# Developing Alternatives to the RBRVS/SGR

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# Current "Disconnect" with RBRVS/SGR

• RBRVS rewards *volume* rather than *value* 

-- presence of "overvalued" codes makes this worse

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- "Disconnect" between the behavior of *individual* physician and the affect of *all* physicians on SGR
  - -- no *reward* for *good* behavior; no *consequences* to *bad* behavior

And ---- it hasn't worked!!

# **Developing Alternatives**

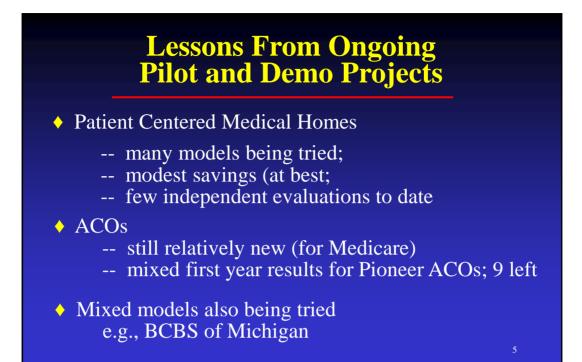
Earlier strategies: separate SGRs for different physician groups

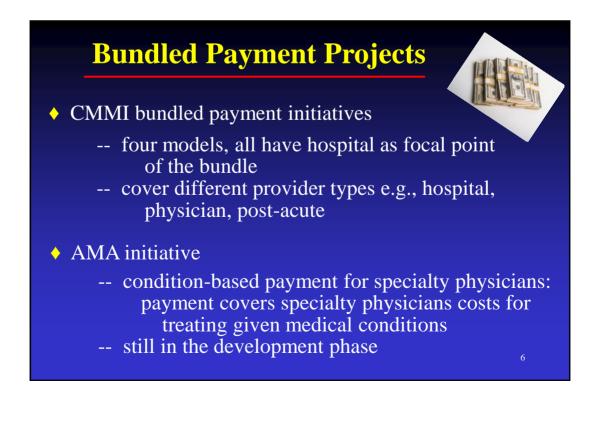
- -- HR 3162 of 2007
- -- HR 3961 of 2009
- <u>Current Efforts</u>:
  - -- Bipartisan E/C bill and bipartisan, bicameral "Discussion draft" from SFC/Ways and Means

### -- Clear Similarities:

Zero to small updates; higher adj. for docs who participate in ADS that value; payments for docs who don't value.

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# What's Not Being Tried?

 Systematic assessments of alternative ways to reimburse physicians outside of hospital bundle

- -- episode-based payments for physicians with differing time frames
- -- bundled payment for all physicians treating a specified medical condition

 Relative lack of focus on alternative ways of reimbursing specialists may reflect higher level of satisfaction with past reimbursement levels.

# Need to Be Cautious About Findings from Pilots



- Most are in *early* stages of *evaluation* Many still in *early* stages of *implementation*
- All are *voluntary* Raises questions of *self selection*; *generalize ability*
- Early savings may not be *sustainable* Some projects received advantages of one-time subsidies

Still – More promising than in last two decades!