Questions to Guide Listening Session #2 for the March 2023 Theme-Based Meeting:

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

Topic: Developing Financial Incentives

Friday, March 3, 9:10 a.m. – 10:40 a.m. EST

Listening Session Subject Matter Experts (SMEs):

- *Kevin Bozic, MD, MBA,* Professor and Chair, Department of Surgery and Perioperative Care, Dell Medical School, The University of Texas at Austin

- *Ami B. Bhatt, MD, FACC*, Chief Innovation Officer, American College of Cardiology

- *Judy Zerzan-Thul, MD, MPH,* Chief Medical Officer, Washington State Health Care Authority

- *Christina Borden*, Director, Quality Solutions Group, National Committee for Quality Assurance, National Committee for Quality Assurance (NCQA), Previous Submitter *and*

  Brian Outland, PhD, Director of Regulatory Affairs, American College of Physicians (ACP), Previous Submitter

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. Incentivizing Specialist Engagement

B. Role of technology in managing patients with chronic conditions

C. Encouraging referrals to specialist delivering high-value care

D. Developing Financial Incentives and Performance Measures

After each SME provides an 8-10-minute presentation, Committee members will ask the presenters questions.

The questions below are sample questions that Committee members may ask.

1. What are the most effective approaches for incentivizing specialist engagement with primary care providers and improving specialty integration? What approaches are most effective for different kinds of specialists?

   a) Are there differences in the most effective approaches for improving specialty integration depending on the specialty, provider type, or other factors? What are some examples of these differences?

b) What are the most effective payment mechanisms for incentivizing coordination between primary care and specialty providers?

c) What are examples of organizations that have successfully integrated primary care and specialty care? What can be learned from their success?

2. How can technological innovations be used to support improved care delivery and specialty integration for managing patients with chronic conditions?

a) What kinds of data do primary care and specialty providers need to improve care delivery and increase specialty integration for managing patients with chronic conditions?

b) What options exist for better utilizing clinical and administrative data to improve care delivery for patients with chronic conditions?

c) What role could telehealth play in improving care delivery and specialty integration for the patients with chronic conditions? Are there particular chronic conditions that would be a better fit for telehealth?

3. What are the most effective options for encouraging referrals to specialists that provide high-value care?

a) What approaches have various organizations used to encourage the selection of high-value specialists by primary care providers and patients (e.g., networks, cooperative agreements, sharing performance data, financial incentives)?

b) Which of these approaches have been most effective, and why? Does the effectiveness of these approaches vary in different contexts (e.g., for different specialties / conditions / diseases / procedures, by care setting, by geographical location, by ACO participation, by insurance status, etc.)?

c) What information do primary care providers need to facilitate the identification of specialists who provide high-value care?

d) What are some effective provider and patient incentives for encouraging referrals to high-value care specialists?

4. What are the most appropriate performance measures and financial incentives for encouraging specialist engagement in population-based total cost of care models?

a) How can population-based total cost of care (PB-TCOC) models[1] improve accountability, measurement, attribution and other design features to facilitate specialist engagement? Should

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[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.

risk for chronic disease management and acute episodes / procedures be nested within PB-TCOC models?

b) How can PB-TCOC models incorporate the use of collaborative care agreements into their model design? How could such agreements be structured to be of interest to both primary care and specialty care providers? What resources would primary care and specialty providers need in order to participate in collaborative care agreements?

c) What performance measures are most important for incentivizing improvements in coordination between primary care and specialty providers?

d) How can incentives be structured to address the start-up costs impacting specialists that would like to participate in a PB-TCOC model?

e) What factors should be considered in developing risk adjustment and benchmarking methodologies to encourage specialty integration in PB-TCOC models?

f) What are some potential options for modifying prospective and retrospective arrangements to manage higher-cost specialty care, such as prospective payment for a bundle of services and/or retrospective reconciliation based on performance?

g) What are the most effective approaches for structuring risk for primary care and specialty care providers? Should risk for the most expensive disease stages of a specialty condition be placed in a separate model?

h) How can PB-TCOC models incentivize specialists' performance and improvement on measures related to outcomes, quality, utilization and TCOC? How can specialist performance measurement be standardized across care delivery models?