

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide Listening Session #1 for the September 2022 Theme-Based Meeting: Payment Model Features Contributing to Successful Population-Based TCOC Models Monday, September 19, 9:55a.m. - 11:10 a.m. EDT

Listening Session Subject Matter Experts (SMEs):

- **Mark Miller, PhD**, Executive Vice President, Health Care, Arnold Ventures
- **J. Michael McWilliams, MD, PhD**, Warren Alpert Foundation Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School
- **Michael E. Chernew, PhD**, Leonard D. Schaeffer Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School; Director, Healthcare Markets and Regulation Lab, Harvard Medical School

Committee Discussion and Q&A Session

To assist in grounding the Committee's discussion, the questions for the presenters will focus on the following areas.

- A. Vision for structuring the payment methodology of future population-based TCOC models (e.g., full capitation, partial capitation, fee-for-service with retrospective shared savings and losses, etc.).
- B. Payment model design features and financial incentives that are most important for developing successful population-based TCOC models – including the interrelationship of value-based design of primary care and specialty care.
- C. Most important transitional steps for improving participation, provider accountability, and impacts on outcomes in population-based TCOC models.

After each SME provides an 8-10-minute presentation, there will be a facilitated discussion with all three panelists.

The facilitator will then ask each of the questions that are highlighted below and invite the presenters to answer the questions. The presenters 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.

Question 1: Based on your perspective and expertise, what do you think the vision should be for structuring the payment methodology of future population-based TCOC models?

- a) Which of these payment methodologies are likely to have the greatest potential to impact patient outcomes and quality while improving value and reducing TCOC?

- b) Which of these payment methodologies are likely to have the greatest potential to increase provider participation in value-based care?
- c) What are some options for balancing the various trade-offs associated with different kinds of payment methodologies?

Question 2: What specific kinds of payment model design features and financial incentives are most important for developing successful population-based TCOC models? What evidence exists regarding the effectiveness of these approaches?

- a) What model design features have the greatest impact on providers' decisions to participate in, and ability to be successful in population-based payment models?
- b) What kinds of financial incentives are most important at the accountable entity level for encouraging accountability, team-based care, and coordination and alignment between primary care and specialty care providers?
- c) What is the interrelationship of payment model features related to value-based design of primary care and specialty care?
- d) What kinds of financial incentives are most important at the provider level?

Question 3: What are some of the most important interim steps for increasing provider participation in value-based care models, assisting providers in assuming greater levels of financial risk, and encouraging investments in care delivery transformation?

- a) What are the most important steps that need to be addressed within the next year in order to make progress toward achieving the goal of having every Medicare beneficiary with Parts A and B in an accountable care relationship by 2030?
 - For example, are there important technical issues that need to be addressed related to attribution, benchmarking, risk adjustment, performance measures, and model alignment (e.g., between population-based models and episode-based models)?
- b) What are the most important interim steps that need to be addressed within the next two to three years? Within the next five years?
- c) How might these interim steps vary depending on various factors such as geography (e.g., high vs. low penetration of value-based care arrangements) and the type of provider (e.g., primary care, specialty, safety net, independent practitioner, integrated delivery system)?

Question 4: Are there any additional insights you would like to share about developing effective payment methodologies for population-based TCOC models?

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide Listening Session #2 for the September 2022 Theme-Based Meeting: Payment Model Features Contributing to Successful Population-Based TCOC Models Monday, September 19, 11:25 a.m. - 12:40 p.m. EDT

Listening Session Subject Matter Experts (SMEs):

- **Kristen Krzyzewski, MBA**, Chief Strategy & Program Development Officer, LTC ACO
- **Jeff Micklos, JD**, Executive Director, Health Care Transformation Task Force
- **Clare Wirth**, Director, The Advisory Board

Committee Discussion and Q&A Session

To assist in grounding the Committee's discussion, the questions will focus on the following areas:

- A. Payment model design features and financial incentives that are most important for developing successful population-based total cost of care (TCOC) models.
- B. Interrelationship of value-based design of primary care and specialty care payment methodologies.
- C. Most important transitional steps for improving participation, provider accountability, and impacts on outcomes in population-based TCOC models.

After each SME provides an 8-10-minute presentation, there will be a facilitated discussion with all three panelists.

The facilitator will then ask each of the questions that are highlighted below and invite the panelists to answer the questions. 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.

Question 1: Based on your perspective, what specific kinds of payment model design features and financial incentives are most important for developing successful population-based total cost of care (TCOC) models? What does the evidence tell us about the effectiveness of these approaches?

- a) What model design features have the greatest impact on providers' decisions to participate in, and ability to be successful in population-based payment models?
- b) What kinds of financial incentives are most important at the accountable entity level for encouraging accountability, team-based care, and coordination between primary care and specialty care providers?
- c) What kinds of financial incentives are most important at the provider level?

- d) What would be the potential impact of incentives related to mandatory versus voluntary participation, and reducing out-of-network spending?

Question 2: What payment methodology features are most important for managing the interrelationship of value-based design for primary care and specialty care in designing future population-based TCOC models – particularly for high-cost, acutely ill patients?

- a) Which of these payment methodologies are likely to have the greatest potential to impact patient outcomes and quality while improving value and reducing TCOC?
- b) Which of these payment methodologies are likely to have the greatest potential to increase provider participation in value-based care?
- c) Which of these payment methodologies are likely to have the greatest potential to increase clinical integration for primary care and specialty care?

Question 3: What are the most important strategies for increasing provider participation in value-based care models, assisting providers to assume greater levels of financial risk, and encouraging investments in care delivery transformation?

- a) What are the most important steps that need to be addressed within the next year to achieve the goal of having every Medicare beneficiary with Parts A and B in an accountable care relationship by 2030?
- Are there important technical issues that need to be addressed related to attribution, benchmarking, risk adjustment, performance measures, model alignment (e.g., between population-based models and episode-based models)?
- b) What are the most important interim steps that need to be addressed within the next two to three years? Within the next five years?
- c) How might these interim steps vary depending on various factors such as geography (e.g., high vs. low penetration of value-based care arrangements) and the type of provider (e.g., primary care, specialty, safety net, independent practitioner, integrated delivery system)?

Question 4: Are there any additional insights you would like to share about developing effective payment methodologies for population-based TCOC models?