

## TOTAL COST OF CARE ATTRIBUTION

Attribution generally defines a patient's connection to a healthcare system, a provider/physician, or a provider group. An efficient cost attribution methodology should therefore, among other things-

- (a) accurately capture a provider's ability to manage patient costs under their control, and therefore assigns accountability to them.
- (b) identify and segment costs by the sites of services, for purposes of filtering out high cost (or high value) sites, and determining efficiency and promoting value.
- (c) Identify the broadest variety of sites of services, as in part, a measure of the efficiency of care coordination.
- (d) Assigns accountability as an important step in identifying the real cost drivers and thus facilitates strategies for realigning these in the direction of optimum value.

While the sub-committee did discuss the issue of measurement of costs, the predominant focus was on a methodology that matches patient attribution.

While there is broad thinking that the party with the 'plurality of primary care services' is the party that should be held most accountable for the entirety of a patient's care, the reality is that there are operational factors, especially as the level of measurement is further removed from the PCP, which can only be impacted at certain levels of the care delivery chain.

Against this background, we would like to propose the following for consideration in determining an appropriate methodology for attributing costs, for the purpose of the healthcare spending benchmark:

1. That attribution methodology should go beyond the "plurality of primary care visits", to recognition of care settings that identify visits and services.
2. Office visits, irrespective of the sites of services, is attributed to the assigned PCP. This enables the methodology to assess the efficiency of care coordination, as well as the flexibility to evolve with the health care system.
3. Laboratory, immunization, pharmacy, radiology is attributed to the assigned PCP, except in cases of emergency room or inpatient encounters.
4. That the full range of IP and OP costs be attributed to the billing TIN that identifies the rendering physician for that encounter.
5. Inpatient only physician visits, emergency room only visits are attributed to the billing TIN, while urgent care only primary care visits are attributed to the assigned PCP, except in cases where such urgent care centers are affiliated to a hospital facility.
6. Ambulatory surgery center visits are attributed to the assigned PCP, except in cases where such surgery centers are affiliated to a hospital.
7. That to facilitate measurement and accountability, a provision should be placed on health plans to require beneficiaries to voluntarily align with a primary care provider.
8. That the cost attribution methodology and the results therein, not be used to rank providers, ACOs or health systems, but instead deployed as a powerful tool to drive accountability and promote value.