

Improving Attribution Models

Advisory Panel Web Meeting

February 7, 2018

Welcome and Introductions

Agenda

- Welcome and introductions
- Review the first draft of the white paper
- Provide input on team-based approaches, data considerations, and considerations for special populations
- Review key informant interview guide and developer survey
- 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

General Feedback on the Draft White Paper

Draft White Paper

- Staff sent the Expert Panel an early draft of the white paper for your review and comment.
- This draft incorporates findings from the literature review, uses case, and the Panel's deliberations to date.
- We will continue developing this draft based on your input today and comments sent offline, feedback from the key informant interviews and surveys, and public comments

Expert Panel Discussion

Does the Panel have any preliminary feedback on the draft white paper?

Team Approaches to Attribution Review Draft White Paper

Team-Based Approaches

- Current trends in delivery system reform are increasingly looking to team-based approaches in care to improve quality and lower costs.
 - There is a need to increase access and availability to services such as mental health, social support, and nutrition
- This transition can be challenging when measurement is increasingly tied to incentives and payment.
- While a team-based care delivery model can be more effective at delivering care to a patient in need, it can make assigning accountability for that patient's outcomes difficult.
 - Should a single provider be accountable or should accountability be proportional to interaction with the patient?

Team-Based Approaches

- The attribution principles established by NQF's Expert Panel on this topic, suggested that attribution models should reflect what the accountable entities are able to influence rather than directly control.
- However, additional guidance is needed to determine the proportion of care that could be attributed to each provider.
- Multiple approaches to team-based care have been developed but there is limited evidence to support different approaches.

Expert Panel Discussion

Lead Discussants: Ateev Mehrotra, Jennifer Perloff, Brandon Pope

- How can attribution models support the move toward team-based based care/accountability while balancing accountable units who may perceive a lack of control about which patients are attributed to them and their ability to influence those patients' outcomes?
- How does shifting responsibility over the episode of care (e.g., from acute to post-acute) change the accountable entity?

Considerations for Special Populations

Considerations for Special Populations

- The first report highlighted the need for additional guidance on how to handle complex and/or expensive cases.
 - [•] Clarity of attribution can vary by setting and type of patient.
- Some measures or accountability programs may have a straightforward attribution model while others attempt to cross providers or settings—blurring who may ultimately be accountable.
- The first report noted that models should be tested in complex populations to ensure comparable performance across subpopulations.

Considerations for Special Populations

 The draft white paper explores potential considerations and current attribution approaches to a series of potentially complex patient populations.

Intended to be illustrative examples

- This review found a number of consistent considerations across settings and patient populations.
- Attribution models should consider patient populations that may require care from a greater number of providers, for a greater length of time, and a greater number of settings.
- Need to balance driving improvement for complex populations with potential unintended consequences (e.g., access issues)

Expert Panel Discussion

Lead Discussants: Dan Muldoon, Jack Resneck, Elizabeth Drye

- Given the current limitations to testing an attribution model, how should models consider comparable performance across subpopulations?
- Are there additional considerations beyond the length of time, the number of providers, and the number of settings that should be accounted for?
- Are there strategies beyond risk adjustment and/or exclusions that could help prevent negative unintended consequences?

Data Considerations

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Data Considerations

- Available data sources and data quality should be considered when designing and selecting an attribution model.
 - Claims data are more accessible and readily available, and these data are the most frequently used.
 - ^D However, claims data may not support the inclusion of all members of the care team.
- Other types of data that should be considered include prospective patientdefined relationships, data from electronic health records, as well as both patient and clinician attestation of relationships.
- The data challenges that present with attribution are inherently linked to the data challenges with performance measures.
 - Integrating data from multiple sources
 - Small numbers
 - Data integrity and validation

Expert Panel Discussion

Lead Discussants: Danielle Lloyd, Srinivas Sridhara

- How do different data types (e.g., administrative claims) influence the design of an attribution model?
- Is there a way to ensure providers have access to data during the measurement period, to use as a basis for improving care?

Key Informant Interviews

Key Informant Interviews

- 7 interviews with sample of stakeholders with specific expertise
- Will be conducted using the 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 healthcare	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

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Next Steps

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Activities		Dec 2017	Jan 2018	Feb 2018	=	Apr 2018	-	Jun 2018	Jul 2018	Aug 2018
Call #1: Orientation	11/1									
Develop annotated outline	Develop	Outline								
Call #2		12/5								
Evidence Review/Key Informant Interviews	Evider	nce/Inter	views							
Web Meeting #1			1/10							
Draft Paper	—					Draft #2 due		Draft #3 due		→
Web Meeting #2: Discuss Draft White Paper				2/7						
NQF Member and Public Comment						4/12	-5/14			
Call #3: Review Public Comments Received							5/30			
Call #4: Finalize White Paper									7/10	
Final White Paper Due										8/31

Next Steps

- Next call is May 30, 12:00-2:00pm ET
 - Review public comments
 - Discuss further refinements to the white paper

Key Meeting Dates

Event	Date/Time				
Conference Call: Review Public Comments Received	May 30, 2018, 12:00pm – 2:00pm ET				
Conference Call: Finalize White Paper	July 10, 2018, 12:00pm – 2:00pm ET				

Project Contact Information

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- Project page: <u>http://www.qualityforum.org/Improving Attribution M</u> <u>odels.aspx</u>
- SharePoint page: <u>http://share.qualityforum.org/Projects/Attribution/SiteP</u> <u>ages/Home.aspx</u>

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Questions?

Thank you