



## Task Order 19: Attribution: Principles & Approaches 2015-2016 Committee Orientation Meeting Summary for February 25, 2016

*A recording of the meeting is available here:*

<http://eventcenter.commpartners.com/se/Meetings/Playback.aspx?meeting.id=813159>

### Welcome and Introductions

- Erin O'Rourke, Senior Director, welcomed everyone to the meeting and provided a brief introduction to the importance of the Attribution project and timing of this work.
- The NQF Project Team and Committee members introduced themselves.

### Overview of the National Quality Forum (NQF)

- Erin O'Rourke provided an overview of NQF, the measure endorsement process, the Measure Applications Partnership (MAP), National Quality Partners and NQF's consensus building work in measurement science.

### Overview of Roles & Project Approach

- Kim Ibarra, Project Manager, summarized the roles of the Committee, co-chairs, NQF project staff, commissioned authors and multistakeholders. Kim also provided the Committee with an overview of the project purpose and objectives, commissioned environmental scan, key project activities, timeline, and meeting dates moving forward.
- Kim asked the Committee for considerations to share with the commissioned authors as they begin to plan the environmental scan. The Committee agreed on several points:
  - CMS can provide a perspective of goals, limitations, what has been tried in the past, and what may not be feasible from an implementation perspective;
  - Explore private and public attribution methodologies and determine if and how one methodology could be used for both sectors, or what approaches are appropriate in particular use cases or programs, recognizing the administrative burden of data reporting of clinicians working in multiple systems;
  - Take into account the degree of the fragmentation of care in the attribution models;
  - Identify how to identify attribution inaccuracies and make corrections
  - Include the consumer point of view, including how to engage them in their attribution to help them seek care from the right place
  - Include the timing and timeliness, geographic context (i.e., rural vs. urban patients), criteria for provider and beneficiary eligibility, services and delivery sites drive attribution
- In response to Committee member questions, the NQF Project Team clarified:
  - The environmental scan will explore attribution of patients to individual physicians, groups, health plans, and ACOs, and the scenarios or cases where it most appropriate to attribute to that particular entity, under what conditions are different approaches appropriate;
  - The scan will include what models are currently in practice, theories put forth in the literature, but the Committee is not being limited to what's been done, if the Committee wants to develop a new model and put that forward, it's on the table; and



- A high level outline of the plan for the environmental scan will be presented at the March web meeting, and the Committee will have a conversation with authors on what areas and issues to explore further.

## Key Definitions and Concepts

- Erin O'Rourke described key concepts, working definitions, and illustrative examples of attribution approaches, care delivery models, and payment models for the project.
- The Committee offered suggestions about the key definitions:
  - It may be helpful to define attribution by what it is not, for example what are the similarities and differences with terms: allocation, assignment, and aggregation;
  - The attribution definition seems to suggest an algorithm, but it needs to capture why we attribute – to identify a patient-provider relationship on which we can establish accountability;
  - Further define quality within the definition of attribution to encompass the Triple Aim;
  - There are multiple ways to think about attribution: of the overall quality of care, of different parts of a patient's care (e.g., one provider is responsible for all diabetes care), of the outcome for quality measurement;
  - From a measure perspective, take into account the clinical context and environment, and what makes sense for particular contexts. The measure perspective is as important as the member-to-plan or member-to-risk sharing agreement attribution questions;
  - Use clinician-neutral language; and
  - Include individual physician practices, non-physician providers, post-acute care and delivery networks under examples of care delivery models.
- Ashlie Wilbon, Senior Director, and Taroon Amin, Consultant, added considerations for the Committee's work ahead:
  - Think about the episode grouper approach – which is how to decide where care goes for specific conditions and explore how using an episode grouper impacts attribution, and where it is feasible and useful to apply this approach
  - Attribution and how it is defined can be through multiple different contexts: population level or condition level, across different underlying care delivery models, and appropriateness and strength or weaknesses in different contexts, program design elements;
  - In the first phase of this project, we may develop a matrix to understand the various elements that we would look at for the attribution models, and the strengths and weakness as the models are applied in various care delivery models, payment models, and using different program design elements.

## Evolving Policy Landscape, Current Challenges, Potential Impact

- Erin O'Rourke reviewed the evolving policy landscape including the Affordable Care Act, IMPACT Act, and MACRA which have expanded value-based purchasing across the healthcare continuum.
- Erin also reviewed potential challenges to attribution including a lack of clarity in which attribution approaches are appropriate for use in different care delivery models or payment models and the impact of small numbers of patients in provider profiles on reliability.
- The contributions of this work include a landscape analysis summarizing current and theoretical approaches to attribution and a set of principles for selecting an attribution approach. In



addition, this work will have an impact on the NQF endorsement and selection process, and will provide guidance to the Department of Health and Human Services (HHS) on future policy.

- Erin asked the Committee whether there were other challenges to note for the project.
  - One Committee member noted the broad range of topics and areas included in this project, from thinking about the Hospital Readmissions Reduction Program (HRRP) and the appropriate timeframe for attributing a readmission to a hospital to attribution for chronic disease outcomes in an ACO setting, and asked whether there was a specific focus or priority for the Committee to think about.
  - Taroon clarified that some of these questions would be addressed through the discussion on the outline of the environmental scan, and offered that the scope of the project may be narrowed by applying two perspectives:
    - The work of MAP gives the Committee an opportunity to look at each of the public programs, in addition to what is happening in the private sector, and have a discussion around what the structure of these programs implies in terms of the need for attribution approaches for applying quality measures. For example, what are the implications of the HRRP program design on the measures and the application of the measures within the program.
    - Care delivery design and payment models are emerging, not just reporting programs. As we try to incentivize these models, what are the various attribution approaches to help advance their objectives? There likely will not be detailed debates on time periods for specific outcomes of interest within the range of programs identified, but rather how do the various program designs and goals of payment models and care delivery models to understand attribution approaches.
  - Ashlie added that the development of principles will give the Committee an opportunity to discuss how you would select an attribution model and which elements to include, for example, there may be a principle that provides guidance on how to appropriately determine a timeframe given a particular situation, without having to delve into every example in every unique practice, system, and model.
  - Another Committee member suggested starting from a core set of principles, strategies, measures, or ideas that apply to every situation that we can all agree on and then to identify what the variations are and how to stratify or categorize the variation.

### Next Steps

- The next meeting is on March 29, 2016 at 12:00PM (EST) to review and discuss the outline for the environmental scan and identify key resources.
  - NQF welcomes additional input from the Committee including relevant references to share, particularly grey literature in the private sector.
  - Donna Herring, Project Analyst, demonstrated how to access and navigate the Committee SharePoint site, where resources and meeting materials will be posted.

### Public Comment

- There were no public comments.

### Adjourn

- Erin O'Rourke concluded the meeting by thanking Committee members for participating.