

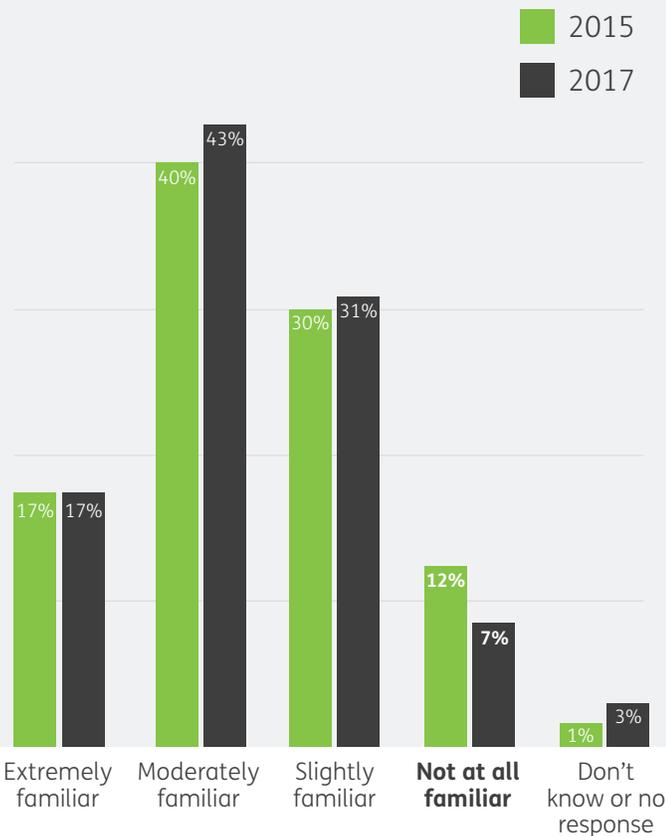
# 2017 AAFP VALUE-BASED PAYMENT STUDY

SPONSORED BY HUMANA

The American Academy of Family Physicians (AAFP) conducted a study, sponsored by Humana, that surveyed 5,000 practicing physicians who are active AAFP members to measure their readiness for and attitudes about value-based payments (VBP).<sup>1</sup> Many of them disclosed that they are familiar with value-based models and are making changes in their practices to move toward value-based reimbursement. But even with these preparations, barriers may continue to stand in the way, and many physicians remain skeptical of whether the shift toward value-based payments will benefit their patients or practices.

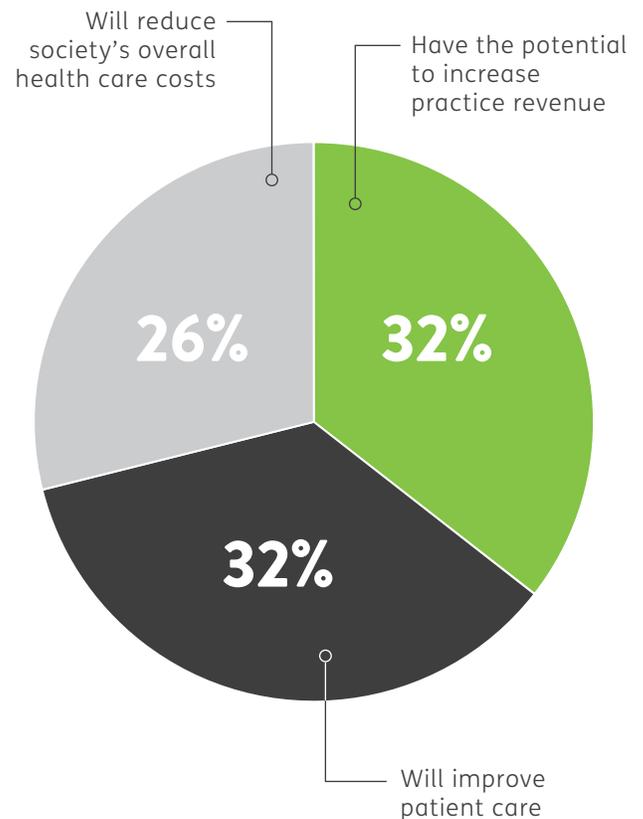
## FAMILIARITY WITH VBP

Six in 10 indicate they are either “extremely familiar” or “moderately familiar” with the concept of VBP, which is consistent with 57% in 2015. Significantly fewer said they were “not at all familiar” in 2017 (7%) than in 2015 (12%).



## ATTITUDES TOWARD VBP MODELS

In 2017, 32% of physicians believed VBP models have the potential to increase practice revenue or improve patient care. Also, 26% believed VBP models will reduce society's overall health care costs.



<sup>1</sup>The VBP survey was sent to a randomly selected sample of 5,000 active AAFP members in September 2017. Results are based on a sample size of 386 family physicians in direct patient care.

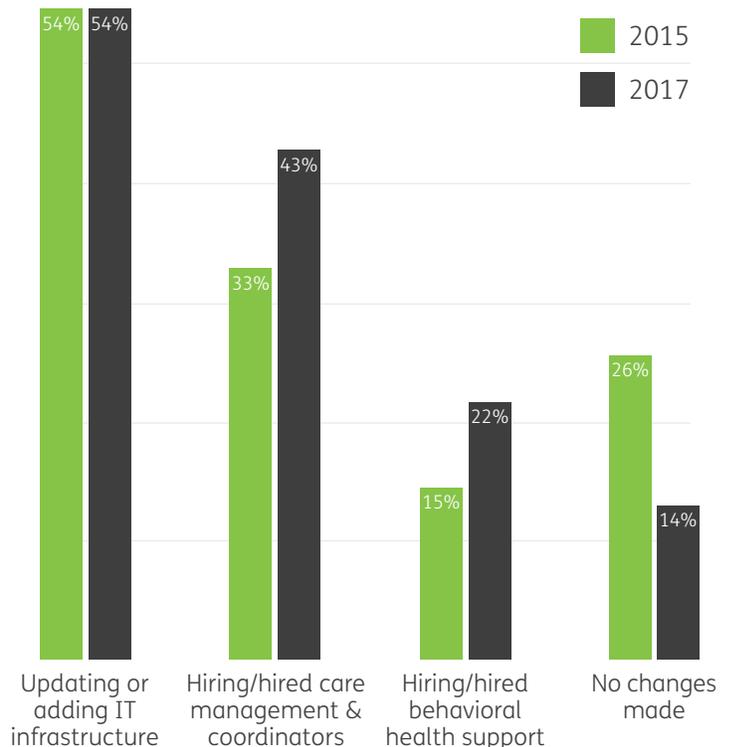
## BARRIERS TO IMPLEMENTING VBP

Below are barriers (major and minor barriers combined) and perceptions (strongly agree and somewhat agree combined) for implementing VBP.

		2015	2017
Barrier to implementing VBP care delivery	Lack of staff time to implement care functions that support VBP	91%	90%
	Lack of evidence that using performance measures results in better patient care	62%	62%
	Insufficient training on advanced-care delivery functions	62%	64%
	No uniform insurance company reports on performance	75%	75%
	Lack of standardization of performance measures and metrics	74%	78%
	Lack of timely data to improve care and reduce costs	63%	70%
Barrier to accepting financial risk VBP	Lack of resources to report, validate and use data	81%	74%
	Unpredictability of revenue stream	81%	77%
	Ability to understand the complexity of financial risk	80%	75%
	Lack of transparency between payers and providers	77%	78%
	Lack of interoperability between types of health care providers	76%	73%
	Lack of information on cost of services provided for appropriate referrals	76%	73%
Agree with the statement about VBP models	Substantial investment in health IT is needed to be successful in VBP	87%	86%
	VBP will increase work for physicians without a benefit to the patient	59%	58%
	VBP will put family physicians in important central roles within medical groups	56%	56%
	VBP will encourage greater collaboration between primary care physicians and specialists	52%	51%
	VBP will allow more time with patients	11%	9%
	Quality expectations are easy to meet in VBP models	13%	8%
	VBP models are easy to execute	5%	4%

## CHANGES TO PREPARE FOR VBP

More than half (54%) are updating or adding health IT infrastructure for data management and analysis in preparation to participate in VBP. Significantly more family physicians are hiring care coordinators and behavioral health support in 2017 than in 2015. Only 14% report they are doing nothing to prepare for VBP, which is a significant change from 2015 (26%).



SEE THE FULL 2017 VBP STUDY AT [HUMANA.COM/VALUEBASEDCARE](http://HUMANA.COM/VALUEBASEDCARE)

