<table>
<thead>
<tr>
<th>IDEAL</th>
<th>PROBLEMATIC PAYMENT MODELS</th>
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| **PATIENT-CENTRED PAYMENT** | **CATEGORY 1**  
**FEE FOR SERVICE - NO LINK TO QUALITY & VALUE** |
| - A patient is able to receive the services that will best address their specific health problems  
- Each patient is assured of receiving appropriate, evidence-based care  
- A healthcare provider receives adequate resources to support the cost of delivering services in a high-quality, efficient way  
- A patient can select a provider or team based on the quality and cost of the care they deliver |
| - There are no fees for many important services  
- Many fees are less than the cost of delivering high-quality care  
- There is no assurance of the appropriateness or quality of the service that is delivered  
- Healthcare providers are penalized for reducing complications and keeping patients healthy  
- It is impossible for a patient or payer to compare providers based on the cost of treating a health problem |
| **CATEGORY 2**  
**FEE FOR SERVICE - LINK TO QUALITY & VALUE** |
| - There are no changes in payments to enable improvements in the quality of care  
- Quality measures do not accurately or completely assess the quality of care delivered  
- Healthcare providers can be penalized for things they cannot control  
- There is no assurance that each patient will receive high-quality care  
- The calculation of bonus payments discourages collaboration in care improvement |
| **CATEGORY 3**  
**APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE** |
| - There are no changes in payments to enable improvements in the quality of care  
- There is no assurance that patients will receive care when they need it  
- Payments may not be sufficient to cover the cost of delivering high-quality care  
- Providers are rewarded for withholding services patients need  
- Providers can be penalized if they care for higher-need patients  
- Small providers can be forced out of business  
- Money is spent avoiding losses instead of delivering patient care |
| **CATEGORY 4**  
**POPULATION-BASED PAYMENT** |
| - There is no assurance that patients will receive care when they need it  
- Payments may not be sufficient to cover the cost of delivering high-quality care  
- Providers are rewarded for withholding services patients need  
- Providers can be penalized if they care for higher-need patients  
- Small providers can be forced out of business  
- Investors, vendors, and financial intermediaries can profit at the expense of patient care |