NATIONAL QUALITY FORUM

Meeting Summary

Attribution: Principles and Approaches Committee In-Person Meeting Summary

Day 1 Recording:
http://eventcenter.commpartners.com/se/Meetings/Playback.aspx?meeting.id=525665
Day 2 Recording:
http://eventcenter.commpartners.com/se/Meetings/Playback.aspx?meeting.id=866395

The Attribution Committee met in-person on June 14 & 15, 2016 at the National Quality Forum (NQF) offices in Washington, D.C. to discuss attribution challenges and principles. Additionally, the Committee provided feedback to NQF and the commissioned authors on the environmental scan of attribution models and the draft paper.

Day 1: Tuesday, June 14, 2016

Welcome and Introductions

- Committee Co-chairs Ateev Mehrotra, MD, MPH and Carol Raphael, MPA; NQF Chief Scientific Officer Helen Burstin, MD, MPH; and NQF Senior Director Ashlie Wilbon, MS, MPH, FNP-C welcomed the Committee and participants to the meeting.
- Erin O'Rourke, Senior Director, Kim Ibarra, Project Manager, Donna Herring, Project Analyst, and Taroon Amin, NQF Consultant introduced themselves to the Committee.
- Dr. Burstin proceeded with the Committee Member introductions and disclosures of interest.

Project Overview and Meeting Objectives

- Ms. O'Rourke and Ms. Wilbon provided a project overview, reviewed the Committee's charge and highlighted the meeting objectives: to review the context and foundation of the project, identify attribution challenges, review the environmental scan, and draft principles to guide how to develop and appropriately apply attribution approaches.

Exploring Attribution Challenges in NQF Work

- Ms. Wilbon summarized the attribution issues that have emerged through NQF's work in the Consensus Development Process (CDP) and the sociodemographic status (SDS) trial, namely locus on control issues, the appropriateness of the selected accountable entity in care delivery systems with shared accountability, and the measurement time period for which the accountable entity is responsible.
- Ms. O'Rourke provided an overview of the Measure Applications Partnership (MAP) and highlighted where attribution issues have been raised. Some key issues are the application of measures in programs, where the program use does not always align with the level of analysis or attribution approach specified within the measure and using measures in payment programs where the outcomes attributed to providers are outside the providers' direct control.

Exploring Attribution Methods and Challenges from the CMS Perspective

- Lawrence Daniel Muldoon from the Center for Medicare and Medicaid Innovation (CMMI) & Sophia Chan from the Centers for Medicare and Medicaid Services (CMS)/Center for Clinical Standards and Quality (CCSQ) discussed the importance of attribution to patient-centered care, accountability, and value-based payment, attribution approaches in use, challenges and measurement science limitations, and the need for guidance.
- Their presentations spurred a Committee discussion on shared accountability and attributing to multiple providers or entities, the challenges of determining the proportion to attribute to each provider or entity, and whether there is a need to split the attribution.
- The Committee also discussed different ways to attribute patients to providers, the strengths and weaknesses of using patient and provider attestation over algorithms that employ claims data, and the unintended consequences of different attribution models.

Exploring the Goals of Attribution in Measurement and Establishing Guidelines for Draft Principles

- Dr. Mehrotra and Ms. Raphael facilitated the Committee's discussion about the goals of attribution and establishing guiding principles. They emphasized that the principles would continue to be revised.
- Ms. Wilbon and Dr. Burstin provided the Committee with some illustrative examples of principles from a previous NQF project on risk adjustment as additional guidance as the Committee continues to discuss and establish principles for attribution. The draft principles are intended as a baseline set of agreement on key issues that must be considered in making recommendations.
- In identifying possible draft principles, the Committee discussed the importance of attribution to the performance of providers and healthcare systems; transparency about the goals of attribution and the rationale for selecting a particular attribution model; the need for consistency and simplicity in approaches, but also flexibility in their implementation; and the need to challenge current expectations about attribution rules (e.g., that attribution must always be to a single provider).
- The Committee also discussed defining the term *provider* to include the full range of practicing clinicians and also facilities.

Breakout Sessions – Case Studies: Deep Dive into Attribution Issues and Identifying Challenges and Principles

- Ms. O'Rourke introduced the three case studies that were chosen for the Committee to review in order to explore attribution challenges from different perspectives: a measurement lens, a program and population health lens, and a patient-centered, clinical lens. The purpose of the case studies was to identify the attribution challenges in each case and principles to address the challenges.
- Committee members were assigned to small groups with staff leads. They were asked to consider how attribution challenges within their case study vary based on the care delivery or payment model for which the measure is intended and what patient level factors, or care delivery/systemic factors influence attribution. After discussing their cases, each group shared the key issues and principles they identified.

- Case study #1 involved reviewing examples of measures where attribution has been identified as a challenge, including total cost of care and readmissions measures.
- Case Study #2 explored attribution challenges from a clinical perspective and followed a patient with multiple chronic conditions through his interactions with clinicians across the healthcare continuum.
- Case Study #3 identified attribution challenges raised when using a measure specified for one level of analysis at a different level of analysis, specifically using a population health measure specified at the county level to assess performance of a hospital.
- Each of the breakout groups identified challenges related to locus of control, using attribution for payment purposes or quality improvement, the volume of providers affecting the reliability of the measure, and the shift to team-based care.
- Their suggested principles highlighted the need to recognize that attribution rules are not static.

Day 1 Summary and Adjourn

- Ms. Ibarra provided a high-level summary of the presentations and Committee discussion over the course of the day, and identified the objectives for Day 2.

Day 2: Wednesday, June 15, 2016

Review Work from Day 1 and Day 2 Objectives

- Dr. Mehrotra summarized the goals for developing guiding principles and reviewed the principles drafted using the Committee's discussions from the previous day. The Committee gave preliminary feedback and agreed to revisit the principles in-depth later in the day.

Deep Dive into Results of Environmental Scan of Attribution Approaches

- Andrew Ryan, PhD, the lead commissioned author, presented the findings of the environmental scan, beginning with defining attribution "models" and reviewing the need for guidance on attribution approaches. He highlighted the fragmentation in the healthcare system, the lack of current clear guidance on attribution, and the variability in current attribution models.
- The author's team identified over 70 different sources with 163 attribution models that are currently in use or proposed to be in use in the future. Of these, 17% of approaches are currently implemented; 89% of the attribution approaches used retrospective attribution, and 77% attributed responsibility to a single provider. These attribution approaches were categorized along nine dimensions:
    1. Program stage
    2. Type of provider attributed
    3. Timing of attribution
    4. Clinical circumstances
    5. Payer/programmatic circumstances
    6. Exclusivity of attribution
    7. Measure used to make attribution
    8. Minimum requirement to make attribution
    9. Period of time for which provider is responsible for attributed patients

- The Committee suggested including a taxonomy and criteria by which to judge the effectiveness of an attribution model in the final report. They agreed that "use cases" would help provide concrete examples for how to apply an attribution approach.

Discussion of Draft Framework of Attribution Approaches

- Dr. Mehrotra led the Committee in a discussion about a table created by members of the Committee as a potential framework for assessing attribution models.
- Ms. Danielle Lloyd, Committee Member, walked through four case examples using a table with criteria for assessing attribution approaches including: eligible beneficiaries, exclusions, accountable unit, stakes, beneficiary attestation, eligible providers, measurement period, data on which attribution is based, how long attribution lasts, services/costs, and determination.
- The Committee discussed what criteria ought to be a part of the framework, and the challenges of reflecting the multiple dimensions of attribution into a two-dimensional table.
- Committee members expressed a desire to make the final product useful to the field, and discussed which case studies would be the most useful to illustrate the criteria for choosing an attribution model. They resolved to determine this before the August in-person meeting with input from Mr. Muldoon and Dr. Chan.

Revisiting Draft Principles

- Dr. Mehrotra led the Committee through all of the draft principles identified over the course of the two-day meeting.
- The Committee worked together to refine the language of the principles as well as determine which "principles" on the original list were better suited as "recommendations" to be further discussed at the August in-person meeting.
- The Committee agreed to include a preamble to the list of draft principles that emphasizes the importance of attribution and the current lack of a gold standard.

Meeting Recap and Next Steps

- Donna Herring provided an overview of the next steps of the project. The meeting summary would be posted to the project page by June 24, the authors would continue to refine the environmental scan and draft paper, and the next in-person meeting for the Attribution Committee will be August 30-31, 2016 to review public and NQF member comments on the paper, refine the principles, and draft recommendations.
- Ms. Herring also outline the project activities to date and the future timeline for posting the commissioned paper and draft principles for public and NQF member comment and the draft and final reports.

Day 2 Adjourn

- NQF staff and Dr. Mehrotra thanked the Committee for their participation in the meeting and for their valuable feedback, and confirmed that the Committee would reconvene on Tuesday, June 21 to review the draft principles developed over the two-day meeting.