

General Practitioners' medical activity patterns and income: what are the impacts of vertical integration through Primary Care Teams in the medium-term?

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Abstract:

France has first experimented, in 2009, then generalized a practice level add-on payment to promote Multi-Professional Primary Care Groups (MPCGs). Team-based practices are intended to improve both the efficiency of ambulatory care delivery and the working conditions of healthcare professionals that ends with greater attractiveness of practicing in medically underserved areas where two third of MPCGs are located. To study the impact of MPCGs practice on both the GPs' care supply and way of supplying care we analyzed the evolution of the number of medical services delivered, euro-amounts of prescriptions, size of the GPs' patient list, rate of visits and rate prescriptions per patients encountered, for GPs enrolled in a MPCG, compared with other GPs. We also evaluated the attractiveness and financial sustainability of MPCGs through its impact on GPs' income. Our analyses were based on a quasi-experimental design, with a panel data set over the period 2008-2017. We accounted for the selection into MPCG by using together coarsened exact matching (CEM) and difference-in-differences (DID) design with panel-data regression models to account for unobserved heterogeneity. We show that GPs enrolled in MPCG increased the size of their patient list more rapidly than other GPs, without involving a faster increase in the quantity of service delivered, neither in terms of the number of visits, nor in terms of prescriptions. Instead, the improved ability of MPCGs' GPs to enlarge their patient list was instead permitted by a significantly faster reduction of the average number of visits they dedicated to each patient they encountered. MPCGs' GPs have, moreover, decreased their amount of prescription per patients more rapidly than other GPs, suggesting that multi-professional teamwork also provided a framework fastening the adoption health care recommendations toward limiting inefficient prescriptions' behaviors. Our analysis of income finally suggests that GPs financial concerns shouldn't be a barrier to the development of MPCGs practice at medium term.

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