

# Many doctors go unpaid for clinical work between appointments, study finds

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A new study led by researchers at Brown University's Warren Alpert Medical School and Healthcentric Advisors found that most primary care physicians are not being reimbursed for the many hours of work they do for their sickest patients between face-to-face appointments.

Researchers analyzed a year of medical records from 1.7 million New England-based Medicare fee-for-service patients with more than one chronic condition to find out whether their physicians were using a new billing code introduced by the Centers for Medicare & Medicaid Services (CMS). The code, called Chronic Care Management (CCM), was introduced in 2015 to help compensate doctors for the clinical work they do for patients with multiple chronic conditions, including hypertension, osteoporosis, diabetes and cancer.

But data from the study, published in the *Journal of General Internal Medicine*, showed that just 1 percent of potentially eligible patients had doctors who were using the billing code—suggesting that most of these patients' doctors chose to forgo hundreds, even thousands, of dollars in compensation.

Rebekah Gardner, an associate professor of medicine at Brown and the study's lead author, said there are a variety of reasons why the billing code may be underutilized.

"Previous research has shown that many physicians and practices aren't aware of the CCM code," Gardner said. "Among those who are aware of

it, several have said the paperwork and the infrastructure needed to bill the code is too complicated. So, anecdotally, many physicians have not been enthusiastic."

Despite the code's complexity and difficulty to implement, it has the potential to be an important tool for drawing [medical students](#) into [primary care](#), Gardner said. As the life expectancy of Americans has gradually crept up, so too has the population of people with multiple chronic conditions. Yet while the number of these patients is increasing, the number of [primary care physicians](#) who are available to treat them is decreasing. In recent decades, more and more medical students have been lured away from primary care, choosing instead to pursue more lucrative and less time-intensive specialties.

"Primary care doctors are more important than ever, yet people are not attracted to the field in large numbers," Gardner said. "It's critically important for the future of primary care that the extra time PCPs put in for their patients does not go unrecognized and uncompensated—not only for the doctors themselves, but also for the patients who rely on high-quality chronic care."

Gardner said CMS revised the CCM code last year, making it easier and quicker for physicians to use. But the code is still a relative unknown, and the effects of CMS's changes have not yet been assessed, which Gardner hopes can also change.

"These codes are a way to help better reimburse primary care physicians for their work," Gardner said, "But ultimately, the codes are not going to help if doctors are not using them."

**More information:** Rebekah L. Gardner et al. Use of Chronic Care Management Codes for Medicare Beneficiaries: a Missed Opportunity?, *Journal of General Internal Medicine* (2018). [DOI:](#)

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