

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide **Listening Session #3** for the March 2024 Theme-Based Meeting: Developing and Implementing Performance Measures for Population-Based Total Cost of Care (PB-TCOC)

Topic: Issues Related to Selecting and Designing Measures for PB-TCOC Models

Tuesday, March 26, 1:00 – 2:30 p.m. EDT

Listening Session Subject Matter Experts (SMEs):

- **Karen E. Joynt Maddox, MD, MPH**, Practicing Cardiologist, Barnes-Jewish Hospital; Associate Professor, Washington University School of Medicine and School of Social Work; and Co-Director, Center for Advancing Health Services, Policy & Economics
- **Mark Friedberg, MD, MPP**, Senior Vice President, Performance Measurement & Improvement, Blue Cross Blue Shield of Massachusetts
- **Nick Frenzer**, Population Health and Information Executive, Epic

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. Evidence regarding the impact of different kinds of performance-based payment incentives on desired outcomes.
- B. Best practices for designing performance-based payment incentives for population-based total cost of care models from a payer perspective.
- C. Improving data collection and timeliness of data sharing of performance information with providers.

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 performance-based payment incentives have achieved the desired outcomes in population-based total cost of care models?**
 - a. What financial or other payment incentives have proven effective at driving care transformation in population-based total cost of care models?

- b. Are there financial incentives that have yielded successful health outcomes in other alternative payment models? If so, how can the lessons learned from these incentives be applied to population-based total cost of care models?
 - c. What differences in quality improvement are generated with financial incentives that are upside-only as compared to those that are upside and downside?
 - d. What has been the relative impact of single-sided risk and two-sided risk associated with performance measures on contributing to improvements for beneficiaries?
 - e. What are some options for shared savings and financial incentives in which low-resourced health settings can participate?
- 2. What are best practices for designing performance-based payment incentives for population-based total cost of care models?**
- a. What performance-based payment incentives have achieved desired outcomes in population-based total cost of care models?
 - b. What has worked well with implementing performance-based payment incentives in population-based total cost of care models and what are the areas for improvement?
 - c. What are some lessons learned from financial incentives in other models and programs that can be applied to population-based total cost of care models?
- 3. What strategies can be taken to improve the timeliness of performance measures' data collection and the sharing of the resulting data with providers?**
- a. What strategies can software companies that develop tools to collect and maintain medical records take to improve the implementation, interoperability, and ease of use of their software?
 - b. How can data sharing between settings and organizations be incentivized or facilitated further?
 - c. What additional resources do healthcare settings need to improve their data collection processes?
- 4. Are there any additional insights you would like to share about performance measurement in population-based total cost of care models?**