Welcome to this quick guide on Bundled Payments. Moving through this guide is easy. To view a topic at any time, click the menu button. To move forward, click on the NEXT button. To move backwards, click on the BACK button. To fast forward, click and drag this button. Use this button to play or pause the course. Click on this button for Closed Captioning. You can view the resources available to download by clicking on this button. After you complete the quick guide, you will be asked to take a Quiz. You will also be asked to give us your feedback on the guide by completing an Evaluation.

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Like many others, you probably haven’t thought much about how your doctor gets paid by your health plan or insurance company. Yet, how your doctors get paid might influence your treatment options. The most common model for payment is known as fee for service. This course is about a newer type of payment model, called Bundled Payments.

Why are new payment models needed? The overall cost of medical care in the United States is increasing rapidly. These increasing costs affect everyone---patients, doctors, health insurers, and government healthcare programs. To try to bring down these costs, researchers are studying whether new types of payment models can encourage doctors to provide care that is both high-quality and cost-effective. Bundled Payments are one of the payment reform models that may help achieve this goal. Every doctor visit, procedure, test, or treatment usually has a separate fee. That’s why medical bills show a long list of charges. Your insurer or health plan pays all or part of each fee. The other part is paid by you.

When an insurer uses a Bundled Payment, a doctor gets paid one amount for treating a health problem or illness, regardless of what services were provided. This is an example of what a bill would look like if your doctor was getting a bundled payment for your chemotherapy treatment.

Health insurance companies are introducing more pilot Bundled Payment programs. Researchers are studying these programs to see how they affect patient care. They want to learn what types of decisions doctors make when they know they will receive a bundled payment. They also want to see if the Bundled Payment programs achieve their goal of delivering high-quality care at a reduced cost.

For example, one pilot program, started by a cancer center and a health care plan, is studying doctors who are receiving bundled payments for treating patients with head and neck cancer. In this model, the patient receives one bill when they begin their cancer treatment. The one bill covers all of the tests, treatments and medical appointments they will have to treat their cancer. The patients know they will not have additional charges. And the doctors know that they will receive the same payment regardless of how many times they see the patient, what treatments are offered, or how many tests are done. Outcomes for the patients in the pilot program will be compared with outcomes for patients whose doctors are not receiving bundled payments.
Policymakers expect outcomes will be the same--or better--because doctors who receive bundled payments will have an incentive to talk to their patients about their treatment goals and values, involve their patients in shared decision making, and explore clinical trial options.

Private insurers aren't the only ones looking at the benefit of bundled payments. Medicare has used bundled payments for hospital care and is now looking at bundled payments for other diseases, like cancer. The pilot projects now underway will help policymakers learn whether bundled payments
- Give patients good quality care
- Avoid unnecessary tests
- Reduce costs.

Patient advocates will be watching closely. They are concerned that bundled payments may:
- Influence the treatment options your doctors present to you.
- Lead doctors to focus more on cost when making treatment decisions
- Provide fewer reasons for your doctor to incorporate your values into treatment decisions.

Clinical trials may be an option for patients at different points in their cancer care. You should always feel comfortable talking to your doctors about clinical trials. How your doctors get paid should not affect whether you can take part in a clinical trial.

Bundled Payments aren't secrets. You should feel comfortable asking your doctor about them. Here’s an example of how this conversation might go:

1. **Patient:** Are you receiving a bundled payment for my care?
   **Doctor:** Yes. I am part of a pilot project studying bundled payments.

2. **Patient:** Would you recommend different treatments if you were not participating in a bundled payment program?
   **Doctor:** I am following the same cancer treatment guidelines for treating your cancer that I would use if I were not receiving a bundled payment.

3. **Patient:** Can you provide me with a copy of the guidelines?
   **Doctor:** Yes. I will talk to our nurse navigator about getting you a copy.

4. **Patient:** Are there clinical trials I should consider?
   **Doctor:** At this point, I would recommend following the treatment guidelines. If your cancer does not respond to these treatments or comes back, then we should discuss clinical trials.

The type of cancer you have, your overall health, and your values and goals will help determine which treatments are right for you. Knowing if your doctor is receiving a Bundled Payment will help you better understand your choices.

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