

Physician-Focused Payment Model Technical Advisory Committee

Questions to Guide the **Panel Discussion** for the March 2024 Theme-Based Meeting:

Developing and Implementing Performance Measures for Population-Based Total Cost of Care (PB-TCOC)

Topic: ***Developing Objectives for Performance Measurement for PB-TCOC Models***

Monday, March 25, 10:30 a.m. – 12:00 p.m. EDT

Panel Discussion Subject Matter Experts (SMEs):

- **Cheryl L. Damberg, PhD, MPH** - Director, RAND Center of Excellence on Health System Performance
- **Helen Burstin, MD, MPH** - Chief Executive Officer, Council of Medical Specialty Societies (CMSS)
- **John B. Bulger, DO, MBA** - Chief Medical Officer Insurance Operations and Strategic Partnerships, Geisinger Health Plan
- **Eric C. Schneider, MD, MSc** - Executive Vice President, Quality Measurement and Research, National Committee for Quality Assurance (NCQA) - *Previous Submitter - The "Medical Neighborhood" Advanced Alternative Payment Model (AAPM) (Revised Version) proposal*

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. Goals for measuring the performance of organizations participating in PB-TCOC models.
- B. Approaches for measuring performance related to the objectives of the PB-TCOC models.
- C. Differences between performance measures for PB-TCOC models and current performance measures in Medicare value-based payment programs and alternative payment models.
- D. Appropriate financial incentives related to performance in PB-TCOC models.

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 two to three-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 SMEs to provide their expertise and

perspectives for each topic. 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. Goals for Measuring the Performance of Organizations Participating in PB-TCOC Models

Question 1: *What are the main goals of performance measurement for total cost of care organizations (for example, to drive change through financial incentives, to provide actionable information for providers, or to inform beneficiary choices)?*

- a) What aspects of population-based total cost of care models do we want to measure to facilitate health care improvements?
- b) How should the goals for performance measurement in population-based total cost of care models differ from the goals of performance measurement in fee for service payment systems?
- c) How can performance measures be leveraged to drive delivery system transformation?
- d) Should all PB-TCOC entities have the same performance measures? If the performance measures should be different, how should the approach to performance-based payment differ by the type of entity that is being measured (e.g., larger entities vs. small practices, degree of experience with value-based payment)?
- e) Should performance be measured at the PB-TCOC entity level, at the level of providers in the PB-TCOC entity, or should we give PB-TCOC entities flexibility to determine approaches for provider-level measures?

B. Approaches For Measuring Performance Related to the Objectives of PB-TCOC Models

Question 2: *What are the basic types of performance measures that would be most appropriate for measuring participating organizations' performance relative to the desired characteristics of PB-TCOC models? Please provide examples of specific performance measures that might be particularly useful.*

- a) What are the most effective approaches for measuring performance related to the various goals for PB-TCOC models?
- b) If PB-TCOC models want to directly measure systems change, what should be the mixture of quality, outcome, patient experience, process and utilization/cost measures?
- c) If PB-TCOC models want to directly measure how organizations provide care, what should be the mixture of quality, outcome, patient experience, process and utilization/cost measures?
- d) If PB-TCOC models want to directly measure the value of the care that is being delivered, what should be the mixture of quality, outcome, patient experience, process and utilization/cost measures?
- e) What should be the mixture of quality, outcome, patient experience, process and utilization/cost measures for measuring aspects of system transformation (for example, care coordination and team-based care) or should they be the same?

- f) What are some of the innovative approaches that are being used for measuring and incentivizing value-based care transformation?
- g) What are the pros and cons related to using certain kinds of performance measures (such as process measures versus outcome measures) and data sources (such as claims-based measures versus patient-reported measures)?
- h) How can the tradeoffs between the different kinds of performance measures be balanced when identifying the optimal mix of performance measures for PB-TCOC models?
- i) What is the value of ensuring measure endorsement prior to widespread adoption or implementation of performance measures in PB-TCOC models?

C. Differences Between Performance Measures for PB-TCOC Models and Current Performance Measures in Medicare Value-Based Payment Programs and Alternative Payment Models

Question 3: *What are the differences between performance measures needed for population-based total cost of care models and current performance measures used in Medicare value-based payment programs and other alternative payment models?*

- a) What are the characteristics of the current performance measures that are being used in Medicare value-based payment programs and other alternative payment models?
 - i. What spending, utilization, and quality measures are being used in ACO-REACH, and how do these measures compare with what is needed for PB-TCOC models?
 - ii. What spending, utilization, and quality measures are being used in the Medicare Shared Savings Program and how do these measures compare with what is needed for population-based total cost of care models?
 - iii. What spending, utilization and quality measures are used in advanced primary care models and how do these measures compare with what is needed for PB-TCOC models?
 - iv. What spending, utilization and quality measures are used in episode-based models and how do these measures compare with what is needed for PB-TCOC models?
- b) What are the characteristics of the current performance measures that are being used in Medicare FFS pay-for-reporting programs?
- c) What are the areas where current performance measures are working well? What are the areas where gaps exist between current performance measures and what will be needed for PB-TCOC models, and how can these gaps be addressed?
 - i. Are there sufficient performance measures for the most prevalent chronic conditions?
 - ii. Are there examples of important episodes of care where quality measures are not available for all parts of the episode?
 - iii. To what extent is it likely to be possible to modify or combine current measures for use in PB-TCOC models? In what cases?
 - iv. To what extent is it likely to be necessary to develop new measures for PB-TCOC models? In what cases?

D. Appropriate Financial Incentives Related to Performance in PB-TCOC Models

Question 4: *How do financial incentives related to performance in PB-TCOC models differ from those in other kinds of Medicare value-based payment programs? What is the appropriate balance of organization-wide measures versus provider-specific, specialty-specific, or setting-specific measures to drive system transformation in population-based total cost of care models?*

- a) In which contexts does it make sense to include organization-wide versus provider-specific or setting-specific measures in PB-TCOC models?
- b) If we want to directly measure systems change and how organizations provide care, what should be the mixture of outcome, patient experience, and process measures?
- c) How do we pick the appropriate number and mixture of measures that will facilitate health care transformation while minimizing administrative burden?
- d) What additional measures or incentives are needed to encourage improved outcomes for beneficiaries in PB-TCOC models, including improvements related to equity?
- e) How can population-based total cost of care models draw on innovative approaches and lessons learned from other programs, such as Medicare Advantage, Medicare Shared Savings Program, state Medicaid 1115 waiver programs, commercial/employer coverage, and Marketplace plans, related to performance measures, performance measurement, and financial incentives?

Question 5: *Are there any additional insights you would like to share about developing objectives for, and identifying appropriate performance measures for PB-TCOC models?*