

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide the **Panel Discussion** for the June 2024 Theme-Based Meeting:

Addressing the Needs of Patients with Complex Chronic Conditions or Serious Illnesses in Population-Based Total Cost of Care (PB-TCOC) Models

Topic: Providing Patient-Centered Care for Patients with Complex Chronic Conditions or Serious Illnesses in PB-TCOC Models

Monday, June 10, 10:30 a.m. – 12:00 p.m. EDT

Panel Discussion Subject Matter Experts (SMEs):

- **Erik Johnson, MBA** – Senior Vice President, Value-Based Care, Optum Advisory
- **Richard A. Feifer, MD, MPH** – Chief Medical Officer, InnovAge
- **Kristofer L. Smith, MD, MPP** – Chief Medical Officer, Landmark Health
- **Marshall H. Chin, MD, MPH** – Richard Parrillo Family Distinguished Service Professor of Healthcare Ethics, Department of Medicine, University of Chicago, and Co-Director, RWJF Advancing Health Equity Program Office

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. Clinical Characteristics and Challenges Associated with Treating High-Cost Patients with Complex Chronic Conditions or Serious Illnesses
- B. Opportunities for Improving Care for High-Cost Patients with Complex Chronic Conditions or Serious Illnesses in PB-TCOC Models
- C. Effective Care Delivery Approaches for High-Cost Patients with Complex Chronic Conditions
- D. Care Delivery Approaches and Models that Have Been Effective in Improving Outcomes Among Seriously Ill Patients

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 their thoughts on the topic.

The facilitator will then ask the italicized questions below and 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. Clinical Characteristics and Challenges Associated with Treating High-Cost Patients with Complex Chronic Conditions or Serious Illnesses

Question 1: *What are the most important clinical characteristics and challenges associated with treating high-cost patients with complex chronic conditions or serious illnesses in population-based total cost of care (PB-TCOC) models?*

- a. What kinds of challenges make it difficult for providers to identify and engage with high-risk and rising risk patients with complex chronic conditions or serious illnesses in order to minimize preventable health events and preventable health spending?
- b. How might goals of care or treatment pathways vary for high-cost patients with complex chronic conditions or serious illnesses receiving care in different settings (e.g., outpatient care, post-acute care, nursing facility care, hospice care, concurrent care)?
- c. How do the challenges related to caring for this patient population differ across patient characteristics (e.g., patients with different types or severity of conditions, clinical characteristics, demographic characteristics, social needs) or communities (e.g., rural versus urban)?
- d. What are the primary drivers of spending and utilization for patients with complex chronic conditions and/or serious illnesses?

B. Opportunities for Improving Care for High-Cost Patients with Complex Chronic Conditions or Serious Illnesses in PB-TCOC

Question 2: *What opportunities exist for proactively identifying and improving care and outcomes for high-cost patients with complex chronic conditions or serious illnesses in PB-TCOC models? Which risk stratification approaches are most effective?*

- a. What prospective markers may indicate that certain patients with complex chronic conditions or serious illnesses are at risk of moving into the top 5 percent or top 10 percent of high-cost patients?
- b. Are there certain patient populations within which these markers would be easier to identify, and where there is likely to be the greatest opportunity for improving outcomes, quality and efficiency (such as patients with specific types of chronic conditions)?
- c. What are some strategies and models that are effective at improving outcomes, quality and efficiency of care for patients with complex chronic conditions or serious illnesses (e.g., reducing avoidable hospitalizations)?
- d. Which patient characteristics should initiatives address to improve equity?

C. Effective Care Delivery Approaches for High-Cost Patients with Complex Chronic Conditions

Question 3: *What kinds of care delivery models and innovations have been most effective in driving value-based care transformation and improved outcomes for patients with complex chronic conditions (e.g., improving care coordination and continuity)?*

- a. How do effective care delivery approaches differ for patients with varying degrees of complexity of disease (e.g., increasing number of specialists and medications involved)?
- b. How do effective care delivery models for patients with complex chronic conditions differ from care delivery models that are being used more broadly in PB-TCOC models?
- c. What specific strategies do these effective interventions or models include (e.g., telehealth services, remote monitoring, screening for and guidance or assistance with health-related social needs, palliative care)?
- d. How do the most effective interventions or models vary depending on patient or provider characteristics?
- e. Are additional or innovative efforts to improve care coordination needed for patients with complex chronic conditions, compared to a more general patient population? If so, which efforts are most effective at improving care and reducing avoidable hospitalizations?
- f. What evidence-based approaches have been effective in preventing high-cost patients with complex chronic conditions from incurring high costs in successive years (e.g., proactive, high-touch care; multidisciplinary care teams)?
- g. How can financial incentives be leveraged to improve outcomes among patients with complex chronic conditions?

D. Care Delivery Approaches and Models that Have Been Effective in Improving Outcomes Among Seriously Ill Patients

Question 4: *What kinds of care delivery approaches or models have proven effective at improving quality of life, patient experience, and other outcomes for patients with serious illnesses?*

- a. How can care delivery interventions address health-related social needs and social determinants of health (such as food and transportation) for patients with serious illnesses?
- b. Have any interventions proven effective at improving outcomes related to quality of life, and patient/caregiver experience?
- c. What types of care transitions are most commonly experienced among patients with serious illnesses? Is care coordination more challenging for patients requiring post-acute care or palliative care?
- d. What are effective approaches for incorporating palliative care into care delivery for these patients?
- e. What kinds of alternative payment models (APMs) have improved outcomes among patients with serious illnesses? Are there specific components, financial incentives, or treatment pathways in these models that have driven improved outcomes?

Conclusion

Wrap-up Question: *Are there any additional insights you would like to share about providing patient-centered care for patients with complex chronic conditions or serious illnesses in PB-TCOC models?*