Letter to the Editor

Capitation to Minimize Burnout? There Has to Be a Better Way

In regard to the December 2021 article by Robert Pearl, MD, titled "The Invisible Cause of Physician Burnout," I first applaud him for joining the chorus of voices that are actively sounding the alarm on this crucial issue facing all of medical practice. However, I disagree with his embrace of the idea of capitation. He states that changing to this system "rewards preventive medicine," will "minimize complications from chronic disease," and will help to "eliminate medical errors." Although he claims that this will "eliminate many of the bureaucratic requirements" that many of us face daily, I believe that it would only increase them. How does one prove better care through benchmarks? Paperwork. Endless data collection via check boxes and dropdown menus. Proving that you are meeting your capitation payment quotas will only be accomplished by more of one major cause of burnout in the first place. Surely, there has to be another way.

John-Robert La Porta, MD
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Author's Reply:

I appreciate Dr. La Porta's comments and the opportunity to reply. No approach to reimbursement is perfect, but capitation most closely aligns what's best for patients and for physicians. His concern about excessive documentation and benchmarks do apply to various "pay for value" approaches like those associated with Medicare Fee-for-Service. In contrast, capitation isn't about paperwork and documentation. In fact, it doesn't even have to involve RVUs. When done well, it pays a group of doctors a comprehensive fee to provide medical care to a population of patients. When they prevent cancer, help patients avoid a stroke from hypertension, or avoid developing a hospital-acquired pneumonia, they benefit financially. I believe that much of today's physician burnout comes from the bureaucratic processes insurance companies impose in an attempt to control inappropriate utilization and the lack of control doctors experience as a result. Capitation can eliminate all those hurdles and place the control under medical group physician leadership. If there's a better way, I haven't seen it.

Robert Pearl, MD
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