Payment systems, transgender adolescents, eating disorders, and sexual health knowledge gaps

Payment systems: Payment systems can purportedly create financial incentives for clinician behaviour that lead to desirable outcomes for healthcare systems, such as cost-efficiency and equity. There is, however, also a risk of unintended consequences of payment systems, such as ‘over-providing’ care. A recent Swedish study examined how managers and salaried doctors at primary healthcare centres perceive that payment incentives affect their work. Responders perceived fee-for-service payments to stimulate production of shorter visits, up-coding of visits, and ‘skimming’ of healthier patients. They also felt that risk-adjustments for diagnoses led to a focus on registering diagnosis codes, and, to some extent, also up-coding of secondary diagnoses. The authors note that these managers and salaried GPs were attentive to unit-level payment incentives despite not directly benefiting financially themselves.

Transgender adolescents: Structural stigma has shaped disparities across several domains of health for transgender adolescents, although research on transgender health has largely overlooked the role of preventive care, especially for adolescents. This prompted a research team in Boston to evaluate the use of preventive care services in Rhode Island adolescents, finding no significant difference in the proportion of transgender and cisgender adolescent patients who received regular influenza vaccinations, physical exams, and HPV vaccinations. In fact, transgender adolescents were actually significantly more likely to receive regular cholesterol and BMI screenings compared with cisgender adolescents. The authors worry that recent rollback of protections against medical discrimination based on gender identity by the Trump Administration may increase stigma and discrimination, and therefore suggest that primary care services should avoid complacency and continue to prioritise this historically marginalised group.

Eating disorders: A recent study from the Mayo Clinic examined primary care clinicians’ perspectives of challenges to identifying and managing eating disorders. Responders were aware that they need additional support in addressing eating disorders and were frustrated by the lack of resources and real barriers to care, such as competing demands for limited time and lack of clear pathways to best serve young people with eating disorders. They emphasised that implementation of any primary care-based eating disorder interventions must be thoughtful and strategic, and learn from the mistakes of failed, past programmes.

Sexual health knowledge gaps: In the US, the National Network of Clinical Prevention Training Centers’ STD Clinical Consultation Network (STDCCN) provides an online consultation system to connect healthcare providers and public health staff (‘requesters’) who have clinical STD management questions with faculty experts. A Californian research team recently completed a content analysis of STDCCN requests to determine key knowledge gaps and technical assistance needs related to STD care. Consult questions submitted reflected trends in local epidemiology, as seen with a large proportion of questions pertaining to syphilis originating from high morbidity jurisdictions with increasing rates of disease. Although gonorrhoea and chlamydia are more commonly diagnosed, syphilis diagnosis, management, and follow-up are comparatively more complex, which the authors suggest is why it accounted for 63% of all consults. Following this analysis, the STDCCN designed training resources to include clinical scenarios and topics that reflected commonly asked questions from the STDCCN, including about syphilis in pregnancy and congenital syphilis.

REFERENCES


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