

Physician-Focused Payment Model Technical Advisory Committee

Potential Questions for Previous Submitter and SME Listening Session Presenters Tuesday, September 20, 2022

There will be two listening sessions as part of Day 2 of the September public meeting on payment considerations and financial incentives related to population-based total cost of care models (TCOC). These two sessions will include eight SMEs and a previous submitter (American Society of Clinical Oncology). Each listening session presentation will be 8-10 minutes. Following the presentations, the Committee members will have the opportunity to pose questions to the presenters.

To facilitate the Committee's discussion with the listening session participants, we have provided some "General Questions" that could potentially be asked of all of the listening session participants. We have also provided some potential questions that may be relevant for each presenter, based on information included in their slide presentations. Committee members can choose to use these questions if desired.

General Questions:

- Based on your perspective, what specific kinds of payment model design features and financial incentives are most important for managing the interrelationship between value-based design for primary care and specialty care when developing population-based TCOC models?
 - What model design features have the greatest impact on providers' decisions to participate in, and ability to be successful in population-based payment models?
 - What kinds of financial incentives are most important at the accountable entity level and at the provider level?
 - What should be the relative roles of PCPs and specialists in managing care for high-cost, acutely ill patients, and other patients with multiple chronic conditions?
 - Should providers in episode-based models have primary responsibility for coordinating overall care for patients with certain conditions, or during certain disease stages (e.g., when patients are receiving care from a specialist as their "main" source of care)?
 - Should PCPs be responsible for coordinating overall care for all patients regardless of condition or disease stage?
 - Should PCPs and providers in episode-based models share responsibility for managing patient care, and how can this be accomplished?
 - What are the most promising incentives for encouraging clinical coordination and integration between primary and specialty care? What are the pros and cons of different approaches such as shared accountability, nesting and carveouts, and to what extent do they vary depending on the clinical condition or specialty?

- Are there specific issues that need to be addressed related to attribution, benchmarking and risk adjustment to encourage clinical coordination and integration between primary and specialty care?
- What would be the potential impact of incentives related to mandatory versus voluntary participation, and reducing out-of-network spending?
- What performance metrics are most important for ensuring accountability and driving improvement in clinical, quality, equity and cost outcomes in population-based TCOC models?
 - Are the current performance metrics that are being used in population-based total cost of care models sufficient for incentivizing the provision of high-value patient-focused care? What, if any additional kinds of performance metrics may be needed?
 - How can performance measures address shared accountability when more than one provider is responsible during various stages of a patient's care?
 - What opportunities exist for improving alignment of performance measures across models and payers?

September 20 Listening Session #3

Questions for Amol Navathe, “Coordinating Specialty and Population-Based Payment Models”

- How can policymakers better integrate episode-based models within population-based total cost of care models?
- What are the challenges that provider organizations face when participating in overlapping population-based and episode-based models? How can these challenges be addressed?
- From your perspective, why were cases of overlap between bundled payments and ACOs associated with lower spending and reduced hospital readmissions?
- How can total cost of care models' risk adjustment methodologies better account for health inequity and social determinants of health (SDOH)?

Questions for Mark Friedberg, “Future Directions for Quality Measurement in Population-Based Total Cost of Care Contracts”

- How does Blue Cross Blue Shield of Massachusetts (BCBS of MA) define “important” as a criterion when assessing which quality measures to include for high stakes use (e.g. performance payments)? Can you provide an example of a quality measure that meets this criterion?

- Can you describe how BCBS of MA Alternative Quality Contract's (AQC) approach to quality measurement has evolved to improve measure validity?
- How do Shared Decision Making (SDM) quality measures balance patients' values and preferences with following medical science guidelines in its evaluation of health care decisions?
- How does the BCBS of MA Equity Action Community help providers address inequities in their healthcare quality performance?
- How do you envision measures of clinical decision making could ultimately be incorporated into the AQC's performance measurement?

Questions for Eric C. Schneider, "Health Care Quality and Total Cost of Care Payment Models"

- What are the challenges in incorporating Social Determinants of Health (SDOH) and health equity into health performance measures? How can these challenges be addressed?
- How can total cost of care measures better incentivize the improved adoption and interoperability of Electronic Health Records (EHR)?
- Are there opportunities for more consistent performance measurement in total cost of care models across payers?
- How can policymakers and payers reduce the administrative burden on providers and accountable care entities that submit performance measures for multiple total cost of care models and payers?

Questions for Brian Bourbeau, "Considerations for Nested vs. Carveout Specialty Care Episodes"

- What are some best practices related to population health management for managing the care of cancer patients along the entire continuum of care? How can TCOC models encourage these best practices?
- Can you explain how TCOC is incorporated into your proposed Patient-Centered Oncology Payment Model (PCOP)?
- How did the PCOP model propose to promote improved care coordination between primary care and specialty care providers, and across specialty providers (such as between hematology oncology and radiation oncology)?
- Can you provide some examples of performance measures TCOC models could incorporate to ensure improved coordination and "hand-offs" between primary and specialty care providers?
- What are some potential unintended consequences of nesting specialty care within population-based models?

- How would the PCOP model address the potential for duplicate and conflicting quality measures resulting from the carve-out of cancer treatment as part of the proposed model?
- How would the PCOP model address differences in performance measure selection across the different community-level Oncology Steering Committees?

September 20 Listening Session #4

Questions for Mark McClellan, MD, PhD, “Specialty Care Engagement: The Future of Population-Based Payment Models”

- How can accountable entities prepare and incentivize specialist participation in total cost of care models?
- How can total cost of care models improve efficiency and effectiveness of specialty providers’ condition management services (described on slide 6)?
- At what points in the healthcare pathways (described on slide 4) should specialists assume primary responsibility for care coordination? In what segments of the care pathway should the ACO or primary care provider assume responsibility, and/or share responsibility for care coordination? How would these shifts in primary responsibility for care coordination be operationalized?
- How can total cost of care models provide the necessary financial support to improve care coordination across and primary care and specialty care providers?
- Where do primary care providers need operational support to improve care coordination between primary and specialty providers?

Questions for Joseph Francis, “Population-Based Total Cost of Care Models Insights from VHA”

- How can the Veterans Health Administration’s (VHA) successes and challenges inform other payers’ development of population-based total cost of care models?
- Based on your experience, what care delivery model features have been most effective for driving improvements in cost efficiency? Quality?
- What are some of the challenges the VHA faces in accurately predicting the cost of care as part of its Veterans Equitable Resource Allocation (VERA)? How can those challenges be addressed?
- What factors drive the regional variation in VHA providers’ cost efficiency? Does the VHA see the same regional variation in its quality measurement?

- What are the challenges in reducing low-value care for the VHA? How can those challenges be addressed?

Questions for Kate Freeman, “Incentives for Primary Care in Moving Across the Risk Continuum”

- In your presentation, you mention that your association’s members typically contract with between 7 and 10 payers. What are the opportunities for improving multi-payer alignment related to performance metrics and payment methodologies?
- What are some suggested approaches for reducing the administrative and financial burdens for primary care providers participating in population-based total cost of care models?
- What are some approaches for increasing the participation of safety net providers in population-based TCOC models?
- How should population-based total cost of care models distinguish between which services should be integrated within primary care and which should be coordinated as specialty services?
- What are best practices for providing screening and referral for addressing health-related social needs and SDOH in these models? Should this kind of screening be provided broadly, or targeted to higher-risk patients?
- You describe the challenges of integrating social services into population-based TCOC models where local community-based social service organizations lack the resources to receive and act upon referrals from primary care providers. How can population-based TCOC models address this challenge? Are there any existing models that effectively incentivize integrating and coordinating social services with primary care?

Questions for Nancy Keating, “Considerations on Population-Based and Episode Payment Models: Focus on Oncology”

- How can population-based total cost of care models address the limited choice some ACOs face when selecting oncology practices to work with?
- Given the multiple practices involved in providing care to cancer patients, what are best practices for assigning accountability to the providers and facilitating coordination of care within episode-based care models?
- What are the potential benefits of carving out oncology-focused episode-based care models versus nesting them within population-based total cost of care models? What are the challenges?

- From your perspective, why was the Oncology Care Model (OCM) unsuccessful in improving quality? What kinds of model design changes could help to address the challenges the OCM encountered?
- What are the challenges that provider organizations face when participating in overlapping population-based and episode-based total cost of care models? How can total cost of care models help address these challenges?

Questions for Robert Mechanic, “Strategies for Improving Alignment Between PCPs and Specialists in ACOs”

- How can financial incentives be made more effective in promoting alignment between primary care and specialty care providers?
- What infrastructure, training, and other tools are needed to support specialist participation in TCOC models?
- How can TCOC models better promote medical record interoperability between primary and specialist care providers?
- What data elements or metrics are needed to better evaluate specialist performance in ACOs? What are the operational challenges in collecting this data and how can these challenges be addressed?
- Are there examples of ACOs with strong primary and specialty care alignment?