# Attribution: Principles and Approaches

*Committee In-Person Meeting*

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Kim Ibarra
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*June 14-15, 2016*

NATIONAL QUALITY FORUM

# Welcome and Introductions

- Housekeeping Items
  - Restrooms
  - Name Tents
  - Microphone Use
  - Cell phone use
  - Breaks

# NQF Project Team

- Ashlie Wilbon, Senior Director
- Erin O'Rourke, Senior Director
- Kim Ibarra, Project Manager
- Donna Herring, Project Analyst
- Taroon Amin, Consultant

# Committee Member Introductions and Disclosures of Interest

# Committee Members

- **Ateev Mehrotra, MD, MPH (co-chair)**
- **Carol Raphael (co-chair)**
- Michael Barr, MD, MBA, MACP
- Jenny Beam, MS
- Jill Berger, MAS
- Anne Deutsch, PhD, RN, CRRN
- Elizabeth Drye, MD, SM
- Troy Fiesinger, MD
- Charles Hawley, MA
- Ari Houser
- Keith Kocher, MD, MPH, MPhil
- Robert Kropp, MD, MBA, MACP
- Danielle Lloyd, MPH
- Edison Machado, MD, MBA
- Ira Moscovice, PhD
- Jennifer Nowak, RN, MSN
- Jennifer Perloff, PhD
- Brandon Pope, PhD
- Laurel Radwin, PhD, RN
- Jack Resneck, MD
- Michael Samuhel, PhD
- Robert Schmitt, FACHE, FHFMA, MBA, CPA
- Nathan Spell, MD
- Srinivas Sridhara, PhD, MS
- Bharat Sutariya, MD, FACEP
- L. Daniel Muldoon **(Federal Liaison)**

# Project Overview and Meeting Objectives

# Project Purpose

- **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

# Meeting Structure – June 14 & 15

**Day 1:**

- Understand the attribution challenges from NQF and CMS perspectives
- Explore attribution challenges through case studies
- Develop an initial set of guiding principles to address challenges

**Day 2:**

- Discuss and provide feedback on the environmental scan
- Discuss strengths and weakness of identified approaches

# Grounding the Discussion

- (3) Case study break out groups
  - Explore attribution challenges from different perspectives:
    - Measurement lens
    - Program and population health lens
    - Patient-centered, clinical  lens

# Meeting Objectives – August 30 & 31

- Review public and NQF member comments on the draft paper and environmental scan
- Use the June meeting products (e.g., principles and criteria for assessing the merits of attribution approaches) to:
  - Identify models in use that adhere to the principles
  - Examine how to modify current models for use in different care delivery and payment models
  - Explore threats to reliability and validity of the models in the context of CMS applications
  - Provide guidance to NQF on the consideration or evaluation of attribution in measure endorsement and selection
    - Impact on the evaluation of reliability and validity criteria

# Exploring Attribution Challenges

# Attribution Challenges in NQF Work

- Measure and program-level challenges
  - Consensus Development Process
    - » Risk adjustment using socioeconomic and demographic factors
  - Measure Applications Partnership

# Attribution Challenges in NQF Work

- Consensus Development Process
  - Endorsement of measures across 20+ topic areas
  - Expert committees evaluate measures using NQF evaluation criteria
    - Importance to measure and report
    - ***Scientific Acceptability of Measure Properties (Reliability & Validity)***
    - Usability and Feasibility
  - Measurement topics with greatest challenges
    - Cost and resource use measures
    - Readmission measures
    - Population health measures

# Attribution Challenges in NQF Work

- Key Issues
  - Locus of control
    - » Lack of control over patient outcomes and services due to system barriers , lack of infrastructure, and inefficiencies
  - Appropriateness of selected accountable entity in care delivery systems with shared accountability
  - Measurement time period for which accountable entity is responsible

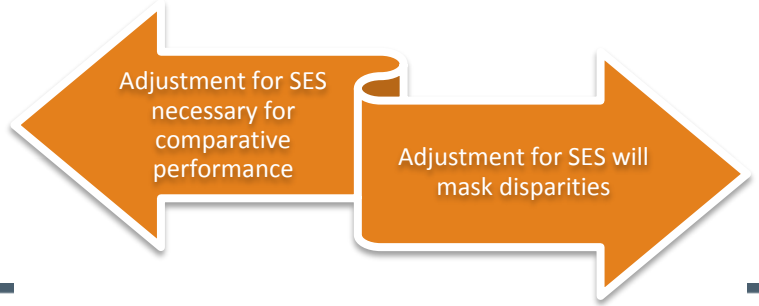
# Attribution Challenges in NQF Work

- In 2015, NQF initiated a trial period for accepting risk-adjusted measures that include socioeconomic and other demographic factors in the risk model
  - Evaluating the impact of inclusion (or exclusion) of SES and other demographics in risk adjustment
- Measure properties that impact comparability may negatively impact providers who

  care for and are attributed

  patient panels with greater

  SES/SDS challenges



# Attribution Challenges in NQF Work

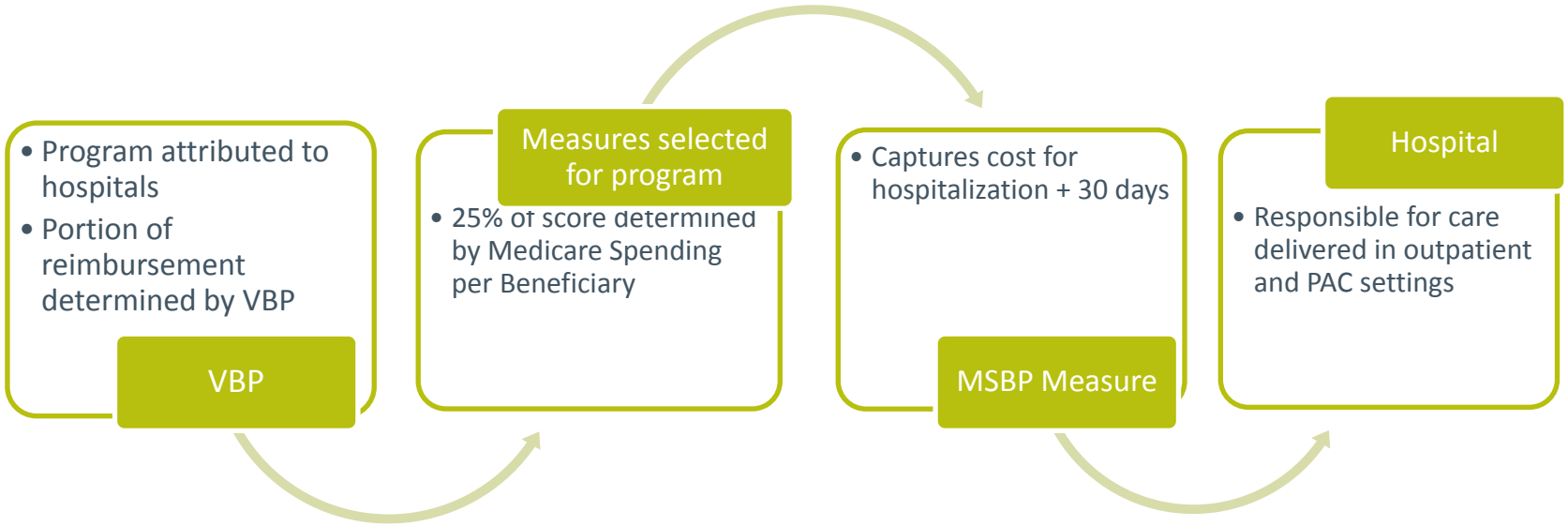
**Measure Application Partnership**

- Provides input to CMS on the selection of measures for specific federal public reporting and payment programs
  - Pre-Rulemaking is the annual process to provide this input
- (4) Multi-stakeholder workgroups and (1) oversight Committee
  - (3) Workgroups focus on CMS programs associated with Clinicians, Hospitals, and Post-Acute and Long-Term Care Settings
  - (1) Workgroup provides input on special consideration for dual eligible beneficiaries

# Attribution Challenges in NQF Work

- Key Issues
  - Application of measures in programs does not always align with level of analysis or attribution approach specified in the measure
  - Measures are being used in payment programs that attribute outcomes to providers that are outside their direct locus of control (e.g. readmission rates, costs, and population health)

# Attribution Challenges in NQF Work



# Exploring Attribution Methods and Challenges from the CMS Perspective

- Overview and discussion of CMS attribution approaches
- Challenges and measurement science limitations identified
- Goals and needs for guidance on attribution

# Attribution:
# A Quality Measurement Perspective

*Sophia Chan, PhD, MPH*
*CMS Center for Clinical Standards & Quality*

# Attribution matters because health care is team work

- Care delivery and improvement is team work.
  - Triple Aim (2008), Quality Improvement Organizations 11th Scope of Work (2014), IMPACT Act (2014), Medicaid Innovation Acceleration Program (2014), MACRA (2014), CMS Quality Strategy (2016)
    - Emphasis on patient-centeredness and care coordination.
    - Reduction in all-cause adverse events and all-cause potentially preventable admissions/readmissions.
    - Integration of behavioral and physical care.
    - Integration of individuals with long-term care needs into the community.

# CMS is capturing the 'big picture' of health care quality in rulemaking

- Measures under consideration for rulemaking used to focus on narrow clinical topics, but are moving toward the 'big picture' of quality of care.
- Need for strategic, cross-cutting measurement as part of the drive toward parsimony of measurement.
- Population health interventions often funded and implemented by multiple federal programs.

- *MAP Hospital Work Group Final Recommendation (February 2016)*

# Attribution encourages shared accountability

- MAP Report on the Challenges of Cross-cutting Measures (March 2016):
  - Increasing emphasis on outcome measures gives rise to issue of attribution.
  - Attribution:
    - Encourage providers to take a greater role and be accountable for quality of care.
    - Encourage providers across the care spectrum to work together while acknowledging that any individual provider may not able to control or influence all the factors impacting health outcomes.

# Determining attribution for Quality Measurement: Challenges

- Use (dis)incentives to engage providers - How to reward the right provider(s) when patients are 'touched' by multiple providers?
- Effort to identify upstream strategies: Relationship among attributes not well understood
  - Hospitals' organizational characteristics, physicians' financial incentives, and provider behaviors.
  - SES, race/ethnicity, community attributes, co-morbidities, and the association among these factors.
  - Weak association between process measures (e.g. care delivery behaviors) and outcome measures (e.g. mortality, readmissions, complications, adverse events).

# Determining attribution for Quality Measurement: More challenges

- How to attribute health outcomes to health providers/plans/payment models over time?
- How to attribute outcomes to a model/program in the presence of co-occurring quality improvement initiatives or value-based payment programs?
- How to make accurate attribution given the fragmented and proprietary data sources, data lag, and variations in data elements?
- How to make attribution information meaningful to patients/caregivers, providers, plans, and policymakers?

# Goals of Attribution and Establishing Guiding Principles:

# Committee Discussion

# Why Attribution?

- Why do we need attribution?
  - To identify a patient-provider relationship on which we can establish accountability for improving care delivery and outcomes
- Performance measurement should be actionable
- What factors should be taken into account when selecting an accountable entity?
  - Patient/consumer decisions
  - Measure specifications
  - Health plan properties
  - Application of the measure (e.g., use in programs)
  - Care delivery system (e.g., ACO, integrated healthcare system)
  - Others?

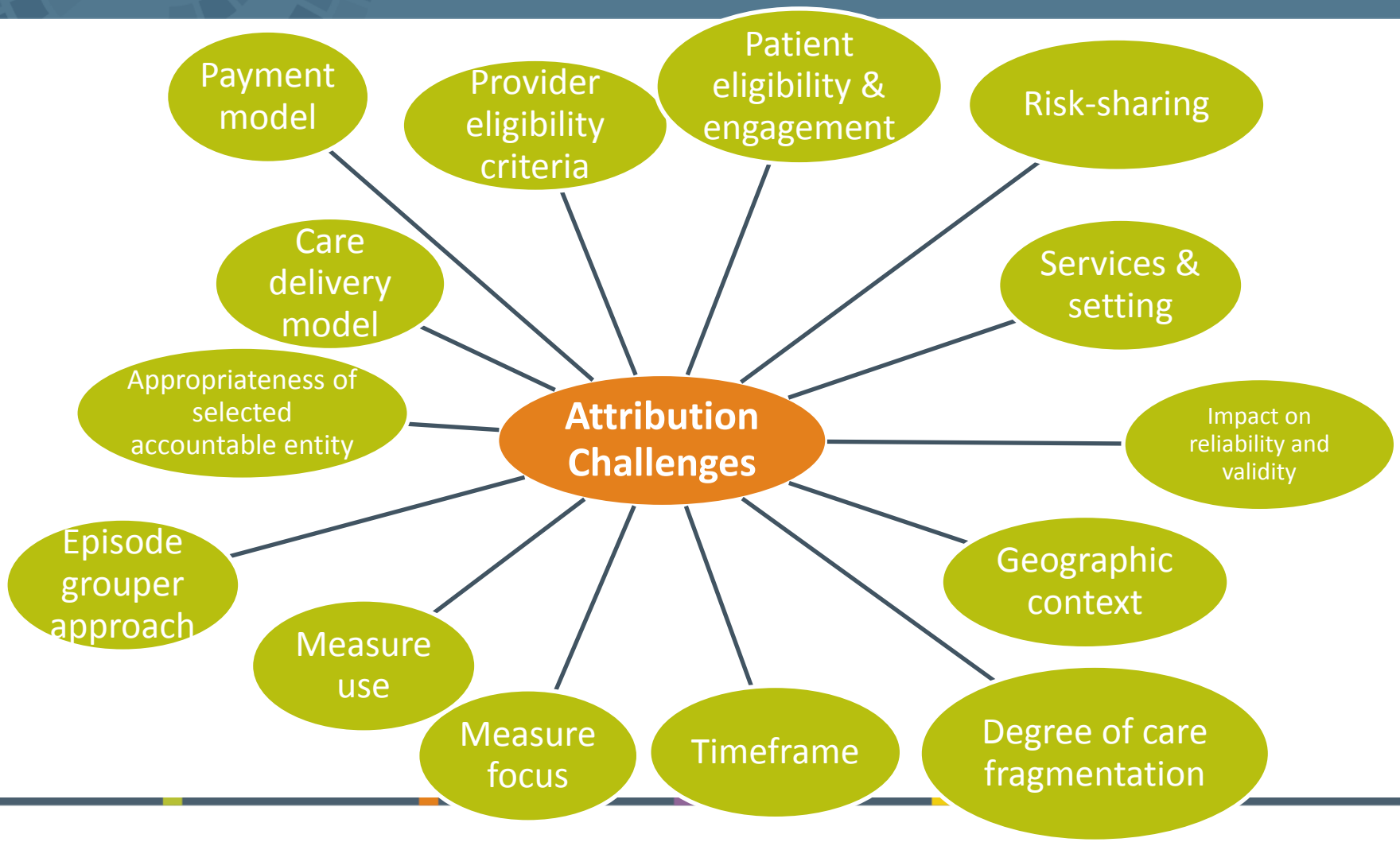
# Purpose of Guiding Principles

- Common ground for Committee deliberations
- Can be revised as needed
- Represent a baseline set of agreement on key issues that must be considered in making recommendations
- Other projects at NQF have provided similar guidance

# Illustrative Examples of Principles from the Risk Adjustment Expert Panel

- Outcome performance measurement is critical to the aims of the National Quality Strategy
- Performance measurement and risk adjustment must be based on sound measurement science
- Disparities in health and healthcare should be identified and reduced
- When used in accountability applications, performance measures that are influenced by factors other than the care received, particularly outcomes, need to be adjusted for relevant differences in patient case mix to avoid incorrect inferences about performance

# Attribution Challenges that may be Addressed by the Principles and Recommendations



# Opportunity for Public Comment

# Lunch

# Introduction to Breakout Sessions

# Introduction to Breakout Sessions

- Three case study breakout groups
- Explore attribution challenges from different perspectives:
  - Measurement lens
  - Patient-centered, clinical lens
  - Program and population health lens
- Identify attribution challenges within the cases
- Draft preliminary guiding principles

# Breakout Group Assignments

| Case Study 1: Challenges in Measurement | Case Study 2: Clinical Case | Case Study 3: Challenges in Measure Use |
|---|---|---|
| Ira Moscovice | Carol Raphael | Ateev Mehrotra |
| Michael Barr | Jenny Beam | Anne Deutsch |
| Charles Hawley | Jill Berger | Elizabeth Drye |
| Ari Houser | Troy Fiesinger | Jennifer Nowak |
| Danielle Lloyd | Keith Kocher | Michael Samuhel |
| Edison Machado | Bob Kropp | Robert Schmitt |
| Brandon Pope | Laurie Radwin | Srinivas Sridhara |
| Nathan Spell | Bharat Sutariya | Dan Muldoon |
| NQF Staff: Taroon Amin & Donna Herring | NQF Staff: Ashlie Wilbon & Kim Ibarra | NQF Staff: Helen Burstin & Erin O'Rourke |
| Location: | Location: | Location: |

# Breakout Session Report Back

# Case Study 1: Attribution Challenges in Measurement

- Team Members:
  - Ira Moscovice
  - Michael Barr
  - Charles Hawley
  - Ari Houser
  - Danielle Lloyd
  - Edison Machado
  - Brandon Pope
  - Nathan Spell

# Case Study 1: Attribution Challenges in Measurement

| Key Challenges | Guiding Principles |
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# Case Study 2: Clinical Perspective

- Team Members:
  - Carol Raphael
  - Jenny Beam
  - Jill Berger
  - Troy Fiesinger
  - Keith Kocher
  - Bob Kropp
  - Laurie Radwin
  - Bharat Sutariya

# Case Study 2: Clinical Perspective

| Key Challenges | Guiding Principles |
| --- | --- |
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# Case Study 3: Challenges in Measure Use

- Team Members:
  - Ateev Mehrotra
  - Anne Deutsch
  - Elizabeth Drye
  - Jennifer Nowak
  - Michael Samuhel
  - Robert Schmitt
  - Srinivas Sridhara
  - Dan Muldoon

# Case Study 3: Challenges in Measure Use

| Challenges | Guiding Principles |
| --- | --- |
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# Opportunity for Public Comment

# Day 1 Recap

# Day Ahead

- Review environmental scan
- Provide input to the authors
- Revisit the draft principles

# Day 2

# Review Work from Day 1

- Key take-aways
- Accomplishments
- Draft guiding  principles

# Day 2 Objectives

- Discuss and provide feedback on the environmental scan
- Discuss strengths and weakness of identified approaches

# Deep Dive into Results of Environmental Scan of Attribution Approaches

# Defining “approaches” or “models”

- How was this defined for the scan?
- What pieces of information did you need to identify an approach in the literature?
  - Settings, provider, application, services, time frame, level of analysis
  - What does an approach look like?
    - An algorithm?

# Current attribution approach features

- Current attribution approaches predominately employ the following features:
  - Use of retrospective attribution
  - Use of primary care services for attribution
  - Priority of attribution to primary care physician

# Committee Discussion Question

- Should we seek to devise the “best” attribution approach for all purposes, or seek to tailor the approach based on specific circumstances?
  - If the latter, what are these circumstances?

# Break

# Determining the Merits of Attribution Approaches

- What are the strengths and weaknesses of current attribution approaches?
- By what criteria should we judge attribution approaches?
  - By attributing to a higher level (e.g. health system instead of provider organization) we may increase reliability at the expense of validity

# Opportunity for Public Comment

# How can Attribution Models be Improved?

- Are current approaches to attribution meeting the needs of programs?
- Recommendations for modifications to the models for use under different care delivery models
- What is needed to improve the approaches?
  - Data
  - Patient and provider engagement
- What is the interaction between different payment reform models (e.g. Hospital Readmission Reduction Program (HRRP), Accountable Care Organizations (ACOs), bundled payment, and Merit-Based Incentive Payment System (MIPS)) and optimal attribution strategies?
  - How could or should attribution strategies be tailored to specific payment reform models?
- Recommendations for alternative approaches

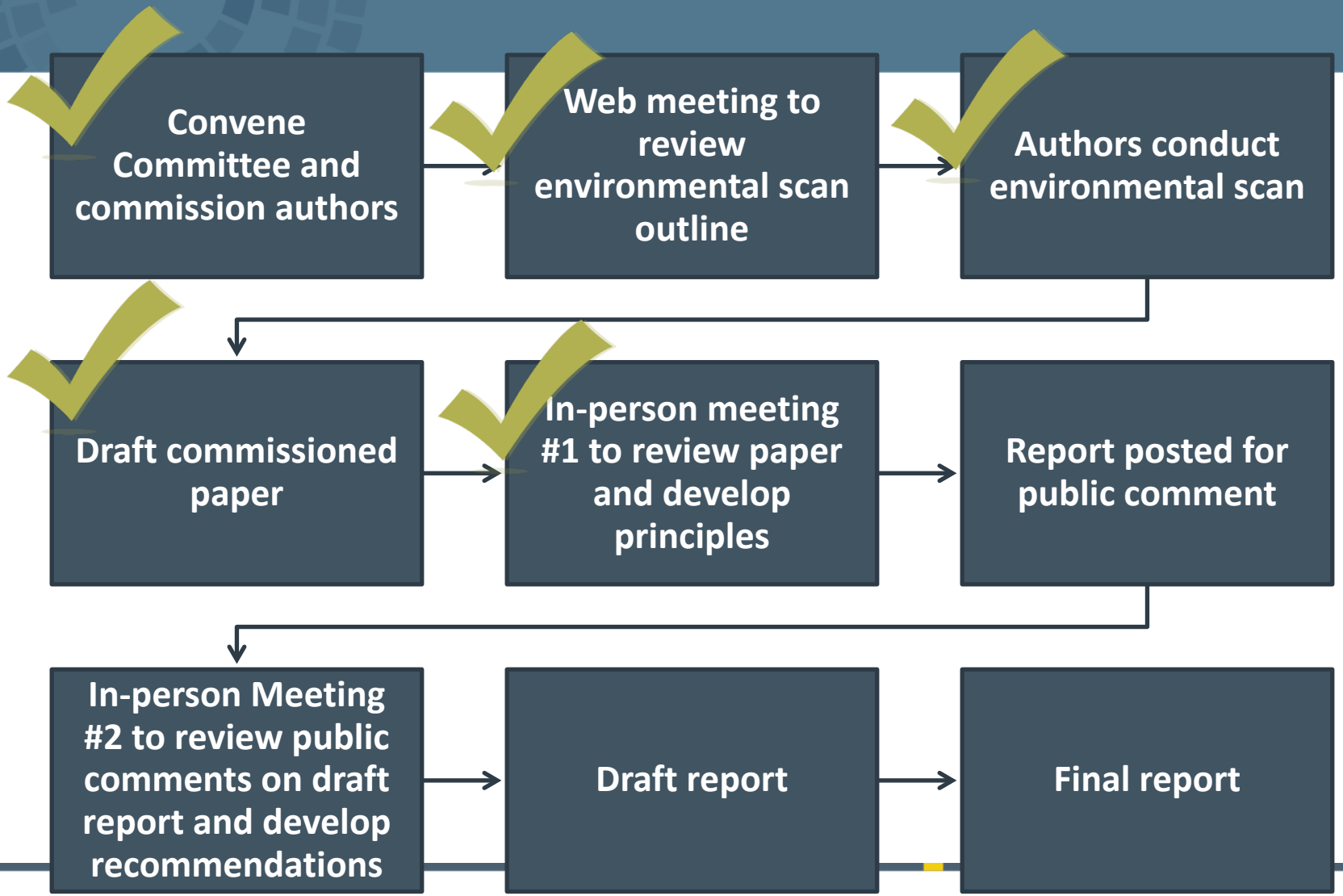
# Revisiting Draft Framework and Principles

- What additions or changes ought we make to the principles or framework based on the discussion over the last two days?

# Next Steps

- Meeting summary to be posted on the project page next week
- Authors will refine the paper based on the discussion
- Next meeting is in-person at NQF in August 2016 to review the public comments and refine the principles and make recommendations
  - Travel information, meeting materials, and other important information for the in-person meeting will be sent in July

# Project Activities and Timeline



# Questions?

NATIONAL QUALITY FORUM

# Adjourn