

Proceed with caution when setting up financial incentives for general practice doctors

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There is growing use of financial incentives in many countries to reward primary care practitioners who improve the quality of their services. After reviewing all available data in a *Cochrane Systematic Review*, a team of researchers found insufficient evidence to either support or refute the practice. They conclude that policymakers need to proceed with caution before setting up an incentive scheme and think carefully about the way it is designed.

There are hundreds of schemes in the USA, as well as in the UK, Australia and other countries where the amount doctors get paid to provide services has been arranged deliberately to try and change the way they work. The idea is to give a financial incentive that will hopefully encourage the provision of high quality care. One problem is that there is always the possibility that these incentive schemes may not produce any effect, or worse still have negative outcomes. For example, financial incentives applied to one disease area may 'work', but at the cost of doctors spending less time with other disease areas.

Led by Professor Anthony Scott and Dr Peter Sivey from the University of Melbourne's Melbourne Institute of Applied Economic and Social Research in Australia, the researchers looked for studies that had assessed how well such incentive schemes worked in practice. Despite the popularity of these schemes, they could only find seven appropriate studies, looking at very different schemes.

"Poor study design led to substantial risk of bias in most studies. In particular, none of the studies addressed the ability of [primary care physicians](#) to opt into or out of the incentive scheme or health plan," says Sivey.

The seven studies looked at interventions covering a wide variety of health-related issues including [smoking cessation](#), assessment of the quality of care, [cervical screening](#), mammography screening, diabetes, childhood immunisation, chlamydia screening, and appropriate [asthma medication](#).

"There is currently little rigorous evidence about whether [financial incentives](#) do improve the quality of primary health care, or of whether such an approach is cost-effective relative to other ways of improving the quality of care," says Sivey.

"There are ways of conducting high quality research that could find solid answers, and it is really important that we start collecting data that will address this critical issue," he adds.

Provided by Wiley

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