ARE PHYSICIANS KNIGHTS, KNAVES OR PAWNS?
IMPLICATIONS FOR PAY-FOR-PERFORMANCE

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OVERVIEW

• There is a troubling, dominant narrative that physicians are the source of problems in health care delivery where we are viewed more as “knaves” and “pawns” rather than as “knights” in society; that we are the problem not the solution

• The physician as “knave” or “pawn” narrative is, in part, our own fault and society has lots to lose if it persists

• We must work to preserve the altruistic and humanistic underpinnings of our profession
DISCLOSURE

• Employee of Merck and Company

• Voluntary staff at Harvard Medical School and the VA Medical Center

• Former employee of the US Department of Health and Human Services

• The views reflected in this presentation are informed by these positions but are my own

PERSONAL INTEREST IN MEDICINE AT EARLY AGE

• Thoughts about a career and life in service

• Curiosity about scientific discovery

• A belief in the win-win quality of the physician-patient interaction

• An desire to win the affection of my parents and the admiration of others
INSPIRED BY MY FATHER’S EXAMPLE...

• Academic Anesthesiologist; Chief, Pain Service, Memorial Sloan-Kettering Cancer Center

• Extraordinary service and purpose

• Interest in innovation and new clinical techniques

• Real job satisfaction that arose from patient care and mentoring fellows

...AND THAT OF MY LATE AUNT

• General practice physician who worked as an Indian army physician in 1950s

• Selfless devotion to rural, underserved areas

• Built complementary programs for communities she served, such as a school and a leprosy rehabilitation program

• Concept of physician-citizen
TURN TOWARD HEALTH POLICY EXPOSED NEW IDEAS...

...AND REVEALED A TROUBLING NARRATIVE

**Access:** Are physicians the reason why 44 million Americans were without access to insurance?

**Health Care Costs:** Do physicians drive up costs of care for patients with underuse, misuse, and overuse?

**Quality:** Does physician negligence result in injury to patients?

**Disparities:** Were physicians responsible for differences in outcomes across races?
Are physicians the solution or the source of our problems in access, quality, and cost of care?

**KEY THINKERS SHAPE AN APPROACH TO THIS QUESTION**

- Research Professor of Public Policy at Dartmouth
- Health Policy Advisor to President Carter
- Author of Policy Paradox: The Art of Political Decision-Making
- Pioneer of Concept of “Causal Stories”

DEBORAH A. STONE, PHD
### “CAUSAL STORIES” EXPLAINED...

- Problem definition is a process of **image-making**, where the images have to do with fundamentally attributing cause, blame, and responsibility.

- Conditions, difficulties, or issues do not have inherent properties that make them more or less likely to be seen as problems.

- Individual parties portray these conditions, difficulties, and issues in ways calculated to gain support of their side.

- Stories describe harms or difficulties and shape a view of what a society should do to stop harm.

### KEY THINKERS SHAPE AN APPROACH TO THIS QUESTION

- **Richard Titmuss**
  - Professor of Social Policy at the London School of Economics
  - Advisor to British Prime Minister, 2003-2005
  - Author of *Motivation, Agency and Public Policy: of Knights and Knaves, Pawns and Queens*

- **Julian LeGrand, PhD**
LEGRAND’S BASIC PREMISE

Our View of Humanity Shapes Policy, Regulation, and Management

<table>
<thead>
<tr>
<th></th>
<th>Humans are Fundamentally...</th>
<th>Role of Policy and Regulation is to...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KNIGHTS</strong></td>
<td>altruistic beings who care</td>
<td>encourage and support altruism</td>
</tr>
<tr>
<td></td>
<td>about one another</td>
<td></td>
</tr>
<tr>
<td><strong>KNAVES</strong></td>
<td>self-interested beings who</td>
<td>protect against vice</td>
</tr>
<tr>
<td></td>
<td>try to advance own aims at</td>
<td></td>
</tr>
<tr>
<td></td>
<td>all costs</td>
<td></td>
</tr>
<tr>
<td><strong>PAWNS</strong></td>
<td>driven by the reward and</td>
<td>create incentives to support</td>
</tr>
<tr>
<td></td>
<td>penalty systems in which</td>
<td>social aims</td>
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<td>they exist</td>
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PHYSICIANS AS KNIGHTS

- Physicians trusted to use and deploy resources wisely and look beyond their narrow individual and specialty interests to protect patients and the systems
- Individual physician decision making and autonomy are given the highest priority
- The physician is the ultimate champion of the patient and policies are structured to support the physician’s work
- Physicians practice medicine to save and improve lives; any financial gain is secondary
### Physicians as Knaves

- Physicians are interested in themselves and their financial well-being first and their patients second (if at all)
- Policy, management, and educational efforts are designed to combat physicians
- Physicians must be given rewards and incentives to motivate them to do right; such schemes must be monitored for abuse, fraud, and waste
- Physicians learn new techniques and order tests and studies for personal gain

### Physicians as Pawns

- The pawn physician is merely a function of the environment in which he or she practices
- Physicians must be given guidelines to follow and policy makers and regulators must decide clinical priorities
- Efforts are applied to building systems to ensure that physicians do what is right for patients because physicians cannot be trusted to reliably do so on their own accord
### HISTORICAL PERSPECTIVE: PHYSICIANS ARE KNIGHTS

<table>
<thead>
<tr>
<th>Payment Policy</th>
<th>unfettered fee-for-service payment because physicians can be trusted to do the right thing for their patients</th>
</tr>
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<tbody>
<tr>
<td>Quality Management</td>
<td>quality of care is assumed; medical quality is fundamentally a “bad apple” problem</td>
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### NEW PERSPECTIVE: PHYSICIANS AS KNAVES OR PAWNS

<table>
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<tr>
<th>Payment Policy</th>
<th>incentive and penalties payment are necessary to achieve process and outcomes targets</th>
</tr>
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<tbody>
<tr>
<td>Quality Management</td>
<td>quality of care is assumed to be universally defective; physicians are careless, inattentive, and unavailable; new focus on ratings and rankings</td>
</tr>
</tbody>
</table>
THE FRAMEWORK CAN READILY BE APPLIED TO OTHERS

- Patients
- Health Plans
- Pharmaceutical Companies
- Nurses
- Hospital Executives

SOME OBSERVATIONS ON THE TRANSITION

- An ethos of convenience... real patients trust and value doctors; it is others who do not
- Self-regulation has eroded and given way to external regulation because of an excessive focus on compensation
- Despite continuing to be a trustworthy source of on-the-ground perspective, we are living in a relative vacuum and ignorant of change around us
- Despite being under siege, we are not organized or savvy enough to deliver an alternative narrative or set of "causal stories"
DISCOMFORT WITH “PAWN AND KNAVES” APPROACH

- Most pay-for-performance programs have only marginal impact on patient care (Cochrane, 2011)

- Troubling evidence that health information technology incentives result in massive up-coding (New York Times, 2012)

- Evidence of fraud and abuse that arises from pay-for-performance program (Ohio Cardiology practice)

CURRENT DIALOG MISSES THE MARK

- Blunt treatments of physicians as knaves and pawns produce terrible results for society

- Excessive focus on documentation to the exclusion of our real production function: patient care

- Ignorance of the fact that clinical outcomes are produced by teams and systems, not individual physicians

- There is intrinsic motivation in most physicians that must be preserved, grown, and honored; this intrinsic motivation is a forgotten asset
LEGRAND’S CAVEAT

Disaster may follow if persons largely of a knavish quality are treated as knights; but the same may be true for “policies fashioned on a belief that people are knaves if the consequence is to suppress their natural altruistic impulses and hence destroy part of their motivation to provide a quality public service.”

ROLE OF SCIENCE OF HUMAN MOTIVATION

Pink
• Focusing on specific outcomes does not reward skills or result in managing complexity, solving problems, or creativity
• Reward systems will undermine these desirable attributes.

Trisolini:
• Intrinsic versus Extrinsic Motivation
• Must instill feelings of accomplishment associated with completing difficult tasks; satisfaction delivering positive clinical outcomes; and experiencing autonomy, respect, and collegial relationships.
## A Way Forward

- Pay physicians a rewarding yet reasonable salary rather than piecework rewards, provide a direct ability to influence patient outcomes, and offer a continual sense of accomplishment and recognition.

- Reject incentive contracting that minimizes the true complexity of our work

- Focus on measures that are truly clinically meaningful

- Making it easy to do the right thing for patients

- Find ways to honor and reward intrinsic motivation

## Back to Stone: Building New Causal Stories

- Participate meaningfully and constructively in the public narrative about what ails US health care delivery and why

- Participate in “counter-narrative” building

- Expand public leadership and advocacy to issues beyond compensation

- Celebrate the excellences and successes of the profession with greater intention
THANKS

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