Operationalizing the Next Iteration of Accountable Specialty Care: Strategies and Tactics for Accountable Providers and Plans

Meeting Summary | October 9, 2025

Overview

On October 9, 2025, the Duke-Margolis Institute for Health Policy, in collaboration with West Health, convened stakeholder experts on strategies and tactics for accountable providers and plans to engage specialty providers. The discussion focused on accelerating meaningful specialist participation in value-based care models, particularly within Accountable Care Organizations (ACOs) and population-based, total cost of care (TCOC) frameworks. Participants explored attribution challenges, data gaps, policy levers, and co-management approaches that can strengthen specialist engagement. A consistent throughline of the conversation was the importance of a coordinated, team-based approach grounded in population health goals and supported by shared accountability design elements. The conversation focused on the following topics:

Co-Management and Team-Based Care

Participants emphasized that co-management and successful implementation of team-based care are essential for driving meaningful specialist engagement, improved outcomes, and sustainable financial alignment. Participants highlighted the importance of shared accountability in advancing team-based care, focused on the organizational level versus the individual provider level.

Key Themes and Opportunities

- **E-Consults and Virtual Collaboration:** Viewed as an effective tool to expand access, support earlier interventions, and facilitate PCP-specialist communication, particularly in cardiology. However, concerns were noted over payer scrutiny of telehealth potentially influencing patient premiums.
- **Early Specialist Involvement:** Specialists should be engaged earlier—even in lower-severity cases such as heart failure, back pain, or oncology—so they can help prevent escalation and reduce downstream costs. Participants acknowledged CMS' callout of the importance of early specialty involvement to improve care outcomes as a key element of the proposed Ambulatory Specialty Model (ASM).
- **Building Trust:** Sustainable team-based models prioritize shared data access and reduced administrative burden over purely financial motivators.
- **Sub-Capitation Models:** Participants noted success in sub-capitated chronic kidney disease (CKD) programs, where PCPs and specialists share risk and accountability.
    - There are challenges with splitting savings dollar-for-dollar based on the percentages of savings a PCP versus a specialist contributed to, highlighting the need for a flexible, team-based earnings approach.
- **Participation Standards & Incentives for Primary/Specialty Collaboration:** Participants discussed the need for standards and incentives to facilitate formalized collaborations between specialists and primary care providers (e.g., care compacts). These efforts can support meaningful gain-sharing opportunities for these compacts.

Attribution and Accountability

Participants discussed attribution design as critical to aligning financial incentives for successful and sustainable co-management. Stakeholders shared examples of existing programs and software to support these efforts; however, challenges remain.

Challenges and Solutions

- **NPI vs. TIN:** Current NPI-level attribution under models like ASM fails to capture the efforts of a comprehensive care team beyond the individual specialty provider, particularly in conditions like heart failure or MSK. Participants recommended moving to TIN-level attribution under a finalized ASM, which better reflects integrated workflows—especially in larger systems.
- **Prospective Attribution:** Strong support emerged for prospective identification, allowing for proactive risk management and early patient engagement. However, participants noted challenges with real-time access to data that can impede proactivity.
- **Groupers and Episode-Based Allocation:** Episode groupers were discussed as tools to support collection and analysis of granular costing data to calculate percentages to systematically define shared accountability between PCPs and specialists to help with contracting. One example mentioned regional allocation using an advanced grouper.
- **Commercial Success:** Commercial and Medicare Advantage models were cited where specialists successfully acted as quasi-PCPs (e.g., oncology, MSK), generating cost savings and improved outcomes.
    - Commercial-led utilization of groupers spans a broader set of specialties than included in ASM, creating an opportunity to inform best practices across lines of business.

Data Infrastructure and Quality Measurement

Participants highlighted that **data needs to be available in real-time with fully adjudicated claims data.** Improving data for specialists and decreasing administrative burden were examples of incorporating elements that matter to specialists. Additionally, participants emphasized the potential to align with federal support for standardized, interoperable data exchange to enable clearer co-management and improved patient outcomes.

Key Points

- **Meaningful Functional Status Measures:** The ASM's inclusion of functional outcomes was widely supported as better aligned with CMS's population-health and prevention goals.
- **Clinician-Friendly Dashboards:** Metrics need to be presented in intuitive formats that build clinician trust and drive adoption.
- **Existing Efforts:** Data analysis platforms across specialties were discussed as illustrative examples that show how actionable, specialty-specific analytics can inform both clinical and financial performance.

Policy Opportunities and Program Design Opportunities

Participants explored concrete actions CMS and other payers can take to align incentives and simplify participation.

- **Upfront Funding:** Rather than relying on highly regulated billing codes (e.g., Chronic Care Management), the group favored upfront funding for prospective, yearly bundles that organizations can use flexibly to build IT and analytic capacity.
- **Mandatory Downside Risk:** There was strong support for making participation mandatory—with downside risk—for large, hospital-based systems to accelerate cultural and financial buy-in.
- **Model Simplification:** Stakeholders called on CMS to pause creation of new, duplicative models and instead streamline existing frameworks, quality measures, and models. Participants expressed concerns and potential negative implications on existing ACO programs (e.g., MSSP) if CMS continues to introduce new models, creating fragmentation in the accountable care ecosystem.
- **Consider Market-Specific Implications:** Policymakers will need to consider market-specific implications (e.g., geographic characteristics, specialty workforce numbers, etc.) in design of future guidance.
- **Data and Pathway Templates:** Develop shared templates for savings distribution and data-driven care pathway design, co-developed with specialty societies.
    - Utilize episode groupers to quantify the proportion of a TCOC arrangement that should go to specialists versus a PCP based on how much they contribute to savings.