

IDEAL



PATIENT-CENTERED PAYMENT

- 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

PROBLEMATIC PAYMENT MODELS



CATEGORY 1 FEE FOR SERVICE - NO LINK TO QUALITY & VALUE

- 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 each patient will receive 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