THE IMPACT OF TEAM WORKING BETWEEN GPS AND NURSES FOR SCREENING AND MANAGING CHRONIC PATIENT ON GPS’ PRODUCTIVE EFFICIENCY - EVIDENCE FROM A PILOT IN GENERAL PRACTICE IN FRANCE

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ABSTRACT

Compared to other countries, France has more barriers to developing new and more advanced roles for health care professionals (including nurses) and team working in primary care. In many countries, policies have explicitly encouraged integrated primary care systems, interprofessional cooperation and/or tasks substitution as a way to encourage productive and allocative efficiency in health care provision and to deal with the unequal geographic distribution of healthcare professionals.

In this paper, we assess the impact on GPs’ activity of the extension of a pilot driven by the French Social Security Department and designed to foster both horizontal and vertical integration between General Practitioners and Nurses and also team working through additional prospective remuneration schemes for hiring Advanced Practice Nurses (APNs) in GPs’ practices.

Using panel data from the French National Health Insurance Fund, we study the effect of the cooperation between GPs and nurses on three indicators of GP’s activity: the GPs’ number of working days, the number of patients (aged 16 and over) encountered or listed to GPs and office/home visits.

We control for endogeneity because of selection bias using case-control design, panel data and longitudinal analysis as well as differences-in-differences (DID) estimation approach. Results show that skill-mix between GPs and nurses has no impact on the number of patients whether listed or encountered by GPs but has a slight positive impact on GP’s number of working days and office visits.