

Physician-Focused Payment Model Technical Advisory Committee

Potential Questions for **Listening Session #3** 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: Best Practices for Incentivizing Improved Outcomes for Patients with Complex Chronic Conditions or Serious Illnesses in PB-TCOC Models

Tuesday, June 11, 1:00 p.m. – 2:30 p.m. EDT

Listening Session Subject Matter Experts (SMEs):

- **Marie P. Bresnahan, MPH** – Director of Training, Policy, and Administration in the Viral Hepatitis Program (VHP), New York City Department of Health and Mental Hygiene (Previous Submitter – *Multi-provider, bundled episode-of-care payment model for treatment of chronic hepatitis C virus (HCV) using care coordination by employed physicians in hospital outpatient clinics* proposal)
- **Bruce R. Schackman, PhD** – Saul P. Steinberg Distinguished Professor and Executive Vice Chair, Department of Population Health Sciences, Weill Cornell Medicine; and Director, Center for Health Economics of Treatment Interventions for Substance Use Disorder, HCV, and HIV (CHERISH)
- **Jason H. Feuerman** – President and Chief Executive Officer, LTC ACO
- **Bruce Leff, MD** – Professor of Medicine and Director, Center for Transformative Geriatric Research, Division of Geriatric Medicine, Johns Hopkins University School of Medicine
- **Diane E. Meier, MD, FACP** – Founder, Center to Advance Palliative Care

Committee Discussion and Q&A Session

After each SME provides an 8-10-minute presentation, the Committee discussion will focus on questions raised by Committee members in response to the SMEs' presentations.

The following are examples of questions that Committee members may ask.

A. Addressing Payment Methodology Issues Related to High-Cost Patients in PB-TCOC Models

1. ***What kinds of issues need to be addressed related to high-cost patients in PB-TCOC models (e.g., patient attribution, benchmarking, risk adjustment)?***
 - a. How should PB-TCOC models' payment methodologies differ for this patient population in comparison with the general population?

- b. Are there cases where it would be appropriate to develop nested models for high-cost patients with complex chronic conditions and/or serious illnesses?

B. Lessons Learned About Effective Approaches for Implementing Financial Incentives Across Different Settings to Drive Care Improvement for Patients with Complex Chronic Conditions or Serious Illnesses

- 2. *What kinds of care delivery interventions can PB-TCOC models incentivize to ensure that patients with complex chronic conditions and/or serious illnesses are receiving the care that they need?*
 - a. What are some of the most effective approaches for implementing financial incentives for providers treating this patient population? What kinds of financial incentives have resulted in the biggest improvement in care for this patient population (e.g., shared savings, performance bonuses)?
 - b. How should financial incentives for providers treating these patients differ across settings (e.g., inpatient, outpatient, home health, nursing facilities)?

C. Monitoring Quality, Patient Outcomes and Quality of Life Longitudinally Across Settings for Patients with Complex Chronic Conditions or Serious Illnesses – Data Sources and Measures

- 3. *What are the most effective approaches for monitoring quality and patient outcomes longitudinally across settings for this patient population?*
 - a. What kinds of quality, outcome, utilization, and cost measures are most effective for incentivizing improvements in value-based care for patients with complex chronic conditions and/or serious illnesses?
 - b. How can PB-TCOC models obtain the necessary data to facilitate monitoring quality and outcomes for these patients on a real-time basis?
 - c. How should the approach for monitoring quality and patient outcomes be adjusted for different settings (e.g., inpatient, outpatient, post-acute care)?

D. The Role of Hospice Services in Value-Based Care and PB-TCOC Models

- 4. *How can PB-TCOC models be used to incentivize the optimal mix and delivery of palliative care and hospice services?*
 - a. How can PB-TCOC models prevent any unintended consequences related to incentivizing increased use of palliative care and hospice services?

Additional Insights

Wrap-up Question: Are there any additional insights you would like to share about best practices for incentivizing improved outcomes for patients with complex chronic conditions or serious illnesses in PB-TCOC models?