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Health Care Payment Learning & Action Network  
The MITRE Cooperation  
7525 Colshire Drive  
McLean, VA 22102-7539

Submitted via: [HCPLAN Patient Attribution Comment Form](#)

Dear Population-Based Payment Workgroup:

We appreciate the opportunity to provide feedback on the Health Care Payment Learning & Action Network's Draft White Paper, "Accelerating and Aligning Population-Based Payment Models: Patient Attribution."

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1997, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. The Center for Consumer Engagement in Health Innovation is a hub devoted to teaching, learning and sharing knowledge to bring the consumer experience to the forefront of health. The Center works directly with consumer advocates to increase the skills and power they have to establish an effective voice at all levels of the health care system. We collaborate with innovative health plans, hospitals and providers to incorporate the consumer experience into the design of their systems of care. We work with state and federal policymakers to spur change that makes the health system more responsive to consumers. We have been active members of the LAN Consumer and Patient Affinity Group.

Overall, we support the White Paper's approach, which reinforces the importance of active patient choice. Our recommendations focus on augmenting the nature of the information given to patients as they make this choice, ensuring that information is culturally and linguistically appropriate, promoting the role of community-based organizations (CBOs) in consumer education and engagement, and supporting the use of prospective attribution rather than concurrent attribution.

Specifically, we note the following:

**Recommendation 1 (Encourage patient choice of a primary care provider):** We agree that patient attestation is the "gold standard" for patient attribution and that patient outreach can encourage patient attestation. We also agree that consumers need information on what it means to select a primary care provider (PCP) in order to increase and enable patient choice. Information on the benefits of selecting a PCP and performance data is useful, but patients also need additional pertinent information such as languages spoken and whether accessibility to provider sites meets the requirements of the Americans with Disabilities Act.

We note however, that active patient choice of a PCP is different than active patient choice of attribution to an integrated delivery system that is being paid through a population-based payment (PBP) model, and we encourage patient education and engagement to be robust, comprehensive and transparent.

**Recommendation 4 (Provide transparent information to patients about their attribution):** While we agree that consumers need to know their PCP and how they were attributed, we recommend the working group expand its recommendation to propose that consumers receive additional information such as how participating providers are incentivized, how receiving care might change by joining a PBP model, and what their rights and protections are.

Moreover, we suggest the working group include specific recommendations on how to make information shared with consumers as accessible as possible. Information should be presented in culturally and linguistically appropriate ways, taking into account the health literacy levels of consumers and assistive or alternative communication needs. In addition, the White Paper suggests that providers, payers or purchasers conduct outreach to consumers with information about attribution. We recommend including community-based organizations (CBOs) such as Centers for Independent Living, Aging and Disability Resource Centers and State Health Insurance Assistance Programs, as partners for information sharing, given that these organizations may be more trusted sources for consumers.

**Recommendation 10 (Regardless of whether prospective or concurrent attribution is used, providers should receive clear, actionable information about patients attributed to them):** We agree that providers need to know the patients for whom they are accountable. We also believe that patients should know about their assignment to a particular provider. We believe that prospective attribution is preferable for both of these purposes. We note that tracks 1 and 2 of the Medicare Shared Savings Plan (MSSP) model relies on concurrent attribution, and we urge movement away from this model.

We note that the White Paper recommendations would not allow patients to opt-out of attribution. We believe that the ideal attribution model would include such an option. Information about the process for opting-out of attribution should be clearly described to patients.

We appreciate the opportunity to comment on the draft White Paper. Please do not hesitate to contact me at [ahwang@communitycatalyst.org](mailto:ahwang@communitycatalyst.org) with any questions.

Sincerely,



Ann Hwang, MD  
Director, Center for Consumer Engagement in Health Innovation