

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide the **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: Enhancing the Ability of PB-TCOC Models to Be Competitive

Tuesday, March 4, 9:10 a.m. – 10:40 a.m. EST

Panel Discussion Subject Matter Experts (SMEs):

- **J. Michael McWilliams MD, PhD**, Warren Alpert Foundation Professor of Health Care Policy and Professor of Medicine, Department of Health Care Policy, Harvard Medical School
- **Stephen M. Shortell, PhD, MBA**, Blue Cross of California Distinguished Professor of Health Policy and Management Emeritus, Dean Emeritus, and Professor of the Graduate School at the School of Public Health and Haas School of Business, University of California-Berkeley
- **Jose Peña, MD, FACP**, Chairman of the Board and Chief Medical Director, Rio Grande Valley (RGV) ACO Health Providers, LLC
- **Tim Layton, PhD**, Associate Professor of Public Policy and Economics, Frank Batten School of Leadership and Public Policy, University of Virginia

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. Market Factors Affecting Participation in and Performance of PB-TCOC Models
- B. Factors Affecting the Competitiveness of PB-TCOC Models with Other Options in the Medicare Program
- C. Potential Impact of Multi-payer Initiatives
- D. Additional Opportunities for Enhancing the Competitiveness of Services and Financial Incentives/Waivers in PB-TCOC Models

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. Market Factors Affecting Participation in and Performance of PB-TCOC Models

Question 1: *What are specific market factors that may affect provider organizations' decisions about participation in PB-TCOC models (e.g., Medicare Advantage [MA] penetration, overall value-based care penetration, regional socioeconomic conditions, market consolidation)?*

- a. How do these specific market factors differ based on geographical area? Across different types of providers?
- b. What are the impacts of vertical integration in the broader health care landscape, and on organizations' decisions about participating in PB-TCOC models?

B. Factors Affecting the Competitiveness of PB-TCOC Models with Other Options in the Medicare Program

Question 2: *What are other factors that may affect the competitiveness of MSSP and CMMI models with MA, FFS, and Medigap plans?*

- a. What factors are likely to have the greatest impact on participation in PB-TCOC models, and how can they be addressed?
- b. Does this differ based on geographical area or across different types of providers (e.g., physician-owned, hospital-owned, payer-owned, IDS, small practices, rural)?
- c. How can the beneficiary perspective be considered in the context of efforts to increase the competitiveness of PB-TCOC models?

C. Potential Impact of Multi-payer Initiatives

Question 3: *What role could multi-payer initiatives play in increasing the competitiveness and success of PB-TCOC models?*

- a. What are specific examples of multi-payer initiatives that could have the most impact on different kinds of providers' participation and performance in PB-TCOC models?
- b. What are the financial and operational impacts that multi-payer initiatives could have on the performance of PB-TCOC models?
- c. Does this differ based on geographical area or across different types of providers (e.g., physician-owned, hospital-owned, payer-owned, IDS, small practices, rural)?
- d. What would an effective multi-payer system look like? How do organizations effectively stratify care when patient mix is split between risk/value-based and FFS?
- e. Does the implementation of multi-payer strategies increase pressure to consolidate the market?

D. Additional Opportunities for Enhancing the Competitiveness of Services and Financial Incentives/Waivers in PB-TCOC Models

Question 4: *What are factors that may influence the effectiveness of and use of current waivers in PB-TCOC models?*

- a. How can waivers be improved?
- b. What are other program flexibilities that are currently needed in the value-based care environment? How do these approaches vary depending on the type of organization that is participating?
- c. Are there other best practices for enhancing the competitiveness of services and financial incentives in PB-TCOC models (including additional waivers)?

Conclusion

Wrap-up Question: *Are there any additional insights you would like to share on enhancing the ability of PB-TCOC models to be competitive?*