



How Best to Pay Indian doctors? Does Pay for Performance Act as an Indicator for Quality and Outcome's



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Short Communication

Pay incentives for clinician performance can improve cancer care in tertiary cancer centers across India. Pay-for-performance programs have been embraced as a means to improve the quality of health care [1]. Management of cancer care has improved over the past decade with advent of technology and reverse brain drain from the west to the east and has impacted in improving patient health and reducing health care costs. One new health care model is pay-for-performance (P4P), which provides financial incentives to clinicians for achieving better health outcomes. In the traditional "fee for service" model, doctors are paid a set amount regardless of patient outcomes. Pay-for-performance, meanwhile, aims to pay doctors more when they deliver higher-quality care. In theory, therefore, pay-for-performance will align both financial and professional incentives towards quality, which should promote professional values [2].

The Questions

How can we Pay Doctors, so that they will be Motivated to Provide high-Quality Care?

The latter part of this question implies one suspect assumption about the medical profession. First, it assumes that a major reason we suffer from relatively poor quality health care today is that physicians aren't yet sufficiently motivated to do better. My critique of the first assumption is concise and probably obvious; most physicians are highly motivated to give the highest quality of care to their patients and I doubt the lack of motivation ranks in the top 10. If pay-for-performance is to support professionalism, it must come from us (Doctors). In other words, it's not enough for physicians to complain that pay-for-performance is misdirected, inaccurate and risky. If the profession asserts its responsibility for determining how to define, measure and reward for quality-then pay-for-performance can promote not only high-quality care.

How to Ensure Pay for Performance Programs helps us to Achieve the Quality Goals?

We must ensure that a single point of assessment is not the sole mechanism driving quality improvement. Number of patients treated and revenue generated should not be the sole criteria, quality should be measured on the patient feedback and the research outcomes of responses to therapy and peer evaluation of an individual doctor in their respective departments. The employer should be clear about what processes and outcomes are expected to change with pay for performance model, and must align financial incentives and improve efforts with those expectations. Differences in age and gender have little or no effect to pay for performance model; given all that, it's simple to set benchmarks and figure out if physicians are doing a good job in helping patients for a better quality of life.

Undermining "The pay for Performance Program"?

There are many related theories about how extrinsic rewards can undermine intrinsic motivation. Individuals may experience financial rewards as external shift in locus of control for their actions, causing a sense of impaired self-determination. When rewards are perceived as controlling, people "take less responsibility for motivating themselves" [3]. Self-esteem is also weakened when it is no longer one's own idea to perform at a high standard. Deprived of the opportunity to demonstrate personal interest and motivation, individuals might reduce their work effort.

Financial rewards can even make individuals feel their competence is being questioned or that their intrinsic motivation is unappreciated or is being rejected. Rewards could be placed under the control of recipients. One way to do this would be to trust clinicians to determine whether particular measures are appropriate for particular patients. Trust is often repaid with

trustworthy behavior. Tax cheating, for example, is actually less common in communities with looser tax oversight and more citizen engagement than in communities with strict tax oversight [4].

Conclusion

“Pay-for-performance programs shift the focus from basic care delivery to high-quality care delivery, so they are designed to incentivize doctors and indirectly the patient population to improve care. pay for performance rethinks the way in which cancer care health services are paid to minimize bad outcomes, it has worked, if not always as well as it should, it’s essential to

continue the course while making appropriate corrections when needed.

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