

Gender Disparity in Physician Income; New Straw Man Rises



By Chuck Dinerstein — April 26, 2017



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Doximity [1], a social network of physicians, released its first annual [survey](#) [1] of physician compensation and once again highlighted what they describe as a gender gap in physician payment.

“The average national gender gap among physicians is 26.5 percent less per year, meaning that on average, female doctors make \$91,284 less than what the average male doctor makes. This topline number factors in all specialties examined, and regional differences.”

The flaw in their analysis is in their methodology

“We also controlled for ... their self-reported average hours worked per week.”

In essence, they report on a compensation gap based on the average hours worked per week. To my knowledge, the only physicians working on an hourly basis are those employed by group practices, hospitals, health plans or academia. All other physicians, predominantly the self-employed are paid on a fee-for-service basis so that hours worked are almost immaterial. As I have stated previously, physician payment is made based on relative value units (RVUs), and more intense services pay more. More intense services will reflect themselves in a higher hourly

payment. Medicare, Medicaid and every third party payer (insurance companies) that I know are gender blind. No one gender gets more or less for the same service.

There well may be a gender gap when it comes to physician compensation. This study sheds no real light on the issue. A study that searches for gender inequality in payment based upon RVUs, the actual coin of the realm, and the physicians status as self-employed or salaried, will answer two vital questions. First, is there a gender discrimination in payment or does payment reflect the disparity in the type of service, their associated intensity and RVUs, provided by one gender over another? Second, if the gender difference is real, it will identify whether this is a problem for the salaried, the self-employed or both. Since payers are gender blind, the only reason for a disparity of payment for the same intensity of service would come from a third party that is an intermediary between the physician and the payer – administrators. My hypothesis is that salaried physicians may, in fact, be discriminated against by gender – it would not be surprising as we certainly see this compensation problem in the corporate world. That is the study that needs to be undertaken, in the interim Doximity gives us smoke and mirrors.

[1] “With 70 percent of all U.S. doctors as members, Doximity is the largest social network in medicine...” 36,000 physicians responded to the survey about 4.5% of the total physicians in the US.

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Links

[1] https://s3.amazonaws.com/s3.doximity.com/careers/2017_physician_compensation_report.pdf