Shortchanged

How Medicare's Physician Fee Schedule Undervalues Primary Care & Shortchanges Patients & Female Physicians

September 28, 2023 | 1:00 – 2:00pm EST

OPENING SPEAKER

REPORT PRESENTER

Ishani Ganguli, MD, MPH

Health Services Researcher &
Primary Care Physician

Harvard Medical School
Brigham & Women's Hospital

PANELISTS

Ishani Ganguli
MD, MPH

Health Services Researcher
Primary Care Physician

Harvard Medical School
Brigham & Women's Hospital

Vineet Arora
MD, MAPP

Professor of Medicine
Dean for Medical Education

University of Chicago Medicine

Hoangmai H. Pham
MD, MPH

President & CEO

Institute for Exceptional Care

Tobey Oliver
MPP, JD

Senior Policy Advisor

AARP Public Policy Institute

Ishani Ganguli, MD MPH
Assistant Professor of Medicine
Harvard Medical School
Brigham and Women's Hospital
September 28, 2023

Female clinicians may produce better health outcomes

- Female clinicians are growing share of health care workforce

- Compared to male counterparts, female physicians do better on
  - Breast cancer screening
  - Avoidance of some low-value tests
  - Diabetes outcomes
  - Post-operative outcomes among surgical patients
  - Re-admissions and mortality among hospitalized patients

Andersen, M.R., et al. Women Health (1997); Berthold, H.K. et al. J Intern Med (2008); Bouck, Z. et al. JNO (2018); Tsugawa, Y. et al. JAMA Intern Med (2017); Wallis, C.J. et al BMJ (2017); Wallis, C.J. et al JAMA Surgery (2023)

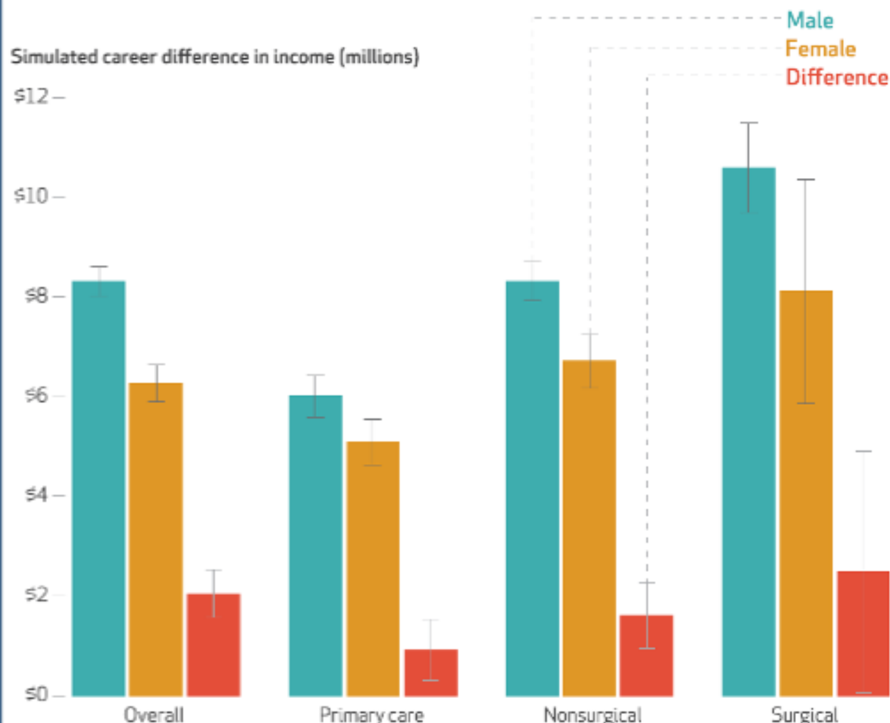
Yet there is a persistent gender wage gap in medicine

HEALTH PROFESSIONALS

By Christopher M. Whaley, Tina Koo, Vineet M. Arora, Ishani Ganguli, Nate Gross, and Anupam B. Jena

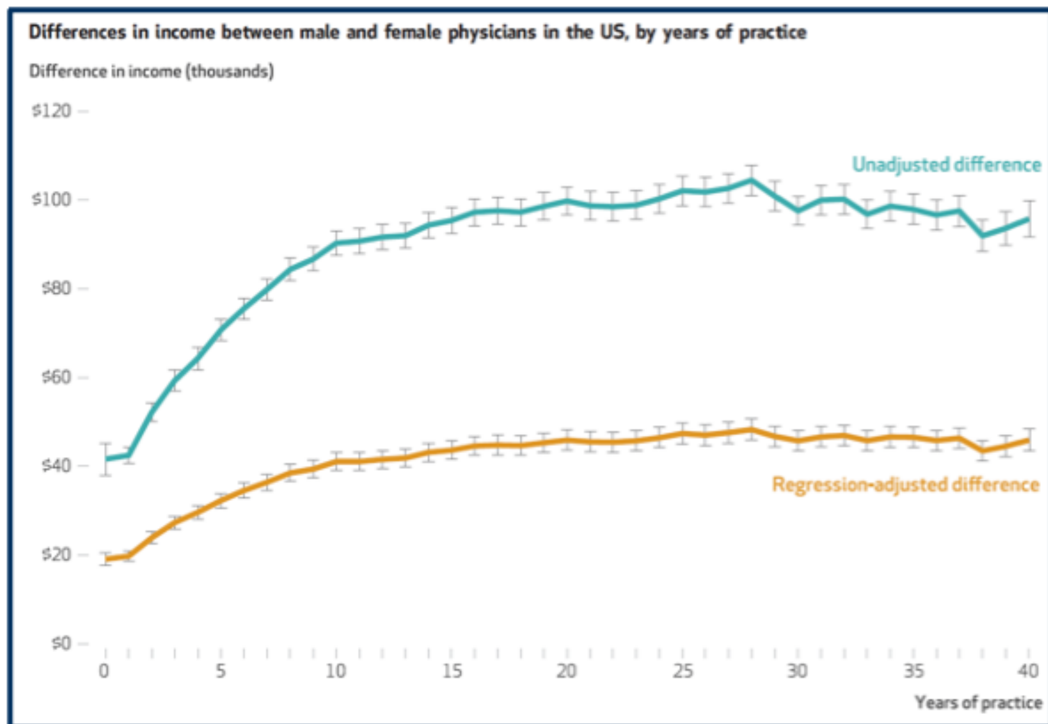
Female Physicians Earn An Estimated $2 Million Less Than Male Physicians Over A Simulated 40-Year Career

- For PCPs, a $1 million gap



Whaley, C.M. et al. *Health Affairs* (2021)

What explains the gap?



- Age, specialty, academic rank, NIH funding, leadership status
- What about hours worked?

Whaley, C.M. et al. *Health Affair* (2021)

Physician work hours and compensation by gender

- Used national sample all-payer claims and electronic health record (including audit log) data
- 24 million primary care office visits
- Examined relationship between work hours and compensation by gender

Ganguli, I. et al. *N Engl J Med* (2020)

What we found

- Female PCPs younger
- Female PCPs see patients who are younger, more female, slightly healthier
- Same # clinic sessions/week

Physician Characteristics	Male PCPs (N=5,284)	Female PCPs (N=3,018)
Age, mean	**53.2**	**46.5**
Specialty, %		
Internal Medicine	56.7	47.0
Family Practice	42.5	52.4
Patient-Visit Characteristics	**(N=16.4 million)**	**(N=8.0 million)**
Age Category, %		
<44	21.1	28.4
45-64	33.9	35.0
65+	44.9	36.5
Female, %	**49.7**	**70.0**
White, non-Hispanic race, %	76.1	73.0
Payer, %		
Medicare FFS/Advantage	41.4	33.9
Medicaid/Dual Eligible	12.1	13.2
Commercial	43.0	49.6
Chronic conditions, mean	**1.1**	**1.0**
Visit for low acuity condition, %	**4.7**	**5.4**
Patient new to physician, %	21.8	23.2

Ganguli, I. et al. *N Engl J Med* (2020)

Female PCPs have less revenue, more time w/ patients per year

Year level analysis				
	Male PCPs	**Female PCPs**	**Difference**	**% Δ**
Allowed charges, $	358,795.1	319,652.0	-39,143.2	**-10.9%**
Visits, no.	3,058.2	2,727.7	-330.5	**-10.8%**
Days in clinic, no.	203.3	197.9	-5.3	**-2.6%**
Observed visit time, min.	46,709.2	47,910.6	1,201.3	**2.6%**

All differences significant at p<0.01 unless indicated by asterisk

Ganguli, I. et al. *N Engl J Med* (2020)

Female PCPs have equal revenue, more time w/ patients per visit

Visit level analysis				
	Male PCPs	**Female PCPs**	**Difference**	**% Δ**
Allowed charges, $	117.4	116.9	-0.5	**-0.4%***
Diagnoses documented, no.	3.4	3.7	0.2	**5.9%**
Orders placed, no.	2.6	3.1	0.5	**19.2%**
Observed visit time, min.	15.3	17.6	2.4	**15.7%**

- Per hour, female PCPs earned 87¢ for every $1 earned by male PCPs

All differences significant at p<0.01 unless indicated by asterisk

Ganguli, I. et al. *N Engl J Med* (2020)

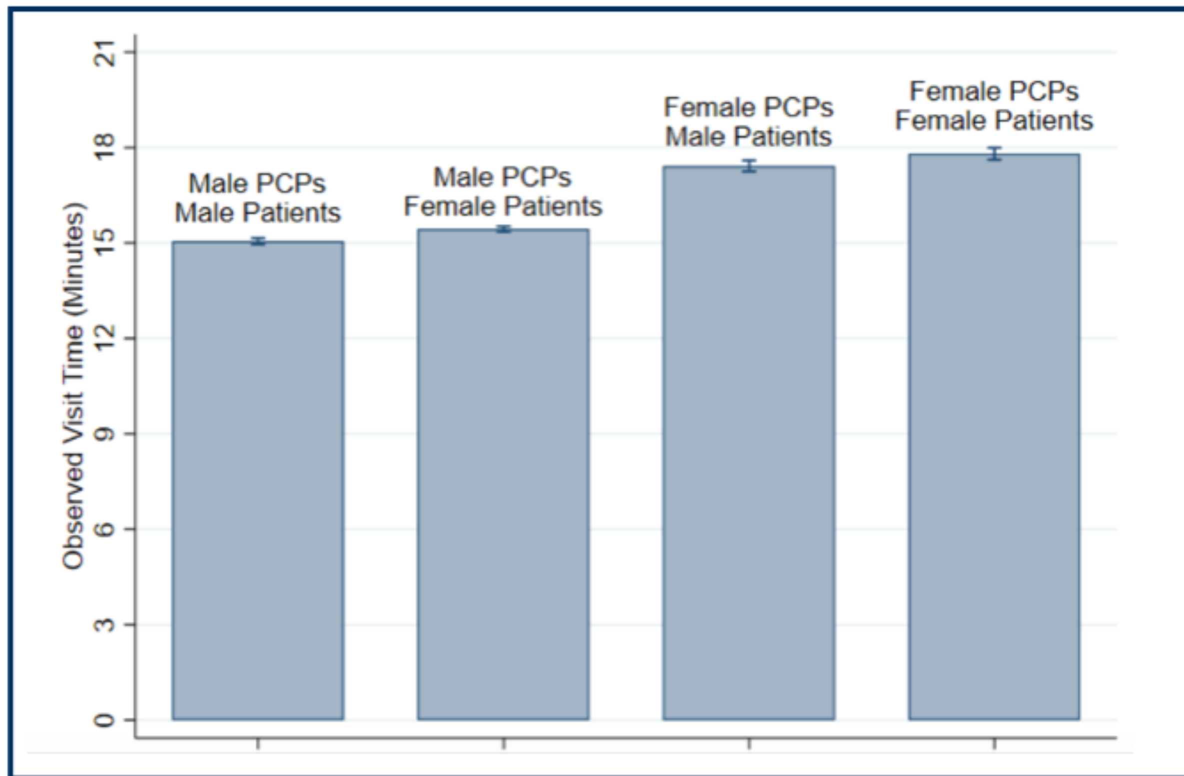
For patients with multimorbidity, female PCPs have equal revenue, more time w/ patients

Visit level analysis				
	Male PCPs	**Female PCPs**	**Difference**	**% Δ**
Allowed charges, $	122.2	122.9	0.7	**0.6%***
Diagnoses documented, no.	5.5	5.6	0.1	**1.8%**
Orders placed, no.	3.8	4.4	0.5	**13.2%**
Observed visit time, min.	16.7	19.3	2.7	**16.2%**

All differences significant at $p<0.01$ unless indicated by asterisk

Ganguli, I. et al. *N Engl J Med* (2020)

Female PCPs spend more time with male and female patients than male PCPs



Ganguli, I. et al. *N Engl J Med* (2020)

Female physicians spend more time on counseling, shared decision-making

TABLE 3. Ordered Logistic Regression Analyses of Screening and Counseling for Female Patients[§]

	Gender Nonspecific Screening (N = 1,566)	Health-Habits Counseling (N = 1,594)	Sensitive-Topics Counseling (N = 1,594)	Female-Specific Screening (N = 992)	Female-Specific Counseling (N = 998)
Female physician	1.22	1.33*	1.63‡	1.36*	1.40*

TABLE 4. Ordered Logistic Regression Analyses of Screening and Counseling for Male Patients[§]

	Gender Nonspecific Screening (N = 1,205)	Health-Habits Counseling (N = 1,222)	Sensitive-Topics Counseling (N = 1,203)	Male-Specific Screening (N = 513)	Male-Specific Counseling (N = 770)
Female physician	1.56	2.18*	2.36†	0.84	1.73

*P value for adjusted odds ratio <0.05.
†P value for adjusted odds ratio <0.01.
‡P value for adjusted odds ratio <0.001.
§Odds ratio.
Controlled for age, education, income, race/ethnicity, and health status.

Henderson, J. T. and Weisman, C. S. *Med Care* (2001)

Female physicians spend more time on EHR work…

Table 2. Adjusted Association of Female Sex With EHR Use Metrics[a]

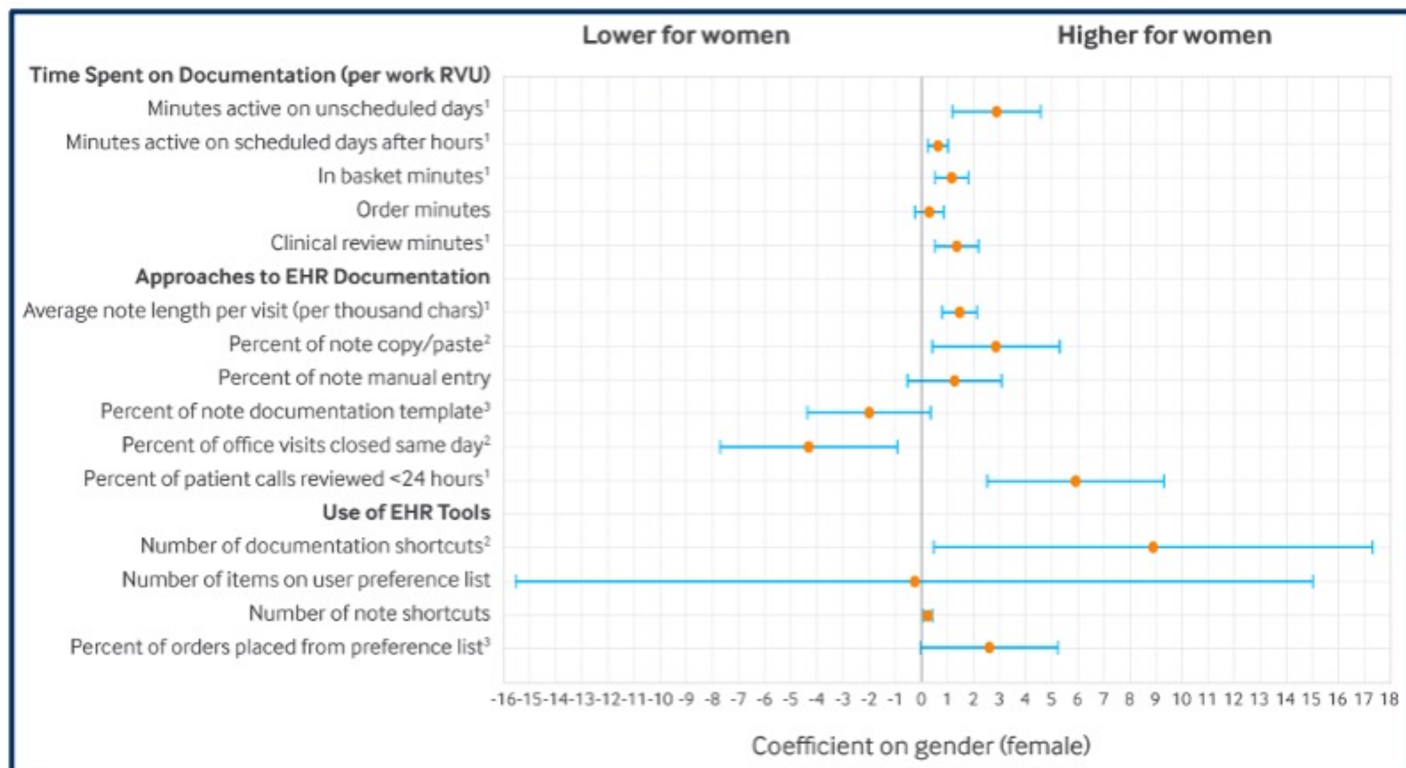
EHR use metrics	All physicians (N = 997)		Surgical specialty (n = 305)		Medical specialty (n = 692)	
	Female sex, % change (95% CI)	*P* value	Female sex, % change (95% CI)	*P* value	Female sex, % change (95% CI)	*P* value
Minutes in system per day on unscheduled days	47 (34-60)	<.001	36 (17-59)	<.001	39 (26-55)	<.001
Minutes in system per day outside of scheduled hours	48 (33-65)	<.001	39 (15-68)	<.001	43 (26-62)	<.001
Minutes in system per day outside of 7 AM to 7 PM	61 (43-81)	<.001	35 (16-94)	.002	47 (30-66)	<.001
Total minutes in system per day	33 (24-42)	<.001	41 (24-61)	<.001	21 (13-31)	<.001

Abbreviation: EHR, electronic health record.

[a] Separate models were fit with each EHR use metric as an outcome, and a log-transformation was applied to each outcome during modeling. Each coefficient has been exponentiated and is represented as percentage change of the outcome variable associated with female vs male sex. All models are adjusted for the following covariates: years since completion of training, mean number of problems on patient problem list, and percentage of days with appointments.

Tait, S.D. et al. *JAMA Intern Med* (2021)

…but not from lack of efficiency



Gupta, K. et al. *N Engl J Med Catalyst* (2019)

Instead, female physicians may have more messages to respond to

JGIM *Rittenberg et al.: Primary Care Physician Gender and Electronic Health Record Workload*

Table 3. Differences in Staff and Patient Messages Received per Month by Physician Gender

Activity	Mean (SD) Monthly count Female MDs	Mean (SD) Monthly count Male MDs	Difference[1]		Percent difference	Regression adjusted difference[1, 2]	
			Value (95% CI)	*p*-value		Value (95% CI)	*p*-value
Staff messages	51.0 (33.2)	41.2 (26.5)	9.9 (0.4 to 19.3)	0.04	24%	9.6 (1.1 to 18.2)	0.03
Patient messages	259.9 (142.7)	206.5 (161.9)	53.4 (0.0 to 106.8)	0.05	26%	51.5 (16.3 to 86.6)	0.004

[1]*Robust standard errors clustered by MD*
[2]*Adjusted for appointments per month and panel size*

Rittenberg, E. et al. *J Gen Intern Med* (2022)

In short…

- On average, female physicians spend more time on
  - face-to-face visits
  - nonbillable services (e.g., counseling)
  - non-face-to-face care

- These practice patterns desired by patients, linked to better outcomes

- Yet these patterns are systematically undervalued by Medicare's Fee Schedule and other productivity-based payment models

Chen, L.M. et al. *Arch Intern Med* (2009); Gross, D.A. et al., *J Fam Pract* (1998); Lin C.T. et al. *Arch Intern Med* (2001); Neprash, H.T. et al. *JAMA Health Forum;* Porter, J. et al. *J Gen Intern Med.* (2022)

In short…

PCPs generally want to spend more time with their patients. Female PCPs seem to be taking that extra time, but at personal and professional cost.

What are the consequences of a payment system that undervalues time with patients?

- For clinicians:
  - Wage gap
  - Burnout

- For patients:
  - Less effective, compassionate care

Gold, K.J. et al. *J Gen Intern Med* (2021)

What can we do?

- Streamline asynchronous work
  - Formally incorporate into clinician workflows
  - Tackle through patient education, shared inboxes, AI

- Change how we pay clinicians

HEALTH TECH

STAT+

For doctors drowning in emails, one health system's new strategy: pay for replies

By Mohana Ravindranath Jan. 21, 2022

Reprints

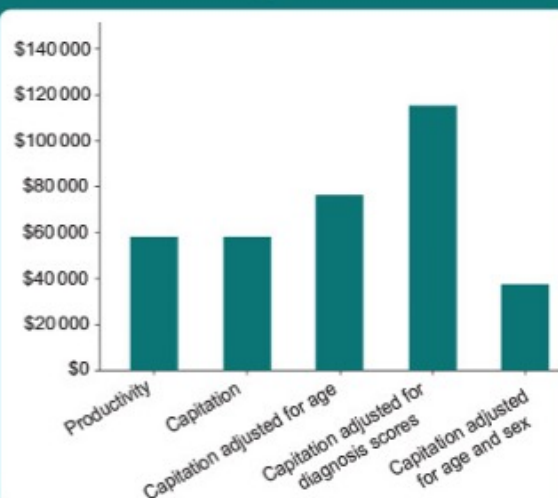
Would the gender wage gap for PCPs change if different compensation models were applied?

2016–2019 national clinical registry

1728 primary care physicians

Male and female PCPs matched on specialty, years since medical school graduation, practice site, and sessions worked

Microsimulation model of net, annual, full-time compensation. Inputs included overhead and patient and visit characteristics.



Ganguli, I. et al. *Ann Intern Med* (2022)

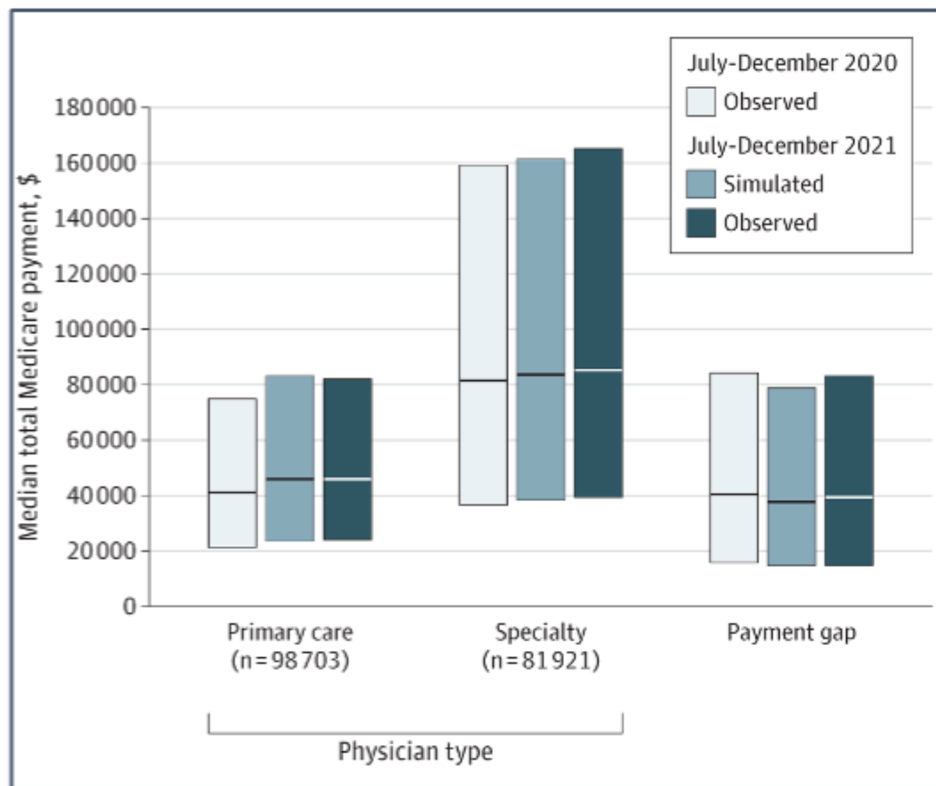
Takeaways

- The gender wage gap persists, in part, because current payment models systematically undervalue traditionally female practice patterns
- Consequences for patient and physician outcomes
- Solutions
  - Streamline asynchronous work
  - Trial new payment models (with caution)

Acknowledgments

- Collaborators including Sanjay Basu, Michael Chernew, Josh Gray, Kathleen Mulligan, Hannah Neprash, Bob Phillips, Meredith Rosenthal, Bethany Sheridan

2021 Medicare E/M payment policy changes



Q & A

Thank you!

- Website: www.thepcc.org
- Twitter: @PCPCC
- LinkedIn: company/primary-care-collaborative
- Questions? Email: aclark@thepcc.org

November 16 | Washington, DC

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