

Getting Beyond Money: What Else Drives Physician Performance?

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For Pay for Performance Programs the key question has been ...

How should incentives be structured to obtain optimal physician performance in medical group practices: to provide the optimal amount of effort directed toward the right activities?

Town, Wholey, Kralewski, Dowd. 2004. Assessing the Influence of Incentives on Physicians and Medical Groups. *Medical Care Research and Review* 61(3): 80s-118s.

P4P Programs

- Typically rely upon a principal-agent relationship economic framework for understanding and answering this question
- Use financial incentives to promote desired physician and medical group performance
- Pay little attention to non-financial sources of motivation such as *physician job satisfaction*

In fact, physician job satisfaction has important effects on physician productivity, quality of care and workforce retention.

Sources:

Firth-Cozens J., and J. Greenhalgh. 1997. Doctor's Perceptions of the Links Between Stress and Lowered Clinical Care. *Social Science Medicine* 44(7):1017-22.

Williams, E.S., Konrad, T.R., Linzer, M., McMurray, J., Pathman, D.E., Gerrity, M., Schwartz, M.D., Scheckler, W.E., and J. Douglas. 2002. Physician, Practice, and Patient Characteristics Related to Primary Care Physician Physical and Mental Health: Results from the Physician Worklife Study. *Health Services Research* 37(1): 121-43.

Mechanic, D. 2003. Physician Discontent. *Journal of the American Medical Association* 290(7): 941-6.

Physician Job Satisfaction

- Is affected by multiple characteristics of the work setting
- Appears to be eroding over time
- Is of growing concern in the US as well as many European countries

Patient relationships, a sense of clinical competence, and their relationships with their partners were among the most satisfying aspects of practice for all family physicians. Problems identified included regulations by third-party payers and government agencies and the amount of paperwork encountered in practice.

Source: Skolnik, Smith, and Diamond. 1993. Professional Satisfaction and Dissatisfaction of Family Physicians. *J Fam Pract* Sep; 37(3):257-63.

*Time pressure detracted from job, career,
and specialty satisfaction.*

Source: Linzer, et al. 2000. Managed Care, Time Pressure, and Physician Job Satisfaction: Results from the Physician Worklife Study. *J Gen Intern Med* July,15(7):517-8.

In multivariate models, the strongest and most consistent predictors of change in satisfaction were changes in clinical autonomy, including increases in hours worked and physicians' ability to obtain services for their patients.

Source: Landon, Reschovsky, and Blumenthal. 2003. Changes in Career Satisfaction Among Primary Care and Specialist Physicians, 1997-2001. *JAMA* Jan 22-29;289(4):442-9.

More than 90% of physicians rated the following as very important to their “ideal job”: good relationships with staff and colleagues; control of time off; adequate material resources; and autonomy in decision making.

Source: Williams, et al. 2003. What do Physicians Want in Their Ideal Job? J Med Pract Manage Jan-Feb;18(4):179-83.

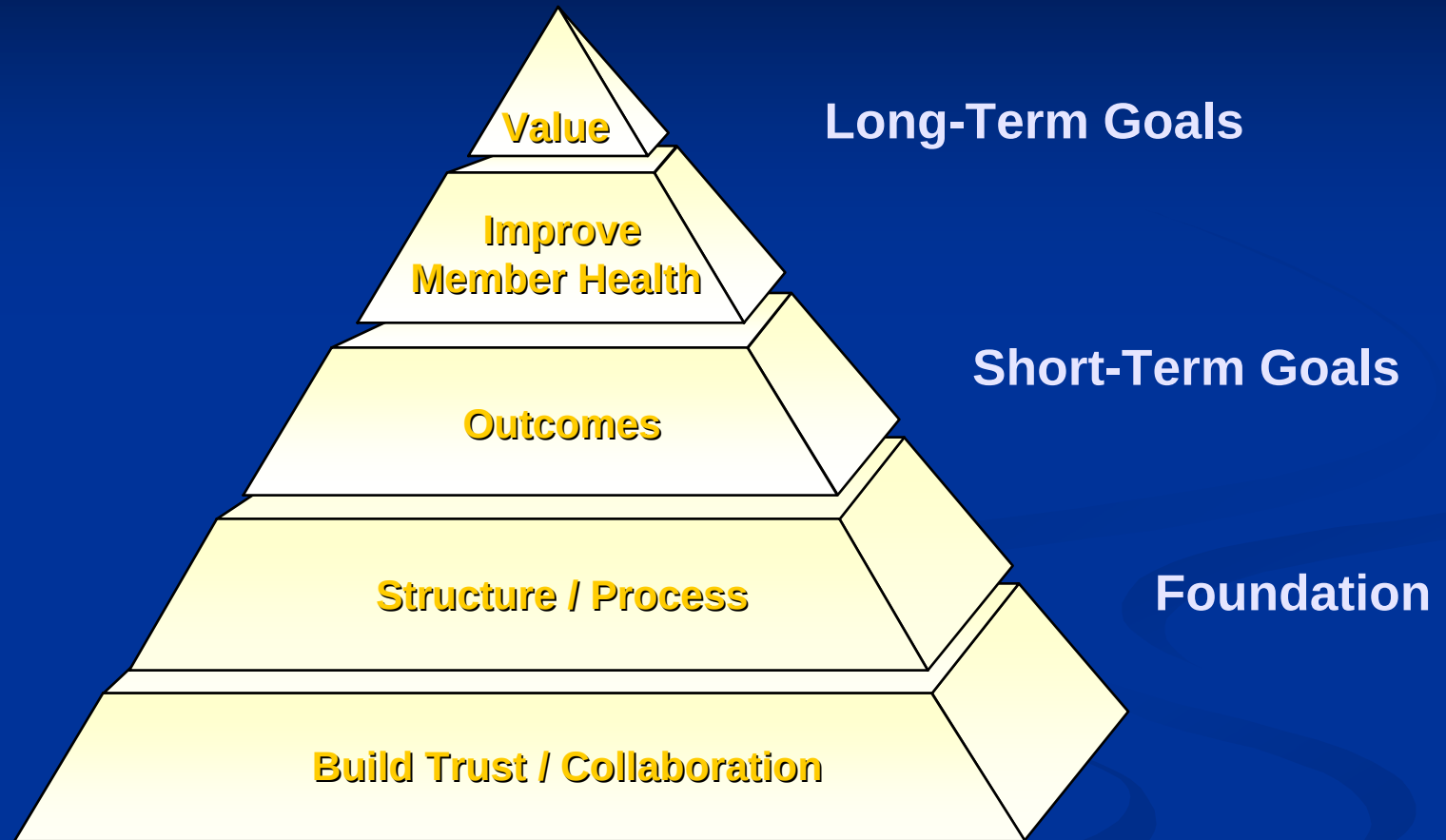
We found widespread discontent among physicians practicing in high-liability environments, which seems to be compounded by other financial and administrative pressures. Opinion alone should not determine public policy, but physicians' perceptions matter for two reasons. First, perceptions influence behavior with respect to practice environment and clinical decision making. Second, perceptions influence the physician-patient relationship and the interpersonal quality of care.

Source: Mello, et al. 2004. Caring for Patients in a Malpractice Crisis: Physician Satisfaction and Quality of Care. *Health Aff* Jul-Aug;23(4):42-53.

To further explore the importance of monetary and non-monetary drivers of physician satisfaction and motivation, a research team led by Dr. Katharina Janus collected data during 2005/2006 from physicians in Germany and the United States.

Dr. Janus will now discuss this cross-national comparative study.

Quality Vision for P4P Programs



Source: Nussbaum P4P Summit 2006

James Robinson: Theory and Practice in the Design of Physician Payment Incentives

“Payment mechanisms are also embedded in and supported by nonprice mechanisms – i.e., by methods of monitoring and motivating appropriate behavior that may have financial consequences but rely more directly on screening, socialization, promotion, and practice ownership.” p.149

**Monetary and non-monetary
drivers of physician job
satisfaction and motivation –
Insights from a cross-national
comparative study**

Purpose of the study

- To assess the associations between work-related monetary and non-monetary factors and physicians' work satisfaction as perceived by similar groups of physicians practicing
 - at academic medical centers
 - in Germany and the United States.
- Both countries are simultaneously experiencing problems in maintaining their physician workforce's performance in spite of differing health care systems.
- Are there globally shared expectations and values of the medical profession?

P4P in Germany

- Integrated care approaches are emerging that introduce incentive payments for physician performance
- Some of the physician organizations are planning to take over budget responsibility for a population based on capitated arrangements (as it is done in the U.S.)
- So far these approaches are still in their infancy and focus on quality enhancements, information technology implementation and incentive payments for physicians
- As soon as they take on full budget responsibility they will be able to design their own incentive systems

Research questions

- Do physicians in Germany report relatively more or less overall work satisfaction than a similar group of physicians in the U.S.?
- What are the work-related characteristics that drive physicians' overall satisfaction in Germany and the U.S.?
- Which work-related characteristics demonstrate the greatest gap between physicians' perceived importance of the characteristic and their satisfaction with that characteristic, therefore presenting relatively greater opportunities for improving physician work satisfaction?

Study population and design

- Study population:
 - 839 physicians at the Hannover Medical School
 - 750 physicians at San Francisco General Hospital and at Stanford Hospitals & Clinics
- Response: 45% in Germany, 39% in the US
- Standardized questions with 28 items (satisfaction/ importance) and socio-demographic questions
 - Monetary issues
 - Non-monetary issues
- Descriptive, factor and correlation analysis

Characteristics of the study population (1)

	Germany (% of respondents)	U.S. (% of respondents)
Sex		
■ female	34.5	30.7
■ male	65.5	69.3
Mean age	43.5	36.8
Family status		
■ live alone	16.9	12.9
■ live with significant other	33.8	31.7
■ live with significant other and child or children	45.4	46.5
■ live alone with child or children	1.0	2.0
■ live with other people	0.3	5.0
Have one or more children	49.5 (2.1 children on average)	58.6 (1.41 children on average)

Characteristics of the study population (2)

	Germany (% of respondents)	U.S. (% of respondents)
Full-time employed	91.0	N/A
Departments		N/A
■ surgical	19.5	
■ internal	28.5	
■ other	51.8	
Functions		N/A
■ head of departments	5.6	
■ attending physicians	28.5	
■ senior residents	13.1	
■ junior residents and interns	50.8	
Contract position	70.7	N/A
Permanent position	29.3	
Work hours per week (on average)	N/A	60.22
Work hours per week at this institution (on average)		53.21

Characteristics of the study population (3)

	Germany (% of respondents)	U.S. (% of respondents)
Departments	N/A	
■ GP/Family Medicine		7.9
■ Surgery		5.0
■ Surgery (subspecialties)		20.8
■ Anaesthesiology		9.9
■ Obstetrics		5.9
■ Psychiatry		18.8
■ Pediatrics		21.8
■ Dermatology		2.0
■ Emergency		1.0
■ Other		5.9
Functions	N/A	
■ Professor		23.8
■ Associate professor		20.8
■ Assistant professor		32.7
■ Fellow		3.0
■ Resident		13.9
■ Intern		3.0

Do physicians in Germany report more or less overall satisfaction than physicians in the U.S.?

- In general physicians are not as dissatisfied as expected, but overall satisfaction has declined
- German physicians:
 - 50.8% were rather satisfied
 - 15.6% were very satisfied
- U.S. physicians:
 - 28.7% were rather satisfied
 - 56.4% were very satisfied
- German physicians were less satisfied in general (consistent across gender, work roles and medical specialties)

Work-related drivers of satisfaction in Germany

<i>Factors derived</i>	General Satisfaction	
	Pearson Correlation	P-Value
Decision-making & recognition	0.547**	(p<0.000)
Continuous education & job security	0.295**	(p<0.000)
Administrative tasks	0.266**	(p<0.000)
Collegial relationships	0.190**	(p<0.000)
Specialized technology	0.129*	(p=0.011)
Patient contact	0.117*	(p=0.022)
Research & teaching	0.091	(p=0.074)
International exchange	0.080	(p=0.117)

Work-related drivers of satisfaction in the U.S.

<i>Factors derived</i>	General Satisfaction	
	Pearson Correlation	P-Value
Job security & incentives	0.380**	(p<0.000)
Interaction & decision-making	0.351**	(p<0.000)
Organizational cooperation	0.329**	(p=0.001)
International exchange	0.125	(p=0.216)
Teaching opportunities	0.091	(p=0.366)
Specialized & integrated technology	0.054	(p=0.592)
Time-related work burden	0.047	(p=0.654)

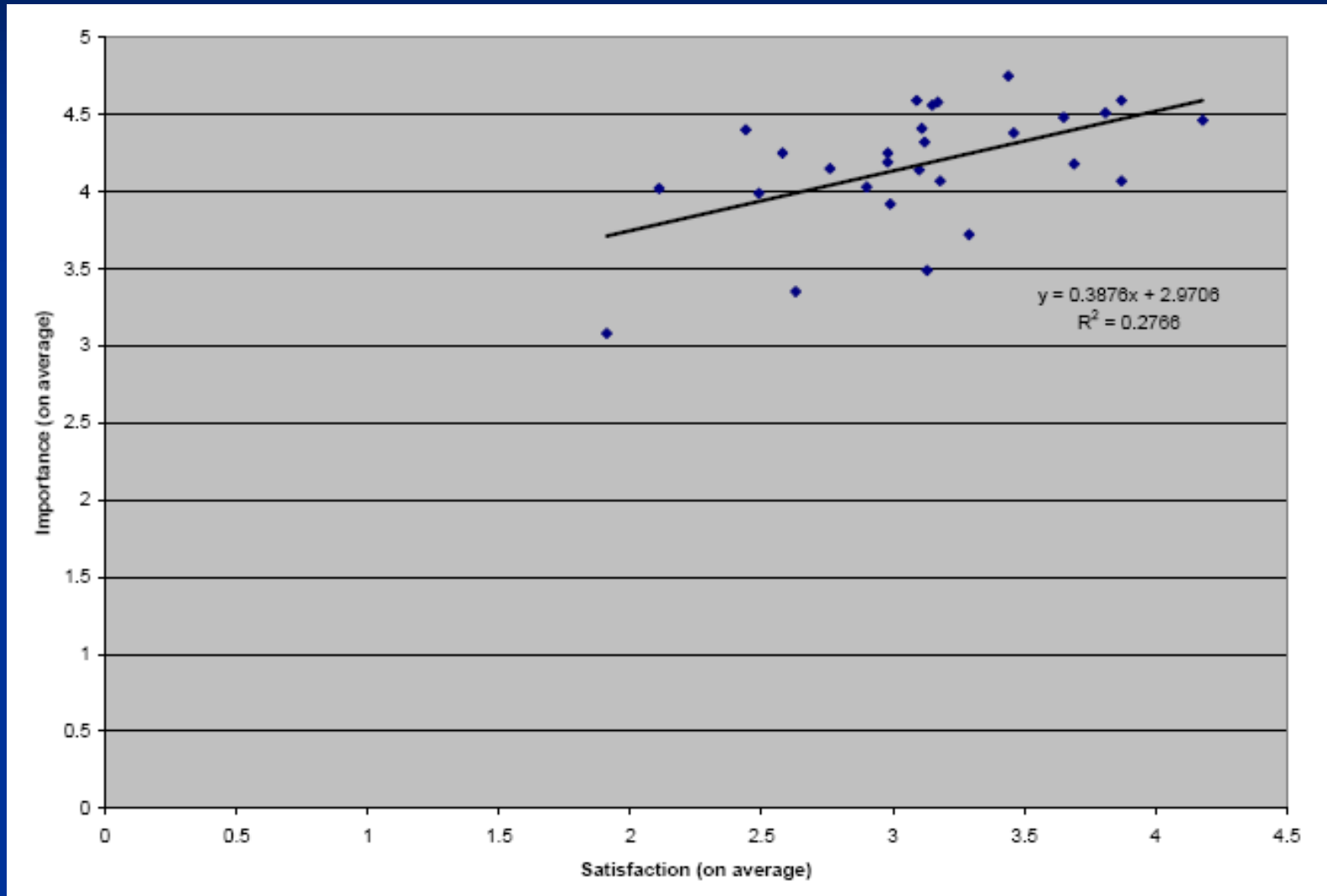
Opportunities for improving physician work satisfaction in Germany

Item	Mean Satisfaction (SD)	Mean Importance (SD)
Influence on time-related work burden	2.44 (1.205)	4.40 (0.709)
Monetary incentives	2.11 (1.087)	4.02 (0.873)
Participation in organizing care processes	2.58 (1.133)	4.25 (0.792)
Furthering academic qualifications	3.09 (1.127)	4.59 (0.616)
Cooperation with management and administration	2.49 (1.084)	3.99 (0.753)
Continuous medical education (CME)	3.17 (1.151)	4.58 (0.603)
Cooperation with nursing staff	3.15 (1.153)	4.56 (0.618)
Career opportunities	2.76 (1.101)	4.15 (0.815)
Work climate	3.44 (1.129)	4.75 (0.472)
Job security	3.11 (1.360)	4.41 (0.823)

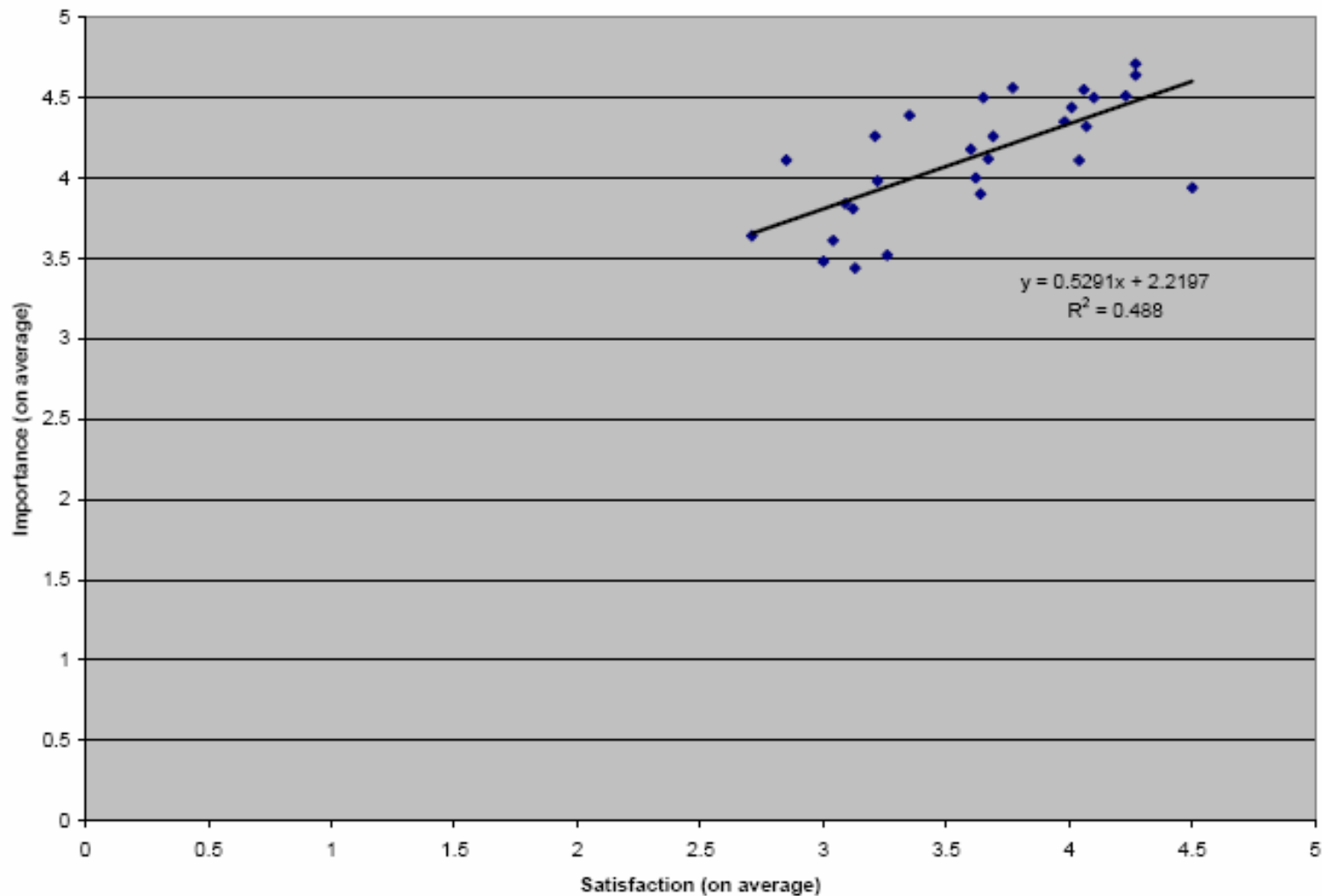
Opportunities for improving physician work satisfaction in the U.S.

Item	Mean Satisfaction (SD)	Mean Importance (SD)
Monetary incentives	2.85 (1.207)	4.11 (0.803)
Cooperation with management and administration	3.21 (0.988)	4.26 (0.733)
Influence on time-related work burden	3.35 (1.218)	4.39 (0.695)
Administrative tasks	2.71 (1.057)	3.64 (0.948)
Cooperation with nursing staff	3.65 (0.910)	4.50 (0.610)
Work climate	3.77 (0.920)	4.56 (0.574)
Technical equipment in department	3.22 (1.021)	3.98 (0.899)
Participation in integrated delivery approaches	3.09 (0.954)	3.84 (0.907)
Participation in organizing care processes	3.12 (1.096)	3.81 (1.032)
Non-monetary incentives	3.60 (1.101)	4.18 (0.809)

Satisfaction and importance averages in Germany



Satisfaction and importance averages in the U.S.



Discussion

- Why did German physicians report less overall satisfaction than U.S. physicians?
- How similar and dissimilar were the German and U.S. factors driving overall satisfaction?
- What are the possible policy and management strategies to increase physician satisfaction?

**What are the
implications for
performance payment
in the future?**

Thank you very much for your attention!

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