

1 VERMONT MEDICAL SOCIETY RESOLUTION
2 As Adopted by VMS Board November 8, 2023

3
4 Addressing Ethical Dilemmas in Some of CMS's Pay for Performance and Value Based Care
5 Programs
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8 **Resolved, that the Vermont Medical Society advocate to the Centers for Medicare and**
9 **Medicaid Services (CMS) and Vermont's federal delegation to the US Senate and House of**
10 **Representatives that CMS' payment reform programs meet the following standards:**

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12 1. For-profit corporations including but not limited to venture capital firms should be
13 excluded from serving as contracting intermediaries in CMS-sponsored value-based care
14 programs,
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- 16 2. Medicare beneficiaries who enroll in the original Medicare program should not be
17 unwillingly or unwittingly assigned to managed care or capitation systems that contract
18 with corporate intermediaries, such as allowed in the ACO REACH and Primary Care
19 First programs; rather beneficiary participation should be selected voluntarily by each
20 individual patient;
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- 22 3. CMS should encourage enrollment of historically underserved populations in Federally
23 Qualified Health Centers, Rural Health Clinics and other programs organized to facilitate
24 primary care and needed specialty care rather than in programs which impose financial
25 disincentives to primary and specialty care;
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- 27 4. Information provided to Medicare beneficiaries about contractual payment relationships
28 that their clinicians may enter with CMS or third party intermediaries should be reviewed
29 by a Medicare ombudsperson, and important financial relationships in such contracts,
30 including those that may create disincentives to providing care, should be disclosed in
31 language that lay persons would find to be readily understandable;
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- 33 5. Corporate entities that have been found to commit fraud or other deceptive practices of
34 significant magnitude (i.e. > \$100,000,000) should be excluded from participation in
35 Medicare- or Medicaid-sponsored value-based care programs; and
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- 37 6. A code of ethics should be instituted by CMS, prohibiting for a three-year period former
38 high level CMS officials from assuming positions at industries they have been regulating.
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1 **And be it further resolved** that the Vermont Medical Society advocate to the New England
2 Delegation to the American Medical Association and to the American Medical Association that
3 AMA Policy H-450.944, Protecting Patients Rights, be amended by adding the same six
4 standards;

5 **And be it further resolved** that the Vermont Medical Society reaffirm it's 2005 Policy
6 Principles for the Development of Pay for Performance Programs (available at
7 https://vtmd.org/client_media/files/vms_resolutions/final%202005%20p4p.pdf) with the
8 following additions:

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- 10 • Given that approximately 90% of the cost differential between the US and the other
11 developed countries reflects high prices rather than an excessive volume of services,
12 payment programs should refocus on evaluating and addressing the causes of
13 conspicuously high prices of goods and services paid for by the Medicare program and
14 other insurers in the US;
- 15
- 16 • Programs should not impose ethical conflicts on participating clinicians, such as
17 clinicians facing significant financial loss when their patients require costly procedures;
18 and they should be designed to protect patient access to necessary care, especially
19 patients with expensive, complex illnesses;
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- 21 • Care coordinators, social workers, and other mental health and substance abuse services
22 targeted to at risk patients should be available to all primary care practices, regardless of
23 whether practices have chosen to engage in financial partnerships with private sector
24 Medicare subcontractors in value-based care programs;
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See related:

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28 VMS Policy Principles for the Development of Pay for Performance Programs,
29 https://vtmd.org/client_media/files/vms_resolutions/final%202005%20p4p.pdf

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31 AMA Policy H-450.944, Protecting Patients Rights, available at: [https://policysearch.ama-](https://policysearch.ama-assn.org/policyfinder/detail/%22Protecting%20Patients%20Rights%20H-450.944%22?uri=%2FAMADoc%2FHOD.xml-0-4068.xml)
32 [assn.org/policyfinder/detail/%22Protecting%20Patients%20Rights%20H-](https://policysearch.ama-assn.org/policyfinder/detail/%22Protecting%20Patients%20Rights%20H-450.944%22?uri=%2FAMADoc%2FHOD.xml-0-4068.xml)
33 [450.944%22?uri=%2FAMADoc%2FHOD.xml-0-4068.xml](https://policysearch.ama-assn.org/policyfinder/detail/%22Protecting%20Patients%20Rights%20H-450.944%22?uri=%2FAMADoc%2FHOD.xml-0-4068.xml)

34 AMA Policy H-450.947, Pay-for-Performance Principles and Guidelines, available at:

35 [https://policysearch.ama-](https://policysearch.ama-assn.org/policyfinder/detail/Pay%20for%20Performance%20Principles%20and%20Guidelines?uri=%2FAMADoc%2FHOD.xml-0-4071.xml)

36 [assn.org/policyfinder/detail/Pay%20for%20Performance%20Principles%20and%20Guidelines?u](https://policysearch.ama-assn.org/policyfinder/detail/Pay%20for%20Performance%20Principles%20and%20Guidelines?uri=%2FAMADoc%2FHOD.xml-0-4071.xml)
37 [ri=%2FAMADoc%2FHOD.xml-0-4071.xml](https://policysearch.ama-assn.org/policyfinder/detail/Pay%20for%20Performance%20Principles%20and%20Guidelines?uri=%2FAMADoc%2FHOD.xml-0-4071.xml)

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39 AMA Policy H-450.941, Pay-For-Performance, Physician Economic Profiling, and Tiered and
40 Narrow Networks, available at: [https://policysearch.ama-](https://policysearch.ama-assn.org/policyfinder/detail/Pay%20for%20Performance?uri=%2FAMADoc%2FHOD.xml-0-4065.xml)
41 [assn.org/policyfinder/detail/Pay%20for%20Performance?uri=%2FAMADoc%2FHOD.xml-0-](https://policysearch.ama-assn.org/policyfinder/detail/Pay%20for%20Performance?uri=%2FAMADoc%2FHOD.xml-0-4065.xml)
42 [4065.xml](https://policysearch.ama-assn.org/policyfinder/detail/Pay%20for%20Performance?uri=%2FAMADoc%2FHOD.xml-0-4065.xml)

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