UBC Centre for Health Services and Policy Research

Gender Differences in Primary Care Physician Remuneration for Clinical Care vs. Non-clinical Activities

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Background

The primary care physician (PCP) workforce is increasingly female. There is some evidence that female PCPs have lower salaries and fee-for-service (FFS) billing volumes. Media rhetoric points to this trend as contributing to a primary care shortage. At the same time physicians are increasingly being compensated under non-FFS models (alternative payment plans [APP]), and for activities outside of direct patient care, including bonuses, incentives, and on-call payments. Differential uptake of APP programs and non-clinical payments have not been examined as a driver of gender differences in income and activity.

Objective

To examine the extent to which differences in income and activity between male and female PCPs are driven by differential uptake of (a) non-clinical payments and (b) APP programs.

Methods

Data sources: Population-based administrative data from Population Data BC covering 100% of payments to PCPs from 2005/06 to 2011/12, including:

- Complete cohort of BC PCPs (from the College of Physicians and Surgeons of BC physician registry)
- Physician-level FFS billing records for all patient contacts
- Physician-level alternative (non-FFS) payments

Analysis: Non-adjusted generalized linear models for each study year.

- Outcomes: total percent of compensation for non-clinical activities and percent of compensation from APP sources
- Payments adjusted for inflation and the effect of fee changes to 2012 $

Primary care physician characteristics

	Males N=4,092 (62%)	Females N=2,455 (38%)
Mean age in 2012 (SD)*	52.4 (12.5)	45.7 (10.9)
Trained internationally (%)*	1367 (34.1)	578 (24.1)
Health authority in 2012 (%)*		
Interior Health	620 (15.1)	336 (13.7)
Fraser Health	872 (21.3)	451 (18.4)
Vancouver Coastal Health	795 (19.4)	689 (28.1)
Vancouver Island Health	716 (17.5)	375 (15.3)
Northern Health	219 (5.4)	102 (4.2)
Not active	804 (19.6)	502 (20.4)
Practice rurality (%)*		
Metropolitan	1,873 (45.8)	1,258 (51.2)
Urban dominated	873 (21.3)	495 (20.1)
Rural dominated	556 (13.6)	308 (12.5)
Not active	790 (19.3)	394 (16.0)
Graduation year (%)*		
<1970	509 (12.5)	75 (3.1)
1970-<1980	980 (24.0)	292 (11.9)
1980-<1990	1043 (25.5)	623 (25.4)
1990-<2000	924 (22.6)	716 (29.2)
2000+	631 (15.4)	749 (30.5)

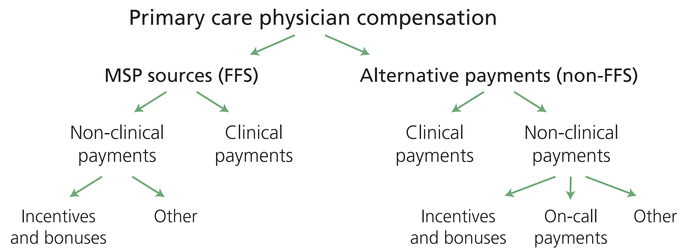
*Significant at p<0.0001

Primary care physician activity

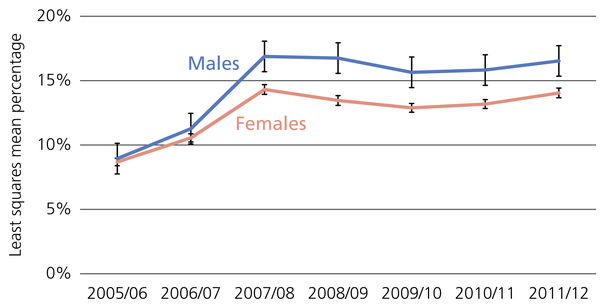
	Males N=4,092 (62%)	Females N=2,455 (38%)
Total compensation*	$232,329	$148,423
Clinical billings (%)*	$197,709 (85.4)	$129,296 (13.1)
Non-clinical billings (%)*	$34,620 (14.6)	$19,126 (12.4)
APP payments (%)*	$33,032 (18.6)	$27,734 (31.9)
On-call payments (%)*	$8664 (7.9)	$5011 (2.4)

*Significant at p<0.0001

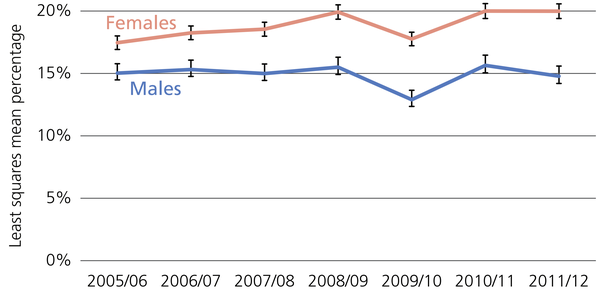
Sources of primary care physician compensation



Compensation for non-clinical activites



Compensation from alternative payments



Findings

- Cohort: 6,542 PCPs (62% male & 38% female).
- Male physicians are older, more likely to be trained internationally, and more likely to practice in a rural-dominated area.
- Average physician compensation remained constant during the study period ($200,658 in 2005/6 to $220,354 in 2011/12).
- Payments for non-clinical activity increased significantly (from $19,935 to $35,980) while payments for clinical care declined (from $200,723 to $184,374).
- The percentage of physicians' income derived through (a) non-clinical activities, and (b) APP increased significantly over the study period for both males and females.

Gender differences

- Male physicians had significantly higher income for all study years.
- From 2007/8 on, significantly more of male physicians' income came from non-clinical activities compared with females. These activities accounted for 11% of the income gap between male and female physicians in 2005/6, and increased to 22% in 2011/12.
- Female physicians received a significantly larger proportion of their income from APP sources over the study period, offsetting the observed gender gap in FFS billings.

Reflections

Differential uptake of non-clinical payments and APP remuneration appear to be significant drivers of the income and activity difference between male and female physicians. The increasing proportion of physician payments for non-clinical activities and the corresponding reduction in clinical care billings for both male and female PCPs raises concerns about maintaining adequate primary care service supply in future.

Acknowledgments

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