Questions to Guide Panel Discussion #1 for the March 2023 Theme-Based Meeting: Improving Care Delivery and Integrating Specialty Care in Population-Based Models

Topic: Strengthening Advanced Primary Care and Improving Specialty Integration

Thursday, March 2, 10:30 a.m. – 12:00 p.m. EST

Listening Session Subject Matter Experts (SMEs):

- ***Ann Greiner, MCP,*** President and Chief Executive Officer, Primary Care Collaborative
- ***Paul Casale, MD, MPH***, Vice President, Population Health, New York-Presbyterian, Weill Cornell Medicine and Columbia University
- ***Adam Weinstein, MD***, Chief Medical Information Officer, DaVita Kidney Care

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. Defining care coordination roles for participating primary and specialty care providers

B. Opportunities to improve specialist engagement in advanced primary care models and accountable care organizations (ACOs)

C. Improving data sharing between primary and specialty care providers

D. Addressing health-related social needs in the context of specialty integration

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 five-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 two SMEs to provide their particular expertise and perspectives for each topic. Other panelists will have an opportunity to provide their perspectives on a given topic, time permitting. 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. Defining care coordination roles for participating primary and specialty care providers

Question 1: *What approaches are currently being used to facilitate coordination between primary care and specialty care providers? What challenges exist related to improving specialty integration?*

a) What roles should primary and specialty care providers perform in managing chronic conditions?

b) What are effective payment mechanisms to incentivize coordination between primary care and specialist providers?

c) How do you define primary care and which kinds of providers can provide primary care? What is the potential impact of this definition on structuring relationships between primary care providers and specialists?

d) Are there situations where it would be appropriate for a specialist to have primary responsibility for managing a given patient's care? If so, when would this be appropriate? What aspects of a patient's care would they be responsible for coordinating? How would they coordinate with the patient's primary care provider and other specialists?

  i) What would be options for attributing patients to primary care providers and specialists in these situations?

e) What role do primary care providers play in specialist selection? Does the scope of the primary care provider's role in assisting patients in selecting a specialist vary by condition type, disease severity, or other patient characteristics?

f) To what extent does the geography, such rural or urban areas, and other factors affect the optimal roles for primary and specialty care providers within an advanced primary care model?

g) How can primary and specialty care providers' coordination improve monitoring of disease progression including disease prevention, disease maintenance, restoration of health, or palliative care?

h) How does the role of specialty care providers in care coordination differ for cognitive specialties and procedural specialties?

i) How should care coordination roles and responsibilities be structured between primary care and behavioral health providers? How can advanced primary care models strengthen the delivery of behavioral health services?

j) What are examples of organizations that have successfully implemented specialty integration within the context of value-based care? What are some lessons learned and best practices from these models that can help to further enhance specialty integration?

B. Opportunities to improve specialist engagement in advanced primary care models and accountable care organizations (ACOs)

Question 2: *How can advanced primary care models and ACOs encourage specialist engagement?*

a) What are effective payment mechanisms to incentivize specialty care providers' engagement in advanced primary care models? How can these payment mechanisms be used within specialty care services to coordinate with primary care?

i) What are some capitation approaches and purposes, such as per-beneficiary per-month payments for chronic disease care management, that may be effective for engaging different types of specialty care populations?

ii) What are some important considerations related to the development of nested acute and chronic specialty episodes within population-based total cost of care (PB-TCOC) models?[1] Are there certain specialties that should be excluded from PB-TCOC models?

b) Outside of financial incentives, are there other ways to improve specialist engagement in advanced primary care models and ACOs?

c) How can incentives be structured to address the start-up costs of specialists that would like to participate in a PB-TCOC model, including costs associated with enhanced specialty integration?

d) What are the potential benefits and challenges associated with mandatory versus voluntary participation in advanced primary care, episode-based, condition-specific, or PB-TCOC models? How can models shift from voluntary to mandatory participation as they progress?

i) To what extent could the potential benefits of mandatory versus voluntary participation vary depending on the type of organization, such as hospital-based ACOs compared with physician-based ACOs?

ii) What would be the potential impact of requiring mandatory participation in a limited number of nested specialty episodes in hospital-based ACOs?

C. Improving data sharing between primary and specialty care providers

Question 3: What are the most effective strategies for improving communication and data sharing between primary care providers, specialty care providers and patients?

a) What are some initial steps for improving data quality and sharing among primary care and specialty care providers that serve a given patient population? What are some organizations that have been successful with these steps?

[1] PTAC is using the following working definition for PB-TCOC models. *A population-based total cost of care (PB-TCOC) model is an Alternative Payment Model (APM) in which participating entities assume accountability for quality and TCOC and receive payments for all covered health care costs for a broadly defined population with varying health care needs during the course of a year (365 days). Within this context, a PB-TCOC model would not be an episode-based, condition-specific, or disease-specific specialty model. However, these types of models could potentially be "nested" within a PB-TCOC model.* This definition will likely evolve as the Committee collects additional information from stakeholders.

b) What kinds of data do primary care providers and specialty providers need to effectively coordinate and manage their patients' care?

c) How can access to clinical and administrative data, such as electronic health records or claims-based data, be improved and used more effectively? What are some challenges with reliance on proprietary technology?

d) How can models address resource and infrastructure availability challenges?

e) How can telehealth and virtual care support primary care and specialty care provider coordination? How is telehealth currently being leveraged among rural providers and what are opportunities for further utilization?

D. Addressing health-related social needs in the context of specialty integration

Question 4: *How can improved care coordination between primary and specialty care providers help to address patients' health-related social needs (HRSNs)?*

a) How does access to specialty care vary for different patients, such as patients experiencing HRSNs? How do differences in access to specialty care affect health equity, disparities and outcomes?

b) What are best practices for specialists to address HRSNs? For example, should specialists coordinate with and use the infrastructure that has been developed by advanced primary care models and ACOs to address HRSNs, or should specialists seek to develop their own infrastructure for addressing HRSNs? To what extent might this vary by type of provider, condition, disease stage, or geography?

c) What resources do primary care providers need to improve specialty referrals and access to specialty care for patients in underserved communities?

Question 5: *Are there any additional insights you would like to share about improving care delivery and specialty integration in advanced primary care and other population-based total cost of care models?*

Questions to Guide Panel Discussion #2 for the March 2023 Theme-Based Meeting:

Improving Care Delivery and Integrating Specialty Care in Population-Based Models

Topic: ACO Perspectives on Specialty Integration and Improving Care Delivery

Thursday, March 2, 1:00 p.m. – 2:30 p.m. EST

Listening Session Subject Matter Experts (SMEs):

- ***Emily Brower, MBA***, Senior Vice President of Clinical Integration and Physician Services, Trinity Health
- ***Cheryl Lulias, MPA***, President & CEO, Medical Home Network
- ***Emily Maxson, MD***, Chief Medical Officer, Aledade

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. Opportunities and challenges related to engaging specialists in care coordination with primary care providers in advanced primary care and population-based total cost of care (PB-TCOC) models[1]

B. Challenges and strategies related to improving specialty integration in ACOs

C. ACO experience implementing nested models

D. Incentivizing value-based care transformation through distributing shared savings and financial losses

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 five 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 two SMEs to provide their particular expertise and perspectives for each topic. Other panelists will have an opportunity to provide their

[1] PTAC is using the following working definition for PB-TCOC models. *A population-based total cost of care (PB-TCOC) model is an Alternative Payment Model (APM) in which participating entities assume accountability for quality and TCOC and receive payments for all covered health care costs for a broadly defined population with varying health care needs during the course of a year (365 days). Within this context, a PB-TCOC model would not be an episode-based, condition-specific, or disease-specific specialty model. However, these types of models could potentially be "nested" within a PB-TCOC model.* This definition will likely evolve as the Committee collects additional information from stakeholders.

perspectives on a given topic, time permitting. 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. Opportunities and challenges related to engaging specialists in care coordination with primary care providers in advanced primary care and PB-TCOC models

Question 1: *What approaches are most commonly being used to facilitate coordination between primary and specialty care providers in different types of ACOs?*

a) What kinds of challenges exist related to improving specialty integration in ACOs, and how do these challenges vary by type of ACO?

b) Should specialist coordination be structured differently within different ACO types, such as Physician-based ACOs and Integrated Delivery System ACOs? If yes, how so?

c) How can PB-TCOC models be designed and implemented to incentivize improved engagement with specialty providers participating in or affiliated with different types of ACOs?

d) How can ACOs better integrate behavioral health services within advanced primary care and PB-TCOC models? Should approaches to integrate behavioral health services vary by type of ACO?

e) How do ACOs differ in their willingness and ability to assume risk for specialty care and readiness of specialty providers to accept risk downstream?

  i) How can PB-TCOC models be designed to improve ACOs' ability to assume risk for specialty care?

f) What are best practices for distributing shared savings or financial losses between ACOs, primary care and specialists in a way that further incentivizes value-based transformation?

g) Are there other potential approaches for incentivizing specialist engagement and participation?

h) What approaches, such as development of cooperative agreements or sharing performance data, have organizations successfully used to encourage the selection of high-value specialists by primary care providers and patients?

B. Challenges and strategies related to improving specialty integration in ACOs

Question 2: *What kinds of challenges exist related to improving specialty integration, and how do these challenges vary for different types of ACOs?*

a) What are the most effective strategies and tools ACOs can use to address challenges related to improving specialty integration (e.g., improving communication and data exchange between primary care and specialist providers)? How can models address resource and infrastructure availability challenges that may vary by ACO type?

b) What initial steps should ACOs prioritize for improving data quality and sharing among primary care and specialty care providers that serve a given patient population? Are certain types of ACOs better positioned to address these challenges?

C. ACO experience implementing nested models

Question 3: *What support do ACOs need to participate in PB-TCOC models with nested condition-specific or episode-based specialty care models?*

a) What are the challenges associated with model overlap and competing priorities? For example, how should models account for the attribution of patients who are eligible for multiple models due to multiple chronic conditions? In these scenarios, how should models determine provider accountability for these patients in terms of cost, quality of care, and care coordination?

b) What resources would ACOs need to determine how to structure financial incentives for primary care and specialty care providers in PB-TCOC models with nested condition-specific or episode-based specialty care models?

c) How do ACOs and other organizations manage complex sub-specialty services, such as transplants, from a care delivery and payment perspective?

d) What changes could help to better align acute episodes with outpatient chronic disease episodes, such as changes in length and composition?

e) Should certain episodes of care or chronic conditions be prioritized for nesting as a specialty care model within a PB-TCOC model?

- **i)** What criteria should be used for prioritizing episodes of care or conditions for nesting?
- **ii)** What is the appropriate number of condition-specific or episode-based models that could potentially be nested within a PB-TCOC model?

D. Incentivizing value-based care transformation through distributing shared savings and financial losses

Question 4: *What are best practices for distributing shared savings or financial losses between ACOs, primary care and specialty providers in a way that further incentivizes value-based transformation?*

a) How are shared savings/losses arrangements commonly structured between ACOs and participating or preferred providers? Do approaches for distributing shared savings/losses vary depending on the type of provider (i.e., primary care or specialty care)? If so, how?

b) Do shared savings/losses arrangements account for variation in provider type (e.g., rural providers, safety net providers)? What special considerations should be taken when sharing savings/losses with providers who serve vulnerable patient populations?

c) What barriers to improving value-based care can best be addressed through shared savings/losses arrangements between ACOs and primary and specialty care providers?

Question 5: *Are there any additional insights you would like to share about improving specialty integration and nesting specialty episodes in population-based total cost of care models?*