

Introducing performance pay for primary care practitioners: unintended consequences for gender equity?



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Performance pay for primary care physicians

- Increasingly common within and across countries
 - Most Canadian provinces have introduced performance pay policies in recent years, although they come with a variety of covered conditions, payment scales & performance measures
- Do health worker payment models exacerbate gender related pay gaps?

Gender related pay gaps

- Studies from many countries indicate that women physicians earn, on average, 13-37% less than their male colleagues due to “unexplained factors”
 - Which financing policies to adopt to optimize gender equity in the health workforce?
- Surprising dearth of evidence
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Promising Practice

- Critical starting point: reporting and use of sex-disaggregated data in health workforce statistics, research & policy evaluation
 - In the province of New Brunswick, we found that although women represented half (51%) of family physicians of diabetes patients, only 36% of performance pay claims were submitted by a female provider
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Barriers to Implementation

- Lack of nationally generalizable studies in Canada
 - Heterogeneity in incentive characteristics across jurisdictions
 - Privacy and confidentiality restrictions preclude the transportation or linkage across provinces of administrative data sets, such as physician billings
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Enablers for Implementation

- Pan-Canadian collaboration in conducting comparative provincial-level analyses
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Next Steps

- It is possible - although not yet investigated - that increasing numbers of female physicians may drive change in clinical practice patterns without performance incentives
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Key Messages

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Sex and gender remain largely neglected in health workforce statistics and research

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Enhanced researcher-policymaker collaboration is needed for better integration of sex and gender science in health workforce policy and planning