

Tipus de pagament i model retributiu



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Modelos clásicos de pago a médicos

Tipo de pago	Descripción	Incentivo	Efectos
Pago por acto	Se paga por actividad realizada	Maximizar actividad.	Sobreutilización. Demanda de escaso valor.
Capitación	Se paga por paciente asignado.	Longitudinalidad. Interés por promoción y SC	Selección de riesgos. Priorización de actividades.
Salario	Pago fijo por periodo de tiempo	No penaliza si la actividad es baja.	Desprofesionalización. Desinterés. Burocracia.

Administración Pública (servicio de salud o ayuntamiento)

Proveedor privado (empresa, cooperativa, autónomo, etc).

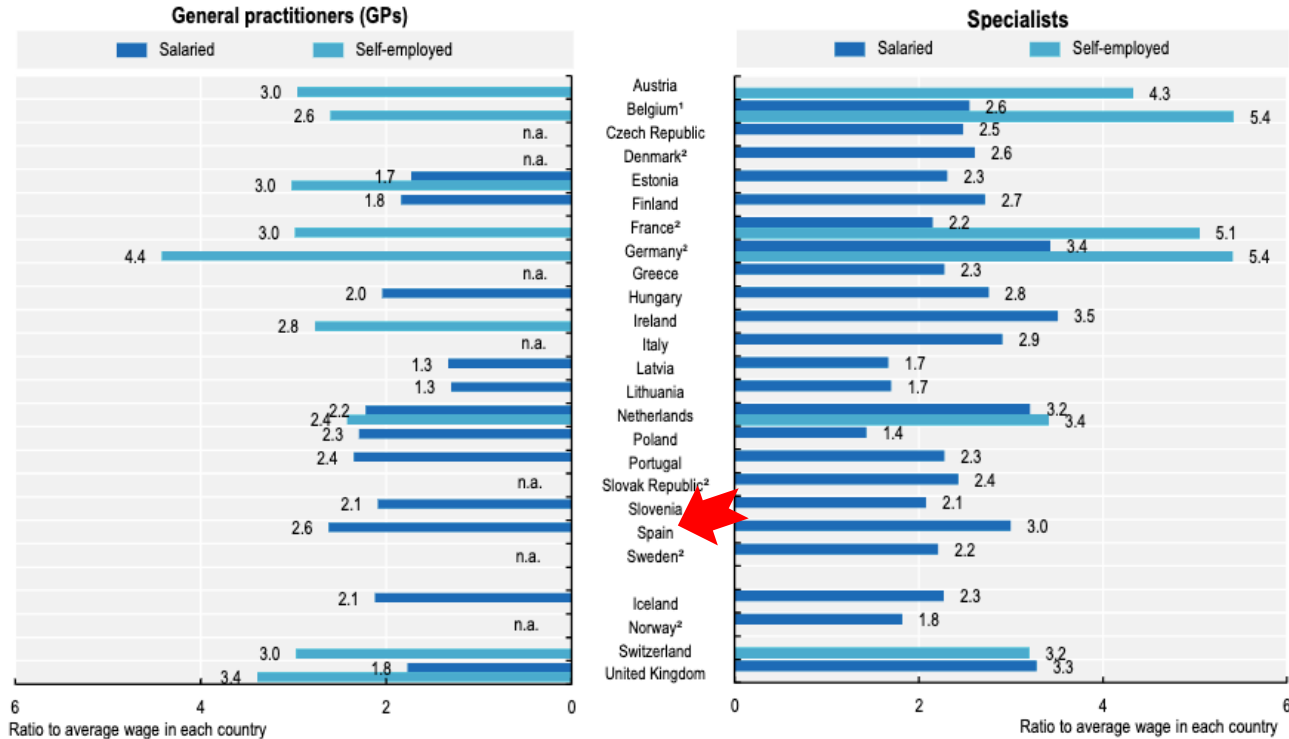
Salario

Acto

Capitación

Pay for Performance (P4P)

Figure 7.12. Remuneration of doctors, ratio to average wage, 2020 (or nearest year)



1. Practice expenses of self-employed GPs and specialists are included (resulting in an over-estimation). 2. Data for both salaried GPs and specialists are reported under salaried specialists as it is not possible to separate these two groups of doctors.

Source: OECD Health Statistics 2022.

P4P ofereix incentius o pagaments a proveïdors o professionals per el compliment de indicadors de qualitat.

What is rewarded?

Improvement

- *Low achievers have stronger incentives to improve quality, but high achievers are "punished"*
- *Rewards may go to physicians whose performance does not meet quality standards*

Achieving Benchmarks

- *Rewards superior physicians, but without motivating improvement*
- *Incentives may be out of reach for low performers*

What type of targets?

Fixed

- *Provides certainty for physicians*
- *Payers are uncertain of costs*

Relative

- *Less physician control*
- *Payers may have more certainty*

Example:

Rewards physicians with X percent improvement on mammogram rate

Example:

Rewards physicians with mammogram rate improvement in top X percent

Example:

Rewards physicians with X mammogram rate

Example:

Rewards physicians with mammogram rate in top X percent

Table 4 Summary of objectives for P4P programs in primary care

country name	Prevention of chronic diseases	Cancer screening	vaccination	Efficiency and optimal use of resources	Smoking cessation advice	Use of information technology and electronic health record	mental health	Providing service After-hours care	Supporting rural and remote areas
England	*	*	*	*	*		*	*	
New Zealand	*	*	*		*				*
Germany	*	*				*			
France	*	*	*	*		*	*		
Australia	*	*		*		*		*	*
Canada	*	*	*		*		*	*	
United States: California	*	*	*	*	*	*	*		

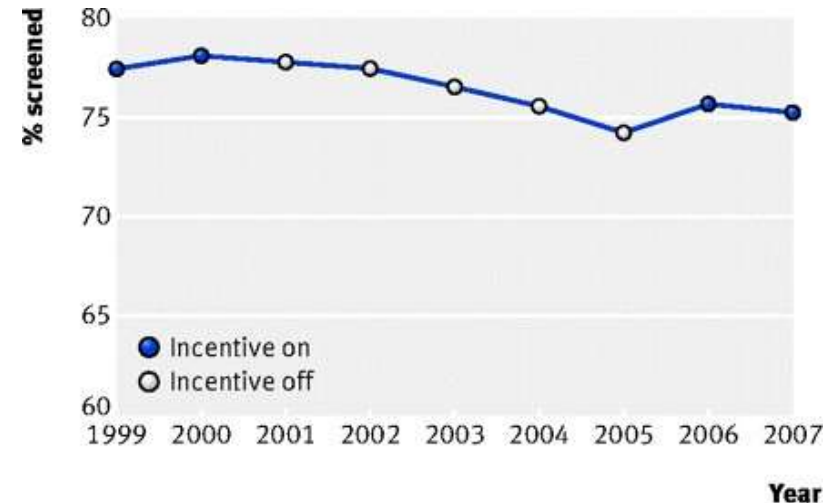
Jamili, S., Yousefi, M., Pour, H. E., Houshmand, E., Taghipour, A., Tabatabaee, S. S., & Adel, A. (2023). Comparison of pay-for-performance (P4P) programs in primary care of selected countries: a comparative study. *BMC Health Services Research*, 23(1), 865.

Dementia diagnoses rise by one fifth after GPs offered £55 'bribes'

New figures show the number of patients diagnosed with dementia soared in the six months when GPs were offered £55 for every person diagnosed with dementia, under a controversial scheme condemned as an 'ethical travesty'

By Laura Donnelly and Lauradonnelly

19 January 2016 - 1:00pm



Lester, H., Schmittiel, J., Selby, J., Fireman, B., Campbell, S., Lee, J., ... & Madvig, P. (2010). The impact of removing financial incentives from clinical quality indicators: longitudinal analysis of four Kaiser Permanente indicators. *Bmj*, 340.

¿Los incentivos son útiles?

- Cambian comportamientos de los profesionales y mejoran procesos asistenciales pero NO mejoran resultados en salud de la población.
- Los incentivos no suelen apelar a la motivación intrínseca del profesional.
- Diseño erróneo de indicadores e incentivos (el checklist de Glasziou es esencial. Por ej: *todo indicador debe mejorar la salud de los pacientes*).
- No hay cultura de incentivos (P4P).

Flodgren, G., Eccles, M. P., Shepperd, S., Scott, A., Parmelli, E., Beyer, F. R., & Cochrane Effective Practice and Organisation of Care Group. (1996). An overview of reviews evaluating the effectiveness of financial incentives in changing healthcare professional behaviours and patient outcomes. Cochrane database of systematic reviews, 2011(7).

Glasziou, P. P., Buchan, H., Del Mar, C., Doust, J., Harris, M., Knight, R., ... & Stockwell, A. (2012). When financial incentives do more good than harm: a checklist. Bmj, 345.

**¿Cuánto debe cobrar un
médico por su trabajo?**

Toward Developing a Relative Value Scale for Medical and Surgical Services

by William C. Hsiao and William B. Stason

Medicare.gov

- ❑ Hsiao estableció un sistema de valoración del trabajo médico por especialidad en base a variables de esfuerzo: tiempo, esfuerzo mental, conocimiento, juicio clínico, habilidad técnica, esfuerzo físico y estrés psicológico.
- ❑ Algunas especialidades están (mucho) mejor pagadas que otras.

NHS Long Term Workforce Plan

June 2023



13. **Everyone working in the NHS should be recognised and rewarded fairly to help ensure we attract and retain the staff we need to provide the best possible care for patients.** The total reward package – which goes beyond headline pay – will need to be attractive and competitive to respond both to changes in people's career aspirations and the labour market.
16. **From 2023/24, it is proposed that NHS organisations work with system partners to develop a clear employee value proposition (EVP) and promote this across the workforce.** This EVP would cover national and local benefits, including pensions, salary sacrifice schemes and local financial wellbeing support initiatives, as well as other elements of the NHS People Promise¹³⁶ such as employee voice, flexible working and development.
17. **We will support ICSs to agree plans across their system for implementing flexibilities – where permissible – within national terms and conditions** (such as local incentives for new recruits and bank rates), to facilitate a more strategic and aligned approach to improving reward and recognition for staff. ICSs will be encouraged to work with partners to support the recommendations of the Fuller Stocktake for innovative employment models and adoption of NHS terms and conditions in primary care.¹³⁷

We have a fair salary, competitive pension, and an attractive package of extended benefits, whatever our role.

El sueldo como herramienta de comparación

La mareante oferta médica de Irlanda: el triple de salario que en España

El Hospital de Cork publica una vacante de Neurología que incluye pluses para investigación

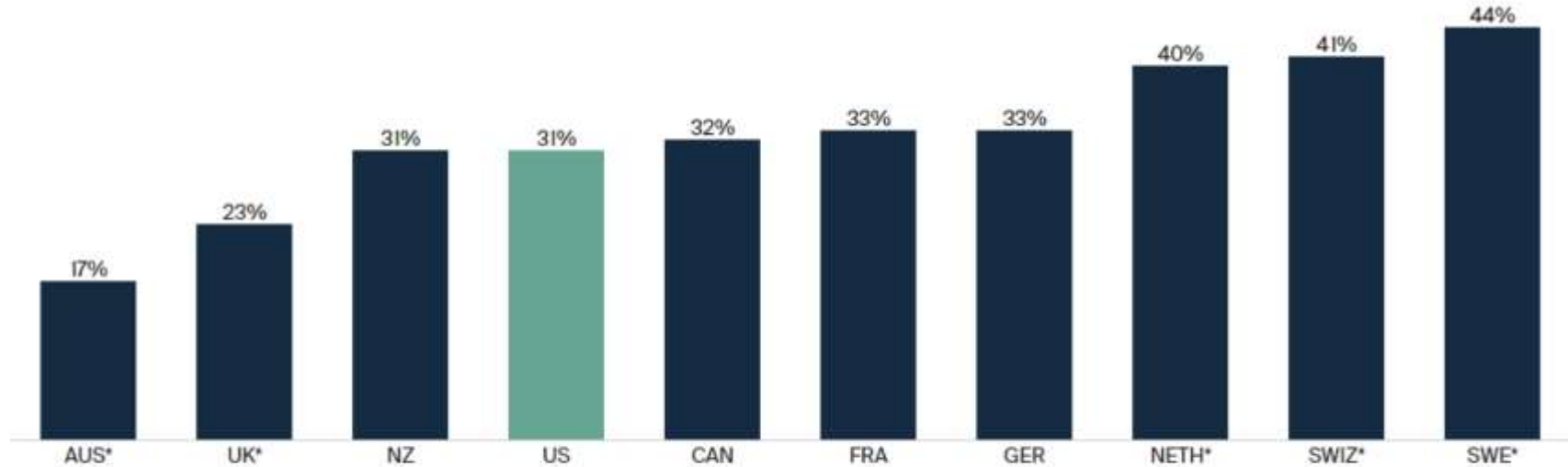
- Todo depende del país, del modelo, del entorno y de las circunstancias personales.
- Retribuciones médico EAP: comparando con todos los trabajadores de Catalunya, en el 16% que más cobra.

¿Están los médicos bien pagados?

- No hay una sola realidad.
- El contexto personal importa.
- Mensaje (mantra) social: fácil de negociar.
- ¿Se refiere a la cantidad o al modo de cálculo?
- ¿Y la negociación individual?



Percentage of physicians who said they were "extremely" or "very" satisfied with income from their medical practice



 Download data

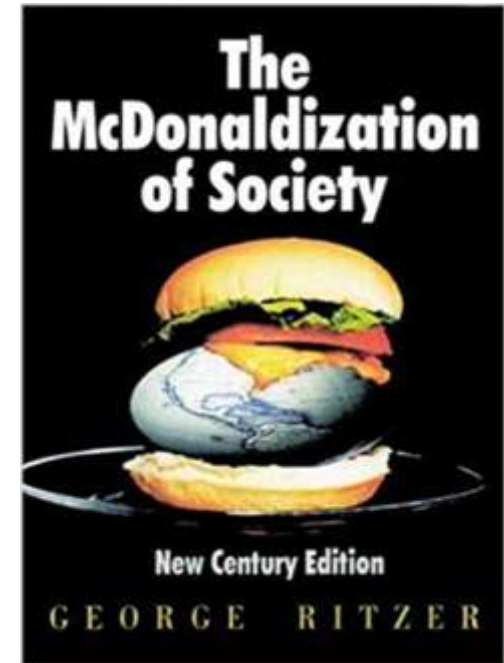
* Statistically significant difference compared to US or comparator bar at $p < .05$ level.

Data: 2022 Commonwealth Fund International Health Policy Survey.

Evan D. Gumas et al., Overworked and Undervalued: Unmasking Primary Care Physicians' Dissatisfaction in 10 High-Income Countries: Findings from the 2022 International Health Policy Survey (Commonwealth Fund, Aug. 2023). Accessible en: <https://www.commonwealthfund.org/publications/issue-briefs/2023/aug/overworked-undervalued-primary-care-physicians-10-countries>

Sueldo y motivación: enemigos íntimos

- Sueldo: factor higiénico de Herzberg. Un sueldo bajo genera insatisfacción pero su incremento no genera satisfacción.
- ¿El dinero compensa el mal ambiente o tener un mal jefe o una consulta/agenda mal estructurada?



¿Por qué algunos profesionales jóvenes abandonan?

- Insatisfacción laboral (horario, autonomía, formación, estabilidad laboral, conciliación, violencia, ambiente laboral)
- No poder ejercer la MF que les gustaría (sobrecarga, planificación, disonancia profesional)
- Desarrollo profesional (desprestigio AP, formación, falta de voluntad política)

Conclusiones

1. El sistema de pago está ligado al tipo de sistema sanitario. Cambiar modelo de RRHH implica nuevo modelo de sistema.
2. Las reformas recientes en RRHH: maquillaje y subidas globales (no cambia estructura o sistema retributivo).
3. Los agentes y representantes prefieren seguir igual (¿quién sabe como será el futuro?).
4. El problema define la solución: ¿cuál es el problema del modelo de RRHH?
5. Importancia de la gestión sanitaria: mejores gestores, planificación, cuidar al profesional, reducir burnout, participación, estrategia real.