from 2015. In both surveys, 62% of physicians cited a lack of evidence that meeting performance measures leads to better patient care. Other barriers became less frequently noted during that period, including lack of resources, which was cited by 81% of respondents in 2015 and only 74% in 2017, and ability to understand the financial risk, which fell from 80% to 75%.

Another ongoing challenge to wider adoption of value-based payment is finding a way to use nonuniform performance reports from different insurers to bolster patient care. Thirty-seven percent of family physicians said they were paid by 10 or more insurers during 2017. Compounding the problem, not only are data from these insurers often outdated by the time they reach the physician, but IT vendors have yet to integrate their systems so they can exchange the data. "The lack of interoperability is the biggest thing we hear from our members," Mullins said. "We need cooperation from a lot of players. It's the golden ring we're all looking for because it's a huge problem."

A significant change since the 2015 survey is the growing number of physicians who reported hiring care managers (up from 33% in 2015 to 43% in 2017) and behavioral health support (up from 15% in 2015 to 22% in 2017). "More people are employing or engaging behavioral health specialists in their practice," said Roy Beveridge, MD, Humana's chief medical officer. "You have to take care of behavioral health or you can't get the costs down."

Mullins noted that moving to a new payment system is a major adjustment, but continuing the transition is important to training the next generation of physicians because it will instill in students and residents the importance of coordinating care. "Changing how someone gets paid is a big ask," Mullins said. "A lot of physicians are skeptical that value-based payment is not showing evidence (of efficacy), but a lot are still doing it. Even those who are skeptical are moving in that direction."

> Michael Laff AAFP News Department



From the American Board of Family Medicine

Ann Fam Med 2018;16:181. https://doi.org/10.1370/afm.2213.

TAMMY CHANG, MD, MPH, MS SELECTED AS 2017 NAM PUFFER/ABFM FELLOW

The National Academy of Medicine (NAM) has selected Tammy Chang, MD, MPH, MS as the 2017 James C. Puffer, MD/American Board of Family Medicine Fellow. Dr Chang is an assistant professor in the Department of Family Medicine at the University of Michigan, Ann Arbor. She is 1 of 5 outstanding health professionals selected for the class of 2017 NAM Fellows.

Dr Chang received her undergraduate degree from the University of Michigan with honors in Cellular and Molecular Biology and Zoological Anthropology. She also received her medical degree and master of public health degree in health policy and management from the University of Michigan. Dr Chang completed residency training and served as co-chief resident in the Department of Family Medicine at the University of Michigan and is an alumna of the University of Michigan Robert Wood Johnson Foundation Clinical Scholars program. She has received several national awards including the Academy Health Presidential Scholarship for New Health Services Researchers, the North American Primary Care Research Group Distinguished Trainee Award, and the Society of Teachers of Family Medicine Distinguished Paper Award.

As a Puffer/ABFM/NAM Anniversary Fellow, Dr Chang will receive a research stipend of \$25,000. Named in honor of James C. Puffer, MD, president and chief executive officer of the ABFM, the fellowship program enables talented, early-career health policy and science scholars in family medicine to participate in the work of the Academies and further their careers as future leaders in the field. The James C. Puffer, MD/ ABFM Fellowship was established under the NAM Fellowship program in 2011.

NAM Anniversary Fellows continue their main responsibilities while engaging part-time over a 2-year period in the Academies' health and science policy work. A committee appointed by the president of the Institute of Medicine (IOM) selects fellows based on their professional accomplishments, potential for leadership in health policy in the field of family medicine, reputation as scholars, and the relevance of their expertise to the work of NAM and the IOM.

