

Financial incentives for physicians did not increase follow-up of patients after discharge

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A financial incentive for physicians to see patients sooner after discharge from hospital did not appear to influence physician behaviour, found a study published in *CMAJ* (*Canadian Medical Association Journal*).

Readmission after discharge from [hospital](#) is common, as 14% of discharged [patients](#) return to hospital within 30 days because of worsening symptoms, complications from treatment, or new medical problems. Evidence in high-risk patients indicates that early follow-up by a physician after discharge may help patients during this period and reduce costly readmissions. Financial incentives to improve follow-up after hospital discharge have been introduced in other jurisdictions.

A fee code introduced to Ontario in 2006 incentivized early physician follow-up after discharge. To understand whether it improved early physician follow-up rates, researchers looked at data on more than 8 million patients discharged home from hospital in Ontario between 2002 and 2015. The study authors excluded newborns and pregnant women delivering in hospital, [palliative care patients](#), psychiatric patients and those in hospital for more than 100 days.

This code was claimed by 51% of eligible physicians and cost about \$2.1 million annually.

"Despite this, there was no sizable impact on 14-day physician follow-up rates, or a 14-day composite of [emergency department](#) visits,

readmissions or death," writes Dr. Lauren Lapointe-Shaw, a physician and doctoral student in Clinical Epidemiology and Health Care Research at the University of Toronto's Institute of Health Policy, Management and Evaluation, with coauthors. "Physicians with the highest uptake of the incentive had the highest 14-day follow-up rates before and after the intervention, which suggests the incentive rewarded the highest performing providers without modifying their behaviour."

Lack of immediacy in incentive payments and barriers outside a physician's control may explain why this policy initiative has not improved follow-up rates.

"Despite reasonable uptake, we found no effect of an incentive on [physician](#) follow-up after [hospital discharge](#), and no effect on subsequent visits to the emergency department, readmissions to hospital or death," write the authors.

The study was conducted by researchers from the University of Toronto; Li Ka Shing Institute, St. Michael's Hospital; Institute for Clinical Evaluative Sciences; Sinai Health System and Women's College Hospital, Toronto, Ontario.

More information: Lauren Lapointe-Shaw et al. Effectiveness of a financial incentive to physicians for timely follow-up after hospital discharge: a population-based time series analysis, *Canadian Medical Association Journal* (2017). [DOI: 10.1503/cmaj.170092](https://doi.org/10.1503/cmaj.170092)

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