

Physician-Focused Payment Model Technical Advisory Committee

Potential Questions for Previous Submitter and SME Listening Session Presenters March 8, 2022

There will be two listening sessions as part of the March public meeting on population-based total cost of care models. The first session on Monday, March 7 will include four subject matter experts (SMEs). The second session on Tuesday, March 8 will include four SMEs and a previous submitter (Coalition to Transform Advanced Care).¹ Each listening session presentation will be 8-9 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:

- Can population-based TCOC models and episode based or condition-specific models work in a complimentary fashion to yield optimal results, such as engaging specialists to achieve higher PMPM savings? What criteria should Medicare apply to APMs so that they can work in a more cohesive fashion?
- Since "risk increases with size", how can Medicare as a payer gradually increase the size of the models from episode-based models to entire population-based models and still avoid adverse financial incentives and/ or incentives to cost-shift?
- What are the options for defining and calculating TCOC? How do these definitions differ across models? How, if at all, does the definition of TCOC differ from the perspective of insurers, hospitals, providers, and beneficiaries themselves? Should models consider a standard definition of TCOC?
- How have payment models and incentives influenced physician participation in population-based TCOC models (as defined by the PCDT) to date? What are some of the factors affecting provider readiness to participate in population-based TCOC models? What incentives can be used to encourage provider participation in models based on different levels of readiness?
- What are the potential barriers to physician participation in population-based TCOC models? What are the approaches to help physicians overcome these barriers?
- Given the myriad number of models in play, how can we attribute the benefits to each model and select fewer models? Can the evaluation findings be utilized to create a marketplace with complimentary models?
- What is the potential impact that mandatory participation could have on safety net providers?

¹ During the listening session on Tuesday, March 8, the first two SMEs will present, followed by questions from the Committee members. Then the remaining two SMEs and the previous submitter will present, followed by questions from the Committee members.

March 8 Listening Session

Questions for Sherry Glied, PTAC Public Meeting

- What are some of the challenges in measuring Alternative Payment Models (APMs)? How can those challenges be addressed?
- How would you suggest managing carveouts within value-based payments?
- In the context of population-based TCOC models, what do you think are some successful approaches to patient attribution?
- How can TCOC be used as a more effective management tool?

Questions for Karen Holt, “Making Care Primary Again: Partnering on the Path to Value Based Care”

- Based on your experience building provider networks, how can organizations better bridge primary and specialty care?
- What are some key factors that indicate a physician or practice is ready to participate in value-based arrangements?
- What are some suggested approaches to reducing the administrative and financial burdens for providers participating in population-based TCOC models?
- Based on your experience, what are some essential data elements needed to effectively deliver population health management?

Questions for Valinda Rutledge, “UpStream: Healthcare is a state of independence”

- What are some obstacles to physicians participating in population-based TCOC models?
- Based on your experiences, what are some key indicators to physician readiness to participate in population-based TCOC models?
- What are some key considerations of accountable entities to manage risk?
- In your experience, what are some of the most effective technological and clinical resources for reducing TCOC?

Questions for Christina Severin, “Community Care Cooperative: Moving FQHCs to VBC”

- Based on your experience, what data elements are necessary for effectively operating an ACO?
- How do you measure success in population-based initiatives?
- How will moving to primary care capitation change the way primary care is delivered?

Questions for Previous Submitter, Coalition to Transform Advanced Care (C-TAC): Jon Broyles, Gary Bacher, and Torrie Fields

- Can you explain how TCOC is incorporated into your proposed physician-focused payment model (PFPM)?
- Given that the Advanced Care Model (ACM) is focused on providing care to beneficiaries in their last year of life, could you speak to how your proposal incorporates TCOC measures for a patient population with a high risk of dying?

- How do you propose avoiding any unintended consequences from holding APM entities accountable for TCOC for beneficiaries in their last 12 months of life – even when the enrollees are not enrolled in the model for some of those months?
- As an APM focused on palliative care, can you speak to the degree that downside risk is already incorporated into palliative care due to infrastructure investments?
- You mentioned community-based organizations in your presentation, could you provide some best practices or lessons learned in engaging community-based organizations in health care payment models? Any lessons learned specific to palliative care models?
- How can community-based organizations assist with reducing TCOC?
- In a January post, C-TAC noted that they are working with “Congressional champions” on legislation to eliminate cost-sharing as a health equity issue. Could you speak more about this and do you have any recommendations for eliminating cost-sharing?