

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54

Title: Pay-for-Performance Incentives

Introduced by: Domenic Federico, MD, for the Kent and Washtenaw County Delegations

Original Author: Jayne Courts, MD, and Martha L. Gray, MD

Referred to: Reference Committee A

House Action: **APPROVE**

Whereas, “pay for performance,” is a term defined by payers and physicians first, to optimize self-care by patients and second, to support screening, education, oversight, and continuity of care for patients by physicians such that both physicians and patients “perform” to promote the best clinical outcomes as determined by clinical guidelines, and

Whereas, the practice of primary care medicine is an adult-to-adult relationship or an adult-to-parent relationship, and reviewers and payers must recognize that patients and/or their parents have the freedom to choose from a number of goal-oriented health choices meant to custom design a personalized health care program, and

Whereas, patients and/or their parents sometimes fail to make the best health care choices, including the possibility that their choice may even lead to self-harm of the patient, and

Whereas, the widespread use of electronic health records allows clearer documentation of both the advice given to patients and the clinical outcomes rather than relying on claims data, and

Whereas, while physicians pledge to do their best for their patients by recommending the best preventative actions and disease treatments, patients may fail to comply or to pursue their physician’s advice even when it is delivered repeatedly in the most thoughtful manner and in a supportive environment, and

Whereas, the “Pay-for-Performance” approach has led to physicians being held responsible for the patient’s and/or parent’s action(s) while obviating the patient’s need for personal responsibility and, thus, has compromised the integrity of the physician-patient relationship, and

Whereas, performance incentives should be linked to the performance of the physician in providing and documenting appropriate advice on preventative care and self-care to patients and/or their parents, and

Whereas, such performance incentives earned through delivery and documentation of appropriate advice should be considered equal to performance incentives based on clinical outcomes, (e.g., a physician’s recommendation to obtain a screening colonoscopy would earn a performance incentive whether or not the patient completed the colonoscopy); therefore be it

RESOLVED: That MSMS work with third-party payers and other physician performance review organizations in the state of Michigan to establish a new standard that physicians should be measured not on what patients decide to do for themselves but, rather, on the advice and guidance physicians provide for patients and how that advice is communicated and documented; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to advocate with payers and other physician performance review organizations a new standard

55 whereby performance incentives would be linked to the performance of the physician in providing
56 and documenting appropriate advice on preventative care and self-care to patients and/or their
57 parents and applicable incentives would be earned through delivery and documentation of
58 appropriate advice that are considered equal to the performance incentive based on a clinical
59 outcome; and be it further
60

61 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our
62 AMA to work with any organization measuring physicians through incentive or performance programs
63 to adopt standards that do not penalize physicians for the actions of patients who cannot or who will
64 not comply with excellence in clinical recommendations.
65

66
67 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE