Figure 1. More Than Two-Thirds of Opinion Leaders Say Current Payment System Is Not Effective at Encouraging High Quality of Care

“Under the current payment approach, payment is given to each provider for individual services provided to each patient. How effective do you think this payment system is at encouraging high quality and efficient care?”

Figure 2. Majority of Opinion Leaders Say Fundamental Provider Payment Reform Most Effective Strategy in Improving U.S. Health System Performance

“How effective do you think each of the following policy strategies would be in improving U.S. health system performance (improving quality and/or reducing costs)?”

- Fundamental provider payment reform with broader incentives to provide high-quality and efficient care over time: Very effective 45, Effective 40, Total 85
- Bonus payments for high-quality providers and/or efficient providers: Very effective 14, Effective 41, Total 55
- Public reporting of information on provider quality and efficiency: Very effective 18, Effective 35, Total 53
- Incentives for patients to choose high-quality, efficient providers: Very effective 15, Effective 27, Total 42
- Increased competition among health care providers: Very effective 10, Effective 18, Total 28
- Increased government regulation of providers: Very effective 9, Effective 16, Total 25
- More consumer cost-sharing: Very effective 5, Effective 14, Total 19

Figure 3. Blend of Modified Fee-for-Service and Bundled Per-Patient Payment Perceived as Most Effective for Efficient Health Care System

“How effective do you think each of the following payment approaches would be in facilitating a more efficient health care system?”

- A blend of the modified fee-for-service and bundled per-patient payment systems: 25 Very effective, 37 Effective
- Bundled per-patient payment (a single payment for all services provided to the patient during the year), with bonus payments for high quality: 19 Very effective, 32 Effective
- A modified fee-for-service system, with bonus payments for high quality and efficiency: 5 Very effective, 18 Effective

Figure 4. Slightly More than Half of Opinion Leaders Prefer a Blend of Modified Fee-for-Service and Bundled Per-Patient Payment Systems

“Of these options, which do you prefer?”

- Not sure: 3%
- The current fee-for-service payment system: 1%
- None of these: 11%
- A modified fee-for-service system, with bonus payments for high quality and efficiency: 9%
- Bundled per-patient payment with bonus payments for high quality: 23%
- A blend of the modified fee-for-service and bundled per-patient payment systems: 53%

Figure 5. Nearly Three of Five Opinion Leaders Say Shared Accountability Is Effective In Improving Efficiency

“Two approaches for encouraging improved efficiency are “paying for performance on efficiency” (providing bonus payments for high performance on measures of efficiency) and “shared accountability for resource use” (holding health care organizations including hospitals and physicians accountable for use of resources in care of patients over time and sharing a portion of any savings with the accountable care organizations). How effective do you believe each of these approaches would be in improving efficiency?”

Figure 6. Opinion Leaders Support Revision of Medicare RBRVS to Improve Efficiency and Effectiveness of Health Care Delivery

“Several approaches to realigning provider payment have been suggested to improve the efficiency and effectiveness with which health care is delivered. Please indicate your level of support for each.”

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Strongly Support</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise the Medicare resource-based relative value schedule (RBRVS) to increase payments for primary care</td>
<td>63</td>
<td>22</td>
</tr>
<tr>
<td>Pay for transitional care services, such as phone calls to high-risk patients following hospital discharge</td>
<td>36</td>
<td>41</td>
</tr>
<tr>
<td>Pay physician practices a monthly per-patient fee for serving as a patient-centered medical home that meets standards and demonstrates better outcomes for patients</td>
<td>43</td>
<td>31</td>
</tr>
<tr>
<td>Eliminate payments resulting from avoidable infections and other complications that occur in the hospital (“never events”)</td>
<td>38</td>
<td>29</td>
</tr>
<tr>
<td>Reduce physician fees for unusually high-priced, high-volume services</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>A global fee for hospital acute-care episodes including the hospital admission and post-acute care, inpatient physician services, and all inpatient or emergency care for 30 days after the hospital discharge</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>Reduce diagnosis-related group payments for unusually profitable hospital services, such as some cardiac and orthopedic procedures</td>
<td>29</td>
<td>27</td>
</tr>
<tr>
<td>Financial incentives/penalties for hospitals based on their 30-day readmission rates</td>
<td>16</td>
<td>38</td>
</tr>
</tbody>
</table>

Figure 7. Half of Opinion Leaders Strongly Support Medicare Negotiating Drug Prices and Engaging in Competitive Bidding

“Please indicate your level of support for each of the following strategies to reduce the growth of health care costs.”

- Reimbursement for durable medical equipment should be based on competitive bidding with Medicare paying a price based on the distribution of bids: 41 (Strongly support), 32 (Support), 73 in total.
- Medicare should negotiate pharmaceutical prices: 51 (Strongly support), 21 (Support), 72 in total.
- Differential rates among payers should be narrowed over time, bringing up Medicaid and Medicare and lowering commercial payments: 23 (Strongly support), 34 (Support), 57 in total.
- Medicare should achieve savings by adjusting payment updates in high-cost geographic areas: 17 (Strongly support), 28 (Support), 45 in total.
- States should be encouraged to reinstitute all-payer systems of establishing hospital payment rates: 16 (Strongly support), 25 (Support), 41 in total.
- The Sustainable Growth Rate formula underlying Medicare physician payment should be replaced with a budget target for Medicare outlays per beneficiary across all Medicare services: 11 (Strongly support), 29 (Support), 40 in total.

Figure 8. More Than Half of Opinion Leaders Support Creating Medicare Health Board

“Recently, there has been policy interest in creating a Medicare Health Board that would enable Medicare to innovate within broad guidelines. Congress would establish a Medicare Health Board, headed by full-time Board members with long terms (e.g., nine years) to make Medicare payment and benefit decisions subject to congressional guidelines. Congress would also delegate to the Medicare Health Board authority to set specific payment methods and rates and address other payment and coverage issues. Please indicate your level of support for such a process.”