

Virtual Mentor

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THE CODE SAYS

The American Medical Association *Code of Medical Ethics*' Opinion on Pay-for-Performance Programs and Patients' Interests

Opinion 8.056 - Physician Pay-for-Performance Programs

Physician pay-for-performance (PFP) compensation arrangements should be designed to improve health care quality and patient safety by linking remuneration to measures of individual, group, or organizational performance. To uphold their ethical obligations, physicians who are involved with PFP programs must take appropriate measures to promote patients' well-being.

(1) Physicians who are involved in the design or implementation of PFP programs should advocate for:

(a) incentives that are intended to promote health care quality and patient safety, and are not primarily intended to contain costs;

(b) program flexibility that allows physicians to accommodate the varying needs of individual patients;

(c) adjustment of performance measures by risk and case-mix in order to avoid discouraging the treatment of high-risk individuals and populations;

(d) processes to make practice guidelines and explanations of their intended purposes and the clinical findings upon which they are based available to participating physicians.

(2) Practicing physicians who participate in PFP programs while providing medical services to patients should:

(a) maintain primary responsibility to their patients and provide competent medical care, regardless of financial incentives;

(b) support access to care for all people and avoid selectively treating healthier patients for the purpose of bolstering their individual or group performance outcomes;

(c) be aware of evidence-based practice guidelines and the findings upon which they are based;

(d) always provide care that considers patients' individual needs and preferences, even if that care conflicts with applicable practice guidelines;

(e) not participate in PFP programs that incorporate incentives that conflict with physicians' professional values or otherwise compromise physicians' abilities to advocate for the interests of individual patients.

Report: Issued June 2006 based on the report "Physician Pay-for-Performance Programs," adopted November 2005 (Indiana Health Law Review. 2006;3(2):421-37).

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