

Pay For Performance Position Summary

Over the past decade the movement to measure and improve quality care has grown exponentially. The idea of tying physician payment to certain defined standards is viewed among purchasers and payers alike as means of ensuring their increased health care expenditures are resulting in healthier and happier patients. The American College of Cardiology Foundation (ACCF) recognizes the importance of, and supports the concept of, paying for performance to inspire greater focus on improving care delivery systems. However, physician pay-for-performance programs should be designed to support and facilitate the quality improvement process and strengthen the patient-physician relationship, not just reporting performance and outcomes. For this reason, the ACCF has developed the following 12 important principles to guide the development of pay-for-performance programs:

- 1) Physician pay-for performance programs should be built on evidence-based, well established and proven performance measures.
- 2) Physician pay-for performance programs should provide adequate incentives for investments in structure, best practices and tools that can lead to improvement and high quality care.
- 3) Physician pay-for performance programs should reward process, outcome, improvement and sustainability.
- 4) Physician pay-for performance programs should assign attribution of credit for performance to physicians in ways that are credible and encourage collaboration.
- 5) Physician pay-for performance programs should favor the use of clinical data over claims based data.
- 6) Physician pay-for performance programs should set targets for performance through national consensus processes that address factors such as local resource constraints and socio-demographic differences.
- 7) Physician pay-for performance programs should address appropriateness (i.e. what behaviors should be encouraged as well as discouraged).
- 8) Physician pay-for performance programs should not be punitive, rather they should emphasize success and reward achievement.
- 9) Physician pay-for performance programs should audit performance measure data using an objective third party.
- 10) Physician pay-for performance programs should establish transparent provider rating methods.
- 11) Physician pay-for performance programs should not create perverse incentives, such as excluding sicker patients from a physician's panel.
- 12) Physician pay-for performance programs should invest in outcomes and health services research.