

**Simplicity**, **relevance**, **alignment**, **and predictability**, for physician practices and the Centers for Medicare and Medicaid Services (CMS).

- **Provide** nancial stability through a baseline positive annual update rejecting in ation in practice costs, and eliminate, replace or revise budget neutrality requirements to allow for appropriate changes in spending growth.
- Recognize scal responsibility. Payment models should invest in and recognize physicians' contributions in providing high-value care and the associated savings and quality improvements across all parts of Medicare and the health care system (e.g., preventing hospitalizations).
- Encourage collaboration, competition and patient choice rather than consolidation through innovation, stability, and reduced complexity by eliminating the need for physicians to choose between retirement, selling their practices or sure ring continued burnout.

- Reward the value of care provided to patients, rather than administrative activities—such as data entry—that may not be relevant to the service being provided or the patient receiving care.
- Encourage innovation, so practices and systems can be redesigned and continuously re ned to provide high-value care and include historically non-covered services that improve care for all or a speciet subset of patients (e.g., Chronic Obstructive Pulmonary Disease, Crohn's Disease), as well as for higher risk and higher cost populations.
- O er a variety of payment models and incentives tailored to the distinct characteristics of di erent specialties and practice settings. Participation in new models must be voluntary and continue to be incentivized. A fee-for-service payment model must also remain a nancially viable option.
- **Provide timely, actionable data**. Physicians need timely access to analyses of their claims data, so they can identify and reduce avoidable costs. Though Congress took action to give physicians access to their data, they still do not receive timely, actionable feedback on their resource use and attributed costs in Medicare. Physicians should be held accountable only for the costs they control or direct.
- Recognize the value of clinical data registries as a tool for improving quality of care, with their outcome measures and prompt feedback on performance.

- Advance health equity and reduce disparities. Payment model innovations should be risk-adjusted and
  recognize physicians' contributions to reducing health disparities, addressing social drivers of care, and tackling
  health inequities. Physicians need support as they care for historically marginalized, higher risk, hard to reach or
  sicker populations.
- **Support practices where they are** by recognizing that the high-value care is provided by both small practices and large systems, and in both rural and urban settings.

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American Medical Association

AMDA - The Society for PALTC Medicine

American Academy of Dermatology Association

American Academy of Facial Plastic and Reconstructive Surgersociety for Cardiovascular Angiography and Interventions

American Academy of Family Physicians

American Academy of Hospice and Palliative Medicine

American Academy of Neurology American Academy of Ophthalmology Society of Gynecologic Oncology

American Academy of Otolaryngology- Head and Neck SurgerySpine Intervention Society

American Academy of Physical Medicine & Rehabilitation

American Academy of Sleep Medicine

American Association of Neurological Surgeons American Association of Orthopaedic Surgeons American College of Allergy & Immunology

American College of Cardiology

American College of Emergency Physicians American College of Gastroenterology American College of Lifestyle Medicine American College of Mohs Surgery

American College of Obstetricians and Gynecologists

American College of Osteopathic Surgeons

American College of Physicians

American College of Radiation Oncology

American College of Radiology American College of Rheumatology American College of Surgeons

American Gastroenterological Association

American Geriatrics Society

American Medical Group Association American Medical Women's Association American Osteopathic Association American Psychiatric Association American Rhinologic Society

American Society for Clinical Pathology

American Society for Gastrointestinal Endoscopy American Society for Laser Medicine and Surgery

American Society for Radiation Oncology American Society for Surgery of the Hand American Society of Anesthesiologists American Society of Breast Surgeons

American Society of Cataract and Refractive Surgery

American Society of Dermatologic Surgery Association

American Society of Hematology American Society of Neuroimaging American Society of Neuroradiology American Society of Nuclear Cardiology American Society of Plastic Surgeons American Society of Retina Specialists American Society of Transplant Surgeons

American Urogynecologic Society American Urological Association American Vein & Lymphatic Society

American Venous Forum

Association for Clinical Oncology College of American Pathologists Congress of Neurological Surgeons

**Endocrine Society** Heart Rhythm Society

International Society for Advancement of Spine Surgery

Medical Group Management Association

North American Spine Society

Outpatient Endovascular and Interventional Society

Renal Physicians Association

Society for Pediatric Dermatology Society for Vascular Surgery Society of Interventional Radiology

Medical Association of the State of Alabama

Alaska State Medical Association Arizona Medical Association Arkansas Medical Society California Medical Association Colorado Medical Society

Connecticut State Medical Society Medical Society of Delaware

Medical Society of the District of Columbia

Florida Medical Association Inc Medical Association of Georgia Hawaii Medical Association Idaho Medical Association Illinois State Medical Society Indiana State Medical Association

Iowa Medical Society Kansas Medical Society Kentucky Medical Association Louisiana State Medical Society Maine Medical Association

MedChi, The Maryland State Medical Society

Massachusetts Medical Society Michigan State Medical Society Minnesota Medical Association Mississippi State Medical Association Missouri State Medical Association Montana Medical Association Nebraska Medical Association Nevada State Medical Association New Hampshire Medical Society Medical Society of New Jersey

New Mexico Medical Society Medical Society of the State of New York

North Carolina Medical Society North Dakota Medical Association Ohio State Medical Association Oklahoma State Medical Association

Oregon Medical Association Pennsylvania Medical Society Rhode Island Medical Society South Carolina Medical Association South Dakota State Medical Association

Tennessee Medical Association **Texas Medical Association Utah Medical Association Vermont Medical Society** Medical Society of Virginia

Washington State Medical Association West Virginia State Medical Association

Wisconsin Medical Society Wyoming Medical Society