

Larger physician bonus may improve care in chronic disease

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Overall, 54 physicians were randomly assigned to one of three groups; 33 physicians and 3,747 [patients](#) were included in the final analysis. The researchers observed no differences in the LBS-only versus the intervention groups (LBS plus ISP and LBS plus LA). Relative to the comparison group, increased bonus size was correlated with a greater increase in evidence-based care (risk-standardized absolute difference-in-differences, 3.2 percentage points).

"Increasing bonus sizes was associated with improvements in quality, whereas adding an opportunity for LA and the proportion of incentive based on [group performance](#) did not lead to additional benefit," the authors write.

Several authors disclosed financial ties to the pharmaceutical, [medical device](#), and health insurance industries.

(HealthDay)—Increased bonus size for physicians caring for patients with chronic disease is associated with improvements in care quality, according to a study published online Feb. 8 in *JAMA Network Open*.

Amol S. Navathe, M.D., Ph.D., from the Corporal Michael J. Crescenz Veterans Affairs Medical Center in Philadelphia, and colleagues examined whether increasing bonus size or adding the behavioral economic principles of increased [social pressure](#) (ISP) or loss aversion (LA) improves the effectiveness of pay-for-performance. Patients were cluster-randomized by practice site to an active control group (larger bonus size [LBS] only) or to groups with behavioral economic interventions added. In addition, a cohort study compared changes in outcomes among patients of physicians receiving an LBS to outcomes for physicians not receiving an LBS. A total of 8,118 patients with one of five chronic conditions were included.

More information: [Abstract/Full Text](#)

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