

Physician-Focused Payment Model Technical Advisory Committee

**Questions to Guide the Roundtable Physician Panel Discussion for the
March 2023 Theme-Based Meeting:
Improving Care Delivery and Integrating Specialty Care in Population-Based Models
Topic: Enhancing Specialty Integration
Friday, March 3, 10:50 a.m. – 12:20 p.m. EST**

Listening Session Subject Matter Experts (SMEs):

- ***John Birkmeyer, MD***, President, Medical Group, Sound Physicians
- ***Nichola Davis, MD, MS***, Vice President, Chief Population Health Officer, NYC Health & Hospitals
- ***Carol Greenlee, MD, MCAP***, Endocrinologist and Owner, Western Slope Endocrinology
- ***Jackson Griggs, MD, FAAFP***, Chief Executive Officer, Waco Family Health
- ***Art Jones, MD***, Principal, Health Management Associates (HMA)

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 practicing physicians' perspectives on the following areas.

- A. Approaches, challenges, opportunities and lessons learned related to engaging specialists with advanced primary care and population-based total cost of care (PB-TCOC) models
- B. Optimal roles of primary care providers and specialists in care coordination
- C. Incentivizing increased participation of primary care and specialty care providers in value-based care
- D. Improving data sharing between primary and specialty care providers
- E. Incentivizing care coordination between primary and specialty care providers

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. Approaches, challenges, opportunities and best practices related to engaging specialists with advanced primary care and population-based total cost of care (PB-TCOC) models¹

Question 1: *What approaches have you used to encourage increased coordination between primary care and specialty providers? What challenges have you faced, and how can these challenges be addressed?*

- a) Within your organization, what are some of the most effective approaches for facilitating care coordination between primary care providers and specialists?
 - i. What kinds of providers and specialties has your organization coordinated with?
 - ii. What have been some of the lessons learned?
- b) What are some clinical conditions where improved specialty integration could have a significant impact on improving quality and reducing TCOC?
- c) How does coordination with behavioral health fit into primary versus specialty care? Does this vary based on condition? How can coordination with behavioral health services be strengthened? Are there any lessons learned for coordination with other types of specialty care?
- d) What are some examples of organizations that have been successful with improving specialty integration, including behavioral health integration, and how can lessons learned from these models be applied to further enhance specialty integration?

B. Optimal roles of primary care providers and specialists in care coordination

Question 2: *What roles should primary and specialty care providers perform in care coordination? Do these roles vary by the type of provider? What are some reasons for these differences?*

- a) What are the optimal roles for primary and specialty care providers who are coordinating patient care within a PB-TCOC model?
 - i. To what extent do these optimal primary and specialty care roles differ depending on the type of condition, specialty, care delivery setting, disease stage, and geography?
 - ii. To what extent do these optimal primary and specialty care roles differ depending on the type of provider (such as independent practice, hospital-affiliated practice, federally

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.*

qualified health center (FQHC) or other safety net provider, multispecialty practice, integrated delivery system, inpatient or outpatient hospital, skilled nursing facility, etc.)?

- b) Do these roles differ across the various stages of a patient's health care journey including primary and preventive care, chronic disease management, acute care procedures, post-acute care, and end-of-life care? If so, how?
- c) Do these roles differ by type of specialist and the care associated with a given condition, such as nephrologists caring for end stage renal disease (ESRD), a surgeon managing appendicitis, a behavioral health provider managing a mental illness, or a cardiologist and primary care provider co-managing heart disease? If so, how?
- d) How do these roles vary by geographic area, such as urban, suburban, or rural counties?
 - i. Are there cases where the role of a primary care provider in managing certain conditions may be different in a rural area, or in areas with less access to specialty providers?
- e) Are there situations where it would be appropriate for a primary care provider to have primary responsibility for managing a given patient's care? If so, when?
- f) Are there situations where it would be appropriate for a primary care provider and a specialist to have shared responsibility for managing a given patient's care? If so, when?
 - i. In cases of shared responsibility, what parts of a patient's care management should be shared, and how would the roles of the primary care provider and specialist(s) be structured?
- g) 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?
 - i. What aspects of a patient's care would they be responsible for coordinating?
 - ii. How would care be coordinated with the patient's primary care provider and other specialists?
 - iii. What are examples of triggering events that would signal the need for a specialist to take primary responsibility for managing a patient's care?
- h) What role do primary care providers play in specialist selection? When making referrals, how do primary care providers identify specialists that provide high-value, patient centered care? 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?

C. Incentivizing increased participation of primary care and specialty care providers in value-based care

Question 3: *What approaches can be used to encourage more participation of primary care and specialty providers in various types of value-based care models? How should these strategies be tailored to the specific needs of different kinds of providers?*

- a) Have you and/or your organization participated in any value-based care models such as advanced primary care models, episode-based or condition-specific models, accountable care organizations, or managed care? If so, what has been your experience? If not, do you have any plans to participate in these kinds of models?

- b) What barriers may prevent certain kinds of providers such as safety net providers from participating in value-based care models? How can these barriers be addressed?
- c) What are strategies for increasing rural care providers' participation in value-based care? What are the best practices for implementing PB-TCOC models in rural areas and where do opportunities exist to address barriers preventing rural provider participation?
- d) What resources do primary care providers need in order to improve patient-centered care and coordination with specialty care providers?
- e) How can advanced primary care and PB-TCOC models incentivize and encourage specialist participation and engagement?
 - i. What are the best strategies for incentivizing specialist participation in PB-TCOC models and incentivizing high-value care?
 - ii. Which financial incentives are most appropriate for supporting specialty integration? How should specialty integration be structured to support accountability for quality and TCOC?
 - iii. What are examples of organizations that are successfully improving specialist engagement in PB-TCOC models?
- f) What resources do providers need in order to improve efforts to address access to care and address health-related Social Needs (HRSNs)? To what extent might this vary by type of provider, condition, disease stage, or geography?

D. Improving data sharing between primary and specialty care providers

Question 4: *What kinds of data do primary care providers and specialty providers need to effectively coordinate and manage their patients' care?*

- a) What are some strategies for improving communication and notification and data exchange? How can models address resource and infrastructure availability challenges?
- b) 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?
- c) What is the potential role of telehealth in expanding the number of specialists that are available, particularly in underserved areas and rural areas?
 - i) What challenges, opportunities and best practices exist related to using telehealth to expand the availability of specialty care?
 - ii) What are examples of organizations that have successfully used telehealth to expand the availability of various types of specialty care?

E. Incentivizing care coordination between primary and specialty care providers

Question 5: *What are the most effective payment mechanisms to incentivize coordination between primary care and specialty care providers, such as bundled payments, shared savings, capitation, or other incentive payments?*

- a) How can bundled payments and other payment mechanisms be used within specialty care services to coordinate with primary care?
- b) Which types of specialties would potentially be most appropriate for capitation within a PB-TCOC model?
- c) How can incentives be structured to address the start-up costs of providers that would like to participate in a PB-TCOC model, including costs associated with enhanced specialty integration?

Question 6: *Are there any additional insights you would like to share about improving care delivery and specialty integration and participating in population-based total cost of care models?*