

# Physician-Focused Payment Model Technical Advisory Committee

## Questions to Guide **Panel Discussion** for the September 2023 Theme-Based Meeting: Encouraging Rural Participation in Population-Based TCOC Models

*Topic: Challenges Facing Patients and Providers in Rural Communities*

**Monday, September 18, 10:30 a.m. – 12:00 p.m. EDT**

### Panel Discussion Subject Matter Experts (SMEs):

- **Janice Walters, MSHA, CHFP** - Chief Operating Officer, Rural Health Redesign Center Medical Center
- **Meggan Grant-Nierman, DO, MBA** - Family Physician, First Street Family Health; Heart of the Rockies Medical Center
- **Jen L. Brull, MD, FAAFP** - Family Physician and Vice President, Clinical Engagement, Aledade

### 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. Challenges Affecting Patient Health Care Outcomes and Providers in Rural Communities
- B. Issues Affecting Rural Participation in Population-Based Models
- C. Rural Care Coordination and Care Transitions
- D. Issues Related to Rural Patients' Health Related Social Needs (HSRNs) and Social Determinants of Health (SDOH)

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 five-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. Challenges Affecting Patient Health Care Outcomes and Providers in Rural Communities**

**Question 1:** *What are the major challenges that rural providers face in delivering health care, and how does this impact patient health care outcomes?*

- a) How do rural patient populations differ from non-rural populations (for example, poorer health status at baseline; prevalence and maintenance of chronic conditions, such as diabetes or hypertension; sociodemographic characteristics and preferences)?
- b) How do these challenges vary for different types of rural areas? For example, how are health care outcomes different in rural areas that have a paucity of providers compared to rural areas that have providers but do not have significant competition? How do supply and demand and capacity vary among rural providers and settings?
  - i. How does the availability of primary care and specialty providers vary depending on the type of rural area?
- c) How can care delivery interventions address specific barriers faced by patient populations residing in rural areas (for example, lack of access to care, lack of health care coverage, distance and lack of transportation, provider shortages, lack of communication or trust)?
- d) What types of care are the most difficult to provide in rural areas (for example, home health care; hospice and palliative care; behavioral health care; alcohol and substance use disorder services; reproductive, obstetric, and maternal health services)? What impact can alternative payment models (APMs) have on improving access to these services in rural areas?

## **B. Issues Affecting Rural Participation in Population-Based Models**

**Question 2:** *What are the major barriers that rural providers face related to participation in population-based models, and what are some approaches for overcoming them?*

- a) What specific APM eligibility criteria can discourage or prevent rural providers' participation in APMs (for example, attributable population size, facility type, facility size, health information technology [HIT] infrastructure requirements)?
- b) What special considerations should be considered to encourage rural providers' participation in APMs (for example, lower risk or one-sided risk, benchmark adjustment, additional infrastructure payments, salary support, patient privacy concerns)?
- c) Should there be a focus on specific types of rural providers in APMs (for example, critical access hospitals [CAHs], rural health clinics [RHCs])? What is the potential impact of the new rural emergency hospital provision in the Consolidated Appropriations Act of 2021?
- d) What financial risks are associated with APM participation for rural providers (for example, financial insolvency, bankruptcy, closure, Medicare margins)? How can these challenges be addressed?

- e) How has APM participation affected performance outcomes in rural communities?

### **C. Rural Care Coordination and Care Transitions**

**Question 3:** *What are the barriers to effective care coordination in rural areas? What strategies are the most effective for improving care coordination in these areas?*

- a) What approaches have hospitals, integrated delivery systems, academic medical centers, and Accountable Care Organizations (ACOs) used to improve care coordination in rural communities?
- b) What disparities exist in care transition management for rural patient populations?
- c) What approaches have CAHs used for improving care coordination and management of care transitions in rural communities?
- d) What approaches can assist independent practices in improving care coordination and management of care transitions in rural communities?
- e) What alternative care settings can be leveraged for rural patient populations (for example, emergency medical services and ambulance transports to treat patients in place or transfer patients to alternative, non-emergency department destinations, as appropriate)?

### **D. Issues Related to Rural Patients' HRSNs and SDOH**

**Question 4:** *What challenges related to patients' health related social needs (HRSNs) and social determinants of health (SDOH) are specific to rural providers, and what are some strategies for addressing them?*

- a) What social and other risk factors are unique to rural patients?
- b) How can rural providers deepen their understanding of the impacts of SDOH on their patients?
- c) How can rural providers be incentivized to address the social risk factors faced by the communities they serve (including indigenous communities, patients with behavioral health and substance use disorder needs)?
- d) What are examples of effective approaches that providers, ACOs, integrated delivery systems, and payers have developed for addressing SDOH, HRSNs, equity, and behavioral health in rural areas?
  - i. What is the cost associated with implementing these programs, and what approaches have been used to secure the necessary funding for these programs?

**Question 5:** *Are there any additional insights you would like to share about encouraging rural providers' participation in PB-TCOC models and/or the challenges rural providers face?*

# Physician-Focused Payment Model Technical Advisory Committee

**Questions to Guide Roundtable Panel Discussion for the  
September 2023 Theme-Based Meeting:  
Encouraging Rural Participation in Population-Based TCOC Models**  
*Topic: Provider Perspectives on Payment Issues Related to Rural Providers in  
Population-Based Models*

**Monday, September 18, 2:40 p.m. – 4:10 p.m. EDT**

**Panel Discussion Subject Matter Experts (SMEs):**

- **Adrian Billings, MD, PhD** - Chief Medical Officer and Associate Professor of Family and Community Medicine, Texas Tech University School of Medicine
- **Howard Haft, MD, MMM** - Consultant and Former Senior Medical Advisor, Maryland Primary Care Program
- **Jean Antonucci, MD** - Family Physician, Northern Light Health
- **Karen Murphy, PhD, RN** - Executive Vice President and Chief Innovation Officer, Founding Director, Steele Institute for Health Innovation, Geisinger

**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. Impact of Current Payment Methodologies on Care Delivery in Rural Communities
- B. Payment Structures Supporting Rural Providers' Participation in Population-Based Models and Overall Rural Care Delivery Improvement
- C. Linking Rural Providers' Performance to Payment

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 five-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. Impact of Current Payment Methodologies on Care Delivery in Rural Communities**

**Question 1:** *What kinds of opportunities and challenges do rural providers face when participating in various types of payment models, including fee-for-service (FFS), pay-for-performance, shared savings, capitation, and other methodologies (both positive and negative)?*

- a) What has been the impact of these different kinds of payment methodologies on care delivery in rural communities? How does this impact vary for different kinds of rural areas and different kinds of rural providers?
- b) What payers (FFS, Medicare, MA, Medicaid, Medicare Advantage [MA], commercial) offer financial incentives to rural providers? Which of these financial incentives have been the most effective in assisting rural providers in meeting the needs of their patients and communities?
- c) What financial incentives have the most potential to improve rural providers' participation in Alternative Payment Models (APMs)?

## **B. Payment Structures Supporting Rural Providers' Participation in Population-Based Models and Overall Rural Care Delivery Improvement**

**Question 2:** *What payment structures show promising outcomes for encouraging rural providers' participation in population-based models and for improving their patients' health care outcomes?*

- a) What financial incentives should be used to increase rural providers' participation in APMs?
- b) What kinds of payment model design features are likely to be the most important for encouraging rural participation in population-based models (such as up-front investments, predictable revenue streams, increasing risk)?
- c) What are examples of promising APMs that include or target participation by rural providers?
- d) What have been some lessons learned based on the experience of Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) participating in the Medicare Shared Savings Program (MSSP)?
- e) What payment structures are needed to support telehealth adoption and use among rural providers, as well as efforts to strengthen care coordination, improve equity and address patients' behavioral health and health-related social needs?

## **C. Linking Rural Providers' Performance to Payment**

**Question 3:** *What considerations should be made when measuring rural providers' performance, and what are the best approaches for linking performance with payment for rural providers?*

- a) How do rural providers differ from non-rural providers in ways that may affect performance measurement (for example, fewer providers in market, more complex patient population, lack of health information technology [HIT], fewer staff, lower volume, limited experience with performance measurement, transfer rates)?

- b)** How should risk adjustment account for differences in risk factors within and across rural providers' patient populations (for example, risk factors specific to rural populations and sub-populations, such as indigenous communities)?
- c)** What types of rural-relevant measures are needed to more appropriately measure the performance of rural providers, taking into account their unique challenges (for example, low volume, small size, geographic isolation)?
- d)** What factors are likely to affect the ability of rural providers to participate in population-based models with accountability for outcomes, quality, and TCOC?
  - i. How can APMs be designed to make rural providers' participation more financially feasible?
  - ii. Are there any specific conditions and model design features that might lend themselves to facilitating successful participation in population-based total cost of care (PB-TCOC) models in rural communities?
  - iii. What kinds of approaches can be used to encourage participation of rural providers that do not have experience with value-based care?

**Question 4:** *Are there any additional insights you would like to share about encouraging rural providers' participation and/or rural provider issues in PB-TCOC models?*