

# Value-Based Performance Measures

ALIGNING PHYSICIAN COMPENSATION WITH PAYER INCENTIVES TO OPTIMIZE REIMBURSEMENT



Since the passage of the Affordable Care Act in 2010, the Centers for Medicare and Medicaid Services (CMS) has sought to transform the U.S. health care system from one that incentivizes volume to one that rewards value. This includes a shift from fee-for-service payments to mechanisms that link provider reimbursement to improved quality and reduced costs.

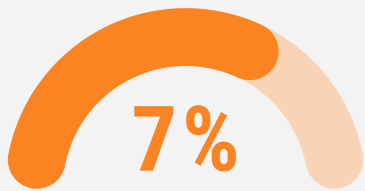
As organizations move forward in a new value-based environment, it is critical to align clinical compensation and reimbursement programs to maximize payer contracts and incentives.



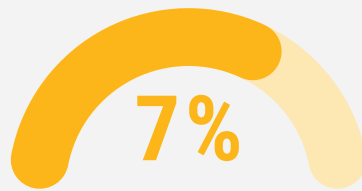
CMS's goal is to have 100% of traditional Medicare beneficiaries in a care relationship with accountability for quality and total cost of care by 2030.

## CURRENTLY THERE IS LIMITED PHYSICIAN COMPENSATION TIED TO VALUE-BASED PERFORMANCE

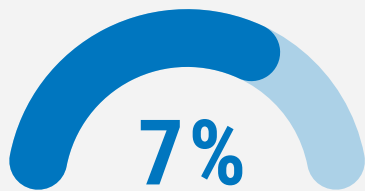
Portion of physician compensation tied to value-based incentive component



Hospital-Based



Surgical



Medical



Primary Care

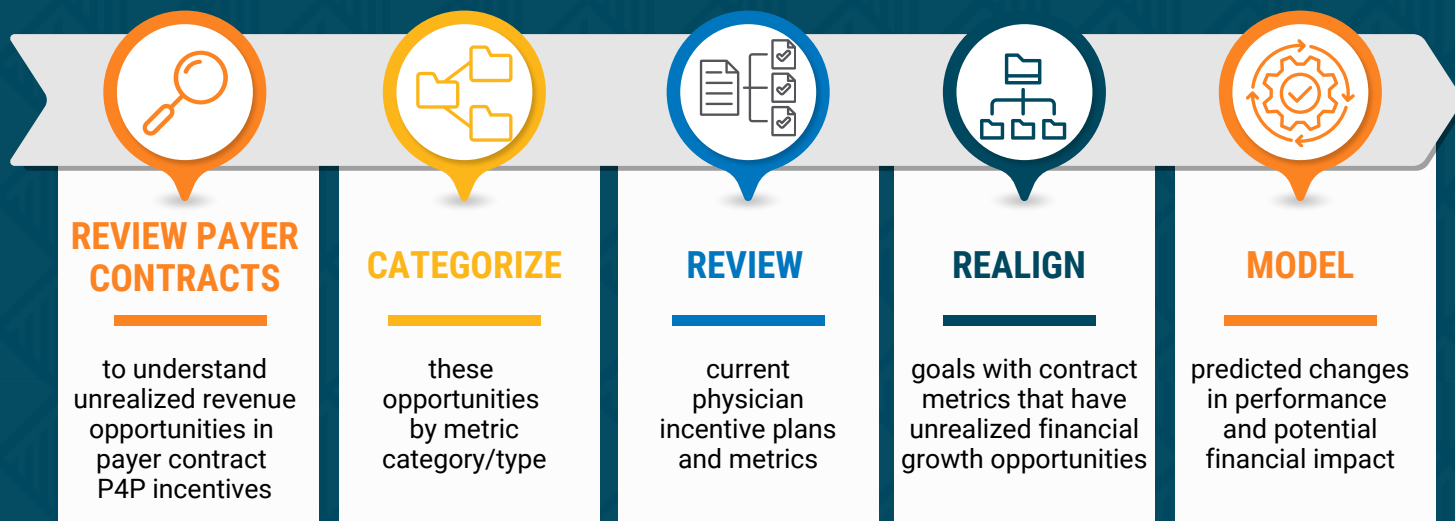
50%

Only 50% of employed physician compensation plans include quality or value-based incentives.



Source: SullivanCotter 2024 Physician Compensation and Productivity Survey

# INCORPORATING VALUE-BASED PERFORMANCE MEASURES INTO YOUR DESIGN PROCESS



1 Year One



Year Two 2



## How can we help?

SullivanCotter can assist in designing clinical incentive measures that align with your payer contracts to optimize value-based reimbursement