Policy Research Perspectives

Payment and Delivery in 2022: Continued Growth in Accountable Care Organization While Alternative Payment Methods Stagnate

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Introduction

This Policy Research Perspective (PRP) is the latest installment in a series of biennial reports on physician participation in care delivery models and payment methods. Using 2012 to 2022 data from the American Medical Association's (AMA) Physician Practice Benchmark Surveys, this report analyzes participation growth in medical homes and accountable care organizations (ACOs) as well as use of fee-for-service (FFS) and alternative payment methods (APMs) in practice payment. In addition to presenting trends in the data, this report also examines participation differences in care delivery models and payment methods across physician specialty, practice ownership, and practice type.

In 2022, over a third of physicians (34.4 percent) were in a practice that was accredited or recognized as a medical home. Forty-five percent of physicians indicated their practice belonged to a commercial ACO, 38.1 percent to a Medicare ACO, and 30.0 percent to a Medicaid ACO. Participation in care delivery models has been on an upswing, increasing since 2014 by 11 percentage points for medical homes and 10 percentage points for Medicare ACOs, and increasing since 2016 by 9 percentage points for Medicaid ACOs and 13 percentage points for commercial ACOs. Furthermore, while only 44.0 percent of physicians in 2016 indicated their practice belonged to at least one ACO type, this has increased to 57.8 percent in 2022.

For payment methods, FFS was the most prevalent method, as 86.4 percent of physicians were in a practice that received at least some payment based on FFS for care that they provided (stable since 2012). The data also show that 64.3 percent of physicians worked in practices that received at least some revenue from an APM for care they provided, down from 66.8 percent in 2020 although still up from 57.6 percent in 2012. More specifically, in 2022, 41.4 percent of physicians were in a practice that received at least some payment based on pay-for-performance, 39.6 percent received bundled payments, 25.5 percent received capitation, and 22.2 percent received shared savings. Despite the majority of physicians indicating they received at least some revenue from APMs, the data suggest the reliance of practice revenue on FFS has remained consistent. An average of 69.1 percent of practice revenue came from FFS and 30.9 percent from APMs in 2022, similar to the shares in previous years.

Data and methods

The AMA's Physician Practice Benchmark Surveys are a series of biennial surveys (2012-2022) that include nationally representative data on approximately 3,500 physicians who provide at least 20 hours of patient care, have completed residency, and are not employed by the federal government (see Kane 2023 for details on survey methodology).

This PRP focuses on questions in the survey related to participation in care delivery models and involvement in payment methods. In the survey, physicians were asked if their practice is currently "accredited" or "recognized" as a medical home, and whether their practice participates in a Medicare, Medicaid, or commercial ACO. The questions pertaining to Medicare ACOs and medical homes started in 2014 and those to Medicaid and commercial ACOs in 2016. Physicians were also asked if insurers used FFS, pay-for-performance, capitation, bundled payments, and shared savings to pay their practice for care they provided. For each payment method that was received by the practice, physicians were then asked to provide their best estimate of the share of practice revenue from that payment method. The questions on the prevalence of each method started in 2012 and the questions on the share of revenue from each method started in 2014. Physicians were provided a brief definition for each model/method and could indicate that they "don't know" the answer to any of these questions. The Benchmark Surveys also asked physicians about the practice arrangements of their main practice, including practice type, the ownership structure of the practice, and whether there are primary care physicians in the practice.

ACOs and medical homes

2014-2022 Trends in participation and awareness

In 2022, 34.4 of physicians were in a practice that was accredited or recognized as a medical home, up from 32.3 percent in 2020 (Figure 1). In fact, participation in medical homes has consistently increased since 2014 (23.7 percent) – over a 10 percentage point increase – with the largest shift occurring between 2016 and 2018. Awareness of participation has generally been stable from year to year, with roughly a quarter of physicians indicating they "don't know" whether their practice was accredited or recognized as a medical home.

Among the three ACO types in 2022, participation in commercial ACOs was most prevalent (45.1 percent). In addition, commercial ACOs had the greatest increase in participation between 2016 and 2022 (13 percentage points). Much of this increase was driven by a spike between 2016 and 2018. The data also show an increase in awareness, with 30.7 percent of physicians indicating they "don't know" whether their practice belonged to a commercial ACO in 2016 compared to 25.5 percent in 2022. This was primarily driven by increased awareness of employees, as 41.0 percent of employees did not know about their practice's participation in commercial ACOs in 2016 compared to only 32.9 percent in 2022 (data not shown). In comparison, the increase in awareness for owners was notably less (i.e., 18.8 percent of owners did not know of their practice's participation in commercial ACOs in 2016 compared to 15.9 percent in 2022). Thus, even as the physician population shifts away from having an ownership stake in the practice and towards being employees of a practice (Kane, 2023), awareness in ACO participation among physicians continues to increase due to increased awareness among employees.

Participation in Medicare ACOs was 38.1 percent in 2022, up from 36.7 percent in 2020. There was nearly a 10 percentage point increase in participation from 2014 (28.6 percent). During this period, participation has fluctuated, substantially increasing between 2016 (31.8 percent) and 2018 (38.2 percent) before slightly decreasing from 2018 to 2020 (not statistically significant). Awareness has generally been consistent with just under a quarter of physicians indicating they don't know about their practice's participation in a Medicare ACO across all years of the survey. Although the participation estimates reported in this section may understate actual participation in these models because many physicians "don't know", the consistency in these percentages suggest that changes in awareness are not driving the trends.

In 2022, participation in Medicaid ACOs was 30.0 percent. This reflects a 9 percentage point increase in participation from when the data was first collected in 2016 (20.9 percent). Similar to the other two ACO types, most of this growth was driven by a spike between 2016 and 2018 – reflecting increased participation from practices or, also possible, greater involvement and awareness at the individual physician level since the percentage of physicians that "don't know" decreased between these two years (see Rama 2021 for discussion). Nonetheless, participation in Medicaid ACOs stabilized in later years and awareness has remained consistent since 2018, with just below thirty percent of physicians indicating they "don't know".[1]

The percentage of physicians in practices that were part of at least one of the three ACO types was 57.8 percent in 2022, up from 54.9 percent in 2020 and 44.0 percent in 2016. Twenty percent of physicians were in a practice that belonged to only one of the three ACO types whereas 37.9 percent belonged to two or all three ACO types (data not shown).

Many of the patterns found in the Benchmark Surveys are consistent with other research on ACO trends that utilize different metrics (i.e., number of ACO contracts or covered lives). Muhlestein et al. (2022) found that from the end of first quarter of 2022, there were 1010 ACOs, 1760 ACO contracts, and 32 million covered lives. Of the 1760 ACO contracts, 57 percent were for commercial ACOs, 36 percent for Medicare ACOs, and 8 percent for Medicaid ACOs. This is consistent with the physician level data in the Benchmark Survey which shows commercial ACOs were most prominent, followed by Medicare ACOs, and then lastly Medicaid ACOs. Muhlestein et al. (2022) also show rapid growth in ACO contracts and covered lives from 2010 to 2022, with declines and stagnation in 2019 and 2020 – this is also consistent with the Benchmark Survey data that saw a spike between 2016 and 2018 as well as some stagnation and declines in 2020 (see Rama 2021 for discussion).

2022 Participation by practice specialty mix

The Benchmark Surveys contain data on whether there were at least some primary care physicians (PCPs) in the practice.[2] Physicians in practices that had PCPs were substantially more likely to

[1] Although physicians are increasingly shifting away from having an ownership stake in their practice, there have been shifts in the awareness of physician employees such that the overall percentage of physicians indicating they "don't know" has remained consistent since 2018.

[2] In 2022, 54.6 percent of the physicians were either a primary care physician themselves or indicated that their practice included primary care physicians. Primary care specialties include the following: family medicine, general practice, internal medicine, obstetrics/gynecology, and pediatrics.

participate in each care delivery model than those who did not have PCPs in their practice (Figure 2). Greater ACO participation among physicians in practices with PCPs may relate to the fact that care coordination, which often involves PCPs, is an important part of the ACO model. Furthermore, Bleser et al. (2023) note that both commercial insurance and Medicaid plans are focusing on strengthening accountable primary care in their advancement of ACOs.

In 2022, 41.2 percent of physicians who had a PCP in their practice indicated their practice was accredited or recognized as a medical home – this was 22 percentage points greater than among physicians whose practices did not have a PCP (18.7 percent). For Medicare ACOs, participation was 44.5 percent among physicians that had a PCP in their practice compared to only 27.2 percent of those without a PCP in their practice – a 17 percentage point difference. Differences were narrower, but still substantial for Medicaid ACOs. In 2022, 33.6 percent of physicians in practices with a PCP belonged to a Medicaid ACO compared to 20.6 percent of those without a PCP in their practice – a 13 percentage point difference. The gap between the two groups was smallest among commercial ACOs compared to the other care delivery models in 2022. Over half (50.1 percent) of physicians with PCPs in their practice indicated their practice belonged to a commercial ACO – 12 percentage points more than those without a PCP in their practice (37.8 percent).

2022 Participation by practice type

Across all care delivery models, physicians in multi-specialty practices were more likely than physicians in single specialty practices to be in a practice that participated in each model, and solo practitioners were least likely (Figure 3).[3] More than half (54.9 percent) of physicians in multi-specialty practices indicated their practice belonged to a commercial ACO – this is 26 percentage points greater than the participation of solo practitioners (29.1 percent). Likewise, 49.7 percent and 37.1 percent of physicians in multi-specialty practices indicated their practice belonged to a Medicare ACO and Medicaid ACO, roughly 33 and 25 percentage points greater than the participation of solo practitioners. The greatest difference is seen in medical homes, where 45.9 percent of physicians in multi-specialty practices indicated their practice was accredited or recognized as a medical home compared to 8.8 percent of solo practitioners – a 37 percentage point difference.

2022 Participation by practice ownership

There were also differences in medical home and ACO participation across practice ownership structures (Figure 4). Physicians in private practice (i.e., practices wholly owned by physicians) were substantially less likely than those in hospital-owned practices (i.e., practices wholly or jointly owned by a hospital or health system) to indicate their practice was involved in each care delivery model.[4] In 2022, 44.4 percent of physicians in hospital-owned practices indicated their practice was accredited or recognized as a medical home – this was 23 percentage points greater than among physicians in private practices (21.5 percent). Although medical homes had the greatest gap in participation between the two ownership structures, there were still substantial differences for each

[3] In 2022, 12.9 percent of physicians were in solo practice, 41.8 percent in single specialty practice, 26.7 percent in multi-specialty practice, and the remaining in other practice types (Kane, 2023).

[4] In 2022, 46.7 percent of physicians were in private practice and 31.3 percent were in a hospital-owned practice (Kane, 2023). The remaining physicians were in another ownership structure and are not included in Figure 4.

ACO model. For commercial ACOs, participation was over half (52.6 percent) of physicians in hospital-owned practices compared to 38.3 percent of those in private practices – a 14 percentage point difference. The gap was 18 percentage points for Medicaid ACOs and 19 percentage points for Medicare ACOs. These differences may relate to the fact that hospital-owned practices are more likely than private practices to be multi-specialty practices and have primary care physicians (Kane, 2023). As shown (Figures 2 and 3), both of those characteristics are correlated with higher ACO participation rates. On this topic, Muhlestein et al. (2022) find that at the end of the first quarter of 2022, 41 percent of active ACOs were led by physician groups while 53 percent of ACOs were either hospital-led or jointly led by hospitals and physicians.

Fee-for-service and alternative payment methods

2012-2022 Trends in participation and awareness

The Benchmark Surveys also contain data on payment methods since 2012 which allow for an assessment on how the prevalence and share of payment methods has shifted over the last decade. Figure 5 shows that, in 2022, the vast majority of physicians (86.4 percent) indicated their practice received at least some payment from FFS for care that they provided. Although there have been some fluctuations over the past decade (reaching a low of 83.6 percent in 2016 and a high of 89.4 percent in 2012), the data generally suggest consistency in the prevalence of FFS. The percentage of physicians that “don’t know” about payment from FFS generally remained under 10 percent (Figure 6) – fluctuations in this percentage from year to year may have impacted minor changes seen in the percentage indicating they were paid by this method.

In tandem with the high prevalence of FFS, 64.3 percent of physicians reported that their practice received at least some payment from APMs in 2022, down by 3 percentage points from 2020 (66.8 percent) although up 7 percentage points from 2012 (57.6 percent) (Figure 5). Among the APMs, pay-for-performance and bundled payments were consistently most prevalent (Figure 6). In 2022, 41.4 percent of physicians indicated their practice received at least some payment from pay-for-performance, a 12 percentage point increase from 2012 (29.4 percent), despite slightly decreasing from 2020 (44.5 percent). The percentage of physicians that did not know whether their practice was paid by this method was generally around 15 percent, although one fifth of physicians did not know in 2016. Physicians that did not know tended to be employees of their practice (data not shown). For bundled payments, 39.6 percent of physicians indicated their practice received at least some payment from this method in 2022, an 8 percentage point increase from 2012 (32.0 percent) although stable since 2020 (40.1 percent). Bundled payments had similar rates and patterns for “don’t knows” as pay-for-performance.

Less prevalent, only 22.2 percent of physicians indicated that their practice received payment for care that they provided through shared savings in 2022. However, the prevalence in this payment method increased by 14 percentage points since 2012 (8.3 percent) - the greatest increase among the methods surveyed. Even so, the rates across years may be understated as roughly a quarter of physicians in each year did not know whether their practice received payment from this method (this percentage is more than for each of the other payment methods).The prevalence of capitation was 25.5 percent in 2022 and has generally been consistent over the last decade (reaching a low of 21.7 percent in 2012 and high of 26.1 percent in 2014). Unlike other APMs, the stability of capitation more

generally resembles the stability in FFS payment. This may be related to the fact that Medicare Advantage is based on a capitated payment system where CMS pays a capitated amount to cover care for each beneficiary (Better Medicare Alliance, 2021). Although there has been an acceleration in Medicare Advantage enrollment (Rama, 2022), this may be offset by the fact that per enrollee spending growth for Medicare Advantage has decelerated (data not shown) and the share of HMO plans, which also utilize capitation, has declined (Kaiser Family Foundation, 2022).[5]

2014-2022 Trends in revenue share

While the previous section provides information on whether the practice received *any* payment from FFS and various APMs, it does not indicate the extent to which these methods factored into practice revenue. From 2014 to 2022, the Benchmark Surveys collected data on the share of revenue coming from FFS. The data show that, in each year, roughly 70 percent of practice revenue came from FFS while only 30 percent from APMs (Figure 7). That is, for every $100 of revenue received by the practice, $70 was from FFS and $30 was from APMs. This would suggest that increases in the incidence of APMs (discussed earlier) have had little impact on the importance of APMs in the relative revenue stream of practices.

Although Figure 7 shows the average share of revenue from FFS and APMs has remained relatively constant, Figure 8 suggests that the distribution of the shares has not been quite as stable. In 2014, 33.6 percent of physicians indicated their practice received all its revenue from FFS whereas this decreased by 5 percentage points to 29.0 percent in 2022. In tandem with this, the percentage of physicians with a blend of APMs and FFS increased by 3 percentage points and the percentage of physicians in a practice receiving all its revenue from APMs increased by 2 percentage points.

The consistency in the average share of revenue from APMs despite increases in their prevalence may also be due to the fact that many APMs build off of FFS payments. As Berg et al. (2019) notes, the existing coding, billing, and payment processes for some APMs are calculated and administered retrospectively. Other research attempts to parcel out these differences. Notably, the 2022 Health Care Payment Learning and Action Network (2023) report on APMs distinguishes payment methods that are FFS with no link to quality, FFS with links to quality and value or APMs built on the FFS architecture, and population-based payment. The results of this report suggest FFS plays a role in over 90 percent of payment, either on its own (41 percent) or in conjunction with APMs and quality measures (52 percent).

Payment methods and care delivery models

Finally, Figure 9 shows differences in the share of revenue from FFS based on whether the physician was in a practice that participated in a care delivery model. Physicians in a practice that was accredited or recognized as a medical home had an average of 57.8 percent of revenue from FFS compared to 77.5 percent for those that were not – a 20 percentage point difference. There were similar rates and differences for the ACO models. There was a 16 percentage point difference

[5] Data on Medicare private plan spending, enrollment, and per enrollee spending was obtained directly from Center for Medicare and Medicaid Services. The data show that for Medicare private plans, per enrollee spending growth was 7.0 percent in 2019, 5.6 percent in 2020, and 3.7 percent in 2021. From 2010 through 2019, per enrollee spending growth remained low and fluctuated between -1.0 percent and 4.3 percent.

in FFS revenue share for those participating in an Medicare ACO compared to those that were not, 21 percentage points for Medicaid ACO, and 16 percentage points for commercial ACO. These differences are not surprising, since ACOs aim to improve patient care and reduce costs, and APMs, many of which are designed to target these same goals, are a tool that can be used to achieve this. Nonetheless, it is interesting to note that the majority of revenue came from FFS regardless of whether the practice participated in the care delivery model or not.

Conclusion

This Policy Research Perspective presents physician level data on participation in medical homes and ACOs as well as involvement in fee-for-service and alternative payment models. Using nationally representative data from AMA's Physician Practice Benchmark Surveys from 2012-2022, this report examines both patterns in participation over the past decade as well as differences in participation across practice arrangements.

The first part of the report focuses on care delivery models, showing that, in 2022, 34.4 percent of physicians were in a practice that belonged to a medical home, 38.1 percent to a Medicare ACO, 30.0 percent to a Medicaid ACO, and 45.1 percent to a commercial ACO. Since 2014, participation in medical homes increased by 11 percentage points and in Medicare ACOs increased by 10 percentage points. Since 2016, participation in commercial ACOs increased by 13 percentage points and in Medicaid ACOs increased by 9 percentage points. The percentage of physicians in a practice that belonged to at least one ACO has increased by over 10 percentage points since 2016 - from 44.0 percent to 57.8 percent in 2022.

The data show there were differences across practice types, with physicians in multi-specialty practices being substantially more likely than solo practitioners to participate in each care delivery model (between a 25 and 37 percentage point difference). Further, for each care delivery model, physicians in practices with primary care physicians were more likely to indicate their practice belonged to the model than those in a practice without primary care physicians (between a 12 and 22 percentage point difference). There were also differences across practice ownership structure, with physicians in hospital-owned practices were more likely to be involved in each care delivery model than physicians in private practices (between a 14 and 23 percentage point difference).

The second part of the report focuses on payment methods, showing that, in 2022, 86.4 percent and 64.3 percent of physicians indicated their practice received at least some revenue from fee-for-service and alternative payment methods, respectively, for care that they provided. The most prevalent alternative payment methods were pay-for-performance and bundled payments with 41.4 percent and 39.6 percent of physicians indicating their practice received at least some payment from these methods. Less common were capitation (25.5 percent) and shared savings (22.2 percent).

Despite the majority of physicians indicating their practice received at least some payment from alternative payment methods, roughly 70 percent of practice revenue was from fee-for-service and 30 percent from alternative payment methods. These average shares have been consistent since 2014, although the data show a shift away from complete reliance on fee-for-service and a shift towards using a blend of alternative payment methods and fee-for-service. Finally, physicians in practices that belonged to a care delivery model had a lower share of revenue coming from fee-for-

service compared to physicians in practices that were not in a care delivery model, by roughly 20 percentage points across all four models.

References

Berg, M., Nuzum, D., Parmar, S. The seven characteristics of successful alternative payment models [Internet]; 2019 [cited 2023 Oct 1]. (McKinsey & Company, January 17, 2019). Available from https://healthcare.mckinsey.com/seven-characteristics-successful-alternative-payment-models/

Better Medicare Alliance. Medicare Advantage Payment Structure Fact Sheet [Internet]; 2021 [cited 2023 Oct 1]. (Better Medicare Alliance, January 2021). Available from https://bettermedicarealliance.org/publication/medicare-advantage-payment-structure/

Bleser, W., McStay, F., Muhlestein, D., McClellan, M. Accountable Care In 2023: Evolving Terminology, Current State, And Priorities [Internet]; 2023 [cited 2023 Oct 1]. (Health Affairs Forefront, February 24, 2023). Available from https://www.healthaffairs.org/content/forefront/accountable-care-2023-evolving-terminology-current-state-and-priorities

Health Care Payment Learning and Action Network. APM Payment – Progress of Alternative Payment Models – 2022 Methodology and Results Report [Internet]. Health Care Payment Learning and Action Network, 2022 [cited 2023 Oct 1]. Available from http://hcp-lan.org/workproducts/apm-methodology-2022.pdf

Kaiser Family Foundation. 2022 Employer Health Benefits Survey [Internet]. Kaiser Family Foundation, 2022 [cited 2023 Oct 1]. Available from https://www.kff.org/report-section/ehbs-2022-section-5-market-shares-of-health-plans/

Kane, C. Recent Changes in Physician Practice Arrangements: Shifts Away from Private Practice and Towards Larger Practice Size Continue Through 2022 [Internet]. Chicago (IL): American Medical Association, 2023 [cited 2023 Oct 1]. (Policy Research Perspective 2023-4). Available from https://www.ama-assn.org/system/files/2022-prp-practice-arrangement.pdf

Muhlestein, D., Saunders, R., de Lisle, K., Bleser W., McClellan, M. Growth Of Value-Based Care And Accountable Care Organizations In 2022. [Internet]; 2022 [cited 2023 Oct 1]. (Health Affairs Forefront, December 2, 2022). Available from https://www.healthaffairs.org/content/forefront/growth-value-based-care-and-accountable-care-organizations-2022

Rama, A. Payment and Delivery in 2020: Fee-for-Service Revenue Remains Stable While Participation Shifts in Accountable Care Organizations During the Pandemic [Internet]. Chicago (IL): American Medical Association, 2021 [cited 2023 Oct 1]. (Policy Research Perspective 2021-7). Available from https://www.ama-assn.org/system/files/2020-prp-payment-and-delivery.pdf

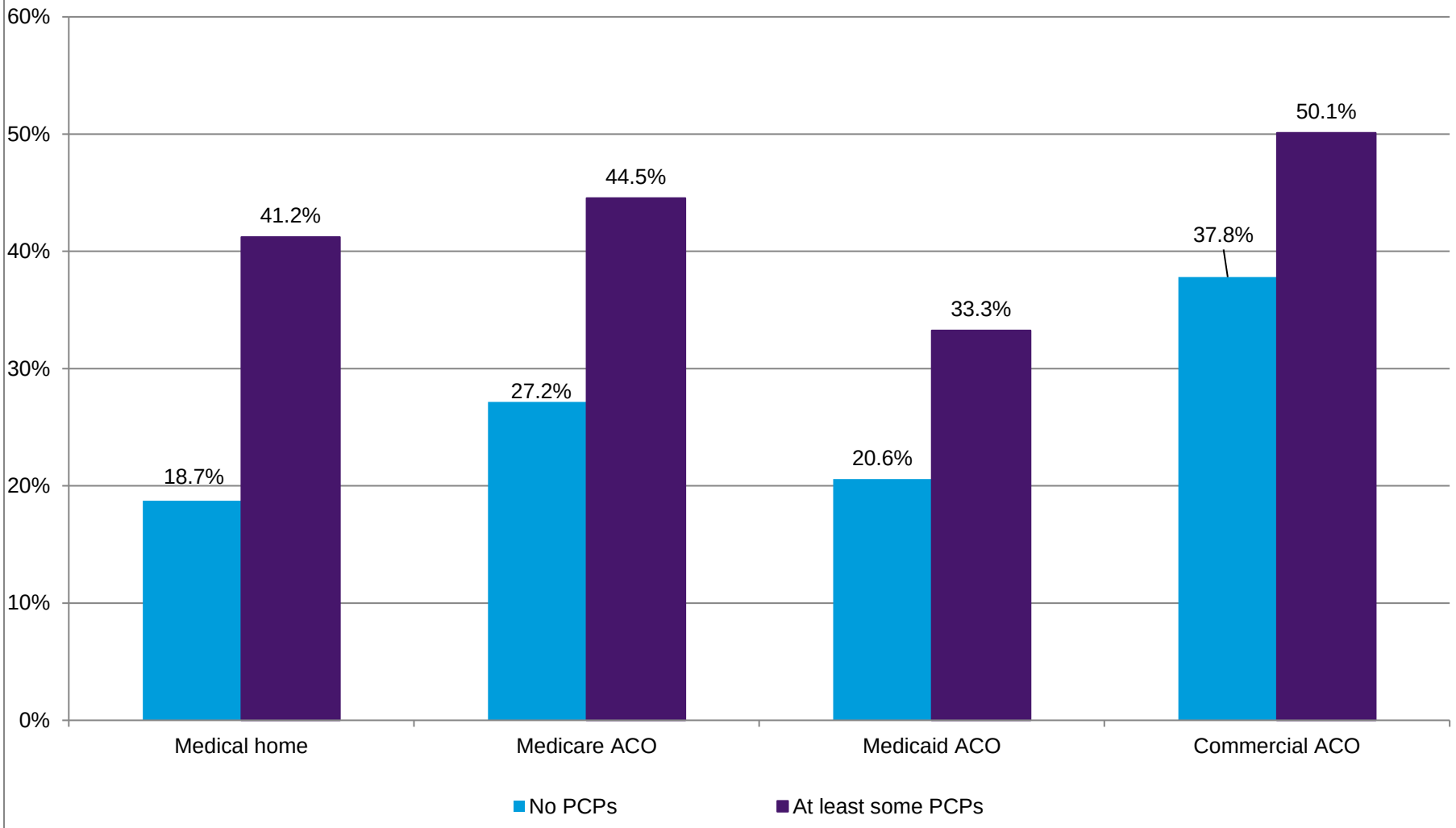
Rama, A. National Health Expenditures, 2021: Decline in Pandemic-Related Government Spending Results in 8-Percentage Point Decrease in Total Spending Growth [Internet]. Chicago (IL): American Medical Association, 2023 [cited 2023 Oct 1]. (Policy Research Perspective 2023-1). Available from https://www.ama-assn.org/system/files/prp-annual-spending-2021.pdf

Figure 1. Percentage of physicians in medical homes and ACOs from 2014 to 2022

		2014	2016	2018	2020	2022
Medical home	Yes	23.7%	25.7%	31.9%	32.3%	34.4%
	No	52.2%	49.4%	45.2%	43.4%	39.7%
	Don't Know	24.1%	24.9%	23.0%	24.3%	25.9%
Medicare ACO	Yes	28.6%	31.8%	38.2%	36.7%	38.1%
	No	46.5%	43.7%	40.1%	40.6%	38.3%
	Don't Know	24.9%	24.5%	21.7%	22.7%	23.6%
Medicaid ACO	Yes	N/A	20.9%	26.3%	29.5%	30.0%
	No	N/A	47.2%	44.0%	42.0%	41.2%
	Don't Know	N/A	31.9%	29.7%	28.5%	28.8%
Commercial ACO	Yes	N/A	31.7%	39.0%	42.7%	45.1%
	No	N/A	37.6%	32.7%	31.4%	29.3%
	Don't Know	N/A	30.7%	28.4%	25.9%	25.5%

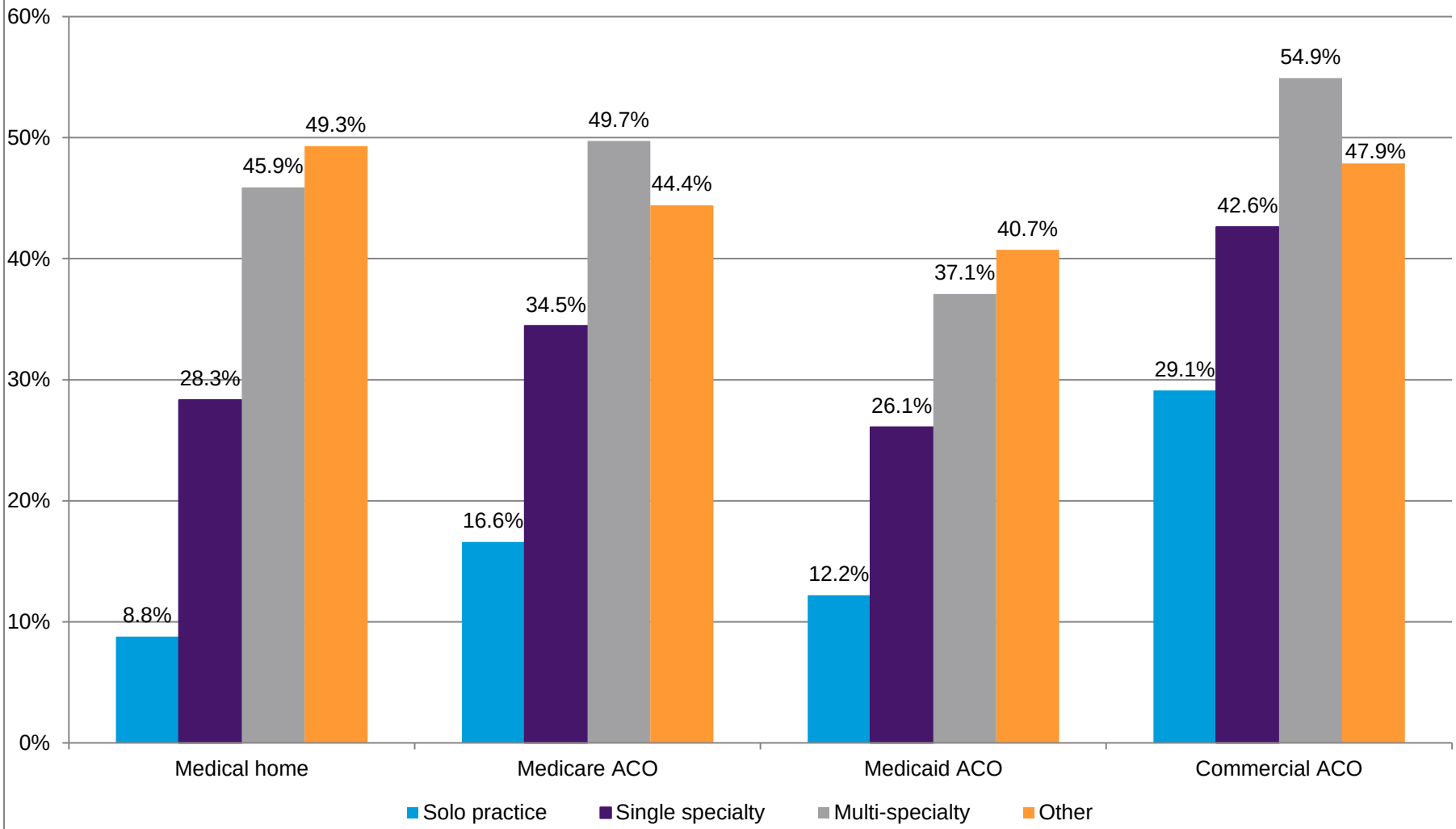
Source: Author's analysis of AMA 2014-2022 Physician Practice Benchmark Surveys.

Figure 2. Percentage of physicians in medical homes and ACOs by practice specialty mix (2022)



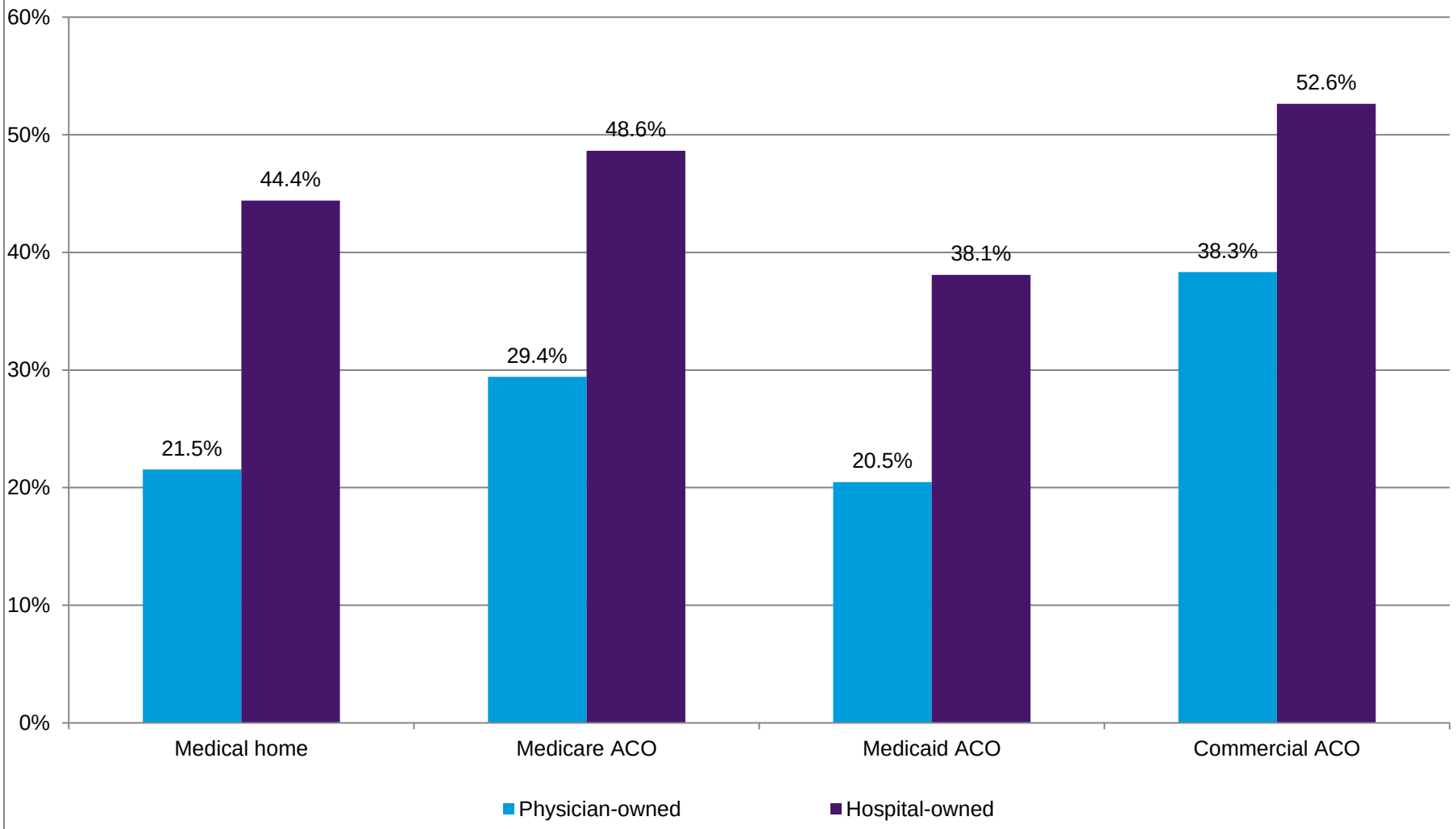
Spurce: Author's analysis of AMA 2022 Physician Practice Benchmark Survey.
Note: Only solo, single specialty, and multi-specialty practices are included. Responses to whether part of a medical home or ACO (yes, no, don't know) are significantly different across practice specialty mix ($p<0.01$) using a chi-squared test. See Appendix Table 1 for t-tests.

Figure 3. Percentage of physicians in medical homes and ACOs by practice type (2022)



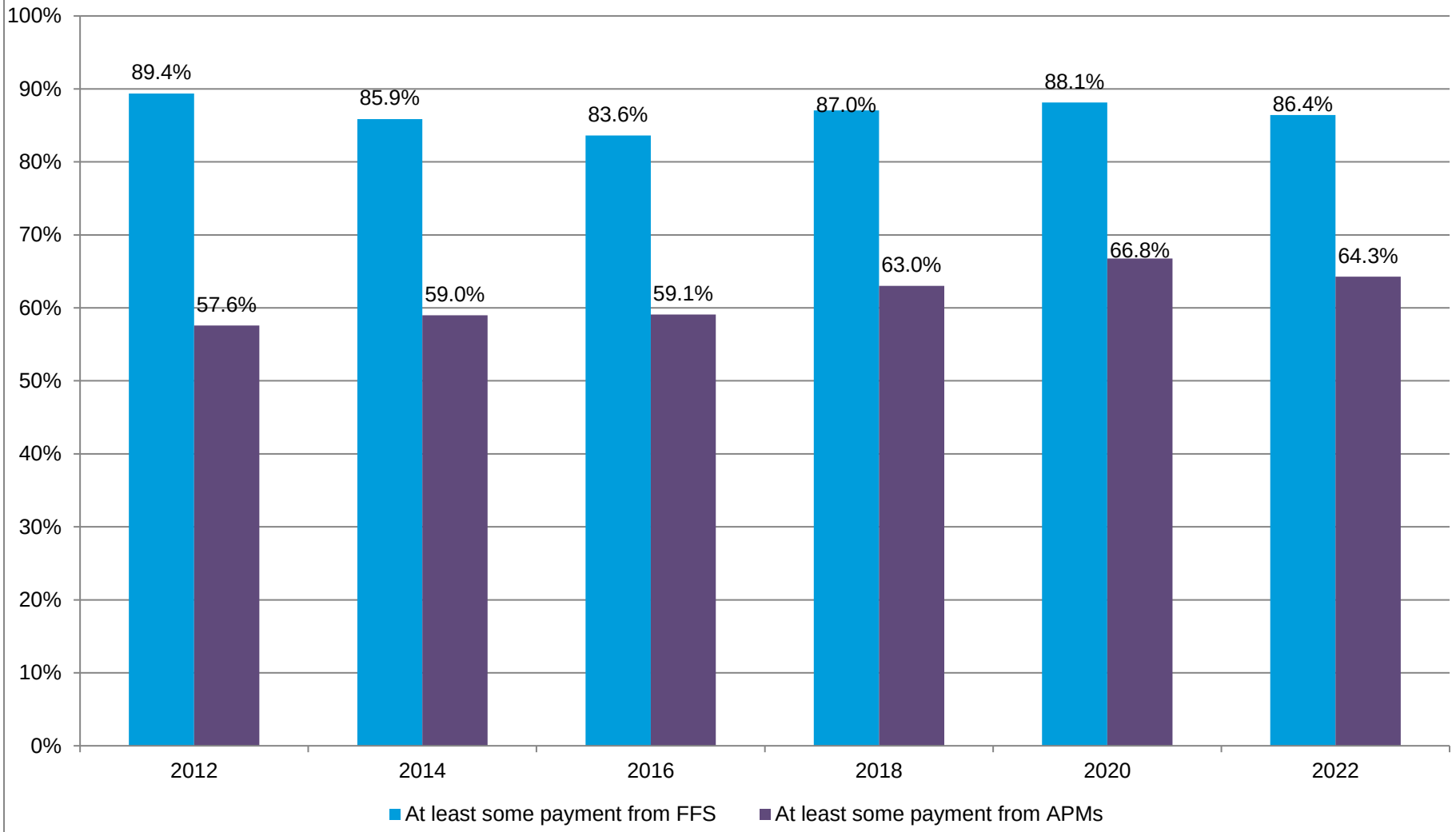
Source: Author's analysis of AMA 2022 Physician Practice Benchmark Survey.
Note: Responses to whether part of a medical home or ACO type (yes, no, don't know) are significantly different across practice type ($p<0.01$) using a chi-squared test. The "other" category consists of physicians who work in faculty practice plans (FPPs), ambulatory surgical centers, urgent care facilities, HMO/managed care organizations, medical schools, as well as those who are direct employees of hospitals or opted to "fill-in" a response. See Appendix Table 1 for t-tests.

Figure 4. Percentage of physicians in medical homes and ACOs by practice ownership (2022)



Source: Author's analysis of AMA 2022 Physician Practice Benchmark Survey.
Note: Responses to whether part of a medical home or ACO type (yes, no, don't know) are significantly different across practice ownership ($p<0.01$) using a chi-squared test. See Appendix Table 1 for t-tests.

Figure 5. Percentage of physicians in practices that receive at least some payment from fee-for-service and alternative payment methods from 2012 to 2022



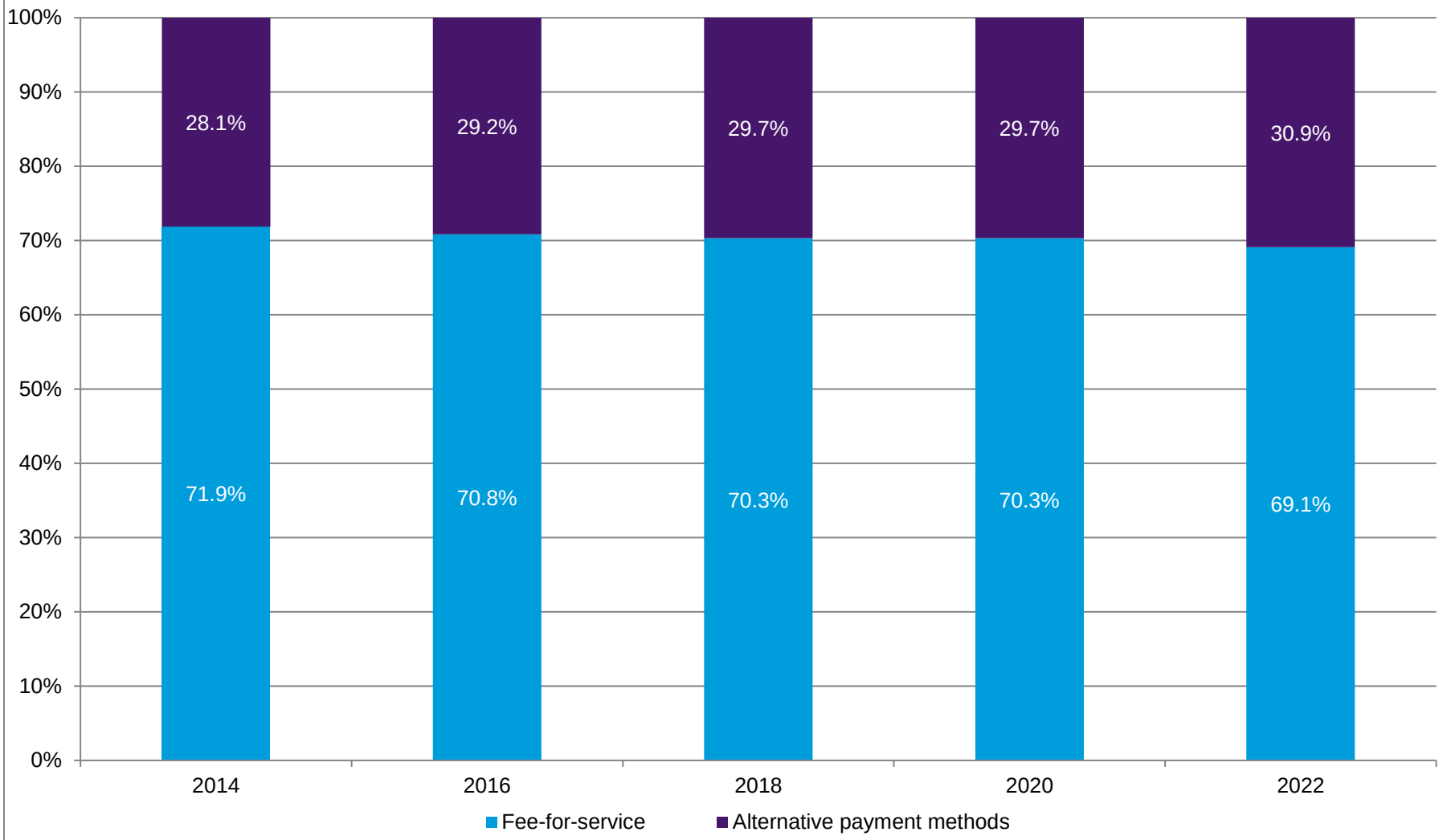
Source: Author's analysis of AMA 2022 Physician Practice Benchmark Survey.
Note: See Appendix Table 2 for t-tests.

Figure 6. Percentage of physicians in practices that receive fee-for-service, pay-for-performance, capitation, bundled payments, and shared savings from 2012 to 2022

	2012	2014	2016	2018	2020	2022
Fee-for-service						
Yes	89.4%	85.9%	83.6%	87.0%	88.1%	86.4%
No	5.3%	5.2%	5.8%	6.6%	6.1%	6.3%
Don't know	5.3%	9.0%	10.6%	6.4%	5.7%	7.3%
Pay-for-performance						
Yes	29.4%	32.7%	35.7%	42.3%	44.5%	41.4%
No	57.2%	50.5%	44.3%	42.6%	41.5%	42.2%
Don't know	13.4%	16.8%	20.1%	15.0%	13.9%	16.4%
Capitation						
Yes	21.7%	26.1%	25.1%	23.9%	23.8%	25.5%
No	66.9%	57.8%	55.2%	60.0%	59.9%	56.0%
Don't know	11.5%	16.1%	19.6%	16.1%	16.3%	18.5%
Bundled payments						
Yes	32.0%	34.5%	34.8%	36.2%	40.1%	39.6%
No	54.9%	46.6%	44.4%	47.7%	44.0%	42.4%
Don't know	13.1%	18.9%	24.6%	16.1%	16.0%	18.0%
Shared savings						
Yes	8.3%	13.6%	16.7%	18.9%	21.5%	22.2%
No	70.7%	59.1%	53.5%	57.3%	53.8%	51.5%
Don't know	21.1%	27.3%	29.8%	23.8%	24.7%	26.3%

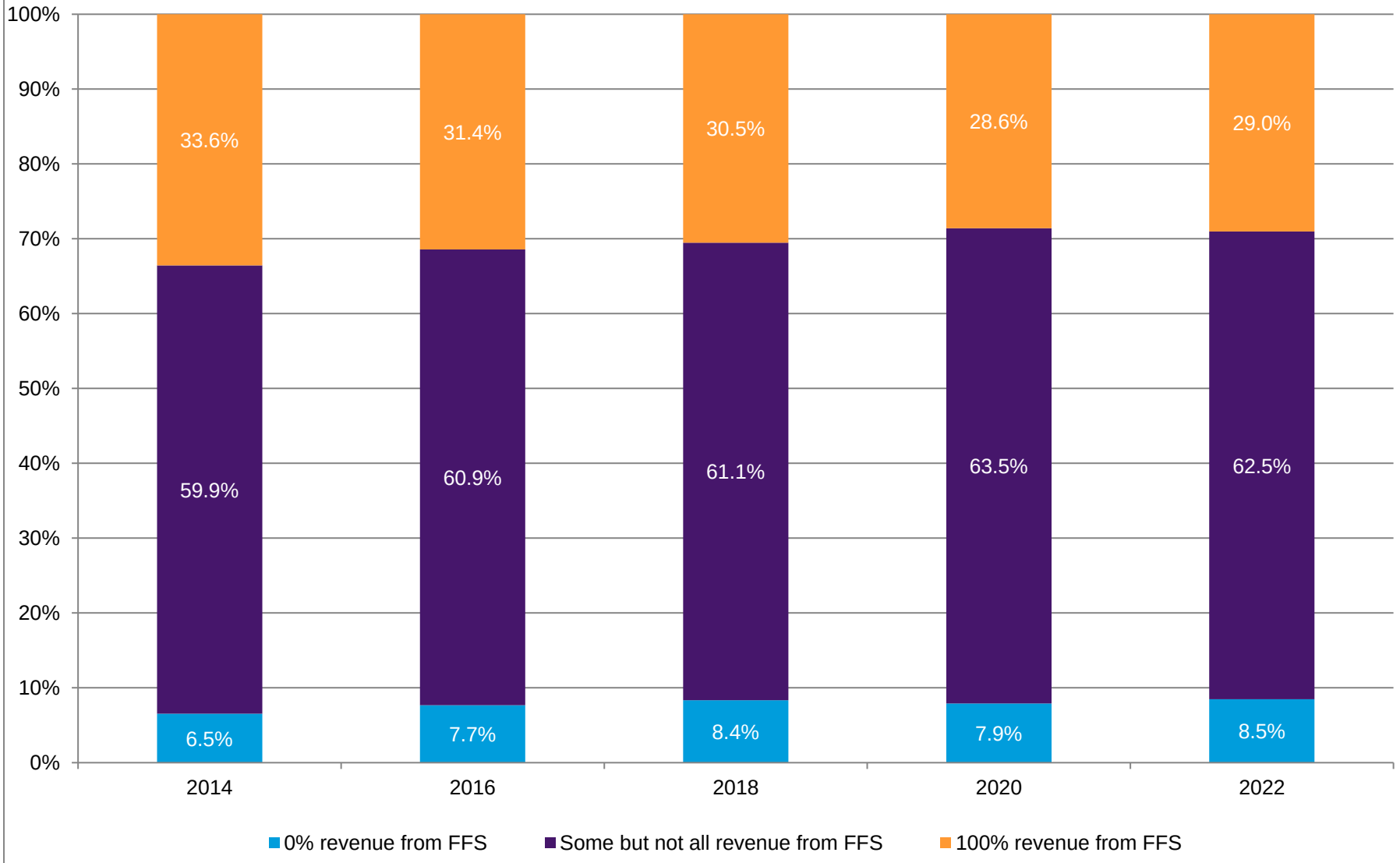
Source: Author's analysis of AMA 2012-2022 Physician Practice Benchmark Surveys.
Note: See Appendix Table 2 for t-tests.

Figure 7. Fee-for-service and alternative payment method revenue shares reported by physicians



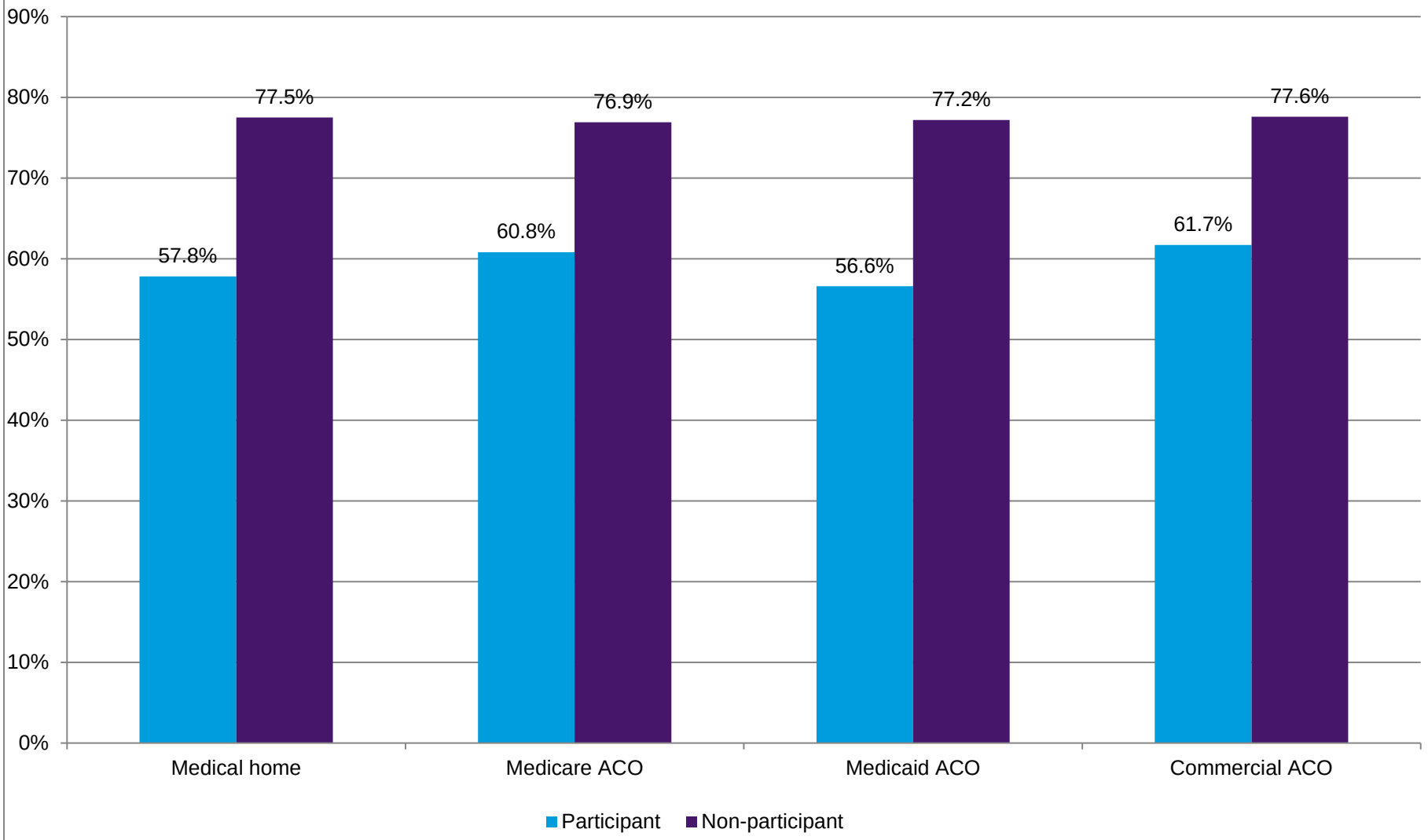
Source: Author's analysis of AMA 2014-2022 Physician Practice Benchmark Surveys.
Note: See Appendix Table 3 for t-tests.

Figure 8. Fee-for-service revenue shares reported by physicians



Source: Author's analysis of AMA 2014-2022 Physician Practice Benchmark Surveys.
Note: Physicians that do not know the fee-for-service revenue shares (roughly 20 percent in each year) are excluded from this analysis.

Figure 9. Fee-for-service revenue share by medical home and ACO participation (2022)



Source: Author's analysis of AMA 2022 Physician Practice Benchmark Survey.
Note: See Appendix Table 3 for t-tests.

Appendix Table 1. Medical home and ACO participation (percentage) by practice characteristics and year

		Medical home			Medicare ACO			Medicaid ACO			Commercial ACO		
		Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know
Year	2014	23.7[a]	52.2[a]	24.1	28.6[a]	46.5[a]	24.9[b]						
	2016	25.7[a]	49.4[a]	24.9	31.8[a]	43.7[a]	24.5[c]	20.9[a]	47.2[a]	31.9[a]	31.7[a]	37.6[a]	30.7[a]
	2018	31.9	45.2	23.0	38.2	40.1	21.7	26.3[a]	44.0[c]	29.7	39.0[a]	32.7	28.4[b]
	2020	32.3	43.4	24.3	36.7	40.6	22.7	29.5	42.0	28.5	42.7	31.4	25.9
	2022	34.4	39.7	25.9	38.1	38.3	23.6	30.0	41.2	28.8	45.1	29.3	25.5
Practice type (2022)	Solo practice	8.8[a]	76.0[a]	15.2[a]	16.6[a]	74.6[a]	8.8[a]	12.2[a]	76.4[a]	11.4[a]	29.1[a]	59.6[a]	11.3[a]
	Single specialty	28.3	45.8	25.9	34.5	45.2	20.3	26.1	47.6	26.3	42.6	33.6	23.8
	Multi-specialty	45.9[a]	27.8[a]	26.3[a]	49.7[a]	25.4[a]	24.8[c]	37.1[a]	30.0[a]	33.0[b]	54.9[a]	19.6[a]	25.5
	Other	49.3[a]	17.7[a]	33.0[a]	44.4[a]	16.1[a]	39.5[a]	40.7[a]	18.5[a]	40.8[a]	47.9[a]	12.7[a]	39.5[a]
Primary care physicians in practice (2022)	No primary care physicians	18.7	53.8	27.4	27.2	51.5	21.4	20.6	52.0	27.4	37.8	39.0	23.2
	At least some primary care physicians	41.2[a]	37.1[a]	21.7[a]	44.5[a]	36.7[a]	18.8[b]	33.3[a]	41.7[a]	25.0	50.1[a]	28.2[a]	21.7
Practice ownership (2022)	Physician-owned	21.5	58.0	20.4	29.4	56.4	14.2	20.5	60.8	18.8	38.3	43.7	17.9
	Hospital-owned	44.4[a]	26.8[a]	28.8[a]	48.6[a]	22.7[a]	28.7[a]	38.1[a]	25.8[a]	36.1[a]	52.6[a]	17.8[a]	29.5[a]

Source: Author's analysis of AMA 2014-2022 Physician Practice Benchmark Surveys.

Notes: T-tests are run separately for the percentage who said yes, no and don't now to participating in medical homes and ACOs. The table reports pairwise comparisons between 2022 and each of the other years (for year), single specialty practice and each of the other three practice types (for practice type), physicians in practices with at least some primary care physicians and those in practices without any primary care physicians (for practice specialty mix), hospital-owned and physician-owned (for practice ownership). a indicates $p<0.01$, b indicates $p<0.05$, c indicates $p<0.10$

Appendix Table 2. Percentage receiving payment from fee-for-service and alternative payment methods by year

	2012	2014	2016	2018	2020	2022
Fee-for-service						
Yes	89.4%[a]	85.9%	83.6%[a]	87.0%	88.1%[b]	86.4%
No	5.3%[a]	5.2%[b]	5.8%	6.6%	6.1%	6.3%
Don't know	5.3%[a]	9.0%[a]	10.6%[a]	6.4%	5.7%[a]	7.3%
Pay-for-performance						
Yes	29.4%[a]	32.7%[a]	35.7%[a]	42.3%	44.5%[a]	41.4%
No	57.2%[a]	50.5%[a]	44.3%[c]	42.6%	41.5%	42.2%
Don't know	13.4%[a]	16.8%	20.1%[a]	15.0%	13.9%[a]	16.4%
Capitation						
Yes	21.7%[a]	26.1%	25.1%	23.9%	23.8%[c]	25.5%
No	66.9%[a]	57.8%	55.2%	60.0%[a]	59.9%[a]	56.0%
Don't know	11.5%[a]	16.1%[a]	19.6%	16.1%[a]	16.3%[b]	18.5%
Bundled payments						
Yes	32.0%[a]	34.5%[a]	34.8%[a]	36.2%[a]	40.1%	39.6%
No	54.9%[a]	46.6%[a]	44.4%[c]	47.7%[a]	44.0%	42.4%
Don't know	13.1%[a]	18.9%	24.6%[a]	16.1%[b]	16.0%[b]	18.0%
Shared savings						
Yes	8.3%[a]	13.6%[a]	16.7%[a]	18.9%[a]	21.5%	22.2%
No	70.7%[a]	59.1%[a]	53.5%[c]	57.3%[a]	53.8%[c]	51.5%
Don't know	21.1%[a]	27.3%	29.8%[a]	23.8%[b]	24.7%	26.3%

Source: Author's analysis of AMA 2012-2022 Physician Practice Benchmark Surveys.
Notes: T-tests are run separately for the percentage who said yes, no and don't know to participating in each payment method. The table reports pairwise comparisons between 2022 and each of the other years. a indicates p<0.01, b indicates p<0.05, c indicates p<0.10.

Appendix Table 3. Share of revenue from fee-for-service by year and care delivery model participation

		Average fee-for-service share
Year	2014	71.9%[a]
	2016	70.8%[c]
	2018	70.3%
	2020	70.3%
	2022	69.1%
Medical home (2022)	Participant	57.8%[a]
	Non-participant	77.5%
Medicare ACO (2022)	Participant	60.8%[a]
	Non-participant	76.9%
Medicaid ACO (2022)	Participant	56.6%[a]
	Non-participant	77.2%
Commercial ACO (2022)	Participant	61.7%[a]
	Non-participant	77.6%

Source: Author's analysis of AMA 2014-2022 Physician Practice Benchmark Surveys.
Notes: T-tests are run for average share of revenue from fee-for-service. The table reports pairwise comparisons between 2022 and each of the other years (for year), as well as participating in the care delivery model (i.e., medical home, ACO) and not participating in the care delivery model. a indicates p<0.01, b indicates p<0.05, c indicates p<0.10.