# The Role of Practitioner Motivation in Designing Provider Payment Reforms and Other Incentives

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l'opposer au projet de loi qui généralise le tiers payant.

# Seven influences on practitioner behaviour and satisfaction

- 1. Payment: income, pension and other material reward
- 2. Autonomy: ability to practice in line with professional preferences
- **3. Working Conditions**: including working hours, unsociable hours, physical environment
- 4. **Reputation**: professional standing
- 5. Knowledge Development: professional development and pride
- 6. **Risk**: freedom from threats to livelihood, income and professional status
- **7. Altruism**: satisfaction derived from the wellbeing of others, most notably patients

## 1. Payment

The likely influence of practitioner reimbursement on health system objectives

Objective	Fixed salary	According to costs incurred	According to activity
Increase activity		++	+
Expenditure control	++		- (+?)
Improve quality	-	+	-
Improve equity of access		+	-
Improve efficiency	-		+

### 2. Autonomy

- Fundamental complaint of professionals
- Rise of the 'audit' culture
- Legitimate concern of the payer with actions of professionals
- Scope to develop concept of 'earned' autonomy
- General practitioner fundholding example

### 3. Working conditions

- Policy levers to influence physician choice of practice location:
- Medical Education
  - Australia, Canada, Japan, US, Scotland
- Regulation
  - Germany, Denmark
- Financial Incentives (wage and non-wage)
  - Germany, Denmark, Canada
- Service Delivery Reorientation
  - Germany, Demark, Scotland

Source: OECD 2014

#### 4. Reputation: The eight enemies of performance comparison

- 'You cannot measure what we are trying to achieve.'
- 'Our objectives differ from those you are trying to measure.'
- 'The data you are using are of poor quality and cannot be relied on.'
- 'There are external factors that influence our performance that you have not taken account of.'
- 'The risk adjustment methods you have used are inadequate.'
- 'There is huge uncertainty in the reported measures.'
- The data you are using are out of date.
- 'Bad things will happen if you publish this information.'

### 5. Professional development

- Professional leadership
- Capacity (data and networks)
- Ambiguous role of regulation, e.g. reaccreditation
- Cost control as one dimension?
- The Swedish model

### 6. Risk

- Fundamental concern for reputation and livelihood
- Some beneficial aspects of risk aversion
- Also adverse consequences, such as 'overtreatment' or undertreatment
- Many possibilities for handling risk, e.g. no fault patient compensation, incident reporting, etc
- Require alignment with other mechanisms, e.g. clinical audit

#### 7. Altruism

 An important task for publicly funded systems is to extend a practitioners altruistic concern to the entire population, and not just those currently being treated, so that professionals can understand the opportunity cost of 'over treating' certain patients, when it deprives others of cost-effective care

#### How do these factors interact?

- Herzberg's model of motivation:
  - Pure motivators, e.g. professional development
  - Threshold effects, e.g. target income
- Barriers to change:
  - Lack of knowledge
  - Lack of belief
  - Lack of capacity
    - Uncertainty
    - Investment costs
    - Leadership
- Regulation and performance management crowding out other motivations?

#### What are the policy implications?

- Economic, sociological or psychological perspective?
- Variations between practitioners:
  - Scope to develop suite of different contract types
- Need to align levers across the different domains
- Fundamental tension:
  - Professionalism vs public accountability?