

The Providers' Role in Pay for Performance

by James C. Chingos, MD, CPE

Last month, I attended ACCC's 15th Annual Oncology Presidents' Retreat in Arlington, Va. Among the many take home messages I came away with was this one: *Pay for performance is here to stay.*

One of the interesting aspects of the pay for performance (P4P) movement is how the words take on different meanings to different audiences. From the payers' perspective, P4P may be viewed, to some degree, as a cost containment tool. In the eyes of our patients, pay for performance is often perceived as a strategy for improving the quality of care they are receiving from their providers. In other words, a "report card" that will grade and reward physician behavior. For providers, the P4P movement is an opportunity to improve patient outcomes by improving how we provide care.

The question remains: can all of these stakeholders with their different perspectives come together to develop and implement a successful pay for performance model that will have a positive impact on our healthcare industry? I can't answer that question. But I can say with certainty that if providers are not involved in the process, the likelihood of answering that question in the affirmative is greatly reduced.

Providers bring expertise and perspective to the P4P table that no other key stakeholder can offer. For example, we understand that any measures used to "grade" physician actions must be evidence-based and able to be measured accurately. Who better to develop these measures

than a physician champion? Provider input and feedback on designing a system to share this information with the public—both patients and payers—is critical. Bottom line: provider buy-in is *essential* to the success of any P4P program.

What does the P4P movement hold in store for the oncology community? It means, in the words of Bob Dylan, "The times, they are a-changing."

Articles in this *Oncology Issues* delve into the unique challenges P4P poses for the field of oncology. Cancer is a complex disease that is treated with a vast array of treatment options. And we are continually improving these treatment methods. From targeted therapies to innovative technologies such as image-guided radiation therapy and surgical robotic systems like the da Vinci, each year we offer our patients increased hope of beating this devastating disease.

Unfortunately, these "wins" for the oncology community and the patients we serve generally carry a corresponding increase in price, bringing us full circle to the reason that many believe to be the true catalyst for pay for performance: cost containment.

Few would argue that healthcare costs somehow need to be reined in. Will pay for performance help in this effort? Again, I cannot answer that question. But clearly "P4P is here to stay," and our only option is to work together—providers, payers, and patients—to develop a fair system that will ensure the future success of our healthcare industry. 📧



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