

ALIGNMENT: PHYSICIAN COMPENSATION IN VALUE BASED CARE

BILL GIL, MBA



MARKET RELEVANCE

- **75% OF HEALTHCARE IS STILL FEE FOR SERVICE**
- **PRODUCTIVITY BASED COMP REQUIRES LITTLE SOPHISTICATION**
- **COMPATIBLE WITH FFS WORLD**
- **SOMEWHAT REFLECTIVE OF MARKETPLACE---LEGACY SYSTEM**
- **ONLY 40% OF CLINICIANS BELIEVE VALUE BASED CARE SHOULD BE BASIS FOR PAYCHECK**

VALUE BASED: NEW, OBSCURE TERM

- **PATIENT CENTERED OUTCOMES: TRY & DEFINE THAT! HOW DO YOU PAY FOR IT?**
- **COST OF CARE: PHYSICIAN ACCOUNTABILITY FOR THAT?**
- **PAYERS & PROVIDERS ALIGNED?**
- **INFRASTRUCTURE CAPABILITIES?**

THE JOURNEY TO PHYSICIAN COMP UNDER VALUE BASED CARE

- **MARKET BASE COMP (MGMA/AMGA)**
- **CULTURE (SALARY/100% PRODUCTIVITY/HYBRID)**
- **RESOURCE MANAGEMENT INNOVATION (PCMH/NURSE PRACS/TELEMEDICINE/PATIENT PORTAL)**
- **PANEL SIZE (1500-5000 RANGE)**
- **EFFICIENCY (BED DAYS/ANCILLARY SVCS/PRODUCTIVITY 2 DOING WORK OF 3 OR 3 DOING WORK OF 2)**
- **QUALITY (ACCESS/SATISFACTION PATIENT & PEER/CITIZENSHIP/COMPLIANCE)**

CONCLUSION

- **FFS & PRODUCTIVITY GO HAND IN HAND (VOLUME DRIVEN, REVENUE FOCUSED)**
- **VALUE BASED CARE LESS DEFINED, BROADER APPROACH, MORE ASPIRATIONAL**
- **JOURNEY FROM FFS & PRODUCTIVITY TO VALUE BASED IS TRANSITIONAL, FROM REVENUE BASED TO RESOURCE MANAGEMENT**
- **MARKETPLACE & CONTRACTS NEED TO ALIGN WITH VALUE BASED APPROACH (I.E. CAPITATION)**
- **5 YEAR PROCESS (1-DISCUSSION)(2-MODELING)(3-GRADUAL IMPLEMENTATION)(4-FULL IMPLEMENTATION WITH SAFETY NET)(5-WE'RE HOME!)**