



## Reincentivizing Physicians

If we honestly look at it we can see quite clearly that "paying by the visit" is irrational and leads to behaviors that actually create more cost (the myth of 100% utilization). One of the key problems of course is that the incentives for the enterprise (the organization) and the providers are not aligned and not linked. Where organizations are paid primarily by the visit and the providers are paid a salary, despite the fact that the organization tries to pass on this incentive to the providers, it does not work. In Canada where the same irrational payment scheme exists but where the providers "own" the practice and hence the providers are the organization, we see providers seeing - and I mean this - up to 80 visits per day. In any system, visits do not equal value. Clinical care does not improve with number of visits. In environments where there is no organizational incentive for visits and visits are reduced, we see better clinical care and outcomes (the VA, for example).

What we do see is that when providers are responsible for a panel, the care improves, the costs go down and satisfaction rises.

The trap then is the pay by the visit scheme that occurs for many - but not for all - of our patients. The real value for CHC's is to see as many new unique patients as possible. And goodness knows the ranks of the underserved are rising. We do not have enough resource to manage this work in the current way.

It is possible to break the chain:

- Better partnerships need to be forged between organizations and providers (not based on visit goals).
- The visits will result if the panel is high enough (see Panel articles).
- The providers need help in seeing more unique patients, not churning the old. So the organization has to spend money on support but the providers simply must pay for that support with more production that occurs and grows out of panel size, not incentives to churn visits.
- See your own, don't make them wait. Operationalizing this slogan will result in just as many visits, far less delays, less cost, more money and better outcomes. You just have to see this differently and act differently.