

# PCP gender wage gap varies by compensation model

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The gender wage gap for primary care physicians (PCPs) varies by

compensation model, with a small gap under capitation risk adjusted for patient age and sex, according to a study published online July 19 in the *Annals of Internal Medicine*.

Ishani Ganguli, M.D., M.P.H., from Harvard Medical School in Boston, and colleagues examined how PCP compensation varies by [gender](#) in a microsimulation. The net annual, full-time-equivalent compensation was examined for male versus female PCPs under productivity-based fee-for-service, panel size-based capitation without or with risk adjustment, and hybrid payment models. Data were included for 1,435 matched male and female PCPs (881 and 554, respectively).

The researchers found that female PCP panels included patients who were younger on average, had a lower diagnosis-based risk score, were more often female, and were more often insured by Medicaid than insured by Medicare or uninsured. Female PCPs earned a median of \$58,829 less than male PCPs under productivity-based payment; under capitation, the gap was similar (\$58,723). Under capitation risk-adjusted for age alone, for diagnosis scores alone, and for age-, sex-, and diagnoses-based scores, the gap was larger (\$74,695, \$114,792, and \$83,438, respectively). Under capitation risk-adjusted for age and sex, the gap was smaller and nonsignificant (\$36,631).

"Going forward, an alternative payment model such as age- and sex-adjusted capitation that minimizes the [gender wage gap](#), or future models that more directly capture primary care effort, may be beneficial not only from an equity standpoint but also for retention of the increasingly female primary care workforce that is already disproportionately subject to burnout," the authors write.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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