

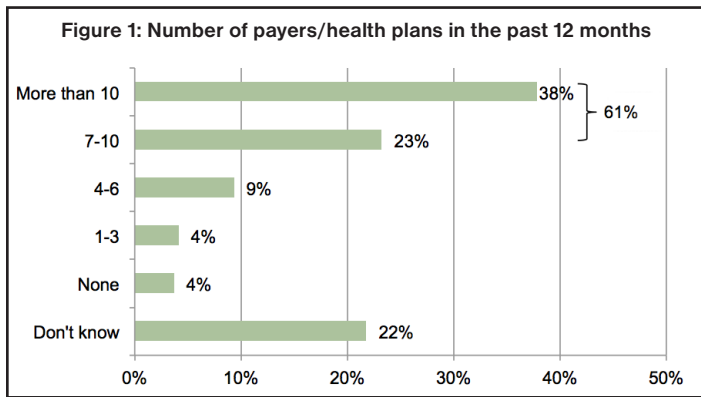
Overview

This report presents the key findings from the 2015 Value-Based Payment (VBP) study. The primary objective of the study was to gauge members' perceptions and attitudes with respect to VBP models.

Key Findings

Practice Characteristics

- More than seven in 10 (71%) practices include a nurse practitioner or physician assistant while 28% include a care manager/coordinator.
- Average patient panel size for family physicians is 2,000 (patients attributed to the physicians and seen in past 24 months).
- Four in 10 indicated (40%) their practices are designated a PCMH while another 12% have submitted their application. Similarly, 38% are affiliated with ACOs.
- As shown in Figure 1, six in 10 (61%) family physicians' practices submitted claims to seven or more payers during the past 12 months.

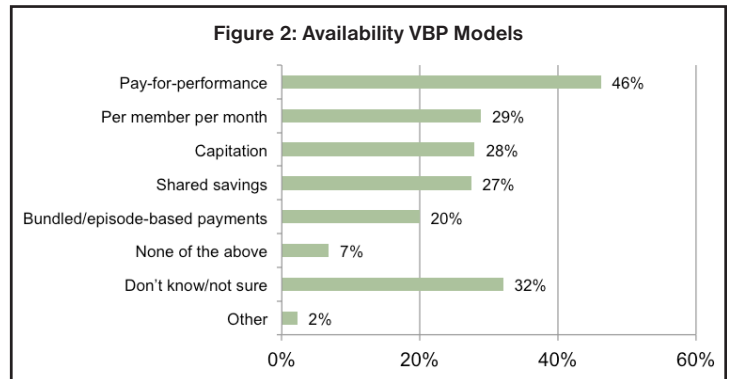


VBP Utilization

- As shown in Table 1, one-third (33%) of the practices are actively pursuing VBP.

Current Status or Strategy	Percentage
Actively pursue VBP opportunities today	33%
Develop capabilities, but wait until the results are better known before fully pursuing	19%
Hold off on making changes, focus on optimizing under fee-for-service	15%
Participated in VBP previously, but dropped out	1%
Don't know/not sure	25%
Other	8%

- Less than half (46%) indicated they have pay-for-performance programs available in their market. The remaining payment models were cited with less frequency (30% or less).



- Approximately one-fourth (26%) are aware that payments are received by their practice administration but not distributed to physicians and one-fourth (24%) are aware their practice distributes payments to physicians. It should be noted that one-third (33%) are not aware of how their practice handles payments.

Distribution Method	Percentage
Funneled through administration and are not directly distributed to physicians	26%
Distributed to physicians	24%
Mixed model (administration and physicians)	5%
Don't know	33%
Other	12%

Factors Important to the Success of VBP Implementation

- According to physicians, the most important factors for determining the success of VBP models are practice sustainability (92%) and clinical outcomes (91%). These are followed by physician/staff morale (87%) and the coordination of patient care (86%).

Success Factor	Percentage
Practice sustainability	92%
Clinical outcomes	91%
Physician and staff morale	87%
Coordination of patient care	86%
Cost savings for my practice	84%
Patient satisfaction	82%
Population health management	72%

Barriers to VBP Implementation

- Below are the barriers for implementing VBP under the three factors that family physicians cited as the successful outcomes of implementing VBP:

Table 4: Barriers to VBP Implementation		
Practice Sustainability	Clinical Outcomes	Coordination of Patient Care
Lack of staff time (91%) [^]	Lack of evidence that using performance measures result in better patient (62%) [^]	Lack of transparency between payers and providers (77%)*
Investment of health information technology (87%) ⁺	Insufficient training on advance care delivery functions (61%) [^]	Lack of interoperability between types of health care providers (76%)*
Lack of resources to report, validate, and use of data (81%)*	VBP will not improve patient care (69%) ⁺	Lack of information on cost of services provided for appropriate referrals (76%)*
Unpredictability of revenue stream (81%)*	VBP will increase work for physicians without a benefit to the patient (59%) ⁺	Lack of uniform payer reports on performance measures (75%) [^]
Need to understand the complexity of financial risk (80%)*		Lack of standardization of performance measures/metrics (75%) [^]
		Lack of timely data to improve care and reduce costs (63%) [^]

[^]Percent of family physicians indicating this is a barrier to implementing VBP care-delivery.

*Percent of family physicians indicating this is a barrier to accepting financial risk value-based payments.

⁺Percent of family physicians who agree with the statement about VBP models.

About the Value-Based Payment Study

The VBP survey was sent to a randomly selected sample of 5,000 active members of the American Academy of Family Physicians (AAFP) in June 2015. Respondents could complete either a printed copy or an on-line version of the survey. A total of 779 surveys were completed. In order to identify family physicians in direct patient care, a screener was asked at the beginning of the survey, yielding a final sample size of 626 surveys.

The sample base for the survey underrepresented female physicians and newer physicians compared to the entire population of AAFP members. The results were statistically weighted by gender of the respondent and experience (years since residency completion) to correct for the demographic imbalance and provide a better estimate of the entire population of family physicians. While the results from this study can be accepted with confidence and given the strict methodological constraints placed on the sampling and data collection, these findings are subject to some non-respondent error. The ability to access the magnitude of this error is limited by the amount of information we have about the individuals who complete the survey.

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