POPULATION-BASED PAYMENT MODELS
PATIENT ATTRIBUTION

OVERVIEW

The *Health Care Payment Learning & Action Network* *(LAN) recently released a white paper entitled, Accelerating and Aligning Population-Based Payment Models: Patient Attribution, providing a springboard to speed the adoption of alternative payment models (APMs) in the health care community. APMs are a key strategy in health care payment reform, helping to shift focus from quantity to quality in health care.*

WHAT IS PATIENT ATTRIBUTION?

Patient attribution is a method of identifying a patient-provider health care relationship. It is a foundational component of population-based payment (PBP) models, which are based on a simple concept: providers accepting accountability for managing the full continuum of care for their patients. This includes a patient's entire lifespan, from prevention to end-of-life care, and everything in between. The goal of PBP models is to achieve better quality and outcomes at a lower total cost for the patient population involved.

In PBP models, patient attribution forms the basis for measuring performance of physicians and provider groups, reporting data, and paying for patient care. While patients are attributed to a specific provider, the accountability for the total cost of care, quality, and outcomes for the patient falls to the provider group or delivery system, not the individual clinician.

IMPORTANCE

An effective methodology for patient attribution is essential to the success of PBP models. At their core, PBP models offer providers the incentives and flexibility to strategically invest resources, treat patients holistically, and coordinate care. This approach to payment encourages doctors to proactively engage patients and helps patients work with their doctors to build relationships and manage their own health and wellness. Patient attribution guides the whole process by identifying which patients are matched with which providers.
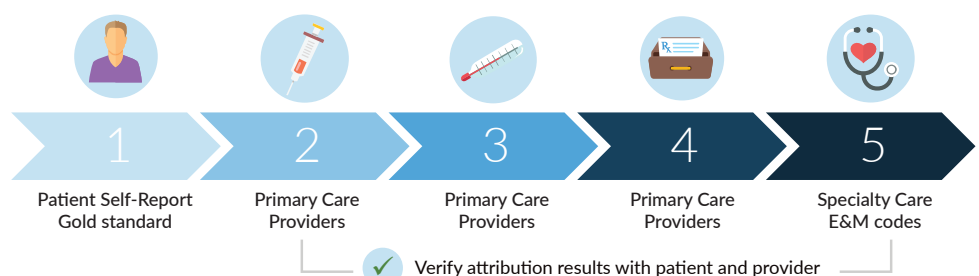
THE WHITE PAPER

The white paper highlights the importance of fostering greater alignment among public and private payers around patient attribution in PBP models, with the goal of lowering barriers to the acceptance and adoption of this model.

Specifically, the white paper recommends encouraging patient choice of a primary care provider. In a PBP model, doctors, nurses, and other clinicians who provide primary care are the principle starting point for patient attribution. The paper outlines ten recommendations that payers and providers can use when making decisions on patient attribution in their PBP models.

This 5-step process begins with a patient choosing a primary care provider. If that isn't available, patients can be matched to primary care providers by analyzing data on wellness visits, then on primary care visits, and finally on prescription data. Lastly, if none of the above information is available, patients may be matched to an eligible subspecialty provider.

1	2	3	4	5
Patient Self-Report Gold standard	Primary Care Providers	Primary Care Providers	Primary Care Providers	Specialty Care E&M codes

✓ Verify attribution results with patient and provider

RECOMMENDATIONS

- ✓ Encourage patient choice of a primary care provider.
- ✓ Analyze claims- or encounter-based data when patient attestation is not available.
- ✓ Define which providers would be eligible to take on accountability for patients at the beginning of the performance period.
- ✓ Provide transparent information to patients about the doctors to which they have been matched.
- ✓ Prioritize primary care providers when analyzing claims or encounter data.
- ✓ Consider subspecialty providers if no primary care information is evident.
- ✓ Use a single approach for attribution for performance measurement and financial accountability.
- ✓ Use patient attribution guidelines nationally for commercial products.
- ✓ Align the patient attribution methodology used with commercial, Medicare, and Medicaid populations when possible and adjust if needed.
- ✓ Ensure providers have clear, actionable information about patients attributed to them, regardless of whether prospective or concurrent attribution is used.

For a full list of recommendations and additional resources go to:
https://hcp-lan.org/groups/pbp/pa-final-whitepaper

MOVING FORWARD

The LAN white paper reflects the latest thinking from leading experts in the field of health care payment and offers recommendations for developing a methodology for patient attribution. The paper serves as an important resource for providers, payers, employers, patients, consumer groups, health experts, and state and federal government agencies taking action on APMs nationwide. These recommendations encourage greater alignment in the field to increase adoption toward the goals of tying 30% of U.S. health care payments to APMs by the end of 2016 and 50% by 2018.

REVIEW OUR SUITE OF OTHER PBP WHITE PAPERS

PATIENT ATTRIBUTION

FINANCIAL BENCHMARKING

PERFORMANCE MEASUREMENT

DATA SHARING
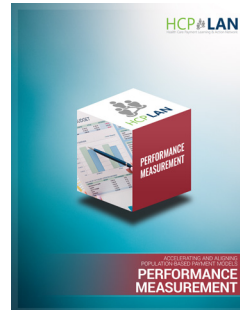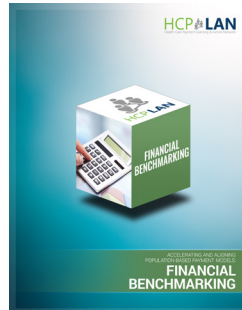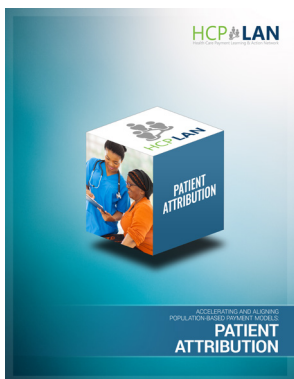
ABOUT THE LAN

PURPOSE

The Health Care Payment Learning & Action Network (LAN) aims for:

BETTER CARE

SMARTER SPENDING

HEALTHIER PEOPLE

MISSION

To accelerate the health care system's transition to alternative payment models (APMs) by combining the innovation, power, and reach of the private and public sectors.

OUR GOAL
Adoption of Alternative Payment Models

2016 **30%** → 2018 **50%**

2018 50%
2016 30%

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