

Provider Payment Reform

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 - (ii) value and quality of such care.
- As a result, business as usual seems difficult to sustain in the long run.
- Although this issue can (in part) be addressed from the patient perspective (insurance reform...), the role of the provider is likely even more important.

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- Leads to large volume and large expenses but not necessarily efficient use of resources (compounded by insurance)

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 - ③ Encourage prevention & effective management of chronic conditions.
 - ④ Providing the right basket of care (generalist, specialist....).
- Hope is to increase efficiency of care (benefits from the dollars spent on healthcare)

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- May have perverse incentives on quality, use specialty care & selection of patients.

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- Fixed up-front payment: provides incentive to provide quality to attract and keep patients!
- Fixed up-front payment can also reward services that are valued but can't be rewarded directly (effort, time...)
- A marginal part (negative): provides an incentive to consider costs and use resources wisely.

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 - Paying for Performance.
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 - Evidence-based reimbursements.