hammon, MBA**, Chief Financial Officer, Duly Health and Care
- **Jessica Walradt, MS**, Vice President, Finance, VBC Contracting and Performance, Northwestern Medicine
- **Brock Slabach, MPH, FACHE**, Chief Operating Officer, National Rural Health Association (NRHA)
- **Michael Barbati, MHA**, Vice President of Government Programs, Enterprise Population Health, Advocate Health

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. Organizational and Business Factors Affecting Participation in PB-TCOC Models
- B. Impact of Health Care Market Consolidation
- C. Making PB-TCOC Models Viable Business Models
- D. Considerations for Improving PB-TCOC Models to Increase Participation

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. Organizational and Business Factors Affecting Participation in PB-TCOC Models

Question 1: *What are the most important factors affecting different kinds of health care organizations' decisions about whether and how to participate in PB-TCOC models?*

- a. How do decisions vary based on the size/type of accountable care organization (e.g., physician-led vs hospital-led, small/medium integrated delivery system (IDS) vs large IDS, integrated vs less-integrated, independent, rural, safety-net)?
- b. How do provider organizations' respective business models affect their decisions about participating in PB-TCOC models?
- c. How do organizational leaders balance between the relative impact on different kinds of revenue streams (e.g., inpatient, outpatient and office visits) when making decisions about participating in PB-TCOC models?
- d. What kinds of market factors do organizations consider when determining whether and how to participate in PB-TCOC models?
- e. What are factors that may lead organizations to participate in, and then subsequently leave a given PB-TCOC model?

B. Impact of Health Care Market Consolidation

Question 2: *How has increasing consolidation in the health care market affected providers' decisions about participating in PB-TCOC models?*

- a. At what level are decisions about participation in PB-TCOC models typically made in different kinds of hospital systems and integrated delivery systems (e.g., corporate level, local geographic market level, practice or hospital-level)?
- b. To what extent does participation in larger health care entities make additional resources available that could potentially increase the feasibility of participating in PB-TCOC models?
- c. What factors have contributed to the decreasing number of integrated delivery system-led (IDS-led) ACOs as accountable entities?
- d. How important is the participation of IDSs in PB-TCOCs for increasing the number of Medicare beneficiaries who are in accountable care relationships?

C. Making PB-TCOC Models Viable Business Models

Question 3: *How can providers in PB-TCOC models meet patient needs and deliver value, while ensuring sufficient financial returns to continue operating over time? How might the most effective approaches vary depending on the kind of organization?*

- a. What are the main barriers that different kinds of provider organizations may face relating to participation in PB-TCOC models that affect profitability, and what are specific approaches that can help to reduce these barriers for specific kinds of organizations?
- b. How does the pressure to produce annual margins (net income) accelerate or inhibit participation in PB-TCOC models?
- c. How do organizational leaders balance participation in PB-TCOC models with other aspects of their book of business (FFS, MA, other types of value-based care, etc.)?

D. Considerations for Improving PB-TCOC Models to Increase Participation

Question 4: *What are the most important Pathways for increasing the participation of specific kinds of organizations in PB-TCOC models (e.g., physician-owned, rural, hospital-owned, payer-owned, IDS)?*

- a. What are the main barriers that different kinds of provider organizations may face relating to participation in PB-TCOC models that affect profitability, and what are specific approaches that can help to reduce these barriers for specific kinds of organizations?
- b. What kinds of provider organizations can be grouped together to develop a streamlined set of Pathways for increasing participation in PB-TCOC models (e.g., small/rural PCP practices, medium/large PCP practices, large multi-specialty groups, large IDS's, other types of provider organizations)?
- c. What kinds of improvements in PB-TCOC model design are most important for incentivizing increased participation of different kinds of provider organizations (e.g., benchmarks, conversion factor, downside/upside risk, specialty payment, performance-related risk, infrastructure, waivers, other issues)?
- d. What best approaches are currently being used to improve the predictability of ACO benchmarks and to effectively address the ratchet effect?
- e. Should a separate pathway be developed for provider organizations that are working with conveners/enablers?

Conclusion

Wrap-up Question: *Are there any additional insights you would like to share regarding reducing barriers to participation in PB-TCOC models?*