

[Return to Previous Page](#)



## AAFP President Refutes Claims That Primary Care Physician Incomes Contribute to High Health Care Costs

By **James Arvantes**

Posted: 9/13/2011, 6:00 p.m. -- The AAFP has quickly and forcefully rebutted a Sept. 7 article in *The New York Times* that claims primary care physician fees and incomes are a major driver of the nation's overall health care costs.

The article, which was based on a study conducted by two Columbia University professors and published in the September *Health Affairs*, says American primary care and orthopedic physicians are paid more for providing services than their counterparts in Australia, Canada, France, Germany and the United Kingdom. These higher incomes for primary care physicians and orthopedic surgeons in the United States purportedly lead to higher health care costs than those in the other countries studied, according to the article in *The New York Times*.

"The conclusion that income earned by primary care physicians is driving up the cost of health care in the United States completely ignores the systematic flaws that, together, increase costs," said AAFP President Roland Goertz, M.D., M.B.A., of Waco, Texas, in a Sept. 8 letter submitted to the editor of *The New York Times*.

Goertz said the article and the study itself notes that Americans make more use of hip replacements than office visits -- a finding that "points to an imbalanced system in which highly invasive medical procedures are used more often than efficient, effective preventive primary care."

"(The study) also notes that American primary care doctors earn 42 percent of what subspecialists earn, compared to 60 percent earned by primary care physicians in other countries," Goertz said. "As a consequence, American students gravitate toward higher income subspecialties, and the U.S. health care



system precariously relies on an overabundance of subspecialty care and a shortage of primary care, a situation that clearly contributes to fragmentation, duplication and other factors that drive up costs."

### STORY HIGHLIGHTS

- The AAFP has forcefully rebutted a Sept. 7 article in *The New York Times* that claims primary care physician fees and incomes are a major driver of the nation's overall health care costs.
- The article is based on a study published in *Health Affairs* that compares physician fees for primary care and orthopedic physicians in the United States and several other countries.
- According to a letter to the editor submitted to *The New York Times*, AAFP President Roland Goertz, M.D., M.B.A., said concluding that primary care physician income is driving up the cost of health care in the United States ignores the systematic flaws in the U.S. system.

The study, "Higher Fees Paid to US Physicians Drive Higher Spending for Physician Services Compared to Other Countries," compares fees paid by public and private payers for primary care office visits and hip replacements in Australia, Canada, France, Germany and the United Kingdom. Goertz said, however, that "comparing American physicians' needed income to overseas physicians -- whose medical education costs are significantly lower than those borne by American doctors -- is comparing apples to oranges."

Goertz cited an [article](#) written by Benjamin Brown, M.D., titled "The Deceptive Income of Physicians," that contends U.S. physicians are not overpaid given the investment in time and education costs to become a physician and the amount of hours they work throughout their careers. In fact, said Goertz, according to Brown's calculations, the adjusted net hourly wage for an internal medicine physician is \$34.46, while the adjusted net hourly wage for a high-school teacher is \$30.47.

Goertz stressed that there are significant differences in health care systems, depending on the country. "The U.S. system is out of balance with too much dependence on subspecialists and

not enough value on primary care," said Goertz. "If we rebalance our system on primary care -- as the other countries have done -- we will see less cost due to prevention of conditions that require subspecialist care, such as hip replacements."

Miriam Laugesen, Ph.D., the lead author of the *Health Affairs* article on the study, said in a [press release](#) that "for decades, policymakers and medical leaders in this country have debated financial incentives to spur more doctors to become primary care physicians. Our work shows that continuing attention needs to be paid to the difference in payments across specialties and how we can get better value for those expenditures," said Laugesen.

In an interview with *AAFP News Now*, Laugesen called for ongoing attention to primary care physicians, saying that "when primary care incomes are lower, it is one factor that discourages people from choosing primary care as their specialty."

[Copyright © 2011 American Academy of Family Physicians](#)

[Home](#) | [Privacy Policy](#) | [Contact Us](#) | [My Academy](#) | [Site Map](#)

[Members](#) | [Residents](#) | [Students](#) | [Patients](#) | [Media Center](#)

 [AAFP Connection](#) |  [Find us on Facebook](#) |  [Follow us on Twitter](#)  
 [RSS](#) |  [Podcasts](#)