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Gender Differences in Charges, Payments, Practice Volume, & Drug Utilization in Interventional Pain Management

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BACKGROUND

Gender differences have been well documented within the literature as persisting across various medical specialties. In fact, a recent report by the AAMC demonstrates women physicians being paid between $0.72 and $0.96 for every dollar paid to men (1). These payment disparities exist even when controlling for years of experience, practice setting, specialty, and rank (2), and has been explored within fields such as orthopedics (3) and neurological surgery (4).

Objective

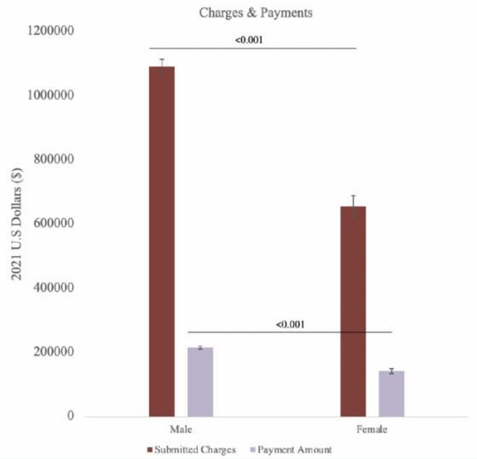
We explored gender differences between male and female interventional pain management (IPM) through differences in submitted charges, payments, practice volume, and drug utilization.

Methods

This study performed a cross-sectional analysis of Medicare Part B utilizing publicly available CMS Physician and Other Practitioners - by Provider and Services (5) file of 2021. Data was filtered by specialty, including Pain Management and Interventional Pain Management (IPM), and excluded all other specialties. Total submitted charges, total payment amount, total services and beneficiaries, total drug-related charges and payments, years of experience, and telehealth use. Data was then stratified by sex of the provider, male or female. Statistical analysis was conducted using R 4.0.3. This study was exempt from IRB review as it utilized publicly available online CMS data per Metro Health IRB Policy.

Results

- Of 4,177 total practicing IPM physicians in 2021, only 639 (15.2%) were female.
- Female IPM physicians on average submitted only 60% of total charges (mean [SE], $655,068.35 [$34,369.54] vs $1,090,872.10 [$22,544.84];P< 0.001) than their male colleagues (Figure 1).
- Of the submitted charges, female IPM physicians received on average 34% less than their male colleagues (mean [SE], $141,740.49 [SE: $7,776.53] vs $214,892.10 [SE: $4,191.52]; p<0.001).
- Notably, female IPM physicians were paid for 26% of the charges submitted, while male IPM physicians were paid for 24% of submitted charges (p<0.05).
- Regarding practice volume, female IPM physicians provided lesser services than males, 3,044.57 (SE: 229.89) vs 4,554.72 (SE: 149.15) (p<0.001) (Figure 2).
- Females used fewer unique codes than males, 40.78 (SE: 0.75) vs 47.38 (SE: 0.36) (p<0.001) and served fewer beneficiaries than males, 253.83 (SE: 8.56) vs 348.59 (SE: 4.84) (p<0.001).
- While no significant differences existed between drug-related charges and payments between male and female IPM physicians, females were less likely to provide drug-related services than males (mean [SE], $655,068.35 [$34,369.54] vs $1,090,872.10 [$22,544.84]; p< 0.001).
- No significant differences were found between average beneficiary age and rate of telehealth usage among female and male IPM physicians.
- Female physicians were more likely to treat higher risk patients (1.48 vs 1.43; p<0.001) and have fewer years of experience (18.6 vs 22; p<0.001) than male colleagu



Discussion

- Only 15.2% of IPM physicians were female.
- Despite being paid a higher percentage of their submitted charges, female physicians submitted only 60% of the charges of their male colleagues and received 34% less in payment.
- They were more likely to treat higher-risk patients, had on average fewer years of experience, rendered fewer services and unique codes on average, and served fewer numbers of beneficiaries on average. These findings underscore gender pay disparity among male and female IPM physicians that may be partially explained by practice volume and years of experience of female physicians.

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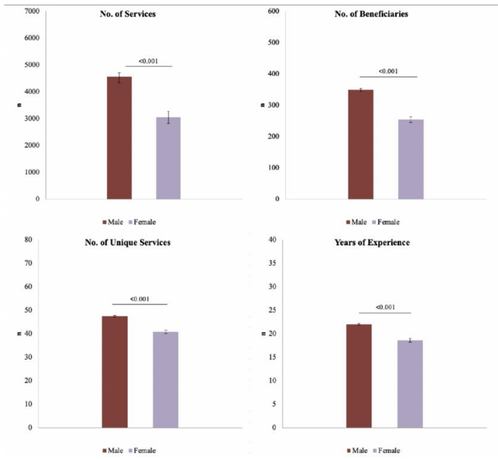
Figure 2: Gender Differences by Practice Volume, Services, No. of Beneficiaries, and Experience



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