NATIONAL QUALITY FORUM

Attribution: Principles and Approaches

NQF has convened a multi-stakeholder committee to provide guidance on the development and implementation of attribution models. As a first step, the Committee agreed on a set of core principles to ground its recommendations. These principles represent a baseline agreement on key issues that must be considered in making recommendations. The Committee will meet again in August to develop recommendations; these principles will serve as guidance for those recommendations.

Draft Core Principles

The Committee drafted a set of principles to provide broad guidance to the field on the issue of attribution and upon which their future recommendations will be based. These principles recognize the complex, multidimensional challenges to understanding and implementing attribution models, which can change depending on their purpose and the data available. The Committee's discussion highlighted there is no gold standard for designing or selecting an attribution model, therefore when assessing potential approaches, it is important to understand the goals of attribution in each specific use case. The purpose of the attribution approach should be balanced with attention to actionability, accuracy, and fairness recognizing that how measures and outcomes are attributed can significantly impact measure reliability, validity, measure or program score results, and payment in many cases.

Principle 1: A goal of attribution is to identify patient/provider relationships and drive towards accountability while advancing the goals of the National Quality Strategy: better care, healthy people/communities, and smarter spending.

The Committee recognized the importance of a trusted patient/provider relationship. However, for purposes of measurement and payment it can be challenging to determine that relationship, particularly for outcomes where multiple providers may share responsibility. Attribution is a proxy for determining relationships between patients and providers. Attribution models are a tool to help determine accountability for a patient's care and to help drive improvement.

Principle 2: Attribution is an essential part of measure specification and policy and program design.

The Committee stressed the impact that the attribution model used can have on a performance measure and how it can affect the results of that measure when it is used in an accountability program. The Committee recognized that the attribution model used should be a primary consideration of both measure developers and program implementers.

Principle 3: Attribution requires transparency about the goals, the rationale for why the attribution model was selected, and consideration of consequences that might arise as providers respond to the attribution method.

The Committee acknowledged that performance measurement and value-based purchasing are mechanisms to drive change and improvement in the healthcare system. However, the Committee stressed that transparency is essential to accurate and fair attribution.

Principle 4: Attribution rules are not static and should evolve over time as data availability and health system goals evolve.

The Committee acknowledged that care delivery systems and the data available are constantly evolving and that attribution rules should be revisited to ensure they are up to date.

Principle 5: Available data and data quality are fundamental to deciding on an attribution model.

Patient and provider attestation may be the fairest way to determine attribution. However, the Committee recognized the numerous challenges to this method and that use of other data such as claims may be necessary.

Principle 6: Simplicity and consistency of attribution rules are the ideal state; however, flexibility is needed to align the attribution model and the use case.

The Committee recognized that attribution models may not provide needed clarity on the patients who are assigned to providers for accountability making it challenging to understand the results of the model, particularly when different programs may use different models. However, the Committee recognized that appropriate attribution may vary by the reason for measurement and that flexibility is necessary.

Potential recommendations (Parking lot for August)

- Measures and programs should be evaluated and compared with more than one attribution approach to ensure [equity], accuracy and fairness, and judge the adequacy of the model.
- To drive the system forward, it is necessary to challenge current norms of attribution including a tendency to identify a single clinician or provider (vs. assigning to multiple providers).
- When developing an attribution model it is critical to consider the locus of control for the outcome, who is most likely going to act / react, given your goals
- Test and update the approach versus change over time). [Attribution models, will by necessity need to be revisited over time]
- Attribution methods have often been equated with claims-based mechanisms, however, consider attribution can come from many other sources (e.g., EHR data) as data quality and systems evolve.
- Providers should have an opportunity to review their panels for errors