

Response to Comment on the Publication: Lazarevik V, Kasapinov B. Medical Doctors' Attitudes towards Pay-For-Reporting in Macedonia: A Web-Based Cross-Sectional Survey. *Maced J Med Sci.* 2012;5(4):437-443.

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Abstract

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Key words: Pay-for-Performance; Pay-for-Reporting; Payment-for-Activity; evaluation; workload.

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In our view, this letter does not argue with the substance of our study, but with the title that can be debated endlessly. Vladimir Lazarevik is not involved in the creation of any health care policy since August 2008. He has been invited for initial meeting, but never accepted nor received official decision to be part of the Committee for Improvement in the Healthcare Sector. Vladimir has been deputy minister of health, and has never participated in design, development or implementation of any similar reform idea or any other project that has created so deep frustration among the majority of the doctors in the country.

It is not the title, but the substance that matters in our study on Pay for reporting (P4R) in Macedonia [1]. We have documented unprecedented revolt of the medical doctors in the country against the Government's proposal to introduce erroneous model on Pay for performance that has resulted in 42 days of doctors' general strike in the country [2]. Our study has set the scientific basis to develop three popular theses against the P4R model as implemented by the Macedonian

Ministry of Health [3]. These theses have never been disputed by the health authorities in the country, medical doctors or by Smokovski in his response to our paper.

We have presented three key problems within the existing P4R model: the majority of the medical doctors in the country consider it not fair, it jeopardizes the team work at the clinical departments, and it creates perverse incentives to generate unnecessary services

to patients. Our findings correspond with the results of other studies published elsewhere [4]. We have been able to replicate the same results in another survey conducted among medical specialists in our country that will be published soon. The threats and opportunities of these reforms were also debated by respected foreign and domestic experts at the Healthgrouper International Summit on Pay for Performance: "Who wins, who loses?" that took place in Skopje, on December 16th 2012 [5]. After the Summit the Ministry of Health and the doctors resumed the dialogue that resulted in three months moratorium of the doctors' strike and necessary revision of the disputed project on Pay for reporting. This has indirectly confirmed the relevance of the results from our study and weak points of the P4R project as implemented in Macedonia.

We refute all attempts to minimize the validity of our findings due to the sample of the medical doctors' population in our study or to its alleged political nature.

Finally, one of us has held the position a Deputy Minister of Health, but has never participated in designing, development or implementation of any similar reform, idea or any other project that has created so deep frustration among the majority of the doctors in the country.

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