

Physician payment & delivery models

The federal government and private payers are changing the way they pay physicians and other health professionals by moving towards innovative models intended to improve quality and reduce costs. An AMA-RAND study investigated the real-world impact of these payment reforms on physician practices. The study findings are guiding the AMA's efforts to improve alternative physician payment models and to help physician practices successfully adapt and succeed..

Alternative Payment Models (APMs)

Prepare for changes happening through the Medicare Access & CHIP Reauthorization Act.

Access resources and information to understand Medicare payment and delivery reform under Medicare Access and CHIP Reauthorization Act (MACRA).

Learn how seven potential alternative payment models (APMs) could help physicians in every specialty improve patient care, manage health care spending and qualify for APM annual bonus payments.

Is the pay-for-performance or the bundled payment model right for my practice?

Many commercial payers are pursuing pay-for-performance and bundled or episode-based, contracts with physicians. Determining whether either fits your practice begins with understanding their contracts. Download the new contract tools and learn:

- What these payment models are
- Which model concepts and contract issues you need to know
- How you can evaluate these models' risks and effectiveness

Review information for evaluating pay-for-performance contracts (PDF) or bundled or episode-based contracts (PDF).

Physician resources for adopting reforms

The AMA has resources, developed by experts and early innovators in new payment models, to help physicians adopt reforms. These include:

Direct-to-employer arrangements

Some employers are now contracting directly with physician groups to increase employee satisfaction and productivity while lowering the total cost of care for their employees using value-based incentives. To help physicians navigate this new payment and care delivery model, the AMA has created resources including case studies (PDF), a model checklist (PDF) and a snapshot (PDF) to inform physicians of the benefits and potential pitfalls of engaging in direct-to-employer arrangements.

Unwinding of an existing relationship: What you should know

Physicians, including independent physicians and those in group practices, who are contemplating or undergoing an unwinding of an existing relationship (like an employment contract, professional services agreement or a model integrating the physicians practice into another entity) with a health organization should be aware of key issues when negotiating with the other party. Review the model checklist (PDF) for top concerns you may encounter, find out how to evaluate contractual agreements (PDF) and download the snapshot of tools (PDF) you can use to unwind existing arrangements.

Accountable Care Organizations: How to perform due diligence and evaluate contractual agreements

Accountable Care Organizations (“ACOs”) have matured over the past several years. Participation in such entities, therefore, can pose complex and novel questions for physicians. Physicians interested in ACO arrangements must conduct due diligence to evaluate the opportunities available to them. To this end, the AMA has developed resources to help physicians navigate this process and understand their rights and obligations by providing this snapshot (PDF) covering topline issues to consider when partnering with an ACO, a model checklist (PDF) and a contractual guide (PDF) on ACOs to further supplement the due diligence process.

Venture capital and private equity investments

Venture Capital (VC) and Private Equity (PE) investors are increasingly investing in or acquiring

physician practices. Physicians interested in these deals should consider the strategic implications of these transactions and be aware of their unique terms and conditions. The AMA has developed resources to help physicians navigate these opportunities and, if desirable, negotiate terms that reflect the practice's goals and preferences, including a snapshot (PDF), model checklist (PDF) and a contractual guide (PDF).

Evaluating Medicare Advantage value-based contracts

This resource describes issues (PDF) that physicians may encounter when contracting with Medicare Advantage ("MA") Plans, including common contractual terms that are industry-standard or required by Centers for Medicare & Medicaid Services (CMS) and other terms that directly address value-based reimbursement.

Evaluating Medicaid value-based care models

The AMA offers extensive resources to help you navigate evolving physician payment and delivery models. Among these is "Evaluating Medicaid Value-Based Care Models," which describes the new Medicaid models being implemented across the country, offers guidance for participation in these new programs, and identifies key elements that will affect physicians' clinical practices moving forward.

Value-based care models: Deep dive FAQs for hospital-affiliated physicians

Information for physicians who are affiliated with a hospital and are considering participation in a value-based care arrangement (PDF).

Where do I fit in? Dividing the pie in new payment models

Learn about fee-for-value (FFV) (PDF) payment arrangements from how to transition to an FFV model to adopting payments innovations that reward high-value care.

Effects of health care payment models on physician practice in the United States: Follow-up study

The American Medical Association and the RAND Corporation recently conducted a follow-up study to their 2014 research on the effects of payment models on physician practices, hospitals and health plans in six distinct markets. Today's new research reveals how the effects of participation in payment models have persisted, improved or further affected practices and organizations.

Effects of health care payment models on physician practice in the United States

A report from the RAND Corporation commissioned by the AMA took an in-depth look at the impact that various payment models have on physician practices, their professional lives and the delivery of patient care and assessed the impact of alternative payment models on practices and individual physicians.

Measuring and assigning accountability for health care spending

A report from the Center for Healthcare Quality and Payment Reform describes six fundamental problems (PDF) with the current attribution and risk adjustment systems that are being used in a number of the payment systems implemented by Medicare and private health plans and explains how these problems could seriously harm both patients and health care providers.

The building blocks of successful payment reform: Designing payment systems that support higher value care

A report developed by the Center for Healthcare Quality and Payment Reform describes a 10-step process (PDF) for developing such a business case and provides a detailed example for how to apply the process to an initiative to improve management of chronic disease patients. The report also describes the types of data that are needed to carry out all the steps in a good business case analysis.

Reaching the potential of value-based care

Efforts to address the unsustainable trajectory of the current U.S. health care system continue to accelerate. But physicians still want—and need—to know how the promises of these “value” initiatives compare to the reality for their practices and, ultimately, their patients. Reaching the Potential of Value-Based Care podcast series from the American Medical Association provides real-world insights from experts in advancing value in health care. Hear from thought leaders on the opportunities, challenges and benefits of advancing value-based care.