



*Better Care, Smarter Spending, and Healthier People*

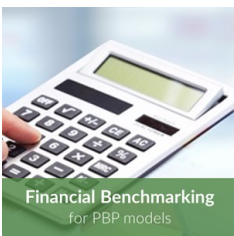
## Population-Based Payment (PBP) Work Group

### PURPOSE

The PBP Work Group is recommending multi-stakeholder alignment on key components of population-based payment models. Aligning these elements across public and private payers could accelerate the adoption for population-based payments nationally.

### KEY ACTIVITIES

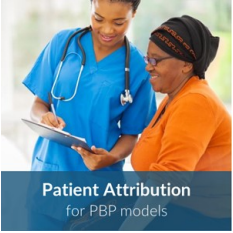
- ✓ Providing recommendations on patient attribution and financial benchmarking in PBP models;
- ✓ Developing performance measurement strategies for enabling PBP models; and
- ✓ Providing recommendations for data sharing.



### FINANCIAL BENCHMARKING WHITE PAPER RECOMMENDATIONS

The PBP Work Group's recommended an approach to financial benchmarking, where providers accept accountability for a patient population across the full continuum of care, including:

1. Establish and Update the Financial Benchmark
  - Approaches to financial benchmarking should encourage participation in the early years of the model's progression, while driving convergence across providers at different starting points toward efficiency in the latter years.
2. Risk Adjust Regional and National Benchmarks
  - Risk adjustment must strike a balance between avoiding undue penalization of providers serving higher-risk or disadvantaged populations, and avoiding substandard care of these populations.



## PATIENT ATTRIBUTION WHITE PAPER RECOMMENDATIONS

To determine which patients are attributed to provider groups within the population-based payment model, the PBP Work Group recommends the following steps:

1. Encourage patient choice of a primary care provider.
2. Use a claims/encounter-based approach when patient attestation is not available.
3. Define eligible providers at the beginning of the performance period.
4. Provide transparent information to patients about their attribution.
5. Prioritize primary care providers in claims/encounter-based attribution.
6. Consider subspecialty providers if no primary care encounters are evident.
7. Use a single approach for attribution for performance measurement and financial accountability.
8. Use the patient attribution guideline nationally for commercial products.
9. Align commercial, Medicare, and Medicaid populations, which may be possible with adjustments.
10. Provide clear, actionable information to providers about patients attributed to them, regardless of whether prospective or concurrent attribution is used.



## PERFORMANCE MEASUREMENT WHITE PAPER DRAFT RECOMMENDATIONS

Performance Measurement is grounded in the notion that payers, providers, purchasers, and patients should be collectively accountable for ensuring that the health care system delivers the highest possible value. To that end, the PBP Work Group recommends the following:

1. Support long-term success and sustainability of PBP models with new measures where results matter to patients.
2. Avoid fragmentation across PBP models using exist core measure sets while continuing innovation and refinement to create and establish comprehensive, affordable, and outcomes oriented core measure sets.
3. A governance process to oversee and accelerate the development, testing, and use of new, high priority measures for PBP models.
4. In service of a future state that employs measures that are outcomes-oriented, the infrastructure nationally must be sufficient to systematically collect, use, and report clinically rich and patient-reported data.
5. Providers in PBP models should have meaningful incentives to deliver high-quality care, achieve favorable outcomes, and manage the total cost of care.
6. Define performance targets in a way that motivates ongoing improvement across the performance continuum, promotes best practice sharing, avoids a forced curve that mandates winners and losers, and enables long-term planning and commitment to improvement.
7. Adhere to good measurement science and implementation in order to achieve the desired performance measurement results from PBP models.



## DATA SHARING WHITE PAPER DRAFT RECOMMENDATIONS

Data Sharing is foundational for the success of PBP models. Stakeholders, in particular payers and providers, must commit to sharing data required to create a comprehensive picture of their patient panels. As organizations adopt PBP models, there will be an increased willingness to share data helping to forge fundamentally new relationships and actions among providers, payers, purchasers and patients. The paper, to be released for public comment in May, will lay out a vision for the future and offer short term steps to address data sharing in PBP models.

Read the white papers at <https://hcp-lan.org/groups/work-products/>