

Attribution: Principles and Approaches Project

CSAC Update

July 13-14, 2016

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What is Attribution?

- Methodology used to assign patients and their quality outcomes to organizations or providers
- Attribution of what or who? To whom? Why?
 - Of overall quality of care, different parts of care, outcomes, patients/consumers, or episodes of care
 - To individual, groups of providers, or other entities
 - To identify a patient-provider relationship on which to establish accountability

Project Purpose

- Taking into account trend toward providing care in shared accountability structures, provide multistakeholder guidance to the field on approaches to the attribution issue
 - Identify key challenges in attributing healthcare services
 - Develop a set of guiding principles
 - Explore strengths and weaknesses of attribution approaches currently in use
 - Provide guidance across measure development, endorsement, selection, and use

Project Activities and Timeline



June 14 and 15 In-Person Meeting

- Understand attribution challenges from NQF and CMS
- Explore attribution challenges through case studies:
 - » Measurement lens
 - » Program and population health lens
 - » Patient-centered, clinical lens
- Develop an initial set of guiding principles to address challenges
- Discuss and provide feedback on the environmental scan

Environmental Scan Highlights

Models categorized by:

- Program stage
- Type of provider attributed
- Timing
- Clinical circumstances
- Payer/programmatic circumstances
- Exclusivity of attribution
- Measure used to make attribution
- Minimum requirement to make attribution
- Period of time for which provider is responsible

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

- Provide broad guidance on attribution
- Baseline set of agreement on which to build recommendations
- Preamble highlights the importance of attribution, and that there is no gold standard for designing or selecting an attribution model
- Six draft principles currently being refined before public comment

 A primary goal of attribution is to identify patient/provider relationships needed to assign accountability to a provider or set of providers for the care delivered to a patient, in order to advance the goals of the National Quality Strategy: better care, healthy people/communities, and smarter spending.

 Attribution is an essential part of measure development, implementation, and policy and program design.

Attribution requires transparency about the goals, the rationale for why the attribution model was selected, and consideration of the intended and unintended consequences to all stakeholders (patients, providers, payers) that might arise when the model is implemented.

 Attribution models are not static and may evolve over time as data availability and quality, health system goals, and the evidence-base for attribution models evolve.

 Available data and data quality are fundamental to designing an attribution model.

 Simplicity and consistency of attribution models are the ideal state.

Project Next Steps

- Public Comment Period #1 (July 15-August 15)
 - Draft Guiding Principles & Environmental Scan
- In-person meeting August 30-31
 - Develop framework for evaluating attribution models
 - Develop recommendations
- Public Comment Period #2 (September 30-October 31)
 - Committee's Report
 - » What is Attribution? What are the Challenges? Why does Attribution Matter?
 - » Guiding Principles and Recommendations

Upcoming Milestones

| Milestone | Date/Time |
|--------------------------|--|
| Draft Environmental Scan | July 15, 2016 |
| In-Person Meeting #2 | August 30, 2016, 8:30am-5pm ET August 31, 2016, 8:30am-5pm ET |
| Web Meeting #4 | September 9, 2016, 2-4pm ET |
| Draft Report | September 30, 2016 |
| Web Meeting #5 | November 15, 2016, 12-2pm ET |
| Final Report | December 21, 2016 |

Guidance from CSAC

- Does the CSAC have any guidance on the draft principles?
- Does the CSAC have any guidance for the Committee as it develops its framework for evaluating attribution models?
- Does the CSAC have any guidance for the Committee as it develops its recommendations?