



# Policy Research Perspectives

## Payment and Delivery in 2016: The Prevalence of Medical Homes, Accountable Care Organizations, and Payment Methods Reported by Physicians

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### Introduction

The purpose of this Policy Research Perspective (PRP) is to evaluate physician involvement in medical homes, Accountable Care Organizations (ACOs), and payment models using data from the American Medical Association's (AMA's) Physician Practice Benchmark Surveys. The first section of this PRP focuses on the extent to which physicians are in practices that belong to medical homes and Medicare, Medicaid, and commercial ACOs as well as how that participation varies across practice attributes and how it has changed over time. The second section examines practice involvement in various payment models such as fee-for-service (FFS) and alternative payment models (APMs), including pay-for-performance, bundled payments, shared savings, and capitation.

As of the end of the first quarter of 2017, ACOs covered more than 10 percent of the U.S. population (Muhlestein et al., 2017). ACOs have steadily grown with a 2.2 million increase in covered lives and a net increase of 92 ACOs from the end of the first quarter in 2016 through the same period in 2017. However, despite existing reports tracking the growth of ACOs, there is still limited information on physician participation in ACOs.

The results of the AMA's Benchmark Survey indicated that in 2016, 25.7 percent of physicians worked in practices that belonged to a medical home, 31.8 percent to a Medicare ACO, 20.9 percent to a Medicaid ACO, and 31.7 percent to a commercial ACO. Overall, 44.0 percent of physicians were in practices that belonged to at least one type of ACO. Although earlier data on Medicaid and commercial ACO participation are not available, we found that participation in medical homes and Medicare ACOs was up slightly (by 2 to 3 percentage points) from 2014. Despite the increase in participation, *awareness* about participation remained the same as in 2014. For both medical homes and Medicare ACOs, about 25 percent of physicians did not know whether their practice was part of that particular model.

The data also suggest that, despite the evolution of new payment models, FFS continued to be the dominant payment method received by physician practices. Although 59.1 percent of physicians worked in practices that received at least some revenue from an APM in 2016, an average of 70.8 percent of practice revenue was still received through FFS. Further, more than 80 percent of physicians worked in practices that received at least some revenue from FFS.

## Data and Methods

This PRP utilizes data from the AMA's Physician Practice Benchmark Surveys. The Benchmark Surveys contain nationally representative data on active U.S. patient care physicians.<sup>1</sup> The surveys, which collect detailed information about the practice arrangements and payment methodologies of participating physicians, were conducted in September 2012, 2014 and 2016 with approximately 3,500 respondents each year.

For this PRP, we focus on questions in the survey related to participation in medical homes and ACOs as well as involvement with various payment methods. In the survey, physicians are asked if their practice belongs to a medical home or participates in a Medicare ACO, Medicaid ACO and/or a commercial ACO. Physicians are also asked if the insurers that cover their patients use the following payment methods: FFS, pay-for-performance, capitation, bundled payments and shared savings. For each payment method that is received by the practice, physicians are also asked to provide their best estimate of the share of practice revenue from that payment method.

### Physician Participation in Medical Homes and ACOs

Based on data from the Benchmark Surveys, the percentage of physicians in practices that were part of a medical home increased from 23.7 percent in 2014 to 25.7 percent in 2016 (Figure 1). Participation in Medicare ACOs increased from 28.6 percent to 31.8 percent over that same period.<sup>2</sup> The results of the 2016 Benchmark Survey also indicate that 20.9 percent participated in a Medicaid ACO and 31.7 percent in a commercial ACO (questions on Medicaid and commercial ACOs were not asked prior to the 2016 Benchmark Survey).

Leavitt Partners has been tracking ACOs since their formation. They found that as of the end of the first quarter of 2017, 19.1 million lives were covered by commercial ACOs, 9.4 million by Medicare ACOs and 3.9 million by Medicaid ACOs (Muhlestein et al., 2017). This reflects, respectively, about 5.9 percent, 2.9 percent, and 1.2 percent of the U.S. population.<sup>3</sup>

In the following sections we discuss how participation in medical homes and ACOs as well as *awareness* of participation varied across practice characteristics.

### Awareness of Participation in Medical Homes and ACOs

For both medical homes and Medicare ACOs, approximately 25 percent of physicians indicated they did not know their practice's participation status in 2016. This is similar to what was observed in 2014 (Figure 1). The percentage of physicians who were unaware of their practice's participation was much higher for Medicaid ACOs and commercial ACOs at, respectively, 31.9 percent and 30.7

<sup>1</sup> Active patient care physicians includes physicians who provide at least 20 hours of patient care per week, are post-residency, and are not employed by the federal government at the time of the survey. See Kane, 2017 for additional details about the survey methodology.

<sup>2</sup> T-tests indicate that the increases in medical home and Medicare ACO participation between 2014 and 2016 were statistically significant at the 5 percent and 1 percent levels, respectively.

<sup>3</sup> These percentages were calculated by dividing the number of covered lives in the ACO (reported by Muhlestein et al., 2017) by the U.S. population reported on FRED (maintained by the St. Louis Federal Reserve Bank) for mid-March 2017 (324.925 million people). Available from: <https://fred.stlouisfed.org/series/POPTHM>.

percent. Forty-four percent of physicians reported that they were unaware of their practice's participation status in at least one of the three ACO types.

Awareness of participation in ACOs varied by physician characteristics (data not shown). For example, 56.9 percent of physicians under the age of 40 were unaware of their practice's participation status for at least one of the three ACO types. This is relatively high compared to 45.4 percent of physicians in the 40 to 54 age range and 37.3 percent of physicians above the age of 54. This result may in part be related to age patterns in ownership status as younger physicians are less likely to be practice owners compared to older physicians (Kane, 2017). To that point, we found that only 28.9 percent of physician owners were unaware of their practice's participation status for at least one of the three ACO types, whereas this was the case for 57.0 percent of physician employees.

#### Differences Across Practice Type

The results of the 2016 Benchmark Survey indicate that participation in medical homes and ACOs varied across practice type (Figure 2).<sup>4,5</sup> Physicians in solo practices were the least likely to participate in medical homes and each ACO type compared to physicians in other practice types. Only 7.4 percent of physicians in solo practices participated in medical homes, 19.5 percent in Medicare ACOs, 11.1 percent in Medicaid ACOs, and 21.9 percent in commercial ACOs. At the other end of the spectrum, physicians in multi-specialty practices were more likely than those in single specialty practices to participate in medical homes and each ACO type. Among physicians in multi-specialty practices, 25.5 percent participated in Medicaid ACOs compared to 16.9 percent of physicians in single specialty practices. Participation in medical homes, Medicare ACOs, and commercial ACOs among physicians in multi-specialty practices was around 40 percent but below 30 percent among physicians in single specialty practices.

#### Differences Across Specialty

Although participation in medical homes and each type of ACO was markedly lower among physicians in single specialty practices compared to those in multi-specialty practices (Figure 2), we found that the participation rates of physicians in *primary care* single specialty practices approached that of multi-specialty practices and were higher than the participation rates of physicians in *non-primary care* single specialty practices.<sup>6</sup> This is not surprising because medical homes are fundamentally a model of how primary care should be organized and delivered (Patient-Centered Primary Care Collaborative, 2017). Further, primary care physicians serve as the "linchpin" of an ACO program (Gold, 2015). When comparing physicians in primary care and non-primary care single specialty practices, the widest gap was observed in medical home participation (Figure 3). Participation in medical homes was more than 20 percentage points higher among physicians in

<sup>4</sup> In 2016, 16.5 percent of physicians were in solo practice, 42.8 percent in single specialty practice, 24.6 percent in multi-specialty practice, and 16.2 percent in other practice types (Kane, 2017).

<sup>5</sup> The other category in Figure 2 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 and other "fill in" responses. The participation rates of physicians in the other category were similar to those of physicians in multi-specialty practices, except for Medicaid ACOs. This is primarily because physicians in FPPs and hospitals reported relatively high participation rates for Medicaid ACOs.

<sup>6</sup> 39.4 percent of physicians in single specialty practices were primary care physicians.

primary care practices (33.5 percent) compared to those in non-primary care practices (12.0 percent).<sup>7</sup> While the participation rate for Medicare and commercial ACOs was approximately 33 percent for physicians in primary care practices, it was only around 25 percent for physicians in non-primary care single specialty practices. This difference was less apparent in the Medicaid ACO participation rates, with 19.0 percent of physicians in primary care and 15.6 percent of physicians in non-primary care single specialty practices participating.

#### Differences Across Practice Ownership

Among physicians in single specialty practices, participation in medical homes and ACOs varied not only by primary care practice status, but also by practice ownership. Figure 4 shows the percentage of physicians in practices that belonged to medical homes and ACOs by whether their practice was physician-owned or hospital-owned. For single specialty practices, practice ownership appeared to be an important factor related to participation for medical homes and most ACO types. In fact, medical home participation was almost 20 percentage points higher among physicians in hospital-owned practices compared to those in physician-owned practices.<sup>8</sup> Physicians in hospital-owned practices also had a participation rate in both Medicare and Medicaid ACOs that was approximately 10 percentage points higher than physicians in physician-owned practices. In contrast, the participation rates for commercial ACOs were similar for physicians in physician- and hospital-owned practices at 27.4 percent and 31.0 percent, respectively.<sup>9</sup>

Unlike single specialty practices, we found that the ACO participation of multi-specialty practices was similar regardless of practice ownership (Figure 5). For each ACO type, the participation rates were within 5 percentage points of each other and the differences were not statistically significant. For medical homes, however, physicians in hospital-owned practices reported a significantly higher participation rate (42.6 percent) than physicians in physician-owned practices (31.4 percent).<sup>10</sup>

#### Participation in Multiple ACO Types

Forty-four percent of physicians reported that their practice participated in at least one of the three types of ACOs.<sup>11</sup> Due to the high rate of “don’t know” responses for each ACO type, it is possible that these percentages underestimate participation in multiple categories. For example, among

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<sup>7</sup> T-tests indicate that the difference in primary care practice and non-primary care single specialty practice participation rates is statistically significant at the 1 percent level for medical homes, Medicare ACOs, and commercial ACOs. The difference is only statistically significant for Medicaid ACOs at the 10 percent level.

<sup>8</sup> T-tests indicate that the difference in physician-owned and hospital-owned single specialty practice participation rates is statistically significant at the 1 percent level for medical homes, Medicare ACOs, and Medicaid ACOs. It is not statistically significant for commercial ACOs.

<sup>9</sup> Previous literature suggests that primary care practices are more likely to be hospital-owned which could account for the differences across practice ownership. However, we found similar differences in the relative participation of hospital-owned and physician-owned practices when we separated single specialty practices by their primary care status.

<sup>10</sup> T-tests indicate that the difference in physician-owned and hospital-owned multi-specialty practice participation rates is not statistically significant for Medicare ACOs, Medicaid ACOs, and commercial ACOs. However, the difference is statistically significant at the 1 percent level for medical homes.

<sup>11</sup> 15.5 percent reported participation in only one type of ACO, 16.5 percent in two types, and an additional 12.0 percent in all three types.

physicians who reported their practice participated in only one ACO type, 62.2 percent did not know whether their practice participated in at least one of the other two ACO types (data not shown). Among physicians in practices that belonged to a Medicaid ACO, 90.4 percent also participated in at least one other ACO type while the remaining 9.6 percent were only in Medicaid ACOs (data not shown).<sup>12</sup> Participation in Medicaid ACOs appears to be contingent on participation in another ACO type. Because the ACO concept was initially launched within the Medicare and commercial sectors (Harvey et al., 2015), it is possible that providers are inclined to initially pursue ACOs with a more established model. Moreover, since Medicaid ACOs are adopted at the state level they may not be as pervasive; while ACOs can be found in all 50 states, only 10 states have active Medicaid ACOs with 13 more pursuing them (Center for Health Care Strategies, Inc., 2017).

### **Physician Involvement in Payment Models**

The AMA's Benchmark Survey also contains data reported by physicians on the various payment models through which their practices received payment from insurers. This section examines the percentage of physicians in practices that received FFS and APMs in 2016, trends in receiving payment from FFS from 2012 to 2016, and whether receiving FFS or APMs appeared to be related to participation in medical homes and ACOs.

Figure 6 shows the payment methods reported by physicians in 2016. Although FFS was the method reported most often by physicians (83.6 percent), receiving revenue through APMs was not uncommon. In fact, 59.1 percent of physicians were in practices that received payment from at least one APM (data not shown). Pay-for-performance and bundled payments had the highest participation rates of the APMs we examined of approximately 35 percent. Despite participation in APMs, the results show that APMs accounted for a relatively small share of revenue. On average, pay-for-performance and capitation made up close to 7 percent of practice revenue while bundled payments accounted for almost 9 percent and shared savings only 2 percent.<sup>13</sup> Thus, FFS dominated with the highest participation rate as well as a much higher share of practice revenue at an average of 70.8 percent. Previous research based on the 2014 Benchmark Survey showed that APMs were typically used alongside FFS; even among practices that received revenue from at least one of the four APMs we had data on, 40.1 percent of practice revenue was still derived from FFS (Kane, 2015).

As with medical homes and ACOs, some physicians were unaware of whether their practice received revenue through certain payment models (Appendix Table 2). While only 10.6 percent of physicians were unaware of whether their practice received payment through FFS, the level of unawareness about receiving payment through APMs ranged from around 20 percent for pay-for-performance, capitation, and bundled payments to almost 30 percent for shared savings.

### Differences Across Years (Involvement in Fee-for-Service)

Figure 7 shows that the share of physicians in practices that received FFS decreased over time. While 89.4 percent of physicians reported that their practice received FFS in 2012, this decreased to

<sup>12</sup>In comparison, among physicians in commercial ACOs, 82.3 percent were in at least one other ACO type and among physicians in Medicare ACOs, 75.3 percent were in at least one other ACO type.

<sup>13</sup> Because of "don't know" responses, the revenue shares across payment methods in Figure 6 do not sum to 100 percent.

85.9 percent in 2014 and to 83.6 percent in 2016.<sup>14</sup> Despite the decrease in participation, the average share of practice revenue from FFS remained relatively constant; in 2012, physicians reported that an average of 69.0 percent of practice revenue came from FFS, compared to 71.9 percent in 2014 and 70.8 percent in 2016.<sup>15</sup>

#### Differences Across Medical Home and ACO Participation Status

Physicians in practices that were part of medical homes and ACOs were more likely to report that their practice received revenue from an APM (Figure 8). For medical homes and each ACO type, physicians in participating practices were almost twice as likely to have received pay-for-performance and bundled payments, three times as likely to have received shared savings payments, and 1.5 times as likely to have received capitation compared to physicians in non-participating practices. For example, 51.8 percent of physicians in practices that belonged to commercial ACOs received pay-for-performance while only 27.0 percent received pay-for-performance among those not in commercial ACOs. Although FFS participation rates and revenue shares were still substantial among physicians participating in medical homes and ACOs, they were lower than among physicians in non-participating practices (see Figures 8 and 9).

#### **Conclusion**

Based on nationally representative data from the AMA's Physician Practice Benchmark Surveys, this Policy Research Perspective describes physician involvement in medical homes and ACOs as well as the extent to which alternate payment models (APMs) have replaced FFS as a practice revenue stream. In 2016, 44.0 percent of physicians were in practices that participated in at least one type of ACO (Medicare, Medicaid or commercial) and 25.7 percent were in a practice that belonged to a medical home. Across the three ACO types, participation rates ranged from 20.9 percent for Medicaid ACOs to around 32 percent for Medicare and commercial ACOs. For medical homes and Medicare ACOs, about one-quarter of physicians indicated that they did not know if their practice belonged to that model. Rates of uncertainty were higher, around 31 percent, for Medicaid and commercial ACOs.

Participation in medical homes and each of the three ACO types varied across practice type. Notably, physicians in multi-specialty practices consistently reported participation rates higher than physicians in single specialty and solo practices. For example, participation in commercial ACOs ranged from 21.9 percent among physicians in solo practice to 28.2 percent and 39.8 percent among physicians in single specialty and multi-specialty practices, respectively.

When further examining single specialty practices, the results indicated that participation in medical homes and ACOs was related to practice specialty and ownership structure. Physicians in single specialty *primary care* practices had participation rates in medical homes, Medicare ACOs and commercial ACOs that approached those reported by physicians in multi-specialty practices. Further, physicians in single specialty practices that were *hospital-owned* reported higher participation rates in medical homes, Medicare ACOs and Medicaid ACOs than physicians in single specialty practices that were *physician-owned*. In contrast to single specialty practices, the

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<sup>14</sup> T-tests indicate that the difference in FFS participation between 2012 and 2014, 2012 and 2016, as well as 2014 and 2016 were all statistically significant at the 1 percent level.

participation of multi-specialty practices in medical homes and ACOs did not appear to be related to practice ownership.

The Benchmark Survey further revealed that although FFS was received less frequently by practices in 2016 than in 2012, it remained the dominant source of practice revenue. In 2016, 83.6 percent of physicians said their practice received FFS while 89.4 percent reported the same in 2012. Although 59.1 percent of physicians were in practices that received payment from at least one APM (pay-for-performance, capitation, bundled payments, or shared savings), an average of 70.8 percent of practice revenue was still received through FFS in 2016. Finally, physicians in practices belonging to medical homes and each ACO type were more likely to report their practice received APMs. For example, 51.8 percent of physicians in practices that were part of commercial ACOs reported that their practice received pay-for-performance compared to 27.0 percent of physicians in practices that were not part of commercial ACOs.

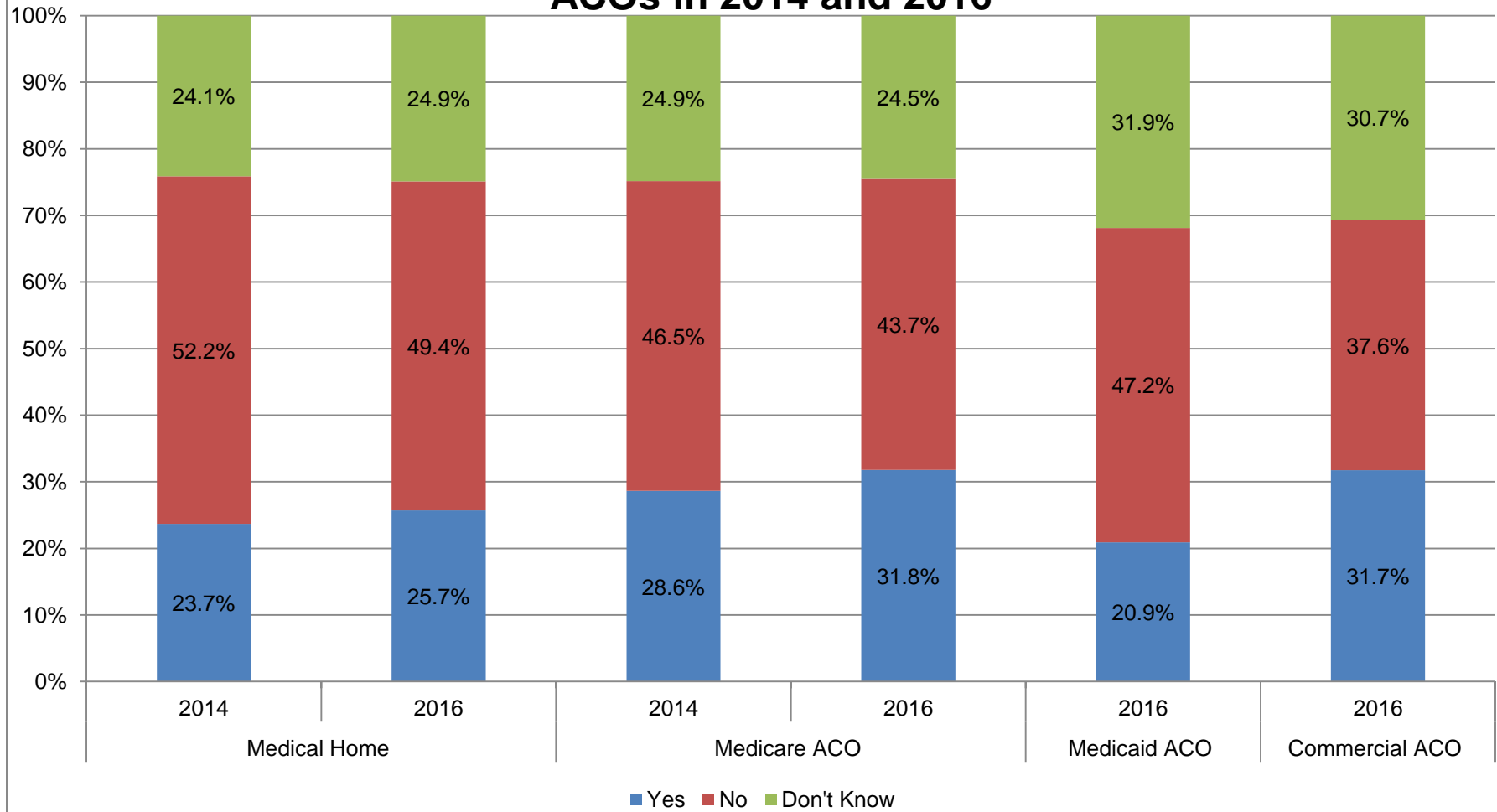
Overall, the Benchmark Survey provides valuable information from physicians on their practices' participation in medical homes and ACOs as well as on their involvement in various payment methods. However, an examination of the extent to which involvement in these models *changed* the payment structure (or vice versa) is beyond the scope of this study because we do not re-interview the same physicians from survey year to year.

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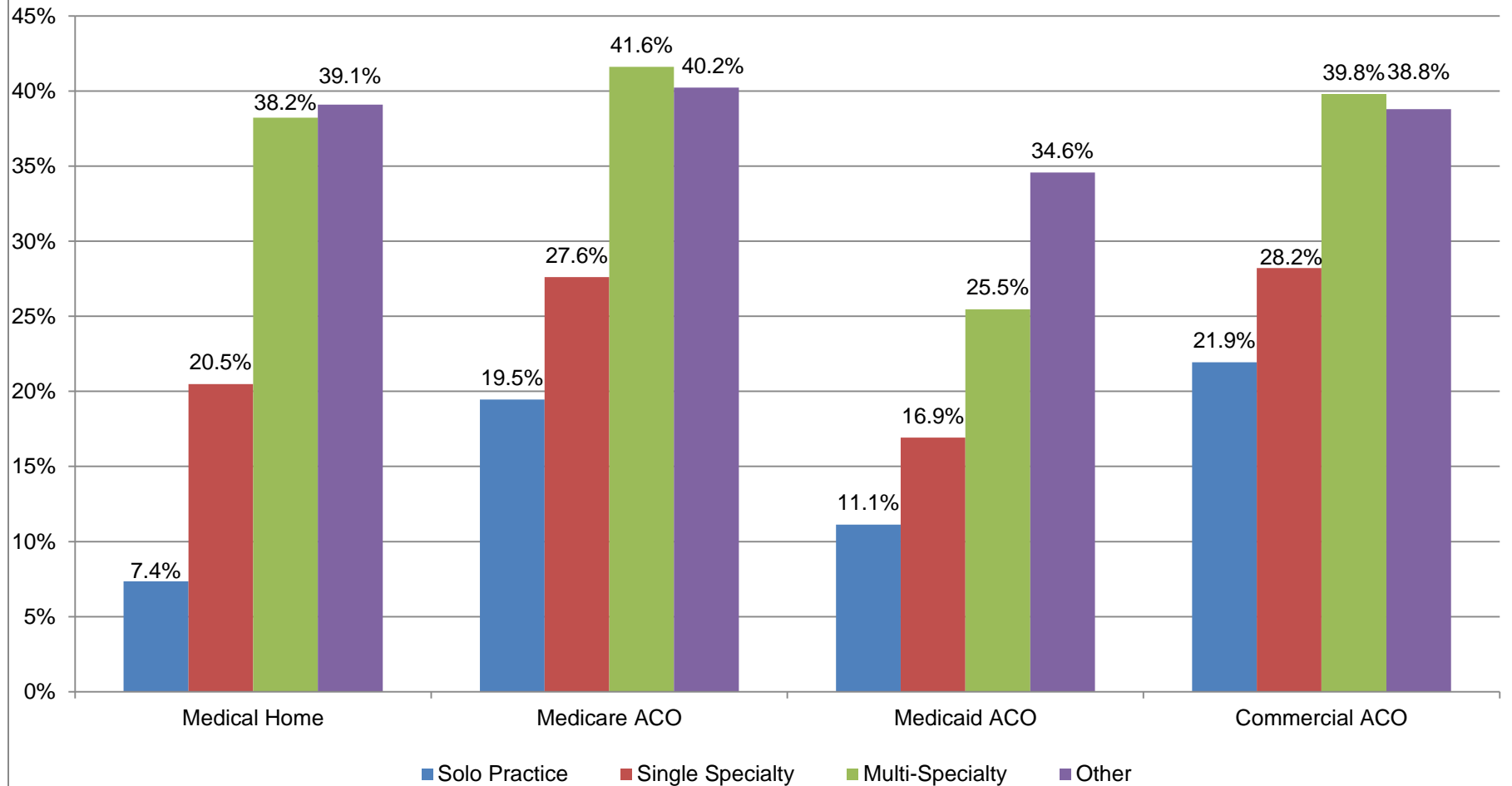
**Figure 1. Percentage of Physicians in Medical Homes and ACOs in 2014 and 2016**



Source: Author's analysis of AMA 2014 and 2016 Physician Practice Benchmark Survey.

Note: The difference in participation rates from 2014 to 2016 is statistically significant for both medical homes ( $p < 0.05$ ) and Medicare ACOs ( $p < 0.01$ ).

**Figure 2. Percentage of Physicians in Medical Homes and ACOs by Practice Type in 2016**

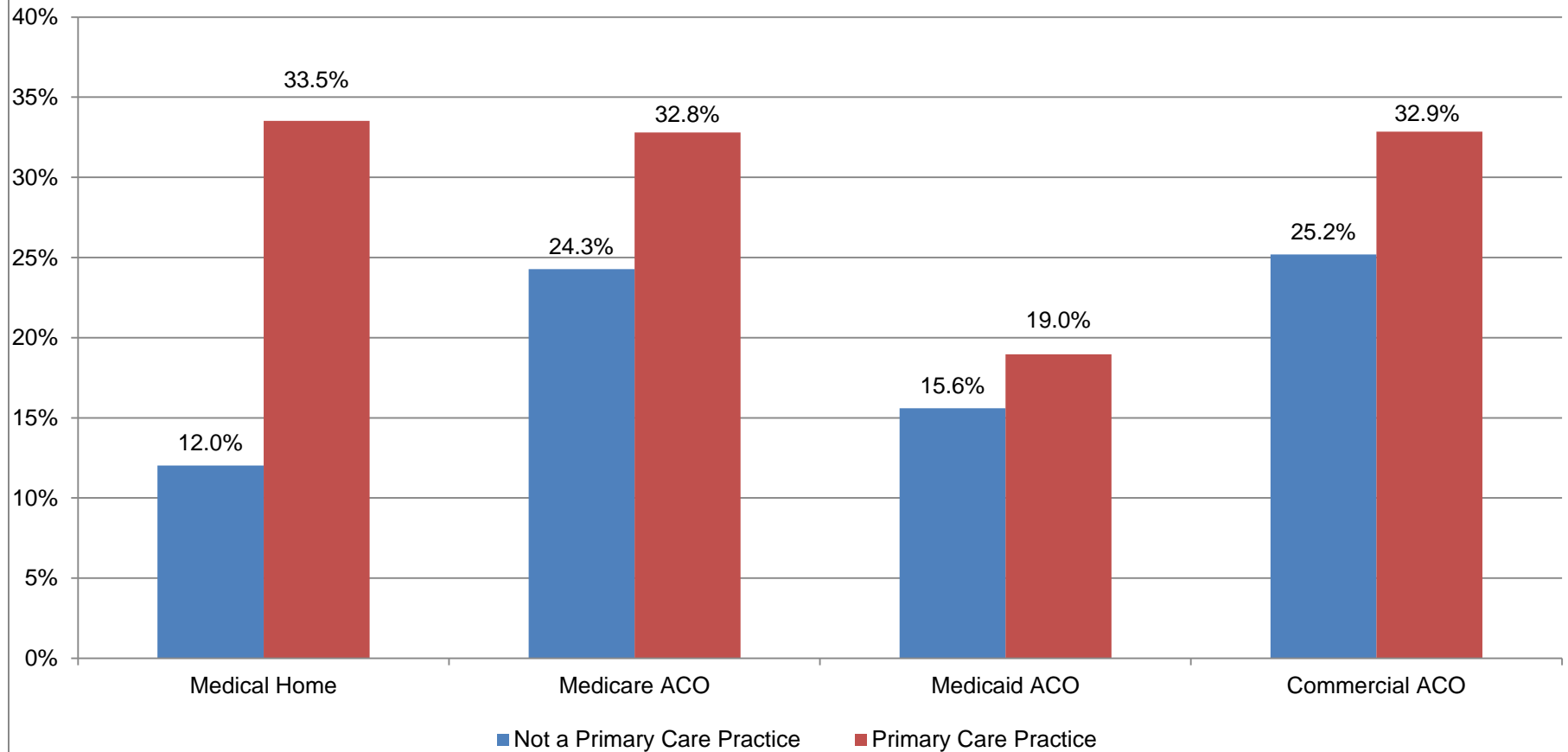


Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

Note: Responses to whether part of a medical home or ACO type (yes, no, don't know) are statistically different across practice type ( $p < 0.01$ ) using 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 and other "fill in" responses. See Appendix Table 1 for t-tests.

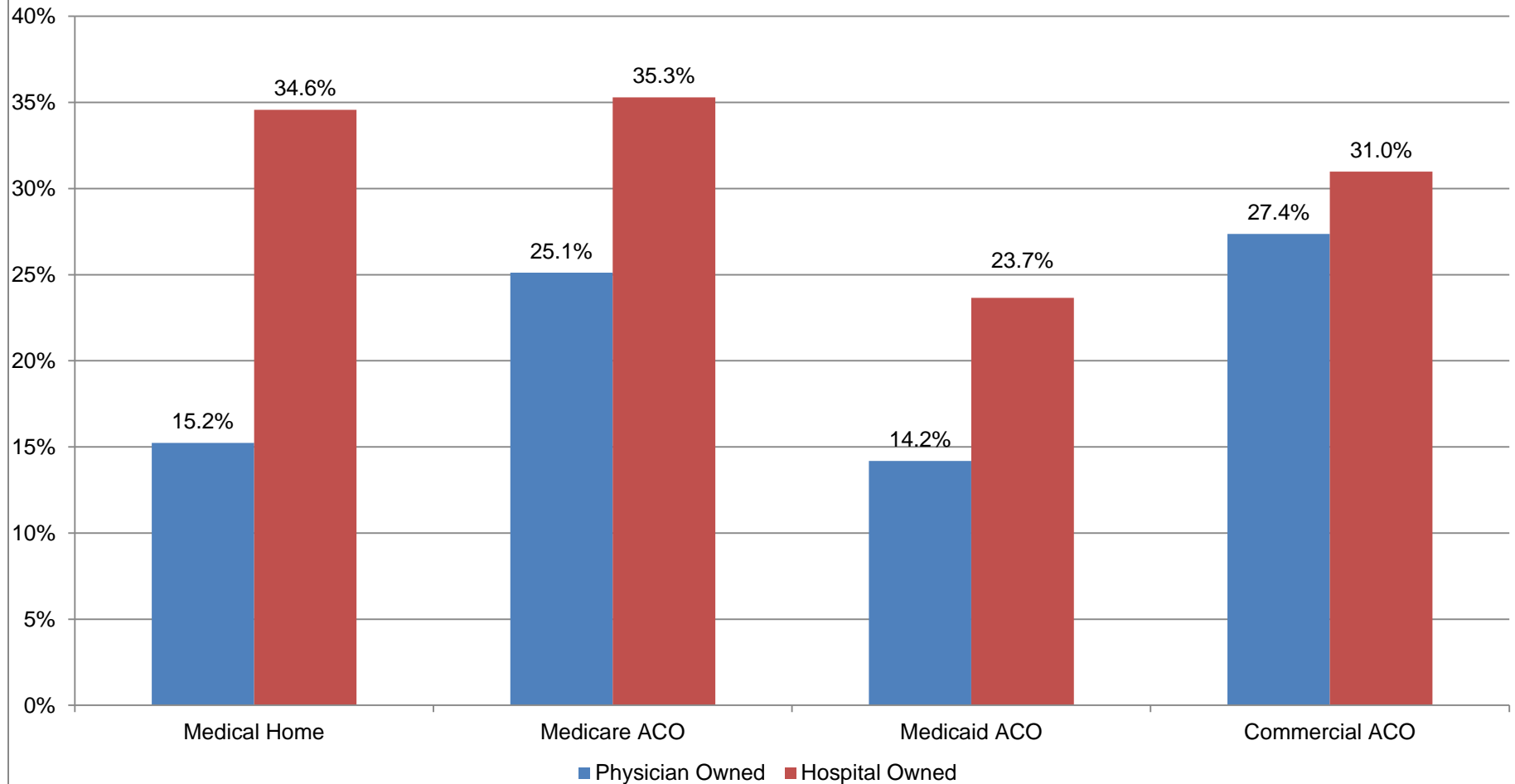
**Figure 3. Percentage of Physicians in Medical Homes and ACOs by Primary Care Practice for Single Specialty Practices in 2016**



Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

Note: Responses to whether part of a medical home or ACO type (yes, no, don't know) are statistically different across specialty types ( $p < 0.01$ ) using chi-squared test. See Appendix Table 1 for t-tests.

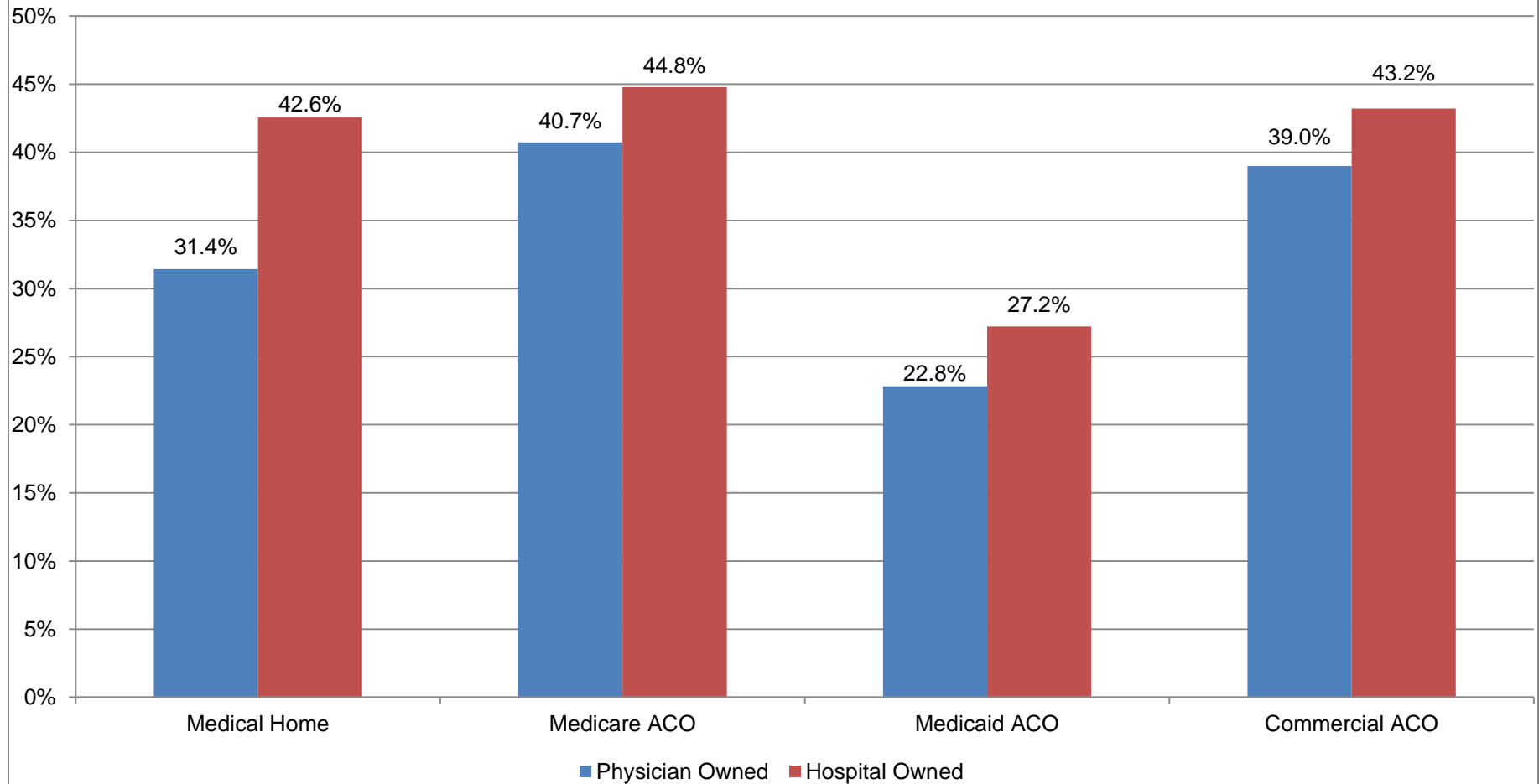
**Figure 4. Percentage of Physicians in Medical Homes and ACOs by Ownership for Single Specialty Practices in 2016**



Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

Note: Responses to whether part of a medical home or ACO type (yes, no, don't know) are statistically different across ownership types ( $p < 0.01$ ) using chi-squared test. See Appendix Table 1 for t-tests.

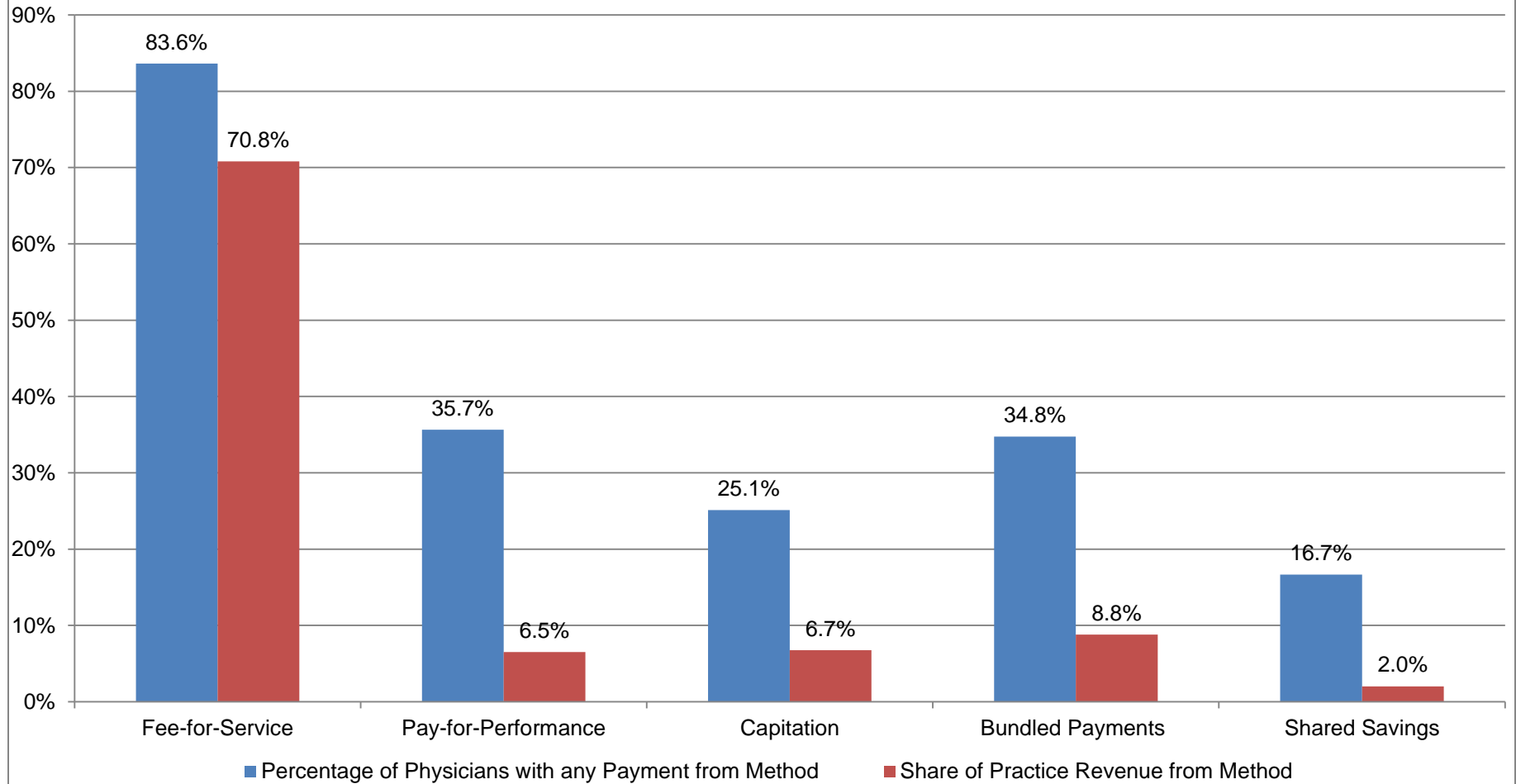
**Figure 5. Percentage of Physicians in Medical Homes and ACOs by Ownership for Multi-Specialty Practices in 2016**



Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

Note: Responses to whether part of a medical home or ACO type (yes, no, don't know) are statistically different across ownership types ( $p < 0.01$ ) using chi-squared test. See Appendix Table 1 for t-tests.

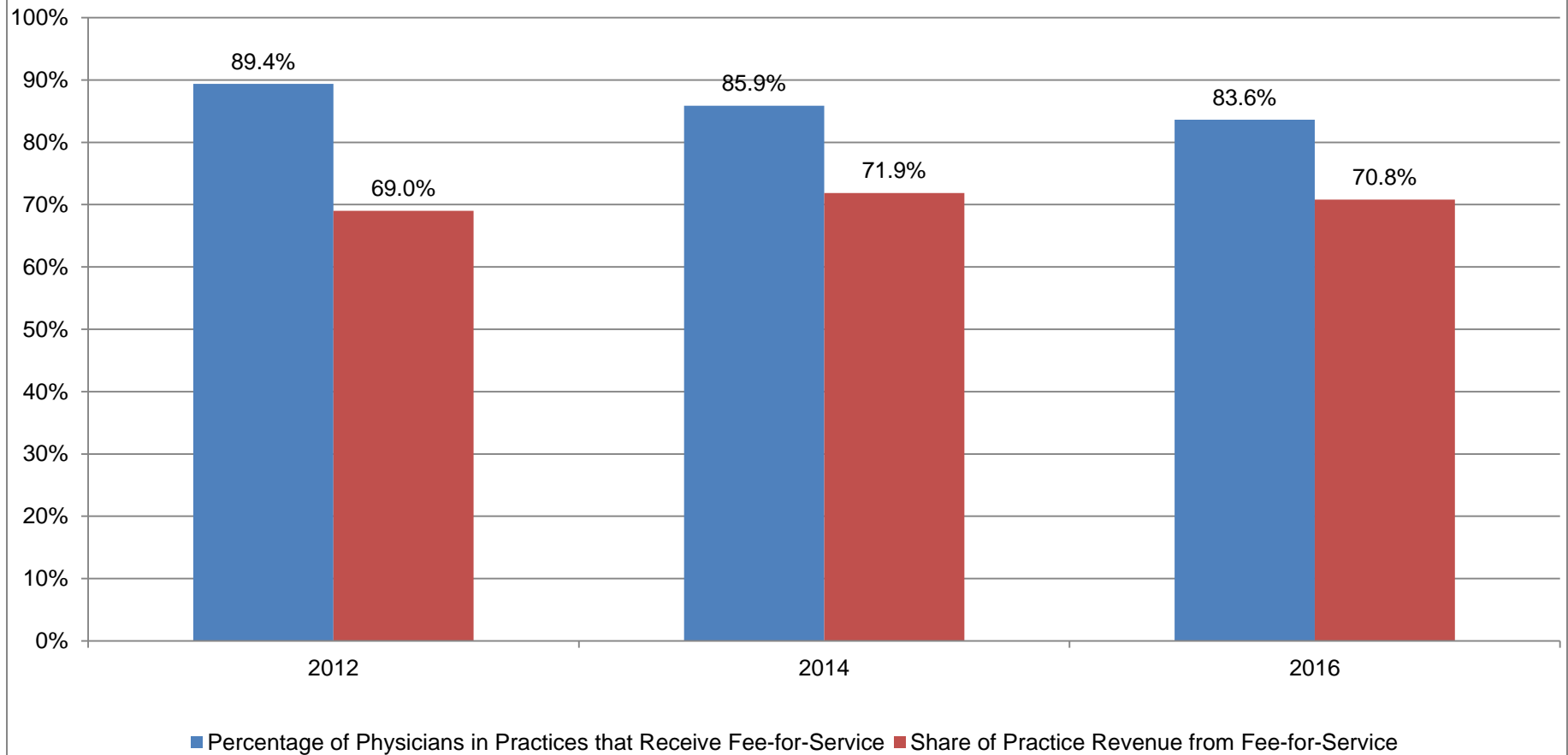
**Figure 6. Payment Methods and Revenue Share Reported by Physicians in 2016**



Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

Note: See Appendix Table 2 for distribution of yes, no and don't know responses across payment methods. The revenue shares across payment methods do not sum to 100% because of "don't know" responses.

**Figure 7. Fee-for-Service Prevalence and Revenue Shares Reported by Physicians in 2012, 2014 and 2016**



Source: Author's analysis of AMA 2012, 2014 and 2016 Physician Practice Benchmark Survey.

Note: Pairwise t-tests show that the difference in FFS participation is statistically significant ( $p < 0.01$ ) for all year pair comparisons while the difference in FFS revenue share is only statistically significant between 2012 and 2014 ( $p < 0.05$ ) as well as 2012 and 2016 ( $p < 0.01$ ). See Appendix Table 3 for details. The question in the 2012 benchmark survey asks respondents to provide the revenue share for only FFS while the 2014 and 2016 benchmark survey asks respondents to provide the revenue share for FFS and the 4 APMs.

**Figure 8. Percentage of Physicians in Practices that Receive Fee-for-Service and Alternative Payment Methods by Medical Home and ACO Participation, 2016**

Percentage of Physicians in Practices that Receive Payment from Fee-for-Service

Medical Home		Medicare ACO		Medicaid ACO		Commercial ACO	
Yes	No	Yes	No	Yes	No	Yes	No
79.5	90.4	85.1	90.6	82.9	91.4	83.6	91.4

Percentage of Physicians in Practices that Receive Payment from Pay-for-Performance

Medical Home		Medicare ACO		Medicaid ACO		Commercial ACO	
Yes	No	Yes	No	Yes	No	Yes	No
51.3	28.7	52.9	26.3	53.4	29.4	51.8	27.0

Percentage of Physicians in Practices that Receive Payment from Capitation

Medical Home		Medicare ACO		Medicaid ACO		Commercial ACO	
Yes	No	Yes	No	Yes	No	Yes	No
36.6	20.0	34.9	19.7	34.7	21.7	35.9	18.9

Percentage of Physicians in Practices that Receive Payment from Bundled Payments

Medical Home		Medicare ACO		Medicaid ACO		Commercial ACO	
Yes	No	Yes	No	Yes	No	Yes	No
44.9	28.5	47.0	27.4	49.3	27.9	47.6	25.6

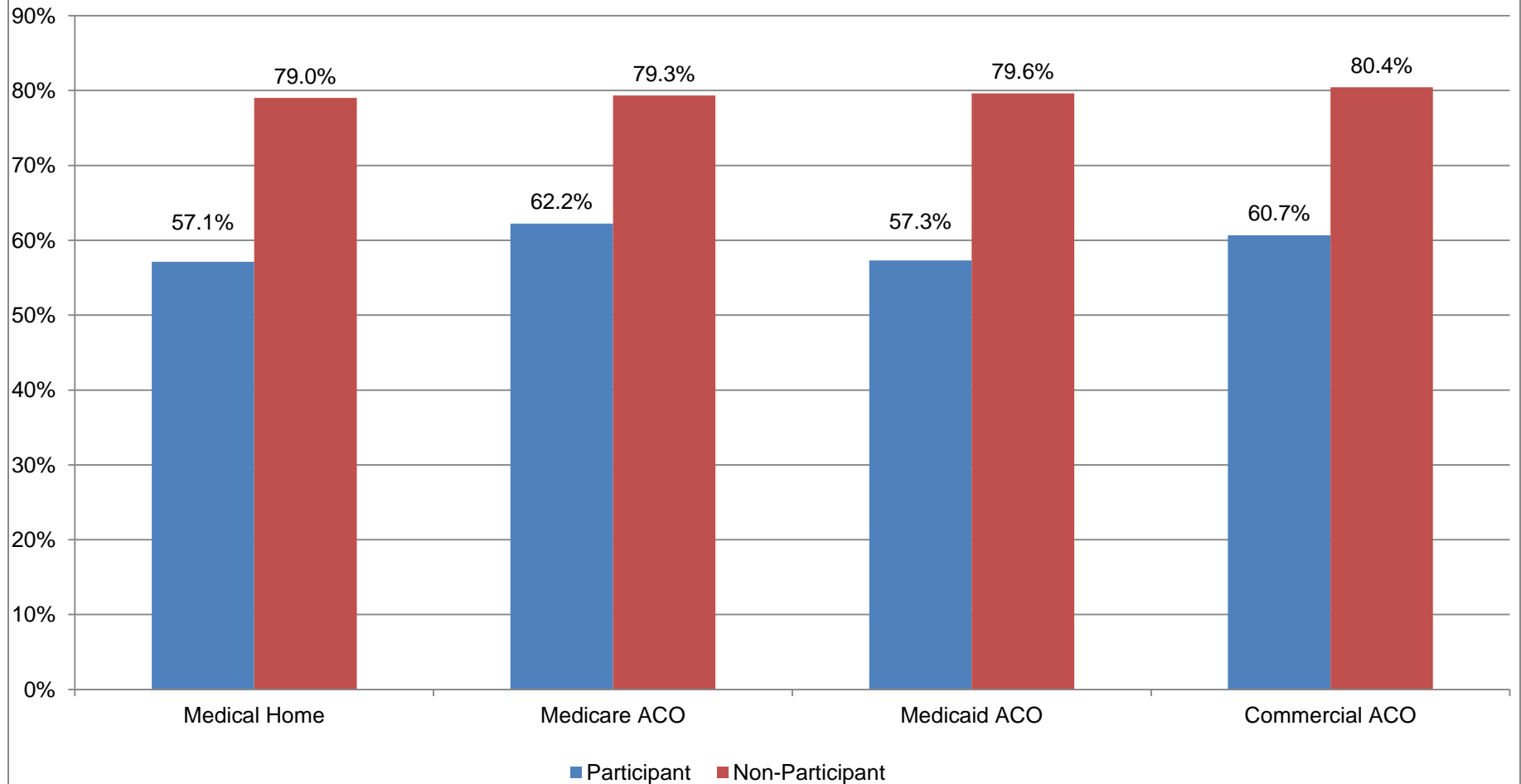
Percentage of Physicians in Practices that Receive Payment from Shared Savings

Medical Home		Medicare ACO		Medicaid ACO		Commercial ACO	
Yes	No	Yes	No	Yes	No	Yes	No
31.1	11.8	34.0	8.1	28.4	13.5	30.8	10.0

Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey. Note: Differences in receipt of each payment method (yes, no, don't know) by medical home and ACO type status are statistically significant ( $p < 0.01$ ) using a chi-squared test. See Appendix Table 4 for t-tests.



**Figure 9. Share of Practice Revenue from Fee-for-Service in 2016**



Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

Note: Differences in mean revenue share from FFS according to medical home and ACO type status are statistically significant ( $p < 0.01$ ) using a chi-squared test.

**Appendix Table 1. Medical Home and ACO Participation by Practice Characteristics, 2016**

		Practice Type				PCP Status (for Single Specialty Practices)		Ownership Status (for Single Specialty Practices)		Ownership Status (for Multi-Specialty Practices)	
		Solo	Single Specialty	Multi- Specialty	Other	Non- PCP	PCP	Hospital- Owned	Physician- Owned	Hospital- Owned	Physician- Owned
Medical Home	Yes	7.4 <sup>a</sup>	20.5	38.2 <sup>a</sup>	39.1 <sup>a</sup>	12.0 <sup>a</sup>	33.5	34.6 <sup>a</sup>	15.2	42.6 <sup>a</sup>	31.4
	No	80.4 <sup>a</sup>	56.7	33.1 <sup>a</sup>	23.5 <sup>a</sup>	61.0 <sup>a</sup>	50.0	38.4 <sup>a</sup>	64.1	25.4 <sup>a</sup>	44.5
	Don't Know	12.2 <sup>a</sup>	22.8	28.7 <sup>a</sup>	37.4 <sup>a</sup>	27.0 <sup>a</sup>	16.4	27.0 <sup>b</sup>	20.7	32.1 <sup>b</sup>	24.1
Medicare ACO	Yes	19.5 <sup>a</sup>	27.6	41.6 <sup>a</sup>	40.2 <sup>a</sup>	24.3 <sup>a</sup>	32.8	35.3 <sup>a</sup>	25.1	44.8	40.7
	No	70.8 <sup>a</sup>	51.7	26.7 <sup>a</sup>	20.9 <sup>a</sup>	52.3	50.7	39.0 <sup>a</sup>	57.4	19.4 <sup>a</sup>	37.8
	Don't Know	9.7 <sup>a</sup>	20.7	31.7 <sup>a</sup>	38.9 <sup>a</sup>	23.5 <sup>a</sup>	16.4	25.7 <sup>a</sup>	17.4	35.8 <sup>a</sup>	21.4
Medicaid ACO	Yes	11.1 <sup>a</sup>	16.9	25.5 <sup>a</sup>	34.6 <sup>a</sup>	15.6	19.0	23.7 <sup>a</sup>	14.2	27.2	22.8
	No	75.1 <sup>a</sup>	54.9	34.0 <sup>a</sup>	18.4 <sup>a</sup>	53.2	57.6	41.1 <sup>a</sup>	61.5	24.5 <sup>a</sup>	48.7
	Don't Know	13.8 <sup>a</sup>	28.2	40.5 <sup>a</sup>	47.0 <sup>a</sup>	31.2 <sup>a</sup>	23.4	35.2 <sup>a</sup>	24.3	48.3 <sup>a</sup>	28.5
Commercial ACO	Yes	21.9 <sup>a</sup>	28.2	39.8 <sup>a</sup>	38.8 <sup>a</sup>	25.2 <sup>a</sup>	32.9	31.0	27.4	43.2	39.0
	No	62.9 <sup>a</sup>	44.1	24.8 <sup>a</sup>	14.0 <sup>a</sup>	44.4	43.6	35.6 <sup>a</sup>	48.8	17.4 <sup>a</sup>	33.9
	Don't Know	15.2 <sup>a</sup>	27.7	35.4 <sup>a</sup>	47.3 <sup>a</sup>	30.4 <sup>a</sup>	23.5	33.4 <sup>a</sup>	23.8	39.4 <sup>a</sup>	27.1
N		600	1497	855	548	925	572	335	1042	380	315

Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey

Notes: Primary care includes family medicine, general practice, internal medicine, obstetrics/gynecology, and pediatrics. The hospital-owned category includes physicians in practices that are partially hospital-owned. Responses to whether part of a medical home or ACO type (yes, no, don't know) are statistically different ( $p < 0.01$ ) using a chi-squared test across practice type, across primary care status for single specialty practices, and across ownership status for both single and multi-specialty practices. T-tests are run separately for the percentage who said yes, no and don't know to participating in medical homes and each ACO type. T-test comparisons: for practice type, the table reports pairwise comparisons between single specialty practice and each of the other three practice types. For primary care status, the table reports pairwise comparisons between primary care and non-primary care single specialty practices. For ownership status, the table reports pairwise comparisons between hospital-owned and physician-owned single specialty practices, and pairwise comparisons between hospital-owned and physician-owned multi-specialty practices. <sup>a</sup> indicates  $p < 0.01$  <sup>b</sup> indicates  $p < 0.05$  for the t-tests.

**Appendix Table 2. Receipt of Five Different Payment Methods, 2016**

Does your practice receive any revenue from:

	Fee-for-Service	Pay-for-Performance	Capitation	Bundled Payments	Shared Savings
Yes	83.6	35.7	25.1	34.8	16.7
No	5.8	44.3	55.2	44.4	53.5
Don't Know	10.6	20.1	19.6	20.8	29.8
	100%	100%	100%	100%	100%
N	3500	3500	3500	3500	3500

Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey.

**Appendix Table 3. Receipt and Revenue Share of Fee-for-Service by Year**

Does your practice receive any revenue from fee-for-service?

	2012	2014	2016
Yes	89.4 <sup>a</sup>	85.9 <sup>a</sup>	83.6 <sup>a</sup>
No	5.3	5.1	5.8
Don't Know	5.3 <sup>a</sup>	9.0 <sup>b</sup>	10.6 <sup>a</sup>
	100%	100%	100%
N	3466	3500	3500
Average revenue share from fee-for-service:			
	2012	2014	2016
Average	69.0 <sup>a</sup>	71.9	70.8 <sup>b</sup>
N	2732	2748	2663

Source: Author's analysis of AMA 2012, 2014 and 2016 Physician Practice Benchmark Survey

Note: The related question in the 2012 benchmark survey asks respondents to provide the revenue share for only FFS while the 2014 and 2016 benchmark survey asks respondents to provide the revenue share for FFS and each of the four APMs. Responses to whether part of a medical home or ACO type (yes, no, don't know) are statistically different ( $p < 0.01$ ) using a chi-squared test for all pairings of years. T-test run separately for the percentage who said yes, no and don't know to FFS participation. The pairwise comparisons are between years: indications in the 2012 column are test for 2012 and 2014; in the 2014 column for 2014 and 2016; in the 2016 column for 2012 and 2016<sup>a</sup> indicates  $p < 0.01$  and <sup>b</sup> indicates  $p < 0.05$  for the t-tests.



**Appendix Table 4 continued**

Does your practice receive any revenue from shared savings programs?

	Medical Home			Medicare ACO			Medicaid ACO			Commercial ACO		
	Yes	No	DK	Yes	No	DK	Yes	No	DK	Yes	No	DK
Yes	31.1 <sup>a</sup>	11.8	11.5	34.0 <sup>a</sup>	8.1	9.4	28.4 <sup>a</sup>	13.5	13.6	30.8 <sup>a</sup>	10.0	10.2
No	36.8 <sup>a</sup>	69.1	39.9 <sup>a</sup>	37.8 <sup>a</sup>	74.1	37.3 <sup>a</sup>	38.9 <sup>a</sup>	71.5	36.5 <sup>a</sup>	39.0 <sup>a</sup>	76.8	40.0 <sup>a</sup>
Don't Know	32.1 <sup>a</sup>	19.1	48.7 <sup>a</sup>	28.1 <sup>a</sup>	17.8	53.3 <sup>a</sup>	32.7 <sup>a</sup>	15.0	49.9 <sup>a</sup>	30.2 <sup>a</sup>	13.2	49.8 <sup>a</sup>
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N	881	1744	875	1103	1548	849	724	1667	1109	1097	1333	1070

Source: Author's analysis of AMA 2016 Physician Practice Benchmark Survey

Note: Differences in receipt of each payment method (yes, no, don't know) by medical home and ACO type status (yes, no, don't know) are statistically significant ( $p < 0.01$ ) using a chi-squared test. T-tests are run separately for the percentage who said yes, no and don't know to each of the five payment methods. The pairwise comparisons are between physicians not in the medical home or ACO type with each of the other two participation categories (yes, don't know). <sup>a</sup> indicates  $p < 0.01$  and <sup>b</sup> indicates  $p < 0.05$  for the t-tests.