

Reasons why the MPFS needs attention -- both to improve value and to facilitate better APMs

- Fee schedules can provide more or less value themselves – it is not right that value comes only from performance measurement and financial risk-bearing
 - The current CMS initiative of adding coordination codes may improve value
 - How physicians spend their time and what services they provide or order affects value as surely as measuring and rewarding/penalizing a handful of quality measures

Reasons why the MPFS needs attention-- both to improve value and to facilitate better APMs

- PTAC's experience suggests that financial support for specific delivery improvements sometimes can be produced most efficiently with a code, not a new payment model
- APMs aren't easy – operationally or politically (not that MPFS reform is easy)
- Current payment rates are used as integral parts of most APMs such that misvalued RVUs in the MFPS would be extended to the APMs
 - Desirable, hybrid payment models assume a fee schedule as an essential part – CPC+
- The wide disparities in fee schedule-based incomes make provider integration into multispecialty group practices more difficult