## **Supplemental Online Content**

Reid RO, Tom AK, Ross RM, Duffy EL, Damberg CL. Physician compensation arrangements and financial performance incentives in US health systems. *JAMA Heath Forum*. 2022;3(1):e214634. doi:10.1001/jamahealthforum.2021.4634

## eMethods.

This supplemental material has been provided by the authors to give readers additional information about their work.

## eMethods. SELECTED QUESTIONS FROM THE HEALTH SYSTEM PHYSICIAN ORGANIZATION LEADER SURVEY INSTRUMENT

- 1. Does your physician organization <u>measure</u>, <u>report</u>, <u>and/or provide financial incentives</u> to **primary care physicians** on their individual performance for any of the following performance areas?
  - "Measure" means your organization *tracks* physician performance in this area.
  - "Report" means your organization provides *scorecards or other types of performance reports* to physicians.
  - **"Financial incentive"** means your organization includes the performance area in its *variable compensation* for physicians

Performance Area	Measure	Report	Provide Financial	Do Not Measure, Report, or
(Primary Care Physicians)			Incentive	Financially Incentivize
<b>Productivity</b> (e.g., patient visits, charges, encounter data submissions, or RVUs (FFS))				
<b>Panel size</b> (e.g., number of patients in a panel)				
<b>Clinical quality of care</b> (e.g., HEDIS, Medicare Star measures)				
<b>Patient experience or satisfaction</b> (e.g., CAHPS)				
<b>Efficient utilization of resources</b> (e.g., reducing inpatient days)				
Access (e.g., accepting new patients, extended hours)				
<b>Total cost of care</b> (e.g., shared savings payments)				
HCC/RAF coding*				
Other (if yes, please specify):				

\*HCC=Hierarchical Condition Category. RAF=Risk Adjustment Factor. Used to adjust Medicare payments

- 2. Does your physician organization <u>measure</u>, <u>report</u>, <u>and/or provide financial incentives</u> to some or all **specialty care physicians** on their individual performance for any of the following performance areas?
  - "Measure" means your organization *tracks* physician performance in this area.
  - "**Report**" means your organization provides *scorecards or other types of performance reports* to physicians.
  - **"Financial incentive"** means your organization includes the performance area in *variable compensation* for physicians.

Performance Area (Specialty Care Physicians)	Measure	Report	Provide Financial	Do Not Measure, Report, or
(Specially Cure I hysteralls)			Incentive	Financially Incentivize
<b>Productivity</b> (e.g., patient visits, charges, encounter data submissions, or RVUs (FFS))				
<b>Panel size</b> (e.g., number of patients in a panel)				
<b>Clinical quality of care</b> (e.g., HEDIS, Medicare Star measures)				
<b>Patient experience or satisfaction</b> (e.g., CAHPS)				
<b>Efficient utilization of resources</b> (e.g., reducing inpatient days)				
Access (e.g., accepting new patients, extended hours)				
<b>Total cost of care</b> (e.g., shared savings payments)				
HCC/RAF coding				
Other (if yes, please specify):				

\*HCC=Hierarchical Condition Category. RAF=Risk Adjustment Factor. Used to adjust Medicare payments

3. For a typical **primary care physician** in your organization, what are the <u>three top easiest</u> actions he/she could do to increase his/her compensation? List them in order, with Action 1 being the easiest.

Action—Primary Care Physicians		
Action #1		
Action #2		
Action #3		

4. For a typical **specialty care physician** in your organization, what are the <u>three top easiest</u> actions he/she could do to increase his/her compensation? List them in order, with Action 1 being the easiest.

Action—Specialty Physicians		
Action #1		
Action #2		
Action #3		

## SELECTED QUESTIONS FROM HEALTH SYSTEM PHYSICIAN ORGANIZATION LEADER SEMI-STRUCTURED INTERVIEW GUIDE

- **1.** How are your <u>primary care physicians</u> paid? (meaning: Is their compensation primarily based on salary, capitation, or something else?)
- 2. For a typical <u>primary care physician</u> in your organization, how much of their compensation falls into the following categories? (probe: do family medicine physicians and internal medicine physicians have same compensation approach?)

Base salary	<u>%</u>
Capitation	%
Fee-for-service (e.g., RVUs, productivity)	%
Performance-based incentives (e.g., bonuses or penalties based on quality, patient	<u>%</u>
experience, utilization of resources, etc.)	
Profit sharing	%
Other (if yes, please specify):	%
TOTAL (should add to 100%)	

- **3.** How are your specialty care physicians paid? (meaning Is their compensation primarily based on salary, capitation, or something else?)
- 4. For a typical <u>specialty care physician</u> in your organization, how much of their compensation falls into the following categories?

Base salary	%
Capitation	<u>%</u>
Fee-for-service (e.g., RVUs, productivity)	<u>%</u>
Performance-based incentives (e.g., bonuses or penalties based on quality, patient	<u>%</u>
experience, utilization of resources, etc.)	
Profit sharing	<u>%</u>
Other (if yes, please specify):	<u>%</u>
TOTAL (should add to 100%)	

5. What share of your physician organization's total revenues do you estimate come from the following sources? (*interviewer: should add to 100%*)

Fee-for-service	

Capitation \_\_\_\_\_

Other sources	
---------------	--