A Pediatrician's Opinion

Richard Lander, MD

KEYWORDS

• Art of medicine • Quality issues • Managed care

Top quality health care available to every American is a lofty yet attainable goal and one we must strive to reach in our lifetime. Quality care leads to improved patient health which, in turn, decreases the expenditure of health care dollars. With this in mind, insurers have or are setting up quality improvement goals they have called pay for performance. Pediatricians who reach the established goals will be better paid for their services. Each pediatrician must decide whether increased payment warrants the increased work involved and whether these goals are ones with which the pediatrician is in agreement. Also important to consider is what to do if an insurer changes the rules of the game part way through. Do you still stay under contract with the insurer? At what point does a pediatrician decide that it is no longer worth his or her participation?

If the practice of medicine were pure science, pay for performance would be both feasible and advantageous. Tables of ''quality care'' would be established with input from varied sources such as payers, employers, and pediatricians represented by the American Academy of Pediatrics.

Pediatricians who demonstrate compliance with the established norms would be rewarded with higher ratings and therefore higher pay. The problem with this model is that while medicine is indisputably science it is also art. Pay for performance does not recognize the elegance of diagnostic skill. Patients and their conditions do not always fit into an established table. A capable diagnostician must evaluate a patient's condition bearing in mind that this particular condition might deviate from the normal definition of standard guidelines. This evaluation is where the art of medicine comes into play.

Of particular concern to pediatricians are the problems associated with vaccinating the patient population. These problems might cause deductions in both rating and payment. Current Healthcare Effectiveness Data and Information Set (HEDIS) recommendations suggest that an infant be fully immunized by 24 months of age. Will the pay for performance programs take into consideration the multiple manufacturer vaccine shortages which prohibit compliance or the increasing vaccine refusal rate that American practitioners have been experiencing? How will pay for performance

Essex Morris Pediatrics Group, 203 Hillside Avenue, Livingston, NJ 07039, USA
E-mail address: rl@empg.pcc.com

Pediatr Clin N Am 56 (2009) 995–996
doi:10.1016/j.pcl.2009.05.003 **pediatric.theclinics.com**
0031-3955/09/$ – see front matter

reward the time spent educating patients regarding the risk versus benefits of vaccines and will it recognize if a family is willing to accept vaccines but only on a delayed schedule? Should that pediatrician receive credit not only for improving the quality of care for that child who otherwise would not have been protected against multiple infectious diseases but also for improving the safety of the community in which he or she lives?

True quality of care can only be achieved when physicians possess a thorough grounding in the science of medicine coupled with the artistic ability to apply that science to diagnosis and treatment. Pay for performance may be well able to compensate the science of medicine but it is ill equipped to recognize or compensate the art. Guidelines will work if they are just that, guidelines, but pay for pediatricians must never be tied to them. It is imperative to recognize that the treatment of patients does not fit into boxes. If we are truly committed to excellence of care, we must expect more from the providers of that care than to force them into providing pediatrics from column A or B. We want to achieve a healthy outcome for our patients whether we follow a cookbook recipe or individualize management to that patient's needs. Pay for performance rewards standard care; America's children deserve excellent care.