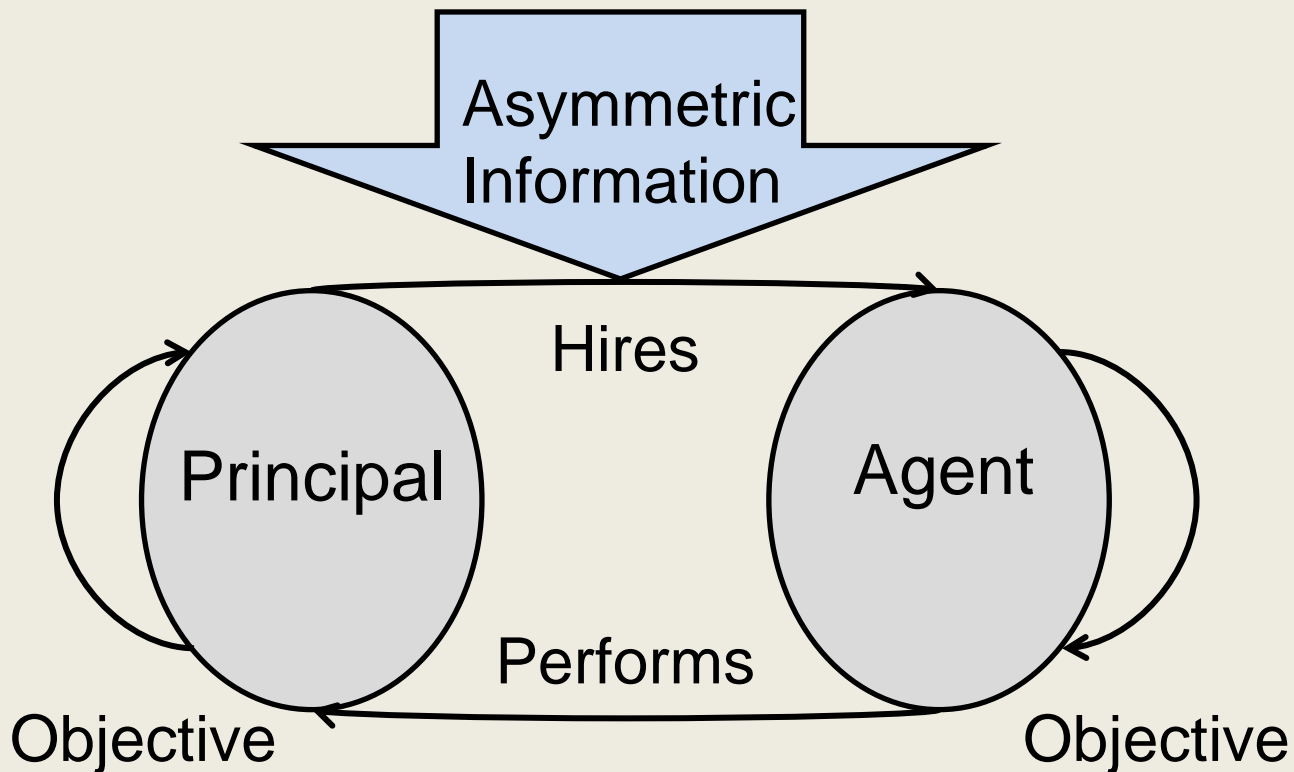
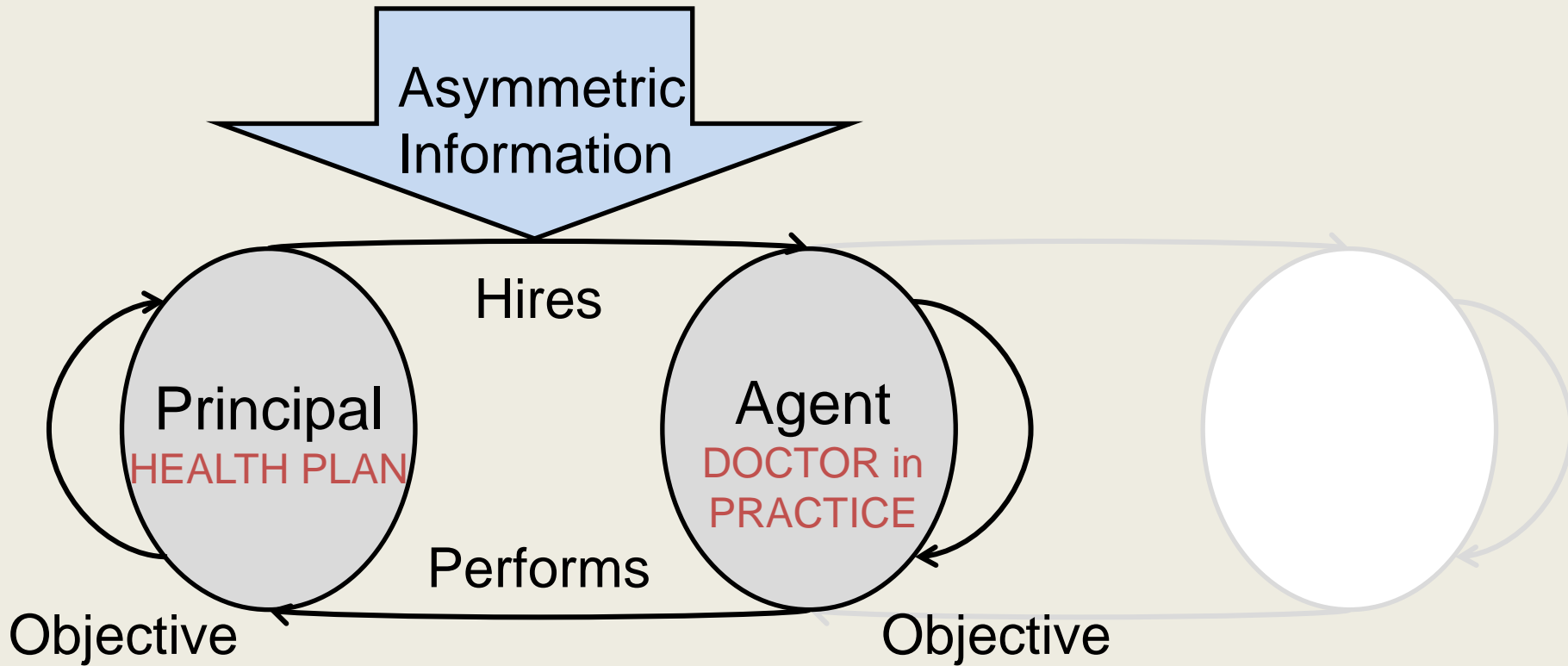


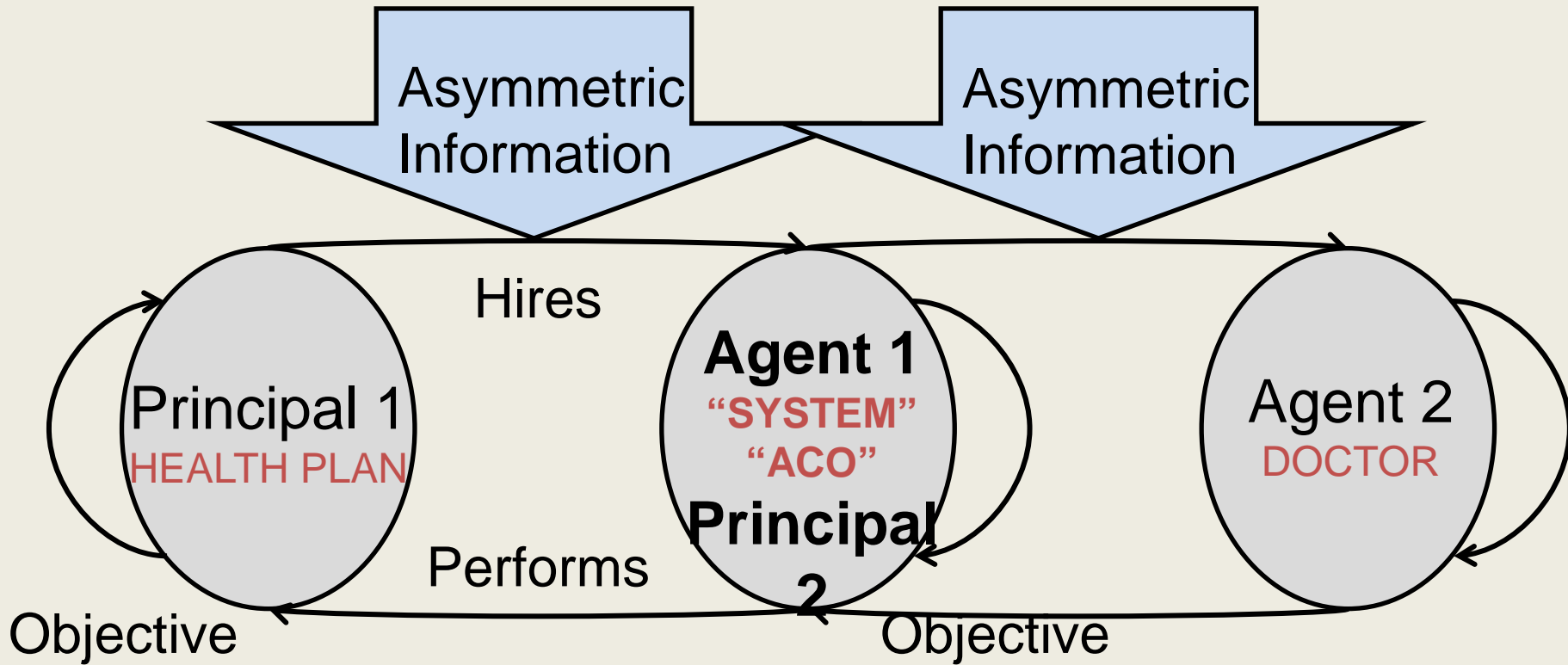
Principal Agent Theory



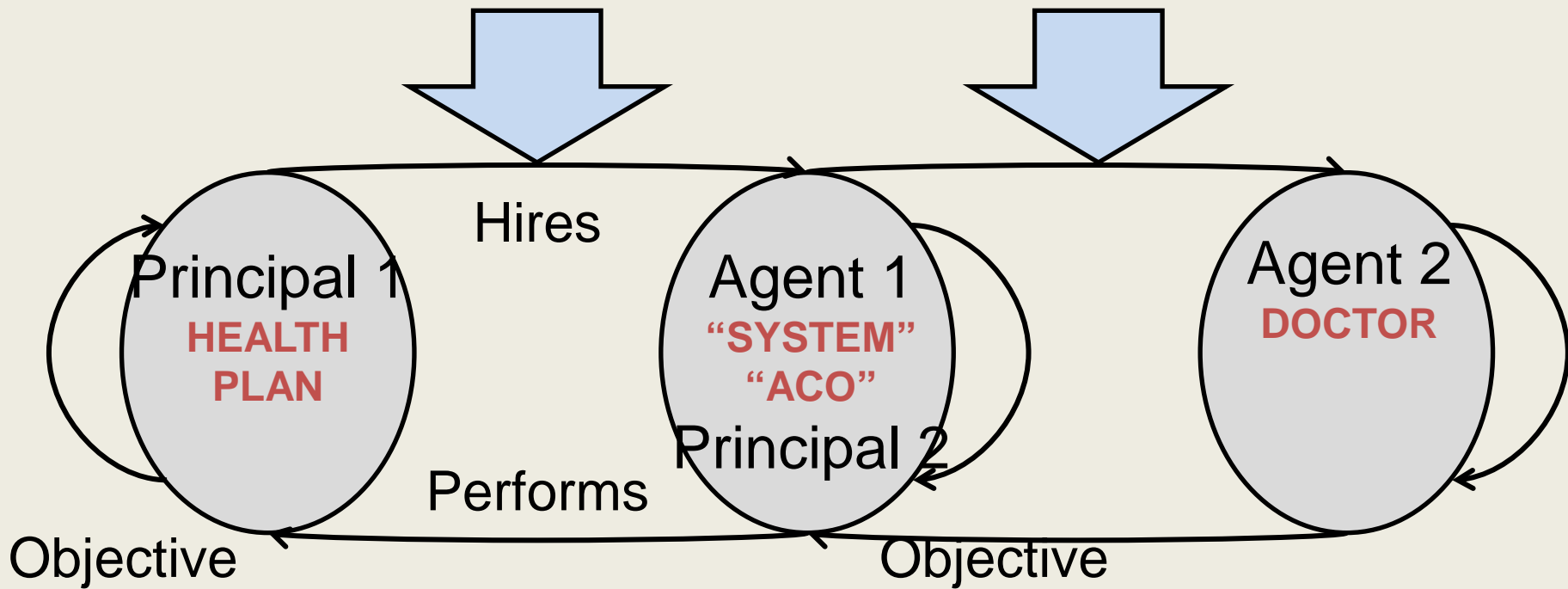
Principal Agent Theory: ~2000 and before



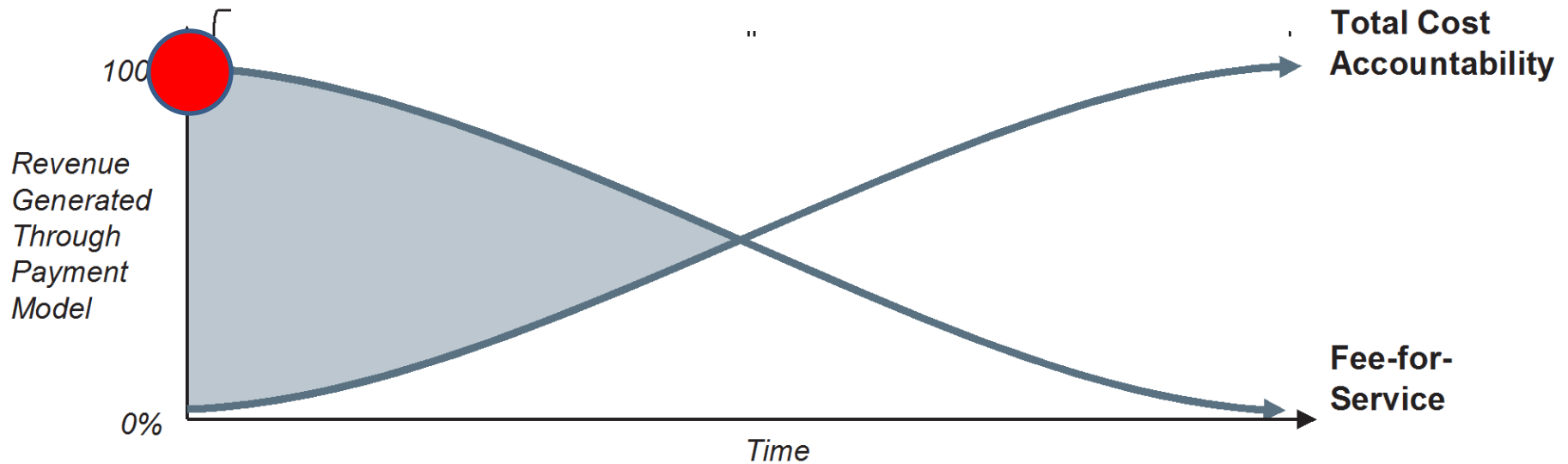
Principal Agent Theory: ~2010



Principal Agent Theory: ?2020

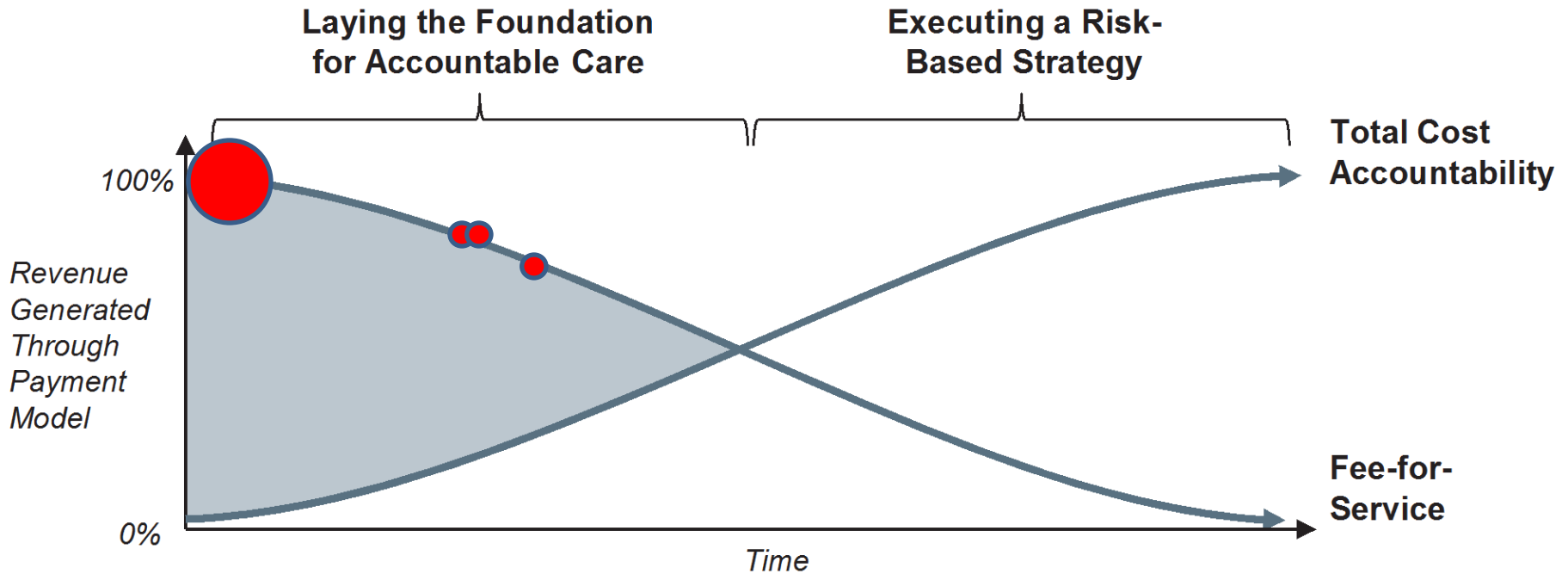


Organizational payments: ~2000 and before



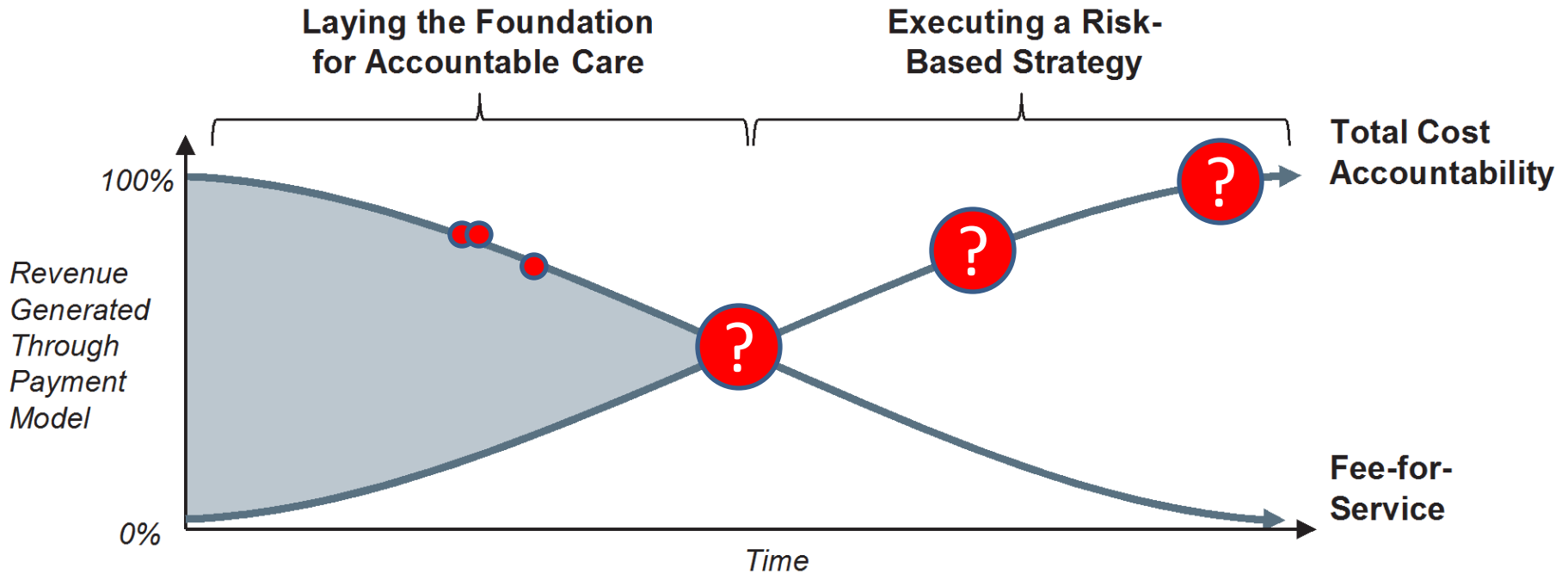
- Growth** Grow highly profitable volumes
- Finances** Focused on acute care episodes
- Quality** Adhere to limited process measures

Organizational payments: ~2010



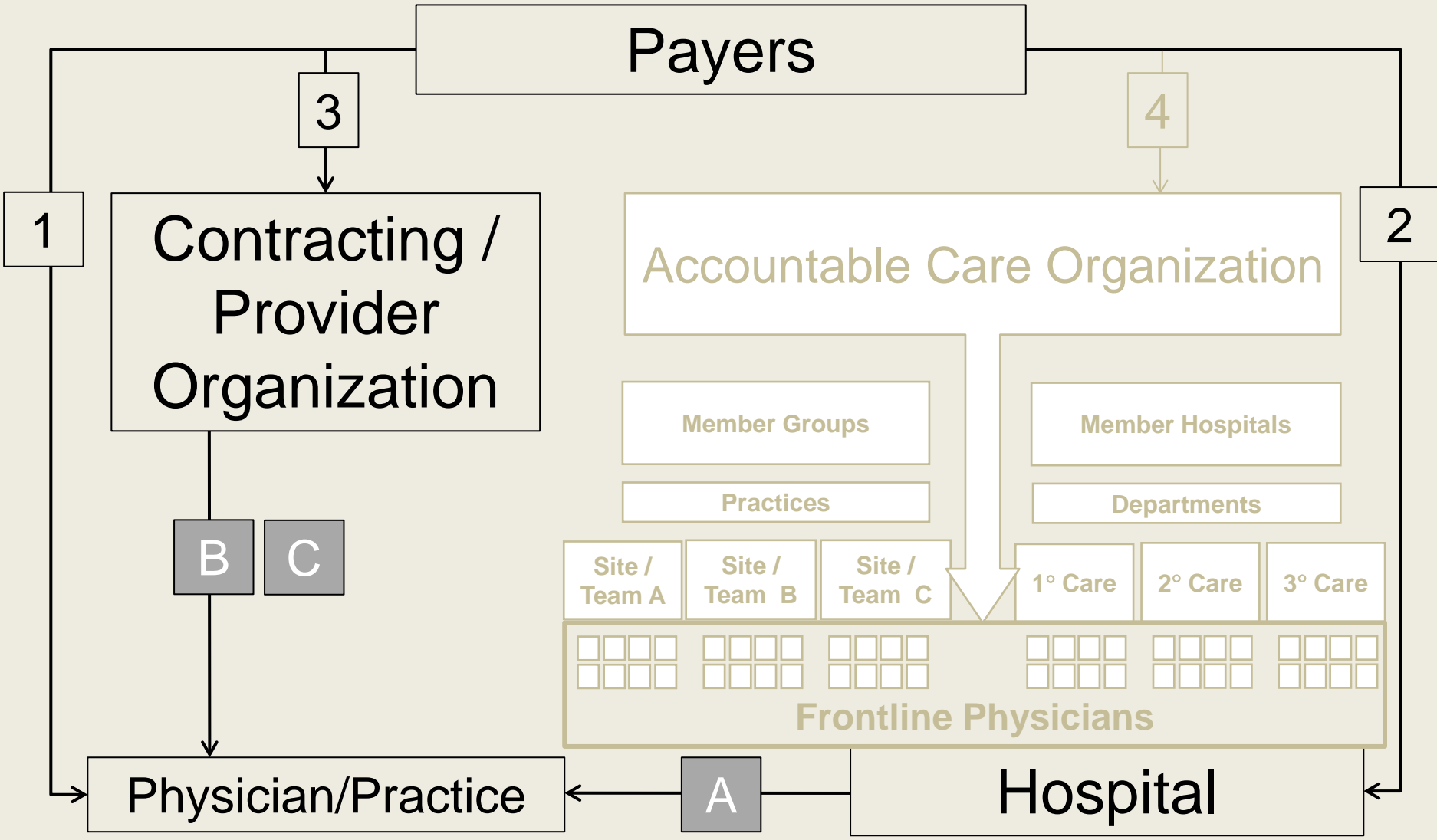
- | | | | |
|-----------------|------------------------------------|---|---|
| Growth | Grow highly profitable volumes | ➔ | Reduce high-end services; right-size utilization |
| Finances | Focused on acute care episodes | ➔ | Total cost management; linked to quality |
| Quality | Adhere to limited process measures | ➔ | Provide value-driven care (efficient, patient-centered, outcomes-driven, cross-continuum) |

Organizational payments: ?2020

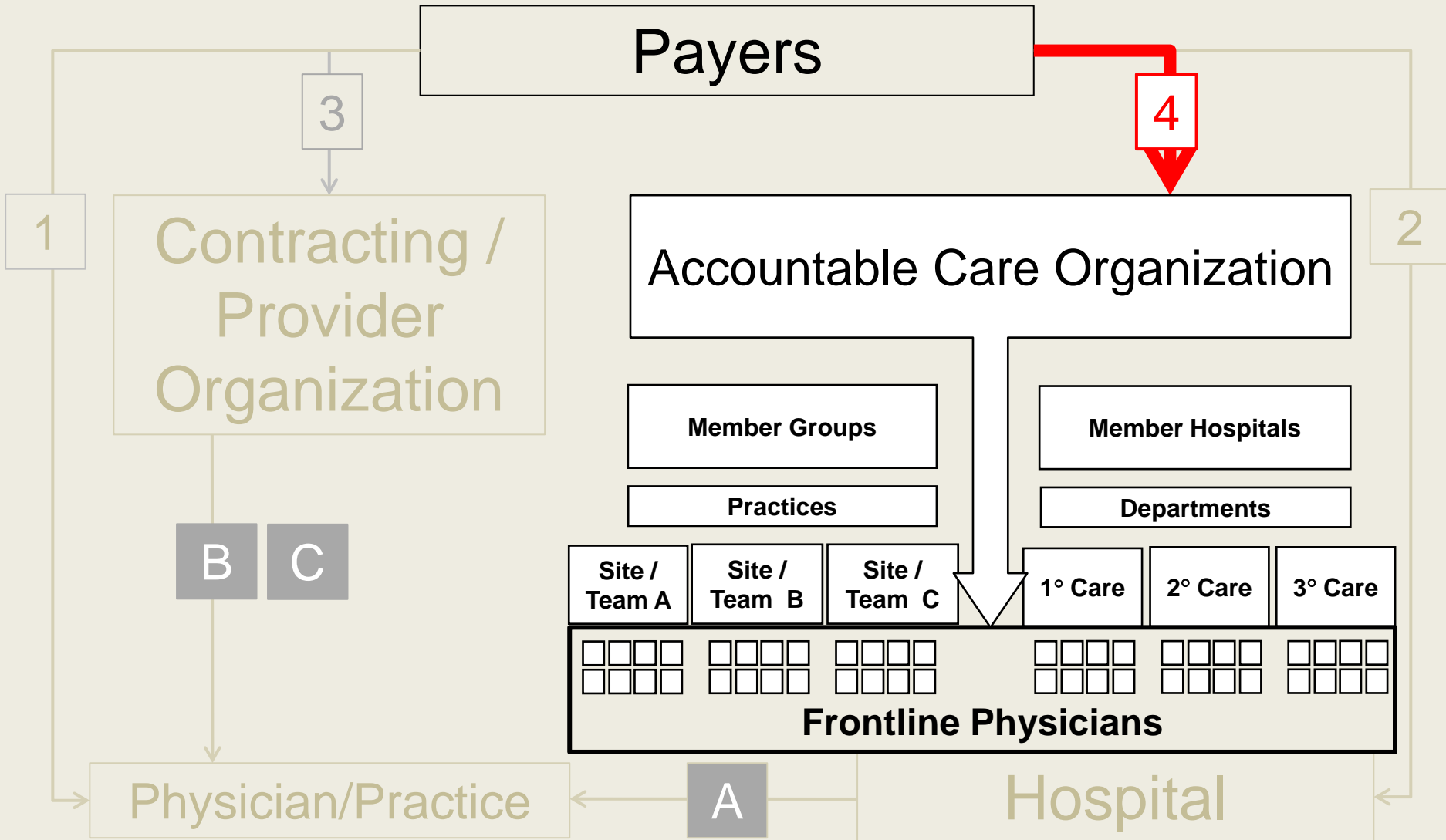


- | | | | |
|-----------------|------------------------------------|---|---|
| Growth | Grow highly profitable volumes | ➔ | Reduce high-end services; right-size utilization |
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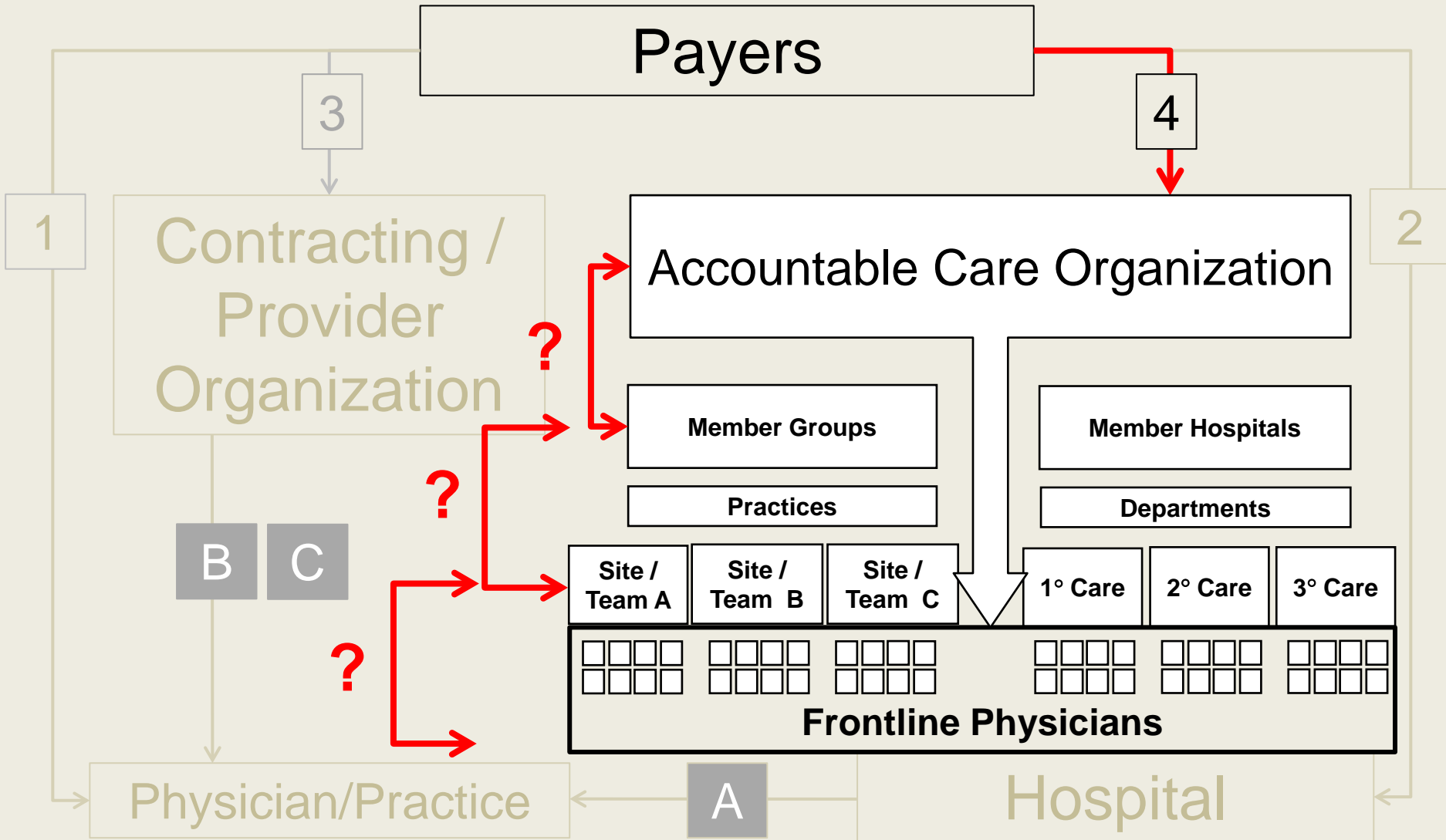
Physician incentives: ~2000 and before



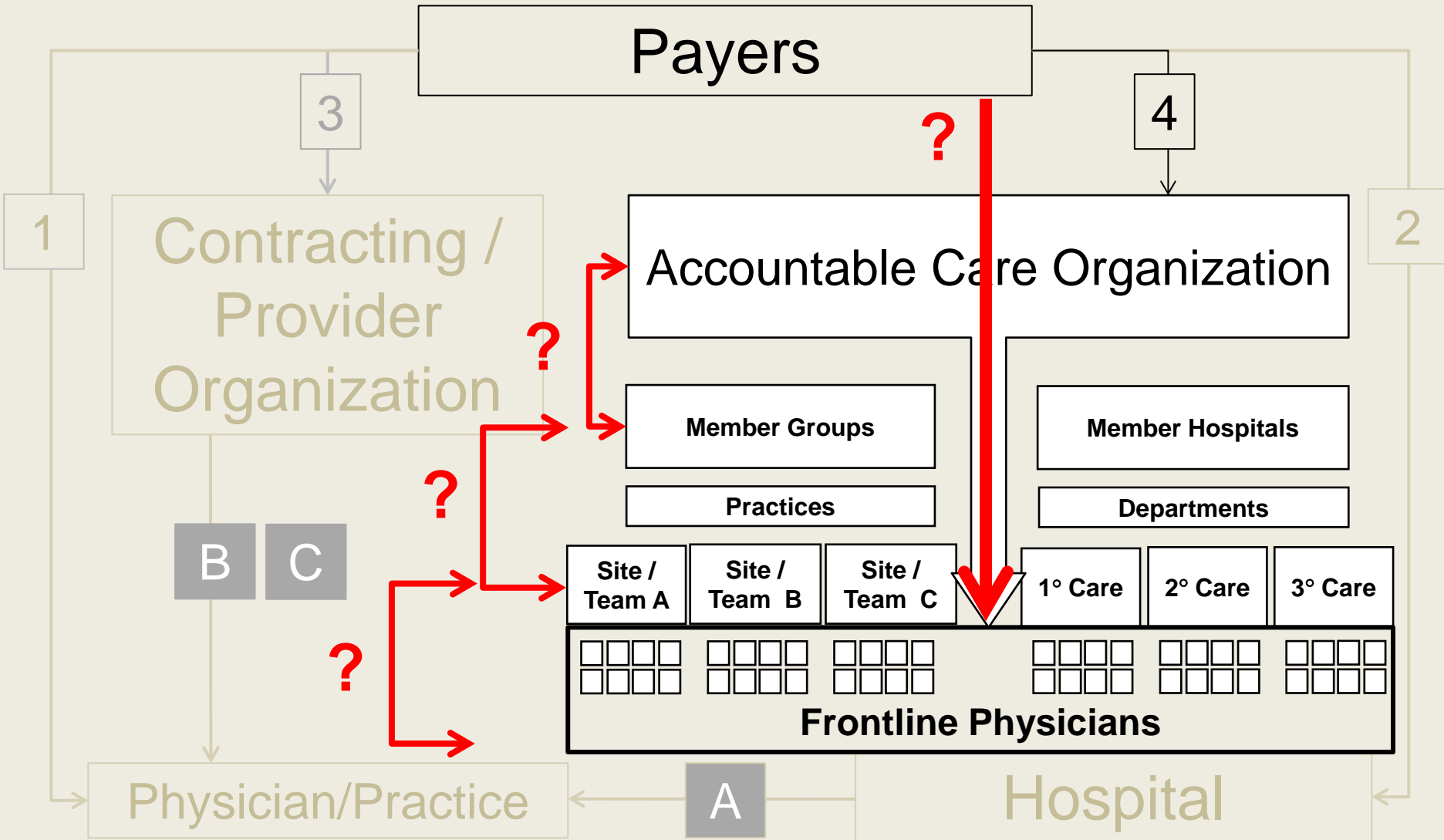
Physician incentives: ~2010



Physician incentives: ?2020



Flow of incentives: ?2020





My mission is to improve health and health care through research on the use of quality incentives in health care. I am particularly interested in developing tools, methods or programs that can be used to improve care quality for vulnerable populations like children, those from socioeconomically disadvantaged backgrounds, people with disabilities, and racial/ethnic minorities.

Connect with me here

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