Health Technol Assess Action 2026;10(1):1-7
doi:10.18502/htaa.v10i1.21559
https://htainaction.tums.ac.ir

Health Technology Assessment in Action

Original Article

How to Manage the Conflict of Interests in Health System Payment Methods? A Mixed-Method Study in Iran

Parisa Yoshari[1], Hossein Jabbari Beirami[2], Roya Alipour Olyaei[1], Hossein Masoumi[1], Seyed Mohammad Amin Mousazadeh[3], Rahim Khodayari-Zarnaq[4*]

[1]Student Research Committee, Tabriz University of Medical Sciences, Tabriz, Iran
[2]Health Services Management Research Center, Tabriz University of Medical Sciences, Tabriz, Iran
[3]Students Research Committee, Faculty of Pharmacy, Ardabil University of Medical Sciences, Ardabil, Iran
[4]Department of Health Policy and Management, Faculty of Management and Medical Informatics, Health Service Management Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

***Corresponding Author:** Rahim Khodayari-Zarnaq, Email: rahimzarnagh@gmail.com

Abstract

Introduction: Efficient payment systems are vital for reducing health system costs while improving service quality. This study aimed to examine how to manage the conflict of interests in payment methods and propose payment recommendations for the health system staff in Iran.

Methods: This mixed-method study was conducted at Tabriz University of Medical Sciences (2023) using a scoping review, semi-structured interviews, and Delphi method. The scoping review followed the Arksey and O'Malley protocol. Experts were interviewed to adapt global evidence to Iran. Thematic analysis was used to generate and evaluate policy options for managing the conflict of interests in health system payment methods. Moreover, the Delphi process and analytic hierarchy process prioritized these options based on effectiveness, feasibility, economic efficiency, and budget requirements.

Results: Overall, 1,031 articles were initially identified, with 22 meeting the inclusion criteria after a rigorous selection process. Three policy options were evaluated, including modified per capita with pay for performance (MPCP4P), modified salary with P4P, and modified fee for service with P4P. MPCP4P emerged as the top choice due to its superior economic benefits and effectiveness. It was revealed that MPCP4P mitigates financial risks for providers while ensuring high-quality care, making it the most suitable option for the country's payment system.

Conclusion: The MPCP4P method, with risk adjustment and quality indicators, reduced conflicts and service reduction in capitation systems. The implementation solution includes determining quality and performance indicators, establishing a risk adjustment framework, and managing referrals. Rigorous oversight and continuous evaluation are also essential.

Keywords: Conflict of interests, Health services, Reimbursement, Incentive, Fee-for-service plans, Health

Received: August 8, 2025, **Revised:** August 30, 2025, **Accepted:** November 29, 2025 **ePublished:** March 29, 2026

Introduction

Health is a sign of well-being (1). However, it comes with high costs that are likely to grow in the future (2). Conflict of interests is a situation in which the personal or financial interests of individuals or groups can influence their professional decisions, potentially to the detriment of patients and the health system. In health payment systems, these conflicts may lead to reduced quality of services or increased costs (3-5).

According to the report of the World Health Organization, the global health spending will be 15 trillion dollars in 2030 and 20 trillion dollars in 2040. In addition, it is expected that the health spending per person in countries with medium-to-high incomes, such as Iran, will grow by 2.4% every year (6). In 2018, Iran's health spending per person was 484 dollars, and 22.8% of the total public spending was allocated to health, while the world average of this index was 10.2% (7).

One of the key levers in health system changes is the payment method, as a large part of the health system costs is for paying the health workers. Therefore, finding an effective payment method is one of the main issues in policy making in all countries (2, 8). In addition to the impact it has on resource management, the payment method is one of the key factors that affect the resource management and the conflict of interests in the health care system. Furthermore, different payment methods have diverse effects on the performance, motivation, and behavior of health workers; thus, making and choosing a desirable payment method are vital issues for policymakers and health system managers (9). In different countries of the world, there are various ways to pay for services, including fee for service, general budget, per capita, adjusted, global payment system, daily, salary, bonus, and

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pay for performance (10-13).

Pay for performance is a method where healthcare providers are compensated based on the quality and efficiency of the care they provide, rather than the volume of services rendered. More precisely, this method aims to incentivize higher quality care and cost control by aligning financial rewards with desired health outcomes (14-17)

The studies performed in African countries demonstrated that the change of the budget payment system to efficiency raised the costs by 50%, and the study of Petersen et al showed that the number of referrals from general doctors to specialists grew by 42% in the per capita payment (14). Some studies reported that the first designs of performance-based payment were successful in several countries, including America, Turkey, and England, and they made the quality of services better and controlled the costs (6, 9). Different payment methods have a variety of pros and cons, and they may have various effects on health system performance based on the context (6).

Therefore, selecting an acceptable payment method is a complex and important decision that needs careful planning and evaluation. In addition, payment changes should be made for the specific conditions and needs of each country, as the results may vary in different settings (7, 18). In the context of Iran, managing the conflict of interests in the healthcare system is particularly pressing due to several specific challenges. Financial constraints frequently lead to the unequal distribution of healthcare services, resulting in disparities in access to care, especially in rural and underserved areas. Additionally, there is a high demand for healthcare services with a relatively limited workforce, which can lead to overworked healthcare providers. This situation may affect the quality of care and increase the potential for the conflict of interests. Likewise, the healthcare infrastructure may not be adequately equipped to handle increasing demands, causing inefficiencies and challenges in managing resources effectively. Furthermore, the regulatory framework in Iran's healthcare system may not be completely developed to address the complexities of modern healthcare delivery, including managing the conflict of interests and implementing effective payment methods. Given these challenges, finding an effective payment method that minimizes the conflict of interests while ensuring equitable resource distribution is crucial for the sustainability and improvement of Iran's healthcare system.

Accordingly, this study seeks to examine how to manage the conflict of interests in payment methods and propose suitable solutions and recommendations for the health system staff in our country through our policy document.

Materials and Methods

This mixed-method study was performed at Tabriz University of Medical Sciences (2023) using the policy brief format (ethical code IR.TBZMED.REC.1402.936).

A Policy Brief is a concise, focused document that is designed to inform policymakers and stakeholders about a specific issue. It presents complex information in an accessible format, enabling quick understanding and facilitating decision-making. Its primary goal is to outline the problem, provide an analysis of the evidence, and offer practical and actionable recommendations for policy action or decision-making. Moreover, a typical Policy Brief includes an introduction to the issue, a summary of the key findings and evidence, and clear, well-argued policy options and recommendations (19).

This study employed a scoping review, semi-structured interviews, and the Delphi technique. A scoping review is a method of combining existing knowledge by conducting a scoping review (20). The scoping review followed the protocol of Arksey and O'Malley (21), which has six steps, including (1) finding the research questions and (2) identifying related studies using acceptable databases and reviewing gray texts, theses, review articles, and reference studies in the field of research. The remaining steps were (3) choosing the relevant studies for review from primary studies, (4) extracting data in a table form, (5) gathering, summarizing, and reporting the findings, and (6) discussing with experts about the findings. The search strategy included studies on payment methods and their conflict of interests in English languages in Medline databases through PubMed, Scopus, Web of Science and Google search engine, Google Scholar with the following keywords:

"Conflict of interest", "Conflict", "Interest", "Health", "Pay for performance", "Payment", "Financial incentive", "Reimbursement", "Remuneration", "Salary", "Fee for service", "Capita", "Capitation", and "Provider payment system"

The exclusion criteria were studies in other languages or without full text.

Example of the search strategy:

PubMed

((("Conflict of Interest" [Title/Abstract] OR "Conflict of Interest" [Mesh Terms]) AND ("health" [Mesh Terms] OR "health" [Title/Abstract])) AND (((((((("pay for perform*" [Title/Abstract]) OR ("payment*" [Title/Abstract])) OR ("Financial incentive*" [Title/Abstract])) OR ("Reimbursement*" [Title/Abstract])) OR ("Salary" [Title/Abstract])) OR ("Fee for service" [Title/Abstract])) OR ("Capita*" [Title/Abstract])) OR ("Provider payment system*" [Title/Abstract])) OR ("Remuneration*" [Title/Abstract]))

All searched resources were entered into Rayyan artificial intelligence (22), which eliminated duplicate studies. Then, three researchers independently read the titles, abstracts, and full text of the articles, and the fourth researcher resolved any disagreements between them. The data from the selected studies were extracted based on the author's name, year of publication, location, type of payment, and other items in a data extraction table. The inclusion and exclusion criteria of the studies were considered based on the PICO framework (Table 1). Moreover, semi-structured interviews were

performed with experts in health economics, health policy making and management of healthcare services who were academically and operationally related to the research topic in order to adapt the global evidence to the conditions and structure of Iran's health system and present policy options with the indigenous context of Iran. Purposeful and stratified sampling methods were used, and nine experts were interviewed. The interviews were conducted at the office of the experts after designing the guide and questions with the help of an expert in this field.

The guide included the following main questions:

1. What is your perspective on the conflict of interests in the health system?
2. What types of the conflict of interests exist in payment methods?
3. What challenges exist in managing the conflict of interests in payment methods?
4. What strategies do you recommend for managing the conflict of interests in payment methods?

The interviews continued until data saturation was reached and they were recorded with the consent of the participants. The obtained data were analyzed using the thematic analysis method. The recorded interviews were transcribed verbatim and coded, which were then categorized into themes and subthemes based on their similarities and differences. Next, the themes were compared and contrasted with the findings from the scoping review to generate policy options for managing the conflict of interests in health system payment methods. The third step was to generate and evaluate policy options based on the advantages and disadvantages of payment methods obtained from the scoping review and the interviews. To this end, the research team synthesized the results from the review and the interviews and extracted the primary policy options accordingly. To evaluate them, the Delphi process was used with the analysis framework of the US Center for Disease Control (23). The policy options were scored from 1 to 9 based on the criteria of effectiveness, political feasibility, operational feasibility, economic efficiency, and required budget. They were further compared pairwise and given points. A questionnaire was sent to 34 key informants who were involved in management and executive issues related to the research topic. Fifteen of them responded to the questionnaire. The data from the questionnaire were analyzed by the analytic hierarchy process analysis method using ExpertChoice software version 11.0 in the Delphi process (24).

Results

Overall, 1,031 articles were found in the initial search. After removing 291 duplicate articles, 740 articles remained. By reading the titles of these articles, 520 were excluded from the study, leaving 220 articles. Next, 156 were eliminated after reviewing their abstracts. The full text of the remaining 64 articles was then examined, with 4 articles being removed due to the lack of full text. Finally, the findings of 60 articles were reviewed in detail. After this process, 22 articles met the criteria and were included in the study. Figure 1 shows a detailed overview of this process (25).

Policy Recommendations for Managing Conflict of Interests in Health System Payment Methods:

After thoroughly examining various methods and solutions available globally and summarizing expert opinions, three policy options were suggested for improving services, including modified fee for service with P4P (MFSP4P), modified per capita with pay for performance (MPCP4P), and modified salary with P4P (MSP4P). The data related to each option were classified based on advantages, disadvantages, barriers, strategies, and implementation considerations (Tables 2 and 3).

Evaluating and Prioritizing Policy Options

After analysis with the software, the three current policy options were, MSP4P, MFSP4P, and MPCP4P in terms of policy feasibility, respectively. From an operational point of view, they were MSP4P, MPCP4P, and MFSP4P, respectively. Economically, these options included MPCP4P, MFSP4P, and MSP4P, respectively. In terms of the required budget, the mentioned options were MPCP4P, MFSP4P, and MSP4P, respectively. As regards effectiveness, MPCP4P, MFSP4P, and MSP4P scored the highest points, respectively. After summarizing the points, MPCP4P, MSP4P, and MFSP4P in the first, second, and third priorities were selected as suitable options for country's payment system (Figure 2).

Discussion

Payment methods for health system employees can create conflict of interests and inefficiencies that increase the costs for the health system, service providers, and receivers (39, 40). Different countries have adopted a variety of strategies to address these issues, depending on their conditions and structures. In Iran, various procedures have been considered for paying the health

Table 1. Inclusion and Exclusion Criteria of Studies Based on the PICO Framework

Exclude Criteria	Inclusion Criteria	Property
Population	Health system employees	Organizations
Intervention	Common methods of paying employees, along with strategies to reduce conflict of interests	Payment methods to organizations
Comparison	Without specific study comparisons (in terms of comparisons before and after the reforms and comparisons between the payments)	No case
Result	All types of results (efficiency, quality of care, and effectiveness)	No case
Type of study	All types of studies	No case

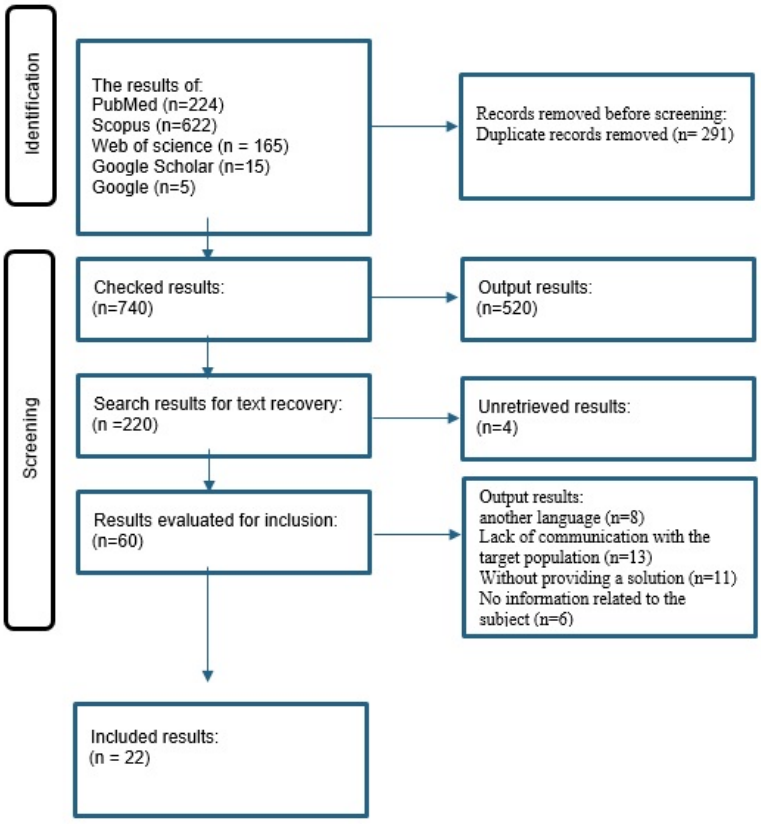


Figure 1. The Process of Searching Databases and Discovering Articles Using the PRISMA Diagram
Note. PRIMA: The Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

Table 2. Policy Options and Their Advantages and Disadvantages

Policy Options	Policy Option 1: MFSP4P	Policy Option 2: MPCP4P	Policy Option 3: MSP4P
Description of the intervention	Giving a reward to employees based on their performance and achievements at work (26, 28)	Allocating an amount per individual, determined by individual or group performance (27, 28)	- A portion of compensation that is related to the employees' performance, which may include bonuses, overtime, and other performance-related benefits (27, 29)
Advantages	- Controlling the volume of services and paying attention to the quality of services (28) - Having higher productivity in situations where more services are necessary (29)	- Reducing patients' needs for medical services by implementing preventive health programs (27) - Using health system resources more rationally (28) - Filling the gaps of FFS with better access, care coordination, patient-centered care, and payment models (36) - Developing specific quality indicators in favor of cost-effective measures (35)	-- Absence of obvious motivation to avoid care (30) - Absence of additional prescriptions and provision of too many services (32) - The fairness of the payment system based on performance, increasing employee satisfaction and improving and upgrading the monitoring and information management system (36)
Disadvantages	- Reducing innovation in medicine due to the limitation of payment (33, 34) - Increasing self-referral and increasing the use of services, prescriptions, and unnecessary medical procedures (21)	- Excluding some patients when performance level indicators are calculated and there is a lack of high efficiency for chronic diseases (30)	- Absence of incentives for doctors to receive salaries and reduced incentives for performing too much or too little work, while there is no clear signal about the doctor's desirable behavior in this payment method (31)

Note. FFS: Free for service; MPCP4P: Modified per capita with pay for performance; MSP4P: Modified salary with pay for performance; MFSP4P: Modified fee for service with pay for performance.

system employees, but they have not been very effective, partly because they are not adapted to the Iranian health system. This study examined how to manage the conflict of interests in payment methods and present suitable solutions and recommendations for the health system staff in our country through our policy document.

In the MFSP4P, the provided services are better monitored using quality indicators. Self-referrals are reduced because of the amount of unnecessary services, and additional motivation is created in doctors to provide superior services. As a result, the costs of the health system are decreased and doctors receive more benefits for their performance (40). Furthermore, governments strive to minimize out-of-pocket expenses for patients, even aiming for zero payments, in order to satisfy the public. However, this policy intensifies the tension between doctors and insurers. Physicians may provide additional services to maximize profits, leading to higher patient satisfaction simultaneously; insurance companies face uncontrollable pressure, which can cause financial strains and bankruptcies within the healthcare system (32). By implementing a combined payment approach

Table 3. Obstacles, Strategies, and Implementation Considerations of Policy Options

Policy Option 1: MFSP4P	Policy Option 2: MPCP4P	Policy Option 3: MSP4P	Policy Options
Facing the difficulty and complexity of determining the cost of each service (it may eventually lead to the incorrect use of resources by service providers) (27) Encouraging doctors not to pay attention to the wishes of patients but act only based on the instructions and administrative approaches announced (29)	The existence of inherent problems in measuring the quality of medical care. Measurements focus on objective, low-cost administrative data that may not be related to accepted guidelines (29).	- Providers who receive fees based on quality have no incentive to improve quality again when they reach the optimal (14).	Barriers to employment
- Compiling care and treatment standards and closely monitoring the implementation by developing a comprehensive and organized manual, choosing an effective indicator that shows the performance (31, 35) - Paying a percentage of the net income of the health center to the doctor in order to encourage them to reduce additional costs (34)	Using risk adjustment and payment based on criteria such as clinical diagnosis of patients, family history, and disease history, in addition to age and gender (8). - Having a "financial loss limit" to provide services to "each patient" (less than 10% of the doctor's income is at risk of loss) and adjusting the short-term financial incentives of doctors with long-term financial incentives (28) Bonus payments (monthly or once every 3 months) for indicators such as completeness of the health record, timely referral to a specialist, or timely feedback to the family doctor (35)	Based on evidence and standards, the criterion for measuring good performance and clear definition of measurement methods and clear presentation of ranking methods (33)	Strategies for employment
- Considering the control system so that false information and reports are not entered (36, 37) - Selecting effective indicators, such as quality, use of clinical guidelines, patient satisfaction, correct and timely referral by the doctor, and full and timely feedback to the family doctor (5, 38) - Developing care and treatment standards to prevent unnecessary prescriptions (36)			Executive considerations

Note. MPCP4P: Modified per capita with pay for performance; MSP4P: Modified salary with pay for performance; MFSP4P: Modified fee for service with pay for performance.

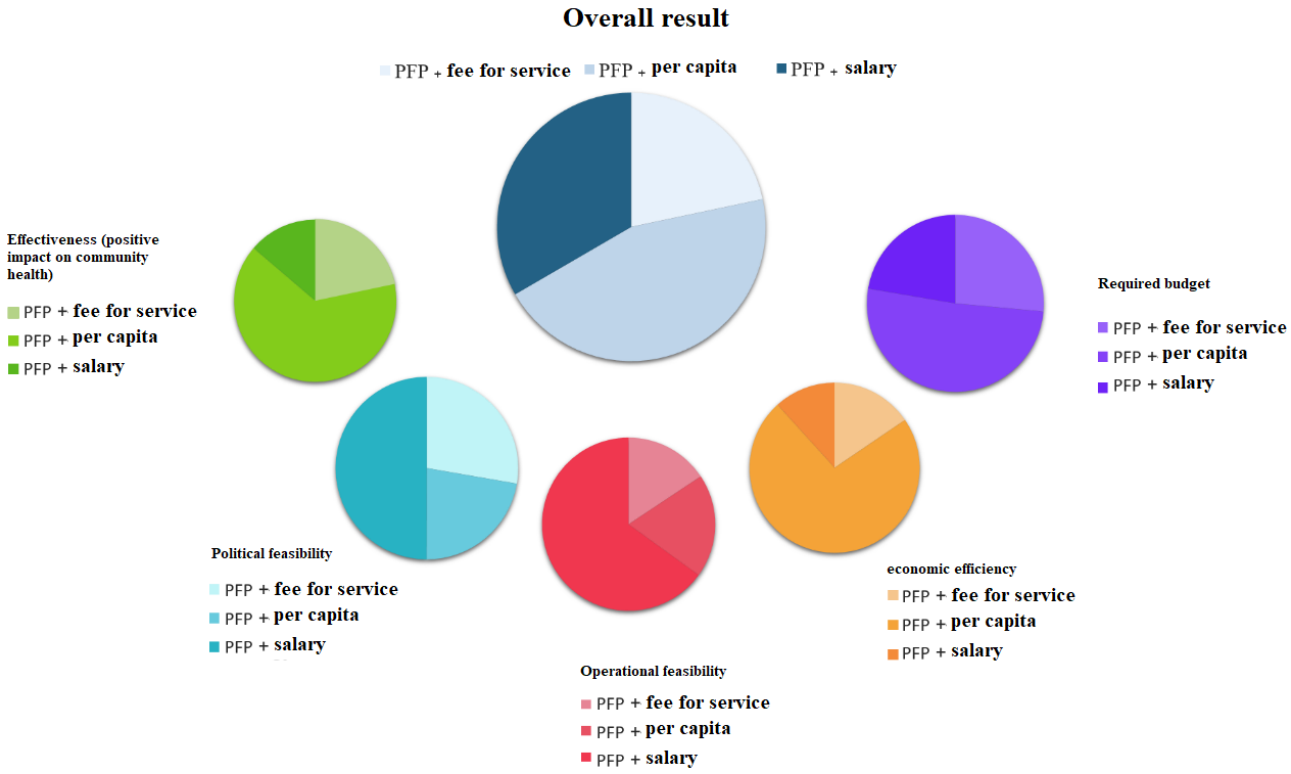


Figure 2. Evaluating and Prioritizing Policy Options
Note. PFP: Pay for performance.

and considering performance-based indicators, these challenges can be addressed by determining the payment shares for both insurers and patients. Consequently, combined payment methods can reduce insurance debt by lowering costs (29). Nonetheless, challenges persist, alongside the benefits of combined payment methods with P4P. For instance, the lack of precise criteria for defining performance and quality indicators necessitates continuous review and transparent establishment of comprehensive standards. Additionally, some healthcare professionals may resist this approach due to their income being tied to performance, while accurate accountability and monitoring are not mentioned in the fee-for-service method.

Capitation is a payment method that pays a fixed amount per person, which can create extensive conflict of interests. Some of these conflicts can be resolved by using P4P solutions. One of the main concerns of capitation payment is the reduction of service provision, which happens when service providers attempt to increase their

profits by cutting the costs of patient care. This is due to the conflict between income and duties in the face of high financial risk (17, 30, 40). Risk adjustment is one of the proposed solutions to this conflict (17, 30). It means that capitation should not be based only on the age and gender of people but also on the clinical conditions of patients (e.g., chronic diseases or family history), which are part of the criteria for calculating P4P. Accordingly, the chance of doctors for reducing service provision will decrease by lowering their financial risks (17). Therefore, in the combined MPCP4P payment method, by determining quality indicators, it is possible to prevent the reduction of services by applying personal opinions.

Another problem is the "Ping-Pong" effect in inappropriate referrals, which implies shifting one's work responsibilities to others (e.g., specialists) to reduce costs while increasing profits (37). Moreover, timely referral by a specialist doctor or provision of complete and timely feedback to a family doctor can be used to determine the amount of P4P payment in the next contract. Different solutions were proposed for each of the problems in the capitation system. Nevertheless, a conflict of interests is created if the coverage is defined by capitation, but the quality and performance indicators are not taken into consideration. It can be mentioned that the best solution to solve the problem of reducing service provision in the capitation system and the existing conflict of interests is to complement it by using payment based on P4P.

Salary is the simplest payment method in government systems (37). Some studies on the method of hiring and paying by salary demonstrated that most employees lack enough motivation to provide high-quality services. In fact, the person is not accountable for his or her performance in relation to the goals of the health system and acts for personal interests. Some other studies reported different problems, such as shorter visit time, less attention to patients' complaints, quick visits, and unnecessary prescription, as the negative outcomes of this payment method (24, 31-38). Based on these descriptions, salary can be regarded as one of the payment methods, but its disadvantages should be improved by using output-oriented policies and P4P; its efficiency should be enhanced as well. By applying the combined payment method of MSP4P and including P4P indicators in the job description of employees, accountability is emphasized as an organizational value and culture, ultimately leading to the improvement of the health system performance and patient satisfaction.

In general, this study identified MPCP4P as the optimal payment model for Iran's health system, offering a strategic blend of efficiency and quality enhancement. While MSP4P and MFSP4P are viable alternatives, they rank lower in priority. Implementing these models presents challenges, necessitating careful policy execution and ongoing oversight to ensure success and mitigate potential issues. Eventually, the study advocates for a deliberate, informed approach to adopting these payment methods, emphasizing the importance of adaptability and stakeholder collaboration in achieving sustainable health system improvements.

Acknowledgments

The research protocol was approved and supported by the Student Research Committee, Tabriz University of Medical Sciences (grant No. 71817).

Authors' Contribution

Conceptualization: Rahim Khodayari-Zarnaq, Hossein Jabbari Beirami, Parisa Yoshari
Data Curation: Rahim Khodayari-Zarnaq, Parisa Yoshari
Formal Analysis: Rahim Khodayari-Zarnaq, Hossein Jabbari Beirami, Parisa Yoshari
Funding Acquisition: Rahim Khodayari-Zarnaq
Investigation: Parisa Yoshari, Roya Alipour Olyaei, Hossein Masoumi, Seyed Mohammad Amin Mousazadeh
Methodology: Rahim Khodayari-Zarnaq, Hossein Jabbari Beirami, Parisa Yoshari
Project Administration: Rahim Khodayari-Zarnaq, Hossein Jabbari
Resources: Rahim Khodayari-Zarnaq and Hossein Jabbari
Software: Parisa Yoshari, Roya Alipour Olyaei, Hossein Masoumi, Seyed Mohammad Amin Mousazadeh
Supervision: Rahim Khodayari-Zarnaq, Hossein Jabbari
Validation: Rahim Khodayari-Zarnaq, Hossein Jabbari Beirami, Parisa Yoshari
Visualization: Roya Alipour Olyaei, Hossein Masoumi
Writing–Original Draft: Parisa Yoshari, Roya Alipour Olyaei, Hossein Masoumi, Seyed Mohammad Amin Mousazadeh
Writing–Review & Editing: Rahim Khodayari-Zarnaq, Parisa Yoshari

Competing Interests

The authors declare they have no competing interests.

Ethical Approval

This study was ethically approved by Tabriz University of Medical Sciences (IR.TBZMED.REC.1402.936).

Funding

This project was financially supported by Tabriz University of Medical Sciences.

References

1. Yazdi Feyzabadi V, Seyfaddini R, Ghandi M, Mehrolhasani MH. The World Health Organization's Definition of Health: A Short Review of Critiques and Necessity of A Shifting Paradigm. irje 2018;13(0):155.
2. Mohamadi E, Takian A, Olyaeemanesh A, Rashidian A, Hassanzadeh A, Razavi M, et al. Health insurance benefit package in Iran: a qualitative policy process analysis. BMC Health Serv Res 2020;20(1):722. doi:10.1186/s12913-020-05592-w
3. Holmes DR, Jr., Firth BG, James A, Winslow R, Hodgson PK, Gamble GL, et al. Conflict of interest. Am Heart J 2004;147(2):228–37. doi:10.1016/j.ahj.2003.12.001
4. Rodwin MA. Medicine, money, and morals: physicians' conflicts of interest. Oxford University Press, USA; 1995.
5. Brody H. Clarifying conflict of interest. Am J Bioeth 2011;11(1):23–8. doi:10.1080/15265161.2011.568587
6. Global Burden of Disease Health Financing Collaborator Network. Trends in future health financing and coverage: future health spending and universal health coverage in 188 countries, 2016-40. Lancet 2018;391(10132):1783–98. doi:10.1016/s0140-6736(18)30697-4
7. Mosadeghrad AM, Abbasi M, Abbasi M, Heidari M. Sustainable health financing methods in developing countries: a scoping review. Journal of School of Public Health & Institute of Public Health Research 2023;20(4):fa358–fa77, en78.
8. Tummalapalli SL, Estrella MM, Jannat-Khah DP, Keyhani S,

Ibrahim S. Capitated versus fee-for-service reimbursement and quality of care for chronic disease: a US cross-sectional analysis. BMC Health Serv Res 2022;22(1):19. doi:10.1186/s12913-021-07313-3
9. Jan CF, Lee MC, Chiu CM, Huang CK, Hwang SJ, Chang CJ, et al. Awareness of, attitude toward, and willingness to participate in pay for performance programs among family physicians: a cross-sectional study. BMC Fam Pract 2020;21(1):60. doi:10.1186/s12875-020-01118-9
10. Nundy S, Cooper LA, Mate KS. The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. Jama 2022;327(6):521–2. doi:10.1001/jama.2021.25181
11. Gaál P, Jakab M, Shishkin S, Kutzin J, Cashin C, Jakab M. Strategies to address informal payments for health care. Implementing health financing reform: lessons from countries in transition. Copenhagen: World Health Organization. 2010:327-60.
12. Hadian M, Rezapour A, Mazaheri E, Asiabar AS. Barriers in the performance-based payment in Iran health system: Challenges and solutions. Journal of Education and Health Promotion 2021;10(1):106. doi:10.4103/jehp.jehp_797_20
13. Jegers M, Kesteloot K, De Graeve D, Gilles W. A typology for provider payment systems in health care. Health Policy 2002;60(3):255–73. doi:10.1016/s0168-8510(01)00216-0
14. Petersen LA, Woodard LD, Urech T, Daw C, Sookanan S. Does pay-for-performance improve the quality of health care? Ann Intern Med 2006;145(4):265–72. doi:10.7326/0003-4819-145-4-200608150-00006
15. Khullar D, Schpero WL, Bond AM, Qian Y, Casalino LP. Association Between Patient Social Risk and Physician Performance Scores in the First Year of the Merit-based Incentive Payment System. Jama 2020;324(10):975–83. doi:10.1001/jama.2020.13129
16. Eldridge C, Palmer N. Performance-based payment: some reflections on the discourse, evidence and unanswered questions. Health Policy Plan 2009;24(3):160–6. doi:10.1093/heapol/czp002
17. Fainman EZ, Kucukyazici B. Design of financial incentives and payment schemes in healthcare systems: A review. Socio-Economic Planning Sciences 2020;72:100901. doi:10.1016/j.seps.2020.100901
18. Tricco AC, Lillie E, Zarin W, O'Brien K, Colquhoun H, Kastner M, et al. A scoping review on the conduct and reporting of scoping reviews. BMC Med Res Methodol 2016;16:15. doi:10.1186/s12874-016-0116-4
19. Wong SL, Green LA, Bazemore AW, Miller BF. How to write a health policy brief. Families, Systems, & Health 2017;35(1):21–4. doi:10.1037/fsh0000238
20. Bunn S, Boon P, Brock M, Schofield N, Bennett J, Davis J, Finlayson CM, Froend RH, Hall R, Lloyd LN, Lukacs G. Scoping Review. Occasional Paper. 1997. Available from: https://library.dbca.wa.gov.au/Journals/082185/082185-1997.01.pdf
21. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. International Journal of Social Research Methodology 2005;8(1):19–32. doi:10.1080/1364557032000119616
22. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan-a web and mobile app for systematic reviews. Syst Rev 2016;5(1):210. doi:10.1186/s13643-016-0384-4
23. Control CfD, Prevention. CDC's policy analytical framework. Atlanta, GA, US Department of Health and Human Services. 2013. Available from: https://stacks.cdc.gov/view/cdc/25335
24. Ishizaka A, Labib A. Analytic Hierarchy Process and Expert Choice: Benefits and limitations. OR Insight 2009;22(4):201–20. doi:10.1057/ori.2009.10
25. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. Syst Rev 2021;10(1):89. doi:10.1186/s13643-021-01626-4
26. Ghazaryan E, Delarmente BA, Garber K, Gross M, Sriudomporn S, Rao KD. Effectiveness of hospital payment reforms in low- and middle-income countries: a systematic review. Health Policy Plan 2021;36(8):1344–56. doi:10.1093/heapol/czab050
27. Khezri A, Mahboub-Ahari A, Tabrizi JS, Nosratnejad S. Weight of Risk Factors for Adjusting Capitation in Primary Health Care: A Systematic Review. Med J Islam Repub Iran 2022;36:2. doi:10.47176/mjiri.36.2
28. Mjåset C, Ikram U, Nagra NS, Feeley TW. Value-Based Health Care in Four Different Health Care Systems. Catalyst non-issue content 2020;1(6). doi:doi:10.1056/CAT.20.0530
29. Emanuel EJ, Mostashari F, Navathe AS. Designing a Successful Primary Care Physician Capitation Model. Jama 2021;325(20):2043–4. doi:10.1001/jama.2021.5133
30. Reid RO, Tom AK, Ross RM, Duffy EL, Damberg CL. Physician Compensation Arrangements and Financial Performance Incentives in US Health Systems. JAMA Health Forum 2022;3(1):e214634. doi:10.1001/jamahealthforum.2021.4634
31. Heath J. Ethical Issues in Physician Billing Under Fee-For-Service Plans. J Med Philos 2020;45(1):86–104. doi:10.1093/jmp/jhz029
32. Cooper Z, Nguyen H, Shekita N, Morton FS. Out-Of-Network Billing And Negotiated Payments For Hospital-Based Physicians. Health Aff (Millwood) 2020;39(1):24–32. doi:10.1377/hlthaff.2019.00507
33. Youens D, Doust J, Ha TN, O'Leary P, Slavotinek J, Wright C, et al. Association of regulatory body actions and subsequent media coverage with use of services in a fee-for-service system: a longitudinal cohort study of CT scanning in Australia. BMJ Open 2022;12(4):e057424. doi:10.1136/bmjopen-2021-057424
34. Russel SM, Carter TM, Wright ST, Hirshfield LE. How Do Academic Medicine Pathways Differ for Underrepresented Trainees and Physicians? A Critical Scoping Review. Acad Med 2023;98(11s):S133–s42. doi:10.1097/acm.0000000000005364
35. Agarwal R, Liao JM, Gupta A, Navathe AS. The Impact Of Bundled Payment On Health Care Spending, Utilization, And Quality: A Systematic Review. Health Aff (Millwood) 2020;39(1):50–7. doi:10.1377/hlthaff.2019.00784
36. Aghajani M, Oliayi-Monsh A, Manavi S, Ronasian R, Yousefvand M, Mani Y, et al. Evaluating the effectiveness and implementation process of the new performance-based payment system compared to the new hospital management system in the health system reform plan. Hakim Res J. 2018;20(4):213-25.
37. Jabbari A, Karimi S, Javadi M, Tavakkoli M. Economic Reform Strategies to Improve the Performance of Surveillance and Infrastructure for Implementation of New Fee for Service Guidelines, 2014: A Qualitative Study. Journal of Qualitative Research in Health Sciences 2017;6(2):112–23.
38. Marchildon GP, Allin S, Merkur S. Canada: Health System Review. Health Syst Transit 2020;22(3):1–194.
39. Nuno FMTF, Gradim AC, da Costa Dias AA, Polónia DF. Value-Based Healthcare and Radiology: How can Value be Measured? Journal of Health Management 2022;24(4):556–65. doi:10.1177/09720634221128075
40. Memari B, Talebian M, Fatemi Ardestani F. Instances of Conflict of Interest in iran's Health system. Iranian Journal of Public Policy 2022;8(2):67–82. doi:10.22059/jppolicy.2022.87948