CAQH CORE

CAQH CORE Value-based Payment (VBP) Webinar Series:

Attribution – Unlocking Value-based Purchasing's Full Potential, with the National Quality Forum

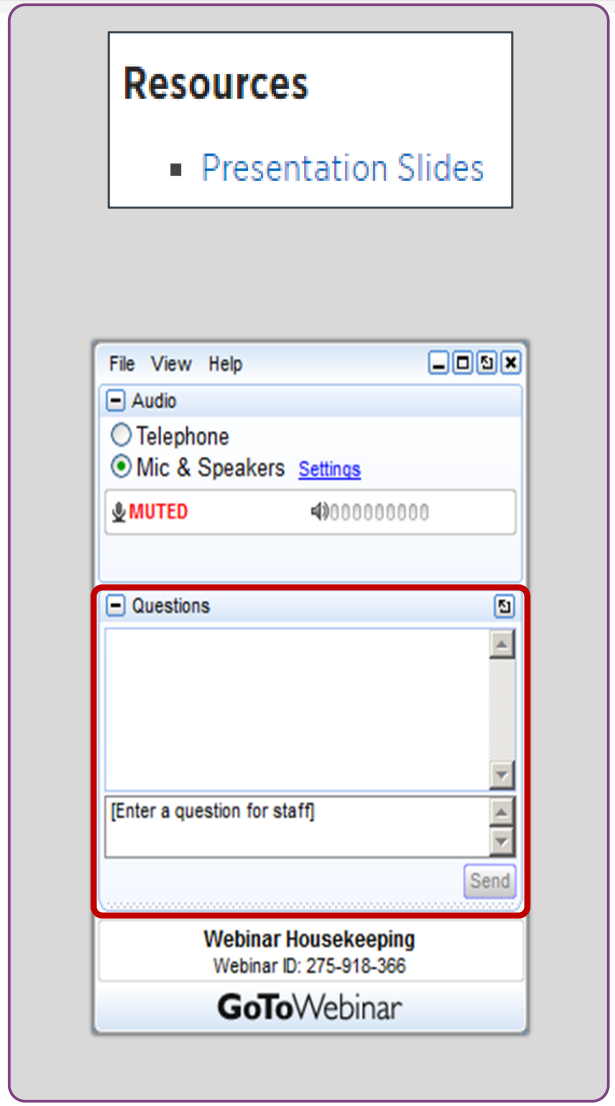
January 17, 2019

2:00 – 3:00 PM EST

Logistics

Presentation Slides and How to Participate in Today's Session

- **You can download the presentation slides at www.caqh.org/core/events after the webinar.**
- Click on the listing for today's event, then scroll to the bottom to find the Resources section for a PDF version of the presentation slides.
- A copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.
- Questions can be submitted ***at any time*** using the **Questions panel on the GoToWebinar dashboard.**



CAQH CORE

Session Outline

- Overview of CAQH CORE Value-based Payment Initiative
- Featured Presentation by National Quality Forum (NQF)
- Q&A

Overview of CAQH CORE Value-based Payment Initiative

Erin Weber
CAQH CORE Director

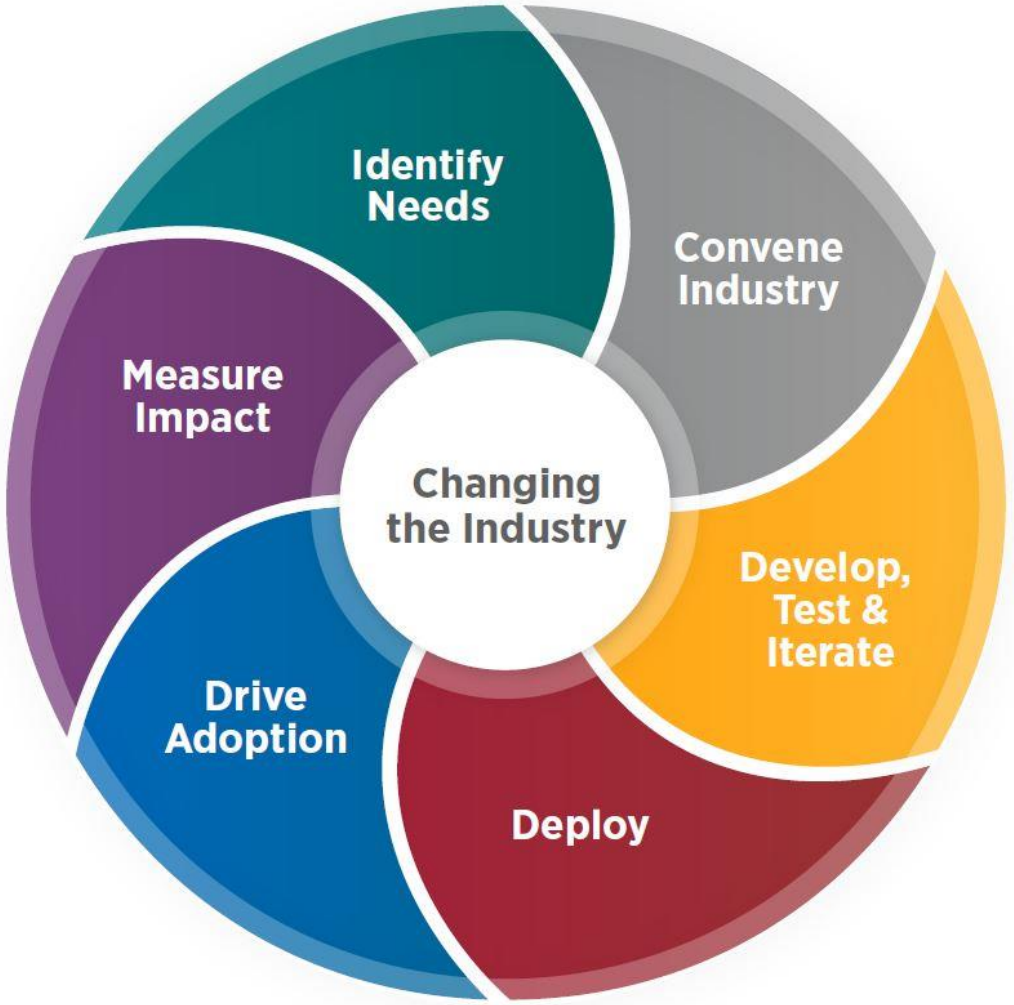
CAQH CORE Mission & Vision

MISSION Drive the creation and adoption of healthcare operating rules that **support standards**, **accelerate interoperability** and align administrative and clinical activities among providers, payers and consumers.

VISION An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

DESIGNATION **Named by Secretary of HHS to be national author for operating rules** mandated by Section 1104 of the Affordable Care Act.

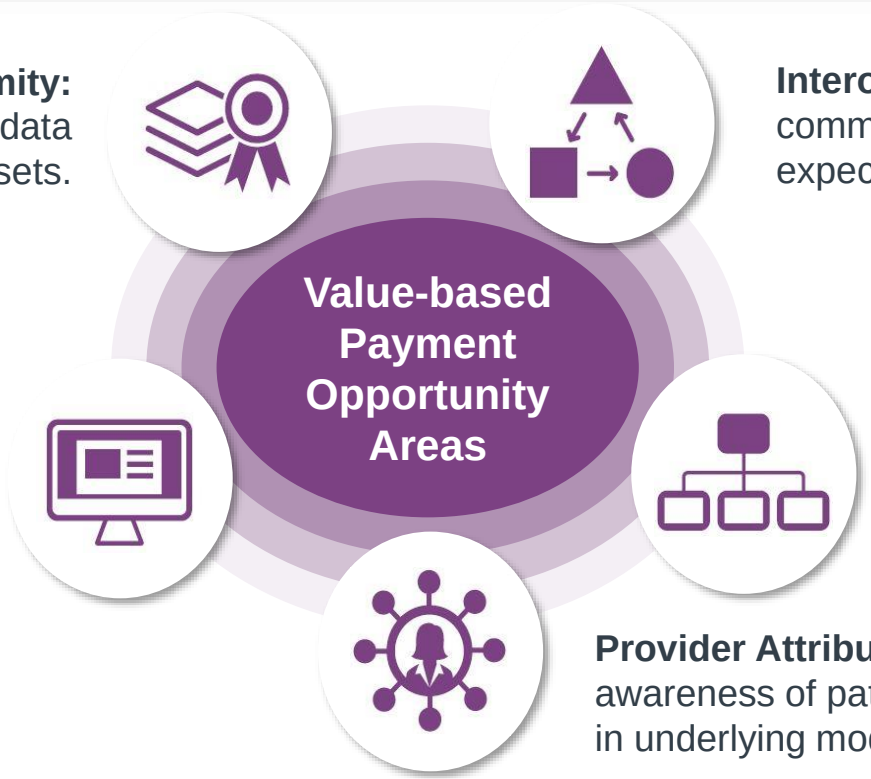
BOARD **Multi-stakeholder.** Members include health plans, providers (some of which are appointed by associations such as the AHA, AMA, MGMA), vendors, and government entities. Advisors to the Board include SDOs.



Streamlining Adoption of Value-Based Payments

Data Quality & Uniformity: Standardize identifiers, data elements, transactions and code sets.

Interoperability: Define common process and technical expectations.



Quality Measurement: Educate on need for consistent and actionable quality data while considering physician burden.

Patient Risk Stratification: Promote collaboration and transparency of risk stratification models.

Provider Attribution: Improve provider awareness of patient attribution and transparency in underlying models.

CAQH CORE Vision
A common infrastructure that drives adoption of value-based payment models by reducing administrative burden, improving information exchange and enhancing transparency.

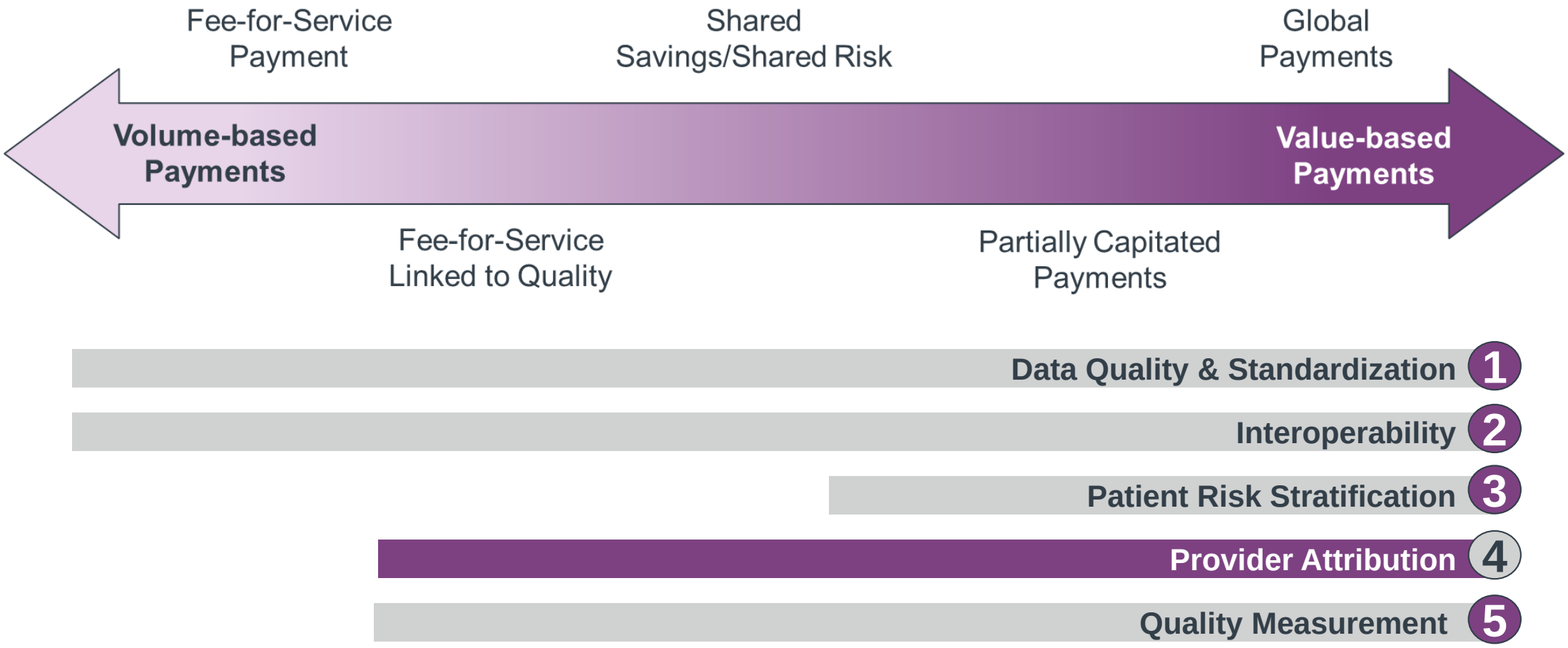
CAQH CORE Report
Identified five opportunity areas in the industry that could smooth the implementation of value-based payments.

Next Steps
CAQH CORE is launching an Advisory Group in February 2019 to guide the work effort.

CAQH CORE

Continuum of Value-based Payment Models

CAQH CORE Opportunity Areas Have Direct Impact



CAQH CORE

Value-based Payment Administrative Workflow

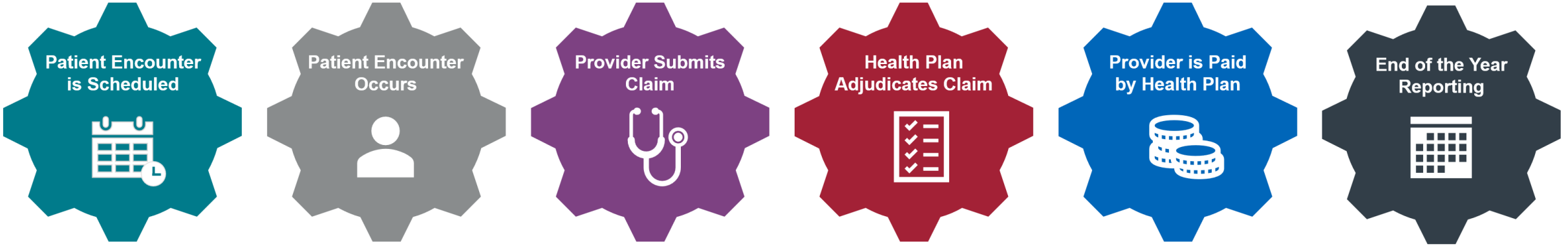
Examples of Challenges with Provider Attribution

Provider Attribution Challenge #1: Sharing Attribution Information

Even when patients are prospectively assigned, providers may not know that a patient belongs to their population until well after the patient encounter occurs.

Provider Attribution Challenge #2: Determining Attribution

While retrospectively assigning a patient to a provider may ensure an existing relationship, it can still be difficult to determine primary responsibility for a patient's health (e.g., a specialist who manages a patient's chronic condition versus their PCP).



Health plans may **prospectively** identify patients for attribution or **retrospectively** identify them through prior-year claims data.

Sample Use Case of Attribution in Value-based Payments

Fee-for-Service (FFS):
Providers need information on patient coverage in real time.

Technology Solution

Health plans offer and providers accept electronic eligibility, coverage, and benefit transactions in real time.

X12 270/271 Health Care Eligibility Benefit Inquiry/Response

Supporting Business Solution

CAQH CORE operating rules require submission and return of certain uniform data elements in real time for electronic eligibility, coverage, and benefit transactions.

CAQH CORE 260: Eligibility Data Content Rule

Value-based Payments (VBP):
Providers need to know patient coverage information and whether a patient is attributed to them prospectively.

Current Technology Solutions

Health plans create proprietary provider portals to provide population and member level attribution data content monthly/quarterly.

Provider Portals

Emerging API technology and data format requirements for certain coverage use cases.

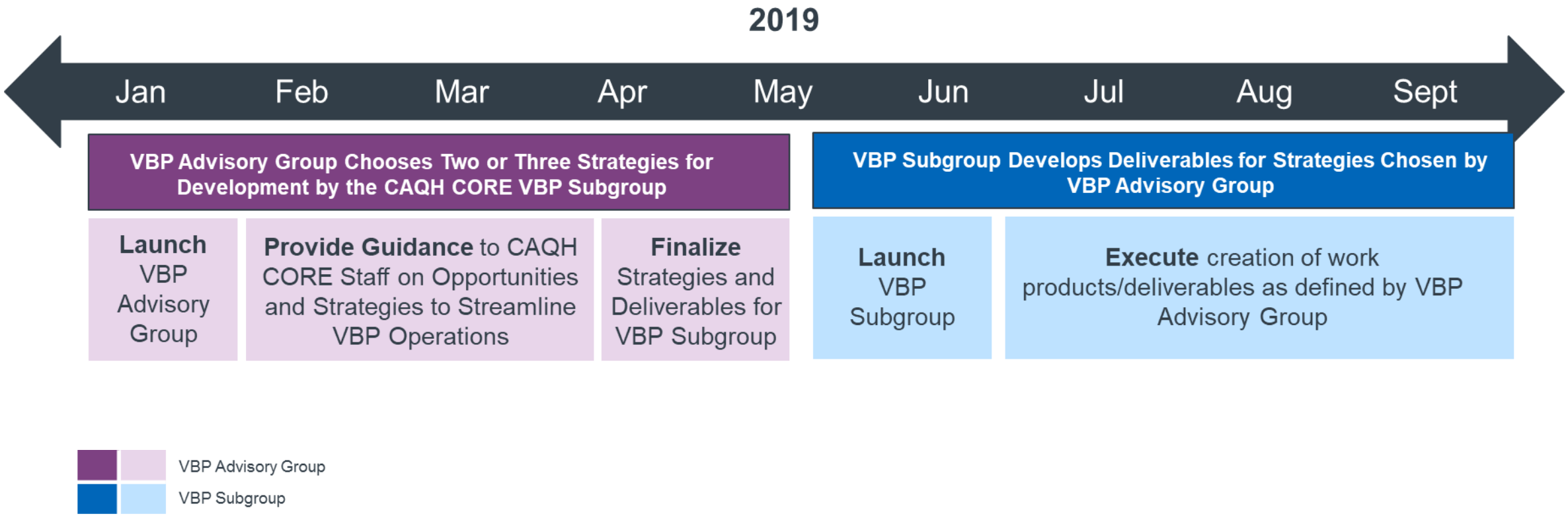
HL7 DaVinci Coverage Requirements Discovery Use Case

Potential Business Solution

CAQH CORE operating rules could prescribe a uniform use of the X12 270/271, X12 834, and/or HL7 FHIR Patient Resource Extension to define member level attribution data content in a specific VBP arrangement updated routinely or in real-time.

Next Steps for CAQH CORE Value-based Payment Initiative

The Value-based Payment Advisory Group will be a multi-stakeholder group composed of eleven CAQH CORE Participating Organizations including health plans, providers, vendors, government entities and advisors. Participants will identify and select specific strategies for CAQH CORE to pursue. In advance of Advisory Group launch, CAQH CORE is creating an inventory of health plan and provider VBP work flows and industry efforts to serve as guidance documents.



Polling Question #1

Does your organization attribute at the single provider level or team level?

- Individual provider only
- Team only
- Combination of individual and team
- Unsure
- Not applicable

NATIONAL QUALITY FORUM

Attribution: Unlocking Value Based Purchasing's Full Potential

January 17, 2018

Ashlie Wilbon, MS, MPH, FNP-C
Senior Director, National Quality Forum
awilbon@qualityforum.org

Agenda

- NQF Overview
- Current Landscape
- Attribution Overview
- Overview of NQF's Work on Attribution
- Key Take-aways
- Next Steps
- Q&A/Discussion

The National Quality Forum: A Unique Role

Established in 1999, NQF is a nonprofit, nonpartisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

Mission: To lead national collaboration to improve health and healthcare quality through measurement

How do we do this?

- Performance Measure Endorsement
- Guidance on Measure Selection
- Work in Measurement Science

Current Landscape

- Shifting focus to value-based purchasing (VBP) healthcare payment models, like Alternative Payment Models (APMs).
- Implementing pay for performance models requires knowing who can be held responsible for the results of the quality and efficiency measures used to judge performance.
- Many of these initiatives shift from focus from individual care episode to a population-based approach.
- Mechanisms of attribution may include:
  - *Program level*
  - *Measure level*
  - *Visit level (MACRA Relationship Categories and Codes-MIPS)*

HHS Payment Model Taxonomy

	Category 1 FFS; no link of payment to quality	Category 2 FFS ; link of payment to quality	Category 3 APMs built on FFS architecture	Category 4 Population-based payment
Description	Payment based on volume of services; no link to quality or efficiency	Payment varies based on quality or efficiency	Some payment linked to population or episode management. Payment triggered by delivery of service but opportunities for shared savings or risk	Volume not linked to payment. Providers are responsible for care of a beneficiary over time
Medicare Examples	Limited in Medicare FFS	HVBP PVBM HRRP HACRP	ACOs Medical homes Comprehensive Primary Care Initiative Comprehensive ERSD Model BCPI	Eligible Pioneer ACOs in years 3-5

Accountability Challenges in VBP/APMs

Pneumonia

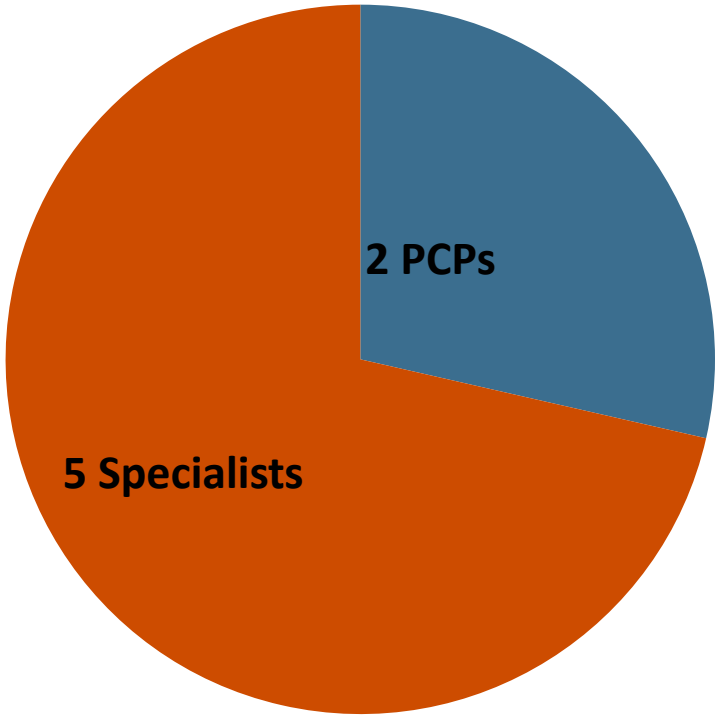
Preventive care

Hip replacement

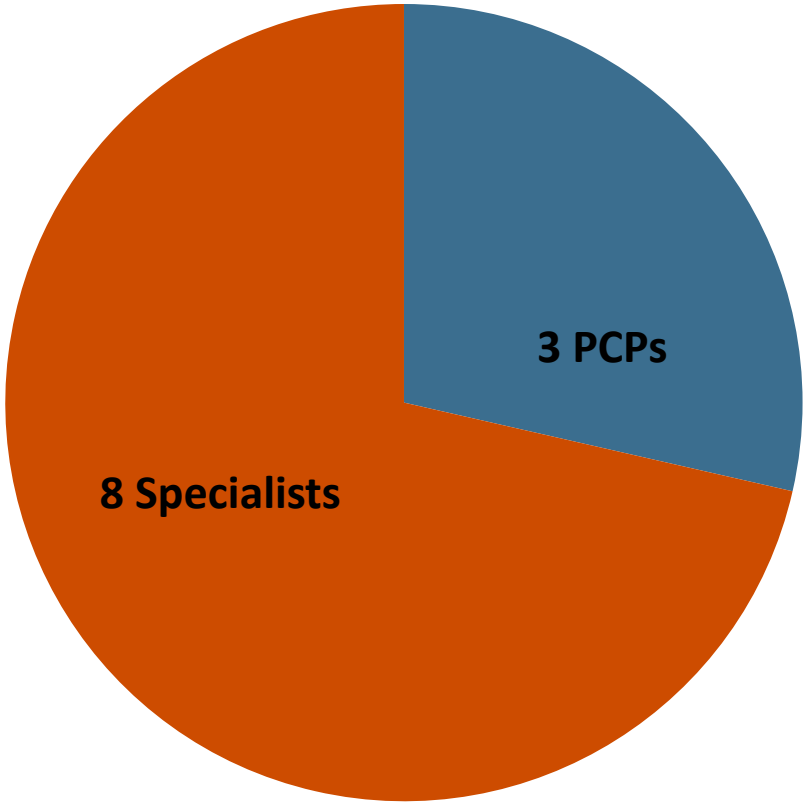
Mrs. Smith

Accountability Challenges in VBP/APMs

All Medicare Beneficiaries



Sickest Third of Medicare Beneficiaries



Pham, *NEJM, 2007*

What is Attribution?

Attribution is a methodology to assign patients, encounters, or episodes of care to a healthcare provider(s) or practitioner(s).

Value-Based Payment Depends on Accurate Measurement

- Successful implementation of VBP and APMs requires:
  - *Attention to the measures within a program.*
  - *Alignment of signals and responsibility.*
- Measure selection impacts:
  - *Meaningfulness of the results.*
  - *Alignment of specifications of measure elements such as, timeframe, measure population, and level of analysis.*
- Accurate attribution is essential to:
  - *Driving improvements in care.*
  - *Securing long-term buy-in from providers.*
  - *Facilitating the ability of these models to influence provider behavior.*

Why Does Attribution Matter?

- Attribution models help to identify a patient relationship that can be used to establish accountability for quality and cost.
- Fair and accurate attribution is essential to the success of VBP and APM as methods to lower the cost and raise the quality of healthcare in the United States.
- There is a need to better understand how patient outcomes and costs can be accurately attributed in a system increasingly built on shared accountability.

Concerns Have Risen as Stakes have Gotten Higher

- Little consistency in attribution models across programs or payers.
- Lack of transparency for physicians and patients.
- Many models use retroactive attribution.
- Questions over what is a provider's locus of control as we shift to population based models and outcome measures.
- Research shows that the attribution model chosen can impact a provider's results, often significantly.

NQF's Attribution Work to Date

- Phase 1:
  - *Triggered by challenges arising in endorsement of quality measures.*
  - *Foundational for understanding the concept of attribution and current landscape.*
- Phase 2:
  - *Building on work of Phase 1.*
  - *Focused on key challenges identified in the first effort.*
  - *Intended to provide practical guidance for selecting attribution approaches.*

Phase 1 Report: http://www.qualityforum.org/Publications/2016/12/Attribution_-_Principles_and_Approaches.aspx
Phase 2 Report: http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=88153

Summary of NQF Work- Phase 1

In 2017, NQF released an attribution report which:

- Identified elements of an attribution model.
  - *Explored strengths and weaknesses.*
- Identified key challenges in attribution.
- Developed a set of guiding principles.
- Identified recommendations for developing, selecting, and implementing an attribution model.
  - *Attribution Selection Guide.*

Key Findings and Challenges

- Best practices have not yet been determined.
- No standard definition for an attribution model.
- Lack of standardization across models limits ability to evaluate.
  - *163 models in use or proposed for use.*
    - 17% currently in use.
    - 89% use retrospective attribution.
    - 77% attribute to a single provider, mainly a physician.
- Little consistency across models.
- Evidence that changing the attribution rules can alter results.
- Lack of transparency on how results are attributed and no way to appeal the results of an attribution model that may wrongly assign responsibility.

Various Approaches in Use

- Most Visits (Plurality) vs. Majority of Visits
- Prospective vs. Retrospective
- Single Provider vs. Multiple Providers
  - *Team-based attribution.*
  - *Assign accountability evenly across multiple providers.*
  - *Dividing costs across providers based on billed services.*
- Patient Attestation
- Assignment to Established Provider Units
  - *Practices*
  - *Hospitals*
  - *ACO's*

Guiding Principles

1. Attribution models should fairly and accurately assign accountability.
2. Attribution models are an essential part of measure development, implementation, and policy and program design.
3. Considered choices among available data are fundamental in the design of an attribution model.
4. Attribution models should be regularly reviewed and updated.
5. Attribution models should be transparent and consistently applied.
6. Attribution models should align with the stated goals and purpose of the program.

The Attribution Model Selection Guide

What is the context and goal of the accountability program?	• What are the desired outcomes and results of the program? • Is the program aspirational? • Is the program evidence-based? • What is the accountability mechanism of the program? • Which entities will participate and act under the accountability program?
How do the measures relate to the context in which they are being used?	• What are the patient inclusion/exclusion criteria? • Does the model attribute enough individuals to draw fair conclusions?
Who are the entities receiving attribution?	• Which units are eligible for the attribution model? • Can the accountable unit meaningfully influence the outcomes? • Do the entities have sufficient sample size to meaningfully aggregate measure results? • Are there multiples units to which the attribution model will be applied?
How is the attribution performed?	• What data are used? Do all parties have access to the data? • What are the services that drive assignment? Does the use of those services assign responsibility to the correct accountable unit? • What are the details of the algorithm used to assign responsibility? • Has the reliability of the model been tested using multiple methodologies? • What is the timing of the attribution computation?

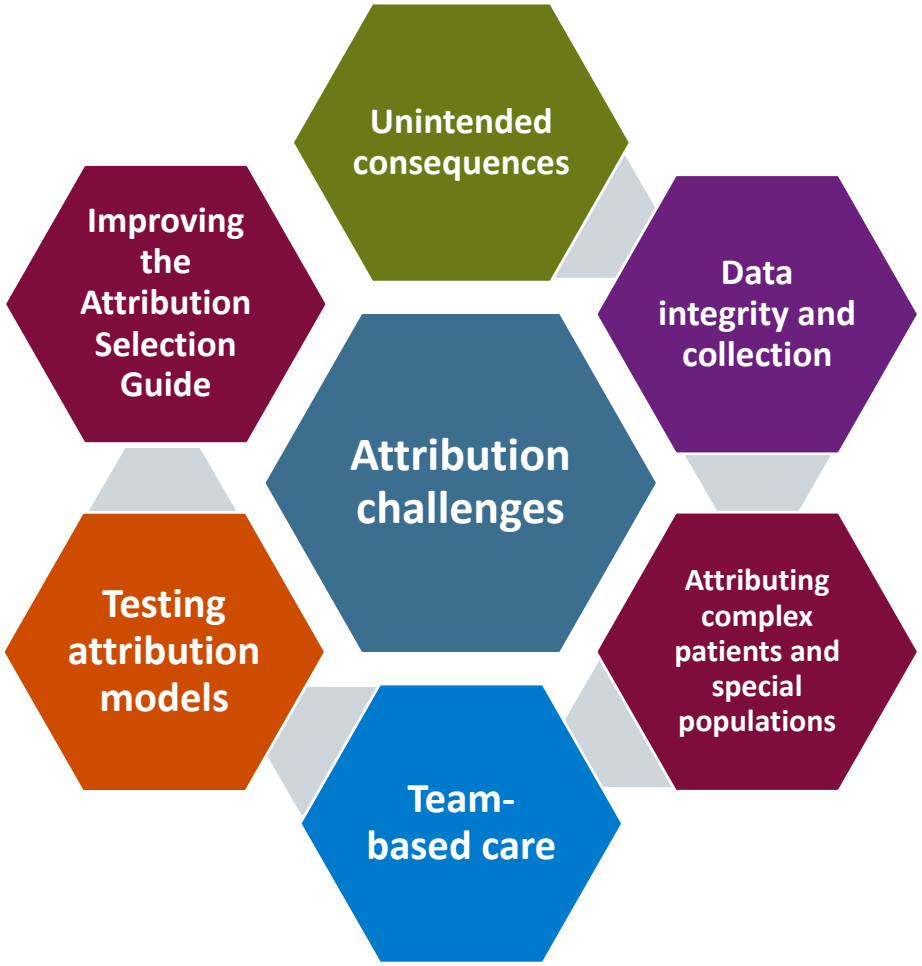
Recommendations

1. Use the Attribution Model Selection Guide to evaluate the factors to consider in the choice of an attribution model.
2. Attribution models should be tested.
3. Attribution models should be subject to multistakeholder review.
4. Attribution models should attribute results to entities who can influence care and outcomes.
5. Attribution models used in mandatory public reporting or payment programs should meet minimum criteria.

Summary of NQF Work- Phase 2

- In 2018, NQF released its second report on attribution with goals of:
  - *Contributing to the development and dissemination of best practices for attribution.*
  - *Offering key considerations for evaluating attribution models.*
  - *Exploring attribution challenges identified in Phase 1.*
  - *Informing quality reporting and value-based payment models in both the public and private sectors.*

Attribution Challenges

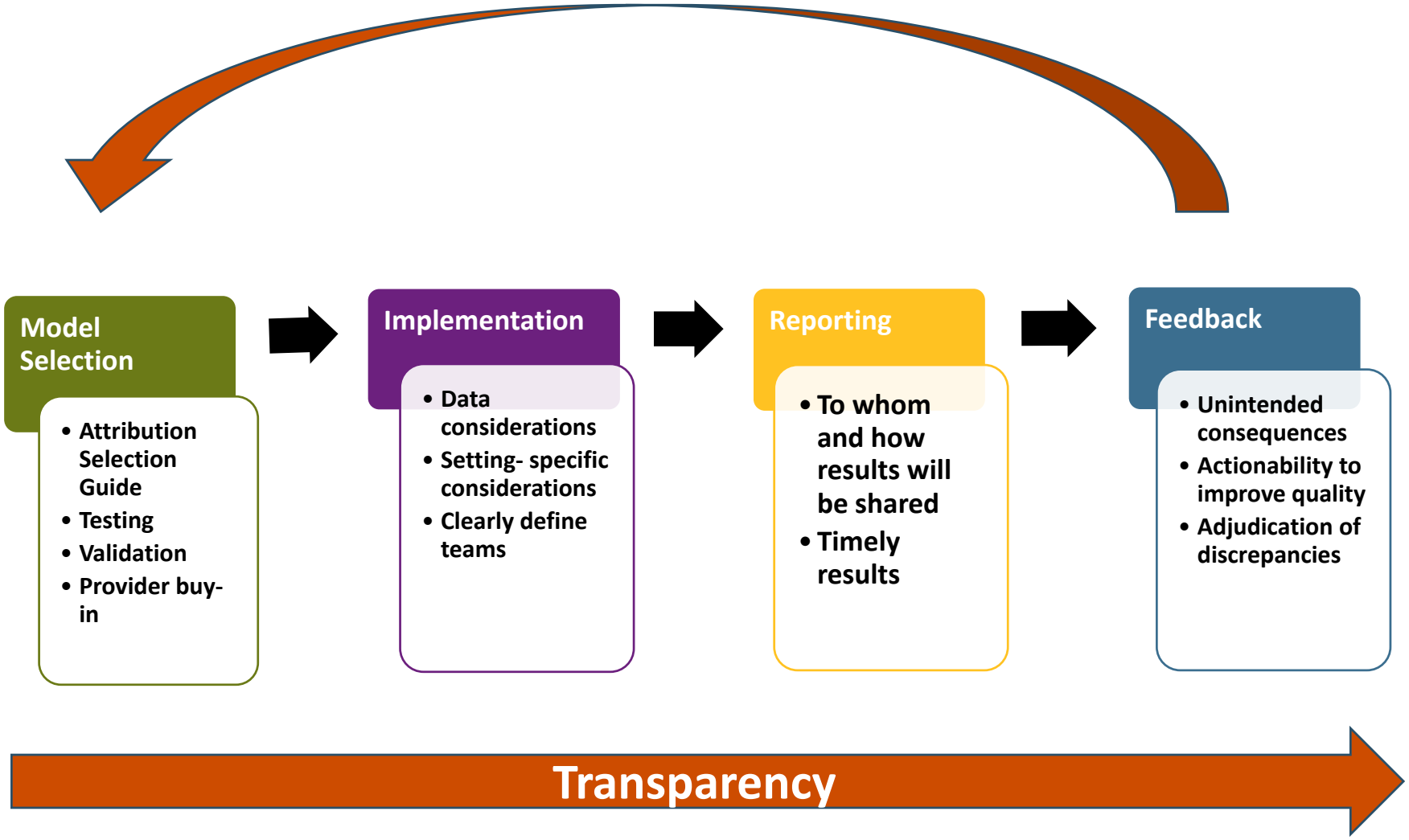


Summary of Findings

Evaluation Considerations:

1. Assignment of accountability to entity(s) that can meaningfully influence results.
2. Model testing.
3. Data used to support the model.
4. Alignment of attribution model with context of its use.
5. Mitigation of unintended consequences.
6. Transparency to stakeholders.

Key Take-aways



Next Steps

- Promote the use of the attribution selection guide.
- Ongoing solicitation of input on the attribution selection guide and implementation of recommendations to improve it.
- Future work using data to better understand and compare measure results and provider performance using different attribution models.
- Future work to support more directive guidance on the selection of attribution models.

Questions for Discussion

- What challenges do audience members face when it comes to attribution?
- What are some successful examples of how attribution has been transparent to those being measured and other stakeholders?
- What are some of the challenges you have encountered with attribution based on health-plan assignments, claims, EMR data, or patient attestation?
- How do you/your organization determine the “best” model for attribution? What is the process your organization used to identify the model(s) it uses?
- When is it appropriate for attribution to reflect current or direct locus of control versus an aspirational approach intended to drive coordination or changes in practice?
- What are some of the challenges you have encountered with shared attribution involving multiple providers for complex patients?

Polling Question #2

Are providers involved in the development or selection of the attribution models that attribute to them at your organization?

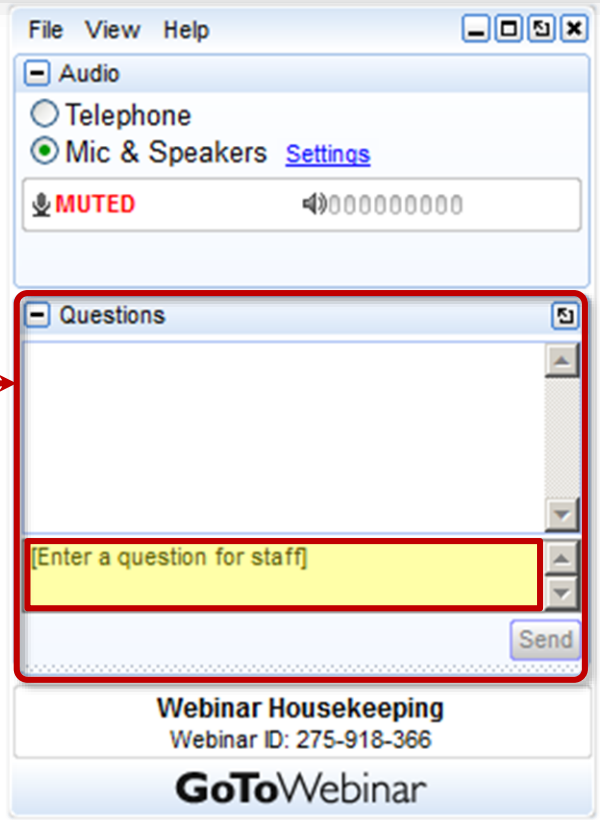
- Always
- Most of the time
- Sometimes
- Never
- Unsure or not applicable

Audience Q&A

Please submit your questions

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

You can also submit questions at any time to CORE@caqh.org



Download a copy of today’s presentation slides at caqh.org/core/events

- Navigate to the Resources section for today’s event to find a PDF version of today’s presentation slides.
- Also, a copy of the slides and the webinar recording will be emailed to all attendees and registrants in the next 1-2 business days.

Resources

- Presentation Slides

CAQH CORE

Thank you for joining us!

@CAQH

Website: www.CAQH.org/CORE

Email: CORE@CAQH.org

The CAQH CORE Mission

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability and align administrative and clinical activities among providers, payers and consumers.