

## How Does ACP's Payment Reforms Compare to Conventional Medicare?

### ACP's Payment Reforms

### Conventional Medicare

<p><b>Assigns more value to evaluative care provided by primary care physicians.</b></p> <p><b>Creates incentives for primary care physicians to acquire systems and information tools to provide patient-centered care.</b></p> <p><b>Provides incentives for prevention of illness.</b></p> <p><b>Provides payment for physician work involved in coordinating care that falls outside of the face to face encounter.</b></p> <p><b>Provides incentives for physicians to partner with patients on self-management plans that can prevent complications.</b></p> <p><b>Creates a transparent process for patients to select physicians who have the capability to provide patient-centered care.</b></p> <p><b>Supports care of the whole person on a longitudinal basis.</b></p> <p><b>Encourages patients to have an ongoing relationship with a primary care physician.</b></p> <p><b>Reimburses for procedural codes related to physician-directed care coordination and systems improvements.</b></p> <p><b>Pays qualified practices on a bundled and prospective basis for care coordination services and systems improvements.</b></p>	<p><b>Assigns more value to procedural care provided by specialists.</b></p> <p><b>Provides no incentives for physicians to acquire information systems and tools to provide patient-centered care.</b></p> <p><b>Provides no incentive for prevention of illness except for limited number of covered screening procedures.</b></p> <p><b>Provides no additional payment for physician work involved in coordinating care that falls outside of the face to face encounter.</b></p> <p><b>Provides no incentive for physicians to provide self-management support to patients.</b></p> <p><b>Does not provide any mechanism for patients to select physicians who can provide patient-centered care.</b></p> <p><b>Rewards episodic care that involves treatment of specific diseases and organs.</b></p> <p><b>Neutral on whether patients should have a relationship with a primary care physician.</b></p> <p><b>Recognizes only a very limited number of codes related to physician-directed care coordination; allows no payment for systems improvements.</b></p> <p><b>Pays physicians on a retrospective, a la carte basis for procedures and visits; allows no payment for systems improvements.</b></p>
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<p><b>Calls for Medicare to implement a nationwide pilot of the patient-centered medical home.</b></p> <p><b>Pay for performance should create specific incentives for physicians to acquire systems that have been shown to result in better care; physicians would receive weighted payments based on impact of structural and clinical measures on improving care.</b></p> <p><b>Creates a pathway for eliminating the SGR and providing predictable and positive baseline payments.</b></p> <p><b>Creates a performance-based pool of dollars that would fund programs that would have the greatest impact on improving quality and lower costs.</b></p> <p><b>Allows physicians' performance based payments to grow from savings in Medicare Part A resulting from physicians' quality improvement efforts.</b></p> <p><b>Would result in substantial re-allocation of payments to primary care and by doing so help avert the collapse of primary care.</b></p> <p><b>Creates process for identifying overvalued services under the RBRVS.</b></p>	<p><b>Legislation enacted by 109<sup>th</sup> Congress mandates a Medicare medical home demonstration project limited to eight states.</b></p> <p><b>“One size fits all” voluntary pay-for-reporting program would pay physicians the same performance bonus for reporting on as few as three clinical measures without regard to impact on improving care.</b></p> <p><b>Maintains the SGR; physicians are facing cuts of up to 10% in 2008 and 40% over next five years.</b></p> <p><b>Includes very limited and transitional pay for reporting program that is neutral on impact of measures on improving quality and lowering costs; provides no assurance of continued funding beyond 2007.</b></p> <p><b>Does not provide any mechanism for physicians to share in savings of other parts of Medicare that result from their efforts.</b></p> <p><b>On January 1, Medicare implemented improved payments for some evaluation and management services provided by primary care physicians but such changes will be insufficient to avert a collapse of primary care; overall payments continue to favor procedures over primary care.</b></p> <p><b>Current processes favor proposals to increase payments rather than reduce payments for overvalued services.</b></p>
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