

Massachusetts Chapter, American College of Physicians

Priorities for Payment and Practice Reform with a Focus on Primary Care

A Policy Statement

Preamble: As the professional society representing over 3500 primary care and specialty internal medicine physicians and trainees in Massachusetts, we put forward the following policy positions and recommendations which we believe are essential to achieving health system reform. The following statements concentrate on (but are not limited to) primary care, which, as the foundation of our health care delivery system, requires urgent revitalization and prioritization.

1. There must be a new net investment (of money and other resources) in primary care practices to enable their transformation to high performance entities; the investment needs to be prospective.
2. Payment to primary care practices and its professionals should be sufficient to enable and incent achievement of desired primary care outcomes and reflect the actual value created; it should not be based on existing RVU determinations (which undervalue primary care services), though RVU-based payment may remain relevant for some specialty and procedural providers.
3. Payment for primary care should transition from fee-for-service to increasing degrees of bundled, comprehensive, or capitated payment over time and be complemented by performance-based, practice reinvestment/bonus payment for achieving desired goals in quality, patient centeredness, and efficiency as practices transform and develop the capacity to manage performance risk.
4. Any bundled, global, or performance-based payment for primary care must be robustly risk-adjusted, taking into account not only demographic and clinical factors, but also psychosocial determinants.
5. Payment reform for primary care should be offered uniformly across payers.
6. Performance metrics and standards used for payment must be scientifically validated, evidence-based, clinically meaningful, and vetted by practices before being implemented.
7. Loan forgiveness and other recruitment and retention incentives should be built into payment reform measures for primary care
8. Liability reform must accompany payment and practice reform for primary care. Reform should include but not be limited to:

- a. expert-panel pre-review of claims with a majority of panel members being practicing, same-specialty experts
 - b. no opt-out for claims deemed of low merit
 - c. a prejudgment interest rate equal to the national annual inflation rate or a similar statistic.
 - d. safe-harbor provisions against law suit for practice of evidence-based medicine
 - e. cooling- off period with opportunity for nonadmissible apology and communication between parties.
9. Primary care physicians and practices participating in an ACO or other integrated, risk-sharing care network must:
- a. occupy at least 50% of seats on the organization's board when its performance metrics and goals are heavily weighted towards primary care outcomes
 - b. choose and approve the mode of payment for primary care and have oversight authority for its implementation and ongoing operation
 - c. participate in the design, selection, implementation, and analysis of performance metrics
 - d. specify and be provided in timely fashion the systems, collaborations, and data necessary to fulfill their responsibilities within the organization
10. Practices that choose not to join a formal ACO structure yet commit to and achieve its overall goals of high-value, patient-centered, coordinated care should not be penalized for remaining outside the ACO and should be able to interact with its participants in the delivery of care.

Adopted by the MA Chapter, American College of Physicians

Governor's Council

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