



HCP LAN

Health Care Payment Learning & Action Network

**Patient Attribution and Financial
Benchmarking: Accelerating and Aligning
Population-Based Payment Models**

April 25, 2016
2:45pm-4:00pm

WELCOME & SESSION OBJECTIVES

- ✓ Provide an overview of the Patient Attribution and Financial Benchmarking draft recommendations
- ✓ Share a summary of the public comments on each white paper
- ✓ Share stakeholder perspectives on steps organizations can take to adopt population-based payment models.
- ✓ Offer opportunity for audience questions and facilitated discussion

AGENDA

Time (ET)	Topic & Speaker
2:45-2:50pm	Welcome <ul style="list-style-type: none">• Objectives• Introduction to Panelists
2:50-3:15pm	Overview of Patient Attribution and Financial Benchmarking - Dana Gelb Safran and Michael Chernew
3:15-4:00pm	Facilitated Discussion <ul style="list-style-type: none">• Identifying successful application of Patient Attribution and Financial Benchmarking in current state• How Patient Attribution and Financial Benchmarking apply to various stakeholder groups• Q&A

PBP PANELIST

Patient Attribution and Financial Benchmarking



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Member

PBP Work Group

Chief Innovation Officer

Center for Medicare & Medicaid Innovation



Dana Gelb Safran, ScD

Work Group co-chair

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Chief Performance Measurement & Improvement Officer and Senior Vice President, Enterprise Analytics

Blue Cross Blue Shield of Massachusetts



David Muhlestein, PhD, JD

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Senior Director of Research and Development

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Michael Chernew, PhD

Member

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Leonard D. Schaeffer Professor of Health Care Policy

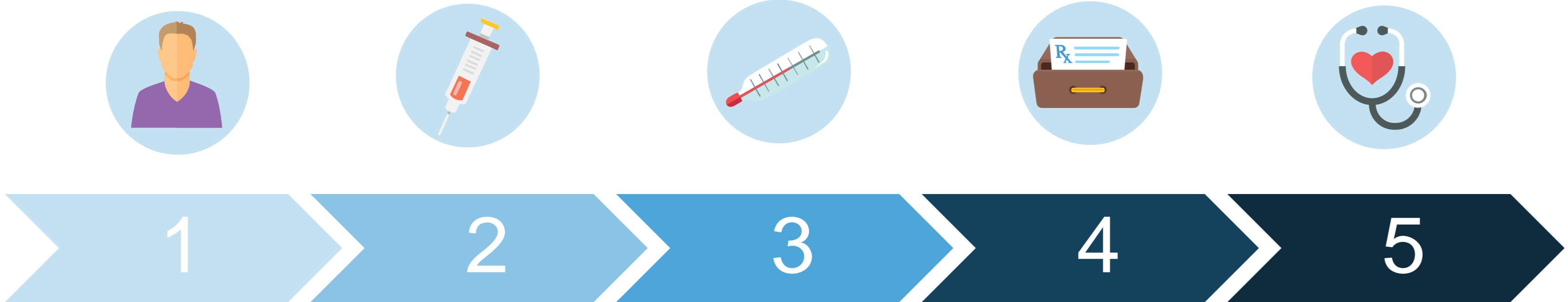
Harvard Medical School

PATIENT ATTRIBUTION CONTEXT

- ✓ A foundational component of population based payment is patient attribution, as it identifies the patient-provider relationship and forms the basis for performance measurement, reporting, and payment.
- ✓ The recommendations presented in the white paper are intended for use in payment models that assume primary care providers are the principal starting point for managing a population across the entire continuum of care.
- ✓ The PBP work group suggests that such recommendations be adopted by commercial insurers and, when possible, government programs.

FLOW CHART

Key Steps in Patient Attribution



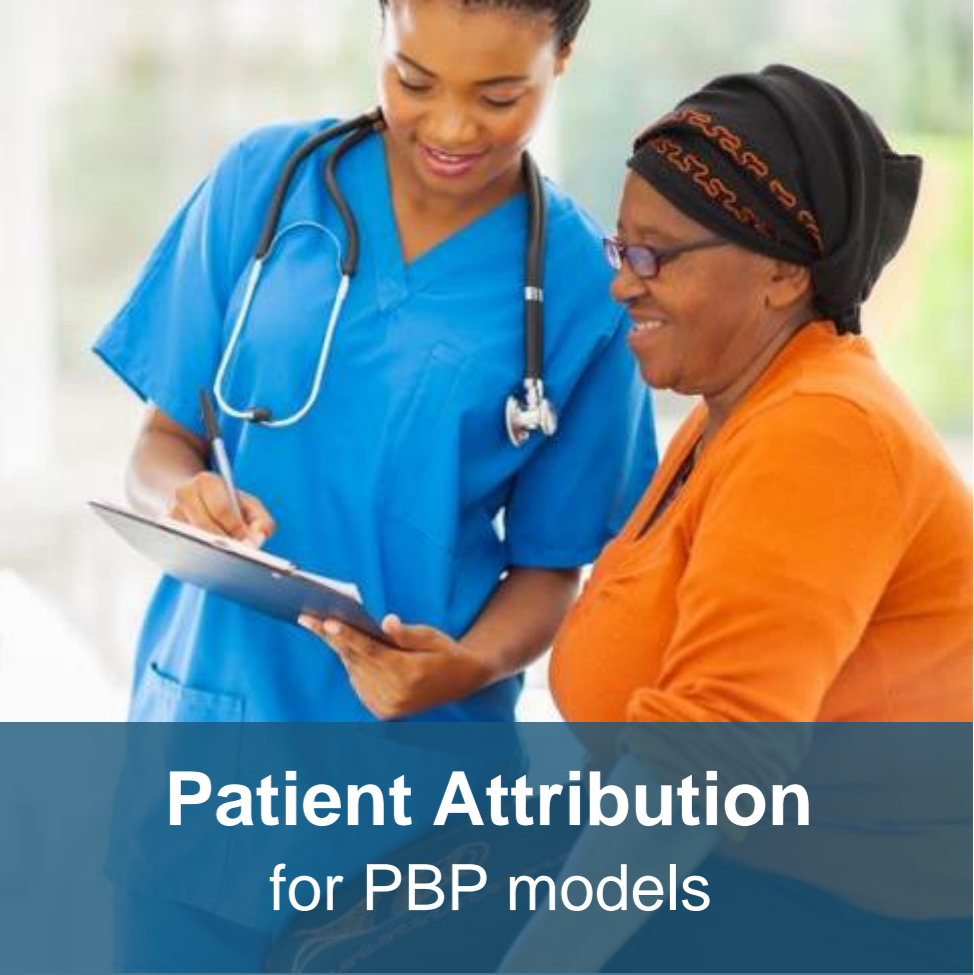
Patient Self-Report
Gold standard
 when it is available

Primary Care Providers
 E&M codes for wellness and preventive care

Primary Care Providers
 Other E&M codes

Primary Care Providers
 Prescription

Specialty Care
 E&M codes for specialty care (selected specialists)



Patient Attribution
 for PBP models

FINANCIAL BENCHMARKING

- ✓ A financial benchmark is a population-based spending level that is used to establish PBP payment rates for providers. It can be based on a provider organization's spending in the previous year. It can also be based on regional or national spending levels.
- ✓ The purpose of financial benchmarks in PBP models is to enable accountability and to establish a target that fairly rewards high performers.
- ✓ All PBP models must in some way employ financial benchmarks, as both payers and providers use these benchmarks to manage resources, plan investments in delivery support infrastructure, and identify inefficiencies.
- ✓ Successful approaches to financial benchmarking must simultaneously encourage participation while encouraging providers to meet financial and quality objectives.

WHY FINANCIAL BENCHMARKING

Financial benchmarks lead PBP models toward more high valued care

Setting financial benchmarks help to ensure that overall spending remains at a sustainable level

Financial benchmarks provide a foundation for providers to deliver high quality, cost effective, and person centered care

Financial benchmarks hold provider organizations accountable for delivering care efficiently

STAKEHOLDER FEEDBACK

Financial Benchmarking

- Received 32 unique public comments over a 4 week period
- 24 organizations submitted comments

Patient Attribution

- Received 49 unique public comments over a 4 week period
- 40 organizations submitted comments

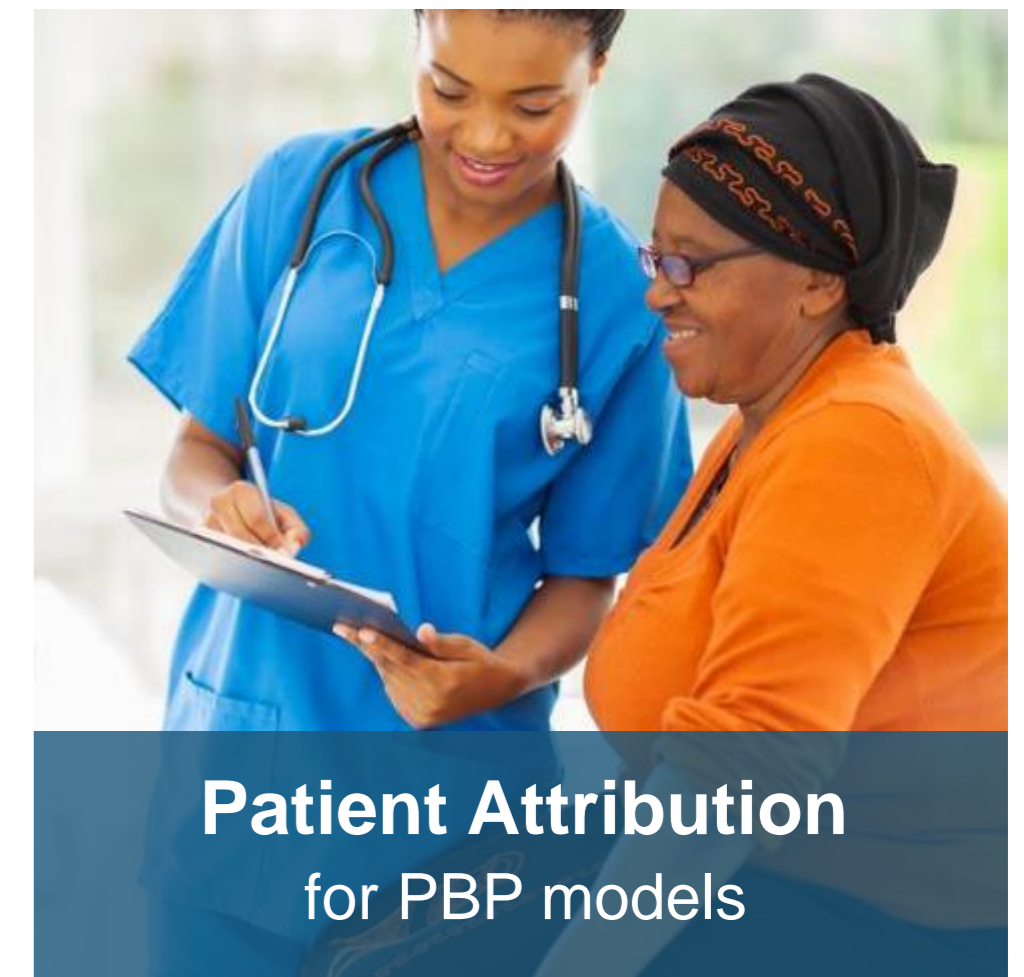
★ *Will release updated papers in May 2016*

PATIENT ATTRIBUTION COMMENT SUMMARY

10

Themes

- ✓ Unattributed members
- ✓ Attribution impact on high-risk patients and high-cost services
- ✓ Patient engagement
- ✓ Primary care and specialty care providers
- ✓ Attribution for quality measurement of special topics
- ✓ Regional variation
- ✓ Attestation as the gold standard
- ✓ Claims-based approach
- ✓ Vulnerable populations
- ✓ E&M codes
- ✓ Alignment
- ✓ Medicaid-Managed Care



FINANCIAL BENCHMARKING COMMENT SUMMARY 11

Themes

- ✓ Concern that one of the goals of PBP benchmarks is to let failing organizations fail.
- ✓ Many commenters didn't think it was realistic to converge to national benchmarks.
- ✓ Several commenters expressed concerns about the impact of convergence on rural organizations.
- ✓ Some commenters were concerned about using benchmarks to do apples-to-oranges comparison between different types of organizations.
- ✓ Some confusion about what was covered in total cost of care – and requests for additional things to fall under that umbrella.



DISCUSSION QUESTIONS

- From your perspective, what recommendations are most important or valuable to your stakeholders?
- Which are the most important barriers to be addressed in order to successfully realize this vision of patient attribution and financial benchmarking for PBP models?

Access the DRAFT white papers:

Patient Attribution

<https://hcp-lan.org/groups/pbp/patient-attribution/>

Financial Benchmarking

<https://hcp-lan.org/groups/pbp/financial-benchmarking/>



CONTACT US

We want to hear from you!



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