



Effects of Health Care Payment Models on Physician Practice in the United States

Appendix B — Interview Guides

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RAND/AMA Interview Guide: Physician Practice Leaders

Introductory questions

1. **Please tell us a little about your role at [name of practice] and how long you've been here.**
2. **Can you give us a brief history of [name of practice]? Just the highlights would be fine.**
Probes: How was the practice started, and when? What have been the biggest changes over the past few years?
3. **How is the practice governed?** How are decisions made about clinical operations, policies and strategic directions for the practice as a whole? For individual clinics (if applicable)?
*Probes: **How are financial decisions made?** How about decisions to enter into new payment contracts with health plans? Does a consultant advise you on these kinds of decisions? Do you go to other organizations (your IPA, the state medical society, etc. for support in making these decisions? What mechanisms are there for quality, safety, or performance improvement?*

Sources of revenue

We would like to ask a few general overview questions about the practice's sources of revenue, just to set the context for our more detailed questions about payment models.

4. **What types of clinical services bring the most revenue to the practice? [Prompt if needed: Office visits? Procedures? Doing lab and radiology tests?]**
Probes: What is the approximate percentage breakdown of revenues among these services?
5. [if not clear] **Other than payment for the clinical services we've discussed, are there any other sources of revenue for the practice?**
Probes: Payment or subsidy from a parent organization? From hospitals? Sales of products? Retainer or membership fees paid by patients?
6. **What is the approximate breakdown of total revenues, among your commercial payers, Medicare, Medicaid, and self-pay?** Ballpark figures are fine; this is just so we get a rough sense to guide the interview.

Payment models

For this study, we are particularly interested in changes in payment models and how they impact physician practices and professional satisfaction. We will be asking about payment models like the traditional “fee-for-service” payment model and other payment models, including capitation, episode-based payments, and shared savings. We are also interested in hearing about any experience you may have with new delivery models like Accountable Care Organizations and Patient-Centered Medical Homes—if these have included changes to how the practice is paid.

Current payment models—overview

7. **Under what payment models is [name of practice] currently reimbursed? We’re just interested in getting a list of these models right now.**
Probes: For example, fee-for-service, pay-for-performance, bundled payment, capitation, shared savings, retainer or subscription, ACO, PCMH.
8. [If not clear] **Has [name of practice] started to participate in any new payment models within the past 1-2 years? Again, this is just to get a list of the ways the practice is paid.**

Current payment models—specifics

[Repeat for each current payment model]

9. **When did you start participating in [insert payment model]? [if not already clear] Which payers are using this payment model?**
10. **Why did the practice start participating in this payment model?**
Probe: When deciding to participate in this payment model, how did you think about the tradeoffs in terms of the costs and benefits to the practice? What were the alternatives to doing this?
Probe: What did you think the effects on practice finances would be?
11. **Since you started participating in this model, what has changed?**
 - *Probe: **What are physicians doing differently**, if anything? Are they working longer or shorter hours? Are they doing different activities? Anything they’re not doing anymore or doing less of? If so, who is now doing these activities, if anybody? Is there anything new that physicians are doing, or doing more of? Have you observed any changes in how satisfied physicians are with their work here? How can you tell?*
 - *Probe: **Have you hired anybody new?** Changed anybody’s jobs, aside from physicians?*
 - *Probe: **What have been the effects on practice managers**, including yourself? What kind of new administrative work does this payment model involve?*
 - *Probe: What has been the effect on the practice’s financial sustainability? Did your expectations about financial effects end up being accurate? Have there been any surprises? (Has it affected how well you sleep at night?)*
 - *Probe: **Has the practice changed its structure** ? Gotten bigger or smaller? Joined an IPA or similar organization?*

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- *Probe: How has it changed your **relationships with hospitals**? Has the practice started or ended an affiliation a hospital? When? How does/did the link with the hospital affect the practice financially? How does/did the link with the hospital affect how patient care is provided?*
- *Probe: How has it changed your **relationships with subspecialists outside the practice**? Have there been changes in whether and when you make referrals? Or which subspecialists get referrals from you?*
- *Probe: What about the effects on the **quality of patient care**? **Costs of patient care**? Do you think patients are noticing anything different? How can you tell?*
- *Probe: Is it clear to you **how to succeed in this payment model** (for example, earn a bonus)? Or is it hard to tell what you should do? Why or why not?*

12. **What changes do you anticipate in the future, as a consequence of this payment model?**

Probes: How about your relationships with hospitals? With other physician practices? With other payers? With patients?

Probe: Do you think the practice will continue to participate in this payment model?

Physician compensation [ask if not already clear]

13. **How are physicians compensated in this practice? What is the formula?**

Probes: For example, based on revenues, RVUs, salaried, share of practice profits, pay-for-performance, etc. What are the main financial incentives for physicians working here?

Probe: How do these vary by physician type? For example, partners vs. employees, or physicians of different specialties?

14. [if not already clear] **Have any of the new payment models we've discussed changed the way physicians are compensated in this practice? How?**

Probes: Do all physicians participate in all models? Do some participate in some models and others participate in others? How is this decided? How does this impact their income and incentives?

15. [if not already clear] **How well do you think physicians in the practice understand their compensation formulas and how to do well in them?**

Probes: Do physicians have a clear idea to affect their earnings? What are the ways? Are there areas of confusion?

Current payment models—general effects

16. [if not already clear] **Overall, what have been the most important changes related to payment at this practice in the past three years?**

Probe: For example, what about rates of payment? How important are the new payment models we discussed, relative to these other changes to payment?

Probe: What kinds of experiences has the practice had with patients who are obtaining health insurance through the new health insurance exchanges under the Affordable Care Act?

17. [If not already clear] **What have been the major challenges for your practice in dealing with new payment models?**
Probe (if necessary): How have you handled the challenges? i.e.: system or leadership support (political, administrative)? Difficulty of making changes? Insufficient resources? Discomfort of clinicians or other staff with the model? Reactions of patients? etc.
Probe: What advice would you give to a practice like yours about how to handle the payment models we've discussed?
18. **What types of support or information would be useful to help [name of practice] better adapt to the payment models we've discussed?**
Probes: Have you already received assistance with participating in new payment models? What kinds of assistance?
19. What changes do you anticipate in the future, as a consequence of the new payment models that we've discussed? How about over the next year? Next 3 years? Longer?
Probes: How about your relationships with hospitals? With other physician practices? With other payers? With patients?
20. Have you encountered any regulatory impediments to adopting new payment models?
Potential probes: What regulatory changes would make it easier for your practice to be more successful in the types of new payment models we've talked about? Can you give a specific example or two?

Future and past payment models

21. **Is [name of practice] considering participation in any new payment models in the near future, in addition to those we've discussed?**
Probes: What are the pros and cons of these models, from your perspective?
22. **Now we'd like to ask about any payment models the practice is not participating in currently. Are there any payment models you previously participated in but no longer participate in?**
Probes: What happened? How did the practice's participation in [payment model] end? What were the effects on the practice when [payment model] ended?

Specifics to ask, only if not addressed earlier, and only if there is sufficient time

23. Is [name of practice] designated as a "patient-centered medical home"? If so, how did [name of practice] achieve that designation? How does this designation affect the payments the practice receives?
24. Is [name of practice] part of an Accountable Care Organization? Which one(s)? How does this designation affect the payments the practice receives? What other effects have there been?
25. Does [name of practice] participate in any narrow network health plans? Does participation in the narrow network plan require that [name of practice] conform with certain payment models? Have narrow network plans changed over the last 2 years as a share of [name of practice]'s revenues?

26. Does [name of practice] participate in any tiered or high-performance network health plans? In which tier is [name of practice]? Has [name of practice] changed its practice in any way to move into, or remain in, the preferred tier?

27. For [name of practice], how have relationships with hospitals been changing over the past few years?

Wrap up

28. In general, what percentage of Medicare fee-for-service payment rates do you get from your commercial payers? How about Medicaid?

Note: This can be answered in multiple ways. Some practices will answer as a ratio of Medicare (e.g., if Medicare pays \$1, our commercial payers tend to pay \$1.25). Other practices will answer as a ratio of their costs (e.g., Medicare pays 40% of our costs, and commercial payers pay 50% of our costs). Either way is fine.

Note: We are asking for a fee-for-service to fee-for-service comparison. A concrete example would be an E4 office visit (CPT code 99214): if Medicare pays \$1 for this, what do the commercial payers tend to pay?

29. What changes or improvements would you suggest making to the way healthcare is reimbursed in this area?
Probe: Why? What would be the effects of these changes?

30. Is there anything we haven't discussed that would be important to understanding the impact of payment models on [name of practice]? Anything that we haven't asked that we should be asking?

End.

RAND/AMA Interview Guide: Practicing Physicians

Introductory questions

1. **Can you tell us a little about your role at [name of practice] and how long you've been here?**
2. **Can you give us an overview of your training and background, before joining this practice?**
Probes: Where did you work most recently, and in what capacity?
3. **Why did you choose this practice? What are some differences with other practices where you've worked?**
Probes: How were you recruited? How do you like practicing/working here, relative to your previous setting?
4. **Can you describe a typical day of patient care for you? Or a typical week, if that's easier? What kinds of activities do you do?**
Probe: How many patients do you see in the office? Communicate with via email? Talk with on the phone? Interact with in other ways? How do you decide whether to see patients vs. email or interact with them in other ways?

Payment models

5. **Under what payment models is [name of practice] currently reimbursed? It's fine if you're not sure...just give your best estimate.**

Probes: For example, fee-for-service, pay-for-performance, bundled payment, capitation, shared savings, retainer or subscription.

Prompt: We've heard that [name of practice] has started to participate in some new payment models: [list payment models from practice leader interview]. We would like to ask you some questions about how these new payment models may have affected—or not affected—your experiences providing health care.

Or

6. **[ask only if not already clear from practice leader interview] Has [name of practice] started to participate in any new payment models?**

Probes: What was the impetus for participating in this payment model? What factors influenced your decision to participate in this new payment model? In general, how are decisions made regarding the practice's participation in various payment models? How involved are individual physicians in choosing to participate in various models of payment?

Probes: Who decided that your practice would deal with new payment models? Did you have a say in the decision? Was there widespread support from other physicians in the practice? Why, or why not?

And

7. **[ask only if not already clear from practice leader interview] Is [name of practice] considering participation in any new payment models?**

Probes: What are the major factors impacting this decision?

8. **What have been the most important changes related to payment at this practice in the past three years?**

Probe: For example, what about rates of payment? How important are the new payment models we discussed, relative to these other changes to payment?

Probe: What kinds of experiences has the practice had with patients who are obtaining health insurance through the new health insurance exchanges under the Affordable Care Act?

9. [model by model] **Since you started participating in this payment model, what has changed? What has the practice done differently, compared to what you would have done without this payment model?**

Probe:

- *What has changed about your typical day or week taking care of patients? Is there anything you do differently? Anything you do more of? Less of?*
- *Are there new types of staff or allied health professionals in the practice? Are they doing anything differently? Have you changed how you work with these individuals?*
- *What about practice leadership and management? Are they doing anything differently?*
- *What about your interactions with hospitals and other providers outside the practice? Have these changed in any way? How? What about referrals to subspecialists? Have these changed in any way?*
- *What has been the effect on the practice's financial sustainability, as far as you know?*
- *What have been the effects on the quality of care so far, if any? How about costs of care? How can you tell? What differences have patients noticed, as far as you can tell?*

10. **How is physician compensation structured in this practice?**

Probe:

- *For example, based on revenues, RVUs, salaried, share of practice profits, pay-for-performance, etc. What are the main financial incentives for physicians working here?*
- *How satisfied are physicians with their compensation? How stable and secure is their compensation? Have there been any recent changes to the overall amount of compensation? How about their overall financial picture, like where they feel like they are on track for financial security at retirement?*
- *How satisfied are you with your compensation package? Do you have any concerns or worries about your compensation in the near or more distant future?*

11. **How has physician compensation changed in this practice over the past few years?**

Probe: To what extent has these changes been in response to the new payment models? Which ones?

12. Based on what [you've said/others in the practice have said], my understanding is that [x] percent of [name of practice]'s revenues are at risk, based on [quality/patient satisfaction/efficiency/other]. Does that sound about right? Have those "at-risk" payments affected how [name of practice] operates? Have they affected how you practice medicine? If so, how?

13. [if not already clear] **How well do you think physicians in the practice understand their compensation formulas and how to do well in them?**

Probes: Do physicians have a clear idea to affect their earnings? What are the ways? Are there areas of confusion? Do you have a good sense of what your income will be in the next year? How certain are you?

14. **Taken together, how have these changes related to [list the changes resulting from new payment models] enhanced or restricted your ability to provide high-quality care? How about your sense of control over your clinical activities? Your overall professional satisfaction?**

Probe:

- *Have you had any ethical concerns about any of the payment models we've discussed? Situations where you felt like there's a financial price you'd pay for doing the right thing? Which ones? Can you give an example to illustrate?*
- *Have any ethical concerns or conflicts been reduced or resolved as a consequence of the new payment models we've discussed?*

15. What changes do you anticipate in the future, as a consequence of the new payment models that we've discussed? How about over the next year? Next 3 years? Longer?

Probes: How about your relationships with hospitals? With other physician practices? With other payers? With patients?

16. Now we'd like to ask about any payment models the practice is not participating in currently. Are there any payment models you previously participated in but no longer participate in?

Probes: What happened? How did the practice's participation in [payment model] end? Were there any effects on your patient care activities when [payment model] ended?

17. **What types of support or information would be useful to help [name of practice] better adapt to the new payment models we've discussed?**

Probes: Have you already received assistance with participating in new payment models? What kinds of assistance?

18. Have you encountered any regulatory impediments to adopting new payment models?

Potential probes: What regulatory changes would make it easier for your practice to be more successful in the types of new payment models we've talked about? Can you give a specific example or two?

The Future

19. Over the next year or so, what are your most important goals in this practice?

Probe: Why choose these particular goals for the next year?

Other

20. What changes or improvements would you suggest making to the way healthcare is reimbursed in this area?

Probe: Why? What would be the effects of these changes?

21. **Is there anything we haven't discussed that would be important to understanding the impact of payment models on your work at [name of practice]? Anything we should have asked you but didn't?**

End.

RAND/AMA Interview Guide: Medical Society Leaders

Introductory questions

1. Can you tell us a little about your role at [name of medical society] and how long you've been here?

Market factors

2. Tell us about the history and context of health care delivery in this geographic area.

Potential Probes:

- Who are the major physician groups or practices? How organized are the local practices? Are the majority in large, centrally managed delivery systems? Largely solo practitioners? Are the answers different for PCPs versus specialists?
- Who are the major health plans?
- Who are the major hospitals or hospital systems?
- How have relationships between providers evolved over time? How about relationships between physicians and payers? How about physicians and hospitals?
- What about the role of teaching institutions? Government-owned provider organizations?

3. In general, what percentage of Medicare fee-for-service payment rates do physicians in [name of market] get from your commercial payers? How about Medicaid?

Probe: How much does this vary from practice to practice—and what causes this variation? Specialty to specialty?

Payment models

4. Can you tell us about any new payment models that have been introduced recently in the market here?

Potential probes: What was the impetus for implementing this payment model? How receptive were providers, practices, hospitals? Are there any practices that exhibited exemplary performance with this payment model? To what do you attribute this success? How about practices that have struggled?

5. [If not already clear] In addition to the payment models we've already discussed, are there any other major payment models operating in this area?

Potential Probes: Has this changed? What factors influence the major payment models? Are there particular practices in the area that seem to do better or worse with various payment models?

6. **What types of support do you offer to practices to better understand and do well in new payment models we've discussed? What is the uptake?**
Potential Probes: Why did you decide to provide X type of support? Have you tried other methods? What factors influence uptake?
7. Beyond what you are able to offer, what types of support or information do practices need to better understand and do well in the new payment models we've discussed?
8. **[model by model] Do you think that [change XYZ in payment model] is leading to better or worse quality of care? How about costs of care?**
Potential probes: How can you tell? [if not clear] Are there data to support this view, or is it more of a "gut sense" of what is going on? [if not clear] Which changes in payment model have had the biggest effects on quality? On costs?
9. **Are changing payment models leading to changes in the organization of physician practices in [name of local market]? If so, how?**
Probes: Are practices merging or getting bigger? Getting smaller? Hospitals or health plans employing practices? IPAs forming or becoming more active? Why? How do these changes differ across different physician specialties?
10. **[if not clear] How are changing payment models leading to changes in relationships between physician practices and hospitals in [name of local market]?**
Probes: Are hospitals purchasing physician practices? Does this depend on physician specialty? What are you hearing about how these buyouts are going?
11. Have you heard about any regulatory impediments to adopting new payment models?
Potential probes: What regulatory changes would make it easier for physician practices to be more successful in new payment models? Can you give a specific example or two?
12. What has been the role, if any, of [name of medical society] in shaping emerging payment models locally?

Other

13. What changes or improvements would you suggest making to the way healthcare is reimbursed in this area?
Potential Probe: Why? What would be the effects of these changes?
14. [If not clear] In this market, are there any special challenges that make it harder for particular specialties to get involved in new payment models? How about particular geographic areas or communities?
Potential Probe: How are subspecialists getting involved in ACOs, if at all? Is there a distinction between physicians in those specialties that see patients in hospitals versus those that see patients only in office settings and ambulatory surgical centers? Are there certain communities—urban, low income, or rural—that pose particular challenges?
15. **Is there anything we haven't discussed that would be important to understanding the impact of payment models on health care in this area? Anything that we haven't asked that we should have asked?**

End.

RAND/AMA Interview Guide: MGMA Chapter Leaders

Introductory questions

1. Can you tell us a little about your role at [name of MGMA chapter] and how long you've been here?

Market factors

2. Tell us about the history and context of health care delivery in this geographic area.

Potential Probes:

- Who are the major physician groups or practices? How organized are the local practices? Are the majority in large, centrally managed delivery systems? Largely solo practitioners?
- Who are the major health plans?
- Who are the major hospitals or hospital systems?
- How have relationships between providers evolved over time? How about relationships between physicians and payers? How about physicians and hospitals?
- What about the role of teaching institutions? Government-owned provider organizations?

Payment models

3. Can you tell us about any new payment models that have been introduced recently in the market here?

Potential probes: What was the impetus for implementing this payment model? How receptive were providers, practices, hospitals? Are there any practices that exhibited exemplary performance with this payment model? To what do you attribute this success? How about practices that have struggled?

4. [If not already clear] In addition to the payment models we've already discussed, are there additional major payment models operating in this area?

Potential Probe: Has this changed? What factors influence the major payment models? Are there particular practices in the area that seem to do better or worse with various payment models?

5. What types of support do you offer to practices to better understand and do well in new payment models? What is the uptake?

Potential Probes: Why did you decide to provide X type of support? Have you tried other methods? What factors influence uptake?

6. Beyond what you are able to offer, what types of support or information do practices need to better understand and do well in the new payment models we've discussed?

7. [model by model] Do you think that [change XYZ in payment model] is leading to better or worse quality of care? How about costs of care?

Potential probes: How can you tell? [if not clear] Are there data to support this view, or is it more of a "gut sense" of what is going on? [if not clear] Which changes in payment model have had the biggest effects on quality? On costs?

8. **Are changing payment models leading to changes in the organization of physician practices in [name of local market]? If so, how?**
Probes: Are practices merging or getting bigger? Getting smaller? Hospitals or health plans employing practices? IPAs forming or becoming more active? Why? How do these changes differ across different physician specialties?
9. **[if not clear] How are changing payment models leading to changes in relationships between physician practices and hospitals in [name of local market]?**
Probes: Are hospitals purchasing physician practices? Does this depend on physician specialty? What are you hearing about how these buyouts are going?
10. Have you heard about any regulatory impediments to adopting new payment models?
Potential probes: What regulatory changes would make it easier for physician practices to be more successful in new payment models? Can you give a specific example or two?

Other

11. What changes or improvements would you suggest making to the way healthcare is reimbursed in this area?
Potential Probe: Why? What would be the effects of these changes?
12. [If not clear] In this market, are there any special challenges that make it harder for particular specialties to get involved in new payment models? How about particular geographic areas or communities?
Potential Probe: How are subspecialists getting involved in ACOs, if at all? Are there certain communities—urban, low income, or rural—that pose particular challenges?
13. **Is there anything we haven't discussed that would be important to understanding the impact of payment models on health care in this area? Anything that we haven't asked that we should have asked?**

End.

RAND/AMA Interview Guide: Health Plan Leaders

Introductory questions

1. Can you tell us a little about your role at [name of health plan] and how long you've been here?

Market factors

2. **Tell us about the history and context of health care delivery in this geographic area.**
Potential Probes: Who are the major physician groups or practices? Who are the major health plans? Who are the major hospitals or hospital systems? How have relationships between providers evolved over time? How about relationships between physicians and health plans? How about hospitals and health plans? What about the role of teaching institutions? Government-owned provider organizations?
3. How does [name of health plan] fit within the larger local market?
Potential probes: What distinguishes you from the other health plans in the area? Do providers or practices look to you for support in choosing or implementing various payment models? What services do you offer?

Payment models

4. **Can you tell us about any new payment models that [name of health plan] uses, other than fee-for service? Examples include: capitation, episode-based payments, pay for performance, ACOs, and medical homes.** We are interested in all product lines you may have, including commercial, Medicare Advantage, and Medicaid.
Potential probes for each payment model:
 - *When was this payment model introduced? What was the impetus for implementing this payment model? How receptive were providers, practices, and hospitals?*
 - *Along with this payment model, what kind of new goals or requirements did providers need to meet? [if not clear] Are there quality requirements or incentives?*
 - *What kinds of assistance or guidance did you provide, if any? Have you provided claims or utilization data to physician practices, including utilization their patients may have outside the practice (like hospital admissions and ED visits)?*
 - *Are there any practices that exhibited exemplary performance with this payment model? To what do you attribute this success? How about practices that have struggled?*
 - *[if not clear] For this payment model, does it seem to work best for certain kinds of physician practices (like certain sizes or specialties)? Certain patient populations?*
 - *Are there any payment models that you have tried but that didn't work out? What were these, and what happened?*
5. [if not clear, for each new payment model] What types of support or information do physician practices in the area request when they are thinking about participating in a new payment model?
6. What types of support do you offer to physician practices who are considering participation in a new payment model? How often are these supports utilized?

7. Are there any types of support or information that you think physician practices should be asking for when they are deciding whether to participate in new payment models like [XYZ]? (go through payment models)
8. **[If not already clear] In addition to the payment models we've already discussed, are there additional major payment models operating in this area? Are there any models in which you are collaborating with other health plans on a common approach?**
IF YES TO MULTI-PAYER MODELS: Can you tell us a little bit about any factors that made collaboration with other health plans easier or harder? What was the process like, when different payers were trying to align priorities?
9. **[If NO to multi-payer models] To what extent are the requirements for payment models offered by different health plans in this area harmonized? Are requirements the same/similar? Are episodes or bundles the same? Are quality measures the same?**
10. **[model by model] Do you think that [change XYZ in payment model] is leading to better or worse quality of care? How about costs of care?**
Potential probes: How can you tell? [if not clear] Are there data to support this view, or is it more of a "gut sense" of what is going on? [if not clear] Which changes in payment model have had the biggest effects on quality? On costs?
11. Have you encountered any regulatory impediments to implementing new payment models? What kinds?
Potential probes: What regulatory changes would make it easier to implement new or better payment models? Can you give a specific example or two? What about your ability to use new payment models for your self-insured customers (i.e., ASO contracts)?

Other

12. **What changes or improvements would you suggest making to the way health care is reimbursed in this area?**
Potential Probe: Why? What would be the effects of these changes?
13. **[If not clear] In this market, are there any special challenges that make it harder for particular specialties to get involved in new payment models? How about particular geographic areas or communities?**
Potential Probe: How are subspecialists getting involved in ACOs, if at all? Are there certain communities—urban, low income, or rural—that pose particular challenges?
14. **Is there anything we haven't discussed that would be important to understanding the impact of new payment models on health care in this area? Anything that we haven't asked that we should have asked?**

End.

RAND/AMA Interview Guide: Hospital Leaders

Introductory questions

1. Can you tell us a little about your role at [name of hospital]?
2. Can you give us a brief description of current relationships between [name of hospital] and physician practices in [name of market]? Just the highlights would be fine.
Probes: Do you own any practices? Have a PHO or other agreements with specific sets of practices? What specialties are involved?

Current payment models—overview

3. What is the approximate breakdown of total revenues, among your commercial payers, Medicare, Medicaid, and self-pay? Ballpark figures are fine; this is just so we get a rough sense to guide the interview.
4. Are there new payment models in which [name of hospital] participates, such as shared savings? [get list of models]

Current payment models—specifics

[Repeat for each current payment model]

5. When did you start participating in [insert payment model]? [if not already clear] Which payers are using this payment model?
6. Why did the hospital start participating in this payment model?
Probe: When deciding to participate in this payment model, how did you think about the tradeoffs in terms of the costs and benefits? What were the alternatives to doing this?
7. Since you started participating in this model, how has it changed relationships between [name of hospital] and physician practices in [name of market]?
Probe: What other major changes have resulted from this model—i.e., what is the hospital doing differently?
8. [if not clear] Have you observed or noticed any effects of this payment model on physician practices in [name of market]? What kinds of changes have you seen or heard about?
9. What changes to your relationships with physician practices do you anticipate in the future, as a consequence of this new payment model?

Payment models—general effects

10. [if hospital has changed relationships with physician practices, and not clear already] **From the standpoint of hospital finances, what has been the effect of these new relationships with physician practices?**

Probe: So far, is the hospital making or losing money on this? Are there differences between physician practices (like some are net earners for the hospital, while others are not)? Which types of physician practices seem to be improving hospital finances? How about the opposite?

11. Aside from what we've discussed already, have there been any other changes in relationships between [name of hospital] and physician practices outside the hospital? Physicians within the hospital?

Payment models—direct effects on physician practices (not involving hospital)

Putting the [name of hospital]'s involvement in new payment models aside for a moment, we would like to hear your impressions of what kinds of changes and pressures are affecting physician practices in [name of market]. So we're interested in your observations as a "third party."

12. **What kinds of payment changes have been affecting physician practices in [name of market]?** [Example, if necessary] Are there new pressures on physician practices to change how they are organized, maybe due to changes in the role of fee-for-service payment, for example?

Probe: What kinds of changes in physician practice are you seeing or hearing about? Which kinds of practices seem to be the most affected? Which ones seem to be adapting the best? Which are having the hardest time? Why do you think this is so?

13. **What is the impact of these new payment models on the quality of care in the community? On costs?** On administrative burden of physicians?

Other

14. What changes or improvements would you suggest making to the way healthcare is reimbursed in this area?
Probe: Why? What would be the effects of these changes?

15. In this market, are there any special challenges in getting access or on-call coverage for particular specialties?
Probe: How are you addressing these challenges? [if appropriate] How would an ACO or PCMH deal with coordinating specialty care?

16. **Is there anything we haven't discussed that would be important to understanding the impact of payment models on [name of hospital] and its relationships with physician practices? Anything that we haven't asked that we should be asking?**

End.