
High-Earning MDs: Fewer Patients, More Procedures



A UCLA study has shown for the first time that higher-earning physicians make more money by ordering more procedures and services per patient, rather than by seeing more patients. This "very surprising" finding may not be in the best interest of patients, according to a research letter published in the journal *JAMA Internal Medicine*.

Researchers from the UCLA Department of Urology and the Veterans' Health Administration examined what Medicare was billed and what it paid to physicians. They reviewed data based on Medicare Part B payments from the 2012 calendar year.

"Medicare spending is the biggest factor crowding out investment in all other social priorities," said the letter's first author, Dr. Jonathan Bergman, an assistant professor of urology and family medicine at UCLA's David Geffen School of Medicine. "With clinicians making more not by seeing more unique patients, but by providing more services per person, additional research needs to be done to determine if these additional services are contributing to improved quality of care."

The results suggest that the current health care reimbursement model – fee-for-service – may not be providing the correct incentives for clinicians to keep their patients healthy. "Fee-for-service may not be the most reasonable way to reimburse physicians," added Dr. Bergman, who is also a urologist and bioethicist at the Veterans' Health Administration-Greater Los Angeles. He believes this review of the Medicare data is important because of its potential impact on public policy.

"Our findings suggest a weakness in fee-for-service medicine," Dr. Bergman noted. "Perhaps it would make more sense to reimburse clinicians for providing high-quality care, or for treating more patients. There probably shouldn't be such wide variation in services for patients being treated for the same conditions."

More research is needed to determine whether treatment outcomes differ between those who had more services ordered versus those who had fewer services ordered. This may also provide a clearer view of how to best target resources to maximise value for patients, Dr. Bergman said.

The research team will look at alternative payment models, such as those used at Veterans Affairs facilities and in "safety net" hospitals, to see if they make more sense than fee-for-service plans, the doctor added.

"The goals of payment reform are currently unrealised, as evidenced in these data. Physicians take an oath to care for patients using 'appropriate means and appropriate ends,' focusing on what is best for the patient, and this centuries-old oath still resonates with graduates of medical school classes," according to the research letter. "Rather than react to externalities imposed by payers, clinicians can lead the movement toward a high-value, patient-centred care. We are uniquely empowered to ensure that all individuals access the procedures they need, and are not exposed to those they don't."

For more than 50 years, the urology specialists at UCLA have continued to break new ground and set the standards of care for patients suffering from urological conditions. In collaboration with research scientists, UCLA's physicians are pioneering new, less invasive methods of delivering care that are more effective and less costly. UCLA's is one of only a handful of urology programmes in the United States that offer kidney and pancreas transplantation.

Source: Newswise
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Published on : Fri, 12 Dec 2014