

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide the **Roundtable Panel Discussion** for the

September 2024 Theme-Based Meeting:

Identifying Pathways Toward Maximizing Participation in Population-Based Total Cost of Care (PB-TCOC) Models

Topic: Stakeholder Perspectives on a Pathway Toward Developing PB-TCOC Models

Monday, September 16, 1:40 p.m. – 3:10 p.m. EDT

Panel Discussion Subject Matter Experts (SMEs):

- **Don Calcagno, Jr., MBA**, Senior Vice President, Chief Population Health Officer, Advocate Health, and President, Advocate Physician Partners at Advocate Health
- **Mark McClellan, MD, PhD**, Director & Professor, Business, Medicine, and Policy, Duke-Margolis Institute for Health Policy, Duke University
- **Palav Babaria, MD, MHS**, Chief Quality Officer and Deputy Director of Quality and Population Health Management, California Department of Health Care Services
- **Michael E. Chernew, PhD**, Professor, Health Care Policy, Director, Healthcare Markets and Regulation (HMR) Lab, Department of Health Care Policy, Harvard Medical School
- **Charlotte S. Yeh, MD, FACEP**, Founder, Yeh Innovation and Former Chief Medical Officer, AARP Services, Inc.

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. Strategies for Increasing Participation in Accountable Care Relationships
- B. Primary Care and Specialty Provider Incentives
- C. Beneficiary Incentives
- D. Lessons Learned from Other Markets

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. Strategies for Increasing Participation in Accountable Care Relationships

Question 1: *What are the most important factors that affect participation in accountable care relationships at the provider level, and in different kinds of geographic areas? What are the most important strategies for increasing participation in PB-TCOC models?*

- a. Why are some providers either not signing up to participate in APMs, or not choosing to continue participating in APMs? What are the most important characteristics of providers who are not currently participating in accountable care relationships (e.g., ACOs, advanced primary care models, etc.)?
- b. How does the employment status of providers affect their participation in accountable care relationships (e.g., the majority of physicians are employed by hospitals or corporate entities, 77.6% as of January 2024).
- c. What are the most important factors affecting participation in PB-TCOC models for different kinds of providers (based on size, level of clinical integration, etc.)? What effect does the level of clinical integration affect providers' ability to be successful in value-based care?
- d. What are the most important incentives for large, vertically integrated systems to participate in value-based care?
- e. What are the most important factors affecting participation in PB-TCOC models in different types of geographic areas and markets (urban, rural, lower socioeconomic status, high APM and/or MA penetration, etc.)?
- f. Is it a realistic goal to be able to have all beneficiaries with Parts A and B in accountable care relationships with two-sided risk by 2030 (such as beneficiaries in rural areas)?
- g. What should be the key steps and milestones for developing pathways toward increasing the number of beneficiaries with Parts A and B who are in accountable care relationships?
- h. How have CMS's efforts to increase enrollment of FFS beneficiaries in PB-TCOC models interacted with how other payers are implementing (or considering implementing) accountable care relationships? What are some potential lessons learned?

B. Primary Care and Specialty Provider Incentives

Question 2: *What factors affect primary care and specialty providers' incentives to participate in ACOs and other types of APMs? How should specialty care be integrated in PB-TCOC models to achieve the goal of having all beneficiaries in accountable care relationships?*

- a. How should new PC-TCOC models be developed to address provider incentives relating to all aspects of care, including specialty care?
- b. To what extent do different approaches to physician compensation affect the performance of organizations participating in value-based care (e.g., relative value units, performance bonuses [retrospective vs. closer to the performance period], full or partial capitation)?

- c. To what extent should options related to physician compensation changes, embedded bundles and payment, and mandated models be considered in the context of developing a pathway toward achieving the goal of having all FFS beneficiaries with Parts A and B in accountable care relationships?
- d. What should be the most important model design priorities for incentivizing increased participation of various kinds of providers in PB-TCOC models over the next six years?
- e. How should TCOC ACOs nest or embed bundles (e.g., chronic disease bundles), and how would payment work for these bundles?

C. Beneficiary Incentives

Question 3: *What kinds of incentives are most important for encouraging the participation of different categories of FFS beneficiaries who are not currently in accountable care relationships?*

- a. How does alignment with ACOs and other types of APMs affect Medicare beneficiaries' access to care, quality of care, health outcomes and out-of-pocket costs?
- b. To what extent are Medicare beneficiaries aware if they are aligned with a physician that is in an APM?
- c. What kinds of features might be developed to incentivize Medicare beneficiaries to align with providers who are in APMs?

D. Lessons Learned from Other Markets

Question 4: *What kinds of lessons can be learned from value-based care experience in other markets?*

- a. To what extent does value-based care penetration and experience in other markets (Medicare Advantage, Medicaid, Marketplace, commercial) affect provider participation and performance in Medicare APMs?
- b. What are examples of effective approaches that other markets have used to address challenges and barriers affecting provider participation in value-based care that could also be relevant for PB-TCOC models?

Conclusion

Wrap-up Question: *Are there any additional insights you would like to share regarding pathways for developing PB-TCOC models?*