Physician incentive program to improve care for complex patients did not result in improvements

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Incentive payments to primary care physicians for the provision of care for patients with complex health conditions did not improve primary care or decrease hospitalizations in British Columbia, found a study in *CMAJ* (*Canadian Medical Association Journal*).

"There is no evidence that the introduction of incentive payments to physicians changed access to primary care, kept patients out of hospital, or saved money," said lead author Dr. Ruth Lavergne of the Faculty of Health Sciences, Simon Fraser University, Burnaby, BC.

In 2007, British Columbia introduced more than $240 million in incentive payments through the Complex Care Initiative to encourage primary care physicians to provide regular, guideline-based care for patients with two or more chronic conditions, such as diabetes, kidney disease, heart disease, obstructive pulmonary disease and asthma.

The incentives were planned through a partnership between the BC Ministry of Health and Doctors of BC (then the BC Medical Association). It was hoped that payments would improve access to physicians—who were paid an extra $315 a year to care for complex patients—as well as decrease hospital admissions and reduce costs to the health care system.

Canadian researchers looked at data on 155 754 eligible patients who

saw primary care physicians in BC within the study period. Almost 64% (99 215) had at least one incentive payment billed for their visit. The researchers found little change in access to primary care physicians, a small increase in hospital admissions and no cost savings.

Despite the existence of incentive programs in other jurisdictions, the impact of these programs, especially for patients with chronic illnesses, is not well understood.

"British Columbia's $240-million investment in this program may have improved compensation for physicians doing the important work of caring for patients with complex illness, but has not yielded measurable improvements in the outcomes examined. Other strategies are needed to improve care for this patient group," the authors conclude.

The study was conducted by researchers from the University of British Columbia, Vancouver, BC; Simon Fraser University, Burnaby, BC; University of Alberta, Edmonton, Alta.; and McMaster University, Hamilton, Ont.

In a related commentary, Dr. Tara Kiran, a family physician at St. Michael's Hospital, Toronto, Ont., writes, "payment reform can be challenging because it is negotiated between governments and medical associations. But, in an era of increasing accountability and fiscal restraint, both parties should be transparent about the health system goals underpinning reforms, how reforms will be evaluated and what steps would be taken if goals are not achieved."

More information: *Canadian Medical Association Journal*, www.cmaj.ca/lookup/doi/10.1503/cmaj.150858