**RESOLUTION NO. 25-02**

**Title:** Value-Based Payment Transparency

**Author:** Tim Tobolic, MD, FAAFP

WHEREAS, the Affordable Care Act (ACA) healthcare reform law of 2010 was enacted to increase healthcare coverage and control rising healthcare costs. While it expanded Medicaid coverage and changed the Medicare payment system, it has not controlled costs or improved the quality of care. The Cures Act of 2016 was intended to accelerate medical product development, research, enhance interoperability and provide for enhanced secure information exchange to patients; and

WHEREAS, these Acts set in motion the Value Based Payment (VBP) environment we as physicians are now burdened with; and

WHEREAS, the “Triple Aim,” now the “Quadruple Aim” in healthcare has been promoted to improve patient experience, reduce costs and provide high-quality care - things we have been doing. The 4th Aim of improving physician well-being has arguably NOT been achieved; and

WHEREAS, much of the work in promoting The Patient-Centered Medical Home and Value-Based Payment has fallen on primary care, especially Family Medicine. This burdensome work has only added to the administrative burden, hours worked, burnout, and frustration of Family Physicians. All without appropriate reimbursement; and

Whereas, Family Physicians have seen significant increases in overhead costs, staffing costs, electronic interoperability enhancements, billing delays, claim denials, authorization delays, and unnecessary additional administrative work leading to loss of revenue; and

WHEREAS, many cottage industries or subcontractors have developed as a result of the ACA, most in the form of Accountable Care Organizations or health care systems, that collect and transmit data for reimbursement at significant cost to Family Physicians; and

WHEREAS, in a 2015 AAFP Value-Based Payment Study, clearly two-thirds of Family Physicians were not aware of value-based payments that came through their practice. In many cases, there is no clear, consistent information on the amount of value-based payment dollars that are collected or due to physicians; and

WHEREAS, while some of the information Family Physicians are collecting, the quality preventive care we encourage, assist with and provide is necessary, it is not clear we are truly adding value to what we already provide, and our Return on Investment has not been calculated and appropriately reimbursed, and be it

RESOLVED, That the Michigan Academy of Family Physicians creates and implements a value-based payment survey to gauge Michigan members’ perceptions and attitudes with respect to value-based payment models and return-on-investment, and be it further

RESOLVED, That the Michigan Academy of Family Physicians requests the American Academy of Family Physicians develop transparent data and return-on-investment information on value-based payments for distribution to Family Physicians.