



NATIONAL  
QUALITY FORUM

# Improving Attribution Models

Expert Panel Web Meeting

*January 10, 2018*

# Welcome and Introductions

# Agenda

- Welcome and introductions
- Review use case goals and selected cases
- Discuss opportunities to improve the attribution model selection guide
  - *Measure level vs. program level attribution*
  - *What evidence is needed to support an attribution model?*
  - *What methods could be used to test an attribution model?*
- Review plan for key informant interviews
- Member and public comment
- Next steps

# Advisory Panel

- Ateev Mehrotra, MD, MPH
- Elizabeth Drye, MD, SM
- Danielle Lloyd, MPH
- Daniel Muldoon, MA
- Jennifer Perloff, PhD
- Brandon Pope, PhD
- Jack Resneck, MD
- Srinivas Sridhara, PhD, MS

# Review Use Case Goals and Selected Cases

# Use Case Goals

- The Expert Panel suggested use cases as a way to develop more concrete recommendations
- NQF staff used the information presented by Jennifer Perloff on the Brandeis APM Attribution Approach and a technical paper on the HealthPartners Total PMPM Attribution Approach to test the Attribution Model Selection Guide.
- The goal was to find areas where more guidance is needed from the panel and to begin to develop evaluation criteria for attribution models as well as ways to incorporate attribution considerations into existing NQF endorsement and selection processes.

# Overview of Selected Cases

- Brandeis APM Attribution Approach
- HealthPartners Total PMPM Attribution Approach.

# 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 attribution greatest challenges
  - *Cost and resource use measures*
  - *Readmission measures*
  - *Population health measures*



# Measure Applications 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*
- MAP reviews a list of measures under consideration by CMS and determines whether or not it would support the addition of that measure
- (3) Multistakeholder workgroups and (1) oversight Committee
  - *(3) Workgroups focus on CMS programs associated with Clinicians, Hospitals, and Post-Acute and Long-Term Care Settings*

# Challenges to Using the Attribution Model Selection Guide

# Results

- Three major themes emerged from testing the Attribution Selection Guide:
  - *Program/measure*
  - *Evidence*
  - *Testing*

# Considerations for Program versus Measure Attribution

- The first report noted that attribution occurs both within a performance measure and within an accountability program.
- The Guide currently provides the same considerations for attribution within a measure and within a program.

# Expert Panel Discussion

## Lead Discussants: Elizabeth Drye, Danielle Lloyd

- Are there different considerations for evaluating an attribution model within a measure versus an attribution model within a program?
- Should the health system delivery transformation that we hope to see with the application of the attribution model be made transparent?

# Considerations for Evidence

- Currently the Guide asks if a measure is evidence based. However, the Guide does not provide guidance about what evidence should be used.
- The Committee stressed the need to develop an evidence base that will allow evaluation of attribution models.
- Ryan et al. found that there is not empirical evidence to support the selection of one model over another and that current models are largely built off of approaches that have been previously used.

# Expert Panel Discussion Lead Discussants:

Jack Resneck, Brandon Pope, Dan Muldoon

- What does evidence mean in this context? Is there sufficient research to expect a large number of high quality studies to demonstrate that an accountable unit can influence the results?
- Should we expect a rationale or conceptual basis for how an accountable unit can influence the results by modifying underlying processes or structures?
- Some accountability programs (i.e., payment or public reporting programs) are designed to speed uptake of evidence-based care practices already in use, others are designed to incentivize fundamental shifts in how units understand and act on their responsibility for patient outcomes. How do these differences impact the design of an attribution model? The amount of stakeholder input prior to implementation?

# Considerations for Testing

- Currently the Guide indicates that attribution models should be tested but does not provide guidance on what methods could be used or acceptable results.
- The Committee recommended that multiple methodologies be tested and compared to see how the results would differ.
- Literature review found that face validity has been used to test attribution models.



# Expert Panel Discussion Lead Discussants:

Jennifer Perloff, Ateev Mehrotra, Srinivas Sridhara

- How should the consistency of the attribution model, or patient-provider relationship across multiple attribution methods be considered?
- How should one judge reliability of the attribution model?
  - *Membership consistency, risk score consistency for a provider, measure score consistency for a provider across multiple attribution model approaches*
- Do stakeholders have a role in vetting different attribution rules that were tested in the data?
- Does the degree of tolerance for error may depend on whether provider participation in the accountability programs is voluntary or mandatory? What additional data or testing is needed for mandatory accountability programs?

# Key Informant Interviews

# Key Informant Interviews

- 7 interviews with sample of multistakeholders with specific expertise
- Will be conducted using interview guide developed to collect information regarding:
  - *Experience with attribution*
  - *Attribution challenges faced in their setting/environment*
  - *Strategies to mitigate those challenges*
  - *Additional insights based on expertise*

# Recommended Key Informants

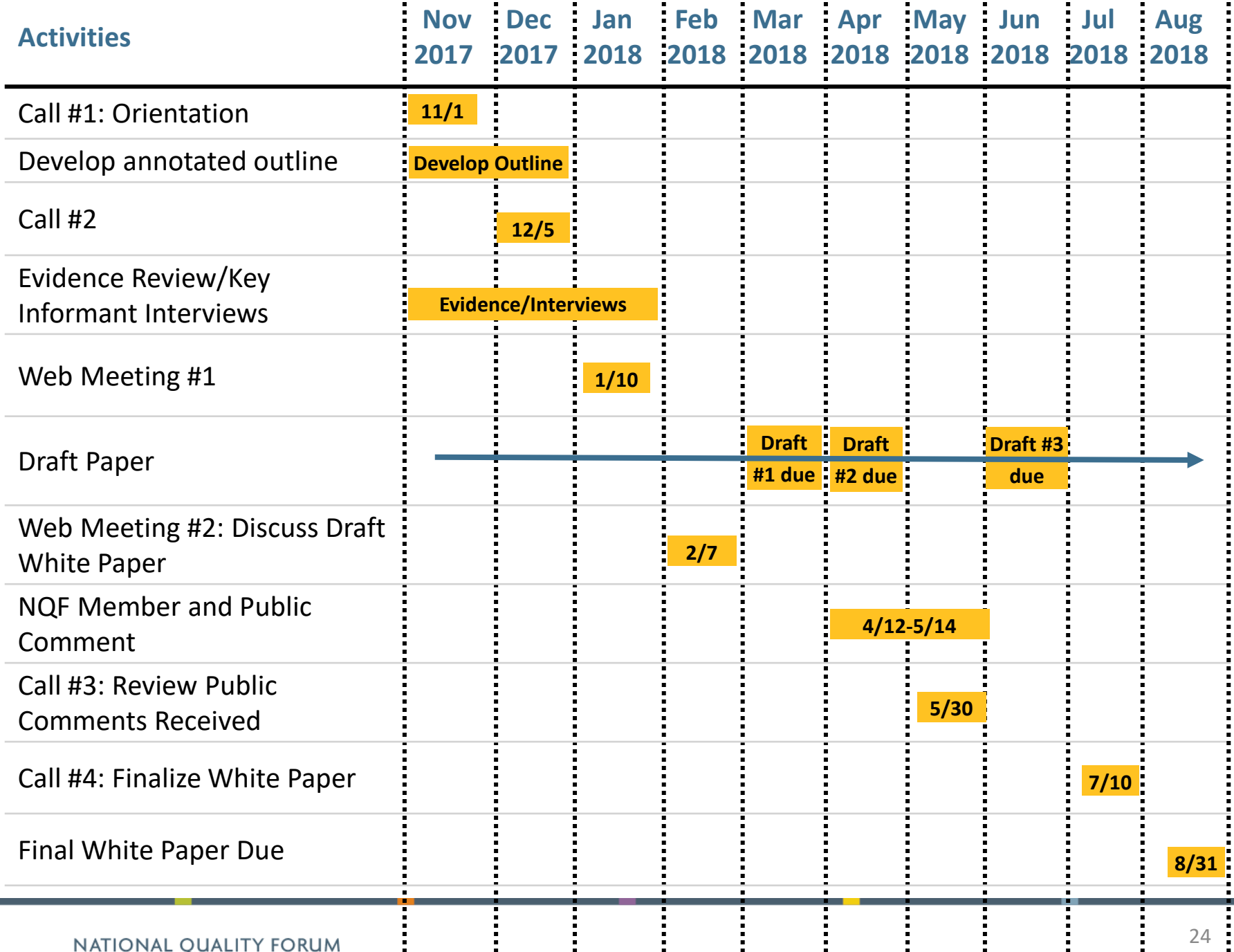
Organization/Stakeholder Type	Expertise/Interview Focus
Private Health system	Data challenges Team-based care challenges Building consensus on approved attribution approaches
ACO	Challenges with attribution at the ACO level Dissemination of information
Medicaid	Data challenges special populations
Private Health Plan	Development of attribution models Distinguishing/aligning measure and program level attribution Dissemination of performance data
Developer organization (s)	Measure developer, development of attribution models
SNF/Home health care	Data challenges Setting-specific challenges
Provider	Implementation of attribution approaches Feedback loops

# Survey Implementation

- 9 recipients
- Intended audience: Measure developers/organizations
- Soliciting input specific to the usability and dissemination of attribution model selection guide

# NQF Member and Public Comment

# Next Steps





# Next Steps

- Next call is February 7, 12:00-2:00pm ET
  - *Review draft white paper*

# Key Meeting Dates

Event	Date/Time
<b>Webinar: Review Draft White Paper</b>	February 7, 2018, 12:00pm – 2:00pm ET
<b>Conference Call: Review Public Comments Received</b>	May 30, 2018, 12:00pm – 2:00pm ET
<b>Conference Call: Finalize White Paper</b>	July 10, 2018, 12:00pm – 2:00pm

# Project Contact Information

- Email: [attribution@qualityforum.org](mailto:attribution@qualityforum.org)
- NQF Phone: 202-783-1300
- Project page:  
[http://www.qualityforum.org/Improving Attribution Models.aspx](http://www.qualityforum.org/Improving_Attribution_Models.aspx)
- SharePoint page:  
<http://share.qualityforum.org/Projects/Attribution/SitePages/Home.aspx>

# Project Staff Contact Information

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# Questions?

# Thank you