

# Physician-Focused Payment Model Technical Advisory Committee

## Questions to Guide the **Roundtable Panel Discussion** for the

### June 2024 Theme-Based Meeting:

#### ***Addressing the Needs of Patients with Complex Chronic Conditions or Serious Illnesses in Population-Based Total Cost of Care (PB-TCOC) Models***

#### ***Topic: Provider Perspectives on Improving Outcomes for Patients with Complex Chronic Conditions or Serious Illnesses in PB-TCOC Models***

**Monday, June 10, 1:00 p.m. – 2:30 p.m. EDT**

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#### **Panel Discussion Subject Matter Experts (SMEs):**

- **Matthew Wayne, MD, CMD** – Chief Medical Officer, Communicare
- **David Gellis, MD, MBA** – Vice President and National Medical Director, Medicare Population Health Programs, One Medical Senior Health
- **Cheryl Phillips, MD, AGSF** – Senior Program Consultant, The John A. Hartford Foundation
- **Olivia Rogers, RN, MBA** – Vice President and Chief Nursing Officer, Visiting Nurse Association of Texas

#### **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. Best practices for identifying high cost and rising risk patients and proactively addressing their care needs
- B. Effectively addressing care delivery needs and engaging patients and caregivers
- C. Innovative payment models and approaches for improving outcomes for high-cost patients
- D. Reducing disparities in outcomes

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. Best Practices for Identifying High-Cost and Rising Risk Patients and Proactively Addressing Their Care Needs**

**Question 1:** *What are some effective approaches for proactively identifying high-cost patients with complex chronic conditions or serious illnesses, and addressing their needs?*

- a. What are the most effective risk stratification approaches for identifying patients with complex chronic conditions and/or serious illnesses who are at risk of becoming high-cost patients (e.g., top 5 percent or top 10 percent based on Medicare spending)?
- b. What are the characteristics of these patients? What approaches can be used to proactively address their care delivery needs while minimizing preventable health care events?
- c. What innovative approaches could be used to proactively identify rising risk patients in order to prevent them from developing complex chronic conditions and/or serious illnesses?
- d. What kinds of new technologies or innovations can improve the identification of patients at-risk of becoming high cost?

## **B. Effectively Addressing Care Delivery Needs and Engaging Patients and Caregivers**

**Question 2:** *What are effective approaches to engage patients and caregivers when delivering care for patients with complex chronic conditions or serious illnesses?*

- a. What are some examples of existing care delivery models that are effective in improving outcomes, quality and efficiency of care for high-cost patients with complex chronic conditions and/or serious illnesses?
- b. What are examples of care delivery models that have not worked? What are some gaps and deficits in existing approaches for caring for these patients?
- c. What are some effective approaches for engaging high-cost patients with complex chronic conditions or serious illnesses in the delivery of care?
- d. Does the effectiveness of approaches for engaging patients and caregivers differ depending on patient characteristics, setting of care and the type or severity of conditions/illnesses?

## **C. Innovative Payment Models and Approaches for Improving Outcomes for High-Cost Patients**

**Question 3:** *What are some innovative payment models that have been effective in improving outcomes, quality and efficiency of care for high-cost patients?*

- a. What kinds of payment models and financial incentives have been effective in improving equitable outcomes for high-cost patients with complex chronic conditions and/or serious illnesses?

- b. How do organizations successfully adopt these payment models and/or approaches to improve outcomes for their high-cost patient population?
- c. Are there certain kinds of payment models and financial incentives that have not worked for certain kinds of providers who are caring for high-cost patients with complex chronic conditions and/or serious illnesses?
- d. How can payment models incentivize the adoption of evidence-based care delivery and care coordination approaches and reduce avoidable care (e.g., ambulatory care sensitive condition hospitalizations, emergency department visits)?
- e. What are examples of evidence-based approaches that rural providers and otherwise under-resourced settings have used that have improved outcomes of patients with complex chronic conditions or serious illnesses?

#### **D. Reducing Disparities in Outcomes**

**Question 4:** *What strategies can be used to effectively reduce disparities in outcomes for patients with complex chronic conditions or serious illnesses?*

- a. What are challenges associated with reducing disparities in outcomes for this patient population?
- b. Do disparities in outcomes vary among these patient populations (e.g., dual eligibles, people of color, people with lower socioeconomic status, patients with specific conditions) or within care settings?
- c. What are some specific evidence-based approaches that have been effective in reducing disparities for this patient population while improving outcomes, quality and efficiency of care?
- d. What factors related to the design of PB-TCOC models can help to address disparities in outcomes among this patient population?

**Wrap-up Question:** *Are there any additional insights you would like to share about improving outcomes for patients with complex chronic conditions or serious illnesses?*